San Diego County
Mental Health Services
(Organizational Provider Operations Handbook Vol. II)

Management Information System

Anasazi User Manual

The most recent version of this manual and the most recent version of the forms are available at the following website:
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Introduction

San Diego County Mental Health Services has contracted with Anasazi Software to create a technologically advanced, state-of-the-art Management Information System (MIS). Previously there was one system for client tracking/billing and one for managed care authorizations. The new MIS replaces the two systems with one integrated system. All client information, including clinical documentation, will be entered into this integrated system, thus allowing each staff responsible for a client's care to access that client's pertinent information.

An Electronic Health Record (EHR) is being created in several phases. Each client's EHR will be available to designated staff requiring specific information in order to serve the client. As a result, the client's care will be enhanced and better-coordinated, therefore, improving client outcomes.

The required information, forms and assessments in the EHR are shared and available to the client's current service providers. This reduces the need for completion of repetitive paperwork and data entry.

The new MIS meets the federal requirement (Executive Order # 13335) to have an EHR implemented by 2014. This Web-Based system also meets State, County, and Agency compliance requirements and Federal HIPAA standards.

Anasazi software has been tailored to meet the requirements for San Diego County and the State of California. Anasazi Software staff, County staff and Contractor staff; including management, administrative, and direct service staff participated in the development and implementation of this customized system.

When a client is first identified in the Mental Health System as needing services, an Index Card collects the basic client information. When more information is known and it appears the client will receive services at a San Diego County Mental Health Program, additional State required client information is entered on the Demographic Form. Anasazi has a Treatment Session which is automatically opened to San Diego County Mental Health Services at the time a client is opened or assigned to a specific program within the County of San Diego. To open a client to a specific program, a Demographic Form must be completed and an Assignment must be opened in Anasazi. In general, each facility has its own assigned Unit numerical identification. However, a facility may have more than one unit and a unit may have multiple facilities. Each program within the facility has it own SubUnit numerical identification. For example:

1. "Unit" is generally defined by the physical location of the program and includes the name of the program and an assigned unique number, such as:
   - 6070-CRF Douglas Young Youth and Family Services (DYYFS).

2. "SubUnit" corresponds to a specialized set of services offered within a Unit and with an assigned unique number such as:
   - 6071-CRF Douglas Young (the Core Child, Youth and Family Services)
   - 6072-CRF Douglas Young 2726 (AB2726 Services)
   - 6073-CRF Douglas Young MHSA (Mental Health Services Act).

Unit/SubUnit numbers also define whether a program is an Adult or Children's program and whether it is a County or Contract program. The Unit/SubUnit numbers are:

100	SNF Patch Contract Programs
1000	County-Operated Adult Programs
2000	County-Operated Children's Programs
3000	Contract-Operated Adult Programs
3500	CalWorks
3600	MAA-Only Programs
3800	START Programs
3970	Long Term Care
6000	Contract-Operated Children's Out Patient Programs
7000	Contract-Operated Children's Out Patient Programs
8000	Contract-Operated Children's Day Treatment Programs
8800	Contract-Operated Children's Out Patient
9000	Contract-Operated Children's Residential Treatment Centers
9400	Fee For Service Providers
9500	Fee For Service Hospitals

After a client is opened into the Anasazi Software MIS system, each client's service activities will be recorded in the EHR, which initiates Short Doyle/Medi-Cal and third party billing. Because the MIS system is a shared EHR and is now the client's medical record, it is important to keep the information as current and accurate as possible. This system is intended to provide "real time" information on clients, requiring immediate entry of all updates and changes. In order to meet HIPAA regulations, staff will have limited access to the EHR based on their job function and their relationship to a client. The system provides increased security by tracking, monitoring and logging each screen that is accessed by staff.

This manual has been prepared and designed to assist staff with the proper completion of Anasazi forms/screens. It includes policies, procedures, tables, and a work flow summary. Sections include, User Account Access, General Work Flow, Index Card, Demographic Form, Diagnosis Form, 3rd Party Coverage, California Client Financial Maintenance, Pre Intake, Assignment, Client Abstract, Service Entry, Scheduler, and Index.

The User Account Access section describes how staff obtains access to the Anasazi system. When a staff logs onto Anasazi, the menu items that are available to them are associated with their authorized access.

The General Workflow describes the basic work flow for utilizing the Anasazi System

The Index Card section explains the basic information that is needed to register a client and issue a unique client number.

The Demographic Form section identifies the information required to complete the various demographic fields, and the tables needed to complete the registration process and admit a client.

The Diagnosis Form section explains how to complete and enter the client's five Axis diagnosis, including the General Medical Condition(s), into the Anasazi MIS system. The diagnosis table is too large to include in this manual but reflects ICD-9 and DSM IV TR diagnoses.

The 3rd Party Coverage and the California Client Financial Review Maintenance provide a brief summary of these processes. A detailed explanation of this information can be found in the Org Provider Financial Eligibility and Billing Procedures Manual.

The Assignment section will explain how to open and assign a client to a program Unit/SubUnit and to a Server (clinician). The necessary tables are included in this section.   California Admissions information is collected on the Assignment screen/form for reporting of CSI and OSHPD requirements to the State of California on behalf of SDCPH and Edgemoor.

The Client Abstract section explains how to customize the client's profile to provide information needed by each individual user.

The Client Service Entry section explains how to record individual, group, and bed day services into the MIS system. There are also instructions on how to obtain authorization for Day Treatment Services. Samples of the service record forms are included in this section. Service Indicator Tables and definitions are included.

The Scheduler section explains how to set-up program locations and staff into the Anasazi Scheduler system. It also explains how to enter staff and client appointments.

This manual is designed to replicate the order in which staff will be entering data into the MIS System. This manual can be utilized for training purposes as well as an ongoing reference tool for staff with authorization to view and/or enter data into the EHR.

NOTE: Clinical forms such has Behavioral Health Assessments, Treatment Plans, Discharge Summaries, and Progress Notes are not included in this User Manual. Quality Improvement documents and staff shall be consulted regarding completion in Anasazi of these forms.

User Account Setup and Access

Overview

The Mental Health Management Information System (MH MIS) is used by County and contract operated programs for client tracking, managed care functions, reporting and billing. An electronic health record (EHR) will replace much of what is contained in the paper medical record. Many controls are built into the software and hardware to safeguard the security and privacy of client personal health information.

MH MIS uses Anasazi Software which is a web based application that is housed on the County of San Diego Network. Network access to County data systems, including MHMIS, is the responsibility the County Technology Office (CTO). Security and maintenance of the County network is outsourced to the County's Information Technology Outsourcing Contractor (ITOC). Under the direction and oversight of the CTO, the ITOC is responsible for the security of the county network, the Citrix Access Gateway and maintenance of the County's servers which host the Anasazi application. In addition, the ITOC is responsible for the set up and maintenance of Citrix user network accounts. The following diagram demonstrates the access to Anasazi through the County network secured internet website using the Citrix Access Gateway.

Secured Website https://mhmis.co.san-diego.ca.us	→	Citrix Access Gateway Enter Citrix ID/Password	→	Anasazi Application Enter Anasazi ID/Password
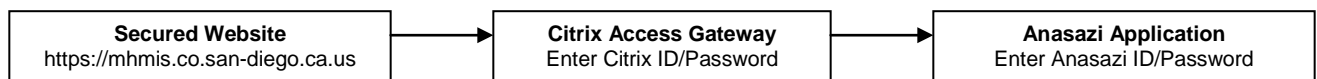
System Administration responsibility for MH MIS is shared between the Administrative Services Organization (ASO) and the County's Mental Health MIS Unit.

- The Mental Health MIS (MH MIS) Unit is responsible for managing access, security, and menu management in Anasazi in accordance with County, State and Federal HIPAA regulations. The MH MIS Unit is also the gatekeeper who ensures that users are only given access pursuant to contract agreements. In addition, the MH MIS Unit is responsible for coordination among the CTO, ITOC and the ASO.

The ASO is responsible for other system administration activities such as table management, producing reports for legal entities, electronic submission of state reporting, coordination with Anasazi Software, and providing the User Support Help Desk.

Technical Requirements to Access Anasazi
Prior to accessing the Anasazi application via the internet, there are some basic technical requirements. For questions about whether an individual user or program site meets the basic technical requirements, it is recommended that the individual or program contact their company's IT department. The ASO may also be able to provide some technical assistance.

In order to access and operate Anasazi the following are required:
- Operating System on a basic personal computer:
  - Windows 2000 (Citrix 10.0 does not supports Windows 95/98)
  - Windows XP Pro
  - Windows XP Home
  - Windows Vista
  - Windows 2003 Server (if used as a client)

- Internet Explorer version 5.0 or later with a minimum of 24 kbps per concurrent user (high speed internet access)
- A Citrix compatible printer (most newer printers today are Citrix compatible)
- Download Citrix Presentation Server Client file on the user's computer

Staff Set Up and User Account Access

All individuals who provide services or perform some other activity to be recorded in MH MIS as well as those who are authorized to access MH MIS must have a staff account. A "staff" in Anasazi is defined as an individual who is employed, contracted or otherwise authorized by his or her designated legal entity or County business group to operate within the County of San Diego public mental health System of Care and whose primary job function may include any one of the following: to provide Mental Health Services, Quality Assurance activities, enter data, view data, or run reports. This includes clinicians, doctors, nurses, office support staff, financial/billing staff, research/analyst staff and program managers/administrative staff. All staff will be assigned a staff ID, which is a numerical ID ranging from 1-5 numbers. **Note:** If a person is employed by more than one legal entity, he/she will have a unique staff ID for each legal entity.

Staff is given access to specific Unit(s)/SubUnit(s) based upon the program(s) where they work. Staff is also given access to specific menus based on their respective job functions. A list of menus is available on the Anasazi Request Form. For additional information regarding staff or program access contact the SDCMHS MIS System Administration.

Staff authorized to access MH MIS will be given login access and a password and are considered "users".

User Access requires the following steps:

1. Program manager completes the "Anasazi Request Form" (ARF).
2. Contractor employee must also read and sign the County's "Summary of Policies" (SOP) form. This must also be signed by the employee's supervisor.
3. Fax all completed forms to the MH MIS Unit at 858-467-0411.
4. MHMIS Unit completes the County's "Computer Services Registration Form" (CSRF).

All forms must be typed, and contain all necessary information. Incomplete forms will be returned to the contact person listed on the form. Once completed correctly, the forms must be re-faxed to MH MIS Unit. Please ensure forms are completed correctly to avoid delay in user account setup.

Once all forms have been submitted, the MH MIS Unit will:

1. Complete and process the CSRF for set up of a Citrix User Account with ID/password
2. Set up Anasazi User Account with ID/password
3. User will be provided his/her Citrix/Anasazi ID/passwords at the Anasazi training.

Program managers and other supervisors are responsible to:

1. Register new staff who will be users to attend appropriate training based on their job function and access level.
2. Contact the QI Unit to confirm Anasazi training date/time/location
3. Confirm that employee has successfully completed Anasazi training

Note: No user will be granted access to Anasazi without successfully completing the Anasazi Training.

All forms with instructions are available electronically on the ASO's (UBH/OptumHealth) Public Sector website at http://www.optumhealthsandiego.com.

Staff Assignment to Unit(s) and SubUnit(s)

On the ARF, the program manager will be assigning each staff to specific Unit(s) and SubUnit(s) based upon the program(s) where the staff performs work. Staff may be assigned to a single or multiple

Unit/Subunits. The Unit/SubUnit number(s) must be reflected on the Anasazi Request Form. The MH MIS Unit will monitor staff access to Units/Subunits to ensure that staff has been assigned correctly. Under no circumstances, should a staff person be assigned to a Unit/Subunit if that staff person does not perform work for that program. This would constitute a violation of security and client confidentiality.

User Assignment to a Menu Group

Each user is granted restricted access to MH MIS based on his/her job requirements. One of the ways that access is restricted is through assignment to Units and Subunits described above. In addition, access is further restricted by assignment to a menu group. A menu group defines the screens and reports the user will be able to access and whether the user can add/edit or delete for each of those screens. For example, the user may only be able to view but not change data in one screen but may have rights to add data or edit previously entered data for another screen. Menu groups are created based on multiple criteria such as security, level of access to client information, staff job functions, staff credentials and state and federal privacy regulations.

On the ARF, the program manager or supervisor is responsible for requesting the menu group assignment for each user based on his/her job functions. A user may only be in one menu group at a time. Therefore, it is important for the program manager/supervisor to determine which menu group is the best match for the job functions performed by his/her staff.

For example, there will be menu groups for:
- Data entry staff with full client look up rights
- Clinicians
- Program managers and supervisors
- Quality Assurance
- Billing staff
- Research and Analysts

The MH MIS Unit will review menu group requested by the program manager/supervisor and approve or modify the request.

Limitation of Staff Assignment to "Data Entry – Add New Clients" Menu Group

Program staff will be allowed to view information about a client currently served by their program. Designated program staff will be given access to the "full client look up" in order to add new clients and assign existing clients to their subunit (program). These individuals will be allowed to view all clients in the system, including those not served by their program. This access allows for data entry, adding new clients, full client look-up; entering demographic, diagnosis, insurance, and financial information (UMDAP); opening assignments; and running reports.

Staff Access to Live Production and Training Environment in Anasazi

For most users, after logging on to Anasazi through the Citrix Access Gateway, two visible Anasazi icons will be available for selection. One icon provides access to the Live Production environment used for data entry and reporting. The other icon provides access to the Training environment which is a copy of the set up of the live environment populated with actual and fictitious client data. The training environment is used to train all new and returning users based on the same access levels and menu limitations they will have in the Live Production environment. Access to the training environment will remain available for ongoing training purposes. For example, on occasion, when there are upgrades to the Anasazi application, it may be necessary for staff to receive additional training before using the new functionality in the Live Production environment. Program managers and staff will be notified of changes to application functionality that require this additional training.

Program Manager/Supervisor Responsibility for Staff Access and Security

The program manager/supervisor shall ensure that staff is in compliance with all County, State and Federal privacy and confidentiality regulations regarding protected health information (PHI). In addition, the program manager shall ensure that his/her staff is aware of the County's Security Policy regarding the protection of network/application passwords and use of County systems and data as outlined in San Diego County's "Summary of Policy". The program manager shall immediately notify the MH MIS Unit whenever there is a change in staff information such as staff demographics, email, job title, credential/licensure, and Unit/Subunit assignment. This includes the initial staff setup, modifying or terminating existing staff accounts. **Under no circumstances shall a staff person who has terminated employment have access to the EHR through Anasazi. This would constitute a serious violation of security which may lead to disciplinary actions.**

Staff Termination Process

- **Routine User Termination –** In most cases, staff employment is terminated in a routine manner in which the employee gives an advanced notice. Within one business day of employee termination notice, the program manager shall fax to the MH MIS Unit (858-467-0411) a completed ARF with the termination date *(will be a future date).* The MH MIS Unit will enter the staff expiration date in Anasazi which will inactivate the staff account at the time of termination and process the CSRF to delete the County network Citrix account.

- **Quick User Termination -** In some situations, a staff person's employment may be terminated immediately. In this case, the program manager must immediately call the MH MIS Unit at (619-584-5090) to request the staff account be inactivated immediately. Within one business day, the program manager shall fax a completed ARF to the MH MIS Unit (858-467-0411).

  The MH MIS Unit is responsible for inactivating both the Anasazi and Citrix staff accounts.

Application Training

Prior to staff obtaining access to Anasazi, he/she shall successfully complete the Anasazi training. Program managers are responsible for registering new and returning Anasazi users for training on the Anasazi application. The Quality Improvement (QI) Unit provides training on a regularly scheduled basis. Previous Anasazi users returning to employment after more than 90 days of absence will be required to attend a refresher training.

User Manuals

Users should be familiar with the MH MIS User Manual and the Financial Eligibility and Billing Procedures Manual, which contain detailed information about program workflow requirements using the MH MIS. These manuals are available on line at http://www.optumhealthsandiego.com.

Security and Confidentiality

The County of San Diego is responsible for the protection of County technology and data and to monitor through its own policies and procedures user compliance with state and federal privacy and confidentiality regulations.

The County's security mandates state that access will be given to a user at the least minimum level required by the user to execute the duties or job functions and that only those individuals with a "need to know" will be given access. Protection of County data and systems is also achieved via the use of unique user identification and passwords as well as other tracking methods.

- PASSWORDS

The sharing of passwords or allowing unauthorized individuals access into the system is strictly prohibited. A user's password is his/her electronic signature that is not to be shared or made available to anyone. Programs must ensure that the County's Policy and Procedures regarding security and confidentiality as stated in the Summary of Policies is complied with at all times. Failure to comply with these polices and procedures can result in the temporary or permanent denial of access privileges and/or disciplinary action.

MH MIS passwords:
- Must be changed every 90 days
- Must have a minimum of 7 characters
- Must contain a mix of letters & numbers
- May NOT be reused
- Are case sensitive
- Will be rejected if common words or acronyms are used

- UNAUTHORIZED VIEWING OF COUNTY DATA
  All terminals and computer screens must be protected from the view of unauthorized persons. All confidential client information, electronic or printed, shall be protected at all times.

User Support

Users can obtain support through the ASO User Support Desk. The ASO User Support Desk can assist a user with the MH MIS application (technical assistance), MH MIS password issues, connectivity/access problems, printer problems, data entry questions, special requests, such as reports and Citrix access issues for contractors. For Citrix access issues (i.e. password reset), County employees must contact the County IT vendor.

In some cases, the ASO User Support Desk may refer the caller for second level user support, i.e. to the Mental Health Quality Improvement Unit for clinical issues and to the Mental Health Billing Unit for financial eligibility and billing issues.

The ASO User Support Desk may be contacted as follows:
> Phone: 1-800-834-3792
> Fax: (619) 641-6975
> Emails: sdhelpdesk@optumhealth.com

- User Support Desk hours: Monday through Friday, from 6:00 am to 6:00 pm except on holidays.

- Emergency Support is available 24/7 by pager (619) 893-4839

- For an operating system failure, contact your company's IT department. The IT department will determine the need for ASO User Support Desk involvement.

NOTE: Printing issues, password resets, technical and Anasazi application questions are not considered an emergency and will be handled the next business day.

QUICK RESOURCE GUIDE

1. MH MIS Unit Phone: 619-584-5090

2. MH MIS Unit Email: MH_MIS_SystemAdmin.hhsa@sdcounty.ca.gov

3. MH MIS FAX (ARFs and SOPs): 858-467-0411

4. ASO User Support Desk Phone: 1-800-834-3792

5. ASO User Support Desk 24 Hour Pager: 619-893-4839

6. ASO User Support Desk email: sdhelpdesk@optumhealth.com

7. Web address to access Anasazi: https://mhmis.co.san-diego.ca.us

8. ASO (UBH) Public Sector Website: https://www.optumhealthsandiego.com

General Workflow

When a client has requested or is referred for treatment services, or when outreach and engagement are conducted, an Index Card shall be completed for clients who have been sufficiently identified. Some programs are authorized to enter a client as a John or Jane Doe when it is not possible to sufficiently identify a client. Minimal information is needed to complete the Index Card; however, staff shall obtain all available client information for completion on the demographic form/screen and ensure that all required fields are completed.

At the time a referral is received at a SubUnit/program, assigned staff shall print the Face Sheet, the Client Assignment Tracking, and the Financial Review/3rd Party Coverage page for the referred client. These documents along with the referral shall be forwarded to the staff person who is assigned to evaluate the referral.

Admit
All required fields on the demographic form must be completed in order to final approve the form/screen. A final approved demographic form/screen with an "Admit" status is required to open or assign the client to the SubUnit/Program.

On the date the client is assessed, a Demographic and an Assignment form/screen shall be completed for each client. If there is an existing Demographic form/screen, a new one shall be added with any updated information. The staff member's electronic signature and date shall show that the review occurred even if there were no changes to the information.

If there is not an existing Diagnosis form/screen, one must be completed, entered, and final approved before services can be billed. If the current Priority 1 diagnosis on the Primary Axis is entered as 7999 (Deferred), the Diagnosis form/screen shall be updated with a specific mental health diagnosis within 30-days of the Assignment opening date at which time the 7999 diagnosis is ended. If there is an existing diagnosis already in the system, it shall be reviewed and necessary diagnoses shall be added. The begin date of at least one primary mental health diagnosis must be before or on the first date of service at any program.

The assigned staff shall complete the 3rd Party Coverage for each client who has Medi-Cal, Medicare, or other insurance. The Financial Review is completed for all clients except those who have Medi-Cal with no-share-of-cost. These forms shall be completed at the client's intake appointment.

Assigned staff shall enter all information within two business days from the day the information is obtained.

When an Assignment is not opened and insufficient information for an "Admit" status has been obtained, the known information can be entered onto a demographic form/screen. This information can be available to the Mental Health System by final approving the Demographic form/screen in a "Pre-Registered" status.

Services
Prior to opening an Assignment for a client, contacts are entered as Single Contacts and progress shall be noted per County policy and program procedures. Those Unit/SubUnits eligible to bill for Medi-Cal Administrative Activities (MAA) shall record Single Contacts to the appropriate MAA codes, if applicable. MAA services are entered under the "Generic Client" in the "Client Lookup" screen. For identified clients MAA services can be entered under the client's name.

After opening an Assignment for a client, services shall be entered daily either in the Individual Client Service or Group Services Maintenance screens as appropriate. The Generate Bed Days Utility shall be run at least monthly by Units/SubUnits authorized to provide bed day services.

While a client is receiving services, the Diagnosis form/screen shall be updated as needed. Throughout the treatment period, the Demographic and 3rd Party Coverage shall be updated at the time of the annual review and shall be updated more frequently if changes occur.

The Financial Review shall be updated on the date specified by UMDAP policy.

<u>Discharge</u>
Once a decision is made to discharge a client, clinical documentation shall be completed according to County policy and program procedures. The Demographic and Diagnosis forms/screens shall be reviewed and updated.

The Assignment to the SubUnit shall be closed. If this was the last open Assignment, and no transfer is identified, the Treatment Session automatically closes.

Index Card ("Enter/Edit Client")

Index Card Summary

Only clients of the San Diego County public mental health system shall be entered into the San Diego County Mental Health Management Information System. These clients include those receiving services at County operated mental health facilities and clients served under existing contracts with San Diego County Mental Health Services.

The Index Card records minimal information about a client for the purpose of registering that client for the first time into the system and assigning a Sort Name and a unique client number. For example, the Index Card does not allow entry of a suffix (Jr., Sr., etc.). More complete information shall be entered and can be found in the Demographic Form.

Not all staff will be authorized to add new clients; however, there will be at least one staff at each Unit/SubUnit who is authorized to perform this function.

When entering information onto the Index Card, fields autofill with uppercase letters.

Client Look-up

Prior to adding a new client, staff shall always conduct a thorough search to check if the client has an existing Index Card. From the Client Look up Screen select the "All" button, to search active and inactive cases for all names that the client provides. When using the "Find" function the search box appears. All entries must be upper case in order to conduct an appropriate search. Lower case entries will not navigate to the correct client name. If the search is unsuccessful, select the "Alias" button and search each name again.

Searches shall also be conducted by the case number, the Social Security Number (SSN), and the date of birth prior to adding a client. Duplicate names appearing in the "Clients Lookup" can also be distinguished by the date of birth. The "Filter" button will provide additional ways to search for a client (i.e. first name, age).

Index Card "Sort Name"

Complete all fields (if the information is available) on the Index Card when adding a client. The system will automatically fill in the corresponding fields on the Demographic form/screen.

Enter the last name, first name, and middle name as provided by the client in the "Sort Name" field. It must be entered as: last name (comma) (space) first name (space) middle name (Example: Ima Fake Name would be entered as; NAME, IMA FAKE). This will automatically fill in the "Last Name", "First" and "Middle Name" fields on the next line. The full middle name will display in the "Clients Lookup" table which will assist with distinguishing clients who have identical first and last names. It is important to note that the sort name is unique; therefore, the system will not accept two or more clients with the same sort name. In instances where more than one client shares the same name, see the "Duplicate Names" instruction in the following section. Note: The "Sort Name" field will only accept 30 characters.

Once saved, the sort name shall **not** be changed by staff so that the integrity of the search function and other data fields will be maintained.

When a client reports a legal name change, or when the client's name has been entered incorrectly, a MHS-025 form is to be completed and forwarded to Health Information Management Services (HIMS). Supporting documentation should be kept at the SubUnit reporting the change in case additional information/verification is needed by HIMS. HIMS staff shall make the appropriate change on a new Demographic Form/Screen which will also be reflected on the Index Card. HIMS staff shall enter the former Client Name into the "Alias" field on an updated Demographic form/screen.

Duplicate Sort Names

When a sort name search results with more than one client with the same first, middle, and last name, enter the client's date of birth (as mm/dd/yy) after the middle name with a space.

EX: NAME, IMA FAKE 11/23/87
        NAME, IMA FAKE 10/22/75

If the last, first, and middle name with the date of birth and spacing exceeds 30 characters, enter the client's middle initial (space) date of birth as mm/dd/yy. Due to the limited number of characters allowed, it may be necessary to shorten or eliminate the middle name.

EX: NAME, IMACTUALLYA FAKE 12/26/68 would be entered as
        NAME, IMACTUALLYA F 12/26/68

If a DOB is used in conjunction with or in place of the client's middle name in the Sort Name field the Number(s) will default into the middle name field. Delete the number(s) in the Middle Name field and enter the appropriate middle name/initial. Do not change/alter the Sort Name field.

Unknown Clients

When EPU and ESU staff are unable to identify a client, the name shall be entered as follows:

DOE, EPU 1 mm/dd/yy, DOE, EPU 2 mm/dd/yy, etc.
DOE, ESU 1 mm/dd/yy; DOE, ESU 2 mm/dd/yy, etc.

1 = first DOE of the day;
2 = second DOE of the day; etc.
mm-dd-yy = date of client admission/contact

For all other programs client shall be entered as:

DOE, JANE mm/dd/yy
DOE, JOHN mm/dd/yy

mm/dd/yy = date of client admission/contact

Once the client's legal name is known, staff shall complete the MHS-025 form and submit the form to HIMS. Programs shall not to update or change the Index Card.

DOB (Date of Birth)
Enter date of birth as provided by the client. If the birth date is unknown, 01/01/1901 (January 1, 1901) shall be entered in the DOB field on the Index Card. If 01/01/01 is entered instead of 01/01/1901 the field will populate 01/01/2001. The full 4-digit year shall be entered. On the Demographic Form, the unknown year of birth, 1901, shall be updated with the client's estimated year of birth.

SSN (Social Security Number)
Enter the Social Security Number of the client. The SSN should be requested. If the client does not provide a SSN, this field shall be left blank. If the SSN provided by the client is already in the system, the number will not be accepted. If a prompt indicates that the SSN already exists, locate and review that other client's Demographic form/screen to ensure that the client name associated with that SSN is not an alias of the presenting client.

If a duplicate SSN exists in the system and it is determined that the existing client with this SSN is not an alias of the presenting client, complete a MHS-025 form and include a notation regarding the second client's name and case number.   HIMS staff shall enter the appropriate change.

Continue to complete the Index Card for the client with the SSN field left blank.

Ethnicity
Enter the ethnicity as reported by the client. Only one value may be selected. This client reported field includes various Hispanic ethnicities in addition to "Not Hispanic" and "Unknown".

Gender/Sex
Although this is not a required field, staff shall enter gender (Sex). Enter "F" if the client identifies self as Female; "M" if the client identifies self as Male; "O" for Other if the client identifies self other than male or female, which shall include transsexual and transgender individuals; "U" for Unknown if the gender is unknown or not available.

Address
Enter mailing address as reported by the client. When the individual zip code is entered, the system will automatically fill in "City", "State", and "Address County". For individuals who are homeless, the "Mailing Address" shall be entered as MHS Billing, PO Box 129153, San Diego, CA 92112-9153.

Street addresses with street directions (i.e., North, West, and Southeast) shall be entered as N or SE followed by a space and the street name.
        7655 N BROADWAY

Addresses with ½ in the address shall be entered after the house number preceded by a hyphen (-).
        1234 -1/2 ELM ST

Addresses with apartment numbers in the address shall be entered after the street name with the pound (#) sign.
        888 -1/2 N CHERRYWOOD DR #8
        1250 TAHOE LANE #D

Save Add
When an Index Card is completed, select the "Save Add" button. A prompt will appear asking, "Case number is optional for Pre-Registered client. Do you want a case number assigned automatically?" Always select "Yes." San Diego County Mental Health Services has made a decision that a case number shall be assigned whenever an Index Card is completed for each new client.

Demographic Form/Screen

Demographic Summary

Instructions and procedures for the completion of each field on the Demographic Form are found in this section in the order in which they appear on the form/screen. The tables relevant to the Demographic form along with definitions for the table values are at the end of this section for reference.

In Anasazi, help fields are available for many of the entries on the demographic screen by selecting the label in that field. The help fields include policy statements and special instructions. In addition a help summary of the demographic screen is available by selecting the "Demographic Form" label on the screen. If there is no help available on a specific label, a dialog box will appear stating "No help available at this time".

Most of the information entered on the Demographic Form/Screen is submitted to the State of California for Client and Service Information (CSI) reporting. Other information is collected for SDMHS Administration and Mental Health programs.

Staff shall complete all fields of the Demographic form/screen if the information is available. When making entries into any "Comments" or "Other Information" fields, each comment shall be identified with the date, employee name and program name. When a client or family member fills out the paper form, staff shall review the information with the client to ensure accuracy and completeness. The Demographic form/screen cannot be finalized until all of the required (highlighted) fields are completed.

A Demographic form/screen shall be completed and Final Approved ("signed off") for each client who has no pre-existing Demographic form/screen. If there is an existing Demographic form/screen, a new one shall be added in order to review and update the information each time that the client is assigned at another Unit/SubUnit (program). (When it is unknown if a Demographic exists in the EHR, a Demographic form shall be completed with all fields entered.)

The address, telephone, emergency contact, and living arrangement fields shall be verified and updated at every client visit. All fields in the Demographic form/screen shall be updated at the time of the Annual Review and shall be updated as changes occur or become known.

Client, Name, Address, Telephone

Client Name
Verify that the first, last and middle name/initial is entered correctly. Enter a suffix if applicable. The suffix is not collected on the Index Card.

If the client's legal name has changed, a MHS-025 form is to be completed and forwarded to HIMS. HIMS staff shall enter the appropriate change. HIMS staff shall enter the former legal name into the "Alias" field on an updated Demographic form/screen.

Effective Date
Enter the date the information was obtained from the client.

Admission Status
"Pre-registered status on the Demographic form/screen means that an Index Card has been completed. The Admission Status shall be changed to "Admit" when completing the Demographic form/screen in order for an Assignment to a Unit/SubUnit to occur. The Demographic form/screen in "Admit" status cannot be Final Approved without all of the required fields completed. The Admission Status of "Registered" shall NOT be used.

When all required fields for final approving in the "Admit" status cannot be obtained, the information can be retained and available by final approving the form in the "Pre-registered" status. Staff will not be able to open the client to a Unit/SubUnit until there is a final approved Demographic form/screen with an "Admit Status". If there was no case number assigned when the Index Card was completed, the assignment of a case number is required when a demographic form is final approved.

Mailing Address
Enter the address where the client is receiving mail. This field is required and will be used for mailing and billing purposes. Use standard US Postal Service abbreviations.

Street addresses with street directions (i.e., North, West, and Southeast) shall be entered as N or SE followed by a space and the street name.
    7655 N BROADWAY

Addresses with ½ in the address shall be entered after the house number preceded by a hyphen (-).
    1234 -1/2 ELM ST

Addresses with apartment numbers in the address shall be entered after the street name with the pound (#) sign.
    888 -1/2 N CHERRYWOOD DR #8
    1250 TAHOE LANE #D

For individuals who are homeless or incarcerated with no mailing address, the "Mailing Address" shall be entered as MHS Billing, PO Box 129153, San Diego, CA 92112-9153.

For minors placed out of home, enter the mailing address of the parent or legal guardian.

Physical Address
Complete the Physical Address only if the client resides in a location different from the mailing address. "Same as Above" shall not be used in this field. Enter the address using standard US Postal Service abbreviations.

For individuals who are homeless, the "Physical Address" shall contain "Homeless" and the location where the client spends most of their time (for example: "Homeless-5th & B St"). Enter the zip code of the client's identified neighborhood, if known.

All individuals who are incarcerated shall have the place of incarceration entered as the "Physical Address".

For minors placed out of home, enter the address where the minor is residing.

Telephone Numbers
Enter all telephone numbers with 10 digits, including the area code, using no hyphens, parentheses, or spaces between the numbers. For example: 6195551212. The system will automatically fill in spaces and hyphens where appropriate when the field is exited. The system will accept a 7 digit number, however, SDCMHS requires a 10 digit number be entered.

Home Phone
This field is required. Enter the home phone number if the client has one. A cell phone number may be entered in this field when there is no home phone number. If there is neither telephone number, enter "NONE". It is important that a phone number be entered in this field in order for clients with appointment entered in Anasazi Scheduler to receive computerized appointment reminder calls.

<u>OK to Call Home?</u>
This field is required. If it is OK to contact a client at the phone number in the Home Phone filed, select "Yes". Otherwise, select "No." When "Yes" is selected the home phone number field will be used for computerized appointment reminder calls provided the program is a participating program.
<u>Work Phone</u>
Enter the 10-digit work telephone number if the client has one.

<u>Cell Phone</u>
Enter the 10-digit cell phone number if the client has one. If the cell phone is entered under "Home Phone", it is not necessary to complete this field; however, it can be entered again.

Other Client Identifiers

<u>SSN</u>
Request the SSN, but if the client declines, do not insist. It is not a required field. If the client does not provide a SSN, this field should be left blank. If the field is left blank the "REASON SSN NOT PROVIDED" field is required.

If the SSN provided by the client is already assigned to another client in the system, the number will not be accepted. If a prompt indicates that the SSN already exists, locate and review the other client's demographic to ensure it is not an alias of the presenting client.

If a duplicate SSN exists in the system and it is determined that the existing client with this SSN is not an alias of the presenting client, complete the MHS-025 form and include a notation on the MHS-025 regarding the second client's name and case number. HIMS staff shall enter the appropriate change. Continue to complete the Demographic form/screen for the client with the SSN field left blank.

<u>Reason SSN not Provided</u>
If SSN is left blank, select "Declined" if client declined to provide or "Unable to Answer" if client is unavailable, too ill to answer, or has provided a duplicate SSN that could not be entered.

<u>Gender/Sex</u>
This is a CSI required field. Staff shall enter gender (Sex). Enter "F" if the client identifies as Female; "M" if the client identifies as Male; "O" for Other if the client identifies as other than male or female, which shall include transsexual and transgender individuals; "U" for Unknown if the gender is unknown or not available.

<u>DOB</u> (Date of Birth)
If the DOB field was previously entered as 01/01/1901 (January 1, 1901) as an "Estimated" birth date, enter an actual birth date if known, and select the "Actual" button. If the actual birth date is unknown, enter an estimated year of birth, preceded by January 1, on the demographic form and select the "Estimated" button. The full 4-digit year shall be entered.

If an incorrect date of birth has been previously entered and marked "Actual", the date of birth shall not be changed. Completed a MHS-025 form and forward to HIMS. HIMS staff shall enter the appropriate change.

Place of Birth

<u>Born In US</u>
This is a required CSI field. Enter information as provided by the client.

<u>Born In California</u>
This is a required CSI field if the client was born in the US. Enter information as provided by the client. If the client was born in California, select "Yes" and continue to "Place of Birth: County".

Place of Birth County
This is a required CSI field if the client was born in California. Enter information as provided by the client. If the county of birth is unknown, enter the unknown value "99" from the table.
Place of Birth: State
This is a required CSI field if the client was born in the US. Even though "Yes" was selected for "Born in California?", the state in which the client was born must be selected. If the state of birth is unknown, enter the unknown value "UN" from the table.

Place of Birth: Country
Enter the country in which the client was born. If the country of birth is unknown, enter the unknown value "99" from the table.

Marital Status/Ethnicity/Race/Language

Client Marital Status
This is a required field (not CSI). This is the client's reported marital status as of the day the Demographic form/screen is completed. Select the client's "Marital Status" from the table.

Ethnicity
This is a required CSI field. This client reported field includes various Hispanic ethnicities in addition to "Not Hispanic" and "Unknown". Only one value may be selected.

Race
This is a required CSI field. The client can select up to five races. The first choice listed shall be the client's reported primary race. There are significant ethnic groups in San Diego County. Some of these groups have been listed here for data collection purposes. Only the first or primary race is reflected on reports generated in Anasazi.

Primary Language
This is a required CSI field. Enter the language the client reports he/she speaks most frequently.

Preferred Language (Client)
This is a required CSI field. Enter the language in which the client would like to receive mental health services.

Preferred Language (Caretaker)
When a caretaker is regularly or significantly involved in the treatment of a client or if the client is a minor, this field shall be completed. Select the language preferred by the caretaker.

Interpreter Needed?
If the requested service language for either the client or the caretaker is other than English select "Yes". Select "Yes" even if the clinician speaks the same non-English language as the client or caretaker. Select "No" if the requested service language is English.

Employment Status/Living Arrangement/Education/Etc.

Employment Status
This is a required CSI field. Only one value may be selected in this field. When more than one value is applicable, the value selected shall reflect the following priority: paid employment; rehab employment; job training; student; then all others.

Living Arrangement
This is a required CSI field. Enter as reported by client. If the client is homeless or resides in a homeless shelter, select "Homeless". This field shall be updated once the client is no longer homeless or any time the client's living arrangement changes.

Number of Children
This is a required CSI field. Enter the number of children under 18 years of age that the client cares for at least 50% of the time. If none, enter "0". If "Unknown/Not Reported" enter "99".   When the entry on a client's previous demographic form was "0", this field must be completed again when the demographic form is updated.   If no new information is provided, the number "0" is entered again.

Number of Adults
This is a required CSI field. Enter the number of adults 18 years of age or older that the client cares for at least 50% of the time. If none, enter "0". If "Unknown/Not Reported" enter "99".   When the entry on a client's previous demographic form was "0", this field must be completed again when the demographic form is updated.   If no new information is provided, the number "0" is entered again.

Education
This is a required CSI field. Enter the last grade completed as reported by client. For example, if the client is currently enrolled in 11th grade, enter 10 in this field. 1-12 indicates the grade completed. 13-20 indicates progression through an academic college/graduate school. The table includes values for GED, Kindergarten, and completion of post high school vocational training.

Religion
Enter as reported by the client. Some programs may require staff to request the client's religion for program purposes, such as dietary or treatment restrictions.

Military Service
Enter as reported by the client. This is not a CSI required field, but it is necessary for County data collection purposes to track the number of military personnel and veterans being served in our system.

Branch
Enter the branch of military service as reported by the client.

Mother's First Name
This is a required CSI field. The mother's FIRST name, not her last name, is required. If the mother's name is unknown or unavailable, enter "UNKNOWN". For Ima Fake Name, enter "IMA".

Alias

Enter all names (first and last) the client reports having used.   User shall enter both a first and last name in the Alias fields and a middle initial if applicable. For example: Ima Fake Name with the alias last name of "Computer" shall be entered as "Ima Computer". Ima Fake Name with the alias first name of "Nota" is entered as "Nota Name". This includes all former legal name(s). In the event of a future legal name change, a MHS-025 form is to be completed and forwarded to HIMS. HIMS staff shall enter the appropriate change. HIMS staff shall enter the former legal name into the "Alias" field on an updated Demographic form/screen.

Legal Consent Information

Legal Consent
This is a required CSI field. If someone other than the client is legally responsible for the authorization of the client's treatment, enter the appropriate selection from the "Select Legal Status (Active Only)" table. If the client is responsible for his/her own treatment, choose either "Self/Not Applicable", "Minor-Emancipated", or "Minor-Self Consent".

For AB2726 clients, choose "Minor-Parental Consent" if the parent has educational rights. If someone other than the parent has educational rights, select "Minor-Legal Guardian".

When a minor turns 18 years of age or a Conservatorship or Juvenile Court Status terminates, the Legal Consent information shall be updated on a new Demographic form/screen. Staff shall review this information at each client visit to ensure the information in the EHR is current and accurate. When a Conservatorship or a Juvenile Court Status ends, the information in the Legal Rep fields shall be deleted.

Legal Rep (Legal Representative)
Enter the name of the appropriate legal representative. The legal representative is someone other than the client who is legally responsible for the authorization of the client's treatment. For AB2726 clients, enter the party who has educational signing rights

For clients who are "Self/Not Applicable", "Minor-Emancipated", or "Minor-Self Consent", this field is inactivated.

Relationship
Enter the legal representative's relationship to the client.

Address
Enter the address of the legal representative.

Phone
Enter the 10-digit telephone number of the legal representative.

Other Information
Enter other information as needed. For AB2726 clients, enter the party who has educational signing rights. For example: "Ima Name has Educational Rights".

Parental and School Information

Is Client Under 18? "Yes" in this field requires parental information to be entered for minors. "No" in this field does not require parental information, but it may be entered.

Parent Name
This field is required if the client is under 18 years of age. Enter the name of the primary responsible parent/guardian. This information is optional for adults. If the parent's name is unknown, enter "UNKNOWN".

Relationship
If the client is under 18 years of age, enter the relationship of the primary responsible parent/guardian to the minor. This information is required for minors, but is optional for adults. If the Parent Name field is "UNKNOWN" select "Unknown" from the Relationship table.

Address
Enter the address of the primary responsible parent/guardian, if known.

Home Phone
Enter the 10-digit telephone number of the primary responsible parent/guardian, if known.

Other Information
For additional responsible parent/guardian(s), enter "See Contacts Field Below". Enter any other information that might be helpful in this field.

School
This field is required for clients under the age of 18 years. It is optional for all other clients. In this field, select the school that the child attends. If the attended school cannot be found on the "School Table," select the value "Other/Private School" from the table.

Is Client AB2726?
"Yes" in this field requires the School District of Residence to be entered.

School District of Residence
This is a CSI required field. This field shall be completed for all AB2726 clients. In this field, select the school district that is responsible for the child's education. (This can be found in the child's IEP.)

Juvenile Forensics

REJIS #
This field is not a required field and is only used by Children's Mental Health System. Enter the REJIS number in the "REJIS" field. The REJIS field equates to the "Ext Case #" column on the Client's Look Up screen. The client can be found by searching this column by the REJIS number.

Emergency Notification/Contact Information

Emergency Notification Name
Enter the person designated by the client to be contacted in case of an emergency. If the client states there is no emergency contact, enter "NONE", otherwise leave blank. The intent of this field is to identify a non-service provider, such as a family member or friend, who should be contacted in the event of an emergency.

Relationship
Enter the relationship of the emergency contact to the client. If the emergency contact entered is "NONE" or is blank enter "Unknown" in this field.

Address
Enter the address of the emergency contact. Enter "UNKNOWN" if address is unknown.

Home Phone
Enter the 10-digit home telephone number of the emergency contact. If a home telephone number is unavailable, enter a telephone where the emergency contact can be reached. For example: a cell or a work telephone number.

Other Information
Enter any other information that might be helpful in this field.

Contacts
Enter as many additional contacts as necessary to provide quality care coordination on behalf of the client. The intent of this field is to identify service providers and professionals who are working with the client and other relatives and friends who are involved with the client. Mental Health County and Contractor staff shall not be entered as contacts. This information is available elsewhere in Anasazi.

Name
Enter the name of additional contact(s) including additional parent/guardian(s) for the client. This field will allow up to 60 characters but will display approximately 30 characters.   Enter last name comma, first name.

Agency/Title/Relationship

Enter the "Agency/Title" of service providers and other professionals. Enter the "Relationship" for relatives and friend(s). For example, if the additional contact listed is the client's employer, probation officer, family member or friend enter the appropriate agency name and/or relationship in the "Agency/Title" field. The "Agency/Title" field will display up to 24 characters.

Phone

Enter the 10-digit telephone number without hyphens, slashes, or spaces, of the additional contact(s) or enter "NONE".

Signature Line(s) **Summary**

The signature line(s) are used to record names of the staff member(s) who obtain and/or enter the information on the Demographic form/screen. One signature must have the "Yes" button selected, and the "Yes" must correspond with the staff member who entered the data into the Demographic form/screen. All signature lines must be "Yes" or "N/A".

Signature of Staff Obtaining Information

Enter the staff member's ID number or select the staff member's name from "Staff Lookup" table.

Signatures of other staff members and unused signature lines must have "N/A" selected.

Select "NO" to reset the signature line for entries. This allows for reentering the staff's signature information when previously entered incorrectly.

When a different staff member obtains the information, enter his/her name in the "Name" field, the date that staff member obtained the information in the "Date" field, and select "N/A". A prompt will appear, "Clear signature name?" Select "NO".

Signature of Staff Entering Information (If different from above)

When the same staff member obtains and enters the information, select "N/A".

The staff member who entered the information (but did not obtain the information) enters his/her name in the "Name" field, and the date in the "Date" field. The "Time" field will automatically fill. Select "Yes" and a prompt to enter the password will appear. The staff member who entered the information shall enter his/her password. Password is case sensitive.

Saving a Form Prior to Final Approval

Select the disk icon to save.

When staff saves a form without a final approval, they shall final approve the form as soon as possible because the form can be deleted by anyone until it is final approved.

Final Approval of Form

Once the form is completed, select the red padlock/purse icon at the top of the form. It will only final approve when all required fields are completed.

Editing Forms

When incorrect information has been entered into a demographic form, that has been "saved" but not "final approved" that form can be edited. To edit the form, open the form, make the necessary changes and final approve. Final approved forms cannot be edited, but can be voided if erroneous information was entered that should not remain part of the client's EHR. When updates are needed, on a "Final Approved" form, a new form must be created.

Deleting Forms

When incorrect information has been entered into a demographic form, that has been "saved" but not "final approved" that form can be deleted and a new form added.

Voiding Forms

Incorrect information that has been entered into a final approved demographic form cannot be edited or removed. All voided forms require approval from the program director/manager. The MHMIS Unit must complete the voiding of a form.

Demographic Tables

Reason for No SSN

ID	Description	Definition
99900	Declined	Client was hesitant, declined, or unwilling to provide
99904	Unable to answer	Client was unavailable, or too ill to answer

Gender

ID	Description	Definition
M	Male	Client identifies as male
F	Female	Client identifies as female
O	Other	Client identifies other than male or female, which may include transsexual and transgender individuals.
U	Unknown	Client is unable to report or declines.

Country Table

ID	Description	ID	Description
US	United States	CI	Chile
MX	Mexico	CH	China
AF	Afghanistan	KT	Christmas Island
AL	Albania	IP	Clipperton Island
AG	Algeria	CK	Cocos (Keeling) Islands
AQ	American Samoa	CO	Colombia
AN	Andorra	CN	Comoros
AO	Angola	CF	Congo
AV	Anguilla	CW	Cook Islands
AY	Antarctica	CR	Coral Sea Islands
AC	Antigua & Barbuda	CS	Costa Rica
AR	Argentina	IV	Cote D'Ivorie
AM	Armenia	00	Country not Listed
AA	Aruba	HR	Croatia
AT	Ashmore & Cartier Islands	CU	Cuba
AS	Australia	CY	Cyprus
AU	Austria	EZ	Czech Republic
AJ	Azerbaijan	DA	Denmark
BF	Bahamas	DJ	Djibouti
BA	Bahrain	DO	Dominica
FQ	Baker Island	DR	Dominican Republic
BG	Bangladesh	EC	Ecuador
BB	Barbados	EG	Egypt
BS	Bassas Da India	ES	El Salvador
BO	Belarus	EK	Equatorial Guinea
BE	Belgium	ER	Eritrea
BH	Belize	EN	Estonia
BN	Benin	ET	Ethiopia
BD	Bermuda	EU	Europa Island
BT	Bhutan	FK	Falkland Islands (Islas Malvinas)
BL	Bolivia	FO	Faroe Islands
BK	Bosnia & Herzegovina	FM	Federated State of Micronesia
BC	Botswana Islands	FJ	Fiji
BV	Bouvet Island	FI	Finland
BR	Brazil	FR	France
IO	British Indian Ocean Territory	FG	French Guiana
VI	British Virgin Islands	FP	French Polynesia
BX	Brunei	FS	French Southern & Antarctic Lands
BU	Bulgaria	GB	Gabon
UV	Burkina	GA	Gambia
BM	Burma	GZ	Gaza Strip
BY	Burundi	GG	Georgia
CB	Cambodia	GM	Germany
CM	Cameroon	GH	Ghana
CA	Canada	GI	Gibraltar
CV	Cape Verde	GO	Glorioso Islands
CJ	Cayman Islands	GR	Greece
CT	Central African Republic	GL	Greenland
CD	Chad	GJ	Grenada

Country Table continued on next page

Country Table Continued

ID	Description	ID	Description
GP	Guadeloupe	MI	Malawi
GQ	Guam	MY	Malaysia
GT	Guatemala	MV	Maldives
GK	Guernsey	ML	Mali
GV	Guinea	MT	Malta
PU	Guinea Bissau	RM	Marshall Islands
GY	Guyana	MB	Martinique
HA	Haiti	MR	Mauritania
HM	Heard Island & McDonald Island	MP	Mauritius
HO	Honduras	MF	Mayotte
HK	Hong Kong	MQ	Midway Islands
HQ	Howland Island	MD	Moldova
HU	Hungary	MN	Monaco
IC	Iceland	MG	Mongolia
IN	India	MH	Monserrat
ID	Indonesia	MW	Montenegro
IR	Iran	MO	Morocco
IZ	Iraq	MZ	Mozambique
EI	Ireland	WA	Namibia
IM	Isle of Man	NR	Nauru
IS	Israel	BQ	Navassa Island
IT	Italy	NP	Nepal
JM	Jamaica	NL	Netherlands
JN	Jan Mayen	NT	Netherlands Antilles
JA	Japan	NC	New Caledonia
DQ	Jarvis Island	NZ	New Zealand
JE	Jersey	NU	Nicaragua
JQ	Johnston Atoll	NG	Niger
JO	Jordan	NI	Nigeria
JU	Juan De Nova Island	NE	Niue
KZ	Kazakhstan	NF	Norfolk Island
KE	Kenya	CQ	Northern Mariana Islands
KQ	Kingman Reef	NO	Norway
KR	Kiribati	MU	Oman
KN	Korea Democratic Peoples Republic	PK	Pakistan
KS	Korea Republic	PS	Palau
KU	Kuwait	LQ	Palmyra Atoll
KG	Kyrgyzstan	PM	Panama
LA	Laos	PP	Papua New Guinea
LG	Latvia	PF	Paracel Islands
LE	Lebanon	PA	Paraguay
LT	Lesotho	PE	Peru
LI	Liberia	RP	Philippines
LY	Libya	PC	Pitcairn Islands
LS	Liechtenstein	PL	Poland
LH	Lithuania	PO	Portugal
LU	Luxembourg	RQ	Puerto Rico
MC	Macau	QA	Qatar
MK	Macedonia	RE	Reunion
MA	Madagascar	RO	Romania

Country Table continued on next page

Country Table Continued

ID	Description	ID	Description
RS	Russia	TH	Thailand
RW	Rwanda	TO	Togo
SM	San Marino	TL	Tokelau
TP	Sao Tome & Principe	TN	Tonga
SA	Saudi Arabia	TD	Trinidad & Tobago
SG	Senegal	TE	Tromelin Island
SR	Serbia	TS	Tunisia
SE	Seychelles	TU	Turkey
SL	Sierra Leone	TX	Turkmenistan
SN	Singapore	TK	Turks & Calcos Islands
LO	Slovakiasi Slovenia	TV	Tuvalu
BP	Soloman Islands	UG	Uganda
SO	Somalia	UP	Ukraine
SF	South Africa	TC	United Arab Emirates
SX	South Georgia & So. Sandwich Islands	UK	United Kingdom
SP	Spain	99	Unknown Country
PG	Spratly Islands	UY	Uraguay
CE	Sri Lanka	UZ	Uzbekistan
SH	St Helena	NH	Vanuatu
SC	St Kitts & Nevis	VT	Vatican City
ST	St Lucia	VE	Venezuela
SB	St Pierre & Miquelon	VM	Vietnam
VC	St Vincent & Grenadines	VQ	Virgin Islands
SU	Sudan	WQ	Wake Island
NS	Suriname	WF	Wallis & Futuna
SV	Svalbard	WE	West Bank
WZ	Swaziland	WI	Western Sahara
SW	Sweden	WS	Western Samoa
SZ	Switzerland	YM	Yeman
SY	Syria	CG	Zaire
TW	Taiwan	ZA	Zambia
TI	Tajikistan	ZI	Zimbabwe
TZ	Tanzania		

County Table

ID	Description	ID	Description	ID	Description
1	Alameda	22	Mariposa	43	Santa Clara
2	Alpine	23	Mendocino	44	Santa Cruz
3	Amador	24	Merced	45	Shasta
4	Butte	25	Modoc	46	Sierra
5	Calaveras	26	Mono	47	Siskiyou
6	Colusa	27	Monterey	48	Solano
7	Contra Costa	28	Napa	49	Sonoma
8	Del Norte	29	Nevada	50	Stanislaus
9	El Dorado	30	Orange	51	Sutter
10	Fresno	31	Placer	52	Tehama
11	Glenn	32	Plumas	53	Trinity
12	Humboldt	33	Riverside	54	Tulare
13	Imperial	34	Sacramento	55	Tuolumne
14	Inyo	35	San Benito	56	Ventura
15	Kern	36	San Bernardino	57	Yolo
16	Kings	37	San Diego	58	Yuba
17	Lake	38	San Francisco	63	Sutter/Yuba
18	Lassen	39	San Joaquin	65	Berkeley City
19	Los Angeles	40	San Luis Obispo	66	Tri-City
20	Madera	41	San Mateo	98	Not a California County
21	Marin	42	Santa Barbara	99	Unknown

State Table

ID	Description	ID	Description
CA	California	MT	Montana
AL	Alabama	NC	North Carolina
AK	Alaska	ND	North Dakota
AZ	Arizona	NE	Nebraska
AR	Arkansas	NH	New Hampshire
CO	Colorado	NJ	New Jersey
CT	Connecticut	NM	New Mexico
DC	District of Columbia	NV	Nevada
DE	Delaware	NY	New York
FL	Florida	OH	Ohio
GA	Georgia	OK	Oklahoma
HI	Hawaii	OR	Oregon
IA	Iowa	PA	Pennsylvania
ID	Idaho	RI	Rhode Island
IL	Illinois	SC	South Carolina
IN	Indiana	SD	South Dakota
KS	Kansas	TN	Tennessee
KY	Kentucky	TX	Texas
LA	Louisiana	UT	Utah
MA	Massachusetts	VA	Virginia
MD	Maryland	VT	Vermont
ME	Maine	WA	Washington
MI	Michigan	WI	Wisconsin
MN	Minnesota	WV	West Virginia
MO	Missouri	WY	Wyoming
MS	Mississippi	UN	Unknown State
		00	Not a US State

Marital Status

ID	Description	ID	Description
4	Divorced	5	Separated
2	Married	6	Unknown
1	Never Married	3	Widowed
7	Domestic Partner		

Ethnicities

ID	Description	ID	Description
1	Not Hispanic	5	Other Hispanic Latino
2	Mexican American/Chicano	6	Dominican
3	Cuban	7	Salvadoran
4	Puerto Rican	9	Unknown

Race Table

ID	Description	ID	Description
A	White/Caucasian	O	Other Non-White, Non-Caucasian
B	Black/African American	P	Other Pacific Islander
C	Cambodian	Q	Hmong
D	Chinese	R	Other Asian
E	Eskimo/Alaskan Native	S	Samoan
F	Filipino	T	Sudanese
G	Guamanian	U	Chaldean
H	Hawaiian Native	V	Vietnamese
I	Asian Indian	W	Ethiopian
J	Japanese	X	Somali
K	Korean	Y	Iranian
L	Laotian	Z	Iraqi
M	Mien	9	Unknown / Not Reported
N	Native American		

Languages Table

ID	Description	ID	Description
1	English	H	Armenian
2	Spanish	I	French
3	Arabic	J	Hebrew
4	Other Filipino Dialect	K	Italian
5	Ilocano	L	Polish
6	Samoan	M	Farsi
7	Cantonese	N	Russian
8	Mandarin	O	Other Non-English
9	Hmong	P	Vietnamese
A	Other Chinese Languages & Dialects	Q	Portuguese
B	Japanese	R	Tagalog
C	Korean	S	American Sign Language
D	Laotian	T	Other Sign Language
E	Mien	U	Unknown / Not Reported
F	Thai	V	Turkish
G	Cambodian	W	German

Employment Status

ID	Description	Definition
A	Comp Job 35+ hrs per week	Employed in the competitive job market and paid for 35 hours or more per week
B	Comp Job 20-34 hrs per week	Employed in the competitive job market and paid for 20-34 hours or more per week
C	Comp Job <20 hrs per week	Employed in the competitive job market and paid for 20 hours or less per week
D	Rehab 35+ hrs per week	Employed in noncompetitive job market (supported employment) and paid for 35 hours or more per week.
E	Rehab 20-34 hrs per week	Employed in noncompetitive job market (support employment) and paid for 20-34 hours per week.
F	Rehab <20 hrs per week	Employed in noncompetitive job market (supported employment) less than 20 hours per week.
G	Full Time Job Training	Adults attending a vocational training program full time. e.g. ROP or learning a specific trade.
H	Part Time Job Training	Adults attending a vocational training program part time. ROP or learning a specific trade.
I	Full Time Student	Children pre-school through grade 12; adults not employed and attending school full time
J	Part Time Student	Adults who are not employed but are attending school part time.
K	Volunteer	Any hours of non paid work
L	Homemaker	Does not work outside the home
M	Retired	Receives compensation for former employment and not currently working.

Employment Status table continued on next page

ID	Description	Definition
N	Unemployed, seeking work	Not currently working, actively seeking work
O	Unemployed, not seeking work	Not currently working, nor actively seeking work
P	Not in the Labor force	Children under 18 who are not a student and not working or seeking work; and Disabled Adults who are not seeking employment.
Q	Resident/Inmate	Incarcerated in a county jail, state prison or a correctional facility.
U	Unknown	Client is unable or unwilling to answer. Should only be used when another value can not be determined.

Caregiver - Children

Identifies the number of persons the client care for/is responsible for at lease 50% of the time.

ID	Description
0	None
01 – 98	Number of children less than 18 years of age that the client cares for/is responsible for at least 50% of the time
99	Unknown/Not Reported

Caregiver - Adult

Identifies the number of persons the client care for/is responsible for at lease 50% of the time.

ID	Description
0	None
01 – 98	Number of dependent adults 18 years of age and above that the client cares for/is responsible for at least 50% of the time
99	Unknown/Not Reported

Living Arrangement

ID	Description	Definition
A	House or Apartment	Lives independently alone or with others; includes a child living with family/friends. Includes trailers, hotels, dorms, barracks, etc.
B	House or Apt w/Support	Lives alone or with others and receives assistance with food, clothing, shelter, and/or treatment on less than a daily basis. Not a supported housing program. (Applies to Adults Only)
C	House/Apt w/Supv daily (ILF)	Lives alone or with others and receives assistance with food, clothing, shelter, and/or treatment some part of every day. Includes Independent Living Facilities. Does not include board and care facilities, see # 9. Not a supported housing program. (Applies to Adults Only)
D	Other Supported Housing	Lives in an identified supported housing program. (Applies to Adults Only)
E	Board & Care Home	State licensed residential care facility for either mentally ill or elderly. (Applies to Adults Only)
F	Res Trtmnt/Crisis Cntr-Adult	Residential Treatment Center or a Crisis House; for example: Casa Pacifica & START Programs. (Applies to Adults Only)
G	SA Res/Rehab	Lives in a substance abuse treatment or sober living program. (Applies to Adults Only)
H	Homeless / In Shelter	Client is homeless; has no permanent place of residence.
I	MH Rehab Cntr Locked	Lives at 24-hour MHRC licensed facility; for example Alpine STC. (Applies to Adults Only)
J	SNF / ICF / IMD	Lives at Skilled Nursing Facility, Intermediate Care Facility, or Institution for Mental Disorders. (Applies to Adults Only)
K	Inpatient Psychiatric or VA Hospital	Admitted to a Psychiatric Unit of a hospital including VA Hospital.
L	State Hospital	Admitted to a State Hospital.
M	Correctional Facility	Includes Children in juvenile facilities and incarcerated Adults.
O	Other	Other living arrangement not on this list including medical hospital.
R	Foster Home/Child	Child living with a Foster Family.
S	Group Home (Child Lvl 1-12)	Child placed in a licensed residential treatment facility designated by the State of California as providing care at a level 12 or less.
T	Res Treatment Cntr (Child Lvl 13-14)	Child is placed in a licensed residential treatment facility designated by the State of California as providing care at a level 13 or higher. This category should also be utilized when child is placed in a residential treatment facility outside the State of California.
U	Unknown	Unknown living arrangement. Should only be used when another value can not be determined.
V	Community Treatment Facility Locked	Child is placed in a residential treatment facility designated by the State of California as locked. This value is rarely used.
W	Children's Shelter	Polinsky Children's Center; Hillcrest House.

Education Levels

ID	Description	Definition
1	1st Grade	Client completed 1st grade. May currently be in 2nd grade.
2	2nd Grade	Client completed 2nd grade. May currently be in 3rd grade.
3	3rd Grade	Client completed 3rd grade. May currently be in 4th grade.
4	4th Grade	Client completed 4th grade. May currently be in 5th grade.
5	5th Grade	Client completed 5th grade. May currently be in 6th grade.
6	6th Grade	Client completed 6th grade. May currently be in 7th grade.
7	7th Grade	Client completed 7th grade. May currently be in 8th grade.
8	8th Grade	Client completed 8th grade. May currently be in 9th grade.
9	9th Grade	Client completed 9th grade. May currently be in 10th grade.
10	10th Grade	Client completed 10th grade. May currently be in11th grade.
11	11th Grade	Client completed11th grade. May currently be in 12th grade.
12	12th Grade	Client completed 12th grade, meaning that client graduated from high school. If client earned a "GED" Graduate Equivalency, use code 95 below.
13	College <2yrs	Client completed less than 2 years of college.
14	Assoc Arts	Client completed 2 years of college receiving an Associate of Arts degree. Use code 98 for a certificate from a vocational or technical college.
15	College >2yrs	Client completed more than 2 years of college with or without an AA degree.
16	Bachelors Degree	Client has a Bachelors Degree.
17	Some Grad School	Client has completed some Graduate School courses.
18	Completed Masters	Client has a Master's degree.
19	Some Post Masters	Client has completed some post Master's degree courses.
20	Doctorate	Client has a Doctorate degree.
92	None	Client has completed no years of school, may currently be in Kindergarten.
93	Decline to State	Client declines to state last grade completed.
94	Unable to Answer	Client is unable to answer.
95	GED	Client received a high school "GED" Graduate Equivalency Diploma.
96	Kindergarten	Client completed Kindergarten, may currently be in 1st grade.
97	Pre School	Client attended some Pre-School, may currently be in Kindergarten.
98	Vocational/Other	Client completed/attended a Post High School technical or vocational training program.
99	Unknown/Not Reported	This code should rarely, if ever, be used. All attempts shall be made to gather information before using this code.

Religion Table

ID	Description	ID	Description	ID	Description
01	Catholic	06	Muslim	11	Seventh Day Adventist
02	Jewish	07	Buddhist	12	No Religious Preference
03	Protestant	08	Other Christian	13	Atheist
04	Greek Orthodox	09	Jehovah Witness	98	Other
05	Hindu	10	Mormon	99	Unknown

Schools (See Schools Table by using Quick View in Anasazi)

School Districts

ID	Description	ID	Description
3767967	Apline Union K-8	3768205	Lemon Grove Union K-8
3767975	Bonsall Union K-6	3768213	Mountain Empire Unified K-12
3767983	Borrego Springs Unified K-12	3768221	National K-6
3767991	Cajon Valley Union 1-6	3773569	Oceanside Unified K-12
3768007	Cardiff 1-6	3768296	Poway Unified K-12
3773551	Carlsbad Unified K-12	3768304	Ramona Unified K-12
3768023	Chula Vista K-6	3768312	Rancho Santa Fe K-8
3768031	Coronado Unified K-12	3768338	San Diego Unified K-12
3768049	Dehesa 1-8	3768346	San Dieguito Union High 7-12
3768056	Del Mar Union K-6	3773791	San Marcos K-12
3768080	Encinitas Union K-8	3768353	San Pasqual Union 1-8
3768098	Escondido Union High 9-12	3768379	San Ysidro K-8
3768106	Escondido Union K-8	3768361	Santee K-8
3768114	Fallbrook Elem Union K-8	3768387	Solana Beach K-6
3768122	Fallbrook Union High 9-12	3768395	South Bay Union K-12
3768130	Grossmont Union High 9-12	3768403	Spencer Valley 1-8
3768155	Jamul-Dulzura 1-8	3768411	Sweetwater Union High 7-12
3768163	Julian Union 1-8	3768437	Vallecitos K-8
3768171	Julian Union High 9-12	3775614	Valley Center-Pauma K-12
3768197	La Mesa-Spring K-8	3768452	Vista Unified K-12
3768189	Lakeside Union K-8	3775416	Warner Union 1-8

Military Branch of Service

ID	Description	ID	Description	ID	Description
1	Air Force	5	Coast Guard	9	National Guard
2	Air Force Reserve	6	Coast Guard Reserve	10	Navy
3	Army	7	Marine Corps	11	Navy Reserve
4	Army Reserve	8	Marine Corps Reserve	12	Unknown

Legal Status (Legal Consent)

ID	Description	Definitions
A	Self / Not Applicable	Adult who authorizes own treatment; does not appear to have anyone else required to authorize treatment.
B	Minor-Parental Consent	Child under 18 years of age whose parent authorizes care and treatment.
C	Minor-Legal Guardian / Caregiver	Child under 18 years of age who has a legal guardian authorizing care and treatment or a caregiver as specified under California Family Code §6550 authorizing care and treatment.
D	Minor-Emancipated	Child under 18 years of age who has been declared by court to have adult status and authorizes own treatment.
E	Minor-Self Consent	Child under 18 years of age authorizes own treatment as specified under California Family Code §§6920-6929. Minor is either homeless or living with non-related persons.
F	Minor-Juv Crt Dependent	Child under 18 years of age that is a dependent of Juvenile Court usually has a social worker or someone else; so ordered by the court, who authorizes care and treatment.
G	Minor-Juv Crt Ward Status Off	Child under 18 years of age that is a ward of Juvenile Court (status offender i.e. truancy and curfew) usually would have a probation officer, family member, or someone else; so ordered by the court, who authorizes care and treatment.
H	Minor-Juv Crt Ward Juv Off	Child under 18 years of age that is a ward of Juvenile Court (offender) usually would have a probation officer, family member, or someone else; so ordered by the court, who authorizes care and treatment.
I	Temp LPS Conservator of Person	Client has a person appointed by Superior Court to make psychiatric and some times, medical decisions. Established prior to the appointment of permanent conservator; <30-days without a court hearing. This value should only be entered or changed by the Public Conservator's Office.
J	Perm LPS Conservator of Person	Client has a person appointed by Superior Court to make psychiatric and some times, medical decisions. Established for one year period and must be re-established annually. This value should only be entered or changed by the Public Conservator's Office.
K	Murphy LPS Conservator of Person	Client has a person appointed by Superior Court to make psychiatric and some times, medical decisions. Can be temporary or permanent. Established for one year period and must be re-established annually. This value should only be entered or changed by the Public Conservator's Office.
L	Probate Conservator of Person	Client has a person appointed to make limited medical and psychiatric decisions. No termination date. This value should only be entered when there is a Probate Conservator of the Person and no LPS Conservator of the Person.

Relationship

ID	Description	Definition
A	Aunt/Uncle	Aunt/Uncle including their spouses
B	Father	Includes birth and adoptive father. For Step-father use code "S"
C	Child	Son, son-in-law, daughter, daughter-in-law, step son, step son-in-law, step daughter, step daughter-in-law, or foster child
D	Guardian	A person who has designated parental responsibilities
E	Spouse	Wife or husband
F	Foster Parent	Person who has or is serving as a foster parent
G	Grandparent	Grandparent, step grandparent or their spouse
H	Cousin	1st; 2nd; or 3rd cousins
I	Caretaker/ Caregiver	An unrelated adult who is providing care within the client's home; staff person at a care facility; or an unrelated adult who is providing care to a minor who is living with the adult
J	Sibling	Brother, brother-in-law, sister, sister-in-law, step brother, step brother-in-law, step sister, step sister-in-law or foster sibling
K	Clinician	Includes case manager, counselor, therapist, etc
L	Nephew/Niece	Nephew/niece or their spouse
M	Mother	Includes birth and adoptive mother. For Step-mother use code "S"
N	Friend	Boyfriend, girlfriend, neighbor, not a relative
O	Other Relationship	Parents-in-law and other relationships not listed.
P	Self	The client
Q	Legal Representative	Court appointed person designated to make decisions on behalf of the client or attorney hired by client or appointed by court. Such as conservator; attorney; executor; child advocate
R	Other Professional Rep	Person with professional relationship with the client and not appointed by the court, such as clergy, business associate or co-worker.
S	Step Parent	Current or previous step-mother, step-father
U	Unknown	Client declines or is unable to answer
X	Domestic Partner	Significant other living in the same household

Diagnosis Form/Screen

Diagnosis Form Summary

Instructions and procedures for the completion of each of the fields on the Diagnosis Form are found in this section in the order in which they appear on the form/screen.

In Anasazi, a help dialog box is available for many of the entries on the diagnosis screen. Selecting that field's label opens the help dialog box, if help is available for that field. The help fields include policy statements and special instructions. In addition a help summary of the diagnosis screen is available by selecting the "Diagnosis Form" label on the screen. The help fields for Axis I – IV are included in one help field located on the "Diagnosis Axes I – IV" label.

The "Diagnosis Form" is completed after the clinician/doctor assesses the client. This assessment may be a medication evaluation, psychosocial assessment or rehabilitation evaluation. At least one of the diagnoses on Axis I or II must be a mental health diagnosis. There shall be at least one entry in Axes I, II, IV, and V. Axis III may be left blank with the reason documented in the "Comment" section. In Anasazi, IDs: "V7109" (No Diagnosis) and "7999" (Deferred) can be used on Axes I and II and III. "J" Unknown and "K" None, can be used on Axis IV, and "0" Inadequate Information on Axis V. This will demonstrate each axis was considered during the process of diagnosing the client. There must be a final approved diagnosis form with a mental health diagnosis on Axis I or Axis II for billing of services to occur.

The Diagnosis Look Up table in Anasazi is based on the DSM-IV TR, however, when more specificity is needed the ICD-9 codes, which are included in the table, shall be used. The Diagnosis Look Up table includes the diagnosis ID (without the decimal point), the ICD-9 code, the diagnosis description, followed by check boxes indicating the appropriate Axis for that diagnosis. A DSM-IV column with check boxes indicates if the code is a DSM-IV code. A Program Types column indicates if the diagnosis is a MH (Mental Health), SA (Substance Abuse), MR (Developmentally Disabled), or MD (Medical) diagnosis.

When a 799.9 (7999) or another preliminary diagnosis is entered into the system at the time of assignment, the Diagnosis Form shall be updated and entered by the end of the 30-day assessment period. Throughout the course of treatment the Diagnosis Form shall be updated each time the diagnosis is changed.

Each client can have only one active Diagnosis form/screen at a time. The Diagnosis form/screen shall include all currently active diagnoses on Axis I through Axis V regardless of the number of open Assignments. For example, if a client has an open Assignment in a case management program and an open Assignment in an outpatient program, the client shall have only one approved Diagnosis form/screen. The expectation is that current servers shall consult in order to establish consensus on their shared client's diagnoses. It is allowable and appropriate to have diagnoses included on the single approved Diagnosis Form that are not being treated by every current server. For example a child could be receiving anger management group treatment related to Intermittent Explosive Disorder at one SubUnit while also receiving individual therapy for Major Depression at another SubUnit. In this example, both Intermittent Explosive Disorder and Major Depression would be included on the single final approved Diagnosis Form/screen.

Client
Selecting the client name will automatically fill the case number field.

Case Number
Entering the case number will automatically fill the client name field.

Form Type
Select Diagnosis form/screen from the "Client Chart Lookup" table.

Date
Enter the date that the server completed the Diagnosis form/screen.

External Provider

Provided by External Provider
This is a required field. When the Axis I and/or Axis II diagnosis is determined by an "External Provider", select "Yes". If the diagnosis is not from an "External Provider", select "No".

An "External Provider" is a licensed clinician/doctor who has completed an assessment of the client within the past 12-months and who is outside the mental health organizational provider network. Examples include a fee for service psychiatrist/ psychologist/hospital or a provider outside of San Diego County.

If the external provider has provided only one diagnosis on either Axis I or II, the server shall complete the other Axis (I or II) with the code for No Diagnosis (V7109). If it is outside the server's scope of practice to diagnose on Axis III, Axis III is left blank and "Axis III not provided by external provider" noted in the "Comment" section. The server may then complete the "General Medical Conditions" field, the "Trauma Question", Axis IV, and Axis V. In the "Comments" section, state "Axis IV and Axis V diagnosed by: name of server".

Each time a new diagnosis form is completed, the "External Provider" question must be answered again.

Diagnosing Clinician
If "Yes" is selected in the External Provider field, enter the Diagnosing Clinician's First Name, Last Name and Credential in this field. If "No" is selected in the External Provider field, the Diagnosing Clinician field is not used. Each time a new diagnosis form is completed, the "The Diagnosing Clinician" information must be entered again.

Comments
Enter any comments including rule outs, reason for changes in diagnosis and any other significant information that may help in the client's treatment.

When adding or ending a diagnosis (other than 7999) for a client who is currently being served at more than one Unit/SubUnit, the server shall state the reason for the change in the "Comments" section with the date, the name, and ID of the server making the change/addition.

Axis I
To enter an Axis I diagnosis, select the "Add" button. A lookup table of all Axis I diagnoses appears and can be sorted by "ID" (numeric code) or "Description" (diagnosis name). When searching by ID, note that a decimal point shall not be entered. Decimal points are not recognized by the system (Ex. 799.9 is entered as 7999). Select the appropriate Axis I diagnosis to be entered.

A begin date is required for each new diagnosis entered. For new clients, the "Begin Date" shall be the Assignment opening date to the Unit.

For diagnosis updates, the "Begin Date" shall be the date the server evaluated the client and determined the diagnosis. When that diagnosis is already present with an earlier "Begin Date" From another server, the earlier "Begin Date" is not changed. If the "Begin Date" is changed the other program's services will be either suspended or placed at audit risk.

If there is more than one Axis I diagnosis, select the "Add" button and repeat the above process until all diagnoses have been entered.

If there is only one diagnosis on Axis I, it will be labeled "1" under the priority heading. If there is more than one diagnosis on Axis I, the server must enter the priority, with "1" reflecting the highest priority. Mental health diagnoses have priority over substance abuse diagnoses. If there is more than one mental health diagnosis on Axis I, the server shall use his/her clinical judgment in assigning priority.

An "End Date" is used when an existing diagnosis is no longer applicable as determined by the programs that are serving the client.

A diagnosis remains on each successive diagnosis form/screen until it has been given an "End" date.

The "Status" button allows viewing of active, inactive or all diagnoses on Axis I.

The "Show" button allows viewing of the highlighted diagnosis on Axis I.

Axis II
To enter an Axis II, select the "Add" button. Select the appropriate Axis II diagnosis from the "Diagnosis Codes Lookup" table that appears.

A beginning date ("Beg Date") is required for each new diagnosis entered. For new clients, the "Beg Date" shall be the Assignment opening date to the Unit/SubUnit.

For diagnosis updates, the "Beg Date" shall be the date the server evaluated the client and determined the diagnosis. When that diagnosis is already present with an earlier Begin Date from another server, the earlier "Begin Date" is not changed. If the "Begin Date" is changed the other program's services will be either suspended or placed at audit risk.

If there is more than one Axis II diagnosis, select the "Add" button and repeat the above process until all diagnoses have been entered.

If there is only one diagnosis on Axis II, it will be labeled "1" under the priority heading. If there is more than one diagnosis on Axis II, the server must enter the priority, with "1" reflecting the highest priority. Mental health diagnoses have priority over developmental diagnoses. If there is more than one mental health diagnoses in Axis II, the server shall use clinical judgment in assigning priority.

An "End Date" is used when an existing diagnosis is no longer applicable. A diagnosis remains on each successive diagnosis form/screen until it has been given an "End" date.

The "Status" button allows viewing of active, inactive or all diagnoses on Axis II.

The "Show" button allows viewing of the highlighted diagnosis on Axis II.

General Medical Condition
This is a CSI required field. Determine whether there is or is not a general medical condition or whether that information is unknown. If there is a general medical condition, enter the general medical condition in this field by selecting the "Add" button. Choose the medical condition reported by the client or significant others. To add additional medical conditions, repeat the process. There is also an "Other" value on the table for conditions not listed. When updating the Diagnosis form/screen, verify entries in this field with the client. Delete those that no longer apply by highlighting the medical condition and select the "Delete" button. If "None" or "Unknown" was previously selected and a viable medical condition is being added, the "None" or "Unknown" shall be deleted otherwise the CSI report will fail.

If there is a medical diagnosis entered on Axis III, there shall not be a "None" or "Unknown" in the General Medical Condition Summary Code field. If the Axis III condition is not on the General Medical Condition Summary table, "Other" may be selected.

Axis III
The Server may enter a diagnosis in this field, when it is within the server's scope of practice. Axis III may be left blank.

To enter in this field, select the "Add" button. Select the appropriate Axis III diagnosis from the "Diagnosis Codes Lookup" table that appears.

A begin date is required for each new diagnosis entered. For new clients, the "Begin Date" shall be the Assignment opening date to the Unit.

For diagnosis updates, the "Begin Date" shall be the date the server evaluated the client and determined the diagnosis.

If there is more than one Axis III diagnosis, select the "Add" button and repeat the above process until all diagnoses have been entered.

If there is only one diagnosis on Axis III, it will be labeled "1" under the priority heading. If there is more than one diagnosis on Axis III, the server must enter the priority, with "1" reflecting the highest priority.

An "End Date" is used when an existing diagnosis is no longer applicable. A diagnosis remains on each successive diagnosis form/screen until it has been given an "End" date.

The "Status" button allows viewing of active, inactive or all diagnoses on Axis III.

The "Show" button allows viewing of the highlighted diagnosis on Axis III.

Axis IV
To enter in this field, select the "Add" button. An "Enter/Edit Client Diagnosis for Axis IV" box appears. Select the button on the Diagnosis Field. The "Select Axis IV Diagnosis" table appears. Choose a value from the table as reported by the client or significant others.

A begin date is required for each new diagnosis entered. For new clients, the "Begin Date" shall be the Assignment opening date to the Unit.

For diagnosis updates, the "Begin Date" shall be the date the server evaluated the client and determined the diagnosis.

If there is more than one Axis IV diagnosis, select the "Add" button and repeat the above process until all diagnoses have been entered.

If there is only one diagnosis on Axis IV, it will be labeled "1" under the priority heading. If there is more than one diagnosis on Axis IV, the server must enter the priority, with "1" reflecting the highest priority.

An "End Date" is used when an existing diagnosis is no longer applicable. A diagnosis remains on each successive diagnosis form/screen until it has been given an "End" date.

The "Status" button allows viewing of active, inactive or all diagnoses on Axis IV.

The "Show" button allows viewing of the highlighted diagnosis on Axis IV.

Primary Axis
Enter the number of the Primary Axis (Axis I or Axis II) that is the primary focus of mental health treatment. The Primary Axis for Edgemoor may be Axis III.

Axis V
Enter the client's current Global Assessment of Functioning (GAF) score. To view the GAF Scale select the "Axis V (GAF)" label and select "OK" to close the Message screen.

Experienced Trauma?
This is a CSI required field. Select appropriate box as reported by the client.

Edit/Update (or Ending a Diagnosis)
In order to edit a diagnosis select the diagnosis to be edited then select the "Edit" button. Make the necessary updates and save. An "End Date" is used when an existing diagnosis is no longer applicable.

When a client is open to more than one assignment, the server(s) shall follow the Diagnosis Practice Guidelines to add or end a diagnosis.

Signature Line(s) Summary

The signature line(s) are used to record names of the staff member(s) who completes the diagnosis, approve/accept the diagnosis, and/or enter the information on the Diagnosis form/screen. "Signature of Clinician Making/Accepting Diagnosis" shall always have a name entered. One signature must have the "Yes" button selected, and the "Yes" must correspond with the staff member who entered the data into the Diagnosis form/screen.

Enter the staff ID number or select name of staff from "Staff Lookup" table.

Signatures of other staff members and unused signature lines must have "N/A" selected.

Select "NO" to reset signature line for entries.

Signature of Clinician Requiring Co-Signature

This line is only completed when a clinician diagnoses a client and that clinician requires a co-signature. Enter the name of the clinician in the name field and enter the date in the date field. The time field will automatically fill. If this clinician is entering the information then select "Yes", otherwise select "N/A". If "Yes" is selected, a prompt to enter the password will appear. Password is case sensitive. If N/A is selected a dialog box will appear with the prompt "Clear signature name?" Select "NO".

Signature of Clinician Making/Accepting Diagnosis

This line is always completed with the name of the clinician who is either authorized to diagnose, is authorized to co-sign the diagnosis for others, or is entering a diagnosis from an external provider who is a licensed clinician. Enter the name of the clinician in the name field and enter the date in the date field. The time field will automatically fill. If this clinician is entering the information, then select "Yes", otherwise select "N/A". If "Yes" is selected, a prompt to enter the password will appear. Password is case sensitive. If N/A is selected a dialog box will appear with the prompt "Clear signature name?" Select "NO".

Signature of Staff Entering Info (If different from above)

This line is only completed when a data entry staff member is entering the diagnosis into the system on behalf of the clinician(s). Data entry staff enters his/her name in the name field and the date in the date field. The time field will automatically fill. Select "Yes". A prompt to enter the password will appear. Password is case sensitive. If this field is not being completed "N/A" is selected. If N/A is selected a dialog box will appear with the prompt "Clear signature name?" Select "NO".

Final Approval of Form

Once the form is completed, select the red padlock/purse icon at the top of the form. It will only save when all required fields are completed. Until the form is Final Approved, it is not available for staff to view. Once it is Final Approved, it will be available for authorized staff to view.

Deleting Forms

When incorrect information has been entered into a diagnosis form, that has been "saved" but not "final approved" that form can be deleted by designated staff, because the form is not yet part of the client's EHR.

From the Client Chart Look-up screen select the form to be deleted (note: only forms with an open padlock icon in the status column can be deleted). The form will open and select the Closed Assessment or Treatment Plan icon (yellow folder with green arrow). The Confirmation box will appear. Select "Delete" button and the Enter Edit Client Assessment screen will appear. Select "OK to Delete" button.

Voiding Forms

Incorrect information that has been entered into a final approved diagnosis form cannot be edited or removed. The form shall be "voided" by MH MIS Unit. All voided forms require approval from the program director/manager.

Printing a Complete Diagnosis History

To print a complete diagnosis history for a client, highlight the client's most recent diagnosis form in the Client Chart Lookup Screen. Select "Print." The "Print Assessment/Treatment Plan" dialog box opens which allows for additional information to be selected for the report by selecting the checkboxes needed. Select the checkbox for "Print Inactive Diagnoses" and select "OK". Select "Print" to view on screen or to print to the default printer. Inactive and current diagnoses on Axis I, II, III and IV will display on the report, but only current general medical condition, trauma, and Axis V (GAF) will display.

Client Screening/Financial Interview Summary

The purpose of a client screening/financial interview is to identify and document any third party coverage that the client may have and to determine the client's responsibility for payment for services. In addition, as part of the screening/financial interview process clients who appear to be eligible, should be referred for assistance with applications for Medi-Cal.

The screening process consists of a Client 3rd Party Coverage review which includes Insurance and Medicare, Medi-Cal Eligibility Review, and Client Financial Review or UMDAP. It is recommended that entry is made directly into the MH MIS; however the following MH MIS screens and/or forms (if in the field) should be completed:

- Client 3rd Party Coverage Screen
- California Client Financial Review Screen
- Assignment of Benefits and Release of Medical Information Form

3rd Party Coverage

For detailed information regarding policies and procedures about 3rd Party Coverage see "San Diego County Organizational Providers Financial Eligibility & Billing Procedures".

The 3rd Party Coverage includes all insurance coverage to which the County can bill for services provided to a client. For example: Medi-Cal, Medicare, & Private Insurances, such as Blue Cross, Aetna, PacifiCare. When a client has been determined to have Insurance, Medicare, or Medi-Cal, the coverage shall be entered in MH MIS in the Client 3rd Party Coverage view.

The information on this form is collected at intake by the assigned staff at the Unit/SubUnit. Each of the client's 3rd Party Insurance(s) shall be entered within 2 business days of opening the Assignment. Before entering a 3rd Party Coverage, check the active list of insurances to ensure that it has not already been entered. Each of the 4 tabs (Main [1]; Main [2]; California/New York [3]; and Comments [4]) must be completed for each insurance. Save after completion of the fourth tab. Once saved, the coverage will be added to the list on the screen.

Procedures for adding, editing, expiring and reactivating insurance coverage are included in the "San Diego County Organizational Providers Financial Eligibility & Billing Procedures Manual".

Medi-Cal Real Time Internet Eligibility (RTIE)

There are two views within the MH MIS in which to access the Medi-Cal Real Time Internet Eligibility (RTIE) data. One is through the 3rd Party Coverage Maintenance View, which is used to update the Medi-Cal policy for the client and one is the stand alone view, California Medi-Cal Real Time Eligibility Determination view (which is only used to view or print eligibility.

Meds Monthly Extract File (MMEF)

The Meds Monthly Extract File (MMEF) file is downloaded and matched against the clients registered in MH MIS. This process is completed by the Mental Health Billing Unit on a monthly basis.

For more information on RTIE and MMEF see the "San Diego County Organizational Providers Financial Eligibility & Billing Procedures Manual".

California Client Financial Review Maintenance

California Client Financial Review Maintenance Summary

For detailed information regarding policies and procedures about Financial Reviews see "San Diego County Organizational Providers Financial Eligibility & Billing Procedures Manual".

 "California Client Financial Review" includes the "Uniform Method of Determining the Ability to Pay" (UMDAP). The Financial Review must be completed at the time of intake and entered within 2 business days. Staff shall ensure that the client does not have a current Financial Review in Anasazi prior to entering the review.

All clients shall have a financial review completed unless they have as their only insurance, Medi-Cal with no share-of-cost. If a client has Medi-Cal with no share-of-cost and Medicare or another private insurance the financial review must be completed in order to document that the Assignment of Benefits (AOB) has been signed. Without an AOB signed, the billing of services is suspended.

The Financial Review shall be updated annually for all active clients, except for those clients who have Medi-Cal coverage without a share-of-cost. The update must occur within 30 days (prior to or after) the annual review date. The Financial Review shall also be updated when the client's financial status changes, however, only the billing unit will be able to enter any changes outside of the 60 day range. This includes updates to the status of the "Assignment of Benefits Signed", "Financial Information Provided/Verified", the "Suppress Printing Statements" boxes and any changes to the payment plan.

The anniversary (annual) review date will be the first day of the same month each year. This date shall not be changed during the life of the client, even if the client re-enters the system of care after discharge.

Note: The client number at the top of the screen truncates (cuts off) after the first 7 digits. The full client number is located at the bottom of the screen.

PRE INTAKE

A Pre-Intake allows the staff member to access client information for referrals that are assigned to him/her before the client is open to the Unit/SubUnit. It is used during the process of engaging the client in order to complete an initial screening or intake. For example: ACT programs conducting outreach activities with potential clients and Outpatient Clinics that do triage for telephone or walk-in clients. Identified staff members in selected Unit/SubUnits will have access to Pre-Intake as required by their job functions. A Pre-Intake is activated without opening an Assignment to a SubUnit.

The Administrative Support staff persons with full client look-up, and the clinicians at the program who do screening and/or triage of referrals or walk-ins must be given access to Pre-Intake by the MHMIS Unit.

The Administrative Support staff person who has full client look-up will search to see if the client is already in Anasazi by using the ATP-Client Look-Up to complete a thorough search for the client. If the client is not found in Anasazi, the staff person must complete an Index Card for the client before completing the Pre-Intake. Once the client is identified, the "hand shake" or Pre-Intake icon is selected and the "Client Pre-Intake" screen will appear.

If the Pre-Intake icon remains "grey" after a client has been selected, the staff person who is logged on does not have access to Pre-Intake. The MHMIS Unit must be contacted to authorize the staff person for Pre-Intake.

Enter the correct date, Unit, SubUnit, Staff ID and save. Select "Exit" to return to the Client Chart. The Pre-Intake can be saved with or without a Staff ID entered, but the Unit and SubUnit should be entered.

A Pre-Intake allows a clinician to view or complete the Anasazi forms to which that staff persons has access for the client. The client's name will appear on the homepages of all the workers that have been given Pre-Intake access for that Unit/SubUnit. Once the client is on the clinician's homepage, the clinician can access the client chart.

The Pre-Intake is closed by either the clinician or administrative staff depending on program preference when no assignment to the Unit/SubUnit will occur. To end or close the Pre-Intake from the clinician's home page, select the client from the home page and select the down arrow next to the client's name and then select Client Chart View. If the Pre-Intake is to be closed by administration staff, select the client from the look-up list and the Client Chart View will appear. Select the Pre-Intake (handshake icon) and the Client Pre-Intake screen appears. Enter the closing date, time and enter any important comments and the Pre-Intake will close when Save is selected. Select Exit to leave the screen.

Once it is determined that the program will open an assignment, the Demographic form is completed or updated and the Assignment is opened. **The opening of the assignment will automatically close the Pre-Intake.**

Assignment

Assignment Summary

An Assignment is an opening to a specific Unit and SubUnit (program) and server (clinician). To open an Assignment, there must be a final approved demographic form/screen with an "Admit" status. The client can have more than one open Assignment at any given time. MD and RN SubUnits were established during implementation of assessments that allow the client to be assigned to a clinician, a doctor, and a nurse at the same program so that the client will appear on the home pages of those three persons.

Assignment Form Entry Effective Date
To add a new Assignment, enter the date the client is assigned to the Unit/SubUnit. This is generally the date a client receives the first service.

To close/transfer an Assignment, enter the date the client is closed from the Unit/SubUnit.

For planned discharges, the closing date shall be the last date of service. Completion of the discharge summary/progress note shall be completed within 14 days of the closing date.

For unplanned discharges, the closing date shall be the date that it is confirmed the client is not returning for services. Completion of the discharge summary/progress note shall be completed within 14 days of the closing date. Unit/SubUnits shall identify clients not receiving services for 90 days and determine if a discharge is appropriate.

To update an Assignment, enter the effective date of the change.

Form Completed By
Enter the name of the staff member providing information for entry.

Date Form Entered
This field will automatically fill.

Form Entered by
This field will automatically fill.

Form Type
The following choices are available on the table:
Select "A" (Admit) to add a new Assignment.
Select "C" (Close) to close or transfer an Assignment.
Select "U" (Update) to update/edit an Assignment.
NOTE: "R" (Register) shall never be used.

OK
Select "OK" after the information has been entered correctly.

Clear
Selecting "Clear" will erase all the information on the screen.

Cancel
Selecting "Cancel" will terminate this screen.

Client Assignments Maintenance

There are several tabs under this view but San Diego County Mental Health will only use the "Assignment 1 - Main", "Server History-2", and California Admissions" tabs.

Assignments [1] – Main Tab

Date Opened
This field will automatically fill with the Assignment Form Entry Effective Date.

Time
This field is required and activated only for specific Units/SubUnits.

Type
This field will automatically fill.

Unit
Select the correct Unit. A Unit is generally defined by the physical location of the program and includes the name of the program and an assigned unique number.

SubUnit
A SubUnit corresponds to a specialized set of services offered within a Unit. For example:

1.   Areta Crowell Center (Unit): MHSA Adult Latino (SubUnit); MHSA TAY (SubUnit).
2.   Southeast Mental Health Clinic (Unit): AB2726 (SubUnit)

The list provides choices for the SubUnit(s) related to the selected Unit. Select the appropriate SubUnit. Since more than one program may be assigned to one Unit, each is distinguished by a unique SubUnit name and number.

Treatment Team
Treatment Teams are not being used by SDCMHS at this time.

Current Server
The "Current Server" is the staff member at an identified program/SubUnit who is assigned to provide mental health services or support to the client. Servers are assigned a different ID number for each legal entity for whom they work. Therefore, a server may have more than one Staff ID number. Select the appropriate Staff ID from the Staff Lookup list in order to assign a client to that server.

An error message will appear if the server is not authorized to provide services at that SubUnit. The program manager shall verify the correct staff ID for that SubUnit was selected and if so contact System Administration for assistance.

See "Update Server/Reassigning Client to Another Server" for changing a client's server.

Start Date
Enter the date when a new Current Server is assigned to the client. Use this field only when changing the Current Server. See "Update/Edit" instructions below.

Room
Do not use this field.

Assignment Cat
Do not use this field.

Tran From Unit (Transfer from Unit)
When a Unit/SubUnit accepts a transfer from another Unit, the transferring Unit's number will automatically fill this field.

Tran From Sunt (Transfer from SubUnit)
When a Unit/SubUnit accepts a transfer from another SubUnit, the transferring SubUnit's number will automatically fill this field.

Clear
"Clear" is available only when opening a new Assignment for a client. Use this button to clear information in the Unit, SubUnit, Treatment Team, and Current Server fields when the information has been entered incorrectly.

Exit
Selecting "Exit" will immediately close the "Client Assignments Maintenance" screen and all unsaved information will be lost.

(If your Unit/SubUnit is a 24-hour program, also complete the "California Admission Tab" prior to saving.)

Save
Select the "Save" button to save entries.

Return
Select the "Return" button to return to the "Client Assignments Maintenance" screen.

RTF/RTC/Restorative Tab
Do not use this tab.

California Admission Tab

CSI Section
Client and Services Information (CSI) is data collected for 24 hour programs and reported to the State of California. Anasazi collects this information on the California Admission tab of the Client Assignment Maintenance screen. The CSI fields include Legal Class at Admission, Admission Criteria, and Legal Class a Discharge.

Legal Class at Admission
This information is entered at the opening of an Assignment. Select the "Legal Class at Admission" from the drop down menu.

Admission Criteria
This information is entered at the opening of an Assignment. Select the "Admission Criteria" from the drop down menu.

Legal Class at Discharge
This information is entered at the closing of an Assignment. Select the "Legal Class at Discharge" from the drop down menu.

OSHPD Section
The Office of Statewide Health Planning and Development (OSHPD), requires SDCPH and Edgemoor Skilled Nursing Facility to report on inpatient admissions and discharges semi-annually. Specific demographic and clinical information is required to be reported as per State law. Anasazi collects this information on the California Admission tab of the Client Assignment Maintenance screen. The OSHPD fields include: Source of Admission Site, Source of Admission Route, and Type of Admission.

Source of Admission Site
This information is entered at the opening of an Assignment. Select the "Source of Admission Site" from the drop down menu.

Source of Admission Route
This information is entered at the opening of an Assignment. Select the "Source of Admission Route" from the drop down menu.

Type of Admission
This information is entered at the opening of an Assignment. Select the "Type of Admission" from the drop down menu.

DNR Order
Do Not Resuscitate Order (DNR) is for SDCPH inpatient unit and Edgemoor only. The box is to be checked only when a valid signed DNR form is on file in the client's chart.

Save
Select Save after all fields have been completed. For an SDCPH Inpatient, Crisis and Residential Treatment programs, the UB92 screen will appear and must be completed.

UB92

For Inpatient hospitals (SDCPH and UCSD CAPS) that bill 3rd Party Insurance through Anasazi; the Admission Type, the Admission Source, the Admitting Diagnosis, and the Attending Physician must be completed on the UB92 tab. The first four fields are completed at admission and the 5th field "Patient Discharge Status" is completed at discharge.

Save
Select "Save" after completion of the necessary fields.

WA State Reporting Tab
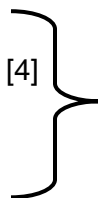Do not use this tab.

Server History [2]

A list of a client's current and past servers for a selected Assignment can be viewed on this tab.

Rooms/Bed History [3]
Home Provider History [4]
Absence History [5]   These tabs are not being used by San Diego County at this time
Family Members [7]

Closing and Transferring Assignments

Closing Assignments
Go to the Assignment Maintenance screen, highlight the assignment to be closed or transferred, select "Edit". The "Assignment From Entry" screen will appear.

Assignment Form Entry
Enter the "Effective Date" and the "Form Completed By" fields. For "Form Type" select "Close". Select "OK".

Date Closed
Enter the date that the Assignment is closed.

Reason
Select the appropriate reason from the "Assignment Close Dispositions Lookup" table. Outpatient programs shall select a numeric code (ID). 24-hour program shall select an alpha code (ID).

Time
This is a required field for some Units/SubUnits. The Unit/SubUnit will determine if this field is required for tracking purposes.

Save
Select the "Save" button to save entries. If this is the only Assignment for the client, the Treatment Session automatically closes.

Transfers
Prior to a client being transferred to another Unit/SubUnit, the SAI (Single Accountable Individual-the current server at the primary unit) must be notified. In addition the program manager of the proposed Unit/SubUnit shall be contacted to inform him/her that an electronic transfer is being made to their Unit/SubUnit.

Assignment Form Entry
See "Assignment Form Entry" instructions above. To transfer a client, follow instructions for closing.

Transfer?
If the client is transferring to another Unit/SubUnit, check this box.

Transfer to Unit
If the client is transferring to another Unit, select the Unit from the "Units Lookup" table.

Transfer to SubUnit
If the client is transferring to another SubUnit, select the SubUnit assigned to that Unit from the "SubUnits Lookup" table.

Save
Select the "Save" button to save entries.

When a client has been transferred from one Unit/SubUnit to another, the Unit/SubUnit that the client was transferred to must accept the client for the transfer to be complete. If the new unit does not accept the transfer, the client will re-open to the sending Unit/SubUnit. In order to accept the transfer the receiving Unit/Subunit will select the transferring client from the client lookup list and go to that client's assignment screen and select their assigned Unit/SubUnit. When selected a dialog box

appears stating "Approve this Transfer?" Select "Yes". The "Assignment" screen will now require a "Current Server" selected from the new Unit/SubUnit. Once the Assignment is saved, the client transfer is completed and the new Unit/SubUnit and server will be listed on the Client Assignments Maintenance screen.

Update/Deleting Assignments

Update Server / Reassigning Client to Another Server
The "Update" function is used to change the Current Server. When the Current Server is changed, a Start Date shall be entered.

Go to the Assignment Maintenance screen, highlight the assignment to be updated select "Edit". The "Assignment From Entry" screen will appear.

Assignment Form Entry
Enter the "Effective Date" that the new server was assigned. Enter the "Form Completed By" field. For "Form Type" select "Update". Select "OK".

Current Server
Select or enter the Staff ID of the new server.

Save
Select the "Save" button to save entries.

A list of the client's current and past servers for the selected assignment can be viewed on the "Server History" tab.

NOTE: With the implementation of the electronic health record it is imperative that clients are reassigned when their current server changes or leaves the program. When the client's assigned server is no longer working at the program, the notifications on that server's home page "To Do" list cannot be accessed by other staff.

Deleting Assignments
To correct data entry errors, the Assignment must be deleted by designated staff. Designated staff must first delete any services associated with the Assignment. The Assignment can then be deleted and re-entered with the correct information. It is important to remember to re-enter the services.

Services that have payments or claims entered against them can only be corrected by the HHSA Mental Health billing unit. Services are usually claimed at the end of the month following the date of the service and, therefore, must be deleted within that time frame.

Registered Status
The "Registered" status shall not be used by San Diego County. When the client "Assignment" has been erroneously opened in the "Registered" status, services cannot be entered in either the Individual Service or Group Service entry screen. To change the status from "Registered" to "Admit", go to the Client Assignments Maintenance, and locate the client in the Client Look up field. Highlight the Assignment that is currently in the "Registered" status ("REG" will show in the "status" column) and select "Edit". The effective date shall be the date that the assignment was opened to the Unit/SubUnt. In the "form type" field, select "A-Admit". Select "OK". All fields should already be completed with the previous information. Select "Save". The "Status" column should now reflect "ADM" (admitted). Services can now be properly entered.

Client Assignments Maintenance Tables

Assignment Close Disposition Table

The numerical codes are used for Outpatient Clinics, Case Management, Day Treatment, ACT Teams, Residential, etc.
The alphabetical codes (on following page) are used for Inpatient Hospitals for CSI state reporting purposes.

FOR OUTPATIENT PROGRAMS

ID	Description	Definition
1	Required Higher Level of Care	Client was discharged from outpatient program because he/she needed either a more intensive outpatient program or was hospitalized and required placement in IMD/SNF/MHRC, etc.
2	Required Same Level of Care	Client was discharged from outpatient program because he/she needed a different program providing the same type of treatment. May be a transfer from one program to another.
3	Required Lower Level of Care	Client was discharged from outpatient program because he/she progressed to a different program providing less intensive treatment.
4	Client/Family Did Not Return	Client/Family dropped out of treatment, client/family did not contact treatment staff or respond to attempted contacts by staff.
5	Satisfactorily Achieved Goals	Planned discharge where client/family met or exceeded the stated objectives on the treatment plan.
6	Incarcerated	Client detained in a correctional facility and is not returning to the program. Correctional facilities include jail, prison, or juvenile hall.
7	Moved	Client/Family re-located out of the service area of the current program.
8	Client/Family Dissatisfied	Client/Family expressed unhappiness with current program services.
9	Deceased	Client died.
10	Against Medical Advice	Client left crisis mental health treatment program against recommendation after being evaluated by a clinician.
12	Left Without Being Seen	Client presented at crisis mental health treatment program, assignment was opened but client left before being seen for evaluation by clinician.
13	Transfer Medical Hospital	Client presented at crisis mental health treatment program but required transfer to medical hospital for physical health care needs.

FOR INPATIENT PROGRAMS

B	Board & Care	Client discharged to a facility licensed by the State of California as a residential treatment facility.
C	Crisis Residence	Client discharged to a Short-Term Acute Residential Treatment Center for clients requesting 24-hr acute level of care. It is unlocked and voluntary.
D	Death/Expired	Client died.
H	Home/Shelter/Self	Client discharged to an independent living setting and is in charge of obtaining his/her own treatment. In the case of a minor, includes foster home.

Continued on the next page

ID	Description	Definition
I	IMD/MHRC	Client discharged to an Institute for the Mentally Disordered or a Mental Health Rehabilitation Center for 24-hour locked involuntary care and treatment.
J	Jail	Client discharged to a correctional facility, which includes jail, prison, or juvenile hall.
M	Medical Hospital	Client discharged to a medical facility for treatment of physical health needs.
N	Nursing Home SNF/ICF	Client discharged to a Skilled Nursing or an Intermediate Care Facility. Facility may be locked or unlocked; voluntary or involuntary.
O	Other	Client discharged for any other reason not specified above
P	Psychiatric Hospital	Client discharged to a facility for treatment of psychiatric/behavioral health needs.
Q	Per Court Order	Client was ordered released from 24-hour care by a court order.
S	State Hospital	Client discharged to a state hospital for treatment of psychiatric/behavioral health needs.
U	Unplanned, AMA or Unknown	Client discharge was unplanned, against medical advice or unknown.
V	Homeless	Client is discharged Homeless to the street.
X	Do Not Use / Auto Closed	This automatic closing value is used for closing of Fee for Service assignments.

Legal Class at Admission

ID	Description
1A	Voluntary
2A	72 Hour Hold for Adults W5150
2B	72 Hour Hold for Minors W5150
2C	First 14 Day Hold W5250
2D	Second 14 Day Hold W5260
2E	Additional 30 Day Hold W5270
2F	Additional 180 Day Hold W5300
2G	Other Involuntary Civil Status
3A	Charges/Convictions Pending
3B	Incompetent to Stand Trial
3C	Not Guilty by Reason-Insanity
3D	Sexual Psychopathy
3E	Transfer Correction Facility
3F	Other Involuntary Criminal
9A	Unknown/Not Reported
9B	Petition for Evaluation W5200
9C	Conservatorship W5350

Admission Criteria

ID	Description
1	Emergency
2	Planned (Prior Authorization)
3	Unknown/Not Reported

Legal Class at Discharge

ID	Description
1A	Voluntary
2A	72 Hour Hold for Adults W5150
2B	72 Hour Hold for Minors W5150
2C	First 14 Day Hold W5250
2D	Second 14 Day Hold W5260
2E	Additional 30 Day Hold W5270
2F	Additional 180 Day Hold W5300
2G	Other Involuntary Civil Status
3A	Charges/Convictions Pending
3B	Incompetent to Stand Trial
3C	Not Guilty by Reason-Insanity
3D	Sexual Psychopathy
3E	Transfer Correction Facility
3F	Other Involuntary Criminal
9A	Unknown/Not Reported
9B	Petition for Evaluation W5200
9C	Conservatorship W5350

Source of Admission Site

ID	Description
1	Home
2	Residential Care Facility
3	Ambulatory Surgery
4	SN/IC
5	Acute Inpatient Hospital Care
6	Other Inpatient Hospital Care
7	Newborn
8	Prison/Jail
9	Other

Source of Admission Route

ID	Description
1	Your Emergency Room
2	Not Your Emergency Room

Type of Admissions

ID	Description
1	Scheduled
2	Unscheduled
3	Infant under 24 hours old
4	Unknown

Client Abstract

Client Abstract Summary

This screen contains a summary of currently known information about the client. Clinical, administrative, and billing notes/alerts available on this screen are not being used by SDCMHS at this time. The Client Abstract screen cannot be printed.

Client Abstract Set-Up

This screen may be tailored to reflect client data elements needed to meet the job functions of clinical, administrative, and financial staff members. Staff is encouraged to customize the "Client Abstract" screen to meet his/her specific needs.

Select the "Options/Notes" button on the bottom of the screen. The "Client Abstract View Options" screen appears. "User Interface" allows staff to customize the view by selecting or de-selecting the options listed. The options are:

> Display Client Address – Selecting will show the client's mailing address.
>
> Display Primary Unit/SubUnit – Selecting will show the Primary Unit/SubUnit.
>
> Display Diagnosis Review – Selecting will show the Priority 1 diagnosis on the Primary Axis and the GAF score as of the last review date, which is also given.
>
> Display Priority Population – Do not use. De-Select for San Diego.
>
> Display Insurance – Selecting will show insurance coverage.
>
> Display Authorization – Selecting will show insurance authorized treatment(s). (Used primarily in Children's Mental Health for children receiving day treatment and ancillary services).
>
> Display Financial Review – Do not use. De-Select for San Diego.
>
> Display Aging – Selecting will show past due billing.
>
> Display Other – Selecting will show the dates of the last treatment plan, last service, last payment, and the date the treatment session was opened.
>
> Display Texas Level of Care – Do not use. De-Select for San Diego.
>
> Display California Financial – Selecting will show the UMDAP information.
>
> Display Scheduled Action Notification – Selecting will show clinical notifications.

Once these selections have been made, they will remain as the default settings for the "Client Abstract" screen for all clients until changed by the user. To change selection, return to "Options/Note" and deselect those no longer required and select new ones.

Client Service Entry

Service Entry Summary

This section explains how to record individual and group services into the MIS system. The type of service and some of the service indicators are CSI required information that is reported to the State of California. There are also instructions on how to obtain authorization for Day Treatment services.

Instructions and procedures for the completion of each of the fields on the service entry forms are found in this section in the order in which they appear on the form/screen. The service indicator tables along with definitions for the table values are at the end of this section for reference.

All mental health services provided to clients shall be entered into either the "Individual Client Maintenance" or "Group Services Maintenance" screens. Administrative activities that are not client services are not to be entered into MHMIS service maintenance screens.

Services cannot be entered in Anasazi if an Assignment has not been opened to the SubUnit. Service entry shall be kept up to date and the data shall be entered into the SDMHS MIS within two business days of service delivery.

Service Codes

The Service Code Tables were reviewed and approved by County QI. Service codes and some service indicators are mapped behind the scenes in Anasazi to provide information to the State for CSI reporting. In addition service codes are linked to procedure codes for billing purposes. Individual Service Code Approved Use Summaries (found on the UBH OptumHealth website) provide code number, code name, definition, service indicators, and credentials that have been setup and authorized for use for each specific service code. The Authorized Credential section of the Service Code Approved Use Summary lists the credential for the staff who are authorized to perform that specific service.

Service Codes Listing

Another way to identify information about service codes including who can provide the service (which credentials), where it can be provided (which SubUnits) and, which service indicators can be used is to access the Service Codes Listing report in Anasazi. Find Service Codes Listing on the menu and select. On the Sort/SubTotal tab select "Print the Service Codes" and select "Print the Detail". Then select "Print". This will run a report that includes all service codes with their detailed setup information. To run the report for one service code on Selection tab 1, enter the service code ID in the "Service Codes" field. On the Sort/SubTotal tab select "Print the Service Codes" and select "Print the Detail". Then select "Print".

Individual Client Services Maintenance - Adding Individual Service

Selections Box Container
The fields in the "Selection Box" are intended for use by staff entering multiple or batched services. The service entries may reflect different clients, dates, SubUnits, or servers. The selected entries are determined by the data entry staff based on the most frequently shared fields on the service records.

Default/Filters
Checking default fields enables completed fields from the "Selections" box to automatically fill the corresponding fields in the "Adding Individual Services" box until changed by the data entry staff.

Example: When data entry staff enter multiple services for the same server, same SubUnit, on the same day; the automatic defaults entered are the server, SubUnit, and date. In this example, the different clients and different services would be entered individually.

Example: When data entry staff enters multiple services for the same client and the same SubUnit, the automatic defaults entered are client and SubUnit. In this example, the different services, servers, and dates of service would be entered individually.

Filters are used to manage a list of services that have already been entered on a specific form number, to assist in finding a specific client, subunit, and service type. See Editing/Deleting Services for detail instructions for use of filters.

Clear
Select "Clear" to remove all selections/entries.

Apply
Select "Apply" to automatically fill completed entries from the "Selections" box into the corresponding fields of the "Adding Individual Services" box.

Form #
The form number will automatically fill in when the magnifying glass icon is selected. If the icon is not selected, the system will automatically assign a form number when the "Adding Individual Services" screen is completed and saved. The form number can be manually noted on the Service Record for tracking purposes.

Date, Client, Unit, SubUnit, Server, Service
If defaults were applied for Date, Client, Unit, SubUnit, Server, and/or Service, in the upper container these fields will automatically fill in the lower container. If any of these fields are not completed, enter the information in the lower container, as described below.

Date
Enter/complete date of service.

Client
Enter/complete the client's name and client's case number.

Entering the client's case number will fill the client's name field. A selection can also be made from the "Client Look-up" table by utilizing the magnifying glass icon.

Unit
Enter/complete the correct "Unit" number. A "Unit" is generally defined by the physical location of the program and includes the name of the program and an assigned unique number.

Entering the Unit number will fill the Unit field. A selection can also be made from the "Units Lookup" table by utilizing the magnifying glass icon.

SubUnit
Entering the SubUnit number will fill the SubUnit field. A selection can also be made from the "SubUnit Lookup" table by utilizing the magnifying glass icon. The list provides choices of the SubUnit(s) related to the Unit chosen above.

Single Contact
Single Contact is used to document MAA and Community Outreach services to identified or unidentified (generic) clients. Single Contact simultaneously opens and closes an Assignment to that SubUnit allowing for the recording of the services provided.   See Medi-Cal Administrative Activities (MAA) and Community Outreach Services section for instructions on data entry policy and procedures.

Other mental health services are not authorized for Single Contact and require an open assignment at the SubUnit in order for the service to be entered.

<u>Server</u>
Enter/complete the server name and number.

Entering the server number will fill the server name field. A selection can also be made from the "Staff Lookup" table by utilizing the magnifying glass icon. Servers are assigned a different ID number for each legal entity for whom they work, therefore ensure that the appropriate Server ID is selected from the Staff Lookup list. An error message will appear if the server is not authorized to provide that specific service at that SubUnit.

<u>Supervisor</u>
Do not use this field.

<u>Collateral Servers</u>
The Collateral Server box should be checked when one or more additional servers were present during all or part of a service and each provided a unique contribution. The box should not be checked when there is no collateral server. To enter a Collateral Server, select the icon and a Collateral Server screen appears. Enter staff name or number into the "Coll. Server" box or select from the "Staff Lookup" table. See "Collateral Service Time Entry" for entry of collateral service time.

<u>Service</u>
Enter/complete the correct Service Code number. An error message will appear if the staff member is not authorized to provide that service. The server or program manager shall verify that the correct service code was selected. If the correct service code was not selected, the correct code shall be entered. If the originally selected service code was correct, the program manager shall contact MIS System Administration for assistance.

Entering the Service Code number will fill the service code field. A selection can also be made from the "Service Code Lookup" table by utilizing the magnifying glass icon. The Service Code Lookup table is in alphabetical order by description of service code. This table may also be sorted numerically by selecting the header in the ID column. Service codes are grouped as follows:

1	-	99	Typical Outpatient Services
200	-	209	MAA Codes
300	-	320	Adult Forensic Codes
900	-	910	Bed Day Code
9000	-	9999	Fee for Service Codes (not used by Organizational Providers)

<u>Lab</u>
Do not use this field.

<u>S. Time/Days/Part Summary</u>
"S. Time" (Service Time) reflects the actual time spent providing a service for the client. The "S. Time" boxes are available and require entry when a service requiring duration of time is selected. The "Days/Part" box becomes available and requires entry when a day service is selected.

<u>S. Time</u>
There are three boxes in this field. The first box is start time or when the service began. The second box is duration or length of service. The third box is stop time or when the service ended.
Travel and documentation time are not included in the Service Time and are documented and entered separately.

<u>Payment</u>
The "Payment" button will not be used by San Diego County Mental Health MIS at this time.

Entering Service Time

When only the duration of the service is required, the second box is highlighted. The duration of the service may be entered in one of two ways:

1.   Total minutes preceded by a ".". (period) or a ":" (colon) (.15 or :15 equals 15 minutes). If the total minutes exceed :59, the system will automatically convert the minutes into hours and minutes (.75 or :75 converts to 1:15).

2.   Total hours and minutes by hours: (colon) minutes (1:15 equal 1hour and 15 minutes). A period may also be used instead of a colon.

It should be noted that entering .5 does not indicate 30 minutes, nor does it indicate 50 minutes. It is recorded as five minutes. When recording 10 minutes, 20 minutes, 30 minutes etc. enter .10, .20, .30, respectively. (Not .1, .2 or .3) To enter 50 minutes, enter .50.

When the start and stop times are required for a service, all three boxes are highlighted. Enter the start time into the first box and the stop time into the third box. The system will calculate the duration of the service in the second box. Enter the start and stop times as follows:
Hour: (colon) minutes "a" or "A" for am; "p" or "P" for pm (09:30a equals 9:30 AM).

If time is entered in Military format, it will convert to AM/PM.

Days/Part
Bed Day services shall not be entered by San Diego County Mental Health Services on the Individual Client Services Maintenance screen. See Generate Bed Days Utility.

T. Time
"T. Time" is travel time spent traveling to and from and/or during the provision of a service to a client. Enter the time in hours or minutes as described in the "S.Time" section.

D. Time
"D. Time" is documentation time spent documenting services provided to the client. Enter the minutes as described in the "S. Time" section.

Quantity
Do not use this field.

Fee
This field will automatically calculate.

Service Indicators Summary
The Service Indicator section includes person contacted, place of service, contact type, appointment type, and other service indicators. Every service entry will trigger default service indicators that automatically fill with some exceptions. Most of these service indicators have been defaulted to the most frequently used values. When there is no default, staff are required to select a value. Staff shall also select a new value when the default is not accurate for the service provided. Defaults are pre-set for the entire Mental Health System and may not be correct for the individual subunit. Staff shall review the default service indicators, make appropriate changes, and choose the correct indicator(s). Values that should not be used for a specific service code cannot be entered. If further clarification of a specific service indicator table value is needed, refer to the definition table at the end of the section.

For correct billing to occur, complete accuracy in the selection of the service indicators is required.

Person
This field identifies who received the service. Select the correct choice from the "Person Contacted Types Lookup" table by utilizing the magnifying glass icon.

Place
This field identifies the location of the client service. Select the correct choice from the "Place of Service Types Lookup" table by utilizing the magnifying glass icon.

NOTE: The place of service is the place where the client is receiving the service not the place the staff person is located or the place a collateral contact is located. For example: Client telephones clinician at the office from jail or mother telephones clinician from her house. The place of service is Correctional Facility, NOT Office. The service will not bill because the client is incarcerated.

O. Fac
This field identifies the outside facility of the client service. This field is required only when the following selections are made in the "Place" field:

D – IP Full Scale Hosp/SNF
K – IP Free Stdng Hosp/IMD/SH
S – School

Select the correct choice from the "Outside Facilities Lookup" table by utilizing the magnifying glass icon.

C. Type
This field identifies the type of contact with the client. Select the correct choice from the "Types of Contact Lookup" table by utilizing the magnifying glass icon.

A. Type
This field identifies the type of appointment. Select the correct choice from the "Appointment Types Lookup" table by utilizing the magnifying glass icon.

B. Type
This field, Billing Type, is inactivated and not used by County of San Diego at this time.

I. Type
This field, Intensity Type, is not being used by the County of San Diego at this time. This field defaults to "N" (Not Applicable). At the time of Treatment Plan and Progress Note implementation a Crisis value will be added for use with service code 70 "Crisis Intervention".

CSI EBP/SS
Client and Services Information (CSI), Evidenced-Based Practices/Service Strategies, are values that have been pre-selected by San Diego County and are defaulted for each of the SubUnits. Staff can enter or change Evidenced-Based Practices as appropriate.

Payment Button
This selection is not being used by San Diego County at this time. All payments shall be entered by the Mental Health Billing department. See the Financial Eligibility and Billing Procedures – Organizational Providers Manual for more information.

Collateral Service Time Entry
Once the "Collateral Servers" box is checked, the collateral server(s) and their service time can be entered.

S. Time (Service Time)
Collateral server time must be less than or equal to the primary server's time. Enter the duration of the service provided by the "Collateral Server" in one of two ways:

1.   Total minutes preceded by a "." (period) or a ":" (colon) (.15 or :15 equals 15 minutes). If the total minutes exceed :59, the system will automatically convert the minutes into hours and minutes (.75 or :75 converts to 1:15)

2.   Total hours and minutes by hours: (colon) minutes (1:15 equal 1hour and 15 minutes). A period may also be used instead of a colon.

T. Time (Travel Time)
"T. Time" is travel time spent by the Collateral Server traveling to and from and/or during the provision of a service to a client. Enter the time in hours or minutes as described in the "S.Time" section.

D. Time (Documentation Time)
The Collateral Server shall not claim Documentation Time when the primary server has already done so. This box shall be left blank.

Select Save on the Collateral Servers screen to save entry. Repeat process to add additional Collateral Servers. When all servers have been entered and saved, select Cancel to return to the main screen.

Save
Select "Save" to save entries on the "Individual Client Services Maintenance" screen. Once saved the service is listed in center of the screen. This section will list all services entered and saved on this form number.

Clear
Select "Clear" to clear screen which allows the next service to be added. If "Clear" is selected before Save, the system will remove all entered information and it will have to be re-entered.

Exit
Select "Exit" to close the "Individual Client Services Maintenance" screen. Unsaved data will be lost.

Duplicate Services
Any services of the same type entered on the same day will activate the "Continue with Save?" dialog box stating "Potential duplicate Services detected". Data entry staff must determine if the service is a true duplicate. If the service is not a duplicate service, select "Yes" otherwise select "No".   If staff is unsure if the service is a true duplicate, "No" must be selected to close the dialog box.

To determine if a service is a true duplicate, select "Display Client Services" screen to verify service. Service records may also be reviewed. Many services may be provided repeatedly throughout the day and are not true duplicates. For example, multiple Case Management/Brokerage services can be provided to the same client on the same day.

Editing/Deleting Individual Services

When an incorrect individual service has been saved in Anasazi, the service can be edited or deleted, unless a payment or claim has been entered against the service. Designated staff can either make a correction to one or more of the service entry fields, or delete the service entirely and correctly enter the appropriate service.

To edit or delete an individual service, locate client in the "Display Client Services" screen. Identify the "Form Number" of the service. Open the "Individual Clients Maintenance Screen" and enter the form number at the top of the screen. Filters may be selected to assist in managing a large number of

services that may have been entered on that form number. For example, if there were 25 entries on the form the "Server" filter could be applied to list only services provided by that specific server. Services can also be filtered by SubUnit, date, and/or service codes. Selecting "Apply" will populate the client service fields. Highlight the service to be edited or deleted. Once selected the service information will appear in the screen below. Select edit, change what needs to be changed and select "Save" or select "Delete". A "Question?" dialog box appears asking "Delete this service?" Select "Yes". The service will be deleted.

Services that have payments or claims entered against them can only be corrected by the HHSA Mental Health billing unit.   Services are usually claimed at the end of the month following the date of the service and, therefore must be deleted within that time frame.

Medi-Cal Administrative Activities (MAA) and Community Outreach Services

MAA Service codes are in the 200 series in the "Service Code" table. MAA codes, definitions, and criteria for use are found in MHS Administrative P&P 01-01-221. Community Outreach Services are 05 for screening and 65 for Community Outreach.

The same MAA service provided on the same day by the same server delivered to multiple clients may be entered as one entry with the time combined. Community Outreach Services provided on the same day by the same server delivered to multiple clients may be entered as one entry with the time combined.

To enter MAA or Community Outreach services, go to the "Individual Client Services Maintenance" screen. Tab through the "Form #" field, enter the date of services to be entered, select the Unit and select the Apply button.

The system has a generic client listed in the "Client Lookup". For example: CLIENT, GENERIC. Select the generic client from the "Client Lookup" table when entering MAA or Community Outreach services for unidentified clients. Check the Single Contact box (MAA services are always entered as Single Contact).

MAA and Community Outreach services can also be entered to identified clients. Single Contact simultaneously opens and closes an Assignment for the identified client at that SubUnit at the time a service is entered as "Single Contact" in the Individual Client Services Maintenance screen.

Select the appropriate staff member in the Server field. Enter the MAA or Community Outreach service code or select the appropriate service code from the Service Code table.

Enter service time (S. Time) as described above. Travel and documentation time (if applicable) should be included in the total service time for MAA and Community Outreach Services.

The Service Indicators (Person, Place, O. Fac, C. Type, A. Type, B. Type, I. Type) are defaulted for MAA services and do not need to be changed.

Select "Save" to save entries.

Group Services Maintenance

Note: Start and Stop times for the group service does not include Travel and Documentation time. Travel and Documentation time are recorded separately.

Form #
This is a required field. Press Tab on the keyboard to automatically fill this field.

Date
This is a required field. Enter/complete the date of the group service.

<u>Start</u>
This is a required field. Enter/complete the start time of the group as follows:

Hour: (colon) minutes "a" or "A" for am; "p" or "P" for pm (09:30a equals 9:30 AM)

<u>Duration</u>
This field will automatically calculate after the "Start" and "Stop" times are entered.

<u>Stop</u>
This is a required field. Enter/complete the stop time of the group as follows:

Hour: (colon) minutes "a" or "A" for am; "p" or "P" for pm (09:30a equals 9:30 AM)

<u>Build Group</u>
Select the "Build Group" button to proceed.

<u>Enter Server</u>
Enter/complete Server(s) who are facilitating the group before entering client names. Ensure that "Enter Server" has been selected. A lead server must be present for the full time of the group. Servers are assigned a different ID number for each legal entity for whom they work, therefore ensure that the appropriate Server ID is selected from the Staff Lookup list. An error message will appear if the server is not authorized to provide that specific service at that SubUnit.

<u>Add</u>
Select "Add" button, which will bring up another screen for server and service entry. This screen is also called "Group Services Maintenance" screen.

<u>Group Services Maintenance Screen</u> (Server & Service Entry)

Enter/complete the server's number if known. If the server's number is unknown, select from the "Staff Lookup" table.

Enter/complete the group service from the "Service Code Lookup" table. Select one of the following choices:
  21 – Medication Education Group
  31 – Psychotherapy Group
  35 – Rehab Group
  39 – Psychotherapy Interactive Group
  40 – Collateral Group
  56 – Case Mgmt Institutional Group

Any choice other than the above group service codes will result in an error message.

"Service Start/Duration/Stop" will be pre-filled from initial "Group Services Maintenance" screen.

In the event the server came to the group late or left before the group ended, the fields shall be adjusted to reflect the actual time the server arrived and left the group.

<u>Travel Start/Duration/Stop</u>
If server travels to and from a location away from the office to conduct the group service, the duration of travel shall be entered. Travel start and stop times fields are not activated.

<u>Doc. Start/Duration/Stop</u> (Documentation Time)
Enter/complete the time spent documenting group notes for all clients who attended the group. Each server shall enter/complete the total time he/she completed documentation for that group. If a server does no documentation, no time is entered. Documentation start time and stop time are not collected or entered.

<u>"Was Server the Lead Server during this time?"</u>
There shall be one and only one "Lead Server" for each group built. Select this box when the server entered is the "Lead Server" for this group. If the group has only one facilitator, that person is the designated "Lead Server". If the group has more than one facilitator, they shall decide who is designated as the "Lead Server". The lead server must be present for the full time of the group.

<u>Save</u>
Select "Save" to retain entries on this screen. Selecting the "Save" button will automatically fill the initial "Group Services Maintenance" screen. Do not use "X" or "Exit" or the entries will be lost and the "Group Services Maintenance" screen will close.

<u>Adding Additional Servers</u>
To enter another additional server(s) select the "Add" button after returning to the initial "Group Services Maintenance" screen and follow the above steps.

<u>Enter Client</u>
Ensure that "Enter Client" has been selected before attempting to add client names.

<u>Add</u>
Select "Add" button, which will bring up another screen for client and service indicator entries. This screen is also called "Group Services Maintenance" screen. Instructions for entries onto this screen are found below under the heading "Add/Group Services Maintenance Screen (Client & Service Indicators)".

Group Services Maintenance Screen (Client & Service Indicators)

<u>Enc Id</u>
This field automatically fills with the form number.

<u>Date</u>
This field automatically fills with the date of service entered on the initial screen.

<u>Server</u>
Do not use this field.

<u>Supervisor</u>
Do not use this field.

<u>Client</u>
Enter/complete the client's name or client's case number.

Entering the client's number will cause the client's name to appear. A selection can also be made from the "Client Look-up" table by utilizing the magnifying glass icon.

<u>Unit</u>
Enter/complete the correct Unit number.

Entering the Unit number will cause the Unit name to appear. A selection can also be made from the "Units Lookup" table by utilizing the magnifying glass icon. Entering the "Unit" will activate the "SubUnit" field for entry.

Sub Unit
Enter/complete the correct SubUnit number.
Entering the SubUnit number will cause the SubUnit name to appear. A selection can also be made from the "SubUnit Lookup" table by utilizing the magnifying glass icon.

Valid Assignment?
Utilizing the magnifying glass icon will verify whether this client is assigned to the selected Unit/SubUnit on the date of the group service. If not, an error message will appear. Select the Return button to correct the information.

If the Assignment is valid, the "Assignments Lookup" screen appears.

Assignments Lookup
The "Assignment Lookup" screen depicts the client's open or closed Assignments. Select OK to close this screen.

Service
Do not use this field.

Lab
Do not use this field.

Start Time/Duration/Stop Time
This field will be pre-filled from initial "Group Services Maintenance" screen.

In the event the client arrived late to the group or left before the group ended, the fields shall be adjusted to reflect the actual time the client arrived at and left the group.

Travel and documentation times are never included within the client start and stop time.

Days
Do not use this field. The County of San Diego Mental Health day services are individual not a day service.

Quantity
Do not use this field.

Fee
Do not use this field.

Provided To, Provided At, Outside Facility, Contact Type, Appointment Type, Billing Type, Intensity Type
These fields are often referred to as service indicators. Each service entry will trigger default values in these fields with some exceptions. Staff shall review the default service indicators, make appropriate changes, and select indicators when no default appears. If further clarification of a specific table value is needed, refer to definition table at the end of this section.

For correct billing to occur, complete accuracy in the selection of the service indicators is required.

Provided To
This field identifies the recipient of the service entered. Select the correct choice from the "Person Contacted Types Lookup" table by utilizing the magnifying glass icon.

Provided At
This field identifies the location of the client service. Select the correct choice from the "Place of Service Types Lookup" table by utilizing the magnifying glass icon.

Outside Facility.
This field identifies the outside facility of the client service. This field is required only when the following selections are made in the "Provided At" field:

> D – IP Full Scale Hosp/SNF
> K – IP Free Stdng Hosp/IMD/SH
> S – School

Select the correct choice from the "Outside Facilities Lookup" table by utilizing the magnifying glass icon.

Contact Type
This field identifies the type of contact with the client. Select the correct choice from the "Types of Contact Lookup" table by utilizing the magnifying glass icon.

Appointment Type
This field identifies the type of appointment. Select the correct choice from the "Appointment Types Lookup" table by utilizing the magnifying glass icon.

B. Type
This field, Billing Type, is inactivated and not used by County of San Diego at this time.

Intensity Type
This field is not being used by the County of San Diego at this time. This field defaults to "N" (Not Applicable).

CSI EBP/SS
Client and Services Information, Evidenced-Based Practices/Service Strategies, are values that have been pre-selected by San Diego County and are defaulted for each of the SubUnits. Staff can enter or change Evidenced-Based Practices as appropriate.

Save
Select "Save" to retain entries on this screen. Do not use "Exit" or the entries will be lost and "Group Services Maintenance" screen will close.

Repeat to add additional clients until all group members are entered.

Post
Select "Post" to enter group services. A "Continue?" box will appear asking "Client Services will be created. Continue (Y/N)?" Select "Yes". If incorrect information has been entered, error messages will be displayed. Errors will have to be correct prior to posting being allowed.

Editing/Deleting Group Services

When a group service has been saved in Anasazi parts of it can be edited, however, it is SDMHS policy that it shall not be edited because client charges do not revise once the service has posted. The entire group service for all clients shall be deleted and re-entered correctly. If a payment or claim has been entered against the service it cannot be deleted and can only be corrected by the MH billing unit.

To delete a group service, locate one of the clients in the "Display Client Services" screen. Identify the "Form Number" of the group service. Open the "Group Services Maintenance Screen" and enter the form number at the top of the screen and tab out. The group service will be listed. Select "Delete". A "Delete?" dialog box appears asking "Delete Server", "Delete Group" or "Cancel". Always select "Delete Group". The service will be deleted. Do not select "Delete Server". Staff shall re-enter the group with the correct information. If Server information needs to be corrected, the group shall be deleted and correct server information shall be entered.

Services that have payments or claims entered against them can only be corrected by the HHSA Mental Health billing unit.

Generate Bed Day Utility

The Generate Bed Days Utility shall only be used by designated staff at 24-hour facilities. The Generate Bed Days Utility processes and posts bed day services automatically by using the admission and discharge date of the Assignment or the first and the last day of the month when the admission is longer than a calendar month. Unit/SubUnits shall complete the Generate Bed Days Utility by the fifth business day of the following month. All Assignment openings and closings for the month shall be completed prior to generating the "Generate Bed Day Utility".

- To generate bed days select from the menu toolbar:
  Client Data, Client Services, Transactional Services Menu, Generate Bed Day Services.
- Select "Load" on the Generate Bed Day Services screen.
- Highlight the appropriate template for the program from the template list and select "Load".
- On Selections 1 tab, enter Unit and SubUnit.
- On Selections 2 tab, enter date range. The date range cannot include more than one calendar month. An error message will appear if a date range is entered which crosses from one month to the next (i.e. 06/17/2000 thru 07/15/2000). NOTE: Make sure that the correct month and year are selected or it will post for future dates.
- Selections 3 tab is preset for the template.
- Select "Process". A "Continue?" dialog box will appear.
- To ensure the information is accurate, select "Preview", then select "Continue".
- Select "Screen" from the "Print Destination" dialog screen, then select "OK".

The "Generate Bed Day Services – UNPOSTED" (services not claimed) report opens for staff to review for accuracy and/or print. If all information contained on this report is accurate, close this report using the "x" in the top right hand corner of the screen. The "Generate Bed Day Services" screen will reappear.

CAUTION: Once this utility is run in "Post", it cannot be recreated.

- Select "Process". A "Continue?" dialog box will appear.
- Select "Post", then select "Continue". This will generate the bed day claim(s).
- Select "Screen" from the "Print Destination" dialog screen, then select "OK"

The "Generate Bed Day Services – POSTED" report opens for staff to review. This report may be printed for tracking purposes.

- Select "Print". The "Print Destination" screen will appear. Select "Screen" to preview the report prior to printing. If a printed report is needed, select the printer icon, select appropriate printer and select "Print".

Editing/Deleting Bed Day Services

When an incorrect bed day service has been saved in Anasazi, the service shall be deleted, not edited.

To delete a client's bed day services, locate the client in the "Display Client Services" screen. Identify the "Form Number" of the bed day service(s). Open the "Individual Services Maintenance Screen" and enter the form number at the top of the screen and select "Apply". The bed day service(s) will be listed. Highlight the service(s) to be deleted. Once selected the service information will appear in the screen below. Select "Delete". A "Question?" dialog box appears asking "Delete this service?" Select "Yes". The service(s) will be deleted. If the Assignment "Close" date is needed, enter it prior to re-running the Generate Bed Days Utility, which will re-post the services on behalf of this client. If the Assignment "Open" date is incorrect, the Assignment must be deleted and re-entered prior to re-running the Generate Bed Days Utility.

If a payment or claim has been entered against the service it cannot be deleted and can only be corrected by the HHSA Mental Health Billing Unit.

Day Treatment Services

Each Day Treatment service shall be entered in the Individual Client Services Maintenance Screen. The time the client attended is entered in the "S time" (middle box) which captures duration. Day Treatment programs were set-up in Anasazi with individualized minimum hours of required attendance. Therefore, anytime the hours of attendance are less than the minimum amount the service will not bill to Medi-Cal. In Anasazi, the program will be able to capture the client's service time whether or not it was billable.

Day Treatment services shall be pre-authorized. Ancillary services provided to Day Treatment clients, also need to be pre-authorized. Ancillary services are special outpatient services that cannot be provided by the Day Treatment program.

Day Treatment is reimbursable through Short-Doyle/Medi-Cal when the client meets medical necessity criteria and the Administrative Services Organization (ASO) has determined that service necessity criteria have also been met. Day Treatment providers must submit a Day Program Request form to the ASO to request authorization for day treatment services and any ancillary services that may be required. If the ASO determines that the client meets day treatment service necessity criteria, the ASO staff will authorize the services in Anasazi. Day Treatment providers should review the client's EHR in Anasazi to verify that an authorization has been entered prior to providing services. Day Treatment services without authorizations will be held in suspense and will not be billed to Medi-Cal. Ancillary services without an authorization will not be automatically suspended; therefore, outpatient programs shall verify authorizations prior to providing services to Day Treatment clients.

Process for securing authorization for Day Treatment services:

- Program opens Assignment in Anasazi.
- Program sends Day Program Request (DPR) form A or B and C, as applicable, to the ASO.
    - A) Initial Day Program Request
    - B) Continued Day Program Request
    - C) Specialty Mental Health Services Day Program Request (Ancillary Services)
- After review and approval of each request form, the ASO enters the authorization into the Client Authorization Maintenance screen in Anasazi.
- If authorization is not approved, the program is contacted by the ASO.

- When Day Treatment Services are no longer being provided, the Day Treatment Program closes the assignment in Anasazi.

Programs can verify authorization of services by viewing one of three screens in Anasazi

- Client Chart
- Client Abstract
- Client Authorization Maintenance

The Client Abstract provides the authorization number, the authorized date range, the number of services authorized, and the number of services remaining.   The Client Authorization Maintenance screen shows the SubUnit and benefit plan that were authorized to provide the service.

Service Indicator Tables

Person Contacted Types (Provided To)

ID	Description	Definition
B	Client and Family	Individual who is currently receiving mental health services from the San Diego County Mental Health Plan, with at least one family member or legal guardian present, regardless of funding source.
C	Client	Person who is currently receiving mental health services from the San Diego County Mental Health Plan, regardless of funding source.
F	Family/Legal Guardian	Client is not present and person(s) contacted are related to client by blood, marriage, adoption, foster care or domestic partnership. Or a person (or institution) who has been appointed by the Court and who has the legal authority (and the corresponding duty) to care for the person and property interests of another person. Usually, a person has the status of guardian because the ward is incapable of caring for his or her own interests due to minor status, infancy, incapacity, or disability.
O	Other	Use this selection when person contacted does not meet criteria in above definitions. May include other service providers and mental health professionals

Place of Service Types (Provided At)

ID	Description	Definition
A	Office	Services are provided at a physical site at which the staff person reports to work. Includes EPU, ESU, Day Treatment, and clinics. Excludes school based services.
C	Correctional Facility	Services are provided in jail or prison. Includes correctional camps, ranches, or detention facilities.
D	IP - Full Scale Hosp/SNF	Services are provided in an acute psychiatric unit of a general hospital or Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).
E	Homeless/Emergency Shelter	Services are provided in a facility specifically designed to provide shelter.
F	Faith Based	Services are provided in a location owned or leased by a faith group, with partial or full involvement of the faith group. May include church, temple, synagogue or mosque.
G	Health Care – Primary Care	Services are provided at a primary care or general health care facility, including emergency room and public health clinics.
H	Home	Services are provided at client's residence including house, apartment, single room occupancy hotel, studio, foster home. "Home" is not considered an Emergency Shelter or living on the street.
J	Client Job Site	Services are provided at the physical site at which a client performs job related functions whether paid, unpaid, or volunteer work.
K	IP Free Standing Hosp/IMD/SH	Services are provided in a free-standing psychiatric hospital, an Institution for Mental Disease (IMD), Mental Health Rehab (MHRC), or at a State Hospital.

Table Continued on Next Page

ID	Description	Definition
L	Crisis Residential	Services are provided in a non-institutional residential setting which provides a structured program as an alternative to hospitalization for clients experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service is available 24 hours a day, seven days a week. Includes START crisis houses.
M	Other Hospital – VA/Kaiser	Use when client hospitalized in Kaiser Hospital or Veteran's Administration Hospital for medical or psychiatric reasons.
O	Other Community/field Unspec	Use only when no other Place of Service applies. Services are provided in the community such as a coffee shop, street corner, clubhouse, etc. Includes other non-traditional service locations.
R	Residential - Child	Services are provided in a location supplying 24-hour non-medical care for children, other than inpatient hospital, or psychiatric health facilities (PHF). Includes Community Treatment Facilities (CTF) and family foster homes.
S	School	Services are provided in any facility that has the primary purpose of education.
V	Residential - Adult	Services are provided in a location supplying 24-hour non-medical care for adults. This code is used when the service is provided at a supported living environment such as licensed Board & Care, Independent Living Facility (ILF), Transitional Living Facility, Semi Supervised Living Program (SSLP), sober living homes.
Z	Unknown/Not Reported	This Service Code is only used for the Generate Bed Day Utility for CSI reporting.

Outside Facility

ID	Description	ID	Description
1	HOS - Promise	13	HOS - Out of Co Hospitals
2	HOS - Tri City	14	HOS - Co Psych Hospital
3	HOS - UCSD Med Center	15	HOS - Napa State
4	HOS - Alvarado Parkway	16	HOS - Metropolitan State
5	HOS - Aurora	17	HOS - Atascadero State
6	HOS – PH Bayview	18	HOS - Patton State
7	HOS - Palomar	20	IMD - Cresta Loma
8	HOS – PH Paradise Valley	21	IMD - Alpine
9	HOS - Scripps Mercy	22	IMD – Out of County
10	HOS - Sharp Grossmont	23	SNF – Out of County
11	HOS - Sharp Mesa Vista	24	SNF - County
12	HOS - UCSD CAPS	25	HOS - Veterans Administration
		26	HOS – Kaiser Hospital

Values 31 – 800+ can be located on the Outside Facilities Table in Anasazi. Use Quick View to locate and launch the table.

Contact Type

ID	Description	Definition
F	Face to Face	The staff member and client, or collateral person, engage in direct contact with each other and are present at the same time in the same location.
C	Correspondence	Communication by written or electronic means with a client or collateral person.
T	Telephone	Communication by telephone with a client or collateral person.
V	TTY	Communication between staff member and client, or collateral person by means of an electromechanical typewriter that either transmits or receives messages coded in electrical signals carried by telegraph or telephone wires. This device is used by persons who are hearing impaired.
E	Telehealth	Staff member delivers health related services and information to clients or collateral person via telecommunications technologies. It may involve, but is not limited to, using satellite or other technology to broadcast a consultation between providers and clients at facilities, using videoconferencing equipment.
N	No Contact	No contact with any person(s). For example: reviewing a record or writing a report.

Appointment Type

ID	Description	Definition
1	Scheduled	An appointment to deliver a service arranged for a specific date and time.
2	Unscheduled/Walk-in	A service initiated by the client, caregiver, or other without an arranged/scheduled appointment.
3	Cancelled by Client	A scheduled service that is withdrawn/cancelled by client, caregiver or other.
4	Cancelled by Program	A scheduled service that is withdrawn by the program
5	No Show	A scheduled service that client, caregiver or other does not keep and no cancellation notice has been given by the client, caregiver or other.
6	Services Refused	A service that is refused by the client, caregiver, or other.
7	Left Before Services Provided	A service that is intended for the client, caregiver, or other; but client, caregiver, or other leaves prior to delivery of service.

CSI Evidence-Based Practices / Service Strategies

(Values are pre-selected for each SubUnit)

ID	Description	Definition
01	Assertive Community Treatment	A team-based approach to the provision of treatment, rehabilitation, and support services. Core components include: small caseloads, team approach, full responsibility for treatment services, community-based services, assertive engagement mechanisms, role of consumers and/or family members on treatment team.
02	Supportive Employment	Services that promote rehabilitation and a return to productive employment for persons with serious mental illness. Core components include, vocational services staff, integration of rehabilitation with mental health treatment, no exclusion criteria, rapid search for competitive jobs, jobs as transition, follow-along supports.
03	Supportive Housing	Services to assist individuals in finding and maintaining appropriate housing arrangements and independent living situations. Criteria include, housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), the right to tenure, service choice, service individualization, service availability.
04	Family Psychoeducation	Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through active involvement of family members in treatment and management. Core components include: family intervention coordinator, quality of clinician-family alliance, education curriculum, and structured problem-solving technique.
05	Integrated Dual Diagnosis Tx	Treatments that combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Core components include: multidisciplinary team, stage-wise interventions, substance abuse counseling, outreach and secondary interventions.
06	Illness Management & Recovery	A practice that includes a broad range of health, lifestyle, self-assessment and management behaviors by the client, with the assistance and support of others. Core components include: comprehensiveness of the curriculum, illness management recovery goal setting, and cognitive-behavioral techniques. Relapse prevention training.
07	Medication Management	A systematic approach to medication management for severe mental illnesses that includes the involvement of consumers, families, supporters, and practitioners in the decision-making process. Includes monitoring and recording of information about medication results. Critical elements include: utilization of a systemic plan for medication management, objective measures of outcome are produced, documentation is thorough and clear, consumers/family and practitioners share in the decision-making.

(Values are pre-selected for each SubUnit)

ID	Description	Definition
08	New Generation Medications	A practice that tracks adults with a primary diagnosis of schizophrenia who received atypical second generation medications (including Clozapine) during the reporting year.
09	Therapeutic Foster Care	Services for children within private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in the context of a nurturing family home.
10	Multisystemic Therapy	A practice that views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate and promote individual change in this natural environment. The caregiver(s) is viewed as the key to long-term outcomes.
11	Functional Family Therapy	A program designed to enhance protective factors and reduce risk by working with both the youth and their family. Phases of the program are engagement, motivation, assessment, behavior change, and generalization.
50	Peer and/or Family Delivered	Services and supports provided by clients and family members who have been hired as treatment program staff, or who provide adjunct supportive or administrative services, such as training, information dissemination and referral, support groups and self-help support and empowerment. Please note that if the service/support is to be reimbursed by Medi-Cal, client and family member staff duties and credentials must meet Medi-Cal provider certification requirements.
51	Psychoeducation	Services that provide education about: mental health diagnosis and assessment, medications, services and support planning, treatment modalities, other information related to mental health services and needs.
52	Family Support	Services provided to a client's family member(s) in order to help support the client.
53	Supportive Education	Services that support the client toward achieving educational goals with the ultimate aim of productive work and self-support.
54	Delivered w/Law Enforcement	Services that are integrated, interdisciplinary and/or coordinated with law enforcement, probation or courts (e.g., mental health courts, jail diversion programs, etc.) for the purpose of providing alternatives to incarceration/ detention for those with mental illness/emotional disturbance and criminal justice system involvement.
55	Delivered w/Health Care	Integrated, interdisciplinary and/or coordinated physical and mental health services, including co-location and/or collaboration between mental health and primary care providers, and/or other health care sites.

(Values are pre-selected for each SubUnit)

ID	Description	Definition
56	Delivered w/Social Services	Integrated, interdisciplinary and/or coordinated social services and mental health services, including co-location and/or collaboration between mental health and social services providers.
57	Delivered w/SA Services	Integrated, interdisciplinary and/or coordinated substance use services and mental health services, including co-location and/or collaboration between mental health providers and agencies/providers of substance use services. This strategy is distinguished from the Federal evidence-based practice, "Integrated Dual Diagnosis Treatment", in that for this strategy the integration does not need to occur at the level of the clinical encounter.
58	Integrated Svcs for MH & Aging	Integrated, interdisciplinary and/or coordinated services for mental health and issues related to aging, including co-location and/or collaboration between mental health providers and agencies/providers of services specific to aging (e.g., health, social, community service providers, etc).
59	Integrated Svcs for MH & DD	Integrated, interdisciplinary and/or coordinated mental health services and services for developmental disabilities, including co-location and/or collaboration between mental health providers and agencies/providers of services specific to developmental disabilities.
60	Ethnic-Specific Svcs Strategy	Culturally appropriate services that reach and are tailored to persons of diverse cultures in order to eliminate disparities. Includes ethnic-specific strategies and community cultural practices such as traditional practitioners, natural healing practices, and ceremonies recognized by communities in place of, or in addition to, mainstream services.
61	Age-Specific Svcs Strategy	Age-appropriate services that reach and are tailored to specific age groups in order to eliminate disparities. Age-specific strategies should promote a wellness philosophy including the concepts of both recovery and resiliency.
99	Unknown Evidence-Based Strategy	Program has not been identified as providing Evidence-Based or Service Strategies.

Service Intensity Type

ID	Description	Definition
N	Not Applicable	Defaults to "N" for all service codes until Crisis Intervention is added. See below.
C	Crisis	Shall be used with Crisis Intervention when Treatment Plan and Progress Notes are implemented.

Anasazi Scheduler

Introduction

The Anasazi Software includes an electronic scheduling system that is integrated with the client data system and can track staff and/or client appointments. Information that is entered into Scheduler can populate service records with the intended service code and the service indicators. Client service information on progress notes can also be populated from the Scheduler. San Diego County Mental Health Services (SDCMHS) will make decisions on how to utilize this functionality as EHR implementation progresses. Using Scheduler can simplify service data entry and reduce the potential for error.

The Scheduler System may be linked to the Call Log utility which when implemented will be the electronic replacement for the Access Logs kept at the program sites. In addition the Call Log utility will capture wait times between the first call and the first scheduled appointment.

SDCMHS has plans to download appointment data from the Anasazi Scheduler into an appointment reminder software that will automatically telephone the client to remind the client of a scheduled appointment. Clients who do not wish to be reminded of appointments can be excluded as can programs who do not want to use the appointment reminder system. Estimated times for implementation of the Call Logging feature and the Appointment Reminder are unknown.

Location & Staff Work Schedule Set-Up

The Scheduler is accessed by selecting "Scheduler" on the menu bar. From the drop down menu, select "Scheduler Set Up", select "Location and Staff Work Schedules Maintenance." The "Location and Staff Work Schedules" dialog box appears. From the "Location Table" select and highlight the name of the program for which the information is to be entered.

Flags

In the "Flags" section of the dialog box, there are three questions that prompt the user to make selections.

- "Automatically launch Pre-Payment when Checking In?" Do not check this box. Pre-Payment is when a client pays for a service prior to receiving said service. The County of San Diego MH MIS has decided not to use the Pre-Payment function in Anasazi at this time.
- "Automatically launch Billing Pro-Forma at Check-In for:" "Individual Service" and/or "Group Services". It is recommended that the service Billing Pro Forma not be set-up to launch at check-in. The Billing Pro Forma is accessible in several views and can be manually launched from those views when necessary. (See Note below.)
- "Closed on Holidays" Check this box if you are closed on all of the following holidays: New Years Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and Christmas Day

Note: The Billing Pro Forma displays information on how the selected Service would be billed to each of the Client's insurances including the client (Private Pay Source). For example, if client has coverage with Blue Cross, Medicare and Medi-Cal, and the manner in which the service was entered indicates that it is billable to the primary payor, Blue Cross, the Billing Pro Froma lists how the service will bill to Blue Cross as well as Medicare, Medi-Cal and the client.

Time Entry

Enter the location's start time and end time (program's business hours) in the "Work" prompt. Enter the opening time followed by an "A" for AM or "P" for PM in the first box. Enter the closing time followed by an "A" for AM or "P" for PM in the second box. If applicable enter times for "Break 1", "Meal", and "Break 2". Check mark the days of the week to which the time is to be applied. For entries that have

been made under "Work", "Break 1", "Meal", and/or "Break 2" select the appropriate "Apply". The times will populate the selected days.

Individual days can be entered by check marking the day and entering the appropriate times. Changes can also be made in any day that has been checked by entering the time in the appropriate box.

Staff will receive a warning when an event has been entered before or after normal working hours and/or during a scheduled break or lunch.

Select "Save".   The "Add Staff" button activates.

Add Staff
Note: NEVER select "All" when selecting staff. Selecting "All" adds each and every staff person from the entire Mental Health staff list to the selected location, which can only be deleted one by one.

Select the "Add Staff" button.   The "Staff Lookup" list appears. Staff can be located by selecting "Find" and typing the ID number or staff name. Select the desired staff by marking the check box(es). After appropriate staff has been selected, select the "Add" button. The "Location" schedule reappears.

Entering Staff Schedules
To enter a staff person's schedule, select the location where the staff person is to be assigned from the "Location List". The list of staff assigned to that location will appear. Select the staff name. The "Staff Schedule" for that individual will appear.   In the "Schedule Type" field select the appropriate staff's schedule type from the drop down list. The Schedule Types are:

"Same as Location" – Staff works the same days and hours that the site is open including breaks and meals if applicable.

"Rotating" – Staff works a schedule that varies weekly but may be consistent during the month. For example, you would select if staff works the first Tuesday of the month. Each day with its own rule must be entered. This schedule type is not appropriate for outpatient mental health programs. This schedule is only accessed from the "Location List".

"Shift" – Staff works a schedule where the date of each day is entered individually. Enter the same as "Work Special Days". See below.

"Weekly" – Staff normally works the same schedule every week.

If the staff's schedule is the same as the "Location" schedule, select "Same as Location".

If the staff's schedule is different from the "Location" schedule, select "Weekly".   Change the work hours as appropriate. For example, if staff leaves early each Friday, change the time on Friday to the time the staff person leaves.

Select "Save"   Repeat process for each staff's schedule.

Off Special Days
Off Special Days is used to identify the days when a staff person is not working during their normal work schedule.

Select "Off Special Days" from under the staff person's name on the "Location List". Enter the date range the staff person will not be working. Enter a description; for example, if staff has planned vacation time, enter the begin date in the "From" field and the end date in the "Thru" field. The description field will appear. Enter "vacation" in the description field. Select "Save"

Work Special Days

Work Special Days is used to identify the days when a staff person is working in addition to their normal work schedule.

Select "Work Special Days" from under the staff person's name on the "Location List". Enter the date of the day to be added to the staff person's schedule. Enter the "Work Begin", and the "Work End" times and breaks and meals if applicable. Tab to the next line to save the entry. Repeat as needed to add additional dates.   Click "Exit" to close the screen and return to the main Schedule menu.

Multi-Day View

The Multi-Day View allows the user to enter appointments on behalf of an individual staff and to view one staff person's daily, weekly, monthly or multi-day schedule. Client appointments may also be entered and viewed in the Multi-Day View.

To access, select "Scheduler Maintenance-Multi-Day" from the Scheduler menu drop down.
The "Multi-Day View" screen will open.

Entity Type

From the Entity Type drop down menu, select "Staff" or "Client" to view either staff or client's schedule. The "Entity" field selection list is dependent on the selection in the Entity Type Field.

Entity

Select the magnifying glass to view lookup. Select the desired staff or client. If "Staff" was selected in the Entity Type field, the "Staff Lookup" screen will appear. If "Client" was selected in the Entity Type field, the "Client Lookup" screen will appear. The staff member's schedule will display. Appointments can be added or edited, but my only be deleted by the Help Desk.

The selected client's appointments will be displayed and can be edited or deleted. Since staff schedules cannot be viewed from the "Client Screen", do not add client appointments from this view. Adding client appointments from this view may result in double booking staff. Once the staff or client has been selected the event icons will activate.

Multi-Day Icons

Refresh
Print

Go to Today
1 day view
3 day view
5 day view
7 day view
14 day view
31 day view

I – Individual Service
G – Group Service
A – Busy Appointment
A – Tentative Appointment
A – Busy All Day
D – Free Appointment
D – Busy All Day Event
D – Free All Day Event
T – Schedule Task
A – Recurring Appointment
I – Recurring Individual Service
G – Standing Group Maintenance

Resolve Event
Check-In

Launch Single Day

Billing Pro Forma
Appointment List
Print Next Appointment
Launch Pre Payment

View Options

Locations

Locations default to "All". A "Location Code" if entered will filter the selected staff person's schedule for that site. In most cases, leaving it on "All" has the same result. When client is selected as the "Entity Type" and a specific client is selected as the "Entity", leaving the "Location Code" set to "All" allows staff to view all of that specific client's appointments that have been scheduled at any site.

To return the default "All", clear the location code in the field and tab out.

Events

Anything scheduled in the Anasazi Scheduler is considered an "Event".

The "Event" types are:

 "Individual Appointment Event" – Non client appointment. For example: a personal doctor appointment or supervision.

"Recurring Appointment Event" – Non client appointment that repeats. For example: weekly supervision or staff meeting.

"Individual Service Event" – Client related service, not group. For example: individual medication evaluation or assessment or individual rehab session.

"Recurring Individual Service Event" – Individual service event that repeats. For example: individual weekly rehab session

"New Group Service Event" – A one time only group service with clients.

"Standing Group Service Event" – A recurring group service with clients. For example: A weekly group scheduled for twelve (12) weeks.

Scheduling an Appointment Event
Note: Client service events shall not be entered as an appointment event.

Right click in the column of the day to be scheduled. Select "New Appointment" from the drop down menu to schedule a non-service or appointment event. An "Enter Appointment for *Staff Person's Name*" screen appears.

Complete the "Subject" line.   Enter a subject or a comment that may provide additional information (i.e. Staff Meeting in Conference Room A).

Mark "Private" to prevent the subject line from being viewed by other users. For example: a personal doctor appointment.

Select the "Event Type" from the drop down menu. All events are considered "Normal" except for an "All Day" event or a "Task" event. A "Task" event has no time associated with it and as a result will only appear in the Multi-Day view.

For a "Normal" appointment event enter the "Start Time" followed by an "A" (or "a") for a.m. or "P" (or "p") for p.m. and the duration of the event. (i.e. If the length of the event is 1 hour and 45 minutes, enter 1:45 or military time). This will populate the "End Time".

Note: In Scheduler the period (.) is not recognized in all start /stop time fields.
Select the "Time Type" from the drop down menu.   T – Tentative indicates an event is optional; B – Busy indicates an event has been scheduled and committed to occur; F – Free indicates time that other events could be scheduled or however programs decide to use it.

Select "Save"

After selecting "Save", the "Attendees" box is activated with the staff person's name, "Start Date", "End Date", "Start Time" and "End Time". Additional staff can be added by selecting "Add". An "Add Attendee" dialog box opens. Select staff from the "Staff Lookup" drop down menu and select "Save". Repeat as needed. After adding all attendees, select "Exit'.

Printing An Appointment Sheet
When an appointment event has been saved, it then can be printed by selecting the print icon at the top of the screen. The appointment sheet can be printed later by right clicking on the appointment and selecting "Edit Appointment" from the drop down screen, which reopens the "Enter Appointment for:" screen and select the print icon.

Editing an Appointment Event
Right click on the appointment event to be edited. Select "Edit Appointment" from the drop down menu. The "Enter Appointment for *Staff Person's Name*" screen appears. Make changes in appropriate field(s) and select "Save". If the "Update Attendee and Calendar Records?" dialog box appears, select "Proceed with Save". If there is a schedule conflict, the "Schedule Conflict" dialog box appears. Select "Yes" to continue with saving changes or "No" to review and correct before saving.

Note: A scheduled non-recurring Appointment Event can not be edited to become a recurring Appointment Event.

New Recurring Appointment
Right click in the column of the day to be scheduled.   To schedule a non-service appointment event that repeats select "New Recurring Appointment" from the drop down menu.   A "Rules of Recurrence"

screen appears.   Complete the prompts by entering the appropriate information. "Start Date" of the recurring appointment must be the date of the first scheduled appointment. Select "Build".

The "Enter Appointment for *Staff Person's Name*" screen appears. Complete prompts by entering the appropriate information.

Complete the "Subject" line.   Enter a subject or a comment that may provide additional information (i.e. Staff Meeting/Peer Review).
.
Mark "Private" to prevent the subject line from being viewed by other users. For example: a personal doctor appointment.

Select the "Event Type" from the drop down menu. All events are considered "Normal" except for an "All Day" event or a "Task" event. A "Task" event has no time associated with it.

Select the "Time Type" from the drop down menu.   T – Tentative indicates an event is optional; B – Busy indicates an event has been scheduled and committed to occur; F – Free indicates time that other events could be scheduled or however programs decide to use it (generally used for individuals and not for programs).

Enter the "Unit" and "SubUnit" (required although this appears optional). Enter the "Location" from the drop down "Locations Look Up" table.

Select "Save".   Conflict warnings will appear for the first scheduled event,

After selecting "Save", the "Attendees" box is activated with the staff person's name, "Start Date", "End Date", "Start Time" and "End Time". Additional staff can be added by selecting "Add". An "Add Attendee" dialog box opens. Select staff from the "Staff Lookup" drop down menu and select "Save". Repeat as needed. After adding all attendees, select "Exit'. Conflict warnings will appear for the remaining recurring events.

Edit Recurring Appointment
Either the recurring appointment event or the series can be edited.

Right click on the recurring event to be edited. To edit a specific recurring appointment, select "Edit Recurring Appointment" from the drop down menu. The "Enter Appointment for *Staff Person's Name*" screen appears. Make changes in the appropriate field(s) and select "Save". If the "Update Attendee and Calendar Records?" dialog appears, select "Proceed with Save". If there is a scheduled conflict the "Schedule Conflict" box appears, select "Yes" to continue with saving changes or "No" to review and correct before saving.

To edit the series, select "Edit Series" from the drop down menu. The Recurring Appointment screen appears which opens the list of scheduled appointment events based on the rules of recurrence previously set. Select the date of the event to be edited from the list and mark the check box (Do not mark more than one check box). Select "Edit an Appointment". The "Enter Appointment for *Staff Person's Name*" screen appears. Make changes in the appropriate field(s) and select "Save". When the "Update Attendee and Calendar Records?" dialog box appears, select "Yes".

To replicate the same change(s) to other dates, select the date of the changed recurring appointment from the list (the check box will be marked). Select "Copy an Appointment". Mark the check box(es) on the date(s) of the recurring appointment(s) to which this change is to be applied. (Note: Do not check the appointment date that was copied). Select "Paste Appointment" which will update the changes to the selected recurring appointment(s).

If no other changes are required, select "Exit".

Scheduling Individual Service Events

Note: Client appointments for one staff member shall not be entered on another staff person's schedule. When a client is scheduled to see two staff members, one after the other, the appointment shall be entered on each staff member's schedule. Both appointments can be entered within the same scheduled event. See "Scheduling Consecutive Appointments With Multiple Staff".

Right click in the column of the day to be scheduled. Select "New Individual" from the drop down menu to schedule a client service event. An "Add/Edit Individual Service Scheduled for *Staff Person's Name*" screen appears.

Complete the "Subject" line. Enter a subject or a comment that may provide additional information (i.e. Translator needed for client). If no information is entered into the subject line, it will default to the service code description after "Post/Save Service" has been selected. The Billing Pro Forma will activate once the service has been posted/saved.

For a "Normal" appointment event enter the "Start Time" followed by an "A" (or "a") for a.m. or "P" (or "p") for p.m. and the duration of the event. (i.e. If the length of the event is 1 hour and 45 minutes, enter 1:45 or military time). This will populate the "End Time".

Note: In Scheduler the period (.) is not recognized in all start /stop time fields.

Enter the client's case number or select the client from the "Client Look Up" screen.

Enter the "Unit" and the "Location" field will automatically fill. Enter the "SubUnit" (required although this appears optional). Select "Save". The Collateral Server and the service entry container (lower part of the screen) activate for entry of additional information.

Assignment Look-Up
The Assignment Look-Up allows staff to verify whether or not the client has a current open assignment to one of their locations (Units/SubUnits).

Collateral Server "Coll. Svrs"
Select "Coll. Svrs" to add a collateral server to the event. Enter "Start Time", "Duration" and tab completely to the next row to save the entry. Enter additional staff as needed. Select "Exit".

Select the intended Service Code for the scheduled event from the drop down menu. Once a service code is selected, the service code indicators will autofill. If the "Prov. At" (Place of Service) is different than the default, enter the correct "Provided At" from the "Place of Service" look-up. Enter an "Outside Facility" if "K", "D", or an "S" is selected as a Place of Service. Other indicators can be changed.

Select "Post/Save Service" then "Exit".

Printing the Consumer Encounter Form
A Consumer Encounter Form can be printed from the Individual Service Event Maintenance screen. The Consumer Encounter form includes information about the selected event and client demographic and financial information. After an event has been saved, select "Print". The Consumer Encounter Form is for staff use only and is not an appointment sheet for the client. Programs can determine how the form can be best utilized.

Scheduling Consecutive Appointments With Multiple Staff

Right click in the column of the day to be scheduled. Select "New Individual" from the drop down menu to schedule a client service event. An "Add/Edit Individual Service Scheduled for *Staff Person's Name*" screen appears.

Complete the "Subject" line. Enter a subject or a comment that may provide additional information (i.e. Translator needed for client). If no information is entered into the subject line, it will default to the service code description after "Post/Save Service" has been selected.

Enter the "Start Time" followed by an "A" (or "a") for a.m. or "P" (or "p") for p.m. and the duration of the total time of both events. This will populate the "End Time".

Enter the client's case number or select the client from the "Client Look Up" screen.

Enter the "Unit" and the "Location" field will automatically fill. Enter the "SubUnit" (required although this appears optional). Select "Save" in the top container.

Select "Coll. Svrs" to add a collateral server to the event. Enter "Start Time", "Duration" and tab completely to the next row to save the entry. Enter additional staff as needed. Select "Exit".

Select the intended Service Code for the scheduled event from the drop down menu. Once a service code is selected, the service code indicators will autofill. If the "Prov. At" (Place of Service) is different than the default, enter the correct "Provided At" from the "Place of Service" look-up. Enter an "Outside Facility" if "K", "D", or an "S" is selected as a Place of Service. Other indicators can be changed.

Change the start time and the duration to the time of the first appointment and select "Post/Save".

Enter the next staff person and change the start time and the duration to the time of the second appointment. Update service code and service indicators if necessary. Select "Post/Save". Repeat if applicable. All appointments will reflect in the "Services" container. Select "Exit".

All appointments will show on corresponding staff person's schedules. Appointments will also appear on the client's schedule.

Editing Individual Service

Right click on the individual service event to be edited. Select "Edit Individual Service" from the drop down menu. The "Add/Edit Individual Service" screen appears. Make changes in the appropriate field(s) and select "Post/Save Service". If the "Update Attendee and Calendar Records?" dialog box appears, select "Proceed with Save". If there is a schedule conflict, the "Schedule Conflict" dialog box appears. Select "Yes" to continue with saving changes or "No" to review and correct before saving.

First enter required corrections to the top container; select save and the updated information will apply to the bottom container. For example: changes to the Unit/SubUnit, date, time, location, and/or client must be completed in the top container. Then enter corrections specific to the bottom container. For example: staff, service, and/or service indicators. Select "Post/Save". Changes made only to the bottom container will not change the corresponding fields in the top container.

Note: A scheduled non-recurring Individual Service can not be edited to become a recurring event.

Cancel - Individual Service

Right click on the individual service event to be cancelled. Select "Cancel" from the drop down menu. On the service screen select the "Cancel Service" button found in the middle container; the "Cancel Service" dialog box will appear. Select the magnifying glass to access the "Cancellation Reason" table.

Once cancellation reason is entered, select "Yes" to confirm the cancellation. When the cancellation reason is selected, the information in the "Appointment Type" field is automatically removed. Select "Exit" to return to the schedule, the service event will be removed from the calendar.

Uncancel – Individual Service

Select the View Option icon. The "Multi Day (or Single Day) View Option" dialog box will appear. Under "Filters", check the box "Display Cancelled Events"; select "OK". The cancelled service event will appear on the calendar with a pink X next to the event. Right click on the service to be un-cancelled. Select "Cancel" from the drop down menu. On the service screen select the "Uncancel Service" button found in the middle container. Select "Exit" to return to the schedule. The service event will appear on the schedule with the pink X removed indicating the service has been un-cancelled.

New Recurring Individual Service

San Diego MIS MH Administration policy is that programs shall not exceed 90 days or twelve (12) weeks, when setting the "Rules of Recurrence" in the "End after" or "End by" fields.

Right click in the column of the day to be scheduled. Select "New Recurring Individual Service" from the drop down menu to schedule a client service event that repeats.   A "Rules of Recurrence" screen appears.   Complete the prompts by entering the appropriate information. "Start Date" of the recurring appointment must be the date of the first scheduled appointment. Select "Build". The "Enter Appointment for *Staff Person's Name*" screen appears. Complete prompts by entering the appropriate information.

Complete the "Subject" line.   Enter a subject or a comment that may provide additional information. If no information is entered into the subject line, it will default to the service code description after "Post/Save Service" has been selected.

For a "Normal" appointment event enter the "Start Time" followed by an "A" (or "a") for a.m. or "P" (or "p") for p.m. and the duration of the event. (i.e. If the length of the event is 1 hour and 45 minutes, enter 1:45 or military time). This will populate the "End Time".

Note: In Scheduler the period (.) is not recognized in all start /stop time fields.

Select the client from the "Client Look Up" screen.

Enter the "Unit" and the "Location" field will automatically fill. Enter the "SubUnit" (required although this appears optional). Select "Save". The lower part of the screen activates for entry of additional information.

Select the intended Service Code for the scheduled event from the drop down menu. Once a service code is selected, the service code indicators will autofill. If the "Prov. At" (Place of Service) is different than the default, enter the correct "Provided At" from the "Place of Service" look-up. Enter an "Outside Facility" if "K", "D", or an "S" is selected as a Place of Service. Other indicators can be changed.

Select "Coll. Svrs" to add a collateral server to the event. Enter "Start Time", "Duration" and tab completely to the next row to save the entry. Enter additional staff as needed. Select "Exit".

Select the intended Service Code for the scheduled event from the drop down menu. Once a service code is selected, the service code indicators will autofill. If the "Prov. At" (Place of Service) is different than the default, enter the correct "Provided At" from the "Place of Service" look-up. Enter an "Outside Facility" if "K", "D", or an "S" is selected as a Place of Service. Other indicators can be changed.

Select "Post/Save Service" then select "Exit".

Editing Recurring Individual Services

Right click on the recurring individual service to be edited. The individual service or the series can be edited.

Right click on the individual service event to be edited. Select "Edit Recurring Individual Service" from the drop down menu. The "Add/Edit Individual Service" screen appears. Make changes in the appropriate field(s) and select "Post/Save Service". If the "Update Attendee and Calendar Records?" dialog box appears, select "Proceed with Save". If there is a schedule conflict, the "Schedule Conflict" dialog box appears. Select "Yes" to continue with saving changes or "No" to review and correct before saving.

First enter required corrections to the top container; select save and the updated information will apply to the bottom container. For example: changes to the Unit/SubUnit, date, time, location, and/or client must be completed in the top container. Then enter corrections specific to the bottom container. For example: staff, service, and/or service indicators. Select "Post/Save".   Changes made only to the bottom container will not change the corresponding fields in the top container.

Edit Recurring Individual Service Series

To edit a recurring individual service series, select "Edit Series" from the drop down menu. The "Recurring Service" screen appears which opens the list of scheduled events based on the Rules of Recurrence. Select the date of the event to be edited from the list and mark the check box (Do not mark more than one check box). Select "Edit a Service". The "Add/Edit Individual Service" screen appears. Make changes in the appropriate field(s) and select "Post/Save Service" and select "Exit"

To replicate the same change(s) to other dates, select the date of the changed recurring individual service from the list (the check box will be marked). Select "Copy a Service". Mark the check box(es) on the date(s) of the recurring individual service(s) to which this change is to be applied or select "All for Paste" if applies to all. (Note: Do not check the service date that was copied). Select "Paste Service" which will update the changes to the selected recurring individual services.

If no other changes are required, select "Exit".

Cancel Recurring Individual Services

Recurring Individual Services must be cancelled one at a time following instructions above under "Cancel – Individual Services".

Version Q

Version Q is a screen used for scheduling with fewer fields to complete than the individual client service screen. Version Q does not allow for the scheduling of a collateral server or editing of a scheduled individual service event, or for comments to be added. However, once a service is scheduled with Version Q, it may be edited to include collateral server and comments by editing the Individual Service.

Select "New Individual Service (Version Q)" in the drop down menu to schedule a client service event.

Complete the "Subject" line.   Enter a subject or a comment that may provide additional information (i.e. Translator needed for client). If no information is entered into the subject line, it will default to the service code description after selecting the service code.

For a "Normal" appointment event enter the "Start Time" followed by an "A" (or "a") for a.m. or "P" (or "p") for p.m. and the duration of the event. (i.e. If the length of the event is 1 hour and 45 minutes, enter 1:45 or military time). This will populate the "End Time".

Note: In Scheduler the period (.) is not recognized in all start /stop time fields.

Select the client from the "Client Look Up" screen.

Enter the "Unit" and the "Location" field will automatically fill. Enter the "SubUnit" (required although this appears optional).

The "Staff" field defaults to the entity selected; however, the staff person can be changed.

Select the intended Service Code for the scheduled event from the drop down menu. Once a service code is selected, the service code indicators will autofill. If the "Prov. At" (Place of Service) is different than the default, enter the correct "Provided At" from the "Place of Service" look-up. Enter an "Outside Facility" if "K", "D", or an "S" is selected as a Place of Service. Other indicators can be changed. Select "Save".

New Group Services

Right click in the column of the day to be scheduled.   Select "New Group Service" from the drop down menu to schedule a group service. An "Add/Edit Group Service Scheduled for *Staff Person's Name*" screen appears.

Complete the "Subject" line.   Enter a subject or a comment that may provide additional information. If no information is entered into the subject line, it will default to the service code description after "Save" has been selected.

For a "Normal" appointment event enter the "Start Time" followed by an "A" (or "a") for a.m. or "P" (or "p") for p.m. and the duration of the event. (i.e. If the length of the event is 1 hour and 45 minutes, enter 1:45 or military time). This will populate the "End Time".

Note: In Scheduler the period (.) is not recognized in all start /stop time fields.

Enter the "Unit" (required although this appears optional) and the "Location" field will automatically fill. Enter the "SubUnit" (required although this appears optional).

The "Comment" field can be completed with any professional comments regarding the group. Select "Save". The lower part of the screen activates for entry of additional information.

The "Staff" field defaults to the entity selected; however, the staff person can be changed.

Select the intended Service Code for the scheduled event from the drop down menu. Once a service code is selected, the service code indicators will auto fill. If the "Prov. At" (Place of Service) is different than the default, enter the correct "Provided At" from the "Place of Service" look-up. Enter an "Outside Facility" if "K", "D", or an "S" is selected as a Place of Service. Other indicators can be changed.

If the staff person in the staff field is the lead staff, mark the "Lead Staff during time period?" check box. Select "Save". Add other staff as needed. The system will allow more than one "Lead Staff" but do not have more than one "Lead Staff".

When at least one staff member has been selected and saved, clients can be added. Select client from the "Client Look Up" list and "Save". The Billing Pro Forma will activate once the client has been entered, saved, exit has been selected and the event has been reopened. If the client field does not clear upon saving, select "Add". Repeat to add additional clients. Edit any fields that are specific to the client before saving.   Select "Exit".

Edit Group Service

Right click on the group service to be edited. Select "Edit Group Service" from the drop down menu. An "Add/Edit Group Service Scheduled for *Staff Person's Name*" screen appears. Make appropriate change(s) to the top section and select the top "Save". Make appropriate change(s) to the "Server" section and select "Save". Make appropriate change(s) to the "Client" section. If the "Update Attendee

and Calendar Records?" dialog box appears, select "Proceed with Save". If there is a schedule conflict, the "Schedule Conflict" dialog box appears. Select "Yes" to continue with saving changes or "No" to review and correct before saving.

If no other changes are required, select "Exit".

Note: A scheduled group service cannot be edited to become a part of a Standing Group.

Naming Convention for Groups

It is SDC MH MIS policy that when a new group has been created and named, the name shall follow these guidelines. The group name shall begin with the Program's Unit Number followed by no more than 4 upper case alpha letters. The description of the group shall be no more than 30 characters. The name and description of the group shall be professional and not contain a person's name etc. Anasazi does not allow duplication of descriptions or IDs. Descriptions shall begin with the Program's Unit number followed by up to 26 characters, including spaces and punctuation. All group names shall be entered in upper case letters. The name of the Standing Group shall not be changed once created.

Creating a New Standing Group

Right click in the column of the day to be scheduled. Select "Standing Group Maintenance" in the drop down menu to schedule a standing group service. An "Add/Edit Standing Group" screen appears.

To create a new group, create an ID and description for the group as per the Naming Convention. Enter the Program's Unit, SubUnit, Location and "Number of Slots" (clients allowed in the group). Scheduling more than the available slots is allowed. Professional comments regarding the group may be added in the "Comment" section. Select "Save" which will activate the "Rules of Recurrence" button. Select "Rules of Recurrence". Complete the prompts by entering the appropriate information. "Start Date" of the recurring appointment must be the date of the first scheduled appointment.

San Diego MIS MH Administration policy shall be not to exceed 90 days when setting the "Rules of Recurrence" in the "End after" or "End by" fields.

For a "Normal" appointment event enter the "Start Time" followed by an "A" (or "a") for a.m. or "P" (or "p") for p.m. and the duration of the event. (i.e. If the length of the event is 1 hour and 45 minutes, enter 1:45 or military time). This will populate the "End Time".

Note: In Scheduler the period (.) is not recognized in all start /stop time fields.

Select either "Daily", "Weekly", or "Monthly" which will provide more options. Complete prompts as appropriate and select "Build". The "Schedule" tab activates.

On the "Schedule" tab a list of scheduled groups based on the "Rules of Recurrence" is automatically populated. Select "Edit". The "Add/Edit Group Service" screen activates.

The "Comment" field can be completed with any professional comments regarding the group. Select "Save". The lower part of the screen activates for entry of additional information.

Enter the staff person's ID or locate the staff from the drop down menu.

Select the intended Service Code for the scheduled event from the drop down menu. Once a service code is selected, the service indicator fields below will auto fill with defaults if defaults are pre selected in set-up. In preparation for Service Resolution and Billing Pro-Forma, ensure all service indicators are accurate and update if not accurate.

Select if the staff member is the "Lead Staff". Select "Save". Add additional staff as needed. The system will allow entry of more than one "Lead Staff"; however, do not mark more than one staff

member as the "Lead Staff" because service entry will not allow creation of service with more than one "Lead Staff".

When at least one staff member has been selected and saved, clients can be added. Select client from the "Client Look Up" list and select "Save". If the client field does not clear upon saving, select "Add". Repeat to add additional clients.

In the service indicator fields, if the "Prov. At" (Place of Service) is different than the default, enter the correct "Provided At" from the "Place of Service" look-up. Enter "Outside Facility" if "K", "D", or a "S" is selected as a Place of Service. Other indicators can be changed as appropriate.

Select "Exit" and the "Schedule" tab will activate. Select the first line on the list and mark the check box. Select "Copy for Paste" and select "All for Paste". This will automatically mark the remaining check boxes on the list.   Select "Paste from Copy" which will update the staff(s), clients, and service code from the initial group set-up to the remaining recurring groups.

Select "Exit". This will automatically apply the rules of recurrence and include clients for the group on the staff(s) person's schedule.

Edit Standing Group - One Group of the Series Only
Right click on the Standing Group in the staff person's schedule. Select "Edit Standing Group". The "Add/Edit Group Scheduled for" screen appears. Make the appropriate changes and select "Save". The "Update Attendee and Calendar Records?" dialog will appear, select "Proceed with Save". If there is a scheduled conflict the "Schedule Conflict" box appears, select "Yes" to continue with saving changes or "No" to review and correct before saving. Select "Exit", which reopens the "Schedule" tab. The changes will only be applied to the selected group.

Re-Using a Standing Group ID and Description
Note: When editing from the "Standing Group Maintenance Screen" never change the description of the group.

To reuse a group ID and description from a previous series or to continue a group past the current "Rules of Recurrence", right click and select "Standing Group Maintenance" from the drop down menu. The "Add/Edit Standing Group" screen appears. Enter the ID of the group or select from the drop down menu. Select the "Rules of Recurrence" button and ensure that a start date is entered that does not overlap dates from previous groups. Dates of previous groups can be viewed on the "Schedule" tab. Set up new "Rules of Recurrence" as appropriate.

Edit Series(or one of the series) from Standing Group Maintenance
Note: When editing an existing series from Standing Group Maintenance, do not select the "Rules of Recurrence" button.   This will create a new group instead of editing the existing group.   When editing from the "Standing Group Maintenance Screen" never change the description of the group or the series will disappear.

Right click on the Standing Group in the staff person's schedule. Select "Edit Series" or "Standing Group Maintenance" from the drop down menu. An "Add/Edit Standing Group" screen appears.

Enter the Standing Group ID and press "Enter" or select from the drop down menu and select "Ok" and press "Enter". Pressing "Enter" will automatically populate the remaining fields on the "Main" tab.

Select the "Schedule" tab, which opens the list of scheduled groups. Select the date of the group to be edited and select "Edit Group". The "Add/Edit Group Service" screen opens.

Make the appropriate change(s) and select "Save". The "Update Attendee and Calendar Records?" dialog will appear, select "Proceed with Save". If there is a scheduled conflict the "Schedule Conflict"

box appears, select "Yes" to continue with saving changes or "No" to review and correct before saving. Select "Exit", which reopens the "Schedule" tab.

To replicate the same change(s) to other dates, select the date of the changed group from the list and mark the check box (Do not mark more than one check box). Select "Copy for Paste". Mark the check box(es) on the date(s) of the group(s) that this change is to be applied. Select "Paste from Copy" which will update the changes from the changed group to the selected recurring groups. The update and conflict box will appear for each event.

If no other changes are required, select "Exit".

Note: If an event in a series has previously been changed and staff makes a change to another event in the series and copies that change to the rest of the series, the change made to the first event will be lost. The new change must be copied to only the events of the series that have not been altered for another reason and previous changed events must be individually altered with the new information. Because of this it is recommended that only one person per program manages standing groups.

Cancel Group Member from Group Service

Right click on the group event. Select "Edit Standing Group" OR "Edit Group Service" from the drop down menu. The service screen will appear. Highlight the name of the client to be cancelled. Select "Cxl" button (found above "Add" button) and the "Cancel Service" dialog box will appear. Select the magnifying glass to access the "Cancellation Reason" table. Once cancellation reason is entered, select "Yes" to confirm the cancellation. A yellow message box will appear next to "Clients" confirming the name of the client that was cancelled. Select "Save", a pink checkmark will appear in the *Cxl* column next to the clients name. Select "Exit" to return to schedule.

NOTE: If "Cancel" is selected from drop down menu instead of "Edit" once a reason is selected the entire group is cancelled, unless "No" cancellation reason is entered and "No" is selected instead of "Yes. Then instructions above can be followed to be cancelled one group member.

UnCancel Group Member from Group Service

Right click on the group event. Select "Edit Standing Group" OR "Edit Group Service" from the drop down menu. The "Cancel Service" screen will appear. Highlight the client name to be un-cancelled. Select "Un-Cxl" button (found above "Add" button) and the "Continue" dialog box appears. Select "Yes" to confirm the un-cancellation. The pink checkmark next to clients name will disappear. Select "Exit" to return to the schedule.

Cancel - Group Service or Standing Group

Right click on the group service to be cancelled. Select "Cancel" from the drop down menu. The service screen and the "Cancel Service" dialog box will appear. Select the magnifying glass to access the "Cancellation Reason" table. Once cancellation reason is entered, select "Yes" to confirm the cancellation. In "Client" container a pink checkmark will appear in the *Cxl* column next to each clients name. Select "Exit" to return to the schedule, the service event will be removed from the calendar.

Uncancel- Group Service or Standing Group

Select the View Option icon. The "Multi Day (or Single Day) View Option" dialog box will appear. Under "Filters", check the box "Display Cancelled Events"; select "OK". The cancelled service event will appear on the schedule with a pink X next to the event. Right click on the service to be un-cancelled. Select "Cancel" from the drop down menu. The service event screen will appear, select "Exit" to return to the schedule. The service event will appear on the schedule with the pink X removed indicating the service has been un-cancelled.

Printing the Consumer Encounter Form

A Consumer Encounter Form can be printed from the "Add/Edit Group Service Schedule for:" screen. The Consumer Encounter form includes information about the selected event and client demographic and financial information. After the clients have been added to the group, select "Print". A Consumer Encounter Form will print for each client in the group. The Consumer Encounter Form is for staff use only and is not an appointment sheet for the client. Programs can determine how the form can be best utilized.

Event Log

The Event Log records the creator of an event and tracks the last change by date, time, and staff person and documents the cancellation reason by date, time and staff person. The Event Log can be accessed from within any scheduled event. If the program wishes to track every change that occurs to a scheduled event, staff can enter a comment in the "Comment" section of the event. See the following instructions to access a specific event log.

Non-Recurring Individual or Group Service Event Log

To access the Event Log for a non-recurring individual or group service event, right click on the event. From the drop down menu, select "Edit Individual Service" or "Edit Group Service" as appropriate. The "Add/Edit *Individual* or *Group* Service Scheduled for *Staff Person's Name*" screen appears. Select the "Event Log" button. The "Event Log" dialog box appears. After reviewing the information, select "Exit:" to return to the event. Select "Exit" to return to the schedule.

Recurring Individual Event Log

To access the Event Log for a recurring individual event, right client on the event. From the drop down menu, select "Edit Recurring Individual Service". The "Add/Edit Individual Service Scheduled for *Staff Person's Name*" screen appears. Select the "Event Log" button. The "Event Log" dialog box appears. After reviewing the information, select "Exit:" to return to the event. Select "Exit" to return to the schedule.

Recurring Group Event Log

To access the Event Log for a recurring group event, right click on the event. From the drop down menu, select "Edit Standing Group". The "Add/Edit Group Service Scheduled for *Staff Person's Name*" screen appears. Select the "Event Log" button. The "Event Log" dialog box appears. After reviewing the information, select "Exit:" to return to the event. Select "Exit" to return to the schedule.

Cancelled Event Log

To access the Event Log for a cancelled event, select the "View Option" icon. The Multi-Day or Single-Day View Option dialog box appears. Under "Filters" checked the box "Display Cancelled Events"; select "OK". The cancelled service event will appear on the schedule with a pink "X" next to the event. Right click on the event. Select "Show" from the drop down menu. The "Event Screen" will appear. Select the "Event Log" button. After reviewing the information select "Exit" to return to the "Event" and select "Exit" again to return to the schedule.

Once an Event has been deleted, there is no Event Log available.

Appointment List – Multi Day View

The calendar icon with the red magnifying glass allows viewing of the selected staff member's complete list of scheduled appointments.

Single-Day View

The Single-Day View allows viewing more than one staff member's schedule at selected location(s) for a single day. A selected schedule for an entity (staff or client) can be viewed.

To access Single-Day View, select "Scheduler Maintenance-Single-Day" from the Scheduler menu drop down. The "Single-Day View" screen will open.

Building Single-Day View

Single-Day View must be built in order to view a schedule. To build the single-day view, one or more locations must be selected.

To access, select "Add" and the "Build List" appears. Check the box(es) of the location(s) to be viewed and select "Build".

Select "Add Staff" and the "Staff Lookup" list appear with the staff members associated with the selected location(s). Selecting the "All" button will mark the check box for all staff in the list. To build a specific staff list, check the box(es) of the staff person(s) to be displayed. Staff can be moved up and down on the list by highlighting the staff name and using the up and down arrows. Select "Save" which will return to the Single-Day View.

Note: If more than one location has been built, all staff from the selected locations will appear on the "Staff Lookup" list; however, the staff will only show on the tab for the location to which they are assigned.

Single-Day View Options

Each time the staff enters Single-Day view, the view options must be selected.

Select the View Option icon and the "Single Day View Option" dialog box opens.
There are 3 tabs; Filters, User Interface, and Date/Time. Do not change "Filters".

Select "User Interface" to change the status bar, gridline style, number of columns to be viewed, and time intervals.

"Display Status Bar" is defaulted to appear on the bottom of the calendar to display information for a selected appointment.

The "GridLine Style" drop down menu default is horizontal lines across the day(s) based on the time increments selected and vertical gridlines between the days. This is the recommended style.

Under the "Number of Columns", select the desired number of columns from the drop down menu. Up to 8 columns (1 staff or 1 client per column) will display on the calendar.

The "Time Interval" drop down menu displays 5, 10, 15, 20, 30 minutes, or 1 hour time increments. Select a time increment. The calendar view will display in the time increments selected.

Select "OK" to return to the schedule.

The "Display Clock" is defaulted to show the time on the calendar next to the current date.

Templates

Templates have been created to assist staff to view staff members schedule based on credentials.

To access the template, build the location and select "Staff Build List" tab and then "Load". Select the desired template from the drop down and select "Ok" which returns to the schedule with the staff names populated.

Staff will not have access to create new templates. If a program needs a template created, call the Help Desk to request the new template. The request will be reviewed through an administrative process, which could take several weeks. The program will be notified of the determination.

The template folder icon in the top left hand corner of the menu bar shall not be utilized as per SDCMH policy.

Client Check-In

Client Check-In is a utility that can alert the clinician/doctor/nurse that the next client has arrived for their appointment.

For Individual Service Events, right click on the event for the client(s) to be checked in.   From the drop down menu select "Check In". This will place a check mark by the event on the schedule.

Client groups have more than one attendee therefore, in order to check-in a client and view who has checked in, right click on the group. Select "Check-In" from the drop down menu. The "Group Service Attendee Check-In" box appears. Mark the check box for the client(s) and select "Check-In" at the bottom of the box. Clinicians will open the "Group Service Attendee Check-In" box to confirm those who have arrived for the group.

Resolve

SDCMHS policy regarding resolving scheduled events is that service events that actually occurred shall be resolved. Service events that did not occur shall not be resolved.

Resolve is a utility that will notify staff that the event has happened by placing a check mark by the event on the schedule. Staff does not have access to resolve an event until the actual day of the event or after. Once progress notes have been implemented in Anasazi and a service is created through the clinician's homepage, the event is automatically checked as resolved.

Right click on the event to be resolved. From the drop down menu select "Resolve". The add/edit service schedule dialog box will appear. Select "Resolve Service" and then select "Exit" which will - return to the calendar. This will place a check mark by the event on the schedule, which alerts staff that the event has occurred.

Appointment and service events can be unresolved. To "Unresolve" an event, select and open the event that was erroneously resolved and select "Unresolve" and exit.

Delete

Programs have access to delete appointment events. Right click on the client's name to delete an appointment. From the drop down menu select "Delete". The "Delete?" dialog box appears. Select "Yes" which will return to the calendar. The appointment will be deleted. Once an appointment is deleted, it is deleted. There is no undo.   All information is gone.

Program staff has not been given access to delete client service events in scheduler. If a wrong client name has been entered and saved, staff shall call the Help Desk for the correction to be made.

Reserve Time

The Reserve Time utility allows a staff member to request that certain types of events are scheduled during certain blocks of time. It is only a visual reminder that allows for and does not restrict entry of other types of events. For example: Intake, Assessment, On Call, Triage, etc. These time slots can be easily located and clients can be scheduled.

Select "Scheduler" on the menu bar. From the drop down menu, select "Scheduler Setup", then select "Reserve Time Maintenance". The "Reserve Time Maintenance" screen appears.

The filters at the top of the screen must be completed to view reserve times for a specific location, staff and reserve type. Entering a specific location will filter for that location's scheduled reserved times. Programs shall filter for their own location upon entering the screen. Otherwise all reserve types

scheduled will be displayed and difficult to manage. Program staff does not have delete rights for reserved time. The Help Desk must be contacted to delete errors or changes. Therefore, staff should not schedule reserved time more than 90 days in advance.

To enter a reserve time, locate the first blank row on the "Reserved Time Maintenance" dialog box. Enter the date, reserve time type, staff, location, start and end times. Tab through to the next row to save the information. If this is a recurring event, highlight the saved row and select "Recur", which will open the rules of recurrence. Complete the prompts by entering the appropriate information. Select "Build" which will return to the "Reserve Time Maintenance" screen. Select "Exit".

Find An Open Time Slot
"Find An Open Time Slot" allows the user to search for the next open time slot or reserve time. The search will stop at the date where there is open time. It does not stop on the actual time slot that is open. "Find An Open Time Slot" appears in Single Day View only.

In Single Day View, select the "Find An Open Time Slot" icon (magnifying glass over a sheet of paper) on the menu bar. The "Find Open Time Slot" dialog box appears. If searching for an open time slot for a specific staff person, enter staff ID. If searching for an open time slot for any staff, leave the staff field blank.

If searching for a specific open "Reserve Time Type" select the reserve type from the drop down menu. For any reserve time or open time slot, leave this field blank.

Enter the date in the "Start Date" field for when the search is to be started.

In the "time slot" field, select the least amount of time needed for the appointment. Select "Find".

The search can be reversed by selecting "Previous" from the "Find" field.

Go to Today
The "Go to Today" icon (yellow calendar with red circle) will return to the current date.

Transfer Scheduled Services
The "Transfer Scheduled Services" utility transfers selected appointments from one staff's schedule to another.

Select "Scheduler" on the menu bar. From the drop down menu, select "Scheduler Set Up", select "Transfer Scheduled Services." The "Transfer Scheduled Services" dialog box appears.

Select the "Transfer From Staff" from the drop down menu. Select the "Transfer to Staff" from the drop down menu.

Enter the date range in the "Service Dates" fields. A list of the scheduled appointments will appear in the dialog box.

Select the scheduled appointments that are to be transferred by marking the check box(es). Select "Transfer". The "Transfer" dialog box appears. Select "Yes". The "Warnings and Errors" dialog box appears. Select "Cancel" to close the "Warnings and Errors" dialog box. Appointments listed on the error side of the box will not transfer. Appointments listed on the warning side of the box are automatically transferred.

Appointment List – Single Day View

The calendar icon with the red magnifying glass allows viewing of the selected staff member's complete list of scheduled appointments. Select the staff person's schedule then select the appointment list icon.

Print Next Appointment

To print an appointment reminder for a client select the "Print the Next Appointment" icon on the menu bar. The "Next Appointment" dialog box appears. Enter the client name or number in the "Client" field or use the "Client Lookup" screen. All scheduled appointments for the client will appear in the dialog box. Select the appointment to be printed.

Select "Print".

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