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POLICY AND PROCESS

PIH is ONE of many programs under the SMS umbrella. The Special Medical Services (SMS) Database has been deemed the system of record, meaning that the data listed in SMS database has been validated with the Medicaid system of record. This includes demographic and insurance data.

If there is a discrepancy in the data between SMS and PIH, the PIH FSC shall reach out to the SMS worker to verify the differences in data.

PIH can then update the PIH record and SMS will update the SMS record.

Data only moves one way, from SMS to PIH. When there is a difference in similar record data PIH has an alert message to update its record with SMS data or to ignore. This message will appear **every time** this record is opened until the data is matched. The sooner the information is passed on to SMS the sooner the message will not appear.

Therefore, you should always communicate with an SMS Health Care Coordinator when PIH enrollees are shared.

PRIOR to making any home visit, the FSC should try to coordinate a visit with SMS if they are doing an update application.

When a FSC completes, the update application for a shared client without working with the SMS Health Care Coordinator it may affect the SMS client's financial assistance. SMS is very date specific with its financial eligibility and the dates need to be greater than 12 months apart.

APPLICATION ENTRY

NEW APPLICANT OR SMS REFERRAL

FSC Has received a completed and signed application.

To make sure this client has not been previously enrolled in PIH or Actively enrolled in SMS a search in both data bases is required.

Search PIH Data first

- Go to Case
- PIH Entry
- SEARCH
 - Bullet at PIH
 - Status at Active
- Select retrieve
 - This will display ALL active records.
 - SINGLE click on the Column Last Name to sort records (or any column header will sort the data)

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
---------	-------------	-----------	------------	----	--------	------------	---------------------	---------------------------	-----------

Review clients to see if the applicant is listed.

If not found repeat steps with Status as DISCHARGE

PIH Entry, Search

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

PIH Client Search Parameters:

Search: PIH SMS Case#: Case Status: DISCHARGE

Last Name: First Name: Birth Date: 00/00/0000

Update Dt: 00/00/0000 Site:

PIH Client Search Results:

If record is still not found, complete a search in SMS

- Go to the Search Tab
- Select the SMS Bullet
- Select Retrieve
 - All Active SMS cases will populate the grid.
 - Double click on the Last Name column to sort records in alphabetical order.
- Review list for Matching Client Name
 - Verify additional client information. (Full name , Date of Birth, City)
- Review the SMS update date

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	Update Date	City
---------	-------------	-----------	------------	--------	----------	-------------	------

- If no records were found, select **New Case** button at the bottom of the screen
- Begin data entry: transfer information from the paper application into the database.
- Review Application data requirements.

WHEN CLIENTS MATCH

- Select the client name that matches
 - If name is very close, open the case to review and determine if it is the same case.
 - Things to verify would be
 - Date of Birth, Address, Adults in HH, Medicaid ID
 - If all match then spelling may be wrong on application. Contact Family to verify
- Either double click on the highlighted row or use the open button at bottom of screen.

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
58012015	ACTIVE				M	05/02/2003	05/28/2015		Upper Valley
29962015	ACTIVE				M	10/08/2004	05/06/2015		Portsmouth
63682015	ACTIVE				F	04/28/2005	05/07/2015		Manchester
58492015	ACTIVE				F	04/28/2007	09/14/2015		Derry
00082016	ACTIVE				F	02/15/2015	08/04/2015		Upper Valley
31252015	ACTIVE				M	01/27/1998	08/24/2015		Dover
25762015	ACTIVE				M	04/29/2002	12/05/2015		Conway
63652015	ACTIVE				F	09/16/2004	05/07/2015	✓	Upper Valley
14402015	ACTIVE				F	01/25/1997	02/25/2016		Manchester
61122015	ACTIVE				M	08/04/2009	03/24/2016	✓	Laconia
28142015	ACTIVE				M	12/15/2002	05/07/2015	✓	Upper Valley
51162015	ACTIVE				F	08/18/1996	08/11/2015		Conway
35472015	ACTIVE				M	11/01/2007	03/24/2016	✓	Laconia
63692015	ACTIVE				M	07/10/2014	05/08/2015		Littleton
34592015	ACTIVE				F	12/24/2008	05/07/2015		Manchester
22032015	ACTIVE				M	12/16/2003	05/06/2015	✓	Laconia

Open Clear New Case Retrieve Close

WHEN A CLIENT MATCHES IN PIH DISCHARGE SEARCH RESULTS

PIH Entry, Search

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

PIH Client Search Parameters:

Search: PIH SMS Case#: Case Status: DISCHARGE

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
51862015	DISCHARGE				F	06/24/2009	10/03/2012	<input checked="" type="checkbox"/>	Upper Valley
56192015	DISCHARGE				M	03/15/2003	02/22/2013	<input type="checkbox"/>	Concord
56182015	DISCHARGE				M	02/27/2006	02/22/2013	<input type="checkbox"/>	Concord
51842015	DISCHARGE				F	07/07/2006	04/24/2014	<input checked="" type="checkbox"/>	Upper Valley
35002015	DISCHARGE				M	09/24/2003	05/14/2012	<input type="checkbox"/>	Manchester
55542015	DISCHARGE				F	11/14/2007	07/19/2012	<input type="checkbox"/>	Manchester
51792015	DISCHARGE				M	02/18/2010	07/11/2012	<input type="checkbox"/>	Littleton
53922015	DISCHARGE				M	03/05/2005	09/19/2012	<input type="checkbox"/>	Portsmouth
19872015	DISCHARGE				F	01/07/2003	01/13/2012	<input type="checkbox"/>	Manchester
32512015	DISCHARGE				M	05/03/2007	01/06/2014	<input type="checkbox"/>	Concord
55282015	DISCHARGE				M	12/14/2010	09/22/2011	<input type="checkbox"/>	Conway
11032015	DISCHARGE				F	09/21/2000	03/27/2013	<input type="checkbox"/>	Manchester
59022015	DISCHARGE				F	12/10/2004	06/19/2014	<input type="checkbox"/>	Derry
18602015	DISCHARGE				F	01/02/1993	03/19/2012	<input type="checkbox"/>	Concord
54482015	DISCHARGE				M	05/23/2008	08/15/2013	<input type="checkbox"/>	Nashua
60952015	DISCHARGE				M	10/31/2010	02/24/2014	<input type="checkbox"/>	Manchester

Open Clear New Case Retrieve Close

- Select the client name that matches
 - If name is very close, open the case to review and determine if it is the same case.
 - Things to verify would be
 - Date of Birth, Address, Adults in HH, Medicaid ID
 - If all match then spelling may be wrong on application. Contact Family to verify
- Either double click on the highlighted row or use the open button at bottom of screen.
- If the case was previously linked with SMS and the SMS case is no longer Active you will receive this message
 - Select OK



- If the record was previously linked with SMS and the SMS case is still active you will get the PIH differs from SMS pop up box.
 - Select YES

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

PIH Client Search Parameters:

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

PIH Client Search Results:

Case No	Case Status
30782015	DISCHARGE
11602015	DISCHARGE
05282015	DISCHARGE
06622015	DISCHARGE
63892015	DISCHARGE
30622015	DISCHARGE
26452015	DISCHARGE
57522015	DISCHARGE
34062015	DISCHARGE
19542015	DISCHARGE
54022015	DISCHARGE
08112015	DISCHARGE
25772015	DISCHARGE
58142015	DISCHARGE
04442015	DISCHARGE
21402015	DISCHARGE
35962015	DISCHARGE
52442015	DISCHARGE
27702015	DISCHARGE
54822015	DISCHARGE
00272015	DISCHARGE
22132015	DISCHARGE
62382015	DISCHARGE
62172015	DISCHARGE
35672015	DISCHARGE
51132015	DISCHARGE

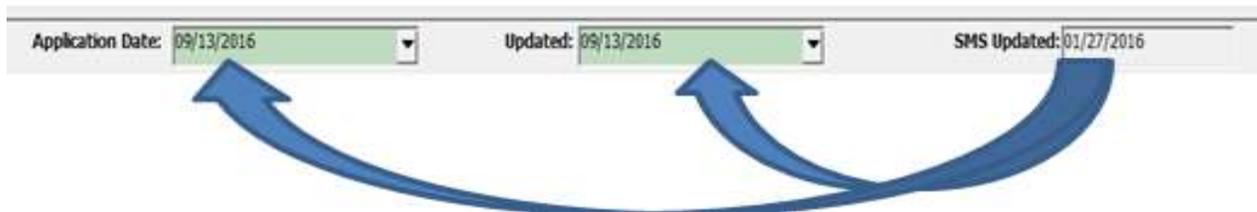
PIH vs SMS

	PIH	PIH differs from SMS	SMS
Case No:	63892015		20140885
Update Date:	01/30/2015		12/30/2015
Status:	DISCHARGE		ACTIVE
Last Name:			
First Name:			
Middle Initial:	M		M
Suffix:			
Gender:	MALE		MALE
Birth Date:			
Res Addr 1:			
Res Addr 2:			
Res City:			
Res State:			
Primary Phone#:			
Second Phone#:			
Primary Email:			
Second Email:			
Mail Addr 1:			
Mail Addr 2:			
Mail City:			
Mail State:			
Insur Updt Dt:	01/30/2015		12/30/2015
Insur Type:	Commercial & HC-CSD (OPEN MA)		Commercial & HC-CSD (OPEN MA)
Medicaid Eligible:	Y		Y
Medicaid#:			
MCO Code:	NH Medicaid - FFS		HIPP Enrollment
MCO#:			

Do you want to update PIH?

On the Child /Self Tab

- Review the Updated Date
 - IF the updated date is less than 12 months old
 - Change the Case status to Active
 - Remove the Discharge date from the site enrollment.
 - Do not change the Updated date
 - IF linked with SMS adjust the update date to be the same as SMS
 - IF the updated date is greater than 12 months old
 - Change the Case status to Active
 - Remove the Discharge date from the site enrollment.
 - Change the Updated date
 - IF linked with SMS adjust the update date to be the same as SMS
 - Linked is when the SMS update date is not blank



- Household /Self tab
 - Review all fields and update the information
- Insurance Tab
 - Review all fields and update the information
- Programs Tab
 - At the Site enrollment Review the most current enrollment row DISCHARGE DATE and Site
 - SAME SITE
 - When the discharge date is greater than 12 months from New/Re enrollment and in the same Site
 - ADD a New Enrollment Row
 - When the discharge date is Less than 12 months from New/Re enrollment and in the same Site
 - EDIT row
 - Remove Discharge Date
 - Remove Discharge Reason
 - Update Staff ID
 - DIFFERENT SITE
 - ADD a new Enrollment Row

Site Enrollment:

	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Status
Add		12		R12	Upper Valley	Q	01/29/2015	02/04/2015	<input type="checkbox"/>	Q

Greater than 12 months old with application date of 9/1/2016
 Select ADD to create a new row.

Add Site Enrollment

Staff ID:

Staff Name:

Region Code:

Site Name:

Referral Code:

Start Date: 09/15/2016

Discharge Date: 00/00/0000

Waiver:

Status:

Save
Cancel
Close

- Complete
- Staff Name
- Site Name
- Referral Code

(EDIT)

Site Enrollment:

Add	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Status
Remove	1	1		R1	Berlin	F	04/17/2012	04/27/2016	<input type="checkbox"/>	VW
Edit	<p>Less than 12 months old with application date of 9/1/2016</p> <ul style="list-style-type: none"> o Select EDIT to remove discharge date- do not create a new row same site enrollment, o if staff is new then change staff ID o New site create a new row with start date in new region 									

Edit Site Enrollment

Staff ID: 1

Staff Name:

Region Code: R1

Site Name: Berlin

Referral Code: Parent/ Friend/ Self

Start Date: 04/17/2012

Discharge Date: 04/27/2016

Waiver:

Status: Care Plan/Goals Met

Save
Cancel
Close

Modify Staff
Remove Discharge Date

Update Diagnosis Date and review diagnosis listed in the grid. These should match the Medical verification received for enrollment eligibility.

WHEN A CLIENT MATCHES SMS SEARCH RESULTS

- Select the client name that matches
 - If name is very close, open the case to review and determine if it is the same case.
 - Things to verify would be
 - Date of Birth, Address, Adults in HH, Medicaid ID
 - If all match then spelling may be wrong on application. Contact Family to verify
- Select **IMPORT**
 - All matching application data will populate the record.

After Record has been imported with SMS Data, Review the SMS Update Date

WHEN the SMS update date is less than 14 months old

Change the PIH application date and PIH update date to match the SMS update date.

***The PIH application and update date will default to the current date*

Application Date: 09/15/2016 Updated: 09/15/2016 SMS Updated: 04/08/2016

- Review all imported data and complete fields that were not imported
- When adding a PIH Site Enrollment the Start Date = Application Signed Date

Add Site Enrollment

Staff ID:

Staff Name:

Region Code:

Site Name:

Referral Code:

Start Date: 09/13/2016

Discharge Date: 00/00/0000

Waiver:

Status:

Save Cancel Close

This date should be the application signed date for a new applicant known to SMS

WHEN THE SMS UPDATE DATE IS GREATER THAN 1 YEAR OLD AND PIH HAS THE COMPLETED /SIGNED APPLICATION

- Select the client name that matches
 - If name is very close open the case to review and determine if it is the same case.
 - Things to verify would be
 - Date of Birth, Address, Adults in HH, Medicaid ID
 - If all match then spelling may be wrong on application. Contact Family to verify
- Select **IMPORT**

- All matching application data will populate the record.

Application Date: 09/15/2016 Updated: 09/15/2016 SMS Updated: 11/07/2014
 Update > than 12 month old

- Change the Application Date and Update date to the Completed and signed Application date
- DO NOT MATCH SMS UPDATE DATE TO PIH APPLICATION/UPDATE DATE

Review and update application data

On the programs tab review the ACTIVE SMS PROGRAMS for Program enrollment

WHEN ACTIVE SMS PROGRAM ENROLLMENT IS:

- OPEN for either Health Care Coordination or Neuromotor (PROGRAM CODE 090 OR 020)
 - Notify the SMS provider that you have a completed Updated application.
 - FAX application to SMS
 - SMS will use the most recent Application to update its records

Active SMS Programs:

SMS Case#: 20140725

Notify the staff listed below that the FSC has an updated application

Staff ID	Staff Name	Program Code	Program Description	Start Date
71		070	Child Development	07/30/2015
122		090	Neuromotor Clinic	02/05/2015
107		170	Nutrition, Feeding & Swallowing	12/30/1415

- OPEN for
 - For Nutrition, Feeding and Swallowing, Child Development or an Outreach Program.
 - PROGRAM CODE 170/070/180/700
 - Notify the PIH Support staff
 - FAX application to SMS
 - SMS will use the most recent Application to update its records

Staff ID	Staff Name	Program Code	Program Description	Start Date
47		170	Nutrition, Feeding & Swallowing	01/25/2013
42		170	Nutrition, Feeding & Swallowing	09/29/2009

Staff ID	Staff Name	Program Code	Program Description
99		070	Child Development

PIH ENTRY - DATA REQUIREMENTS AND DEFINITIONS

Picture guide of each screen: Explanation of what/ how data should be entered

CHILD/SELF TAB

PIH Entry, Child/Self - Case #63562015

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

PIH Case#: 63562015 Application Date: 04/21/2015 Updated: 04/21/2015 SMS Updated: 00/00/0000

Last Name: DUMPTY First Name: HUMP MI: T Suffix:

Birth Date: 01/01/2001 Age: 14 yrs, 3 mths Gender: MALE

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

Residence Address:

Addr 1: 2 FALLDOWN LN Addr 2:

City: CONCORD State: NH Zip: 03301

Primary Phone: (603) 123-4567 Primary Email:

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

School District: 8 Area Agency: 4 County: Merrimack PIH Site: CONCORD

Mail Address: Same as Residence:

Addr 1: 2 FALLDOWN LN Addr 2:

City: CONCORD State: NH Zip: 03301

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

View App Delete Case New Case Save Cancel Close

Ready

PIH CASE

- New Cases
 - Automatically assigned by system when the New Case button is clicked

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.

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			

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 Update Date when the client is open in SMS and linked with PIH record
- Should match the PIH Updates 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 to match Discharge Date on Program tab/Site Enrollment grid

RESIDENCE ADDRESS

- Where the client resides; may be different than Mailing 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
 - Can be 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.
- DO NOT CHECK IF ADRESSES ARE DIFFERENT
 - A Mail Address can be an out-of-state address

ETHNICIY

- 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 - Cas

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: MEN First Name: KINGS MI: Suffix:
Addr 1: 2 FALLDOWN LN Addr 2:
City: CONCORD State: NH Zip: 03301
Primary Phone#: (603) 123-4567 Secondary Phone:

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

Siblings in Home:

Last Name	First Name	Gender	Age	SMS	PIH	PIH Case#
DUMPTY	FRUMPTY	MALE	5	<input type="checkbox"/>	<input type="checkbox"/>	

View App Delete Case Save Cancel Close

Ready

CITIZENSHIP – ABOUT THE CHILD

LANGUAGE – ABOUT THE CHILD

- Primary / preferred language spoken

ASSISTANCE NEEDED – ABOUT ADULT IN HOUSEHOLD or SELF 18 +

- Unable to read or write English and needs assistance with completion of application or request application in another language.

HOUSEHOLD TYPE – ABOUT THE CHILD'S HOME

- Type of living arrangement

RELATIONSHIP TO CHILD – ABOUT RESPONSIBLE ADULT IN 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).

SIBLINGS IN HOME

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

Will open a small window to enter sibling(s) information

- NAMES Sibling must be in the home to be added
- AGE is not calculated , this will have to be updated annually
- SMS Check box – Check if you know the sibling is active and enrolled
- PIH Check box – 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 number

REMOVE

Used to remove a Sibling if no longer in HH

- Highlight the row of the sibling to remove and Click Remove

EDIT

Used to adjust sibling information if no longer enrolled in SMS /PIH

The image shows a software dialog box titled "Add Sibling". The dialog box has a standard Windows-style title bar with a red "X" icon in the top right corner. The main content area contains the following fields and controls:

- Last Name:** A text input field.
- First Name:** A text input field.
- Gender:** A dropdown menu.
- Age:** A text input field.
- Enrolled in SMS:** A checkbox.
- Enrolled in PIH:** A checkbox.
- PIH Case#:** A text input field.

On the right side of the dialog box, there are three buttons: "Save", "Cancel", and "Close".

INSURANCE TAB

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

Medical Verification:

Received:

Date: 10/12/2016 Received By: ID: 19

Doctor Name: DR. I

Doctor Address: ELLIOT PRIMARY CARE LONDONDERRY

Doctor Phone: (603) 552-1400

Other Services:

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

Insurance Information:

Last Updated: 10/12/2016

Insurance Type: Medicaid ONLY

Medicaid Eligible: YES

Medicaid Number:

MCO: NH Healthy Families

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 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 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

Site Enrollment:

Add	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Status
Remove	1	8		R10	Derry	F	05/22/2015	09/15/2016	<input type="checkbox"/>	I
Edit										

ICD Diagnosis:

ICD Coding Last Updated: 07/17/2015

Add	Category	ICD	ICD Detail
Remove	17 Congenital malformations, deformations and	Q79.6	Ehlers-Danlos Syndrome

Active SMS Programs:

SMS Case#:

Staff ID	Staff Name	Program Code	Program Description	Start Date

SITE ENROLLMENT

ADD

Use button 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

Will delete the highlighted line in the enrollment grid

EDIT

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

- Select Edit
- Site Enrollment box will pop up ,
- Make changes and save

ICD DIAGNOSIS

- **It is mandatory to have at least one diagnosis listed**

ICD Diagnosis:

ICD Coding Last Updated: 07/17/2015

Category	ICD	ICD Description
17 Congenital malformations, deformations and	Q79.6	Ehlers-Danlos Syndrome

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

ADD

Will open a search window to find and select the diagnosis

- Search is defaulted to ICD 10
 - Enter the first letter of the ICD 10 Code OR
 - Enter part of the description
 - Select Search
 - Description displays for both ICD 10 and ICD 9

ICD Search

Search ICD: ICD 10 ICD 9

Search for:

Code: F

Description:

Search

ICD 10 Code	ICD 10 Description	ICD 9 Code	ICD 9 Description
F95	Tic disorder	307.20	Tic Disorder ; Unspecified
F80.4	Speech & language development delay due to hearing loss		
F91.3	Oppositional defiant disorder	313.81	Oppositional Defiant Disorder
F80.1	Expressive language disorder	315.2	Written Expression Disorder
F80.89	Other developmental disorders of speech and language	315.39	Speech Delay /Other Developmental Articulation
F82	Specific developmental disorder of motor function	315.5	Mixed Development Disorder

- Scroll or Double click on a column to sort
- When Diagnosis is found highlight row
 - More than one row may be highlighted at a time
 - All rows highlighted will be added
 - If wrong row is selected
 - Double click on it to highlight and remove from selection
- Select (button) will add diagnosis to the record

F32.8	Other depressive episodes	311.0	Depressive disorder ; Unspecified
F93.9	Childhood emotional disorder, unspecified	313.9	Unspecified Emotional Disturbance NOS
F41.8	Other specified anxiety disorders	300.4	Dsythmic Disorder (Depression with Anxiety)
F51	Sleep disorders not due to a substance or known physiological	307.40	Non Organic Sleep Disorder
F31	Bipolar disorder	296.80	Bi-polar I Disorder
F63.3	Trichotillomania	307.9	Other Unspecified Habits - Thumb sucking, etc.
F94.8	Other childhood disorders of social functioning	313.2	Social Withdrawal Disorder ; Shy
F43.20	Adjustment disorder, unspecified	309.9	Unspecified Adjustment Reaction

REMOVE

Will delete the highlighted diagnosis in the grid

ACTIVE SMS PROGRAMS

Active SMS Programs:

SMS Case#:

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

READ-ONLY GRID

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

NEEDS AND GOALS TAB

The screenshot shows the 'Partners In Health' software interface. The title bar reads 'Partners In Health' and the menu bar includes 'File', 'Case', 'Services', 'Reports', 'System', 'Window', and 'Help'. The main window title is 'PIH Entry, Needs/Goals - Case #63562015 - DUMPTY, HUMP T.'. Below the title bar are tabs for 'Child/Self', 'Household/Self', 'Insurance', 'Programs', 'Needs/Goals', and 'Search'. The 'Needs/Goals' tab is active, displaying a table with the following data:

Start Date	Staff Entry	Assigned To	Activity	Status	Expected #Days to Complete	Comments
04/21/2015		Kings Men	Family Goals	Ongoing		

Below the table is a form for editing the selected entry. The form includes the following fields:

- Assigned To: Kings Men
- Activity: Family Goals (dropdown menu)
- Status: Ongoing (dropdown menu)
- Comments: Adapt living space
- Expected #Days to Complete: (empty text box)
- Completed Date: (empty date picker)

At the bottom of the form are buttons for 'View App', 'Del Entry', 'New Entry', 'Save', 'Cancel', and 'Close'. The status bar at the bottom left shows 'Ready'.

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 date has been entered.

COMMENTS – Detailed notes pertaining to the selected Activity

SEARCH

Partners In Health

File Case Services Reports System Window Help

PIH Entry, Search

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

Search Parameters:

Search: PIH SMS Case#: Case Status: Birth Date: 00/00/0000

Last Name: dum First Name: Update Dt: 00/00/0000 Site:

Search Results:

Case No	Case Status	Last Name	First Name	MI	Gender	Birth Date	Case Last Update Dt	Sib-ling	Site Name
29832015	ACTIVE				F	08/31/2002	04/20/2015	<input type="checkbox"/>	Berlin
Total = 1									

Open Clear New Case Retrieve Close

Ready

SEARCH PARAMETERS

- Select PIH / SMS
- **Enter** the first 3 letters of
 - Last name OR First Name
- Case Status (PIH ONLY)
 - Use drop down for choice of Active or Discharged
- Site (PIH ONLY)
 - Select a site from the drop down

- After parameters have been selected Hit the Retrieve button

- A list of records that meet the criteria will appear

Select the record to view

- by clicking on the row (highlight)
 - click 'OPEN'
- OR Double Click on the highlighted record

Screen will be blank if no records meet the specified criteria you entered above.

User can also enter no parameters but case status and all records will appear.

SEARCH SMS

WHEN BULLET IS SMS

This is an ACTIVE Search of all SMS Records

This search should always be used when

- Used when a client from SMS is referred to PIH for enrollment.
- Used when adding a New Applicant and the record was not found in PIH active or Discharge
 - Select the SMS Bullet
 - Select Retrieve
 - Sort by single click on any column name
- When Client is found , Highlight the name and double click or Select Import
 - All information entered into SMS will be transferred to PIH to begin data entry for a NEW PIH CASE

The screenshot shows the 'Partners In Health' software interface for searching SMS clients. The 'Search' tab is selected, and the 'SMS Client Search Parameters' section is visible. The 'Search' dropdown is set to 'SMS', and the 'Case Status' is set to 'ACTIVE'. The 'SMS Client Search Results' table is displayed below, with columns for Case No, Case Status, Last Name, First Name, Gender, Birth Dt, Last Updt Dt, and City. The row for Case No 20090612 is highlighted. A callout box points to the table headers with the text 'Click on ANY Column Name to sort Ascending/Descending'. At the bottom, the 'Import' and 'Retrieve' buttons are highlighted with red boxes.

Case No	Case Status	Last Name	First Name	Gender	Birth Dt	Last Updt Dt	City
19981314	ACTIVE				12/12/1995	10/30/2013	MEREDITH
20030575	ACTIVE				11/29/2000	10/30/2013	LONDONDERRY
20090612	ACTIVE				11/13/2008	10/30/2013	DOVER
20130590	ACTIVE				07/16/2012	10/30/2013	ROCHESTER-3
20130588	ACTIVE				06/23/2008	10/30/2013	DEERING
20000124	ACTIVE				06/25/1998	10/30/2013	WAKEFIELD
20130527	ACTIVE				08/25/2001	10/30/2013	HOPKINTON
20130539	ACTIVE				12/17/1996	10/30/2013	MOUL TONBORO
19990173	ACTIVE				08/13/1994	10/30/2013	LONDONDERRY
20010975	ACTIVE				04/30/2000	10/30/2013	GREENLAND
20120166	ACTIVE				09/19/2008	10/30/2013	LONDONDERRY
20130433	ACTIVE				06/02/2012	10/30/2013	HUDSON
20130665	ACTIVE				11/17/2008	10/30/2013	MANCHESTER-2
20130389	ACTIVE				07/15/2011	10/30/2013	PLYMOUTH
20130580	ACTIVE				07/20/2010	10/30/2013	MANCHESTER-2
20130537	ACTIVE				08/27/2010	10/30/2013	MANCHESTER-1
20130582	ACTIVE				11/25/2010	10/30/2013	BARNSTEAD
20130536	ACTIVE				07/27/2011	10/30/2013	ORFORD
20130679	ACTIVE				02/08/2000	10/30/2013	BERLIN

SMS IMPORTED DATA GUIDE

Picture guide of each screen: Explanation of what data is imported and what data should be entered

CHILD/SELF TAB

- Application and Updated Dates will populate with the current date
 - Fields can and should be edited
- SMS Updated Date will populate with the SMS Update Date
 - This field can NOT be changed

PIH Entry, Child/Self - Case #(tbd)

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

PIH Case#: Application Date: 01/01/2018 Updated: 06/25/2018 SMS Updated: 00/00/0000

Last Name: RABBIT First Name: WHITE MI: A Suffix:

Birth Date: 05/05/2011 Age: 7 yrs, 1 mth Gender: MALE

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

Residence Address:

Addr 1: 5 HOLE LANE Addr 2:

City: BARNSTEAD State: NH Zip: 03218

Primary Phone: (020) 251-3269 Primary Email: madhatter@aol.com

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

School District: 86 Area Agency: 3 County: Belknap PIH Site: LACONIA

Mail Address:

Same as Residence:

Addr 1: 5 HOLE LANE Addr 2:

City: BARNSTEAD State: NH Zip: 03218

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

View App Updt App Delete Case New Case Save Cancel Close

HOUSEHOLD/SELF TAB

- Complete Citizenship & Sibling

Partners In Health

File Case Services Reports System Window Help

PIH Entry, Household/Self - Case #63612015

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

Citizenship: Language: ENGLISH

Assistance Needed: NONE Household Type: MARRIED

Relationship to Child: PARENT

Adult 1 In Home:

Resides with Child

Last Name: First Name: MI: Suffix:

Addr 1: 7 WEDGEWOOD RD Addr 2:

City: DOVER State: NH Zip: 03820

Primary Phone#: (603) 742-0926 Secondary Phone:

Adult 2 In Home:

Resides with Child

Last Name: First Name: MI: Suffix:

Addr 1: 7 WEDGEWOOD RD Addr 2:

City: DOVER State: NH Zip: 03820

Primary Phone#: (603) 742-0926 Secondary Phone:

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

Partners In Health

File Case Services Reports System Window Help

PIH Entry, Insurance - Case #63612013

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

Medical-Verification:

Received:

Date: [dropdown] Received By: [text] ID: [text]

Doctor Name: [text]

Doctor Address: [text]

Doctor Phone: [text]

Other Services:

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

Insurance Information:

Last Updated: 08/20/2013 [dropdown]

Insurance Type: Commercial Insurance [dropdown]

Medicaid Eligible: NO [dropdown]

Medicaid Number: [text]

MCO: [dropdown]

MCO Number: [text]

View App | Delete Case | Save | Cancel | Close

PROGRAMS TAB

- Add Program enrollment
- Add Diagnosis as listed on Medical Verification

Partners In Health

File Case Services Reports System Window Help

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

Site Enrollment:

Add	Remove	Edit	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver

ICD Diagnosis:

ICD Coding Last Updated: 00/00/0000 [dropdown]

Add	Remove	Category	ICD	ICD Detail

Active SMS Programs:

SMS Case#: 20090612

Staff ID	Staff Name	Program Code	Program Description	Start Date
30		170	Nutrition, Feeding & Swallowing	01/27/2009
47		170	Nutrition, Feeding & Swallowing	01/21/2009

View App | Delete Case | Save | Cancel | Close

NEEDS AND GOALS TAB (FAMILY ASSESSMENT)

Start Date	Staff Entry	Assigned To	Activity	Status	Expected #Days to Complete	Completed Date	#Days Until Goal Met	Continued Date	Comments
07/07/2015		Family and FSC	Family Goals	Ongoing	365				
07/08/2015		Family	Family Strengths	Ongoing					
07/07/2015		Family and FSC	Family Needs	Ongoing	360				

Start Date:	07/08/2015	Activity:	Family Strengths	Status:	Ongoing	Completed Date:	
Assigned To:	Family	Expected #Days to Complete:		Continued Date:			
Comments:							

START DATE:

- Date Need/Goal was established
- Default to Current Date
 - can be edited

STAFF ENTRY:

User who entered the Need/Goal

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 date has been entered.

CONTINUED DATE:

- If the selected Need /Goal is ongoing or not yet reached at time of Update.
- Change Status to Ongoing
- Continued Date will populate with the current date

COMMENTS:

- Detailed notes pertaining to the selected Activity

SITE ENROLLMENT RULES

- Clients can only have ONE Enrollment row with an ACTIVE status
- User can not ADD a new site enrollment row to the same site when the previous enrollments discharge date and New Enrollment date are less than 12 months apart

ONGOING CLIENTS

- **DO NOT** change the Enrollment Start Date when the application is updated

TRANSFER CLIENTS – NEW SITE – NEW STAFF

- Select Active row
- Enter Discharge Date
- Change Program Status to Transfer to another program
- ADD
- Complete row with new site and staff information
- Referral reason will be same as the previous program enrollment
- Make program status Active

TRANSFER CLIENTS – NEW STAFF - SAME SITE

- Select Active Row
- EDIT
- Change Staff Name
- Save
- Close

Child/Self Household/Self Insurance Programs Providers Needs/Goals Search										
Site Enrollment:										
	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Status
Add	3	3		R4	Concord*	F	04/25/2016	04/25/2016	<input type="checkbox"/>	GG
Remove	2	3		R4	Concord*	F	11/20/2014		<input type="checkbox"/>	1
Edit	1	3		R4	Concord*	F	08/21/2013	10/14/2014	<input type="checkbox"/>	Q

DATA DIFFERENCE

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

- Shared data between SMS and PIH need to match
- SMS data is system of record
- When the data doesn't match a pop up will highlight all the data that do not match
 - Select YES
 - This will update the highlighted data in the PIH application
 - Select NO
 - This will not update any data in PIH
 - When the data is different and the FSC has verified a change that is not in SMS notify SMS of this change so that the SMS application can be updated.

PAY Attention to Update Dates – WHEN SMS date is less than PIH DO NOT UPDATE- CONTACT SMS

All Fields that do not match will be highlighted in Yellow.
All fields shown will be compared to SMS for an exact Match

Case No:	129262019	12908879
Update Date:	01/15/2016	01/10/2014
Status:	ACTIVE	ACTIVE
Last Name:		
First Name:		
Middle Initial:	L	L
Suffix:		
Gender:	MALE	MALE
Birth Date:		
Res Addr 1:		
Res Addr 2:		
Res City:	LACONIA	LACONIA
Res State:	NH	NH
Primary Phone#:		
Second Phone#:	(000) 000-0000	(000) 000-0000
Primary Email:		Joked 56987@yahoo.com
Second Email:		
Mail Addr 1:	401 PLEASANT ST	401 PLEASANT ST
Mail Addr 2:		
Mail City:	LACONIA	LACONIA
Mail State:	NH	NH
Insur Updt Dt:	01/15/2016	12/26/2015
Insur Type:	Commercial & HC-CSD (OPEN MA)	Commercial & HC-CSD (OPEN MA)
Medicaid Eligible:	Y	Y
Medicaid#:		
MCO Code:	NH Healthy Families	NH Healthy Families
MCO#:		

Do you want to update PIH? Yes will overwrite PIH
 No will not update PIH

Adult 1 Name:		
Adult 2 Name:		
Language:	ENGLISH	ENGLISH
Assist Needed:	NONE	NONE
Relationship:	PARENT	PARENT
Household Type:	MARRIED	MARRIED
Other Services:		
Area Agency:	N	Y
Early Intervention:	N	N
Special Education:	N	N
Ethnicity:		
Not of Hispanic/Latino/Spanish origin:	Y	Y
Mexican, Mexican American, Chicano/a:	N	N
Puerto Rican:	N	N
Cuban:	N	N
Another Hispanic/Latino/Spanish origin:	N	N
Race:		
White:	N	Y
Black or African American:	Y	N
Native American or Alaska Native:	N	N
Asian Indian:	N	N
Other Pacific Islander:	N	N
Filipino:	N	N
Vietnamese:	N	N
Samoan:	N	N
Other Asian:	N	N
Guamanian or Chamorro:	N	N

Do you want to update PIH?

POTENTIAL DUPLICATE CASES

CASE ALREADY EXISTS WITHIN PIH

- When creating a new case
 - Completed Name, DOB ,Gender fields
- A pop up will occur IF these are similar to or match an existing PIH case
 - Review Information in the pop up to that which matches the application being entered. If there are several of these key fields displayed as matching the case has a high duplicate potential.

ALWAYS SELECT YES

Update case as you go along to update information – if you select NO you will not be able to save record

HOW TO REACTIVATE A DISCHARGED CASE

SAME SITE

Verify the Updated 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 d date on Child/Self Tab

- Change Case status from Discharged to Active on the Child /Self Tab
- Go to Enrollment tab
 - EDIT the program enrollment row
 - Remove the discharge date
 - Change program status to Active
- Save

NEW SITE (Client is reapplying but 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 Discharged to Active on Child /Self Tab
- Go to Enrollment tab
- ADD a new row with NEW SITE information
- Save

DISCHARGED

Has been discharged for over 1 year

- New application is required
- Change Status from Discharge to Active
- Change the Updated date on Child/Self Tab to match the date on application
- ADD a new row even if the site has not changed
- DO NOT EDIT the discharged row

HOW TO DISCHARGE A CASE

- **Go to the programs tab**
- Site Enrollment
- Highlight to Active Row
- Select EDIT
 - Enter Date of Discharge
- Change Status
 - Reason for discharge.
- Save
- Close
 - The site enrollment box will close
- Go to the Needs and goals tab
 - All Needs and goals need to be completed with at completed date
- Go to the Child Self Tab
- Change Bureau status to Discharged
 - Discharged date should populate with date of latest site enrollment discharge.
- Save

The screenshot shows a software interface with several tabs: Child/Self, Household/Self, Insurance, Programs (highlighted with a red box), Needs/Goals, and Search. Below the tabs is a section titled "Site Enrollment:" containing a table and three buttons: Add, Remove, and Edit (highlighted with a red box). The table has the following data:

Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Status
1	8		R10	Derry	F	05/22/2015		<input type="checkbox"/>	1

Edit Site Enrollment

Staff ID: 8

Staff Name: [Dropdown]

Region Code: R10

Site Name: Derry [Dropdown]

Referral Code: Parent/ Friend/ Self [Dropdown]

Start Date: 05/22/2015 [Dropdown]

Discharge Date: 00/00/0000 [Dropdown]

Waiver:

Status: Active [Dropdown]

Save Cancel Close

Edit Site Enrollment

Staff ID: 8

Staff Name: [Dropdown]

Region Code: R10

Site Name: Derry [Dropdown]

Referral Code: Parent/ Friend/ Self [Dropdown]

Start Date: 05/22/2015 [Dropdown]

Discharge Date: 00/00/0000 [Dropdown]

Waiver: [Dropdown]

Status: [Dropdown]

Save Cancel Close

Enter Discharge Date

September, 2016

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Today: 9/15/2016

Edit Site Enrollment

Staff ID: 8

Staff Name: [Dropdown]

Region Code: R10

Site Name: Derry [Dropdown]

Referral Code: Parent/ Friend/ Self [Dropdown]

Start Date: 05/22/2015 [Dropdown]

Discharge Date: 09/15/2016 [Dropdown]

Waiver:

Status: Active [Dropdown]

Save Cancel Close

Change Status from ACTIVE

Description	Code
Active	1
Care Plan/Goals Met	WW
Deceased	U
Declined Ongoing Services	I

- Go to the needs/goals tab
 - Change the Needs/Goals status from Ongoing to either Completed or Withdrawn and enter a Completed Date for all activities.
 - If this has not been completed the user will receive an error

10/30/2014		Family Strengths	Completed	03/11/201
10/30/2014		Family Needs	Completed	03/11/201
10/26/2015		Family Strengths	Ongoing	
10/30/2014		Family Strengths	Ongoing	
10/26/2015		Family Needs	Ongoing	
10/26/2015		Family Goals	Ongoing	

- Go to the Child Self Tab

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

PIH Case#: 64042015 Application Date: 05/22/2015 Updated: 05/22/2015 SMS Updated:

Last Name: First Name: MI: Suffix:

Birth Date: 04/16/2011 Age: 5 yrs, 4 mths Gender: MALE

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

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

PIH Case#: 64042015 Application Date: 05/22/2015 Updated: 05/22/2015 SMS Updated:

Last Name: First Name: MI: Suffix:

Birth Date: 04/16/2011 Age: 5 yrs, 4 mths Gender: MALE

Case Status: DISCHARGE Discharge Date: 09/15/2016

Change Active to Discharge – Discharge Date Auto Populates

DATA REQUIREMENTS FOR UPDATING AN APPLICATION

Picture guide of each screen: Explanation of what data should be updated

PIH ENTRY

CHILD/SELF TAB CHANGES

- **Open case by either using the search or entry by case number**
 - Complete an update for both Shared Records and PIH only the same way.
 - Shared Applications MUST be submitted to state office upon data entry/update completion
 - Non Shared Applications are not submitted to state office
- **Change the update date to equal the Signed application date**
 - **Review PIH Policy on Shared Applications and Update Dates before Changing.**
 - THE APPLICATION DATE is disabled and cannot be changed at this time

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**
 - Update any changes in address (residence/ mailing)
 - Update /add phone numbers
 - Primary phone is Mandatory
 - Update /add Email address

PIH Entry, Child/Self

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

PIH Case#: Application Date: 05/12/2015 Updated: 05/12/2015 SMS Updated:

Last Name: First Name: MI: Suffix:

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

Residence Address:

Addr 1: 69 DOLLARD ROAD Addr 2: State: NH Zip: 03032
 City: AUBURN Primary Phone: (603) Secondary Email:
 Secondary Phone: (000) 000-0000 Primary Email: County: Rockingham PIH Site: MANCHESTER
 School District: 15 Area Agency: 7

Mail Address:

Same as Residence:
 Addr 1: 69 DOLLARD ROAD Addr 2: State: NH Zip: 03032
 City: AUBURN

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

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

HOUSEHOLD /SELF TAB

- If Residence address has changed go to Household Self tab and update Adult 1/Adult 2
 - Uncheck and recheck the Resides with child check box
 - This will auto populate with the changes you made on the Child /Self Tab
 - Adults MUST reside with child
- Update any change in Siblings
 - Use Edit to change Age, SMS or PIH Enrollment Status
 - Remove siblings no longer in the Home or are over 20 years old.

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

Citizenship: US CITIZEN Language: ENGLISH
 Assistance Needed: NONE Household Type: MARRIED
 Relationship to Child: PARENT

Adult 1 In Home:

Resides with Child
 Last Name: First Name: MI: Suffix:
 Address 1: 22 LISCOMB CIRCLE Address 2: State: NH Zip: 03249
 City: GILFORD Primary Phone: Secondary Phone:

Adult 2 In Home:

Resides with Child
 Last Name: First Name: MI: Suffix:
 Address 1: 22 LISCOMB CIRCLE Address 2: State: NH Zip: 03249
 City: GILFORD Primary Phone: Secondary Phone:

Siblings in Home:

	Last Name	First Name	Gender	Age	SMS	PIH	PIH Case#
Add			FEMALE	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	61352015
Remove			MALE		<input type="checkbox"/>	<input type="checkbox"/>	
Edit			MALE		<input type="checkbox"/>	<input type="checkbox"/>	

View App | Delete Case | Save | Cancel | Close

INSURANCE TAB

- **Update Medical Verification Date**
 - Must be greater than or equal to the Update date
 - Review and adjust Doctor Information
- **Review Other services**
- **Insurance information**
 - Must be greater than or equal to the Update date
 - Update MCO and MCO # if they have changed since last applicaiton

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

Medical Verification:

Received:

Date: 05/06/2015 Received By: ID: 14

Doctor Name: DR CLARK

Doctor Address: IN AN OFFICE BUILDING NEXT TO HOSPITAL

Doctor Phone: (603) 285-9781

Other Services:

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

Insurance Information:

Last Updated: 05/06/2015

Insurance Type: Medicaid ONLY

Medicaid Eligible: YES

Medicaid Number:

MCO: Well Sense

MCO Number:

View App Delete Case Save Cancel Close

PROGRAMS TAB

- **Review Diagnosis**
 - Change date to match update date entered
 - Add as needed
 - When a diagnosis appears and the description is Unknown -Remove this row
- **Review SMS Shared status**
 - If SMS Case # is blank the case is not linked/shared with SMS

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

Site Enrollment:

Add	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Status
	1	14		02	Laconia	C	09/30/2011		<input type="checkbox"/>	1

ICD Diagnosis:

ICD Coding Last Updated: 05/06/2015

Add	Category	ICD	ICD Detail
	06 Diseases of the nervous system (G00 - G99)	G80.9	Cerebral palsy, unspecified
	10 Diseases of the respiratory system (J00 - J99)	J45.909	Unspecified asthma, uncomplicated

Active SMS Programs:

SMS Case#:

Staff ID	Staff Name	Program Code	Program Description	Start Date
Not Shared with SMS				

View App | Delete Case | **Save** | Cancel | Close

Active SMS Programs:

SMS Case#:

Staff ID	Staff Name	Program Code	Program Description	Start Date
111		020	Health Care Coordination	02/26/2009

Case is shared with SMS

SAVE

PROVIDERS TAB

(added in the March 2, 2018 release)

This tab is optional and can be completed at any time

Add	Active	Type	Office	Name	Address	Phone
-----	--------	------	--------	------	---------	-------

To add providers

Select ADD

A new window will open for data entry

- Active
 - Default to checked as active
 - Mandatory
- Type
 - Drop down to select type of provider as listed on the application
 - Mandatory
- Office
 - Name of the Office for the selected provider
 - Mandatory
- Name
 - Providers Name and credentials
 - Mandatory
- Phone
 - Providers Phone
 - Optional
- Address
 - Providers Location
 - Optional

Add Provider

Active:

Type:

Office:

Name:

Phone: () -

Address:

Save

Cancel

Close

- Select Save
 - to save the providers information
- Close

- Closed the pop up box
- Cancel
 - Will clear and not save data entered

If the Active box is unchecked the data will be saved but not printed on any reports, however it will be displayed and moved to the bottom of the provider grid

This will allow history to be kept for a client.

Providers:

Add	Active	Type	Office	Name	Address	Phone
	<input checked="" type="checkbox"/>	Specialist	FLAMINGO ROSE	HEDGEHOG ROLLINS	69 GREENSPACE AVE APT 5 LAUGHING PA 87954	() -
Remove	<input checked="" type="checkbox"/>	PCP	TREE HOUSE	WHITE RABBIT	4 1/5 MADDHATTER LANE QUEENSBORO CA 03256	() -
Edit	<input type="checkbox"/>	PCP	CHESIRE	ALICE TEA	6 SPADE PLACE MANHATTAN NY 63512	(603) 258-9741

- Edit
 - to adjust existing Information or to remove Active indicator
- Remove
 - Will delete the highlighted row

NEEDS AND GOALS

The information entered in this area can and will be used for Desk Audits rather than On Site Audits. Please make sure this area is utilized to the sites advantage.

These should be reviewed and updated at the time of updating an application.

- Review Activity and Status
 - Update Status of **each entry**
 - When completed enter a Completion date and change status.
 - If not yet completed Change Status to **CONTINUED**
- Add (NEW ENTRY) if Needs and Goals have changed
 - Cut and Paste can be done using the mouse and right click

Start Date	Staff Entry	Assigned To	Activity	Status	Expected #Days to Complete	Completed Date	#Days Until Goal Met	Continued Date
01/28/2016		Family and PSC	Family Goals	Ongoing	365			
01/28/2016		Family	Family Needs	Ongoing				
01/28/2016		Family	Family Strengths	Ongoing				
01/28/2016		FSC	Contact Note	Completed		01/28/2016	1	

Start Date: 01/28/2016 Activity: Family Goals Status: Ongoing Completed Date: Assigned To: Family and PSC Expected #Days to Complete: 365 Continued Date:

Comments:

View App Delete Entry New Entry Save Cancel Entry Close

SERVICES

All SERVICES are EDITALB E UNTIL SUBMITTED.

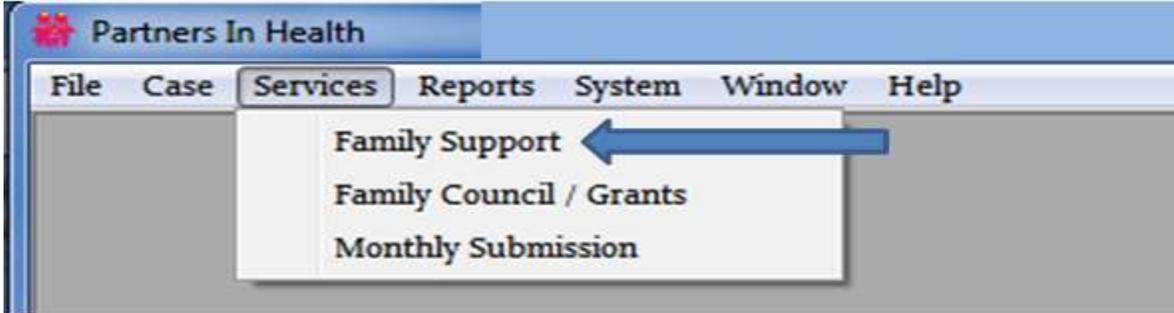
- After submission, only a PIH administration can edit a service.
- **ONLY ONE ENCOUNTER IS ALLOWED PER DAY,**
- Each encounter can have more than one type on the same day.

Each encounter can have one or more payments/disbursements attached to it.

- An encounter is required to enter a flex fund payment

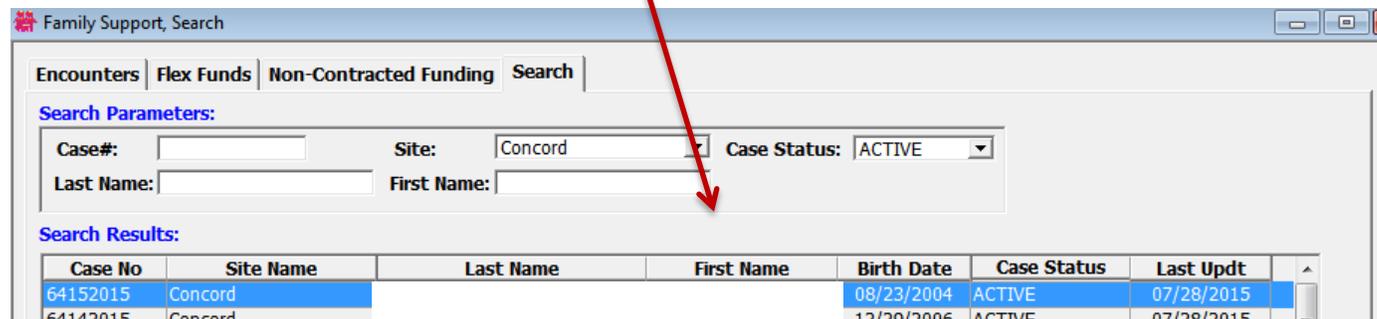
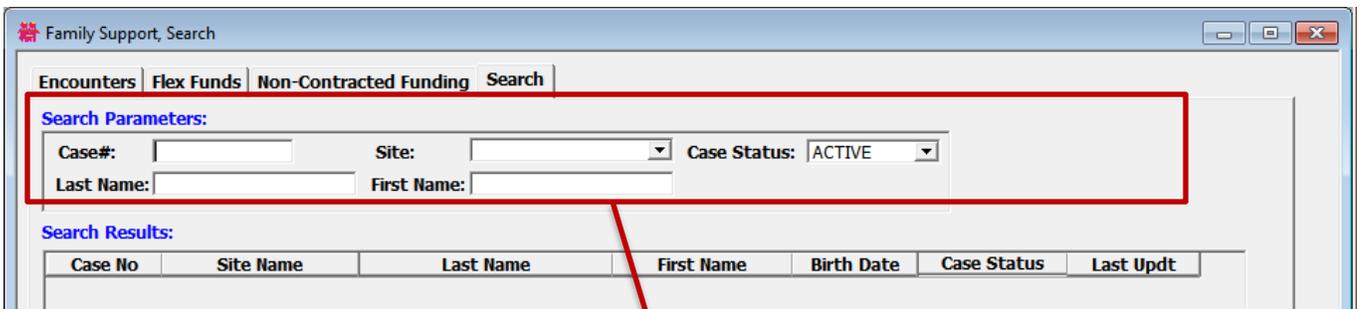
HOW TO ENTER AN ENCOUNTER

- Go to services
- Family Support



SEARCH

- Enter parameters
 - Site selection ONLY will display all **Active** clients in the selected Site.
- Select Retrieve
- Highlight/Select the client
 - Double click the row or
 - select Open to add the encounter information



- This will open the Encounter Tab for data entry
 - If the selected Client has previous Encounters they will appear in Encounters List (top Grid)
 - IF the selected client has not had an encounter the Encounter List will be blank
- Select New
- Enter Encounter information in the Encounter Details Section

Family Support, Encounters -

Encounters | Flex Funds | Non-Contracted Funding | Search

Encounters List: Case No: 34412015

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	3	01/05/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialty Medical Care	16-30 Minutes	01/31/2015
1	2	09/10/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insurance/Medicaid	31-45 Minutes	09/30/2014
1	1	08/27/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medication/Medical Supplies & DME	46-60 Minutes	08/31/2014

Encounter Details:

Client Name: Site: Concord Staff: Vacant, Concord

Enrollment #: 1 Enrollment Dt: 02/23/2009

Encounter #: 1 Submission Dt: 08/31/2014 Batch#: 2014040002

Service Dt: 08/27/2014 Encounter Type: Home: Phone: Email: Concern: Medication/Medical Supplies & DME

Comments:

Billed M'caid: Yes Time: 46-60 Minutes

FY Family Support Totals:

Fiscal Year	Flex Fund	Gift Card	Grants Disbursed	Family Assist.	Fuel Assist.	Total
07/01/2016-06/30/2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
07/01/2015-06/30/2016	\$113.00	\$0.00	\$0.00	\$0.00	\$0.00	\$113.00
07/01/2014-06/30/2015	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Adjust Delete **New** Save Cancel Close

- Enter Service Date
- Select Concern
- Check off the Encounter Type
- Review Medicaid Status
 - If billing Medicaid
 - change the Status to Yes
 - add a Comment to add further details to demonstrate Medicaid Billing Rules
- Select the amount of Time the encounter took to complete
- Save

Encounters List: Case No: 34412015

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	2	09/10/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insurance/Medicaid	31-45 Minutes	09/30/2014
1	1	08/27/2014	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Medication/Medical Supplies & DME	46-60 Minutes	08/31/2014
1		00/00/0000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Encounter Details:

Client Name: Site: Concord Staff: Vacant, Concord

Enrollment #: 1 Enrollment Dt: 02/23/2009

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

Service Dt: 00/00/0000 Encounter Type: Home: Phone: Email: Concern:

Comments:

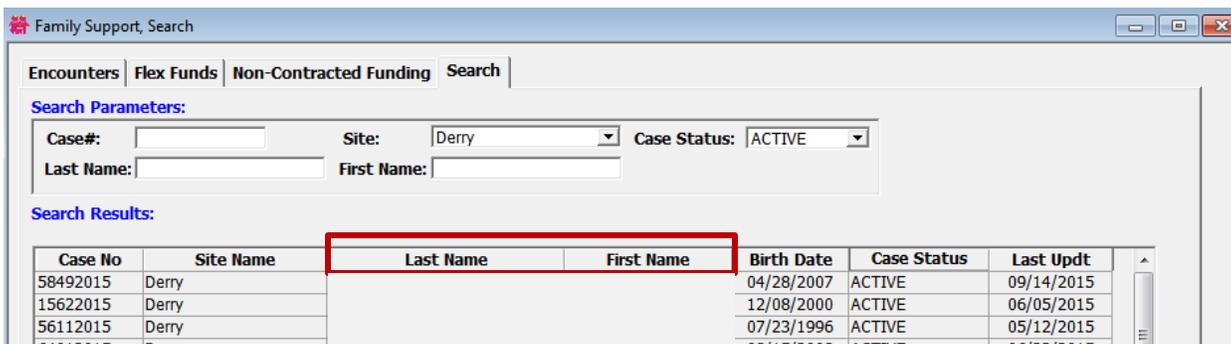
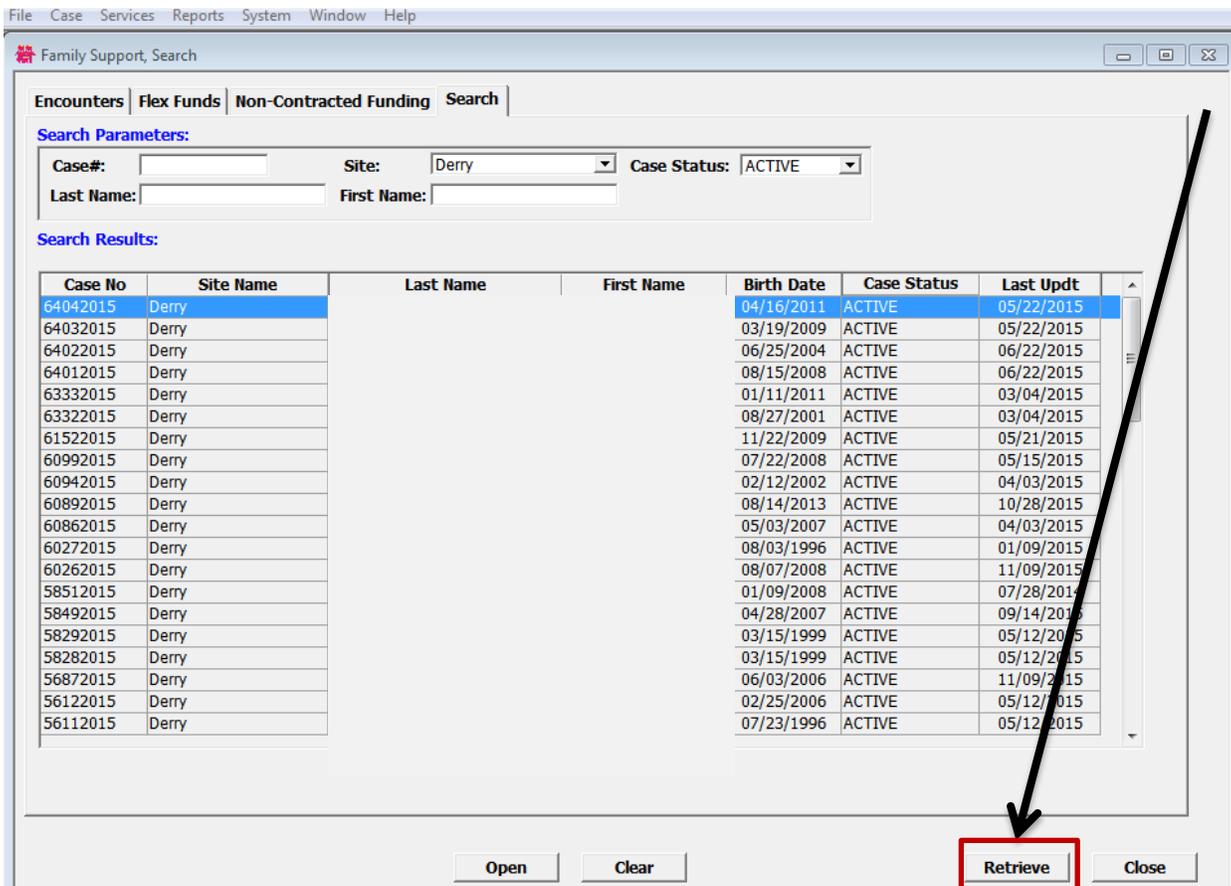
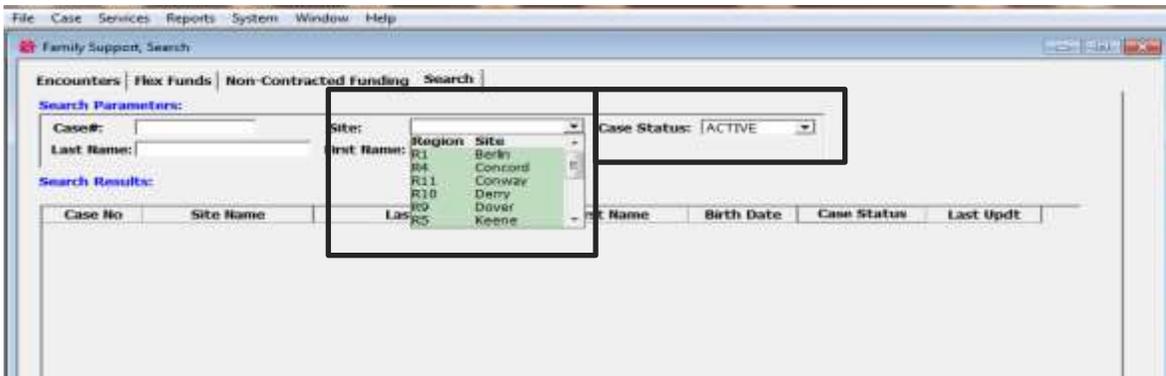
Billed M'caid: No Time:

ENTERING ALL ENCOUNTERS AT THE END OF THE MONTH

When entries are not done daily or weekly

- Open Family Support Search
- Go To Search Tab
- Case Status – Default to Active
- Site - Select your Site from drop down
- Select Retrieve

- This will display ALL active cases in the selected Site



- Click on the Header – Last Name
 - This will sort in descending order or click again and the order will be ascending
- (this can be done on either Last or First , order to be determined as to how you know your clients)
- Highlight the client to enter an Encounter /Flex
- Double click to open or use the open button at bottom of screen

Encounter Details:

Client Name: _____ Site: Derry Staff: Pennisi, Maura

Enrollment #: 1 Enrollment Dt: 09/03/2015

Encounter #: 9 Submission Dt: 12/18/2015 Batch#: 2016100005

Service Dt: 11/20/2015 Encounter Type _____ Concern: Household Needs (rent/food/utility/heat)

Encounters Flex Funds Non-Contracted Funding Search

Case No: 00262016 Opens to Encounter Tab

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	4	10/06/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Needs (rent/food/utility/h	31-45 Minutes	11/20/2015
1	3	10/01/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Needs (rent/food/utilty/h	31-45 Minutes	11/20/2015
1	2	09/05/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Needs (rent/food/utility/h	46-60 Minutes	10/19/2015
1	1	09/03/2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Care Management/Transition Plan	61-90 Minutes	10/19/2015
1		00/00/0000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Encounter Details: Enter Encounter Details

Client Name: _____ Site: Derry Staff: Pennisi, Maura

Enrollment #: 1 Enrollment Dt: 09/03/2015

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

Service Dt: 00/00/0000 Encounter Type _____ Concern: _____

Home: Phone: Email: Billed M'caid: No Time: _____

Comments: _____

Enrollment #: 1 Enrollment Dt: 09/03/2015

Encounter #: 10 Submission Dt: 00/00/0000 Batch#: _____

Service Dt: 10/02/2016 Encounter Type _____ Concern: Insurance/Medicaid

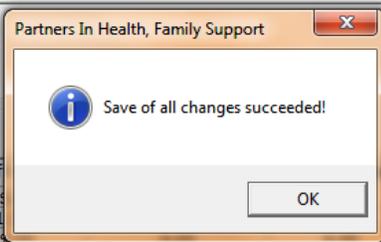
Home: Phone: Email: Billed M'caid: No Time: 15 Minutes or less

Comments: _____

Save (button at bottom of screen)

FY Family Support Totals:

Fiscal Year	Flex Fund	Gift	Fuel Assist.	Total
07/01/2016-06/30/2017	\$.00		\$.00	\$.00
07/01/2015-06/30/2016	\$.00	\$ 511.00	\$.00	\$ 511.00
07/01/2014-06/30/2015	\$.00		\$.00	\$.00



If Client has, more than one encounter then Select NEW again and add another Encounter for the Same Client.

Encounters **Flex Funds** Non-Contracted Funding Search

Selected Encounter:

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	10	10/02/2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insurance/Medicaid	15 Minutes or less	

Flex Funds List:

Payment#	Fund Type	Reason	Amount	Submitted	Batch#	Last Up
			\$.00			

If the Encounter entered has a Flex Fund to add, move to the Flex Fund Tab

Select **NEW** – Enter Flex Fund Information

Select **SAVE** – bottom of the screen.

- You can move back to Encounter tab to enter another encounter for the same client if you did not enter all the encounters first.
- Move to Non contracted Funding if needed for selected Case

Family Support, Search

Encounters **Flex Funds** Non-Contracted Funding **Search**

Search Parameters:

Case#: Site: Derry Case Status: ACTIVE

Last Name: First Name:

Search Results:

Case No	Site Name	Last Name	First Name	Birth Date	Case Status	Last Updt
58492015	Derry			04/28/2007	ACTIVE	09/14/2015
15622015	Derry			12/08/2000	ACTIVE	06/05/2015
56112015	Derry			07/23/1996	ACTIVE	05/12/2015
64012015	Derry			08/15/2008	ACTIVE	06/22/2015
64022015	Derry			06/25/2004	ACTIVE	06/22/2015
51622015	Derry			05/02/1995	ACTIVE	02/10/2015
63322015	Derry			08/27/2001	ACTIVE	03/04/2015
00262016	Derry			10/07/2009	ACTIVE	09/03/2015
32672015	Derry			03/19/2007	ACTIVE	03/06/2015
61522015	Derry			11/22/2009	ACTIVE	05/21/2015
60892015	Derry			08/14/2013	ACTIVE	10/28/2015
60862015	Derry			05/03/2007	ACTIVE	04/03/2015
60992015	Derry			07/22/2008	ACTIVE	05/15/2015
00422016	Derry			09/07/2012	ACTIVE	10/05/2015
00462016	Derry			10/28/2006	ACTIVE	10/28/2015
15632015	Derry			02/14/1997	ACTIVE	08/30/2015
26042015	Derry			07/31/2002	ACTIVE	09/26/2015
54042015	Derry			08/16/1995	ACTIVE	07/28/2014
24262015	Derry			04/17/2002	ACTIVE	04/24/2015
29492015	Derry			07/28/2004	ACTIVE	02/27/2015
60272015	Derry			08/03/1996	ACTIVE	01/09/2015
08862015	Derry			10/15/1995	ACTIVE	09/01/2015

Move back to the Search Tab

Client list remains in the order you left it

Select Next Client

METHOD 2

Go to Family Support

- Search
- If you know the client's Case number move Directly to the Encounters Tab

Encounters List:

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
----------	-----------	--------------	------	-------	-------	-----------------	---------	------	-----------------

- Type in the Client's Case Number
- Hit the ENTER KEY on your KEYBOARD
- This will populate all information
- Select NEW
 - Enter Encounter Details

When entering encounters using Method 2, after SAVE the user MUST CLOSE to clear the current clients information

User is unable to go back to the SEARCH

Encounters List: Case No: 60272015

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	7	05/04/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Needs (rent/food/utility/h	31-45 Minutes	07/07/2015
1	6	02/19/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Household Needs (rent/food/utility/h	16-30 Minutes	02/28/2015
1	5	02/18/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Household Needs (rent/food/utility/h	15 Minutes or less	02/28/2015

Encounter Details:

Client Name: Site: Derry Staff: Enrollment #: 1 Enrollment Dt: 11/27/2013 Encount #: 7 Submission Dt: 07/07/2015 Batch#: 2015100011 Service Dt: 05/04/2015 Encounter Type: Concern: Household Needs (rent/food/utility/heat) Billed M'caid: No Time: 31-45 Minutes

Comments: Electricity

FY Family Support Totals:

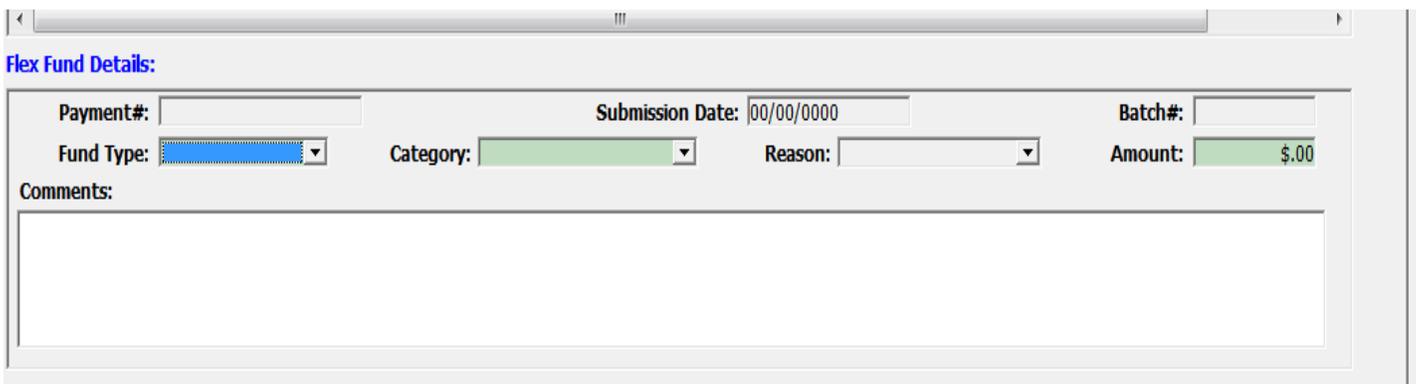
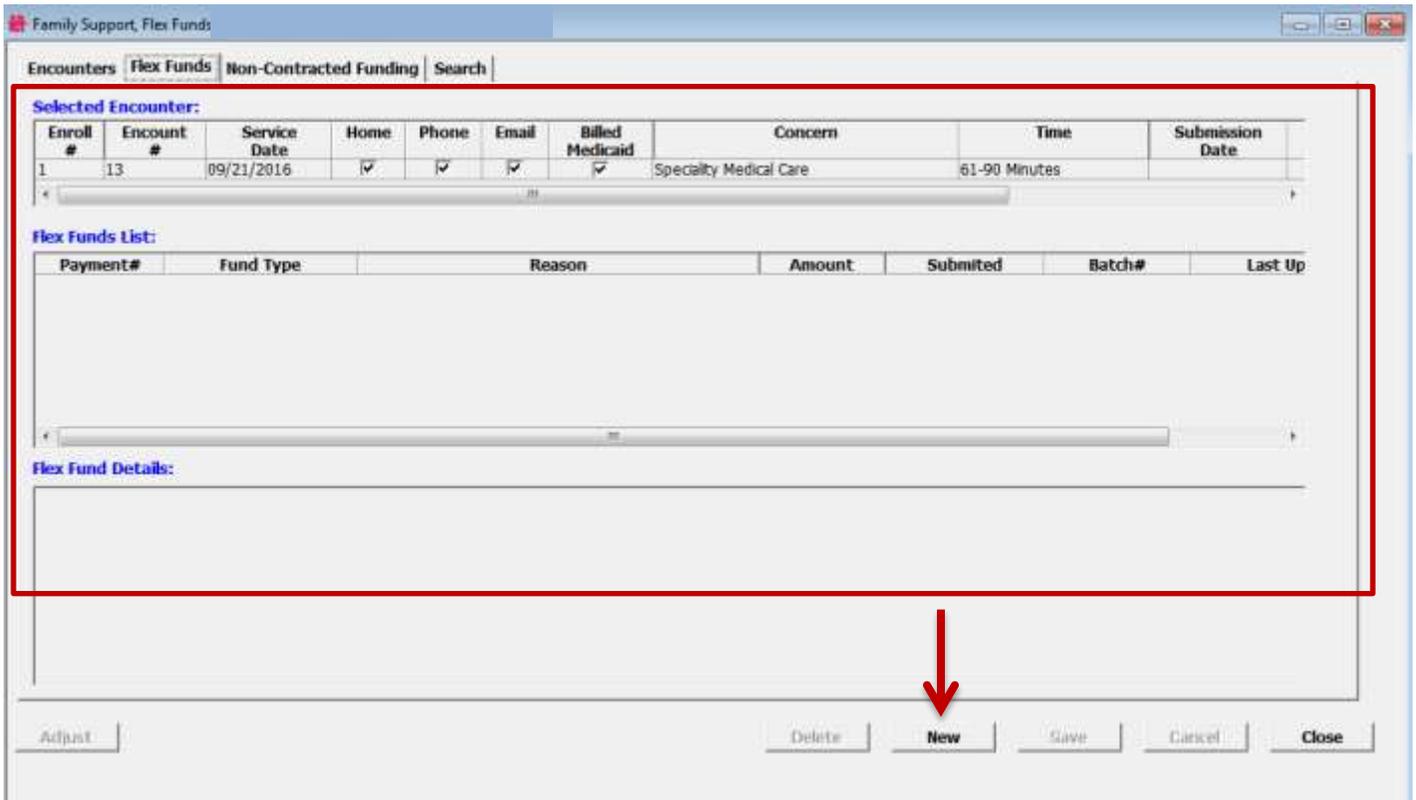
Fiscal Year	Flex Fund	Gift Card	Grants Disbursed	Family Assist.	Fuel Assist.	Total
07/01/2016-06/30/2017	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
07/01/2015-06/30/2016	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
07/01/2014-06/30/2015	\$600.00	\$155.00	\$100.00	\$.00	\$.00	\$855.00

Adjust Delete New Save Cancel Close

HOW TO ADD A FLEX FUND TO AN ENCOUNTER

AT THE SAME TIME (ENCOUNTER/FLEX)

- Enter the encounter
- After Save Select the Flex Fund Tab
 - This tab will open as Blank
 - Selected Encounter is listed at the top
- Select NEW
 - New will enable Flex Fund Details section



- Select a Fund Type
- Select a Category

- Select a Reason
- Enter in the Dollar Value of payment to family.
- Save

NOT AT THE SAME TIME (LATE ENTRY)

- Services
- Family Support
- Search
 - Find Client and open Encounter Record

Encounters | Flex Funds | Non-Contracted Funding | Search

Encounters List: Case No: 34412015

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date	Batch #
1	13	09/21/2016	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Specialty Medical Care	61-90 Minutes		
1	15	09/07/2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication/Medical Supplies & DME	31-45 Minutes		
1	14	08/28/2016	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Community Resources	16-30 Minutes		
1	12	10/13/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Community Resources	15 Minutes or less	11/04/2015	016040004

Encounter Details:

- From the Encounter Grid find the Encounter that relates to the Flex Fund Payment
 - The Selected Encounter MUST NOT have a Submission date
- Highlight the Encounter
- Select the Flex Funds Tab
- Select New
- Complete the Flex Fund Details
- Save

Encounters | Flex Funds | Non-Contracted Funding | Search

Selected Encounter:

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	15	09/07/2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication/Medical Supplies & DME	31-45 Minutes	

Flex Funds List:

Payment#	Fund Type	Reason	Amount	Submitted	Batch#	Last Up
			\$.00			

Flex Fund Details:

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

Fund Type: Category: Reason: Amount:

Comments:

Buttons: Add New | Delete | New | Save | Cancel | Close

MORE THAN ONE TYPE OF PAYMENT PER ENCOUNTER

Encounters can have more than one payment and or payment type to the same encounter..

- Select the Encounter
 - Double click highlighted row
- Select The Flex Fund Tab
 - If there is a previous payment attached to the encounter it will be displayed in the Flex Fund List
- Select NEW
- Complete the Flex Fund Details
- To add more than one at the same time
 - Select New after Save of previous
 - Add payment details.

Encounters
Flex Funds
Non-Contracted Funding
Search

Selected Encounter:

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	13	09/21/2016	✓	✓	✓	✓	Speciality Medical Care	61-90 Minutes	

Flex Funds List:

Payment#	Fund Type	Reason	Amount	Submitted	Batch#	Last Up
2	Flex Fund	Meals/Lodging (Travel)	\$200.00			MARGARET.A.BE
1	Gift Card	Gift Card (Gas/Grocery/Store)	\$50.00			MARGARET.A.BE
			\$.00			

List of all payments attached to the Encounter Selected.

Flex Fund Details:

Payment#:	<input type="text"/>	Submission Date:	<input type="text" value="00/00/0000"/>	Batch#:	<input type="text"/>
Fund Type:	<input type="text" value="Flex Fund"/>	Category:	<input type="text" value="Meals/Lodging (Travel)"/>	Reason:	<input type="text" value=""/>
Amount:		<input type="text" value="\$00"/>			

Comments:

Adjust
Delete
New
Save
Cancel
Close

NON- CONTRACTED FUNDING

- This funding does not require the client to have an encounter recorded on the date funding is given.
- This funding is not counted towards the \$750.00 threshold for review.
- This Funding is not displayed in the FY Family Support Totals on the Encounter Tab.
- These payments will be included in the Monthly Submission for the month submitted.
- The Invoiced amount will be by Service date
 - These may be entered at a later date than the date of service but will be reported in the service month.

FY Family Support Totals:

Fiscal Year	Flex Fund	Gift Card	Grants Disbursed	Family Assist.	Fuel Assist.	Total
07/01/2016-06/30/2017	\$200.00	\$50.00	\$.00	\$.00	\$.00	\$250.00
07/01/2015-06/30/2016	\$113.00	\$.00	\$.00	\$.00	\$.00	\$113.00
07/01/2014-06/30/2015	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00

Search

- Enter parameters
 - Site selection will bring all Active clients in the selected Site.
- Select Retrieve
- Highlight/Select the client
 - Double click the row or
 - select Open

Search Parameters:

Case#: Site: Case Status:

Last Name: First Name:

Search Results:

Case No	Site Name	Last Name	First Name	Birth Date	Case Status	Last Updt
01612018	Concord*			04/09/2002	ACTIVE	06/06/2018
01582018	Concord*			04/03/2013	ACTIVE	06/11/2018
01562018	Concord*			09/20/2011	ACTIVE	06/11/2018
01492018	Concord*			08/02/2014	ACTIVE	05/11/2018
01372018	Concord*			01/21/2018	ACTIVE	05/09/2018
01252018	Concord*			06/08/2005	ACTIVE	02/22/2018
01242018	Concord*			08/12/2004	ACTIVE	04/03/2018
01042018	Concord*			03/30/2018	ACTIVE	03/30/2018
01032018	Concord*			03/16/2011	ACTIVE	03/30/2018
00982018	Concord*			04/24/2008	ACTIVE	03/22/2018
00932018	Concord*			09/04/2007	ACTIVE	03/19/2018
00602018	Concord*			07/17/2000	ACTIVE	11/29/2017
00552018	Concord*			08/23/2016	ACTIVE	01/03/2018
00442018	Concord*			11/06/2016	ACTIVE	11/20/2017
00432018	Concord*			12/14/2009	ACTIVE	11/16/2017
00392018	Concord*			08/02/2009	ACTIVE	11/13/2017
00302018	Concord*			06/21/2007	ACTIVE	10/26/2017
00282018	Concord*			03/26/2004	ACTIVE	09/27/2017
00212018	Concord*			05/04/1998	ACTIVE	10/02/2017
00102018	Concord*			08/15/2014	ACTIVE	08/22/2017
00062018	Concord*			11/18/2005	ACTIVE	08/11/2017

Buttons: Open, Clear, Retrieve, Close

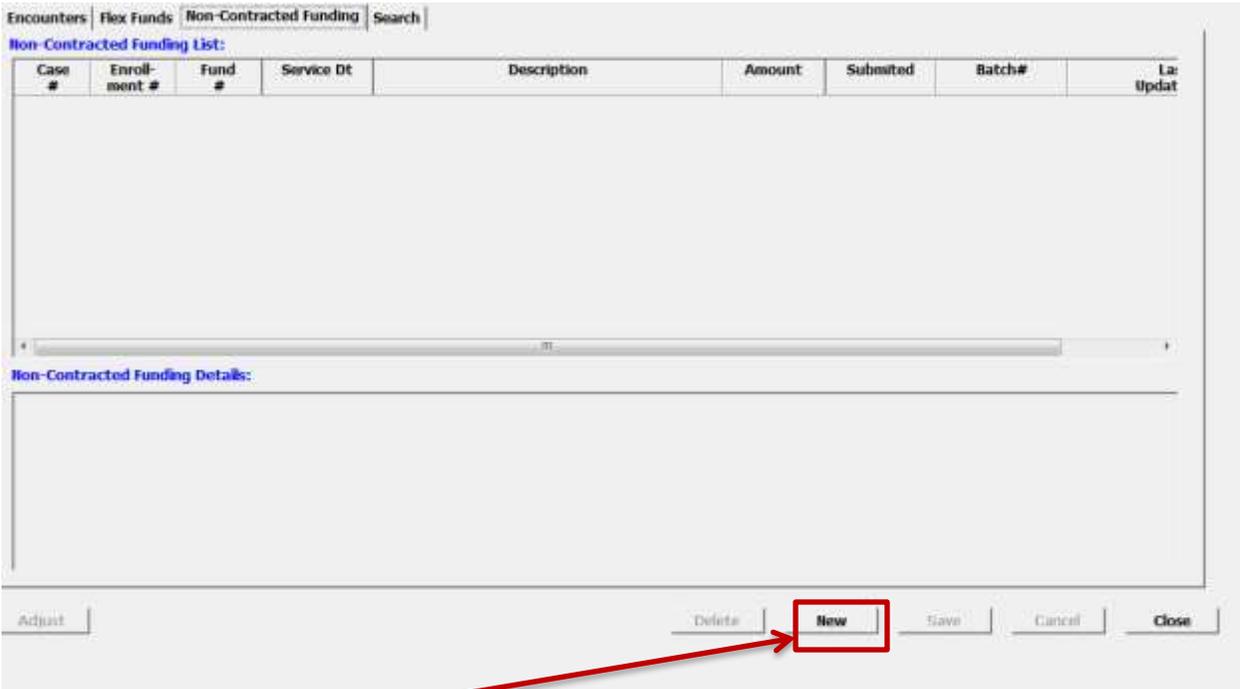
Opens at the Encounter tab

Select Non-Contracted Funding Tab

Encounters List: Case No: 50

Buttons: Enroll, Encount, Service, Home, Phone, Email, Billed

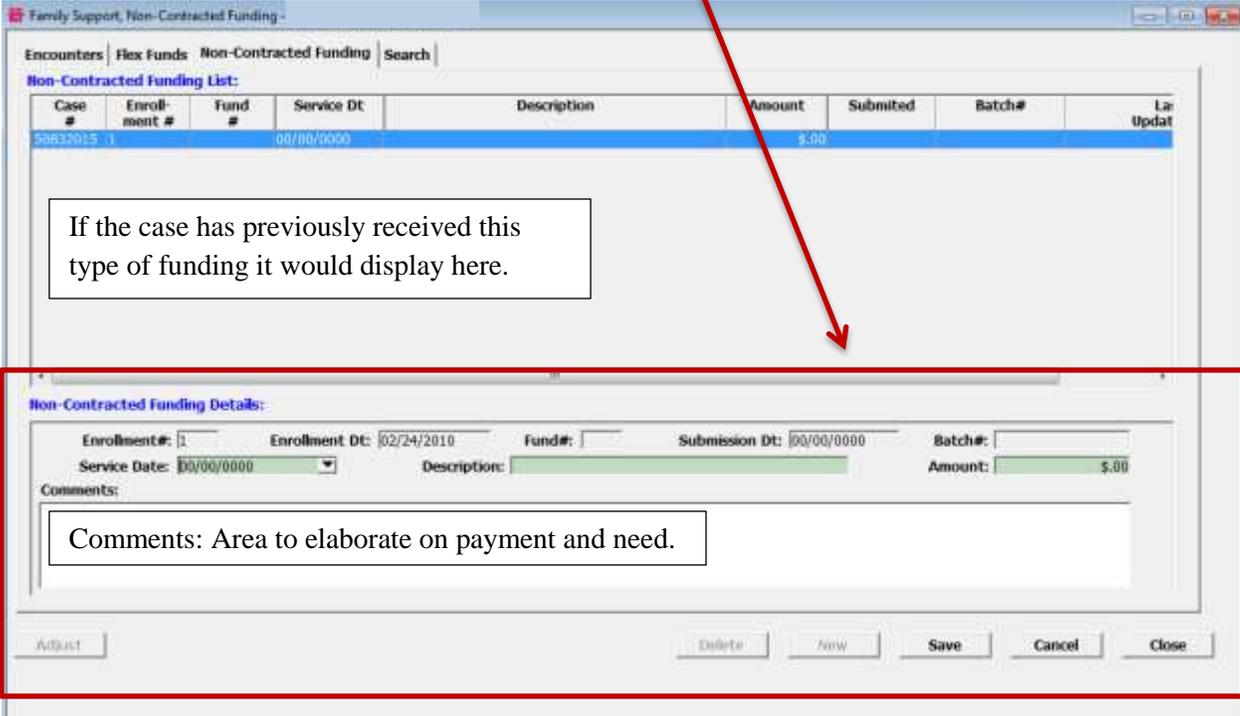
Opens Blank if no other funding has been received



Select **NEW**

Complete the Non-contracted Funding Details

SAVE

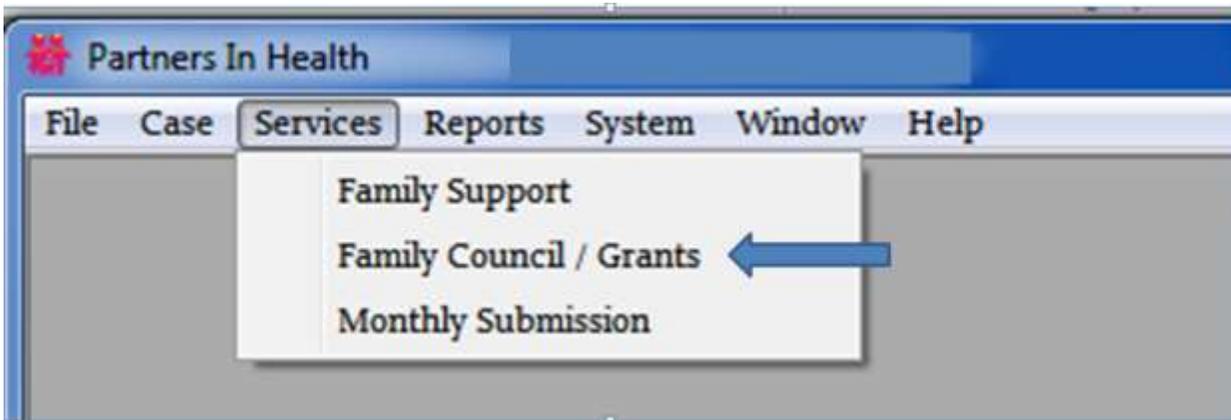


If the case has previously received this type of funding it would display here.

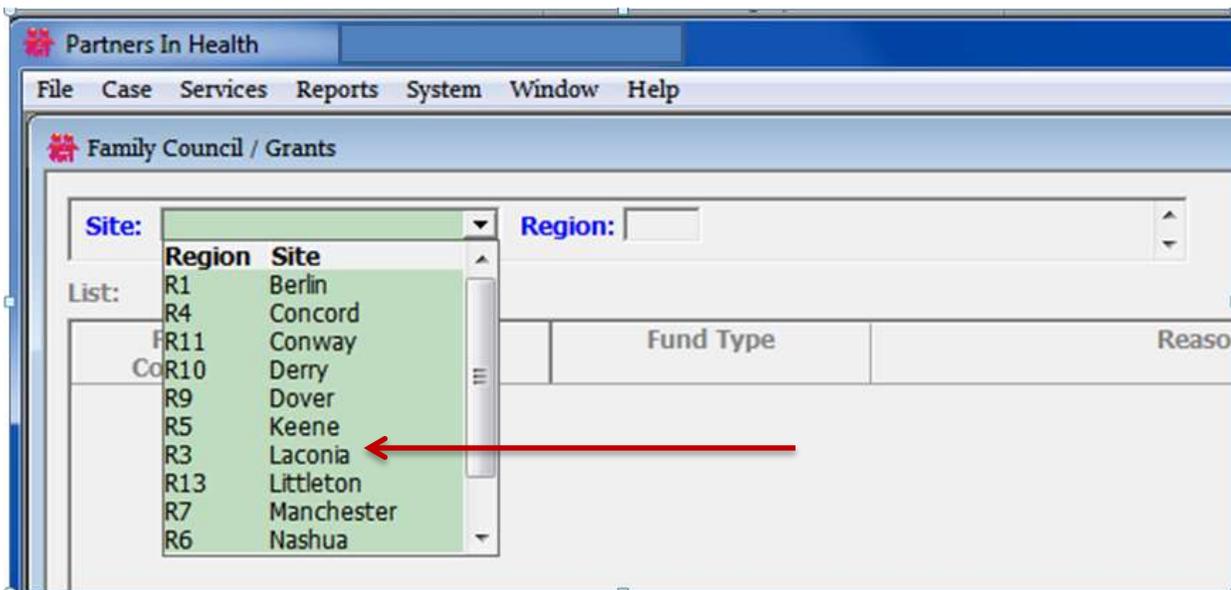
Comments: Area to elaborate on payment and need.

HOW TO ENTER FAMILY COUNCIL / GRANTS

- Entry for all Family Council Disbursements and Grants Received at Site or by Council
- DO NOT ENTER Grants that a family applied for and received total amount



Select Site from drop down list
Click on selected site



Previous entries that have and have not been submitted will display in the LIST (grid) below

Select NEW

- This will enable the Details section
 - A new row will be created with the next row number
- Complete the details section
 - Date of Service
 - Fund Type
 - Reason
 - Amount
 - Comments

SAVE

Continue to enter all entries by using the NEW button to create additional rows
Save between each entry to not loose data.

MONTHLY SUBMISSION (PROCESS UPDATED – REVIEW PAGE 74)

Site: Laconia Region: R3

Previous Entries

List:

Family Council #	Service Date	Fund Type	Reason	Amount	Submitted	Batch#	Upd
2	03/09/2015	Family Council	Meeting Cost	\$34.77	03/31/2015	2015030009	PIH08P
6	02/18/2015	Flex Fund	Gift Card Purchased	\$125.00	02/28/2015	2015030008	PIH08P
5	02/18/2015	Flex Fund	Gift Card Purchased	\$250.00	02/28/2015	2015030008	PIH08P
17	01/26/2015	Family Council	Meeting Cost	\$297.66	01/31/2015	2015030007	PIH08P
11	01/12/2015	Family Council	Meeting Cost	\$32.00	01/31/2015	2015030007	PIH08P
15	01/26/2015	Flex Fund	Meeting Cost	\$74.00	01/31/2015	2015030007	PIH08P
1	01/26/2015	Family Council	Meeting Cost	\$297.66	01/31/2015	2015030007	PIH08P
14	01/26/2015	Flex Fund	Meeting Cost	\$74.00	01/31/2015	2015030007	PIH08P
13	12/08/2014	Family Council	Meeting Cost	\$84.01	12/31/2014	2014030006	PIH08P
3	11/04/2014	Family Council	Meeting Cost	\$28.29	11/30/2014	2014030005	PIH08P
16	11/11/2014	Family Council	Gift Card Purchased	\$125.00	11/30/2014	2014030005	PIH08P
12	10/07/2014	Family Council	Meeting Cost	\$37.17	10/31/2014	2014030004	PIH08P
18	10/21/2014	Family Council	Meeting Cost	\$98.00	10/31/2014	2014030004	PIH08P
10	07/08/2014	Family Council	Meeting Cost	\$117.45	07/31/2014	2014030001	PIH08P
7	07/22/2014	Family Council	Meeting Cost	\$19.00	07/31/2014	2014030001	PIH08P
00/00/0000				\$0.00			

Details:

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

Service Date: 00/00/0000 Fund Type: _____ Reason: _____ Amount: \$0.00

Comments: **New created a new row and enabled the Details Section**

Adjust Delete New Save Cancel Close

NOT SUBMITTED

If the SUBMITTED column does not display a date, the payment has not been submitted.

- These entries can be adjusted until they are submitted

Family Council / Grants; Site R3 - Laconia

Site: Laconia Region: R3

Not yet Submitted (no submission date)

List:

Family Council #	Service Date	Fund Type	Reason	Amount	Submitted	Batch#	Upd
38	01/26/2016	Family Council	Events	\$227.83			MARY.P.MIRK
27	01/11/2016	Family Council	Events	\$23.80			MARY.P.MIRK
36	12/10/2015	Family Council	Gift Card Purchased	\$150.00	01/05/2016	2016030006	MARY.P.MIRK
35	12/01/2015	Family Council	Gift Card Purchased	\$125.00	01/05/2016	2016030006	MARY.P.MIRK
34	11/27/2015	Grants Received	Grants Received	\$200.00	12/01/2015	2016030005	MARY.P.MIRK
33	11/09/2015	Family Council	Meeting Cost	\$27.41	12/01/2015	2016030005	MARY.P.MIRK
32	10/16/2015	Flex Fund	Gift Card Purchased	\$250.00	11/03/2015	2016030004	MARY.P.MIRK
31	10/13/2015	Family Council	Meeting Cost	\$22.02	11/03/2015	2016030004	MARY.P.MIRK
29	09/23/2015	Family Council	Gift Card Purchased	\$150.00	09/30/2015	2016030003	MARY.P.MIRK
30	09/22/2015	Grants Received	Grants Received	\$200.00	09/30/2015	2016030003	MARY.P.MIRK
27	09/04/2015	Family Council	Gift Card Purchased	\$125.00	09/30/2015	2016030003	MARY.P.MIRK
28	09/09/2015	Family Council	Events	\$76.29	09/30/2015	2016030003	MARY.P.MIRK
26	07/01/2015	Family Council	Events	\$1,139.97	09/01/2015	2016030002	MARY.P.MIRK
25	08/04/2015	Family Council	Gift Card Purchased	\$180.00	09/01/2015	2016030002	MARY.P.MIRK

To adjust this entry

- Highlighting the row will enable the details section so that the entry can be adjusted.
 - Note the FC # will be the row that is being adjusted

Family Council / Grants; Site R3 - Laconia

Site: Laconia Region: R3

List:

Family Council #	Service Date	Fund Type	Reason	Amount	Submitted	Batch#	Upd
38	01/26/2016	Family Council	Events	\$227.83			MARY.P.MIRK
36	12/10/2015	Family Council	Gift Card Purchased	\$150.00	01/05/2016	2016030006	MARY.P.MIRK
35	12/01/2015	Family Council	Gift Card Purchased	\$125.00	01/05/2016	2016030006	MARY.P.MIRK
34	11/27/2015	Grants Received	Grants Received	\$200.00	12/01/2015	2016030005	MARY.P.MIRK
33	11/09/2015	Family Council	Meeting Cost	\$27.41	12/01/2015	2016030005	MARY.P.MIRK
32	10/16/2015	Flex Fund	Gift Card Purchased	\$250.00	11/03/2015	2016030004	MARY.P.MIRK
31	10/13/2015	Family Council	Meeting Cost	\$22.02	11/03/2015	2016030004	MARY.P.MIRK
29	09/23/2015	Family Council	Gift Card Purchased	\$150.00	09/30/2015	2016030003	MARY.P.MIRK
30	09/22/2015	Grants Received	Grants Received	\$200.00	09/30/2015	2016030003	MARY.P.MIRK
27	09/04/2015	Family Council	Gift Card Purchased	\$125.00	09/30/2015	2016030003	MARY.P.MIRK
28	09/09/2015	Family Council	Events	\$76.29	09/30/2015	2016030003	MARY.P.MIRK
26	07/01/2015	Family Council	Events	\$1,139.97	09/01/2015	2016030002	MARY.P.MIRK
25	08/04/2015	Family Council	Gift Card Purchased	\$180.00	09/01/2015	2016030002	MARY.P.MIRK
24	07/14/2015	Family Council	Gift Card Purchased	\$250.00	08/04/2015	2016030001	MARY.P.MIRK
23	07/13/2015	Family Council	Meeting Cost	\$33.68	08/04/2015	2016030001	MARY.P.MIRK

Details:

FC#: 38 Submission Date: 00/00/0000 Batch#:

Service Date: 01/26/2016 Fund Type: Family Council Reason: Events Amount: \$227.83

Comments:
PIH Movie Day at Smitty's in Titon

Adjust Delete New Save Cancel Close

Save updated Changes

Family Council / Grants; Site R3 - Laconia

Site: Laconia Region: R3

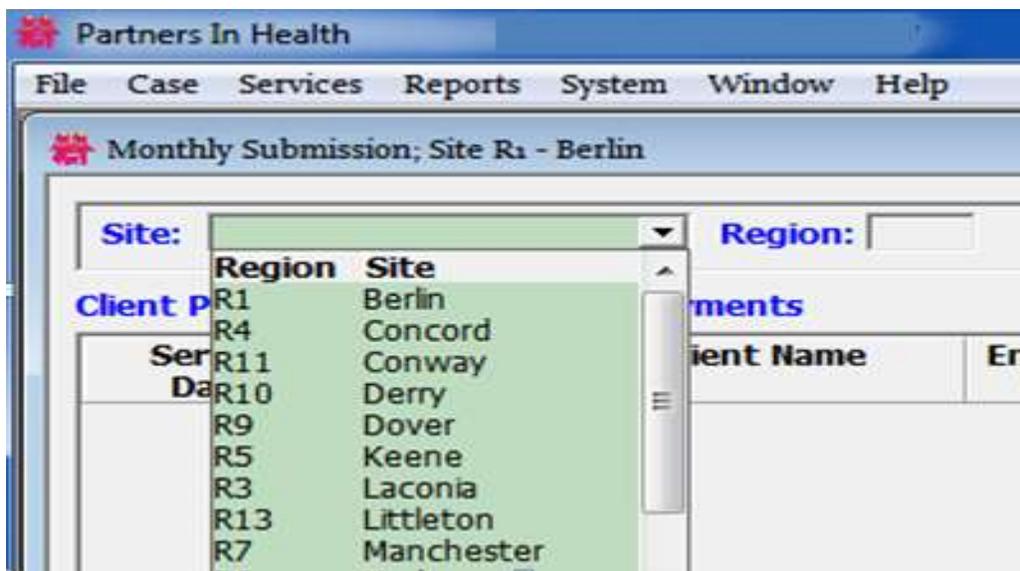
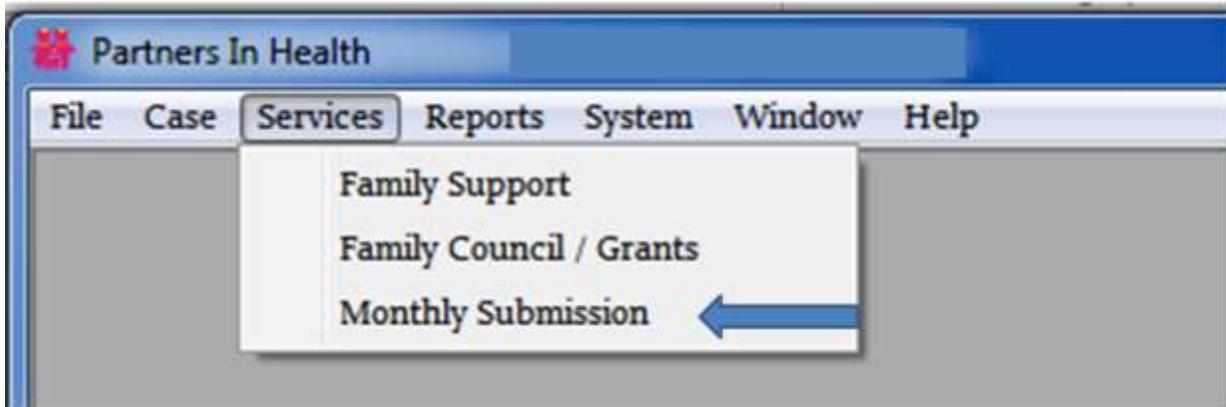
List:

Family Council #	Service Date	Fund Type	Reason	Amount	Submitted	Batch#	Upd
38	01/26/2016	Family Council	Events	\$227.83			MARY.P.MIRK
37	01/11/2016	Family Council	Events	\$32.80			MARY.P.MIRK
36	12/10/2015	Family Council	Gift Card Purchased	\$150.00	01/05/2016	2016030006	MARY.P.MIRK
35	12/01/2015	Family Council	Gift Card Purchased	\$125.00	01/05/2016	2016030006	MARY.P.MIRK
34	11/27/2015	Grants Received	Grants Received	\$200.00	12/01/2015	2016030005	MARY.P.MIRK
33	11/09/2015	Family Council	Meeting Cost	\$27.41	12/01/2015	2016030005	MARY.P.MIRK
32	10/16/2015	Flex Fund	Gift Card Purchased	\$250.00	11/03/2015	2016030004	MARY.P.MIRK
31	10/13/2015	Family Council	Meeting Cost	\$22.02	11/03/2015	2016030004	MARY.P.MIRK
29	09/23/2015	Family Council	Gift Card Purchased	\$150.00	09/30/2015	2016030003	MARY.P.MIRK
30	09/22/2015	Grants Received	Grants Received	\$200.00	09/30/2015	2016030003	MARY.P.MIRK
27	09/04/2015	Family Council	Gift Card Purchased	\$125.00	09/30/2015	2016030003	MARY.P.MIRK
28	09/09/2015	Family Council	Events	\$76.29	09/30/2015	2016030003	MARY.P.MIRK
26	07/01/2015	Family Council	Events	\$1,139.97	09/01/2015	2016030002	MARY.P.MIRK
25	08/04/2015	Family Council	Gift Card Purchased	\$180.00	09/01/2015	2016030002	MARY.P.MIRK

Entries with a Submitted date and Batch Number will need to be adjusted by PIH Administration

MONTHLY SUBMISSION

- The method used to electronically submit the sites Encounter and Funding disbursements made in a selected period.
- More than one submission per month is allowed
- All enters are considered pending until submitted
 - Not having a submission date or batch date
- After a submission is completed and Email will be sent to the person who completed the submission and PIH administration, this should be done prior to sending in a paper invoice.



- Select Site from Drop down

Client Pending Encounter and Payments (top grid)

This Grid is disabled and data cannot be changed in the grid

- Displays the selected Site entries that have not been submitted
 - Encounters with or without disbursements
- REVIEW ALL ENTIRES (examples of POSSIBLE ERRORS)
 - Encounter entered without a disbursement
 - Wrong amount entered
 - Wrong Funding type used
 - Medicaid Billable
 - All of these can be adjusted by the user prior to submission.
 - ADJUSTEMTS ARE DONE ON THE ENCOUNTER/FLEX FUND TAB

- Open the record from Search and make the adjustments.
 - The View Button will print a report identical to the grid that can be printed and easier to read and review.
 - Can utilize to make corrections on and then transfer them back to the system

**Partners 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			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	1
04/13/2015			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.11	1
04/14/2015			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 22.22	1
04/15/2015			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 11.11	1
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	\$ -	
04/08/2015	\$ 700.00	\$ -	\$ -	
04/16/2015	\$ -	\$ -	\$ 45.00	
04/22/2015	\$ -	\$ 65.23	\$ -	
04/20/2015	\$ 500.00	\$ -	\$ -	
04/21/2015	\$ -	\$ -	\$ 20.00	
04/24/2015	\$ 300.00	\$ -	\$ -	
Total	\$ 1500.00	\$ 117.58	\$ 65.00	

TO MAKE A CORRECTION

- Open the record from the Encounter Search Tab
 - Highlight the Encounter
- IN the Encounter Details grid adjust the entry
- SAVE

Encounters List: Case No: 64012015

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	9	10/04/2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speciality Medical Services	16-30 Minutes	
1	6	11/18/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Care Management/Transition Plan	15 Minutes or less	12/18/2015
1	5	11/17/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Care Management/Transition Plan	46-60 Minutes	12/18/2015
1	8	11/13/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Care Management/Transition Plan	15 Minutes or less	12/18/2015
1	7	11/01/2015	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Household Needs (rent/food/utility/h	15 Minutes or less	12/18/2015

Encounter Details:

Client Name:	Site: Derry	Staff:
Enrollment #: 1	Enrollment Dt: 06/22/2015	
Encounter #: 9	Submission Dt: 00/00/0000	Batch#:
Service Dt: 10/04/2016	Encounter Type	Concern: Speciality Medical Services
Home: <input type="checkbox"/>	Phone: <input checked="" type="checkbox"/>	Email: <input type="checkbox"/>
Comments:	Billed M'caid: No	Time: 16-30 Minutes

- Move to the Flex Fund Tab if the adjustment is needed in the disbursement
 - Highlight the row to adjust in the flex Fund List
- Make the adjustments in the Flex Fund Details

Selected Encounter:

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	9	10/04/2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialty Medical Services	16-30 Minutes	

Flex Funds List:

Payment#	Fund Type	Reason	Amount	Submitted	Batch#	Last Up
1	Flex Fund	In Home Support Services	\$2,500.00			MARGARET.A

Flex Fund Details:

Payment#: 1 Submission Date: 00/00/0000 Batch#:
Fund Type: Flex Fund Category: Professional Fees Reason: In Home Support S Amount: \$2,500.00

Comments:

Save

- After all entries have been reviewed
 - Submit Entries

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		1	1	<input 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		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		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		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		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		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		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		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

After a full review Submit

View Report Submit Entries Close

Submissions should be submitted at the end of every month, this will clear this window.

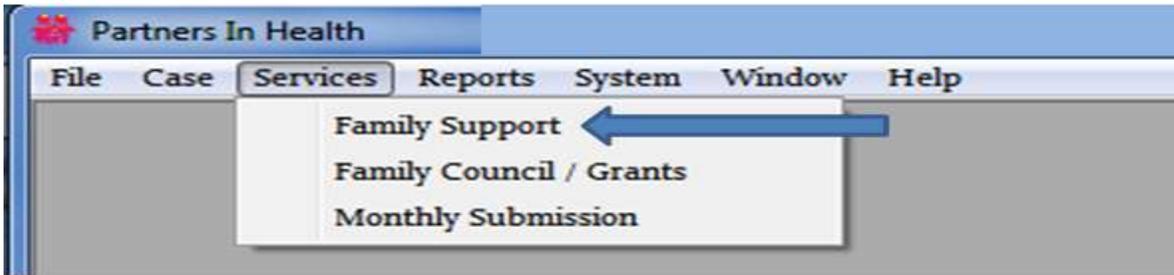
ALL pending entries will be submitted at the same time.

[REVIEW UPDATED VERSION FOR COMPLETEING A MONTHLY SUBMISSION](#)

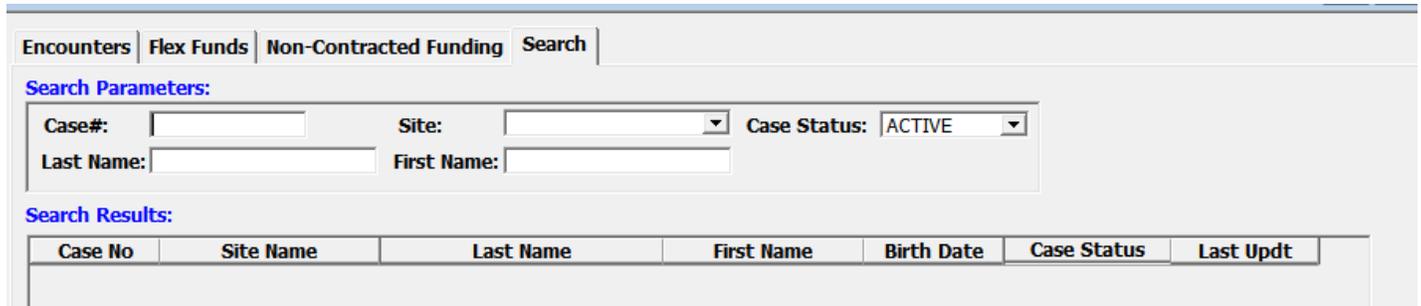
SERVICES – DATA DEFINITION AND REQUIREMENTS

PICTURE GUIDE OF EACH SCREEN: EXPLANATION OF WHAT/ HOW DATA SHOULD BE ENTERED

FAMILY SUPPORT



SEARCH TAB



- Opens to Search Tab
 - Enter Search Parameters
 - Case Status is defaulted to ACTIVE
 - When Entering by Name ONLY enter the first 3 letters of EITHER First Name **OR** Last Name
 - This will display all records with a similar spelling
 - This will help find records that may have had a name misspelled previously
- Search by Site ONLY
 - Displays Clients with in the site selected
 - And selected case status
- ACTION BUTTONS AT BOTTOM OF SCREEN
 - OPEN
 - Opens the selected/highlighted case
 - CLEAR
 - Clears the screen and/or search parameters
 - RETRIEVE
 - To display cases based on Search parameters
 - CLOSE
 - Closes the Services tabs

SECTIONS OF AN ENCOUNTER

Encounters List: Case No: 64082015

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	2	09/23/2015	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recreation/Daycare	31-45 Minutes	10/01/2015
1	1	07/09/2015	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Care Management/Transition Plan	91-120 Minutes	07/30/2015
1		00/00/0000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Encounter Details:

Client Name: [disabled] Site: Berlin Staff: Bernier, Joyce
 Enrollment #: 1 Enrollment Dt: 06/29/2015
 Encounter #: [disabled] Submission Dt: 00/00/0000 Batch#: [disabled]
 Service Dt: 00/00/0000 Encounter Type: [dropdown] Concern: [dropdown]
 Home: Phone: Email: Billed M'caid: No Time: [dropdown]
 Comments: [text area]

- ENCOUNTER LIST
 - Displays selected case/clients previous encounters
 - Grid can be sorted by any column header

Encounter Details:

Client Name: [disabled] Site: Berlin Staff: Bernier, Joyce
 Enrollment #: 1 Enrollment Dt: 06/29/2015
 Encounter #: [disabled] Submission Dt: 00/00/0000 Batch#: [disabled]
 Service Dt: 00/00/0000 Encounter Type: [dropdown] Concern: [dropdown]
 Home: Phone: Email: Billed M'caid: No Time: [dropdown]
 Comments: [text area]

- ENCOUNTER DETAILS

Where to enter new encounter information

- Client Name, Site, Staff , Enrollment # and Date , Encounter # and Submission date are all disabled.
 - Data is populated by the database
- Service Date
 - Date of the Encounter
 - Cannot be a future date
 - Cannot be backdated greater than one year
- Encounter Type
 - One or more check boxes may be selected as the type of encounter /contact made
 - At least one box must be checked
- Concern
 - List of concerns that the encounter may be about

- Select the one that is most likely why the contact was made
 - One must be selected
- Billed M'Caïd
 - If the encounter is able to be billed to NH Medicaid
 - Default is NO
- Time
 - Length of time spent on the encounter
 - If 2 in one day increase the length of time by 15 minute increments
- Comments
 - Details about the encounter/contact made
 - For auditing purposes
 - Should be clear and concise , especially when funding is attached to the encounter
 - Cut and Paste is available by mouse
 - Up to 1000 characters can be entered

FY Family Support Totals:

Fiscal Year	Flex Fund	Gift Card	Grants Disbursed	Family Assist.	Fuel Assist.	Total
07/01/2016-06/30/2017	\$.00	\$.00	\$.00	\$.00	\$.00	\$.00
07/01/2015-06/30/2016	\$561.01	\$280.00	\$.00	\$.00	\$.00	\$841.01
07/01/2014-06/30/2015	\$.00	\$150.00	\$24.00	\$.00	\$.00	\$174.00

- **FY FAMILY TOTALS**

- Shows total of funding given to client per year
- Display only
- Row will be red when clients total disbursements reach \$750.00
 - Total includes Grant disbursements
 - Total doesn't include Grants Applied for and Received
 - Total doesn't include Non-Contracted Funding

The screenshot shows the 'Partners In Health' software interface. The main window is titled 'Family Support, Encounters - Case #63552015'. It features a menu bar (File, Case, Services, Reports, System, Window, Help) and a toolbar. The 'Encounters List' table is visible, with columns for Enroll #, Encount #, Service Date, Home, Phone, Email, Billed Medicaid, Concern, Time, and Subr D. A blue arrow points to the first row of the table. Below the table is the 'Encounter Details' section, which includes fields for Client Name, Enrollment #, Enrollment Dt, Billed Medicaid, Site, Encounter #, Service Dt, Encounter Type, Staff, Submission Dt, Batch#, Concern, and Time. A blue arrow points to the 'Encounter Details' section. At the bottom of the window is the 'FY Family Support Totals' table, which is highlighted in red. A blue arrow points to this table. The table has columns for Fiscal Year, Flex Fund, Family Assist., Grants Disbursed, Gift Card, Fuel Assist., and Total. The bottom of the window contains buttons for Adjust, Delete, New, Save, Cancel, and Close.

FLEX FUNDS TAB

Area where all funding expenditures are listed for individual clients, Every flex fund must have a completed encounter/contact.

Selected Encounter:

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	19	10/10/2016	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medication/Medical Supplies & Equipment	16-30 Minutes	

Flex Funds List:

Payment#	Fund Type	Reason	Amount	Submitted	Batch#	Last Up
1	Gift Card	Gift Card (Gas/Grocery/Store)	\$75.00			
			\$.00			

Flex Fund Details:

Payment#: <input type="text"/>	Submission Date: <input type="text" value="00/00/0000"/>	Batch#: <input type="text"/>
Fund Type: <input type="text"/>	Category: <input type="text"/>	Reason: <input type="text"/>
Amount: <input type="text" value="\$.00"/>		
Comments: <div style="border: 1px solid gray; height: 40px; width: 100%;"></div>		

- Selected Encounter
 - Displays the encounter selected to add funding expenditures to
 - This encounter cannot have a Submission Date
- Flex Fund List
 - Displays all Funding that is attached to a n individual encounter
- Flex Fund Details
 - Payment number ,submission date and batch number are disabled
 - Data will be completed by the database
 - Fund Type
 - Select the type or funding source given
 - Category
 - Upper level group of How the funding was used / or used on
 - Reason
 - Detail from the large group of how funding was used
 - Amount
 - Total amount given to family from the funding source
 - If giving more than one gift card – enter the total amount given and comment as to how many and to where.
 - Comments
 - Detail of what and why funding was given to a family

FUND TYPE	WHAT GOES WITH THE FUND TYPE AND HOW TO RECORD
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)

NON-CONTRACTED FUNDING

Where to record the additional site funding when disbursed to a client. Funding is not part of the contract funding the site receives.

Encounters | Flex Funds | **Non-Contracted Funding** | Search

Non-Contracted Funding List:

Case #	Enrollment #	Fund #	Service Dt	Description	Amount	Submitted	Batch#	La Updat
568020151			00/00/0000		\$.00			

Non-Contracted Funding Details:

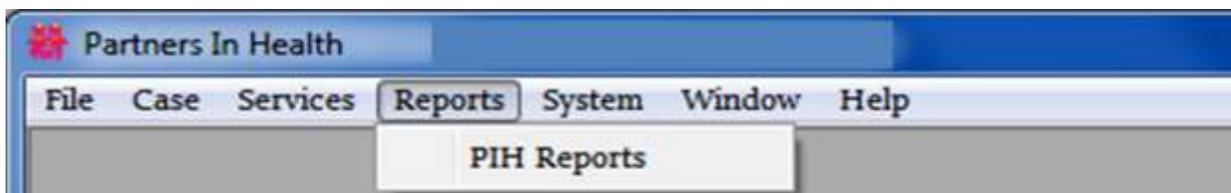
Enrollment#: Enrollment Dt: Fund#: Submission Dt: Batch#:
 Service Date: Description: Amount:
 Comments:

- Non-Contracted Funding List
 - Grid displays all funding in this category given to selected client
- Non Contracted Funding Details
 - Disabled Fields (data auto populated by system)
 - Enrollment #, Enrollment Date, Fund #, Submission Dt, Batch #
 - Service Date (mandatory)
 - Date of disbursement
 - Description (mandatory)
 - What the funding will be used for
 - Amount (mandatory)
 - Comments
 - Any additional information about the funding

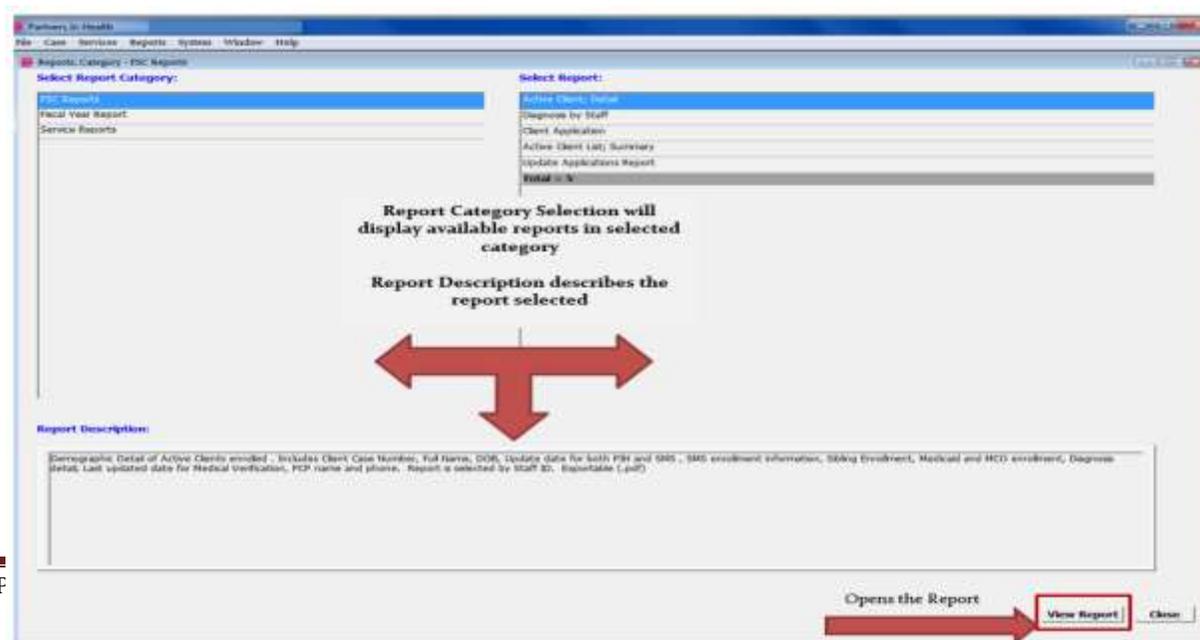
MONTHLY SUBMISSIONS

- Displays all unsubmitted entries.
- Entires should be submitted monthly
- Enties should match amount listed on Monthly Invoice.

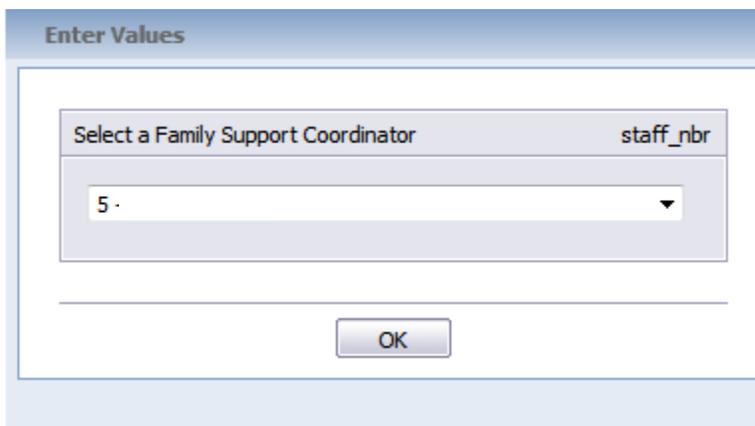
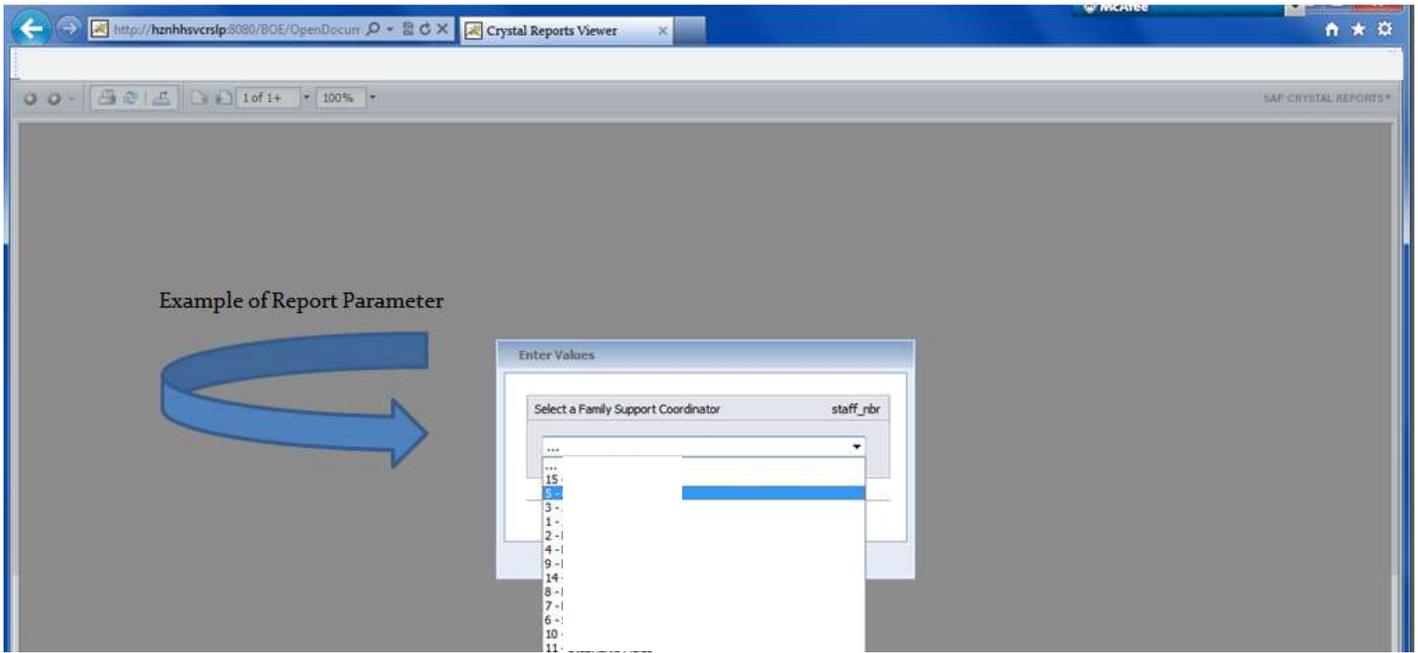
REPORTS



- Select Report Category
 - Highlight the row
 - Select Report (list on Right)Highlight the row
- 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



REPORT PARAMETERS

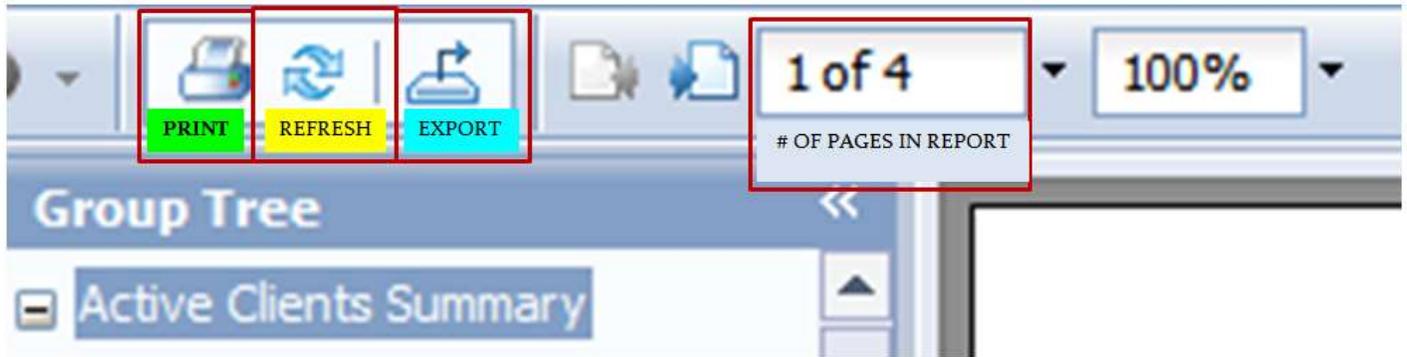


Make selection from Parameter Drop Down
Select OK

- COMPLETED REPORT

The screenshot shows the Crystal Reports Viewer displaying the completed report. The report title is "Partners in Health Active Client List" with a subtitle "Family Support Coordinator :1". The report is presented as a table with the following columns: Record #, PIH Update Date, SMS Update Date, First Name, Last Name, Age, Sibling Name (1), Sibling Name (2), and Sibling Name. The table is currently empty. On the left side, there is a "Group Tree" pane showing a list of client IDs: 03232015, 03282015, 03342015, 03362015, 03452015, 03732015, 04022015, and 04102015.

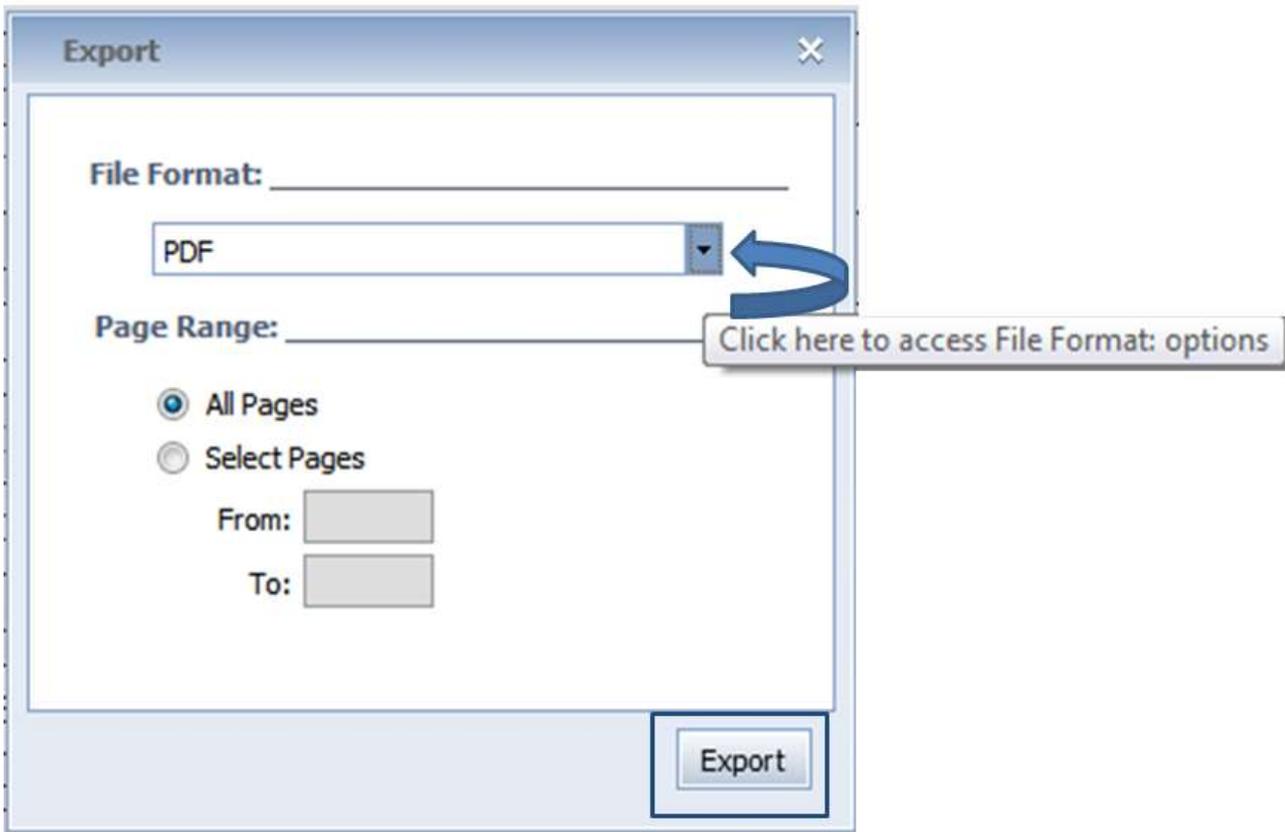
EXPORTING A REPORT



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 to export the report in
- Select Export



- A pop up will open to ask to Save or Open
 - Depending on the web browser used and its settings

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

Open

Save

Cancel

Selection of OPEN (.pdf) will launch Adobe reader

Use the print option here to print report

The screenshot shows a software interface with a dialog box at the top containing four buttons: 'Open', 'Clear', 'Retrieve', and 'Close'. Below this is a screenshot of an Adobe Reader window. The window title is 'Active Client Detail Report.pdf - Adobe Reader'. The PDF content shows a header 'Partners in Health Active Client List' and a table with the following columns: CASE NO., CLIENT NAME, DOB, SEX, UPDATE DATE, MEDICAID: ID & MCO, VERIFY DATE, PCP NAME & PHONE, ADDRESS, RESPONSIBLE ADULT, DIAGNOSIS CODE & DESCRIPTION, EMAIL & PHONE, SIBLING CASE & NAME, SMS: UPDATE & ENROLLMENT. A row for 'R4 Betty Boop' is highlighted in yellow.

BUTTONS

At the Bottom of Screens: What they do

PIH ENTRY

The screenshot shows a red bar at the bottom of a screen with a white background. Inside the bar are six buttons: 'View App', 'Delete Case', 'New Case', 'Save', 'Cancel', and 'Close'.

- ✓ **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 a blank record to enter a new application
 - Will clear previously viewed case and create a blank record to enter a new application
 - If data from previous record is not saved, new data cannot be entered.
 -
- ✓ **SAVE**
 - Saves all changes made to the case

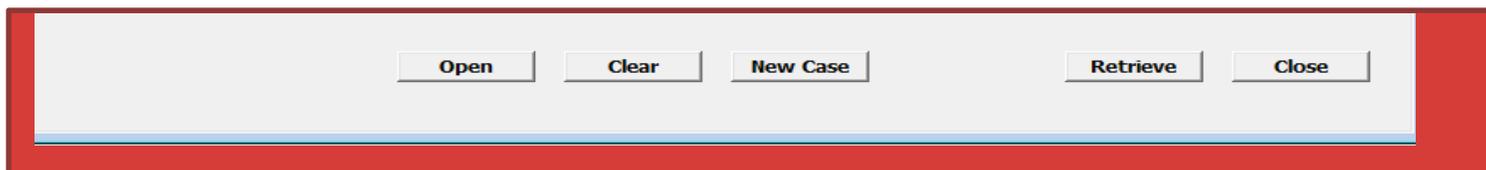
- ✓ **CANCEL**
 - Clears all changes made prior to the last save on the open record
 - Entered the wrong information on a case, will remove all changes and display the record back to original entries.
- ✓ **CLOSE**
 - Closes the screen not the application

NEEDS AND GOALS TAB



- ✓ **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

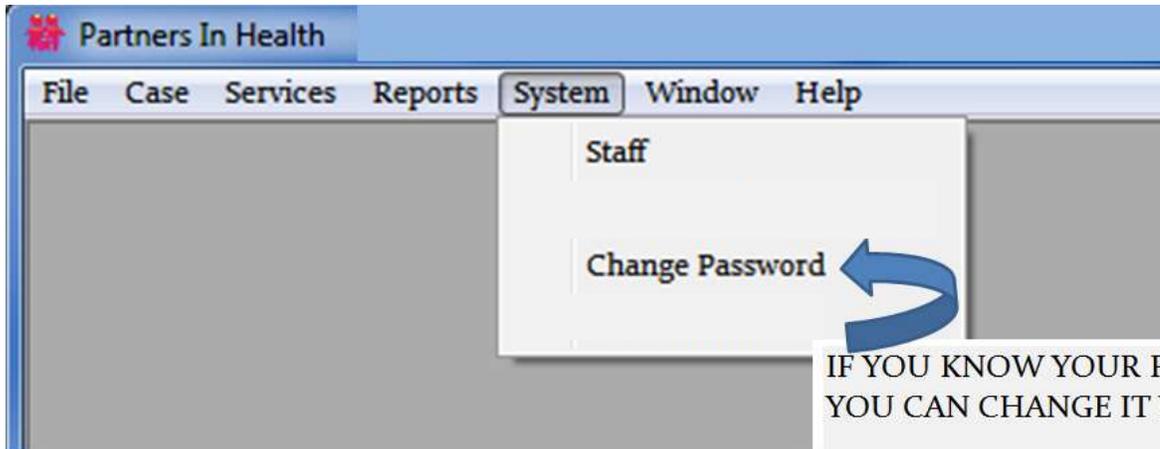
SEARCH TAB



- ✓ **OPEN**
 - Will open the highlighted case
- ✓ **CLEAR**
 - Clears the search
- ✓ **NEW Case**
 - Opens PIH Entry
 - Used to create a new case
- ✓ **RETRIEVE**
 - Performs the Search based on completed parameters
- ✓ **CLOSE**
 - Will close the current menu screens

HOW TO CHANGE A PASSWORD

PARTNERS IN HEALTH



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 and buttons:

- User Name: (text field)
- Old Password: (password field)
- New Password: (password field)
- Retype Password: (password field)
- OK (button)
- Cancel (button)

CITRIX

A web based portal that allows user to reach the State of New Hampshire DHHS secure servers. Users must log on to every 30 days to keep account open. When users do not log on in this period the account can be closed without notice.

This needs to be installed by the Agency IT department. Will need to have computer administrative credentials to download.

Users can go to the URL and download for the CITRIX portal.

<https://citrix.dhhs.state.nh.us/Citrix/XenApp/auth/login.aspx>



- Passwords need to be changed every 90 days. There is not an early notification.
- Users will be prompted at the log on to change a password when the 90 days is up.
- CITRIX and PIH are not linked.
- When a user changes the CITRIX password, the PIH Application password is not reset. These are not synchronized in either direction.
- This is not the PIH Application. The PIH Application can be reached through this portal.

Change Password

Consult your help desk or corporate security policy to learn about your company's password guidelines.

Old password:

New password:

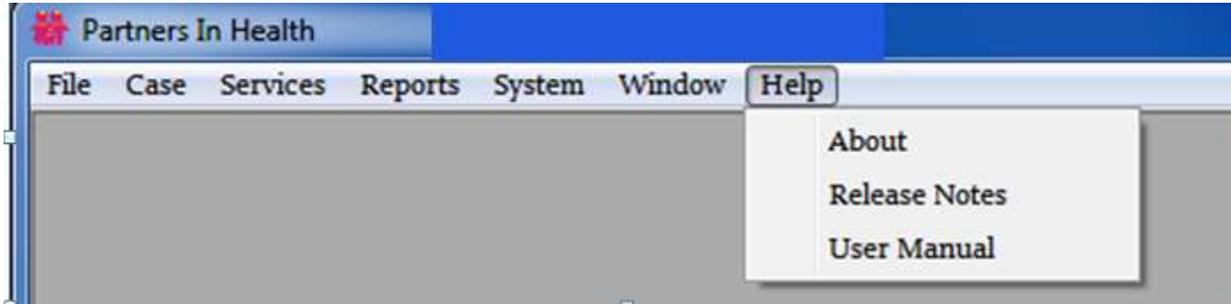
Confirm password:

Must be 8-10 characters long and contain
One Capital, One Number, may contain
One Symbol !@\$

Repeat what was entered in NEW

WHERE TO FIND USER GUIDE

HELP



ABOUT

- Displays current Version number

RELEASE NOTES

- Description of application modifications and enhancements for each release date

USER MANUAL

- Detailed Application guide

APPLICATION UPDATES: RELEASED ON 2/22/2017

PIH DASHBOARD

The PIH dashboard will display regional and program databased on entries in the database. The dashboard will allow quick access to several commonly used menu items.

Program Counts

Active Cases: 837

Age 14 – 19: 275

Age 20: 28

Age 21 +: 8

With SMS Cases: 173

View

- Case
- Family Support
- Family Council
- Monthly Submission
- Reports
- Unapproved Flex Funds

Launch

Partners In Health

Region	Active Cases	Overdue Applications	Flex Funds Submitted	Family Council Submitted	Total Submitted	Last Monthly Submission	Active Medicaid	Medicaid Units Submitted	Medicaid Units Available	Medicaid Submitted Amount	Medicaid Available Amount
R1	87	1	\$11,239.93	\$4,032.03	\$15,271.96	12/28/2016	71	74	48	\$24,531.00	\$15,912.00
R3	77	0	\$11,851.81	\$548.88	\$12,400.69	01/03/2017	69	78	44	\$25,857.00	\$14,586.00
R4	69	2	\$2,370.62	\$300.00	\$2,670.62	01/05/2017	58	34	88	\$11,271.00	\$29,172.00
R5	51	3	\$9,667.52	\$703.95	\$10,371.47	12/30/2016	33	56	66	\$18,564.00	\$21,879.00
R6	91	13	\$5,172.45	\$106.75	\$5,279.20	01/06/2017	63	59	63	\$19,558.50	\$20,884.50
R7	169	9	\$18,741.83	\$0.00	\$18,741.83	12/15/2016	133	75	169	\$24,862.50	\$56,023.50
R8	65	7	\$8,072.16	\$797.70	\$8,869.86	12/09/2016	47	58	64	\$19,227.00	\$21,216.00
R9	67	8	\$14,539.65	\$1,850.25	\$16,389.90	01/17/2017	49	67	55	\$22,210.50	\$18,232.50
R10	66	7	\$8,013.82	\$862.03	\$8,875.85	01/06/2017	44	73	49	\$24,199.50	\$16,243.50
R11	59	4	\$7,130.76	\$150.00	\$7,280.76	12/07/2016	53	66	56	\$21,879.00	\$18,564.00
R12	50	0	\$8,865.30	\$316.79	\$9,182.09	01/03/2017	41	56	66	\$18,564.00	\$21,879.00
R13	45	1	\$3,971.31	\$1,437.10	\$5,408.41	01/03/2017	39	57	65	\$18,895.50	\$21,547.50

State Fiscal Year 2017

Refresh **Close**

PROGRAM COUNTS:

All counts are based on the Active Cases and is unduplicated.

Counts include:

- Active in Program (all regions)
- Age Ranges (14- 19/ 20 & 21 +)
- Shared with SMS (any open program – must have SMS case number in PIH case)

VIEW:

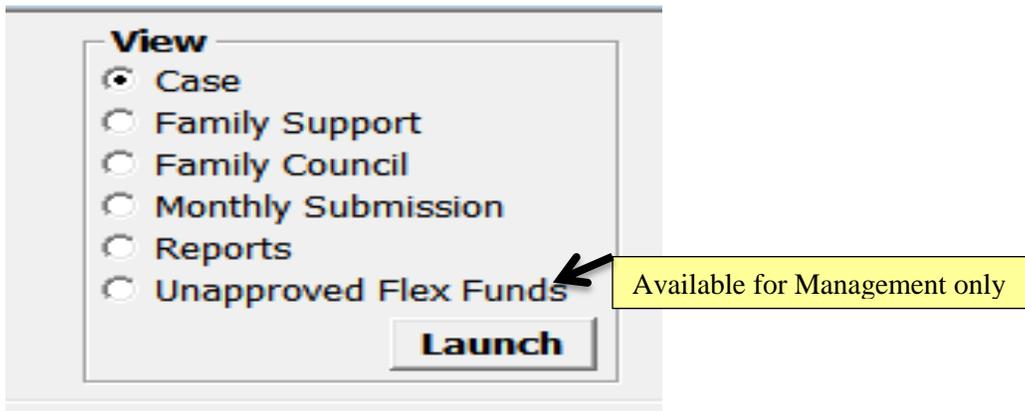
Menu Items Available by Launch button:

- Case Entry
- Family Support
- Family Council
- Monthly Submission
- Unapproved Override Requests

SFY REGIONAL DATA:

- Region number
- Active Cases
- Overdue applications (update date is within 14 months of current date)
- Flex Funds Submitted (funding total of all Funds submitted EXCLUDNGN Grants Received or Disbursed in the current FY)
- Family Council Submitted (all funding submitted EXCLUDNGN Grants Received or Disbursed in the current FY)
- Total Submitted (total of both Flex and family council payments)
- Last Monthly Submission (date of most recent batch submitted by monthly submission)
- Active Medicaid (count where Insurance has Medicaid eligibility as Yes)
- Medicaid Units Submitted (count of every encounter that has the indicator BILLED MA as Yes)
 - This is to be a general guide
 - This may not be the total that the agency has actually submitted to Medicaid for reimbursement but those clients indicated to be submitted.
 - Agency billing office will have a more accurate count
- Medicaid Units Available
 - This is to be a general guide
 - Using the count indicated of being submitted and the Agencies allowed units to bill
- Medicaid Submitted Amount
 - This is to be a general guide
 - Displays amount that would be submitted if all indicated cases where submitted and paid for at the maximum rate of 331.50 per unit.
- Medicaid Available Amount
 - This is to be a general guide
 - Based on units submitted at Maximum rate and balance of contracted allotment allowed

View/Launch

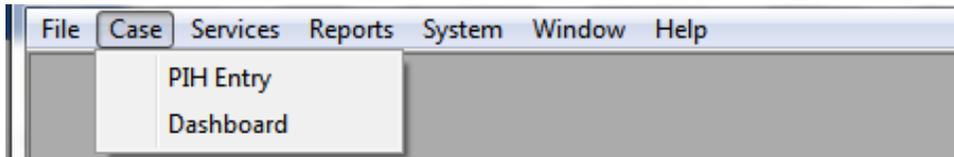


To open any of the menu items listed in the View box on the dashboard

- Select the item by adding a bullet to the item
- Hit the LAUNCH button

These Menu Items will open as if the user used the Menu Selection

Use of the Menu is still available to reach any of the screens accessed previously.



FAMILY SUPPORT OVERRIDE

VERRIDE REQUEST

Entering Family Support for Clients that have reached the PIH threshold of \$750.00 per SFY (excluding Grant Disbursements)

- Entering a Flex Fund
 - When the Client has reached the threshold the user will receive a message indicating an Override is required
- Yes
 - The funding detail will save and the Override Required Box will populate
 - The user can save or continue to enter
- No
 - The funding detail will save
 - The user can edit the details or remove the line
- There will no longer be the need to notify PIH management of needing an override, this will automatically happen.

Flex Funds List:

Pay #	Fund Type	Reason	Amount	Override Reqd	Override Apprvd	Submitted	Batch#	Last Updated By
4	Flex Fund	Clothing/HH Items	\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			MARGARET.A.BERNARD
3	Grants Disbursed	Office/Clinic Visit	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>			SHARON.D.DESROCHER
2	Gift Card	Other	\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			SHARON.D.DESROCHER
1	Flex Fund	Dental	\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			SHARON.D.DESROCHER
	Flex Fund		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

Flex Fund Details:

Payment#: Submitted: 00/00/0000 Batch#: Override: Required:

Fund Type: Category: Reason: Amount:

Comments:

Partners In Health, Family Support - Flex Funds

Total payments would exceed the yearly maximum of \$750.00! An override is required to process payment.

Do you want to override?

- When an override request has been approved, the user will see a checkmark in the Override Approved Column.
- These checkboxes are not enabled to the user unless they have the override permission.

OVERWRITE APPROVAL

- Users who have the permission to override funding over the threshold amount of 750.00 per SFY
- Encounters requiring an override can be opened by using the dashboard

View → Unapproved Flex Funds → Launch

This will open a new data window with a list of encounters that require an override

Unapproved Flex Funds

Case #	Client Name	Enroll #	Staff Name	Site Name	Encnt #	Pay #	Reason	Amount	Last Updated By
1				Derry	29	5	Gift Card (Gas/Grocery/Store	\$75.00	
1				Derry	29	2	Other	\$25.00	
1				Derry	29	1	Dental	\$500.00	
1				Laconia	28	1	Gift Card (Gas/Grocery/Store	\$200.00	
1				Laconia	24	2	Gift Card (Gas/Grocery/Store	\$10.00	
1				Conway	19	1	Braces (AFO/Orthotics)	\$750.01	
1				Concord	1	4	Out-Patient Clinic / Emergen	\$500.00	
Total =		7							

- Highlight the row to override
- Double click or use the OPEN button
- The Flex Fund tab will open to the selected Encounter

Encounters Flex Funds Non-Contracted Funding Search

Selected Encounter:

Enroll #	Encount #	Service Date	Home	Phone	Email	Billed Medicaid	Concern	Time	Submission Date
1	28	01/29/2017	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Resources/ Grant	16-30 Minutes	

Flex Funds List:

Pay #	Fund Type	Reason	Amount	Override Reqd	Override Apprvd	Submitted	Batch#
1	Gift Card	Gift Card (Gas/Grocery/Store)	\$200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

Flex Fund Details:

Payment#: 1 Submitted: 00/00/0000 Batch#: Override: Required: **Approved:**

Fund Type: Gift Card Category: Family Support Reason: Gift Card (Gas/ Grocery/Store) Amount: \$200.00

Comments:

Adjust **FY View** Delete New Save Cancel Close

- Check off the Approved box and Save
 - If more than one encounter is required ,
 - Select each row in the Flex Fund List that has a check box **OVERVERRIDE REQUIRED** to review and approve or edit

Flex Funds List:

Pay #	Fund Type	Reason	Amount	Override Reqd	Override Apprvd	Submitted	Batch#
5	Flex Fund	Gift Card (Gas/Grocery/Store)	\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4	Flex Fund	Clothing/HH Items	\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
3	Grants Disbursed	Office/Clinic Visit	\$200.00	<input type="checkbox"/>	<input type="checkbox"/>		
2	Gift Card	Other	\$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
1	Flex Fund	Dental	\$500.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

IF the monthly Submission for this agency has been submitted, this will need to be done by Management

Regions can submit funds without submitting the encounters that require an approval, this process shall be done by management after an approval has been completed.

Family Assessment and prior FY payments can be viewed by the FY View button

MONTHLY SUBMISSION

This has been updated to allow the user to submit entries that do not need an approval and hold those that do require an override.

If an encounter has, any override required no part of the encounter would be submitted. All rows will be held until the offending row has been approved.

These rows can then be resubmitted.

Rows requiring an Approval are easily identified in the Monthly Submission

By each row highlighted and review of checkboxes.

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	Over-ride	App- roved
12/28/2016			1	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$286.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
12/28/2016			1	24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$10.00	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
01/03/2017			1	23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
01/06/2017			1	25	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
01/11/2017			1	26	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
01/12/2017			1	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
01/29/2017			1	28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
01/09/2017			1	15	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
01/09/2017			1	7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>

Service Date	Grants Recieved	Family Council	Flex Fund	Last Updated By
01/12/2017	\$0.00	\$0.00	\$200.00	MARY,P.MIRKIN
Total = 1				

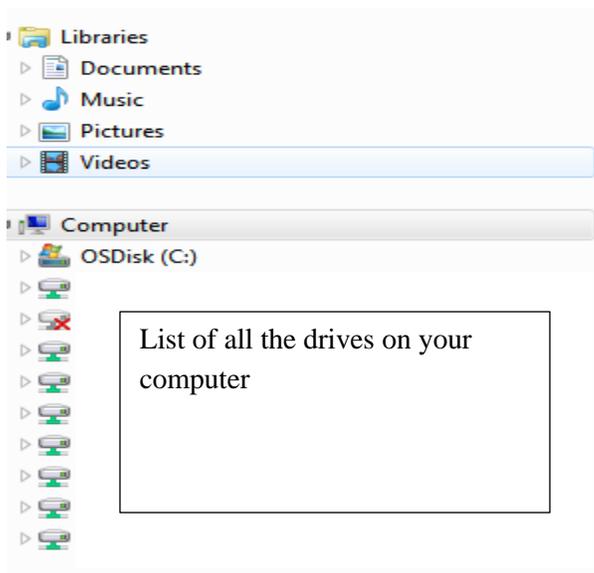
UPLOAD DOCUMENTS

Documents must be in the format:

- PDF
- JPG
- BTM

No other document formats will upload.

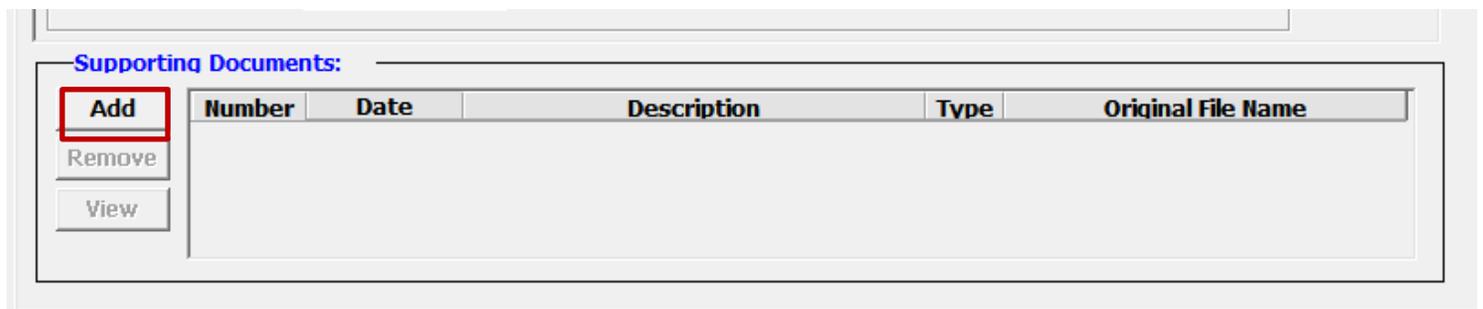
Document must be found on your computer, in the active directory.



What an Active Directory looks like

To upload a document

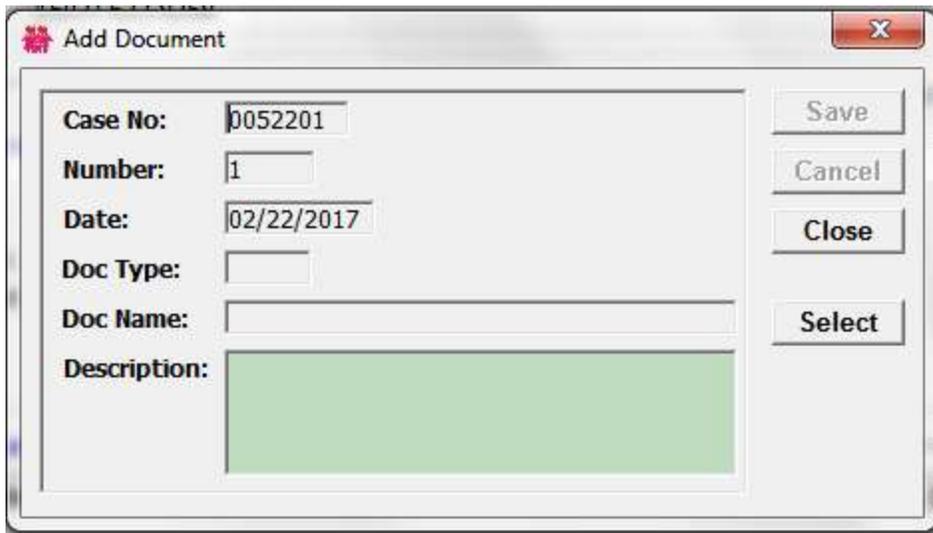
PIH Entry (CASE) → Insurance Tab → Supporting Documentation



SELECT ADD

This will open a new data window: Add Document

- Number is the number of documents entered for the case , these will be auto numbered
- Date will always be the date the document has been uploaded
- Doc Type will display the document format
- Doc Name will display the name of the document
- Description is mandatory
 - This should be what type of document has been uploaded.



To find the document to upload use the SELECT button

This will open your active directory

Find where the document is located

Double click on the document

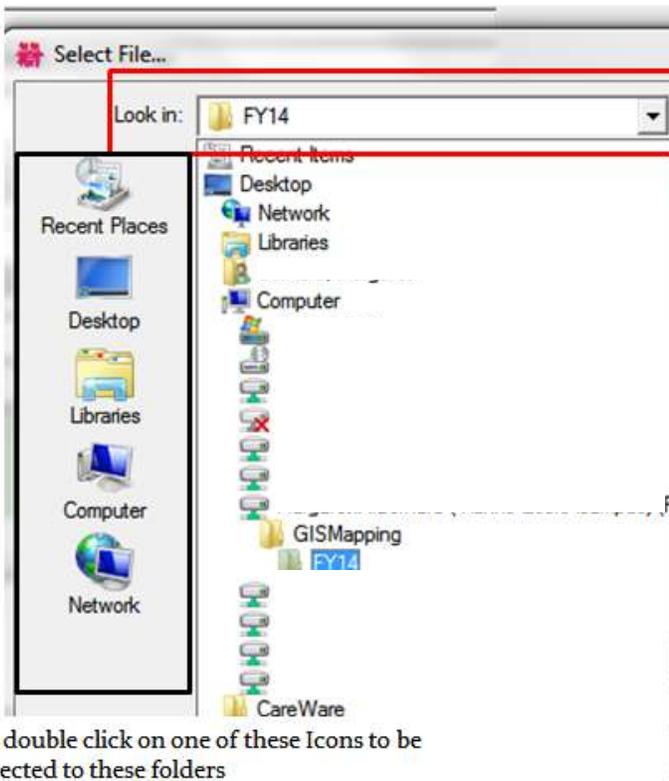
Or highlight and select Open

It will automatically load and populate the Doc Type and Doc Name

After the description is added

SAVE

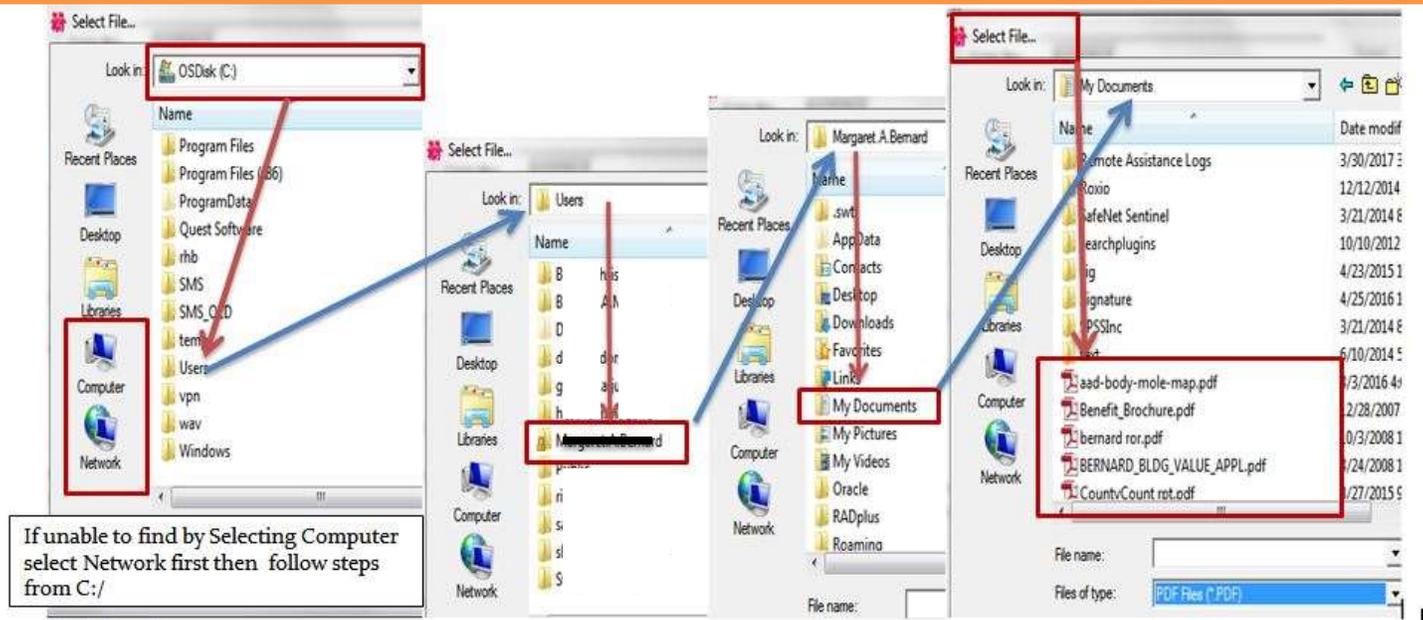
This will close the Add Document box



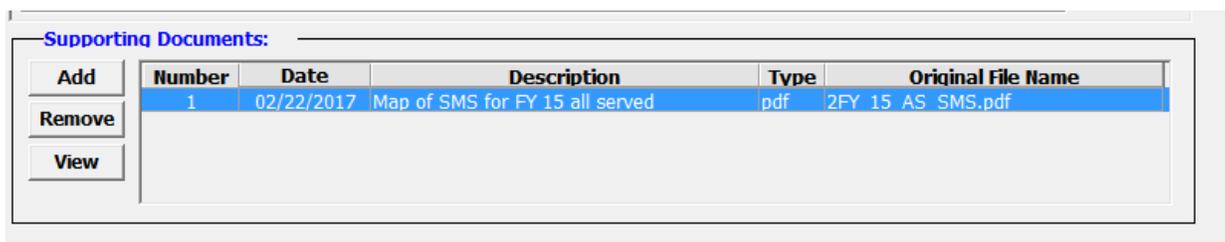
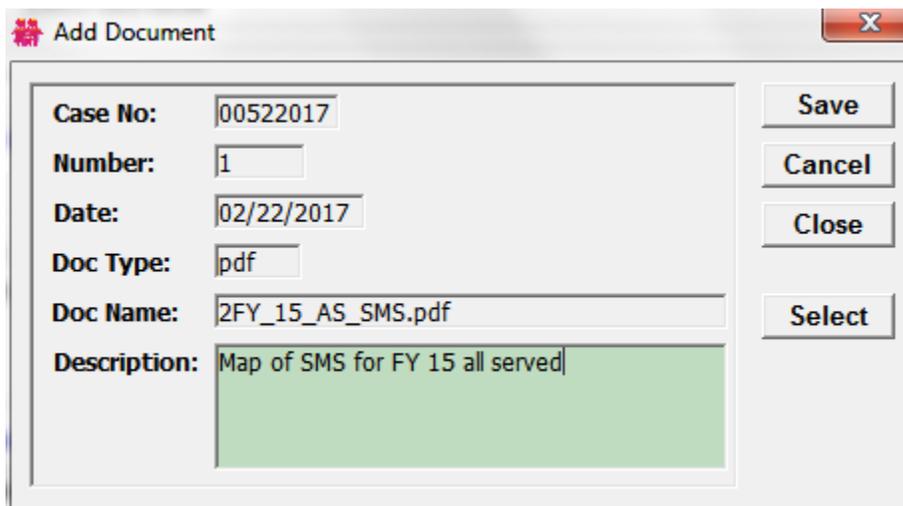
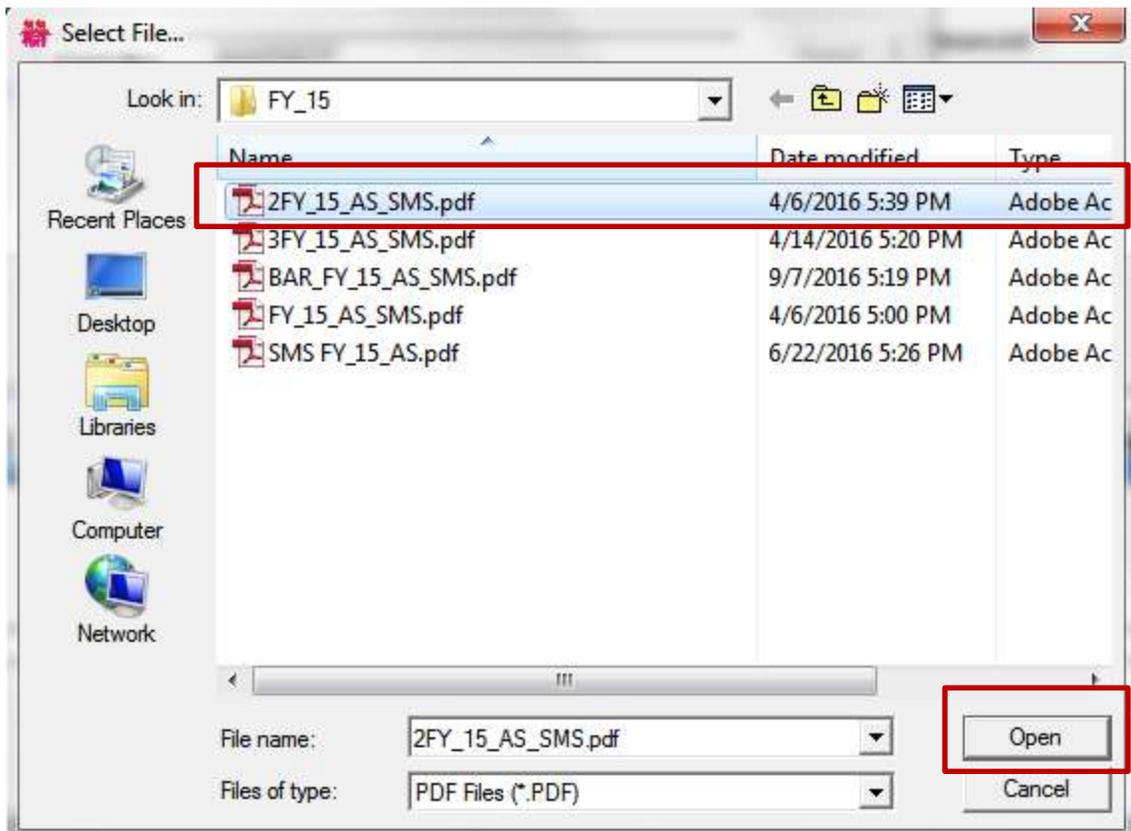
LOOK IN :Use the drop down to display the various drives on your computer

Or double click on one of these Icons to be directed to these folders

Users may need to select Computer and go thru the C drive on computer and thru users own named folder, work with agency IT to obtain permission to folder or ask for temp folder to scan your documents to.



If unable to find by Selecting Computer select Network first then follow steps from C:/



- **REMOVE**
 - button will delete the document highlighted
- **VIEW**
 - Opens document from the highlighted row

APPLICATION UPDATES NOVEMBER 2017

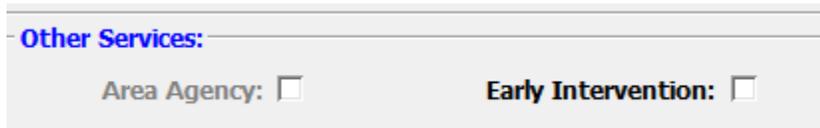
CASE ENTRY

AREA AGENCY (AA) & EARLY INTERVENTIONS (EI/ESS)

When entering a new case or updating an old case

New Cases

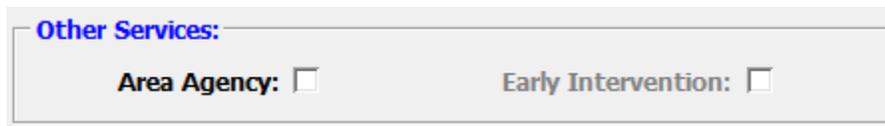
If clients DOB calculate age to be less than 3 then the AA check box will be disabled and the EI box will be enabled.



Other Services:

Area Agency: Early Intervention:

If clients DOB calculate age to be greater than 3 then the EI check box will be disabled and the AA box will be enabled.

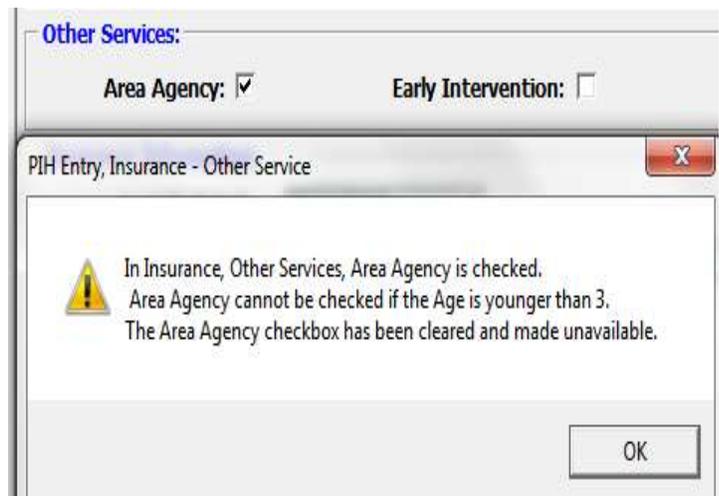
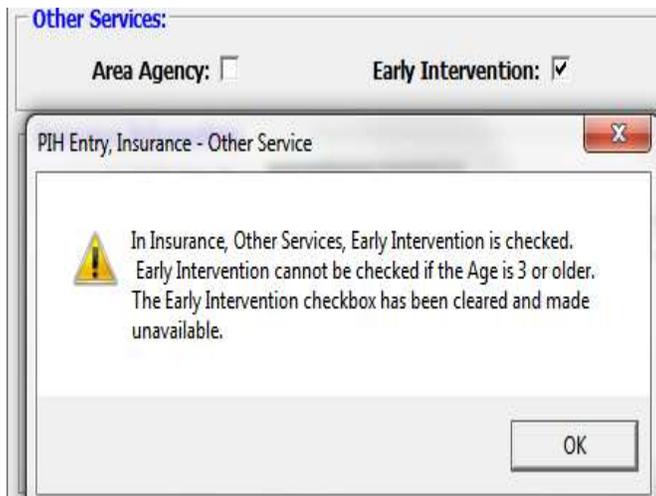


Other Services:

Area Agency: Early Intervention:

Users do not need to check one or the other, however the check boxes will relate to program enrollment rules.

If a selection is made that is against these rules, for a new case or updating a case, the user will receive the following messages.



When AA is checked User will be guided to Site enrollment and will need to check off the Waiver Check box. All Cases must have a Waiver in place to continue with both PIH and AA services.

User must check this off and upload the Waiver Documentation into the case file.

User should alert PIH Management and Administration that a waiver has been added to the case for review.

Other Services:

Area Agency: Early Intervention:

Partners In Health, PIH Entry - Programs

 When Area Agency is checked the Site Enrollment Waiver **MUST** be checked.
Please modify the Area Agency or Waiver check boxes in order to proceed.

Site Enrollment:

Add	Enroll #	Staff ID	Staff Name	Region Code	Site Name	Referral Code	Start Date	Discharge Date	Waiver	Status
<input type="button" value="Remove"/>	1	3	Boudreau, Janice	R4	Concord	G	05/15/2017		<input type="checkbox"/>	1
<input type="button" value="Edit"/>										

OK will bring you to the Program Tab
Select EDIT
Pop up will open
Check off the Waiver box

Edit Site Enrollment

Staff ID: 3

Staff Name:

Region Code: R4

Site Name: Concord

Referral Code: Early Intervention Program/ESS

Start Date: 05/15/2017

Discharge Date: 00/00/0000

Waiver:

Status: Active

NEEDS AND GOALS

Addition of the PIH Questionnaire

The top portion of the Needs and Goals tab has been revised to add the PIH Questionnaire.

- Each question is Mandatory
- Previously open cases will require this to be updated prior to a saving any changes.
- These shall be updated/ reviewed with each Update Application, Medical Verification Review and when circumstances change.
- Each question is populated with drop down choices

Impact of the chronic health condition

Is the chronic health condition expected to last one year or longer? Yes No Don't Know

Do you believe this condition impacts the applicant's daily functioning/activities? Yes No Don't Know

How often does the applicant see visit a **PCP** for their chronic health condition? Weekly Bi-Weekly Monthly Every Few Months Yearly

How often does the applicant see a **Specialist** for their chronic health condition? Weekly Bi-Weekly Monthly Every Few Months Yearly

Household Expenses

Type of Residence/Housing Own Rent Section 8/Assistance Shared with Family Other/ Shelter

Type of Utilities used Phone Electric Electric Heat Oil Gas/Propane Wood/Pellet Water/Sewer

Transportation Used Regularly Own Car #of Bus Taxi Friends/Family Other

Health Condition Impacts:

Expected to last 1 year or longer?

Significantly impacts emotional/social/physical development?

Requires higher acute PCP visits?

Significantly impacts family/school/community participation?

Household Expenses:

Type of: Housing: Phone: Electric: Heating:

Transportation most used:

Needs/Goals List:

Start Date	Staff Entry	Assigned To	Activity	Status	Expected #Days to Complete	Completed Date	#Days Until Goal Met	Continued Date	Comments
05/15/2017	JAN		Family Goals	Ongoing					1. apply for the HIPPP program

Need/Goal Detail:

Start Date: Activity: Status: Completed Date:

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

Comments: (current = 201 of max 4000)

The Questionnaire is completed by FSC and the Family

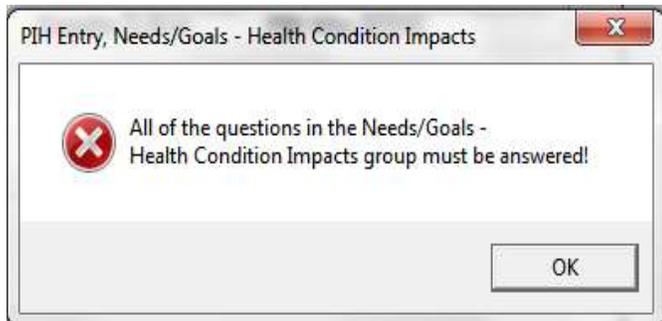
Health Condition Impacts:

Confirm and validate the responses with the Medical verification Form Questionnaire, update and make changes as needed.

QUALIFYING CRITERIA *Complete the questions below related to One or more of the chronic health condition(s) listed Check all that apply - Not all are required for services*

- Condition Will or is Expected to last for minimum of 12 months.
- Significantly affects ability to function on a daily basis with impact on emotional, social, or physical development.
- Significantly affects the ability to participate fully in school, the community or with family members & peers
- Condition requires higher frequency of visits;primary/specialty providers over and above well care /acute illness visits
- Applicant's diagnosis includes Developmental Disabilities or Delays

If changes are made to a record and this has not been updated, a message will prompt that these are required or changes will not be saved.



OK will bring the user to the appropriate screens to populate.

Users may want to have the scanned application open under view to easier answer these questions.

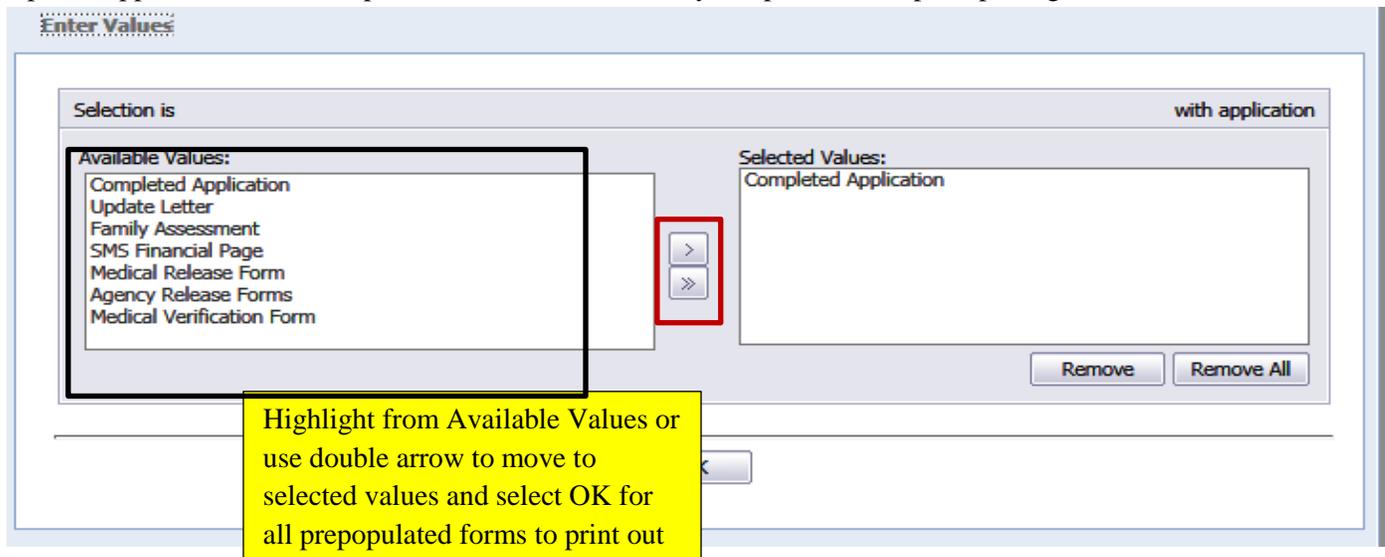
UPDATE APPLICATION PACKAGE

At the bottom of any Case Entry screen, the button UPDT APP is available, user can obtain all the needed forms to complete and update application for the opened case.



The selected/open case will be passed to the report for all report selections made.

Update Application is not an option to remove; it will always be part of the reports package.



MONTHLY SUBMISSION

To allow submission of an encounter, flex fund financing, uncontracted funding or family council entries to be submitted singularly or more at one time. User will be able to select any entry not requiring an override to submit.

- Submission will be by user checking off each row
- Select Submit
- When user opens the Monthly submission module
 - Select Region
 - Display of all un-submitted transactions will display
 - User is required to check off each row that needs to be submitted
 - If row requires and Override the row will be yellow and the Check box will be gray and disabled
 - Management will submit Overridden requests at the time of approval

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	Over-ride	App-rove	Sub-mit
06/26/2017			1	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/26/2017			1	48	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/26/2017			1	10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/26/2017			2	14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/26/2017			1	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/27/2017			1	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/27/2017			1	22	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/27/2017			1	27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/27/2017			1	12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/27/2017			1	12	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/28/2017			1	11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/29/2017			1	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/29/2017			1	73	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/29/2017			1	4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/30/2017			1	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06/30/2017			1	47	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07/06/2017			1	34	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07/06/2017			1	32	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Site Pending Family Council Payments and Grants

Service Date	Grants Recieved	Family Council	Flex Fund	Submit	Last Updated By
06/01/2017	\$0.00	\$0.00	\$775.00	<input type="checkbox"/>	
06/06/2017	\$2,000.00	\$0.00	\$0.00	<input type="checkbox"/>	
06/30/2017	\$600.00	\$0.00	\$0.00	<input type="checkbox"/>	
08/14/2017	\$0.00	\$0.00	\$518.00	<input type="checkbox"/>	
Total = 4					

- Only those with a check box in the Submit column will be added to the monthly submission
- Those left without a check box in the submit column will remain on the screen after the monthly submission is completed.
- Users will receive a message box that with the details of the submission
- Users will receive an email message as well
- Management will receive an email alert with completed submission

Site: Manchester Region: R7

Client Pending Encounters and Payments

Service Date	Case No	Client Name	Enroll #	Encnt #	Home Phone	Email	Billed M'caid	Flex Fund	Family Assist	Grants Disbursed	Fuel Assist	Gift Card	Non-Contracted	Override	Approved	Submit	Last Updated By
06/26/2017			1	3				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	48				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	10				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			2	14				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	3				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/27/2017			1	4				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/27/2017			1	22				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/27/2017			1	27				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/27/2017			1	12				\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	\$0.00			
06/27/2017			1	12				\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/28/2017			1	11				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/29/2017			1	2				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/29/2017			1	77				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/29/2017			1	4				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/30/2017			1	1				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/30/2017			1	47				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
07/06/2017			1	34				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
07/06/2017			1	32				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			

Site Pending Family Council Payments and Grants

Service Date	Grants Received	Family Council	Flex Fund	Submit	Last Updated By
06/01/2017	\$0.00	\$0.00	\$775.00		MARGARET A. BERNARD
06/06/2017	\$2,000.00	\$0.00	\$0.00		MARGARET A. BERNARD
06/30/2017	\$0.00	\$0.00	\$0.00		MARGARET A. BERNARD
08/14/2017	\$0.00	\$0.00	\$518.00		MARGARET A. BERNARD
Total = 4					

Site: Manchester Region: R7

Client Pending Encounters and Payments

Service Date	Case No	Client Name	Enroll #	Encnt #	Home Phone	Email	Billed M'caid	Flex Fund	Family Assist	Grants Disbursed	Fuel Assist	Gift Card	Non-Contracted	Override	Approved	Submit	Last Updated By
06/23/2017			1	26				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/23/2017			1	40				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			2	14				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	5				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	10				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	4				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	29				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	12				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	3				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	21				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	10				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/26/2017			1	10				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/27/2017			1	12				\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	\$0.00	\$0.00			
06/27/2017			1	12				\$0.00	\$0.00	\$600.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/29/2017			1	4				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
06/29/2017			1	2				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
08/14/2017			1					\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00			
Total = 58																	

Site Pending Family Council Payments and Grants

Service Date	Grants Received	Family Council	Flex Fund	Submit	Last Updated By
06/06/2017	\$2,000.00	\$0.00	\$0.00		MARGARET A. BERNARD
08/14/2017	\$0.00	\$0.00	\$518.00		MARGARET A. BERNARD
Total = 2					

Display of entries not submitted

Monthly Submission email message:



PIH monthly entries have been submitted for Region R7, Site Name Manchester.
 Submitted Date: 10/31/2017; Batch#: 2018070001.
 Total Site entries submitted: 2.
 Total Client entries submitted: 11.
 Total Client entries needing approval and not submitted: 1.

INFORMATION & REFERRAL (I&R)

DOCUMENTATION PURPOSE OF I&R IN SMS AND PIH

The SMS/PIH information and referral (I&R) services are attainable by the telephone (including 1-800 calls), state website, e-mail, and paper correspondence. This service is provided directly by SMS/PIH staff and through other state-funded contracts with SMS providers.

The data obtained is utilized as a tool in finding ways to improve our current referral systems, and to increase overall public awareness of SMS/PIH and accessibility to resources for CSHCN in NH.

DEFINITION OF I&R

Information and Referral documents any and all contact from an outside source that is inquiring about services provided or available resources. Callers can be from a multitude of sources: Schools, provider offices, families, guardians, other state agencies, etc. The Same caller can call several times. EACH call is recorded separately, even if same caller x4 day.

Callers or Clients that are discussed **MUST NOT** have an **ACTIVE** SMS/PIH case number regardless of step in the eligibility or program process. Intake and Outreach clients are **NOT** documented as I&R, these clients are documented as an Encounter under the existing case number while verification/documentation is being provided.

- SMS Intake & Outreach Programs
 - Program code 010 (all intakes)
 - Program Code 180 (SSI)
 - Program Code 700 (HC-CSD)
- PIH Intake
 - Enrollment row has Referral Code **2** : Intake Referral

DATA COLLECTION REQUIRED

- | | |
|--|---|
| <ul style="list-style-type: none">• Call/inquiry Date• Who is taking the call (Staff Contacted)<ul style="list-style-type: none">○ Coordinator (HCC/FSC/CC)○ Nurse on Duty○ Support Staff○ Administration○ Program type• Who is making the inquiry (Type of Caller)<ul style="list-style-type: none">○ Provider office○ Area Agency○ District Offices○ School | <ul style="list-style-type: none">• Age Group• Town• Time spent on (in minutes)• Diagnosis Group<ul style="list-style-type: none">○ Medical○ Mental Health○ Non-Medical• Concern• Condition (diagnosis discussed) |
|--|---|

INTAKE

DEFINITION OF “INTAKE”

Any potential client that will likely meet the criteria for PIH or SMS programs, or has filed an application.

All applications that have been completed need to be reviewed and data entered into the appropriate databases.

DATA ENTRY : NO MEDICAL VERIFICATION

Must have a completed and signed Universal application to complete data entry.

All section must be completed.

Follow regular data entry processes.

- Child/Self Tab
 - If Client is currently 21 or older the system will not allow the user to enter the data.
 - Complete and I&R for these clients
- Household /Self Tab
- Insurance Tab
 - Medical Verification will remain unchecked
 - When applicant is enrolled in AA check this box and have client complete the waiver process for services
 - Supporting Documentation
 - Scan application
 - Scan Agency Forms
- Programs Tab
 - Site Enrollment
 - Row will be created with region and staff assigned
 - Row will use referral code 2 (Intake/Referral)
 - Program Status 1 (Active)
 - Waiver box checked if AA enrolled
 - ICD Diagnosis
 - Use Diagnosis code 003 (Pending Diagnosis : CDP/PIH Intake)
- Needs & Goals Tab
 - Complete the Health Impact
 - All as NO
 - Household Expenses
 - All as Other or NO
 - When application is completed/received Update these as
 - Enter based on Applicants answers

DATA ENTRY : RECEIVED MEDICAL VERIFICATION

After the medical verification form has been returned to the FSC, update the Case record

- Insurance Tab
 - Check of Medical Verification Received
 - Enter Staff who Received
 - Facility name received from
 - Scan /upload
 - Verification form
 - Waiver Form (if needed)
- Programs Tab
 - Site Enrollment
 - Edit Enrolment row if criteria is not met (see table1)
 - ICD Diagnosis
 - Remove temporary Diagnosis code 003
 - Enter ICD form Medical Verification Form
- When Client is not eligible and is discharged from PIH send Denial letter (must be discharged to get letter from the system)
 - This cannot be uploaded unless the case is reopened (table1)

	Description	Example of when to use
W	Condition exists, No additional services needed	Closed Condition is Stable
1	Active	
S	Over Age (21)	
O	Not Condition Eligible	Did not meet Med Critetra
I	Declined Ongoing Services	Decide didnt want to continue
M	Unable to Locate/Reach	Follow up was incomplete
K	Has Medicaid & SMS; services not needed (PIH ONLY)	Open for SMS and PIh is not needed
AA	Enrolled/Eligible for Area Agency Services	AA Enrolled - no waiver
IP	Incomplete Paperwork/Application	Waiver or med verif not returned

INFORMATION AND REFERRAL MODULE

For all PIH users to record contacts and or inquiries about the PIH program or other related resources that may be of help.

Documentation of other work done that is not client specific. Individuals **MUST** not be enrolled in PIH. This can be a recording of an intake call prior to individual being enrolled in PIH, inquiry form another agency, doctors office,etc.

- This module will display both PIH and SMS entries
- Entries are a one-time only entry
 - Previous entries can be viewed only
 - Each entry is reflective of each inquiry
 - The same caller may call more than one time per day or overall, each inquiry is entered.

INFORMATION COLLECTED/RECORDED

The data obtained is utilized as a tool in finding ways to improve our current referral systems, and to increase overall public awareness of PIH/SMS and accessibility to resources for CSHCN in NH.

For the data to be beneficial, it is important to gather as much as possible.

- I & R is opened through the PIH Dashboard
 - Select bulled
 - Launch



- I &R has 2 tabs
 - Entry
 - Search

ENTRY

- Module will open on the Entry Screen
 - Screen appears disabled until user selects NEW
 - New will enable the screen to accept entry
 - All green fields are Mandatory and must be populated prior to save
 - Mandatory fields do have options for 'Unknown'
 - Call is divided into sections
- Caller
 - Information regarding the person who is calling
 - Date of Call (Mandatory)
 - Defaults to current date but may be changed
 - Staff Contacted (Mandatory)
 - Whoever is taking the call
 - Grouped by program types
 - Family Support Coordinator (PIH)
 - Program (Mandatory)
 - PIH
 - Caller type (Mandatory)
 - Who the call is coming from
 - These are grouped by common caller types
 - Individuals, agencies or offices
 - Caller Last Name (Optional)
 - Caller First Name (Optional)
 - Reference use only

Information and Referral, Search

I&R Entry | I&R Search

Caller:

ID Call Date 00/00/0000 Staff Contacted Program SMS PIH

Caller Type Caller Last Name Caller First Name

- Client
 - Who the call is about
 - IF not specific to a person complete City and Phone based on Caller
 - Client Last Name (Optional)
 - Client First Name (Optional)
 - DOB (Optional)
 - Date of birth entered will calculate age
 - If entered the age group will also auto populate based on calculation
 - Address (Optional)
 - Street
 - City (Mandatory)
 - Use drop down of all NH cities
 - Out of State /Unknown
 - Phone (optional)
 - If entered all 10 digits are required
 - Age Group
 - Over or Under 18

- Unknown
- Time on Call (Mandatory)
 - Measured and incremented in minutes
- Diagnosis Group (Mandatory)
 - Broad group of what inquiry is encompassing
 - Medical/Mental Health/Not Medical

Client:

Client Last Name Client First Name DOB Age

Address City Phone () - Age Group

Time on Call Diagnosis Group

The Call/Inquiry is broken down into four (4) different segments of what type of call and response was given.

- CONCERNS (1 Selection is Mandatory)
 - What the Overall Inquiry is focused around
 - List is in 2 Columns
 - 7 broad categories
 - Specific to categories

Concerns:

Add	Basic Needs	Food, house, clothes, transport
Delete	Health	Insurance Coverage/Non Medicaid
	Health	Specialty care/management/TA
	Health	Supplies/DME/Meds/Special Diets
	Health	Primary Care/PCP
	Health	Medicaid/ MCO
Condition	Health	Mental Health/Counseling
Add	Health	Medicaid Transportation
	Health	Medicaid Application/NH Easy
Delete	Health	Waiver Information
	Health	Transition
	Health	Nutrition
	Health	Early Intervention/ESS
	Health	PIH Information
Addition	Literature	On Condition, Agency brochure
	Literature	NHFV Lending Library
	Other Info/Misc	Information/interpreter/other
	Other Info/Misc	Complaints
	Respite	Daycare, Recreation
	Respite	Respite
	School	Spec Ed, Concerns
	Support	District Office Numbers
	Support	Parent Groups
	Support	Agency connection/group
	Support	HC-CSD Outreach Information
	Support	SSI Outreach Information

FOR EACH RESPONSE GROUP

Select ADD

This will create a row to populate with the drop down selections

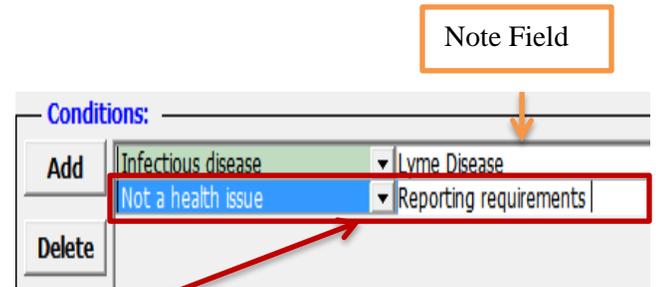
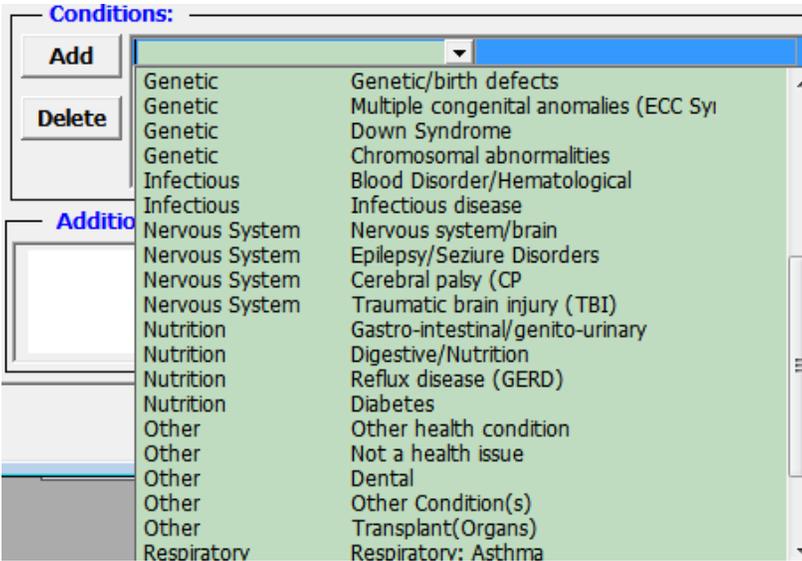
Every time ADD is clicked, a new row will be added below the previous

DELETE

Highlight the incorrect or empty row to

- **CONDITIONS** (1 Selection is Mandatory)
 - Type of Health condition the inquiry is about
 - Larger overall groups of Diagnosis
 - Common specifics in larger groups are available
 - Note Field available to the right of each selection to specify when needed
 - User can select as many as appropriate
 - When Category **Other** is selected

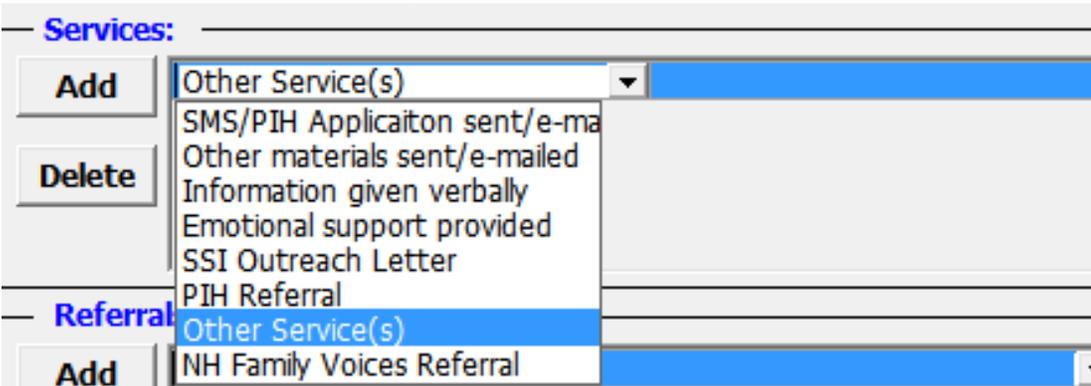
- Note field to the right is required
- Limit of 25 characters



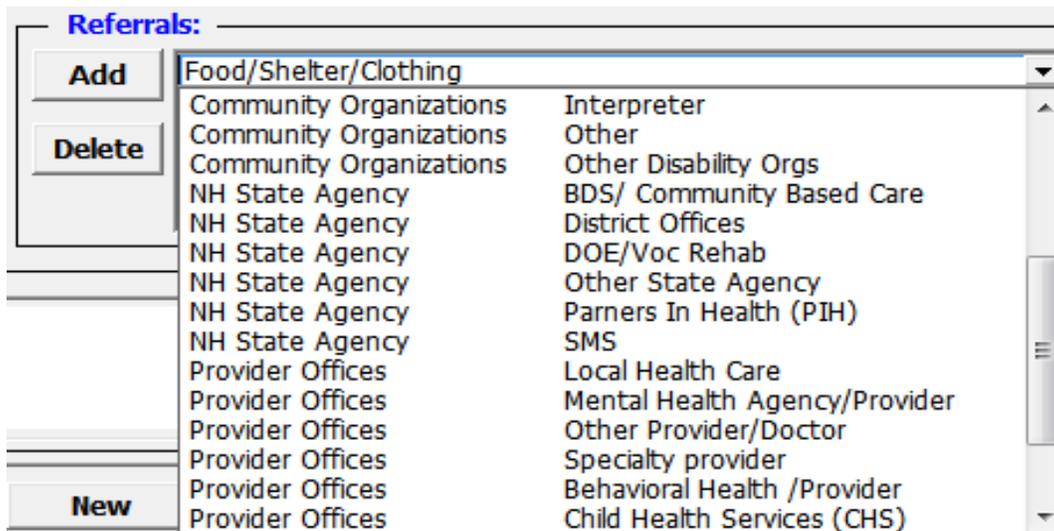
Other: Not a Health Issue requires additional note to the Left of selection.

All Selections allow optional clarification note to the right

- **SERVICES** (Optional)
 - What type of Services were offered or distributed to the caller.
 - Note field available on all selections to specify action taken
 - When **Other Services** is selected
 - Note field to the right is required
 - Limit of 25 characters



- **Referrals** (Optional)
 - Selection that will best describe: Where the caller was redirected for additional resources
 - Categorized by larger groups
 - Specific types within the groups



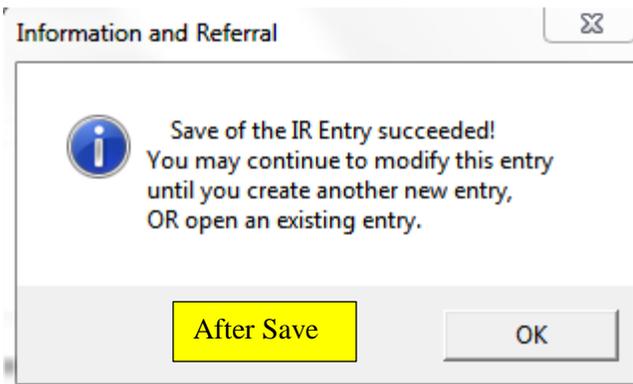
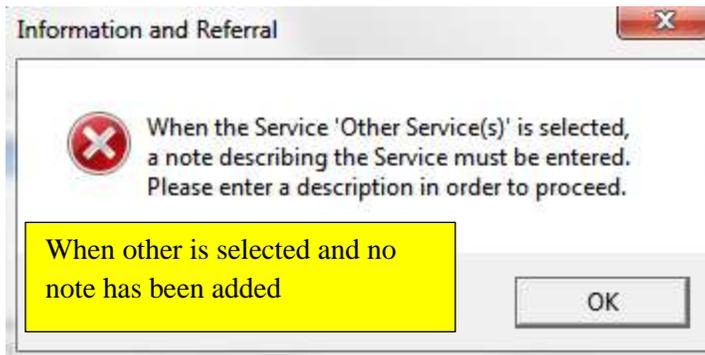
- **Additional Note** (optional)
 - Notes available to describe additional information
 - Free text with a maximum of 1000 characters to validate selections or when selections are not available nor best describes any of the actions taken.



- Character counter is on the bottom left of the screen

Additional Notes size = 6 characters (max is 1000)

- **Buttons**
 - New
 - Enables the screen for entry
 - Save
 - Saves the data as entered
 - Leave the entry displayed to make edits or close
 - Delete
 - Permission based
 - Removes record from the database
 - Cancel
 - Prior to save
 - Will clear all data on the screen
 - After Save
 - Will clear any entries/edits made after Save
 - Close
 - Closes the screen
 - Disables the entry for additional edits
- Messages



SEARCH

Available to find and review previous entries

- Search Parameters
 - Parameters are Optional
 - Contact date span
 - Enter a date span
 - Staff Contacted
 - Who recorded the inquiry
 - Client Last Name/First Name
 - Usually the person the call revolves around
 - Program
 - PIH or SMS
- Search Results
 - Display will be a result of parameters entered
 - Message if no data is found
 - All column headers can be double clicked to adjust sort order

I&R Entry I&R Search

Search Parameters:

Contact Date from: 00/00/0000 through 00/00/0000 Staff Contacted: [dropdown]

Last Name: [input] First Name: [input] Program: PIH [dropdown]

Search Results:

Contact ID	Contact Date	Last Name	First Name	Program	Diagnosis Group	Caller Type	Staff Contacted	Created On	
10076	10/30/2017	FOGHORN	LEGHORN	PIH	Mental/Behavioral	Adult Calling For Self	Complex Care Coordinator	10/30/2017	DONALE
10059	10/19/2017	LINGUINI	LUIGI	PIH	Mental/Behavioral	Parent/Family/Friend	Fugazzi Staff	10/19/2017	DONALE
10052	10/16/2017	SICK	KID	PIH	Medical	Hospital/Emergent Care	Nurse On Duty	10/16/2017	MARGAF
10049	10/11/2017	DO-RIGHT	DUDLEY	PIH	Mental/Behavioral	Parent/Family/Friend	SMS Administration	10/11/2017	DONALE
10038	10/10/2017			PIH	Mental/Behavioral	PCP/Specialist Office	SMS Support Staff	10/10/2017	MARGAF
10037	10/10/2017	UNICORN	GIRL	PIH	Medical	Area Agency/Early Support	Nurse On Duty	10/10/2017	MARGAF
10072	10/09/2017			PIH	Mental/Behavioral	Hospital/Emergent Care	Nutrition, Feeding and Swal	10/27/2017	MARGAF
10035	10/05/2017	DUCK	DAFFY	PIH	Mental/Behavioral	Parent/Family/Friend	Care Coordinator	10/05/2017	DONALE
10016	10/04/2017	FUGGAZZI	FRANKIE	PIH	Mental/Behavioral	Parent/Family/Friend	Outreach (HC-CSD/SSI)	10/04/2017	DONALE
10067	10/03/2017			PIH	Mental/Behavioral	Adult Calling For Self	Nutrition, Feeding and Swal	10/23/2017	MARGAF
10009	10/02/2017	MOOSE	BULLWINKLE	PIH	Mental/Behavioral	Parent/Family/Friend	PIH Support Staff	10/03/2017	DONALE
10055	10/01/2017	NOT	FUN	PIH	Mental/Behavioral	Other State Agency	Family Support Coordinator	10/17/2017	MARGAF
10065	09/23/2017	LITTLE	RED	PIH	Medical	School	Early Supports and Services	10/23/2017	MARGAF
10060	07/30/2017			PIH	Mental/Behavioral	Other	Nutrition, Feeding and Swal	10/23/2017	MARGAF
10061	07/30/2017	DUCK	QUACK	PIH	Mental/Behavioral	PCP/Specialist Office	Nutrition, Feeding and Swal	10/23/2017	MARGAF
10071	01/01/2017			PIH	Mental/Behavioral	Hospital/Emergent Care	Complex Care Coordinator	10/27/2017	MARGAF
10051	01/01/2017	MACK	TRUCK	PIH	Mental/Behavioral	Non-Profit Organization	PIH Support Staff	10/16/2017	MARGAF
Total =								17	

Open Clear Retrieve Close

- Buttons
 - Open

- Opens the highlighted row
 - Or double click row to open record
 - Clear
 - Clears results and parameters previously entered
 - Retrieve
 - Displays records
 - Close
 - Closes I & R Module
- Record from Search is Read Only
 - User can select New and add a new record

Information and Referral, Entry

I&R Entry | **I&R Search**

Caller:

ID 10037 Call Date 10/10/2017 Staff Contacted Nurse On Duty Program SMS PIH

Caller Type Area Agency/Early Support& Servi Caller Last Name RAIMBOW Caller First Name BRIGHT

Client:

Client Last Name UNICORN Client First Name GIRL DOB 01/01/2003 Age 14 yrs, 9 mths

Address SKY WAY DRIVE City RYE Phone (603) 235-9874 Age Group Under 18

Time on Call 61-90 Minutes Diagnosis Group Medical

Concerns:

Add	Agency connection/group
	Supplies/DME/Meds/Special Diets
	Dental Care
Delete	Medicaid/ MCO
	Food, house, clothes, transport
	Information/interpreter/other

Services:

Add	SMS/PIH Applicaiton sent/e-mailed	mailed to client in the s
	Information given verbally	about PIH support
Delete	Emotional support provided	
	PIH Referral	region r13

Conditions:

Add	Autism (ASD)	aspergers
	Pervasive developmental delay (PD)	asd
	Developmental Disability	id 60-100
Delete	Genetic/birth defects	no facial expression
	Educational/Learning Disability	mute

Referrals:

Add	Service Link
	NH Family Voices
	Other Disability Orgs
Delete	Social Security Office
	Partners In Health (PIH)

Additional Notes:

hmmm

New Save Delete Cancel Close