

ALAMEDA COUNTY

BEHAVIORAL HEALTH CARE SERVICES

INSYST

MHS MINI MANUAL

V10.06

ACBH – Information Systems

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MHS Training Agenda

- What is InSyst? - page 3 (9:15 AM – 9:20 AM)
- BHCS Systems & Data–Confidentiality, Security and Usage Agreement – page 7 (9:20 AM-9:30 AM)
 - 18 PHI Identifiers Under HIPAA – page 8
- Logging Onto InSyst – page 12 (9:30 AM – 9:35 AM)
- InSyst Menu Navigation – page 13-17 (9:35 AM - 9:40 AM)
 - InSyst Confidentiality – page 17
 - Exiting InSyst – page 17
- Work Flow – page 18 (9:40 AM - 9:50 AM)
 - Providers website - <http://www.acbhcs.org/providers>
 - State mandated data – Client Services Information (CSI)
- Client Locator – page 19-22 (9:50 AM-10:30 AM)
 - Search for a client - 20
 - Client Selection Area – 21
 - Alias – page 21
 - Printing Face Sheet – page 21
 - Review steps to prevent duplicate client registration
- Break (10:30 AM – 10:45 AM)
- Client Registration – page 23 (10:45AM-11:20 AM)
 - What is CSI
 - Client Naming Convention Rules – 23
 - Review Client Registration form
 - Client Registration exercise – page 25-30
 - Enter A New Client Address – page 33
 - Homeless Address – 34
 - Zip Code – 35
 - Updating Client Record – 38
 - Client Address 36-38
- Significant Other (11:20 AM – 11:30 AM)
 - Updating Significant Other Record
- Lunch (12:00 PM – 1;00PM)
- Client Episodes – page 46 (1:00 PM- 1:30PM)
 - Episode Open exercise
 - Episode Update – page 56
- CSI Timeliness Assessment – page 61

- Full Assessment – page 62
- Short Assessment – page 68
- Maintaining CSI Assessment Timeliness – page 74

- CSI Periodic – page 57 (11:45 AM-12:00 PM)
 - New CSI Periodic data – page 59
 - CSI Periodic maintenance – page 58

- InSyst Service Entry (1:30-2:00)
 - Single Service – page 85
 - Late Entry
 - Multiply Services – page 90
 - Maintaining/Modify Service record

- Episode Close – page 51 (2:00 PM – 2:15 PM)

- Break (2:15 PM – 2:30 PM)

- Changing password – page 110 (2:30 PM - 2:40 PM)

- Printer and Queue Management – page 110 (2:40PM – 2:55 PM)

- Reports – page 113 (2:55 PM - 3:10 PM)

- Providers website - <http://www.acbhcs.org/providers> (3:10 PM -3:20 PM)

- Logging Onto the Web Portal – page 8 (3:30 PM - 3:45 PM)

- Questions & Answers (3:45 PM – 4:00 PM)

MHS Training Objectives

- How to navigate through the InSyst application and populate date fields based on State required guidelines
- Search for a client
- Register a client
 - Insert an address
 - Homeless address
 - Insert a Significant Other record
- Update client information
 - Add alias
 - Add significant other
- Open an episode
- Modify an episode
 - Update
 - Delete
- Enter a CSI Timeliness Assessment Record
 - Update
 - Delete
- Enter the CSI Periodic Form
- Single Service entry
 - Late entry
- Multiple Services entry
- Modify direct service
 - Update
 - Delete
- Close an episode

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BHCS Systems & Data Confidentiality, Security and Usage Agreement

BHCS SYSTEMS & DATA

Confidentiality, Security and Usage Agreement

Systems

InSyst, Clinician's Gateway, eCURA, Yellowfin, CANS/ANSA, MEDS, etc.

Purpose

The purpose of this agreement is to establish an environment of security for the electronic storing and usage of client confidential information and records including the usage of portable electronic devices for this purpose.

Background

Any person accessing Alameda County BHCS (Behavioral Health Care Services) data is required to protect confidential information relating to clients, patients, and residents on a daily basis, and have a duty to protect this information from loss, theft, or misuse whether the information is in paper or electronic form. Additionally, users are required to protect any electronic device assigned to them or in their possession used to gain access to BHCS systems.

Confidential Information

Confidential Information shall include all Alameda County BHCS systems, documents, data, and other materials. User agrees that the Confidential Information is to be considered confidential and shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of its business with BHCS, and shall disclose it only to its authorized employees or other authorized users with a specific need to know. User will not disclose, publish or otherwise reveal any of the Confidential Information and must use **secure email** for any communications outside of Alameda County regarding confidential information. _____ Initial

Secure and Private Work Environment

User is responsible for taking proper security and privacy precautions ensuring a secure and private work environment while utilizing portable devices in order to safeguard client information displayed. _____ Initial

Security Agreement

User agrees to the stated required security criteria in order to access and utilize the BHCS systems.

I understand that sharing my account ID and password, client information or any breach of security is a HIPAA (Health Insurance Portability and Accountability Act) violation which may result in prison, fines up to \$25,000 and/or revocation of my license. _____ Initial

I attest that I have completed HIPAA security and privacy requirements training for protecting the confidentiality, integrity, and availability of protected health information under HIPAA within the past 12 months.

User Signature

User Printed Name

Date

The supervisor agrees 1) to employee's usage of the system and 2) to provide information and direction for secure uses and practices while utilizing network resources.

The supervisor attests that the user has 1) signed an Oath of Confidentiality, 2) signed an Ethical Conduct Policy and 3) been trained in HIPAA security and privacy requirements.

Supervisor Signature

Supervisor Printed Name

Date

18 PHI Identifiers Under HIPAA

1. Names
2. Geographic subdivisions smaller than a state, Geocodes (e.g.-> zip, county, or city codes; street addr, etc)
3. Dates. All elements of dates except year, unless individual is > 89 yrs. (e.g.-> birth date, admission date, etc)
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers (including license plate numbers)
13. Device identifiers and serial numbers
14. Web Universal Resource Locator (URL)
15. Internet protocol (IP) address number
16. Biometric identifiers (including finger or voice prints)
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code



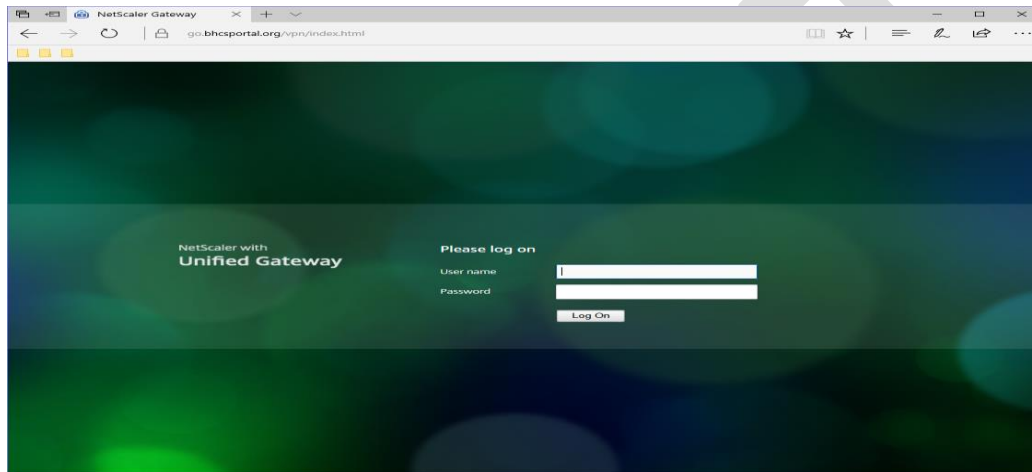
Chapter 1: Portal & InSyst Log In

Logging into the BHCS Web Portal

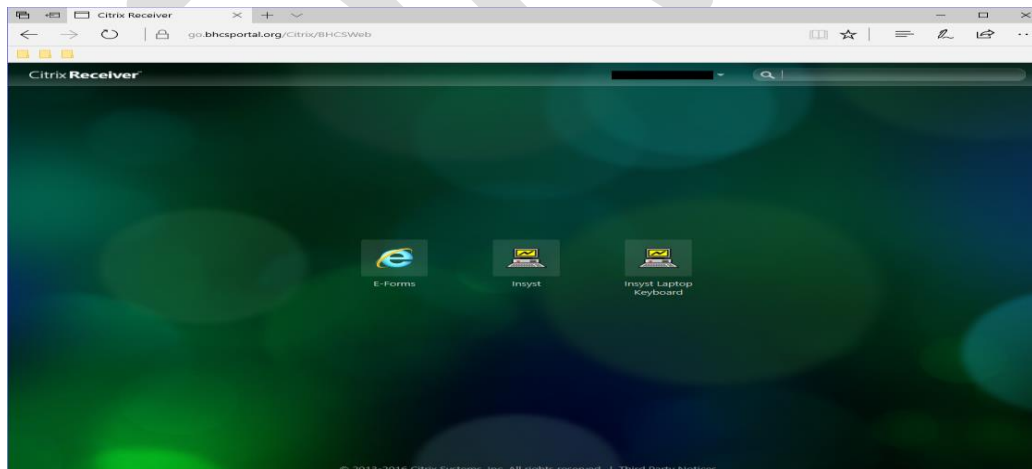
You must log in to the BHCS Web Portal to access InSyst.

Note: If this is the first time logging in to the portal the system may prompt a Citrix Receiver installation message. Please follow the prompts, and download the Citrix Receiver update. If assistance is needed please contact the Help Desk for assistance.

1. The BHCS Web Portal address is: <https://go.bhcsportal.org>
2. Type your network Username, and press Tab



3. Type your network password and press Return or click the Log On button. To protect password secrecy, the password is displayed on the screen as dots.

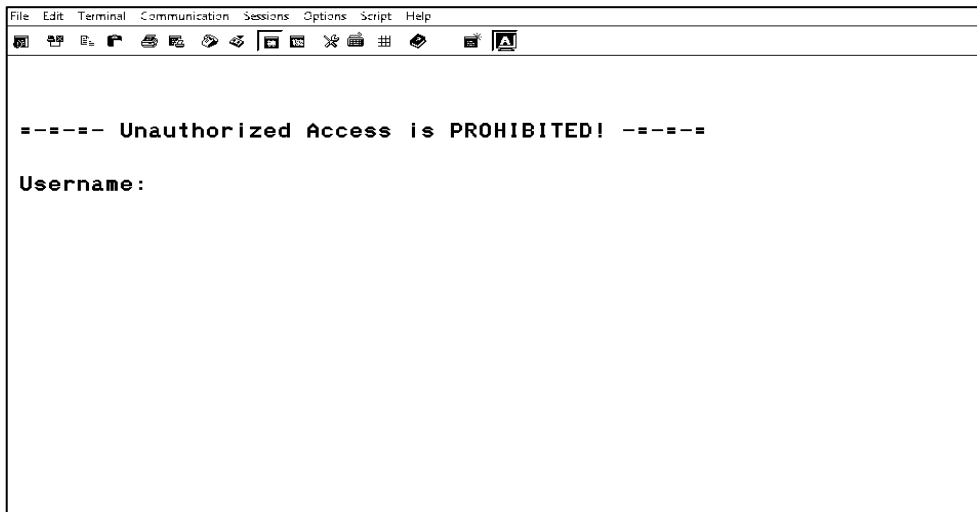


4. To log in to InSyst choose the appropriate InSyst icon for your computer (Desktop or Laptop).
 - For Desktop user choose the InSyst icon.
 - For Laptop user choose the InSyst Laptop keyboard icon.

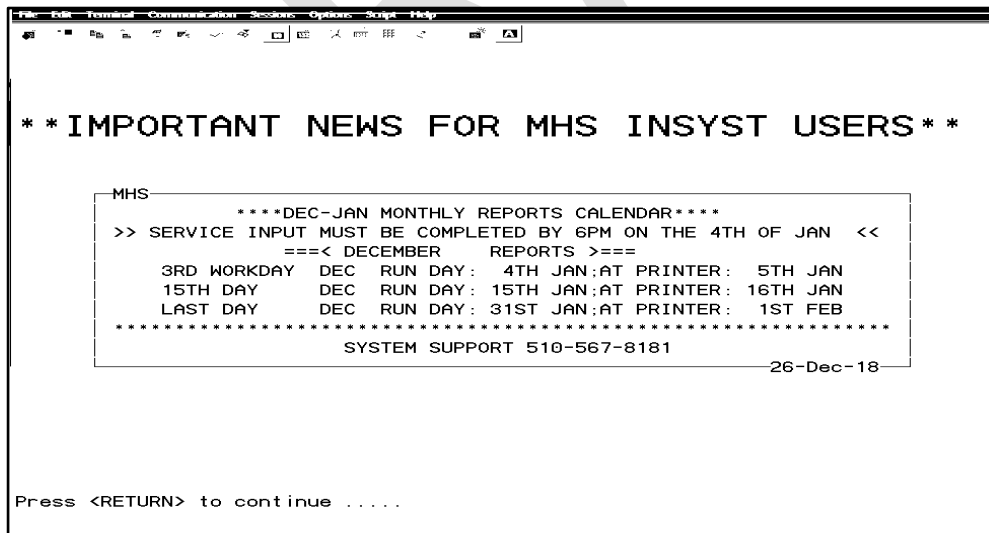
5. Click the appropriate InSyst icon to prompt a new Internet Explorer (IE) Window to open the InSyst Log on Screen.

Logging in to InSyst

1. The IE window will display the username prompt.
2. Type your InSyst Username and press Return.
3. Type your InSyst password and press Return. To protect password secrecy, your password is not displayed on your screen.



4. Once logged into InSyst the system will display an InSyst message board. Press Return to the InSyst Main Menu.



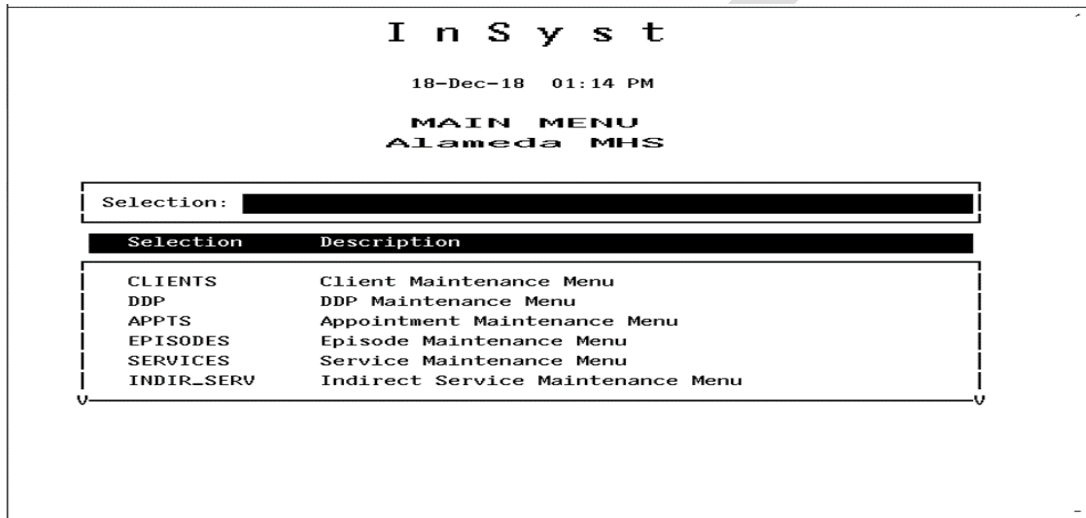
Note: When you have completed your InSyst tasks make sure you **log out** of InSyst by typing the word “*Exit*” in the “*Selection:*” field **BEFORE** closing the Internet Explorer Window.

Note: Never exit the IE Window until you have seen a message confirming that you are logged out of InSyst. Closing IE without correctly logging out of InSyst will cause Systems Issues.

Chapter 2: InSyst Navigation

Using InSyst Menu Screens

An InSyst menu is a list of items that you may select. The image below is the Main Menu. The Main Menu is different based on InSyst authorizations. Below is an example of the InSyst Main Menu for users who are entering data for Mental Health Services (MHS).



Note: Dual InSyst authorization will prompt a different InSyst Main Menu display.

All InSyst menus let you make selections in three ways: by using the list of options below the “*Selection:*” field, or by typing an alpha and/or numeric option directly in the “*Selection:*” field.

To navigate the Main Menu

1. Press the Tab key and the blinking cursor will move from the Command Line into the list of items in the Menu Selection Area of the screen. Then move the cursor up and down through the menu using the Up and Down Arrow keys.
2. When you have moved the cursor to the item you want, type “X” and press Return.

At the bottom corners of the Menu Selection Area there is often a flashing “V.” This indicates that there are more items on your menu than you can see at one time. Press the Down Arrow key and the menu will scroll to display more items.

If you want to return to the Command Line, press Enter.

To select an item from the Command Line:

1. Type the name or number of the item on the Command Line. The command line is the solid bar next to the word Selection, where the cursor is when you first display the menu. You may type the entire name of the item, or just enough make it distinct from the others. For example, if you want to choose SERVICES from the Main Menu, you may type either “SERVICES” or “SER”. You may also type the number of the selection. For example, if Client Records Maintenance is the first item on the menu, you can just type “1” to select it.
2. Press Return to display the screen or sub-menu you selected.

Leaving a Menu

Press Num Lock (Gold)-E, or enter a hyphen (-) in the Command line to move back one menu to the previous menu. For example, if you are on the Files Menu, “-” will take you back to the Utilities Menu, and a second “-” will take you back to the Main Menu.

Using Num Lock (Gold) and Control Keys

To use a Num Lock (Gold) Key sequence:

1. Press and release the Num Lock (Gold) Key.
2. Press and release the other key in the sequence.

For example, if the instructions say, “Press Num Lock (Gold)-E”, you should press and release the Num Lock (Gold) key, and then and release press “E”.

Note!

Menu and Control Key Commands are located on the last page and the back of this manual.

Laptop Users

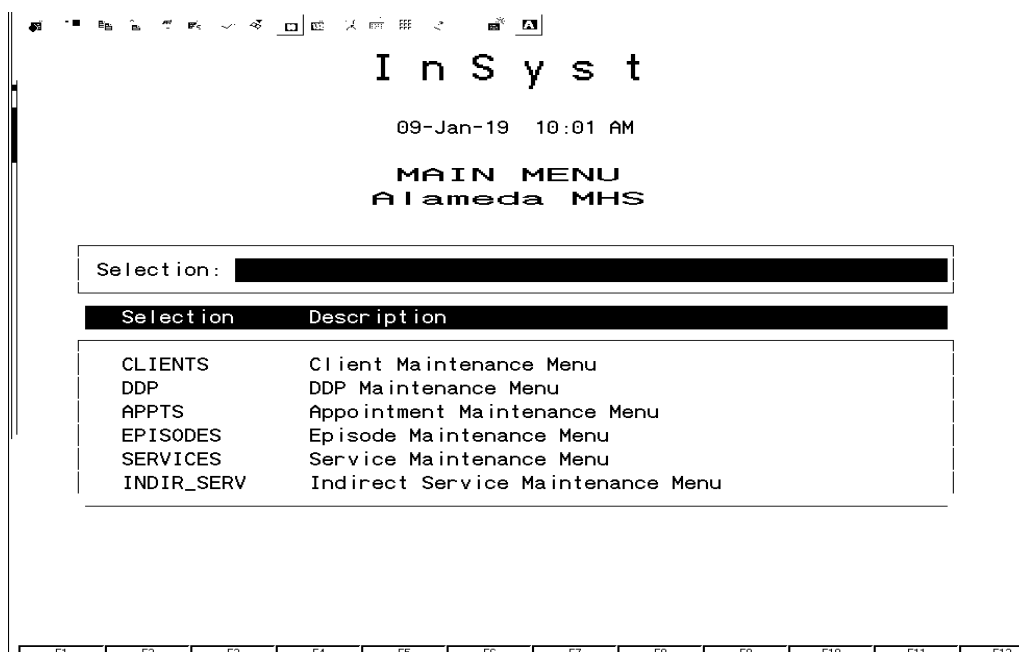
Use the “F9” Key as the Num Lock key replaces the Num Lock key if your laptop does not have a ten key pad.



Menu Shortcuts

You can go directly from one menu to a screen that is under another menu, rather than moving through the menu system one menu at a time. In the command line of the current menu, enter the Menu names that you would normally enter in the command lines of one menu after another.

For example, to go from the Main Menu to the Episode Opening screen, you normally enter “EP” in the Main Menu to display the Episode Records Menu, and then enter “OP” to display the screen. As a shortcut, you can enter the command “EP OP” in the Main Menu command line.



Using Menu Shortcuts

Using Screens

InSyst’s menu system displays the data screens that let you enter, look up, change and delete information.

In Screens, data is entered or displayed in areas called *fields*. For example, a screen may have a field for a client’s last name and another field for address. Most screens have special fields, called *key fields* that identify each record such as the client number field that identifies each client.

Each screen has a different function—*e.g.*, to register a client, review a client’s account, or update episode information. Screens are assigned to you based on your responsibilities.

Client Locator Screen

TEST Last Name	First Name	Clt Idx No.	N Soundex
Client Number	000-00-0000 Social Security No.	0 Account No.	0 Other ID

First	M Last	Number	Birth Date	Sex	SSN	CIN
ALANTINE	TEST	75241442	23-Jan-2013	F	Unknown	
BABY	TEST	75134621	01-Jan-1950	F	Unknown	
BOB	H TEST	75135515	01-Jul-1990	M		
CHRIS	TEST	75241441	12-Oct-1925	M	Unknown	

Selection:

EPISODE	Mini Open Episode Status
FINANCIAL	Mini Financial Status

Moving through Fields

Use these keys to move through a screen's fields:

- **Tab:** Move the cursor to the next field to enter data. (If you fill a field entirely, the cursor will move to the next field automatically).
- **Control/H: (F12)** Move the cursor back one field.
- **Return:** Skip over optional fields and move to the next required field or to the prompt used to leave the screen.

Moving Through Lists

To move down one item in the list, press the Tab or Down Arrow key. To move up one item in the list, press the Up Arrow key.

If a list has more items than fit in one screen, you can page through it to see more items by pressing:

- **Num Lock (Gold)-M: (More)** View the next page of information.
- **Num Lock (Gold)-B: (Backup)** View the previous page of information.

To speed up performance, lists usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing **Num Lock (Gold)-A** before you display the list.

Leaving a Screen

To leave a screen, press:

- **Return:** In most cases, pressing Return moves the cursor to the prompt used to leave the screen. (In some cases, Return skips over optional fields to the next required field.)
- **Num Lock (Gold)-E:** Exits from the current screen and returns to the menu, without saving data entered in the screen.
- **Num Lock (Gold)-S:** Exits from the current screen, and saves the data entered. This sequence retains the current Client and Reporting Unit, so it automatically displays it in the next screen you use.

Logging Off the Computer

To log out of InSyst, enter the word “Exit” on the command line of any menu.

Never exit the Internet Explorer Window until you have seen a message confirming that you are logged off INSYST. The message includes your name, the date and time that you log off the computer.

Make sure you **LOGOFF** the Web Portal **BEFORE** closing the Internet Explorer Window.

Note:

Menu and Control Key Commands are located on the last page and the back of this manual.

INSYST helps your staff in maintain confidentiality, as required by HIPAA, federal, state, and local regulations.

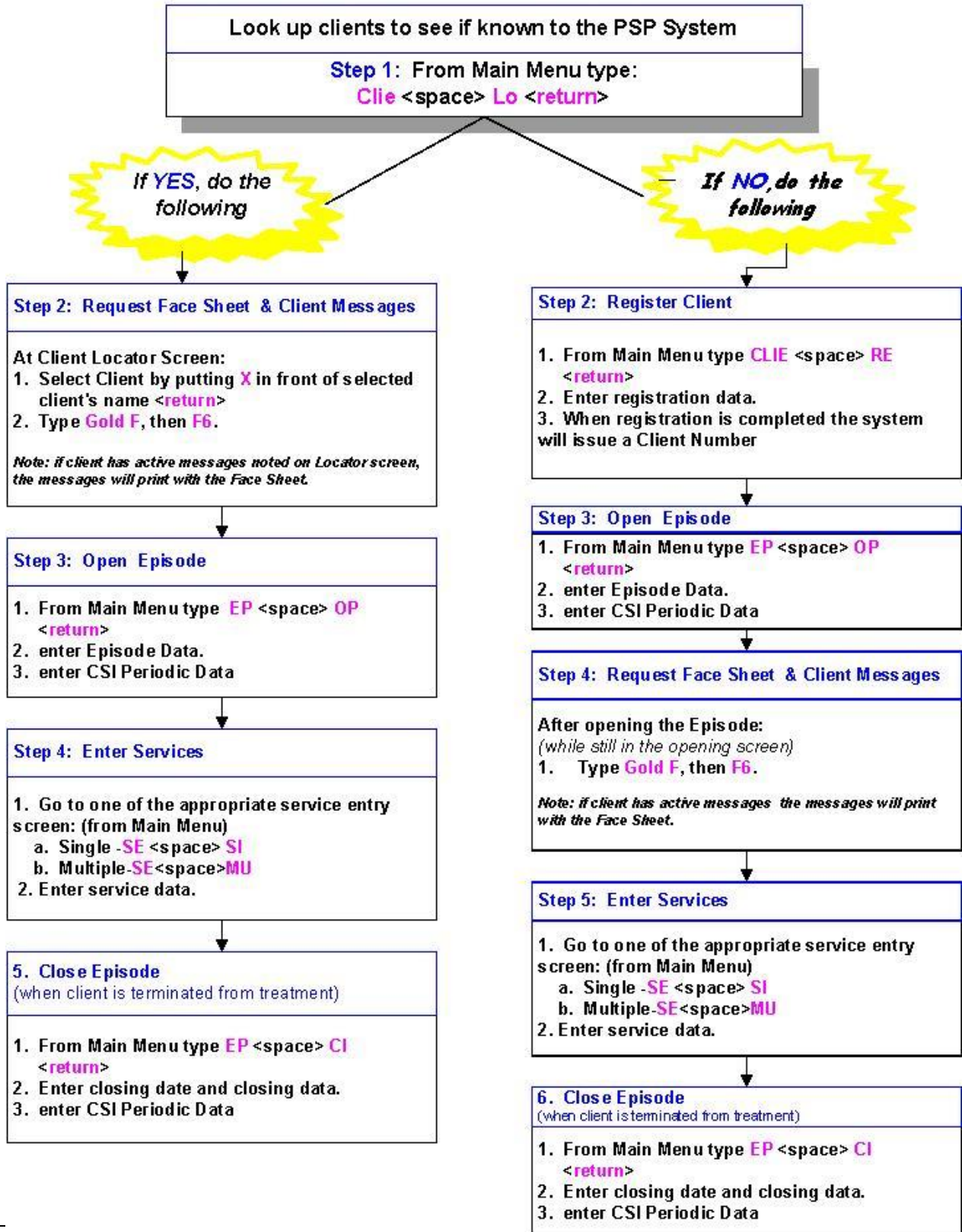
Do not let anyone else use your account. Your username is recorded on some records in the database.

Each registered user has a password. **Do not give out your password** for use by other staff or post it near your terminal.

Do not browse through records looking for friends, acquaintances or known persons. **This is illegal.** You must have a legitimate purpose for looking-up a person.

Do not release data without authorization. For more information, consult your Medical Records Department.

INSYST Flow Chart for Mental Health Outpatient Providers



Chapter 3: Basic Client Information

The Client Number

Before you can work with any client information, the client must have a client number. If a client is new to your program, you must determine whether the client has a number, by using the Client Locator screen, described below. If you cannot find the client number, assign a new client number using the Client Registration Screen, described later in this chapter.

Locating Clients

The Client Locator Screen lets you find out if someone has ever been a client and lets you display information about clients

To use the Client Locator Screen:

1. Choose CLIENTS from the Main Menu.
2. Choose LOCATOR from the Client Maintenance menu to display the Client Locator screen.

From the Main Menu "1 7" is a great Menu Short Cut to the Client Locator Screen.

Client Locator Screen			
Last Name		First Name	
N		Soundex	
Client Number	Social Security No.	Account No.	Other ID Number
Selection:			
EPISODE	Mini Open Episode Status		
FINANCIAL	Mini Financial Status		
Confidential Information			USER: SMITH
Enter information for client location.			

Client Locator Screen

TIP:

From the Main Menu "1 7" is a great Menu Short Cut to the Client Locator Screen.

Client Information Area

The top section of the screen is the Client Information Area, where you enter criteria to search for a client, and where information is displayed when the client is found.

Note:

Before registering a new client, be sure you have tried all possible spellings of the client's name and aliases. Press Num Lock (Gold)-R to restart the screen and search with other spellings of the client's name. If necessary, press Num Lock (Gold)-A before doing the new search, so the list is not limited to 8 names.

To search for a client:

1. Make an entry in one or more fields of the Client Information Area.
2. Press Return at any time to search for a client matching the information you have entered.

The Client Information Area has the following fields:

- **Client Name:** Enter the client's full name or only the first few letters of the client's name. For example, if you enter "And" as the last name, you will find clients with the names Anders, Anderson, Andrews, etc.
- **Client Number:** If you know the Client Number, the fastest way to look up the client is to press Num Lock (Gold)-C to move to the Client Number field and enter the client's number.
- **Social Security Number:** If you do not have a Client Number, the Social Security Number is the fastest way to find the client. If you have the client's Social Security Number, press the Tab key to skip the other fields and enter the SSN here. You do not need to enter "-" between the numbers.

If you enter the Social Security Number and Client Name, the computer searches on the Social Security Number and returns the client information if it finds a match. This may not be the client name you have entered, if another client has used that Social Security Number. If there is no match on Social Security Number, the search is based on name. If there is an exact match, all fields on the top half of the screen are filled with information about the client

If there is an exact match, all fields on the top half of the screen are filled with information about the client.

If there is no match, the system displays the message: Client/Clients not found.

If there are several possible matches, they are listed in the Client Selection Area of the screen, described below.

Client Locator Screen						
TEST				N		
Last Name	First Name		Clt Idx No.	Soundex		
Client Number	000-00-0000		0	0		
	Social Security No.		Account No.	Other ID		
First	M	Last	Number	Birth Date	Sex	SSN
ALANTINE		TEST	75241442	23-Jan-2013	F	Unknown
BABY		TEST	75134621	01-Jan-1950	F	Unknown
BOB	H	TEST	75135515	01-Jul-1990	M	
CHRIS		TEST	75241441	12-Oct-1925	M	Unknown
Selection:						
EPISODE	Mini Open Episode Status					
FINANCIAL	Mini Financial Status					

Client Selection Area

The second section of the screen is the Client Selection Area. If there is more than one possible match, records beginning with the first possible match are listed alphabetically.

To use the Client Selection Area:

1. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1

Client Locator Screen							
TEST						N	
Last Name	First Name		Clt Idx No.			Soundex	
Client Number	000-00-0000		Account No.	0	0	Other ID	
Client Number	Social Security No.		Account No.	0	0	Other ID	
First	M	Last	Number	Birth Date	Sex	SSN	CIN
<input checked="" type="checkbox"/>		ALANTINE	TEST	75241442	23-Jan-2013	F	Unknown
<input type="checkbox"/>		BABY	TEST	75134621	01-Jan-1950	F	Unknown
<input type="checkbox"/>	H	BOB	TEST	75135515	01-Jul-1990	M	
<input type="checkbox"/>		CHRIS	TEST	75241441	12-Oct-1925	M	Unknown
Selection:							
<input type="checkbox"/>	EPISODE Mini Open Episode Status						
<input type="checkbox"/>	FINANCIAL Mini Financial Status						

Possible Matches in the Client Selection Area

Type "X" next to the client you want, and press Return. Data on that client is displayed in the Client Information Area.

You can select multiple clients on a page by putting "X" next to each, and then pressing Return. Then you display data on them by using the Previous and Next options in the Menu Selection Area (described below).

Aliases are displayed in the Client Selection Box with an asterisk (*) next to the name. They are selected like other names in the list, but the computer displays the client's real name in the Client Information Area.

If you find the target client in this list, note the client number, so you can use it to work with the client. If you do not find the target client, you must register the client into the system.

- **Num Lock (Gold)-F: (Face Sheet)** request the menu to select Face Sheets, and then press **F6** to complete the request. The Face Sheet is placed in your printer queue ready to print.

Menu Selection Area

The lowest portion of the Locator screen is the Menu Selection Area, where you can enter commands to find more information on the client who is displayed in the Client Information Area.

As with any InSyst menu, you may select a menu item by entering the first letters of your menu choice (For Example, the choice of “E” for Episodes), or by using Tab key to move to the item you want and typing an “X” next to it.

Selecting a Menu Item

The menu gives you the following options:

- **EPISODE Mini Open Episode Status:** Gives you a short listing of all programs (or reporting units) at where the client is currently admitted.
- **FINANCIAL Mini Financial Status:** Displays current account information and charges for the client.
- **STATUS Client Status Summary Report:** Takes you to the Client Status Summary Report Screen, which displays the client’s current open episodes, closed crisis episodes, and current account information.
- **NEXT Display Next Client:** If you selected multiple clients in the Client Selection Area, this option will display data on the next one in the Client Information Area.
- **PREVIOUS Display Previous Client:** If you selected multiple clients in the Client Selection Area, this option will display data on the previous one in the Client Information Area.

Some of these options display data in the same area that you used for client selection.

Chapter 4: Client Registration

Registering a New Client

If you cannot find new clients using the Client Locator Screen, you must register them to give them a client numbers before you can open episodes and enter services for them. Follow the client naming convention rules to enter the client's information into InSyst.

Client Naming Convention Rules:

BHCS is experiencing an increasing concern with duplicate clients being created, names not matching Medi-Cal/Medicare, and alias names being entered in the main Name fields at the top of the Client Registration screen (alias names are ONLY to be entered in the Alias Name fields at the bottom of the Client Registration screen).

BHCS System Support staff is reviewing EVERY new Client Registration to verify that the new registration is not a duplicate, and that the new registration follows the "Client Naming Convention Rules".

If a duplicate registration is found the services and episodes entered are deleted and the site is notified to re-enter the data. Continued deficiencies locating existing client numbers and creating duplicates, not following the "Client Naming Convention Rules", or not entering the Birth Name/Place/Mothers Name fields WILL result in a special Client Registration training class and may result in revocation of your Client Registration privilege.

NOTE: Medi-Cal/Medicare services CAN NOT be claimed to the State if the client name DOES NOT match the name on the Medi-Cal/Medicare card.

Note

Even though InSyst will allow spaces in between two last names, it is always good practice to put a hyphen between the names (e.g Cuco-Chavez). This prevents duplicates. For more information please see ["To search for a client in the Client Locator Screen"](#).

Last Name

- Enter a last name with up to 16 letters
- Last Name must ALWAYS exactly match Medi-Cal/Medicare name
- Leave out apostrophes and blank spaces unless the Medi-Cal/Medicare name has them.
 - "O'Connor" should be typed "OCONNOR"
 - "Torres-Smith" should be typed "TORRES-SMITH" or as stated on Medi-Cal/Medicare card
- DO NOT enter Jr., Sr., etc. in the Last Name field, these are to be entered in the Generation field (see below)
- DO NOT enter spaces in front of name

First Name

- Enter a first name with up to 12 letters
- First Name **must** ALWAYS exactly **match** Medi-Cal/Medicare name
- Leave out apostrophes and blank spaces unless the Medi-Cal/Medicare name has them.

- DO NOT enter spaces in front of name

Middle Name

- Enter a middle name with up to 16 letters
- Middle Name **must** ALWAYS exactly **match** Medi-Cal/Medicare name
- Leave out apostrophes, dashes and blank spaces unless the Medi-Cal/Medicare name has them.
- DO NOT enter spaces in front of name

Client Generation

- Enter a generation title that is part of the client’s name, such as Jr., Sr., or the Roman Numerals II, III, etc.
Do not enter titles like M.D. or ESQ.

Alias Name

- Enter any alternate forms that the client name may be presented.
 - “O’Connor” should be typed without the apostrophe in the regular name field; it should be entered in the alias field with an apostrophe.
 - “Torres-Smith” should be typed “TORRES-SMITH” in the regular name field; it should be entered in the alias field as “Torres Smith”.
- DO NOT enter spaces in front of name

Note!

Birth Name, Place of Birth and Mother’s First Name MUST be entered on Screen “2”

To register a client:

1. Choose CLIENTS from the Main Menu.
2. Choose REGISTER from the Client Maintenance Menu to display the Client Registration screen.

Note!

Because the information entered in the Client Registration screen establishes the client’s identity, it is best to ask the client for a **Driver’s License, Social Security Card**, or other document and copy the information from it. Three critical pieces of information must be entered correctly: **client name, birth date, and Social Security Number**.

3. Enter data in the following fields (use the [Client Registration Form](#) to help you fill out the screen; ***all*** codes are on the client registration form; highlighted fields are mandatory in InSyst):

Client Registration Screen 1

Client Registration			
			Reporting Unit:
Last:	First:	Middle:	
Generation:	Birthdate: / /	Sex:	SSN: - -
CIN:			
Education:	Other Factors:	Other ID:	
Disability:	Service Group:	Local Code:	
Language:	Primary RU:	Program Code:	
Ethnicity:	Chart Location:	Research Item:	
Hispanic Origin:	Ref. Staff ID:	Veteran Status:	
Marital Status:	Care Giver Under 18:	18+:	
Family Size:		Enter Address:	
Annual Income:		Significant Others: N	
Aliases Last First Middle			
Form Ok Y/N:		Confidential Information	USER: GILLMAN
Enter a registration provider code.			

Client Registration Screen 1

- **RU:** Enter the Reporting Unit Number for the program where you are registering the client. This field establishes whether you are using decentralized or centralized registration. ACBH business practice uses decentralized system. With decentralized registration, the system automatically assigns a client number and you can enter episodes and services for the client. After you have entered the Reporting Unit, the screen title changes to Client Registration Client Registration (Decentralized).
- **Last Name:** Enter a last name with up to 16 letters. Leave out apostrophes, dashes and blank spaces. For example “O’Connor” should be typed “OCONNOR”.
- **First Name:** Enter a first name with up to 12 letters.
- **Middle Initial:** Enter one letter as a middle initial, or press the Tab key or space bar to skip this field if there is no middle initial.
- **Client Generation:** Enter a generation title that is part of the client’s name, such as Jr., Sr., or the Roman Numerals II, III, *etc.*
- **Birthdate:** Enter the birth date in MM/DD/YYYY format.
- **Sex:** Enter “F” for female, “M” for male, or “U” for unknown.
- **Social Security Number:** Enter a nine-digit Social Security Number. It is best to copy this key information directly from the client’s Social Security Card if possible. If the client does not have one, enter all 9’s in this field.
- **Client Index Number (CIN):** Enter a nine-digit Medi-Cal Eligibility Client Index Number.
- **Education:** Enter the number of the highest grade completed. For example, if the client has completed high school, enter “12”. If the highest grade is greater than 20, enter “20”. Enter “99” for unknown.
- **Disability:** Add the number codes for all of the client’s physical disabilities, and enter the total in this field. INSYST’s standard disability codes are in the INSYST Table of Codes document

found on the INSYST FORMS page of the BHCS Provider Website.

- **Language:** Has two entries. The first entry is to report the client’s primary language, as reported by the client. The second entry is to report the language the client prefers to speak, as reported by the client. Language codes are on the back of the Client Registration form.
- **Ethnicity:** There are five ethnicity fields. Enter up to five Ethnicity codes, as reported by the client. Ethnicity codes are on the back of the Client Registration form.
- **Marital Status:** Enter the Marital Status code. INSYST’s standard codes are listed in Appendix B, but your agency may use different codes. (Note that Code 1, Never Married, is used for a single person who does not live with girlfriend/boyfriend and has never been married.)
- **Enter Address:** This is not a data field; it is a question. The system is defaulted with “Y”; the system will jump to the Address Screen, described later in this chapter. Once you are done with that screen, the system will return you to the Registration Screen.
- **Enter Significant Other:** This is not a data field; it is a question. The system is defaulted with “N”; the system will jump to the Significant Other Screen when set to “Y”, described later in this chapter. Once you are done with that screen, the system will return you to the Registration Screen.
- **Veteran Status:** This is a mandatory field used to gather information regarding the client’s Veteran status. Valid values are numeric: 1 for yes, 2 for no, and 3 for declined to answer.
- **Aliases:** If the client has ever used aliases, enter them here. As you add information, this section of the screen scrolls upward to allow more information to be entered. You may enter up to six aliases via the Client Registration Screen, and enter more through the Client Maintenance screen if necessary.

Client Registration Screen 2

```
Client Registration (Decentralized)

Reporting Unit: 99991 PSP OPT

Client Birth Name:
Last: ARNON           First: ETTIE           Middle:
Generation:          Birth place: 38 CA US   Mother first name: MAMA
School District: 57 72694 Effective Date: 01/01/2010 Exp. Date: / /
Special Population: C Effective Date: 01/01/2010 Exp. Date: / /
CSI Anniversary Date: 12/01/2008
SED Effective Date: 03/15/2009           SED Expiration Date: / /

Form Ok Y/N:          Confidential Information          USER: COHEN_LET
```

Client Registration Screen 2

- **Birth Name:** Enter the participant’s birth first and last names using alphabetic characters in the birth first name field.
- **Birth Place:** There are three fields designated for reported place of birth: county, state and country. Refer to Appendix A for a list of codes.
- **Mother First Name:** This field is intended to contain the name of the individual the program participant considers his/her mother. For example, if a program participant was adopted and is not sure whose name to give for this data element, advise him/her to provide the name of the person s/he considers his/her mother. The same holds true for individuals raised by two males or two females, a grandparent, etc. A name must be provided in this field or an error will occur and the record will be rejected. If a person is unable to provide a name or cannot recall his/her mother’s name, enter “UNKN”

Client Registration Screen 3

```

Client Preferred Name:
Prefer Last Name:  XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Prefer First Name: XXXXXXXXXXXXXXXXXXXX Prefer Middle Name: XXXXXXXXXXXXXXXX

Client Sexual Orientation/Gender Identity Info:
Sex Assigned at Birth: X           Current Gender Identity: X X X X X X X X X
Personal (or preferred) Pronoun: X X X X X
Sexual Orientation (Select all that apply): X X X X X X X X X

Santa Rita Booking Info:
Booking First Name: XXXXXXXXXXXXXXXXXXXXXXXX
Booking Last Name:  XXXXXXXXXXXXXXXXXXXXXXXX
PFN #: XXXXXX                      SRMR #: XXXXXXXXX

Child & Youth ONLY Info:
Child Welfare: X                       Juvenile Prob: X

Presumptive Transfer or Waivered Presumptive Transfer Info:
OOC Foster: XX                          ALCO Foster: XX
OOC From County: XX                      ALCO To County: XX
OOC Effective Date: 99/99/9999          ALCO Effective Date: 99/99/9999

```



Client Registration Screen 3

Client Preferred Name (if different than name of record, i.e. M/C):

- **Prefer Last Name:** Enter the participant’s preferred last name using alphabetic characters in the prefer last name field. It does not need to follow the naming convention rules.
- **Prefer First Name:** Enter the participant’s preferred first name using alphabetic characters in the prefer first name field. It does not need to follow the name convention rules.
- **Prefer Middle Name:** Enter the participant’s preferred middle name using alphabetic characters in the prefer middle name field. It does not need to follow the name convention rules.

Client Sexual Orientation/Gender Identity Info

- **Sex Assigned at Birth (Indicate one):** Enter “1” for Male, “2” for Female, or “3” for Other.
- **Current Gender Identity (Indicate all that apply):** There are nine gender identity fields. Enter up to nine current gender identity codes as reported by the client (indicate all that apply). Current Gender Identity codes are list in Appendix A and on the Client Registration form.
- **Personal (or preferred) Pronoun (Indicate all that apply):** There are five personal pronoun fields. Enter up to five personal pronoun codes as reported by the client. Personal pronoun codes are list in Appendix A and on the Client Registration form.
- **Sexual Orientation (Indicate all that apply):** There are nine sexual orientation fields. Enter up to nine sexual orientation codes. Sexual orientation codes are list in Appendix A and on the Client Registration form.

Santa Rita Booking Info (data fields for Santa Rita/Forensic Unit staff only):

- **Booking First Name:** Enter the booking first name using alphabetic characters in the booking first name field.
- **Booking Last Name:** Enter the booking last name using alphabetic characters in the booking last name field.
- **PFN #:** Enter the PFN # using alphabetic characters and numbers.
- **SRMR #:** Enter the SRMR # using alphabetic characters and numbers.

Child & Youth ONLY Info (data fields for Child and Youth staff only):

- **Child Welfare:** enter Y or N
- **Juvenile Prob:** enter Y or N

Presumptive Transfer or Waivered Presumptive Transfer Info - (data fields for Presumptive Transfer staff only):

- **OOC Foster:** 2 character field
- **OOC From County:** 2 character field
- **OOC Effective Date:** enter the OOC effective date in MM/DD/YYYY format
- **ALCO Foster:** 2 character field
- **ALCO To County;** 2 character field
- **ALCO Effective Date:** enter the ALCO effective date in MM/DD/YYYY format

Client Registration Screen 4

```

Primary Care Physician Info:
PCP First Name:      XXXXXXXXXXXXXXXXXXXXXXXX
PCP Last Name:       XXXXXXXXXXXXXXXXXXXXXXXX
PCP NPI:             XXXXXXXXXXXX
PCP Clinic Name:     XXXXXXXXXXXXXXXXXXXXXXXX
PCP Telephone #:     XXXXXXXXXXXX
Last PCP Visit Date: 99/99/9999
OEA Member ID:      XX

Client Category:
ERMHS Client:        X      Eff Date: 99/99/9999      Exp Date: 99/99/9999
Therapeutic Foster Care: X      Eff Date: 99/99/9999      Exp Date: 99/99/9999
Prop47 Client:       X      Eff Date: 99/99/9999      Exp Date: 99/99/9999

Client Info:
Client Date of Death: 99/99/9999
  
```

Client Registration Screen 4

Primary Care Physician Info

- **PCP First Name:** display only
- **PCP Last Name:** display only
- **PCP NPI:** display only
- **PCP Clinic Name:** display only
- **PCP Telephone #:** display only
- **Last PCP visit Date:** display only
- **OEA Member ID:** display only

Medical Eligibility Information - This information is entered by the Billing and Benefits Support group. Additional information can be obtained by attending the Data Collection training offered by Billing and Benefits Support.

Client Category

- **ERMHS Client:** enter Y or N (if ERMHS Client = Y, date is required)
 - Eff Date:** enter date in MM/DD/YYYY format
 - Exp Date:** enter expiration (optional field) in MM/DD/YYYY format
- **Therapeutic Foster Care:** enter Y or N (if Therapeutic Foster Care = Y, date is required)
 - Eff Date:** enter date in MM/DD/YYYY format
 - Exp Date:** enter expiration (optional field) in MM/DD/YYYY format

- **Prop47 Client:** enter Y or N (if Prop47 Client = Y, date is required)
Eff Date: enter date in MM/DD/YYYY format
Exp Date enter (optional field) date in MM/DD/YYYY format

Client Info

- **Client Date of Death:** display only
4. The system validates the data. Then it prompts you to verify the name by re-keying the last and first names. You need to retype an exact match of the last name, first name, and middle initial. If you make a mistake, you must enter the correct spelling twice to verify the name.
 5. If the registration is successful, the system assigns the client a client number, which it displays in the Client Number field at the top of the screen. To continue registering clients, enter “Y”. To leave this screen and return to the menu, enter “N”.

Error Messages

If there is a Social Security Number in the system that is the same as the one you just entered, it displays an error message and it does not let you continue. If you’re sure that the number you have entered is correct, refer the case to your supervisor.

If there is a client in the system with the same name and birth date you have just entered, it displays an error message and does not let you continue. Refer the case to your supervisor.

If two different clients do have the exact same name and birth date, a supervisor may use the Num Lock (Gold)-A sequence to override the match, so registration can occur. You cannot override a Social Security Number match.

Maintaining Client Records

To maintain client records:

1. Choose CLIENTS from the Main menu.
2. Choose MANAGEMENT from the Client Maintenance Menu to display the Client Maintenance Screen.
3. Use the fields at the top of the screen to identify the client and maintenance type:
 - **Client Number:** Enter the number of the client whose record you want.
 - **Maintenance Type:** If the client number is valid, you can enter the Maintenance Type “L” (for Lookup) or “U” (for Update).

Client Maintenance

Client Number: XXXXXXXXXX Maintenance Type:

Last:	First:	Middle:
Generation:	Birthdate: / /	Sex: SSN: 000-00-0000
CIN:		
Education:	Other Factors:	Other ID:
Disability:	Service Group:	Local Code:
Language:	Primary RU:	Program Code:
Ethnicity:	Chart Location:	Research Item:
Hispanic Origin:	Ref. Staff ID:	Veteran Status:
Marital Status:	Care Giver Under 18:	18+:
Family Size:		
Annual Income:	MBI:	Client UR Needed:

Aliases	Last	First	Middle

Client Maintenance Screen

Client Lookup

If you enter “L”, InSyst displays the Client Lookup Screen. This screen only lets you view information, and so it can be used by people who are not authorized to change client information.

Client Look-up

Client Number: 75226968 Maintenance Type: L Last Changed: 10-MAR-2017

Last: TEST	First: CINDY	Middle:
Generation: F	Birthdate: 12/12/1900	Sex: F SSN: 000-00-0000
CIN:		
Education: 0	Other Factors: 0	Other ID: 0
Disability: 0	Service Group:	Local Code:
Language: 9 9	Primary RU: 02003	Program Code:
Ethnicity: M	Chart Location:	Research Item:
Hispanic Origin: 3	Ref. Staff ID: 0	Veteran Status: 1
Marital Status: 9	Care Giver Under 18: 0	18+: 0
Family Size: 0		
Annual Income: 0	MBI:	Client UR Needed:

Aliases	Last	First	Middle

Continue: █ Confidential Information USER: CHU

Client Look-up Screen

If the client has aliases listed, you may use Num Lock (Gold) - M key sequences to page through them, as described in the section on Moving Through Lists in Chapter 1.

When you are done, enter “Y” to continue looking up more clients, or press Num Lock (Gold)-S to leave the Maintenance Screen and save the client number, so it is entered automatically in the next screen you use.

Client Update

If you enter “U”, INSYST displays the Client Update Screen.

To modify client data:

1. Press Tab to move through the fields, and edit them as necessary.
2. Tab to the Form OK prompt, and enter “Y” to save the changes, or “N” to discard them.

The data in all these fields was described in the section on the Client Registration Screen, earlier in this chapter.

Client Update			
Client Number:	75226968	Maintenance Type:	U
		Last Changed:	10-MAR-2017
Last:	TEST	First:	CINDY
Middle:		SSN:	000-00-0000
Generation:	F	Birthdate:	12/12/1900
Sex:	F	CIN:	
Education:	0	Other Factors:	0
Disability:	0	Other ID:	0
Language:	9 9	Service Group:	
Ethnicity:	M	Primary RU:	02003
Hispanic Origin:	3	Chart Location:	
Marital Status:	9	Ref. Staff ID:	0
Family Size:	0	Care Giver Under 18:	0
Annual Income:	0	18+:	0
		MBI:	
		Client UR Needed:	
Aliases	Last	First	Middle
Form Ok Y/N:		Confidential Information	USER: CHU
Supervisor authorization in effect.			

The

Client Number cannot be changed.

Client Update Screen

The Registration Approved field only applies to systems using centralized registration, and it can only be changed by the Central Registrar. The Client UR Needed field can only be changed by authorized staff.

Aliases cannot be changed, but any user can add new aliases or can delete an alias by entering “D” on its line.

Note:

If the client has aliases listed, you may use Num Lock (Gold) -M key sequences to page through them, as described in the section on Moving through Lists in Chapter 2.

Client Last Name, First Name, Middle Initial, Social Security Number, Birthdate, Sex can only be changed by a Supervisor. If you are authorized as a supervisor, you can press Num Lock (Gold)-A to display the Client Update Screen in Supervisor mode.

```

Client Update
Supervisor

Client Number: 75226968      Maintenance Type: U      Last Changed: 10-MAR-2017

Last: TEST                    First: CINDY                Middle:
Generation: F                 Birthdate: 12/12/1900    Sex: F      SSN: 000-00-0000
CIN:

-----
Education: 0      Other Factors: 0      Other ID: 0
Disability: 0      Service Group:
Language: 9 9     Primary RU: 02003     Local Code:
Ethnicity: H      Chart Location:
Hispanic Origin: 3 Ref. Staff ID: 0     Research Item:
Marital Status: 9 Care Giver Under 18: 0 18+: 0     Veteran Status: 1
Family Size: 0
Annual Income: 0      Client UR Needed:

-----
Aliases      Last      First      Middle
-----
Form Ok Y/N:      Confidential Information      USER: CHU
Supervisor authorization in effect.

```

Client Update Screen: Supervisor Mode

If the Client was registered using centralized Client Registration and the registration has not yet been approved, this screen will include a Registration Approved field. If you are sure the client registration information is correct, enter “Y” in this field.

Entering a New Client Address

Any authorized user can enter a new address for a client with an open episode.

INSYST goes directly to this screen when registering a new client.

To enter a new address:

1. Choose ADDRESS from the Client Maintenance Menu to display the Address Maintenance Selection Screen, as described above.
2. Press Num Lock (Gold)-I (I stands for Insert) to display the Client Address Insert Screen
3. Enter data in the following fields:
 - **Client Number:** Enter the number for the client whose address you want to enter. If you are already viewing a list of the client’s addresses when you press Num Lock (Gold)-I, the Client Number is entered automatically.
 - **Reporting Unit:** Enter the Reporting Unit Number for the program that has an open episode for the client. The Effective Date of the address you are entering must fall within this episode.
 - **Effective Date:** By default, the Effective Date is today’s date. Only Supervisors can alter it.
 - **Street Number:** Enter a street number with up to five (5) digits.
 - **Street Direction:** If the address has one, enter a street direction, such as “N”, “NE”, “E”, “SE”, “S”, “SW”, “W”, “and NW”.

Client Address Insert															
Client Number: [REDACTED]	Effective Date: 05/26/87														
Reporting Unit:															
<table border="1"> <tr> <td colspan="2">Street</td> </tr> <tr> <td>Number:</td> <td>City:</td> </tr> <tr> <td>Direction:</td> <td>State: Zip Code: 00000+0000</td> </tr> <tr> <td>Name:</td> <td>Phone Number: () - Ext.:</td> </tr> <tr> <td>Type:</td> <td>Census Tract: .</td> </tr> <tr> <td>Apartment:</td> <td></td> </tr> <tr> <td colspan="2">Bad Address</td> </tr> </table>		Street		Number:	City:	Direction:	State: Zip Code: 00000+0000	Name:	Phone Number: () - Ext.:	Type:	Census Tract: .	Apartment:		Bad Address	
Street															
Number:	City:														
Direction:	State: Zip Code: 00000+0000														
Name:	Phone Number: () - Ext.:														
Type:	Census Tract: .														
Apartment:															
Bad Address															
County of Responsibility:															
Form Ok Y/N:	Confidential Information USER: SMITH														

Client Address Insert Screen

- **Street Name:** Enter a street name with up to twenty characters. (Do not enter “Street”, “Road”, or other street type here.) Enter “**Homeless**” as a street name if the client is Homeless.
- **Street Type:** Enter an abbreviation for the street type, such as “ST”, “BL”, “RD”, and “AV”.
- **Apartment/Unit/Space #:** Enter up to four characters. Do not enter the symbol “#”, and do not enter a period at the end.
- **City:** Enter a city name with up to twenty characters. Enter a city name even if the client is **Homeless**. Enter the **Zip Code +4** for the **City Hall** of the city where the client indicates they most often sleep (in a shelter or on the street).
- **State:** Enter the two letter abbreviation for the state name.
- **Zip Code:** Enter the Zip Code +4, and the cursor moves to the plus-four digits, which you can enter if available.

The **CITY, STATE AND ZIP CODE** MUST match or the system will NOT ALLOW ENTRY. Another requirement is that ZIP+4 now MUST be INCLUDED in the ZIP CODE. This change is a requirement of the Medi-Cal program and HIPAA was effective January 1, 2012.

ALL REJECTED SERVICE CLAIMS WILL BE SENT BACK TO THE PROGRAM FOR ZIP CODE +4 CORRECTIONS.

- **City** names MUST be spelled correctly or the system will give an error message
- **State** abbreviation must be same as the state which the city is located
- **Zip Code** must be the valid zip code (for the city and state) and include the +4 for the address entered.
- **Homeless:** Enter the **Zip Code +4** for the **City Hall** of the city where the client indicates they most often sleep (in a shelter or on the street).

City Hall +4 Zip: Codes use for Homeless Client Address

Alameda	94501-4477	Newark	94560-3727
Albany	94706-2226	Oakland	94612-1904
Berkeley	94704-1122	Piedmont	94611-4031
Castro Valley	94546-5878	Pleasanton	94566-7016
Dublin	94568-2658	San Leandro	94577-3729
Emeryville	94608-3517	San Lorenzo	94580-2453
Fremont	94538-1514	Sunol	94586-9509
Hayward	94541-5007	Union City	94587-4452
Livermore	94550-4813		

ZIP CODE +4

The Zip Code +4 can be found on the USPS website: <https://tools.usps.com/go/ZipLookupAction!input.action>

Enter the address on the first screen and click submit.



Quick Tools

Mail & Ship

Track & Manage

Postal Store

Look Up a ZIP Code™

ZIP Code™ By Address
Cities by ZIP Code™

Look up ZIP Codes™ for corporate and residential addresses.

ZIP Code by Address
Enter street address, city, and state to see a specific ZIP Code. Note:

- A ZIP Code result does not confirm that a person or company is at that address.
- If you searched for a company and did not get the results you expected, search again either without the company name or with a different version of the company name (e.g., full name or acronym).

ZIP Codes by City and State
Enter city and state to see all the ZIP Codes for that city.

Company (optional)

Street Address

Apt / Suite / Other

*City

*State

ZIP Code™

Address is displayed with Zip Code +4 on the second screen.

Look Up a ZIP Code™

Still Ha
Browse

ZIP Code™ By Address
Cities by ZIP Code™

You entered:

1900 EMBARCADERO COVE
400
OAKLAND CA 94606

[Look up another ZIP Code™ ›](#)
[Edit and Search Again ›](#)

Here's the full address, using standard abbreviations and formatting.

1900 EMBARCADERO STE 400
OAKLAND CA 94606-5234

[Show Mailing Industry Details ↕](#)

- **Phone Number:** Enter the telephone number, if available. If you do not want to enter the Area Code, you must type three blank spaces in its place.
 - **Extension:** Enter an extension for the telephone number, if there is one.
 - **County of Responsibility:** If you do not make an entry here, INSYST will use your county's code when it reports to state client data systems. To report to the state that another county is responsible, enter the two-digit county code in this field. (This section is generally used by California Mental Health Programs.)
4. Enter "Y" at the Form OK prompt to validate and save the data.

Maintaining Addresses

The Address Maintenance Selection screen is used to maintain either Client addresses or Account Addresses, the addresses that bills are sent to.

To maintain addresses:

1. Choose ADDRESS from the Client Maintenance Menu to display the Address Maintenance Selection Screen, as described above
2. Use the fields at the top of the screen to display a list of addresses:
 - **Client Number:** Enter a Client Number to display that client's addresses.

The screen lists all addresses for the client or account with the most recent listed first.

Address Maintenance Selection

Client Number: 500000006 HOLDEN CAUFIELD
 Account Number:

Effective	Address
21-May-87 9999-5	45 NE TAYLOR RD Apt. 1 SAN FRANCISCO, CA 94124
01-May-87 9999-9	135 E DUCK AV Apt. 202 SAN FRANCISCO, CA 94118
- -	
- -	
- -	

Confidential Information USER: SMITH

2 records displayed. Last page displayed.

Address Maintenance Selection Screen

3. Select address records to maintain by typing “L” (lookup), “U” (update), or “D” (delete) next to them. When you have finished selecting records, press Return.

Client Address Lookup

If you entered a Client Number and entered “L” next to the address, it is displayed in the Client Address Lookup screen. You cannot change the data. Press Return to display the next address, or press “N” and Return to exit.

Client Address Lookup

Client: 500000006 HOLDEN CAUFIELD
 RU: 999905 45 NE TAYLOR RD Apt. 1
 SAN FRANCISCO, CA 94124

Effective Date: 05/21/87 Address Stamp: 21-May-87

Street	
Number: 245	City: SAN FRANCISCO
Direction: NE	State: CA Zip Code: 94124+0000
Name: TAYLOR	
Type: RD	Phone Number: (415) 752-3333 Ext.: 0
Apartment: 1	Census Tract: .00

Bad Address

County of Responsibility: 0

Continue: Confidential Information USER: SMITH
 Press <Return> to continue or <N><Return> to exit.

Client Address Lookup Screen

Client Address Delete

If you entered a Client Number and entered "D" next to the address, it is displayed in the Client Address Delete screen. Enter "Y" at the Delete OK prompt and "Y" again at the CONFIRM prompt to delete the address.

Client Address Delete	
Client: 500000006	HOLDEN CAUFIELD
RU: 999905	135 E DUCK AV Apt. 202 SAN FRANCISCO, CA 94118
Effective Date: 05/01/87 Address Stamp: 22-May-87	
Street	
Number: 135	City: SAN FRANCISCO
Direction: E	State: CA Zip Code: 94118+0000
Name: DUCK	Phone Number: (415) 752-3333 Ext.: 0
Type: AV	Census Tract: .00
Apartment: 202	
Bad Address	
County of Responsibility: 0	
Delete OK:	Confidential Information
Okay to delete this record (Y/N)?	USER: SMITH

Client Address Delete Screen

Client Address Update

If you entered a Client Number and entered "U" next to the address, it is displayed in the Client Address Update screen.

You can change most of its data. However, you cannot change the Client Number, the Reporting Unit, the Effective Date, or the Address Stamp (which shows when the Address was entered). Because you cannot change the Reporting Unit, if the wrong program has been entered for an address, you must delete the record and enter a new one.

Client Address Update	
Client: 500000006	HOLDEN CAUFIELD
RU: 999905	45 NE TAYLOR RD Apt. 1 SAN FRANCISCO, CA 94124
Effective Date: 05/21/87 Address Stamp: 21-May-87	
Street	
Number: 245	City: SAN FRANCISCO
Direction: NE	State: CA Zip Code: 94124+0000
Name: TAYLOR	Phone Number: (415) 752-3333 Ext.: 0
Type: RD	Census Tract: .00
Apartment: 1	
Bad Address	
County of Responsibility: 49	
Continue: Y	Confidential Information
Successful update. Update total = 1.	USER: SMITH

Client Address Update Screen

When you have made all changes, press Return. The next record you selected to maintain is displayed. If there are no more selected records, you return to the Address Maintenance Selection Screen.

Client Messages

The Client Message screens let staff write messages about the particular needs of clients. Messages are noted on the Locator and Client Message screens, and active Client Messages can be displayed on some reports (such as the Morning Report, Report MHS 120).

To work with client messages:

1. Choose CLINICAL from the Main Menu.
2. Choose CLIENT_MSG from the Clinical Menu to display the Client Message Selection Screen (Figure 2.6).

You can view messages for a particular client, or messages entered by a particular user at this point, or enter new client messages.

If you are using the Client Locator Screen and have a client selected, you can go directly to the Client Message Selection screen by entering “M” at the Selection prompt. Then it automatically displays messages for that client.

TIP:

Entering New Client Messages

To enter new client messages:

1. Choose CLIENT_MSG from the Clinical Menu to display the Client Message Selection Screen, as mentioned above. 2. Press Num Lock (Gold)-I to insert new messages for a client. The system displays the Client Message Insert Screen.

Message Header	Message Type	Effective Date	Entered By
----------------	--------------	----------------	------------

Client Message Selection Screen

Client Message Insert

Client: XXXXXXXXXX

Header: Effective Date: 11/06/97
 Author: Expiration Date: / /

Message Type

Case Management Incident	Clinical Other	Fiscal Correspondence
-----------------------------	-------------------	--------------------------

Form Ok Y/N: Confidential Information USER: SEIGEL_C

Client Message Insert Screen

2. Enter data in the following fields:

- **Client:** Enter the Client Number of the client the message describes.
- **Message Header:** Enter a title for the message, up to 40 characters long.
- **Author:** Enter the name of the person who is the author of the message. This may be different from the username of the person entering the message. The author might be a clinician who asked a data entry person to enter the message.
- **Effective Date:** Enter the date the message will begin to appear on the system. The default entry is the current date. You cannot enter a date before the current date.
- **Expiration Date:** Enter the date that the message will no longer appear as an active message in the Client Locator Screen. Only staff with Supervisor Authorization will be able to see the message. For most message types, the default is 45 days from the current date. You can blank the field, so there is no expiration date.
- **Message Type:** Type "X" next to your choice. Local Operations Staff sets up Message Types. Some common Message Types are: CLINICAL (used by clinical staff to coordinate treatment for the client), CASE MANAGEMENT (used to support the client in the community), FISCAL (used to describe the client's account), INCIDENT (used to report incidents), OTHER (General Messages used by the entire staff).

3. Enter "Y" at the Form OK prompt to record this information about your message and to move to the Client Message text editor.

```
JAMES TESTCASE                                MHS Client Messages
                                                1000483 | Crisis Alert
-----
Recent decompensation started about the same time as brother died. James
has been withdrawn at the day treatment center and has not participated
in any groups. It appears as though he discontinued his medications. If
he appears at Crisis Center, please contact Dr. Williams regarding
medication plan changes.

                                ----- Last Line -----

INSERT NEW MESSAGE                               | Insert | Forward
-----
Command: EXIT |                               Confidential Information
```

Client Message Text Editor

4. At first, the text editor screen has the Client Number and Message Header you specified at the top of the screen, and "--Last Line--" in the text editing section. Type the message, and these words scroll downward make room for it.
5. As you enter your message, do not press Return at the end of a line; the text wraps to the next line automatically. The highlighted bar at the bottom of the screen will say INSERT NEW MESSAGE to show that the screen is in Insert Mode. It may also say "Char" (Character), "Insert" or "Forward" to show the text editing mode you are using.
6. When you have completed your message, press the Control/Z to stop editing. The word EXIT will be displayed at the prompt, and you can press Return to save your message. If you do not want to save the Client Message, erase the word EXIT, replace it with QUIT and press Return.

The Client Message text editor is the same editor used for MAIL and FILES. It is covered in detail in Chapter 15, which also discusses these utilities, but the features described there are not usually needed for client short messages.

Note:

When you are using the Client Message Insert screens, you can return to the Client Message Selection Screen by pressing Num Lock (Gold)-R.

Maintaining Client Messages

To maintain client messages:

1. Choose CLINICAL from the Main Menu.
2. Choose CLIENT_MSG from the Clinical Menu to display the Client Message Selection Screen.

3. Enter search criteria in the fields at the top of the screen:
 - **Client Number:** Enter a Client Number to search for messages about that client.
 - **Username:** Enter a Username to search for messages written by that user.
4. You can enter search criteria in either or both of these fields, then press Return to list messages that match.
5. Move the cursor through the list of messages. (See the section on Moving Through Lists in Chapter 1.) Select the ones you want to maintain by entering “L” (lookup), “U” (update), or “D” (delete) next to them. Press Return when you have finished selecting messages.

Client Message Selection

Client Number: **1000483** **JAMES** **TESTCASE**
 Username:

Message Header	Message Type	Effective Date	Entered By
Medication Warning	Clinical	17-Nov-89	SMITH

Confidential Information USER: **SMITH**

1 record displayed. Last page displayed.

Client Message Selection Screen After Searching by Client

If you searched by client the list includes:

- **Message Header:** A Message Title of up to 40 characters.
- **Message Type:** The type of message (*e.g.* Clinical, Fiscal, Incident, *etc.*).
- **Effective Date:** The date the message first began appearing.
- **Entered By:** The person who created the message.

If you searched by Username only, list includes:

- **Message Header:** A Message Title of up to 40 characters.
- **Message Type:** The type of message (*e.g.* Clinical, Fiscal, Incident, *etc.*).
- **Client Number:** The Client Number for each Message.
- **Client Last Name:** The Client Name for each Message.

The Message Display area shows up to six messages. You can press Num Lock (Gold)-M to view one additional page of messages.

Note!

To list more than 12 messages, you must type Num Lock (Gold)-A before entering a Client Number to request unlimited paging

Client Message Lookup

If you entered “L”, the message is displayed on the same screens used to enter messages. First the screen lists Client, Header, Author, Effective and Expiration Dates, and Message Type. Press Return to display the text editing screen with the message. You cannot edit either the title screen or the message.

After reading the message, type Control/Z to move to the next message or return to the Client Message Selection Screen.

Client Message Delete

If you entered “D”, the Text Editing Screen is displayed, as described above, with the prompt, “Are you sure you want to delete this message?” Enter “Y” to delete the message. Remember to type Control/Z and press Return to save the changes,

Note:

You may only delete your own messages (the creator)

Client Message Update

If you entered “U”, the title screen is displayed and you may change the Message Header, Message Type, Effective or Expiration Date. Press Return to display the message in the text editing screen and make changes. Type Control/Z and press Return to save the changes.

You may only update your own messages.

```
MHS Client Messages
JAMES TESTCASE      1000483 | Medication Warning
-----
This client has severe reactions to haloperidol in dosages over 5mg.
Please contact Dr. Williams at West County Outpatient.
          ----- Last Line -----
-----
UPDATE MESSAGE      | Insert | Forward
-----
Update/Insert message      Confidential Information      USER: SMITH
```

Client Message Update

Supervisor Authorization

Supervisor Mode lets you update or delete any message regardless of its author, and it lets you see expired messages. If you are authorized to use Supervisor Mode, press Num Lock (Gold)-A twice when the Client Message Selection Screen first appears.

Supervisory Staff and Operations Staff have a responsibility to monitor and service the Client Messages system. If you have Supervisor authorization, you should use Supervisor Mode.

Entering New Messages during Maintenance

If you press Num Lock (Gold)-I while you are using the Editing screen to update, look up, or delete a message, the screen will split to let you enter a new message for the client whose message you were maintaining.

After entering the new message, press Control/Z. You will be able to enter the Message Header, Type, and Dates, as described above.

DRAFT

Chapter 5: Client Episodes

An Episode is a period of treatment for a client at a program. Before you can enter services for a client, there must be an open Episode for the client in the program providing the service.

Episode Screens are different in INSYST's Mental Health and Drug and Alcohol systems. This manual covers the screens for Mental Health programs. The AOD Mini Manual covers the screens for Drug and Alcohol programs.

Opening New Episodes, Mental Health Programs

To open an Episode for a client:

1. Choose EPISODES from the Main Menu.
2. Choose OPEN from the Episode Maintenance Menu to display the Episode Opening screen.
3. To identify the record, fill in the fields at the top of the screen:
 - **Client Number:** Enter a Client Number
 - **RU:** Enter a Reporting Unit number representing a Mental Health program.
4. The system validates the data. It will not let you open an episode unless the Client and RU numbers exist, and it will not let you open two episodes for the same client in the same reporting unit. If these identifying fields are valid, you can enter data in the following fields:
 - **Opening Date:** Enter today's date or an earlier date. The system will not accept a future date. Remember that you cannot enter services that occurred before the episode's opening date.

Episode Opening			
CINDY	TEST	WEST MHS	
Client Number:	75226968	RU:	99991
Street No.:	123	Direction:	S
City:	WALNUT CREEK	Name:	MAIN
Ph #:	() -	State:	CA
Opening Date:	03/10/2017	Zip Code:	94597+0000
Referral From:	01	Legal:	W60000
		Trauma:	U
Initial Diagnostic Impression			
Axis 1:	297.3	P	Axis 2: 307.20
Axis 1:			Axis 2:
ICD10 Dx 1 to 5:			
Pri:			
Sec:			
Clinician ID:	18873	Living Situation:	98
Physician ID:		Admission Hour:	99
Source of Income:	0	Scheduled:	N
Patient Location:		Employment Status:	
		Legal Consent:	0
		DNR:	N
		Type of Employment:	0
		Research Item:	
		Effective:	/ /
		Financial Responsibility:	99
Form Ok Y/N:	<input type="checkbox"/>	Confidential Information	USER: GILLMAN
Input required			

Episode Opening Screen

- **Referral From:** If you have the code for the reporting unit or agency that referred the patient, enter it here. Otherwise, you can enter a one or two-digit generic code numbers. Standard codes are listed in Appendix B, but you should check with your Operations Staff to find which codes are used locally.
- **Legal:** Enter a Legal Status code. These codes are listed in Appendix B. Next, the cursor moves to the fields in the Diagnostic area. This area has two lines, the first for the main diagnoses and the second for alternative diagnoses.
- **Trauma:** enter yes, no, or unknown in this field.
- **Axis 1, Axis 2, Axis 3, Axis 4, Axis 5** (including 'past'): these fields are all no longer in use, please tab past these fields.
- **SA:** depend (Substance abuse/dependence and diagnosis {Dx}): enter **Y** for yes if this applies to the client; if y is entered, a corresponding ICD 10 Dx is then required in the following dx field. Enter **N** for no in this field if the client has no substance abuse Dx. Only yes or no are acceptable in this field, unknown is not accepted by the system.
- **ICD 10 Diagnosis (Dx) 1 to 5:** primary and secondary fields accept valid "included" ICD 10 behavioral health diagnosis (Dx) codes. This includes: F series as well as no diagnosis, or deferred diagnosis. Once a valid code is entered, the user then tabs or enters across the 5 (invisible) fields. The first ICD 10 dx code listed is automatically the primary, and the second ICD 10 Dx code listed is automatically the secondary. You may enter up to 5 ICD 10 dx codes, however only the first 2 codes will have the descriptive label. Note, the description label doesn't get filled in automatically until section 3 of the episode is filled in. For a list of acceptable ICD 10 codes use the following link: www.acbhcs.org/providers/QA/Training.htm.
- **General Medical Condition (GMC):** Enter up to three General Medical Condition Summary Codes. You must enter data in this field. You must use a different code for each problem. Additional fields may be left blank if no additional GMC exist. This field requires leading zeroes.

To enter data in the remaining fields:

After you Tab through the diagnostic fields, you enter data in the following fields:

- **Clinician ID:** Enter the primary clinician's identification number. This number must be in the STAFF_MASTER table.
- **Physician ID:** Enter the physician, nurse practitioner, or physician assistant identification number. This number must be in the STAFF_MASTER table.
- **Source of Income:** Enter a one-digit code for the client's largest single source of family income. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Living Situation:** Enter the code for the client's living situation. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Employment Status:** Enter the code for the client's Employment Status. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Type of Employment:** Enter the one-digit code for the occupation of the family's primary wage earner. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Admission Hour:** Enter hour of admission, using a number from 0-23. If you skip this field, the default 99 (Unknown) is used.

- **Legal Consent (CONSERVATORSHIP):** Indicate what authority you have to treat minors. This field is also used for some adults. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Research Item:** This field can be defined by your local agency. If necessary, ask your supervisor for more information.
- **Scheduled:** Enter “Y” or “N”, depending on whether this opening was scheduled.
- **DNR:(do not resuscitate):** this field may or may not be used by an agency. Check with supervisor or manager to determine if this field is used.
- **Patient Location:** This field used primarily by inpatient hospital or other 24 hour facilities to indicate the room and or bed the client occupies. Its use depends on local policy.
- **Effective:** Enter date the client began occupying bed or room shown in Patient Location field. If the client moves, use Update to enter new bed/room number and effective date of new bed/room number.
- **Address:** For a new client, enter the client’s address in the Address fields. If the client has an address on file, it will be displayed in these fields. Correct it if necessary. (Most address fields are self-explanatory. The direction field holds N, NW, or some other compass direction that is part of the address. The Street Type field holds an abbreviation such as “St”, “Bl”, and “Rd”.)

At the Form OK prompt, enter “Y” to save the record.

Episode Opening			
CINDY	TEST	WEST MHS	
Client Number:	75226968	RU: 99991	
Street No.:	123	Direction: S	Name: MAIN
City:	WALNUT CREEK	State:	CA
Ph #:	() -	Zip Code:	94597+0000
Opening Date:	03/10/2017	Referral From:	01
		Legal:	W60000
		Trauma:	N
Initial Diagnostic Impression			
Axis 1:	297.3 P	Axis 2:	799.9 S
Axis 1:		Axis 2:	
ICD10 Dx 1 to 5:	F24	R69	
Pri:	Shared psychotic disorder		
Sec:	Illness, unspecified		
Clinician ID:	0000	Living Situation:	98
Physician ID:		Employment Status:	01
Source of Income:		Type of Employment:	0
Patient Location:		Effective:	/ /
		Admission Hour:	99
		Scheduled:	N
		Legal Consent:	0
		DNR:	N
		Research Item:	
		Financial Responsibility:	99
Form Ok Y/N:	Y	Confidential Information	
		USER:	GILLMAN
Displaying ICD-10 diagnoses and labels. Press <Return> to continue.			

Episode Opening Screen with Data

One Shot Opening and Closing, Mental Health Programs

The One Shot Screen is designed for Crisis programs. It lets you open and close an episode and record two services using a single screen.

This screen is like the Episode Opening and Episode Closing screens: it has both an entry and exit date and a referral source and a referral destination. In addition, it has an area for entering up to two service procedures.

To do one shot opening and closing:

1. Choose EPISODES from the Main Menu.
2. Choose ONESHOT from the Episode Maintenance Menu.

One Shot Opening and Closing

Client #: XXXXXXXXXX RU: XXXXXX

Street No.:	Direction:	Name:	Type:	Apt:
City:	State:	Zip Code: 00000+0000	Ph #: ()	-
Opening: / /	Ref. From:	Ref. To:	/	
Initial Diagnostic Impression				
Axis 1:	Axis 2:	Axis 3:	Ax4:	Ax5: Past:
Axis 1:	Axis 2:	Axis 3:	Trauma:	SAD: Dx:
ICD10 Dx 1 to 5:			GMC:	
Pri:				
Sec:				
Clinician ID:		Living Situation:	Admit Hr: 99	Disch Hr: 99
Physician ID:		Employment Status:	Legal Consent:	
Source of Income:		Type of Employment:	Research Item:	
Procedure Time Location Clinician ID Co-Staff Pregnant Emergency				
: N N				

Form Ok Y/N: Confidential Information USER: CHU

One Shot Opening and Closing Screen

3. To identify the record, fill in the fields at the top of the screen:
 - **Client Number:** Enter a Client Number
 - **RU:** Enter a Reporting Unit number representing a Mental Health program.
1. The system validates the data. It will not let you open an episode unless the Client and RU numbers exist, and it will not let you open two episodes for the same client in the same reporting unit. If these identifying fields are valid, you can enter data in the following fields:
 - **Opening:** Enter today's date or an earlier date. The system will not accept a future date. Remember that you cannot enter services that occurred before the episode's opening date.
 - **Referral From:** If you have the code for the reporting unit or agency that referred the patient, enter it here. Otherwise, you can enter a one or two-digit generic code numbers. Standard codes are listed in Appendix B, but you should check with your Operations Staff to find which codes are used locally.
 - **Referred To:** Enter codes for up to three referral destinations. Use one or two-digit generic

- codes or the codes for programs or agencies.
- **Axis 1, Axis 2, Axis 3, Axis 4, Axis 5** (including ‘past’): these fields are all no longer in use, please tab past these fields
- **Trauma:** enter yes, no, or unknown in this field.
- **SA:** depend (Substance abuse/dependence and diagnosis {Dx}): enter **Y** for yes if this applies to the client; if y is entered, a corresponding ICD 10 Dx is then required in the following dx field. Enter **N** for no in this field if the client has no substance abuse Dx. Only yes or no are acceptable in this field, unknown is not accepted by the system.
- **ICD 10 Diagnosis (Dx) 1 to 5:** primary and secondary fields accept valid “included” ICD 10 behavioral health diagnosis (Dx) codes. This includes: F series as well as no diagnosis, or deferred diagnosis. Once a valid code is entered, the user then tabs or enters across the 5 (invisible) fields. The first ICD 10 dx code listed is automatically the primary, and the second ICD 10 Dx code listed is automatically the secondary. You may enter up to 5 ICD 10 dx codes, however only the first 2 codes will have the descriptive label. Note, the description label doesn’t get filled in automatically until section 3 of the episode is filled in. For a list of acceptable ICD 10 codes use the following link:
www.acbhcs.org/providers/QA/Training.htm.
- **General Medical Condition (GMC):** Enter up to three General Medical Condition Summary Codes. You must enter data in this field. You must use a different code for each problem. Additional fields may be left blank if no additional GMC exist. This field requires leading zeroes.

To enter data in the remaining fields:

After you Tab through the diagnostic fields, you enter data in the following fields:

- **Clinician ID:** Enter the primary clinician’s identification number. This number must be in the STAFF_MASTER table.
- **Physician ID:** Enter the physician, nurse practitioner, or physician assistant identification number. This number must be in the STAFF_MASTER table.
- **Source of Income:** Enter a one-digit code for the client’s largest single source of family income. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Living Situation:** Enter the code for the client’s living situation. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Employment Status:** Enter the code for the client’s Employment Status. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Type of Employment:** Enter the one-digit code for the occupation of the family’s primary wage earner. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Admission Hour:** Enter hour of admission, using a number from 0-23. If you skip this field, the default 99 (Unknown) is used.
- **Legal Consent (CONSERVATORSHIP):** Indicate what authority you have to treat minors. This field is also used for some adults. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Research Item:** This field can be defined by your local agency. If necessary, ask your supervisor for more information.
- **Address:** For a new client, enter the client’s address in the Address fields. If the client has an

address on file, it will be displayed in these fields. Correct it if necessary. (Most address fields are self-explanatory. The direction field holds N, NW, or some other compass direction that is part of the address. The Street Type field holds an abbreviation such as “St”, “Bl”, and “Rd”.)

2. Enter services on two lines at the bottom of the screen. These are similar to the Single Service Entry described at the beginning of Chapter 5. They include the following fields:
 - **Procedure:** Enter a three-digit procedure code.
 - **Time (HH:MM):** Enter the number of hours for the service. Enter hours (up to 23) and minutes (up to 59) separately. Some services have fixed time limits set by local policy, and you cannot enter a longer time.
 - **Location:** Enter the code for the location of the service. Location codes are shown in Table 4.2.
 - **Clinician ID:** Enter the staff number for the Primary Therapist, who actually performed the service. The message “Re-enter primary therapist...Illegal procedure for staff”, means that the primary therapist is not authorized to provide the selected procedure. For example, if a physician-only procedure is used, a physician’s staff number must be entered as the primary therapist.
 - **Co-Staff ID:** Field is not used at this time.
3. Enter another service in the second line, if you want. When the form is completed (Figure 4.13), press Return to move the cursor to the Form OK prompt, and enter “Y” to save the entry.

Closing Episodes, Mental Health Programs

To close an episode for a client in a reporting unit:

1. Choose EPISODES from the Main Menu.
2. Choose CLOSE from the Episode Maintenance Menu to display the Episode Closing screen. This screen is similar to the Client Episode Opening Screen, with a few exceptions.

In addition to Opening Date, it has Closing Date. Instead of Referral From, you can enter Referral To codes. A number of fields are not included, since that data is collected at Episode Opening only.

Episode Closing			
IMA	TESTCASE	PSP OPT	
Client Number:	1234566	RU: 99991	
Street No.: 345	Direction:	Name: APPLE	Type: PL Apt: C
City: BENICIA		State: CA	Zip Code: 94510+0000
Ph #: () -			
Opened: 10-Jan-2017	Closing Date: / /	Discharge Hour: 99	Legal: W60000
Last Service: - -	Trauma: N		
Final Diagnostic Impression			
Axis 1: P	Axis 2: S	Axis 3:	Ax4: Ax5: Past:
Axis 1:	Axis 2:	Axis 3:	SA Depend: Y Dx: F19.20
ICD10 Dx 1 to 5: F43.21	F44.81	F20.81	GMC:
Pri: Adjustment disorder with depressed mood			
Sec: Dissociative identity disorder			
Clinician ID: 8888	Living Situation: 1	Referrals: / /	
Physician ID: 0	Employment Status: 1	Reason for Discharge:	
DNR: N		Research Item:	
Form Ok Y/N:	Confidential Information	USER: TURNER_B	
Enter closing information.			

Episode Closing Screen

Note!

Some 24 Hour programs cannot close an episode unless there is a recorded service for every day of the episode. Ask your Operations Staff for more information about this.

3. Use the fields at the top of the panel to identify the record:
 - **Client Number:** Enter the Client Number
 - **RU:** Enter the Reporting Unit Number for the program.
4. The system displays an error message if it cannot find an open episode for this client in this reporting unit, or if you are not authorized to close episodes in this reporting unit. If it finds the open episode for the client, it displays the current data as defaults for closing. You use the following fields:
 - **Closing Date:** You must enter a closing date, and you cannot enter a future date or a date before the last service. The current date as the default.
 - **Last Service Date:** This field is displayed, but you cannot edit it. Usually, will want make the Closing Date the same as the Last Service Date.
 - **Diagnostic, Clinician, Physician, Living Situation and Employment:** Update these fields if necessary, or just press the Tab key to move through them.
 - **Referrals:** Enter codes for up to three referral destinations. Use one or two-digit generic codes or the codes for programs or agencies.

- **Reason For Discharge:** Enter a Reason for Discharge code. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
- **Research Item:** Make an entry here only if you are authorized. Ask your supervisor for information on this field.
- **Address Fields:** Update these fields if necessary, or press the Tab key to move through them.

5. Enter “Y” at the Form OK prompt to save the data. After validating the data, the system closes the episode.

Episode Closing			
IMA	TESTCASE	PSP OPT	
Client Number:	1234566	RU:	99991
Street No.:	345	Direction:	Name: APPLE
City:	BENICIA	State:	CA
Ph #:	() -	Zip Code:	94510+0000
Opened:	10-Jan-2017	Closing Date:	02/03/2017
Last Service:	- -	Trauma:	N
Final Diagnostic Impression			
Axis 1:	P	Axis 2:	S
Axis 1:	Axis 2:	Axis 3:	Axis 3:
ICD10 Dx 1 to 5:	F43.21	F44.81	F20.81
Pri:	Adjustment disorder with depressed mood		
Sec:	Dissociative identity disorder		
Clinician ID:	8888	Living Situation:	1
Physician ID:	0	Employment Status:	1
DNR:	N	Referrals:	1 / /
		Reason for Discharge:	
		Research Item:	
Form Ok Y/N:	<input checked="" type="checkbox"/>	Confidential Information	USER: TURNER_LB
Input required			

Episode Closing Screen with Data

Maintaining Episodes, Mental Health Programs

To maintain Episode records:

1. Choose EPISODES from the Main Menu.
2. Choose MANAGEMENT from the Episode Maintenance Menu to display the Episode Maintenance Selection screen.

Episode Maintenance Selection

Client Number:
Reporting Unit: (Optional)
Opening Date: / / (Optional)

Reporting Unit	Opening Date	Closing Date	Clinician	Physician

Confidential Information USER: SMITH

Please enter a client number. A provider number may also be entered.

Episode Maintenance Selection Screen

3. Enter search criteria in the fields at the top of the screen:
 - **Client Number:** You must enter a Client Number.
 - **Reporting Unit:** Optionally, you can enter a Reporting Unit number to display only the client's episodes in that program.
 - **Opening Date:** Optionally, you can enter a date to display only episodes that were open at that time. (Enter just a month and year to get a list of episodes with opening dates in that month.)
4. Press Return, and the screen lists all Episodes that match the search criteria, with the most recent Episodes first.
5. To select episodes on the list for maintenance, move the cursor through the list (as described in the section on Moving Through Lists in Chapter 1). Next to the records you want to maintain, enter "L" (lookup), "D" (delete), or "U" (update).

Select up to sixteen records. Then press Return to display these records for maintenance.

Episode Maintenance Selection					
Client Number:	153201	PAUL	PASTEL		
Reporting Unit:		(Optional)			
Opening Date:	/ /	(Optional)			
Reporting Unit	Opening Date	Closing Date	Clinician	Physician	
U HCPC	21861	20-Apr-93	STAFF	Staff	
L DCI-HCPI	22651	20-Apr-93	SMITH	Staff	
MOBILE CRISIS	22531	19-Apr-93	CUMINGS	Staff	
D HCPC	21861	18-Mar-93	22-Mar-93	STAFF	Staff
PSP OPT	22271	18-Mar-93	05-May-93	LAMBERSON	Staff
DCI-HCPI	22651	18-Mar-93	18-Mar-93	VILLERE	Staff
Confidential Information			USER: SMITH_D		

Episode Maintenance Selection Screen with Episodes Listed

Note!

Num Lock (Gold)-A: (Unlimited or Continuous Paging) **Allows the user to speed up performance as maintenance screens usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing Num Lock (Gold)-A before you display the list**

Episode Lookup

If you entered “L”, the system displays the Episode Lookup Screen. You can view the data for the Episode but cannot change it.

Press Return to display the next record selected for maintenance. Type “N” and press Return to go back to the Client Episode Maintenance Selection Screen.

Episode Look-up			
IMA	TESTCASE	MHSA ADULT	Entered By: NOBORI
Client Number:	1234566	RU: 07035	Last Changed: 14-Jun-2016
			Last Service: - -
Opening: 12/22/2015		Closing Date: 12/22/2015	
Axis 1: 295.70 P	Axis 2: V71.09 S	Axis 3:	Trauma: Y
Axis 1:	Axis 2:	Axis 3:	Ax4: B Ax5: 045 Past: 045
ICD10 Dx 1 to 5: F25.9	Z03.89		SA Depend: N Dx:
Pri: Schizoaffective disorder, unspecified			GMC: 20
Sec: Encntr for obs for oth suspected diseases and cond ruled out			
Clinician ID: 2687	Living Situation Entry: 1	Referral Source: 38	
Physician ID: 0	Living Situation Exit: 1	Admit Hr: 99 Disch Hr: 99	
Legal Entry: W50000	Employment Status Entry: 16	Legal Consent: 0	
Legal Exit: W50000	Employment Status Exit: 16	Reason For Discharge: 1	
Source of Income: 0	Referrals: 1 / /	Research Item:	
Type of Employ: 0	DNR: N	Scheduled: N	
Patient Location:	Effective: / /		
Continue: Y	Confidential Information		USER: TURNER_B
Press <Return> to continue.			

Episode Look-up Screen

Episode Delete

If you entered “D”, the system displays the Episode Deletion Screen. If you are authorized, you can enter “Y”

at the Delete OK prompt and again at the CONFIRM prompt to delete all information about this episode.

Episode Deletion			
PAUL	PASTEL	HCPC	Entered By: MILLER_J
Client Number: 153201		RU: 21861	Last Changed: 23-Mar-93
			Last Service: 21-Mar-93
Opening: 03/18/93		Closing Date: 03/22/93	
Axis 1: 298.90 P Axis 2: U71.09 S Axis 3: Axis 4: 4 Axis 5: 40 Past: 40			
Axis 1:		Axis 2: Axis 3:	
Clinician ID: 10000 Living Situation Entry: 99 Referral Source: 01			
Physician ID: 0 Living Situation Exit: 99 Admit Hr: 12 Disch Hr: 0			
Legal Entry: 1 Employment Status Entry: 16 Legal Consent: 9			
Legal Exit: 1 Employment Status Exit: 16 Reason For Discharge: 0			
Source of Income: 0 Referrals: 01 / / Research Item:			
Type of Employment: 0 Patient Location: Effective: / /			
Delete OK: <input type="checkbox"/> Confidential Information USER: SMITH_D			

Episode Deletion Screen

If services have been recorded for a client, the Episode may not be deleted. The screen displays the message “Services found for this Episode. No deletion possible”.

Episode Update

If you entered “U”, the system displays the Episode Update Screen. Only Supervisors can change the episode boundaries (e.g., Opening Date). Any authorized user can change the data below these fields.

Episode Update			
IMA	TESTCASE	PSP OPT	Entered By: TURNER_B
Client Number: 1234566		RU: 99991	Last Changed: 03-Feb-2017
			Last Service: - -
Opening: 1 /10/2017		Closing Date: / /	
Axis 1: P Axis 2: S Axis 3:		Trauma: N	
Axis 1: Axis 2: Axis 3:		Ax4: Ax5: Past:	
ICD10 Dx 1 to 5: F43.21 F44.81 F20.81		SA Depend: Y Dx: F19.20	
Pri: Adjustment disorder with depressed mood		GMC:	
Sec: Dissociative identity disorder			
Clinician ID: 8888		Living Situation Entry: 1	Referral Source: 1
Physician ID: 0		Living Situation Exit:	Admit Hr: 99 Disch Hr:
Legal Entry: W60000		Employment Status Entry: 1	Legal Consent: 0
Legal Exit: W60000		Employment Status Exit:	Reason For Discharge:
Source of Income: 0		Referrals: / /	Research Item:
Type of Employ: 1		DNR: N	Scheduled: N
Patient Location:		Effective: / /	
Continue: Y Confidential Information USER: TURNER_B			
Successful update. Update total = 1.			

Episode Update Screen

Press Tab to move through the fields and edit the data. Press Return at any time to move to the Form OK prompt, and enter "Y" to save the changes. The system validates the data: if there are errors, it displays a message and returns the cursor to the field that needs to be corrected.

After you have updated the record, press Return to display the next Episode selected for maintenance, or if none are left, to return to the Client Episode Maintenance Selection screen.

Episode Update, Supervisor Authorization

Authorized users can display the screen in Supervisor mode.

Episode Update Supervisor			
PAUL	PASTEL	HPCP	Entered By: MILLER_J
Client Number: 153201		RU: 21861	Last Changed: 03-May-93
			Last Service: 01-May-93
Opening: 4/20/93	Closing Date: 05/20/93	Re-open Episode: Y	
Axis 1: 298.90 P	Axis 2: 071.09 S	Axis 3:	Axis 4: 4 Axis 5: 40 Past: 40
Axis 1:	Axis 2:	Axis 3:	
Clinician ID: 10000	Living Situation Entry: 99	Referral Source: 01	
Physician ID: 0	Living Situation Exit:	Admit Hr: 99	Disch Hr:
Legal Entry: 1	Employment Status Entry: 16	Legal Consent: 9	
Legal Exit: 1	Employment Status Exit:	Reason For Discharge:	
Source of Income: 0	Referrals: / /	Research Item:	
Type of Employment: 0	Patient Location:	Effective: / /	
Form OK:	Confidential Information	USER: SMITH_D	
Supervisor authorization in effect.			

Episode Update Screen, Supervisor Mode

To display the screen in Supervisor mode:

1. Display the Episode Update screen, as described above.
2. Press Num Lock (Gold)-A to display the screen in Supervisor mode.

Note:

With this screen, you can change the opening and the closing date of the episode (only the date within a month can be changed, you can NOT change the month or year of the episode).

If the episode is closed, you can enter "Y" in the Re-open Episode field to open it. Do this if you have closed an episode for a client and then find that the client receives more services after the closing date.

Chapter 6: CSI Periodic Screens

The CSI Periodic Screens streamline the entering periodic updates of client information that change over time such as education, care giver status, living situation, employment status and legal consent. California State Department of Mental Health requires these data elements be reported at time of opening, closing and on the date of the annual review for anyone receiving mental health services.

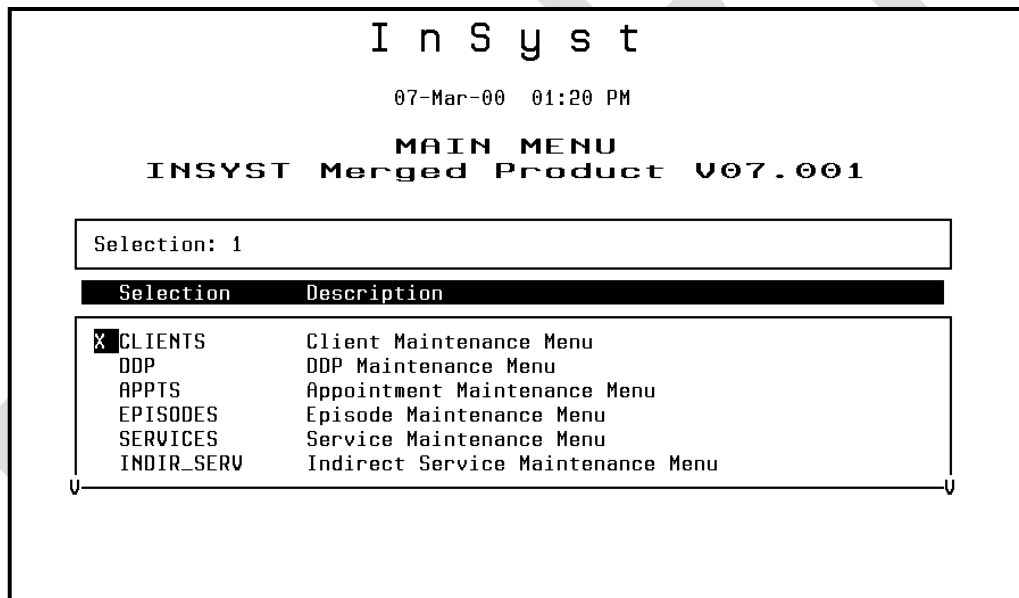
In addition to entering new CSI Periodic data, you will be able to update, delete and look up client information using the CSI Periodic Screens.

Accessing the Screens

Access the CSI Periodic Screens in order to update the required CSI information.

To work with CSI Periodic Records:

4. Choose CLIENTS from the Main Menu.



The screenshot shows a terminal window with the following text:

```
I n S y s t
07-Mar-00 01:20 PM
MAIN MENU
INSYST Merged Product V07.001
```

Below this is a selection box with a label "Selection: 1". Underneath is a table with two columns: "Selection" and "Description". The first row is highlighted with an 'X' in the selection column.

Selection	Description
X CLIENTS	Client Maintenance Menu
DDP	DDP Maintenance Menu
APPTS	Appointment Maintenance Menu
EPISODES	Episode Maintenance Menu
SERVICES	Service Maintenance Menu
INDIR_SERV	Indirect Service Maintenance Menu

Selecting CLIENTS from the Main Menu

- Choose CSI_PERIODIC and press enter. You will need to TAB down to find this screen on the Menu.

```

      I n S y s t
      27-Jul-99 03:58 PM
      INSYST Merged Product V06.0
      Client Maintenance Menu

      Selection:
      Selection  Description
      SIG_OTHER  Significant Other Maintenance
      ECI        Electronic Client Information
      ADDRESS    Address Maintenance
      LOCATOR    Retrieval of Client Information
      X CSI_PERIOD  CSI Periodic Maintenance
      SUPPLEMENT Supplemental Client Data Menu
  
```

Client Maintenance Menu Screen

- INSYST displays the CSI Periodic Maintenance screen.

```

      CSI Periodic Data Maintenance

      Client Number: ██████████

      Periodic Date      Legal      Other      Last CSI
      Completed   Axis 5  Consent  Factors  Reporting Date
      - - - - -
      - - - - -
      - - - - -
      - - - - -
      - - - - -
      - - - - -
  
```

Confidential Information USER: MCBRIDE_M

CSI Periodic Data Maintenance Screen

Entering New CSI Periodic Data

1. Press the Num Lock-I sequence at the CSI Periodic Maintenance Screen to access the data entry screen.

```
CSI Periodic Data Entry

Client Number: ██████████

Periodic date completed:  /  /
Education:
Other Factors:

Employment status:
Axis 5:
Legal Consent:
Living Situation:
Care Giver Under 18:    18+:

Form Ok Y/N:              Confidential Information              USER: CHU
```

CSI Periodic Data Entry Screen

2. **Client:** Enter the Client Number of the client for whom you are entering data.
If the client is in the system and there are previous Periodic Data, INSYST will populate the entry screen with the most recent periodic data for this client.
If there is no periodic data, INSYST populates the fields with entries from the Client’s Registration.
INSYST will alert you if the Client Number is not in the system.
3. Enter or edit data in the following fields: (the State has made it mandatory that the following fields are updated annually)
 - **Periodic Date Completed:** Enter the date when the information you are entering was obtained from the client (date of episode opening/closing/annual review).
 - **Education:** Enter the current education level in years. This is a number; the maximum value is 20.
 - **Employment Status:** Enter the code for the client’s Employment status. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
 - **Legal Consent:** Enter the code for the client’s legal consent. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
 - **Living Situation:** Enter the code for the client’s Living Situation. Refer to the INSYST Table of Codes document found on the INSYST FORMS page at www.acbhcs.org/providers.
 - **Care Giver Status:** Enter the number of persons the client cares for or is responsible for at least 50% of the time, under the age of 18 and over the age of 18.
4. Enter “Y” at the Form OK prompt to validate and save the data.

Note:

If a CSI periodic record has been reported to CSI the record cannot be deleted.
If the record has not been reported to CSI – IS staff can delete the record.

DRAFT

Chapter 7: CSI Assessment Timeliness Data Reporting

CSI Assessment Timeliness Data Reporting is required for a new client (Medi-Cal and Medical eligible), client that is new to MHP and a New Returning client that have not received outpatient service in the past 12 months in the MHP system. It is not necessary to create an Assessment Record for beneficiaries who are already receiving services from your MHP or have received services in the recent past from your MHP.

The InSyst CSI Assessment Screens are used to transition from the CSI Assessment e-Form to collect the CSI Assessment data in InSyst. The CSI Assessment Data Entry Input forms will continue to be used for data input to the InSyst screens.

CSI Assessment Data Collection

The InSyst CSI Assessment data is collected using two different options, which determines what InSyst screen selection to choose to enter the data for the CSI Assessment Maintenance Selection Screen Option:

- Full Assessment:
 - The beneficiary requires an InSyst client number and has engaged in the assessment process or begun treatment.
- Short Assessment:
 - The beneficiary does not require an InSyst client number, or the client does not meet Medical Necessity or did not complete the Assessment process.

To Access the CSI Assessment Maintenance Selection Screen Option:

1. Choose CSI_ASSESS (CSI Assessment Maintenance Menu) from the Main Menu.

To enter the CSI Assessment record using the CSI Assessment Maintenance Selection Screen Option

Select either the Full Assessment or Short Assessment based on the data entry options above:



Full Assessment Data Entry

1. Type "X" next to Full Assess and press Enter to access the CSI Assessment Maintenance Selection screen:

```

CSI Assessment Maintenance Selection
Screen Option

Selection      Description
X Full Assess  FULL Assessment - New and Maintenance
Short Assess   Short Assessment - New and Maintenance

Confidential Information          USER: CHU
    
```

```

CSI Assessment Maintenance Selection

Assessment Reference Number: ██████████
Reporting Unit:
Client Number:
Client Name:
Client DOB:      / /

Assessment Ref Number  RU      Client Name      Treatment Start Date  Closed Out Date  Last CSI Rpt Date
-----
██████████              ████████ ██████████      ████████ ████████  ████████ ████████
██████████              ████████ ██████████      ████████ ████████  ████████ ████████
██████████              ████████ ██████████      ████████ ████████  ████████ ████████
██████████              ████████ ██████████      ████████ ████████  ████████ ████████
    
```

2. Press Num Lock (Gold)-I to display the CSI Assessment Insert Timeliness Info Full Assessment insert Screen.

```

CSI Assessment Insert
Timeliness Info

Client: _____ RU: _____

New/New Returning Client:
Service Requested by Client/Guardian: Urgent: _____ Type of Service:
Date of First Contact: / / Time: 00:00 Referral Source:

Assessment Appointment:
1st Offer Date: / / 00:00 Kept: Missed Reason: Rescheduled:
2nd Offer Date: / / Kept: Missed Reason: Rescheduled:
3rd Offer Date: / / Kept: Missed Reason: Rescheduled:
Appt Accepted Date: / / Start Date: / / End Date: / /

Treatment Appointment:
1st Offer Date: / / Kept: Missed Reason: Rescheduled:
2nd Offer Date: / / Kept: Missed Reason: Rescheduled:
3rd Offer Date: / / Kept: Missed Reason: Rescheduled:
Appt Accepted Date: / / Start Date: / /

Meets Medical Necessity: CSI Date: - - 00:00:00

Closed Out Date: / / 00:00 Closure Reason: Referred To:

Form OK Y/N: Confidential Information USER: _____
    
```

3. Enter Client and CSI Assessment/Treatment data in the following fields:

- **Client:** Enter the client number for the CSI Assessment Timeliness information to be submitted.
NOTE: The client's name will auto display once the Urgent data fields is valued. If you need to correct the Client number, enter the new number and press Enter.
- **RU:** Enter the Reporting Unit (RU) Number for the program that is submitting the CSI Assessment timeliness information.
- **New/New Retuning Client:** If this is a new client or a new returning client, enter "Y". If this is not a new client or a new returning client, enter "N".
- **Service Request by Client/Guardian:** If this service was requested by the client or the legal guardian, enter "Y". If this service is not requested by the client or the legal guardian, enter "N".
NOTE: Service can only be requested by Client or client's legal guardian or if the Date of First Contact to Request Services is initiated on the date that the first stepdown service is requested i.e., the beneficiary is discharged, and a follow-up appointment/stepdown service is requested by the provider, client, or other referral source - that date is considered the Date of First Contact to Request Services. If someone else is calling on behalf of the client to request urgent mental health services from the crisis team, you select YES, the beneficiary requested the services.
- **Urgent:** If the service was urgent/crisis, enter "Y", if the service was not urgent, enter "N".
NOTE: If Urgent is Yes ("Y") time is required. Urgent services have different timeliness requirements capturing the time at Date of First Contact, 1st Assessment Offer Date, and Closed Out Date and Time.
 - The data value entered determines the CSI assessment validation rules. Once the Urgent value has been entered, the system applies the validation edits. If any correction is needed to the following fields: *New/New Returning Client; Service Requested by Client/Guardian; Urgent*, you must refresh the screen and create a new assessment record.
- **Type of Service:** Enter the type of service.
Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Date of First Contact to Request Services:** Enter the date of first contact to request Specialty Mental health Services by a client or legal guardian in MM/DD/YYYY format.
- **Time:** Enter the time if the service was urgent in HH:MM format.
- **Referral Source:** Enter the referral source. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

Assessment Appointment

- **1st Offer Date:** Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format. This may occur by phone.
- **Time:** Enter the time if the service was urgent in HH:MM format.

- **Kept:**
 - Enter “Y” if the 1st appointment was kept
 - Enter “N” if 1st appointment was missed
- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **2nd Offer Date:** If the 1st offer date is missed and the Assessment First Offer Date Rescheduled is “01”. Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format.
- **Kept:**
 - Enter “Y” if the 2nd appointment was kept
 - Enter “N” if 2nd appointment was missed
- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **3rd Offer Date:** If the 2nd offer date is missed and the Assessment 2nd Offer Date Rescheduled is “01”. Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format.
- **Kept:**
 - Enter “Y” if the 3rd appointment was kept
 - Enter “N” if 3rd appointment was missed
- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **Appt Accepted Date:** Enter the Assessment Appointment Accepted Date in MM/DD/YYYY format.
NOTE: The Appt Accepted Date must match the last Assessment Offer Date.
- **Start Date:** Enter the date of the first Assessment Appointment in MM/DD/YYYY format.
NOTE: This indicates that the beneficiary completed the first assessment appointment. This can be in person or on the phone.

- **End Date:** Enter the date the Medi-Cal compliant assessment is completed and signed in MM/DD/YYYY format. Must include at least one in person visit to complete the mental status exam and diagnosis section of the assessment.

Treatment Appointment:

- **1st Offer Date:** Enter the first date a Treatment Appointment is offered to a beneficiary in MM/DD/YYYY format.
- **Kept:**
 - Enter “Y” if the 1st appointment was kept
 - Enter “N” if 1st appointment was missed
- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **2nd Offer Date:** If the 1st offer date is missed and the Treatment 1st Offer Date Rescheduled is “01”. Enter the 2nd Treatment offered date in MM/DD/YYYY format.
- **Kept:**
 - Enter “Y” if the 2nd appointment was kept
 - Enter “N” if 2nd appointment was missed
- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **3rd Offer Date:** If the 2nd offer date is missed and the Treatment 2nd Offer Date Rescheduled is “01”. Enter the 3rd Treatment offered date in MM/DD/YYYY format.
- **Kept:**
 - Enter “Y” if the 3rd appointment was kept
 - Enter “N” if 3rd appointment was missed
- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **Appt Accepted Date:** Enter the Treatment Accepted date in MM/DD/YYYY format.
NOTE: The Appt Accepted Date must match the last Treatment Offer Date.
- **Start Date:** Enter the Treatment Start date in MM/DD/YYYY format.
- **Meets Medical Necessity:**
 - Enter “Y” if the service meets Medical Necessity
 - Enter “N” if the service does not meet Medical Necessity

Closure Reason:

- **Closed Out Date:** Enter the Closed Out date in MM/DD/YYYY format due to the beneficiary not showing up or being unreachable for scheduled appointment(s).
NOTE: When the Treatment Start Date is populated, then a Closed Out Date is not required.
- **Closure Reason:** Enter the closure reason the assessment treatment process was discontinued, other than successful completion of the process. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
NOTE: If Closure Reason equals 06 (Beneficiary did not meet medical necessity criteria), then the Referred To is required. If Closure Reason does NOT equal 06 (Beneficiary did not meet medical necessity criteria), Referred To must be BLANK.
- **Referred To:** Enter where the beneficiary was Referred To.
- Enter “Y” at the Form OK prompt to save your entries and generate the CSI Assessment Reference Number (ARN).
NOTE: If data entry is invalid, the system displays error messages and returns the cursor to the field that should be corrected.

```

          CSI Assessment Insert
          Timeliness Info
Client: 75087772 CINDYTHO      TEST      RU: 01011      JGEORGE 24HR
-----
New/New Returning Client: Y
Service Requested by Client/Guardian: Y Urgent: N      Type of Service: 01
Date of First Contact: 12/01/2021 Time: 00:00      Referral Source: 02
-----
Assessment Appointment:
1st Offer Date: 12/02/2021 00:00 Kept: N Missed Reason: 11 Rescheduled: 01
2nd Offer Date: 12/05/2021      Kept: Y Missed Reason:      Rescheduled:
3rd Offer Date: / /              Kept:   Missed Reason:      Rescheduled:
Appt Accepted Date: 12/05/2021 Start Date: 12/05/2021 End Date: 12/06/2021
Treatment Appointment:
1st Offer Date: 12/06/2021      Kept: N Missed Reason: 06 Rescheduled: 01
2nd Offer Date: 12/10/2021      Kept: Y Missed Reason:      Rescheduled:
3rd Offer Date: / /              Kept:   Missed Reason:      Rescheduled:
Appt Accepted Date: 12/10/2021 Start Date: 12/10/2021
Meets Medical Necessity: Y      CSI Date: - - 00:00:00
-----
Closed Out Date: / / 00:00 Closure Reason: Referred To:
Continue: Y Confidential Information USER: DIEDRICK
Successful insert of ARN: 100262. Insert total = 1.

```



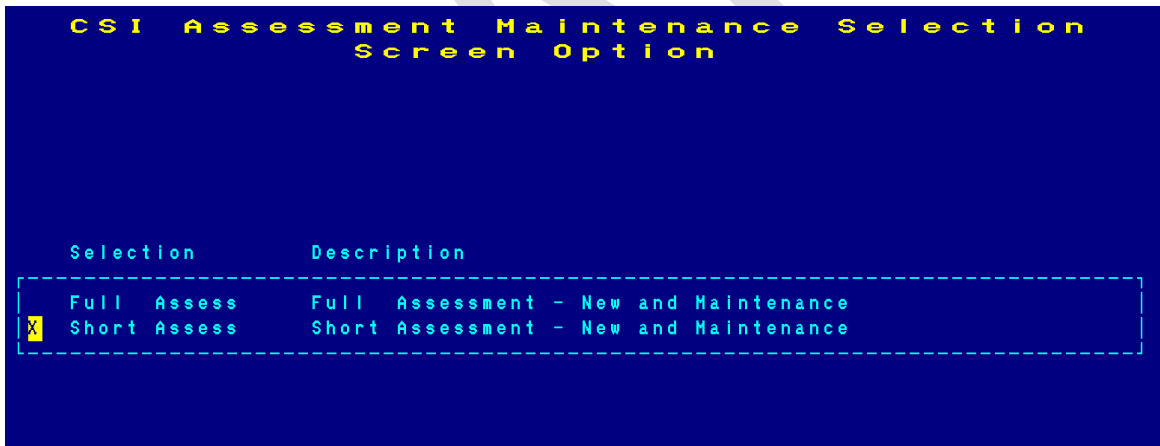
- To enter another Full Assessment record, press Enter to create a new full assessment record. Enter the data for the new client into the fields.
- If all full assessment entries are completed, press Gold+E to exit and return to the Main Menu.
- To create a new Short assessment record, select MHS CSI and select Short Assess.

Short Assessment Data Entry

1. Enter "CSI" Choose CSI_ASSESS (CSI Assessment Maintenance Menu) from the Main Menu.



2. Type "X" next to Short Assess and press Enter to access the CSI Assessment Maintenance Selection screen:



3. CSI Assessment Maintenance Selection screen

```

CSI Assessment Maintenance Selection

Assessment Reference Number: ██████████
Reporting Unit:
Client Number:
Client Name:
Client DOB:      /  /

Assessment Ref Number  RU      Client Name      Treatment Start Date  Closed Out Date      Last CSI Rpt Date
-----
██████████              ████████  ██████████      ████████-███-███-███  ████████-███-███-███  ████████-███-███-███
██████████              ████████  ██████████      ████████-███-███-███  ████████-███-███-███  ████████-███-███-███
██████████              ████████  ██████████      ████████-███-███-███  ████████-███-███-███  ████████-███-███-███
██████████              ████████  ██████████      ████████-███-███-███  ████████-███-███-███  ████████-███-███-███

```

4. Press Num Lock (Gold)-I to display the CSI Assessment Insert Timeliness Info Short Assessment insert screen.

```

CSI Assessment Insert
Timeliness Info

Client Number:      Name:      DOB:  /  /
Reporting Unit:

New/New Returning Client:
Service Requested by Client/Guardian:
Urgent:      Type of Service:
Date of First Contact:  /  /      Time: 00:00
Referral Source:

ASSESSMENT/TREATMENT APPOINTMENT INFO
Assessment Appointment:
1st Offer Date:  /  /      00:00  Kept:  Missed Reason:  Rescheduled:
2nd Offer Date:  /  /      Kept:  Missed Reason:  Rescheduled:
3rd Offer Date:  /  /      Kept:  Missed Reason:  Rescheduled:
Appt Accepted Date:  /  /

Closed Out Date:  /  /      00:00  Closure Reason:
Referred To:

CSI Date:  -  -      00:00:00
Form OK Y/N:      Confidential Information      USER:

```

5. Enter data in the following fields:

- **Client Number (Optional field):** Enter the client number if a client number is known. The user can enter a client number if known, otherwise the user should enter a Client Name and DOB.
- **Name:** Enter a Client Name – First Name, Last Name

- **DOB:** Enter Client’s Date of Birth.
- **Reporting Unit:** Enter the Reporting Unit Number for the program that is submitting the CSI timeliness information.
- **New/New Retuning Client:** If this is a new client or a new returning client, enter “Y”. If this is not a new client or a new returning client, enter “N”.
- **Service Request by Client/Guardian:** If the service was requested by the client or the legal guardian, enter “Y”. If this service was not requested by the client or the legal guardian, enter “N”.
- **Urgent:** If the service was urgent/crisis, enter “Y”, if the service was not urgent, enter “N”.

NOTE: If Urgent is Yes (“Y”) time is required. Urgent services have different timeliness requirements capturing the time at Date of First Contact, 1st Assessment Offer Date, and Closed Out Date and Time.

- The data value entered determines the CSI assessment validation rules. Once the Urgent value has been entered, the system applies the validation edits. If any correction is needed to the following fields: *New/New Returning Client; Service Requested by Client/Guardian; Urgent*, you must refresh the screen and create a new assessment record.
- **Type of Service:** Enter the type of service. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Date of First Contact:** Enter the date of first contact to request Specialty Mental health Services by a client or legal guardian in MM/DD/YYYY format.
- **Time:** Enter the time if the service was urgent in HH:MM format.
- **Referral Source:** Enter the referral source. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

ASSESSMENT APPOINTMENT INFO

Assessment Appointment:

- **1st Offer Date:** Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format. This may occur by phone.
- **Time:** Enter the time if the request is urgent in HH:MM format.
- **Kept:**
 - Enter “Y” if the 1st appointment was kept
 - Enter “N” if 1st appointment was missed

- **Missed Reason:** Enter the Missed Reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **2nd Offer Date:** If the 1st offer date is missed and the Assessment First Offer Date Rescheduled is “01”. Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format.
- **Kept:**
 - Enter “Y” if the 2nd appointment was kept
 - Enter “N” if 2nd appointment was missed
- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **3rd Offer Date:** If the 2nd offer date is missed and the Assessment 2nd Offer Date Rescheduled is “01”. Enter the date offered to a new or prospective client for an assessment appointment in MM/DD/YYYY format.
- **Kept:**
 - Enter “Y” if the 3rd appointment was kept
 - Enter “N” if re^t appointment was missed
- **Missed Reason:** Enter the missed reason. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.
- **Rescheduled:**
 - Enter “01” if Yes
 - Enter “02” if No
- **Appt Accepted Date:** Enter the Assessment Appointment Accepted Date in MM/DD/YYYY format.
NOTE: The Appt Accepted Date must match the last Assessment Offer Date.

Closure Reason:

- **Closed Out Date:** Enter the Closed Out date in MM/DD/YYYY format due to the beneficiary not showing up or being unreachable for scheduled appointment(s).

NOTE: If the process terminates anywhere among the process steps of the Assessment Appointment First Offer Date, the Assessment Appointment Second Offer Date, or the Assessment Appointment Third Offer Date and the client accepts none of the offered dates, then:

1. The Assessment Record should be closed out with a CLOSED OUT DATE and closure reason of 01 = Beneficiary did not accept any offered assessment dates.
2. It is not necessary to populate the Assessment Appointment Second Offer Date in order to populate the CLOSED OUT DATE.

NOTE: An Assessment Record may have one, two, or three offered appointment dates with a 01 = Beneficiary did not accept any offered assessment dates closure reason.

- **Closure Reason:** Enter the closure reason the assessment treatment process was discontinued, other than successful completion of the process. Refer to the CSI Assessment Data Input Entry Form and the InSyst Table of Codes document.

NOTE: If Closure Reason equals 06 (Beneficiary did not meet medical necessity criteria), then the Referred To is required. If Closure Reason does NOT equal 06 (Beneficiary did not meet medical necessity criteria), Referred To must be BLANK.

- **Referred To:** Enter where the beneficiary was Referred To.
- Enter “Y” at the Form OK prompt to save your entries and generate the CSI Assessment Reference Number (ARN).

NOTE: If data entry is invalid, the system displays error messages and returns the cursor to the field that should be corrected.

```
CSI Assessment Insert
Timeliness Info

Client Number:          Name: CLIENT          TEST          DOB: 9 / 1 / 1950
Reporting Unit:

-----
New/New Returning Client: Y
Service Requested by Client/Guardian: Y
Urgent: N              Type of Service: 02
Date of First Contact: 12/01/2021 Time: 00:00
Referral Source: 02
-----

ASSESSMENT/TREATMENT APPOINTMENT INFO
Assessment Appointment:
1st Offer Date: 12/02/2021 00:00 Kept: N Missed Reason: 11 Rescheduled: 01
2nd Offer Date: 12/05/2021      Kept: Y Missed Reason:      Rescheduled:
3rd Offer Date: / /            Kept:   Missed Reason:      Rescheduled:
Appt Accepted Date: 12/05/2021

Closed Out Date: 12/05/2021 00:00 Closure Reason: 06
Referred To:      03

Continue: Y          Confidential Information          CSI Date: - - 00:00:00
Successful insert of ARN: 400266. Insert total = 1. ← USER: DIEDRICK
```

- To enter another Short Assessment record, press Enter to create a new short assessment record. Enter the data for the new client into the fields.
- If all short assessment entries are completed, press Gold+E to exit and return to the Main Menu.
- To create a new Full assessment record, select MHS CSI and select Short Assess.

DRAFT

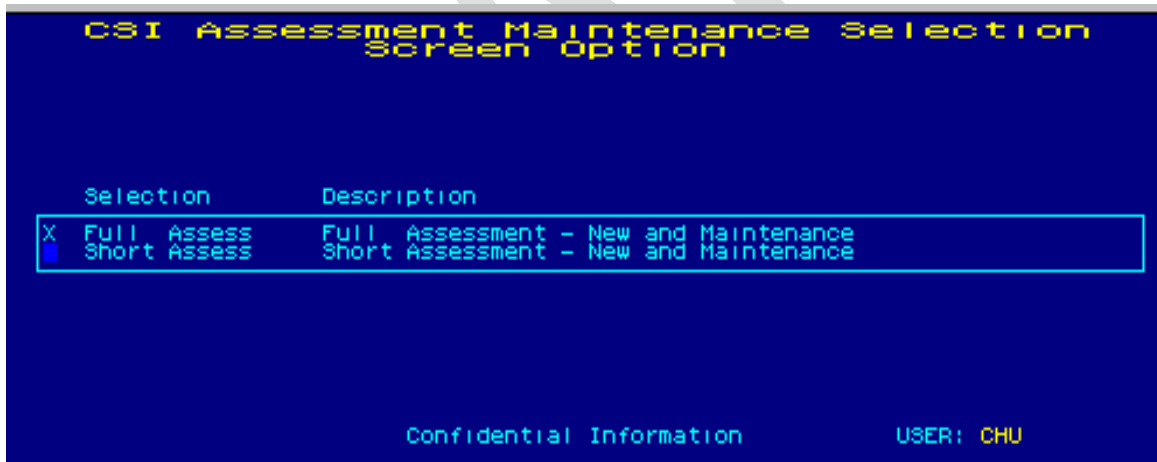
Maintaining CSI Assessment Timeliness Info

To maintain CSI Assessment records using the Full Assessment screens:

1. Choose CSI from the Main Menu.



2. Choose FULL ASSESS from the CSI Assessment Maintenance Selection Menu to display CSI Assessment Maintenance Selection screen.

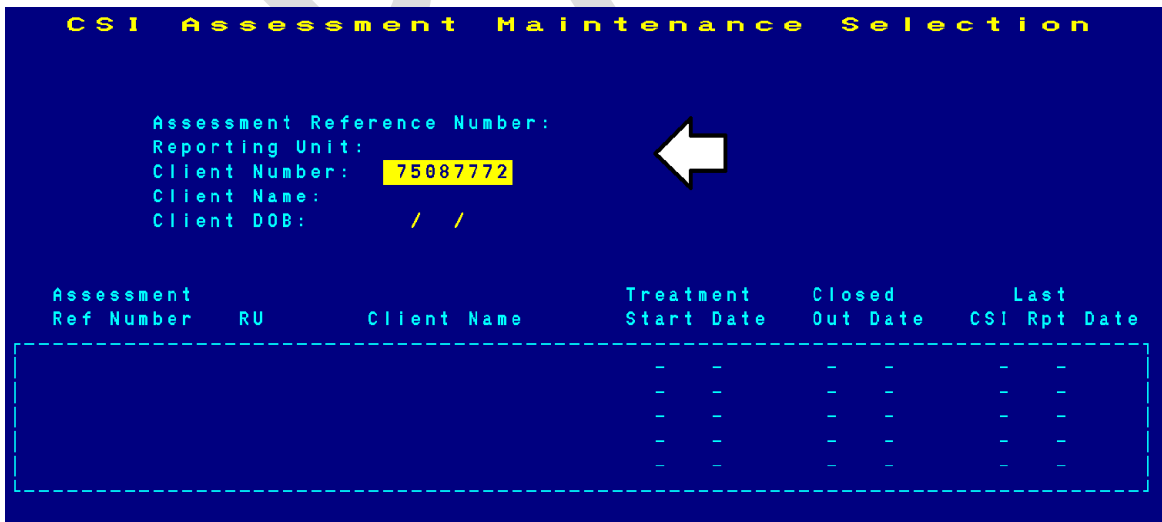




3. Enter search criteria at the top of the screen to identify the client and maintenance type.

NOTE: Full Assessment records and Short Assessment records are independent options. For example, a Short Assessment record will not display on the Full Assessment Maintenance screen.

- **Assessment Reference Number:** List CSI Assessment Timeliness Info by Assessment Reference Number
- **Reporting Unit:** List CSI Assessment Timeliness Info by reporting unit
- **Client Number:** List CSI Assessment Timeliness Info by client number
- **Client Name:** List CSI Assessment Timeliness Info by client name
- **Client DOB:** Client DOB must be entered if the Client Name is entered



4. Press Return, and the screen lists all CSI Assessment Timeliness Info records that match the search criteria. Select CSI Assessment records on the list for maintenance by using the Tab key or the Down Arrow key to move the cursor through the list.

5. Next to the records you want to maintain, enter “L” (lookup), “D” (delete), or “U” (update). Then press

Return. If you entered “L” the system displays the CSI Assessment Timeliness Info Lookup Screen.

```

CSI Assessment Maintenance Selection

Assessment Reference Number:
Reporting Unit:
Client Number: 75087772
Client Name: CINDYTWO TEST
Client DOB: 2 /2 /1960

Assessment Ref Number  RU      Client Name      Treatment Start Date  Closed Out Date  Last CSI Rpt Date
-----
 400262      01011
  - - - - -
  - - - - -
  - - - - -
  - - - - -

Confidential Information
1 record displayed. Last page displayed.
USER:
  
```

Press Return to display the next record selected for maintenance and enter “Y” to continue to return to the CSI Assessment Maintenance Selection screen.

```

CSI Assessment Lookup Timeliness Info
Client: 75087772 CINDYTWO TEST RU: 01011 JGEORGE 24HR

New/New Returning Client: Y ARN: 400262
Service Requested by Client/Guardian: Y Urgent: N Type of Service: 01
Date of First Contact: 12/1 /2021 Time: 00:00 Referral Source: 02

Assessment Appointment:
1st Offer Date: 12/2 /2021 00:00 Kept: N Missed Reason: 11 Rescheduled: 01
2nd Offer Date: 12/5 /2021 Kept: Y Missed Reason: Rescheduled:
3rd Offer Date: / / Kept: Missed Reason: Rescheduled:
Appt Accepted Date: 12/5 /2021 Start Date: 12/5 /2021 End Date: 12/6 /2021

Treatment Appointment:
1st Offer Date: 12/6 /2021 Kept: N Missed Reason: 06 Rescheduled: 01
2nd Offer Date: 12/10/2021 Kept: Y Missed Reason: Rescheduled:
3rd Offer Date: / / Kept: Missed Reason: Rescheduled:
Appt Accepted Date: 12/10/2021 Start Date: 12/10/2021
Meets Medical Necessity: Y CSI Date: - - 00:00:00

Closed Out Date: / / 00:00 Closure Reason: Referred To:

Continue: Y ← Confidential Information USER:
  
```

CSI Assessment Timeliness Info Update

If you entered “U” and you are authorized to update CSI Assessment information, the system displays the CSI Assessment Timeliness Info Update Screen.

```

Assessment Reference Number:
Reporting Unit:
Client Number: 75087772
Client Name: CINDYTHO TEST
Client DOB: 2 /2 /1960

Assessment Ref Number  RU      Client Name      Treatment Start Date  Closed Out Date  Last CSI Rpt Date
-----
J 400262      01011
10-Dec-2021      -      -
-      -
-      -
-      -

Confidential Information      USER:
1 record displayed. Last page displayed.
    
```

- Press Tab to move through the fields and edit them as necessary. To clear the field use Ctrl + J.
- Press Return to confirm the changes. Enter “Y” to save the changes, or “N” to discard them.

```

CSI Assessment Update
Timeliness Info
Client: 75087772 CINDYTHO TEST RU: 01011 JGEORGE 24HR

New/New Returning Client: Y
Service Requested by Client/Guardian: Y Urgent: N Type of Service: 01
Date of First Contact: 12/1 /2021 Time: 00:00 Referral Source: 02

Assessment Appointment:
1st Offer Date: 12/2 /2021 00:00 Kept: N Missed Reason: 11 Rescheduled: 01
2nd Offer Date: 12/5 /2021 Kept: Y Missed Reason: Rescheduled:
3rd Offer Date: / / Kept: Missed Reason: Rescheduled:
Appt Accepted Date: 12/5 /2021 Start Date: 12/5 /2021 End Date: 12/6 /2021

Treatment Appointment:
1st Offer Date: 12/6 /2021 Kept: N Missed Reason: 06 Rescheduled: 01
2nd Offer Date: 12/10/2021 Kept: Y Missed Reason: Rescheduled:
3rd Offer Date: / / Kept: Missed Reason: Rescheduled:
Appt Accepted Date: 12/10/2021 Start Date: 12/10/2021

Meets Medical Necessity: Y CSI Date: - - 00:00:00

Closed Out Date: / / 00:00 Closure Reason: Referred To:

Form OK Y/N: Y ← Confidential Information      USER:
    
```

CSI Assessment Timeliness Info Delete

NOTE: A reported CSI Assessment Timeliness Info record cannot be deleted if it has already been reported to the State noted in the “Last CSI Rpt Date” field.

- If you are authorized, you can enter “D” next to an assessment record displayed in the CSI Assessment Maintenance Selection Screen. Then Enter “Y” at the Delete OK prompt, and “Y” again at prompt to delete the assessment record.

```

CSI Assessment Maintenance Selection

Assessment Reference Number:
Reporting Unit:
Client Number: 75087772
Client Name: CINDYTHO TEST
Client DOB: 2 / 2 / 1960

Assessment Ref Number  RU      Client Name      Treatment Start Date  Closed Out Date  Last CSI Rpt Date
-----
1 400262      01011              10-Dec-2021      - -              - -
- -              - -              - -              - -
- -              - -              - -              - -
- -              - -              - -              - -

Confidential Information      USER:
1 record displayed. Last page displayed.
    
```

```

CSI Assessment Deletion
Timeliness Info
Client: 75087772 CINDYTHO TEST      RU: 01011      JGEORGE 24HR

New/New Returning Client: Y
Service Requested by Client/Guardian: Y Urgent: N      Type of Service: 01
Date of First Contact: 12/1 /2021 Time: 00:00      Referral Source: 02

Assessment Appointment:
1st Offer Date: 12/2 /2021 00:00 Kept: N Missed Reason: 11 Rescheduled: 01
2nd Offer Date: 12/5 /2021 Kept: Y Missed Reason: Rescheduled:
3rd Offer Date: / / Kept: Missed Reason: Rescheduled:
Appt Accepted Date: 12/5 /2021 Start Date: 12/5 /2021 End Date: 12/6 /2021

Treatment Appointment:
1st Offer Date: 12/6 /2021 Kept: N Missed Reason: 06 Rescheduled: 01
2nd Offer Date: 12/10/2021 Kept: Y Missed Reason: Rescheduled:
3rd Offer Date: / / Kept: Missed Reason: Rescheduled:
Appt Accepted Date: 12/10/2021 Start Date: 12/10/2021

Meets Medical Necessity: Y      CSI Date: - - 00:00:00

Closed Out Date: / / 00:00 Closure Reason: Referred To:

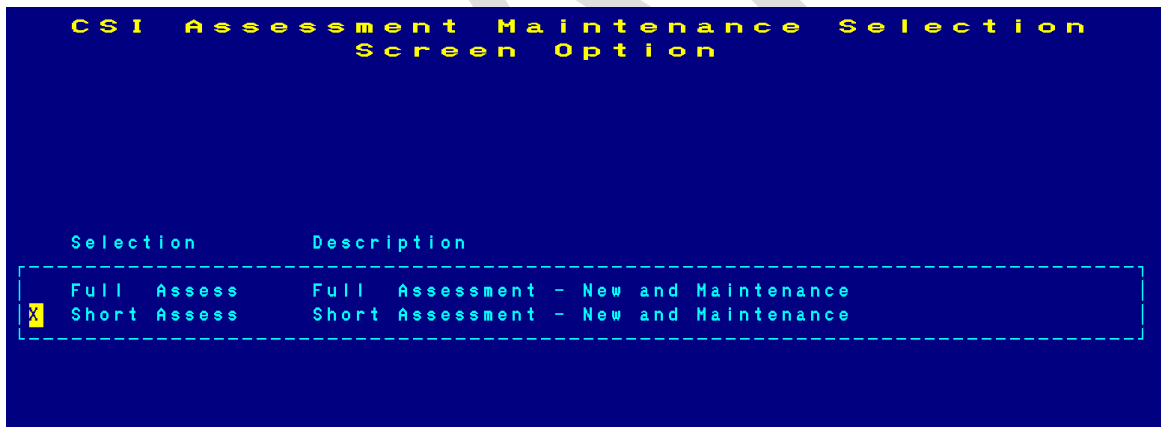
Delete OK: Y ← Confidential Information      USER:
    
```

To Maintain CSI Assessment Records Using the Short Assessment Screen:

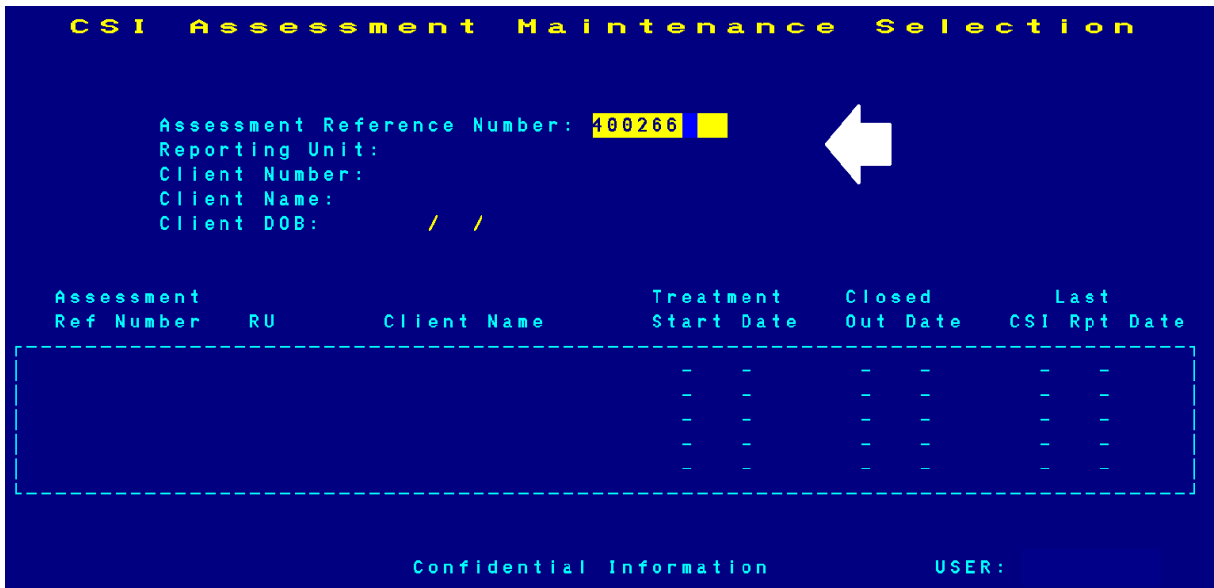
1. Choose CSI from the Main Menu.



2. Choose SHORT ASSESS from the CSI Assessment Maintenance Selection Menu to display CSI Assessment Maintenance Selection screen.



3. Enter search criteria at the top of the screen to identify the client and maintenance type.
 - **Assessment Reference Number:** List CSI assessment Timeliness Info by assessment reference number
 - **Reporting Unit:** List CSI Assessment Timeliness Info by reporting unit
 - **Client Number:** List CSI Assessment Timeliness Info by client number
 - **Client Name:** List CSI Assessment Timeliness Info by name
 - **Client DOB:** Client DOB must be entered if the Client Name is entered



4. Press Return, and the screen lists all CSI Assessment Timeliness Info records that match the search criteria. Select CSI Assessment records on the list for maintenance by using the Tab key or the Down Arrow key to move the cursor through the list.
5. Next to the records you want to maintain, enter “L” (lookup), “D” (delete), or “U” (update). Then press Return.

CSI Assessment Timeliness Info Lookup

If you entered “L” the system displays the CSI Assessment Timeliness Info Lookup Screen.

```

CSI Assessment Maintenance Selection

Assessment Reference Number: 400266
Reporting Unit:
Client Number:
Client Name:
Client DOB:      /  /

Assessment Ref Number  RU      Client Name      Treatment Start Date  Closed Out Date  Last CSI Rpt Date
-----
L 400266              TEST          CLIENT          - -              05-Dec-2021      - -
                                     - -              - -              - -
                                     - -              - -              - -
                                     - -              - -              - -
    
```

1 record displayed. Last page displayed.

Confidential Information USER:

- In the Lookup maintenance screen, you can view data for the CSI Assessment record but cannot make any changes to the assessment data.
- Press Return to display the next record selected for maintenance or if none are left, to return to the CSI Assessment Maintenance Selection screen.

```

CSI Assessment Lookup
Timeliness Info

Client Number:          Name: CLIENT          TEST          DOB: 9 / 1 / 1950
Reporting Unit:

New/New Returning Client: Y          ARN: 400266
Service Requested by Client/Guardian: Y
Urgent: N          Type of Service: 02
Date of First Contact: 12/1 /2021  Time: 00:00
Referral Source: 02

ASSESSMENT/TREATMENT APPOINTMENT INFO
Assessment Appointment:
1st Offer Date: 12/2 /2021 00:00  Kept: N  Missed Reason: 11  Rescheduled: 01
2nd Offer Date: 12/5 /2021          Kept: Y  Missed Reason:          Rescheduled:
3rd Offer Date: / /                  Kept:   Missed Reason:          Rescheduled:
Appt Accepted Date: 12/5 /2021

Closed Out Date: 12/5 /2021 00:00  Closure Reason: 06
Referred To: 03

Continue: Y ← Confidential Information      CSI Date: - - 00:00:00
USER:
    
```

CSI Assessment Timeliness Info Update

If you entered “U” and you are authorized to update CSI Assessment information, the system displays the CSI Assessment Timeliness Info Update Screen.

NOTE: The CSI Assessment Timeliness Info Lookup screen will be display if the record has been reported to the State. If the record has been submitted to the State, updates are not allowed.

```

CSI Assessment Maintenance Selection

Assessment Reference Number: 400266
Reporting Unit:
Client Number:
Client Name:
Client DOB: / /

Assessment Ref Number  RU      Client Name      Treatment Start Date  Closed Out Date  Last CSI Rpt Date
-----
J 400266                TEST             CLIENT             - -                05-Dec-2021      - -
                                     - -                - -                - -                - -
                                     - -                - -                - -                - -
                                     - -                - -                - -                - -

1 record displayed. Last page displayed.

Confidential Information          USER:
  
```

- Press Tab to move through the fields and edit them as necessary. To clear the field use Ctrl + J.
- Enter “Y” at the Form OK prompt to save your entries. If data is invalid, the system displays error messages and returns the cursor to the field that should be corrected.
- Press Return to confirm the changes. Enter “Y” to save the changes, or “N” to discard them.

```

CSI Assessment Update
Timeliness Info

Client Number:          Name: CLIENT      TEST          DOB: 9 /1 /1950
Reporting Unit:

New/New Returning Client: Y
Service Requested by Client/Guardian: Y
Urgent: N                Type of Service: 02
Date of First Contact: 12/1 /2021 Time: 00:00
Referral Source: 02

ASSESSMENT/TREATMENT APPOINTMENT INFO
Assessment Appointment:
1st Offer Date: 12/2 /2021 00:00 Kept: N Missed Reason: 11 Rescheduled: 01
2nd Offer Date: 12/5 /2021      Kept: Y Missed Reason: Rescheduled:
3rd Offer Date: / /            Kept: Missed Reason: Rescheduled:
Appt Accepted Date: 12/5 /2021

Closed Out Date: 12/5 /2021 00:00 Closure Reason: 06
Referred To: 03

CSI Date: - - 00:00:00
Form OK Y/N: Y ← Confidential Information          USER:
  
```

CSI Assessment Timeliness Info Delete

NOTE: A reported CSI Assessment Timeliness Info record cannot be deleted if it has already been reported to the State.

- If you are authorized, you can enter “D” next to a CSI Assessment record displayed in the CSI Assessment Delete Screen.

```

CSI Assessment Maintenance Selection

Assessment Reference Number: 400266
Reporting Unit:
Client Number:
Client Name:
Client DOB: / /

Assessment Ref Number  RU      Client Name      Treatment Start Date  Closed Out Date  Last CSI Rpt Date
-----
D 400266                TEST            CLIENT              - -                05-Dec-2021      - -
                                     - -                - -                - -                - -
                                     - -                - -                - -                - -
                                     - -                - -                - -                - -
                                     - -                - -                - -                - -
                                     - -                - -                - -                - -

Confidential Information
1 record displayed. Last page displayed.
USER:
    
```

- Enter “Y” at the Delete OK prompt, and “Y” again at prompt to delete the CSI Assessment Timeliness Info record.

```

CSI Assessment Deletion
Timeliness Info

Client Number:          Name: CLIENT      TEST      DOB: 9 / 1 / 1950
Reporting Unit:

New/New Returning Client: Y
Service Requested by Client/Guardian: Y
Urgent: N               Type of Service: 02
Date of First Contact: 12/1 /2021 Time: 00:00
Referral Source: 02

ASSESSMENT/TREATMENT APPOINTMENT INFO
Assessment Appointment:
1st Offer Date: 12/2 /2021 00:00 Kept: N Missed Reason: 11 Rescheduled: 01
2nd Offer Date: 12/5 /2021      Kept: Y Missed Reason:      Rescheduled:
3rd Offer Date: / /            Kept:   Missed Reason:      Rescheduled:
Appt Accepted Date: 12/5 /2021

Closed Out Date: 12/5 /2021 00:00 Closure Reason: 06
Referred To: 03

Delete OK: Y ← Confidential Information      CSI Date: - - 00:00:00
USER:
    
```

```

CSI Assessment Deletion
Timeliness Info

Client Number:          Name: CLIENT      TEST      DOB: 9 / 1 / 1950
Reporting Unit:

New/New Returning Client: Y
Service Requested by Client/Guardian: Y
Urgent: N               Type of Service: 02
Date of First Contact: 12/1 /2021 Time: 00:00
Referral Source: 02

ASSESSMENT/TREATMENT APPOINTMENT INFO
Assessment Appointment:
1st Offer Date: 12/2 /2021 00:00 Kept: N Missed Reason: 11 Rescheduled: 01
2nd Offer Date: 12/5 /2021      Kept: Y Missed Reason:      Rescheduled:
3rd Offer Date: / /            Kept:   Missed Reason:      Rescheduled:
Appt Accepted Date: 12/5 /2021

Closed Out Date: 12/5 /2021 00:00 Closure Reason: 06
Referred To: 03

Confirm: Y ← Confidential Information      CSI Date: - - 00:00:00
Are you sure you want to delete this record? ← USER:
    
```


Single Service Entry Screen

3. Enter data in the following fields:

- **RU:** Enter the reporting unit number for your program and press Return. The system validates the number and displays the program's name.
- **Client Number:** Enter the Client Number. When all the data has been entered, the system will display the name of the client. At that time, review the client name to be sure you are entering services for the correct client.
- **Date of Service:** Enter a date in the format MM/DD/YY. You cannot enter a future date. You must enter a date when the client's episode is open and the program operates.
- **Procedure Code:** Enter a three-digit procedure code. It must be a valid procedure for the program.
- **Staff:** Enter a staff identification number. The staff number will be validated for authorization to perform the services you are entering.
- **Staff Duration:** Enter the number of hours and minutes this staff person spent in this service. Enter up to twenty-three hours and up to fifty-nine minutes in the two portions of this field. There is a fixed minimum and maximum time for some services.
- **Co-Staff:** Field is not used at this time.
- **Co-Staff Duration:** Field is not used at this time

Co-Staff- In order to accommodate this DHCS billing requirement BHCS is eliminating the ability to enter a "co-staff duration" in InSyst on all service entry screens. You will still be able to enter the co-staff # to identify that the service was co-staffed. The second staff will now be required to enter their service on a new service line, they will not record the service as co-staff since the primary staff already identified them as the co-staff.

- **Number in Group:** Enter a number from 1 to 99 indicating how many *clients* were involved in the service. The default is 01, for an individual service. If you are recording group services, enter the number of clients in the group. (For example, if Staff Person A and B have a group with 10 members (from this or other RU's) that met today for 1 hour with all members present, enter 10 here. INSYST will record a service for each client number, with the staff numbers of A and B, the procedure code for a group, a group count of 10, and the time each staff person spent in the service. Each client will be billed correctly for the group service, and each staff person will be credited correctly for the time spent in the service.)
- **Location:** Enter a location code from 1 to 22: See codes listed on INSYST Staff Log forms or in the INSYST Table of Codes document which can be found on the INSYST Forms page at www.acbhcs.org/providers.
- **EBP/SS:** Field is not used at this time.
- **Client Pregnant:** Enter "Y" when the client meets the Client Pregnant definition.

Client Pregnant- The pregnancy indicator is required when the client is known to the provider to be either pregnant or postpartum. The indicator will be used for adjudicating claims and for statistical purposes, for which the client's perinatal eligibility is relevant. The "Y" code indicates that the patient is pregnant/postpartum. If the field is not used it means the client is not pregnant/postpartum.

- **Emergency:** Enter "Y" when the client meets the Emergency definition.

Emergency- This indicator is now required by the State when the service is known to be an emergency by the provider. DMH defines emergency as: The patient requires immediate medical/mental health intervention as a

result of severe, life threatening, or potentially disabling conditions. There is no requirement that a service must be provided in a hospital setting to meet the definition of an emergency.

Note:

You **MUST** use location “9” when entering Inpatient Services on the Multiple or Single Entry screens.

4. When you are done, enter “Y” at the Form OK prompt. The system validates the data and displays the client’s name. If there are incorrect values in any field, it will display an error message and return the cursor to that field.
5. Once the data is correct, the system will ask for confirmation before saving it .Enter “Y” at the Confirm prompt to save the entry.

After service entry has ended, the cursor returns to the Client Number field. You may enter a new Client Number and Date to continue entering services. If you want to enter services for another reporting unit, press Num Lock (Gold)-P to move to the RU field.

Special Authorizations for the Single Service Entry Screens

Authorized personnel can use these special features of the Single Service Entry Screen.

- **Late Entry:** Press Num Lock (Gold)-A once to invoke Late Entry authorization. For example, if data entry for April is closed on May 10, Late Entry authorization lets you enter services after that time.

Note:

LATE ENTRY (Num Lock-A) CANNOT BE USED WITH DAILY SCREENS, late services must be entered using the Single or Multiple Entry Screens ONLY.

- **Supervisor:** Press Num Lock (Gold)-A twice to invoke Supervisor authorization, which lets you override system validations in the Staff, Co-Staff, Group Count, Staff Duration, Co-Staff Duration and Location fields, but not episode boundaries. This is useful for recording unusual services.
- **Supervisor and Late Entry:** Press Num Lock (Gold)-A three times to invoke both Supervisor and Late Entry authorization.

Using the Single Service Entry Screen for Day Treatment

Day Treatment services are normally entered using the Weekly or Daily Entry Screen, but sometimes you should use the Single Service Entry screen.

Using the Single Service Entry Screen for Inpatient and other 24 Hour Programs

Inpatient services are normally entered using the Daily Entry Screen, but sometimes you should use the Single Service Entry screen.

When entering services in INSYST, an enhanced edit feature will identify possible duplicate services within the same Reporting Unit. The edit feature may determine a possible Medi-Cal duplicate service when claimed to DMH. Consult with providing Clinician to determine the appropriate override code.

The service entry screen will now propose an override code and display the 3 allowable override codes:

- 59 Distinct Procedural Service
- 76 Repeat Procedure by the Same Person
- 77 Repeat Procedure by a Different Person

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Default Staff number and Location Code maybe entered towards the bottom of the screen.

- After you have entered the last procedure code, enter “Y” at the Form OK prompt to save your entries.
- If there are clients who have a Pending registration, they are noted, but you cannot enter services until the registration has been updated. For more information on Pending Registration, see the section on Client Registration in Chapter 2.
- If there are clients whose services have already been entered for the Service Date (for example, through the Single Entry Screen), they are not listed on the screen. This screen does not allow duplicate services.
- If you have skipped over clients during your data entry, you can redisplay them by pressing Num Lock (Gold)-E key to leave the screen. Then use the menu to display the screen, re-enter the date and reporting unit number, and the skipped clients are included in the list.

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Multiply Service Entry

The Multiple Service Entry Screen makes it easy to enter repetitive data—for example, to enter a number of services for one client or one staff person, or to enter all of one type of service for a day. It lets you create user-defined defaults that enter the repetitive data automatically.

Note:

Single Service entry screen is the only Direct Service screen which allows entry of “ER” (emergency) or “Pregnant” services.

To do multiple service entry:

1. Choose SERVICES from the Main Menu.
2. Choose MULTIPLE from the Service Maintenance Menu to display the Multiple Service Entry screen. This screen resembles the Single Service Entry screen.

Multiple Service Entry

RU:

Client	Service Date	Proc	Staff	Dur	Co Staff	L o Cl Em Grp c Pr Fl
Defaults						
	/ /			:		
	/ /			:		
	/ /			:		
	/ /			:		
	/ /			:		
	/ /			:		

EBP/SS:

Form OK Y/N: Confidential Information User: CHU

Enter a reporting unit.

Multiple Service Entry Screen

3. To identify the program you are doing data entry for, enter:
 - **Reporting Unit:** Enter the Reporting Unit Number for the program, and the screen displays its name. (To enter services for a different program during the same session, press Num Lock (Gold)-P to move the cursor back the RU field, or press Num Lock (Gold)-R to restart the screen.)
4. The cursor moves to the Defaults box. Data you enter here will be repeated for every service you enter in the list below, until you enter new defaults. You can enter default data for one or more of the following fields:

5. After you have entered the default values enter “Y” at the Form OK prompt. The system validates data and prompts you to correct any errors.
6. Now, you can use the defaults to enter up to 20 services using the default information. The information you entered in the default box is displayed automatically as you enter data in the screen’s service entry lines. You can modify the default data, if necessary, or just press Tab to accept the default value and move to the next field. **At the end of each line you want to save, you must enter “W” to write the service.**
7. When you are done entering service data, press Return to move to the Form OK prompt and enter “Y” to accept the data. After the system validates the data, enter “Y” at the Confirm prompt to save the data.

The screen is cleared and the cursor moves back to the defaults line, so you can enter additional services or change the defaults.

You can imagine how useful this screen would be, for example, if you had to enter the same service for a client for a large number of service dates. You could just change the date and accept the defaults for all the other fields.

DRAFT

Maintaining Direct Services

To maintain direct services:

1. Choose SERVICES from the Main Menu.
2. Choose MANAGEMENT from the Service Maintenance Menu to display the Service Maintenance Selection Screen.
3. To display a list of services, enter:
 - **Client Number:** You must enter the number of the client who received the services.
 - **Reporting Unit:** To narrow the search, you may also enter a Reporting Unit number.
 - **Service Date:** To narrow the search, you may also enter a complete date or a partial date that is just a month or year. If you leave out the year, the system uses the current year.

Service Maintenance Selection

Client Number:

Reporting Unit:

Service Date:

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM	Service Cost
-	-				
-	-				
-	-				
-	-				
-	-				

Confidential Information USER: SMITH

Service Maintenance Selection Screen

4. The Screen displays the Client Name and all the services for the client that match the criteria entered, listed with the most recent services first. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Enter “L” (lookup) or “D” (delete) next to the services you want to maintain.

Service Maintenance Selection

Client Number: 50000045 JERSEY GLASS
 Reporting Unit:
 Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM	Service Cost
31-Mar-87	PSP Crisis	999904 CRISIS	370 GORODEZKY	03:00	75.00
27-Mar-87	PSP Clinic	999909 INDIVIDUAL	340 KOS INSKY	01:00	50.00
26-Mar-87	PSP Clinic	999909 INDIVIDUAL	340 KOS INSKY	01:00	50.00
25-Mar-87	PSP Clinic	999909 INDIVIDUAL	340 KOS INSKY	01:00	50.00
22-Mar-87	PSP Crisis	999904 CRISIS	370 SMITH	03:00	75.00
19-Mar-87	PSP Clinic	999909 INDIVIDUAL	340 GORODEZKY	02:00	50.00

Confidential Information USER: SMITH

6 services displayed.

Service Maintenance Selection Screen with Services Listed

5. You may select up to 24 services. When you are done, press Return to display them for maintenance.

Service Maintenance Selection

Client Number: 50000045 JERSEY GLASS
 Reporting Unit:
 Service Date: / /

Service Date	Reporting Unit	Procedure	Therapist	Time HH:MM	Service Cost
U 31-Mar-87	PSP Crisis	999904 CRISIS	370 GORODEZKY	03:00	75.00
L 27-Mar-87	PSP Clinic	999909 INDIVIDUAL	340 KOS INSKY	01:00	50.00
D 26-Mar-87	PSP Clinic	999909 INDIVIDUAL	340 KOS INSKY	01:00	50.00
25-Mar-87	PSP Clinic	999909 INDIVIDUAL	340 KOS INSKY	01:00	50.00
22-Mar-87	PSP Crisis	999904 CRISIS	370 SMITH	03:00	75.00
19-Mar-87	PSP Clinic	999909 INDIVIDUAL	340 GORODEZKY	02:00	50.00

Confidential Information USER: SMITH

6 services displayed.

Service Maintenance Selection Screen, Selecting Services for Maintenance

Note

Num Lock (Gold)-A: (Unlimited or Continuous Paging) Allows the user to speed up performance as maintenance screens usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing Num Lock (Gold)-A before you display the list

Direct Service Lookup

If you entered “L” next to a service, it is displayed in the Service Look-up screen. The data cannot be changed.

```
Service Maintenance Selection

Client Number: 500000045   JERSEY   GLASS
Reporting Unit:
Service Date:   /   /

Service Date   Reporting Unit   Procedure   Therapist   Time   Service
              Reporting Unit   Procedure   Therapist   HH:MM   Cost
-----
31-Mar-87 PSP Crisis 999904 CRISIS 370 GORODEZKY 03:00 75.00
27-Mar-87 PSP Clinic 999909 INDIVIDUAL 340 KOSINSKY 01:00 50.00
26-Mar-87 PSP Clinic 999909 INDIVIDUAL 340 KOSINSKY 01:00 50.00
25-Mar-87 PSP Clinic 999909 INDIVIDUAL 340 KOSINSKY 01:00 50.00
22-Mar-87 PSP Crisis 999904 CRISIS 370 SMITH 03:00 75.00
19-Mar-87 PSP Clinic 999909 INDIVIDUAL 340 GORODEZKY 02:00 50.00

6 services displayed.

Confidential Information          USER: SMITH
```

Service Look-up Screen

In addition to the data in the Service Maintenance selection screen, this screen displays:

- **Last Changed:** The date that the displayed record was last modified by a user or system program.
- **Cost:** The amount charged for the displayed service.
- **Service Stamp:** The date that the service was originally entered into the system.

Press Return to display the next record selected in the Service Maintenance Selection Screen. Type “N” and press Return to go back to the Service Maintenance Selection Screen.

Direct Service Delete

If you entered “D” next to a service, it is displayed in the Service Delete Screen. If you are authorized, you can enter “Y” at the Delete OK prompt and “Y” again at the CONFIRM prompt to delete the service.

Service Delete		
CINDY TEST	CL GATE TEST	
Client: 75226968	RU: 9999CG	
Last Changed: 11-Dec-2018 Cost: \$0.00		
Service Stamp: 11-Dec-2018		

Service Date: 3 /7 /2018	Procedure: 391 GRP REHAB	Duplicate Code: 76
Staff: 19072	Staff Duration: 1 :0	Number in Group: 3
Co-Staff: 0	Co-Staff Duration: 0 :0	Location: 1
Billing_code:	Modifier_1:	Modifier_2:
EBP/SS:	Client Pregnant: N	Emergency: N

Delete OK: <input type="checkbox"/>	Confidential Information	USER: CHU

Service Delete Screen

Note:

If a service has been posted in the billing system, the service may not be deleted unless you have the correct authorization. If this occurs, tell your supervisor.

Services deleted after five (5) days will still appear on the Service Maintenance Screen until overnight processing has occurred. Services deleted within five days of entry will disappear of the Service Maintenance screen without going through overnight processing.

Late Entry, and Supervisor Authorization

Late Entry and Supervisor Authorization are available in all three of the Maintenance Screens.

In the Update screen Supervisor Authorization lets you change Service Date and Procedure.

In the Lookup and Update Screens, Supervisor Authorization lets you view these additional fields:

- **Service/Client Acct:** The Service and/or Client Account to which this service has been billed. Because of Client Merge Adjustments and other Client/Account Adjustments the service could be posted to an Account different from the Client’s current Account.
- **Posting Status:** The service status within the billing system.

- **UR Status:** Whether or not this service has been authorized by a Utilization Review Action. Unauthorized services are “99”.
- **UR Posted:** The date when Utilization Review action authorized the service. You can use this date to find the correct UR Action using the UR Status Inquiry Screen.
- **Component UID:** The identification number for this service if it is a contact-based service entered on the Component Service Entry Screen.
- **Original FRC:** All payor sources (Medicaid, Medicare, County, Insurance, Patient) that can be billed for this type of service in your system.
- **Potential FRC:** All payor sources (Medicaid, Medicare, County, Insurance, Patient) that can be billed for this particular service.
- **Tried FRC:** Payor sources (Medicaid, Medicare, County, Insurance, and Patient) that you have tried to bill for the service.
- **Actual FRC:** Payor sources (Medicaid, Medicare, Short-Doyle, Insurance, Patient) that have actually been billed for the service.
- **Episode Stamp:** The Episode to which the Service is attached. Episodes can be positively identified by their Key Entry Date which is referred to here as Episode Stamp.
- **Clearances:** The Clearances Flag word in the database. This code will identify which systems have processed this service (POSTING, BILLING, CDS, UR, POE).
- **Screen Source:** The screen used to enter the service.
- **CDS Date:** The date the service was reported to the state.

In the Delete Screen, the Supervisor Authorization lets you delete a service that has been posted by the billing system. In this case, the Delete Screen deletes the service and also writes an adjustment to the client’s account. Supervisor Authorization alone does not allow you to delete a service that has been claimed to a Payor source: you must also have additional authorization.

To use late entry and Supervisor authorization:

1. Display the Service Lookup, Delete or Update screen.
2. Press Num Lock (Gold)-A to display the screen in Late Entry mode, to enter data for a time period whose deadline has passed.
3. Press Num Lock (Gold)-A a second time to display the screen in Supervisor mode.
4. Press Num Lock (Gold)-A a third time to display the screen in both Supervisor and Late Entry mode.

Chapter 9: Indirect Services

Indirect Services are non-client services such as consultation, outreach, overhead time or other non billable activities. They may include presentations to schools, community outreach and public service radio broadcasts.

Indirect Services: Summary Screens

There are two types of Indirect Services Screens in InSyst, Summary screens and Detail screen. Alameda County BHCS utilizing the Summary screens for entering Indirect Services.

Entering New Indirect Services (Summary)

The Indirect Services Summary screen is used to collect hours of service performed by staff members on behalf of their program. The recipient of the service is not necessarily a registered client with an open Episode.

To enter new indirect services using the summary screens:

1. Choose INDIR_SERV from the Main Menu.
2. Choose INDIR_ENT from the Indirect Service Maintenance Menu to display the Indirect Service Entry screen.
3. Enter data in the following fields:
 - **RU:** Enter the Reporting Unit Number for your program. Once the reporting unit number has been validated by the computer system, you keep entering services for this program without re-entering the reporting unit number. To change Reporting Units, press Gold-P to move to the RU field and enter a new number.

The screenshot shows a terminal window titled "Indirect Service Entry". At the top, it says "Staff:" followed by a blank space and "RU:" followed by a blacked-out box. Below this is a table with four columns: "Procedure", "Service Date", "Duration", and "Recipient". The table contains several rows of data, with "Service Date" and "Duration" columns showing placeholder characters like slashes and colons. At the bottom left, it says "Form OK Y/N: Enter service data." and at the bottom right, it says "USER: LOCHOW".

Procedure	Service Date	Duration	Recipient
	/ /	:	
	/ /	:	
	/ /	:	
	/ /	:	
	/ /	:	
	/ /	:	
	/ /	:	
	/ /	:	
	/ /	:	

Indirect Service Entry Screen

- **Staff Number:** Enter the staff identification number for the person performing the service. The staff number will be validated for authorization to perform the services you are entering.
 - **Procedure:** Enter a three-digit procedure code in this field. This screen only accepts services marked as Indirect Services in the Provider Balances table of the system.
 - **Service Date:** Enter the service date in the format MM/DD/YY.
 - **Duration:** Enter the number of hours and/or minutes for the service.
 - **Recipient:** Enter a recipient code to identify the person/agency the service is performed for.
4. When you are done, press Return, and enter “Y” at the Form OK prompt to save the changes. The system validates the data. If any is invalid, it displays an error message, and you must use the Tab key to move to the field and correct it. Then it saves the data.

The cursor returns to the Staff Number field, so you can enter a new Staff Number and record more services. To enter indirect services for another Reporting Unit, press Gold-P to enter a new RU number.

Note:

You may enter up to 10 services. Do not skip lines between services.

Special Features of the Indirect Service Entry Screen

Authorized staff can use these special features of the Indirect Service Entry Screen.

Indirect Service Entry			
MICHAEL	GORODEZKY	PSP Clinic	
Staff: 99994		RU: 999989	
Procedure	Service Date	Duration	Recipient
401	04/01/87	2 :0	99998
401	04/02/87	2 :0	99997
402	04/03/87	1 :0	2
402	04/03/87	0 :30	2
402	04/10/87	1 :30	99994
402	04/10/87	0 :30	2
402	04/10/87	0 :30	2
401	04/08/87	1 :30	99995
401	04/08/87	0 :30	99994
402	04/08/87	0 :30	2
Form OK Y/N: Y			
Indirect service entry in progress...			
			USER: SMITH

Indirect Service Entry Screen with Data

- **Late Entry Authorization:** Press Gold-A once to enter indirect services for a time period that has passed. For example, if data entry for April is closed on May 11th, Late Entry authorization lets you enter indirect services after that time.

Maintaining Indirect Services (Summary)

To maintain Indirect Service records using the summary screens:

1. Choose INDIR_SERV from the Main Menu.
2. Choose INDIR_MAN from the Indirect Service Maintenance Menu to display Indirect Service Maintenance Selection screen.
3. Enter search criteria in the fields at the top of the screen:
 - **RU:** Enter a Reporting Unit number.
 - **Staff:** Enter a Staff Number.
 - **Procedure:** Optionally, to narrow the search, enter a Procedure Code.
 - **Service Date:** Optionally, to narrow the search, enter a Service Date. You can enter a complete date, a month, or just a year. If you leave out the year, the system will assume the current year.

```
Indirect Service Maintenance Selection

Reporting Unit: ██████████
Staff:
Procedure:
Service Date:  /  /

  Staff      Service      Time      Recipient
  ID   Name   Date      Procedure  HH:MM   Name      Code
-----

```

Indirect Service Maintenance Selection Screen

4. The screen displays all services that match these criteria, listed chronologically with the most recent service first. The screen lists only four pages of information (24 indirect services). To view more, press Gold-A before entering a reporting unit and staff number, for unlimited paging.

Indirect Service Maintenance Selection

Reporting Unit: 999989
 Staff: 99994
 Procedure:
 Service Date: / /

Staff ID	Staff Name	Service Date	Procedure	Time HH:MM	Recipient Name	Recipient Code
99994	GORODEZKY	18-Apr-8	COM CLIENT	401 01:00	Family	2
99994	GORODEZKY	18-Apr-8	MH PROMO	402 02:00	Family	2
99994	GORODEZKY	18-Apr-8	MH PROMO	402 01:00	Family	2
99994	GORODEZKY	08-Apr-8	STANDBY	403 01:00	PSP Clinic	99999
99994	GORODEZKY	06-Apr-8	MH PROMO	402 00:20	Clergy	50
99994	GORODEZKY	03-Apr-8	COM CLIENT	401 02:00	PSP ACUTE	99998

USER: SMITH

6 indirect services displayed.

Indirect Service Maintenance Selection Screen with Services Listed

5. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Enter “L” (lookup), “U” (update) or “D” (delete) next to the services you want to maintain. You may select up to 16 indirect services at one time. When you are done, press Return.

Indirect Service Maintenance Selection

Reporting Unit: 999989
 Staff: 99994
 Procedure:
 Service Date: / /

Staff ID	Staff Name	Service Date	Procedure	Time HH:MM	Recipient Name	Recipient Code
U 99994	GORODEZKY	18-Apr-8	COM CLIENT	401 01:00	Family	2
L 99994	GORODEZKY	18-Apr-8	MH PROMO	402 02:00	Family	2
D 99994	GORODEZKY	18-Apr-8	MH PROMO	402 01:00	Family	2
99994	GORODEZKY	08-Apr-8	STANDBY	403 01:00	PSP Clinic	99999
99994	GORODEZKY	06-Apr-8	MH PROMO	402 00:20	Clergy	50
99994	GORODEZKY	03-Apr-8	COM CLIENT	401 02:00	PSP ACUTE	99998

USER: SMITH

6 indirect services displayed.

Indirect Service Maintenance Selection Screen, Selecting Services to Maintain

Indirect Service Lookup (Summary)

If you entered “L” next to a service, the data is displayed in the Indirect Service Lookup Screen and cannot be altered.

```

Indirect Service Look-up

MICHAEL      GORODEZKY      PSP Clinic
Staff: 99994      RU: 999989

Last Changed: 12-Apr-87  Indirect Service Stamp: 12-Apr-87

Procedure: 401 COM CLIENT      Service Date: 04/10/87

Recipient: 2      Family      Duration: 1 :0

Continue: Y      USER: SMITH
Press <Return> to continue or <N><Return> to process a new records.

```

Indirect Service Look-up Screen

In addition to the data in the list, this screen displays:

- **Last Changed:** The date the record was last changed.
- **Service Stamp:** The date the record was originally entered.

Press Return to display the next record selected for maintenance, or enter “N” and press Return to go back to the Indirect Service Maintenance Selection Screen.

Indirect Service Delete (Summary)

If you entered “D” next to a service, the data is displayed in the Indirect Service Delete Screen. If you are authorized, you can enter “Y” at the Delete prompt and again at the confirm prompt to delete this service record.

```

Indirect Service Delete

MICHAEL      GORODEZKY      PSP Clinic
Staff: 99994      RU: 999989

Last Changed: 12-Apr-87  Indirect Service Stamp: 12-Apr-87

Procedure: 401 COM CLIENT      Service Date: 04/10/87

Recipient: 2      Family      Duration: 1 :0

Confirm: █      USER: SMITH
Are you sure you want to delete this service? (Y/N)

```

Indirect Service Delete Screen

Chapter 10: CQRT

Clinical Quality Review Team Guidelines - Annual Cycle

Initial Treatment Plans Guidelines

- An initial treatment plan must be completed within **60** days after an episode is opened.
- You no longer need to bring these charts to the committee for Initial Treatment Plan approval.
- You'll be notified on the MHS485 of the charts that have not had their Initial Treatment Plans approved.
- Notify the INSYST Data Entry Staff to input an approval of the Initial Treatment Plan in the Authorization Approval screen (refer to the data input instructions on the following pages).

Annual Treatment Plans Guidelines

- Annual treatment plans must be completed within **two weeks** of the cycle ending date.
- You will be notified on the MHS485 of the charts that need to be reviewed within twenty-eight (28) days of the cycle ending date. (For example: Episodes Opened in April 2014, would be on the MHS485 report dated March 9, 2015, for the first annual review, then on the report dated March 7, 2016, for the next annual review, etc.)
- You need to bring the charts requiring an annual review to the CQRT committee assigned to your program.
- Notify the INSYST Data Entry Staff to insert an approval of the Annual Treatment Plan Review in the Authorization Management screen (refer to the data input instructions on the following pages).

Episode Opening Month	Annual Review Month
January	December
February	January
March	February
April	March
May	April
June	May
July	June
August	July
September	August
October	September
November	October
December	November

CQRT Procedures for All Mental Health Providers

Enter Plan Approval (TPR):

- Utilization Control regulations require a treatment plan completed within thirty days from the episode opening date.
- When the treatment plan is completed go to the Approval Screen and enter that the treatment plan has been done:
- From Main Menu type **AU AP**, press return

```

      I n S y s t

      19-Dec-18  09:52 AM

      MAIN MENU
      Alameda MHS

      Selection: au ap

      Selection      Description
      CLIENTS       Client Maintenance Menu
      DDP           DDP Maintenance Menu
      APPTS         Appointment Maintenance Menu
      EPISODES      Episode Maintenance Menu
      SERVICES      Service Maintenance Menu
      INDIR_SERV    Indirect Service Maintenance Menu
  
```

At UC Approval Screen:

- Enter Reporting **Unit #**
- Enter **A** to approved and **S** to skip

```

      UC Approval

      Reporting Unit: 9999CG  CL GATE TEST

      Client      Client Name      Opening      Primary      Primary
      Number      Name              Date         Therapist    DX      Staff  OK
      75244721    TEST, T            01-JAN-2016 HIGGINS      311
      75135386    TESTCASE, D       26-JUN-2009 PETERSON     296.44
      75138646    TESTING, T        01-JAN-2009 PETERSON     313.81
      75130257    TESTY, C          26-JUN-2009 PETERSON     296.44
  
```

- Enter Y and press Return

Note:

Num Lock (Gold)-A: (Unlimited or Continuous Paging) allows the user to speed up performance as maintenance screens usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing **Num Lock (Gold)-A** before you display the list.

Annual Review Cycles:

TPR/Chart Reviews are required every year based on the month of episode opening. Upon completion of the TPR/Chart Review an action is entered in INSYST (Note: the action can be input up to two weeks prior to the end of the cycle):

1. From Main Menu type "AU MA" press return

I n S y s t

19-Dec-18 10:14 AM

MAIN MENU
Alameda MHS

Selection: au ma

Selection	Description
CLIENTS	Client Maintenance Menu
DDP	DDP Maintenance Menu
APPTS	Appointment Maintenance Menu
EPISODES	Episode Maintenance Menu
SERVICES	Service Maintenance Menu
INDIR_SERU	Indirect Service Maintenance Menu

2. From Utilization Control Maintenance Screen type **NUM LOCK (GOLD) I** (for insert)

UC Maintenance Selection

Client Number:

Reporting Unit:

Since: / /

Action Start	Action End	Appr Used Staff	UR Period Start	UR Period End
--------------	------------	-----------------	-----------------	---------------

Confidential Information USER: CHU

3. For Annual Cycle Reviews done by 1st day of new cycle:

At Outpatient UC Entry Screen enter:

- Enter Reporting Unit #,
- Enter Client #
- Enter Effective Date
- ALWAYS enter "0"
- Enter approving Clinician #
- ALWAYS mark "OPT Treatment Review" with an "X"

Outpatient UC Entry

Reporting Unit: 99991 WEST MHS

Client: 75053807 CINDY U TESTCASE Opened: 26-JUN-2000

Effective: 10/1 /2000

Approved: 0 Authorized By: 1221

Select UC ACTION

<input checked="" type="checkbox"/> OPT Treatment Review	OPT Regular Extension
OPT Interim	OPT Retro Disallow
OPT Plan Extension	OPT PreAuthorization
OPT Retro Crisis	

U _____ U

Confidential Information USER: CHU

Day Treatment Intensive Programs have a 3 month cycle. Please request 3 month cycle manual if needed.

Note:

Incorrect **CQRT** entries cannot be deleted. If a wrong date is entered, re-enter the **CQRT** action as it will supersede the original entry.

For Late Annual Cycle Reviews:

For Cycle Reviews not completed by the 1st day of new cycle period, use the date approved by the committee

NOTE: If a chart is returned for additional information (such as signatures) and receives a one month extension, NOTHING is entered in INSYST so the chart will remain on the MHS485 alerting the clinician and supervising clinician that the chart still must receive final approval.

DRAFT

Chapter 11: Utilities

Use the Utilities Menu to manage the **printer queue**, and maintain your logon password.

Passwords

When you log on to the computer system, you must enter your Username and your Password. Passwords are vital to system security. Passwords expire every sixty days. Two or three days earlier, you will receive warnings that your Password is about to expire.

To change your Password:

1. Choose UTILITIES from the Main Menu.
2. Choose PASSWORD from the Utilities Menu to display the Password Menu. This has only two options: Primary Password and Secondary Password.

You may have only one password, the Primary Password. Only change your Primary Password.

To change your Primary Password:

1. Choose PASSWORD from the Utilities Menu.
2. Choose Primary Password from the Password Menu.
3. The system displays the prompt: **CHANGE PRIMARY LOGON PASSWORD Allow system to generate a password?** <yes>: If you enter “Yes” or press Return, the system will ask you for your old password and then displays a list of nonsense words. You can use one of these options as your password or ask the system to generate another list of words. If you enter “No”, the system lets you enter your own new password later.
4. The system displays the prompt: **Old Password:** Enter your current Password.
5. The system displays the prompt: **New Password:** Enter your new password.
6. The system displays the prompt: **Verification:** Re-type your new password. If this is not the same as the new password you entered originally, the system displays the message “password verification error”, and returns you to the previous menu. To change your password, you must start again.

Passwords that you type are not displayed on the screen. After you change your password successfully, you are returned to the previous menu with no message.

To exit, type Control/Z at any time.

Printer and Queue Management

A **printer queue** is a software holding place for reports.

The Department assigns a name to the printer attached to your logon/program site, such as PQ1_CHILDRENS, or SONOMA. The **queue** refers to the waiting line for the printer. If there are no items to be printed, the queue is empty. When a report is requested it is sent to your printer queue. When you start your queue, it send output to your default printer.

The Printer and Queue Management menu lets you manage print jobs.

Show Queue

To view the printer queue:

1. Choose UTILITIES from the Main Menu.
2. Choose PRINTER from the Utility Menu.
3. Choose SHOW from the Printer and Queue Management Menu to display the Show Queue Screen.
4. Use the field at the top to identify the queue:
 - **Queue Name:** Enter the name of a print queue, or press Return to select your print queue. The screen lists all the jobs waiting in your queue to be printed, in the order that they will be printed. (Figure 7.0).
5. After viewing the Queue, press Return to go back to the Printer and Queue Management Menu.

The statuses of jobs in the queue are:

- **Pending:** a job waiting to be printed.
- **Holding:** a job put on hold, or delayed. In some cases, a time can be associated with this status, e.g. "holding until 15-Jun-1987 02:00".
- **Printing:** a job now printing.
- **Paused:** a job delayed in the midst of printing.
- **Aborted:** a job deleted in the midst of printing.

Queues Utility		
Show Queue		
Queue Name: PQ_SUNSET		
Terminal queue PRINT_TXA0, stopped, on TXA0:, mounted from DEFAULT, /BASE_PRIORITY=4/DEFAULT=<FEED,FORM=DEFAULT>/LIBRARY=SYSDEVCTL_LA100 Lowercase/RETAIN=ERROR/SCHEDULE=(NOSIZE)/SEPARATE=<RESET=RESET_CONDENSE>		
Jobname	Username	Entry Status
ACCOUNT_DOCUMENT	SMITH	1642 Pending
ACMS	SMITH	1643 Pending
DATABASE_OSCAR	SMITH	1644 Pending
DX_REPORT	SMITH	1645 Pending
-		
-		

USER: SMITH

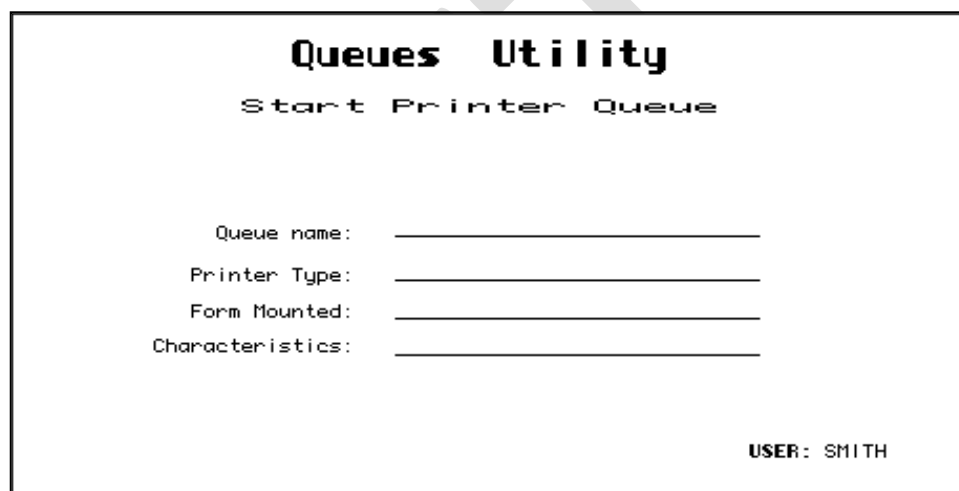
Show Queue Screen

Start Printer Queue

Use Start Printer Queue to print everything that waiting to be printed is printed, in the order that it is listed. If there is nothing to be printed, the printer readies itself.

To start the printer queue:

1. Choose UTILITIES from the Main Menu.
2. Choose PRINTER from the Utility Menu.
3. Choose START from the Printer and Queue Management Menu to display the Start Printer Queue screen. It has the following fields:



The screenshot shows a terminal window titled "Queues Utility" with the subtitle "Start Printer Queue". Below the title are four input fields: "Queue name:", "Printer Type:", "Form Mounted:", and "Characteristics:", each followed by a horizontal line for text entry. In the bottom right corner of the window, the text "USER: SMITH" is displayed.

Start Printer Queue Screen

- **Queue Name:** To start your printer, enter and press Return.

The system continues printing all jobs on the queue.

To stop the printer:

1. Press the Spacebar key. Do not press Spacebar more than once. Do not turn off your printer. If several people are using the computer system, it can take a couple of minutes to stop printing.
2. After you have stopped the printer, the system displays a message asking what it should do with the current print job. You must choose one of the options within 30 seconds, or the system will continue printing the current job. You have the following options:
 - **Restart:** Restarts the current job at the beginning.
 - **Stop:** Stops the printer. When you start the printer again, the job continues printing.
 - **Wait:** Stops the printer temporarily.
 - **Continue:** Continues printing the current job to continue printing where it left off.

Restarting Stopped Print Jobs

If you use the Stop Command while printing a file, the printer is stopped and you are returned to the menu.

To continue printing that job:

1. Choose START from the Printer and Queue Management Menu.
2. Use the Start Printer Queue screen to start the printer, as described above.
3. The system displays the prompt: Stop before next entry. Press Return to accept the default “N” to print all jobs on the queue, or enter “Y” to print only this job and stop again. The system displays the prompt: Continue printing this entry. Press Return to continue the job.

DRAFT

Chapter 12: REPORTS

There are three types of InSyst reports:

- Standard Reports: Set of reports provided by the vendor (Echo).
- Custom Reports: Set of reports customized by the vendor for county's use.
- Locally Written Reports: Set of customized reports developed by local staff.

InSyst reports all have numbers that begin with the letters "MHS", "DAS", "PSP", etc. Most MHS reports are designed for mental health programs (there may a few exceptions to this rule). DAS reports are designed for drug and alcohol programs. PSP reports are designated for both mental health and drug and alcohol programs.

Report Generation: Most reports are generated automatically based on a calendar schedule:

- Daily
- Weekly
- Monthly
- Quarterly
- Annually

A small set of reports can be generated by an individual user.

Below are some examples of required audit reports.

DRAFT

REPORT BHCS 121

Program Caseload Report

Report Description: This report lists all the clients with open cases for each reporting unit. It includes client number, name, opening date, age, primary diagnosis, and primary staff.

Running the Report: Information System runs this report monthly. It is routed to each Reporting Unit's printer queue. If you do not receive this report, contact the Information Systems Department at (510) 567-8181.

Using the Report: The report is used as management tool by program managers, to balance the work among staff or to quickly review the types of client being served.

The report might also show that it is necessary to improve the data entry process. Any duplicate clients should be reported to Information Systems at (510) 567-8181.

DRAFT

Report Example

Program Medi-Cal Verification Caseload

7-Apr-2016

Page 1

Report BHCS 121

ALAMEDA YOUTH MHS CHILD (0-13)

Cases active as of: 7-Apr-2015

The information on this report is accurate as of the date in the upper right hand corner of the report; the report reflects clients open on the CASES ACTIVE AS OF: date. The closing Date field will be populated when a client has left the program after the beginning of the current month. Compare the Medi-Cal Verification and Aid Code to the information obtained by your program from the State's Automated Eligibility Verification System (AVES) and then proceed per the Medi-Cal verification procedures.

Client Name	CLIENT NUMBER	Opening Date	Closing Date	G E	PRIMARY DIAGNOSIS	Primary Staff	Last Svc	Medi-Cal Verification	Aid Code
	0000	1/09/14		14	296.9			4/2015	42

Confidential Information

REPORT PSP 131

Reporting Unit Service Summary by Provider

Report Description: This report shows the total services by type for the specified reporting unit during the specified time period.

Using the Report: Use this report as a planning tool, to audit service entry and program productivity.

Technical Notes: This report does count services with a 00 Service Function Code, representing No Shows and other non-standard services. Therefore the total of services in this report will not match totals in Reports 126, 142, Or 206, which do not count services with a 00 Service Function Code.

This report will not match totals with Report PSP 117. Report PSP 117 counts the services and/or groups provided by each staff person. This report counts totals client services for the reporting unit.

This report does not count 900 series adjustment procedures.

Report ExampleService Summary
Direct and Indirect Services6-Sep-2005
Page 1

Report PSP131

Reporting Period: From 1-Aug-2005 to 31-Aug-2005

Service Site	Service Total	Total Hours
ALAMEDA COUNTY ADULT MHS (77001)		
311 COLLATERAL	3	4.00
331 ASSESSMENT	4	5.50
341 IND-THERPY	1	1.50
581 PLAN DEV	1	3.50
Sub Total for Direct Services	11	14.50
Total Services for 77001	11	14.50

REPORT MHS 442

Service Audit Report

Report Description: This shows all services (based on services stamp) entered into the system for the previous day. Information includes service date, clinician, client served, procedure code, number in-group, service duration, service location and "# in Group".

How to get the report: The report is automatically distributed to the printer queues.

How to use the report: Review for accuracy and timeliness. The report is intended as a service entry audit tool. Use this report to audit services entered for this clinic are being entered on a timely basis. If service entry is abnormally low, an audit of the data collection and service entry process may be needed. If there is incorrect information, episode and service updating may be required.

Report example

Daily Service Audit Listing

3-Mar-2010

Report MHS442

Written by BHCS – IS System Support

BACS MHS ADULT SERVICE TEAM (01028)

Input Date: 2-Mar-2010

Primary Therapist:: Therapist Name

Service Audit Date: 24-Feb-2010

Client #	Client Name	Procedure	Grp#	Loc	Time	Co-Staff	Co-Staff Name	Co-time	
012345678	Amy Test	381 IND REHAB	1	3	00:10	####	#####	00:00	N/N
001234567	Charlie Test	381 IND REHAB	1	3	00:15	####	#####	00:00	N/N
000123456	Ellen Test	371 CRISIS	1	3	00:25	####	#####	00:00	N/N
000012345	Joe Test	571 Brokerage	1	3	00:12	####	#####	00:00	N/N
000001234	Larry Test	381 IND REHAB	1	3	00:10	####	#####	00:00	N/N
000000123	Mary Test	321 EVALUATION	1	1	01:00	####	#####	00:00	N/N
000000012	Nancy Test	341 IND-THERPY	1	1	01:15	####	#####	00:00	N/N
000000001	Perry Test	581 PLAN DEV	1	1	01:00	####	#####	00:00	N/N
100000001	Page Test	570 BRKRGE IND	1	2	02:58	####	#####	00:00	N/N

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REPORT MHS 140

Client Information Face Sheet

Report Description: This report is designed to serve as a summary document which describes the client and clinical history information. Information on this report is accurate only as of the run date noted on the top left section of the report. If the report was run some time ago, the clinical history information may no longer be current. Users may wish to refresh the face sheet periodically to keep the information current.

Report 140 is requested by individual users through the Reports Menu. The user is prompted for a client number and can specify where the report is to be printed. The report can be run at any time.

This report can also be requested through some inquiry and data entry screens using the "Gold-F" key sequence. For example, when a specific client is displayed on the Locator Screen, using Gold-F will display a "key strip" diagram at the bottom of the screen. Pressing the F6 function key indicated will request the report for the selected client. See Chapter 3 – Client Selection Area

How to Use the Report: The report is intended to summarize three types of information about a single client. The first section of the report gives the client name and identifying information: Date of Birth, last four digits of the Social Security Number, and a local identifying Client Number. If the client has an alias, this alternate name is also shown.

The most recent client address and telephone number is indicated and the current age, ethnicity, marital status, education and disability are listed.

Financial information including the current Deductible, expiration date and current insurance coverage is also summarized.

The next section of the report contains emergency contacts for the client. This is taken from the client's significant others information. It includes the emergency contact's name, relationship to the client and phone number. The significant others that have been flagged as emergency contacts will appear first on the list, followed alphabetically by the remainder of the name. If no Significant Other information is in the system, a space is provided for the emergency contact.

The next section provides a summary of all open episodes. If the client is currently open in one or more programs, each current open episode will be shown. The episode summary notes where the case is open, the current primary diagnosis and the staff involved in the case. The current count of units of service, the last service date and the living situation is shown.

The final section of the face sheet shows all closed episodes in chronological order. This section will become larger as the history file in the computer grows longer. **If the client** message is complete (see Chapter 4 – Client Message) Report MHS722 will automatically be generated when the Face Sheet is requested via Client Locator.

Client Information Face Sheet

Report MHS 140
Run Date: 29-JAN-2020

Page: 1

C O N S U M E R I N F O R M A T I O N

Name: MATT DAMON	Number: 2023	Birthdate: 4-APR-1978	Age: 41
Address: 123 E 14TH ST, Apt. D202	SSN: _____	Sex: M	
OAKLAND, CA 94606-4601	Other ID #: 0	Language: Arabic	
Phone: (510) 555-5555	Marital: Nvr Marr	Education: Grade 12	
Staff:	Disability: DF/SP	Ethnicity: Mien	Hispanic Origin: Nicaraguan
Aliases: Y			
RP Owes: \$0.00	Medicaid: Not Eligible		
Insurance: None			

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ Phone: Day: _____ Night: _____

C L I N I C A L H I S T O R Y

RU	Opening	Closing	Primary Diagnosis	Clinician	Physician	Total Units	Last Service	Legal Current	Legal Admit	Legal Consent
-----OPEN EPISODES-----										
WEST MHS	4-JUL-2005		DSM:309.9	DOOLITTLE, CHARL	Staff, General	2	9-OCT-2015	W60000	W60000	NA
				309.9->F43.20	Adjustment disorder, unspecified					
				V71.09->Z03.89	Encntr for obs for oth suspected diseases and cond ruled out					

Total Episode Count = 1

REPORT MHS 613

Missing CSI Initial or Annual Periodic Data Report

Report Description: This report lists client name, client number, opening date, and last service date by provider for clients with missing or expiring CSI periodic data. This report will inform you which client's periodic record will expire in the next calendar month.

How to Get the Report: The report is automatically distributed to the printer queues and will run on the first Monday of every month. It will list clients who will need a periodic record for the future month.

How to Use the Report: The report will be used by the Providers to determine when to input overdue Periodic Data into InSyst.

Report example

Missing CSI Initial or Annual Periodic

5-Sep-006

REPORT PSP613
Prepared by Behavioral Care Information Systems -- M.Sloan
Clients in Open Status on: 5-Sep-2006 13:34:17.90
with Initial or Annual Periodic Data missing or not updated since: 1-285

Date : 5-Sep-2006 13:34:17.90

Client Name	Client #	Opening Date	Last Service Date	October Opening Date
MULTI_LINGUAL COUSELING 7676				
[REDACTED]	[REDACTED]	12-Apr-2006	26-Apr-2006	
[REDACTED]	[REDACTED]	25-Aug-2005	31-Aug-2005	
[REDACTED]	[REDACTED]	28-Jul-2005	22-Dec-2005	
[REDACTED]	[REDACTED]	3-Aug-2005	28-Apr-2006	
[REDACTED]	[REDACTED]	12-Jan-2006	28-Apr-2006	
[REDACTED]	[REDACTED]	31-Oct-2005	26-Apr-2006	*****
[REDACTED]	[REDACTED]	13-Jan-2006	27-Apr-2006	
[REDACTED]	[REDACTED]	22-Aug-2005	24-Apr-2006	
[REDACTED]	[REDACTED]	9-Aug-2005	26-Sep-2005	
[REDACTED]	[REDACTED]	1-Jul-2005	28-Apr-2006	
[REDACTED]	[REDACTED]	3-Aug-2005	28-Apr-2006	
[REDACTED]	[REDACTED]	27-Apr-2006	27-Apr-2006	
[REDACTED]	[REDACTED]	17-Mar-2006	13-Apr-2006	
[REDACTED]	[REDACTED]	6-Dec-2005	28-Apr-2006	
[REDACTED]	[REDACTED]	19-Oct-2005	22-Nov-2005	*****
[REDACTED]	[REDACTED]	1-Jul-2005	27-Jul-2005	
[REDACTED]	[REDACTED]	1-Jul-2005	4-Oct-2005	
[REDACTED]	[REDACTED]	30-Mar-2006	20-Apr-2006	
[REDACTED]	[REDACTED]	1-Jul-2005	11-Apr-2006	
[REDACTED]	[REDACTED]	2-Sep-2005	14-Dec-2005	
[REDACTED]	[REDACTED]	31-Aug-2005	19-Apr-2006	
[REDACTED]	[REDACTED]	18-Jul-2005	24-Apr-2006	
[REDACTED]	[REDACTED]	18-Jul-2005	30-Jan-2006	
[REDACTED]	[REDACTED]	25-Aug-2005	29-Nov-2005	
[REDACTED]	[REDACTED]	21-Sep-2005	25-Feb-2006	
[REDACTED]	[REDACTED]	28-Jul-2005	17-Apr-2006	
[REDACTED]	[REDACTED]	31-Aug-2005	25-Apr-2006	
[REDACTED]	[REDACTED]	20-Oct-2005	2-Nov-2005	*****
[REDACTED]	[REDACTED]	24-Oct-2005	6-Nov-2005	*****
[REDACTED]	[REDACTED]	21-Mar-2006	28-Mar-2006	
[REDACTED]	[REDACTED]	18-Aug-2005	2-Sep-2005	
[REDACTED]	[REDACTED]	28-Sep-2005	16-Dec-2005	
[REDACTED]	[REDACTED]	30-Jan-2006	27-Apr-2006	

Confidential Patient Information - W&I 5328

Appendix A: InSyst Table Codes

This document lists InSyst codes for: Client registration, episode, service entry, and maintenance screen.

CSI and CSI periodic fields are identified in the field title.

COUNTY CODES

Alameda	01
Alpine	02
Amador	03
Butte	04
Calaveras	05
Colusa	06
Contra Costa	07
Del Norte	08
El Dorado	09
Fresno	10
Glenn	11
Humboldt	12
Imperial	13
Inyo	14
Kern	15
Kings	16
Lake	17
Lassen	18
Los Angeles	19
Madera	20
Marin	21
Mariposa	22
Mendocino	23
Merced	24
Modoc	25
Mono	26
Monterey	27
Napa	28
Nevada	29
Orange	30

Placer	31
Plumas	32
Riverside	33
Sacramento	34
San Benito	35
San Bernardino	36
San Diego	37
San Francisco	38
San Joaquin	39
San Luis Obispo	40
San Mateo	41
Santa Barbara	42
Santa Clara	43
Santa Cruz	44
Shasta	45
Sierra	46
Siskiyou	47
Solano	48
Sonoma	49
Stanislaus	50
Sutter	51
Tehama	52
Trinity	53
Tulare	54
Tuolumne	55
Ventura	56
Yolo	57
Yuba	58
Unknown California County	99
Not California County	00

STATE CODES

Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN
Mississippi	MS
Missouri	MO
Montana	MT

Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY
Unknown State	UN
Not US State	00

COUNTRY CODES

AFGHANISTAN	AF
ALBANIA	AL
ALGERIA	AG
AMERICAN SAMOA	AQ
ANDORRA	AN
ANGOLA	AO
ANGUILLA	AV
ANTARCTICA	AY
ANTIGUA AND BARBUDA	AC
ARGENTINA	AR
ARMENIA	AM
ARUBA ISLANDS	AA
ASHMORE/CARTIER ISLANDS	AT
AUSTRALIA	AS
AUSTRIA	AU
AZERBAIJAN	AJ
BAHAMAS	BF
BAHRAIN	BA
BAKER ISLAND	FQ
BANGLADESH	BG
BARBADOS	BB
BASSAS DA INDIA	BS
BELARUS	BO
BELGIUM	BE
BELIZE	BH
BENIN	BN
BERMUDA	BD
BHUTAN	BT
BOLIVIA	BL
BOSNIA/HERZEGOVINA	BK
BOTSWANA	BC
BOUVET ISLAND	BV
BRAZIL	BR
BRITISH INDIAN OCEAN TERRITORY	IO
BRITISH VIRGIN ISLANDS	VI
BRUNEI	BX
BULGARIA	BU
BURKINA	UV
BURMA	BM
BURUNDI	BY

CAMBODIA	CB
CAMEROON	CM
CANADA	CA
CAPE VERDE	CV
CAYMAN ISLANDS	CJ
CENTRAL AFRICAN REPUBLIC	CT
CHAD	CD
CHILE	CI
CHINA	CH
CHRISTMAS ISLAND	KT
CLIPPERTON	IP
COCOS (KEELING) ISLANDS	CK
COLOMBIA	CO
COMOROS	CN
CONGO	CF
COOK ISLANDS	CW
CORAL SEA ISLANDS	CR
COSTA RICA	CS
COTE D'IVOIRE	IV
COUNTRY NOT LISTED	0
CROATIA	HR
CUBA	CU
CYPRUS	CY
CZECH REPUBLIC	EZ
DENMARK	DA
DJIBOUTI	DJ
DOMINICA	DO
DOMINICAN REPUBLIC	DR
ECUADOR	EC
EGYPT	EG
EL SALVADOR	ES
EQUATORIAL GUINEA	EK
ERITREA	ER
ESTONIA	EN
ETHIOPIA	ET
EUROPA ISLAND	EU
FALKLAND ISLANDS/MALVINAS	FK
FAROE ISLANDS	FO
FEDERATED STATES OF MICRONESIA	FM
FIJI	FJ

FINLAND	FI
FRANCE	FR
FRENCH GUIANA	FG
FRENCH POLYNESIA	FP
FRENCH SOUTHERN/ANTARCTIC	FS
GABON	GB
GAMBIA	GA
GAZA STRIP	GZ
GEORGIA	GG
GERMANY	GM
GHANA	GH
GIBRALTAR	GI
GLORIOSO ISLANDS	GO
GREECE	GR
GREENLAND	GL
GRENADA	GJ
GUADELOUPE	GP
GUAM	GQ
GUATEMALA	GT
GUERNSEY	GK
GUINEA	GV
GUINEA-BISSAU	PU
GUYANA	GY
HAITI	HA
HEARD ISLAND/MCDONALD ISLANDS	HM
HONDURAS	HO
HONG KONG	HK
HOWLAND ISLAND	HQ
HUNGARY	HU
ICELAND	IC
INDIA	IN
INDONESIA	ID
IRAN	IR
IRAQ	IZ
IRELAND	EI
ISRAEL	IS
ITALY	IT
JAMAICA	JM
JAN MAYEN	JN
JAPAN	JA
MONGOLIA	MG
MONTENEGRO	MW
MONTSERRAT	MH
MOROCCO	MO
MOZAMBIQUE	MZ
NAMIBIA	WA
NAURU	NR
NAVASSA ISLAND	BQ
NEPAL	NP
NETHERLANDS	NT

JARVIS ISLAND	DQ
JERSEY	JE
JOHNSTON ATOLL	JQ
JORDAN	JO
JUAN DE NOVA ISLAND	JU
KAZAKHSTAN	KZ
KENYA	KE
KINGMAN REEF	KQ
KIRIBATI	KR
KOREA DEMOCRATIC REPUBLIC	KN
KOREA, REPUBLIC OF	KS
KUWAIT	KU
KYRGYZSTAN	KG
LAOS	LA
LATVIA	LG
LEBANON	LE
LESOTHO	LT
LIBERIA	LI
LIBYA	LY
LIECHTENSTEIN	LS
LITHUANIA	LH
LUXEMBOURG	LU
MACAU	MC
MACEDONIA	MK
MADAGASCAR	MA
MALAWI	MI
MALAYSIA	MY
MALDIVES	MV
MALI	ML
MALTA	MT
MAN,ISLE OF	IM
MARSHALL ISLANDS	RM
MARTINIQUE	MB
MAURITANIA	MR
MAURITIUS	MP
MAYOTTE	MF
MEXICO	MX
MIDWAY ISLANDS	MQ
MOLDOVA	MD
MONACO	MN
SPAIN	SP
SPRATLY ISLANDS	PG
SRI LANKA	CE
ST. HELENA	SH
ST. KITTS AND NEVIS	SC
ST. LUCIA	ST
ST. PIERRE AND MIQUELON	SB
ST. VINCENT/THE GRENADINES	VC
SUDAN	SU
SURINAME	NS

NETHERLANDS	NL
NEW CALEDONIA	NC
NEW ZEALAND	NZ
NICARAGUA	NU
NIGER	NG
NIGERIA	NI
NIUE	NE
NORFOLK ISLAND	NF
NORTHERN MARIANA ISLANDS	CQ
NORWAY	NO
OMAN	MU
PAKISTAN	PK
PALAU	PS
PALMYRA ATOLL	LQ
PANAMA	PM
PAPUA NEW GUINEA	PP
PARACEL ISLANDS	PF
PARAGUAY	PA
PERU	PE
PHILIPPINES	RP
PITCAIRN ISLANDS	PC
POLAND	PL
PORTUGAL	PO
PUERTO RICO	RQ
QATAR	QA
REUNION	RE
ROMANIA	RO
RUSSIA	RS
RWANDA	RW
SAN MARINO	SM
SAO TOME AND PRINCIPE	TP
SAUDI ARABIA	SA
SENEGAL	SG
SERBIA	SR
SEYCHELLES	SE
SIERRA LEONE	SL
SINGAPORE	SN
SLOVAKIA/SLOVENIA	LO
SOLOMAN ISLANDS	BP
SOMALIA	SO
SOUTH AFRICA	SF
SOUTH GEORGIA/SANDWICH ISLANDS	SX

SVALBARD	SV
SWAZILAND	WZ
SWEDEN	SW
SWITZERLAND	SZ
SYRIA	SY
TAIWAN	TW
TAJKISTAN	TI
TANZANIA	TZ
THAILAND	TH
TOGO	TO
TOKELAU	TL
TONGA	TN
TRINIDAD AND TOBAGO	TD
TROMELIN ISLAND	TE
TUNISIA	TS
TURKEY	TU
TURKMENISTAN	TX
TURKS AND CAICOS ISLANDS	TK
TUVALU	TV
UGANDA	UG
UKRAINE	UP
UNITED ARAB EMIRATES	TC
UNITED KINGDOM	UK
UNITED STATES	US
URUGUAY	UY
UZBEKISTAN	UZ
VANUATU	NH
VATICAN CITY	VT
VENEZUELA	VE
VIETNAM	VM
VIRGIN ISLANDS	VQ
WAKE ISLAND	WQ
WALLIS AND FUTUNA	WF
WEST BANK	WE
WESTERN SAHARA	WI
WESTERN SAMOA	WS
YEMEN	YM
ZAIRE	CG
ZAMBIA	ZA
ZIMBABWE	ZI
Unknown Country	99

Client Registration Tables:

Sex – (*) CSI

F=Female	M=Male	U=Unknown
----------	--------	-----------

Marital Status

1=Never married	4=Divorced/dissolved/annulled
2=Now married/remarried/living together	5=Separated
3=Widowed	9=Unknown

Education – (*) CSI () CSI Periodic**

Type in the number indicating the highest grade completed. If the highest grade is greater than 20, type "20". Enter "12" if the client has completed high school.

Enter "99" for unknown.

Physical Disability

00 = None	08 = Physical Impairment Mobility
01 = Severe Visual Impairment	16 = Developmentally Disabled
02 = Severe Hearing Impairment	32 = Other Physical Impairment
04 = Speech Impairment	99 = Unknown

NOTE: Select the appropriate code, add the number of codes together for a total, and enter the total in this two-digit field.

Examples: A person who is deaf would be coded 02. A person who is deaf with a speech impairment would be coded 06 (02+04=06). A person who is blind, in a wheelchair and has diabetes would be coded 41 (01+08+32=41).

Primary Language/ Preferred Language – (*) CSI

A = English	I = Sign ASL	Q = Hmong	Y = Arabic	1 = Thai
B = Spanish	J = Other Non-English	R = Turkish	Z = Samoan	2 = Farsi
C = Chinese Dialect	K = Korean	S = Hebrew		3 = Other Sign
D = Japanese	L = Russian	T = French		4 = Other Chinese Dialects
E = Filipino Dialect	M = Polish	U = Cantonese		5 = Ilocano
F = Vietnamese	N = German	V = Mandarin		6 = Hindi
G = Laotian	O = Italian	W = Portuguese		7 = Pashto
H = Cambodian	P = Mien	X = Armenian		8 = Punjabi

Ethnicity/Race - (*) CSI

A = White	I = Japanese	P = Other Pacific Islander
B = Black	J = Filipino	Q = Korean
C = Native American	K = Other Asian	R = Samoan
E = Chinese	L = Other Non- White	S = Asian Indian
F = Vietnamese	M = Unknown	T = Hawaiian Native
G = Laotian	N = Other Southeast Asian	U = Guamanian
H = Cambodian	O = Hmong	W = Mien

Hispanic Origin – (*) CSI

1 = Not Hispanic	5 = Other Latino	N = Nicaraguan
2 = Mexican/Mexican American	G = Guatemalan	S = Salvadoran
4 = Puerto Rican	M = South American	U = Unknown/Not Reported

Care Giver - (*) CSI Enter the number of persons the client cares for, or is responsible for, at least 50% of the time, for the age categories of under the age of 18 and over the age of 18.

00 = None	01 – 98 Number of Persons	99 = Unknown
-----------	---------------------------	--------------

Marital Status

1 = Never Married	3 = Widowed	5 = Separated
2 = Married/Live Together	4 = Divorced/Dissolved	6 = Unknown

Veteran Status

1 = Yes	2 = No	3 = Decline to answer
---------	--------	-----------------------

Sex Assigned at Birth

1 = Male	2 = Female	3 = Other
----------	------------	-----------

What is your Pronoun (Personal (or preferred) Pronoun) – Indicate all that apply

1 = He/Him	3 = They/Them	5 = Prefer Not to Answer
------------	---------------	--------------------------

2 = She/Her	4 = Other Pronoun	U= Unknown
-------------	-------------------	------------

Gender Identity (Current) –Indicate all that applies

1 = Male 2 = Female 3 = Intersex 4 = Gender Queer (not exclusively male or female)	5 = Transgender: Male to Female/Transgender Female/Trans Woman 6 = Transgender: Female to Male/Transgender Male/Trans Man	7 = Gender non-conforming 8 = Other Additional Gender Category 9 = Prefer Not To Answer U = Unknown
---	--	--

Significant Other Relationship

Father	Husband	Relative	Friend	Therapist	Prob Ofr (Probation Officer)
Mother	Wife	Guardian	Partner	Physician (MD / Physician)	Parole Ofr (Parole Officer)
Son	Brother	Conservatr (Conservator)	Employer	Board Care	Other
Daughter	Sister	Attorney	Minister	Psych	

Episode Data

This document lists Standard InSyst codes for the Episode Opening, Closing, Maintenance, and One Shot Screens.

Legal Status – (*) CSI

- W60000 = Voluntary
- W51500 = 72 Hour Hold
- W55850 = 72 Hour Hold for Minor
- W52500 = First 14 Day Hold
- W52600 = Second 14 Day Hold
- W52700 = Thirty Day Extension for Grave Disability
- W53000 = 180 Day Post Certification
- W53520 = Temporary Conservatorship
- W53521 = Temporary Conservatorship Extension
- W53550 = Permanent Conservatorship
- W53551 = Permanent Conservatorship Extension
- P10260 = Not Guilty by Reason of Insanity
- P13680 = Incompetent To Stand Trial

Trauma – (*) CSI

Identifies clients that have experienced traumatic events including experiences such as having witnessed violence, having been a victim of crime or violence, having lived through a natural

disaster, having been a combatant or civilian in a war zone, having witnessed or having been a victim of a severe accident, or having been a victim of physical, emotional, or sexual abuse.

Y = Yes

N = No

U = Unknown

GMC (*) CSI

Only use the General Medical Condition Summary Code. You can select up to three per Axis 3 field.

01 = Arterial Sclerotic Disease	11 = Cirrhosis	21 = Osteoporosis	31 = Physical Disability
02 = Heart Disease	12 = Diabetes	22 = Cancer	32 = Stroke
03 = Hypercholesterolemia	13 = Infertility	23 = Blind / Visually Impaired	33 = Tinnitus
04 = Hyperlipidemia	14 = Hyperthyroid	24 = Chronic Pain	34 = Ear Infections
05 = Hypertension	15 = Obesity	25 = Deaf / Hearing Impaired	35 = Asthma
06 = Birth Defects	16 = Anemia	26 = Epilepsy / Seizures	36 = Sexually Transmitted Disease (STD)
07 = Cystic Fibrosis	17 = Allergies	27 = Migraines	37 = Other
08 = Psoriasis	18 = Hepatitis	28 = Multiple Sclerosis	99 = Unknown/Not Reported General Medical Cond
09 = Digestive Disorder	19 = Arthritis	29 = Muscular Dystrophy	00 = No General Medical Condition
10 = Ulcers	20 = Carpal Tunnel Syndrome	30 = Parkinson's Disease	

Substance Abuse / Dependence Issue – (*) CSI

Identifies whether or not the client has a substance abuse / dependence issue. If Yes , you must enter a valid ICD10 diagnosis code.

Y = Yes (Requires Dx)

N = No

Source of Income

0 = Not Collected	4 = Retirement
1 = None	5 = General or Public Assistance
2 = Earned thru Employment	6 = Other (V.A, Rent, Interest, Dividends, etc.)
3 = Disability	7 = Unknown

Living Situation – (*)CSI () Periodic Data**

NOTE: PLEASE see Housing Definitions

05 = Foster family home (for children)

06 = Single room (hotel, motel, rooming house)

07 = Group quarters (dorm, barracks, migrant camp, long-term shelter)

-
- 08 = Group home
 - 09 = CRTs long-term or transitional housing (Crisis Residential Treatment Services)
 - 10 = Satellite housing
 - 13 = House or Apartment
 - 14 = House or apt. w/support
 - 15 = House or apt. w/supervision
 - 16 = Supported housing
 - 20 = Small Board & Care home (6 beds or less)
 - 21 = Large Board & Care home (7 beds or more)
 - 22 = Residential Treatment Center
 - 23 = Community Treatment Facility
 - 24 = Adult Residential/ Social Rehabilitation
 - 31 = State Hospital
 - 32 = VA Hospital
 - 33 = SNF/ICF/IMD, for Psychiatric reasons
 - 34 = SNF/ICF/Nursing home, for physical health reasons
 - 35 = General hospital
 - 36 = Mental Health Rehabilitation Center
 - 37 = PHF/Inpatient Psych
 - 40 = Drug Abuse facility
 - 41 = Alcohol Abuse Facility
 - 42 = Justice Related
 - 50 = Temporary Arrangement
 - 51 = Homeless, no identifiable county residence
 - 52 = Homeless, in transit
 - 98 = Other
 - 99 = Unknown

NOTE: PLEASE see Housing Definitions

Code	Term	Current Definition
05	Foster family home (children)	Applies to children only. Living with an approved foster family through child and family services (Social Services Agency).
06	Single room (motel, rooming house)	A facility or residence where the rooms either lack a cooking facility, bathroom, or both. Sometimes the building offers shared bathrooms and cooking facilities. Consumers hold their own lease or rental agreement.

		There are no on-site service programs or staff members, although external service providers may visit individual tenants.
07	Group quarters (dorm, migrant barracks)	Group living situation sponsored by an institution. Housing is linked with participation in a particular program or institution. Bathrooms and kitchens usually shared.
08	Group Home	Applies to children only. Approved group homes for children licensed by California Department of Community Care licensing. RCL 11 and below.
09	CRTs long-term or transitional housing	Non-institutional residential setting, therapeutic or rehab services, structured program as alternative to hospitalization for someone experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care, 24/7 service. Stays range from 30 days to 24 months. Also applies to individuals living in transitional housing programs specifically designed for serving homeless persons.
10	Satellite housing	Same as house or apt with supervision except housing is associated with exiting a particular treatment program.
13	House/Apartment	A house or apartment with its own cooking facilities and bathroom, shared according to terms established by the consumer in collaboration with other members of the household. Consumers either own the house or hold their own lease or rental agreement. The consumer must pay all or a share of the mortgage or rent. The consumer may live alone, with a spouse, partner, minor children, other dependents, and/or roommate(s). Includes independent or emancipated minors.
14	House or Apt with Support	A house or apartment where the consumer lives with others (family, friends) and receives some support from those living with the person; someone in the household has a signed lease agreement with the landlord or owns the property but the consumer is not part of the lease, rental agreement, or ownership of the building. This category includes the former "living with family/friends" category. Includes minors living with parents or relatives.
15	House or Apt with Supervision	Also known as unlicensed but supervised congregate placement, group living homes, sober living homes. Shared housing with limited to no roommate choice. Shared bathrooms and/or kitchens. Often lack formal lease or rental agreements. May include some meals and on-site supervision and support.
16	Supported Housing	A housing unit located in an apartment complex, an SRO, a single-family residence, or a private building in which consumers hold their own lease or rental agreement or with a not-for-profit organization acting as the master leaser. In some situations, cooking facilities and bathrooms may be shared. Some social/clinical services are formally connected with the building through master leasing arrangement and/or services provided on site in private offices or common areas. Services are VOLUNTARY and not a condition of tenancy.

20	Small Board & Care (6 beds or less)	Licensed adult residential facility (ARF), residential care facility for the elderly (RCFE), or residential care facility for the chronically ill (RCFCI) with 6 beds or less. Admission agreement, no lease, includes meals.
21	Large Board & Care (7+ beds)	Licensed adult residential facility (ARF), residential care facility for the elderly (RCFE), or residential care facility for the chronically ill (RCFCI) with 7 or more beds. Admission agreement, no lease, includes meals.
22	Residential Treatment Center	A residential facility that provides 24/7 services to people with psychiatric disabilities that is NOT a mental health rehabilitation center, SNF, ICF, IMD, CRT, or transitional housing. Includes children & youth in therapeutic RTF that are RCL 12-14.
23	Community Treatment Facility	A residential facility that provides mental health treatment services to children in a group setting and that has the capacity to provide secure containment.
24	Adult Residential/Social Rehab	A Social Rehabilitation Facility is any facility that provides 24-hour-a-day non-medical care and supervision in a group setting to adults recovering from mental illnesses, that temporarily need assistance, guidance, or counseling. Alameda County = casa phoenix, casa de la vida, bonita house, and woodroe place. Admission agreement, no lease, includes meals.
31	State Hospital	NAPA state psychiatric hospital
32	VA Hospital	General or psychiatric Veterans Administration Hospital
33	SNF/ICF/IMD for Psychiatric Reasons	Licensed residential, short-term treatment facilities focused primarily on psychiatric rehabilitation, 24/7 care. May have medical issues as well but primarily staying at facility for psychiatric reasons. Ex. Garfield Neurobehavioral Center, Morton Bakar Center, etc.
34	SNF/ICF/Nursing home for Physical Reasons	Licensed residential, short-term treatment facilities focused on physical rehabilitation, 24/7 care. May have psychiatric issues as well but primarily staying at facility for physical reasons. Ex. Medical Hill Rehabilitation Center, Fairmount, etc.
35	General Hospital	Hospital for medical illness - Alta Bates, Highland, Kaiser, etc.
36	Mental Health Rehabilitation Center	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. 24/7 staffing, focusing on rehabilitation. Ex. Villa Fairmont, Gladman, etc.
37	PHF/Inpatient Psych	Inpatient psychiatric unit - John George, Fremont, Herrick, Willow Rock, etc.
40	Drug abuse facility	Licensed residential drug abuse treatment facility. Note: Select this option if the consumer's primary reason for participating in the program is related to an addictive substance other than alcohol.
41	Alcohol abuse facility	Licensed residential alcohol abuse treatment facility. Note: Select this option if the consumer's primary reason for participating in the program is related to an addiction to alcohol.

42	Justice Related	Prison, jail, community-based justice facility, or temporarily detained in Juvenile Justice Center.
50	Temporary Arrangement	Consumer is living in a facility that provides short-term housing (e.g., Single Room Occupancy Motel, Safe Haven, living with friends and paying no rent). The consumer does not hold a lease and is staying on a day-to-day, week-to-week, or month-to-month basis. This category includes individuals temporarily housed through a public program, e.g., social services emergency housing voucher. Also refers to a short-term housing arrangement in which the individual is temporarily staying with friends, family, or others with a willingness to house the person for a limited time (less than 30 days). Includes youth “couch surfing” with friends or family due to homelessness.
51	Homeless, no identifiable county residence	Includes living on the streets, place not meant for human habitation, or an emergency shelter for homeless persons. Also includes persons fleeing a domestic violence situation and individuals with an eviction within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Person typically resides in or plans to reside in Alameda County.
52	Homeless, in transit	Includes living on the streets, place not meant for human habitation, or an emergency shelter for homeless persons. Also includes persons fleeing a domestic violence situation and individuals with an eviction within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing. Generally assumed that person lives outside of Alameda County.
98	Other	Type of housing not listed above, should be rarely used.
99	Unknown	Current housing status unknown by staff.

Employment Status – (*) CSI () Periodic data**

01= Competitive job market, 35 hours or more per week	10 = Part time school / job training
02 = Competitive job market, less than 20 hours per week	11 = Volunteer work
03 = Competitive job market, 20 to 35 hours per week	12 = Unemployed, actively seeking work
04 = Full-time home making responsibility	13 = Unemployed, not actively seeking work
05 = Rehabilitative work, 35 hours or more per week	14 = Retired
06 = Rehabilitative work , less than 20 hours per week	15 = Not in the labor force
07 = Rehabilitative work, 20 to 35 hours per week	16 = Unknown
08 = School, full-time	17 = Resident / Inmate
09 = Job training, full-time	

Type of Employment

- 0 = Not Collected
- 1 = Executive, Administrative, Managerial
- 2 = Production, Inspection, Repair, Craft, Handlers
- 3 = Sales, Service
- 4 = Farming, Forestry, Fishing
- 5 = Unemployed

Legal Consent (Conservatorship) – (*) CSI () Periodic data**

This field is normally used to indicate the type of authorization given to treat a minor.

- 0 = Unknown
- 9 = Not Applicable
- | | | |
|--------------------------|---|-------------------------------|
| Must be age
14 & over | { | A = Temporary Conservatorship |
| | | B = Lanterman-Petris-Short |
| | | C = Murphy Conservatorship |
| | | D = Probate |
| | | E = PC 2974 |
- F = Representative Payee w/out Conservator
- | | | |
|-----------------------------|---|--|
| Must be less
Than age 25 | { | G = Juvenile Court, Dependent of Court |
| | | H = Juvenile Court, Ward Status Offender |
| | | I = Juvenile Court, Ward Juvenile Offender |

Note: This data element is needed to produce summary or detailed statistics on persons and agencies responsible for clients being treated in local mental health, i.e., conservatorships, LPS, agencies responsible for minors, etc. This is particularly important in analyzing the utilization and units of service in 24-hour care.

Referral Codes (Standard)

Referral Codes—Source and Destination—can be any program Reporting Unit number in your system. In addition there are number of generic codes. These codes are to be used only when there is no specific mental health reporting unit, or when there is no specific local agency code.

2 AND UP TO 6 DIGIT PROGRAM/AGENCY REFERRAL CODES

01 = Self	17 = Jail	43 = Dept. Social Services
02 = Family	20 = Acute Day Treatment	44 = Criminal Justice
03 = Friends	21 = Habilitative Day Treatment	45 = Drug Abuse Program
04 = Employer	30 = Emergency Psychiatric	46 = Alcohol Abuse Program
05 = Other	31 = Suicide & Crisis	47 = School/College
06 = County Resident	32 = Outpatient Clinic	48 = Vocational Rehab Program
10 = State Hospital MH	33 = Private MH Practice	49 = Veterans Administration
11 = State Hospital DD	37 = Case Management	50 = Clergy or Religious Org.
12 = Other Psychiatric Hosp	38 = Homeless Program	51 = Other Human Service Org.
13 = Psychiatric SNF	40 = Medical Inpatient	
14 = Alternative to Hospitalization	41 = Medical Outpatient	
15 = CRTS Program	42 = Convalescent Hosp	

Reason for Discharge

- 1 = Mutual Agreement/Treatment Goals Reached
- 2 = Mutual Agreement/Treatment Goals Partially Reached
- 3 = Mutual Agreement/Treatment Goals Not Reached
- 4 = Client Withdrew: AWOL, AMA, Treatment Partially Completed
- 5 = Client Withdrew: AWOL, AMA No Improvement
- 6 = Client Died
- 7 = Client Moved Out of Service Area
- 8 = Client Discharged/Program Unilateral Decision
- 9 = Client Incarcerated
- 10 = Discharge/Administrative Reasons
- 11 = Other

Service Location Entry Codes

This document lists Standard InSyst codes for the Direct and Indirect Service Screens

1 = Office	9 = Inpatient	16 = Mobile Service
2 = Field	10 = Homeless Emergency Shelter	17 = Non Traditional Serv
3 = Phone	11 = Faith based/Church/Temple	18 = Other Community Loc
4 = Home	12 = Health Care/Primary Care	19 = Res Care / Children
5 = School	13 = Age Specific Comm Ctr	20 = Telehealth(only use for specific RU)
6 = Satellite	14 = Client's Job Site	22 = Court
8 = Jail	15 = Res Care / Adult	

Recipient (Indirect Services)

A Recipient Code can be a Reporting Unit number in your system or an Agency Code. You can use the generic codes listed here only when there is no mental health reporting unit or local agency code.

01 = Self	15 = CRTS Program	41 = Medical Outpatient
02 = Family	17 = Jail	42 = Convalescent Hospital
03 = Friends	20 = Acute Day Treatment	43 = Department Social Service
04 = Employer	21 = Habilitative Day Tx	44 = Criminal Justice
05 = Other	30 = Emergency Psychiatric	45 = Drug Abuse Program
06 = County Resident	31 = Suicide/Crisis	46 = Alcohol Abuse Program
10 = State Hospital (MH)	32 = Outpatient Clinic	47 = School/College
11 = State Hospital (DD)	33 = Private Mental Health Practice	48 = Vocational Rehabilitation Program
12 = Other Psychiatric Hospital	37 = Case Management	49 = Veterans Administration
13 = Psychiatric SNF/IMD	38 = Homeless Program	50 = Clergy/Religious Organization
14 = Alternative to Hospitalization	40 = Medical Inpatient	51 = Other Human Service

CSI Timeliness Data

Type of Service:

01 = Psychiatry
02 = Outpatient Services
03 = Outpatient Services – Prior Authorization
04 = Psychiatry – Pre-Authorization

Referral Source:

01 = Self	13 = Faith-Based Organization
02 = Family Member	14 = Other County / Community Agency
03 = Significant Other	15 = Homeless Services
04 = Friend / Neighbor	16 = Street Outreach
05 = School	17 = Juvenile Hall / Camp / Ranch / Division of Juvenile Justice
06 = Fee-For-Service Provider	18 = Probation / Parole
07 = Medi-Cal Managed Care Plan	19 = Jail / Prison
08 = Federally Qualified Health Center	20 = State Hospital
09 = Emergency Room	21 = Crisis Services
10 = Mental Health Facility / Community Agency	22 = Mobile Evaluation
11 = Social Services Agency	23 = Other Referred
12 = Substance Abuse Treatment Facility / Agency	

Missed Appointment Reason:

01 = In Jail / Prison	08 = No babysitter / caregiver
02 = Transportation (missed bus)	09 = No ride
03 = Transportation (lack of funds)	10 = Request Language Interpreter
04 = Illness / Family Illness	11 = Other
05 = Hospitalized	12 = No working phone
06 = Did not want to go	13 = No return call
07 = Changed mind about treatment	14 = Unable to reach client
	15 = No responds/No show

Rescheduled Reason:

01 = Yes appointment rescheduled
02 = No appointment Not rescheduled

Closure Reason:

01 = Beneficiary did not accept any offered assessment dates.
02 = Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
03 = Beneficiary attended initial assessment appointment but did not complete assessment process.
04 = Beneficiary completed assessment process but declined offered treatment dates.
05 = Beneficiary accepted offered treatment date but did not attend initial treatment appointment.

06 = Beneficiary did not meet medical necessity criteria.
07 = Out of County/Presumptive Transfer.
08 = Unable to Contact (client deceased or client unresponsive).
09 = Other

Referred To:

01 = Managed Care Plan
02 = Fee-For-Service Provider
03 = Other
04 = No Referral

Appendix B: Menu and Control Key Commands

The Num Lock (Gold) key sequences, Control key combinations, and Special Function keys used in INSYST are listed below.

Num Lock (Gold) Key Sequences

The Num Lock (Gold) Key is the PF1 Key on Digital Equipment Corporation terminals, and is the Num Lock key on PCs. Other keys may be used on other terminals.

To use Num Lock (Gold) Key sequences, press the Num Lock (Gold) Key, release it, and then press the next key. For example, if the instructions say you should press Num Lock (Gold)-E, it means you should press the Num Lock (Gold) key, release it and then press “E” and release it.

Num Lock (Gold) Key sequences used in INSYST are:

- **Num Lock (Gold)-A: (All / Authorize)** gives you additional functions in entry and maintenance screens, such as All Clients/Services, Supervisor Mode and Late Entry Mode.
- **Num Lock (Gold)-A: (Unlimited or Continuous Paging)** Allows the user to speed up performance as maintenance screens usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing **Num Lock (Gold)-A** before you display the list.
- **Num Lock (Gold)-B: (Backup)** makes the screen page back one page, to display records in a list that cannot fit on a single screen.
- **Num Lock (Gold)-C: (Client #)** moves the cursor to the Client Number field on some screens.
- **Num Lock (Gold)-D: (Down Two)** makes the screen page forward two pages, to display records in a list that cannot fit on a single screen.
- **Num Lock (Gold)-E: (Exit)** exits from the current screen and returns to the menu, without saving data entered in the screen, or returns to the previous menu.
- **Num Lock (Gold)-F: (Face Sheet)** request the menu to select Face Sheets, and then press F6 to complete the request.
- **Num Lock (Gold)-H: (Home)** moves the cursor to its home position on the current screen, the field on the screen where data entry began.
- **Num Lock (Gold)-I: (Insert)** inserts a new record when you are using the Maintenance Selection screens.
- **Num Lock (Gold)-M: (More)** makes the screen page forward one page, to display records in a list that cannot fit on a single screen.
- **Num Lock (Gold)-R: (Refresh)** restarts the screen, with no values entered. This is useful if you made mistakes in data entry.
- **Num Lock (Gold)-S: (Save and Exit)** leaves the current data entry or maintenance screen, and saves the data entered. This sequence retains the current Client and Reporting Unit, so it automatically displays it in the next screen you use.
- **Num Lock (Gold)-U: (Up Two)** makes the screen page back two pages, to display records in a list that cannot fit on a single screen.

Control Key Combinations

To use Control Key combinations, continue holding down the Ctrl Key while you press the next key in the sequence. For example, if the instructions say to press Control/W, you should press the Ctrl Key, keep holding it down while you press “W”, and then release both.

Control Key combinations used in INSYST are:

- **Control/H: (Hop Back)** moves the cursor back one field.
- **Control/J: (Junk)** clears a field.
- **Control/W:** repaints or refreshes the screen. Use it if the screen display has been disturbed.
- **Control/Z:** ends an editing session in the Mail, Files, and Client Message utilities.

Appendix C: InSyst Menu Shortcuts & Commands

CLIENT SCREENS

Screen	Alpha Menu Commands	Numeric Menu Commands
Client Locator	CLIE LO	1 7
Client Registration	CLIE RE	1 1
Client Management (Maintenance/Update)	CLIE MA	1 2
Client Address	CLIE AD	1 6
Client Periodic Data (MHS ONLY)	CLIE CSI	1 8

EPISODE SCREENS

Screen	Alpha Menu Commands	Numeric Menu Commands
Episode Open	EP OP	4 1
Episode Close	EP CL	4 2
Episode Management (Maintenance/Update)	EP MA	4 4

SERVICE ENTRY SCREENS

Screen	Alpha Menu Commands	Numeric Menu Commands
Service Single Entry	SER SI	5 1
Service Multiple Entry	SER MU	5 4
Service Management (Maintenance/Update)	SER MA	5 9

MOST USED COMMANDS

Clear Field	Ctrl J
All Clients (Continuous Paging) Authorization (Supervisor & Late Entry)	Num Lock (Gold) A
Insert new data (Address, CSI & Utilization Control data entry screens)	Num Lock (Gold) I
Move Cursor forward one Field	TAB Key
Move Cursor backward one Field	F12 Key
Move Down to next Page (i.e. list of clients)	Num Lock (Gold) M
Move Back to last Page (i.e. list of clients or services)	Num Lock (Gold) B
Exit Screen (go back to last screen/menu)	Num Lock (Gold) E
Refresh Screen (Clear a screen without leaving the screen)	Num Lock (Gold) R
Save the client information and go back one screen	Num Lock (Gold) S

PRINTER COMMANDS

Show Printer Queue	UT PR SH	13 4 1
Start Printer Queue	UT PR ST	13 4 2