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Chapter 1: System Information

Purpose

Welcome to the Centralized Data System (CDS). This manual is designed to instruct you on the use of this database and to help you with entering encounters correctly. The primary purpose of the CDS is to track and report data that describe treatment/services expressly funded through the Division of Behavioral Health (DBH). The CDS was not designed to track funding for behavioral health services through Medicaid or any other payer source.

Protected Data

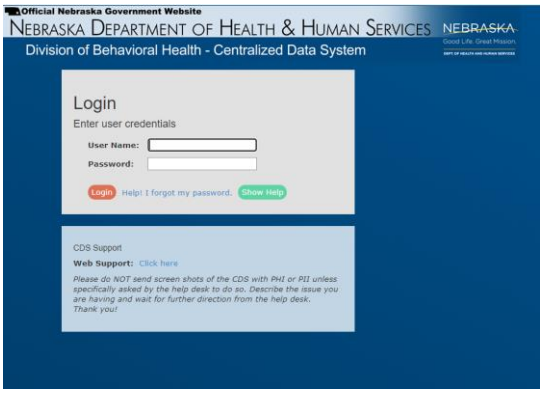
You are entrusted with protected data including confidential and highly sensitive *Personally Identifiable Information* (PII), *Personal Health Information* (PHI), and *Federal Tax Information* (FTI) of our clients, consumers and business partners. The HIPAA Security Rule requires DHHS to guard the integrity, confidentiality, and availability of *electronic PHI* (ePHI). Protecting this information is an essential part of our mission.

HIPAA

The Health Insurance Portability & Accountability Act of 1996 is referred to as HIPAA. If you are a DHHS employee, contractor, volunteer, temporary employee, trainee, sub-grantee, internal contractor, or any other type of worker performing work for DHHS under direct supervision of DHHS, you must complete the DHHS HIPAA Privacy & Security training course.

Test vs. Production Sites

The CDS has two sites: the **Test Site** and the **Production Site** (or Live Site). Both sites use the same credentialing process, so once you receive your credentials, you should be able to access either site.



Test Site: *https://dbhcds-tst-dhhs.ne.gov/Account/Login*

The test site is recognizable by the striped background and the words “TEST”. It is designed for you to practice using functions and tools of the CDS without needing to use PHI. Use the test site for educational and training purposes only.

Do not place PHI in the test site. Use aliases or made-up names (and numbers) on the test site. Occasionally, new features appear on the test site before placement on the Production site.

Production Site**:** *https://dbhcds-dhhs.ne.gov/Account/Login*

The production site (or live site) has a solid background and is the primary source of data for DBH. The production site contains real consumer information (PHI).

You are expected to exercise great care when using the production site so as not to expose PHI. For example:

- Do not allow others to use your login credentials for either site
- Do not leave CDS open on an unlocked computer
- If someone comes into view, close/hide CDS or change the screen
- Do not leave notes with PHI in plain view

General Information about the CDS

Data Warehouse

The CDS updates newly entered data for real time access every fifteen (15) minutes.

The *data warehouse*, which is essentially the permanent storage unit, automatically updates each night at midnight. This means for example, that data entered in the CDS on a Monday will be reflected in reports and analyses drawn from the CDS warehouse from the following day and onward.

Data Accuracy

The DBH relies on the accuracy and completeness of data entered by the contracted agency staff for each person who receives DBH-funded treatment/services. This is especially important to fulfill the primary purpose of the CDS to track and report data that describe treatment/services.

There are some data elements that are required for all persons who receive DBH-funded treatment/services because these are tracked on the national level and are mandatory for funding (e.g. federal sources like SAMHSA), and thus are used for planning and are expected in Annual Reports. Some of the **required data** pertain to age, gender, ethnicity, race, trauma, veteran status, living arrangement, and employment status.

National Outcome Measures (NOMS)

Center for Mental Health Services (CMHS) grantees providing direct services to clients are required to collect data from/about each client who receives grant-funded services. For each episode of care, an attempt must be made to interview the client at three data collection points: baseline (initiation of grant-supported services), at reassessment, and at clinical discharge.

In instances where a grantee is unable to reach the client (or caregiver or proxy) for the interview, the client declined or refused consent, or the client was unable to provide consent, the grantee is still required to use the NOMs tool to capture administrative data that can be completed by the grantee staff.

NOMs are a key component of the data strategy. The NOMs have introduced a set of 10 measurable outcomes for three areas: mental health services, substance abuse treatment, and substance abuse prevention. (Please refer to Chapter 25 for more information about NOMs)

Connection to the Electronic Billing System (EBS)

The Electronic Billing System (EBS) is connected with the CDS to minimize duplicative efforts for data entry and billing.

Help Desks

CDS Help Desk
Questions about the meaning of fields within a drop-down menu, data elements being captured, or any of the processes of CDS should be brought to the attention of the DBH through the CDS Help Desk, or through regional data user groups. Accuracy is of paramount importance, and in that spirit, changes to data elements can be made using the processes outlined in this manual.

The **CDS Help Desk** can be reached at (800) 324-7966.

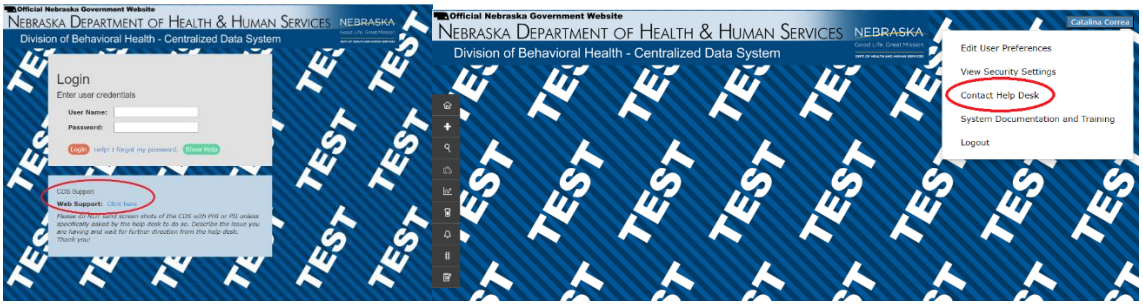
DHHS Help Desk
For help with login, especially when logging in for the first time or after an extended absence, please call the **DHHS Help Desk** at (800) 722-1715.

An update to your password as an end user is not typically a Help Desk issue. To update or change your password please use the PASSMAN application located at https://passman-dhhs.ne.gov.

Options for issues with the operation of the Centralized Data System:

- Please contact your *Regional Super User*
- Please call the *CDS Help Desk* at (800) 324-7966

- Please select the option for *Web Support* found on the login page, or under the drop-down menu that appears under the end user's name.



Additionally, all encounters have a Report a Data Issue button, which can be found on the right-hand side of the Manage Encounter box.

An end user that wants to report a data issue should click on the Report a Data Issue button and a pop-up window will appear.

Instructions ask the end user to provide a summary of the data issue, a suggested resolution, and contact information in the event of clarifying questions from DBH to resolve the data issue. Once the end user is satisfied with the request, they can click on the Submit button. A **secure e-mail** is then sent to the DHHS.DBHCDS@nebraska.gov mailbox and a copy appears in the Alerts tab of the CDS under Report a Data Issue. Additionally, the end user can remove the encounter from the system by clicking on Remove Encounter from the System. This would be used in cases where information is entered in error and needs to be removed from CDS reports.

Data requests might also include correcting spelling and correcting entries by requesting a different response to a variable. End users can change *everything* within an active encounter besides social security number. After discharge, the encounter is locked and only state staff can make changes to the encounter.

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

Browsers

The following browsers are currently supported for accessing the CDS.

Google Chrome 

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

Microsoft Edge 

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

Internet Explorer 

Internet Explorer has been the recommended browser for CDS. The system is built to be compatible with IE9 and above. Some functions of the CDS are known to work better in Google Chrome or Microsoft Edge. Internet Explorer is currently a stable browser for the CDS. Should you find any issues with your browser, please contact the CDS Help Desk.

Firefox 

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

Chapter 2: Obtaining User ID and CDS Security

Security Levels

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

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

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

Security settings for the test site may differ from those of the production site. Depending on the security level, end users may have access to the test site.

CDS requires a User ID and password. To obtain a User ID, contact your local agency Super User. The Super User and persons seeking a User ID will determine the individual's role in the agency and security settings needed, based on the user's work responsibilities. Each potential user must sign a confidentiality statement available from the agency/location Super User. The agency Super User sends the CDS Access Template and confidentiality statement to DBH and the Regional Super User. Once

received, DBH works together with the DHHS Help Desk to assign a User ID and temporary password.

To ensure confidentiality requirements, it is important to promptly update User ID information. Super Users are responsible for staying in contact with their HR administrators to ensure updates to CDS user accounts. New User IDs can take up to ten (10) working days to be added to the production and test site. Super users must report any CDS users who no longer work for the organization or persons who change positions in the organization that may require changes to security levels. Ensuring the removal of these users helps protects CDS from possible misuse.

User ID and Passwords

DHHS Information System and Technology (IS&T) staff assign User IDs. Once established, new users receive a secure e-mail that contains the User ID and a temporary password. The secure e-mail contains instructions for first login. On first login, new users create their own password and set their security questions. The website URL for changing or resetting a password is https://passman-dhhs.ne.gov.

Inactive Users

CDS requires that Users log in at least once every sixty (60) days in order to show that they are actively using the CDS. Failure to log in during this period will result in the user's security access being restricted. Restricted accounts will not be able to log into the system until they are reactivated by the CDS Security Administrator.

CDS Passwords Changes

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

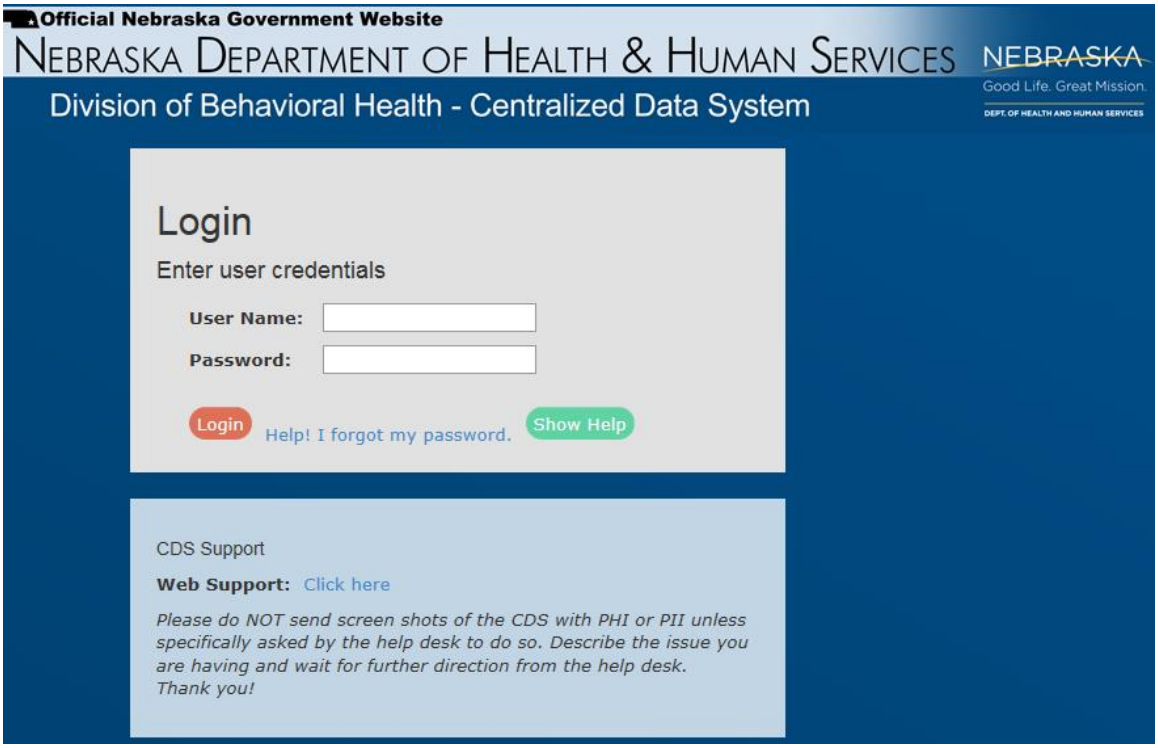
The DHHS Help Desk (800-722-1715) can assist end users having difficulty with their log-in.

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

Chapter 3: Home Page View

Accessing the CDS

This is a view of the login page for the Centralized Data System (CDS) from the Production Site (Live). https://dbhcds-dhhs.ne.gov/Account/Login

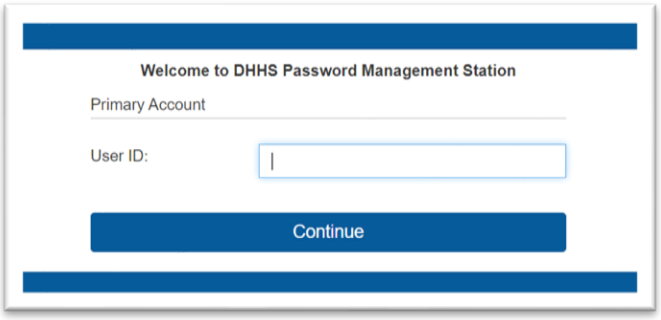


Login / Help

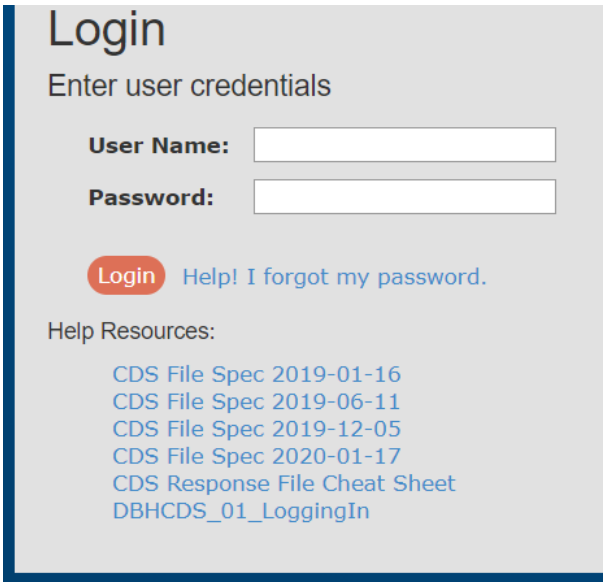
1. Enter your user name and password and click on Login.

2. Options if you need additional help:

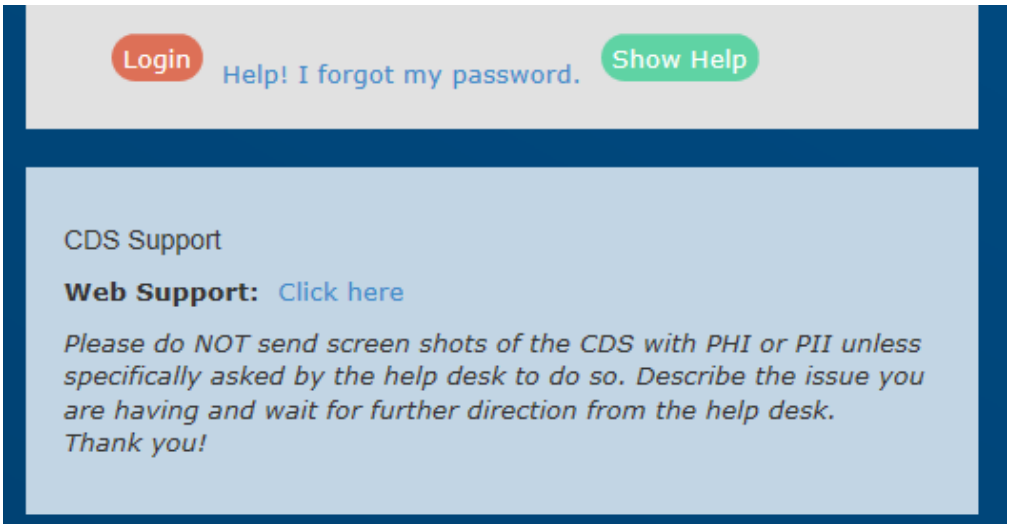
    a. If you forgot your password, click Help! I forgot my Password which is an active link to the Password Management Station, then follow the instructions there.



b. Click on the green Show Help button, to reveal Help Resources available to you.

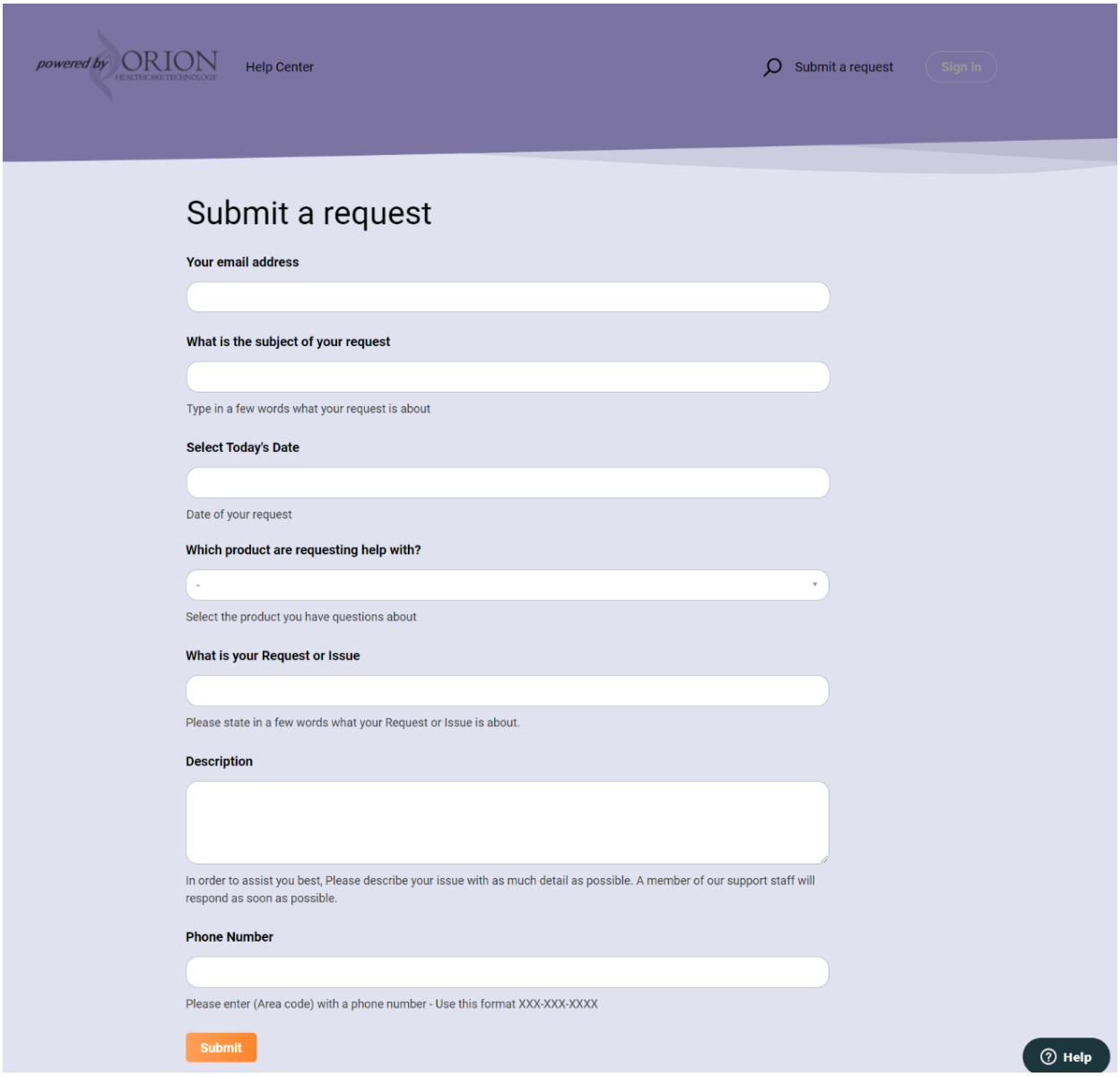


c. To access the CDS Support, click on the link to Web Support**:** Click Here.



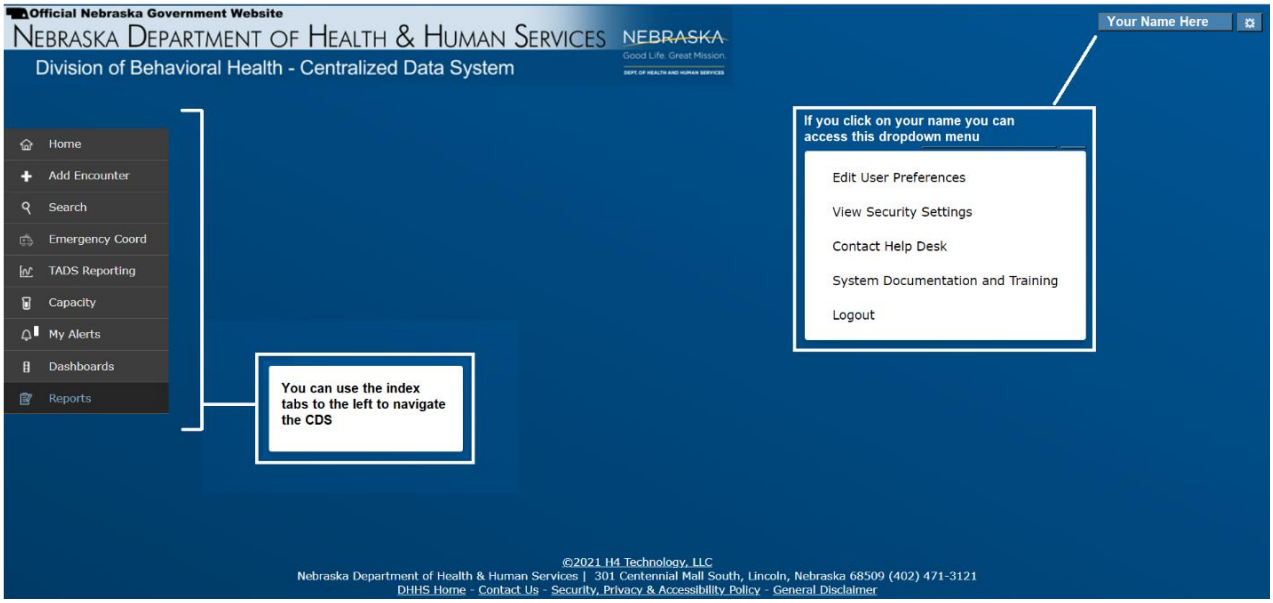
This link will take you the CDS Help Desk (a different web page) with purple header instead of the blue associated with the CDS. This page is powered by Orion.

Please note: This initial contact with the Help Desk from the login page is not HIPAA compliant. When you are submitting information the Help Desk from this option, **do not send protected health information (PHI)**.


powered by ORION HEALTHCARE TECHNOLOGY
Help Center
Submit a request
Sign in
Submit a request
Your email address
What is the subject of your request
Type in a few words what your request is about
Select Today's Date
Date of your request
Which product are requesting help with?
-
Select the product you have questions about
What is your Request or Issue
Please state in a few words what your Request or Issue is about.
Description
In order to assist you best, Please describe your issue with as much detail as possible. A member of our support staff will respond as soon as possible.
Phone Number
Please enter (Area code) with a phone number - Use this format XXX-XXX-XXXX
Submit
Help

Initial Landing Page

This is the general layout of the initial landing page to the CDS:



User ID drop-down menu choices (top right)

Edit User Preferences

Edit user preferences is used to set the default options for what appears on the end user's home page.

View Security Settings

The security settings lists the location and level of security for the named end user.

Contact Help Desk

This link brings up contact information to contact the CDS Help Desk and a form for reporting system issues.

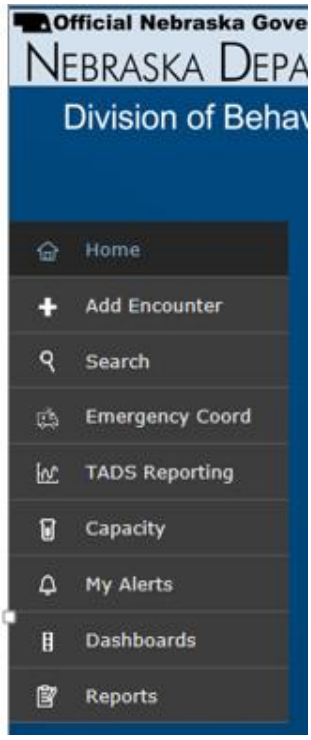
System Documentation and Training

This is an index of training and instructional documents and videos designed to enhance the end user experience on the CDS.

Logout

Selecting this option will end the current CDS session and return to the CDS sign on page.

Left Index Tabs



Most actions within the CDS begin with clicking on one of the Left Index tabs.

Not all Left Index tabs will be available to all end users. The end user's security level will determine which Left Index tabs will be available to them.

The Left Index tabs constitute the major sections of this manual.

Within each of the sections will be subsections that focus on specific activities. For example, working with the Add Encounter section will have subsections on adding, searching, discharging, etc.

Home

This is the first page when the end user signs onto the CDS.

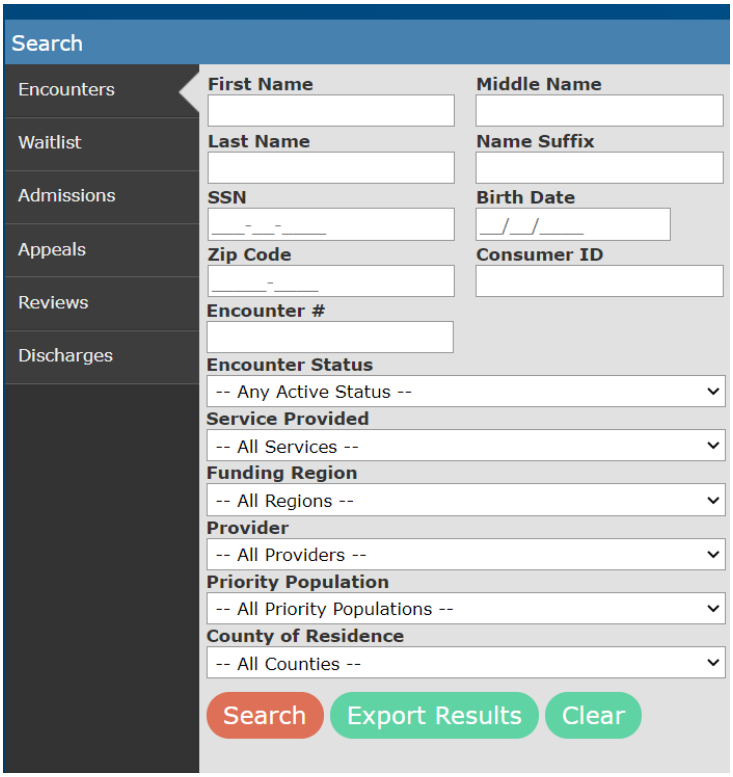
The Home page can be adjusted by using the Edit User Preferences option of the drop-down menu that appears when the end user clicks on their name in the upper right-hand corner.

Add Encounter

This is the largest of the sections. To start a new encounter, click on the Add Encounter Left Index tab.

Search

This Left Index tab opens a variety of search functions within the CDS.



If you are to search by the Encounter Status, please note that the default is to search by *Any Active Status*. If you are uncertain about the status of the encounter, use *Any Status* which would include encounters that are either active or discharged.

Emergency Coordinator

This Left Index tab is intended for use by the Emergency Coordinators of the regions. Important information about activities of the emergency system is entered. These include:

EPCs
Dropped EPCs
IP Commits
OP Commits
OP Warrants
Other Warrants
Holding Time
Continuances
Complaints
Actions

TADS Reporting

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

Capacity

The Capacity Left Index tab opens the CDS Capacity and Utilization Management portal. Agencies/Locations can enter capacity levels of services under contract with the division or regions.

The forms for Capacity and Utilization are expected to be completed weekly by providers. The reports include counts of the previous week's actual utilization.

My Alerts

The My Alerts Left Index tool serves as an indicator to end users to review records. Alerts are sent regarding continued care reviews, continued stay reviews, and appealed authorization action.

Dashboards

The Left Index tab of Dashboards is a self-service data management tool that is available by invitation only to certain end users.

Reports

The Reports Left Index tab is where end users will find a variety of standard or canned reports for different purposes. The reports listed are designed to generate data for review by multiple levels of end users. While several users will have access to some of these reports, they may not be available to all users depending on authorized access and security level.

Chapter 4: Action Buttons

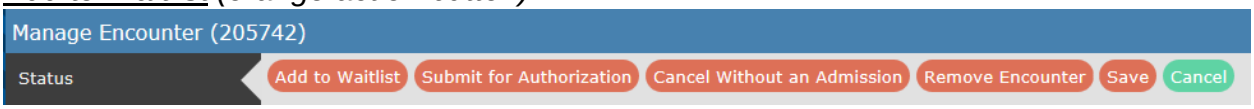
Action Buttons

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

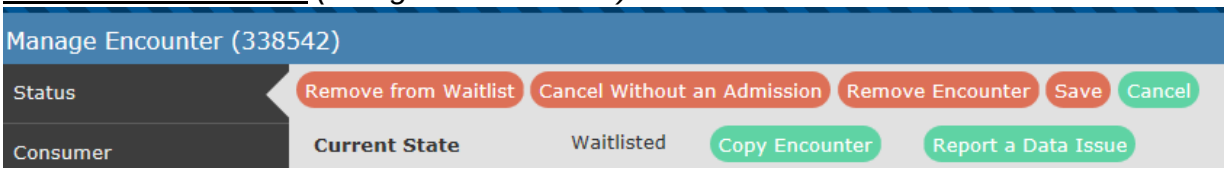
Add to Waitlist and Remove from Waitlist

As the names imply, when working with the waitlist, depending on the need, a user can add a consumer to a waitlist or remove a consumer from a waitlist.

Add to Waitlist *(orange action button)*



Remove from Waitlist *(orange action button)*



Cancel Buttons

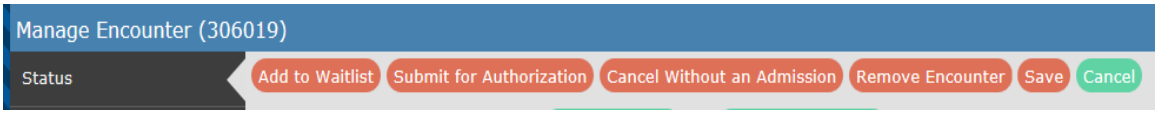
The Centralized Data System (CDS) provides several Cancel buttons for use on Encounters.

Green Cancel buttons appear on the top bar of the window on the status line (*see examples above*) or at the bottom of the window next to another (*see example below with the appeal)*.

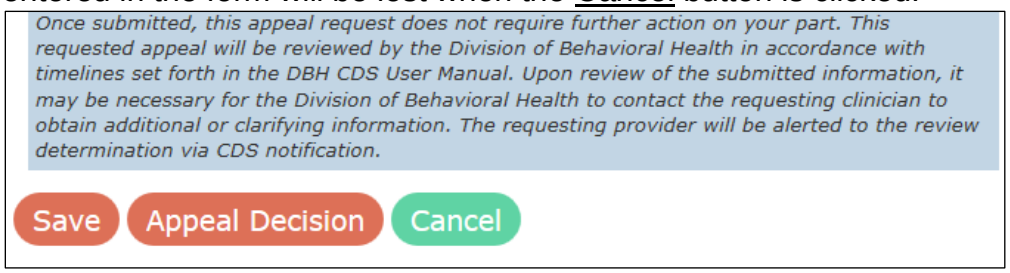
Use the green Cancel button in the same manner as you would closing out a web page when you click on the red X button. This action closes the screen, and similarly, any information not previously saved will be lost. The green Cancel button works the same way throughout the CDS – clicking it cancels the action and returns the user to the previous window.

In the example below, the Cancel button on the bar for the Status tab for a discharge-ready Encounter.

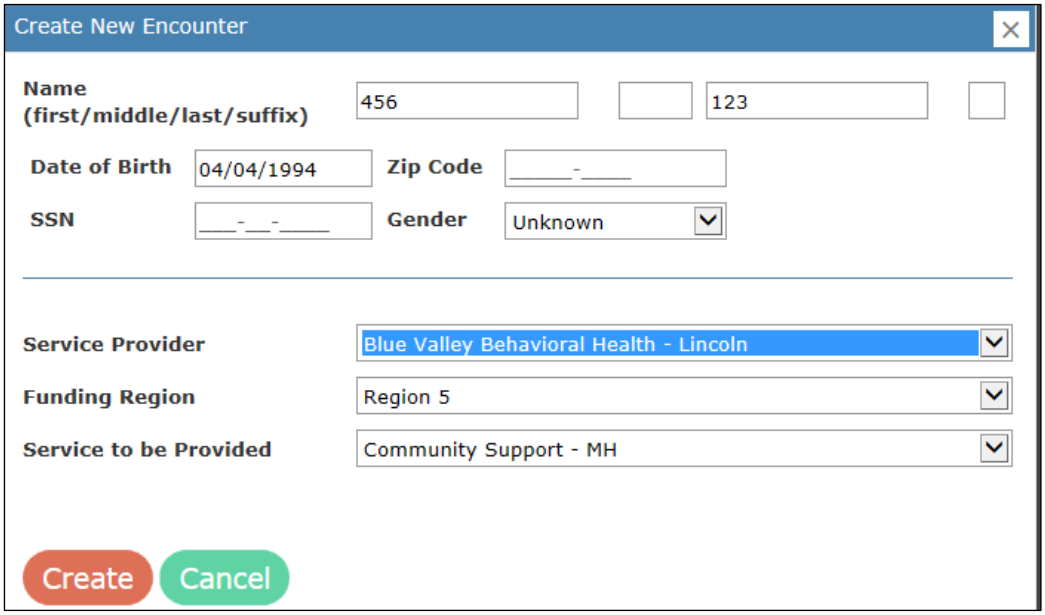
Below is the Cancel button on the Manage Encounter screen of an authorized Encounter. Note, there are buttons to Cancel Without an Admission as well as to Remove Encounter.
Cancel Without an Admission retains the Encounter in the database and includes the Encounter in counts for reporting purposes. The Remove Encounter button retains the Encounter in CDS, but it is not included in any report counts.



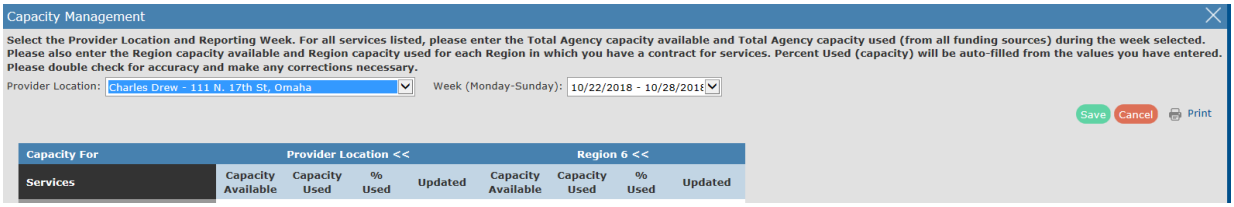
There is a Cancel button at the bottom of the Appeal Decision window. All information entered in the form will be lost when the Cancel button is clicked.



There is also a Cancel button at the bottom of the Create New Encounter window. This will cancel the current selections and return you to the previous screen.

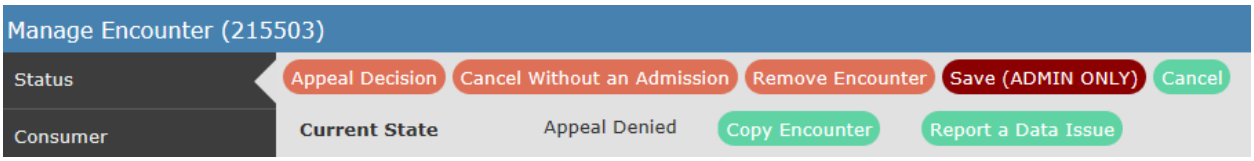


Below, the Cancel button appears on the Capacity Management screen. Hitting the Cancel button returns the user to the previous screen and does not save any of the information entered.


Capacity Management
Select the Provider Location and Reporting Week. For all services listed, please enter the Total Agency capacity available and Total Agency capacity used (from all funding sources) during the week selected. Please also enter the Region capacity available and Region capacity used for each Region in which you have a contract for services. Percent Used (capacity) will be auto-filled from the values you have entered. Please double check for accuracy and make any corrections necessary.
Provider Location: Charles Drew - 111 N. 17th St, Omaha
Week (Monday-Sunday): 10/22/2018 - 10/28/2018
Save
Cancel
Print
Capacity For
Provider Location <<
Region 6 <<
Services
Capacity Available
Capacity Used
% Used
Updated
Capacity Available
Capacity Used
% Used
Updated

Cancel Request

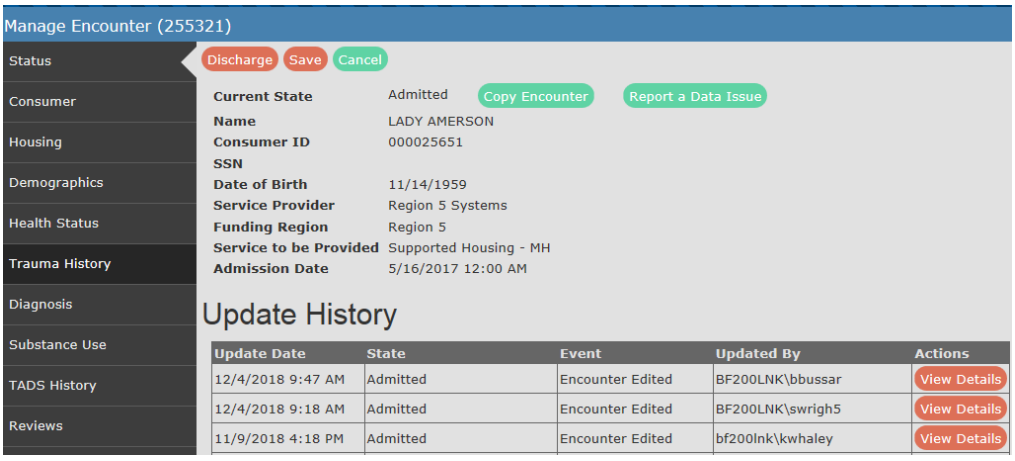
This will completely cancel any request for funding or tracking a service. Once Cancel is confirmed, you cannot add or edit the Encounter. Cancel or Cancel Without an Admission serve as acknowledging the acceptance of a denial during an authorized service request.



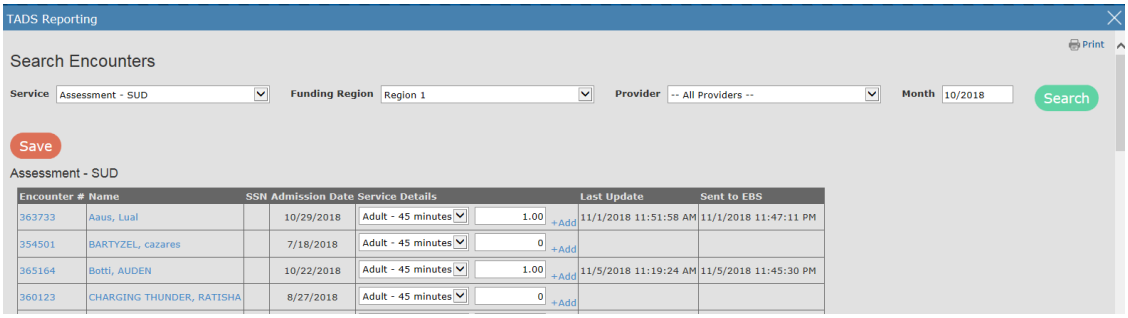
Save Button

The Save button saves the information entered in the window and returns the end user to the previous page or the status history details of the Manage Encounter window.

The Save button might seem hidden as one scrolls down the page, so be sure to scroll up to the top of the page to click on the Save button. The Save button on the Manage Encounter page is a final check to ensure that the end user did not forget to Save on any of the Consumer Index tabs as the end user enters information. Use this button to save the work from all the Consumer Index tabs.

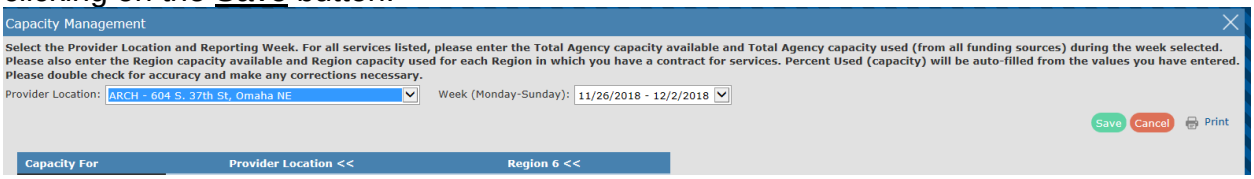


The Save button is also located on the top of the TADS Reporting window. Save completes the action once an end user enters the number of units requested for reimbursement.



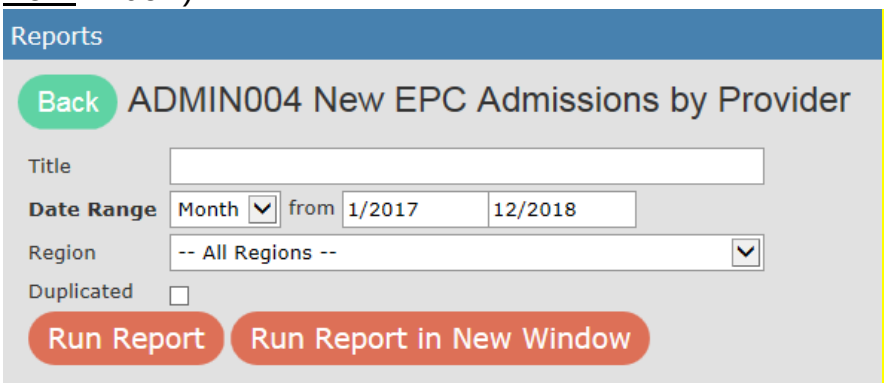
Again, if the list of open records is long, it is necessary to scroll up to the Save button at the top of the service listings.

In the Capacity Management window, the Save button is located near the upper right-hand corner of the window. To complete the data entry, the end user concludes by clicking on the Save button.



Run Report and Run Report in New Window

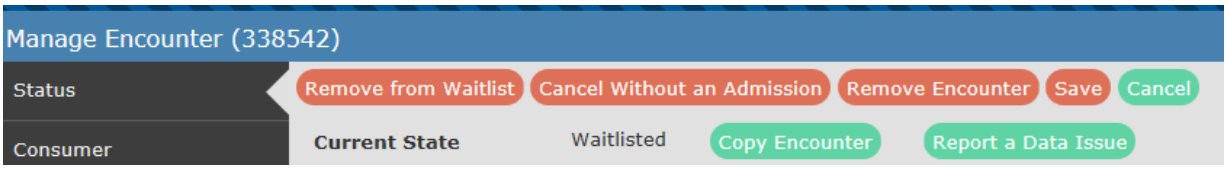
The two buttons used after entering the parameters of a report allow you to display the report in either the current window (Run Report) or in a new window (Run Report in New window).



The Run Report in New window opens a new web browser window and shows the information there. Whether to display in a new window or not is a personal preference. When running multiple reports at once, this can be a nice feature to use, as it allows access to each report generated.

Report a Data Issue

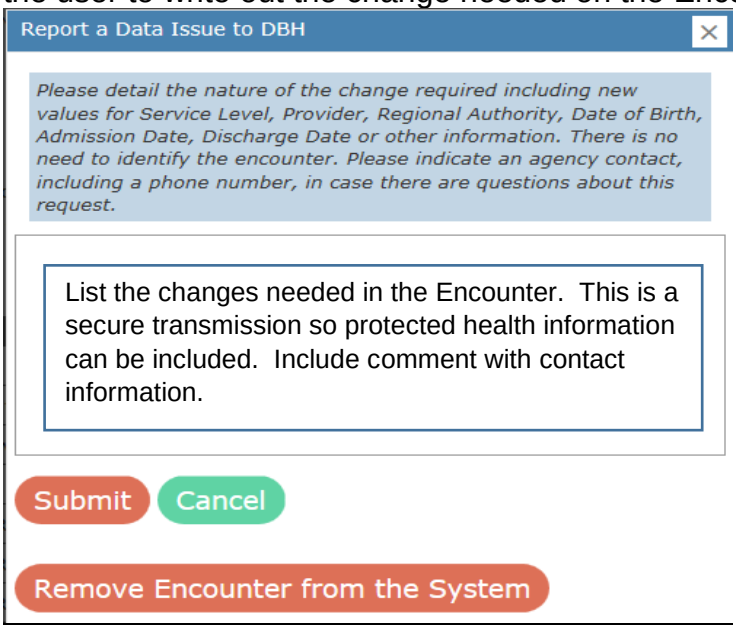
Each Manage Encounter window has two green buttons named Copy Encounter and Report a Data Issue.



Report a Data Issue is used to alert CDS administrators that a change within an Encounter is needed.

- Even when the Encounter is active, there are some variables such as Admission date, Social Security Number, and Consumer Number, that cannot be changed by the end user.
- The user can change most variables for which they supplied the data while the Encounter is in an active status. However, once the Encounter is discharged, the variables are locked, and only a CDS administrator can make changes.
- Use the Report a Data Issue button if changes are needed in these fields.
- The Report a Data Issue button sends a secure e-mail to CDS administrators. Users may include PHI/PII information via this operation, however, it should be noted that the need to include PHI/PII information should be rare because all reported data issues are tracked by the exact Encounter number.
- There is no need to include the Encounter number because it is automatically submitted with the form.

Once the end user clicks the Report a Data Issue button, a pop-up screen appears for the user to write out the change needed on the Encounter.

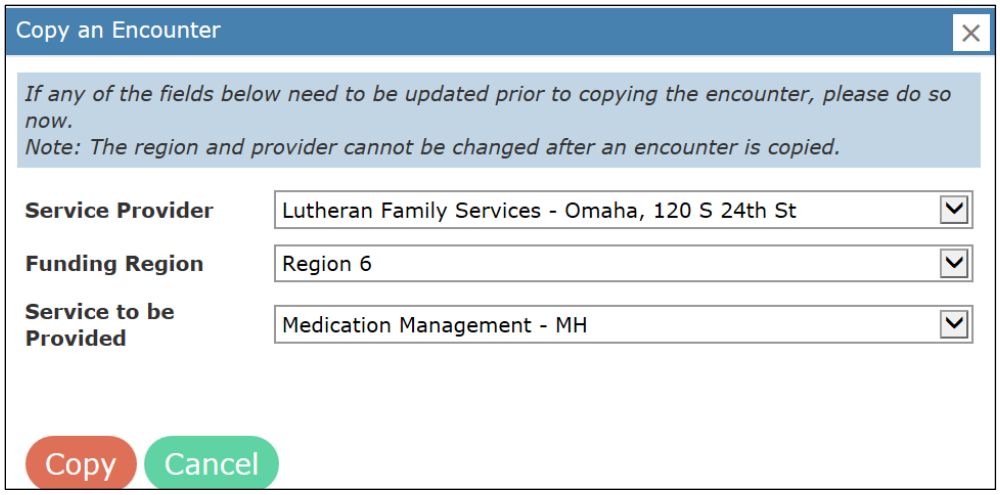


Click the Submit button to send the request to the CDS system administrators.
The Remove Encounter from the System button is also available, and will remove the Encounter, but retain the information of the Encounter. The Encounter will not be counted for the purpose of reports.

Copy Encounter

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

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

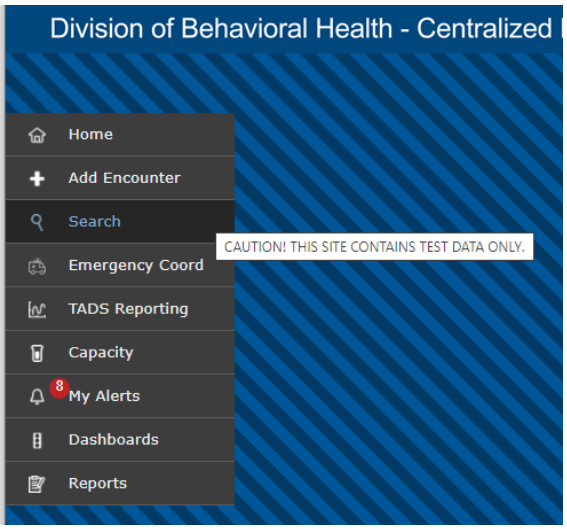


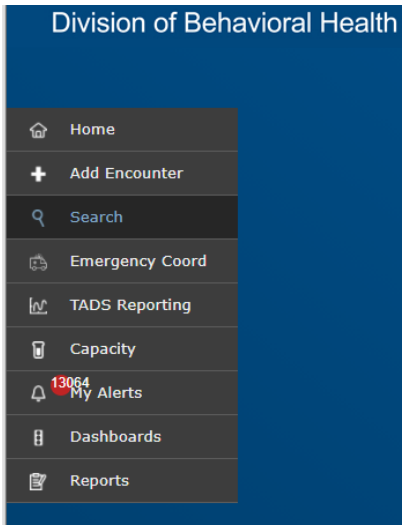
*See also **TADS Reporting** (Chapter 20) for changes that may be necessary to synchronize between the EBS and CDS.*

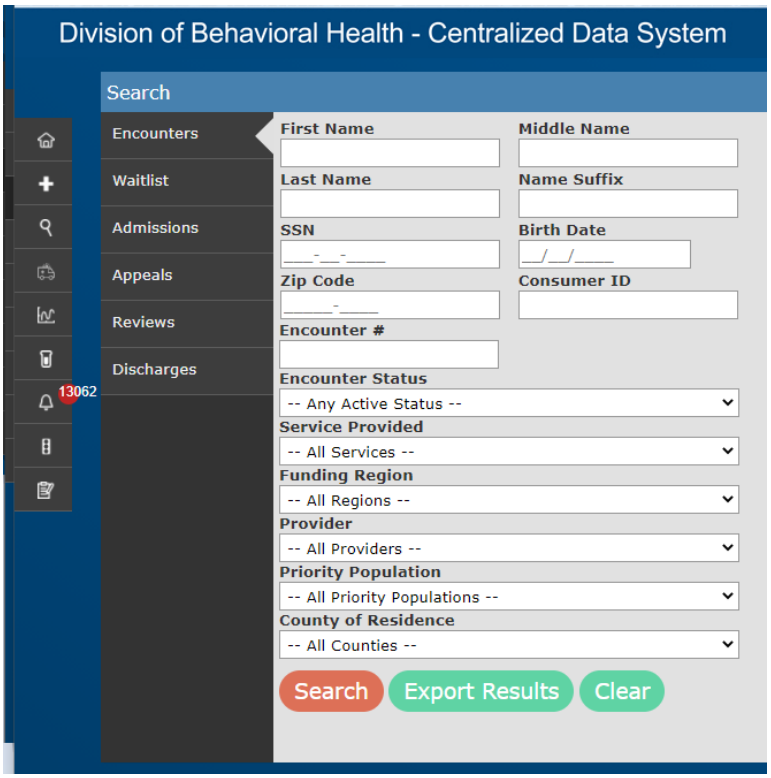
Chapter 5: Search

Using Centralized Data System Search Function

The left index tabs on the Home page offer several functions to users, including a Search function. To begin, use the Search function by selecting the Search tab on the left Index tabs.







When you click the Search button on the primary left index tab, the Search window opens, and a new index menu appears.

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

Search Encounters

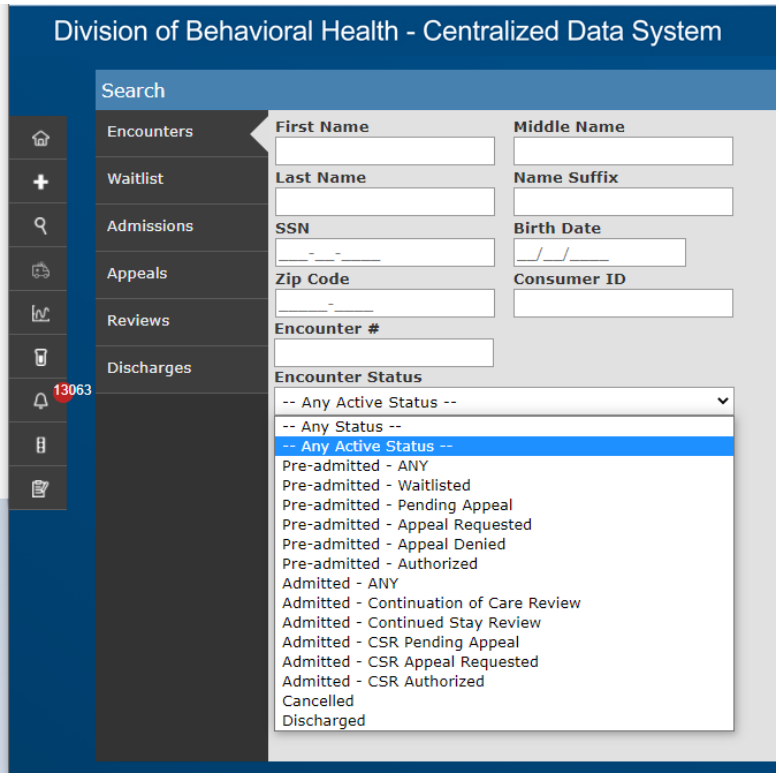
In CDS, any variable on the Search function window can be used to create parameters for a search. For instance, you could look for all people with a specific first or last name. The results shown are limited by the permissions granted to each user.

The more information the end user enters, the more specific the results will be. If the user enters an SSN, all records for that SSN will be shown. The search function will work the same for any of the other consumer parameters.

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

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

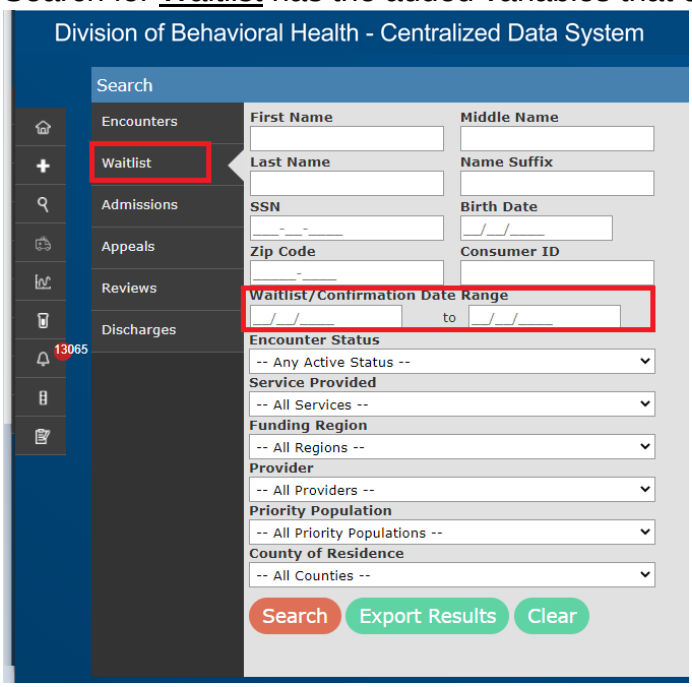
Here are the drop-down choices for Encounter Status:



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

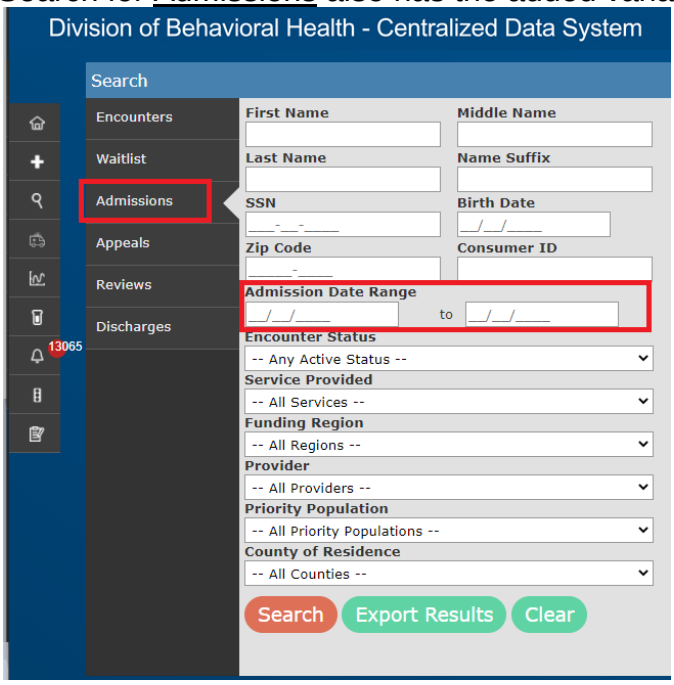
Search Waitlist

Search for Waitlist has the added variables that create a date or date range.



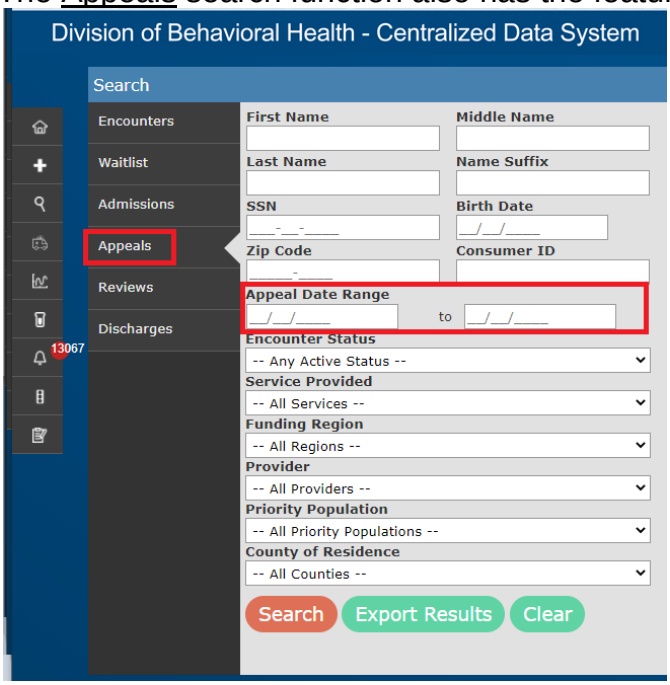
Search Admissions

Search for Admissions also has the added variables that create a date or date range.



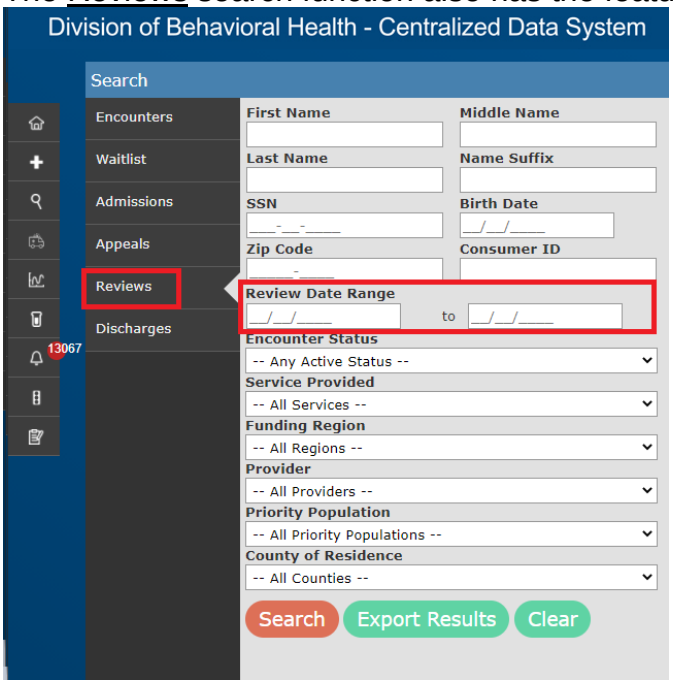
Search Appeals

The Appeals search function also has the feature of inserting a date or date range.



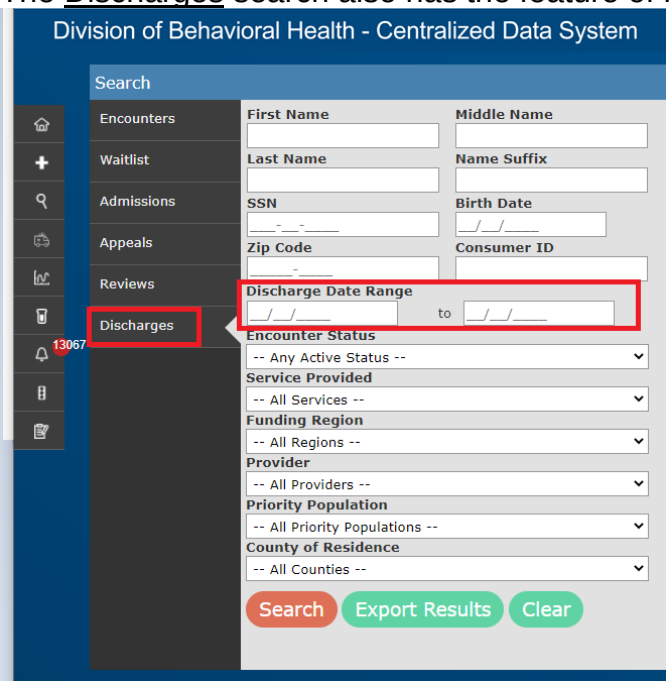
Search Reviews

The Reviews search function also has the feature of inserting a date or date range.



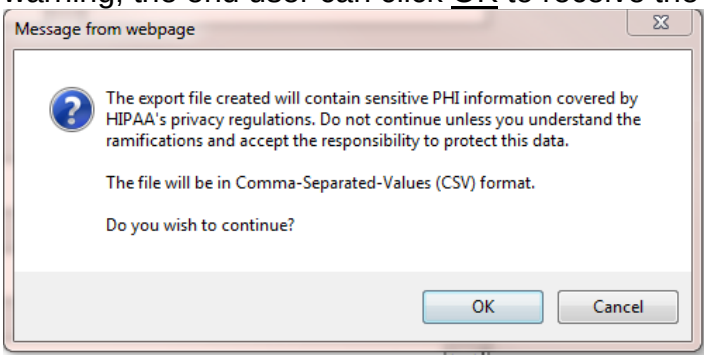
Search Discharges

The Discharges search also has the feature of inserting a date or date range.



Export Results

The green Export Results button will create a CSV export file in a popup window. A warning message regarding the creation of the CSV will display. After reading the warning, the end user can click OK to receive the export file in a pop-up window.



The pop-up window may also be displayed at the bottom of the CDS window and look like the example below. Click Open to open the file, or, click Save to place the file in another location for further review.

Chapter 6: Create an Encounter

Create an Encounter

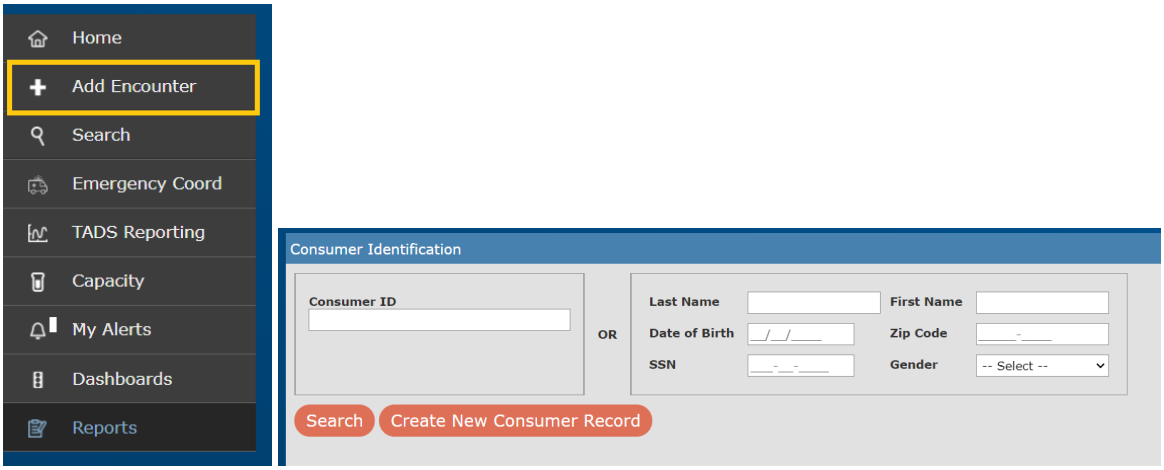
An **Encounter** is a record in the CDS for an episode of care relating to a particular treatment or service for a particular Consumer. This record includes information from admission to discharge, updates between, and follow-ups thereafter.

Creating an encounter is the first step toward tracking a Consumer's progress within any DBH-funded service in CDS.

Encounter ID

A system-generated unique identifier, called an Encounter ID, is assigned each time a user creates an episode of care via an Encounter for a specific Consumer, Region, Provider, and Service. A Consumer will have a unique Encounter ID for each episode of care. This means each Consumer can potentially have more than one Encounter ID.

Information entered into the CDS is intended for persons who are receiving (or are anticipated to receive) treatments/services for mental health or substance use disorder and such services are funded with regional/state behavioral health funds within Nebraska.



New Encounter Screens

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

To create a new encounter, click on the Add Encounter tab found in the Left Index tabs on the CDS Home page.

Establish the Consumer's identification in the pop-up window. The data elements listed are what the system uses to uniquely recognize each consumer in the CDS.

Enter the Consumer ID (person has a known unique identifier in the CDS)
OR
Enter as much of the identifying information you have: Name, Date of Birth, Zip Code, Social Security Number, and Gender

Click Search OR Create New Consumer Record if you are sure the person does not already have a Consumer ID.

Consumer ID

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

On the Add Encounter screen, if you do not know the Consumer ID, please leave this variable blank. CDS will either locate a previously established Consumer ID or create a new one where one does not already exist, based on the information the user provides and existing records in CDS.

Please note: a person should have one **Consumer ID** but may have one or more associated **Encounter IDs,** depending on the number of treatments/services.

Master Patient Index (MPI).

CDS uses a **Master Patient Index (MPI)** to link across Behavioral Health agencies and regions. Because each user can see only the information for which they have permission, users may not know that an individual is already in the system. Carefully enter as much information as you can verify based on documentation made available to you by the consumer.

The MPI links encounters for an individual, using common identifying information such as last name, date of birth, first name, Social Security Number, zip code of residence, gender, etc. This system works by looking at the commonality of data entered and associating it with files across the state. For example, the same person could have different spelling/versions of their name and have moved around: *Charles Husker* in Region 1 can be linked with Chuck Husker in Region 6, or Charlie Husker in Region 3.

Last Name, First Name and Date of Birth are required fields. As much information as the user has available should be placed into each variable, thus reducing the chance for a missed association with a Consumer ID. When last name, date of birth and first name are the same for separate encounters, there is a high certainty of an appropriate match. Social Security Number then adds to the certainty in a match/link. Notably,

certainty diminishes with each missing element. The result of the MPI is the Consumer ID located on the Manage Encounter page.

> Considering the explanation above, please note how critical and important it is for everyone to take great care in entering data into CDS. The quality of the data in the CDS is very much dependent on those who enter information. Providers are encouraged to use government-issued documents with identifying information (i.e., state ID card, driver licenses, Medicaid or Social Security cards, etc.) to verify information *prior* to entry into CDS.

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

Last Name (REQUIRED)

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

First Name (REQUIRED)

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

Date of Birth (REQUIRED)

- Describes the date of birth of the consumer.
- If a birthdate is entered, and the system determines the consumer is a youth, there are fields about school attendance in the demographics tab that need to be completed.
- If you do not have the date of birth, every effort should be made to obtain the information using copies of official documentation. If a consumer is not able to provide such documentation, estimate their age using 01/01/CCYY is an alternative. Even establishing a month (MM) and year of birth (CCYY) using MM/01/CCYY would assist in the system in identifying the consumer. If you are not able to estimate any information, *then please leave the entry blank.*
- Because reimbursement occurs on a monthly schedule, emergency and registered service providers might delay data entry while waiting for identifying information.
- Additionally, authorized services require full information or alternative means before an authorization is given.

(Birthdate format is MM/DD/YYCC where MM=Month, DD=Day, CC=Century, YY=Year, each in 2-digit format.)

SSN (PREFERRED)

- The Social Security Number (SSN) is used to verify information and to uniquely identify individuals within CDS.
- The use of single digits is not permitted. For instance, entering all 9's, 6's etc. Also, sequential numbers (i.e., 1234) or any other schema other than the consumer's actual SSN should be rejected. **Please do not make up or use made up SSN's.**
- If you do not have the SSN, *please leave the entry blank*.

Zip Code (optional)

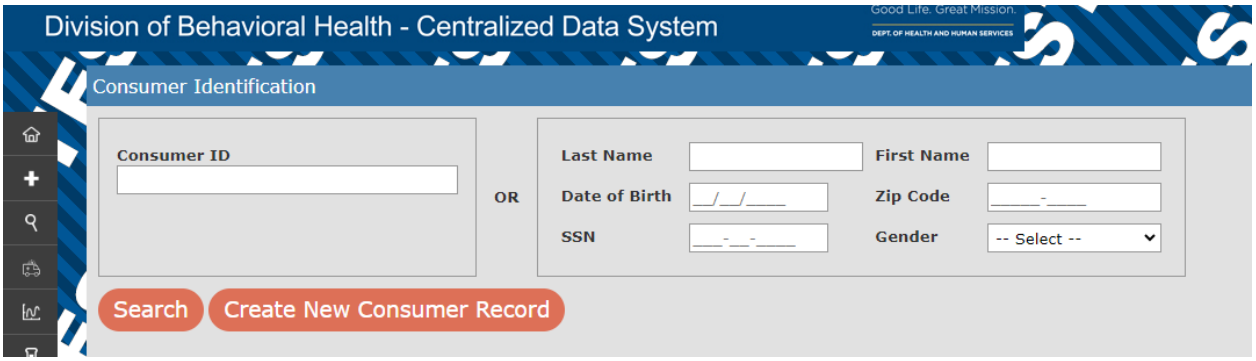
- Enter the consumer's home zip code.
- If not available, leave blank.

Gender (optional)

- Enter the consumer's gender.
- If not available, select Unknown.

Search or Create New Consumer Record

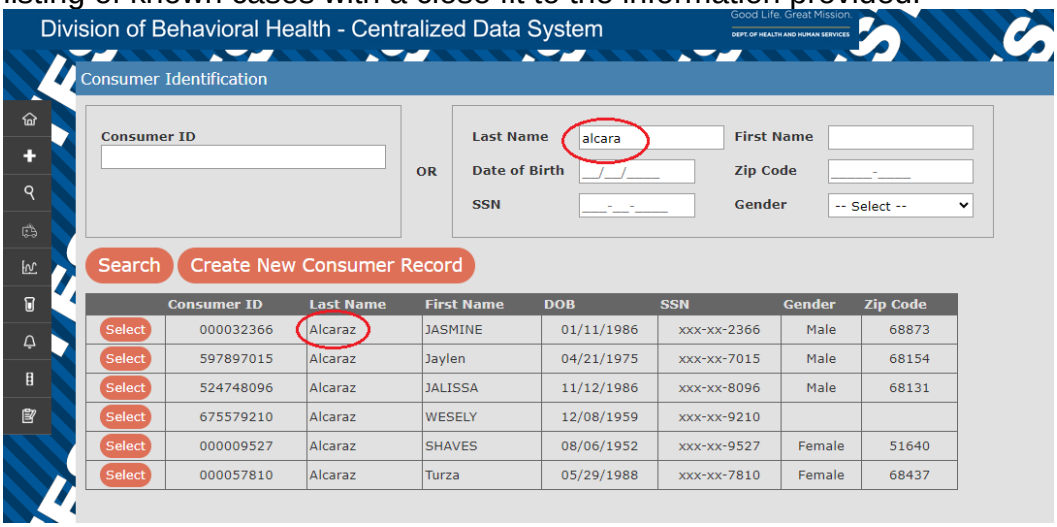
The first step will be for the user to enter the Consumer ID OR Consumer information (First Name, Last Name, Date of Birth, SSN, Zip Code, and Gender).



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

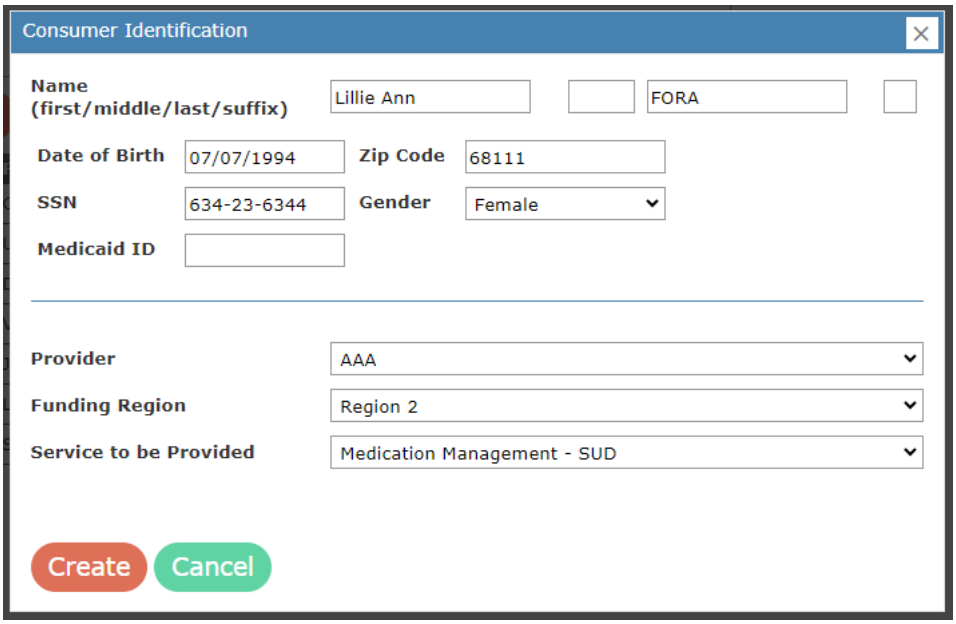
Click on Search if you want to search for the consumer using available data.
The search will be conducted based on user permissions. Clicking Search brings up a listing of known cases with a close fit to the information provided.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

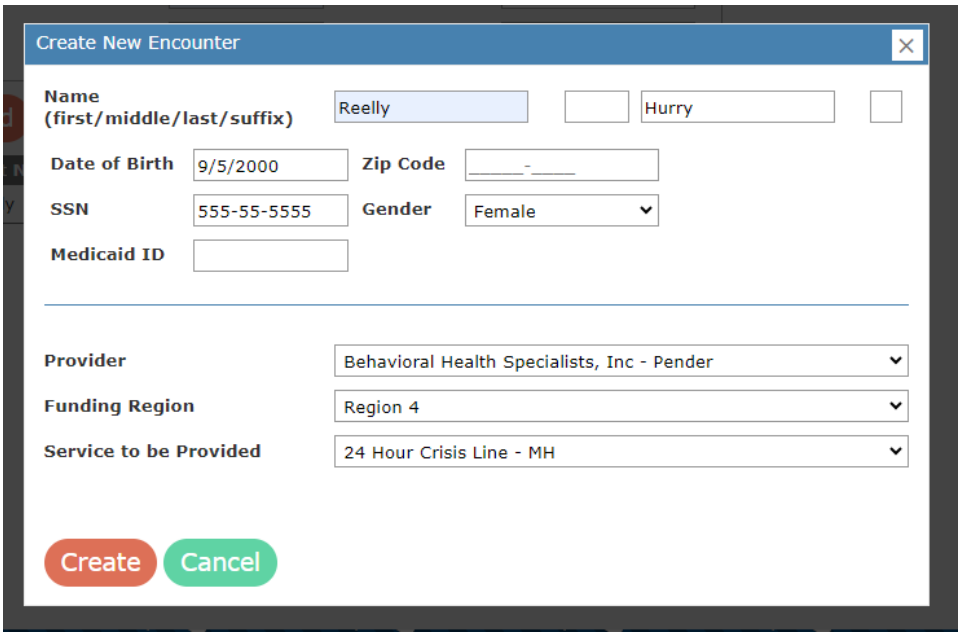
The user will click Select for the appropriate consumer listed OR click on Create New Consumer Record if the list does not generate an appropriate match.

If you click on Search and then Select the appropriate consumer from the options, the Consumer Identification screen, will appear.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

If you click on Create New Consumer Record, the Create New Encounter pop-up screen called will appear.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Please note: CDS expects the following data elements to create an Encounter, no matter which way you initiated it. To create an Encounter, you must first select the Provider, Funding Region, and Service to be Provided.

Consumer

A **Consumer** is a person who is admitted or put on a waitlist to receive a particular service/treatment.

Provider (REQUIRED)

This is the entity (and service location) that is delivering the service/treatment for the person (consumer). The list of options in the drop-down menu for Provider is location specific.

By choosing the Service Provider (and the specific service location), the user is instructing the system to query the contracts for this location. If the user does not see a specific service provider in the Provider drop-down menu (i.e., a different location within the user's agency), the user must contact the **agency super user** to get their permissions edited, or to determine next steps to discover why the location is missing.

Funding Region (REQUIRED)

Funding Region is an indication of which contract will be utilized for the encounter. In other words, the Funding Region responsible for associated costs.

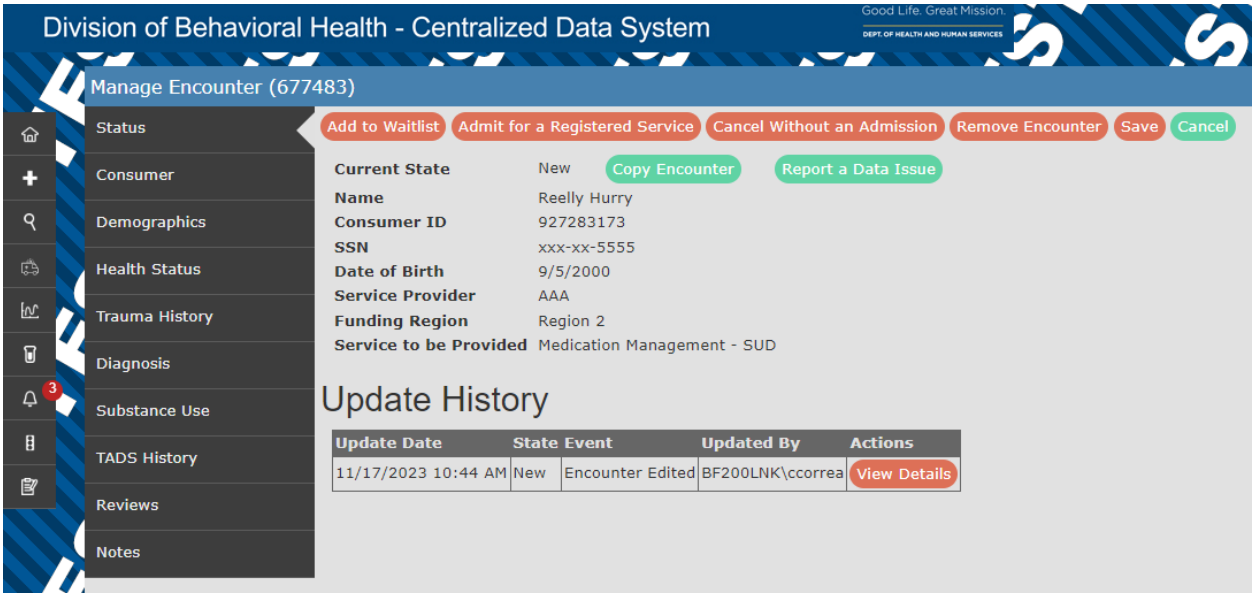
Service to be Provided (REQUIRED)

This field is to indicate exactly which service to which the user is trying to admit a consumer. The options available in the drop-down menu are specific to the Provider. The service selected indicates what CDS will track for the consumer in this encounter.

Create/Cancel

If the user clicks the green **Cancel** button, they will be taken back to the previous window for Consumer Identification.

If the user clicks the red **Create** button after all three required data elements are populated, the user will be shown the **Manage Encounter** window.



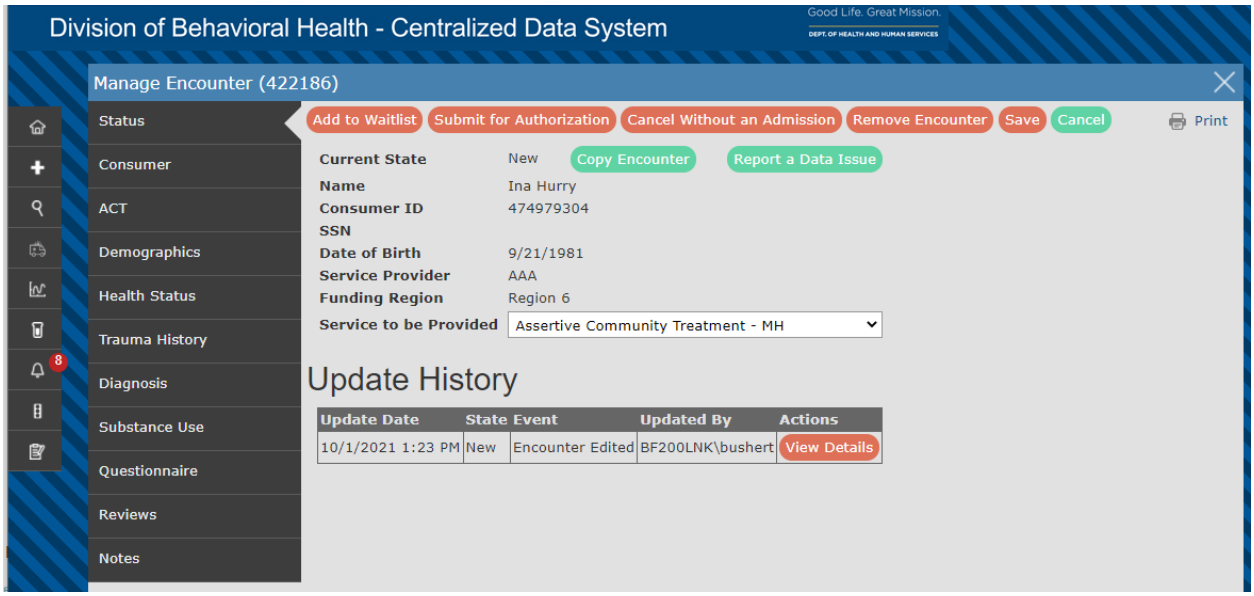
Chapter 7: Manage Encounter

Manage Encounter Window

Once an encounter is created, the system defaults back to the Manage Encounter window with the Status tab opened.

Layout

- *Action Buttons* (horizontal - orange or green buttons)
- *Left Index Tabs* (vertical, black with white font tabs, from Status to Notes)
- *Window* (grey area with action buttons, prepopulated information, and specific places to input data or select options from dropdown menus)



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Action Buttons

Orange or green Action Buttons are also described in Chapter 4 in this manual. The Action Buttons names and available actions visible in the Manage Encounter window depend on the service and associated tab that is open.

Status (Top-Left Index Tab)

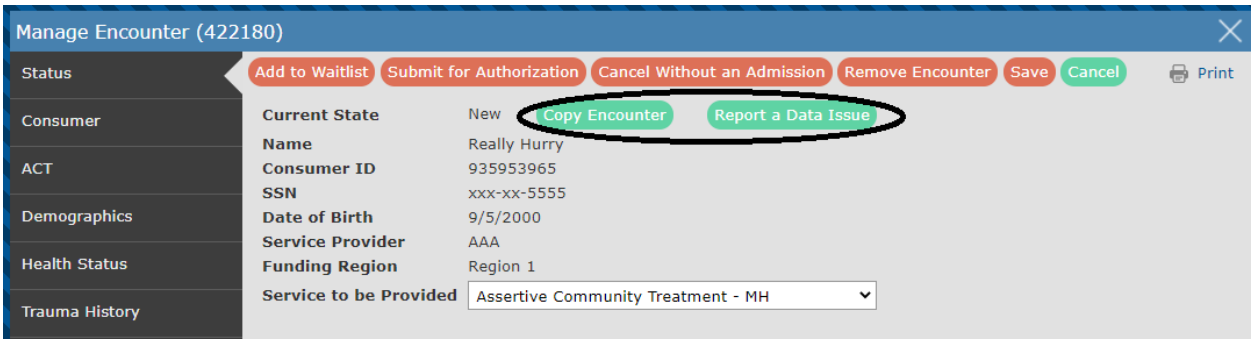
The Status Tab in the example above shows the appropriate Action Buttons in the top row. The exact buttons displayed are dependent on the Encounter Service.

State

This is a brief statement of current and previous common states of the encounter within the service flow of CDS. These states include:

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

The Status Tab can contain two additional green action buttons: Copy Encounter and Report a Data Issue.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Copy Encounter

Makes a copy of an encounter. A new encounter number is assigned, and the user can change the Provider, Funding Region, and Service to be Provided.

Report a Data Issue

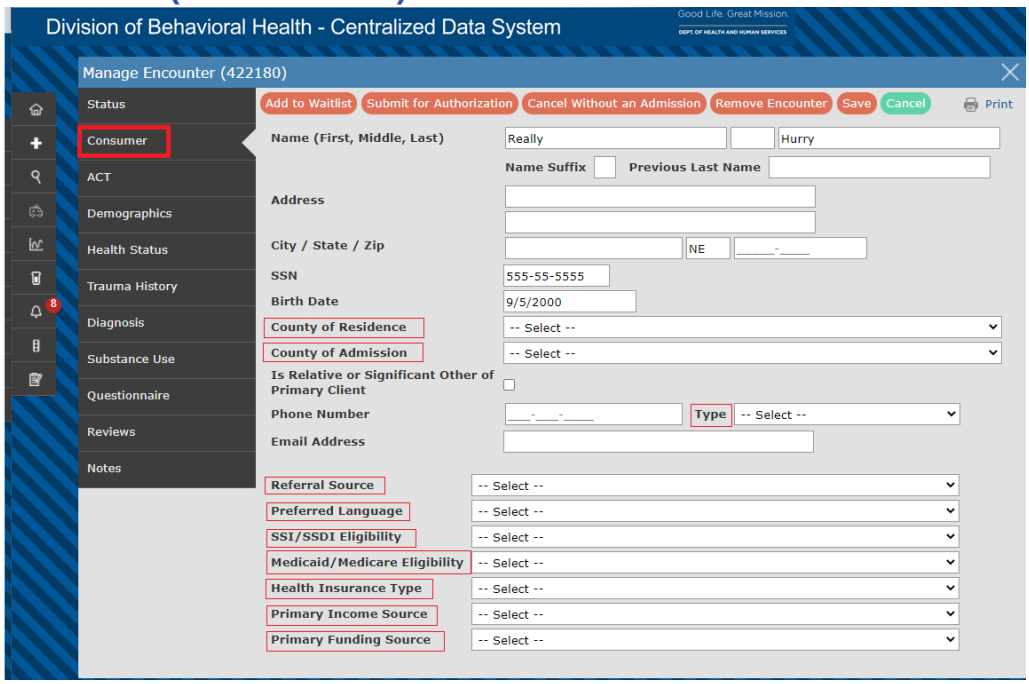
This is a secure method to report needed changes to records and/or data elements that cannot be changed by the user.

Update History

This table will show the date of any action on the encounter. Any time a Save is performed, the table is updated. Elements of the table include:

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

Consumer (Left Index Tab)



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

In the window for the Consumer tab, the information requested are PHI, please take every precaution to protect your screen from unauthorized persons.

Enter the relevant information in the textboxes, checkboxes, and select from the dropdown options for those shown with the red boxes in the image above.

Address information is important. Enter the most recent and accurate address information for the consumer. This field should always be kept current. Therefore, if this field is auto populated because the consumer is not new to the system, be sure to check with the consumer if the address information is still correct.

Dropdown Options:

Counties

There are 93 counties in NebraskaCounties are listed in alphabetical order. Please note that a consumer's County of Residence may be different from the County of Admission.

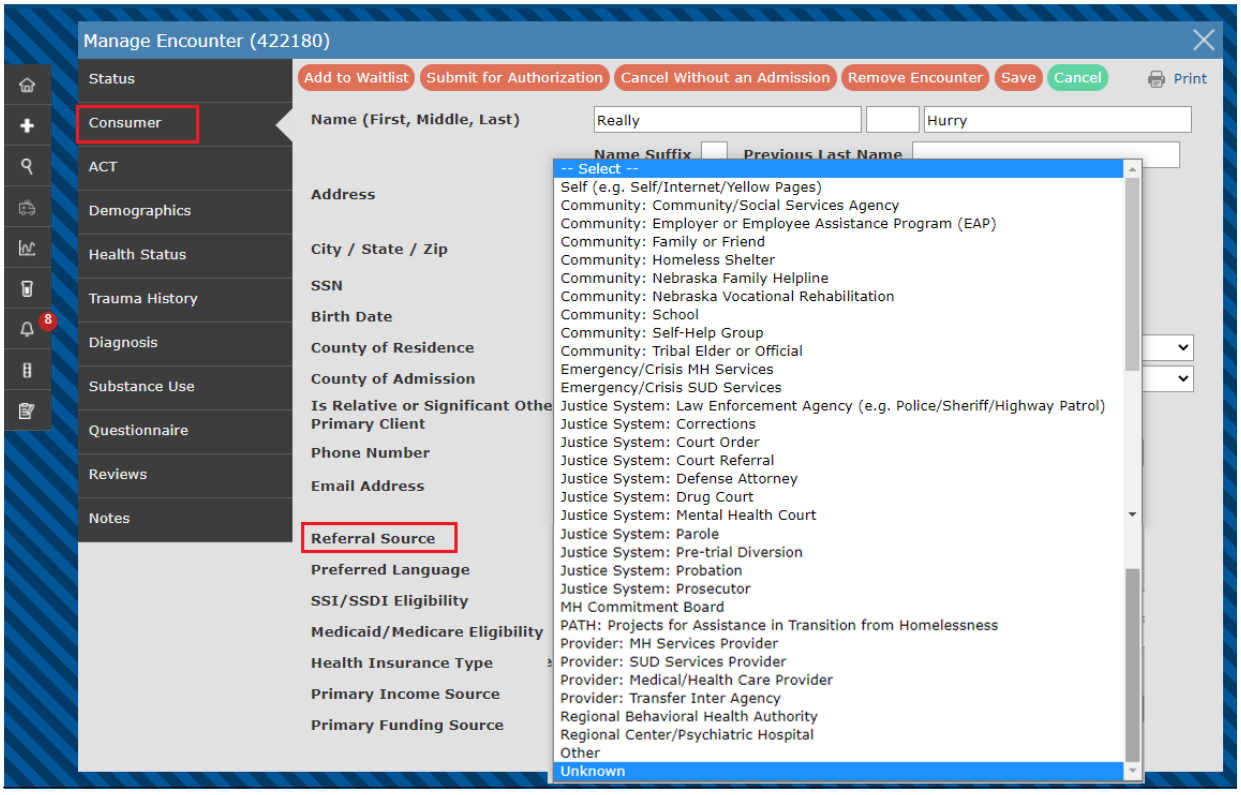
Phone Number and Type

Phone Number – If a consumer has a phone number where they can be reached consistently (not the Library or a Café they might visit), then please enter that number and indicate the type from the dropdown options.

If a consumer does not have a phone number, skip the Phone Number box and indicate “No Phone” in the dropdowns for Type. If it is unknown whether the consumer has a phone, select “Unknown” for Type.

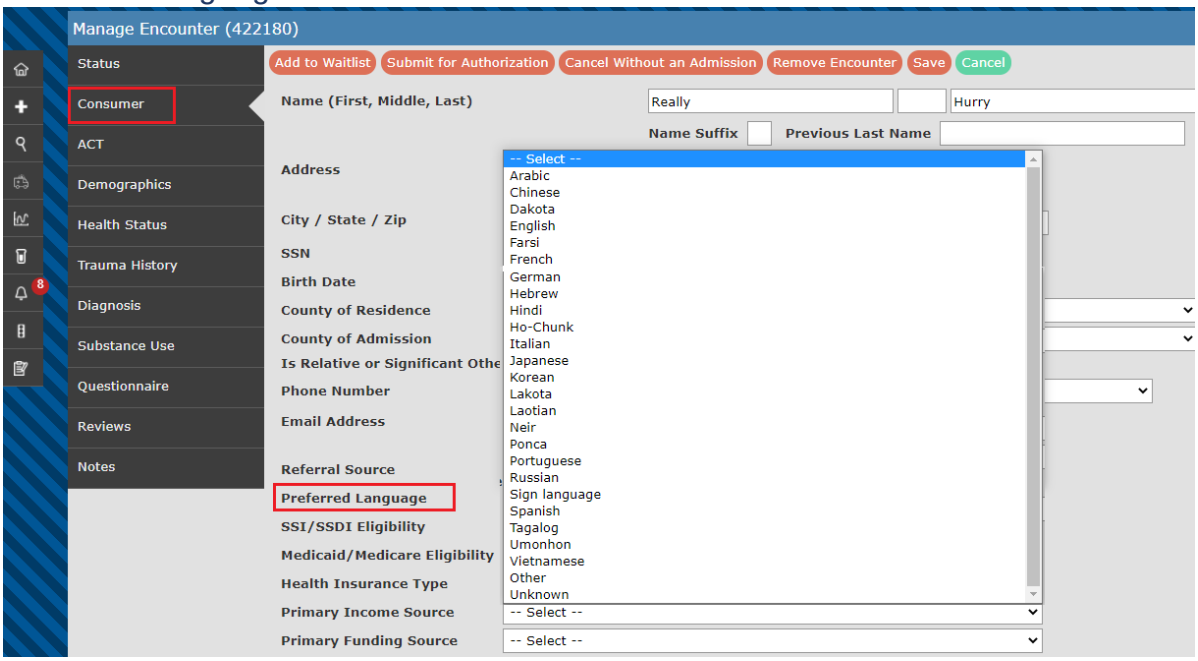
Referral Source

This tab has vital information that are tracked for State and Federal reports.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

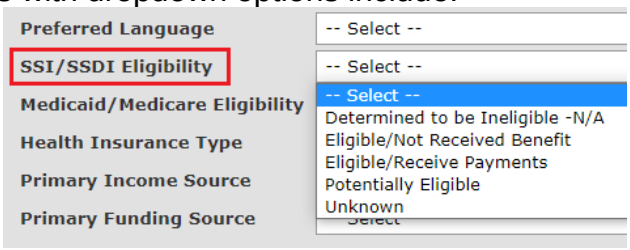
Preferred Language



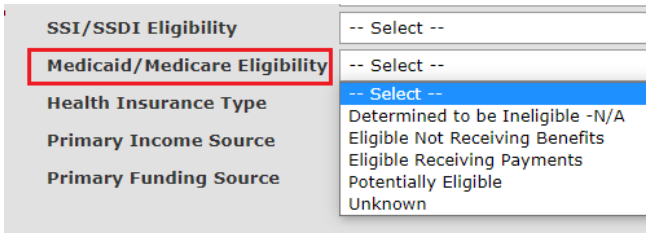
Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

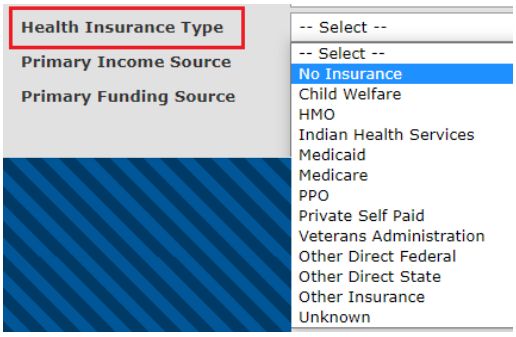
Other relevant fields with dropdown options include:

SSI/SSDI Eligibility



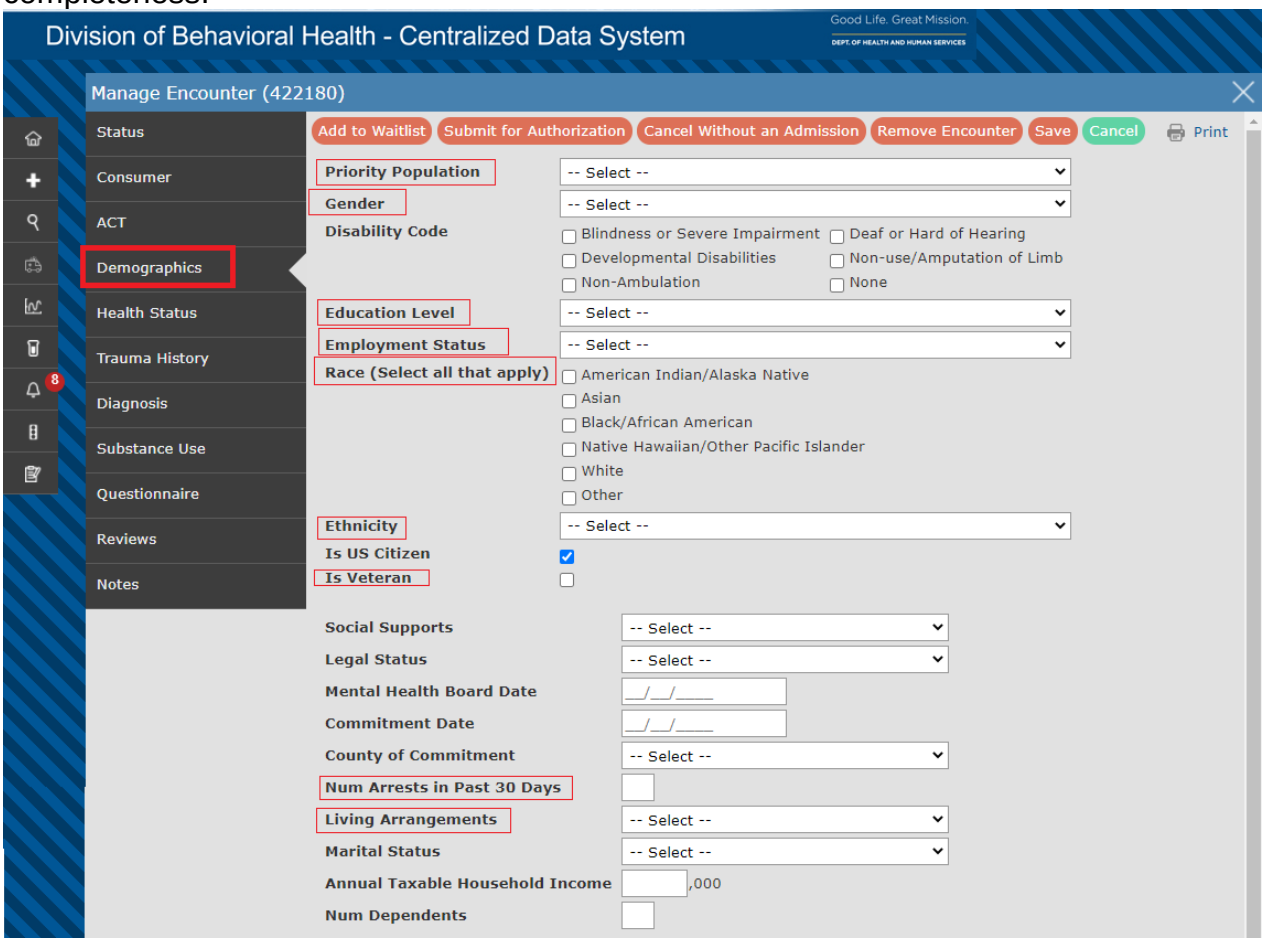
Medicaid/Medicare Eligibility



Health Insurance 

Demographics (Left Index Tab)

The Demographics tab has vital information that are tracked for State and Federal reports and all fields or variables require attention to details for accuracy and completeness.



Please note: This example was created in the CDS Test Site. This example does not contain any genuine PHI.

The following are data associated with National Outcome Measures (NOMs) and nationally tracked statistics used in both State and Federal reporting. Please remember to make your best efforts into collecting this important information.

Priority Population
Disability (checkboxes)
Gender
Education Level
Employment Status
Race (checkboxes)
Ethnicity
Veteran Status (checkbox)

Legal Status (including MHB Status and Arrests)
Living Arrangements

MH Priority Groups: 1st – MHB Discharged from Regional Center, 2nd – MHB Inpatient Commitment, 3rd – MHB Outpatient Commitment
SUD Priority Groups: 1st – Pregnant IV Drug User, 2nd – Pregnant Drug User, 3rd – IV Drug User, 4th – Woman with Dependent Children

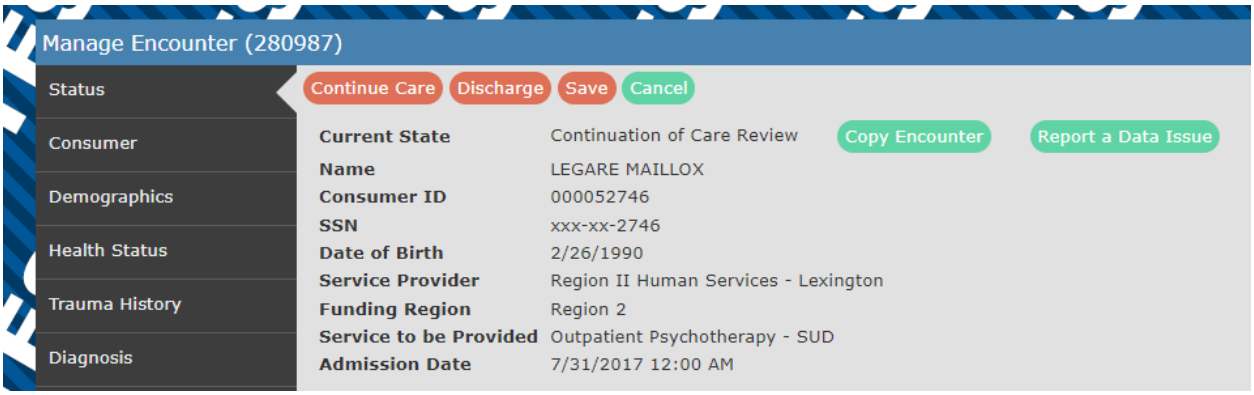
Chapter 8: Edit Encounter

Editing the Encounter

Prior to discharge, the user can change some information for an encounter without having to use Report a Data Issue. However, the user will have to use Report a Data Issue if they want to change the below fields:

- Admission Date
- Social Security Number
- Date of Birth

All other data elements are under the control of the user until Discharge.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Once discharged, an encounter is locked, and any changes require the user to select the green Report a Data Issue button. The Report a Data Issue button is located on the Manage Encounter window on the same row as Current State.

Chapter 9: Add or Remove from Waitlist

Waitlist Overview

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

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

Purpose of Treatment Waitlist Management

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

Waitlist management involves data collection to help identify specific categories of consumers meeting specific priorities while waiting for treatment, and it identifies available network treatment services/facilities for these consumers.

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

Services Requiring Use of Waitlist

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

MENTAL HEALTH SERVICES

ACT (Assertive Community Treatment – MH)
Community Support – MH
Day Treatment – MH
Mental Health Respite – MH

Professional Partner – MH
Psychiatric Residential Rehabilitation – MH
Secure Residential – MH
Supported Employment – MH
Supported Housing – MH **

SUBSTANCE USE DISORDER SERVICES

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

DUAL DISORDER SERVICES

Dual Disorder Residential – MH
Dual Disorder Residential – SUD

Please note that special instructions for Supported Housing are contained elsewhere within the **CDS System Documentation and Training section of the CDS.

Adding a Consumer to the Waitlist

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

Create the Encounter

You start by creating an encounter (see Chapter 6).

Consumer Protected Health Information (PHI)

Consumer PHI: DBH and Regions must gather information on all consumers ***waiting for admission*** to the services listed above, regardless of payer. This information is protected by HIPAA, and PHI will never be released to any other party.

Funding Source with Release of Information File

For DBH-funded Consumers and/or Consumers with Alternative Funding and a Release of Information on File, select Add Encounter and enter as much as possible of the following consumer information: Consumer first and last name, date of birth (DOB), Social Security Number (SSN). If any of these are not known, leave the field blank.

Click Search.

- If the search results in a match, the screen will show a list of consumers in the system from your office or agency that meet your search criteria. Click Select beside the appropriate consumer encounter. The Create New Encounter screen will pop up with some of the fields already completed. Change Provider Location, Region, and/or Service dropdown fields as appropriate, then click Create to initiate a new encounter.
- Remember, creating an encounter does not admit the consumer to service. It simply allows the provider to add the consumer to the agency's waitlist.
- If there is no match, and the consumer is funded in whole or part by DBH or a release of information has been obtained, click Create New Patient Record and finish completing the encounter fields for Provider Location, Region, and Service to be provided.

For Consumers Not Funded by DBH and No Release of Information on File

If the consumer will not be funded by DBH/Regions, you may choose to create an alternative identifier using the following instructions:

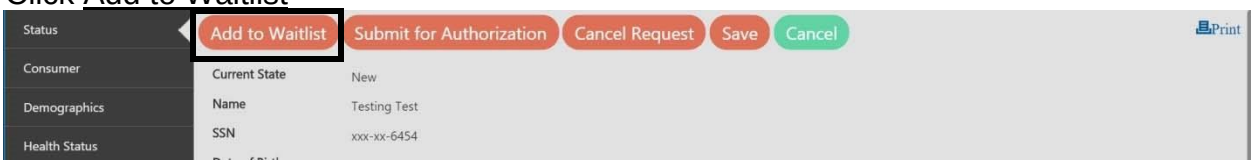
- First name – place four x's (XXXX).
- Last name – place four x's followed by "f" if female, "m" if male, or "u" unknown. (XXXXf, XXXXm, XXXXu)
- Date of Birth – enter Waitlist/Service Confirmation month and day with consumer birth year (if 90 or older use "1901" for year).
- SSN, Zip Code and Gender – can be left blank.

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

After completing, you will be able to add the consumer to the waitlist.

Remember to always click on Save before moving on to other encounters or exiting the CDS system, so you don't lose data entered.

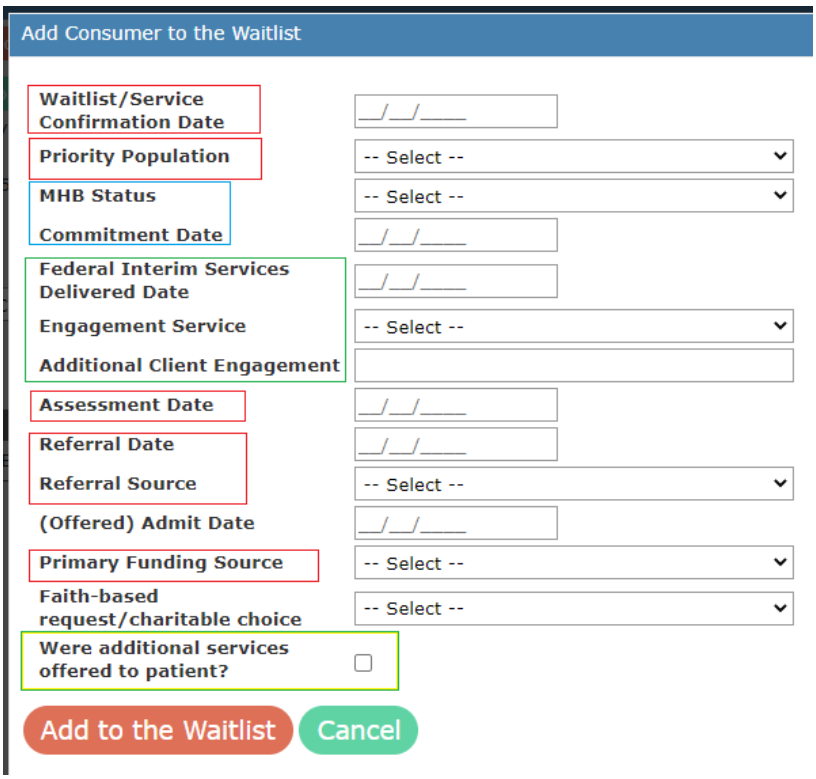
Click Add to Waitlist



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

This will result in a pop-up window titled Add Consumer to the Waitlist.

Waitlist Information Window



Waitlist/Service Confirmation Date

It is important to input this data, it is tracked for both State and Federal reporting purposes.

A Waitlist/Service Confirmation Date should be entered AFTER these three events:

1. The necessary assessments for a service have taken place.
2. The appropriateness of service has been established.
3. The consumer has directly stated the intent to be admitted for the service.

The Waitlist/Service Confirmation Date is used to measure wait times across services and providers. This is the date in which wait time for service entry begins (***waitlist*** = *prior to admission*), OR, if no wait was needed, this is the date in which service appropriateness was confirmed (***service confirmation*** = *can be the same date as admission date*).

For a consumer to be considered as *Waiting for Service* or *on the Waitlist*, providers must enter the Waitlist/Service Confirmation Date.

Incarcerated Persons (IMPORTANT)

- If the consumer is incarcerated, the provider must also ensure that the consumer's expected release date is within two weeks before entering a Waitlist/Service Confirmation Date.
- If an incarcerated consumer's release date is more than 2 weeks in the future OR the release date is not known, enter the date the consumer was referred for service in the Referral Date field.

Complete other date fields as applicable:

Priority Population

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

MH Priority Populations (ranked from highest priority)

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

SUD Priority Populations (ranked from highest priority)

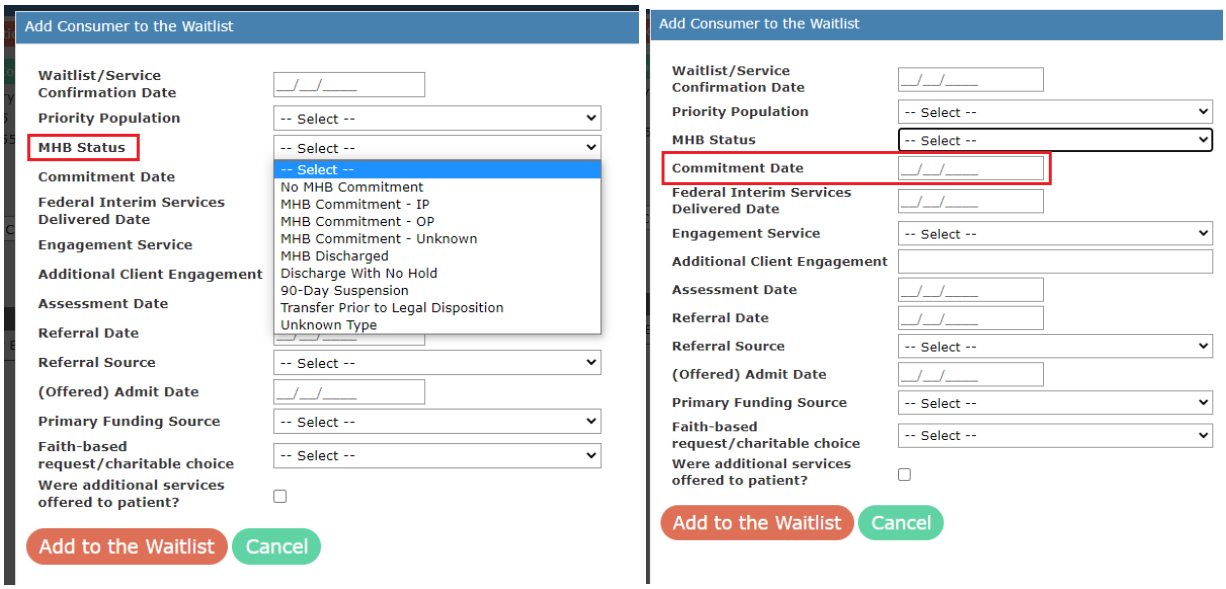
If consumer is waiting for admission to a Substance Use Disorder Service:
1st – Pregnant IV Drug User
2nd – Pregnant Drug User
3rd – IV Drug User
4th – Woman With Dependent Children

Mental Health Board (MHB): Status & Commitment Date

This is measure that is tracked for official reports.

The integrity of the data in the CDS is dependent upon users to take the time and attention necessary for accuracy and completeness when entering information about each consumer and every encounter.

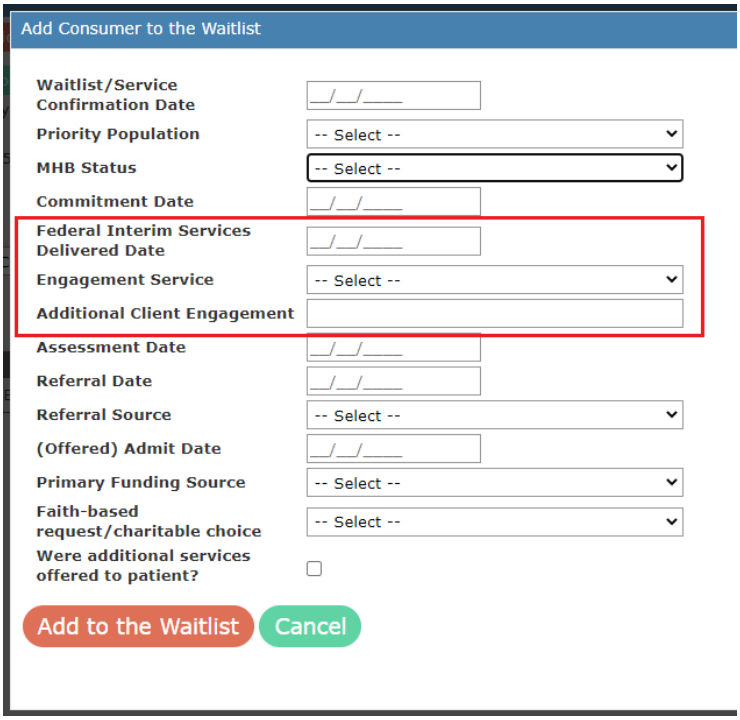
MHB Status requires users to select an appropriate option from the dropdown menu. Although “Unknown Type” is an option, it is important to try to ascertain the consumer’s correct status.



Commitment Date refers specifically to the date of the consumer’s MHB commitment. Leave this date blank if “No MHB Commitment” was selected for MHB Status.

Interim and Engagement

Interim Services or Interim Substance Abuse Services are services that are provided until a consumer is admitted to a substance abuse treatment program.



The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the consumer, and reduce the risk of transmission of disease.

At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary.

Federal Interim Services Delivered Date – Enter the date that the interim service was performed**.**

For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

Interim services for IV users must include counseling and education about:

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

Interim services may also include federally authorized methadone maintenance.

Engagement Service – The service that the consumer will receive while he/she is waiting for admission. The type of engagement service offered can be selected from the dropdown menu.

Additional Client Engagement – if there were additional engagement services (not selected above), please list those services in the text box.

If additional services were offered to the consumer, please indicate so in the checkbox at the bottom as well.

Assessment and Referral

Assessment Date – This is the date of the assessment(s) that indicated that this consumer requires this level of care defined for this service.

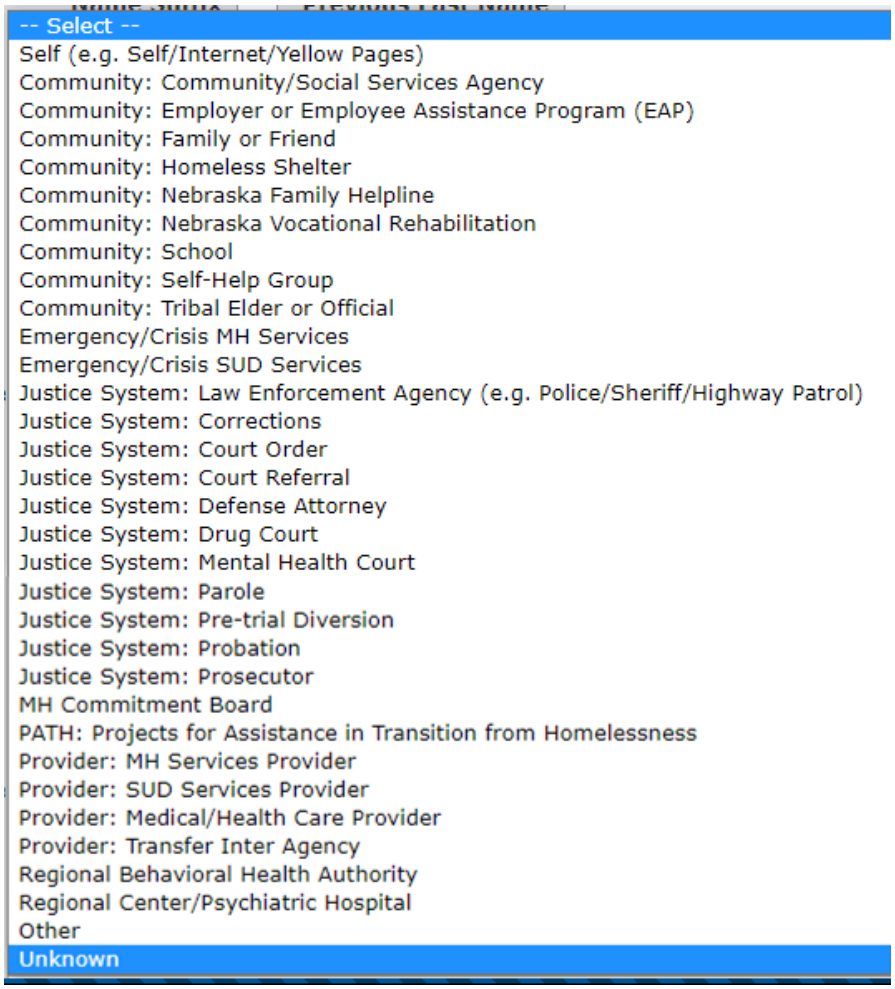
Referral Date – Date of the referral to service (which could reflect intent if given by someone other than the consumer).

when to complete:

- When someone other than the consumer contacts the provider about admitting the consumer for service
- When a consumer is incarcerated at the time he/she was referred for service.

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

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

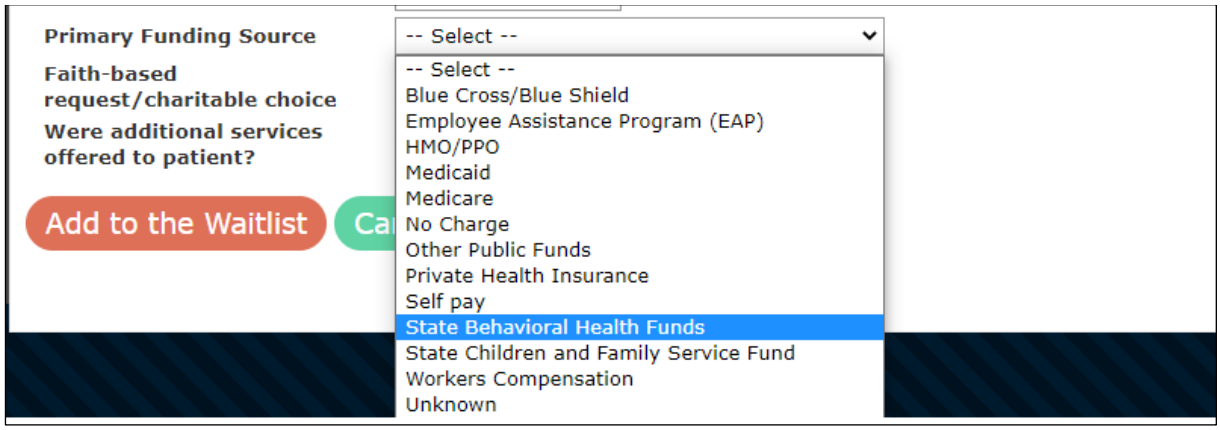


Expected Admit Date

This is the projected date that the consumer is to be admitted to the service.

Primary Funding Source

Select from the drop-down menu:



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

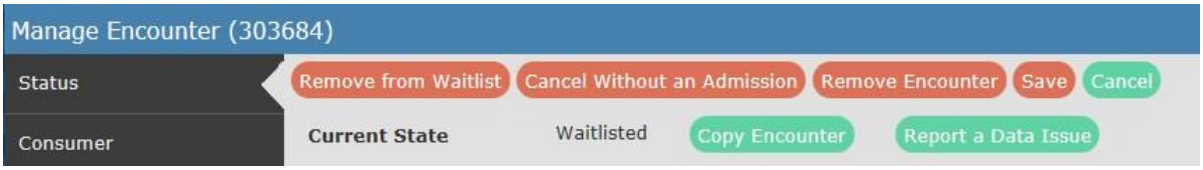
An authorization is not needed to waitlist a consumer but must be obtained before the consumer can be admitted.

Click Add to the Waitlist (orange action button) to add the encounter to waitlist.

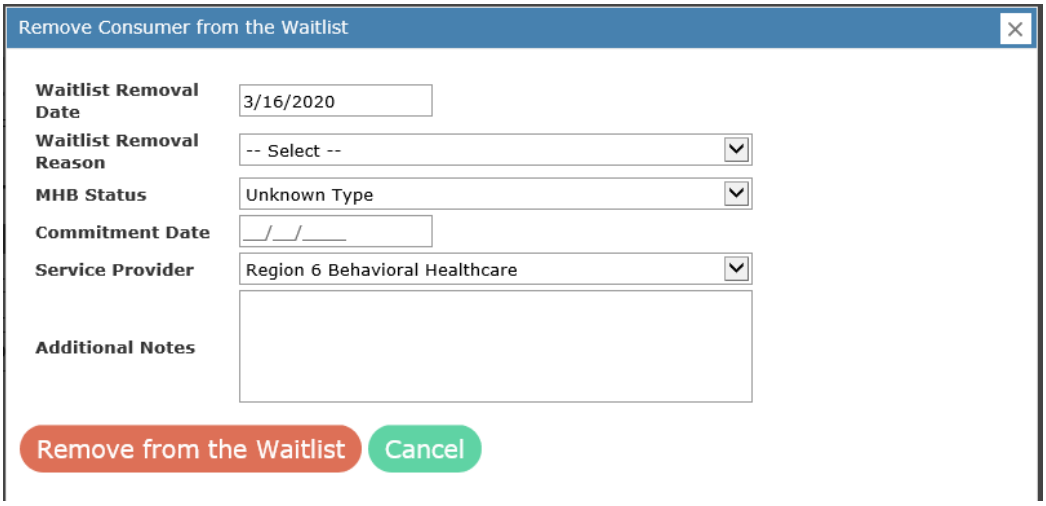
If you do NOT want to add the encounter to the waitlist, click Cancel. No information will be saved, and you will return to the previous screen.

Removing a Consumer from Waitlist

Click Remove from Waitlist on the Manage Encounter status tab.



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



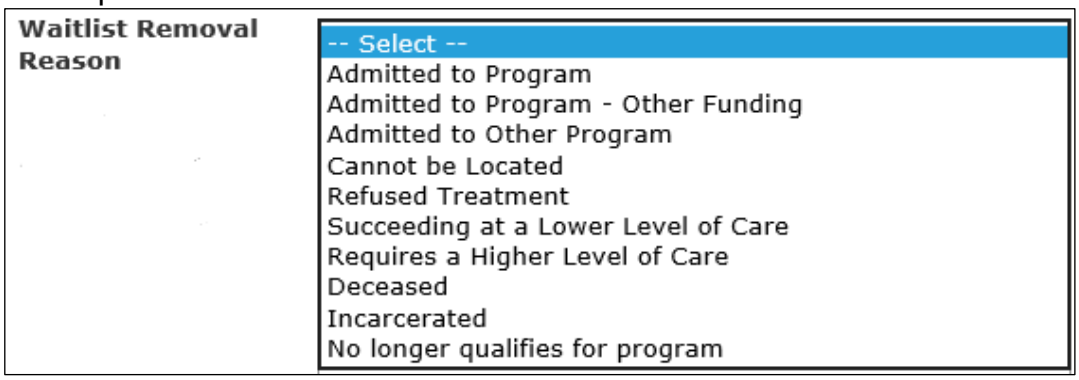
Please note: This example was created in the CDS Test Site. This example does not contain any genuine PHI.

Waitlist Removal Date

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

Waitlist Removal Reason

Select the reason for consumer's removal from the waitlist. Below are descriptions for each option:



- **Admitted to Program** – the consumer was admitted to the service as described in the initial service to be provided for this encounter.
- **Admitted to Program – Other Funding** – the consumer has been admitted to the program, but funds other than Behavioral Health funds were used.
- **Admitted to Other Program** – the consumer has been admitted to another program, and this encounter is being cancelled without an admission.
- **Cannot be Located** – after several attempts, the agency is not able to locate the consumer, and is closing the encounter.

- **Refused Treatment** – the consumer has declined to participate in the service listed, and the encounter is being cancelled without an admission, or the encounter is being removed.
- **Succeeding at a Lower Level of Care** – the consumer has participated in another less-intense level of care and is doing well. The encounter can be removed or cancelled without an admission.
- **Requires a Higher Level of Care** – after further assessing the consumer's situation, agency staff determine that a higher level of care is required. This encounter can be removed or canceled without an admission.
- **Deceased** – the consumer has died.
- **Incarcerated** – the consumer is in a lockup facility and will not be available for the service over an extended period of time. The record can be removed or cancelled without an admission.
- **No longer qualifies for program** – the consumer is not qualified for the program because of changing conditions, either programmatically or financially. The encounter can be cancelled without an admission.

If the reason selected is one of the "admitted to program" choices, the Consumer still needs to be admitted to the program.

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

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

Service Provider – This should automatically pull into this menu from the encounter, but this pull-down menu can be used to change the provider location.

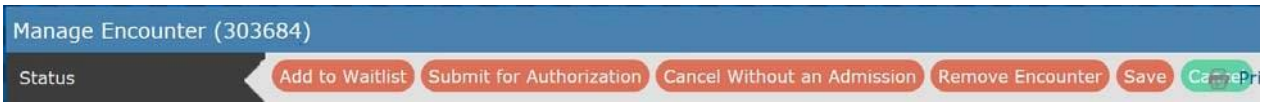
Additional Notes – Space for additional notes regarding this encounter. This is a free form text box used to notate special circumstances for the record.

Remove from the Waitlist –To complete the removal, click Remove from the Waitlist and you will be taken to the Manage Encounter screen.

What to do after Removing Encounter from Waitlist

After removing an encounter from the waitlist, you must decide what to do with the encounter by clicking one of the buttons at the top of the Manage Encounter screen.

Unless you intend to add the encounter back to the waitlist, the button you click should match the Waitlist Removal Reason you selected on the Remove Consumer from the Waitlist window.



Add to Waitlist – Returns the encounter to the waitlist; complete new waitlist information.

Authorized / Registered Services

Submit for Authorization (only appears if service is an authorized services) – Requests an approval for authorization to admit the consumer to a service. See the **Authorization and Appeals** section of this manual for more details on Authorized Services.

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

Cancel Without an Admission

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

Remove Encounter

Completely removes the encounter from CDS. This would be used in cases where information is entered in error and needs to be completely removed from CDS.

State and Federal Requirements to Collect and Maintain Waitlist Data

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

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

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

Chapter 10: Discharge Encounter

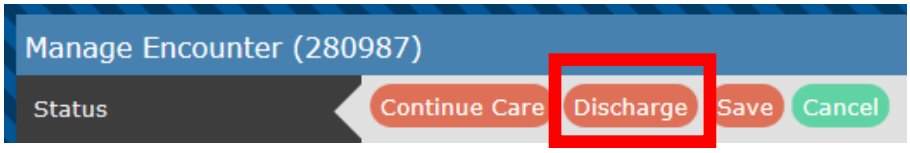
General Discharge Information

To discharge an encounter, begin with a review of the Consumer tabs. Update information for each variable as necessary. The Substance Use tab has an added discharge feature for the frequency of use of the selected substances, as known at the time of discharge from service. While making updates, click the Save button on each tab. In performing these reviews, the end user will also need to update fields related to the National Outcome Measures (NOMs).

Discharge may occur because of several reasons, including but not limited to: change in funding source, improvement at this level of care, consumer has chosen not to continue services, or a case of an inactive encounter. Once Consumer tabs are updated, click on the Discharge button to get to the final Discharge window.

Inactive encounters

Encounters that are inactive for a period of **90 days** or more must be discharged from the system. The only exception is *Medication Management* encounters. *Medication Management* encounters that are inactive for more than **180 days** should be discharged.

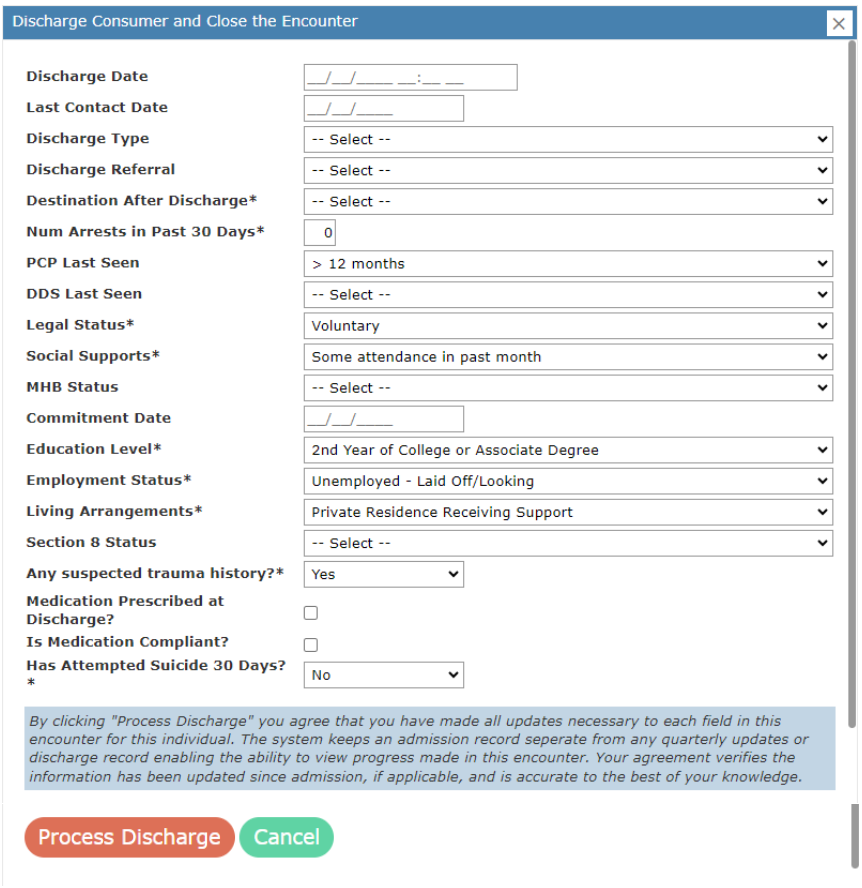


First Part of Final Discharge Window: “Discharge Consumer and Close the Encounter”

Discharge Date

The date the discharge from service occurred.

You cannot discharge in the future but can discharge up to ninety (90) days back from the current date.



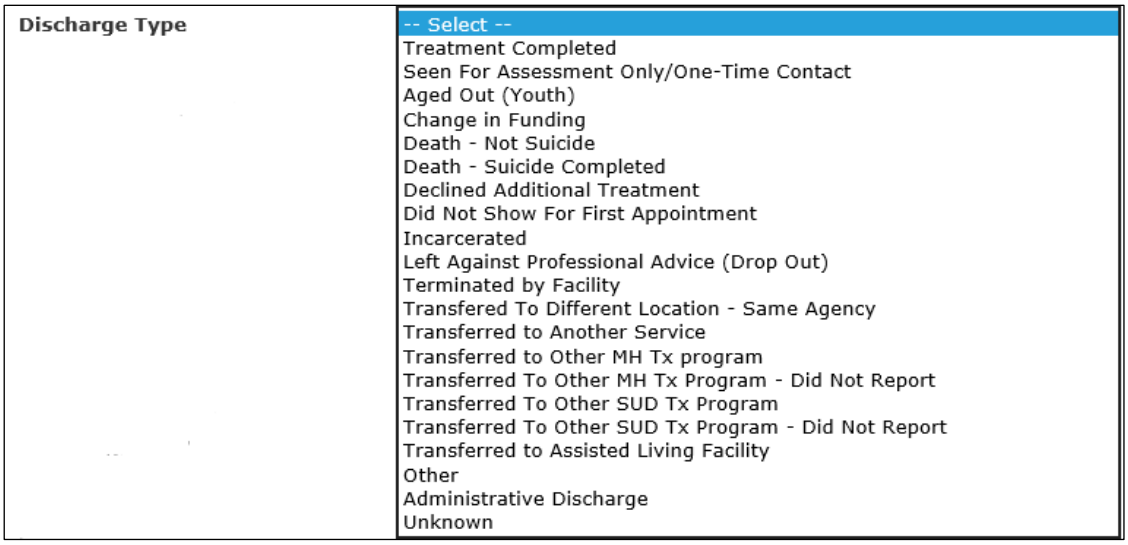
Discharges older than ninety (90) days will need to be requested through the Report a Data Issue button. (See *Chapter 1* for more information)

Last Contact Date

Date of last contact with the consumer. See **Definitions** section for more information.

Discharge Type

Select from the list of discharge types. Refer to the table below for a description of each available discharge type. Additional information is also available in the **Definitions** section of this manual.



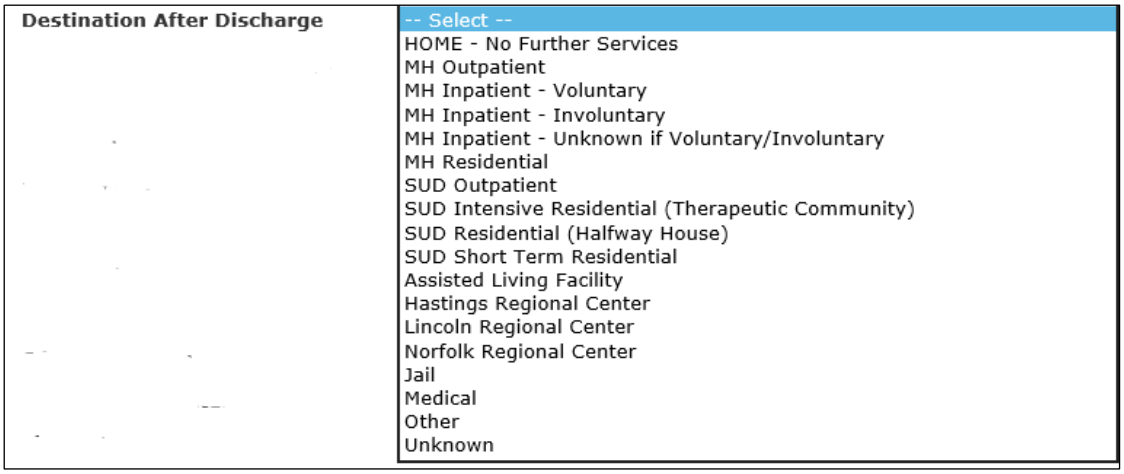
Discharge Types Available to Community-Based Providers

Treatment Completed: The consumer and program staff agree that the consumer has made sufficient recovery such that the consumer no longer meets the continued stay requirements.	**Seen for Assessment Only/One-Time Contact:** One or more contacts specifically for an assessment.
Aged out (youth): Consumers between 17 and 19 years who because of age/maturity have been admitted to adult services.	**Change in Funding:** Consumer's insurance or Medicaid status changes such that they no longer qualify for NBHS funds.
Death – Not Suicide	**Death** - Suicide Completed
Declined Additional Treatment: The consumer, meeting with staff has chosen to discontinue treatment although they may have met continued stay criteria.	**Did Not Show For First Appointment**
Incarcerated: Consumers with whom the agency no longer has contact and it is known they were sent to prison or jailed or are on house confinement for offences.	**Left Against Professional Advice (Drop Out):** Consumer did not come back to appointments/residence and has not spoken to staff.
Terminated by Facility: This differs from an Administrative DC in that the program participant violated rules sufficient to jeopardize the	**Transferred to Different Location - Same Agency:** Consumer transferred from one location operated by an agency to another. No change in service, just location.

safety/recovery of others in the program.	
Transferred to Another Service: Within an agency, the consumer required a different service.	**Transferred to Another MH Tx program – and Did Report:** Consumer was transferred to another mental health treatment program, provider or facility, and reported or it is not known whether consumer reported
Transferred to Another MH Tx program – and Did Not Report: Consumer was transferred to another mental health treatment program, provider or facility, and it is known that consumer did not report.	**Transferred to other SUD Tx program – Did Report:** Consumer was transferred to another substance abuse treatment program, provider or facility, and reported or it is not known whether consumer reported
Transferred to other SUD Tx program - Did not Report: Consumer was transferred to another substance abuse treatment program, provider or facility, and it is known that consumer did not report.	**Transferred to Assisted Living Facility**: The consumer has been accepted to an Assisted Living Facility.
Other: E.g. moved, illness, hospitalization, or other reasons somewhat out of consumer's control.	**Administrative DC:** Actions of an agency to discharge a consumer and having no record of the consumer's intent to discharge, or certain cases where contact has been lost.
Unknown: Consumer status at discharge is not known because, for example, discharge record is lost or incomplete. DO NOT use this category for consumers who drop out of treatment, whether reason for drop-out is known or unknown.	

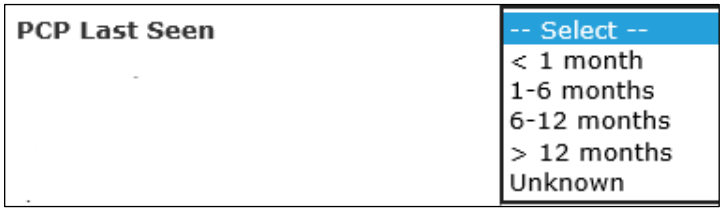
Discharge Referral – Select from the available drop-down menu. The choices are broad generalities of community resources that a consumer has available to continue recovery.

Destination After Discharge – Select from the available choices in the drop-down menu.

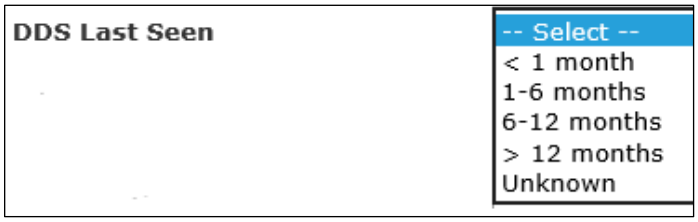


Num Arrests in Past 30 Days – enter the number of arrests that the consumer has had in the past thirty (30) days.

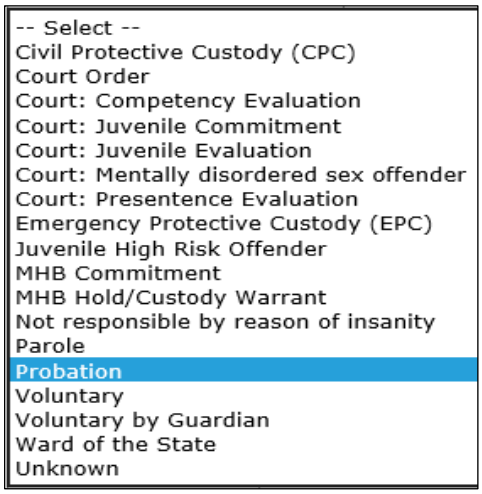
Primary Care Physician (PCP) Last Seen – May include any physical health care screening or evaluation at a health clinic by a qualified clinician. Select from the available times in the drop-down menu.



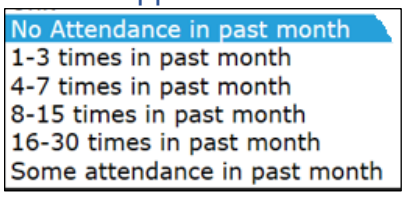
DDS (Dentist) Last Seen – May include any evaluation of diseases of the mouth, gums or teeth by a qualified clinician. Select from the available times in the drop-down menu.



Legal Status –The legal status of the consumer upon discharge from this encounter.

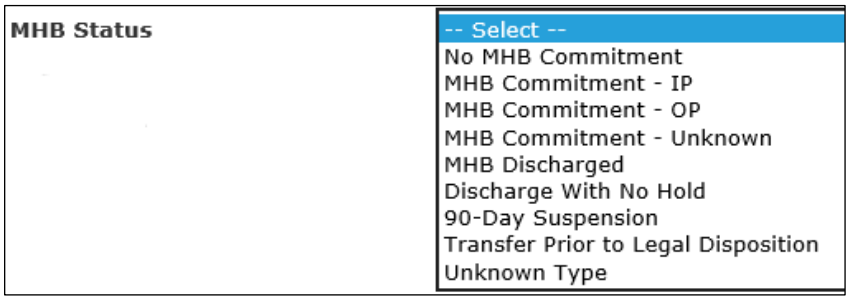


Social Supports –Select from the available choices in the drop-down box.

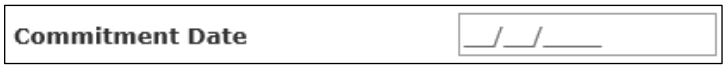


Second Part of Final Discharge Screen

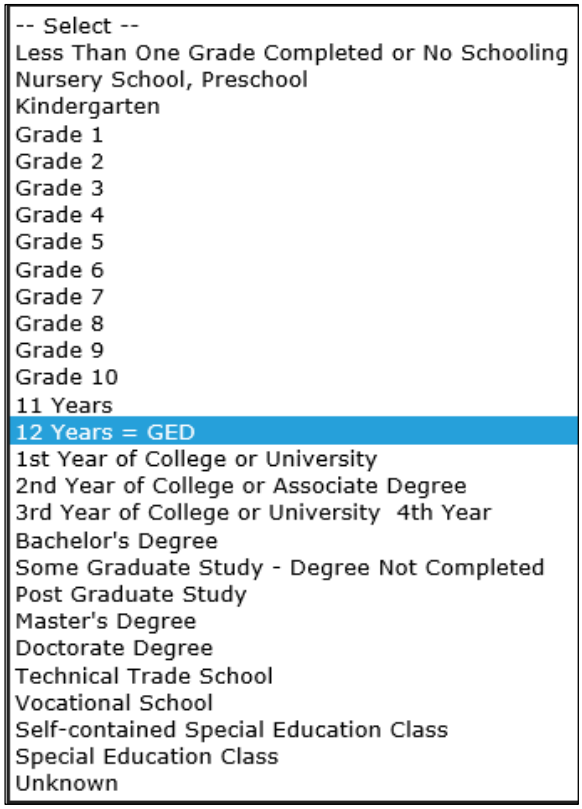
MHB Status – The status of the consumer at time of discharge, as related to mental health board commitments. Select from the available choices in the drop-down menu.



Commitment Date – Provide the commitment date from Mental Health Board records. If the consumer is not under a mental health board commitment, leave the date blank.

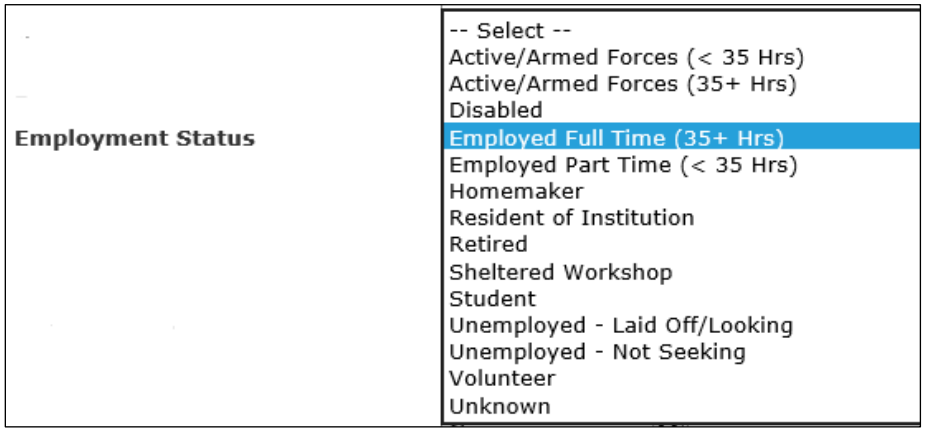


Education Level – Select the level of education last completed by the consumer from the drop-down menu.



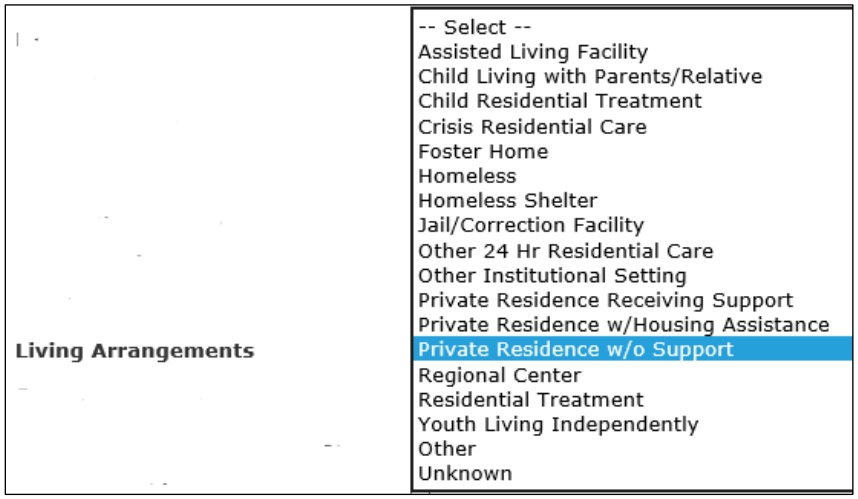
Employment Status

Select from the drop-down menu the employment status of the consumer <u>at the time of discharge.</u>

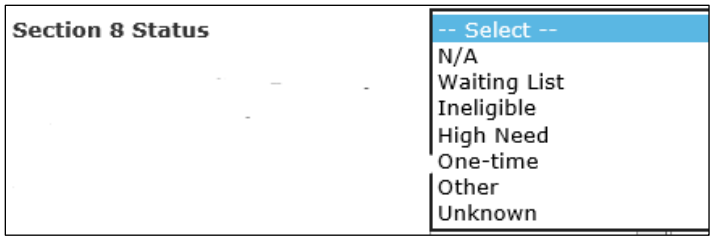


Living Arrangements

Using the definitions in the **Definitions** section of the manual, select from the drop-down menu the living arrangement of the consumer at the time of discharge.



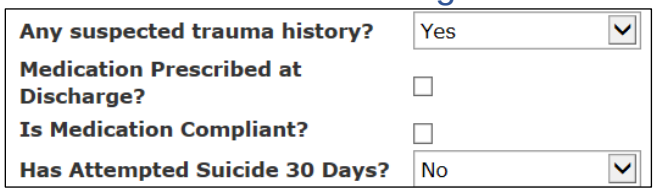
Section 8 Status – Select from the drop-down menu the Section8 Status of the consumer at the time.



- N/A - The consumer does not have a local Public Housing Authority administering a Section 8 Voucher program.
- Waiting List - The consumer's name has been placed on the local Public Housing Authority's waiting list for Section 8 Voucher program assistance.
- Ineligible - The consumer is not eligible for HUD Section 8 Voucher assistance. There could be various reasons for ineligibility.
- High Need - The consumer has a high need for housing, faster than the local Public Housing Authority can process a Section 8 Voucher application. The consumer must still apply for the local Public Housing Authority Section 8 Voucher assistance while receiving Housing Assistance Program assistance.
- One-Time - The consumer is receiving a One-Time Payment that allows them to bridge to permanent housing or to avoid eviction from their living arrangement. And, the consumer does not need Housing Assistance Program assistance on an on-going basis.

- Other - This is not an approved selection for the Section 8 Status data element. The option “Other” is a legacy option that was carried forward in the Centralized Data System when it was developed and inadvertently retained when the “Unknown” option was added to capture missing data. This drop-down menu option will be removed in a future update to CDS.
- Unknown: This is not an approved selection for the Section 8 Status data element. It is the default category for Section 8 Status data element when a response is not entered.

Third Part of Final Discharge Screen



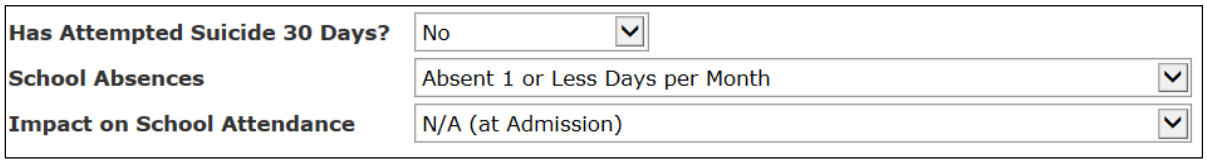
Any suspected trauma history? – This is a simple yes, no, or unknown selection. Trauma history should also be viewable in the Trauma History section of the encounter.
Medication Prescribed at Discharge? – Did your agency prescribe medication at discharge? If “Yes”, check the box.

Medication Compliant? – Is the consumer compliant with medication? If “Yes”, check the box.

Has Attempted Suicide 30 Days? – indicate if the consumer has attempted suicide in the last thirty (30) days.

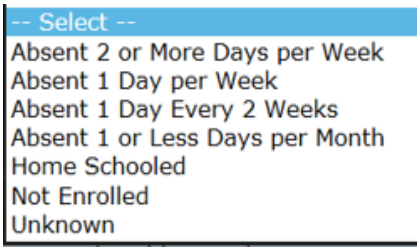
There are variations on the discharge questions, based on the services provided.

For Youth:

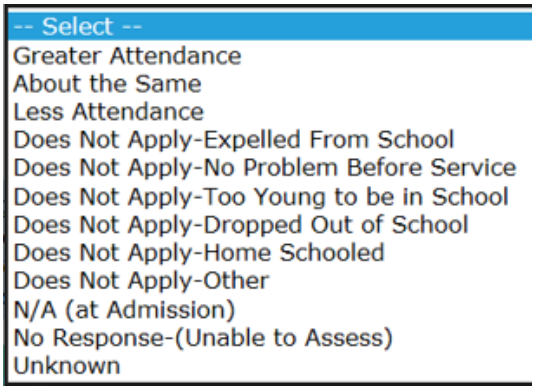


Has Attempted Suicide 30 Days? – Indicate if the consumer has attempted suicide in the last thirty (30) days.

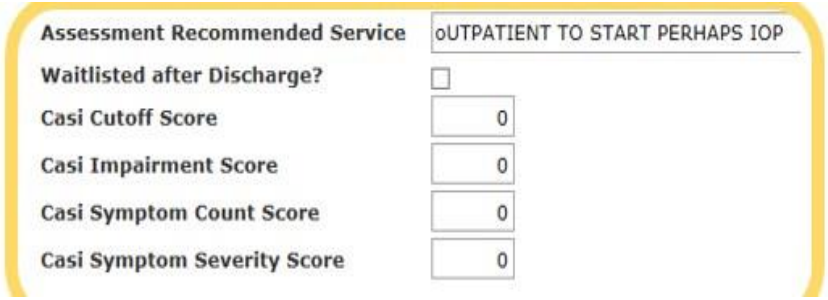
School Absences –Select from the drop-down list the number of days that the consumer was absent from school during the last thirty (30) days.



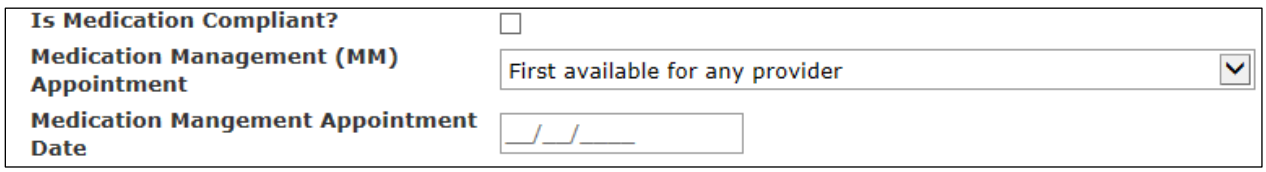
Impact on School Absences – This is an assessment of the impact of services on school absences. Select the statement that best describes the impact of services on school absences.



Youth SUD Assessment Discharge – Discharges for youth substance use disorder assessment have added elements of the Comprehensive Adolescent Severity Inventory (CASI). Indicate the scores of the sections in the spaces provided. A zero (0) indicates that the inventory was not administered.

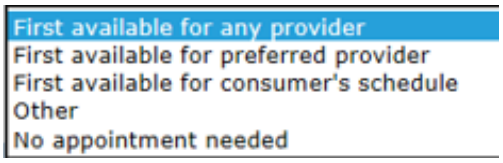


For Acute and Sub-Acute



Medication Compliant –Check the box if the consumer is medication compliant.

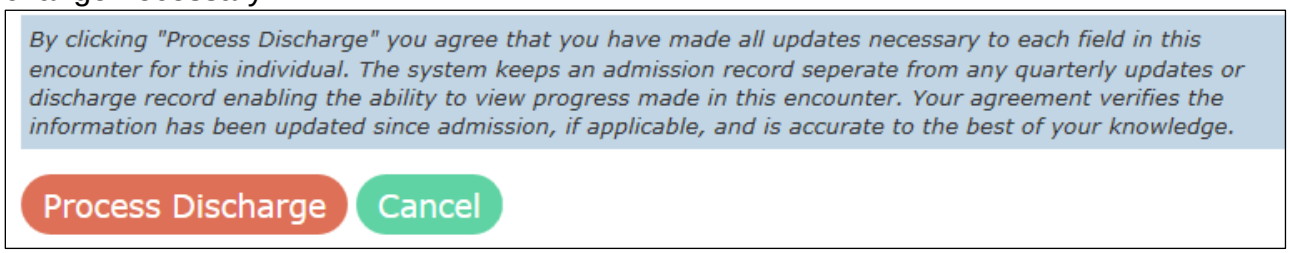
Medication Management (MM) Appointment – Select the most appropriate choice from the drop-down menu.



Medication Management Appointment Date – List the date of the medication management appointment.

Process Discharge

Lastly, once the discharge variables have been completed, click on the Process Discharge button. This will close the encounter and lock the information. If, after review of the information an error is found, Report a Data Issue and describe the change necessary.



Chapter 11: Authorization and Appeals

Initial Authorization and Continued Stay Review

Introduction to Authorizations and Continued Stay Review (CSR)

This chapter deals with the authorization process for both initial and continued stay reviews (CSR). An initial authorization begins with creating an encounter, completing or updating the consumer tabs, and completing an initial questionnaire. Continued stay reviews begin with review of the consumer tabs and completing a progress report. To prepare for an authorization, consult the **Utilization Guidelines and Service Definitions** of the Division of Behavioral Health found on the agency website. Authorizations are not required for registered services.

There are several steps in preparing for an authorization:

- Complete or update the Consumer tabs, paying special attention to diagnosis and/or substance use history.
- Complete an Initial Questionnaire (or in the case of a reauthorization, a Progress Report).
- Submit for Authorization or Continued Stay and receive a system response.
- Act on the system response.

This chapter will not delve into how to complete an initial questionnaire or a progress report. After receiving a response from the system, the questionnaire expires. A new questionnaire must accompany each request. End users can make three (3) attempts to gain automated approval. If the three (3) attempts result in a denial, end users may appeal the automated decision. Check the View Details of the Managed Encounter window's Encounter History to see a listing of reasons for denials.

Uncertainty in Funding

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

The Division of Behavioral Health (DBH) is the payer of last resort and shall not pay for Medicaid-eligible services provided to Medicaid consumers.

Authorizations are required at the beginning of service. If an agency is uncertain about funding, obtain the authorization from CDS *before* admission. While the authorization is valid only up to a number of days specific to the service, if alternative funding should fail, the agency has knowledge of authorization approval and can backdate the admission. If backdating is required in excess of ninety (90) days from the current date,

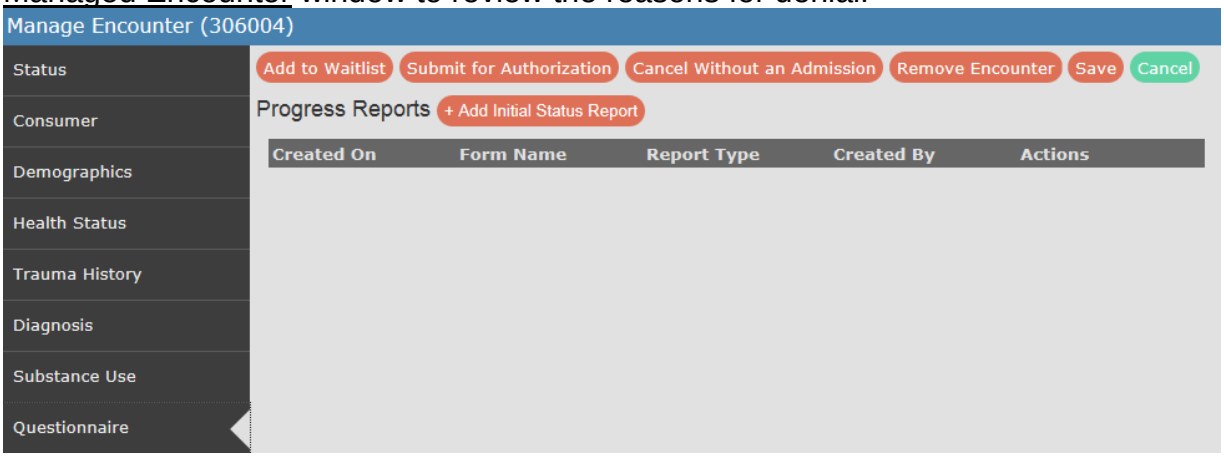
Report a Data Issue after admitting the encounter with the current date to request the admit date be corrected.

Complete a Questionnaire

Go to the Questionnaire tab and click on the type of questionnaire required. Use + Add Initial Status Report at the beginning of treatment for an authorization. Use Add a Progress Report at re-authorization.

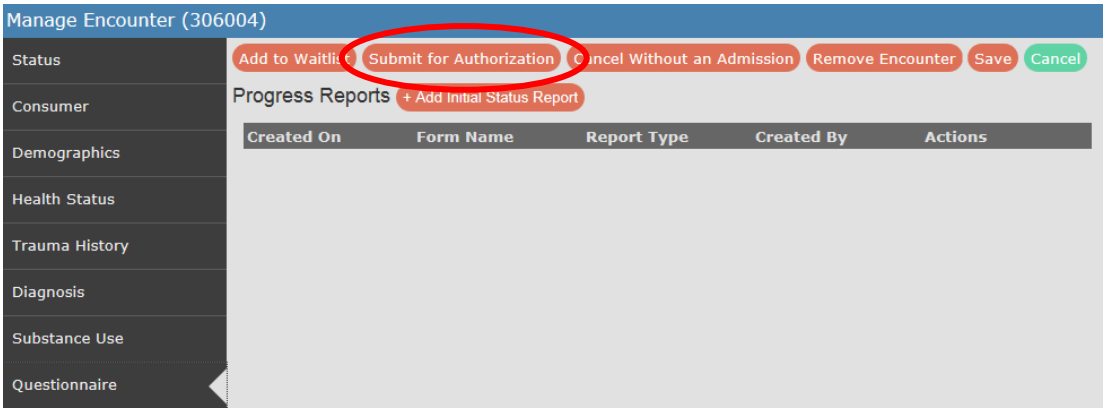
Initial status reports include any of the first three attempts to secure authorization. Use the View Detail button on the Action column of the Update History spreadsheet on the Manage Encounter window to review the reasons for any denials.

Progress reports are made at each continued stay review. As with initial status reports, continued stay review can be attempted up to three (3) times. Each attempt requires a new progress report. Review the detail of any denials by clicking on the View Details button on the Action Column of the Update History Spreadsheet on the Managed Encounter window to review the reasons for denial.

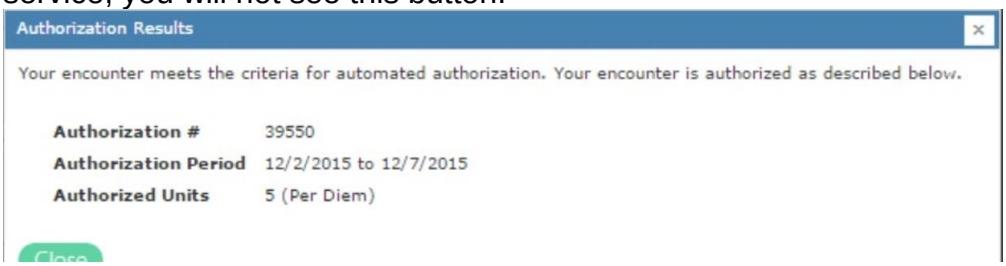


A questionnaire is required for any new authorizations, and a progress report is required for continued stay reviews. The questionnaires are located in the consumer tab labeled Questionnaire.

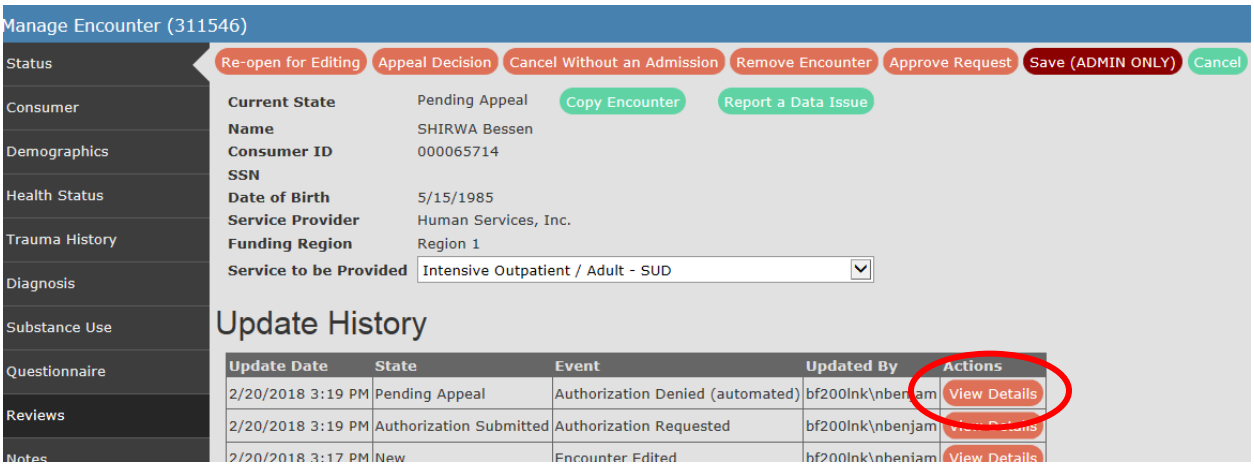
Submit for Authorization Button



This will begin the process of an authorization request. This button appears at the top of the Manage Encounter screen, only for authorized services. For a registered service, you will not see this button.



If approved, immediately click on the Admit to Authorized Service button. Doing anything else breaks the authorization, and you must request a new authorization. **Admission must occur within a certain number of days of the authorization. This number of days can be different from one service to another. If admission is more than that number of days, a new authorization will be required.*

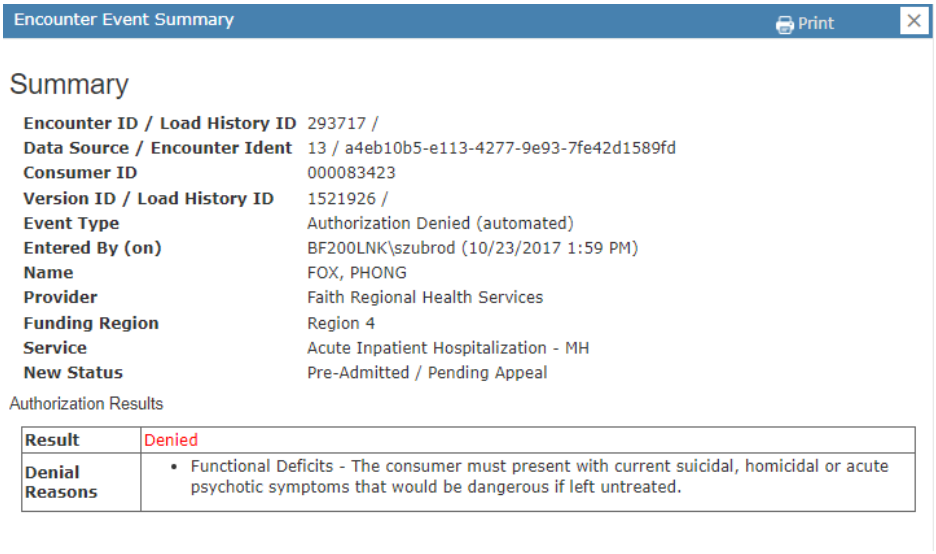


Denial Reasons

There are three general reasons for a denial:

- Medicaid eligibility,
- Conflicting service, or
- Inappropriate level of care.

Review the details of the denial by clicking on the View Detail button to the right of the denial statement on the Manage Encounter window. This will open the Encounter Event Summary window.

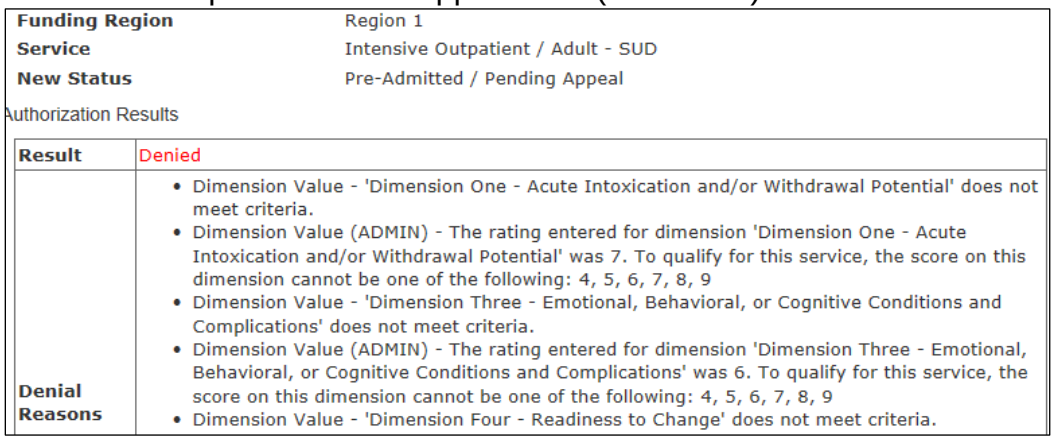


Medicaid Denial – The Division of Behavioral Health has now streamlined the process of Medicaid eligibility checking, see the next section of these instructions for further information. **Do not** repeat the authorization request.

Conflicting Service – If the error reports a Conflicting Service, contact the region for further instructions. **Do not** repeat the authorization request until the conflicting service is resolved. See the next section of these instructions for further information.

Other – A list of other denial reasons appears in the View Details next to the denial report. Correct any errors by using these statements as a guide. Read the denial report carefully to assure you are making the corrections necessary and refer to the **Utilization Guidelines and Service Definitions** found in the **System Documentation and Training** webpage. *End users can attempt three (3) requests for authorization*. After the third denial, agencies can appeal the automated decision, or select another service. To appeal the automated

decision, click on the Appeal Decision button and briefly complete the information requested on the appeal form (see below).



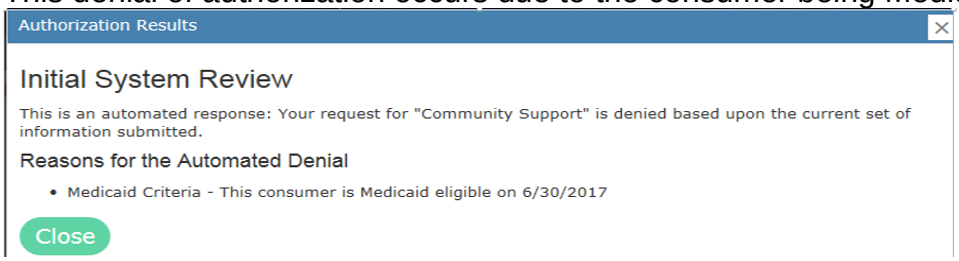
Funding Region	Region 1
Service	Intensive Outpatient / Adult - SUD
New Status	Pre-Admitted / Pending Appeal

Authorization Results

Result	Denied
Denial Reasons	• Dimension Value - 'Dimension One - Acute Intoxication and/or Withdrawal Potential' does not meet criteria. • Dimension Value (ADMIN) - The rating entered for dimension 'Dimension One - Acute Intoxication and/or Withdrawal Potential' was 7. To qualify for this service, the score on this dimension cannot be one of the following: 4, 5, 6, 7, 8, 9 • Dimension Value - 'Dimension Three - Emotional, Behavioral, or Cognitive Conditions and Complications' does not meet criteria. • Dimension Value (ADMIN) - The rating entered for dimension 'Dimension Three - Emotional, Behavioral, or Cognitive Conditions and Complications' was 6. To qualify for this service, the score on this dimension cannot be one of the following: 4, 5, 6, 7, 8, 9 • Dimension Value - 'Dimension Four - Readiness to Change' does not meet criteria.

Denial Reason: Medicaid Eligibility

This denial of authorization occurs due to the consumer being Medicaid eligible:



The Division of Behavioral Health now has an updated file that will automatically check for Medicaid eligibility against providers and services.

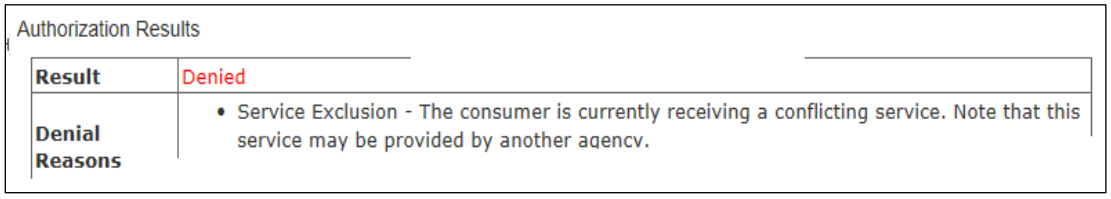
Medicaid shares Provider and Consumer eligibility data with DBH via monthly and daily files that are ingested by the CDS. Providers are assigned a National Provider Identifier (NPI) and all DBH Providers must be Medicaid-eligible.

Services in the CDS are structured to indicate and use an algorithm to block admission or payment for services shared with Medicaid if the consumer is Medicaid-eligible. (Ref CDS ADMIN905 Services report)

- Admission: When a service is "shared" with Medicaid, admission to the service will look at the Medicaid eligibility file to verify if the consumer is Medicaid-eligible. If the consumer is eligible for Medicaid, admission to the service is denied and the reason is display.
- Payment: For "shared" services, all billing is hit up against the Medicaid eligibility file. If, at the time of admission, the consumer was not Medicaid-eligible but later has a status change, at the point of billing TADS are system-blocked from being entered for Medicaid-eligible consumers.

Denials based on Medicaid eligibility mean that the consumer is in a service that is eligible for payment through Medicaid and will not be eligible for this service through the CDS. The file is uploaded weekly and matches services registered during the Provider Eligibility at the time of contract upload, with the consumer record. This authorization check happens when the consumer is first entered into the CDS, as well as any time TADS units are entered, and during a Continued Stay Review. If a consumer receives this denial reason, it will be necessary to seek payment through Medicaid.

Denial Reason: Conflicting Service

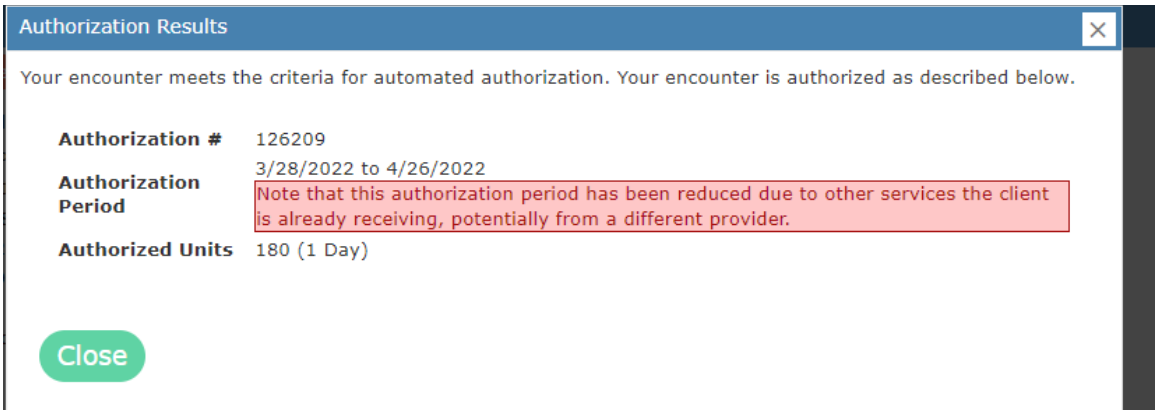

Authorization Results

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

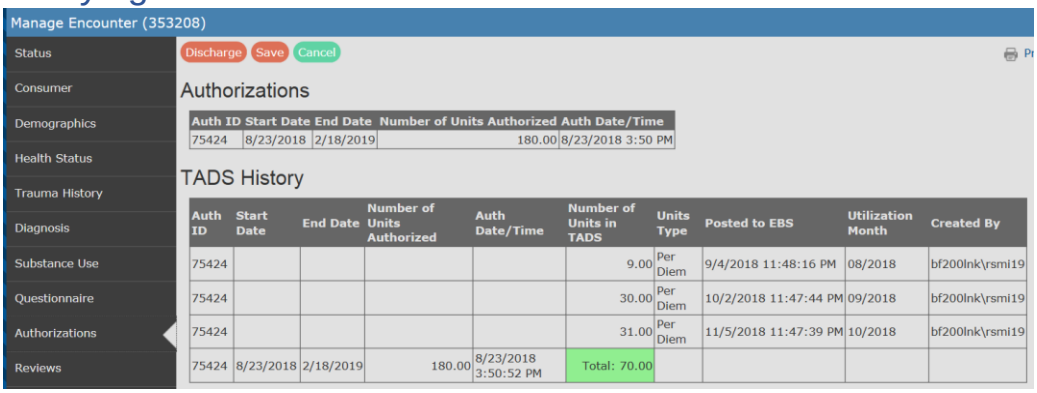
When an encounter is requested for an authorized service, and the consumer has a current admission to another authorized service, a Service Exclusion for conflicting service is issued by CDS. If the conflict is known - such as when a consumer moves from a higher level of care to a residential level of care, and the conflict is the only reason for the denial - the agency can be assured of an authorization. Authorizations are effective for seven (7) days, so that a consumer can move from one authorized service to another without interrupting therapeutic activities. The first agency must discharge the consumer before the second agency can get an authorization and admit. This type of care coordination is important for the smooth transition from one service provider to another.

Conflicting Service Denial and Reduce Authorization Periods

Sometimes the consumer will present to an agency and will have forgotten previous engagements. In this case, a **Conflicting Service Denia**l happens. Agencies must contact their funding region, who will work with DBH staff and other regions to resolve the conflict. Once resolved, the agency can again submit for authorization and admit.



Verifying Authorization Units and Time



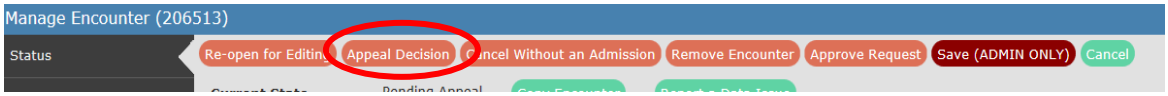
Review authorizations by clicking on the Authorizations tab. This tab will show the authorizations along with any reimbursement requests. The total number of units of reimbursement requested cannot exceed the number authorized. Units reimbursed on a monthly basis when authorizations were approved (anytime other than the first of the month) will expire during the renewal month. That is, an encounter approved on the 15th of May will expire the next year on the 14th of May. Essentially, the service provider has to re-authorize units if reimbursement was requested in the first month of the authorization through April of the next year (12 months). *No units can be claimed for the 13th month.* Reauthorization requests occur during the renewal month and start a new authorization.

Appeal Automated Denial for Authorized Services

Up to three (3) attempts at authorizing a consumer's encounter are possible. An appeal can be made after the first or second attempt an encounter is denied. After the third denial, the agency/staff can either make an appeal, or review the need for the service and perhaps admit to another service. Appeals cannot be made on discharged encounters.

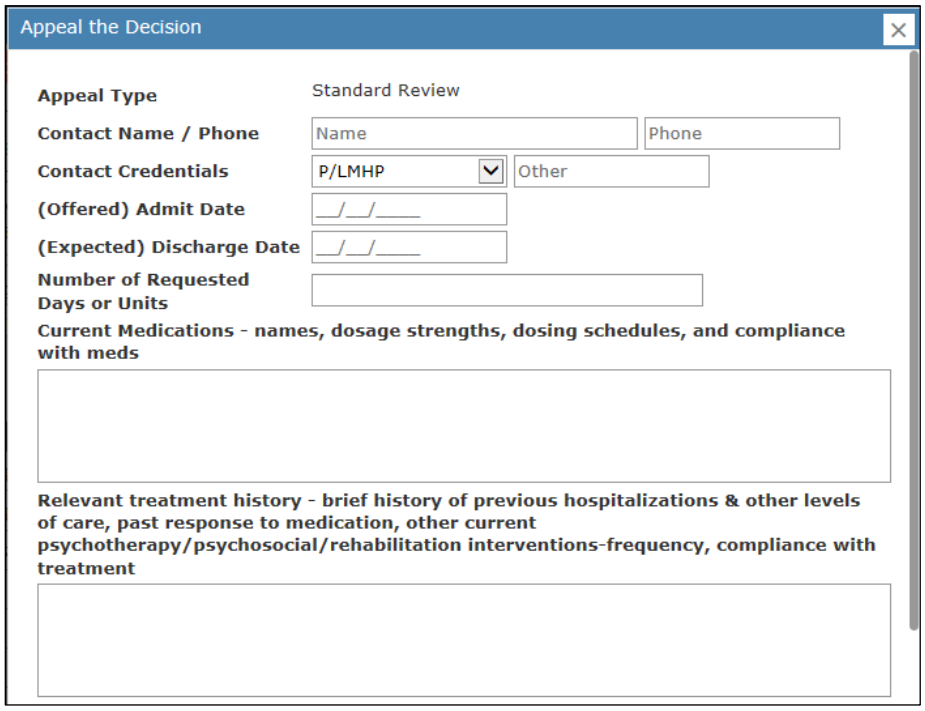
Appealing Automated Decision

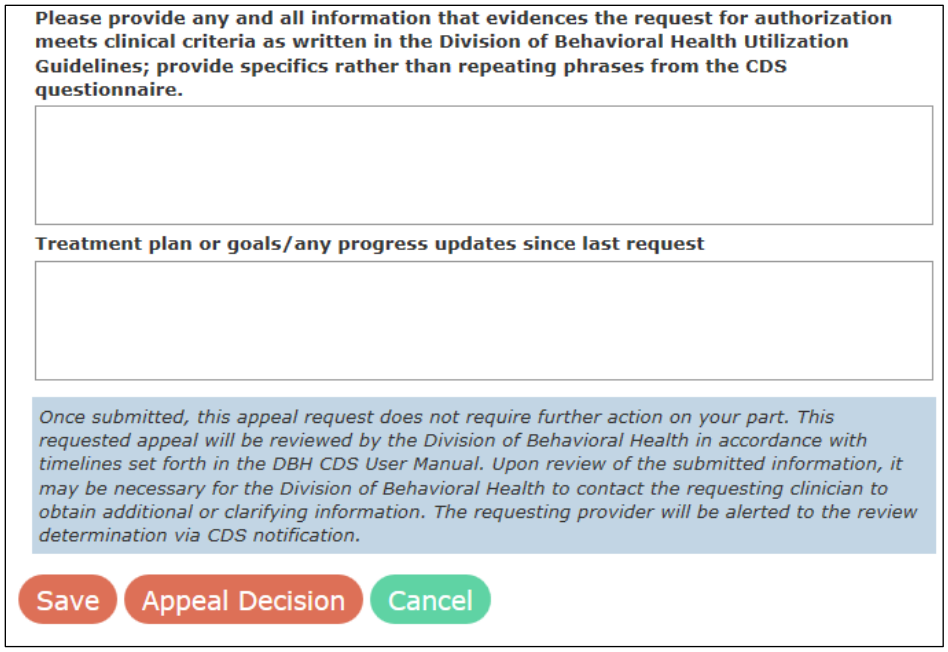
On the status line of the Manage Encounter window, select Appeal Decision.



After selecting Appeal Decision, a separate window opens.

Start by entering the end user name, credentials, desired admit date, expected discharge date, and number of expected units of service to be provided. Use the **Utilization Guidelines and Service Definitions** to emphasize how this level of care best suits the consumer's needs. Due to space limitations, you must be thorough but brief.



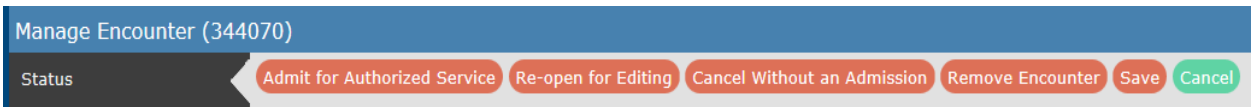


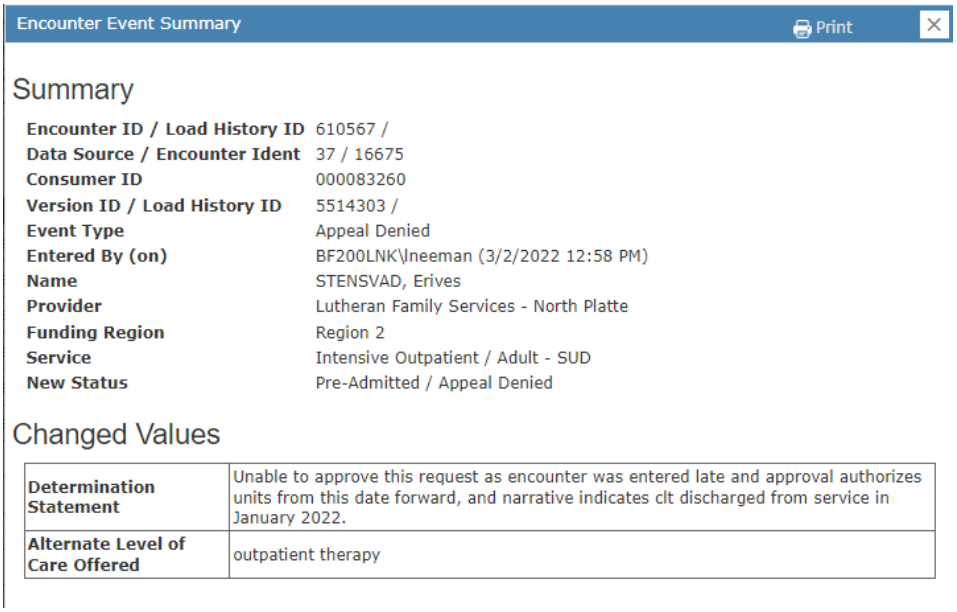
Once entered, choose either Save or Appeal Decision.

- Save only saves the entered information and does not submit the appeal.
- Save is useful for agency staff to review information before submission, and to gather more information.
- Clicking the Save button returns the encounter to the Manage Encounter window.
- To get back to the saved information, click on Appeal Decision on the Manage Encounter window. Once staff are satisfied with the appeal form, click the Appeal Decision button at the bottom of the form to submit the request (Appeal the Decision window).

Check the Manage Encounter window for a decision.

- Anticipate decisions for emergency and hospital inpatient services within five (5) working days, all others within ten (10) working days.
- *Check back at least twice a week to review any decision and recommendations made by review staff.*
- Decisions are posted to the history spreadsheet of the Manage Encounter window.
- If approved, IMMEDIATELY click the Admit for Authorized Service button. Using any other button breaks the approval process, and the authorization expires.





Encounter Event Summary — Print

Summary

Encounter ID / Load History ID	610567 /
Data Source / Encounter Ident	37 / 16675
Consumer ID	000083260
Version ID / Load History ID	5514303 /
Event Type	Appeal Denied
Entered By (on)	BF200LNK\lneeman (3/2/2022 12:58 PM)
Name	STENSVAD, Erives
Provider	Lutheran Family Services - North Platte
Funding Region	Region 2
Service	Intensive Outpatient / Adult - SUD
New Status	Pre-Admitted / Appeal Denied

Changed Values

Determination Statement	Unable to approve this request as encounter was entered late and approval authorizes units from this date forward, and narrative indicates clt discharged from service in January 2022.
Alternate Level of Care Offered	outpatient therapy

Above is a sample of a denial of an appeal. Note that an alternative level of care is given as a suggestion to the agency. If you agree with the decision, return to the Manage Encounter window, and click on the Cancel without an Admission button**.** If you wish to appeal further, click on the Re-open for Editing button and complete a new appeal. Add any clarifying information to that already present in the appeal form.

Helpful Hints When Submitting For Appeal

- Include objective description of current psychological symptoms, mental status and psychosocial function.
- Address every denial reason in the narrative.
- Narrative should include details about reason for admission.
- Whenever possible, estimates of frequency and volume of substance use is helpful.
- Anytime mention is made of frequent substance use, the appropriate SUD diagnosis should be included on the diagnosis tab.
- If consumer was/is incarcerated, provide the reason for incarceration.
- Treatment plans should not be generic, but should include specific details pertaining to that individual's situation and progress.
- Make sure to always read determination statements, and address any requests or identified gaps in the appeal narrative.

Informal Dispute Resolution

The agency can request an Informal Dispute Resolution (IDR) for denied appeals. To begin the IDR, click on Appeal Decision button again. Review information on the Encounter Event Summary page. An IDR includes gathering more information from the

agency/staff, a phone conversation with a second reviewer, and a decision by the second reviewer. Time limits of the IDR include scheduling a phone call within ten (10) working days of the initiation of the request for IDR, and ten (10) additional working days for the decision to post to the encounter. *Keep watch on the encounter for notification.*

State Fair Hearing

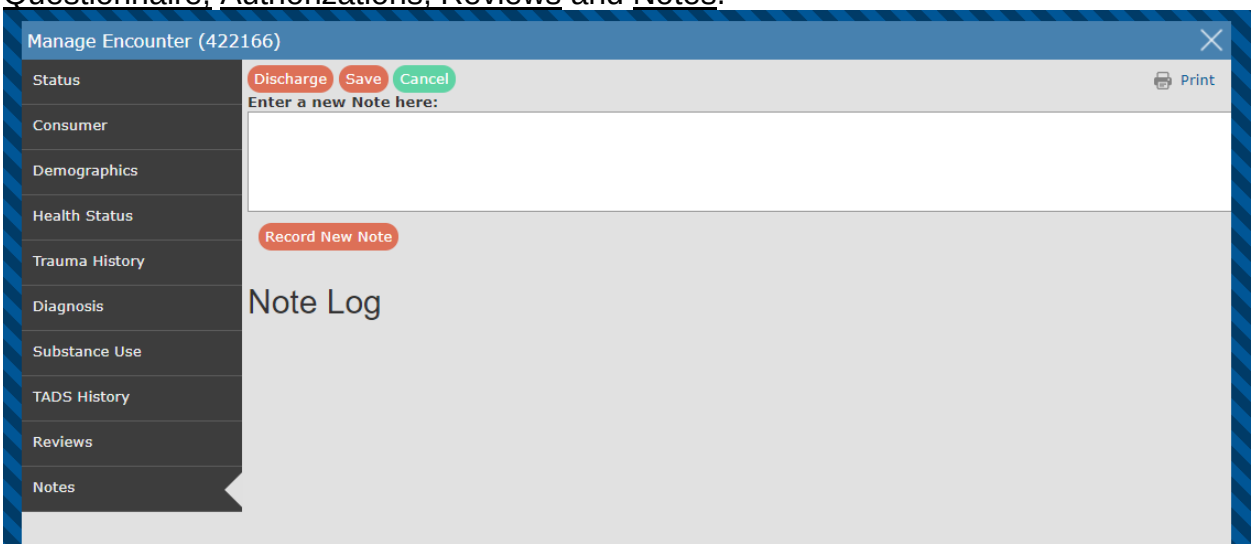
The final appeal for an encounter is a “State Fair Hearing”. This type of appeal is a quasi-court action in which an arbitrator reviews facts and holds a formal hearing. Requests for a State Fair Hearing must be made within thirty (30) days of the decision of the Informal Dispute Resolution. State Fair Hearing regulations are available on the DHHS website.

Chapter 12: General Template

Consumer Index Tabs (General Template)

The CDS uses three templates: General, Youth, and Emergency. This section describes the General template.

Within the Manage Encounter window there are ten tabs: Status, Consumer, Demographics, Health Status, Trauma History, Diagnosis, Substance Use, Questionnaire, Authorizations, Reviews and Notes.

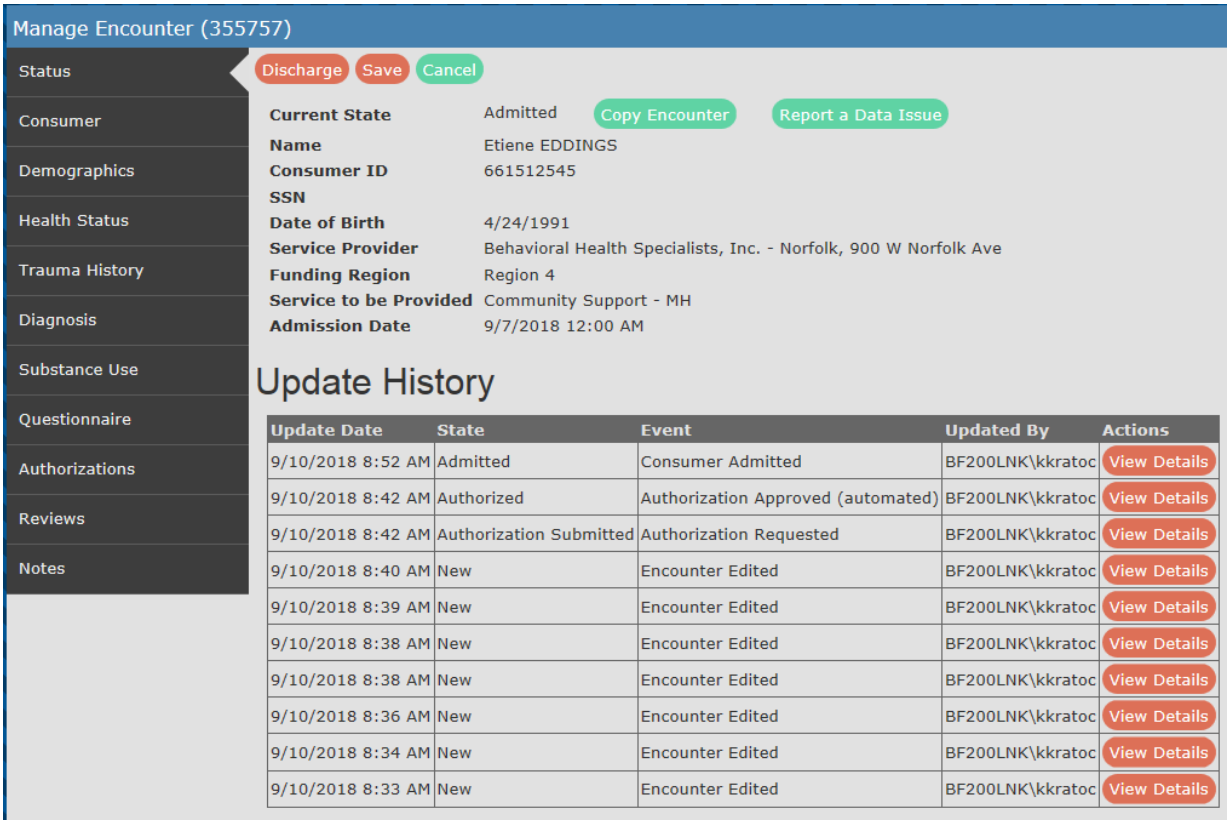


In each of the Manage Encounter tabs, critical function buttons Discharge Save Cancel and the **print Icon** are located in the top of row of the central grey panel.

As you scroll down the page, the top row may become hidden. It is good practice to save all entries before going on to the next Consumer Index tab. To save, scroll up to the status bar to see and click on the Save button. Each save creates a new line in the history table. Remember to save.

For more detailed explanations of drop-down lists for variables, please refer to the **Definitions and Variable Explanations** section of this user guide.

Except for the authorized service questionnaire and specialized service tabs, all Consumer Index tabs are the same on the general template. Fields are updatable by end users at any time.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

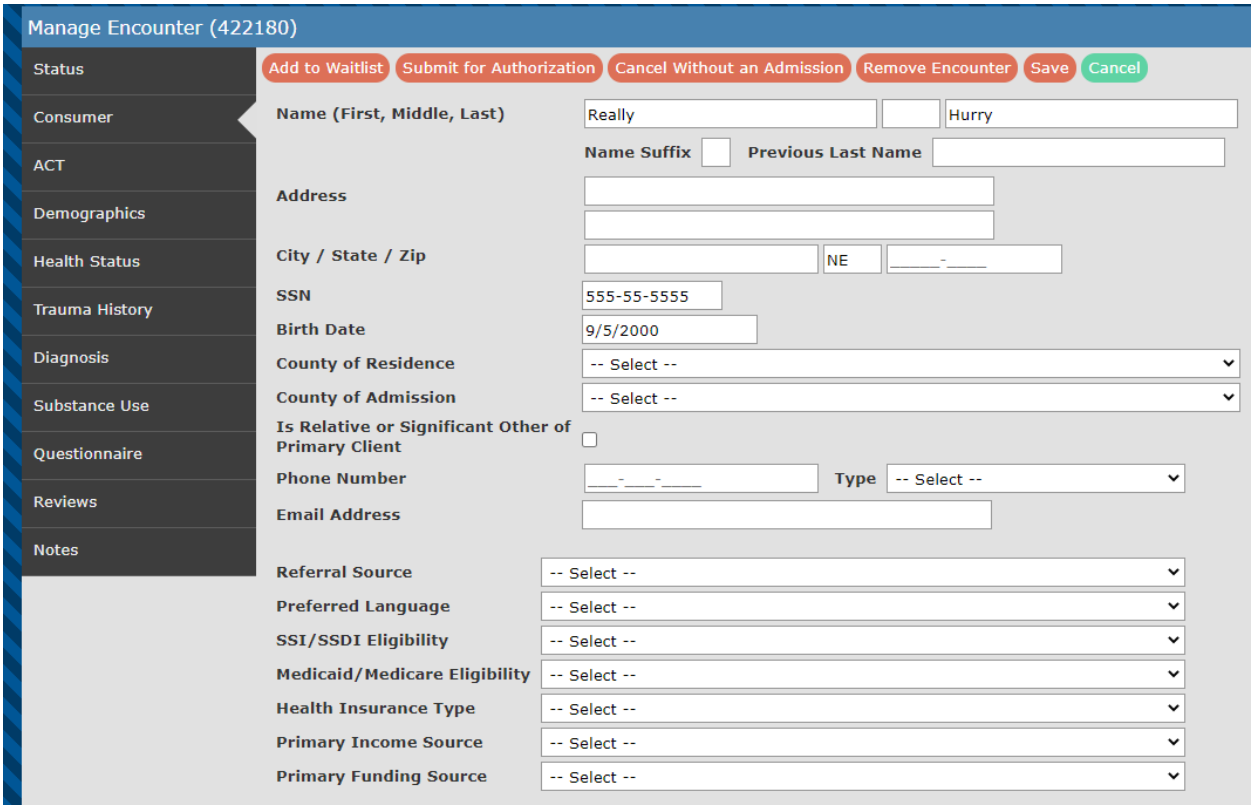
This section covers the following Consumer Index tabs in detail:

- Consumer
- Demographics
- Health Status
- Trauma History
- Diagnosis
- Substance Use
- Authorizations/TADS History
- Reviews
- Notes

Additionally, specialized tabs occur for (explanations of these are found in other areas of **User Manual**):

- ACT
- Crisis Response
- Employment (Supported Employment)
- Questionnaire (Initial, Update, and Discharge)

Consumer Tab



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

Name Suffix – If the individual uses a suffix, such as Jr., Sr., III, etc., this will be recorded here. This field has a five (5) character limit.

Previous Last Name – If the individual has used a different last name, this can be listed here. Multiple names can be listed, as separated by a comma, if needed.

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

City/State/Zip – Record these variables using statements under address as a guide.

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

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

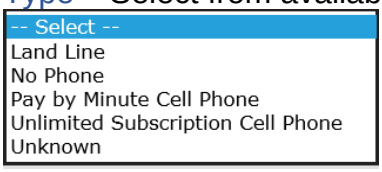
County of Residence – The county in which the consumer resides, or last known county. Select from the dropdown menu.

County of Admission – The county that the service provider is located in. Select from the dropdown menu.

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

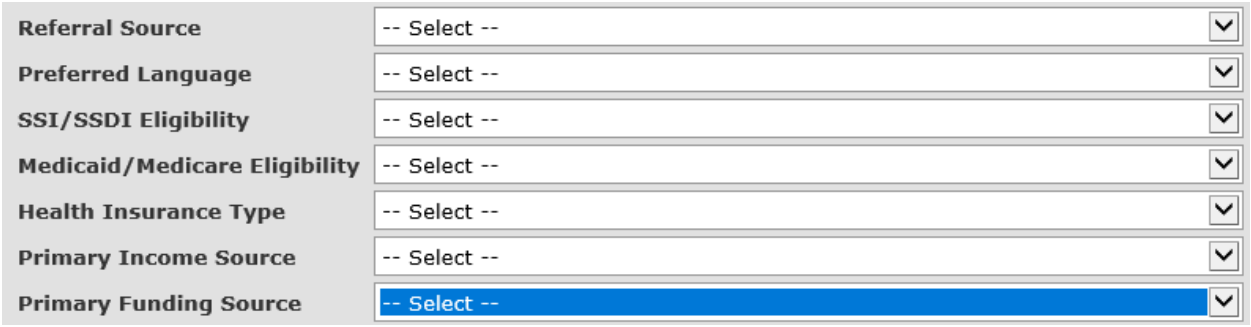
Phone Number – The phone number of the consumer (used for telephone surveys).

Type – Select from available choices:



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

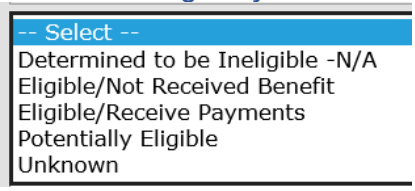
E-mail address – Used to invite the consumer to internet-based consumer surveys.



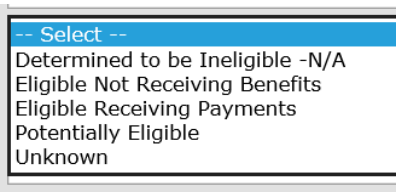
Referral Source – Select from among the drop-down choices. Choose from the list by eliminating choices not appropriate, and selecting from remaining elements. See **Definitions** section located in this manual for more information.

Preferred Language – Select from the available choices.

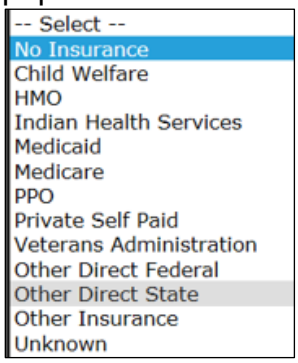
SSI/SSDI Eligibility – Select the most appropriate response from the drop-down menu.



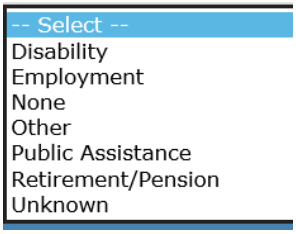
Medicaid/Medicare Eligibility – Select the most appropriate response from the drop-down menu.



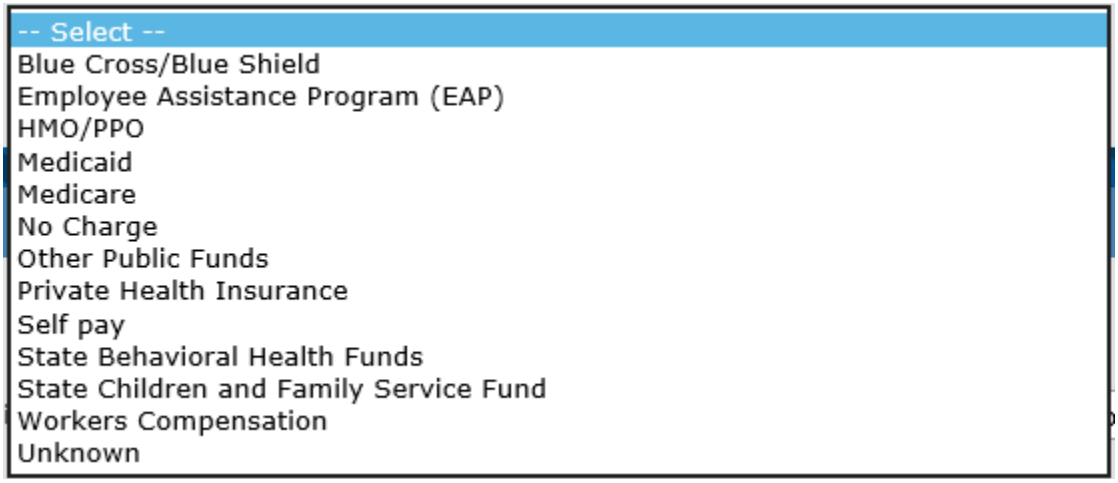
Health Insurance Type – The consumer's status of other sources of insurance. This does not exclude consumers from receiving funding, but it is important to know the population served.



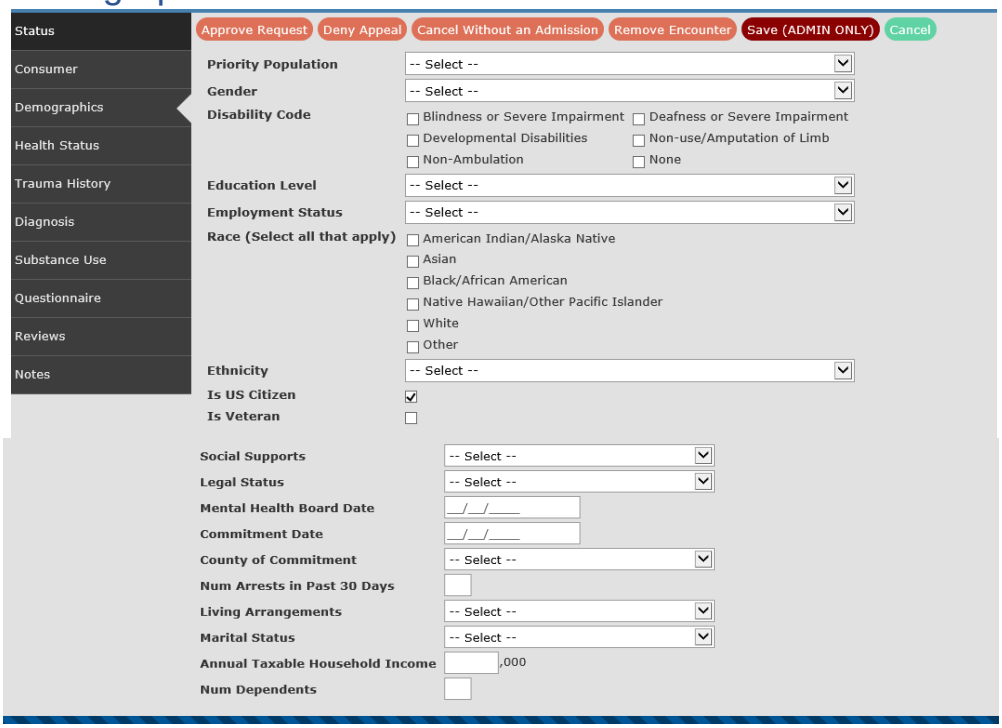
Primary Income Source – Select the income source that is most important in the consumer's economic situation.



Primary Funding Source – Select the funding source that is most likely to be how the consumer will pay for services.



Demographics Tab

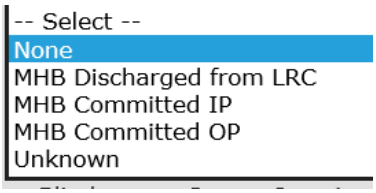


Please note: This example was created in the CDS Test Site. This example does not contain any genuine PHI.

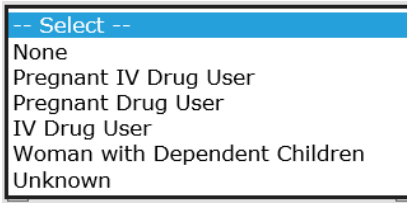
Fields on Demographics Tab

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

- Mental Health Priority Population:



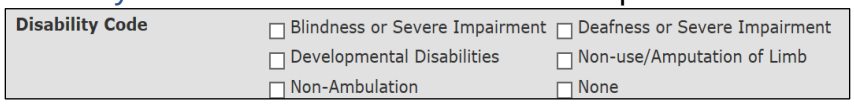
- Substance Use Disorder Priority Population



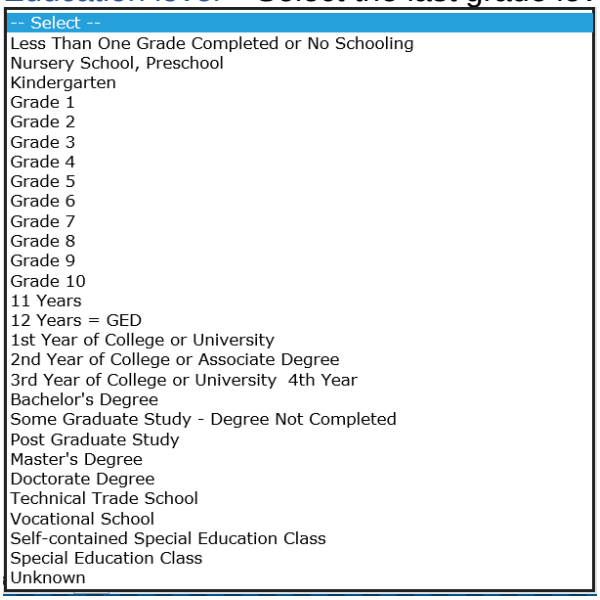
Gender – Select from Female, Male, or Unknown.

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

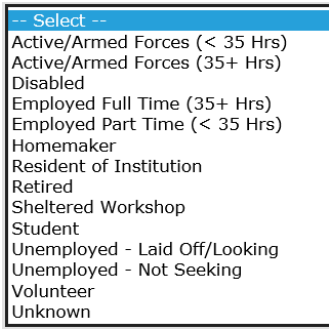
Disability Code– Select from the available options of observable disabilities.



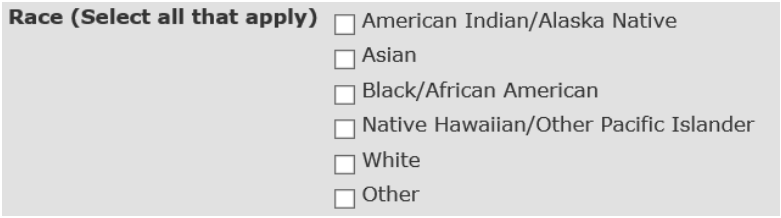
Education level – Select the last grade level *completed*.



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



Race – Select one or more of the available choices.

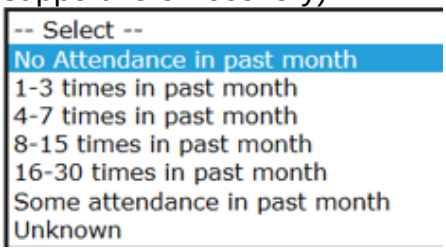


Ethnicity – Select from Non-Hispanic, Hispanic, or Unknown.

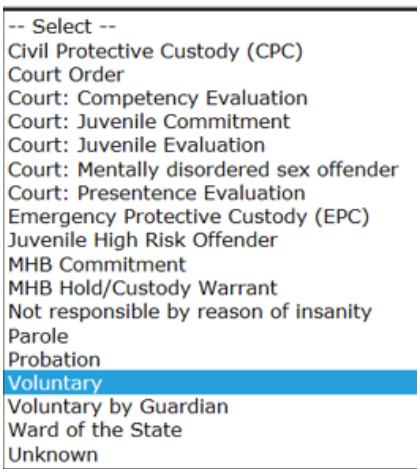
Is US Citizen (Checkbox) – This field is required. Click the checkbox if the consumer is a U.S. citizen. The consumer must be a U.S. citizen (or have the proper paperwork to validate residency) to be authorized for authorized level of care. There are exceptions to this rule if the consumer is a mental health board commitment. Not all levels of care require this field.

Is Veteran (Checkbox) – Click the checkbox if the consumer is a military veteran.

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



Legal Status – Select from among the available choices.



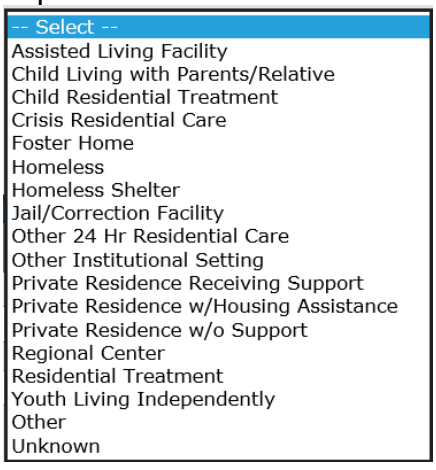
Mental Health Board Date – The date that a Mental Health Board met to determine the consumer's status, if applicable.

Commitment Date – The date that the Mental Health Board committed the individual, if applicable.

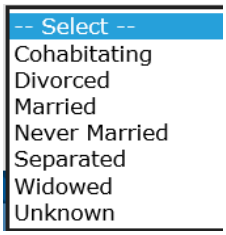
County of Commitment – The Mental Health Board that committed the individual. Use the drop-down list to choose the committing county, if applicable.

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

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



Marital Status – Select the most appropriate response from the available choices.

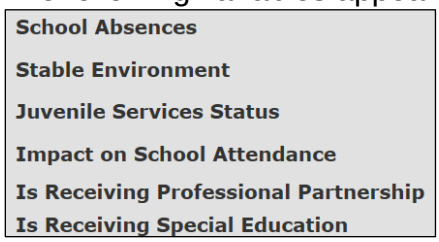


Annual Taxable Household Income – Annual taxable income is defined as alimony, wages, tips or other money received for a food or service. This information can be obtained by review of paycheck records, SSI/SSDI eligibility, Medicaid eligibility, and/or a signed statement from the client. For purposes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

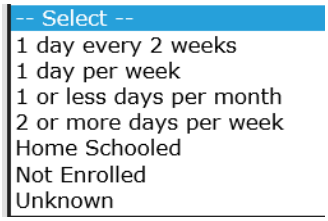
Num Dependents – A dependent is defined as any person married or cohabitating with the consumer, or any child under the age of 19, who depends on the consumer’s income for food, shelter, and care. Dependents may include parents, grandparents, or adult children, if the individual(s) are living with the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

- If there is no one dependent upon the consumer’s income other than the consumer, then enter one (1).
- If the consumer is a child and is dependent upon someone other than self for support, enter zero (0).
- If the consumer is in a “cohabitating” relationship and does not rely on the support of the other individual(s) of the relationship, and has no other source of support, enter one (1).

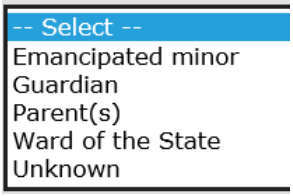
The following variables appear for consumers under 19 years of age:



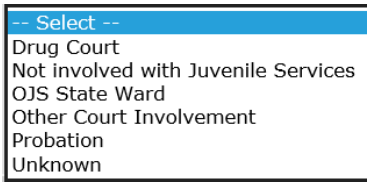
School Absences – Select the statement that best describes the youth’s attendance.



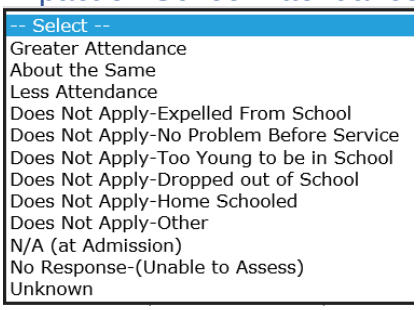
Stable Environment – Select the statement that best describes the youth's environment.



Juvenile Services Status – Select if the youth is involved in any of the listed services.



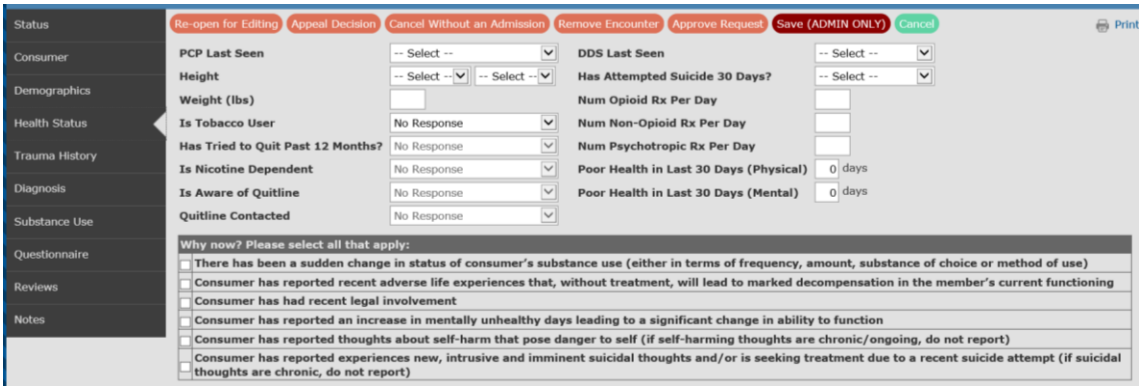
Impact on School Attendance –



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

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

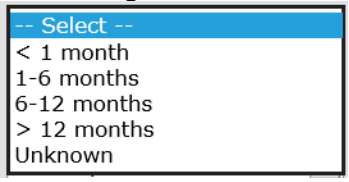
Health Status Tab



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Fields on Health Status Tab

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



Height – Indicate the consumer's height in feet and inches. Select these measurements from the appropriate dropdown boxes.

Weight (lbs) – Indicate the consumer's weight in pounds.

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

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

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

Has Attempted Suicide 30 days? Select Yes, No, or Unknown from the drop-down list.

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

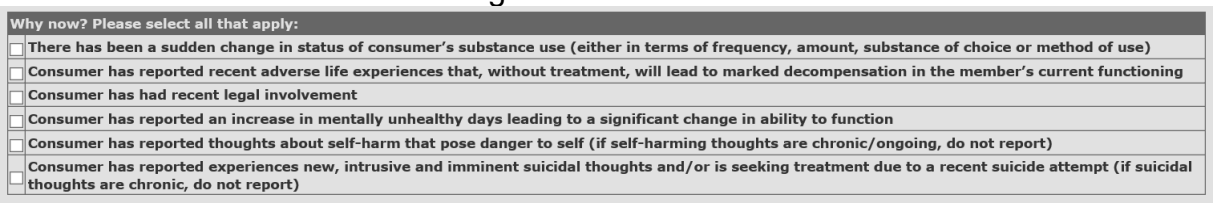
Num Non-Opioid Rx Per Day – Indicate the number of prescriptions, not the number of pills, taken daily.

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

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

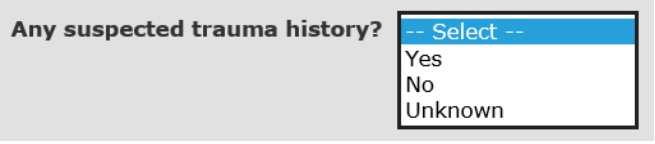
Poor Health Days in Last 30 days (Mental) – Enter the number of days of poor mental health, as reported by the consumer.

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



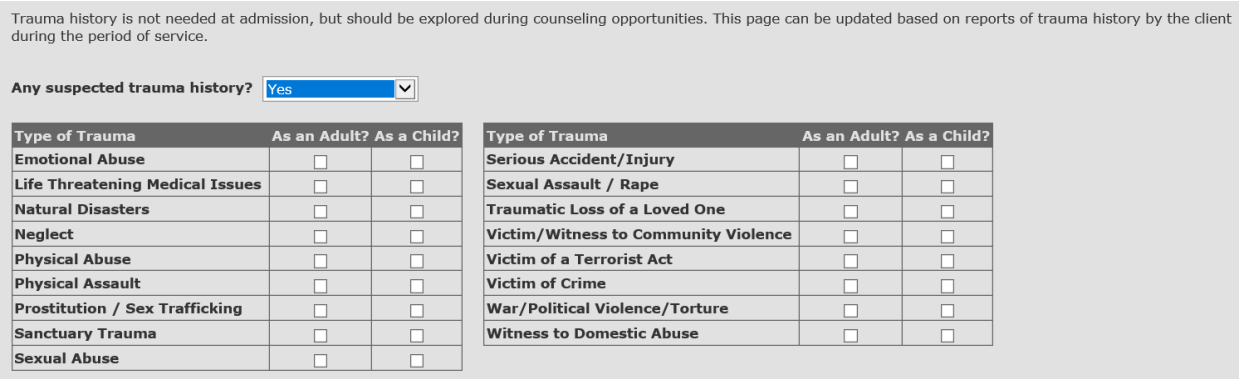
Trauma History Tab

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



An important consideration in discovery of trauma history of the consumer is not to cause additional adverse reactions. Approach trauma history with caution. When the

consumer is willing to discuss events of their life, update the trauma history matrix, and indicate by “Yes” in the suspected trauma history question. The “Yes” will initiate a matrix in which the end user can mark those events disclosed by the consumer, either as an adult or as a child. Update trauma history at any time by updating the table. Click on the As an Adult? or As a Child? column for the event acknowledged by the consumer.

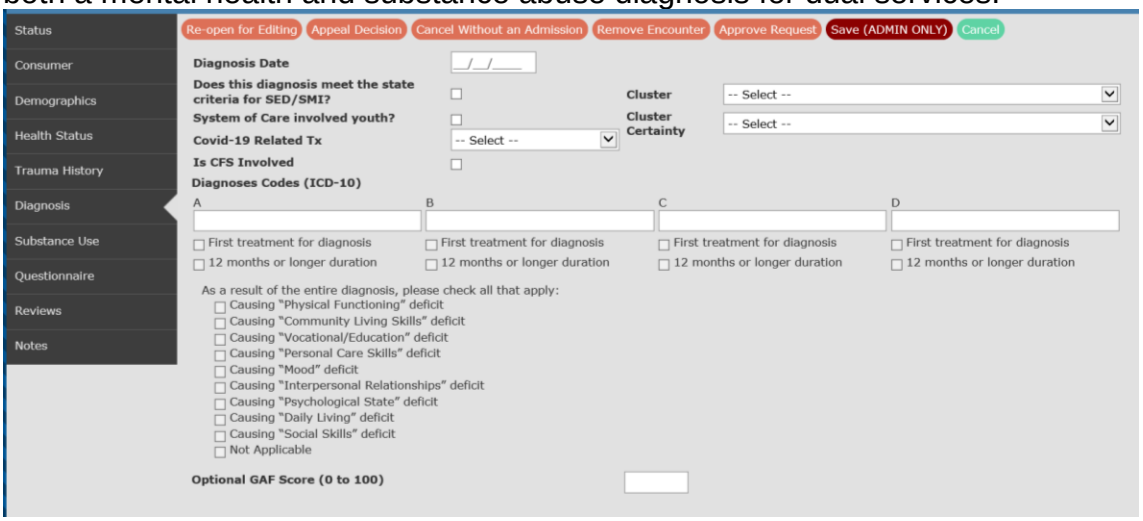

Trauma history is not needed at admission, but should be explored during counseling opportunities. This page can be updated based on reports of trauma history by the client during the period of service.

Any suspected trauma history? Yes

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

Diagnosis Tab

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



Please note: This example was created in the CDS Test Site. This example does not contain any genuine PHI.

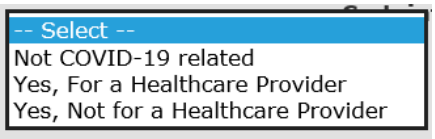
Diagnosis Date – The most recent date the consumer received a diagnosis.

Does this diagnosis meet the state criteria for SED/SMI? – Answering the question of indicate whether or not this consumer’s diagnosis meets the State’s definition of serious

emotional disturbance or serious mental illness. Check the box if “Yes”. See the **Definitions** page of the **CDS Manual** for further explanation.

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

Covid-19 Related TX – Select the appropriate response that corresponds to whether the treatment is Covid-19 related.



Is CFS Involved – Select whether there is or is not CFS involvement.

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

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

Diagnosis Codes

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

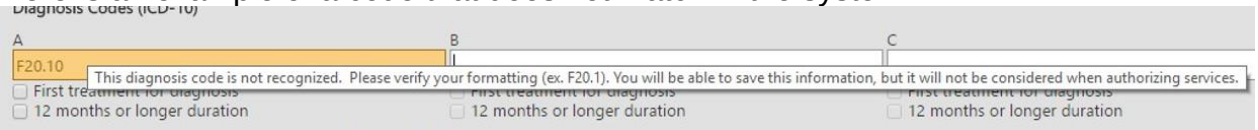
- Primary (MH for MH Service; SUD for SUD service)
- Secondary (primary if co-occurring)
- Secondary
- Secondary

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

After typing in the code, use the tab key to move to the next diagnosis field. If the field turns amber yellow and flashes, your code wasn’t found. If the field turns solid amber yellow, the code is in the other coding list (i.e., a SUD diagnosis for a MH service),

based on the service you are requesting. If the field stays white, your entry is correct per the service type.

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



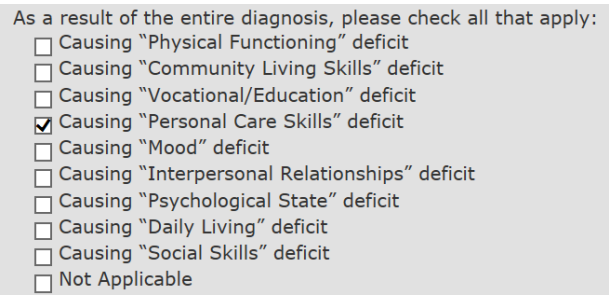
Up-to-date DSM-IV-R codes are required to be translated into ICD-10 codes. Codes other than ICD-10 CM are not acceptable. This is especially critical for any requests for continued stay review authorizations, and when using the Copy Encounter button. Federal law requires the use of ICD-10 CM codes in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

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

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

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

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

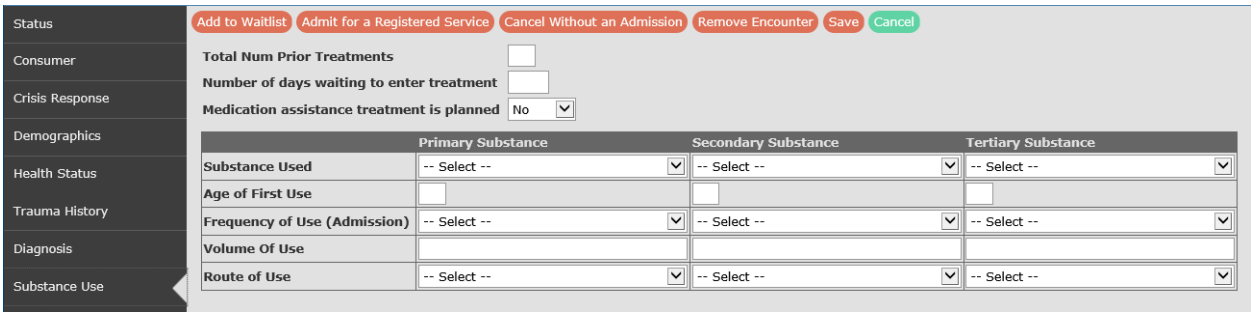


Optional GAF Score – GAF scores are not required. The provider may choose to use the DSM-IV GAF score, or another GAF determination process, such as from the World Health Organization as outlined in the DSM 5.

Substance Use Disorder Tab

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

Fields on Substance Use Tab



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

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

Medication assisted treatment planned – This includes the use of any of the Medication Assisted Treatment options now available to assist in the recovery process. Select No or Yes.

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

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

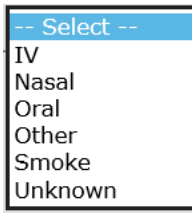
Age of First Use – For each drug listed, indicate the consumer’s age of first use.

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

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

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

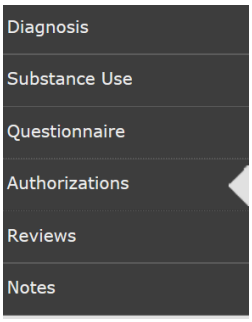
Route of Use – Select from the drop-down menu the route of administration for this substance.

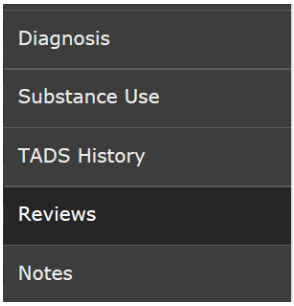


- IV – includes any use of needles with subcutaneous, injection, intramuscular, etc.
- Nasal – is any action through the nose.
- Oral – in some manner placed in the mouth, whether swallowed or not.
- Smoke – any of the several methods of heating, lighting or creating fumes that are then consumed by the individual.

Authorizations or TADS History

Prior service utilization is available by clicking either the TADS History or the Authorizations tab. The TADS History tab provides information concerning the use of registered services, while the Authorizations tab provides information concerning the use authorized services. Accessing the applicable tab provides a history of services billed. For authorized services, it also reviews billings against authorized units or time period. More information about TADS is available in Chapter 20 of this manual. More information about authorizations is available in Chapter 11 of this manual.





TADS History view for registered services:

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

Authorization tab view for authorized services:

Authorizations

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

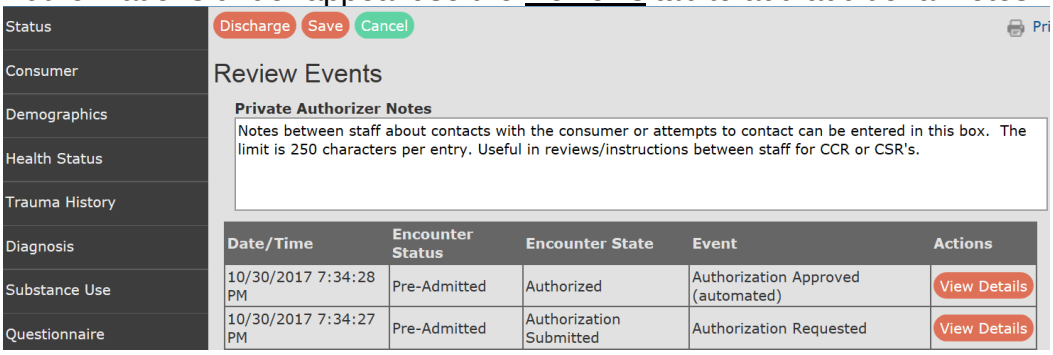
TADS History

Data is fake from CDS test site

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

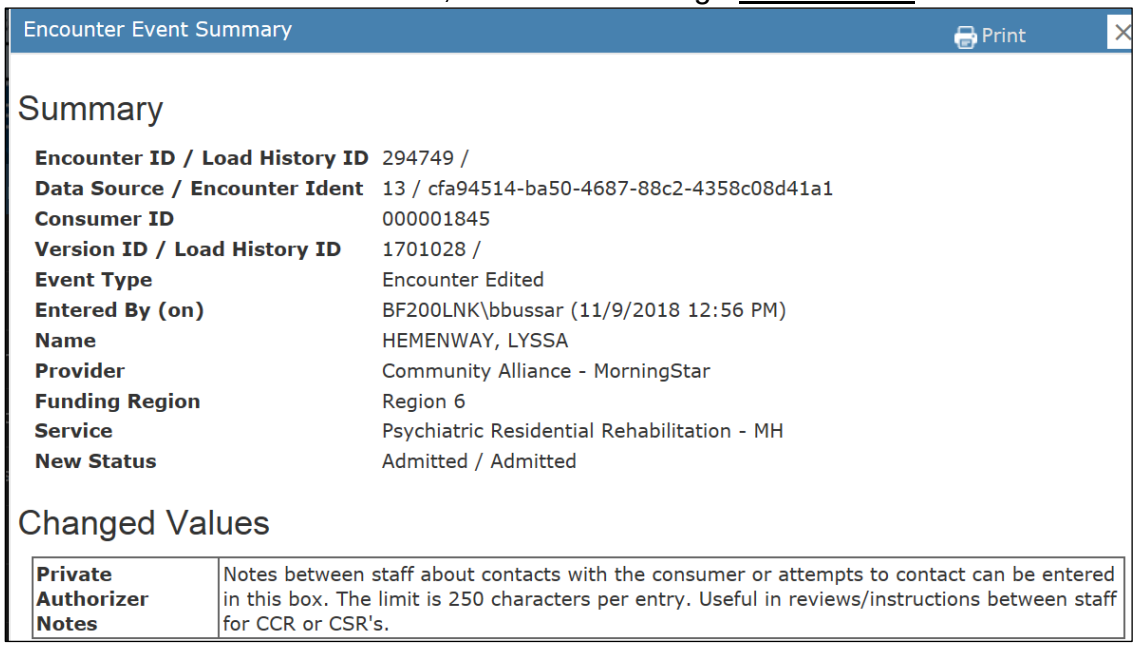
Reviews

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



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

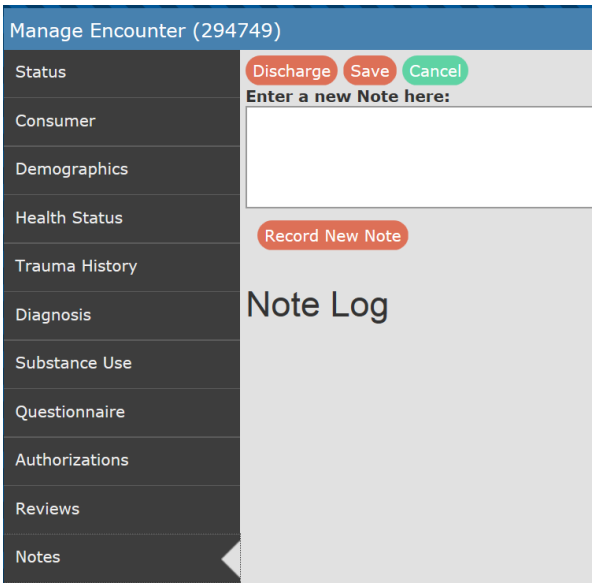
To view the details of the event, click on the orange View Details button.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Notes

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

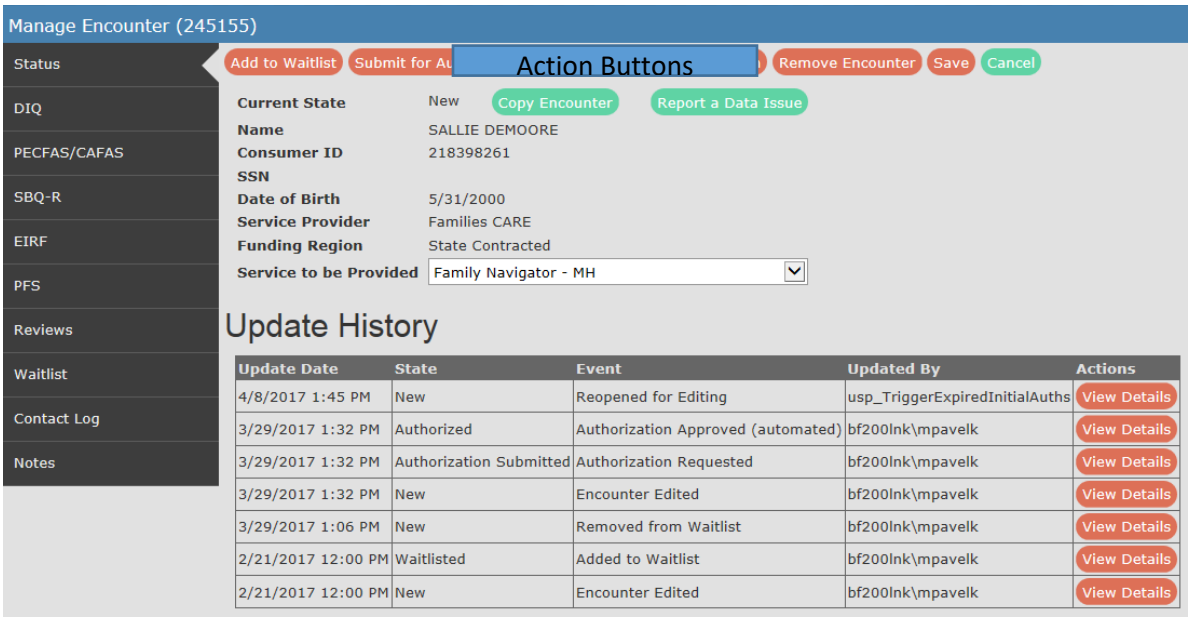


The Notes log is a free text entry screen in which end users can enter information important to the advancement of the consumer in treatment, or to other staff members regarding treatment needs. Click on Record New Note to activate the note section. Click on Save once completed.

Chapter 13: Youth Template

Youth Template

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



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

Consumer Index Tabs (Youth Template)

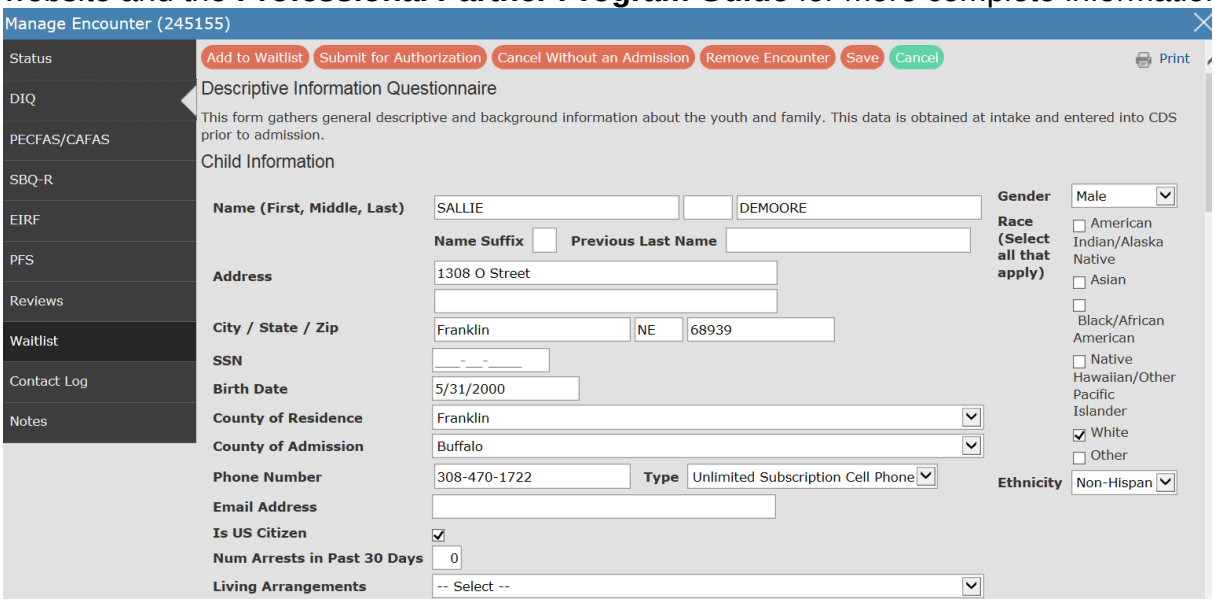
The CDS uses three templates: General, Youth and Emergency. This section will describe the Youth Template. The Consumer Index tabs are located within the Manage Encounter window. Remember to save all entries before going on to the next Consumer Index tab. The Save button is located on the status bar.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

Descriptive Information Questionnaire (DIQ).

The following fields are required:

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

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



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Name (First, Middle, Last) – Taken from the Consumer Identification variables of the Create New Encounter windows.

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

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

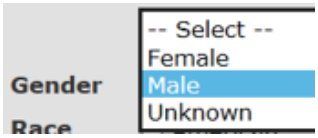
Address – Two lines are available for recording the consumer's address. Record the consumer's home address: Home address is that place to which the consumer will be returning upon completion of treatment. Do not enter into CDS the address of a residential treatment center (consumer survey uses the home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

City/State/Zip – Enter the city, state, and zip code corresponding to the consumer's address. For consumers who are homeless, enter the city, state, and zip code as outlined in the above statement.

Social Security Number (SSN) – List the consumer's Social Security Number.

Birth Date – A key element established with the encounter, can be changed by the end user if necessary. See **Definitions** section for Date of Birth issues.

Gender – Select Male, Female or Unknown:



Race – Select one or more of the available choices as necessary.

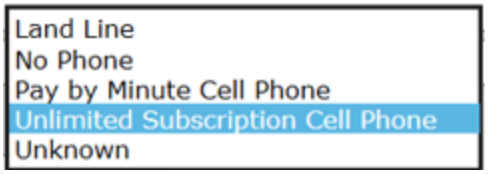
Ethnicity – Select from Hispanic, Non-Hispanic or unknown.

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

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

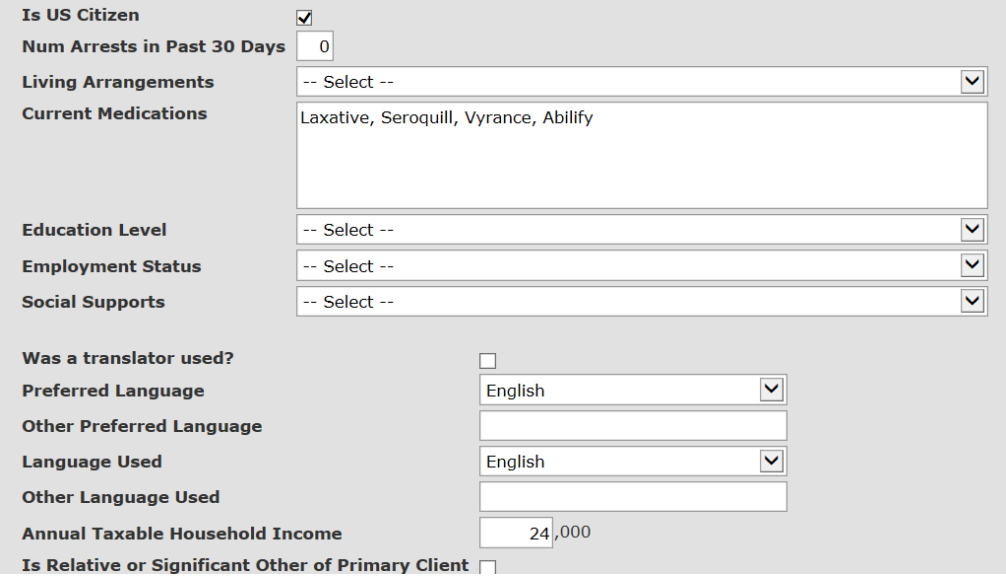
Phone Number – The phone number of the consumer. Used for telephone surveys.

Phone Type – Select from available choices:



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

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

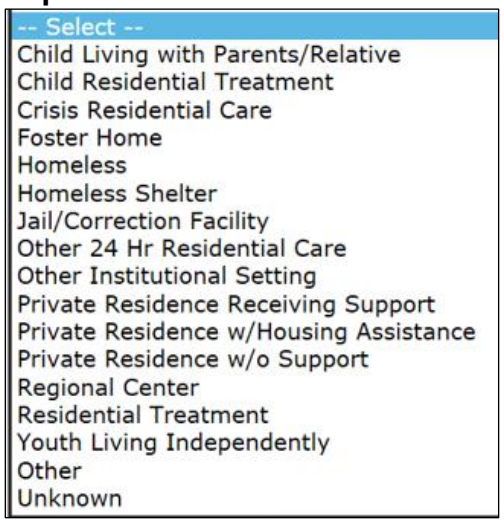


Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

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

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

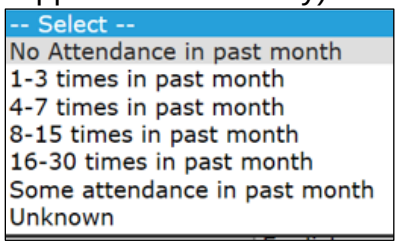


Current Medications – List all current medications, paying special attention to psychotropic medications.

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

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

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



Was a Translator Used? – Mark the check box if a translator was used.

Preferred Language – Select the preferred language of the family.

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

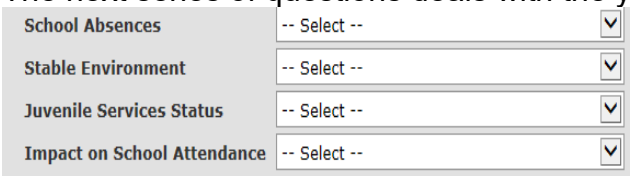
Language Used – Indicate the language used for communication with this family.

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

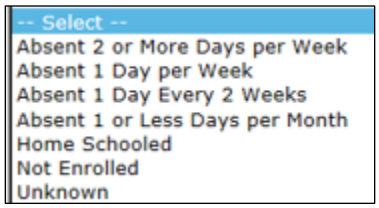
Annual Taxable Household Income – Annual taxable income is defined as alimony, wages, tips or other money received for a food or service. This information can be obtained by review of paycheck records, SSI/SSDI eligibility, Medicaid eligibility, and/or a signed statement from the consumer. For purposes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

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

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



School Absences – Indicate the number of days, from the drop-down menu, that the consumer was absent from school.

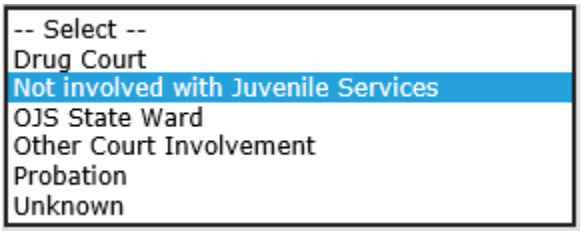


Stable Environment

Select from the available listings in the drop-down menu.

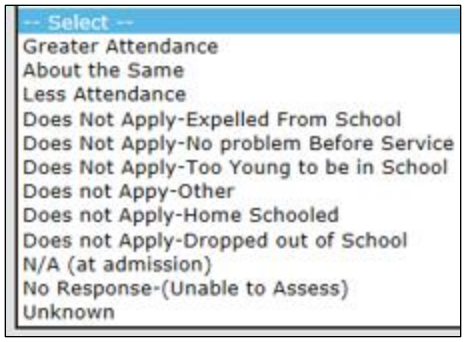
Juvenile Services Status

Select the appropriate response as to whether the consumer is enrolled in one of the listed juvenile services.



Impact on School Attendance

Select the statement that best describes the impact of service on school attendance.



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

- If there is no one dependent upon the consumer's income other than the consumer, enter one (1).
- If the consumer is a child and is dependent upon someone other than self for support, enter zero (0).
- If the consumer is in a "cohabitating" relationship and does not rely on the support of the other individual(s) of the relationship and has no other source of support, enter one (1).

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

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

Diagnosis

Diagnosis Date – Indicate what date the diagnosis was made.

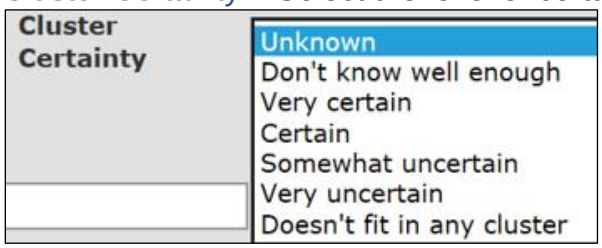
Does this diagnosis meet the state criteria for SED/SMI – Indicate whether or not this consumer's diagnosis meets the State's definition of *Serious Emotional Disturbance* (SED) or *Serious Mental Illness* (SMI). Check the box if "Yes". See the **Definitions** section of the **CDS Manual** for further explanation.

First Episode Psychosis / Coordinated Specialty Care –

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

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

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



Diagnosis (ICD-10 Codes) – List up to four (4) diagnoses.

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

The last two positions allow codes to further explain the consumer's situation.

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

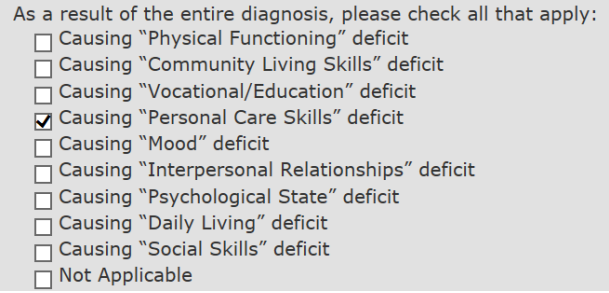
The Diagnosis Codes only allow ICD-10 CM. The system also checks formatting. For example: F33.3 must read exactly as it shows; F33.30 or F_33.3 will not work. System codes are grouped into MH and SUD codes. Check the **System Documentation and Training** website for a list of ICD-10 CM codes by service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

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

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

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

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

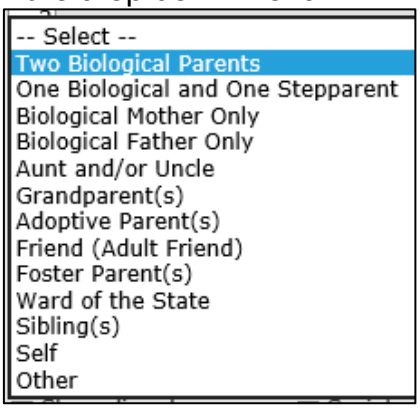


Optional GAF Score – GAF scores are not required. The provider may choose to use the DSM-IV GAF score or another GAF determination process, such as from the World Health Organization as outlined in the DSM 5.

Child and Family History – This section describes the child and family history.

- For how many months in the past six (6) months did the child live at home?
  Indicate a number from zero (0) to six (6).
- Total Number of people in the household where the child is currently living?
  Enter a number between zero (0) and ninety-nine (99).
- Total number of children in the household where the child is currently living?
  Enter a number between zero (0) and ninety-nine (99).

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



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

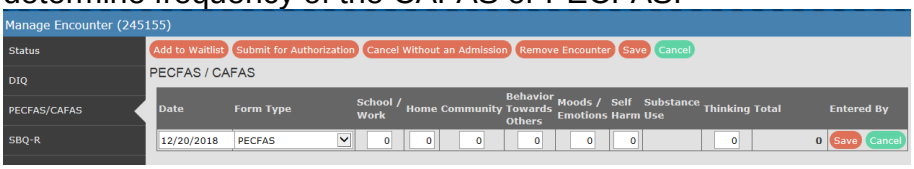
In the past 12 months, did the child receive any of these services – Select as many of the services the child has received in the last twelve (12) months from the list presented.

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

Child's Biological Family – Select the statements that describe the child's biological family.
Scroll up to the top of the form to click on Save.

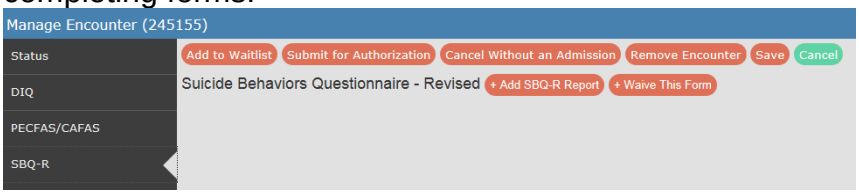
Functional Assessment Scales
Child and Adolescent Functional Assessment Scale (CAFAS) OR Preschool and Early Childhood Functional Assessment Scale (PECFAS)

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

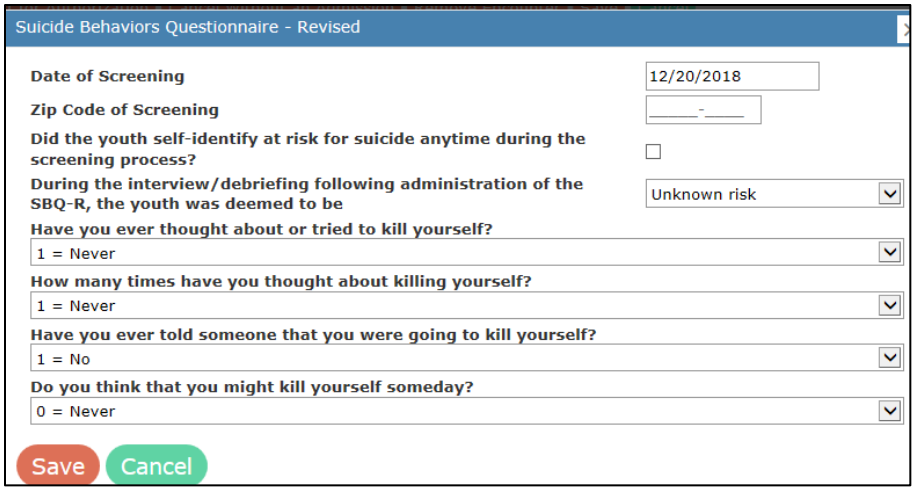


Suicide Behavior Questionnaire – Revised (SBQ-R)

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



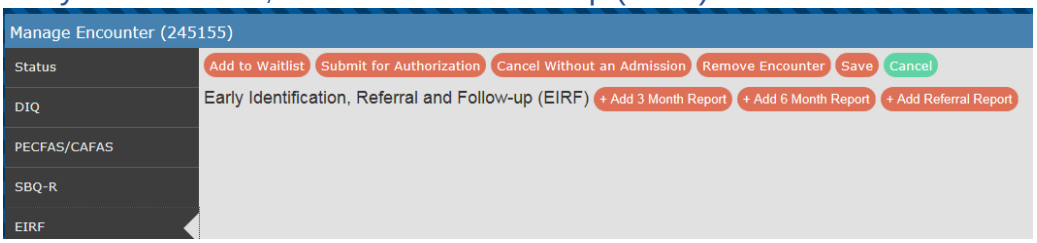
Complete the SBQ-R as appropriate. Select the appropriate answer from the various drop-down menus.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

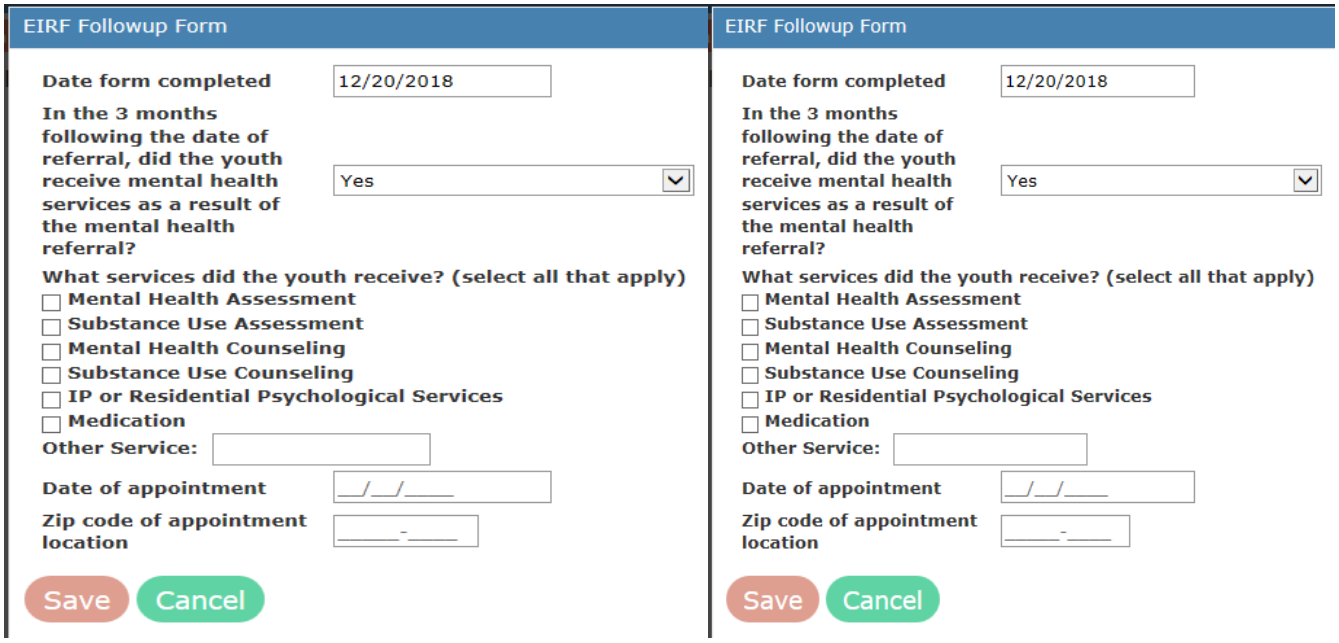
Click the Save button to complete and save the form into the record. Once saved, click on the Details button to see previous results.

Early Identification, Referral and Follow-up (EIRF)

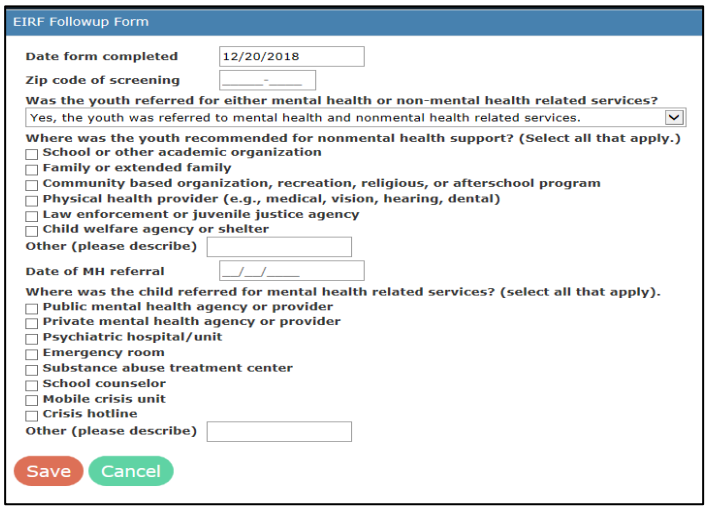


ERIF's are conducted at certain time periods when the consumer is in service. Select the time period from among the three (3) buttons and complete the form. The three (3) and six (6) month follow-up forms are the same. The Referral form is different as depicted following the three (3) and six (6) month form.

Three and Six month EIRF Follow-up Form:



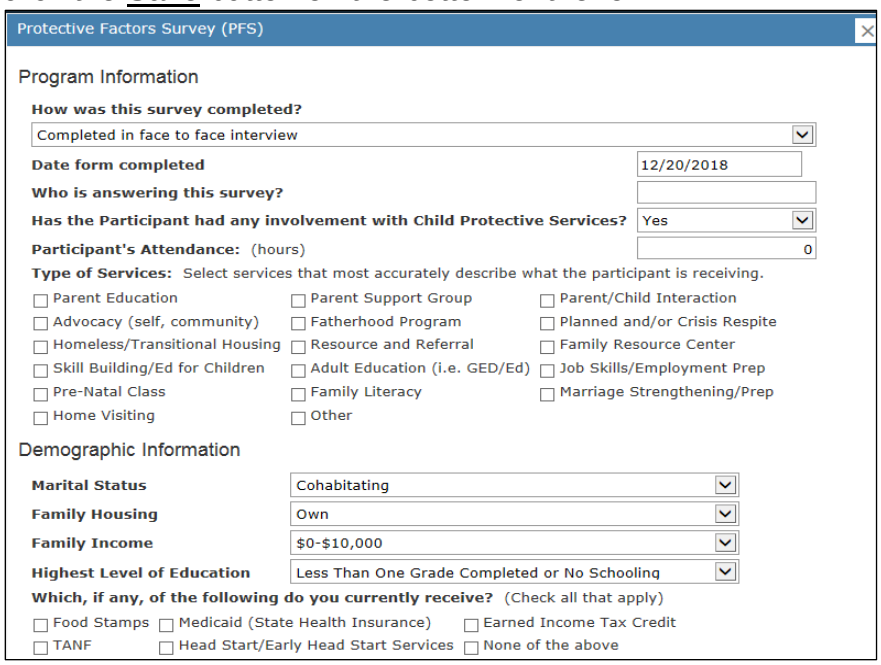
The Referral EIRF Follow-up Form:



Protective Factors Survey (PFS)

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

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



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

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

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

An additional background question is used to indicate how many children there are in the household. Up to four (4) children can be entered by filling in spaces to indicate Gender, Birth Date, and Relationship.

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

4

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

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Survey Questions

Part I

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

Survey Questions

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

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

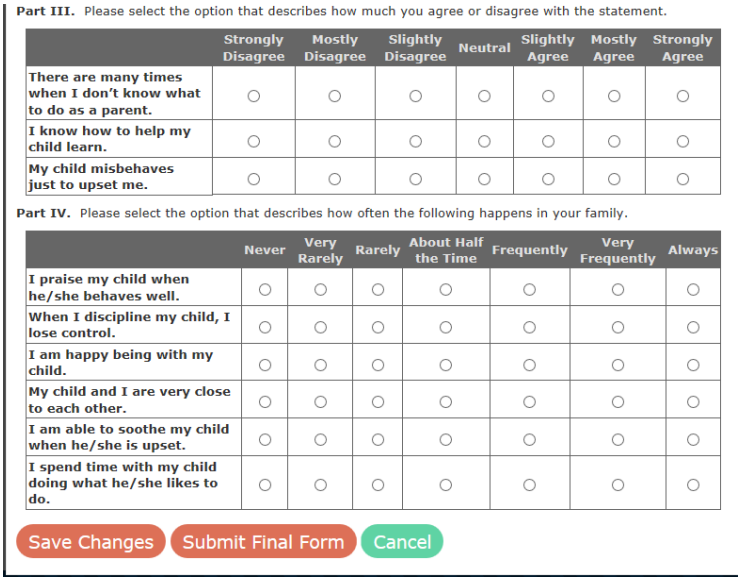
Part II

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

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

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

Part III and Part IV



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

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

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

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

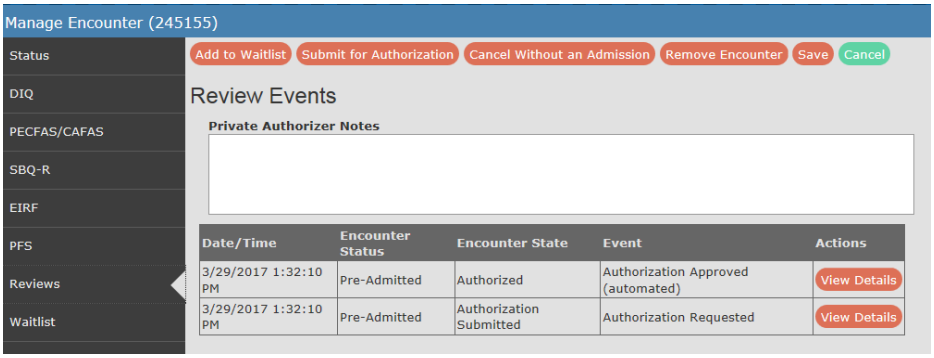
Save Changes | Submit Final Form | Cancel

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

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

Reviews

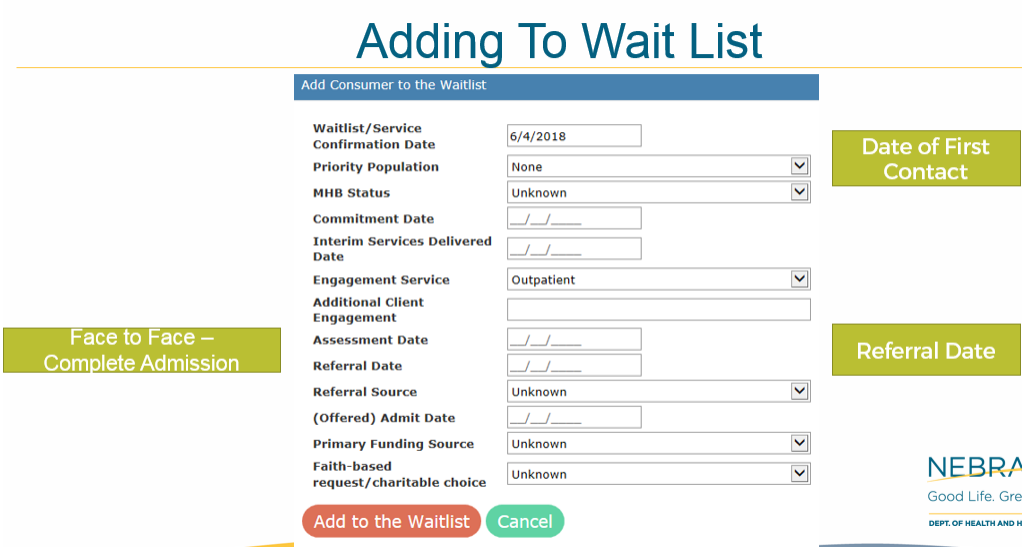
This Consumer tab allows the end user to determine what reviews have been conducted, and the status of the review. It is similar to the Update History table of the Manage Encounter window, in that it provides the opportunity to review authorization history.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Waitlist

Either because of program capacity or family/consumer readiness, the encounter may be waitlisted. Waitlisting is not necessarily a bad thing and can be useful in managing agency resources.

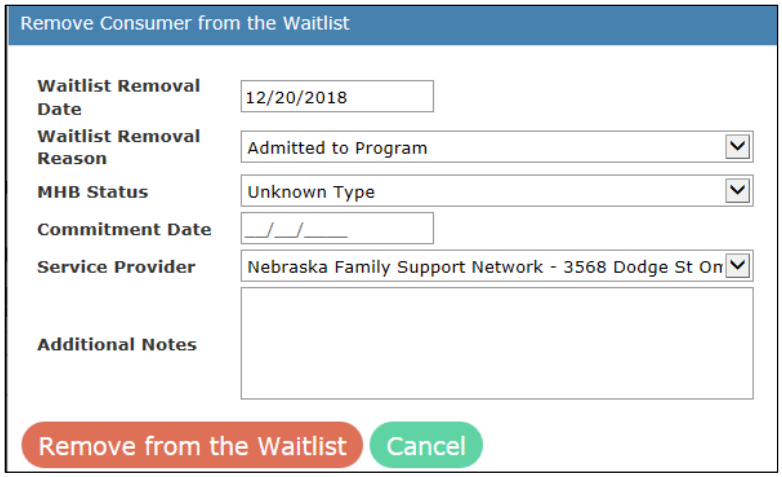


Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

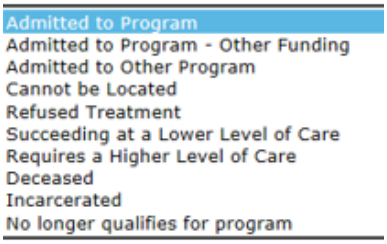
Click on Add to the Waitlist button once the form is completed.

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



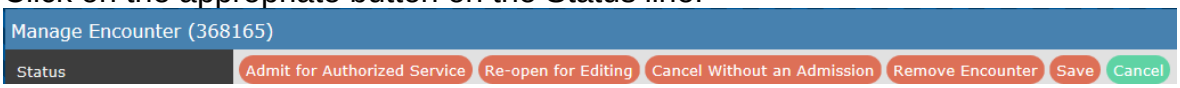
Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

The field for Waitlist Removal Reason has several choices:



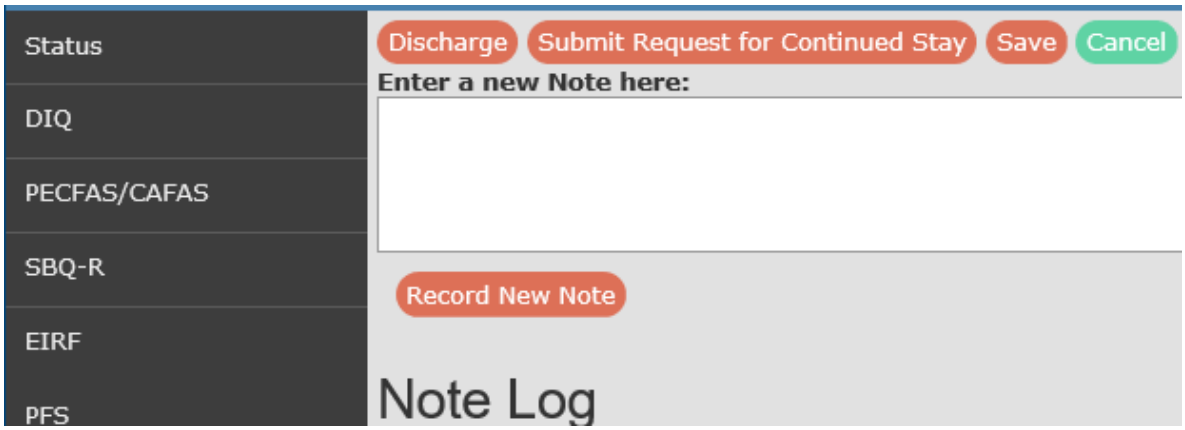
Click on Remove from the Waitlist button to finalize the record for removal. Once removed, or if not waitlisted, the record can be authorized into the program or admitted to registered service. See **Authorization** segment of the manual for more details.

Click on the appropriate button on the Status line.



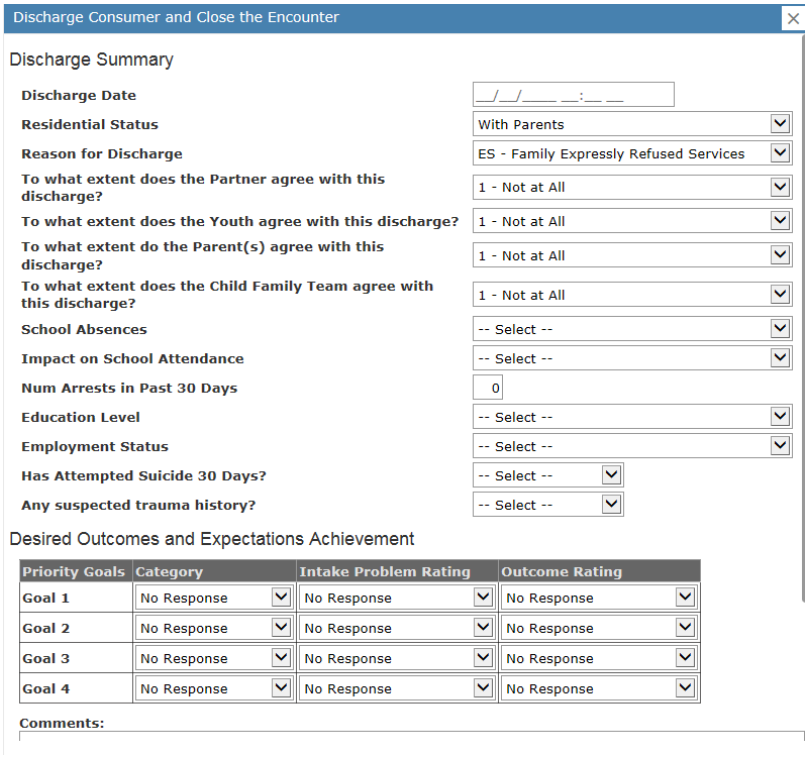
Notes

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



Discharging Encounter

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

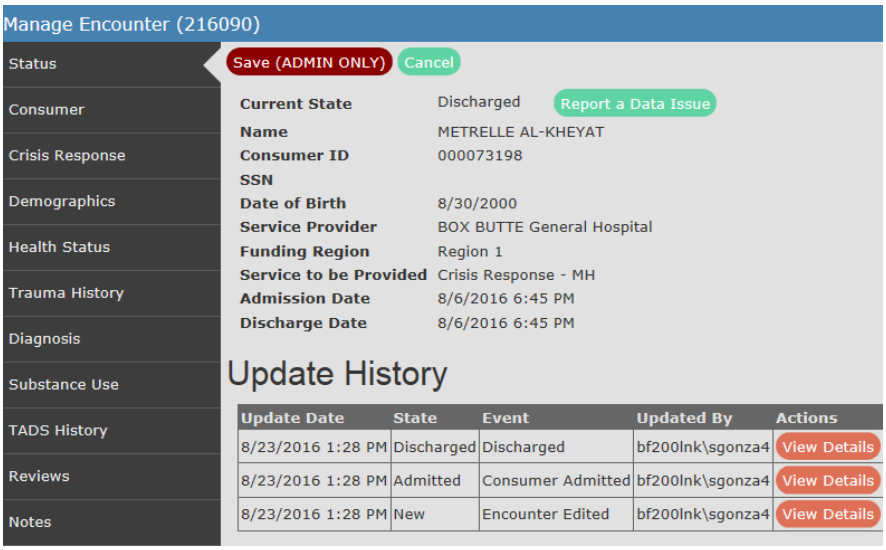


Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Chapter 14: Crisis Template

Crisis Template

CDS uses three templates: General, Youth and Crisis. This section will describe the Crisis template. Services that use the Crisis template include *Crisis Response* and *24-Hour Crisis Line*. Encounters for these services allow for a minimum amount of information to be collected to document the service interaction having taken place. This document will show the differences in the variables used for these services.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Consumer Information

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

Create Encounter

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

Click on the Add Encounter on the index tab found on the left side of the CDS Home page.

Establishing Consumer Identity

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

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

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Consumer ID

The Consumer ID is a system-generated ID that is unique to the combination of the consumer's last name, first name, date of birth, and Social Security Number. Please take care to use only the system-generated Consumer ID for CDS. If you do not know this number, leave this variable blank, and CDS will either locate a previously established Consumer ID, or create a new one where one does not already exist. CDS uses a Master Patient Index (MPI) to link people across agencies and regions. Because each end user can see only the information for which they have permission, end users

may not know that a consumer is already in the system. Carefully enter as much information as you can verify, using documentation made available to you by the consumer.

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

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

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

Date of Birth (REQUIRED) – Describes the date of birth of the consumer.
*Regarding unknown Date of Birth: Every effort should be made to obtain needed information, using copies of official documentation. In the event of a consumer who is not able to provide such documentation, estimating age using 01/01/YYYY is an alternative. Even establishing a month (MM) and year of birth (YYYY) using MM/01/YYYY would assist CDS in identifying the consumer. Because reimbursement occurs on a monthly schedule, emergency and registered service providers might delay data entry while waiting for identifying information.
(In this example YYYY=Year in 4 digit format; MM=Month and DD=Day each in 2 digit format.)

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

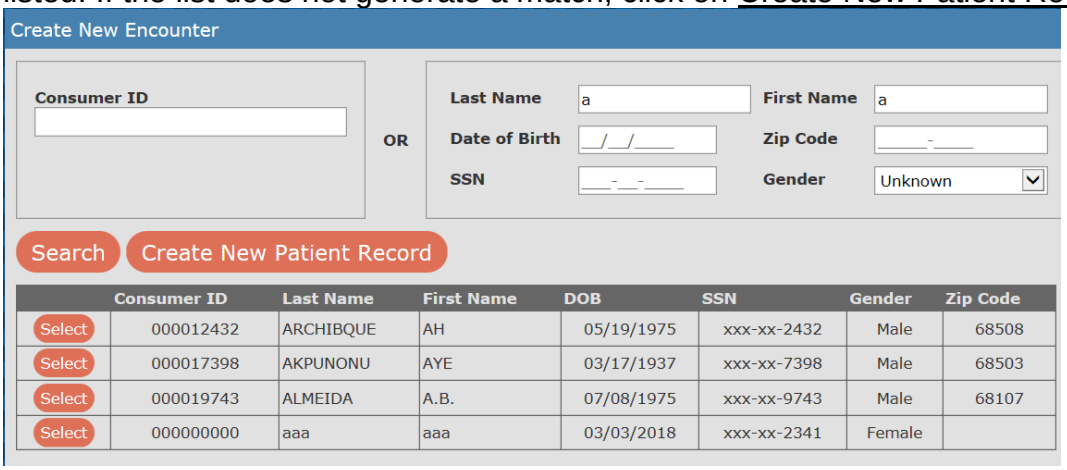
Zip Code and Gender (OPTIONAL) – Enter the consumer's home zip code. If not available, leave blank. For gender, use the consumer's assigned gender at their time of birth.

A Note about Limited Information

Crisis forms may use numbers or letters for first and last name in the event that the name is not available from the consumer. End users are encouraged to get as much information as possible from the consumer seeking crisis assistance. Completing the year and month of birth helps in consumer identification. Likewise, the last four digits of the Social Security Number helps to create uniqueness among crisis participants.

Click on Search or Create New Patient Record

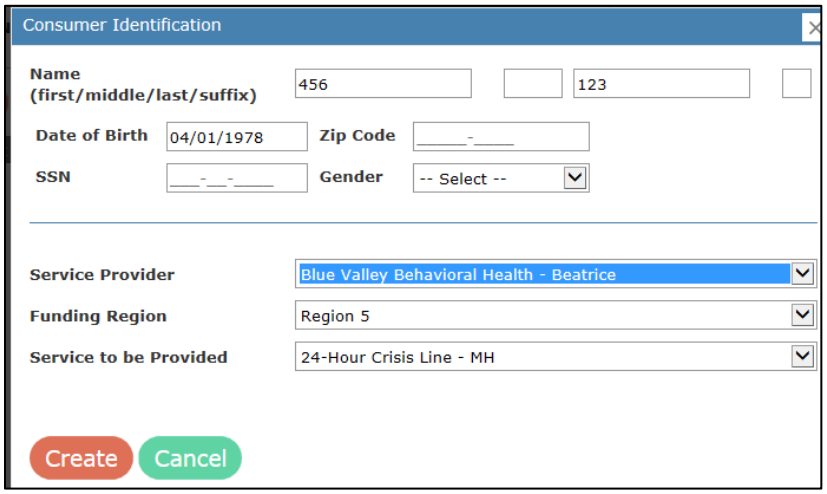
Click on Search if you want to search for the consumer using available data. The search will be conducted based on end user permissions. The search will bring up a listing of known cases with a close fit to the information given. Click on the appropriate consumer listed. If the list does not generate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



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

Create New Encounter – Provider Information



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

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

Funding Region – Describes the Region contract funding this encounter.

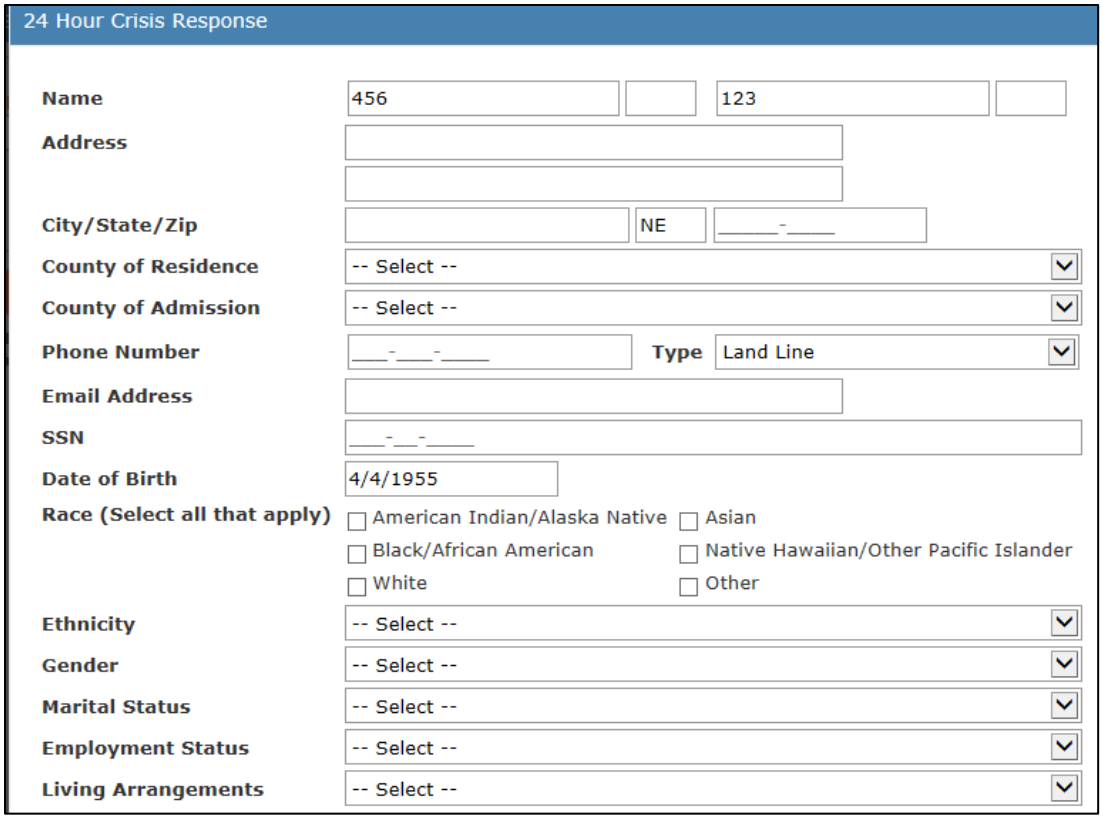
Service to be Provided – Describes the service that CDS is tracking for the consumer in this encounter. Click on Crisis Response. To be a Crisis Response encounter, one of the service expectations is: "Perform a crisis assessment including brief mental health status, risk of dangerousness to self and/or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

Click Create

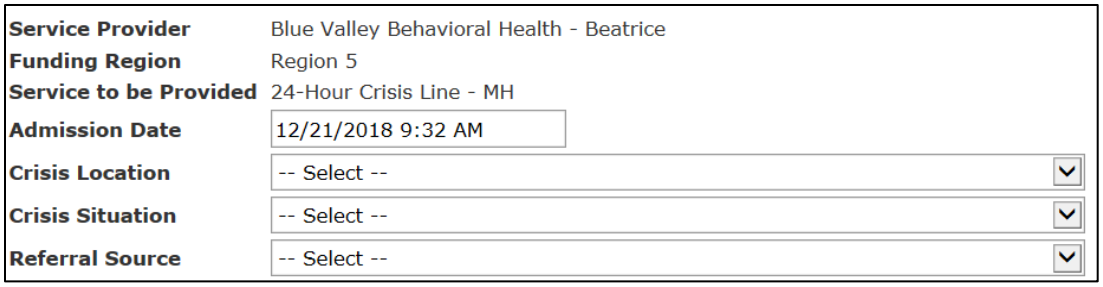
CDS creates a new encounter.

Complete the Crisis Response Form

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



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Name – Established on the Consumer Identification window and repeated here. End users can make changes to the consumer's name, if needed, until the Save button is clicked.

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

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

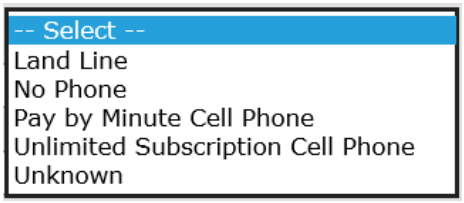
County of Residence – This is the county of the consumer's home residence. Choose the appropriate county from the drop-down box. If this information is not known or unable to be determined, choose "Unknown".

County of Admission – This is the county of the crisis situation. Choose the appropriate county from the drop-down box.

Phone number

Enter phone number, if available. If unknown, leave blank.

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



E-mail Address – If known, enter the consumer's e-mail address. If unknown, leave blank.

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

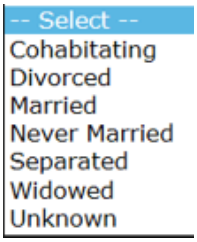
Date of Birth – Date of birth from the consumer identification window will repeat here.

Race – Select all that apply from among the choices listed.

Ethnicity – Select "Hispanic", "Non-Hispanic", or "unknown" from the drop-down menu.

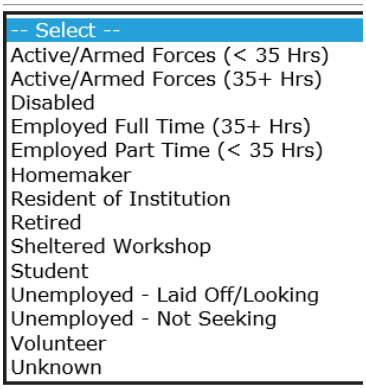
Gender – Select the consumer's gender at birth from the drop-down menu.

Marital Status – Select from among the available choices in the drop-down boxes.



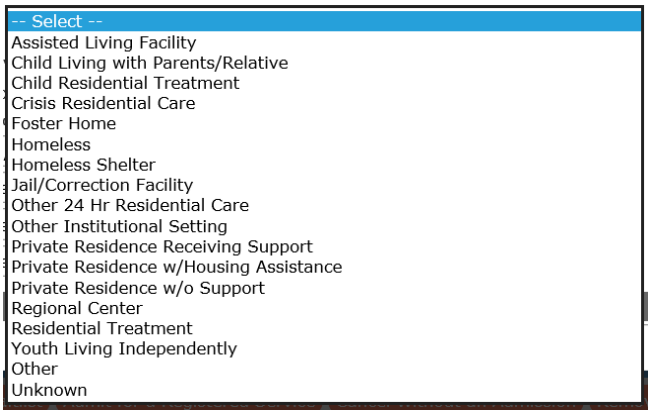
Employment Status

Indicate the consumer's employment status. See **Employment Status Definitions** found in this manual.



Living Arrangements

Select from the choices in the drop-down menu. See **Living Situation Definitions** elsewhere in the manual.



Living Arrangements – Select from the choices in the drop-down menu. Refer to the **NOMS chapter** of this manual (**Chapter 25**) for more detailed information about the available living arrangements.

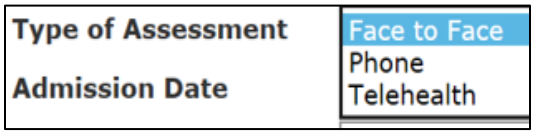
Service and Funding Information

Service Provider – This information will autofill from the second window of the New Encounter set-up.

Funding Region – This information will autofill from the second window of the New Encounter set-up.

Service to be Provided – This information will autofill from the second window of the New Encounter set-up.

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



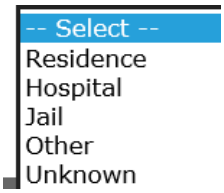
Admission Information

Admission Date

Accept the date as posted, or change to the actual date of encounter, if entering at a later date.

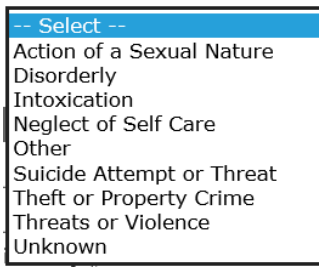
Crisis Location

Select from the available choices in the drop-down menu.



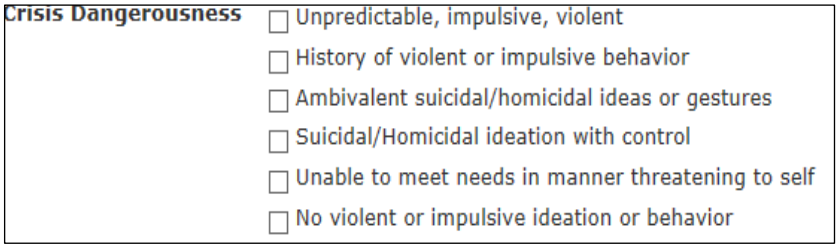
Crisis Situation

Select from the available choices in the drop-down menu.



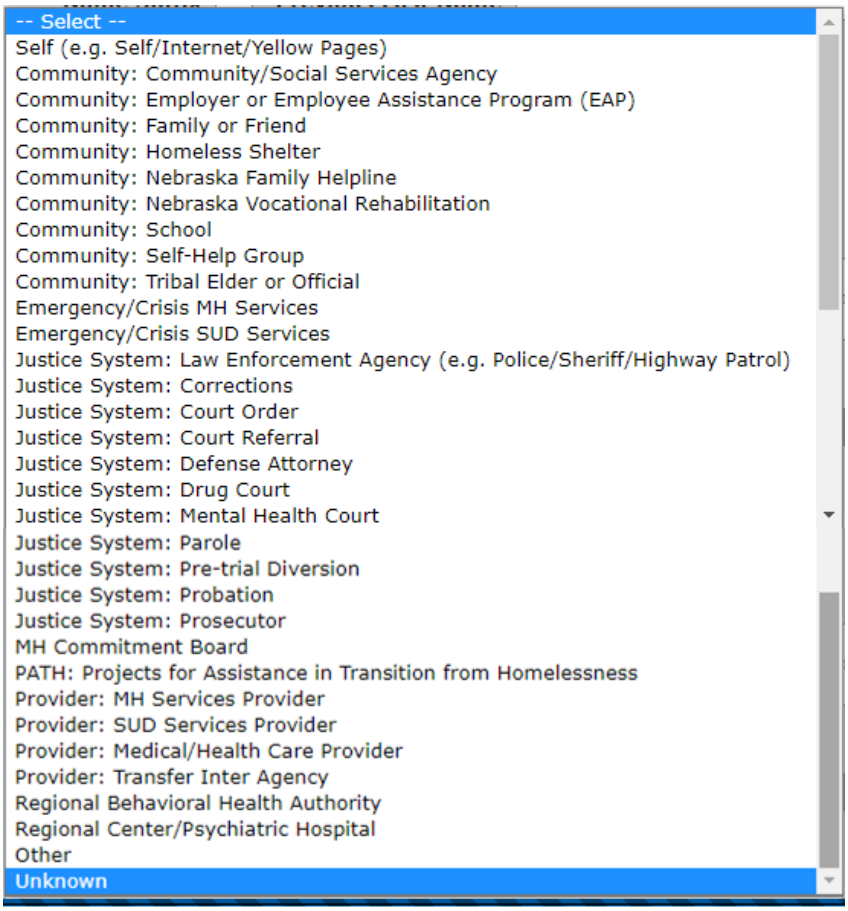
Crisis Dangerousness

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



Referral Source

Select from the drop-down menu (see **Referral Source Definitions** found in this manual or on the **System Documentation and Training** website).



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

	Primary Substance	Secondary Substance	Tertiary Substance
Substance Used	-- Select --	-- Select --	-- Select --
Age of First Use			
Frequency of Use (Admission)	-- Select --	-- Select --	-- Select --
Volume Of Use			
Route of Use	-- Select --	-- Select --	-- Select --

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

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

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

Is Med Compliant –Check the box if the consumer is compliant with their prescribed medications.

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

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

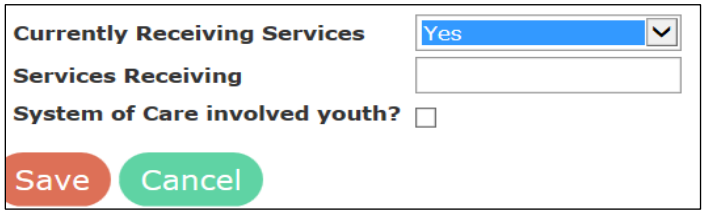
Support System Types – Check the types of support the consumer has available to them that can influence progress toward recovery.

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

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

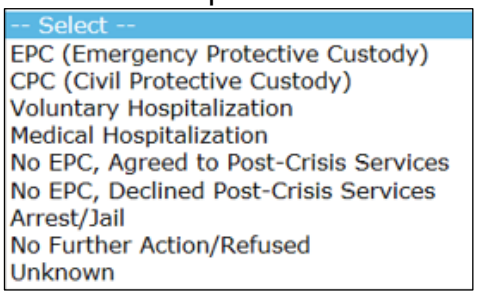
Ability To Cooperate	☐ Willing and able to cooperate
	☐ Wants help but is ambivalent or unmotivated
	☐ Passively accepts help
	☐ Little interest or comprehension
	☐ Unable or unwilling to cooperate

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



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

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

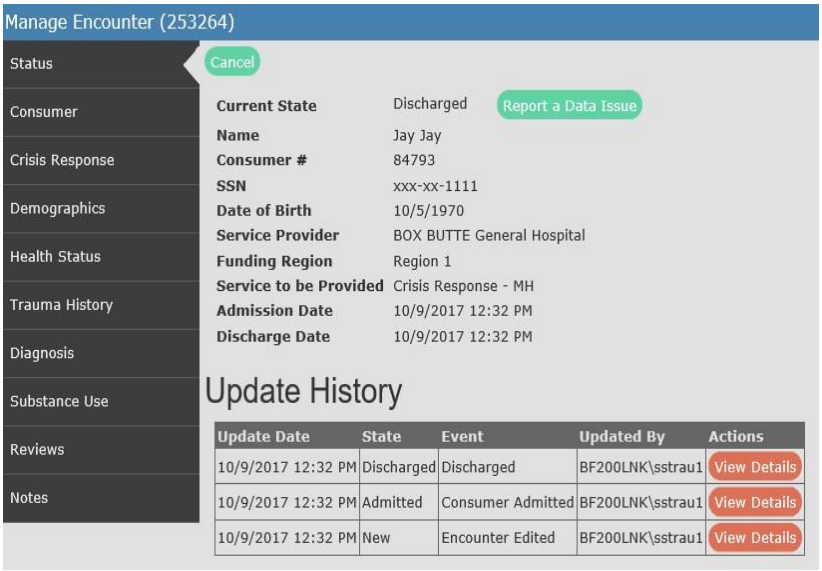


System of Care Youth – Indicate if the consumer is a System of Care youth. In other words, if this Crisis Response is to be funded using System of Care funds, check the box.

Once the end user has entered all pertinent information in the desired fields within the “Crisis Response” form, click the Save button. Once the end user clicks the Save button, the encounter is then saved, and CDS discharges the encounter. Please try not to be interrupted while completing a record, as doing so creates an ***orphan record*** and the end user must start over in completing the form.

**Once saved, this record is no longer able to be edited by the end user.
**Once Save is clicked, the system automatically “discharges” from this service.

You can view the entries in the Crisis Response tab in the Manage Encounter module.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Chapter 15: Questionnaire

Questionnaire

Introduction to Questionnaire

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

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

End users should complete the authorization questionnaire as the last step in obtaining an authorization. Complete all of the Consumer tabs before completing the questionnaire. The automated authorization processes users information contained across multiple Consumer tabs to evaluate the consumer's qualification for an authorized service.

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

There are several steps in preparing for an authorization:

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

An initial authorization begins with creating an encounter, followed by completing the Consumer tabs and an Initial Questionnaire. Continued Stay Reviews begin with review of the Consumer tabs (updating data fields as needed) and completing a Progress

Report. To discharge an authorized encounter, review Consumer tabs (updating data fields as needed) and complete a Discharge Report**.**

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

- Questionnaires compare end user input against a logarithm that considers severity of the consumer's condition and the service being sought.
- To get an authorization, end users select the most appropriate responses to all components of the authorization questionnaire, considering the consumer's condition at the time of authorization request.
- End users must evaluate the consumer's condition as it compares to the general population, not just those with mental health or substance use disorders.
- Once the system approves an authorization, the end user then clicks on the Admit for Authorized Service button. Doing anything else stops the approval process (If stopped, end users must complete another questionnaire).

End users can make three (3) attempts to gain automated approval.

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

Uncertainty in Funding

Providers must track consumer funding eligibility status, and secure necessary authorization through the appropriate funding source, even when a consumer's eligibility changes during the course of a treatment episode. Providers are accountable for accurately identifying, seeking authorization, and billing the appropriate payer source consistent with ongoing consumer eligibility. DBH is the payer of last resort, and shall not pay for services shared with Medicaid for Medicaid-eligible consumers.

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

Complete a Questionnaire

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

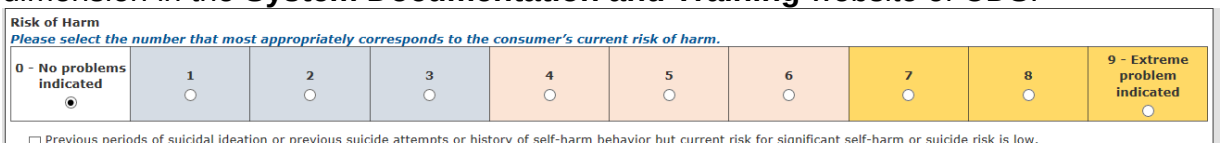
About the Questionnaires

All questionnaires have similar parts:

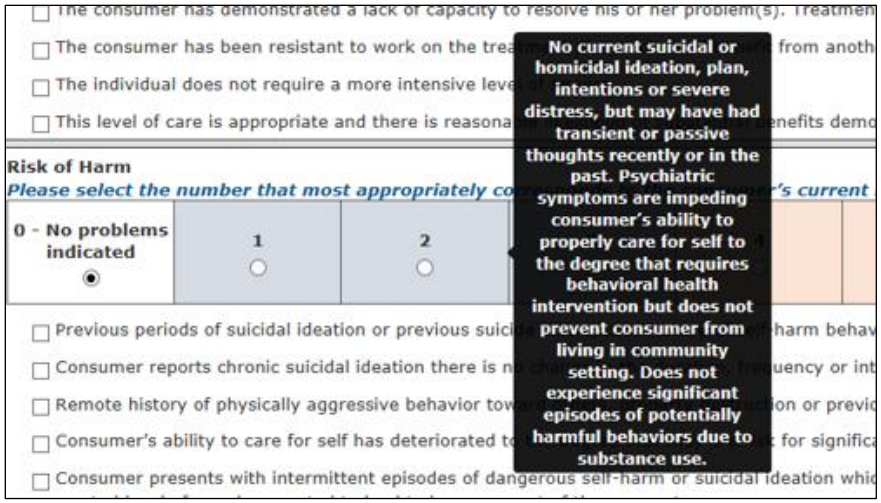
- The scale designed to indicate severity (Likert 0-9). A description of the Likert scale criteria appears in popup windows.
- Statements designed to describe the consumer's situation.

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

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



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



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

Add Initial Status Report

Initial Status Reports

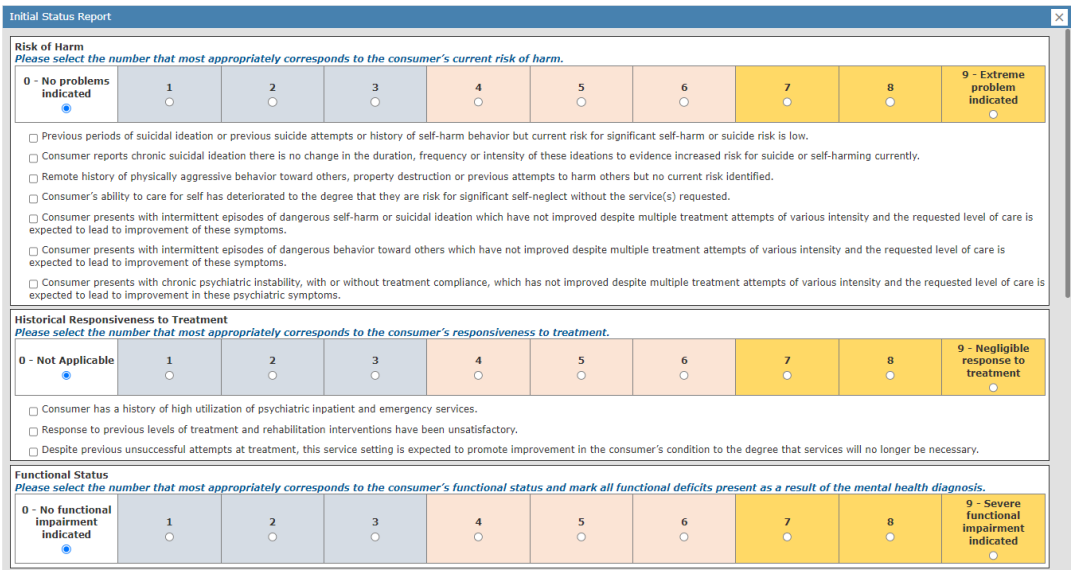
The Initial Status Reports include any of the first three (3) attempts to secure an authorization.

Use the View Detail button on the Actions column of the Update History list to review the reasons for any denials.

Mental Health Questionnaire

The six domains utilized on the mental health questionnaire are as follows:

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



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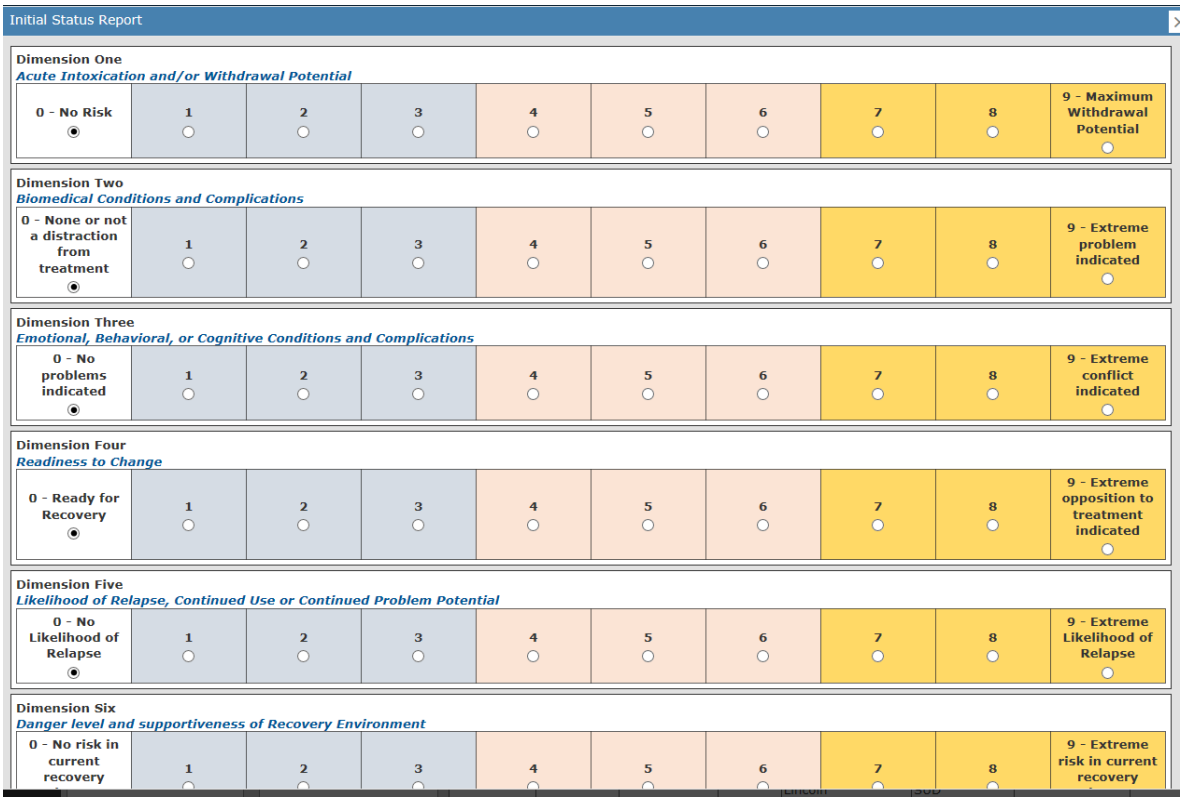
Substance Use Questionnaire

American Society of Addiction Medicine (ASAM) Criteria National Practice Guidelines Dimensions. The six dimensions included on the substance use disorders questionnaire are as follows:

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



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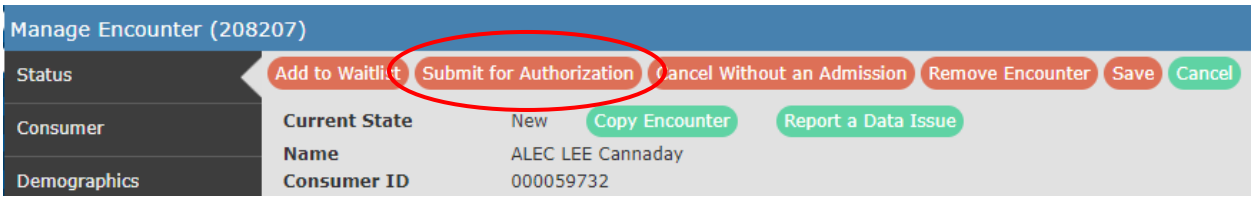
Complete the initial status report by indicating the level of severity in the Likert scale, and clicking on the dimension statements that further describe the consumer's situation and level of treatment need.

After completing the questionnaire, click on the Save button.

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



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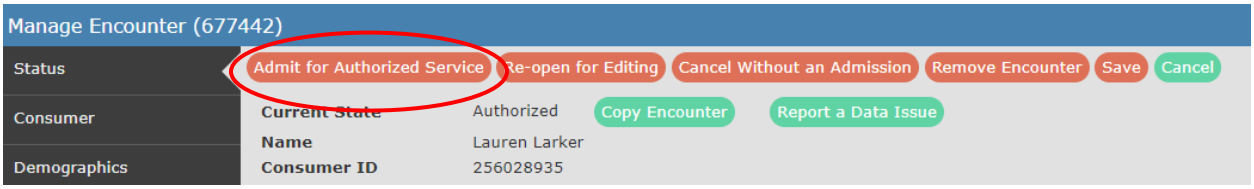
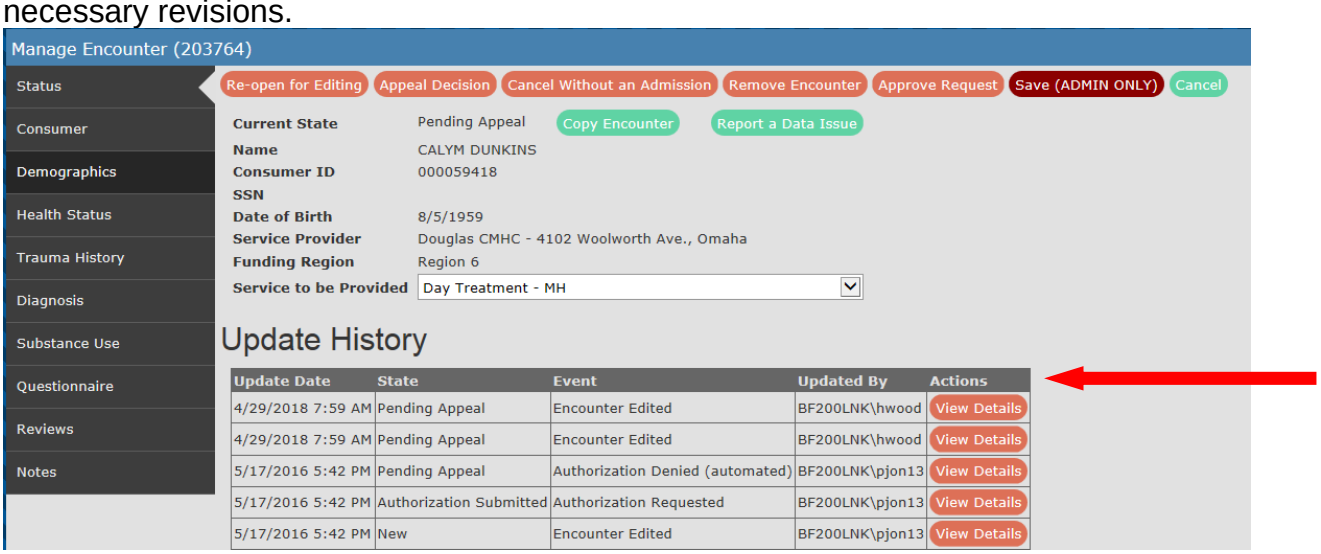
If approved, immediately click on the Admit to Authorized Service button. Doing anything else terminates the authorization, and you must request a new authorization.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

If the system issues a denial, click on the View Details button on the Actions column to see the system response. Carefully check the denial reasons and complete the necessary revisions.



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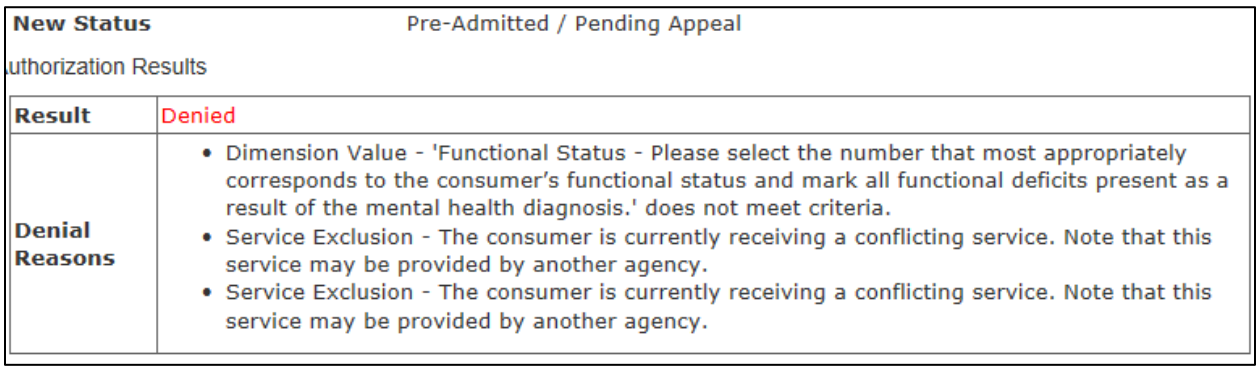

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Review the responses on the questionnaire for each area triggering a denial reason. Correct any deficiencies or errors in entry and submit a new questionnaire with corrections made. Observe in the above example that the overriding denial is that the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

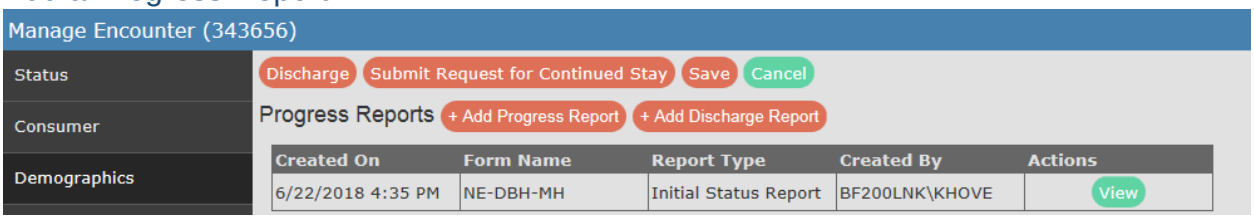
Progress reports

Are made at each Continued Stay review. The system sends an alert to end users two (2) weeks in advance of the end date of an authorization. As with initial status reports, continued stay reviews can be attempted up to three (3) times. Each attempt requires a new Progress Report. Review the detail of any denials by clicking on the View Details button on the Action column of the Update History list to review the reasons for denial. An approved re-authorization begins the day after the end date of the previous authorization.

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Again, an authorization questionnaire is required for any new authorization requests, and a progress report is required for continued stay reviews. A Discharge report is required at discharge. The questionnaires are located in the consumer tab labeled Questionnaire.

Add a Progress Report



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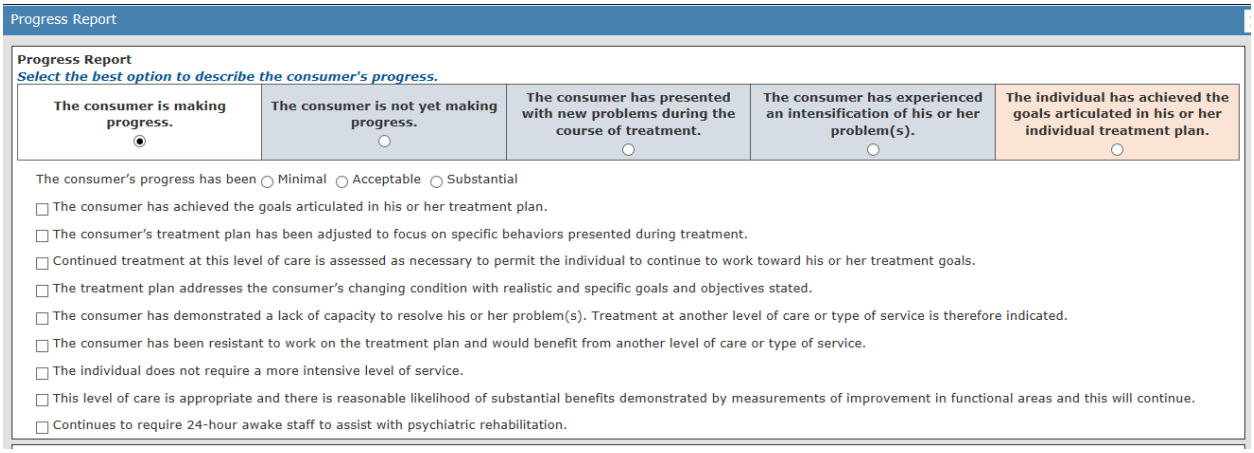
The Progress Report uses the same dimension statements, along with a progress section, to review the current needs of a consumer in treatment.

As with the initial status report, end users select a severity index and the statements that best describe the consumer's situation. Begin with statements that summarize the consumer's progress.

Do not forget to update all the consumer tabs before completing the progress report. Progress Report for Mental Health first section:



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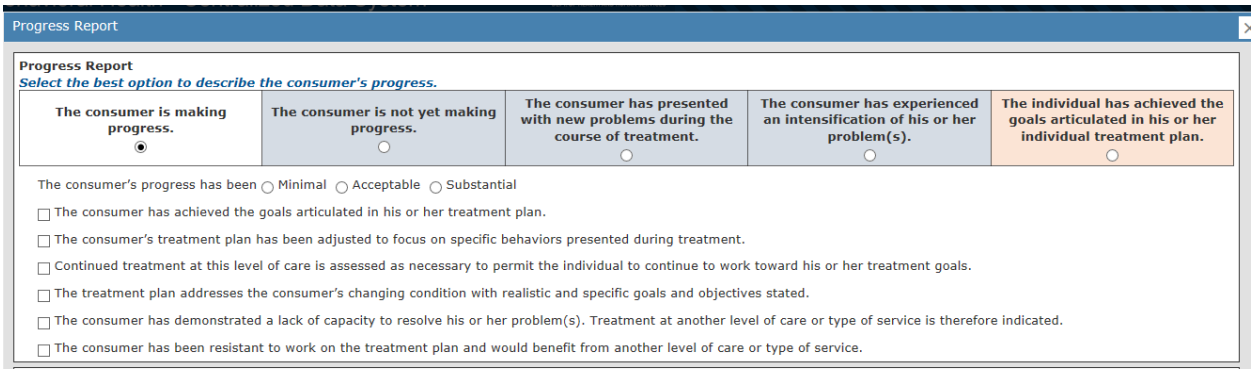
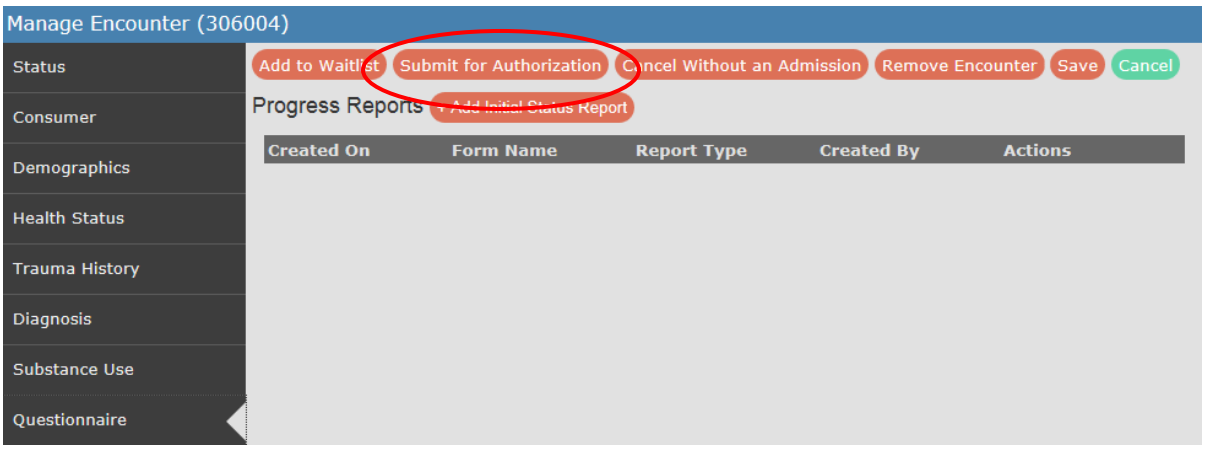
Progress Report for Substance Use Disorder first section:



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

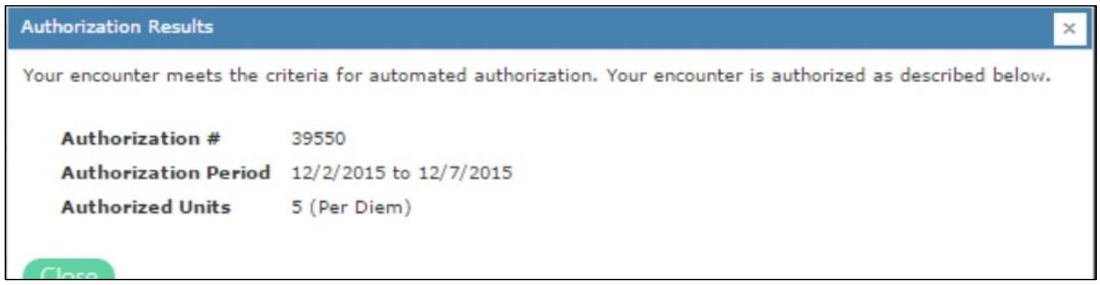
As with the initial status report, the Progress Report continues with the end user selecting responses to each of the dimensions. End users will save the Progress Report and then click on the Submit for Continued Stay button. If the progress report is approved, immediately click on the Admit for Continued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

Submit for Authorization Button



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

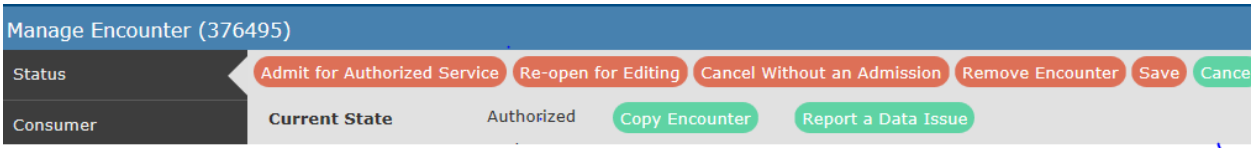
This will begin the process of an authorization request. This button appears at the top of the Manage Encounter screen. For a registered service, you will not see this button.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

Admission must occur within seven (7) days of the authorization. Authorizations expire seven (7) days after approval. For admission more than seven (7) days after the authorization approval, end users must start a new authorization, using the information previously entered, along with any new updates to the consumer disposition. This seven (7) day overlap creates opportunity for interagency coordination of care.



Please note: This example was created in the CDS Test Site. This example does not contain any genuine PHI.

There are three general reasons for a denial:

- Medicaid eligibility,
- Conflicting service, or
- Inappropriate level of care.

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

Update Date	State	Event	Updated By	Actions
3/30/2018 10:18 AM	Pending Appeal	Encounter Edited	BF200LNK\hmurdoc	View Details
6/27/2017 2:11 PM	Pending Appeal	Authorization Denied (automated)	bf200lnk\ngardne	View Details
6/27/2017 2:11 PM	Authorization Submitted	Authorization Requested	bf200lnk\ngardne	View Details

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Medicaid Denial – If request for authorization is denied due to Medicaid eligibility, **do not** repeat the authorization request and **do not** appeal the authorization decision. More information about authorization and denials due to Medicaid eligibility is available in Chapter 11 of this manual.

Conflicting Service – If the error reports a Conflicting Service, contact the region for further instructions. **Do not** repeat the authorization request until the conflicting service is resolved. **Do not** appeal the denial. Additional information concerning authorization denials due to conflicting services is available in Chapter 11 of this manual.

Authorization Results

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

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

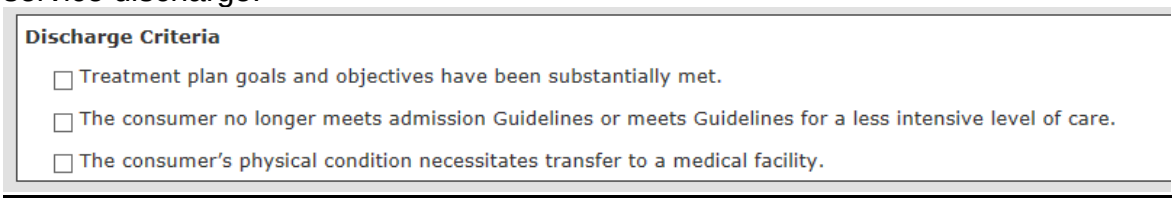
Other – A list of other denial reasons appears in the View Details next to the denial report. Correct any errors by using these statements as a guide. Read the denial report carefully to be assured you are making all corrections necessary, and responses match clinical expectations for the particular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

End users can attempt three (3) requests for authorization. After the third denial, agencies can appeal the automated decision, or Cancel Without Admission, and select/recommend another service level. To appeal the automated decision, click on the Appeal Decision button, and complete a response to the information requested on the appeal form.

Discharge Progress Report

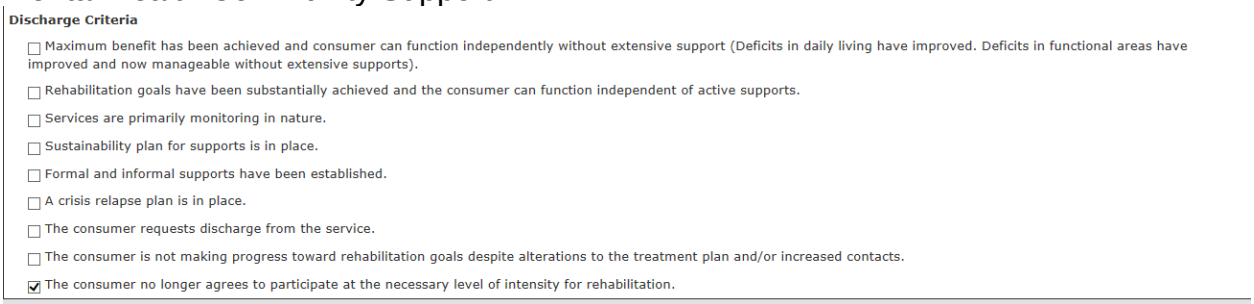
As with the progress reports, end users will complete an update of the Consumer tabs and a new Discharge Progress Report. The Discharge Progress Reports are similar to Progress Reports in that the end user selects from the Likert scales the status of a consumer as they conclude the service level. The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

Discharge questionnaires conclude with statements about the consumer's specific service discharge.

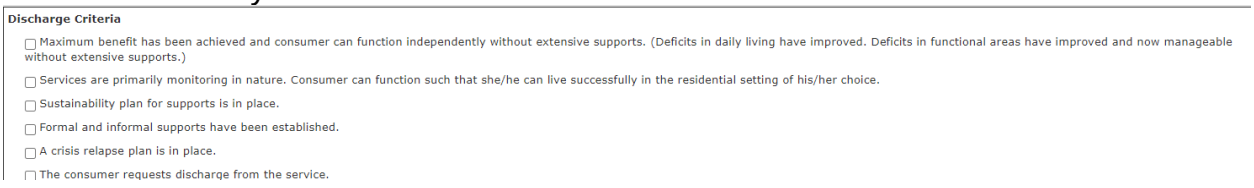


In many cases, the Discharge Criteria are very broad. End users having difficulty discharging an authorized encounter can select "The consumer no longer meets admission Guidelines or meets Guidelines for a less intensive level of care." This response is appropriate for an encounter where the funding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

Mental Health Community Support:



Mental Health Day Rehab:



ACT Program:

Discharge Criteria

- ☐ Maximum treatment/rehabilitation benefit and goals have been achieved. The consumer can function independently without extensive professional multidisciplinary supports. (Deficits in daily living have improved. Deficits in functional areas have improved and now manageable without extensive supports.) Services are primarily monitor in nature and can be sustained with a lesser level of care.
- ☐ Sustainability plan for supports is in place.
- ☐ Formal and informal supports have been established.
- ☐ A crisis relapse plan is in place.
- ☐ The consumer requests discharge.
- ☑ The consumer relocates out of the ACT team's geographic area.
- ☐ The consumer is admitted to a higher level of care (inpatient, residential levels of care) for a period to exceed 10 days.

MH Day Treatment:

Discharge Criteria

- ☑ The consumer's documented treatment plan, goals and objectives have been substantially met.
- ☑ The consumer no longer meets Continued Stay Guidelines, or meets Guidelines for a less or more restrictive level of care.
- ☑ Symptoms are stabilized.

Chapter 16: Supported Employment

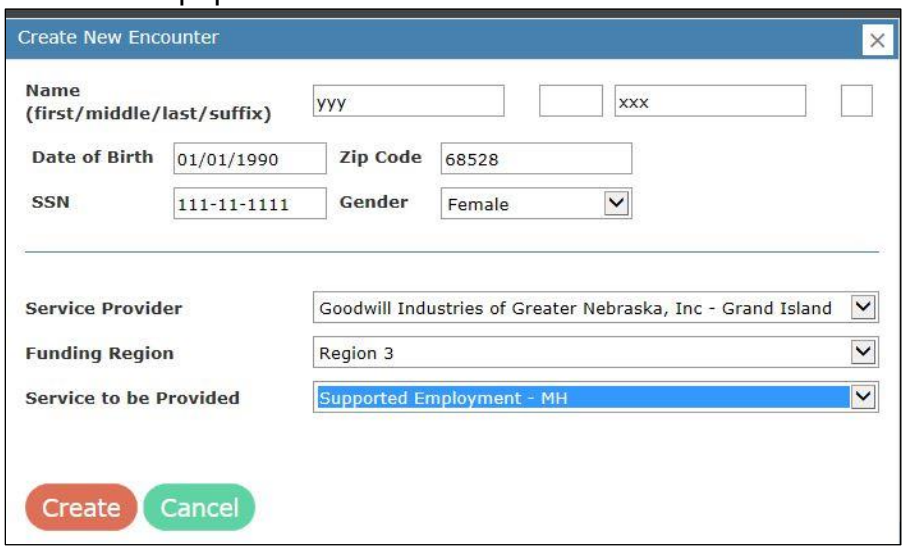
Supported Employment MH and SUD

Create Encounter

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

Please note: This example was created in the CDS Test Site. This example does not contain any genuine PHI.

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



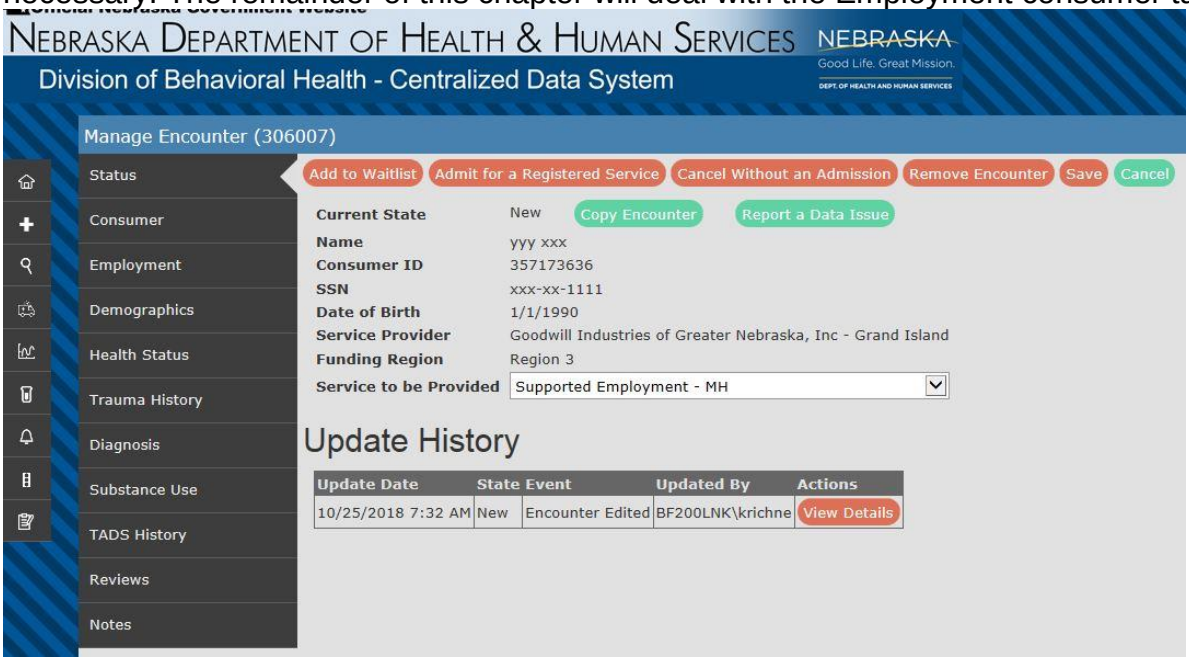
Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

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

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

Supported Employment Consumer Tab

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

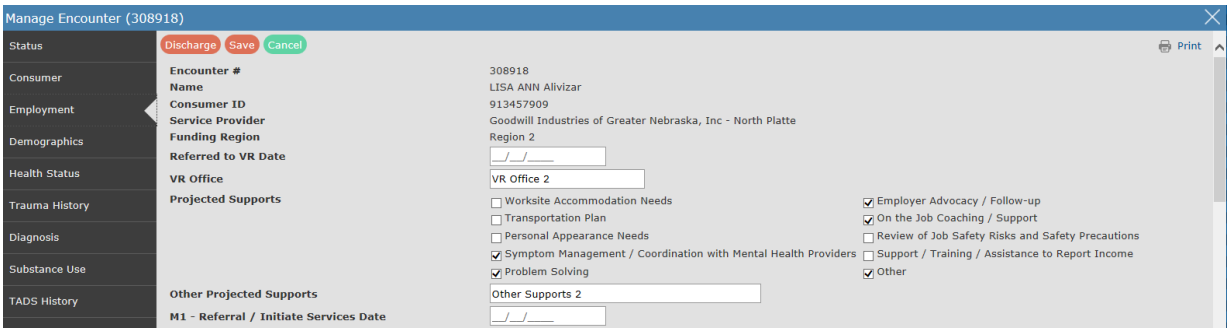


Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Employment Tab

The Employment tab page has a number of text box entries and check box lists, allowing for multiple selections across the five milestones of Supported Employment.

Once the end user has completed the electronic form, a printout is available to place in agencies files. The printout adds encounter-identifying information to the electronic form.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI.

Encounter

Taken from the initial registration for the consumer.

Name, Consumer ID, Service Provider, Funding Region

Taken from the initial pages of the encounter.

Referred to VR Date

Enter the date that the referral to Vocational Rehabilitation was made.

VR Office

Enter the name of the Vocational Rehabilitation office to which the referral was made.

Projected Supports

This is a multiple-select variable. Select all the supports that the consumer needs to successfully enter the workforce.

Other Projected Supports

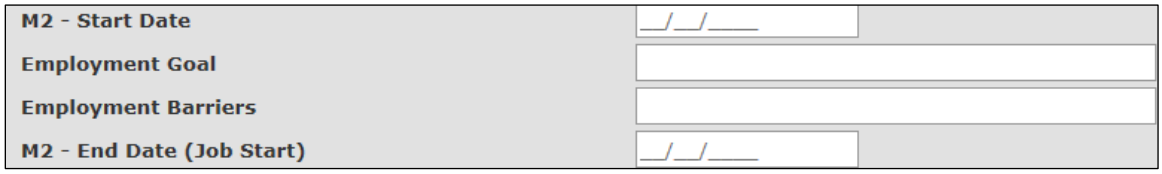
What are the number of other supports that might be necessary for the consumer to select anticipated supports that will be necessary to allow the consumer to be successful in obtaining or maintaining employment.

Measure (M1)

Enter the Referral/Initiate Service Date.

Measure (M2)

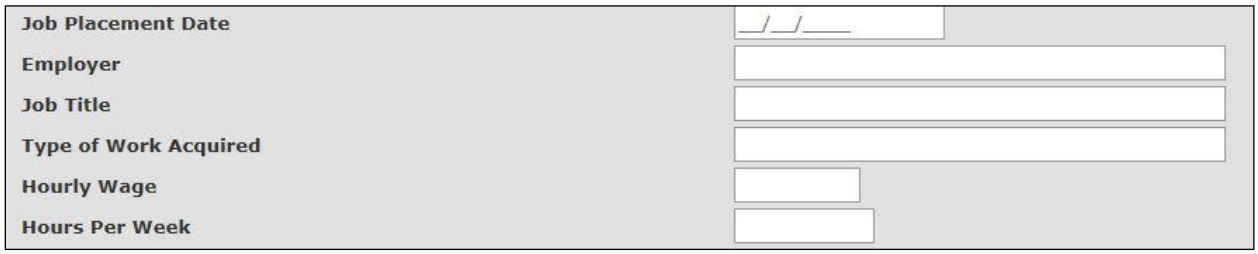
Start Date- Enter the start date for Milestone 2 in Month/Day/Year (four digit) format (MM/DD/YYYY).



Employment Goal -State the employment goal of the consumer.

Employment Barriers -This is a free text field to list any employment barriers.

M2 - End Date (Job Start) -Enter the date that the job starts. This start date corresponds to the end of Milestone 2. Use Month/Day/Year (4 digit) format (MM/DD/YYYY).



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

Employer -Enter the employer's name (company or individual).

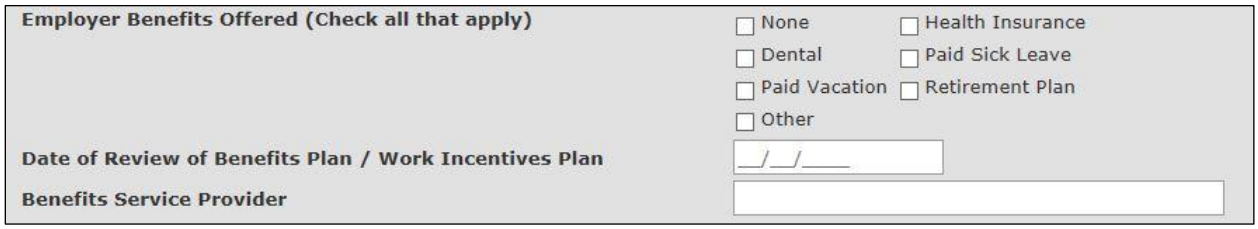
Job Title- Enter the consumer's job title.

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

Hourly Wage -List the consumer's wage in dollar.cent format (e.g. 10.45).

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

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

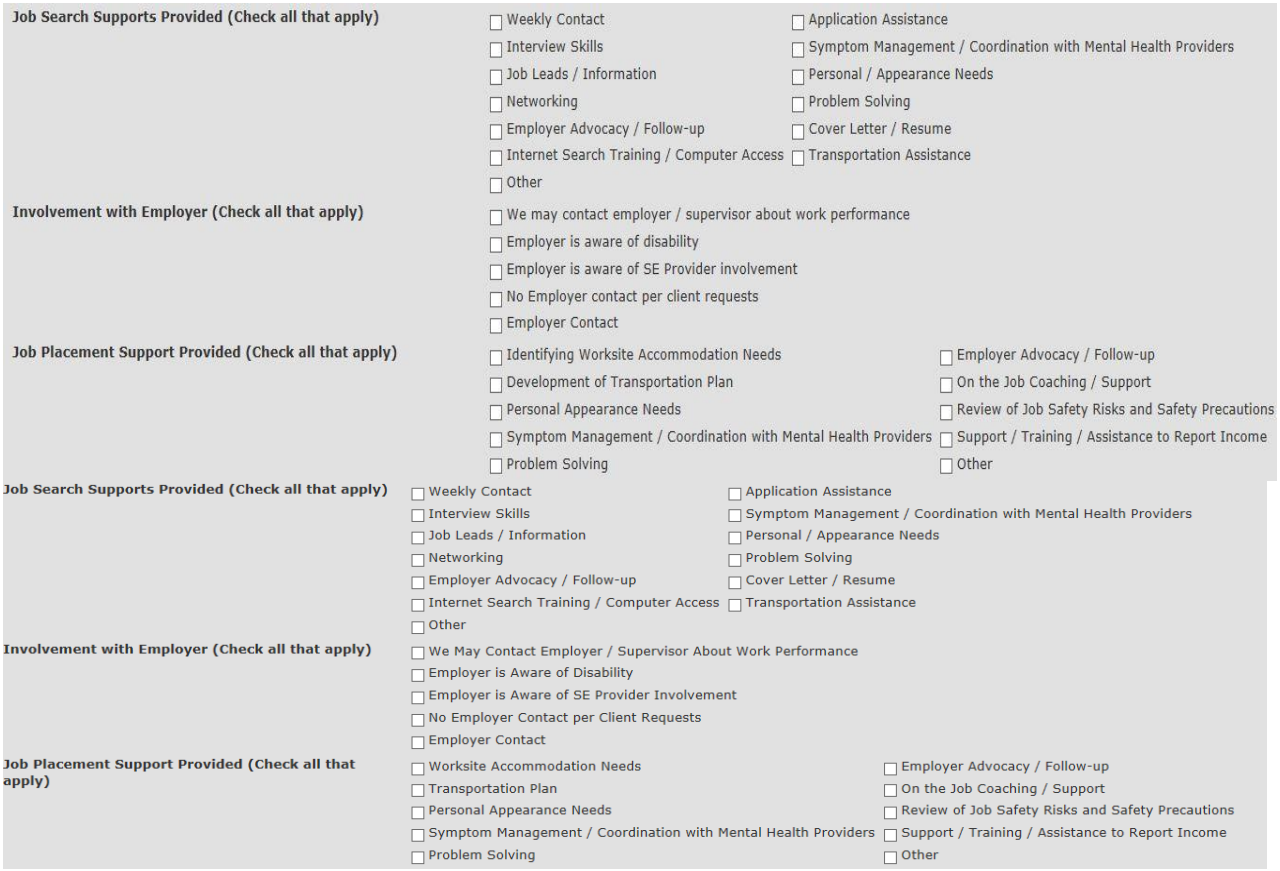


Date of Review of Benefits Plan/Work Incentives Plan – Enter the date in Month/Day/ Year (4 digit) format (MM/DD/YYYY).

Benefits Service Provider – List the benefits service provider.

Job Search Supports Provided

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



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

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

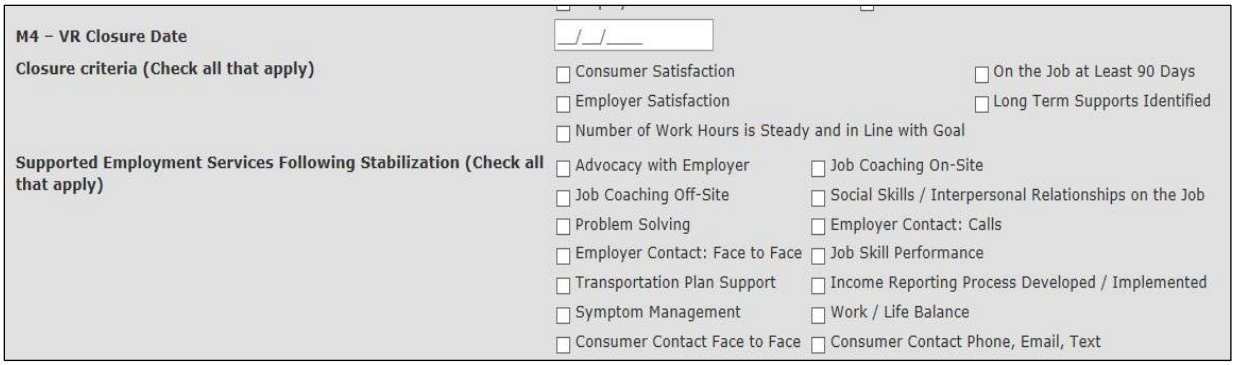
Measure (M3)

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

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

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

Measure (M4)

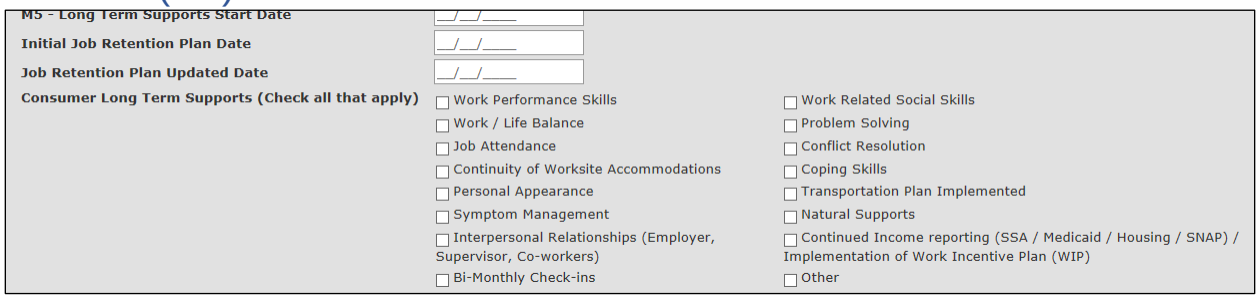


The fourth milestone (M4) closes out VR involvement and should be updated once this is approved.

Closure Criteria – Assesses information from M3 as to why the consumer now qualifies for M4. Check all that apply.

Supported Employment Services Following Stabilization – Focuses on various interactions with the consumer that further promote job skills and continued contact with the consumer. This assessment should occur reflecting back on the previous milestone when closing M4. Check all that apply.

Measure (M5)



The final milestone of Supported Employment (M5) focuses on the consumer continuing job placement that has been obtained throughout the other milestones. The service provider should provide dates in MM/DD/YYYY format on the start of the long term supports and discussion of job retention.

Consumer Long Term Supports – Covers additional skills that the consumer has been taught at this time to maintain the job. This category also covers implementation of check-ins and other follow-ups. Check all that apply.

Chapter 17: Assertive Community Treatment (ACT)

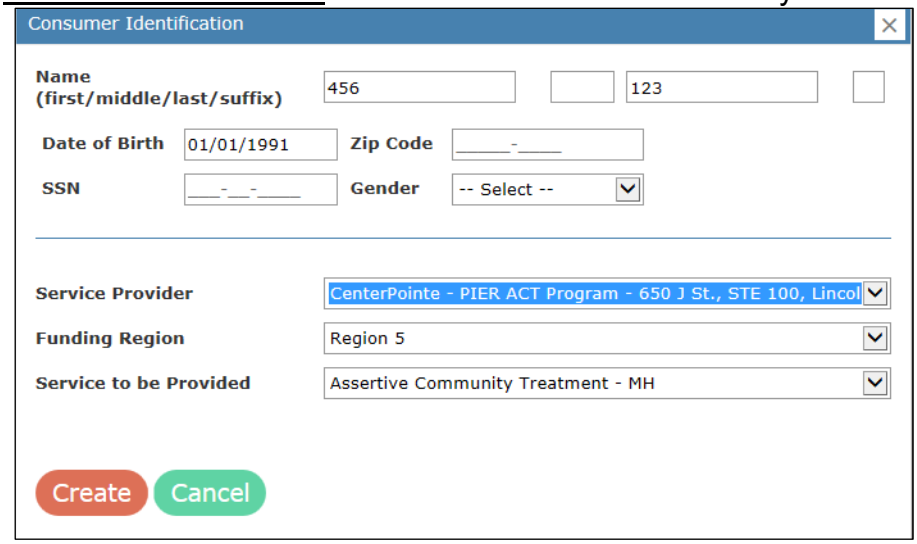
Create New Encounter

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

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

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

Select the appropriate Service Provider site, if you have access to multiple ones. Funding Region should auto-populate based on the chosen Service Provider. Service to be Provided should be "Assertive Community Treatment-MH".



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

ACT Tab

After selecting Create, the Manage Encounter page will be displayed. Double check that the Service to be Provided is “Assertive Community Treatment”. On the left are the Consumer Index tabs. Review each tab to ensure the information is correct, and make changes as necessary. The remainder of this chapter will deal with the ACT consumer tab.

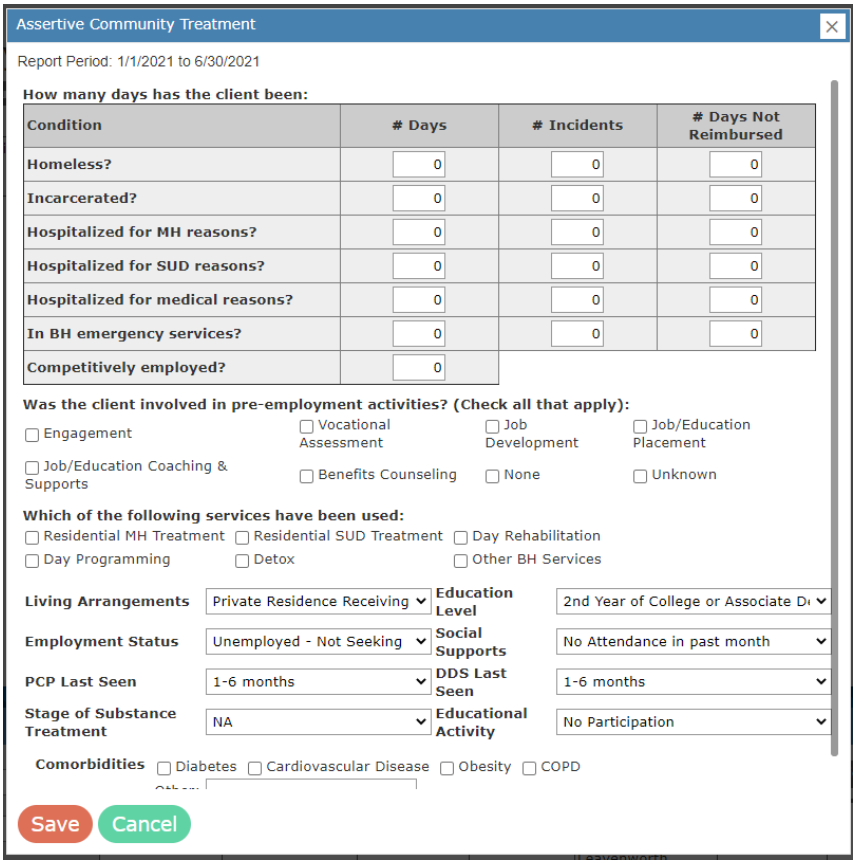
Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

The ACT tab functions as a report. This report captures information regarding the progress consumers make in Assertive Community Treatment.

Once authorized and admitted, select the ACT tab.

Select Add to report on a 6-month period.

- NOTE: For each encounter, ACT reports are required every six (6) months. CDS sends an alert two (2) weeks before the six (6) month deadline for reporting, as a reminder to the end user.



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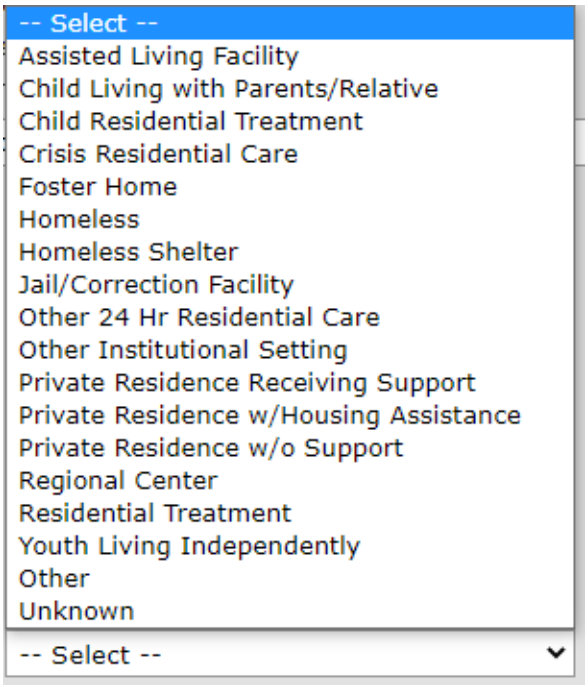
How many days has the client been: – Enter the number of days associated with each condition in the table, the number of incidents, and the number of days not reimbursed in the matrix.

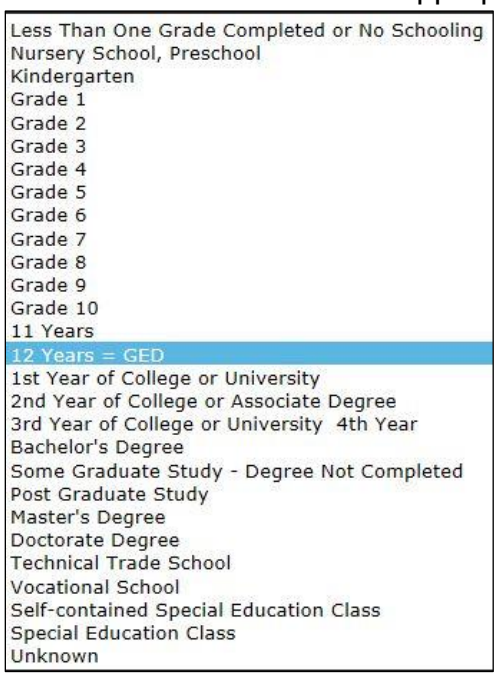
Which of the following services have been used: – Select the appropriate checkbox(s) to indicate which services the consumer has used.

Living Arrangements

Select the appropriate response from the drop-down menu.



Education Level–Select the appropriate response from the drop-down menu.

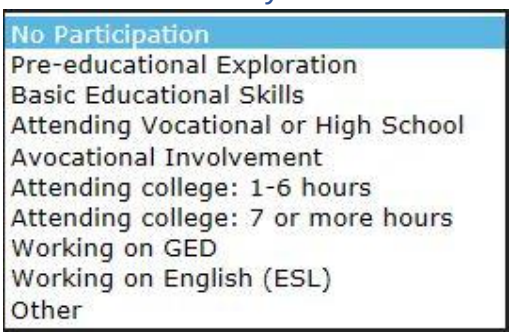


PCP Last Seen– Using the drop-down menu, select the most recent physical health service.

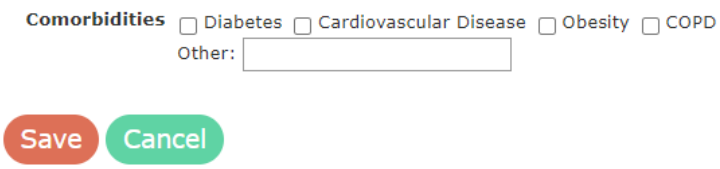
DDS Last Seen –Using the drop-down menu, select the most recent dental service.

Stage of Substance Treatment – Using the drop-down menu, select the most appropriate response.

Educational Activity–Summarize the education activity during this reporting period.



Comorbidities – Select the relevant comorbidities of the consumer.

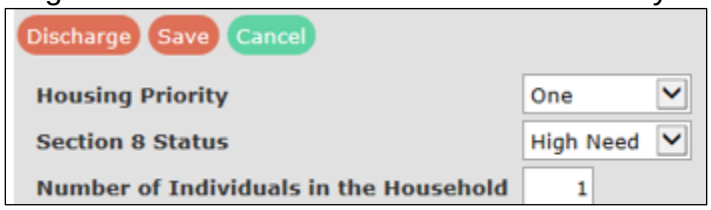


Once the matrix is completed, click the Save button.

Chapter 18: Housing

Housing Tab

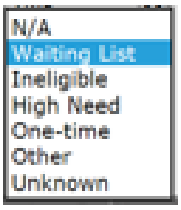
This tab records information to support the consumer's housing choice. Housing coordination staff complete the information in conjunction with all other consumer tabs, including the waitlist. Waitlist is used for Supported Housing in an effort to measure the length of time a consumer has to wait until they begin receiving housing assistance.



Please note: This example was created in the CDS Test Site. This example does not contain any genuine PHI

Housing Priority – From the drop-down menu, select One, Two, Three, or Unknown.

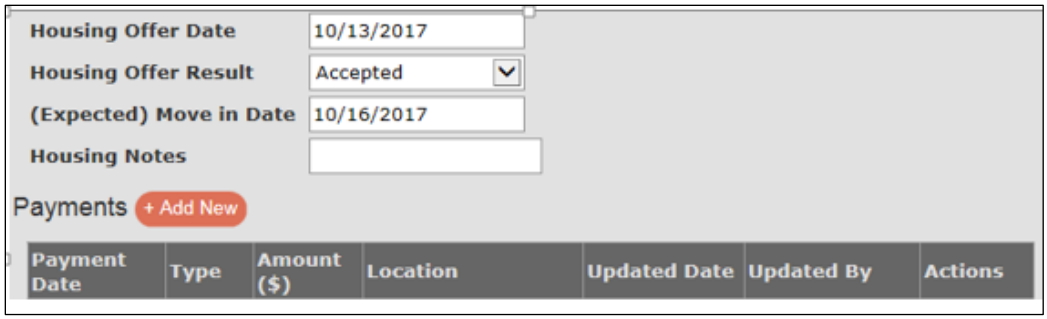
Section 8 Status – From the drop-down menu, select the consumer's level of need.



Number of Individuals in the Household – In the space provided, indicate the consumer's household size.

Inspection Log

Click on Add New to begin the log. This log will assist the housing coordinator in determining the frequency of inspections required, and results of those inspections in support of the consumer. Add New creates a new row.



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Housing Offer Date – The date housing was offered to the applicant/consumer.

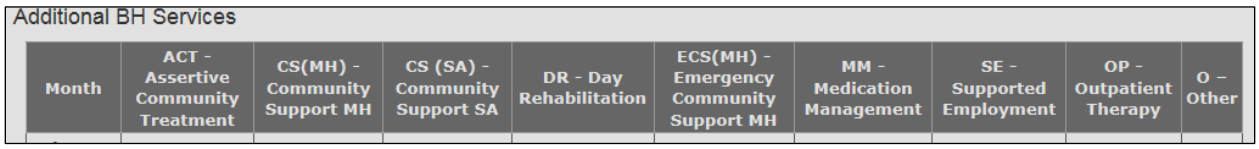
Housing Offer Result – Indicate the results of the offer to the consumer.

(Expected) Move in Date – Indicate the date the consumer is anticipated to occupy the rental unit.

Housing Notes – Free-text field to make notes to support the housing choice.

Payments

This matrix is used to list payments made in support of the consumer's housing. Click on Add New to create a new row in which to list payments.



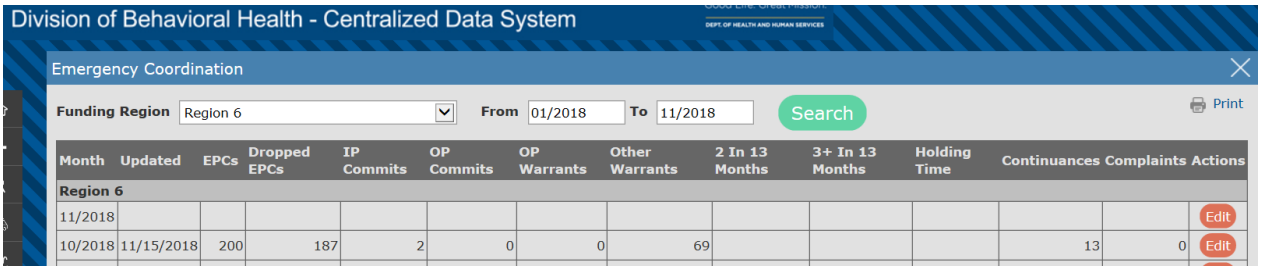
Additional BH Services -- Indicate, by month, the services that the consumer is engaged in.

Click Save to complete your work.

Chapter 19: Emergency Coordination

Start by clicking Emergency Coord from the Left Index tabs located on the CDS Home page.

The Emergency Coordination screen comes up after the end user successfully clicks Emergency Coord from the CDS Home page.

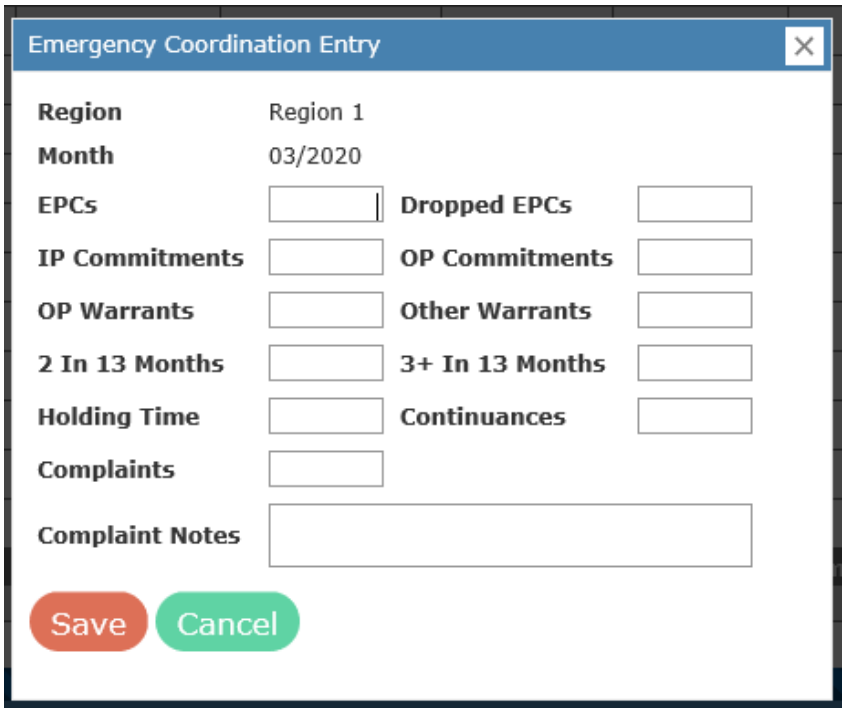


Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

This form is for data entry of specific information collected in support of the emergency system operated by the regions. Usually, the regions report on the previous month during the first few days of the month. The division and regions use this information to monitor the flow of consumers into the emergency system.

Funding Region – The region making the report.
From–To – The period of time to display on the report screen.
Month – The month of the report.
Updated – The most recent update to the month being reported.
EPC – The number of Emergency Protective Custody placements during the specific month.
Dropped EPC – The number of EPC's during the month that did not result in a commitment.
IP Commits – The number of inpatient commitments during the month.
OP Commits – The number of outpatient commitments during the month.
OP Warrants – The number of outpatient warrants for the month.
Other Warrants – The number of other warrants issued for the month by a Mental Health Board.
2 in 13 Months – The number of consumers with two (2) or more commitments that were EPCs in the month.
3+ in 13 Months – The number of consumers with three (3) or more commitments that were EPCs in the month.
Holding Time – A measure of the amount of time needed to move a commitment to the treatment location.
Continuances – The number of consumers held for continuances during the month.
Complaints – The number of complaints received in the month.
Actions – Click on Edit to change monthly information. The Updated date will be changed.

Open the form through the Edit function in the Action column, and enter the information requested.

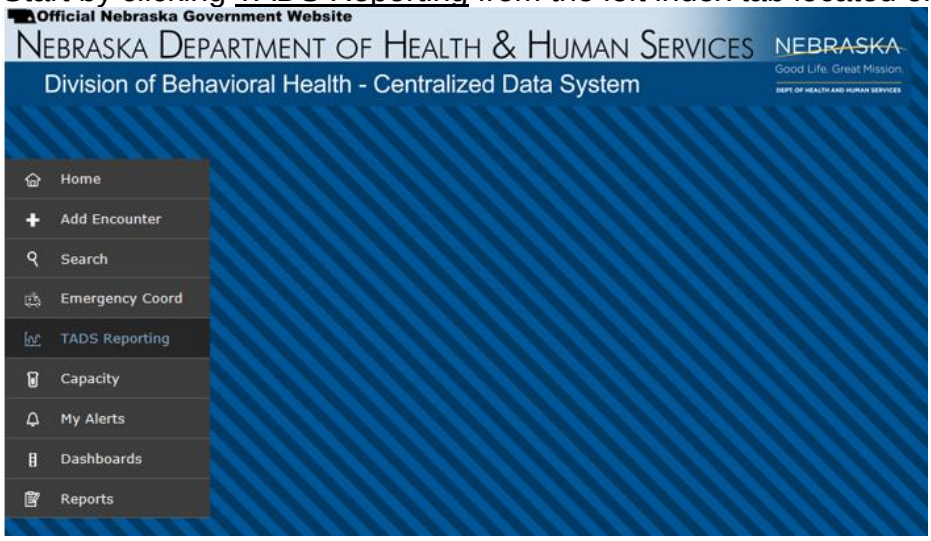


The Emergency Coordinator entry form carries a time stamp of the last save. You must Save the information to change the time stamp. This will help end users to determine when the last update was completed.

Chapter 20: TADS Reporting

TADS Reporting

Start by clicking TADS Reporting from the left index tab located on the Home page.



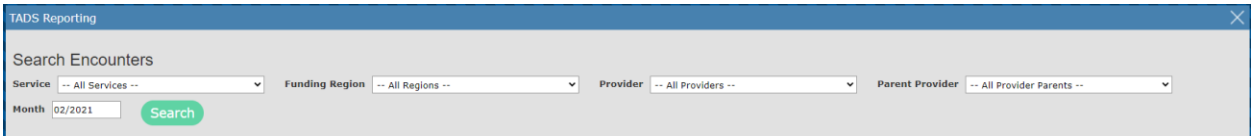
Setting Up Your Report

The TADS Reporting screen is generated after end user successfully clicks the TADS Reporting left index tab from the Home page.

The end user has the option to select the following:

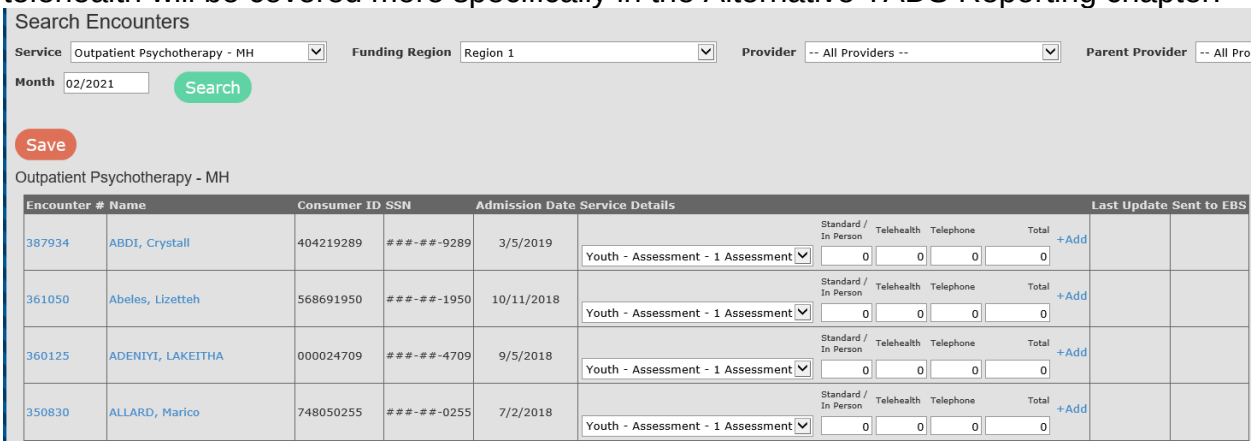
- Service
  - Default value = "---All Services---"
  - Or the end user can click the Service drop down menu to select a specific service.
- Funding Region
  - Default value = "---All Regions---"
  - Or the end user can click the Funding Region drop down menu to select a specific region.
- Provider
  - Default value = "---All Providers---"
  - Or the end user can click the Provider drop down menu to select a specific provider.
- Parent Provider
  - Default value = "---All Parent Providers---"
  - Or the end user can click the Parent Provider drop down menu to select all locations for a specific provider.

- Month
  - Month field defaults to, and auto-fills with, the current month.
  - To change months, click in the Month field and enter the desired month and year (e.g. 04/2020).



The end user then clicks the Search button.

The TADS report displays any encounters that were open (those recognized as "in service") during the month selected, whether or not any activity occurred. The end user may need to scroll down if there is a long list of records. Services in the TADS Reporting section may have options to bill for telehealth services. Most information contained in this chapter will be relevant to both in person and telehealth services, but telehealth will be covered more specifically in the Alternative TADS Reporting chapter.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

The TADS Report

Each row represents one encounter and contains:

- Encounter #
- Consumers' Name
- SSN (last 4 digits)
- Admission Date
- Authorization Period (if an authorized service), or multiple Authorization Periods
- Units Authorized (if an authorized service), or multiple Authorization Periods
- Service Details
- Any check boxes for specialized funding
- Last update
- Sent to EBS

If desired, end users can print the list using the Print icon in the upper right corner of the window. End users may want to print the TADs and compare to the Monthly Utilization Report for the month selected. To get to the Utilization report, click on the Reports left

index tab. Click on the Provider tab, and then click on either PROV003 Monthly Utilization Report or PROV004 Monthly Utilization by Parent Organization. Select from the available drop down choices and run the report.

Encounter Number – Click on the number to bring up this encounter.

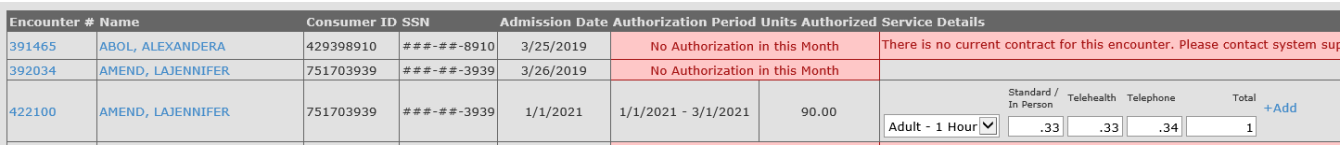
Client Name – As recorded in the Client Identification screen.

SSN – The last four digits of the consumer's social security number.

Admission Date – The date of the admission as established in the Admission window.

Authorization Period – The dates of the authorization from beginning to end. If there are re-authorizations for the encounter, each re-authorization period has its own line. If there is no authorized period for the month of TADS the text will display in red that there is no authorization for this period.

Units Authorized – Total number of units authorized. To assist the end user in determining units available, CDS provides a popup showing the number authorized units which have already been used in other months. A note about mid-month authorizations for encounters reimbursed on a single unit per month appears at the end of this chapter. If there are any reauthorizations, they will appear on their own line.



Encounter #	Name	Consumer ID	SSN	Admission Date	Authorization Period	Units Authorized	Service Details
391465	ABOL, ALEXANDERA	429398910	###-##-8910	3/25/2019	No Authorization in this Month		There is no current contract for this encounter. Please contact system sup
392034	AMEND, LAJENNIFER	751703939	###-##-3939	3/26/2019	No Authorization in this Month		
422100	AMEND, LAJENNIFER	751703939	###-##-3939	1/1/2021	1/1/2021 - 3/1/2021	90.00	Adult - 1 Hour; Standard / In Person: .33; Telehealth: .33; Telephone: .34; Total: 1; +Add

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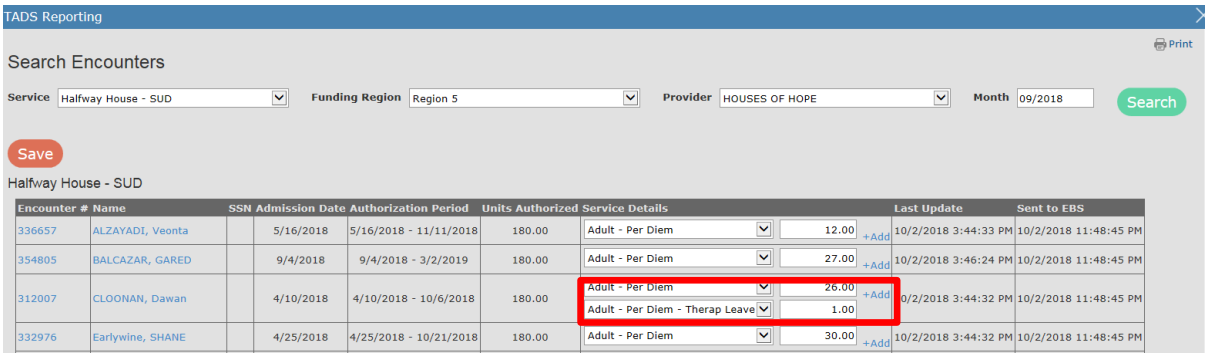
Service Details – Displays the types of units available to select from such as Per Diem, 15 Minutes, 50 Minutes etc. The unit type will depend on the service to be provided. When the drop down menu is available, click to select all the available service details, and select the appropriate type for the units of service provided during the month. Review **Contract Details** for additional meaning of the Service Details drop down menu. Available service details include HIPAA descriptions, and are specific to DHB/Region to service provider contracts.

Alternative TADS Units - Certain services will also have the ability to record Standard/In Person, Telehealth, and Telephone services. Units entered into these services will add up into the total units box. The total units cannot be adjusted. Partial units can be added across these services, but will need to add up to a rounded number.

Field to enter the number of units – Adjacent and to the right of the Service Details is a field to enter the number of units provided during the month. This field is pre-populated with “0” (zero). CDS auto-populates this field and the value doesn’t disappear when clicked in the field. So, the end user might inadvertently enter in “10” when meaning to enter in “1”.

About entering units: Let’s say that a service can be billed for multiple types of units within the same month. For that client, click the blue +Add button. A second row will appear beside the consumer’s name. Select the appropriate service detail and enter in the number of units. In the example below, a billing for Halfway House-SUD shows either Adult Days or Adult Days Therapeutic Leave. Some clients used both types of units; click on the +Add button to add a row, and enter the units to be billed for the additional service detail.



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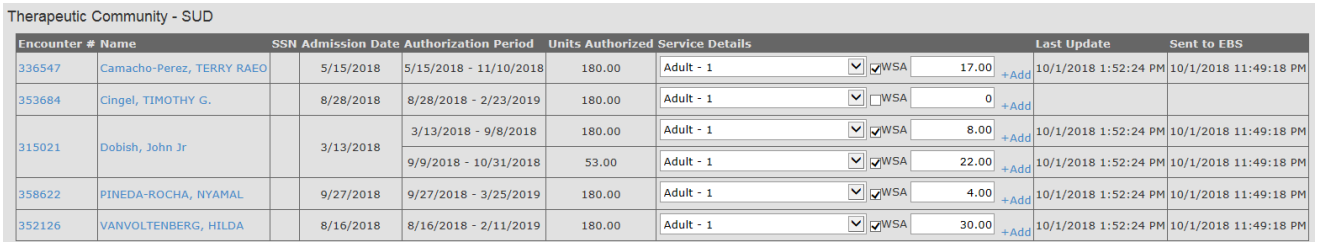
CDS Check Boxes – TADS Checkbox Rules

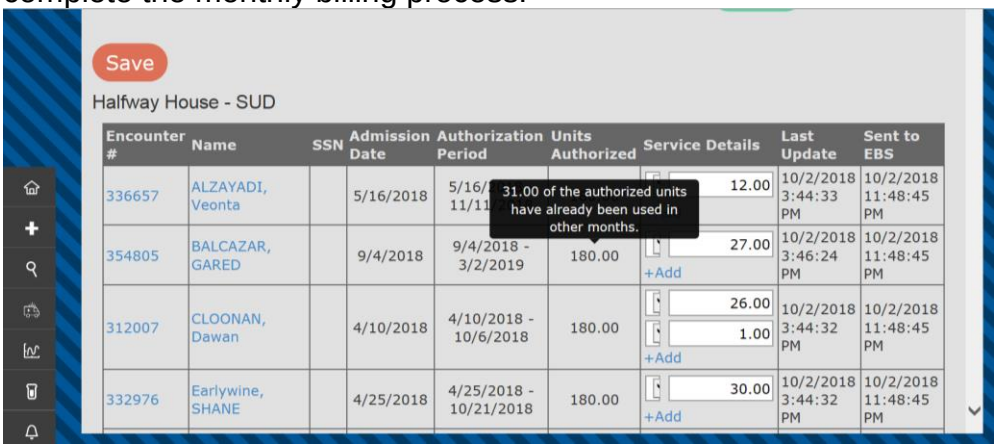


Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

Certain services have multiple funding sources. In these cases, check boxes designate the funding source. If multiple funding types are allowed, such as Women’s Set Aside (WSA), Vocational Rehabilitation (VR) or First Episode Psychosis (FEP), a checkbox will appear, and should be selected if it is the appropriate source for funding those particular units. If no check box is displayed, there is only one funding source. One of the flags is ON for one service detail and OFF for another.

Last Update – When unit revisions are made to an encounter row, and the information is saved, the detail on the date and time of the save will appear. End user must Save the information before the update occurs. End users can save multiple times across any one TADS.

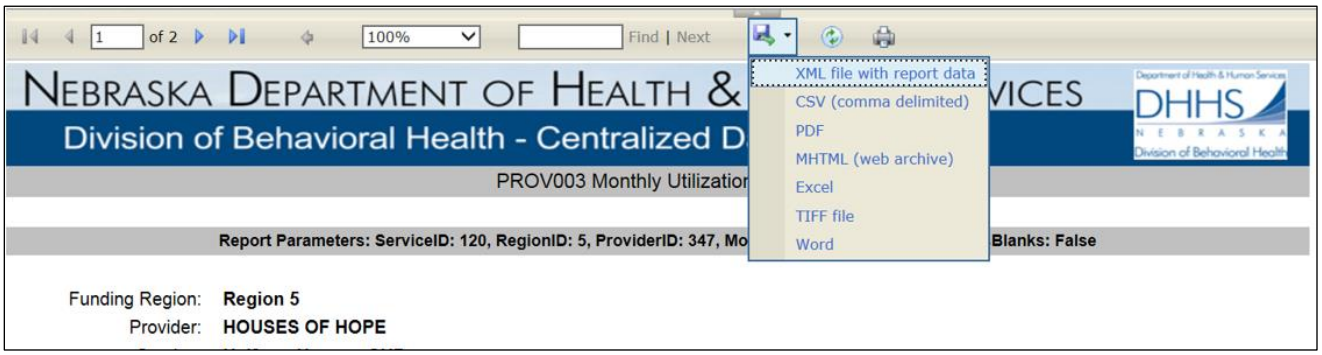
Sent to EBS – EBS is the Electronic Billing System. EBS transmission occurs at the top of every hour. A red indicator will alert CDS users that the saved TADS has not yet been submitted to EBS. This TADs entry screen update will assist staff working on encounters and TADs to see the most recent updates by encounter. Don't forget to click on Refresh in EBS PRR screen in order to retrieve all unit updates that have come in overnight! Refer to the **EBS Manual** on how to handle the finalization of information to complete the monthly billing process.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

Save Button – Click on the Save button just above the top of the first TADs. Any data entries not saved are lost. Multiple saves are allowed when working on TADS.

Print Button – The Print button produces a popup screen depicting the TADs as of the time of the print. End users can select how to save this information by clicking on the icon of a floppy disk in the header above the Nebraska Department of Health and Human Services masthead.

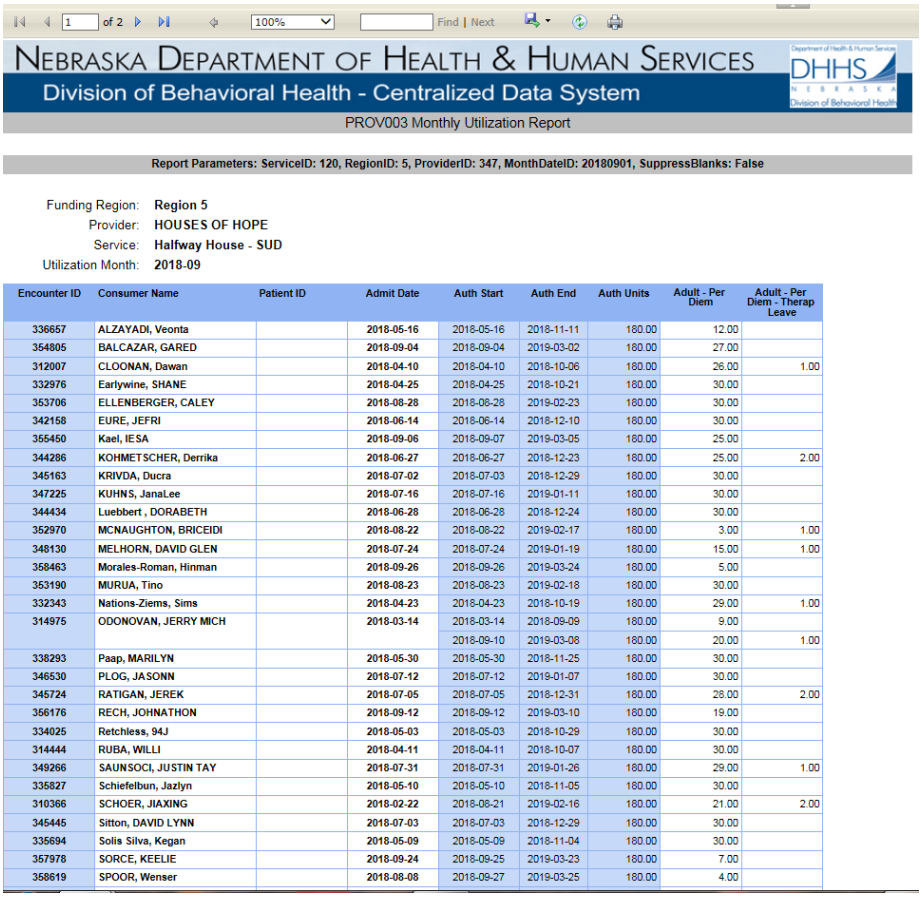


Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

Available choices for saving to local computers include:

- XML file with report data
- CSV (comma delimited)
- PDF
- MHTML (web archive)
- Excel
- TIFF file
- Word

A full report will look similar to the following:



1 of 2 100% Find | Next

NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES

Division of Behavioral Health - Centralized Data System

PROV003 Monthly Utilization Report

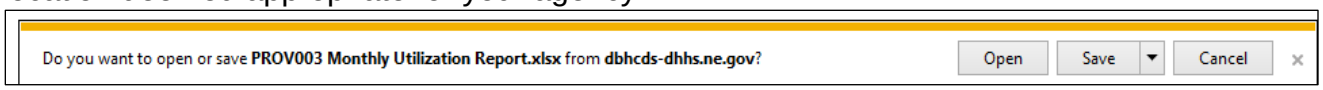
Report Parameters: ServiceID: 120, RegionID: 5, ProviderID: 347, MonthDateID: 20180901, SuppressBlanks: False

Funding Region: **Region 5**
Provider: **HOUSES OF HOPE**
Service: **Halfway House - SUD**
Utilization Month: **2018-09**

Encounter ID	Consumer Name	Patient ID	Admit Date	Auth Start	Auth End	Auth Units	Adult - Per Diem	Adult - Per Diem - Therap Leave
336657	ALZAYADI, Veonta		2018-05-16	2018-05-16	2018-11-11	180.00	12.00	
354805	BALCAZAR, GARED		2018-09-04	2018-09-04	2019-03-02	180.00	27.00	
312007	CLOONAN, Dawan		2018-04-10	2018-04-10	2018-10-06	180.00	26.00	1.00
332976	Earlywine, SHANE		2018-04-25	2018-04-25	2018-10-21	180.00	30.00	
353706	ELLENBERGER, CALEY		2018-08-28	2018-08-28	2019-02-23	180.00	30.00	
342158	EURE, JEFRI		2018-06-14	2018-06-14	2018-12-10	180.00	30.00	
355450	Kael, IESA		2018-09-06	2018-09-07	2019-03-05	180.00	25.00	
344286	KOHMETSCHER, Derrika		2018-06-27	2018-06-27	2018-12-23	180.00	25.00	2.00
345163	KRIVDA, Ducra		2018-07-02	2018-07-03	2018-12-29	180.00	30.00	
347225	KUHNS, JanaLee		2018-07-16	2018-07-16	2019-01-11	180.00	30.00	
344434	Luebbert , DORABETH		2018-06-28	2018-06-28	2018-12-24	180.00	30.00	
352970	MCNAUGHTON, BRICEIDI		2018-08-22	2018-08-22	2019-02-17	180.00	3.00	1.00
348130	MELHORN, DAVID GLEN		2018-07-24	2018-07-24	2019-01-19	180.00	15.00	1.00
358463	Morales-Roman, Hinman		2018-09-26	2018-09-26	2019-03-24	180.00	5.00	
353190	MURUA, Tino		2018-08-23	2018-08-23	2019-02-18	180.00	30.00	
332343	Nations-Ziems, Sims		2018-04-23	2018-04-23	2018-10-19	180.00	29.00	1.00
314975	ODONOVAN, JERRY MICH		2018-03-14	2018-03-14	2018-09-09	180.00	9.00	
				2018-09-10	2019-03-08	180.00	20.00	1.00
338293	Paap, MARILYN		2018-05-30	2018-05-30	2018-11-25	180.00	30.00	
346530	PLOG, JASONN		2018-07-12	2018-07-12	2019-01-07	180.00	30.00	
345724	RATIGAN, JEREK		2018-07-05	2018-07-05	2018-12-31	180.00	28.00	2.00
356176	RECH, JOHNATHON		2018-09-12	2018-09-12	2019-03-10	180.00	19.00	
334025	Retchless, 94J		2018-05-03	2018-05-03	2018-10-29	180.00	30.00	
314444	RUBA, WILLI		2018-04-11	2018-04-11	2018-10-07	180.00	30.00	
349266	SAUNSOCI, JUSTIN TAY		2018-07-31	2018-07-31	2019-01-26	180.00	29.00	1.00
335827	Schiefelbun, Jazlyn		2018-05-10	2018-05-10	2018-11-05	180.00	30.00	
310366	SCHOER, JIAXING		2018-02-22	2018-08-21	2019-02-16	180.00	21.00	2.00
345445	Sitton, DAVID LYNN		2018-07-03	2018-07-03	2018-12-29	180.00	30.00	
335694	Solis Silva, Kegan		2018-05-09	2018-05-09	2018-11-04	180.00	30.00	
357978	SORCE, KEELIE		2018-09-24	2018-09-25	2019-03-23	180.00	7.00	
358619	SPOOR, Wenser		2018-08-08	2018-09-27	2019-03-25	180.00	4.00	

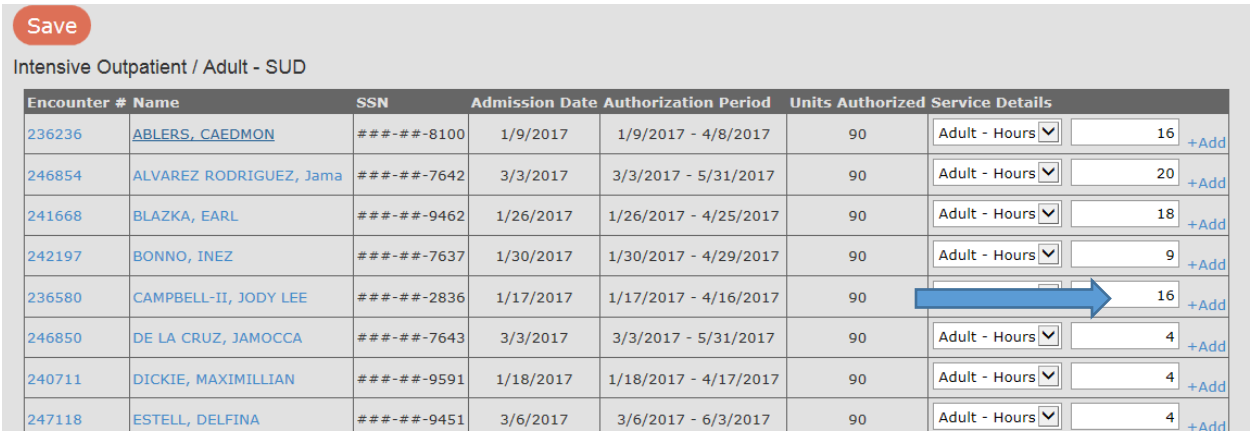
Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

The end user can click on an option, and a box will show up at the bottom of the screen prompting you to Open or Save your document. We recommend clicking the down arrow beside Save and choosing Save As so that you can save your document in the location deemed appropriate for your agency.



Saving the report as a PDF will create an external document with the information generated from the CDS. The date, time, name of the person who made the document, and the number of pages is generated at the bottom of each page. As these reports will contain PHI it is recommended that any saved reports should be saved to a secure location and not used for external communication. All TADS info will appear in your reports. This text is currently auto-generated in CDS reports.

Revisions to TADS and effect on EBS/CDS

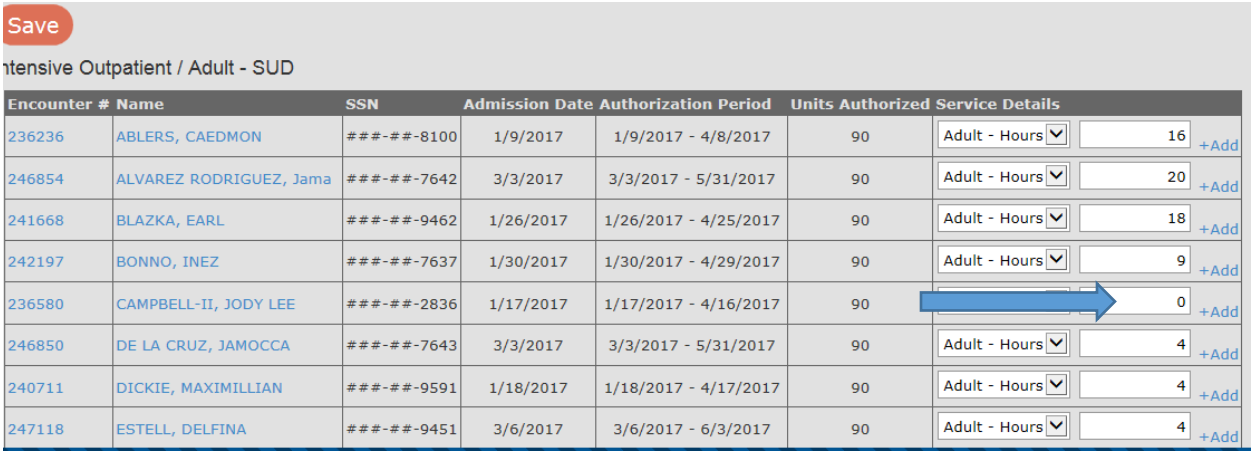


Encounter #	Name	SSN	Admission Date	Authorization Period	Units Authorized	Service Details		
236236	ABLERS, CAEDMON	###-##-8100	1/9/2017	1/9/2017 - 4/8/2017	90	Adult - Hours	16	+Add
246854	ALVAREZ RODRIGUEZ, Jama	###-##-7642	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours	20	+Add
241668	BLAZKA, EARL	###-##-9462	1/26/2017	1/26/2017 - 4/25/2017	90	Adult - Hours	18	+Add
242197	BONNO, INEZ	###-##-7637	1/30/2017	1/30/2017 - 4/29/2017	90	Adult - Hours	9	+Add
236580	CAMPBELL-II, JODY LEE	###-##-2836	1/17/2017	1/17/2017 - 4/16/2017	90		16	+Add
246850	DE LA CRUZ, JAMOCCA	###-##-7643	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours	4	+Add
240711	DICKIE, MAXIMILLIAN	###-##-9591	1/18/2017	1/18/2017 - 4/17/2017	90	Adult - Hours	4	+Add
247118	ESTELL, DELFINA	###-##-9451	3/6/2017	3/6/2017 - 6/3/2017	90	Adult - Hours	4	+Add

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

Above is the March 2017 billing for Intensive Outpatient/Adult – SUD service at Test agency.

In late May, the accountant reviewed insurance coverage, and determined that encounter 236580 was paid by another funding source. The TAD was changed.


Save

ntensive Outpatient / Adult - SUD

Encounter #	Name	SSN	Admission Date	Authorization Period	Units Authorized	Service Details		
236236	ABLERS, CAEDMON	###-##-8100	1/9/2017	1/9/2017 - 4/8/2017	90	Adult - Hours	16	+Add
246854	ALVAREZ RODRIGUEZ, Jama	###-##-7642	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours	20	+Add
241668	BLAZKA, EARL	###-##-9462	1/26/2017	1/26/2017 - 4/25/2017	90	Adult - Hours	18	+Add
242197	BONNO, INEZ	###-##-7637	1/30/2017	1/30/2017 - 4/29/2017	90	Adult - Hours	9	+Add
236580	CAMPBELL-II, JODY LEE	###-##-2836	1/17/2017	1/17/2017 - 4/16/2017	90		0	+Add
246850	DE LA CRUZ, JAMOCCA	###-##-7643	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours	4	+Add
240711	DICKIE, MAXIMILLIAN	###-##-9591	1/18/2017	1/18/2017 - 4/17/2017	90	Adult - Hours	4	+Add
247118	ESTELL, DELFINA	###-##-9451	3/6/2017	3/6/2017 - 6/3/2017	90	Adult - Hours	4	+Add

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

The CDS system will send to the EBS a detail of negative 16 units to make the correction to EBS for March, when the March TADs is revised by the provider to “0”. Providers should never enter negative numbers on the TADs. TADS can be altered up to three (3) months prior to the month for which reimbursement/payment is being billed, without requiring special permission. For instance: if requesting reimbursement for April, the TADs for January, February or March are allowed to be revised. This is also true for any units that require change from one month to the next. If the change is made from 16 units down to 6 units, providers will enter the correct number of “6” and EBS will receive from CDS the required change of -10 needed to correct the end amount to 6 units.

When a correction is made by revising a reimbursement request to ‘0’ in the number of units to be reimbursed, there will be no information presented in either the ‘Last Update” or “Sent to EBS” columns.
Regarding retro reimbursement from another payer source: If another payer source reimburses for all or part of the service for a month, revise the monthly TADS by entering the actual number of units reimbursed, using the Division/Region funding. Again, revisions will be calculated and sent to the EBS.

Medicaid Conflicting Information

After confirming conflicting information for Authorizations/Reauthorizations:

The Division of Behavioral Health now has an updated file that will automatically check for Medicaid eligibility against providers and services. Denials based on Medicaid eligibility mean that the consumer is in a service that is eligible for payment through Medicaid and will not be eligible for this service through the CDS. The file is uploaded weekly and matches services registered during the Provider Eligibility at the time of contract upload, with the consumer record. This authorization check happens when the consumer is first entered into the CDS, as well as any time TADS units are entered, and

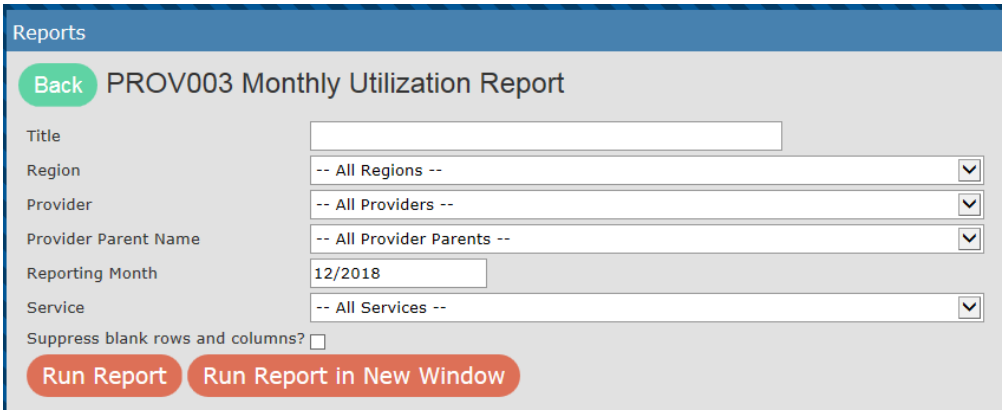
during a Continued Stay Review. If a consumer receives this denial reason, it will be necessary to seek payment through Medicaid.

Single Unit Reimbursements Made for a Month – Authorizations are recorded from the beginning to end date. If the basis for reimbursement is a single unit for a calendar month, then the number of units cannot exceed the total number of months starting from the beginning date. That is, if an authorization is for twelve (12) calendar months, then the authorization will start on the admission day for 365 days. Encounters being reimbursed for that first month cannot be reimburse for the thirteenth (13th) calendar month. A Continuing Stay Authorization is required.

Updates to TADS and EBS **–** TADS are updated once the Save button is clicked. Wait up to fifteen (15) minutes for the update to show on the TADS. TADS transfer to EBS at the top of every hour. Updates in EBS become available during the next hour. Click on the Update PRR button to see if the updates are successful. Check **EBS Manual** for further details.

TADS and Monthly Utilization Report

The Monthly Utilization Reports derive their information from the TADS. The Monthly Utilization Report is contained under the Reports left index tabs. Click on the Provider tab at the top of the Reports menu. Once the Provider tab is showing, click on either the PROV003 Monthly Utilization Report or PROV004 Monthly Utilization by Parent Org. Complete the drop down menus on the Report window. If the end user wants to suppress blank lines (encounters where no units have been entered for the month), there is a check box for this purpose just above the Run Report buttons.



Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

The setup of the Utilization Report mirrors the various funding options of the TADs as established in the contracts for the location, but in a spreadsheet format.

Report Parameters: ServiceID: -99, RegionID: -99, ProviderID: -99, MonthDateID: 20181001, SuppressBlanks: False

Encounter ID	Consumer Name	Patient ID	Admit Date	Auth Start	Auth End	Auth Units	Adult - Per Diem	Adult - Per Diem - Therap Leave	Adult - Per Diem - Therap Leave - WSA	Adult - Per Diem - WSA
363287	Cherecwich, TEYLER		2018-10-24	2018-10-24	2019-04-21	180.00	8.00			
362635	CLANG, Dayvion		2018-10-19	2018-10-19	2019-04-16	180.00	8.00			
355406	De Conde Vega, STUCATO		2018-09-04	2018-09-04	2019-03-02	180.00	29.00			
331087	Duval, CHERRIE		2018-04-17	2018-04-17	2018-10-13	180.00	8.00			
355394	FUENTES, DESERAI		2018-08-28	2018-08-28	2019-02-23	180.00	31.00			

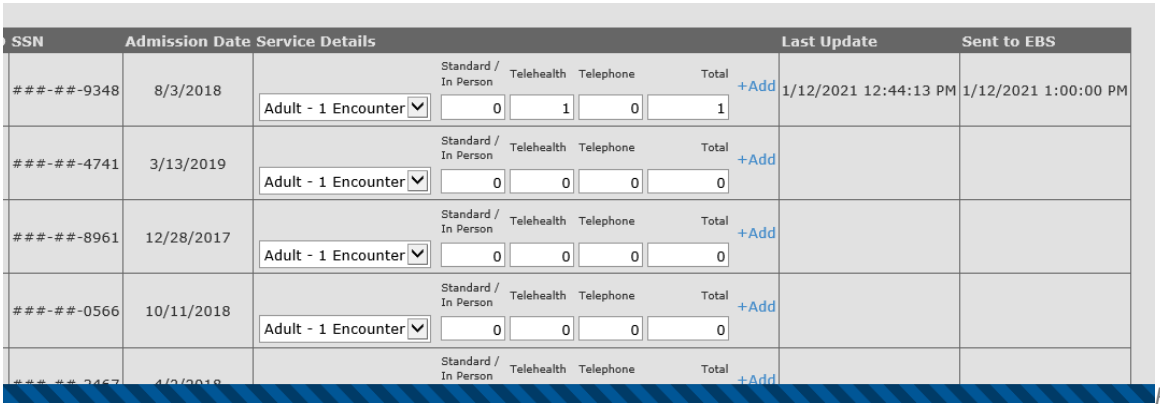
Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

In the example above, the program has funding for Adult – Per Diem (with and without Therapeutic Leave), and for Women's Set Aside (WSA) for Per Diem (with and without Therapeutic Leave).

Chapter 21: Alternative TADS Reporting

Ability to Track Telehealth Services

This chapter deals with the Alternative TADS Reporting implemented in response to an increase in the need for Telehealth services and tracking. We will explain what services are eligible for this Alternative TADS reporting method, how to enter these units, and how to split one unit across services.



SSN	Admission Date	Service Details	Standard / In Person	Telehealth	Telephone	Total		Last Update	Sent to EBS
###-##-9348	8/3/2018	Adult - 1 Encounter	0	1	0	1	+Add	1/12/2021 12:44:13 PM	1/12/2021 1:00:00 PM
###-##-4741	3/13/2019	Adult - 1 Encounter	0	0	0	0	+Add		
###-##-8961	12/28/2017	Adult - 1 Encounter	0	0	0	0	+Add		
###-##-0566	10/11/2018	Adult - 1 Encounter	0	0	0	0	+Add		
###-##-2467	4/2/2018		Standard / In Person	Telehealth	Telephone	Total	+Add		

Please note: This example was created in the CDS Test Site and is based on test data. This example was not derived using any genuine PHI

Alternative TADS: Services

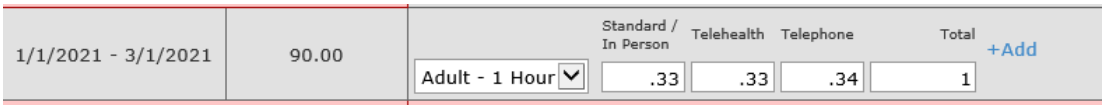
Alternative TADS reporting units can utilized/reported for the following services:

Assessment - SUD
Peer Support - MH
Community Support - MH
Intensive Outpatient / Adult - SUD
Recovery Support - SUD
Medication Management - MH
Homeless Transition - MH
Crisis Response - MH
Outpatient Psychotherapy - SUD
Intensive Outpatient - Matrix - SUD
Community Support - SUD
Client Assistance Program - MH
Outpatient Psychotherapy - MH
Outpatient Dual Disorder - SUD
Family Navigator - MH
Client Assistance Program - SUD
Outpatient Dual Disorder - MH
Recovery Support - MH
Opioid Treatment Program (OTP) - SUD
Family Peer Support - MH
Day Rehabilitation - MH
Peer Support - SUD
Assessment – MH

Alternative TADS Units

For services with the capacity to report Alternative TADS, there is the option to record units for: Standard/In Person, Telehealth, and Telephone services. Units entered into these services will add up into the “total units” box. The total units cannot be adjusted. Partial units can be added across these services and will add up to a rounded number.

In order to enter Alternative TADS Reporting simply navigate to the TADS reporting section and enter the number of units provided by each service delivery type.



Please note: This example was created in the CDS Test Site. This example does not contain any genuine PHI

Correcting the most common error

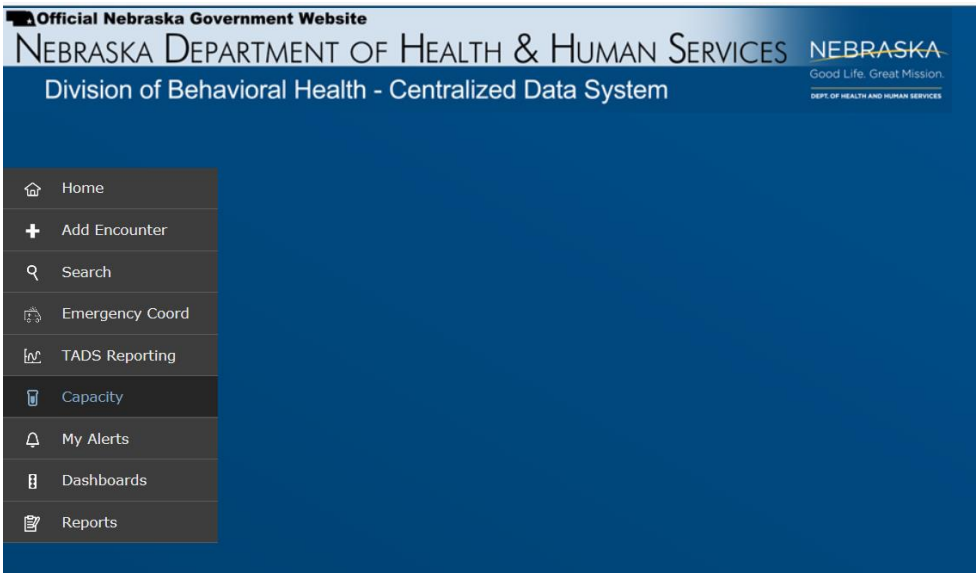
If an encounter has leftover units displayed in the total after removing them from all three delivery methods, this is a known error and can be corrected by entering units into any service method in order to change the total, then replacing those units with a 0.

Chapter 22: Capacity Management

Please note: This example was created in the CDS Test Site and is based on test data about an entirely fictitious character. This example does not contain any genuine PHI

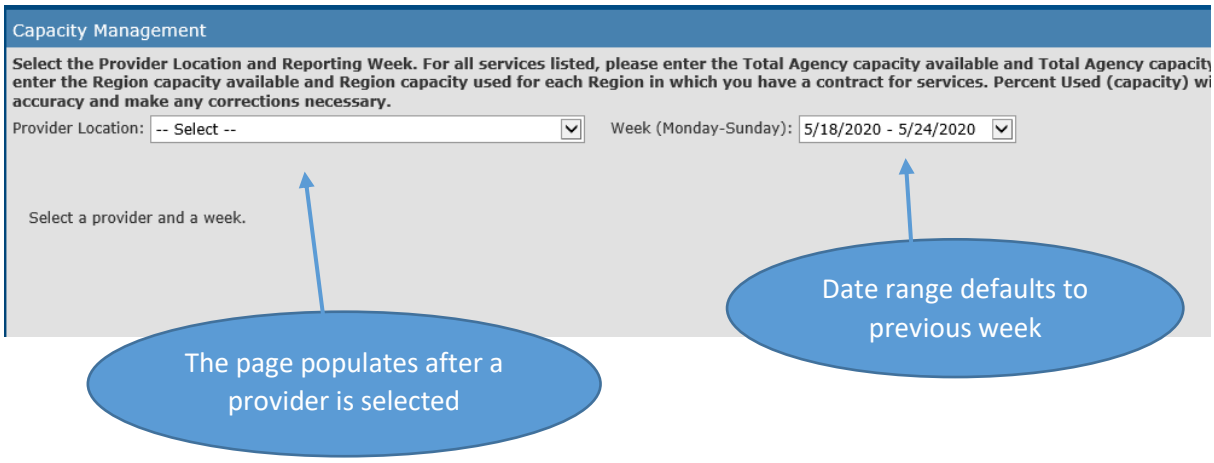
Capacity Management

Clicking on the Capacity tab presents the User with a Capacity Management page in which you can enter the Provider Location and Week. The home page includes the Left Index tabs, the user name, special features in the drop down menu, and for administrators, a gateway to administrative functions. Capacity Management entry can be found using the Capacity tab.

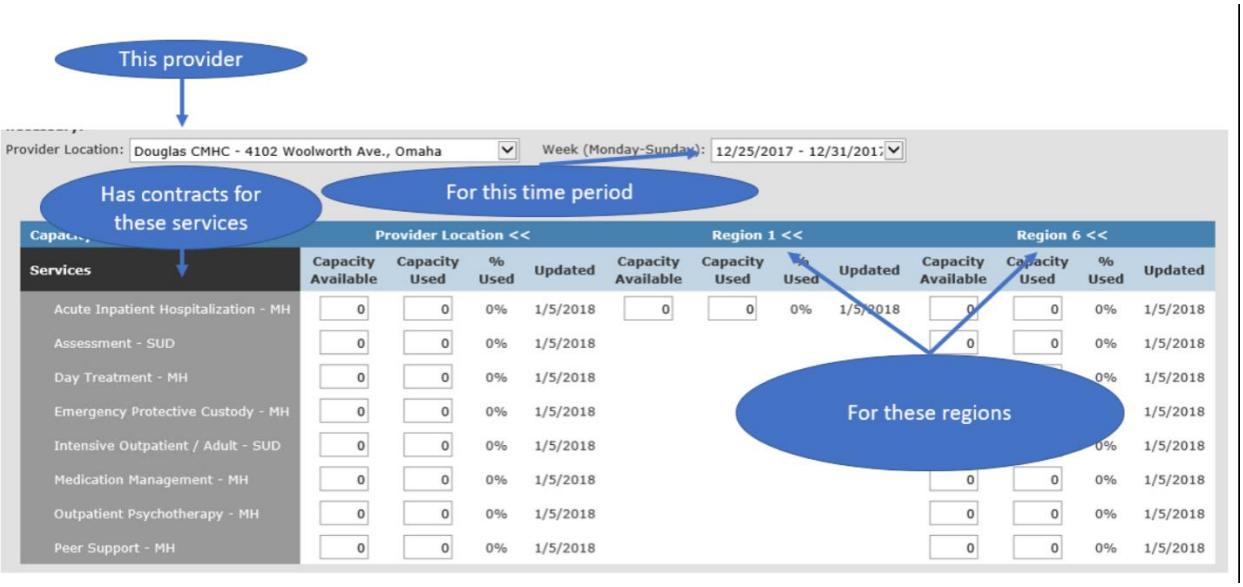


Overview of Capacity within CDS

Capacity values are provided either in terms of "beds" or "units". "Beds" refers to the number of beds available or in use at any one time. "Units" refers to the number of sessions, appointments, etc. that can be provided within the full fiscal year. Units are then divided evenly to generate values for monthly and weekly values. Capacity entry in CDS is based on weekly-available and weekly-used beds and units. Information is collected at both the provider and location level (regardless of funding source) and region level (for all regions funding the service at that provider location).



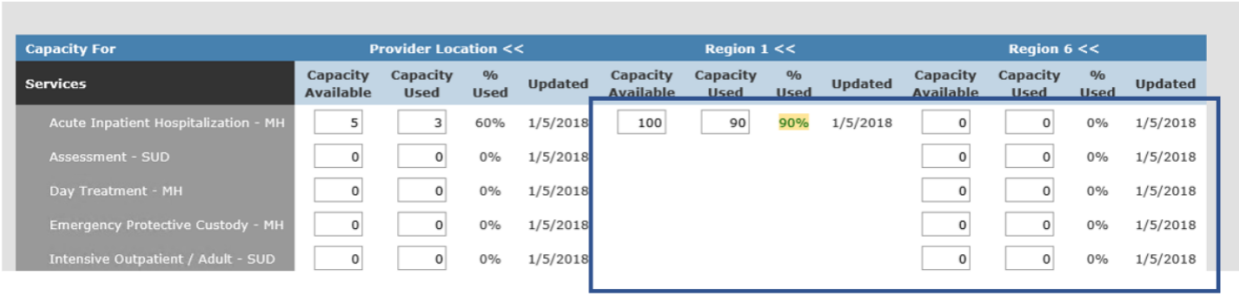
The initial Capacity Management screen includes a statement of the intent of this management system, drop down menus to select the provider/location, and for the week for which the capacity management report is being completed or revised. The week defaults to the most recent past week, based on the date of access by the end user. Prior weeks (up to twelve (12) weeks in the past) can be accessed and amended by selection from the drop down menu. Reporting weeks end on Sunday. Report entry is requested to be made on Monday or early Tuesday for consideration by the Regions on Tuesday, and finalization by the State on Thursday. Capacity Formulas for Services and Data Entry Requirements in CDS are described in the **Weekly Capacity Reporting** found in Section 2 of this document.



Definitions

Service – The services for which the provider location has contracts within the Centralized Data System (CDS) and Electronic Billing System (EBS), either for regions or directly with the state.
Provider Location Capacity Available **–** The number of beds, billable slots, etc. existing at the location for the specified service during the week, regardless of funding source.
Provider Location Capacity Used **–** The number of those beds, billable slots, etc. that were occupied or used for a specified service during the week you are reporting on, regardless of funding source.
Percent Utilization **–** Describes the percentage calculated from these (Provider Capacity Used divided by Provider Capacity Available). The value entered in CDS for a service's Provider Location Capacity Available carries over each week, saving time on data entry. Providers will likely only enter Capacity Available values at the beginning of the fiscal year, unless there are changes over a period of time or for a given week (i.e., changes in funding, loss of a prescriber, etc.) that affect the provider's capacity. However, *Provider Location Capacity Used* must be entered into CDS every week.
Region Capacity Available – For a service is the number of beds, billable slots, etc. your location has allotted to the Region per your contract.
Region Capacity Used **–** For a service is the number of those allotted beds, billable slots, etc. that were occupied or used during the week. The percentage calculated from these (Region Capacity Used divided by Region Capacity Available) is the Percent Utilization. As with Provider Location Capacity Available, the value entered in CDS for a service's Region Capacity Available carries over each week and providers will likely only enter Capacity Available values at the beginning of the fiscal year, unless there are changes that affect the provider's capacity. However, *Region Capacity Used* must be entered into CDS every week.

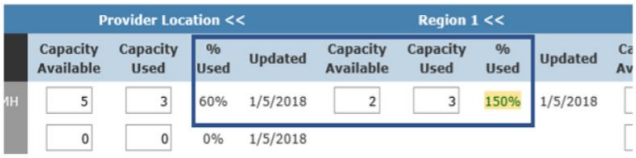
Updated – Describes the date of the last saved update to the record. Recording capacity used can be done for the current week or prior weeks if changes need to be made. Once the form is saved, the update is changed to the current date.



Capacity For	Provider Location <<				Region 1 <<				Region 6 <<			
Services	Capacity Available	Capacity Used	% Used	Updated	Capacity Available	Capacity Used	% Used	Updated	Capacity Available	Capacity Used	% Used	Updated
Acute Inpatient Hospitalization - MH	5	3	60%	1/5/2018	100	90	90%	1/5/2018	0	0	0%	1/5/2018
Assessment - SUD	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Day Treatment - MH	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Emergency Protective Custody - MH	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Intensive Outpatient / Adult - SUD	0	0	0%	1/5/2018					0	0	0%	1/5/2018

In this example, this provider only has a contract for one service in Region 1, so all of the other services show no values for Region 1.

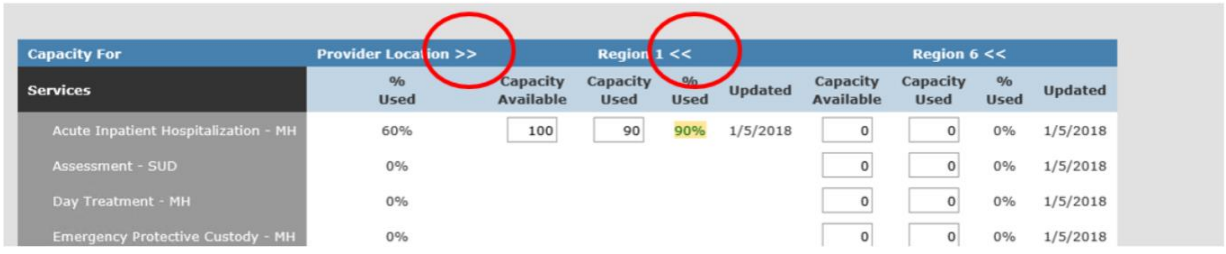
Percentage note: Percentages over ninety (90) percent are highlighted in accordance with requirements to monitor capacity greater than ninety (90) percent. Capacities used can be greater than one hundred (100) percent, based on the number of capacity used vs. available. Region capacity used and available may not exceed overall provider capacity used or available.



	Provider Location <<				Region 1 <<				
	Capacity Available	Capacity Used	% Used	Updated	Capacity Available	Capacity Used	% Used	Updated	Ca Av
MH	5	3	60%	1/5/2018	2	3	150%	1/5/2018	
	0	0	0%	1/5/2018					

Data are from test site and are fake.

Columns can be collapsed or expanded by clicking the ">>" and "<<" at the top of the column.



Capacity For	Provider Location >>				Region 1 <<				Region 6 <<			
Services	% Used	Capacity Available	Capacity Used	% Used	Updated	Capacity Available	Capacity Used	% Used	Updated
Acute Inpatient Hospitalization - MH	60%	100	90	90%	1/5/2018	0	0	0%	1/5/2018
Assessment - SUD	0%					0	0	0%	1/5/2018
Day Treatment - MH	0%					0	0	0%	1/5/2018
Emergency Protective Custody - MH	0%					0	0	0%	1/5/2018

In this example, Provider is collapsed. Neither of the regions are.

Section 2: Capacity Formulas for Services and Data Entry Requirements in CDS

Refer to CDS System Documentation and Training section on the website for training videos and presentations offering in-depth review of Capacity and Utilization.

Overview

In general, Provider Location Capacity Available for a service is the number of beds, billable slots, etc. existing at the location for the service at any time during the week, regardless of funding source. Provider Location Capacity Used for a service is the number of those beds, billable slots, etc. that were occupied or used during the week you are reporting on, regardless of funding source. The percentage calculated from these (Provider Capacity Used divided by Provider Capacity Available) is the Percent Utilization.

The value entered in CDS for a service's Provider Location Capacity Available carries over each week, saving time on data entry. Providers will likely only enter Capacity Available values at the beginning of the fiscal year unless there are changes (i.e., changes in funding, loss of a prescriber, etc.) that affect the provider's capacity. However, Provider Location Capacity Used must be entered into CDS every week.

Region Capacity Available for a service is the number of beds, billable slots, etc. your location has allotted to the Region per your contract. Region Capacity Used for a service is the number of those allotted beds, billable slots, etc. that were occupied or used during the week. The percentage calculated from these (Region Capacity Used divided by Region Capacity Available) is the Percent Utilization.

As with Provider Location Capacity Available, the value entered in CDS for a service's Region Capacity Available carries over each week, and providers will likely only enter Capacity Available values at the beginning of the fiscal year, unless there are changes that affect the provider's capacity. However, Region Capacity Used must be entered into CDS every week.

Services and Formulas

Services That Require Only Counts of Weekly Capacity Used

For the following services, providers only need to enter Provider and Region Capacity Used values into the CDS unless required by your Region. Capacity Used for these services are simply counts for the week. In parentheses beside the name of the service is the item you will count for Capacity Used. Read the following for more detail on Provider Capacity and Region Capacity for these services. Additionally, see the **Crosswalk of Services and Units Indicate and Payments.**

Provider Location Capacity –

- Capacity Available: not required in CDS unless instructed by your Region to enter it.
- Capacity Used: number completed/number persons served/number persons enrolled as of the last day of the week, regardless of payer.
- % Capacity Used: not applicable.

Region Capacity –

- Capacity Available: Not required in CDS, unless instructed by your Region to enter it.
- Capacity Used: number completed/number persons served/number persons enrolled as of the last day of the week, where the Region is the payer.
- % Capacity Used: not applicable.

Services –

- 24-Hour Crisis Line - MH (# CALLS RECEIVED)
- 24-Hour Crisis Line - SUD (# CALLS RECEIVED)
- Assessment - MH (# COMPLETED)
- Assessment - SUD (# COMPLETED)
- Crisis Assessment - MH (# COMPLETED)
- Crisis Assessment - SUD (# COMPLETED)
- Crisis Inpatient - Youth - MH (# PERSONS SERVED - if person served more than once in week, count both)
- Crisis Response - MH (# EVENTS)
- Crisis Response - SUD (# EVENTS)
- Day Support - MH (# ENROLLED)
- Emergency Protective Custody - MH (# EVENTS)
- Emergency Psychiatric Observation - MH (# EVENTS)
- ERCS Transition - MH (# ENROLLED)
- Family Navigator - MH (# ENROLLED)
- Family Navigator - SUD (# ENROLLED)
- Family Peer Support - MH (# ENROLLED)
- Family Peer Support - SUD (# ENROLLED)
- Homeless Transition - MH (# PERSONS SERVED - if person served more than once in week, count both)
- Hospital Diversion Less Than 24 hours - MH (# PERSONS SERVED)
- Inpatient Post Commitment Treatment Days (IPPC) - MH (# PERSONS SERVED)
- Inpatient Post Commitment Treatment Days (IPPC) - SUD (# PERSONS SERVED)

- Peer Support - MH (# ENROLLED)
- Peer Support - SUD (# ENROLLED)
- Psychological Testing - MH (# COMPLETED)
- Therapeutic Consultation - MH (# COMPLETED)
- Urgent Medication Management - MH (# PERSONS SERVED)
- Urgent Outpatient Psychotherapy - MH (# PERSONS SERVED)
- Youth Assessment - MH (# COMPLETED)
- Youth Assessment - SUD (# COMPLETED)
- Youth Transition Services - MH (# COMPLETED)
- Youth Transition Services - SUD (# COMPLETED)

Services with Bed-Based Capacity

For the following services, Provider Capacity Available is based on the number of beds the provider has available for the service regardless of payer source. Region Capacity Available is based on the number of beds the agency/provider is contracted with the Region to provide. Read the following for more detail on Provider Capacity and Region Capacity for these services.

Provider Location Capacity –

- Capacity Available: number of beds available during the week regardless of payer.
- Capacity Used: number of beds occupied on the last day of the reporting period regardless of payer.
- % Capacity Used: Provider Capacity Used ÷ Provider Capacity Available.

Region Capacity –

- Capacity Available: number of beds available during the week where the region is payer.
- Capacity Used: number of beds occupied on the last day of the week where the region is payer.
- % Capacity Used: Region Capacity Used ÷ Region Capacity Available.

Services –

- Acute Inpatient Hospitalization - MH
- Civil Protective Custody - SUD
- Crisis Stabilization - MH
- Dual Disorder Residential - MH
- Dual Disorder Residential - SUD
- Halfway House - SUD
- Hospital Diversion Over 24 hours - MH
- Intermediate Residential - SUD

- Mental Health Respite - MH
- Psychiatric Residential Rehabilitation - MH
- Secure Residential - MH
- Short Term Residential - SUD
- Social Detoxification - SUD
- Sub-acute Inpatient Hospitalization - MH
- Therapeutic Community - SUD

Services with Slot-Based Capacity

For the following services, Provider Capacity Available is based on the number of billable slots the provider has available for the service regardless of payer source. Region Capacity Available is based on the number of billable slots the agency/provider is contracted with the Region to provide. Read the following for more detail on Provider Capacity and Region Capacity for these services.

Provider Location Capacity –

- Capacity Available: number of billable slots available during the week, regardless of payer
- Capacity Used: number of billable slots used during week, regardless of payer
- % Capacity Used: Provider Capacity Used ÷ Provider Capacity Available

Region Capacity –

- Capacity Available: number billable slots available during the week where the region is payer
- Capacity Used: number of billable slots used during week where the region is payer % Capacity Used: Region Capacity Used ÷ Region Capacity Available

Services –

- Intensive Outpatient / Adult - MH
- Intensive Outpatient / Adult - SUD
- Intensive Outpatient / Youth - MH
- Intensive Outpatient / Youth - SUD
- Medication Management - MH
- Multi-Systemic Therapy - MH
- Opioid Treatment Program (OTP) - SUD
- Outpatient Dual Disorder - MH
- Outpatient Dual Disorder - SUD
- Outpatient Psychotherapy - MH
- Outpatient Psychotherapy - SUD
- Supported Housing - MH
- Supported Housing - SUD
- Supportive Living - MH

- Supportive Living - SUD

Case Rate-Based Capacity – Professional Partner Program Only

For Professional Partner Program, Capacity Available values are based on case rate and funding. Read the following for more detail on Provider Capacity and Region Capacity for Professional Partner Program (PPP).

Provider Location Capacity –

- Capacity Available – [Total Region funding ($) for ALL LEVELS of PPP divided by the case rate divided by 12] + [Total funding from CFS ($) for PPP divided by the case rate divided 12]
- Capacity Used – Total number of Region-funded youth enrolled in ALL LEVELS of PPP on the last day of the week + total number of youth enrolled in CFS-funded PPP on the last day of the week.
- % Capacity Used – Provider Capacity Used ÷ Provider Capacity Available.

Region Capacity –

- Capacity Available – Total Region funding ($) for ALL LEVELS of PPP divided by case rate divided by 12
- Capacity Used – Total number of DBH-funded youth enrolled in ALL LEVELS of PPP on the last day of the week
- % Capacity Used: Region Capacity Used ÷ Region Capacity Available

Services –

- Professional Partner Program - MH

Services with Ratio-Based Capacity

Capacity for the following services is based on Consumer-to-Staff ratio described in the **Lime Book,** which contains the **Utilization Guidelines** for the services. Read the following for more detail on Provider Capacity and Region Capacity for these services.

Provider Location Capacity –

- Capacity Available: based on service-specific staff-to-consumer ratio
- Capacity Used: based on service-specific staff-to-consumer ratio
- % Capacity Used: Provider Capacity Used ÷ Provider Capacity Available

Region Capacity –

- Capacity Available: based on service-specific staff-to-consumer ratio
- Capacity Used: based on service-specific staff-to-consumer ratio
  Capacity Used = Region Capacity Used ÷ Region Capacity Available

Services –

- Assertive Community Treatment - MH
- Community Support - MH

- Community Support - SUD
- Day Rehabilitation - MH
- Day Treatment - MH
- Emergency Community Support - MH
- Intensive Case Management - MH
- Intensive Case Management - SUD
- Intensive Community Services - MH
- Intensive Community Services - SUD
- Recovery Support - MH
- Recovery Support – SUD

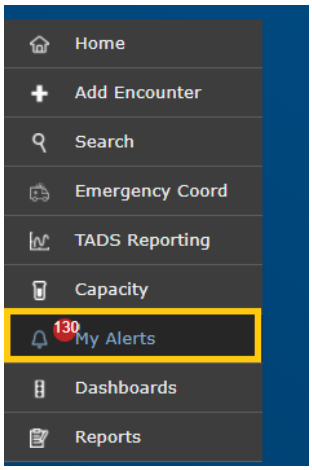
Supported Employment - SUD

Chapter 23: My Alerts

My Alerts Tab

The Centralized Data System has a feature to alert end users of encounters needing attention.

The My Alerts tab will list the type of action required to complete tasks for each encounter needing attention.



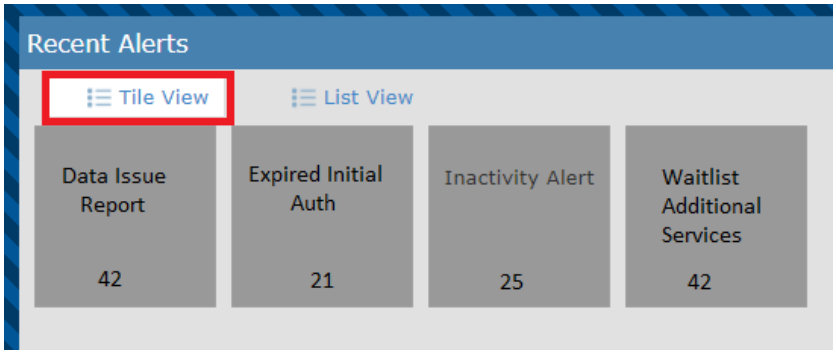
Depending on the level of permission of end users, My Alerts provides end users of an organization with an opportunity to keep encounters up to date.

Encounters with Expired Initial Authorizations, Continued Care Reviews, Continued Stay Reviews, ACT updates, those in Appeal, and any Appeals granted or denied are listed.

The webpage lists the first 200 alerts, but a full list can be generated using the export function in the upper right-hand corner of the window.

How to check alerts

1. Start by clicking My Alerts from the Left Index tabs.
2. The end user can tell how many alerts exist by the red dot with a number displayed on the banner . The number varies according to the number of alerts.
3. After clicking My Alerts, the Recent Alerts report window appears. The default for this window is Tile View. Tile View shows the types of alerts and number of records requiring attention.

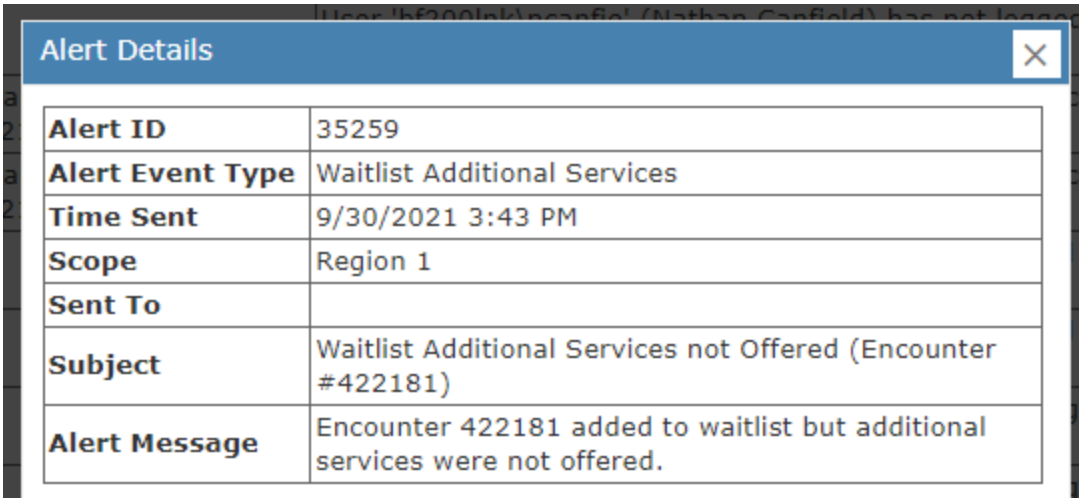


Please note: This example was created in the CDS Test Site.

4. Clicking on List View switches the end user to a more detailed view that reveals up to 200 of the most recent alerts, regardless of type.

Please note: This example was created in the CDS Test Site, the end user cited and the alerts are fictitious.

5. The end user selects an alert by clicking on any grayed box displayed on the Recent Alerts screen.



Please note: This example was created in the CDS Test Site for demonstration purpose only.

How to export alerts

The end user can export the details of the message or messages by clicking on the green Export Alerts button in the upper right-hand corner of the Alert window.

The Export Alerts button extracts the data. A pop-up window will invite the end user to save or open a file. This file contains an excel spreadsheet of the alerts. The end user can save the file locally if necessary. Administrators will appreciate the excel spreadsheet as it contains all alerts, which is useful to monitor encounter activity.

Chapter 24: Definitions and Variable Explanations

Centralized Data System Definitions

General Definitions

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

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

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

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

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

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

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

HUD – US Department of Housing and Urban Development.

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

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

Definitions Used in this Manual

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

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

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

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

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

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

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

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

Variables and Drop Down Menu Explanations

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

Authorization – The approval for payment of service. This does not necessarily mean the admission has occurred.
A change in the admission date implies a change in the authorization date.

Discharges – Dismissing a consumer from a service. Discharging also closes and encounter for editing.

Address – Two (2) lines are available for recording the consumer's address. Record the consumer's home address. Home address is that place to which the consumer will be returning upon completion of treatment. Do not enter the address of a residential treatment center (consumer survey uses the home address). Consumers who are homeless (having no address) are recorded as "NO PERMANENT ADDRESS" on the address line. Complete the city and zip code based on the current treatment service location (i.e. a consumer residing at Lincoln Homeless Shelter and receiving outpatient services from a downtown treatment entity in Lincoln should be recorded as NO PERMANENT ADDRESS, Lincoln, NE, 68508).

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

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

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

Cluster Certainty –

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

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

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

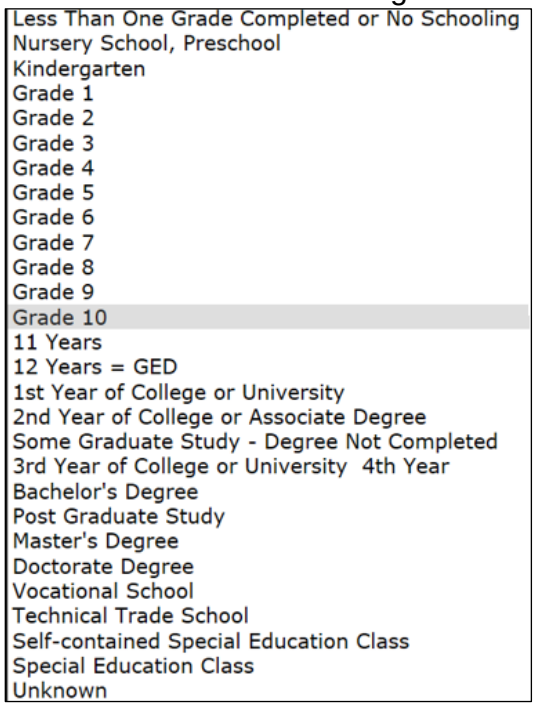
Discharge Date – The date in which the organization formally released the consumer from service as represented by the encounter.

Discharge Type –

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

jailed or are on house confinement for offenses.	treatment, whether reason for drop-out is known or unknown.
Left Against Prof Advice (Drop Out) – consumer did not come back to appointments/residence and has not spoken to staff.	

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



Employment Definition and Explanation

Persons in the Labor force

Employed – This is a broad category of full or part time employment under the competitive labor market environment and supported employment. Includes armed services/active duty military.

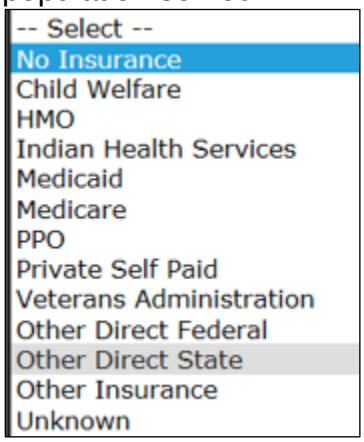
Full Time – Working 35 hours or more each week, including active duty members of the uniformed services.

Part Time – Working fewer than 35 hours each week.

Unemployed – Looking for work during the past 30 days, or on layoff from a job. According to the U.S. Department of Labor: Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work.

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

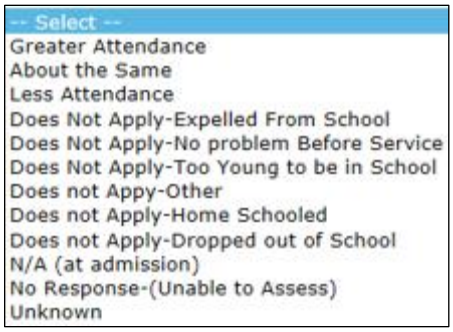
Health Insurance Status – The consumer's status of other sources of insurance. This does not exclude consumers from receiving funding, but it is important to know the population served.



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

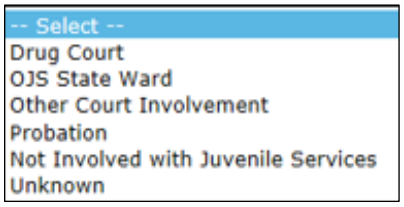
Household Income - Gross Annual – Determined based on the receipt of those various forms of income including wages, earned interest income, SSI, SSDI payments, etc. Used for housing assistance encounters.

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



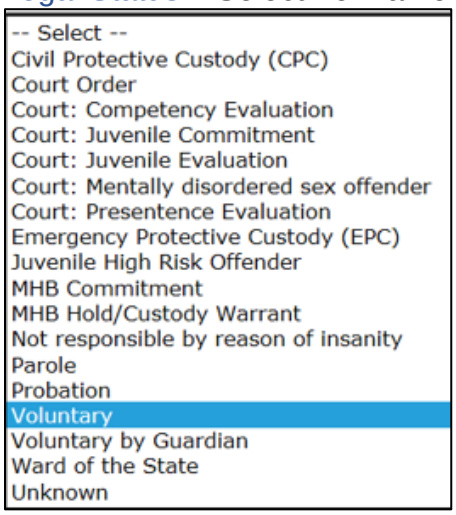
Juvenile Service Status

Indicate if the consumer is enrolled in one of the listed juvenile services

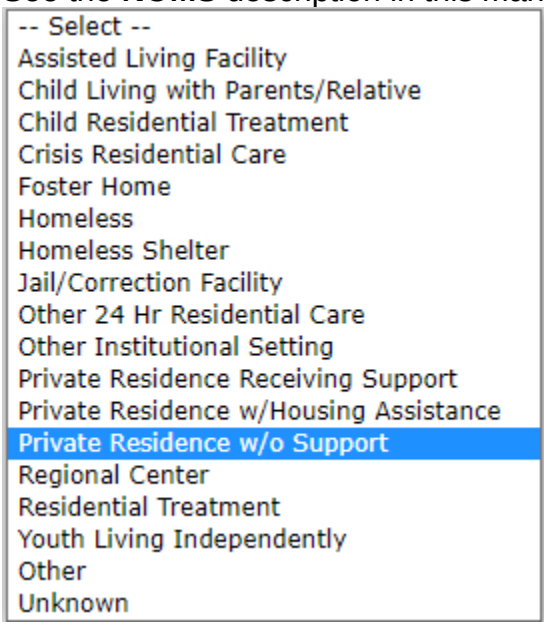


Preferred Language – Select from the list of languages.

Legal Status – Select from among available choices.



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



Medicaid/Medicare Eligibility –

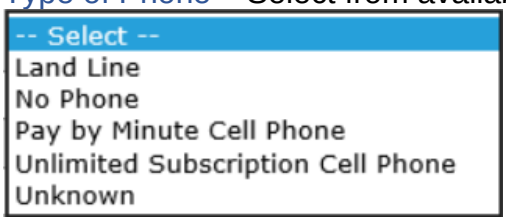
Det. to Be Inelig-NA – Determined to be ineligible (Not Applicable). The consumer's income and dependent classification clearly shows the consumer not to be eligible for these benefits.	Elig/Recv. Payments – Eligible and could be Receiving Payments. Consumers who are found to be eligible and may not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

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

Cohabitating – Individuals who are living together and having no marital relationship but who through roles and maintenance of responsibilities typically associated with marriage maintain an association similar to marriage, but where there is not legally recognized marriage.	Never Married – includes those consumers whose marriage has been annulled.
Divorced – having been married and now having a decree of divorce and having no subsequent marriage.	Separated – includes those separated legally or otherwise absent from spouse because of marital discord.
Married – includes those who are living together in an officially recognized marital relationship.	Widowed – Having been married and experiencing the death of the marital partner without any further marriage.

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

Type of Phone – Select from available choices:



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

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

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

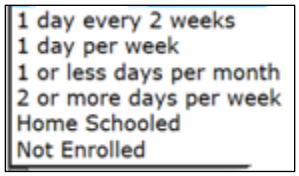
Race– this is a multi-select variable – select all that apply.

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

Alaska Native – Origins of any of the original people of Alaska.	White – (Caucasian) Origins in any of the original people of Europe, North Africa or the Middle East.
Black American – (Negro) Origins in any of the black racial groups of Africa.	

Referral Source (at admission and discharge)

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



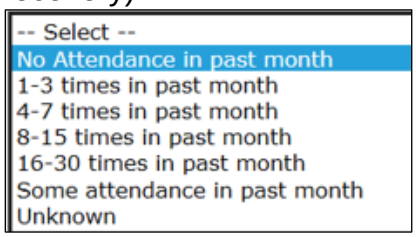
SED – Seriously Emotionally Disturbed

NE State SED Definition: Client is age 3-17 years AND has at least one of the following ICD-10 diagnoses: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.8, F34.9, F39, F44.89, 300.01, 300.21, 300.3, 301.13, 307.1, 307.23, 307.51, 309.81, 312.34, 314, 314.01, 314.1, 314.2, 314.8, 314.9, F40.01, F41.0, F42, F43.10, F43.11, F43.12, F44.89, F50.00, F50.01, F50.02, F50.2, F63.81, F90.0, F90.1, F90.2, F90.8, F90.9, F95.2
AND meets at least one of the following criteria: is SSI/SSDI eligible or potentially eligible; was admitted to Professional Partner Services, Special Education Services, Day Treatment, Intensive Outpatient, Therapeutic Consultation/School Wrap, or Respite Care
OR Client is age 3-17 years AND Provider selected YES for Consumer Meets NE SED Criteria.
OR Client is age 3-17 years AND provider has indicated three or more functional deficits of physical functioning, community living skills, vocational/education attainment, personal care skills, mood, interpersonal relationship, psychological status, daily living skills and/or social skills.

SMI – Serious Mentally Ill

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

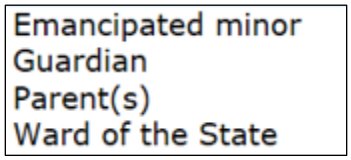
Social Supports– This should be selected if, in the past 30 days, the consumer has participated in recovery activities, such as self-help groups or support groups (defined as attending self-help group meetings, attending religious/faith affiliated recovery or self-help group meetings, attending meetings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



SSD/SSDI Eligibility –

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

Stable Environment – Select the best fit describing the consumer's situation.



Chapter 25: CDS Fields and National Outcome Measures (NOMS)

Centralized Data System (CDS) and Federal Reporting

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

Overview of National Outcome Measures

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

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

REFERENCES

[1] SAMHSA, Center for Behavioral Health Statistics and Quality. Combined SAMHSA Treatment Episode Data Set (TEDS) State Instruction Manual – Version 4.2, with Data Submission System (DSS) Guide. June 2017.

[2] New York State Office of Alcoholism and Substance Abuse Services (OASAS). https://apps.oasas.ny.gov/reportsdoc/OASAScliniciancourse/NYC10101/NYC101010030.html. Accessed 6/12/2018.

[3] Ohio Department of Mental Health Definitions: Records and Data Entry Fields in Treatment Episode Outcomes. ODMH Program and Policy Development/Office of Research & Evaluation. December 2011.

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

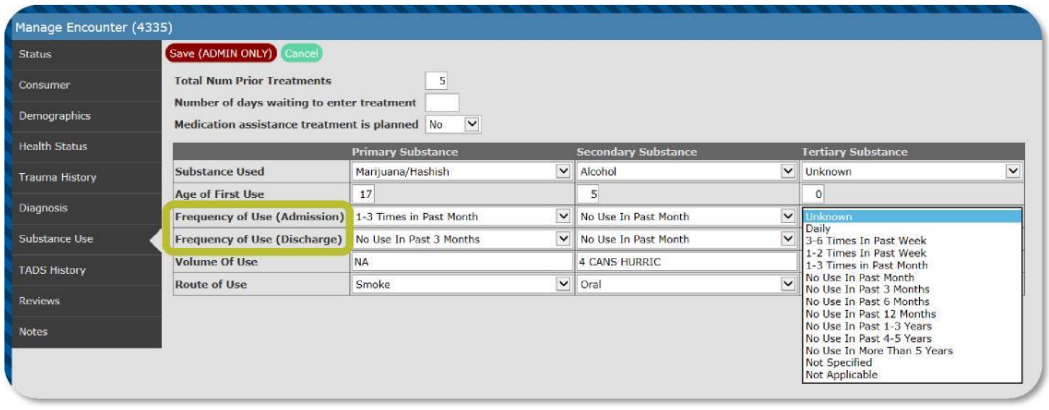
Outcome Used To Measure NOM DOMAIN – Abstinence from alcohol/drug use.

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

Field Location – Substance Use tab

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

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



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

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

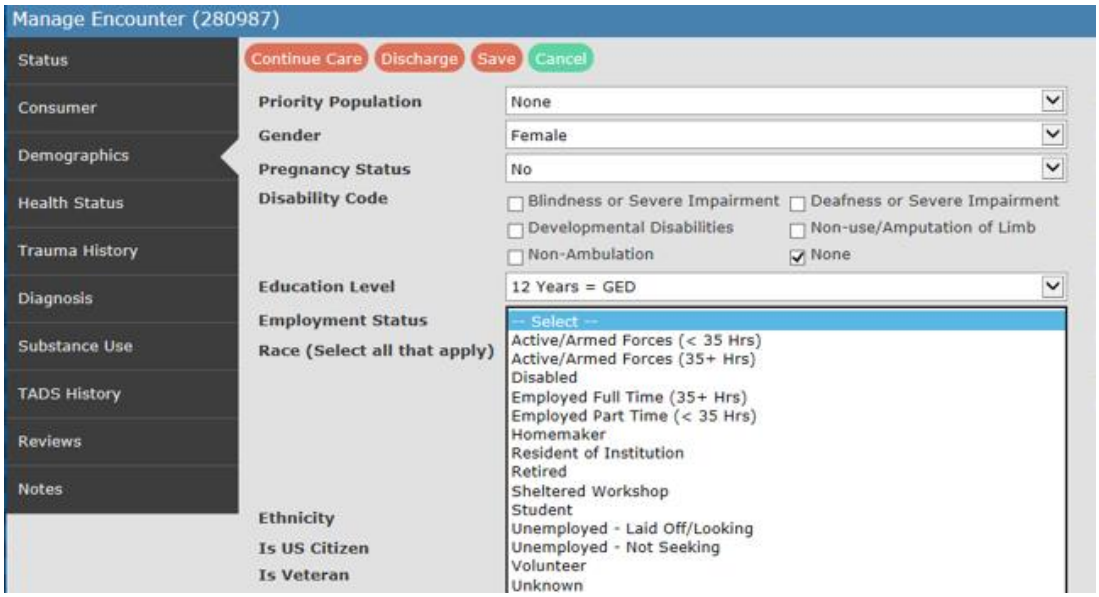
CDS Field – Employment Status at admission *and* at discharge (Adults); School Absences at admission *and* at discharge (Youth).

Field Location – Demographics tab

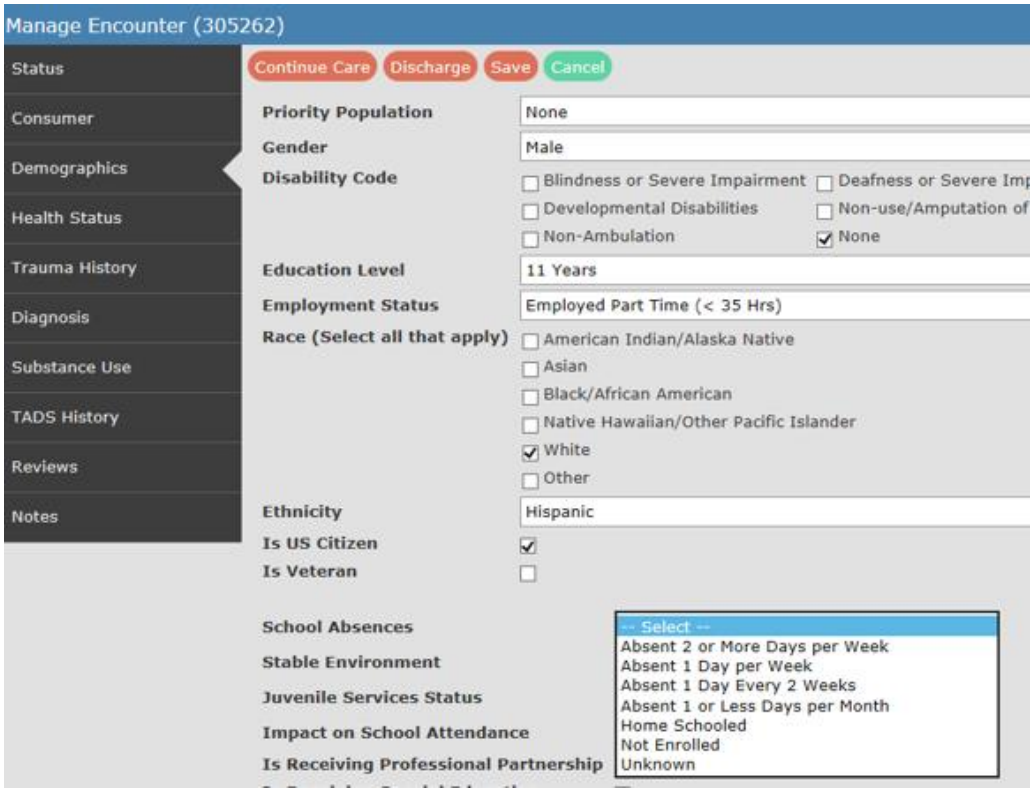
Field Description – Employment Status: Employment Status specifies the consumer's employment status. It is meant to reflect employment in the past 30 days. This data element is reported to SAMHSA for all consumers16 years old and over who are receiving services in non-institutional setting. Institutional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

Employment Status Options	Description (if additional detail needed)[1]
Active/Armed Forces (< 35 Hrs)	Consumer is employed by armed forces, and working less than 35 hours per week in the past 30 days.
Active/Armed Forces (35+ Hrs)	Consumer is employed by armed forces, and working over 35 hours per week in the past 30 days.
Employed Full Time (35+ Hrs)	Consumer is employed, and working more than 35 hours a week in the past 30 days. If employed by armed forces, and working more than 35 hours a week in the past 30 days, please use "Active/Armed Forces (35+ Hrs)".
Employed Part Time (< 35 Hrs)	Consumer is employed, and working less than 35 hours a week in the past 30 days. If employed by armed forces, and working less than 35 hours a week in the past 30 days, please use "Active/Armed Forces (< 35 Hrs)".
Unemployed - Laid Off/Looking	Consumer who is not employed, but was actively seeking employment in past 30 days.
Unemployed - Not Seeking	Consumer who is not employed, and was not actively seeking employment in the past 30 days.
Disabled	Consumer is unable to work due to disability, and qualifies for federal assistance.

Homemaker	Consumer is not employed, not seeking, and takes care of a home.
Resident of Institution	Consumers receiving services from institutional facilities such as hospitals, jails, prisons, long-term residential care, etc.
Retired	Consumer has retired.
Sheltered Workshop	Sheltered/Non-Competitive Employment.
Student	Consumer is a student.
Volunteer	Consumer donates their time.
Unknown	Employment Status is unknown.



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



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

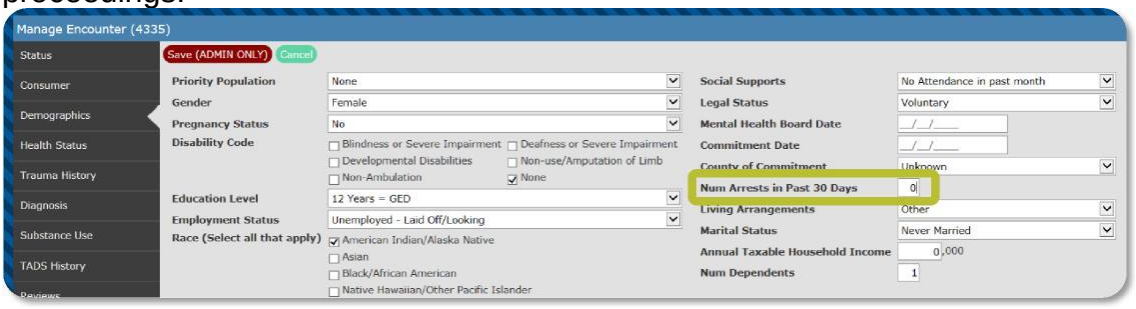
NOM DOMAIN: CRIME & CRIMINAL JUSTICE – Decreasing involvement with the criminal justice system.

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

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

Field Location – Demographics tab.

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



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

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

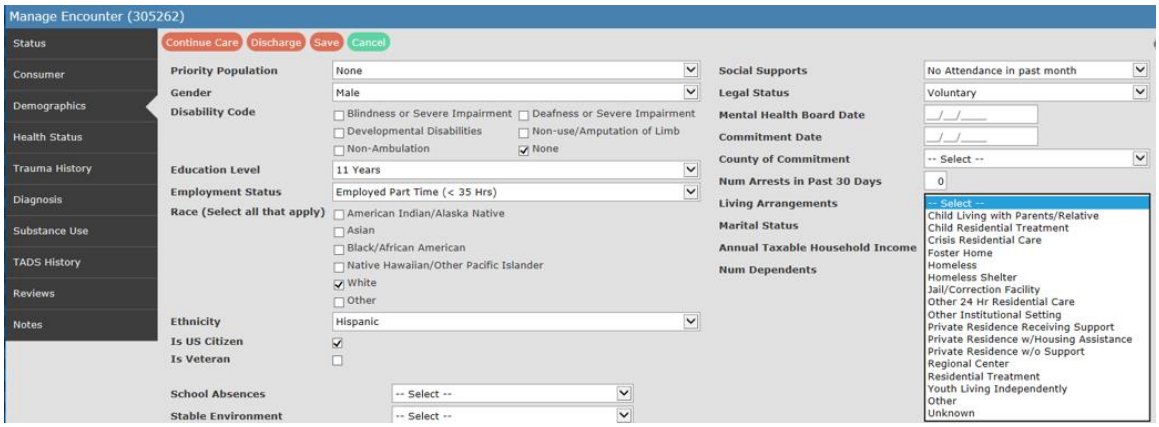
CDS Field – Living Arrangements (at admission *and* at discharge).

Field Location – Demographics tab.

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

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

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



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

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

DS Field –Date of Birth, Ethnicity.

Field Location – Demographics tab.

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

Race Options *Check boxes. Multiple options can be selected.*	**Description (if additional detail needed)** [1]
American Indian/Alaska Native	Persons having origins in any of the original peoples of North America and South America, including Central America and the original peoples of Alaska.
Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black/African American	Persons having origins in any of the black racial groups of Africa.
Native Hawaiian/Other Pacific Islander	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Gender Options

White	Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Other	Persons not identified in any category above, or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.
*** Two or More Races ***	*** When multiple options are selected, the person is coded as being of Two or More Races. ***

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

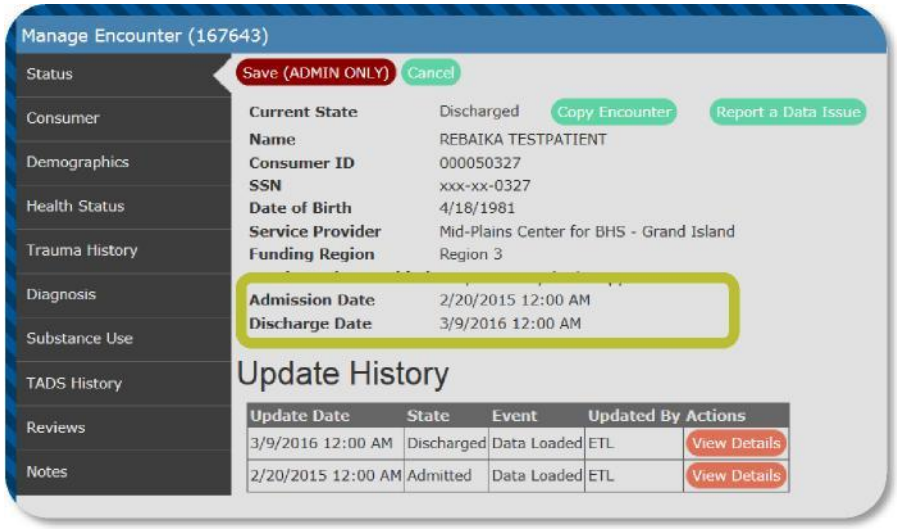
NOM DOMAIN: RETENTION - Retention in substance abuse treatment or decreased inpatient hospitalizations for mental health treatment.

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

DS Field –Admission Date, Discharge Date, Service.

Field Location – Status tab.

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



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

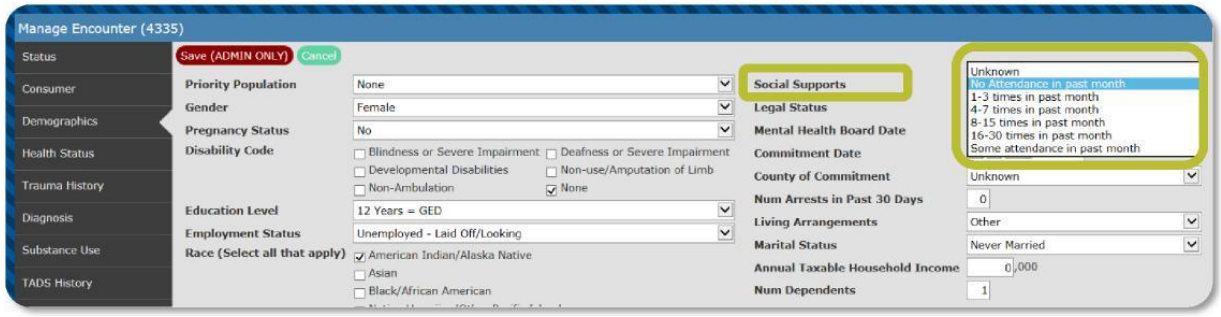
Outcome Used to Measure NOM DOMAIN – Increased social supports or social connectedness.

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

Field Location – Demographics tab

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

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



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

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

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

Field Location – N/A.

Field Description –

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

ADULT SURVEY QUESTIONS AND MHSIP SCALES

Access:

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

Quality and Appropriateness:

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

Outcomes:

As a direct result of services I received:

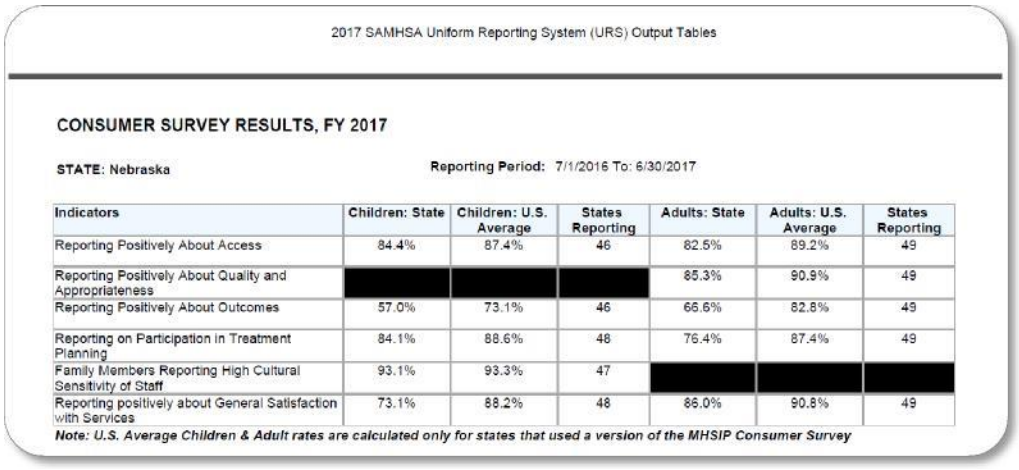
1. I deal more effectively with daily problems.
2. I am better able to control my life.
3. I am better able to deal with crisis.
4. I am getting along better with my family.
5. I do better in social situations.
6. I do better in school and/or work.
7. My housing situation has improved.
8. My symptoms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

Participation in Treatment Planning:

1. I felt comfortable asking questions about my treatment and medication.
2. I, not staff, decided my treatment goals.

General Satisfaction:

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



2017 SAMHSA Uniform Reporting System (URS) Output Tables

CONSUMER SURVEY RESULTS, FY 2017

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

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

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

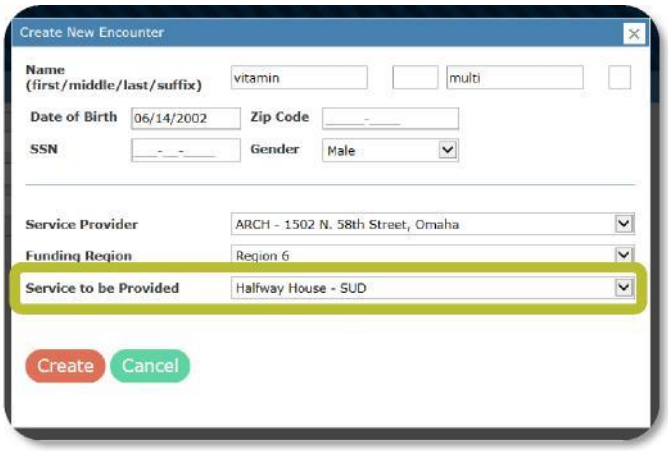
NOM DOMAIN: COST EFFECTIVENESS – Cost-effectiveness.

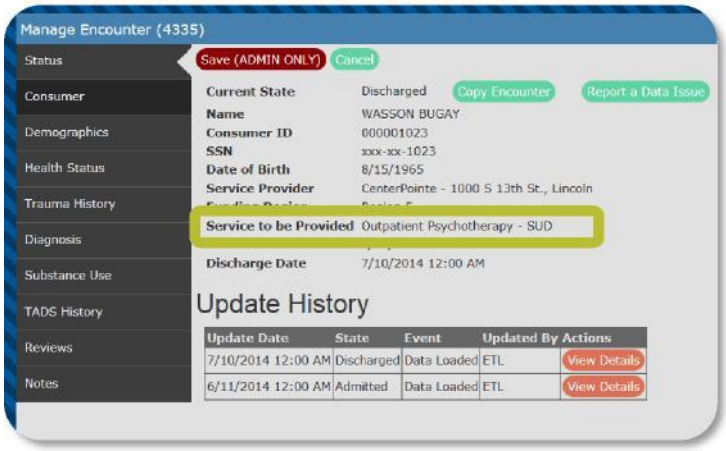
Outcome Used to Measure NOM DOMAIN **–** Cost effectiveness (average cost).

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

Field Location **–** Create New Encounter, Status tab.

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


Create New Encounter
Name (first/middle/last/suffix)
vitamin
multi
Date of Birth
06/14/2002
Zip Code
SSN
Gender
Male
Service Provider
ARCH - 1502 N. 58th Street, Omaha
Funding Region
Region 6
Service to be Provided
Halfway House - SUD
Create
Cancel


Manage Encounter (4335)
Status
Consumer
Demographics
Health Status
Trauma History
Diagnosis
Substance Use
TADS History
Reviews
Notes
Save (ADMIN ONLY)
Cancel
Current State
Discharged
Copy Encounter
Report a Data Issue
Name
WASSON BUGAY
Consumer ID
000001023
SSN
xxx-xx-1023
Date of Birth
8/15/1965
Service Provider
CenterPointe - 1000 S 13th St., Lincoln
Service to be Provided
Outpatient Psychotherapy - SUD
Discharge Date
7/10/2014 12:00 AM
Update History
Update Date
State
Event
Updated By
Actions
7/10/2014 12:00 AM
Discharged
Data Loaded
ETL
View Details
6/11/2014 12:00 AM
Admitted
Data Loaded
ETL
View Details

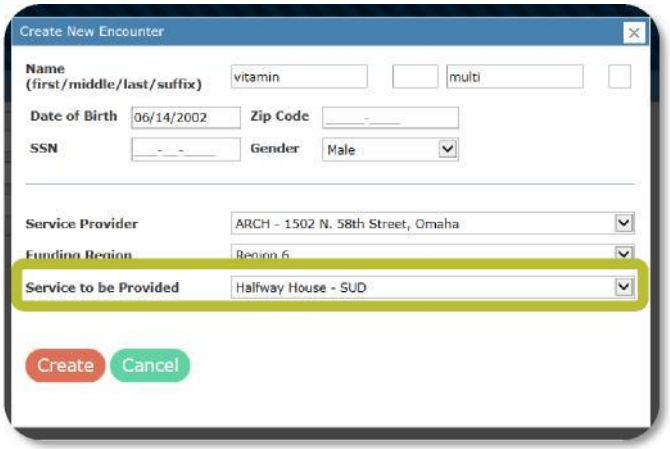
NOM DOMAIN: EVIDENCE-BASED PRACTICES (EBPs) – Use of evidence-based treatment practices.

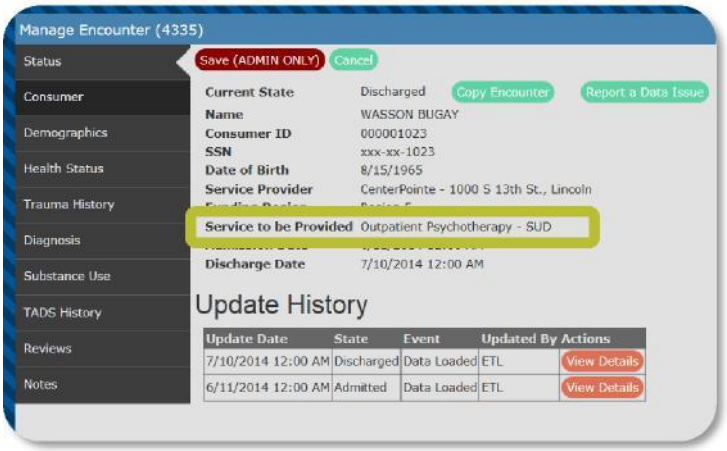
Outcome Used to Measure NOM DOMAIN – Use of evidence-based treatment practices.

CDS Field – Service to be Provided.

Field Location – Create New Encounter, Status tab

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





Chapter 26: Super User Responsibilities

Super Users

Super Users are agency users who serve as the liaison between the Division of Behavioral Health (DBH) and the Provider agency or the whole Region, functioning as the local troubleshooter for agency problems. Super Users may have access to the Centralized Data System (CDS) Test Site and Location Specific Information.
Provider Super Users are for the provider agency, while Regional Super Users are for the whole region.

Super User Responsibilities

Super Users are responsible for submitting new user access requests to DBH, as well as monitoring current users. Super Users are able to request reactivation of restricted users, submit permission or location change requests as needed, and submit deletions for users who are no longer employed by the agency. Super Users are also responsible for relaying communications regarding the CDS in addition to offering training to agency users in use of the CDS.
Super Users can also track their users using the reports available in the CDS (PROV916/Admin915), which provides information like showing what users have access and last login date.

Submitting New Access Requests

One of the main responsibilities of Super Users is to request CDS access for new users. In order to submit a request for new access, some basic information will need to be sent to DBH.

- Super User will need to fill out the "*CDS Access Template*" excel spreadsheet with the relevant information, as well as the confidentiality form, that can be found in the "*System Documentation and Training*" section of the CDS.
- Once these forms are completed, they should be submitted to DHHS.CDSDBH@nebraska.gov. Please allow up to ten (10) business days for this request to be completed.
- A welcome e-mail to be sent to the new user.
- Further instructions can be found in the "*TemplateforCDSAddsChanges*" excel sheet.

Super User Meetings

DBH hosts a Regional Super User call every month, and a Provider Super User call quarterly, on the 4th Tuesday of the month. If a Super User would like to be added to the invite list for these meetings, please send an e-mail to DHHS.DBHCDS@nebraska.gov to request invitations.

- These meetings are held to disseminate information about the CDS to the Super Users, who in turn should communicate this information to the provider agencies and other staff as applicable.
- These meetings also serve as a place for Super Users to ask questions and offer feedback about the CDS and implementation of new processes.
- Meeting attendance is not mandatory for Super Users but is strongly encouraged as meetings can be very helpful for Super Users looking for clarification on different aspects of the CDS, as well as new enhancements, which may be implemented in the future.

Super User Resources

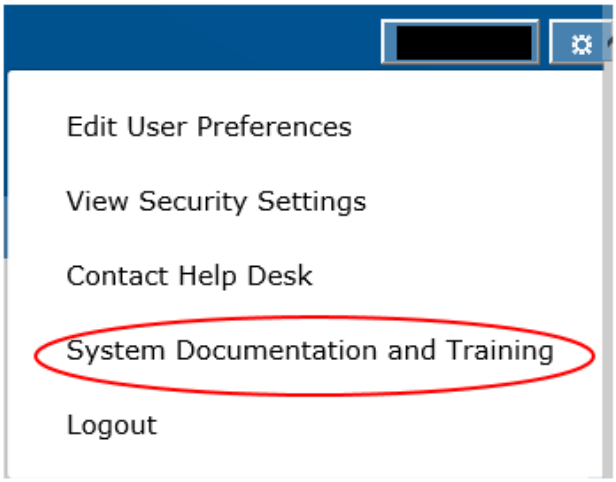
Super Users have several resources to help them in their tasks, including the CDS Test Site, the "System Documentation and Training" section of the CDS, Super User Meetings, the Orion Health Care Support Desk, CDS Reports, Region Super Users, and DHHS CDS Staff. The CDS Test Site is available at https://dbhcds-tst-dhhs.ne.gov/Account/Login and **should only be used** for training purposes. All data in the test version of CDS is fake. No actual PHI should ever be used when working with the CDS test site.

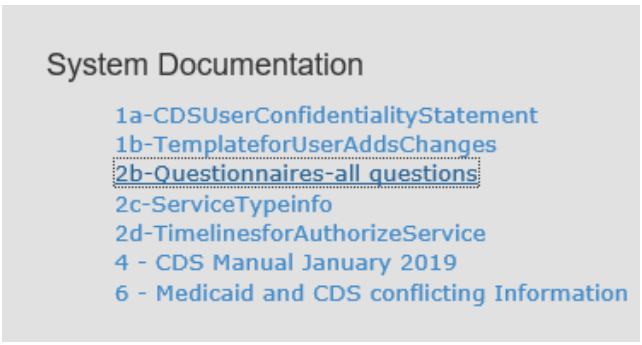
Reports

There are several different reports in CDS that may be helpful to Super Users. One example of this is the Admin915 report, which shows the permission levels that users have, and the date that users last logged into the CDS.

System Documentation and Training

The “System Documentation and Training” section can be found by logging into the CDS and clicking on your name in the top right-hand corner. Click on “System Documentation and Training”. Once you have brought up the “System Documentation and Training” section, you will have several different resources that may be helpful to the training of other users, as well as documents that are esential to the creation of new users.



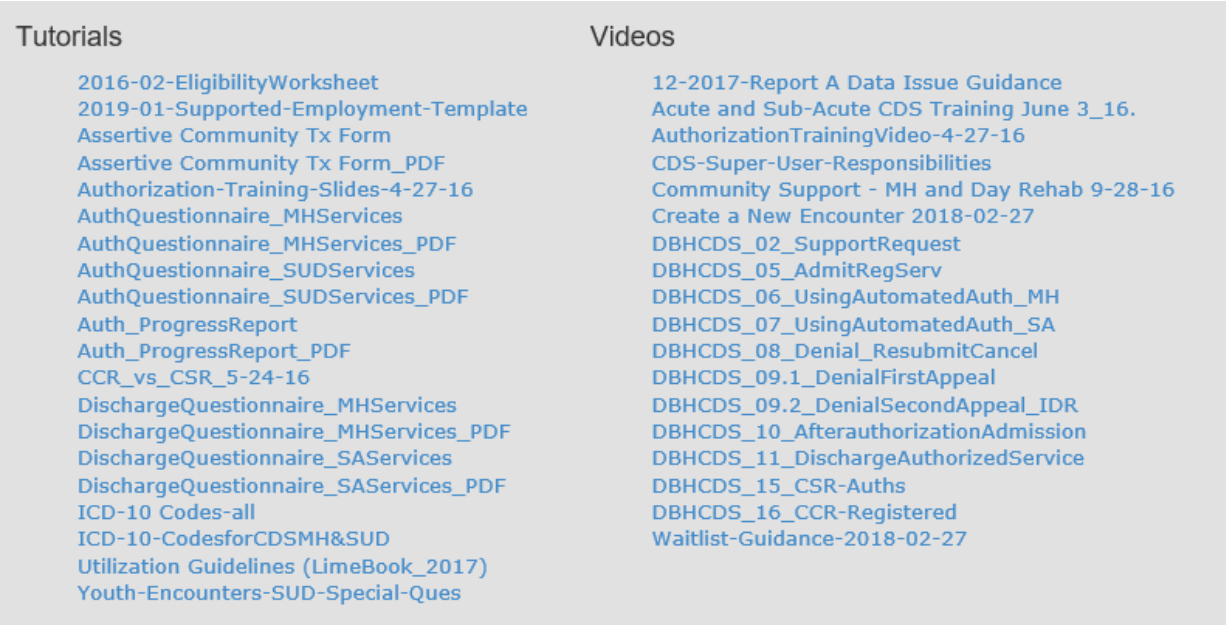


These resources include the “CDSUserConfidentialityStatement”, which is required for all users, and should be completed and submitted with the “TemplateforCDSAddsChanges” when a new account is needed.

The “Questionnaires-all questions”, “ServiceTypeinfo”, and “TimelinesforAuthorizeService” documents are technical information on CDS services and can be referenced for details about services in the CDS.

The “CDS Manual” is available for download in full. The new CDS manual will be uploaded and be able to be downloaded by chapter, or in full. “Medicaid and CDS conflicting Information” is a guide on what to do with cases that currently show as active in Medicaid.

This Section also has several different tutorial and video guides for use with the CDS. Users can explore these trainings at their leisure. As more resources become available, they will also be uploaded to this section.



Orion Help Desk

The Orion Help Desk can resolve some technical issues within the CDS. Certain changes such as reversing a discharge, or changing an authorization period, must be processed through the Orion Help Desk. If you are not aware of whether an issue should be sent as a data issue, or as an issue to the Orion Help Desk, submit a data issue and a DBH CDS security administrator will review the request, then forward the issue to the Orion Help Desk if appropriate.

Further Training

The Division of Behavioral Health is now conducting New User Training, as well as Advanced CDS Function Training on alternating months. To sign a user up for either training please send a request to DHHS.DBHCDS@nebraska.gov with the user's username, e-mail address, and signed confidentiality release form. That user will receive an invite to the training by e-mail.

If requested, CDS training can be scheduled with the DBH Team. To schedule a training, please send an e-mail to DHHS.DBHCDS@nebraska.gov with an anticipated number of attendees, a requested time for when training should take place, and any specific subjects that the training should cover.

Appendix: Super User Responsibilities