

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
SPECIAL MEDICAL SERVICES**

**PARTNERS IN HEALTH
HELP GUIDE**



June 24, 2015
Version 1.0.0

REVISION LOG

Date	Description	Initials
06/24/2015	Original Version	MAB, SDD
3/28/2016	Version 1.1.0	mab

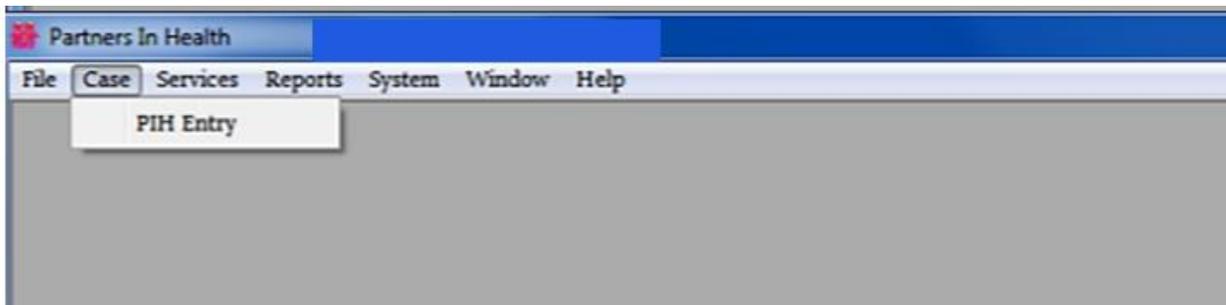
Table of Contents

MENU ITEMS	5
PIH ENTRY	7
CHILD/SELF TAB	7
HOUSEHOLD/SELF TAB	10
INSURANCE TAB	11
MEDICAL VERIFICATION	11
OTHER SERVICES.....	11
INSURANCE INFORMATION	11
PROGRAMS TAB	12
SITE ENROLLMENT.....	12
ICD DIAGNOSIS	13
BUTTONS.....	14
BUTTONS.....	16
HOW TO ENTER AN ENCOUNTER	17
FAMILY SUPPORT	17
FLEX FUNDS TAB	18
BUTTONS.....	20
REPORTS	23
HOW TO	23
USE THE CALENDAR	24
UPDATE AN ADDRESS	25
SITE ENROLLMENT RULES	26
REACTIVATE A DISCHARGED CASE	27
ADD/ENTER DIAGNOSES	28
SEARCH BY EITHER ICD CODE OR ICD DESCRIPTION:.....	28
SELECT THE CORRECT DIAGNOSIS.....	30
REMOVE A DIAGNOSIS	31
ENTER NEEDS AND GOALS	32
NEW ENTRY	32
EDIT OR UPDATE ACTIVITY.....	32
DELETE ENTRY	33
CANCEL ENTRY	33
OPEN AN EXISTING RECORD BY CASE NUMBER	34
CASE - PIH ENTRY	34
SEARCH	35
SEARCH FOR AN EXISTING RECORD	35
BUTTONS.....	35
LINK SMS CASE TO NEW PIH CASE	36
MATCHING SMS DATA	37
CHILD/SELF TAB	37
HOUSEHOLD/SELF TAB.....	37
INSURANCE TAB	38
PROGRAMS TAB	38
PIH CASES WITH SMS DATA	39
ENTER A SIBLING	40

UPDATE AN APPLICATION	41
CHILD /SELF TAB CHANGES.....	41
HOUSEHOLD / SELF TAB.....	42
INSURANCE TAB.....	42
PROGRAMS TAB.....	43
NEEDS AND GOALS.....	43
ENTER A NEW PIH CASE	44
ENTER ENCOUNTERS	45
ENTER FLEX FUNDS	47
FLEX FUND TAB	47
ENTER NON-CONTRACTED FUNDING	50
ENTER FAMILY COUNCIL / GRANTS	51
COMPLETE A MONTHLY SUBMISSION	52
REPORT VIEW – CRYSTAL REPORTS	53
REPORT PARAMETERS	53
EXPORTING A REPORT	54
CHANGE PASSWORD	56
VERSION 1.1.0 MODIFICATIONS	57
PIH ENTRY	57
Insurance Tab.....	57
Secondary Phone Number.....	57
Adult 1 & Adult 2.....	57
Search.....	58
SMS V. PIH SCREEN	59
FAMILY SUPPORT: SEARCH	60
NEEDS AND GOALS MODIFICATIONS	61
New Activity Status of “Continued”.....	61
Case Entry: Needs/Goals Data Clean Up.....	62
Case Entry: Needs/Goals.....	62

MENU ITEMS

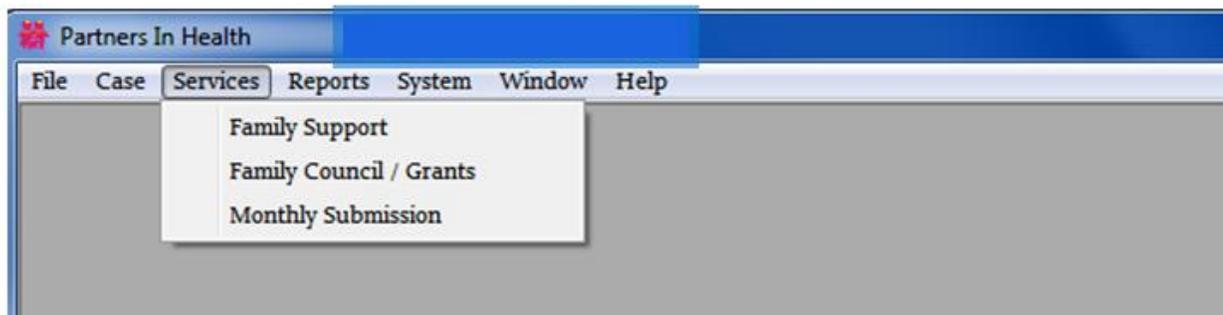
CASE



PIH ENTRY

- *Opens to Search Parameters for PIH or SMS cases*
- *Use tabs to do Case Entry or Case Modification*

SERVICES



FAMILY SUPPORT

- Entry for Encounters
- Entry for Flex Spending
- Entry for Non-Contracted Spending

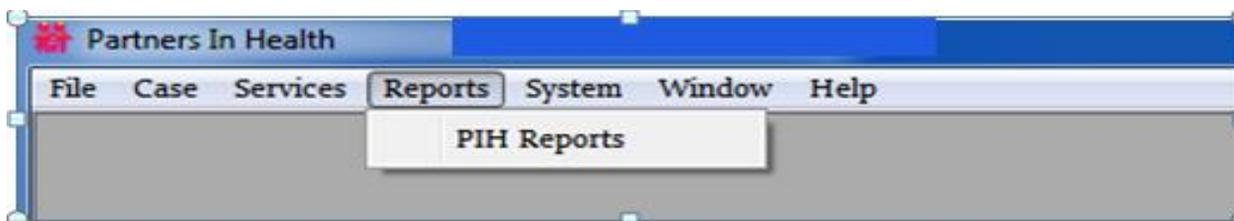
FAMILY COUNCIL/GRANTS

- Entry for Family Council Expenses
- Entry for Grants Received
- Entry for Site Expenses

MONTHLY SUBMISSION

- Preview display of Pending
 - Client Encounters and Payments made
- Family Council Payments and Grants
- Preview report of Pending Encounters and Payments made
- Electronically submit Encounters and Payments

REPORTS - PIH REPORTS



FAMILY SUPPORT COORDINATORS

- Active Client List – Export
- Active Client List – Printed
- Active Client Diagnosis
- Update Applications Due
- Data Entry Application
- Needs and Goals

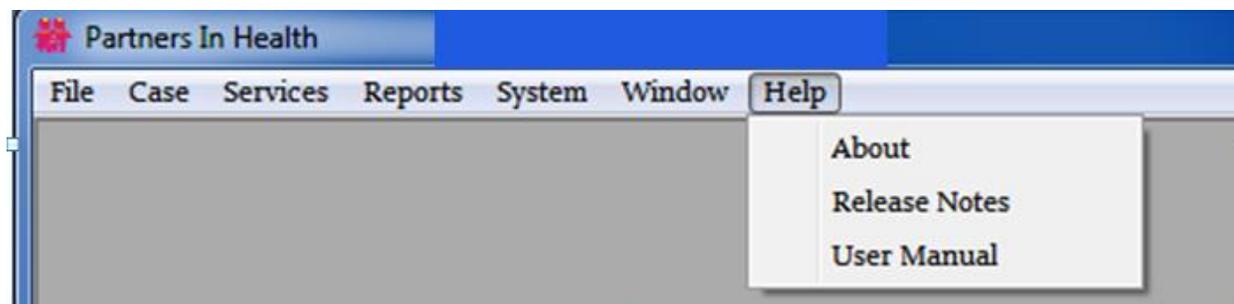
SERVICE REPORTS

- Monthly Submission - Pending
- Monthly Submission – Submitted
- Monthly Encounters – Detail and Summary
- Monthly Spending – Detail and Summary

FISCAL YEAR REPORTS

- Dashboard
- All Served

HELP



ABOUT

- Displays current Version number

RELEASE NOTES

- Description of application modifications and enhancements for each release date

USER MANUAL

- Detailed Application guide

PIH ENTRY
CHILD/SELF TAB

Partners In Health
File Case Services Reports System Window Help

PIH Entry, Child/Self - Case #63902015 - SUNSHINE, RAYO F.

Child/Self Household/Self Insurance Programs Needs/Goals Search

PIH Case#: 63902015 Application Date: 01/01/2015 Updated: 01/01/2015 SMS Updated:

Last Name: SUNSHINE First Name: RAYO MI: F Suffix:

Birth Date: 08/14/2000 Age: 14 yrs, 9 mths Gender: FEMALE

Case Status: ACTIVE Discharge Date: 00/00/0000

Residence Address:

Addr 1: 32 COCONUT PALM WAY Addr 2: PENTHOUSE 2
City: N. HAMPTON State: NH Zip: 03862

Primary Phone: (603) 323-8014 Primary Email:
Secondary Phone: (000) 000-0000 Secondary Email:

School District: 21 Area Agency: 8 County: Rockingham PIH Site: PORTSMOUTH

Mail Address: Same as Residence:
Addr 1: 32 COCONUT PALM WAY Addr 2: PENTHOUSE 2
City: N. HAMPTON State: NH Zip: 03862

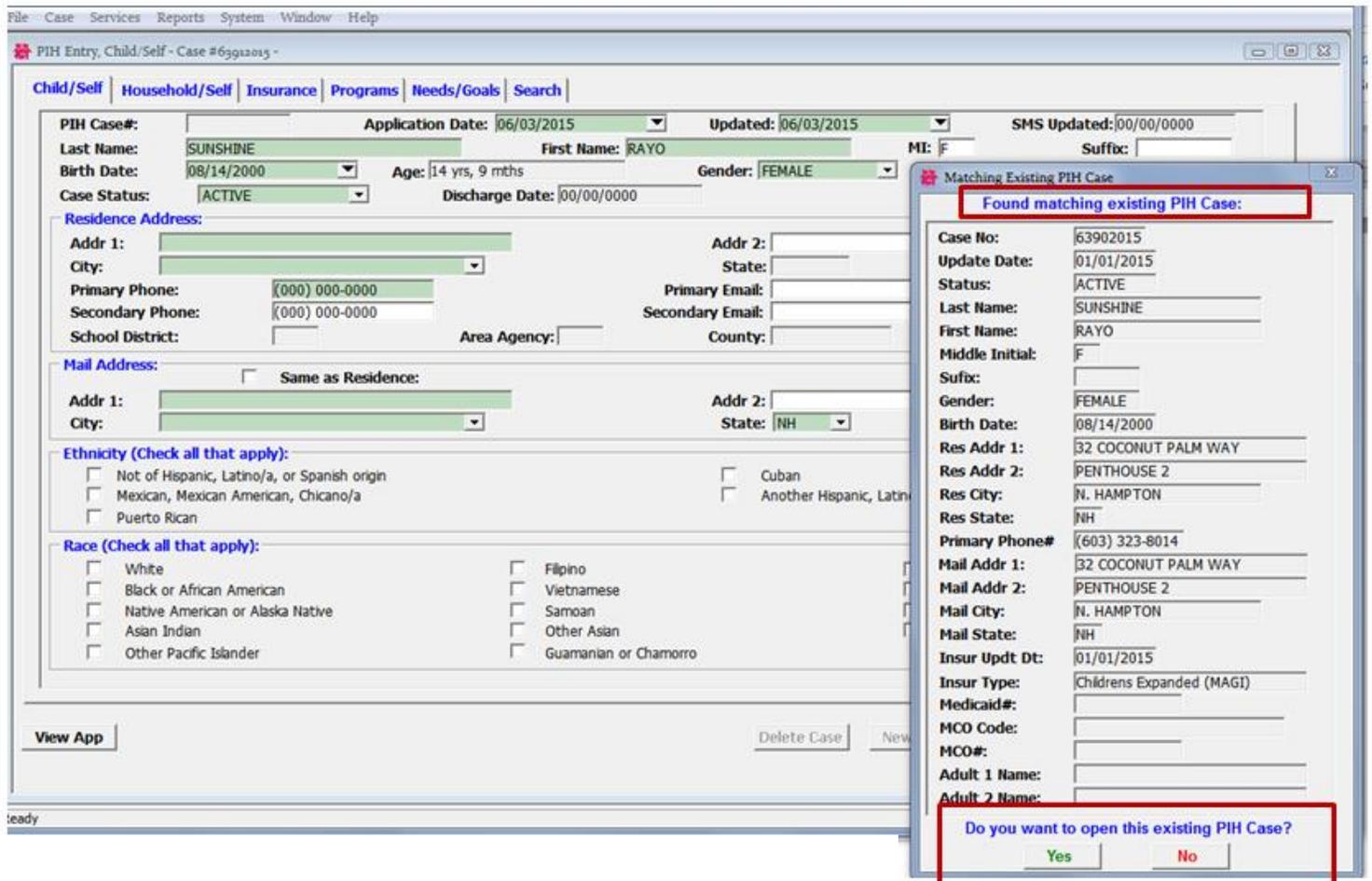
Ethnicity (Check all that apply):
 Not of Hispanic, Latino/a, or Spanish origin
 Mexican, Mexican American, Chicano/a
 Puerto Rican
 Cuban
 Another Hispanic, Latino, or Spanish origin

Race (Check all that apply):
 White Filipino Japanese
 Black or African American Vietnamese Korean
 Native American or Alaska Native Samoan Native Hawaiian
 Asian Indian Other Asian Chinese
 Other Pacific Islander Guamanian or Chamorro

View App Delete Case New Case Save Cancel Close

NEW PIH CASE #

- A new PIH Case # is automatically assigned by the system when all of the case data is entered and the Save button is clicked.
- After entering data in the Last Name, First Name, DOB and Gender fields, the system checks the PIH database for similar or matching information so that a duplicate case is not created.
- If there is the possibility of a match, a pop-up box will display.
- Review the information in the pop-up box to determine if the case is a match and answer the Yes / No question at the bottom of the pop-up accordingly.



HOW TO USE THE CALENDAR

APPLICATION DATE

- Is the first date of enrollment
 - New Enrollment (client is not known to PIH)
 - Use the Signature Date on the application

You have now completed the SMS application, please sign below.

<i>Print Name of person who completed the application</i>	<i>Your Signature</i>	<i>Relationship to Applicant</i>	<i>Date Completed</i>
<p>The applicant's signature above shall attest that all information provided in the <u>SMS Application</u> is true and correct to the best of my knowledge. I realize that any intentional misrepresentation may result in legal action against me since Special Medical Services receives its funds from state and federal sources. It also confirms my understanding that SMS may use other state data or resources to verify the information provided in this application.</p>			
<p>Mail All Applications to: DHHS/Special Medical Services, 129 Pleasant St, Thayer Bldg, Concord NH 03301</p>			
<p>If requesting, attach questionnaire for <input type="checkbox"/> Nutrition, Feeding & Swallowing <input type="checkbox"/> Family Support (PIH) <input type="checkbox"/> Financial Assistance</p>			

UPDATED

- New Cases
 - Same as the Application Date
- Existing Cases
 - Date Completed on the updated application
 - Updated should **ONLY** be changed when a client completes a new yearly application

SMS UPDATED

- Populated with the SMS Updated Date when the client is open in SMS and linked with PIH record
- Should match the PIH Updated Date
- Read-only field

CASE STATUS

- ACTIVE – When PIH enrollment is active
- DISCHARGE – When PIH enrollment is closed
 - DISCHARGE DATE (read-only field)
 - Populated when case is discharged
 - Date must match Discharge Date on Program tab/Site Enrollment grid

RESIDENCE ADDRESS

- Where the client resides; may be different than Mail Address.
- Address 1 – Street number and name
- Address 2 – Apartment, Suite, Care Of, Building
- City
 - Only NH Cities are available; must use dropdown to make selection. Cities are listed in alphabetical order including directions (North = N / Center = CTR etc.)
 - Selection of City will complete Zip Code, School District, Area Agency, County and PIH Site
- Primary Email – ONLY complete with an Email address; DO NOT add notes here
- Primary Phone – Number that client will most likely answer
 - i.e. - cell, work, home

MAIL ADDRESS

- Where client receives mail; complete if different than Residence Address
- When Mail and Residence addresses are the same - Use the “Same as Residence” check box
- This will automatically populate all Residence Address information to the Mail address.
- DO NOT CHECK IF ADDRESSES ARE DIFFERENT
- A Mail Address can be an out-of-state address

ETHNICITY

- ONLY the selection of Not Hispanic, Latino/a, or Spanish origin CAN NOT have additional entries
- ALL OTHER selections can have more than one

RACE

- One or more check boxes are required in this section

HOUSEHOLD/SELF TAB

PIH Entry, Household/Self - Case #69902015 - SUNSHINE, RAYO F.

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search

Citizenship: US CITIZEN | Language: ENGLISH
 Assistance Needed: NONE | Household Type: NOT IN PARENTS HOME
 Relationship to Child: GUARDIAN

Adult 1 In Home:

Resides with Child

Last Name: SUNSHINE | First Name: HOPEFOR | MI: | Suffix: |
 Address 1: 32 COCONUT PALM WAY | Address 2: PENTHOUSE 2
 City: N. HAMPTON | State: NH | Zip: 03862
 Primary Phone#: (603) 323-8014 | Secondary Phone: |

Adult 2 In Home:

Resides with Child

Last Name: | First Name: | MI: | Suffix: |
 Address 1: | Address 2: |
 City: | State: | Zip: |
 Primary Phone#: | Secondary Phone: |

Siblings in Home:

	Last Name	First Name	Gender	Age	SMS	PIH	PIH Case#
RAYO F	HOPE		MALE	9	<input type="checkbox"/>	<input type="checkbox"/>	

Buttons: Add, Remove, Edit

View App | Delete Case | Save | Cancel | Close

[CITIZENSHIP](#) – This field pertains to the child

[LANGUAGE](#) – This field pertains to the child

- Primary / preferred language spoken

[ASSISTANCE NEEDED](#) – This field pertains to the Adult in household or Self 18+

- Adult or Self+18 is unable to read or write English and needs assistance with completion of application or need to request the application in another language.

[HOUSEHOLD TYPE](#) – This field pertains to the Child’s home

- Type of living arrangement

[RELATIONSHIP TO CHILD](#) – This field pertains to the responsible Adult in the home or Self 18+

[ADULT 1 / ADULT 2](#)

- ONLY ENTER names of the adults who reside in the home
 - Check the box – RESIDES WITH CHILD
 - This will enable the name fields and populate the Residence Address as listed on the Child/Self tab.
 - Client 18+ should not have any adult(s) listed unless the adult(s) is/are the Client+18’s guardian(s).

HOW TO ENTER SIBLINGS

[SIBLINGS IN HOME](#)

- ONLY ENTER SIBLINGS IN HOME WHO ARE UNDER THE AGE OF 18

INSURANCE TAB

Child/Self Household/Self **Insurance** Programs Needs/Goals Search

Help Window System Reports Services Case File

Medical Verification:

Received:

Date: 06/03/2015 Received By: Thyng, Pamela ID: 7

Doctor Name:

Doctor Address:

Doctor Phone: (000) 000-0000

Other Services:

Area Agency: Early Intervention: Special Education: SMS Financial:

Insurance Information:

Last Updated: 01/01/2015

Insurance Type: Childrens Expanded (MAGI)

Medicaid Eligible: NO

Medicaid Number:

MCO:

MCO Number:

View App Delete Case Save Cancel Close

MEDICAL VERIFICATION

RECEIVED – Check box indicating that Medical Verification has been received

DATE – Date the doctor signed the Medical Verification form

RECEIVED BY – Name of the Family Support Coordinator who obtained the verification

- Use drop down to select name

DOCTOR NAME /ADDRESS/PHONE – Information pertaining to the Doctor who completed the verification form

OTHER SERVICES

Check box(s) to show in what other programs the child may also be enrolled

- Area Agency – other services
- Early Intervention
- Special education (School Services)
- SMS Financial (for application purposes)

INSURANCE INFORMATION

LAST UPDATED – Last time Insurance information was updated

- Needs to be equal to or greater than the Update date on Child/Self tab

INSURANCE TYPE – Use drop down to select Insurance Type

MEDICAID ELIGIBLE – Use drop down to complete

- Medicaid Eligible – should match Insurance Type choice

MEDICAID NUMBER – This field is disabled until Medicaid is YES

- Complete with 13 digit Medicaid ID
- MCO – Use drop down to complete
- Managed Care Organization associated with clients Medicaid
- MCO NUMBER – Number assigned to the client by certain Medicaid MCO's

PROGRAMS TAB

The screenshot shows the 'Partners In Health' software interface. The 'Programs' tab is active, displaying a table of site enrollments. A pop-up window titled 'Add Site Enrollment' is open, allowing users to input details for a new enrollment. The table has the following columns: Enroll #, Staff ID, Staff Name, Region Code, Site Name, Referral Code, Start Date, Discharge Date, Waiver, and Program Status. The pop-up window contains fields for Staff ID, Staff Name (dropdown), Region Code, Site Name (dropdown), Referral Code (dropdown), Start Date (dropdown), Discharge Date (dropdown), Waiver (checkbox), and Program Status (dropdown).

HOW TO ENTER AN ENROLLMENT

SITE ENROLLMENT

ADD BUTTON

Used to create a blank row in order to enroll a Client into a site

- Will activate a pop up box.
 - Select Staff Name from drop down
 - Select Site from drop down
 - Select Referral Code – who referred the client
 - Start Date – Is equal to Application Date or the date the client was transferred to a new site
 - This date does not change at update
 - Discharge Date – Date of discharge
 - When discharging enrollment, the Program Status must be changed from ACTIVE to one of the discharge reasons
 - Waiver – Check box if client has a waiver for PIH enrollment

- Program Status – Select Active or one of the discharge reasons from the drop down list
- SAVE – Will save the data as entered into the Site Enrollment box , then close the box
- CANCEL – Will clear all changes made in the Site enrollment box
- CLOSE – Will close the box

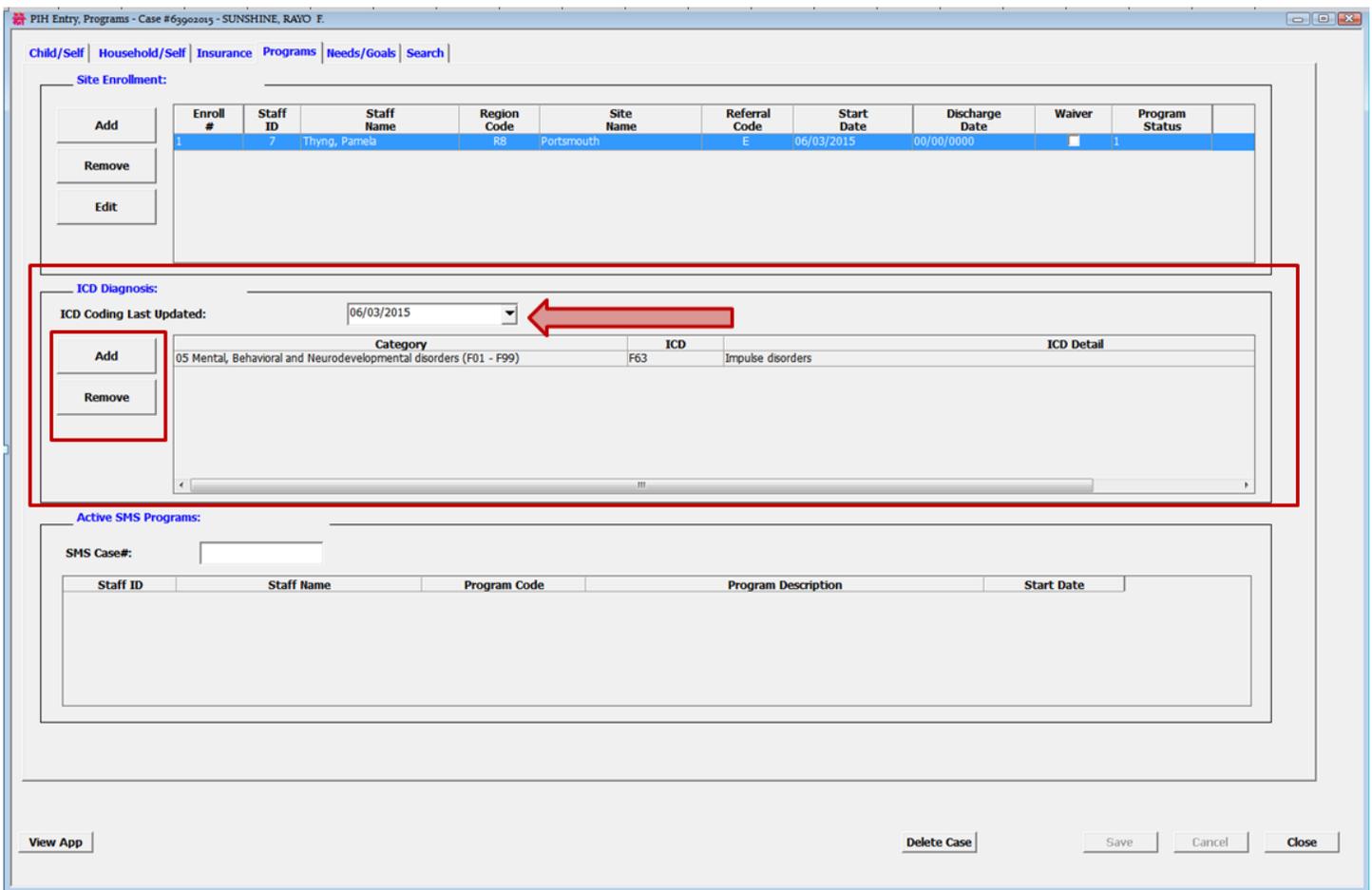
REMOVE BUTTON – Will delete the highlighted line in the enrollment grid

EDIT BUTTON

Highlight the enrollment line in the grid that needs to be adjusted

- Select Edit
- Site Enrollment box will pop up
- Make changes
- Save

ICD DIAGNOSIS



HOW TO ENTER A DIAGNOSIS

ICD CODING LAST UPDATED

- Date is reflective of the last Updated date or when new diagnosis is entered.

- Date must be equal to last Updated date or current date

ICD DIAGNOSIS

- It is mandatory to have at least one diagnosis listed

ADD BUTTON – Opens the Search screen

REMOVE – Deletes the selected/highlighted row from the grid

ACTIVE SMS PROGRAMS

Active SMS Programs:

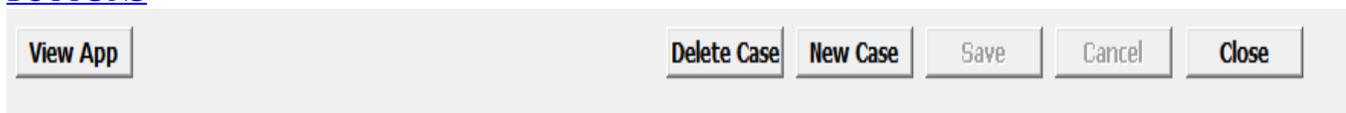
SMS Case#:

Staff ID	Staff Name	Program Code	Program Description	Start Date
37	Weiss, Honey	170	Nutrition, Feeding & Swallowing	04/10/2014
101	Gassek, Tracy	020	Community-Based Care Coordination	02/07/2012

READ-ONLY GRID

- List of client's SMS programs that are currently ACTIVE

BUTTONS



- ✓ VIEW APP
 - Prints current /open case - all tabs
- ✓ DELETE CASE
 - Permission based
 - Will remove all records associated with the case.
 - Used for duplicate records
- ✓ NEW CASE
 - To enter a case that is not known
 - Will create all blank tables
 - Used to clear the current case displayed and presents a blank screen for data entry
- ✓ SAVE
 - Saves all changes made to the case
- ✓ CANCEL
 - Clears all changes made prior to the last save on the record
 - i.e. – If the wrong information is entered on a case, Cancel will remove all changes and set the record back to the original state
- ✓ CLOSE
 - Closes the screen not the application

NEEDS AND GOALS TAB

Start Date	Staff Entry	Assigned To	Activity	Status	Expected #Days to Complete	Comments
06/03/2015			Family Goals	Ongoing		

Assigned To:

Activity:

Status:

Expected #Days to Complete:

Completed Date:

Comments:

View App | Delete Entry | New Entry | Save | Cancel Entry | Close

HOW TO ENTER NEED/GOALS

ASSIGNED TO – Enter the name of person who is going to complete the task

For Example:

- Family Member's name
- Family Support Coordinator's name
- Teacher's name

ACTIVITY – Select from drop down list

STATUS – Of the selected activity; select from dropdown list

EXPECTED DAYS TO COMPLETE – Enter an estimated number of days to complete the task

COMPLETED DATE –

- Date when the activity has ended
- Status must be changed to Withdrawn or Completed when a Completed Date has been entered

COMMENTS – Detailed notes pertaining to the selected Activity

BUTTONS

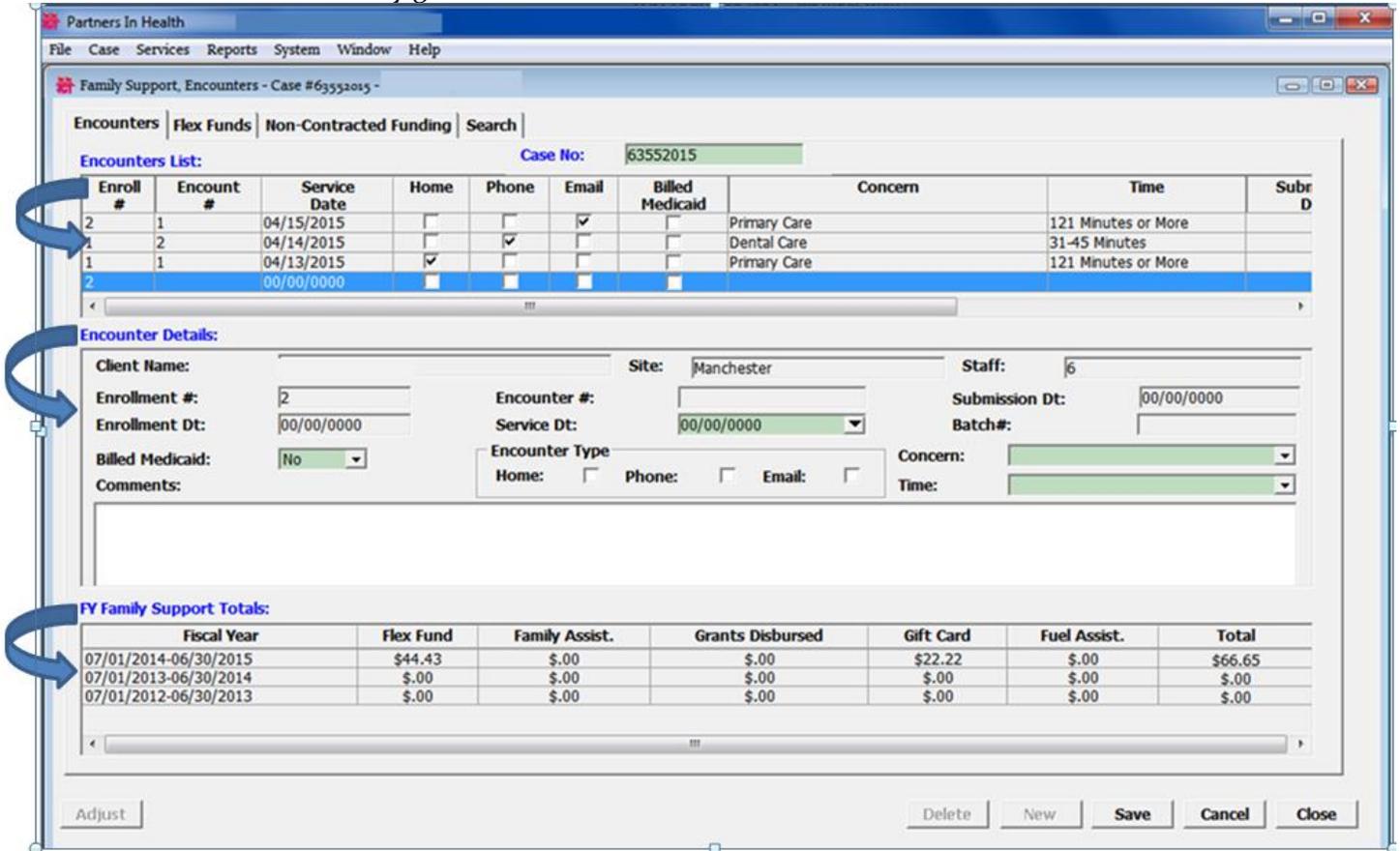


- ✓ VIEW APP
 - Prints current /open case - all tabs
- ✓ DELETE ENTRY
 - Deletes entry when row is highlighted and needs to be removed
- ✓ NEW ENTRY
 - Used to create a blank row to add additional Needs/Goals
- ✓ SAVE
 - Saves all changes made to the case
- ✓ CANCEL
 - Clears all changes made prior to the last save on the record
 - Entered the wrong information on a case, will remove all changes and display the record back to original entries.
- ✓ CLOSE
 - Closes the screen not the application

FAMILY SUPPORT

ENCOUNTERS TAB

- Encounters List (top grid)
 - Displays the list of all encounters pertaining to the selected case
 - Most recent encounter is first; list is sorted by Date of Service, descending
 - Encounter Details
 - Data entry section
 - FY Family Support Totals
 - Total amount disbursed to selected case per State Fiscal Year
 - Read-Only grid



Service Date – is the date of the Encounter

Encounter Type - select a check box after (can have more than one type per encounter)

- Home Visit /In person
- Phone
- Email

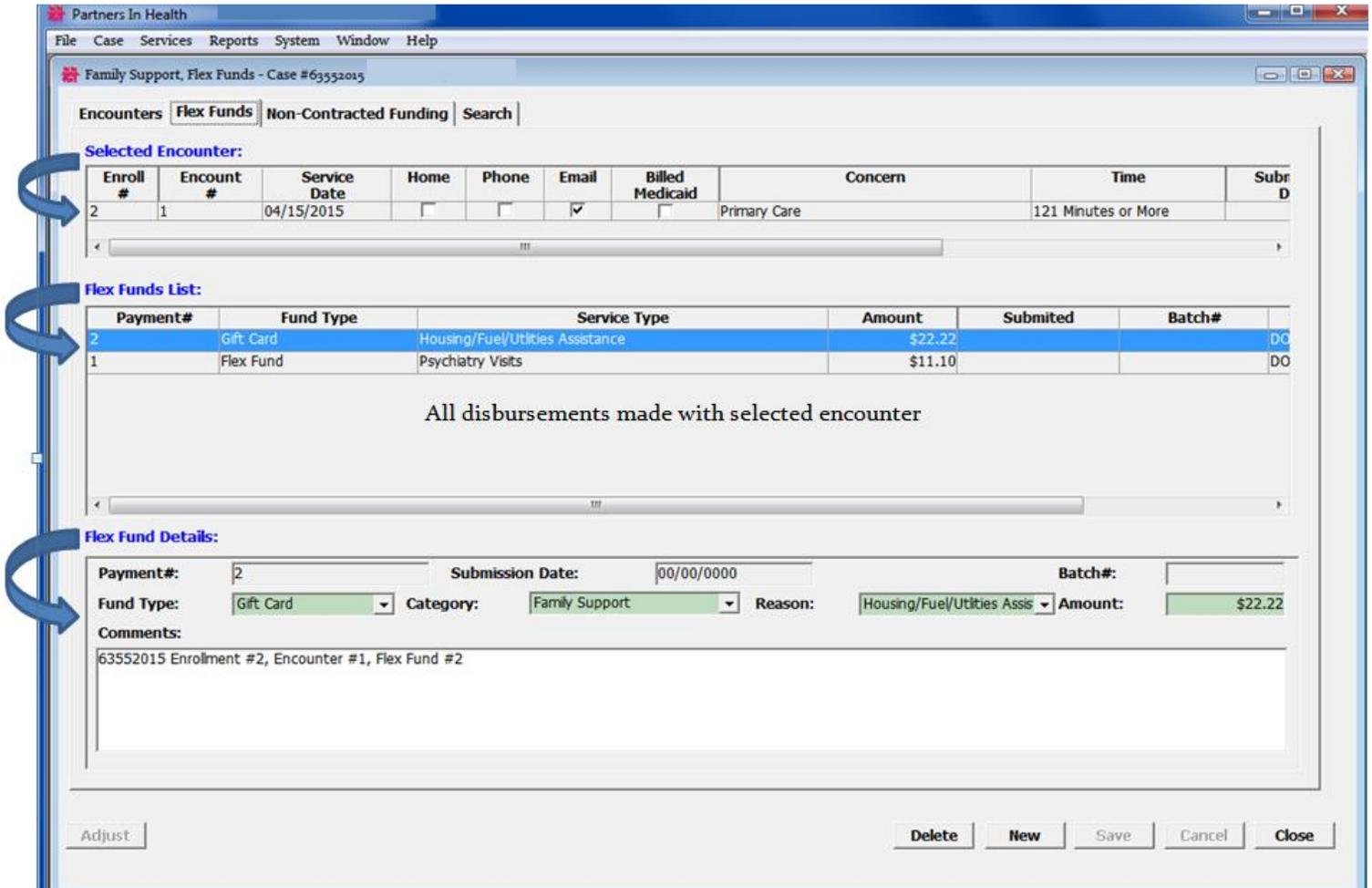
Concern – Select from drop down

Time – Select from drop down

Comments – Additional information about the encounter.

FLEX FUNDS TAB

- Selected Encounter –
 - The Encounter highlighted on the Encounters tab displays in the top grid (read-only grid)
- Flex Funds List –
 - Disbursements that are linked to the selected Encounter display in middle grid (read-only grid)
- Flex Fund Details –
 - Details about the disbursement are created or adjusted in the bottom grid

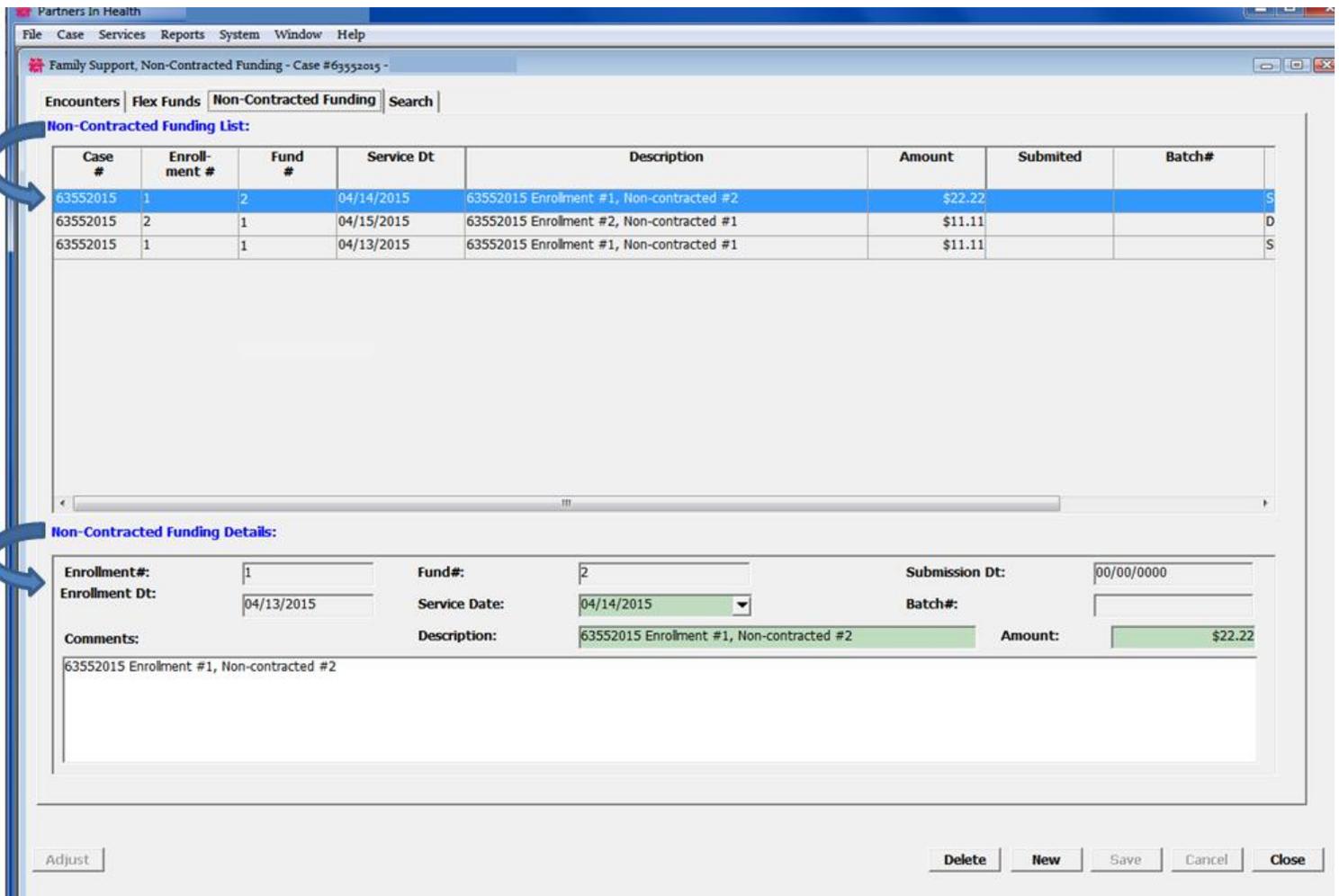


- Fund Type – Select from drop down
 - Source of funding to be used
- Category – Select from drop down
 - Large grouping of categories
- Reason – Reason for request
- Amount – Full amount paid

NON-CONTRACTED FUNDING

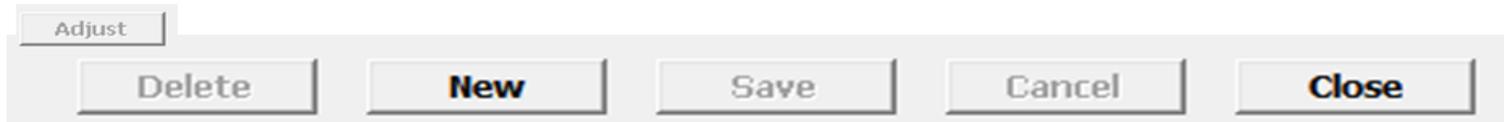
Non-Contracted funds are State funds granted to a site to be used for Camperships or other qualifying expenses. These funds are not part of the Flex Funds budget given to the case at the beginning of a SFY

- Disbursements are linked to a Case, not an Encounter
- Non-Contracted Funding List
 - Displays all disbursements for selected case (read-only grid)
- Non-Contracted Funding Details
 - Details about the disbursement are created or adjusted in the bottom half of the screen.



- Service Date – Approval Date or Disbursement date
 - Follow the agency policy for billing
- Description – Company Name / vendor
- Amount – Currency
- Comments – For a detailed description of payment/disbursement made.

BUTTONS



- ✓ ADJUST
 - Administrative use only
- ✓ DELETE
 - Removes a transaction
- ✓ NEW
 - To Enter a new transaction
- ✓ SAVE
 - Saves all changes made to the case
- ✓ CANCEL
 - Clears all changes made prior to the last save on the record
 - Entered the wrong information on a case, will remove all changes and display the record back to original entries.
- ✓ CLOSE
 - Closes the screen not the application

FAMILY COUNCIL/GRANTS

- Entry for Site Flex Funds purchases, Family Council Purchase & Expenditures and Site Grants Received
- Encounters are not required for these expenses
- Grants Received is for grants/donations received by the Site ONLY
 Not for family grants received unless they are given to the site to distribute to family

File Case Services Reports System Window Help

Family Council / Grants, Site R13 - Littleton

Site: Littleton Region: R13

List:

Family Council #	Service Date	Fund Type	Reason	Amount	Submitted	Batch#	Update
14	02/10/2015	Grants Received	Grants Received	\$15.00	02/28/2015	2015130008	PIHJOBS
13	08/08/2014	Family Council	Meeting Cost	\$98.68	08/31/2014	2014130002	PIHJOBS
12	01/30/2015	Family Council	Gift Card	\$500.00	01/31/2015	2015130007	PIHJOBS
11	12/01/2014	Family Council	Gift Card	\$500.00	12/31/2014	2014130006	PIHJOBS
10	11/24/2014	Family Council	Grants Received	\$131.58	11/30/2014	2014130005	PIHJOBS
9	12/01/2014	Family Council	Gift Card	\$500.00	12/31/2014	2014130006	PIHJOBS
8	02/11/2015	Grants Received	Meeting Cost	\$50.00	02/28/2015	2015130008	PIHJOBS
7	02/16/2015	Family Council	Meeting Cost	\$500.00	02/28/2015	2015130008	PIHJOBS
6	02/11/2015	Family Council	Meeting Cost	\$154.28	02/28/2015	2015130008	PIHJOBS
5	02/12/2015	Family Council	Gift Card	\$500.00	02/28/2015	2015130008	PIHJOBS
4	02/16/2015	Family Council	Gift Card	\$500.00	02/28/2015	2015130008	PIHJOBS
3	11/17/2014	Family Council	Meeting Cost	\$88.84	11/30/2014	2014130005	PIHJOBS
2	12/17/2014	Grants Received	Flexible Financing (not otherwise categorized)	\$2,600.00	12/31/2014	2014130006	PIHJOBS
1	12/08/2014	Family Council	Office Supplies/Stamps	\$49.00	12/31/2014	2014130006	PIHJOBS
	00/00/0000			\$.00			

Details:

FC#: Submission Date: 00/00/0000 Batch#:

Service Date: 00/00/0000 Fund Type: Reason: Amount: \$.00

Comments:

Adjust

File Case Services Reports System Window Help

Monthly Submission; Site R7 - Manchester

Site: Manchester Region: R7

Client Pending Encounters and Payments

Service Date	Case No	Client Name	Enroll #	Encntr #	Home	Phone	Email	Billed M'caid	Flex Fund	Family Assist	Grants Disbursed	Fuel Assist	Gift Card	Non-Contracted
03/03/2015	63312015	GUILFOYLE, CODY	1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04/13/2015	63552015	COMTOIS, BRYNN	1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$11.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04/14/2015	63552015	COMTOIS, BRYNN	1	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$22.22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04/13/2015	63552015	COMTOIS, BRYNN	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.11
04/14/2015	63552015	COMTOIS, BRYNN	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$22.22
04/15/2015	63552015	COMTOIS, BRYNN	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$11.10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04/15/2015	63552015	COMTOIS, BRYNN	2	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$22.22	\$0.00
04/15/2015	63552015	COMTOIS, BRYNN	2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11.11
Total = 8														

Review monthly encounters and disbursements made to clients on the screen
These are Pending and can still be adjusted if needed

Site Pending Family Council Payments and Grants

Service Date	Grants Received	Family Council	Flex Fund	Last Updated By
04/01/2015	\$0.00	\$52.35	\$0.00	HEATHER.J.MAGUIRE
04/08/2015	\$700.00	\$0.00	\$0.00	HEATHER.J.MAGUIRE
04/16/2015	\$0.00	\$0.00	\$45.00	HEATHER.J.MAGUIRE
04/22/2015	\$0.00	\$65.23	\$0.00	HEATHER.J.MAGUIRE
04/20/2015	\$500.00	\$0.00	\$0.00	HEATHER.J.MAGUIRE
04/21/2015	\$0.00	\$0.00	\$20.00	HEATHER.J.MAGUIRE
04/24/2015	\$300.00	\$0.00	\$0.00	HEATHER.J.MAGUIRE
Total = 7				

To review entries in a report format
Select View Report

View Report

After a full review Submit

Submit Entries

Close

- REVIEW ENTRIES
- MAKE ALL ADJUSTMENTS PRIOR TO SUBMISSION
 - Once entries have been submitted they can only be changed by administration
- Before submission adjustments can be made on the Services screen
- View Report can be printed for Site records
- Exportable in pdf or excel

(Example- report view)

Partner's In Health
Pending Monthly Submission

Run Date: 05/01/2015

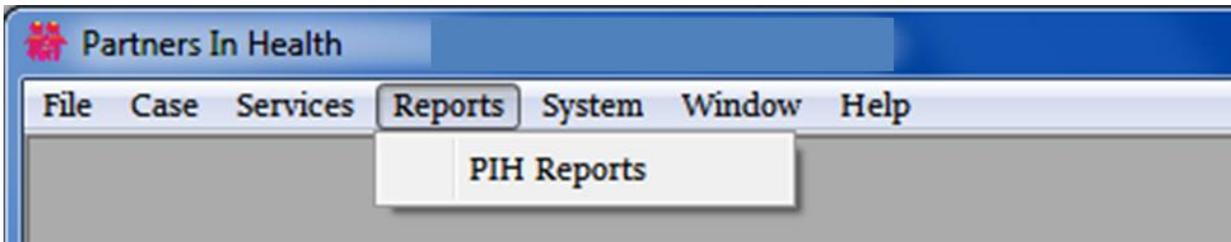
Site: R7

Service Date	Case #	Client Name	Home	Phone	Email	Billed Medicaid	Flex Fund	Family Assistance	Grants Disbursed	Fuel Assistance	Gift Card	Non-Contracted	Last Updated By
03/03/2015	63312015	GUILFOYLE, CODY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	HEATHER.J.MAGUIRE
04/13/2015	63552015	COMTOIS, BRYNN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.11	SMSDEV
04/14/2015	63552015	COMTOIS, BRYNN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22.22	SMSDEV
04/15/2015	63552015	COMTOIS, BRYNN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.11	DONALD.W.MOORE
Total							\$ 66.64	-	-	-	44.44	44.44	

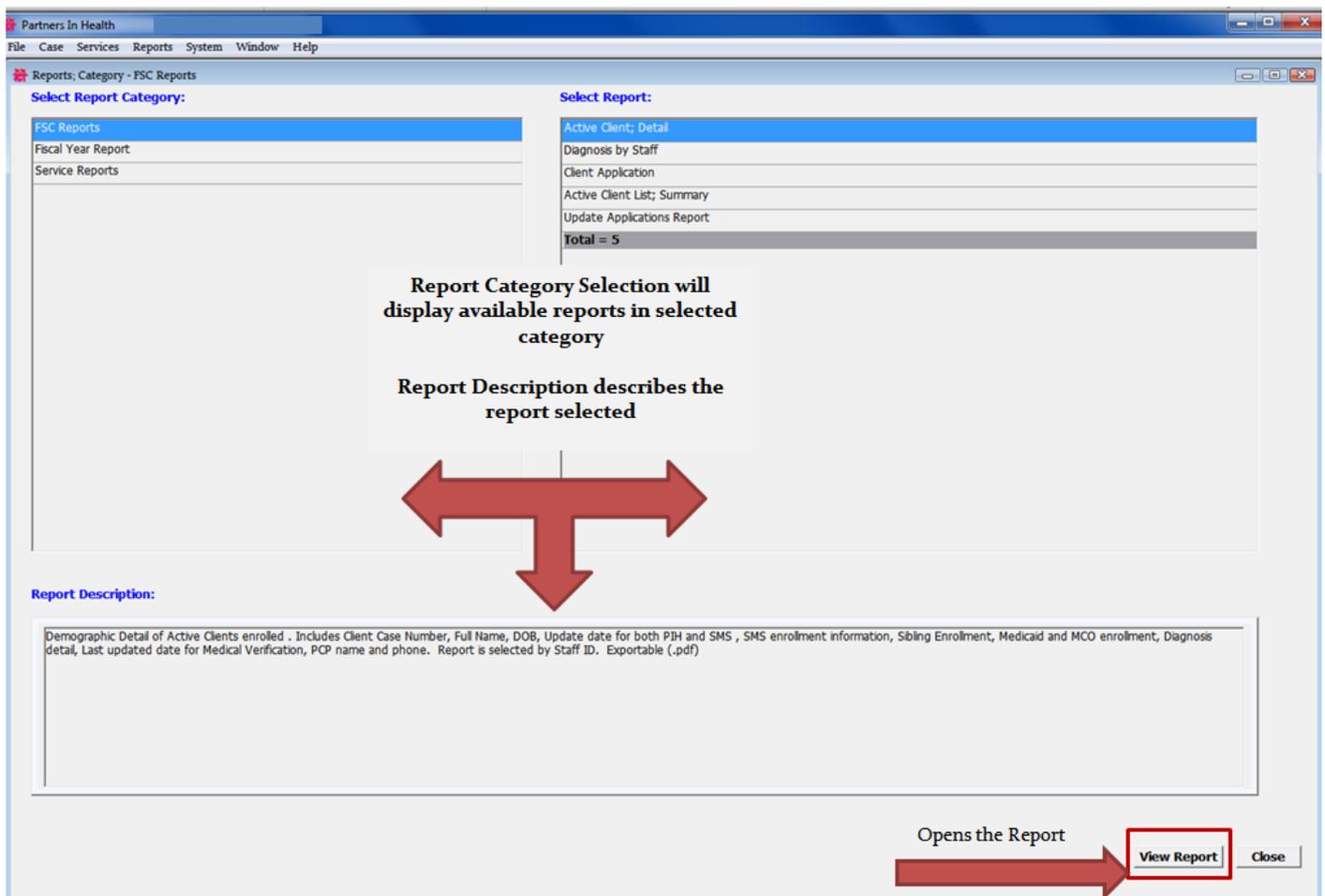
Family Council

Service Date	Grants Received	Family Council	Flex Fund	Last Update ID
04/01/2015	\$ -	\$ 52.35	\$ -	HEATHER.J.MAGUIRE
04/08/2015	\$ 700.00	\$ -	\$ -	HEATHER.J.MAGUIRE
04/16/2015	\$ -	\$ -	\$ 45.00	HEATHER.J.MAGUIRE
04/22/2015	\$ -	\$ 65.23	\$ -	HEATHER.J.MAGUIRE
04/20/2015	\$ 500.00	\$ -	\$ -	HEATHER.J.MAGUIRE
04/21/2015	\$ -	\$ -	\$ 20.00	HEATHER.J.MAGUIRE
04/24/2015	\$ 300.00	\$ -	\$ -	HEATHER.J.MAGUIRE
Total		\$ 1500.00	\$ 117.58	\$ 65.00

REPORTS



- Select Report Category
- Select available report
- Report Description
 - Brief synopsis of the report
 - Indicates if a report is exportable/ printable and what format to use
- View Report button
 - Opens the report
 - Report Parameters may be required
 - Common Parameters used are
 - Service Date (begin and date of service)
 - Region or Site
 - Staff
 - Case Number



HOW TO

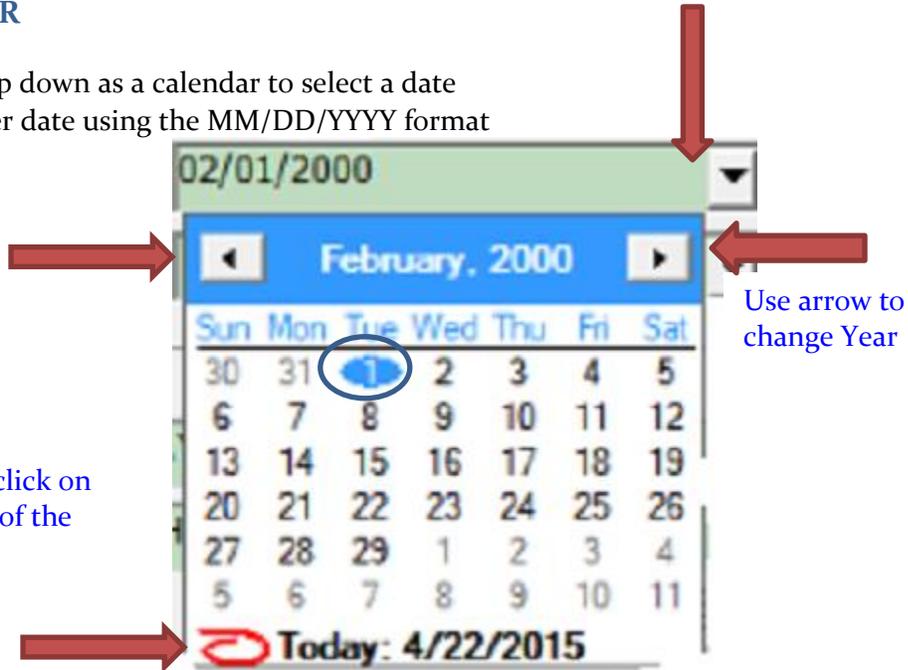
USE THE CALENDAR

DATE FIELD

- Use drop down as a calendar to select a date
- OR enter date using the MM/DD/YYYY format

Use arrow to
change Month

To select a Date, click on
the Day/Number of the
Month shown
Or use Today



UPDATE AN ADDRESS

- ✓ To update a residence address, the 'Same as Residence' check box in the Mail Address section must be unchecked first.
- ✓ Make changes in Residence Address section then recheck the 'Same as Residence' check box if the addresses are the same.

SITE ENROLLMENT RULES

- Ongoing Clients
 - The Enrollment Date is the same as the Application Date
 - When referred from SMS, the enrollment date will be the referral date
 - The Application and Update date will be those in the SMS Record
 - **DO NOT** change the Enrollment Date when the application is updated

- Transfer Clients to a new Region
 - Highlight the active row (Program Status is 1)
 - Either double click on the highlighted row or click on the Edit button to pop up the edit box
 - Enter a Discharge Date
 - Change the Program Status from Active to Transferred Region
 - Add a new row
 - Complete row with the new site information
 - Enrollment date must be at least one day greater than the Discharged date from previous site's row
 - Make the Program Status Active
 - Email new Site informing them of transfer

REACTIVATE A DISCHARGED CASE

SAME SITE

Verify the Update Date is less than 12 months from current date

If this is true, then a new application is not required to reopen the case. DO NOT adjust the Update Date on Child/Self Tab

- Change Case Status from Discharge to Active on the Child/Self Tab
- Go to Enrollment tab
- EDIT the Site Enrollment row
- Remove the Discharge Date
- Change Program Status to Active
- Click the Save button

NEW SITE

Client is reapplying and the site has changed

➤ Verify the Update Date is less than 12 months from current date

➤ If this is true then, a new application is NOT required to reopen the case. – DO NOT adjust the Update Date on Child/Self Tab

- Change Case Status from Discharge to Active on Child/Self Tab
- Go to the Enrollment tab
- Add a NEW ROW with NEW SITE information
- Click the Save button

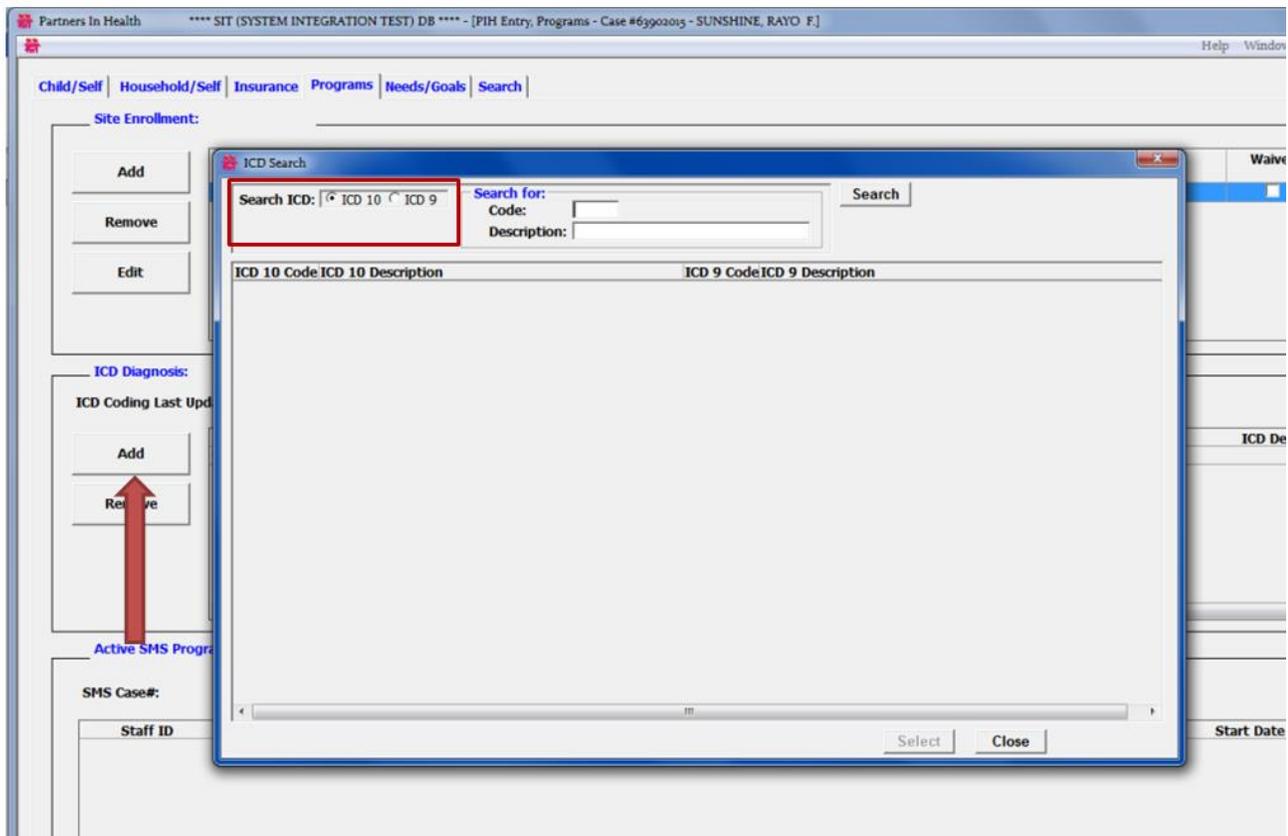
DISCHARGED CASE

Has the case been discharged for over 1 year?

- New application is required
- Change Status from Discharge to Active
- Change the Update Date on Child/Self Tab to match the date on the new application
- Go to the Enrollment tab
- ADD a new row even if the Site has not changed
- DO NOT EDIT the already discharged row

ADD/ENTER DIAGNOSES

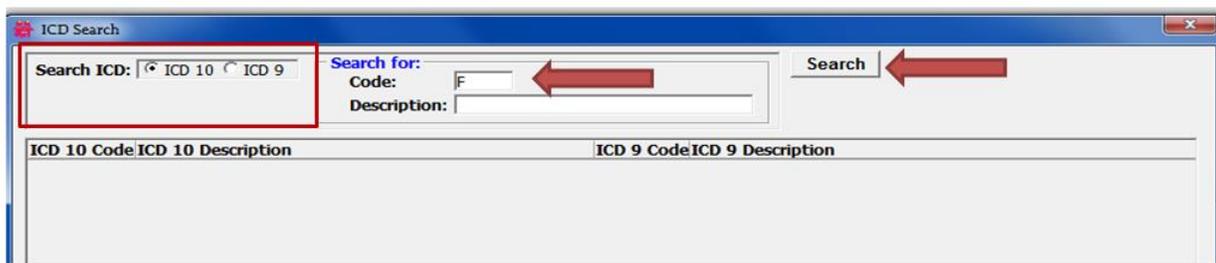
- Click on the Programs tab
- Click on the ADD button in the ICD Diagnosis section
- The ICD SEARCH window opens
- Select the radio button of the ICD Term with which to search
 - ICD 10 OR ICD 9



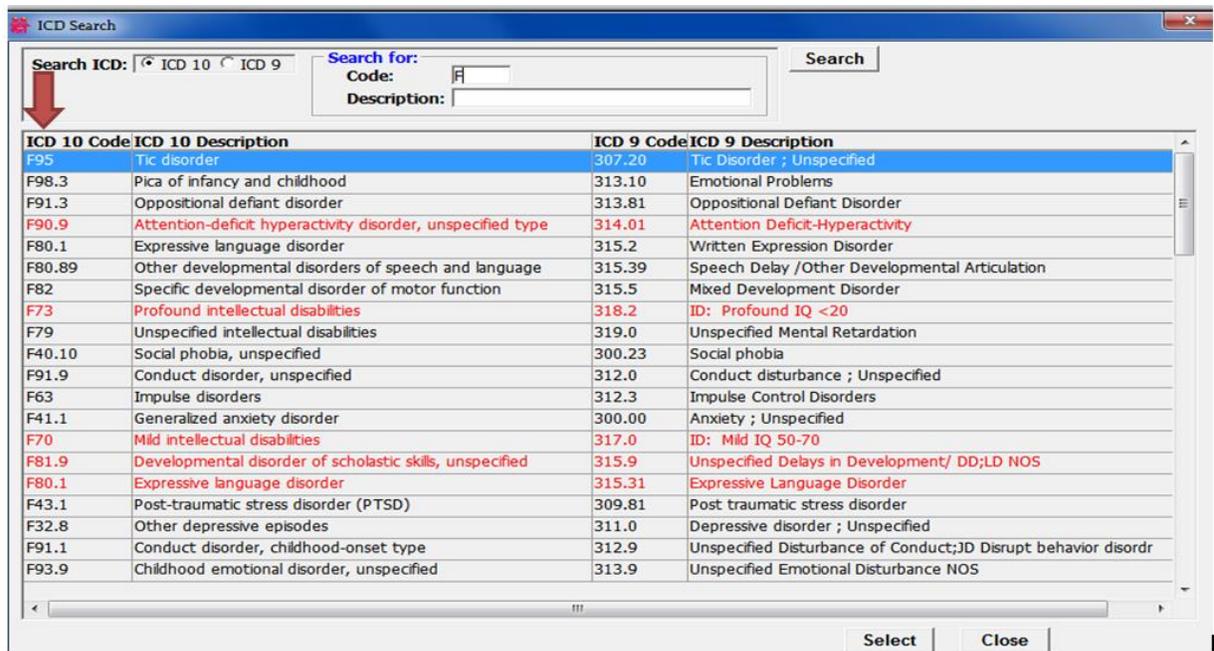
SEARCH BY EITHER ICD CODE OR ICD DESCRIPTION:

ICD CODE

- In the code box, enter in the full or Partial IDC code
 - ICD 10 Codes begin with a Letter then Number
 - ICD 9 Codes are Numerical (with the exception of V-Codes)
 - OR the Letter/Number of the Code
 - Example : 'F' or '32'
 - OR Combination of Letter and Number
 - F32 or 321
- Click the Search button

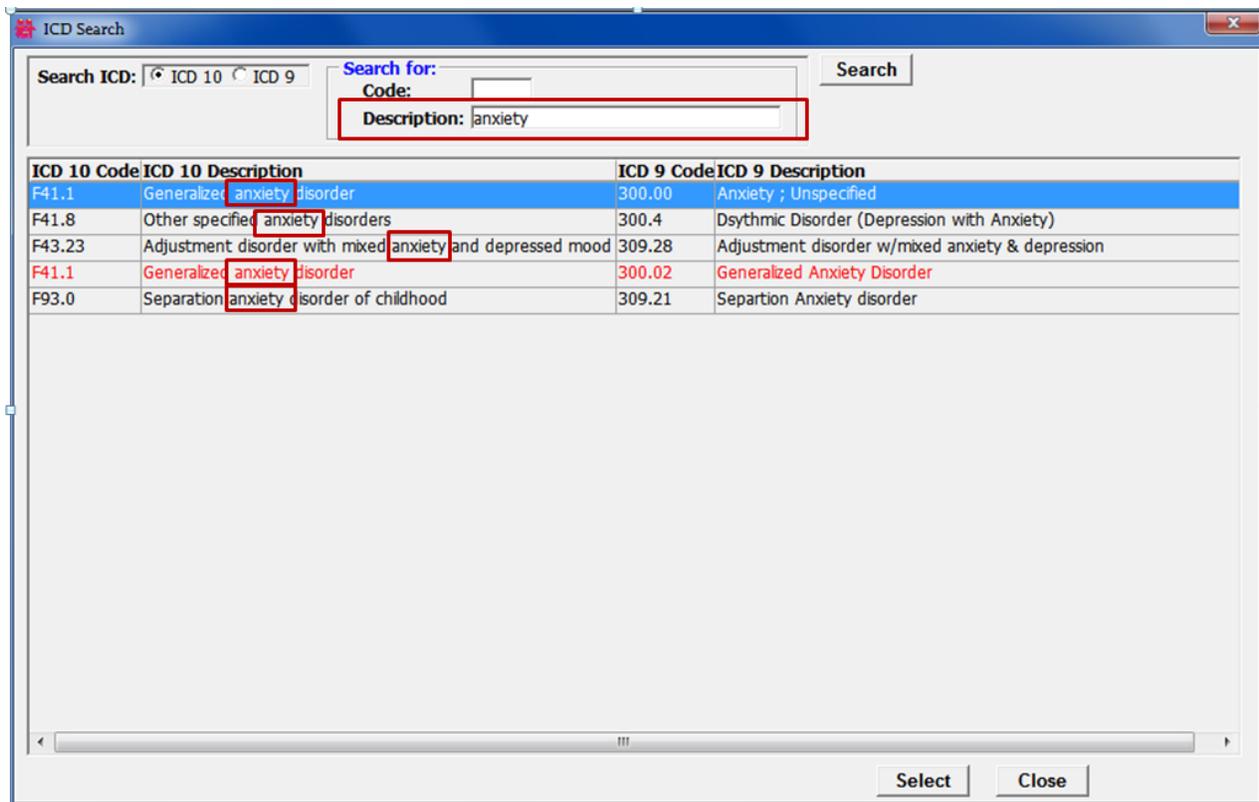


- In this example, the result displays All Diagnoses that have the letter number combination of F



ICD DESCRIPTION

- In the Description box, type in a word that would be in the diagnosis description (i.e. Anxiety)
- Click the Search button
- In this example, the result displays all diagnoses that have the word, Anxiety, in the description



SELECT THE CORRECT DIAGNOSIS

- The display shows both ICD 10 and ICD 9 codes for comparison.
- Highlight the row of the correct diagnosis
 - If more than one diagnosis exists in the same category, select all related in that category then click select to populate all row.
 - The ability to select more than one diagnosis only occurs in the same category
- Click on the Select button or double click on the highlighted row
- This action closes the screen and adds the diagnosis to the grid on the Programs tab

When a row is in **RED TEXT it is a duplicate and is not available to select. This row is for information only, as it had TWO ICD 9 Codes and now converts to ONE ICD 10 code

The screenshot shows the 'ICD Search' application window. At the top, there are radio buttons for 'ICD 10' (selected) and 'ICD 9'. Below them are input fields for 'Search for: Code:' and 'Description: anxiety'. A 'Search' button is to the right. The main area contains a table with four columns: 'ICD 10 Code', 'ICD 10 Description', 'ICD 9 Code', and 'ICD 9 Description'. The table lists several anxiety-related disorders. The row for 'Generalized anxiety disorder' (ICD 10 Code F41.1, ICD 9 Code 300.02) is highlighted in red, and a blue arrow points to it from the right. At the bottom right, there are 'Select' and 'Close' buttons, with a red arrow pointing to the 'Select' button.

ICD 10 Code	ICD 10 Description	ICD 9 Code	ICD 9 Description
F41.1	Generalized anxiety disorder	300.00	Anxiety ; Unspecified
F41.8	Other specified anxiety disorders	300.4	Dsythmic Disorder (Depression with Anxiety)
F43.23	Adjustment disorder with mixed anxiety and depressed mood	309.28	Adjustment disorder w/mixed anxiety & depression
F41.1	Generalized anxiety disorder	300.02	Generalized Anxiety Disorder
F93.0	Separation anxiety disorder of childhood	309.21	Separtion Anxiety disorder

REMOVE A DIAGNOSIS

- Highlight the diagnosis row in the grid and click on REMOVE
- A message displays to confirm the removal of the selected row

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search |

Site Enrollment:

Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Program Status
1	7	Thyng, Pamela	R8	Portsmouth	E	06/03/2015	00/00/0000	<input type="checkbox"/>	1

ICD Diagnosis:

ICD Coding Last Updated: 06/03/2015

Category	ICD	ICD Detail
05 Mental, Behavioral and Neurodevelopmental disorders (F01 - F99)	F63	Impulse disorders
05 Mental, Behavioral and Neurodevelopmental disorders (F01 - F99)	F95	Tic disorder
05 Mental, Behavioral and Neurodevelopmental disorders (F01 - F99)	F41.1	Generalized anxiety disorder



ENTER NEEDS AND GOALS

Start Date	Staff Entry	Assigned To	Activity	Status	Expected #Days to Complete	Comments
06/03/2015	SHARON.D.DESROCHER	Mr Smith	Contact Note	Ongoing		this is a note
06/03/2015	SHARON.D.DESROCHER	Mr Smith	Family Goals	Ongoing	30	Enter your SMART notes here
06/05/2015						

Complete this section

Assigned To: Activity: Status:

Comments: Expected #Days to Complete: Completed Date:

Family Goals
Contact Note
Family Strengths
Family Need(s)

View App Delete Entry New Entry Save Cancel Entry Close

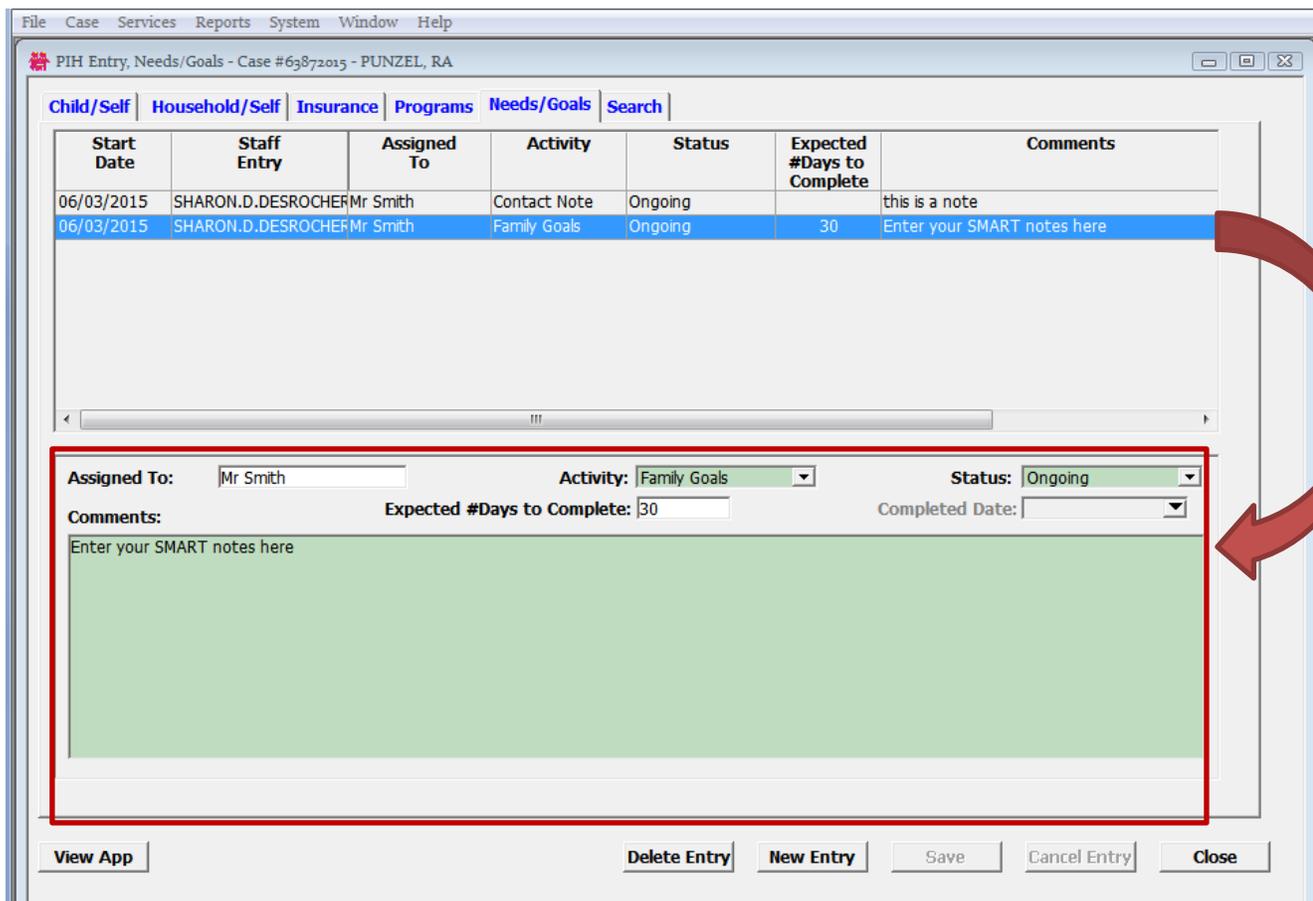
NEW ENTRY

- Click on the New Entry button
- This clears the bottom section of the screen
- Enter all mandatory data and complete any of the non-mandatory fields
- The Comment section is for your SMART notes
- Click the Save button

EDIT OR UPDATE ACTIVITY

- Highlight row in the top grid
- This populates the middle section and Comments previously written
- All fields are editable
- Make edits
 - Changing the status to Withdrawn or Completed calculates number of day from Start Date to the Completed Date.
- Click the Save button

Note: When these options have been selected and saved, they will no longer be editable



DELETE ENTRY

- Highlight Row
- Select Delete Entry button
- Click the Save button



CANCEL ENTRY

This button is used prior to a Save when an entry has been started and, for some reason, is unable to be completed. Clicking the Cancel Entry button clears any data entered since the last Save.

OPEN AN EXISTING RECORD BY CASE NUMBER

CASE - PIH ENTRY

- Click on the Child/Self tab
- Enter the Case Number in the PIH Case # field
- Hit Enter on the keyboard or tab off the field

The screenshot displays the 'Partners In Health' software interface. The title bar reads 'Partners In Health **** SIT (SYSTEM INTEGRATION TEST) DB **** - [PIH Entry, Child/Self - Case #63902015 - SUNSHINE, RAYO F.]'. The main window has a menu bar with 'Child/Self', 'Household/Self', 'Insurance', 'Programs', 'Needs/Goals', and 'Search'. The 'Child/Self' tab is selected. The form contains the following fields:

- PIH Case#:** 63902015 (highlighted with a red box)
- Application Date:** 01/01/2015
- Updated:** 01/01/2015
- SMS Updated:** (empty)
- Last Name:** SUNSHINE
- First Name:** RAYO
- MI:** F
- Suffix:** (empty)
- Birth Date:** 08/14/2000
- Age:** 14 yrs, 9 mths
- Gender:** FEMALE
- Case Status:** ACTIVE
- Discharge Date:** 00/00/0000

Residence Address:

- Addr 1:** 32 COCONUT PALM WAY
- City:** N. HAMPTON
- Primary Phone:** (603) 323-8014
- Secondary Phone:** (000) 000-0000
- School District:** 21
- Area Agency:** 8
- Addr 2:** PENTHOUSE 2
- State:** NH
- Zip:** 03862
- Primary Email:** (empty)
- Secondary Email:** (empty)
- County:** Rockingham
- PIH Site:** PORTSMOUTH

Mail Address: Same as Residence

- Addr 1:** 32 COCONUT PALM WAY
- City:** N. HAMPTON
- Addr 2:** PENTHOUSE 2
- State:** NH
- Zip:** 03862

Ethnicity (Check all that apply):

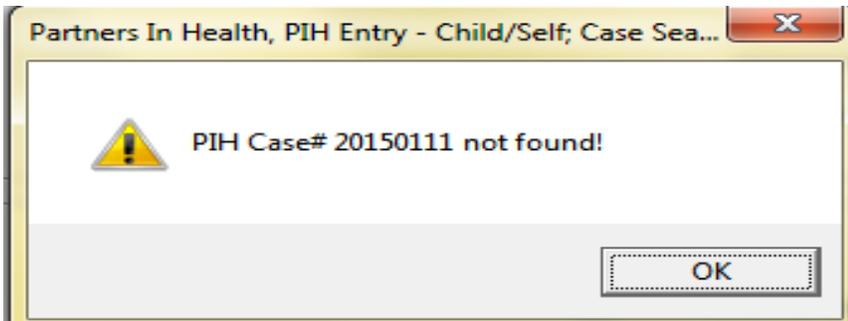
- Not of Hispanic, Latino/a, or Spanish origin
- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish origin

Race (Check all that apply):

- White
- Black or African American
- Native American or Alaska Native
- Asian Indian
- Other Pacific Islander
- Filipino
- Vietnamese
- Samoan
- Other Asian
- Guamanian or Chamorro
- Japanese
- Korean
- Native Hawaiian
- Chinese

At the bottom of the window, there are buttons for 'View App', 'Delete Case', 'New Case', 'Save', 'Cancel', and 'Close'.

- If the case number entered is incorrect, this message displays



SEARCH

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search

PIH Client Search Parameters:

Search: PIH SMS Case#: Case Status:

Last Name: First Name: Birth Date:

Update Dt: Site:

PIH Client Search Results:

Case No	Case Status	Last Name	First Name	MI	Gender	Birth Date	Case Last Update Dt	Sib-ling	Site Name
63902015	ACTIVE	SUNSHINE	RAYO	F	F	08/14/2000	01/01/2015	<input checked="" type="checkbox"/>	Portsmouth

SEARCH FOR AN EXISTING RECORD

The amount of data entered into the Search Parameter box, will dictate how much information is returned after the Retrieve button is clicked

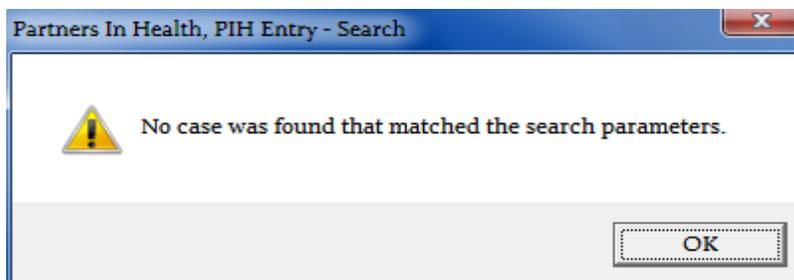
Complete Search Parameters

- Select either the PIH or SMS radio button
- Enter the first three (3) letters of Last Name OR First Name; the entire last/first name can also be entered in these fields. This is more restrictive and will not do the “similar to” search.
- Case Status (used ONLY if PIH radio button is selected)
- Select Active or Discharge from the dropdown list
- Site
 - Used ONLY if PIH radio button is selected
 - Select a site from the drop down

When the desired Search Parameters have been completed

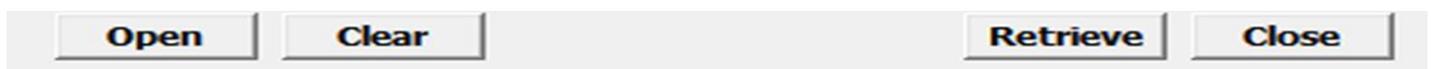
- Click the Retrieve button
- A list of records that meet the criteria displays
- Highlight the desired row and click the Open button OR
- Double click on the highlighted row

If no records match the entered Search Parameters, the screen is blank



BUTTONS

- **OPEN** - Opens the highlighted case
- **CLEAR** - Clears the search screen
- **RETRIEVE** - Performs the Search based on completed parameters
- **CLOSE** - Closes the current menu screen(s)



LINK SMS CASE TO NEW PIH CASE

PIH Entry, Search

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search

SMS Client Search Parameters:

Search: PIH SMS Case#: Case Status:

Last Name: First Name: Birth Date:

Update Dt: Site:

SMS Client Search Results:

Case No	Case Status	Last Name	First Name	Gender	Birth Dt	Update Date	City
---------	-------------	-----------	------------	--------	----------	-------------	------

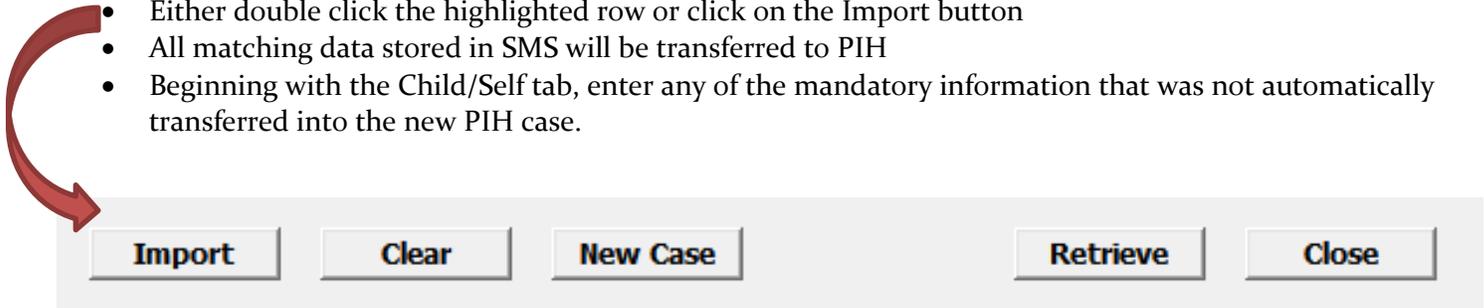
Import Clear New Case Retrieve Close

Linking cases can be used when a client from SMS is referred to PIH for enrollment

- Select the SMS bullet on the Search screen
- Enter Search Parameters the same way as a PIH search is performed
- Click the Retrieve button
- ONLY Active SMS Cases display
- Clients display if they are enrolled in **any** SMS program

When the client is found:

- Highlight the matching row
- Either double click the highlighted row or click on the Import button
- All matching data stored in SMS will be transferred to PIH
- Beginning with the Child/Self tab, enter any of the mandatory information that was not automatically transferred into the new PIH case.



MATCHING SMS DATA

CHILD/SELF TAB

- The Application Date and the Updated Date will populate with the current date.
- Adjust Application Date & Updated Date to match SMS Updated date. All three (3) dates will now match.

PIH Entry, Child/Self - Case #63752015 - SMITH, JIMS

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search

PIH Case#: 63752015 Application Date: 05/11/2015 Updated: 05/11/2015 SMS Updated: 05/11/2015

Last Name: SMITH First Name: JIMS MI: Suffix:

Birth Date: 01/01/2010 Age: 5 yrs, 5 mths Gender: MALE

Case Status: ACTIVE Discharge Date: 00/00/0000

Residence Address:

HOUSEHOLD/SELF TAB

- Complete Citizenship & Sibling in Home information

File Case Services Reports System Window Help

PIH Entry, Household/Self - Case #63752015 - SMITH, JIMS

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search

Citizenship: US CITIZEN Language: ENGLISH

Assistance Needed: NONE Household Type: UNMARRIED;COMMON CHILD

Relationship to Child: PARENT

Adult 1 In Home:

Resides with Child

Last Name: SMITH First Name: MOTHER MI: Suffix:

Address 1: 95 TESTING LN Address 2:

City: ALSTEAD State: NH Zip: 03602

Primary Phone#: (890) 000-7777 Secondary Phone:

Adult 2 In Home:

Resides with Child

Last Name: First Name: MI: Suffix:

Address 1: Address 2:

City: State: Zip:

Siblings in Home:

	Last Name	First Name	Gender	Age	SMS	PIH	PIH Case#
Add							
Remove							
Edit							

View App Delete Case Save Cancel Close

INSURANCE TAB

- Complete Medical Verification section of this screen
- Complete Other Services

File Case Services Reports System Window Help

PIH Entry, Insurance - Case #63752015 - SMITH, JIMS

Child/Self Household/Self **Insurance** Programs Needs/Goals Search

Medical Verification:

Received:

Date: 05/27/2015 Received By: Eastman, Stephanie ID: 10

Doctor Name:

Doctor Address:

Doctor Phone: (000) 000-0000

Other Services:

Area Agency: Early Intervention: Special Education: SMS Financial:

Insurance Information:

Last Updated: 06/04/2015

Insurance Type: NH Health Protection Program (NHPP)

Medicaid Eligible: NEEDS TO APPLY

Medicaid Number:

MCO:

MCO Number:

PROGRAMS TAB

- Add Site Enrollment information
 - Enrollment Start Date is the date the client is enrolled in PIH; this may differ from the Application and Update dates that are based on SMS dates.
- Add ICD Diagnosis information as listed on the Medical Verification form
- Click the Save button

File Case Services Reports System Window Help

PIH Entry, Programs - Case #63752015 - SMITH, JIMS

Child/Self Household/Self Insurance **Programs** Needs/Goals Search

Site Enrollment:

	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Program Status
<input type="button" value="Add"/>	1	10	Eastman, Stephanie	R13	Littleton	E	05/27/2015	00/00/0000	<input type="checkbox"/>	1
<input type="button" value="Remove"/>										
<input type="button" value="Edit"/>										

ICD Diagnosis:

ICD Coding Last Updated: 05/27/2015

	Category	ICD	ICD Detail
<input type="button" value="Add"/>	04 Endocrine, nutritional and metabolic diseases (E00 - E6E11.9		Type 2 diabetes mellitus without complications
<input type="button" value="Remove"/>			

Active SMS Programs:

SMS Case#: 20150958

Staff ID	Staff Name	Program Code	Program Description	Start Date
51	Bernard, Maggie	020	Community-Based Care Coordination	05/11/2015

PIH CASES WITH SMS DATA

WHEN A SHARED CLIENT'S DATA DOES NOT MATCH SMS DATA

- When a PIH search is executed, the system scans SMS for matching client information.
- A client will be considered a match if he/she has the same First Name, Last Name, DOB and Gender.
- If there are any differences with the shared data, a pop-up box will display and the discrepant data will be highlighted in yellow.
- SMS has been deemed the system of record so the shared data between SMS and PIH need to match.
- PIH data should then be changed to match the data that is in SMS
 - Selecting YES will import all the mismatched data from SMS to PIH record
 - Selecting NO will not change any of the PIH data
 - The data compare box will continue to appear every time mismatched record is opened.

	PIH	SMS
Case No:	63902015	20150960
Update Date:	01/01/2015	01/01/2014
Status:	ACTIVE	ACTIVE
Last Name:	SUNSHINE	SUNSHINE
First Name:	RAYO	RAYO
Middle Initial:	F	F
Suffix:		
Gender:	FEMALE	FEMALE
Birth Date:	08/14/2000	08/14/2000
Res Addr 1:	32 COCONUT PALM WAY	43 BEACH HOUSE
Res Addr 2:	PENTHOUSE 2	SANDS
Res City:	N. HAMPTON	RYE
Res State:	NH	NH
Primary Phone#	(603) 323-8014	(603) 258-9748
Mail Addr 1:	32 COCONUT PALM WAY	PO BOX 5
Mail Addr 2:	PENTHOUSE 2	
Mail City:	N. HAMPTON	N. HAMPTON
Mail State:	NH	NH
Insur Updt Dt:	01/01/2015	01/01/2014
Insur Type:	Childrens Expanded (MAGI)	Childrens Expanded (MAGI)
Medicaid Eligible:	Y	Y
Medicaid#:	96346546544	11554487
MCO Code:	Well Sense (Needs ID)	None
MCO#:		
Adult 1 Name:	SUNSHINE, HOPEFOR	SUNSHINE, ME

Do you want to update PIH?

ENTER A SIBLING

Click on the Household/Self Tab and focus on the bottom section of the screen.

Siblings in Home:

	Last Name	First Name	Gender	Age	SMS	PIH	PIH Case#
<input type="button" value="Add"/>	RAYOF	HOPE	MALE	9	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="button" value="Remove"/>							
<input type="button" value="Edit"/>							

ADD BUTTON

Click the Add button. This action opens a small window where sibling(s) information can be entered,
Note: A sibling MUST be in the home to be added

ENTER:

- Last Name
- First Name
- Gender
- Age (age is not a calculated field)
- Enrolled in SMS – Check if you know the sibling is active and enrolled
- Enrolled in PIH – Check if sibling is active and enrolled
- This will require an Active PIH Case #
- If sibling has not been entered, complete name and then return to enter the PIH case number

The 'Add Sibling' dialog box is a standard Windows-style window. It features a title bar with a red 'X' icon and the text 'Add Sibling'. The main area contains several input fields: 'Last Name' (text box), 'First Name' (text box), 'Gender' (dropdown menu), 'Age' (text box), 'Enrolled in SMS' (checkbox), 'Enrolled in PIH' (checkbox), and 'PIH Case#' (text box). On the right side, there are three buttons: 'Save', 'Cancel', and 'Close'.

REMOVE

Used to remove a sibling if no longer in the Household

- Highlight the row of the sibling to be removed and click the Remove button
- Answer the Yes/No question in the pop-up message box accordingly

EDIT

Used to adjust sibling information

- If no longer enrolled in SMS /PIH
- To correct any misinformation

UPDATE AN APPLICATION

CHILD /SELF TAB CHANGES

- ✓ Open case by either entering the case number directly on the Child/Self tab or by using the Search tab.
 - Complete the update for both shared records and PIH only records the same way
 - Shared Applications **MUST** be submitted to State Office upon completion
 - Non-shared Applications are not submitted to State Office
- ✓ Change the Updated date to equal the Date Completed on the signed application

You have now completed the SMS application, please sign below.

Print Name of person who completed the application	Your Signature	Relationship to Applicant	Date Completed
The applicant's signature above shall attest that all information provided in the SMS Application is true and correct to the best of my knowledge. I realize that any intentional misrepresentation may result in legal action against me since Special Medical Services receives its funds from state and federal sources. It also confirms my understanding that SMS may use other state data or resources to verify the information provided in this application.			
Mail All Applications to: DHHS/Special Medical Services, 129 Pleasant St, Thayer Bldg, Concord NH 03301			
If requesting, attach questionnaire for <input type="checkbox"/> Nutrition, Feeding & Swallowing <input type="checkbox"/> Family Support (PIH) <input type="checkbox"/> Financial Assistance			

- ✓ Review case demographics
 - Is there a change in address (residence/ mailing)?
 - Do the phone numbers need to be updated/added?
 - Does the Email address need to be updated/added?

PIH Entry, Child/Self - Case #63902015 - SUNSHINE, RAYO F.

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search

PIH Case#: 63902015 Application Date: 01/01/2015 Updated: 01/01/2015 SMS Updated: 01/01/2014

Last Name: SUNSHINE First Name: RAYO MI: F Suffix:

Birth Date: 08/14/2000 Age: 14 yrs, 9 mths Gender: FEMALE

Case Status: ACTIVE Discharge Date: 00/00/0000

Residence Address:

Addr 1: 32 COCONUT PALM WAY Addr 2: PENTHOUSE 2

City: N. HAMPTON State: NH Zip: 03862

Primary Phone: (603) 323-8014 Primary Email:

Secondary Phone: (000) 000-0000 Secondary Email:

School District: 21 Area Agency: 8 County: Rockingham PIH Site: PORTSMOUTH

Mail Address: Same as Residence:

Addr 1: 32 COCONUT PALM WAY Addr 2: PENTHOUSE 2

City: N. HAMPTON State: NH Zip: 03862

Ethnicity (Check all that apply):

Not of Hispanic, Latino/a, or Spanish origin Cuban

Mexican, Mexican American, Chicano/a Another Hispanic, Latino, or Spanish origin

Puerto Rican

Race (Check all that apply):

White Filipino Japanese

Black or African American Vietnamese Korean

Native American or Alaska Native Samoan Native Hawaiian

Asian Indian Other Asian Chinese

Other Pacific Islander Guamanian or Chamorro

HOUSEHOLD / SELF TAB

- ✓ If the address has been updated on the Child/Self tab, go to Household/Self tab
 - Update Adult 1/Adult 2 by unchecking and rechecking the “Resides with Child” check box
 - Doing this will auto populate any of the changes made on the Child /Self Tab
- ✓ Update any changes to the Siblings in Home section

PIH Entry, Household/Self - Case #63902015 - SUNSHINE, RAYO F.

Child/Self **Household/Self** Insurance Programs Needs/Goals Search

Citizenship: US CITIZEN Language: ENGLISH
Assistance Needed: NONE Household Type: NOT IN PARENTS HOME
Relationship to Child: GUARDIAN

Adult 1 In Home:

Resides with Child

Last Name: SUNSHINE First Name: HOPEFOR MI: Suffix:
Address 1: 32 COCONUT PALM WAY Address 2: PENTHOUSE 2
City: N. HAMPTON State: NH Zip: 03862
Primary Phone#: (603) 323-8014 Secondary Phone:

Adult 2 In Home:

Resides with Child

Last Name: First Name: MI: Suffix:
Address 1: Address 2:
City: State: Zip:
Primary Phone#: Secondary Phone:

Siblings in Home:

	Last Name	First Name	Gender	Age	SMS	PIH	PIH Case#
<input type="button" value="Add"/> <input type="button" value="Remove"/> <input type="button" value="Edit"/>	RAYOF	HOPE	MALE	9	<input type="checkbox"/>	<input type="checkbox"/>	

INSURANCE TAB

- ✓ Update the Medical Verification Date
 - The date must be greater than or equal to the Update date on the Child/Self tab
- ✓ Review and update Doctor information if needed
- ✓ Review and update Other Services section if needed
- ✓ Insurance Information
 - Last Updated date must be greater than or equal to the Updated date on the Child/Self tab
 - Review and update any other Insurance information if needed

Medical Verification:

Received:
Date: 06/03/2015 Received By: Thyng, Pamela ID: 7
Doctor Name:
Doctor Address:
Doctor Phone: (000) 000-0000

Other Services:

Area Agency: Early Intervention: Special Education: SMS Financial:

Insurance Information:

Last Updated: 01/01/2015
Insurance Type: Childrens Expanded (MAGI)
Medicaid Eligible: YES
Medicaid Number: 96346546544
MCO: Well Sense (Needs ID)
MCO Number:

PROGRAMS TAB

- Review Diagnosis
- Change ICD Coding Last Updated date to match the Updated date on the Child/Self tab
 - Add any new diagnosis by clicking on the Add button and entering the pertinent data
 - If a diagnosis row displays and the description is Unknown, remove this row by highlighting the row and clicking the Remove button
- Review 'Active SMS Programs' section

Site Enrollment:

Add	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Program Status
Remove	1	7	Thyng, Pamela	R8	Portsmouth	E	06/03/2015	00/00/0000	<input type="checkbox"/>	1
Edit										

ICD Diagnosis:

ICD Coding Last Updated: 06/03/2015

Add	Category	ICD	ICD Detail
Remove	05 Mental, Behavioral and Neurodevelopmental disorders (F01	F95	Tic disorder
	05 Mental, Behavioral and Neurodevelopmental disorders (F01	F63	Impulse disorders
	05 Mental, Behavioral and Neurodevelopmental disorders (F01	F41.1	Generalized anxiety disorder

Active SMS Programs:

SMS Case#: 20150960

Staff ID	Staff Name	Program Code	Program Description	Start Date
51	Bernard, Maggie	010	Intake /Assesment	01/01/2014

NEEDS AND GOALS

CAN BE UPDATED AT ANY TIME

- ✓ Review Activity and Update Activity Status
- ✓ Add (NEW ENTRY) if Needs and Goals have changed

Child/Self | Household/Self | Insurance | Programs | **Needs/Goals** | Search

Start Date	Staff Entry	Assigned To	Activity	Status	Expected #Days to Complete	Comments
06/05/2015			Family Goals	Ongoing		WE CAN SWIM

Assigned To: Activity: Family Goals Status: Ongoing

Comments: Expected #Days to Complete: Completed Date:

LEARN TO SWIM AND BECOME A LIFEGAURD

ENTER A NEW PIH CASE

From the Main Menu screen select **CASE / PIH ENTRY**

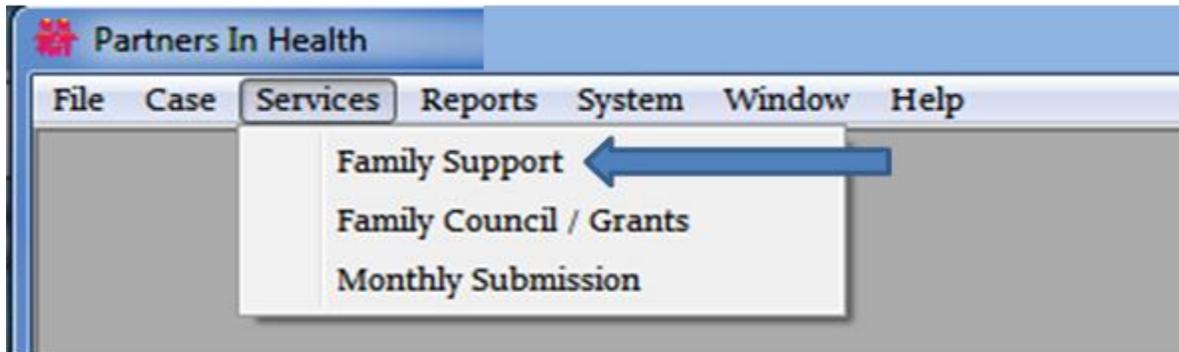
COMPLETE A SEARCH IN BOTH PIH AND SMS

- When a record is found in PIH
 - Review status to either reactivate or update the case
- When a record is found in SMS
 - Review SMS record information for exact match
 - First Name and Last Name (MI /Suffix may vary)
 - Date of Birth
 - Address
 - Adult in Household
 - If exact match, click the Import button thereby linking the existing SMS case information to the new PIH case
 - Date Fields:
 - When establishing a new PIH case, the Application Date and the Updated date default to the system date. These need to be changed as follows:
 - APPLICATION DATE – EQUALS THE SMS UPDATE DATE
 - PIH UPDATE DATE – EQUALS THE SMS UPDATE DATE
 - Linking the case information will populate all demographics
 - Review information and match to the application
 - Complete PIH Enrollment
 - ENROLLMENT START DATE EQUALS THE REFERRAL DATE OR ENROLLMENT TO PIH DATE (**Note:** The PHI Enrollment Date may or may not be equal to the SMS dates)
 - Complete Diagnosis section with information from the from Medical Verification
 - Complete Needs & Goals
- When NO records are found, a New Case must be created
 - Click the **New Case** button
 - Enter Application Date and Updated date
 - The Application Date and the Updated date are equal to the Date Completed on the PIH Application form.
 - Once the Application Date is entered, this is the one to use when entering other date fields
- Transfer all information from paper application
- All fields that are green are mandatory and **must** be completed before the case data can be saved
- Programs Tab –
- Create a new row in the Site Enrollment grid; Start Date equals the Application Date
- Create one or more rows in the ICD Diagnosis grid; the ICD Coding Last Updated equals the Application Date
- Click the [SAVE](#) button after all the data has been entered.
- The case number is generated and the PIH Case # field is populated at the time the data is saved

[CONTINUE TO NEEDS/GOALS AFTER SAVE](#)

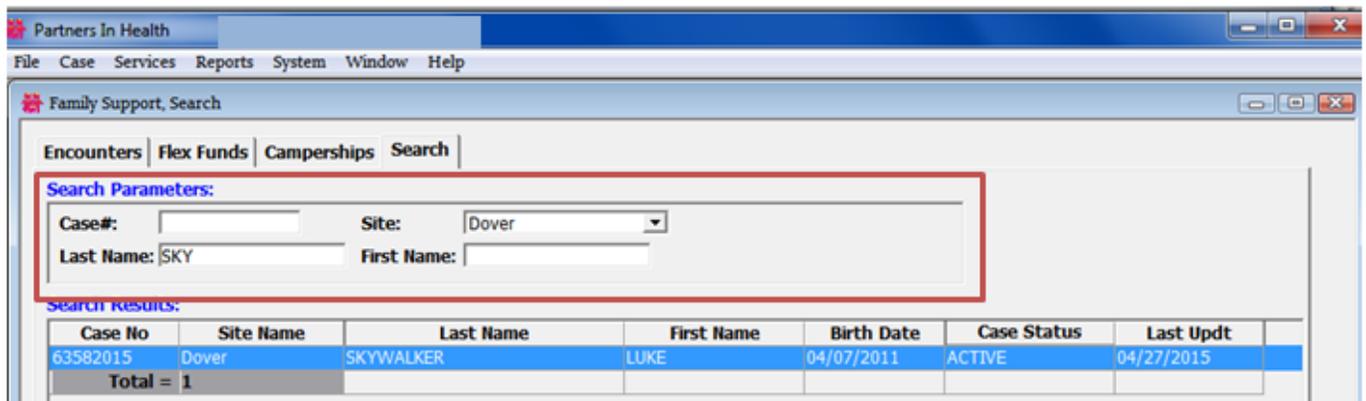
ENTER ENCOUNTERS

Services



SEARCH FOR A CLIENT

- Under Services menu item, select Family Support
- The screen defaults to the Search Tab
- Enter the Search Parameters
- Click the Retrieve button
- Highlight the desired row
 - Make sure Case Status is ACTIVE
- Click the OPEN button or double click on the highlighted row
 - The Encounter Tab is now open for the selected record



WHEN CASE NUMBER IS KNOWN

- Select the Encounters Tab
- Enter the Case Number
- Press the Enter key on the keyboard or tab off the Case No field



Click on the **NEW** button. This action will clear the Encounter Details section



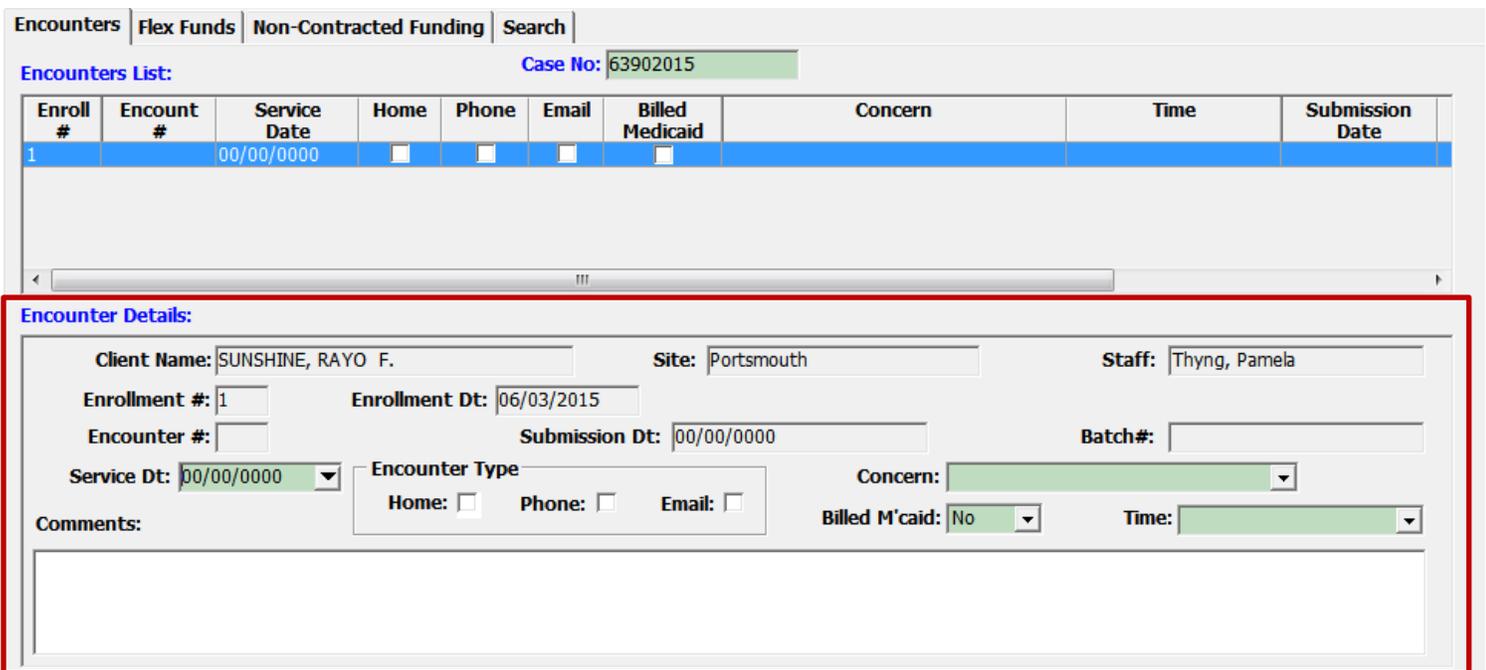
ADD NEW ENTRY

- Complete all fields (Green fields are mandatory)
- Enter text in the Comments section for a more detailed description of the contact with family

Click the **SAVE** button. This action will create a new row in the top grid

NOTE:

- When a Flex Fund disbursement is not attached to the Encounter, either click the Close button or return to the Search tab to add another client
- When a Flex Fund disbursement is attached to the Encounter, see Flex Fund Entry



Encounters | Flex Funds | Non-Contracted Funding | Search

Encounters List: Case No: 63902015

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1		00/00/0000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Encounter Details:

Client Name: SUNSHINE, RAYO F. Site: Portsmouth Staff: Thyng, Pamela

Enrollment #: 1 Enrollment Dt: 06/03/2015

Encounter #: Submission Dt: 00/00/0000 Batch#:

Service Dt: 00/00/0000 Encounter Type: Concern: Billed M'caid: No Time:

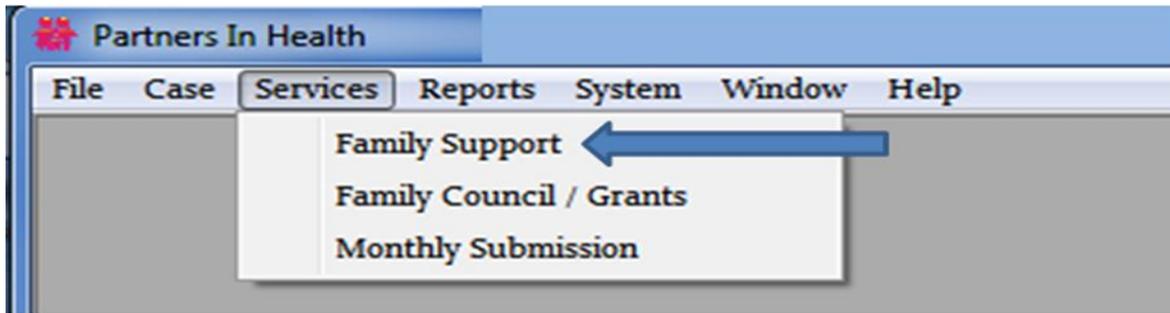
Home: Phone: Email:

Comments:

****Only ONE encounter per day is allowed. However there can be more than one Encounter Type for that day ****

ENTER FLEX FUNDS

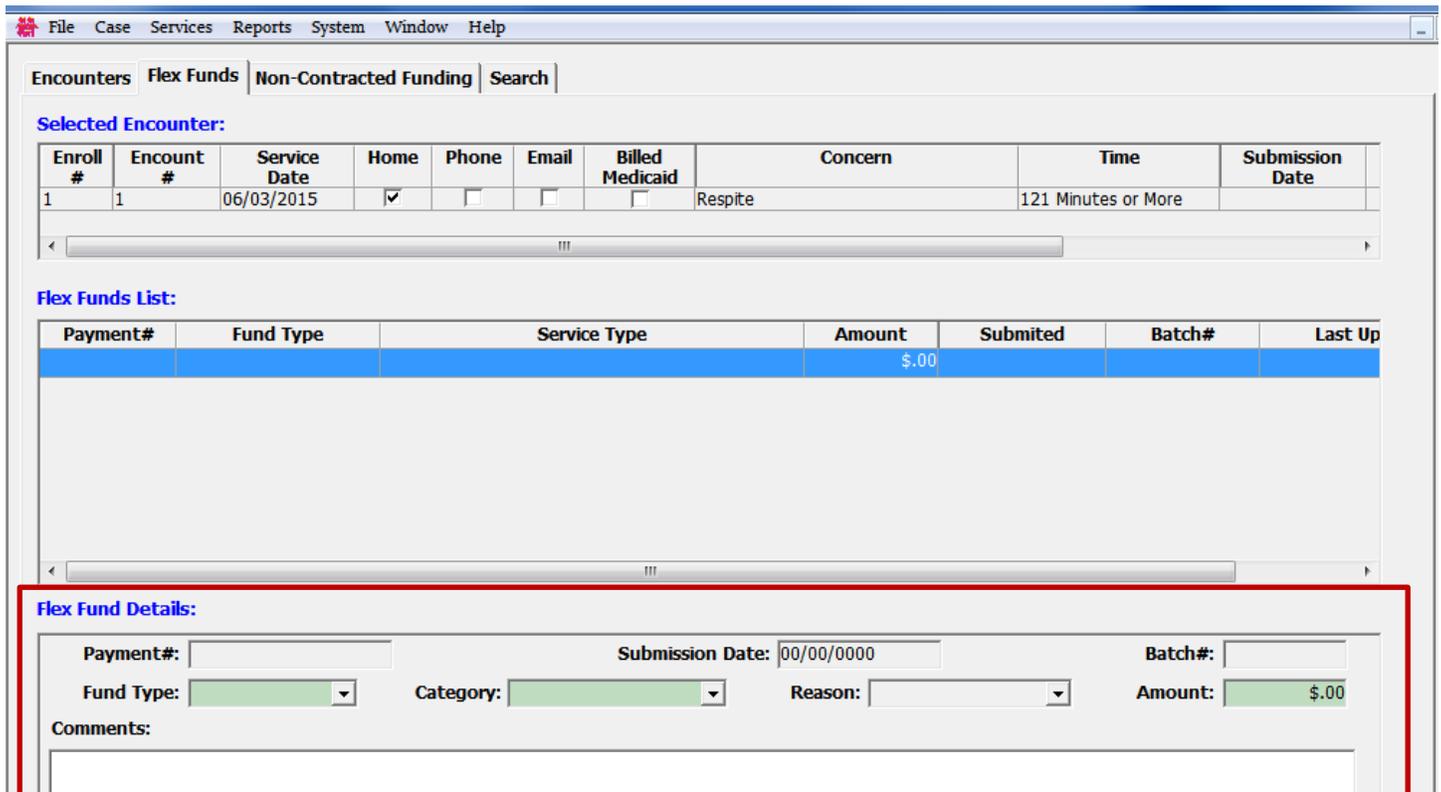
FLEX FUND TAB



- Select the Family Support menu item
- SEARCH and select the client who is to receive disbursement
- OR Enter the Case Number on the Encounters tab
- Select the encounter from the Encounter List that is linked to the disbursement
 - **Note:** The selected Encounter cannot already have a submission date and batch number
- Once the proper row is highlighted, select the Flex Funds tab



- The selected Encounter that a disbursement is linked to will appear in the top grid
- Select the NEW button
 - This will clear the Flex Fund Details section
 - Complete the this section as follows:
 - Fund Type - Select which type of disbursement is being requested
 - Category - select what the disbursement is for
 - Reason - detail of the category
 - Amount - amount of the disbursement (dollars & cents)
- Click the SAVE button



EXPENSE ENTRY

FUND TYPE	WHAT GOES WITH THE FUND TYPE AND HOW TO RECORD IN NEW DATABASE
Flex Fund	Must have an Encounter and a Case record attached to disbursement Any Funding that is Attached to a Case/Family (counts toward 750.00 limit) Amount is submitted on Invoice for Payment (Family Support /Flex Funds Tab)
OR	Purchase of Gift Cards for a Family/Family Council (attached to a site) Amount is submitted on Invoice for Payment (Family Council/Grants)
Family Council	Expenses related to Family Council; Events/Meeting/office supplies (attached to a site) Amount is submitted on Invoice for Payment (Family Council/Grants)
OR	Gift cards Purchased for Family Council to use; no need to record when they are used or how much was used, just the amount of GC purchased for the council. (attached to a site) Amount is submitted on Invoice for Payment (Family Council/Grants)
Grants Received	Grants applied for and received by the AGENCY /SITE /FAMILY COUNCIL or Donations received in any form (gift cards, backpacks, money, clothing etc.) (attached to a site and disbursed to a family) (Family Council/Grants)
Grants Disbursed	Must have an Encounter and a Case record attached to disbursement. Any Grants received by the agency/site. This can be either monetary, gift cards received as a donation, clothing. (Family Support /Flex Funds Tab)
Gift Cards (Disbursed)	Must have an Encounter and a Case record attached to disbursement. Gifts cards purchased with flex funds that have been given to a family. Fund Type = Gift Cards , Category = Family Support , Reason = Gift Card Disbursed (Gas/Store) (Family Support /Flex Funds Tab)
Non Contracted Funding	Additional state funding given to each site that is NOT part of the contract funding. Must be attached to a case record – not counted toward family limit. (Family Support /Non Contracted Funding Tab)
Family Assistance	Currently not in use. (Family Support /Non Contracted Funding Tab)
Fuel Assistance	Currently not in use. (Family Support /Non Contracted Funding Tab)

Funding that counts toward a family limit; has an Encounter attached to funding

FY Family Support Totals:

Fiscal Year	Flex Fund	Gift Card	Grants Disbursed	Family Assist.	Fuel Assist.	Total
07/01/2014-06/30/2015	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00

Flex Fund Details:

Submission Date: 00/00/0000 Batch#:

Payment#: Category: Family Support Reason: Amount: \$.00

Fund Type: Disbursement Funding Type (To Families ONLY)

Comments: Disbursement Funding Reason (example)

Reason: Camp/Family Recreation, Child Care/Tuition Fees, Flexible Financing (not otherwise cate, Funeral Costs, Home Modification (genertor/lifts/ram, Housing/Fuel/Utilities Assistance, Insurance/COBRA Premiums, Interpreter (language), Meals/Lodging (Travel), Parent Conference

Funding attached to the SITE

Details:

Submission Date: 00/00/0000 Batch#:

FC#: Service Date: 00/00/0000 Reason: Events Amount: \$.00

Comments: Fund Type: Funding Choices and Reasons

Reason: Events, Gift Card, Grants Received, Meeting Cost, Office Supplies/Stamps

UPDATE/ADJUST ENCOUNTER & FLEX FUNDS

Any Encounter or Flex Fund can be adjusted when the Submission Date & Batch # fields are empty

Submission Date	Batch #

Highlight the encounter to adjust

In the Encounter Detail Sections update/adjust the selected encounter

Encounters List: Case No: 63902015

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	1	06/03/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respite	121 Minutes or More	

Encounter Details:

Client Name: SUNSHINE, RAYO F. Site: Portsmouth Staff: Thyng, Pamela

Enrollment #: 1 Enrollment Dt: 06/03/2015

Encounter #: 1 Submission Dt: 00/00/0000 Batch#:

Service Dt: 06/03/2015 Encounter Type: Concern: Respite

Home: Phone: Email: Billed M'caid: No Time: 121 Minutes or More

Comments:

****When an Encounter has a Submission Date & Batch Number ONLY an Administrator may adjust****

Submission Date	Batch #
08/31/2014	2014090002
07/31/2014	2014090001

Encounters List: Case No: 62712015

Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date	Batch #
03/10/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care Management / Specialist	31-45 Minutes	03/31/2015	2015040009
02/26/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Household Needs (food/clothing/Utily/fu	15 Minutes or less	02/28/2015	2015040008

Adjust

- The System Administrator selects the encounter to be adjusted from the rows in the top grid
- The ADJUST button is then clicked. This action enables the fields in the Encounter Details section so that changes can be made.
- Once the adjustment(s) is made. The System Administrator will click the Save button.

ENTER NON-CONTRACTED FUNDING

Non-Contracted funding is defined as:

- Any additional funding given to sites by the State.
- Non-Contracted funding is not part of the contracted Flex Funds given to the sites at the beginning of the SFY
- This funding is **NOT** linked to an encounter only a Case Number

TO ENTER A NON-CONTRACTED DISBURSEMENT

- Go to the Services main menu item
- Select Family Support from the sub menu items
- The Search screen displays – Enter the Search Parameters
- Click the Retrieve button
- Select the Client
- Either click the Open button or double click on the highlighted row.
- The Encounters tab displays; Click on the Non-Contracted Funding tab
- Click the New button
- This action displays a new Non-Contracted Funding Details are or clears a previous one
- Enter Disbursement information in the Non-Contracted Funding Details section
- Click the Save button

The screenshot shows two overlapping windows from the 'Partners In Health' application. The top window is titled 'Family Support, Search' and has tabs for 'Encounters', 'Flex Funds', 'Non-Contracted Funding', and 'Search'. The 'Search Parameters' section includes fields for 'Case#:', 'Site:' (set to 'Berlin'), 'Last Name:', and 'First Name:'. The bottom window is titled 'Family Support, Camperships - Case #63722015 - OLD, ALMOST' and also has the same tabs. The 'Non-Contracted Funding List' section contains a table with one row of data:

Case #	Enrollment #	Fund #	Service Dt	Description	Amount	Submitted	Batch#
63722015	1		00/00/0000		\$0.00		

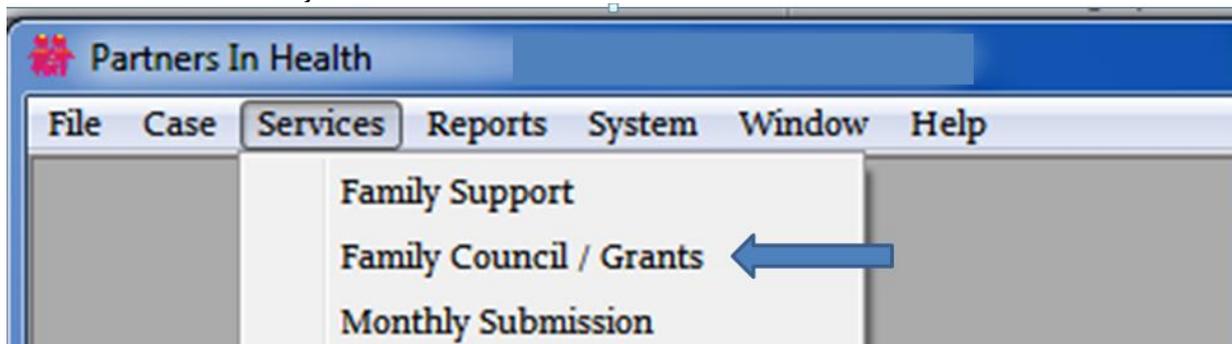
Below the table is the text: 'Prior entries for selected client will appear in this section'. The 'Non-Contracted Funding Details' section contains the following fields:

- Enrollment#: 1
- Enrollment Dt: 00/00/0000
- Fund#: [empty]
- Service Date: 00/00/0000
- Submission Dt: 00/00/0000
- Batch#: [empty]
- Comments: [empty text area]
- Description: [empty text area]
- Amount: \$0.00

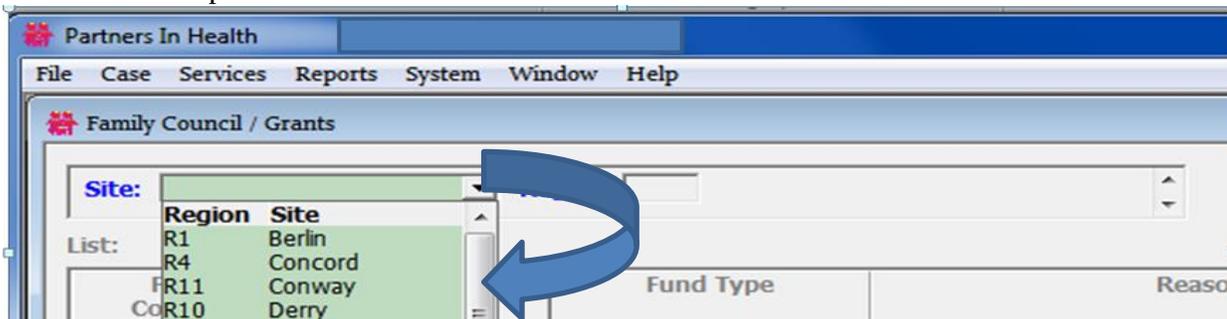
At the bottom of the window are buttons for 'Adjust', 'Delete', 'New', 'Save', 'Cancel', and 'Close'. The 'Save' button is highlighted with a red box.

ENTER FAMILY COUNCIL / GRANTS

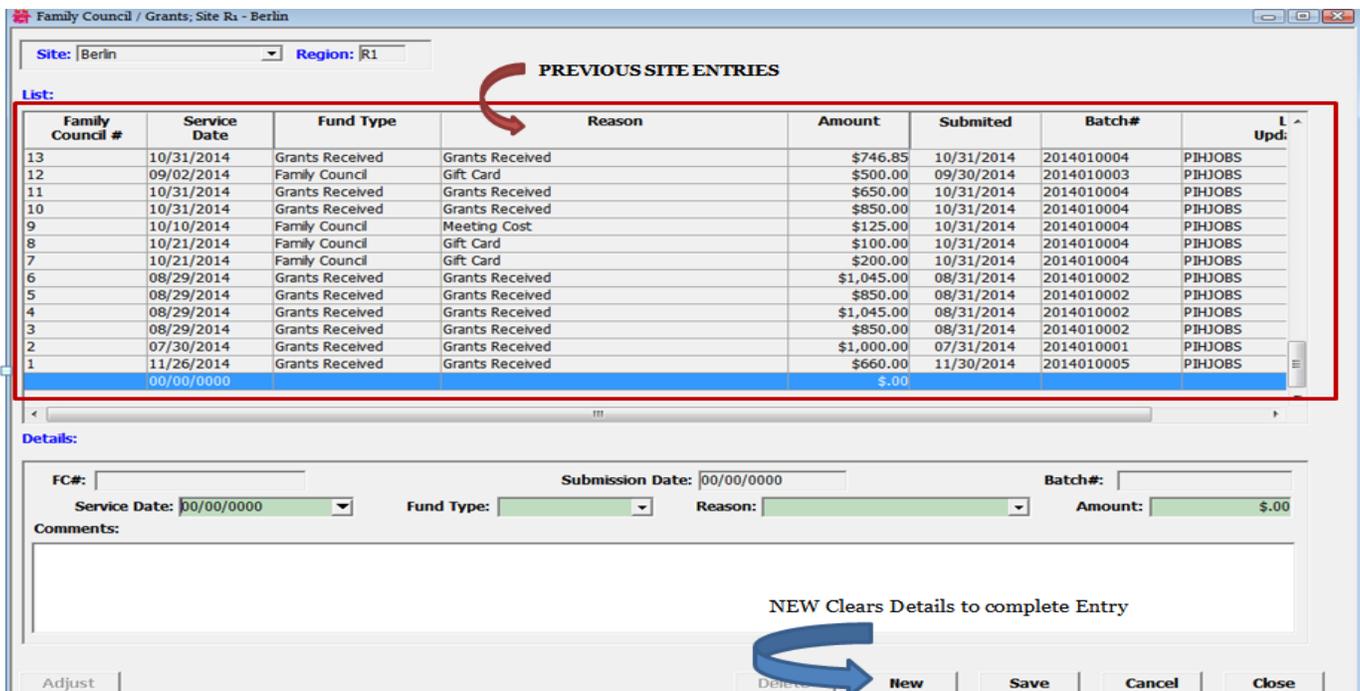
- Entry for all Disbursements and Grants Received at Site or by Council
 - Not to enter Grants that a family applied for and received total amount
- Go to the Services main menu item
 - Select Family Council / Grants from the sub menu items



- Use drop down Select Site

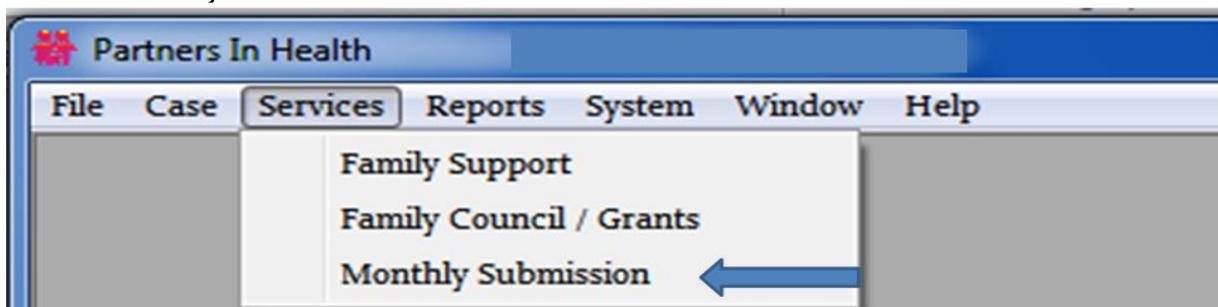


- Select a Site from the items in the drop down list
- Highlight any row in the List section to view the information in the Details section regarding the disbursements or click the “New” button to enter a new disbursement/grant.
- After all the mandatory fields have been entered for the new disbursement/grant, click the Save button.
- If more than one entry needs to be added, select New again, enter data and Save

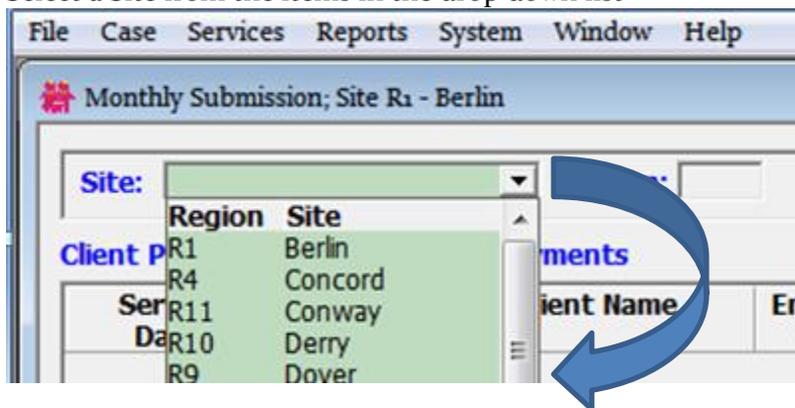


COMPLETE A MONTHLY SUBMISSION

- Go to the Services main menu item
- Select Family Council / Grants from the sub menu items



- Select a Site from the items in the drop down list



- Review Client Pending Encounters and Payments (top grid) and Site Pending Family Council Payments and Grants (bottom grid) that have not been submitted

Client Pending Encounters and Payments

Service Date	Case No	Client Name	Enroll #	Encntr #	Home	Phone	Email	Billed M'caid	Flex Fund	Family Assist	Grants Disbursed	Fuel Assist	Gift Card
06/02/2015	60022015		1	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
05/27/2015	63532015		1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$25.00
06/03/2015	63902015	SUNSHINE, RAYO	1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total = 3													

Site Pending Family Council Payments and Grants

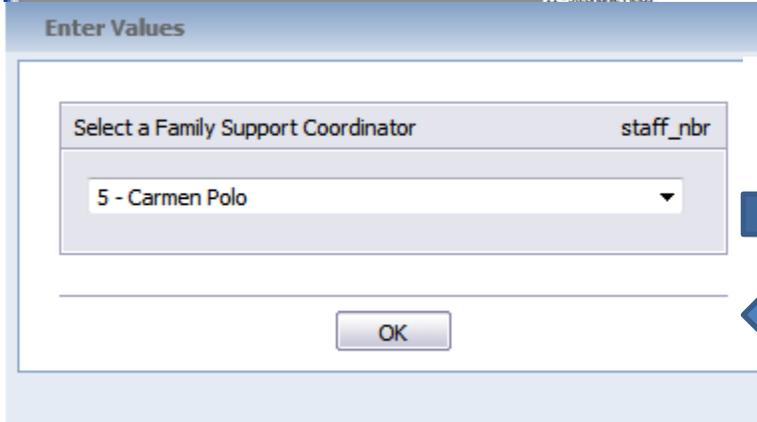
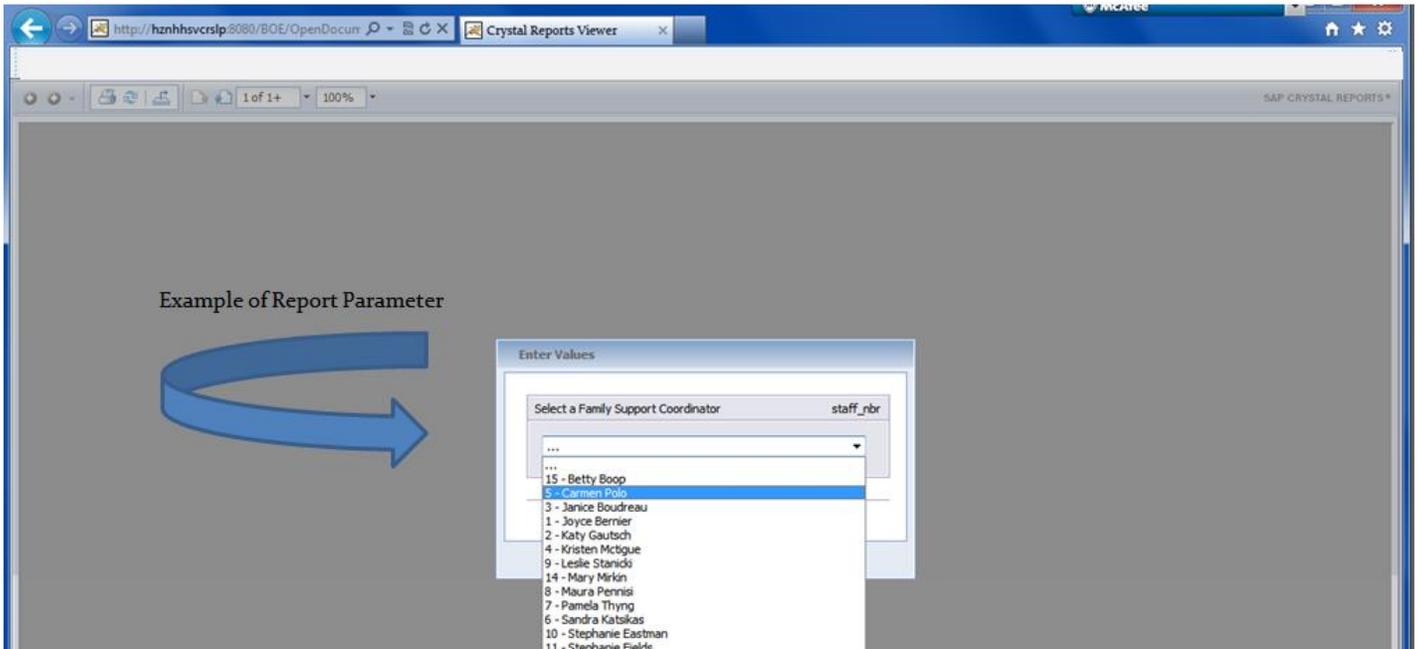
Service Date	Grants Recieved	Family Council	Flex Fund	Last Updated By
05/27/2015	\$1,000.00	\$0.00	\$0.00	KERRY.M.SMITH
Total = 1				

- Click the Submit Entries button
- An Email notification will be sent to the logged on user and State Office indicating that the payments have been processed

- NOTE: If any Encounters, Flex Funds Non-Contracted Funding or Family Council entries need to be changed, navigate to the corresponding data entry screen to update entries. Return to the Monthly Submission screen to continue processing entries.

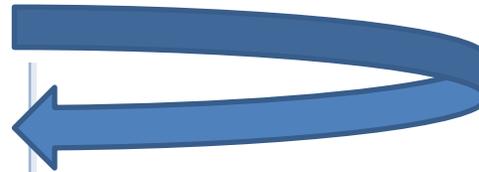
REPORT VIEW – CRYSTAL REPORTS

REPORT PARAMETERS

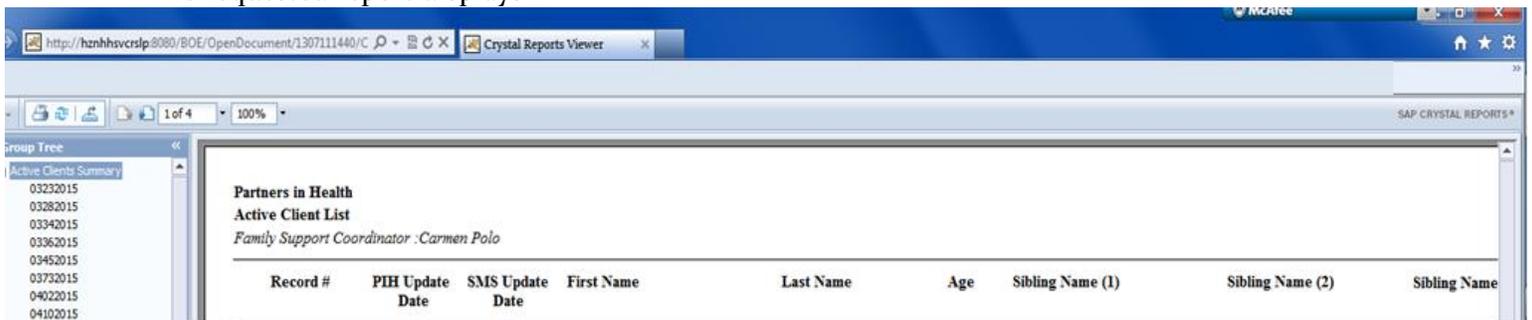


Make a selection from Parameter drop down list

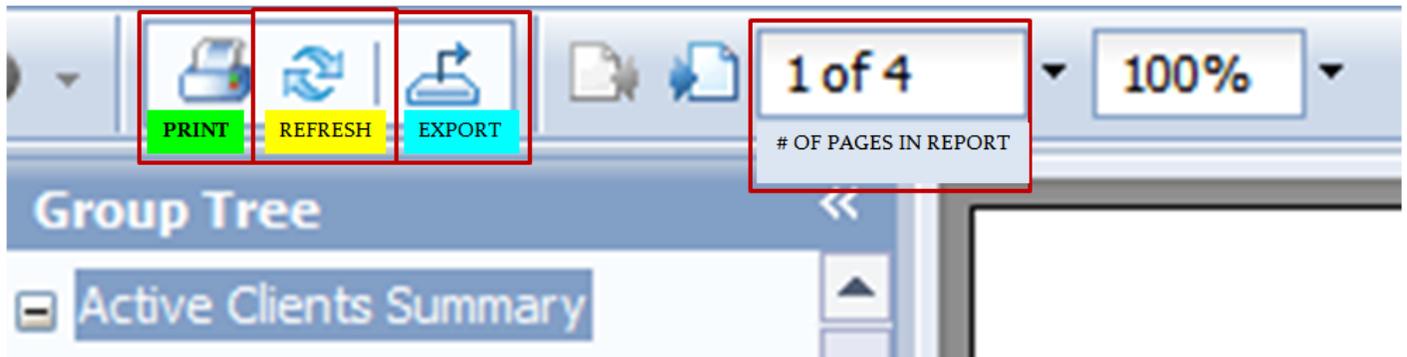
Select OK



- The requested report displays



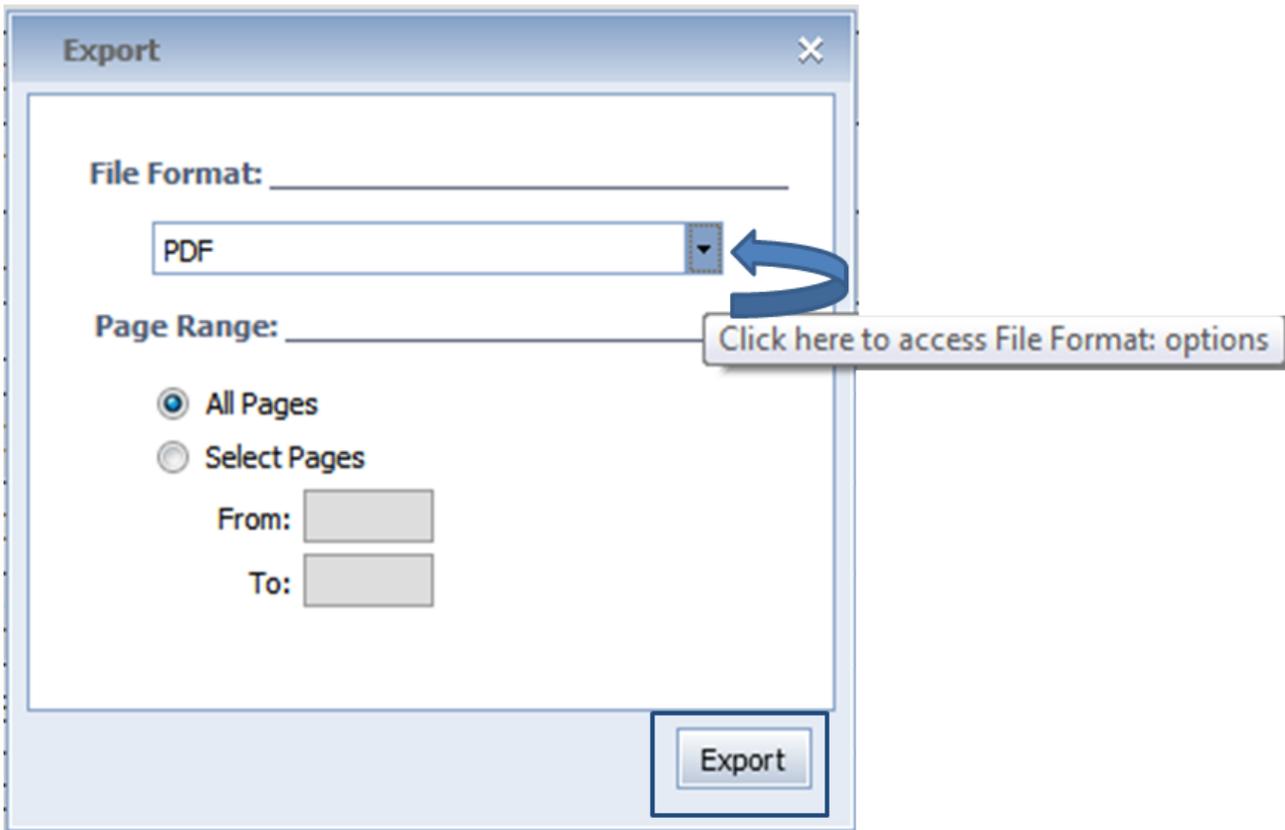
EXPORTING A REPORT



Above the Group tree are 3 buttons

- PRINT
 - Prints the report on screen in word document format
- REFRESH
 - Will reopen the report to select a different parameter
- EXPORT
 - Most used - Exports the report in a chosen format and can be saved and printed in selected format

- Select File Format for the export
- Click the Export button



- Depending on the web browser used and its settings, a pop box displays with a Save or Open option

Do you want to open or save **Active Client Detail Report.xls** from hznhhsvcrslp?

Open Save Cancel X

Selection of OPEN (.pdf) will launch Adobe reader
Use the Print option here to print report

Active Client Detail Report.pdf - Adobe Reader

File Edit View Window Help

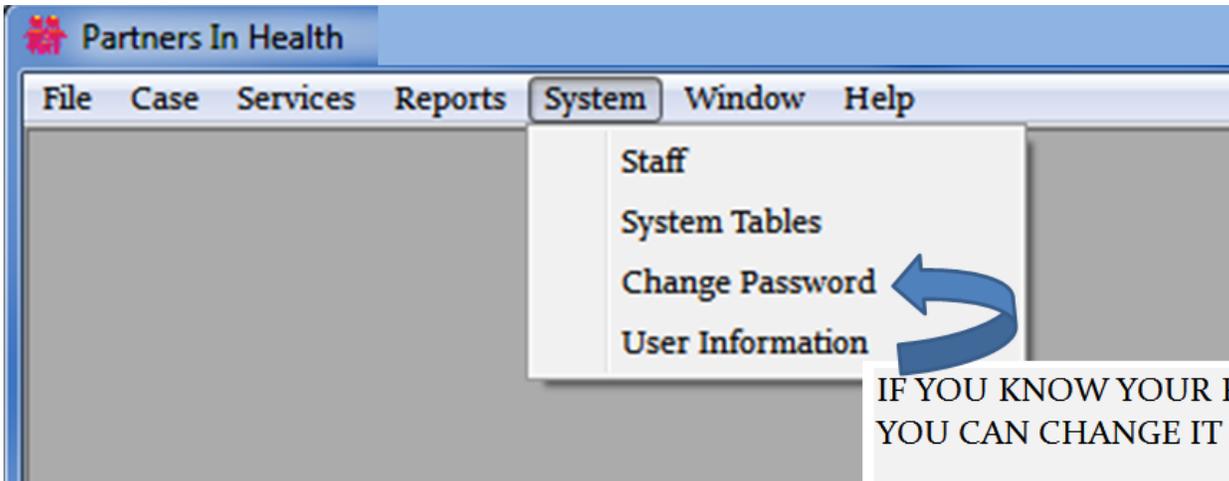
1 / 2 103%

Partners in Health
Active Client List

R4 Betty Boop

<u>CASE NO</u>	<u>CLIENT NAME</u>	<u>DOB</u>	<u>SEX</u>	<u>UPDATE DATE</u>	<u>MEDICAID: ID & MCO</u>	<u>VERIFY DATE- PCP NAME</u> & PHONE
<u>ADDRESS</u>	<u>RESPONSIBLE ADULT</u>	<u>DIAGNOSIS CODE &</u>	<u>DESCRIPTION</u>	<u>SMS: UPDATE &</u>	<u>ENROLLMENT</u>	
<u>EMAIL & PHONE</u>	<u>SIBLING CASE & NAME</u>					

CHANGE PASSWORD



IF YOU KNOW YOUR PASSWORD
YOU CAN CHANGE IT YOURSELF

Under SYSTEM

- Select Change Password
- Change Password Box will Pop up
- Enter your Current Password in OLD PASSWORD
- Create a NEW password

*(Old password may refer to temporary password when you have forgotten your password & it has been reset by IT group)

Password should include
One Capital Letter
One Number
6-10 Characters Long

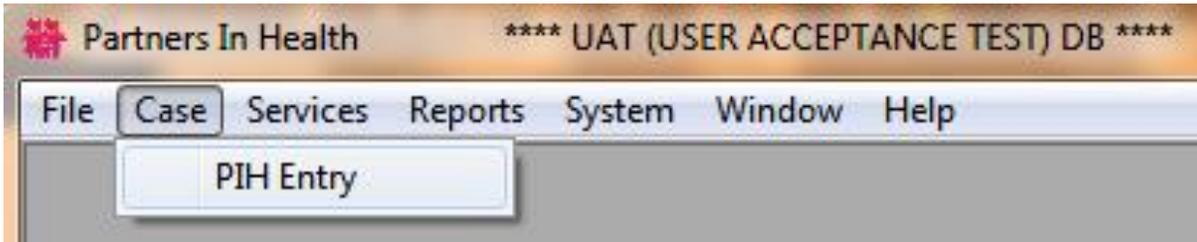
A screenshot of the 'Change Password' dialog box. It has a blue title bar with a close button (X). The dialog contains the following fields:

- User Name: (text input)
- Old Password: (password input)
- New Password: (password input)
- Retype Password: (password input)

At the bottom, there are 'OK' and 'Cancel' buttons.

VERSION 1.1.0 MODIFICATIONS

PIH ENTRY



Insurance Tab

- The user is now able to save changes made to an existing Medicaid Number without tabbing off the field.
-



Secondary Phone Number

- The Secondary Phone number will remain disabled until the Primary Phone number has been entered.
- The Secondary phone number automatically clears when the Primary Phone number is removed.

A screenshot of the "Insurance" tab in the software interface. The form contains the following fields:

- PIH Case#: 64162015
- Application Date: 07/...
- Last Name: [Empty]
- Birth Date: 12/06/2003
- Age: 12 yrs, 3 mt
- Case Status: ACTIVE
- Discharge Date: [Empty]
- Residence Address:
 - Addr 1: 155 SOUTH ST
 - City: LITTLETON
- Primary Phone: (603) 444-0134
- Secondary Phone: (000) 000-0000

The Primary and Secondary Phone Number fields are highlighted with a red rectangular box.

Adult 1 & Adult 2

- Records will no longer save when the data for Adult 1 has been cleared and Adult 2 has data.
- Unable to have Adult 2 information without Adult 1;
- When Adult 1 is unchecked if there is data in Adult 2 data it will be cleared and disabled until Adult 1 data has been entered.

Child/Self | **Household/Self** | Insurance | Programs | Needs/Goals | Search

Citizenship: US CITIZEN | Language: ENGLISH
 Assistance Needed: NONE | Household Type: SINGLE PARENT
 Relationship to Child: GUARDIAN

Adult 1 In Home:
 Resides with Child
 Last Name: FLEMING | First Name: HEATH | MI: | Suffix: |
 Address 1: 155 SOUTH ST | Address 2: APT 1
 City: LITTLETON | State: NH | Zip: 03561
 Primary Phone#: (603) 444-0134 | Secondary Phone: |

Adult 2 In Home:
 Resides with Child
 Last Name: | First Name: | MI: | Suffix: |
 Address 1: | Address 2: |
 City: | State: | Zip: |
 Primary Phone#: | Secondary Phone: |

Search

- The Search result no longer displays discharged Site Enrollment rows when searching Active cases.

PIH Entry, Search

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search

PIH Client Search Parameters:
 Search: PIH SMS | Case#: | Case Status: ACTIVE
 Last Name: | First Name: | Birth Date: 00/00/0000
 Update Dt: 00/00/0000 | Site: |

PIH Client Search Results:

Case No	Case Status	Last Name	First Name	MI	Gender	Birth Date	Case Last Update Dt	Has Sibling in SMS or PIH	Site Name
59762015	ACTIVE				F	08/15/2007	08/12/2015	<input checked="" type="checkbox"/>	Berlin
27382015	ACTIVE				F	07/09/2004	03/26/2015	<input checked="" type="checkbox"/>	Nashua
13542015	ACTIVE				F	09/18/1998	12/11/2015	<input checked="" type="checkbox"/>	Laconia
59802015	ACTIVE				M	05/04/2010	04/03/2015	<input checked="" type="checkbox"/>	Dover

- The Search result displays a check mark in the 'Has Sibling in SMS or PIH' column only if the indicator is checked off on the 'Siblings In Home' grid on the Household/Self screen

Add Sibling

Last Name: TO APPEAR IN | Save |
 First Name: SEARCH | Cancel |
 Gender: MALE | Age: 2 | Close |

Enrolled in SMS:
 Enrolled in PIH:
 PIH Case#: 20150265

PIH Case# must be Active to Save

- A message now displays giving the user an option to either populate the PIH screens with the SMS data or not. The message reads: "Do you want to import the SMS Case data into PIH?"
- Yes - Populates the PIH fields with the SMS data.
- No - Closes the message, does not import data.

PIH Entry, Search

Child/Self | Household/Self | Insurance | Programs | Needs/Goals | Search

SMS Client Search Parameters:

Search: PIH SMS Case#: Case Status: ACTIVE
 Last Name: First Name: Birth Date: 00/00/0000
 Update Dt: 00/00/0000 Site:

SMS Client Search Results:

Case No	Case Status	Last Name	First Name	Gender	Birth Dt	Up
20160452	ACTIVE				02/20/2013	01
20160451	ACTIVE					12
20160450	ACTIVE					11
20160449	ACTIVE					12
20160448	ACTIVE					10
20160447	ACTIVE					11
20160446	ACTIVE					01
20160445	ACTIVE					01
20160444	ACTIVE					01
20160443	ACTIVE					01
20160442	ACTIVE					01
20160441	ACTIVE					01

Partners In Health, PIH Entry - SMS Import

Do you want to import the SMS Case data into PIH?

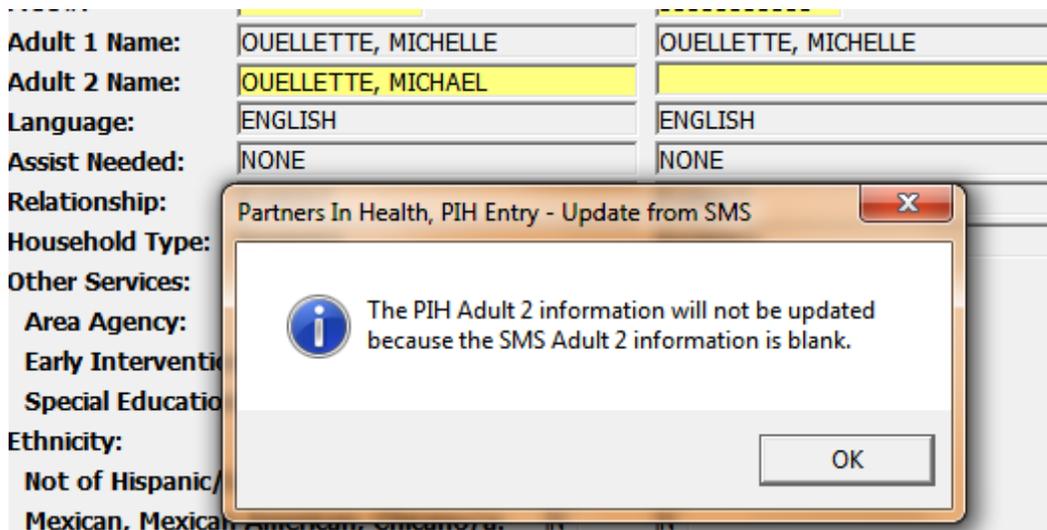
Yes No

SMS v. PIH Screen

- Additional fields are available from the SMS database for comparison with the corresponding PIH fields for a client that is in both databases.
- The additional available fields are Primary and Secondary Email Addresses, Primary and Secondary Phone numbers, Language, Assistance Needed, Household Type, Case Relationship Race & Ethnicity, and Adult 1 & 2.
- These fields will also populate the record when importing case data from SEARCH

Language:	ENGLISH	ENGLISH
Assist Needed:	NONE	NONE
Relationship:	PARENT	PARENT
Household Type:	MARRIED	MARRIED
Other Services:		
Area Agency:	<input type="checkbox"/> N	<input type="checkbox"/> N
Early Intervention:	<input type="checkbox"/> N	<input type="checkbox"/> N
Special Education:	<input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/> Y
Ethnicity:		
Not of Hispanic/Latino/Spanish origin:	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Mexican, Mexican American, Chicano/a:	<input type="checkbox"/> N	<input type="checkbox"/> N
Puerto Rican:	<input type="checkbox"/> N	<input type="checkbox"/> N
Cuban:	<input type="checkbox"/> N	<input type="checkbox"/> N
Another Hispanic/Latino/Spanish origin:	<input type="checkbox"/> N	<input type="checkbox"/> N
Race:		
White:	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Black or African American:	<input type="checkbox"/> N	<input type="checkbox"/> N
Native American or Alaska Native:	<input type="checkbox"/> N	<input type="checkbox"/> N
Asian Indian:	<input type="checkbox"/> N	<input type="checkbox"/> N
Other Pacific Islander:	<input type="checkbox"/> N	<input type="checkbox"/> N
Filipino:	<input type="checkbox"/> N	<input type="checkbox"/> N
Vietnamese:	<input type="checkbox"/> N	<input type="checkbox"/> N
Samoan:	<input type="checkbox"/> N	<input type="checkbox"/> N
Other Asian:	<input type="checkbox"/> N	<input type="checkbox"/> N

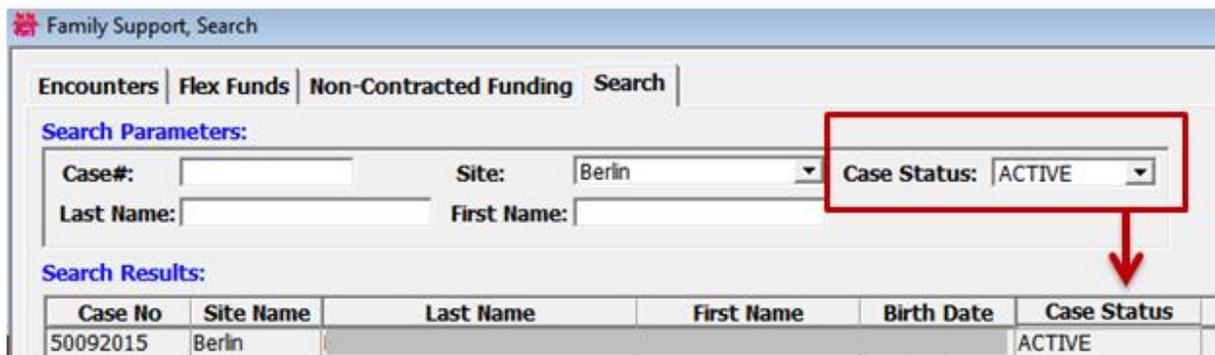
- User now receives a message if there is a conflict of Adult 2



- The Update Date is now highlighted with bold red text to alert the user of a difference between SMS and PIH update dates when the PIH update date is greater than SMS.

Family Support: Search

- Case Status (Active or Discharged) has been added as a search parameter to the Family Support search.
- The Search result no longer displays discharged Site Enrollment rows when searching Active cases.



NEEDS AND GOALS MODIFICATIONS

- The Needs/Goals Start Date is no longer defaulting to the system date.
- The users now have the ability to enter the date.

PIH Entry, Needs/Goals - Case #56912015 - LAWTON, ANDREW

Start Date	Staff Entry	Assigned To	Activity	Status	Expected #Days to Complete	Completed Date	#Days Until Goal Met	Continued Date
07/27/2015	JILLIAN.P.BURDICK		Family Needs	Ongoing				Andre
07/27/2015	JILLIAN.P.BURDICK		Family Needs	Ongoing				This fe

Start Date: 07/27/2015 | Activity: Family Needs | Status: Ongoing | Completed Date: | Continued Date: |

Comments:

New Activity Status of “Continued”

- The new status of “Continued” will be used during REDE time when the need or goal has not been completed but is still being addressed with a family.
- Once the user selects the Status of Continued, the Continued Date field will be defaulted to the system date.
- After one year from the Continued Date, the Needs/Goals rows with the status of “Continued” need to be reviewed by the PIH Family Support Coordinator.
- How To:
- Highlight the Activity row in the grid
- Status must be ONGOING
- Change Status to Continued
- The Continued date will populate with the current date
- Add text in Comment box
- Change Expected # Days to Complete as needed
- Save

11/09/2015	MAURA.K.PENN	Family	Ongoing					Family, strenght is lots of patience, alm
11/09/2015	MAURA.K.PENN	Family	Ongoing					car repair, medicaid transportation, tra
11/09/2015	MAURA.K.PENN	Family Goals	Continued			03/24/2016		to find exercis program/sports to help
09/25/2014	maura.k.pennis	Family	Ongoing					GENERIC COMMENT - PIH CONVERSIO

Start Date: 11/09/2015 | Activity: Family Goals | Status: Continued | Completed Date: | Continued Date: 03/24/2016

Assigned To: | Expected #Days to Complete: |

Comments:
ADD ADDITIONAL NOTE AS TO WHY THIS IS BEING CONTINUED - UPDATE EXPECTED DAYS

Case Entry: Needs/Goals Data Clean Up

- With the previous release, a number of Needs and Goals records were imported from the MS Access database and sit with a status of Ongoing. These are old records and need to be cleaned up.
- All Needs/Goals rows with a status of "Ongoing" and the comment "GENERIC COMMENT - PIH CONVERSION 2015", have been changed from "Ongoing" to "Completed" with the completed date of 03/31/2016, the date of the version release.
- The "GENERIC COMMENT" comment has been amended to include the following phrase: "mark as completed by CRPIH2016-34."

Start Date	Staff Entry	Assigned To	Activity	Status	Completed Date	#Days Until Goal Met	Continued Date	Comments
10/30/2014	maura.k.pennisi		Family Strengths	Completed	03/11/2016	499		GENERIC COMMENT - PIH CC
10/30/2014	maura.k.pennisi		Family Needs	Completed	03/11/2016	499		GENERIC COMMENT - PIH CC
10/26/2015	MAURA.K.PENNISI		Family Strengths	Ongoing				Family, LNA, mom advocates
10/30/2014	maura.k.pennisi		Family Strengths	Ongoing				GENERIC COMMENT - PIH CC
10/26/2015	MAURA.K.PENNISI		Family Needs	Ongoing				utilities, recreation, ufo sock
10/26/2015	MAURA.K.PENNISI		Family Goals	Ongoing				keep sarah healthy, included

Start Date: 10/30/2014 Activity: Family Needs Status: Completed Completed Date: 03/11/2016

Assigned To: Expected #Days to Complete: Continued Date:

Comments:
GENERIC COMMENT - PIH CONVERSION 2015; marked completed by CR PIH2016-34.

The Completed date will change in production - picture is from a testing environment

Case Entry: Needs/Goals

- A new rule has been implemented that will not allow a user to discharge a case if a Needs/Goals row has a status of Ongoing. Prior to discharging a case, the user will now need to change the Needs/Goals status from Ongoing to either Completed or Withdrawn and enter a Completed Date for all activities.

Case Status: **ACTIVE** ACTIVE
DISCHARGE Discharge Date: 00/00/0000

Before you can Discharge from PIH you must now **Close ALL Needs and Goal**

10/30/2014	maura.k.pennisi		Family Strengths	Completed	03/11/201
10/30/2014	maura.k.pennisi		Family Needs	Completed	03/11/201
10/26/2015	MAURA.K.PENNISI		Family Strengths	Ongoing	
10/30/2014	maura.k.pennisi		Family Strengths	Ongoing	
10/26/2015	MAURA.K.PENNISI		Family Needs	Ongoing	
10/26/2015	MAURA.K.PENNISI		Family Goals	Ongoing	

Partners In Health, PIH Entry - Child/Self ✕



There are ONGOING Needs and Goals. You will need to change the status of all Needs and Goals to Completed or Withdrawn, OR change the Case status from Discharged to Active in order to save the Case.

Start Date
Assigned To
Comments:
GENERIC COMM