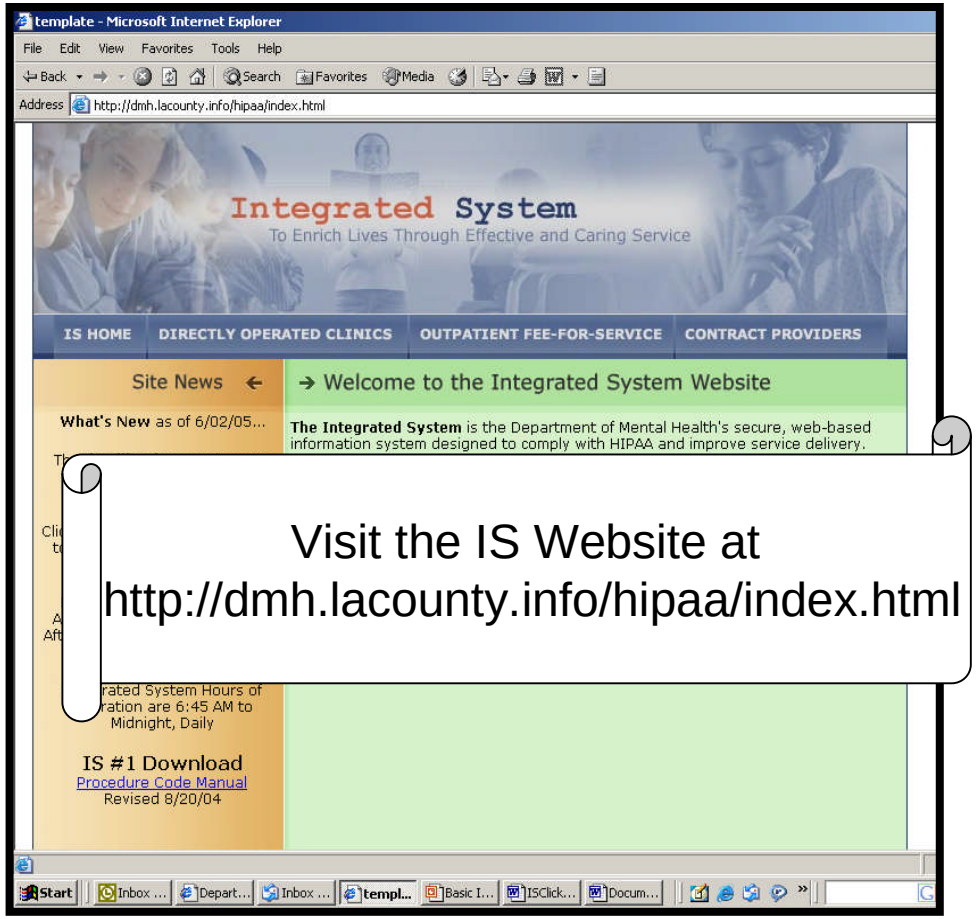
Basic Integrated System (IS) Training

Things to Keep in Mind

- All Patient Health Information (PHI), in this manual, is fictitious.
- Remember to use the help (?) icon.
- It is recommended that you understand the billing processes before using the IS.
- To return to the previous screen, always click on the Return button, under Options.
- Italicized fields must be completed.
- Dates must be entered as: 00/00/0000
- You will be logged off every 15 minutes when not using the system; you will have to click on the Home page to log back in.
- It is strongly recommended that you attend the PATS training on medications.
- You only have access to the Home and Clinical pages of the System
- MIS, IS, and DMH number are all the same.



Basic IS Training

1. Log in
2. Find a Client
3. Add a Client: Identification Screen
4. Add a Client: Contacts Screen
5. Add a Client: Financial Screen
6. Add a Client: Other Screen
7. Open an Episode: Admission Screen
8. Open an Episode: Diagnosis Screen
9. Add Services
10. Add a Claim, a Plan and Payer (s)
11. Void and Resubmit a Claim
12. Add a Prescription: Rx Card Info, Drug Allergies Screens
13. Add a Prescription: Med Order and Write Rx Screens
14. Add a Prescription: Approval, Renew and Refill
15. Close an Open Episode: Discharge and Diagnosis Screens
16. Groups
17. Community Outreached Services (COS)

Use Keyboard Shortcuts! Avoid using the Mouse.

- The Tab key will take you through every field on the screen.
- Shift-Tab will take you backwards through those fields.
- Down Arrows and characters to go through drop-down lists.
- The Space bar will check and uncheck boxes.
- The Enter key will activate buttons.

EXERCISE 1

Log In:

- As a DMH Employee: https://dmhisintra.co.la.ca.us
- As a DMH Contracted Provider: http://dmh.lacounty.info/hippa/index.html
- The Home Page
- How to Set Provider Context

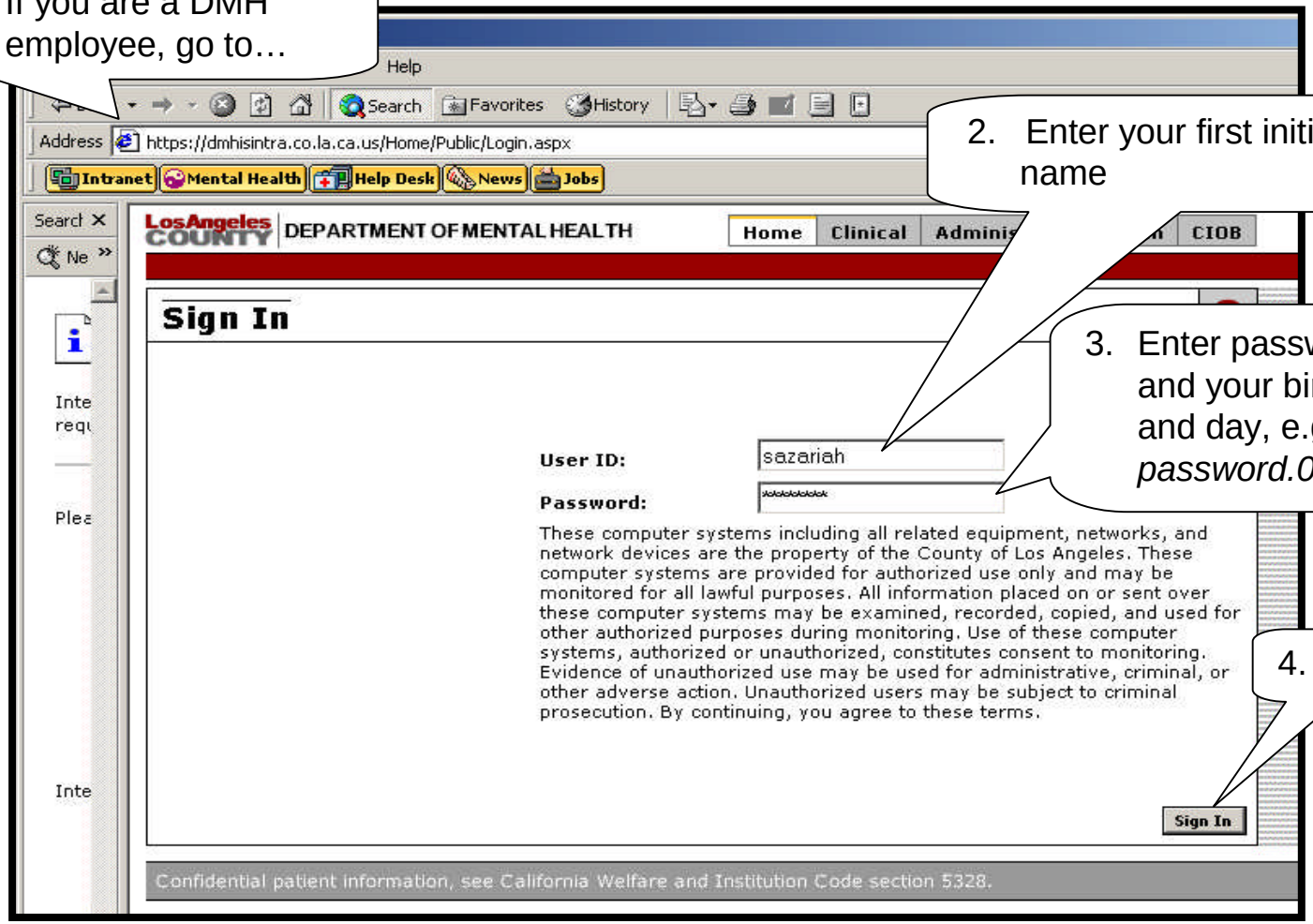
Note:

• If you are a first time user, you will be asked to change your password.

• You will then be prompted to a privacy policy statement. Click accept to proceed.

Log In – DMH Workers

1. If you are a DMH employee, go to…

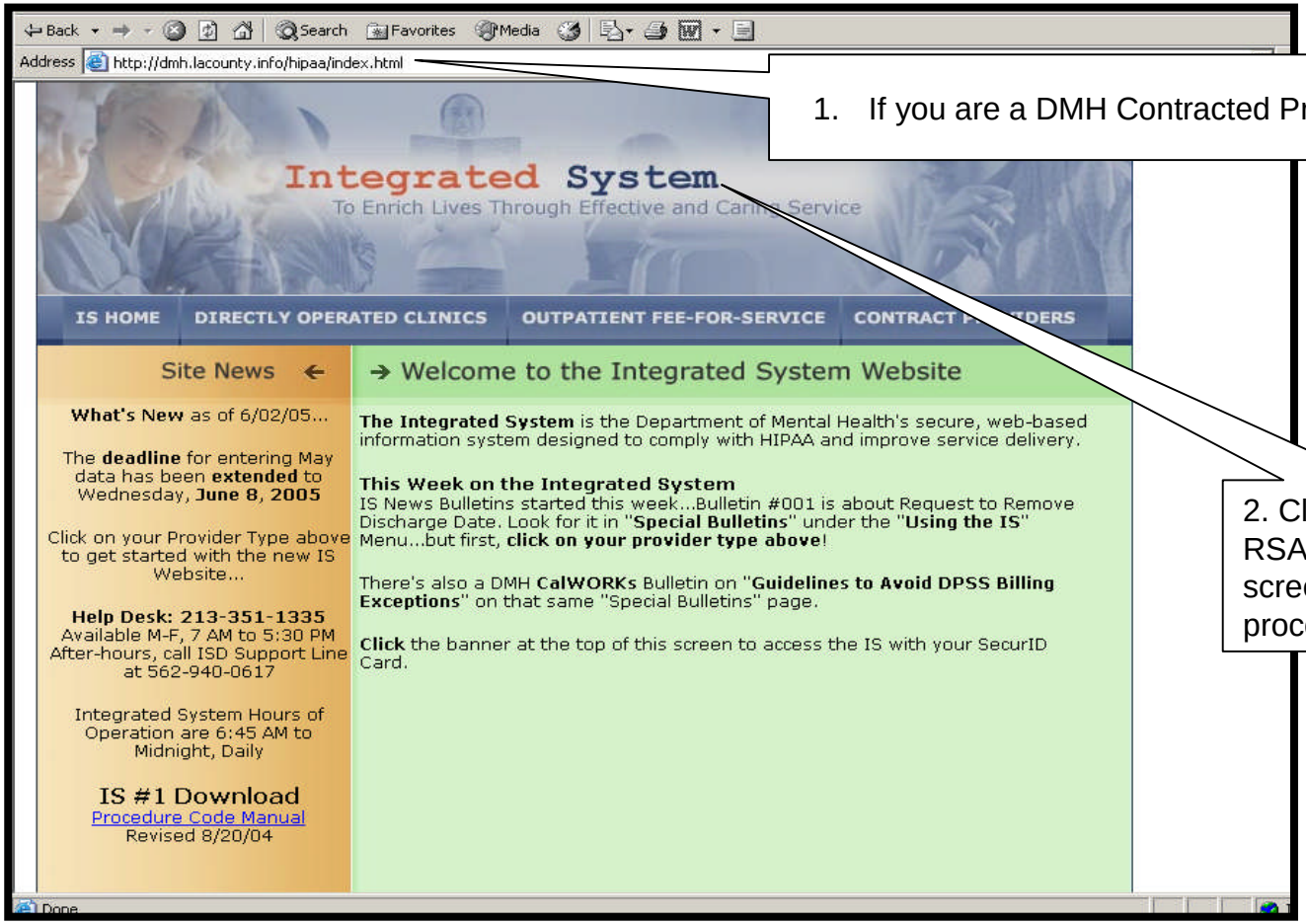


2. Enter your first initial and last name

3. Enter password, dot, and your birth month and day, e.g. *password.0104*

4. Click

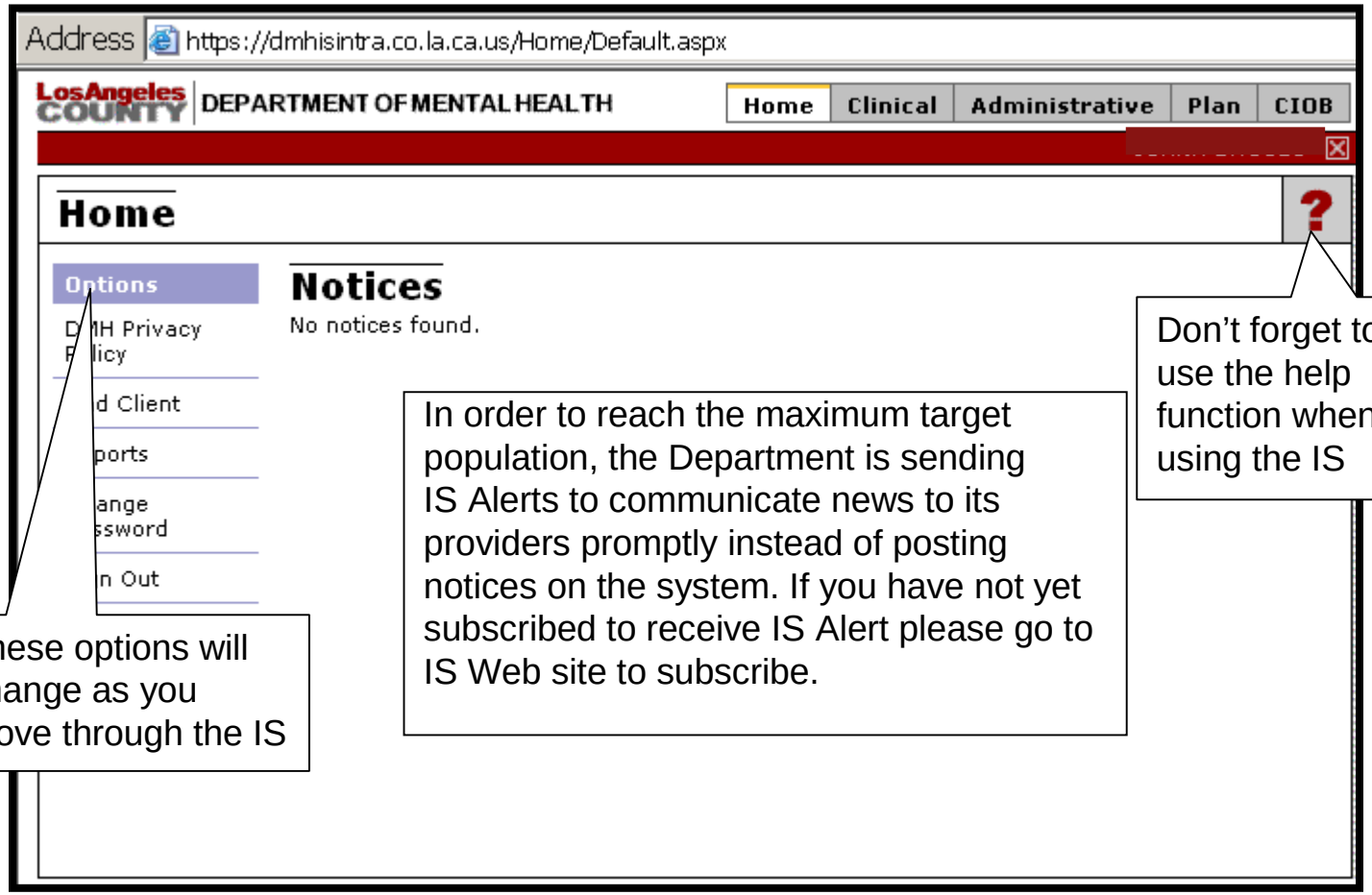
Log In with a SecurID Card



1. If you are a DMH Contracted Provider, go to

2. Click to go to the RSA SecurID logon screen and follow procedures

The Home Screen

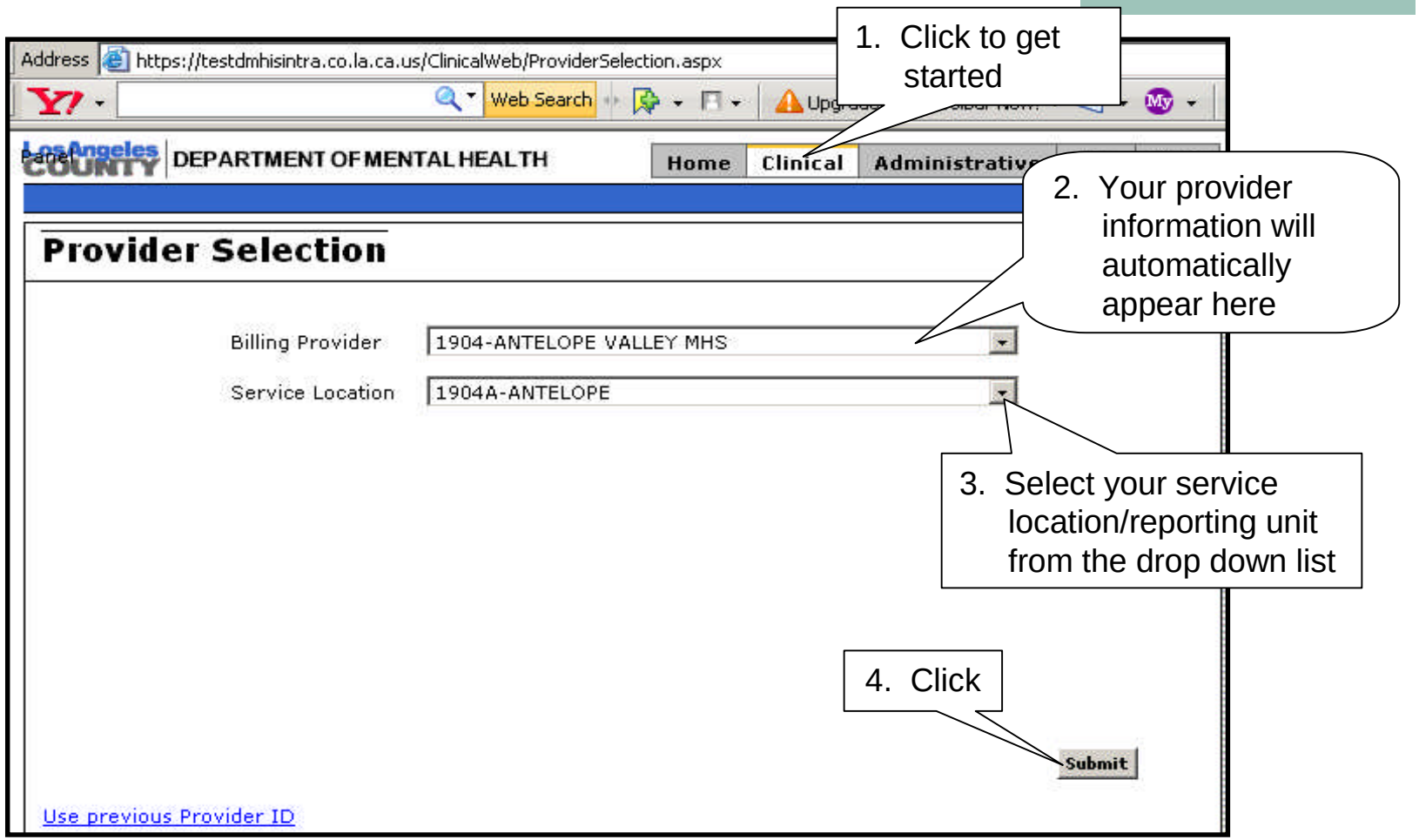


These options will change as you move through the IS

In order to reach the maximum target population, the Department is sending IS Alerts to communicate news to its providers promptly instead of posting notices on the system. If you have not yet subscribed to receive IS Alert please go to IS Web site to subscribe.

Don't forget to use the help function when using the IS

How to Set Provider Context

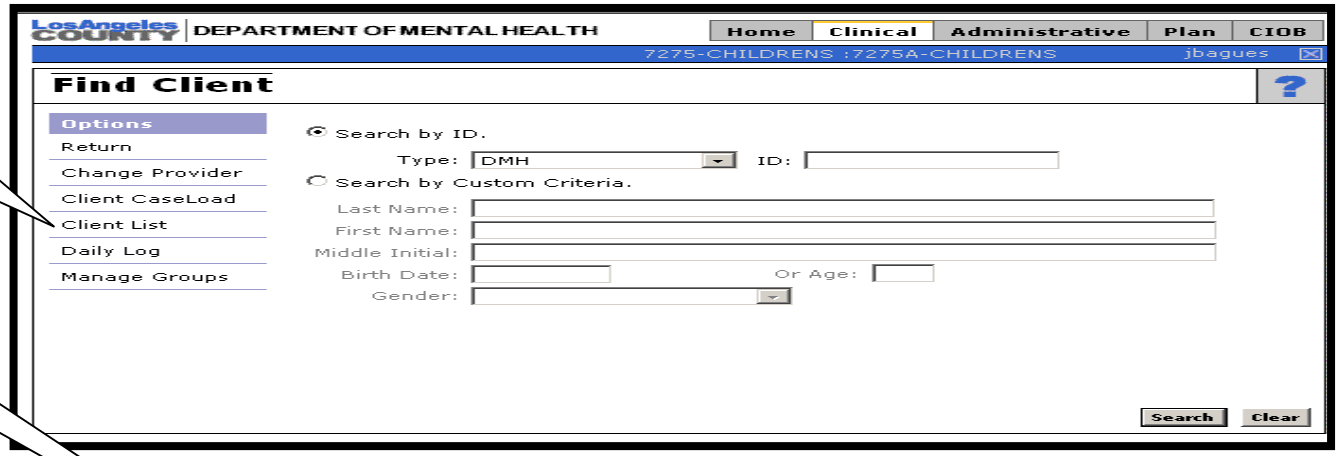


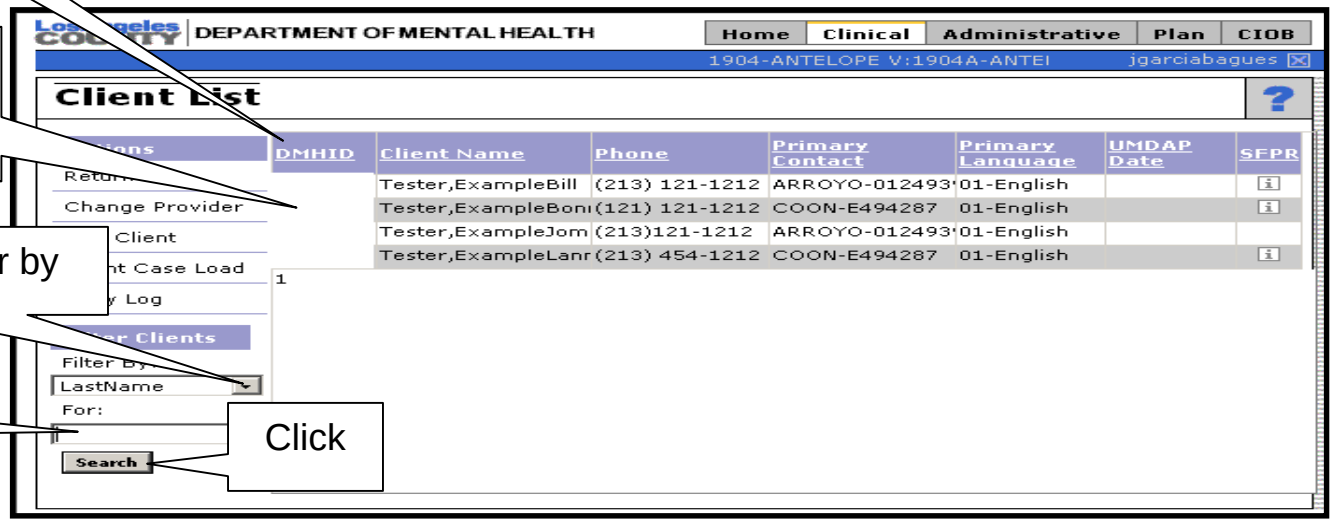
EXERCISE 2

Find a Client:

- Using Client List and Filter Clients
- Using Search by ID
- Using Search by Custom Criteria
- Result Screen

Find a Client: Using Client List and Filter Clients





Click

Click to sort list

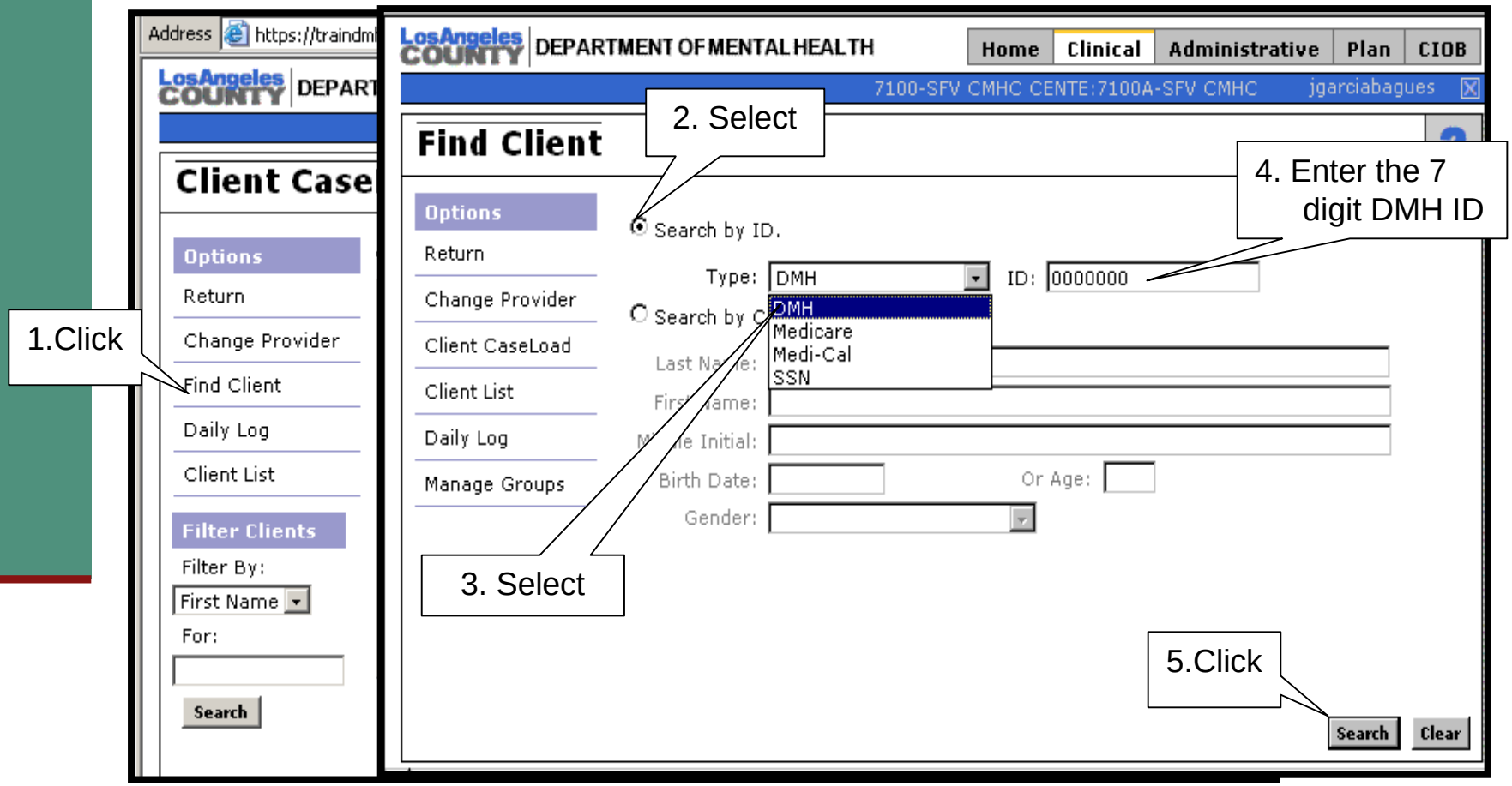
Click DMH ID # to view client information

Select the field to filter by

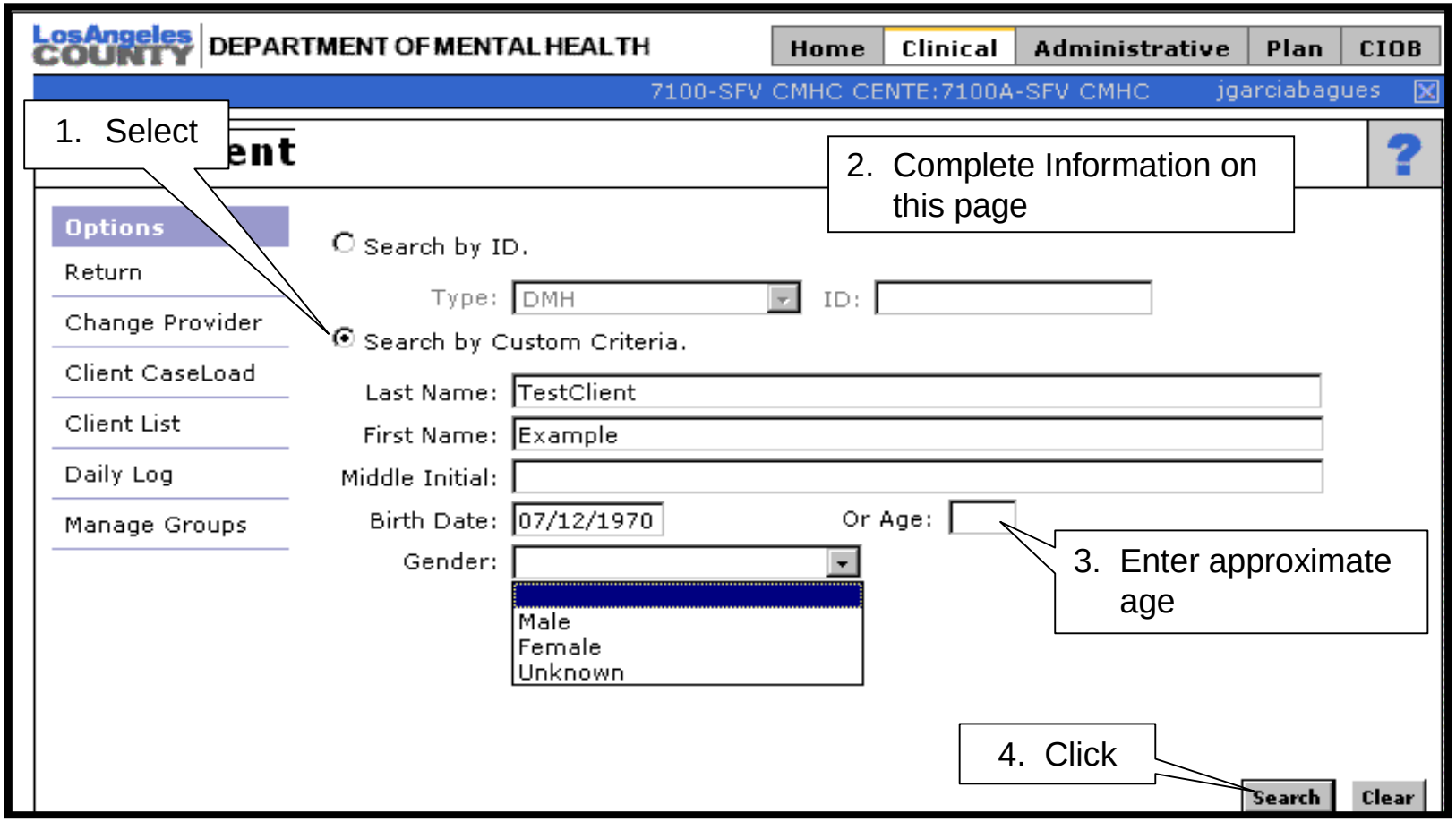
Enter information

Click

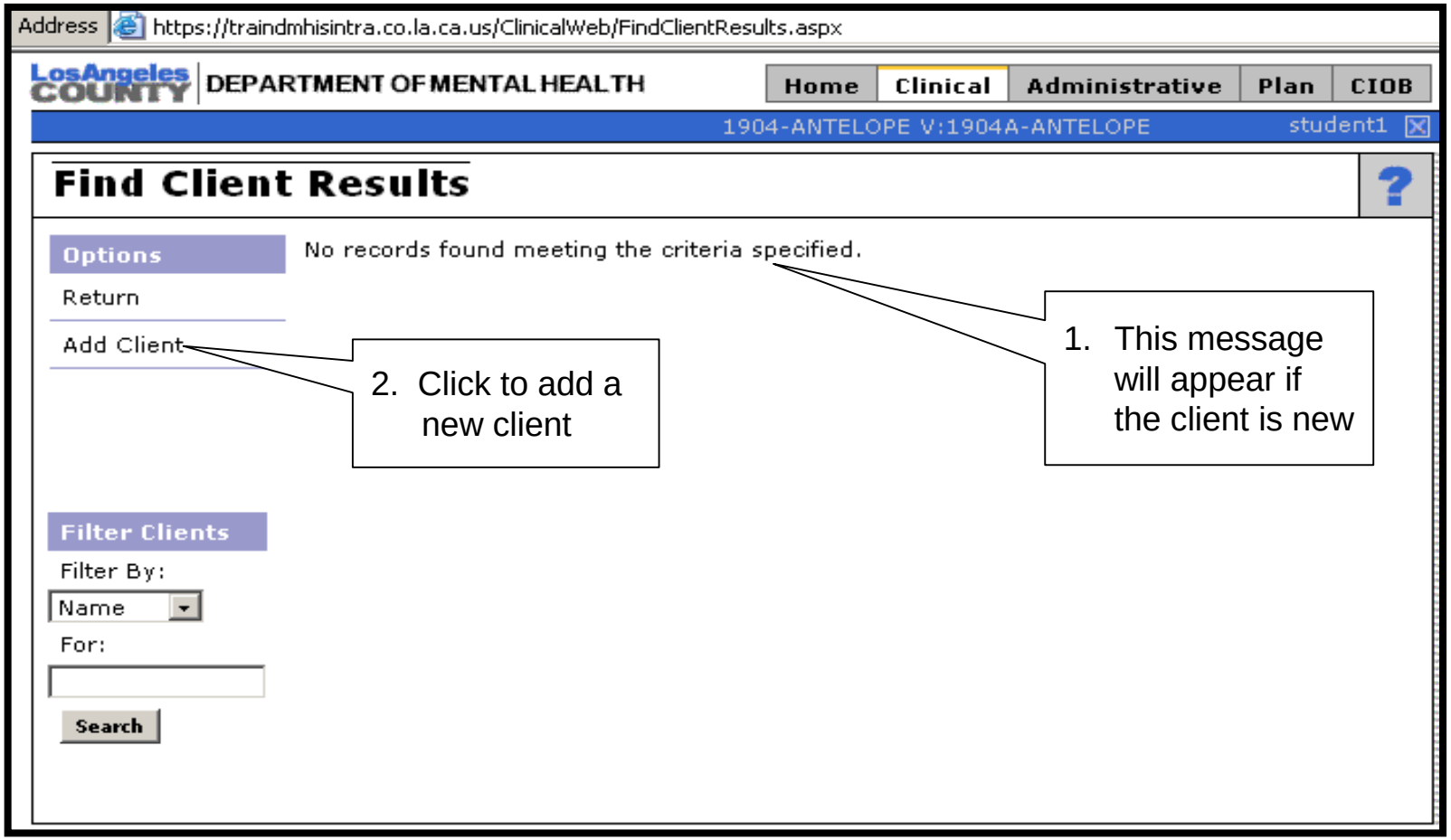
Find a Client: Using Search by ID



Find a Client: Using Search by Custom Criteria



Find a Client: Results Screen



EXERCISE 3

Add a Client: Identification Screen

- Enter Client Information

Note:

- You must first do a Client Search, before adding a new client.
- The system will bring-up the option to add a client only if a client does not exist.

Add a Client: Information

DMHISP | Clinical | Client | Identification - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Media

Address https://traindmhisintra.co.la.ca.us/ClinicalWeb/ClientIdentification.aspx Go Links

LosAngeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE VALLEY:1904A-ANTELOPE jflynn

Client Information

Options: Return, Enroll Client, Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: First: Middle:

AKA Last: First: Middle:

SSN: MM Name: LOC:

Gender: DOB: Age: 0

Primary Lang: Pref Lang:

Marital Status: Education:

Ethnicity: APR:

Origin: Tribe:

Employment:

Handicap:

Living Arrngmnt:

Conservatorship: Veteran:

Date Of Death: English Speaking:

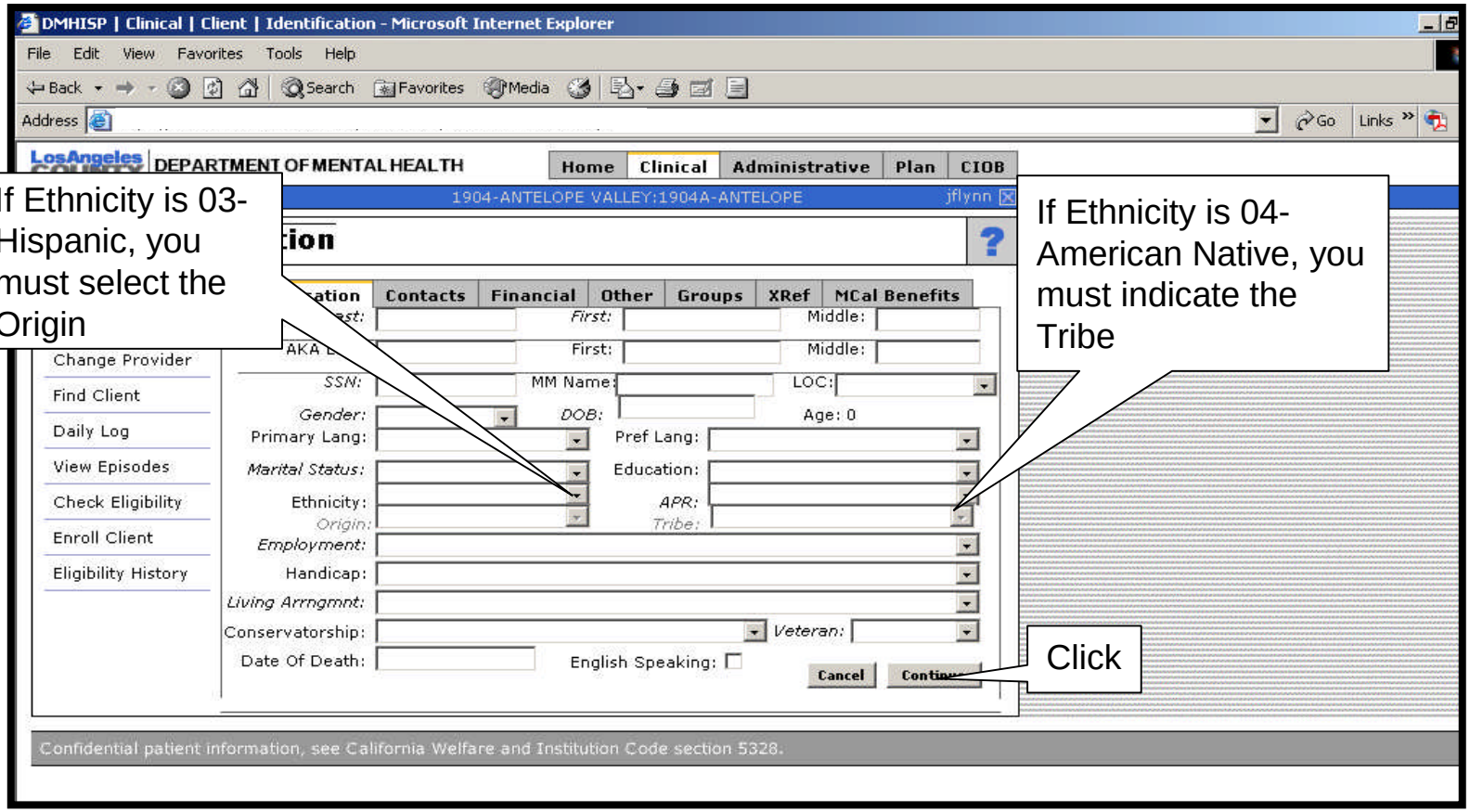
Cancel | Continue

Confidential patient information, see California Welfare and Institution Code section 5328.

If SSN is unknown, enter 999999999

Agency of Primary Responsibility (APR) is required if client is less than 18 years old

Add a Client: Ethnicity



If Ethnicity is 03-Hispanic, you must select the Origin

If Ethnicity is 04-American Native, you must indicate the Tribe

Click

EXERCISE 4

Add a Client: Contacts Screen

- Enter Client’s Contact Information
- Enter Client’s Other Contact (s) Information
- Edit Client’s Other Contact (s) information

Add a Client: Contact Information

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options
- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification | Contacts | Financial | Other | Groups

Address is required if the client is not homeless

ClientAddress

Transient/Homeless ☐ Time Homeless:

Address 1: 160 Example Street Address 2:

City: Los Angeles County: State: CA Zip: 90005

Phone: (h) (213)121-1212 (w)

Address Memo:

Other Contacts

	Name	Type	Phone	Email	Add'l Details

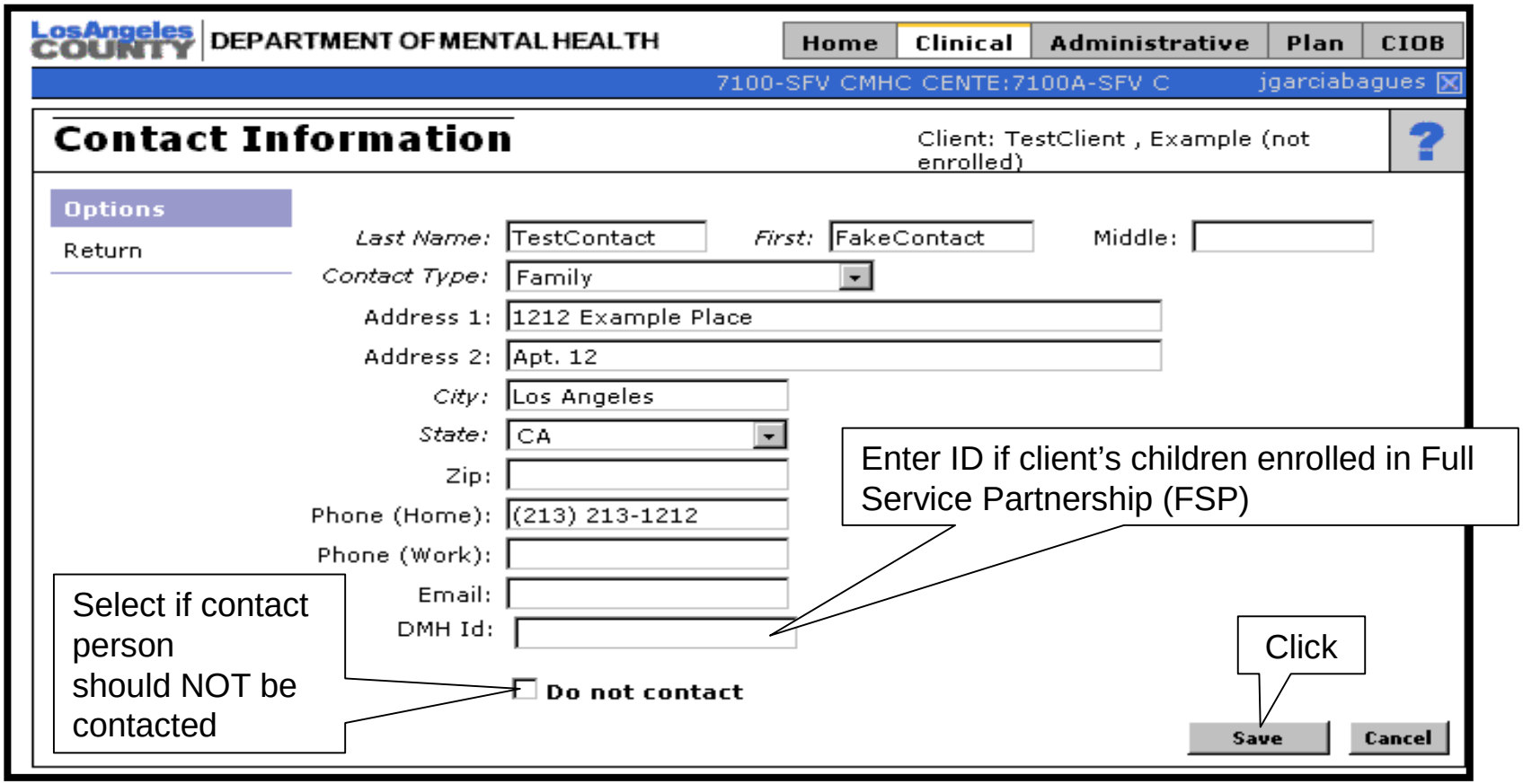
1

Click to add other contacts

Click

Cancel | Continue

Add Client: Other Contact (s) Information

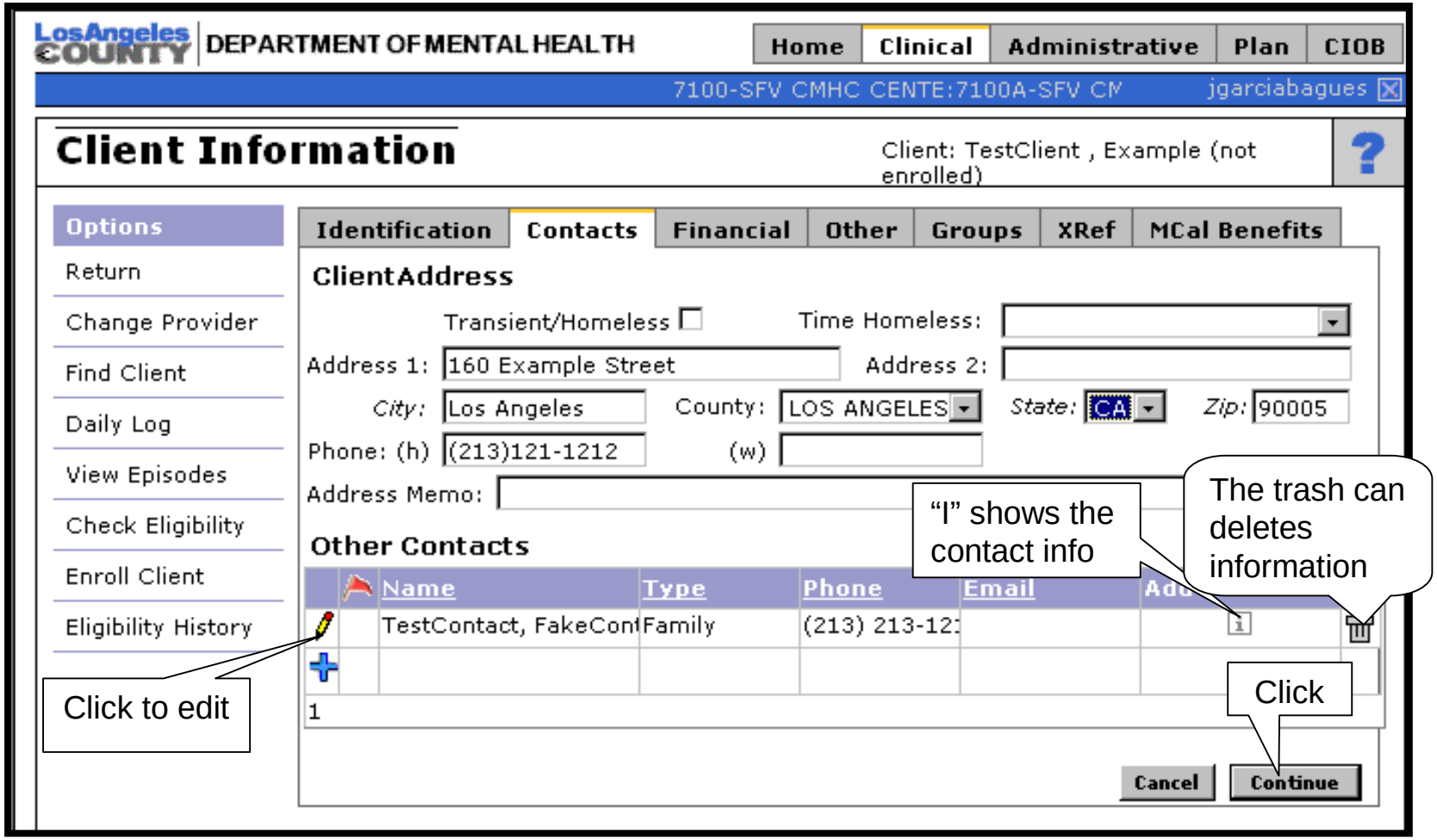


Enter ID if client's children enrolled in Full Service Partnership (FSP)

Select if contact person should NOT be contacted

Click

Add a Client: Edit Other Contact Information



EXERCISE 5

Add a Client: Financial Screen

- Enter Client’s Financial Information
- Enter Client’s Benefit Type
- Enter Client’s Benefit Information

Add a Client: Financial Information

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options
- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

UMDAP Date: 02/08/2008

Service Location:

Family Income ($): 300.00

Source of Income: SSI

# of Dependents: 1

Annual Liability ($): 0.00

Client Reported Ben ts

	Type	Description	ID Number
+			

Cancel | Continue

Click to add Medi-Cal or Other benefits

This field is for client's initial or annual UMDAP date

Add a Client: Benefit Information

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Benefit Information

Client: TestClient , Example (not enrolled)

Options

Return

Select benefit type

Type:

Description:

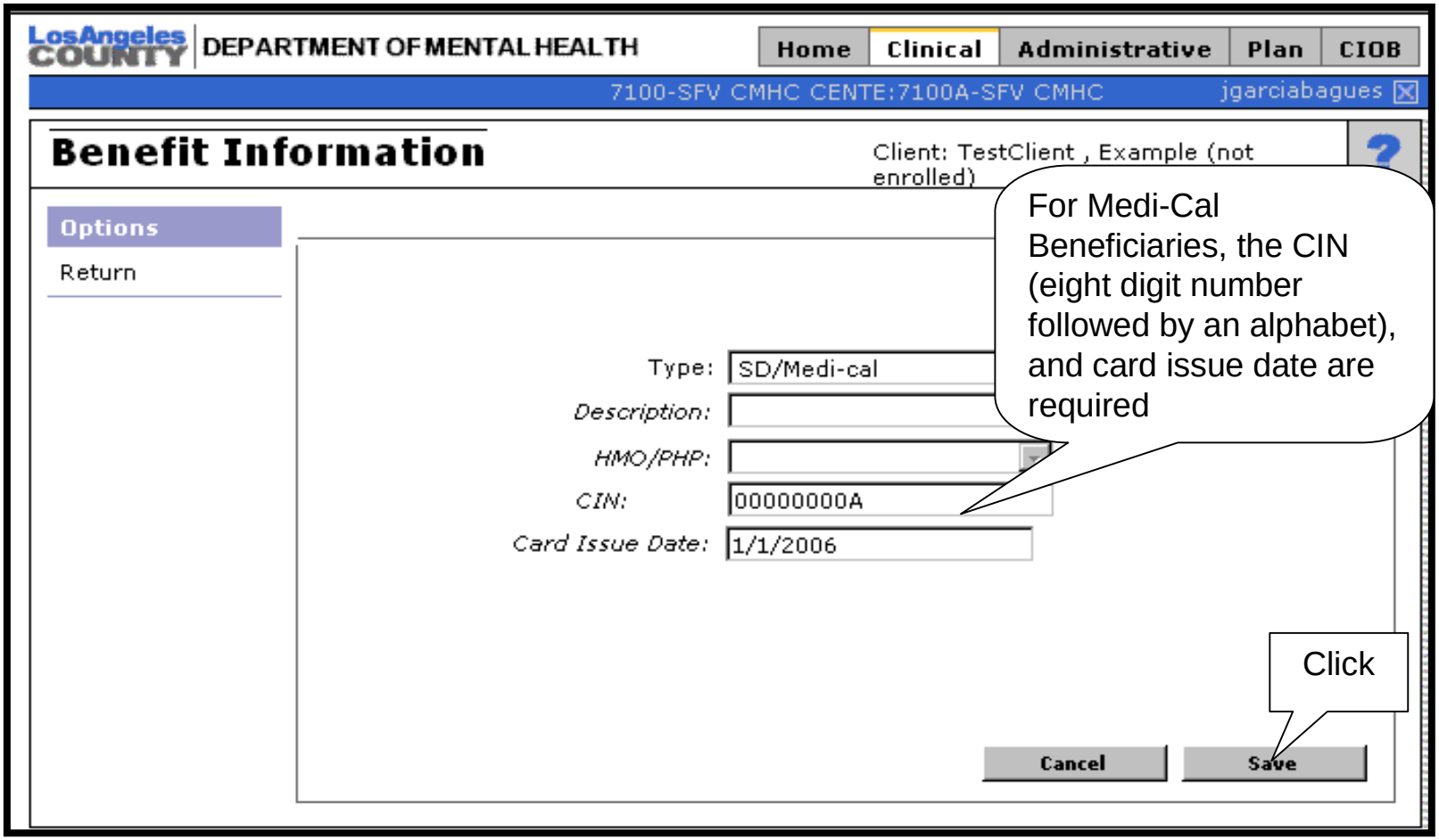
HMO/PHP:

ID Number:

- Champus
- Client/Family
- HMO/PHP
- Insurance/Third Party
- Medicare
- Other County
- SD/Medi-cal

Cancel | Save

Add a Client: Benefit Information

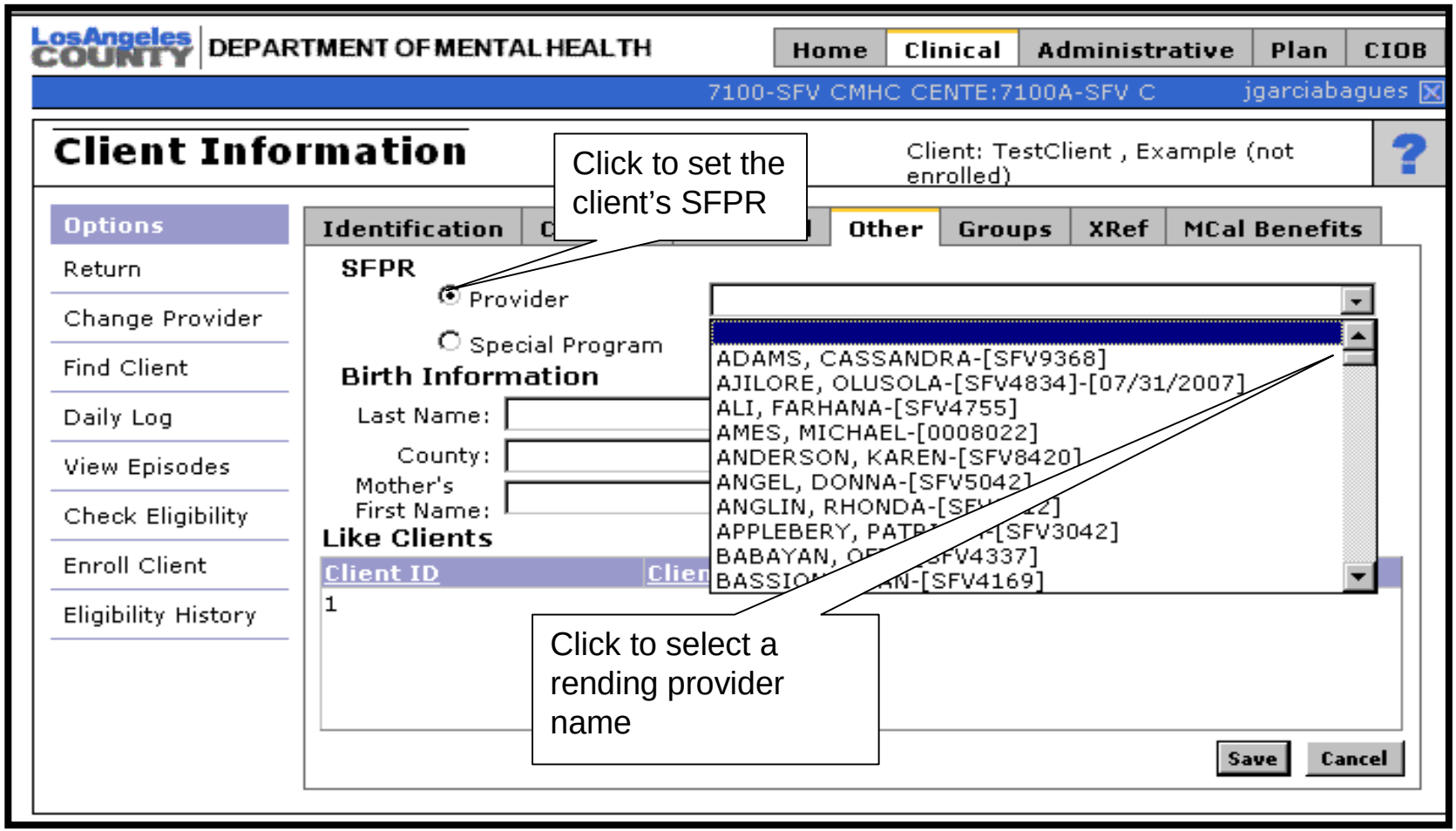


EXERCISE 6

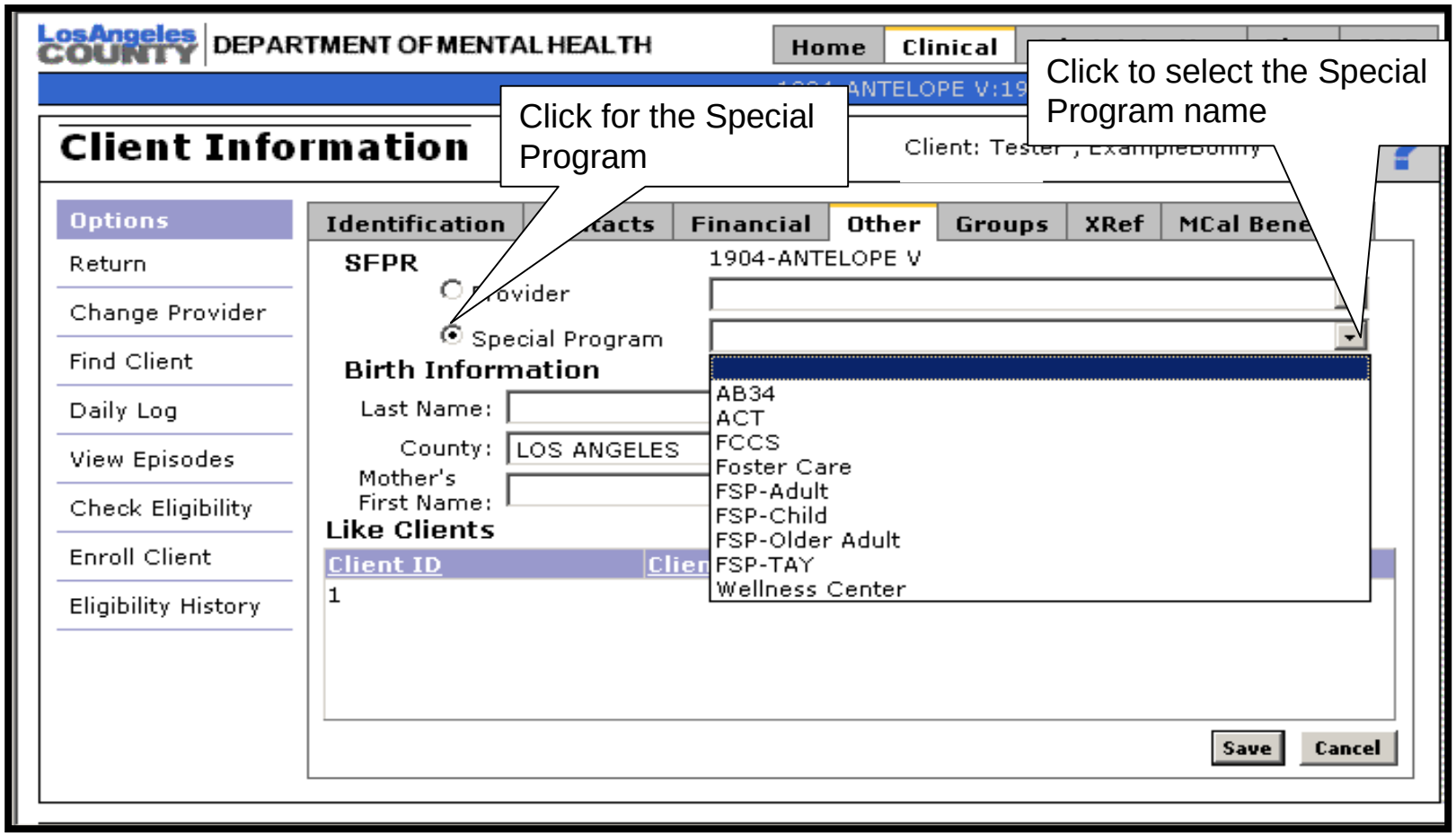
Add a Client: Other Screen

- Set the Single Fixed Point of Responsibility (SFPR) or Special Program
- Save the Client Information
- Enroll Client
- Check Eligibility

Add a Client: Other Screen



Add a Client: Other Screen



Add a Client: Other Screen

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Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Client Information

Client: TestClient , Example (not enrolled)

Options
- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification | Contacts | Financial | Other | Groups

SFPR

Provider: ADAMS, CASSANDRA-[SFV9368]

Special Program

Birth Information

Last Name: | First: | Middle:

County: LOS ANGELES | State: CA | *Country:* United States

Mother's First Name:

Like Clients

Client ID	Client Name
1	

Save | Cancel

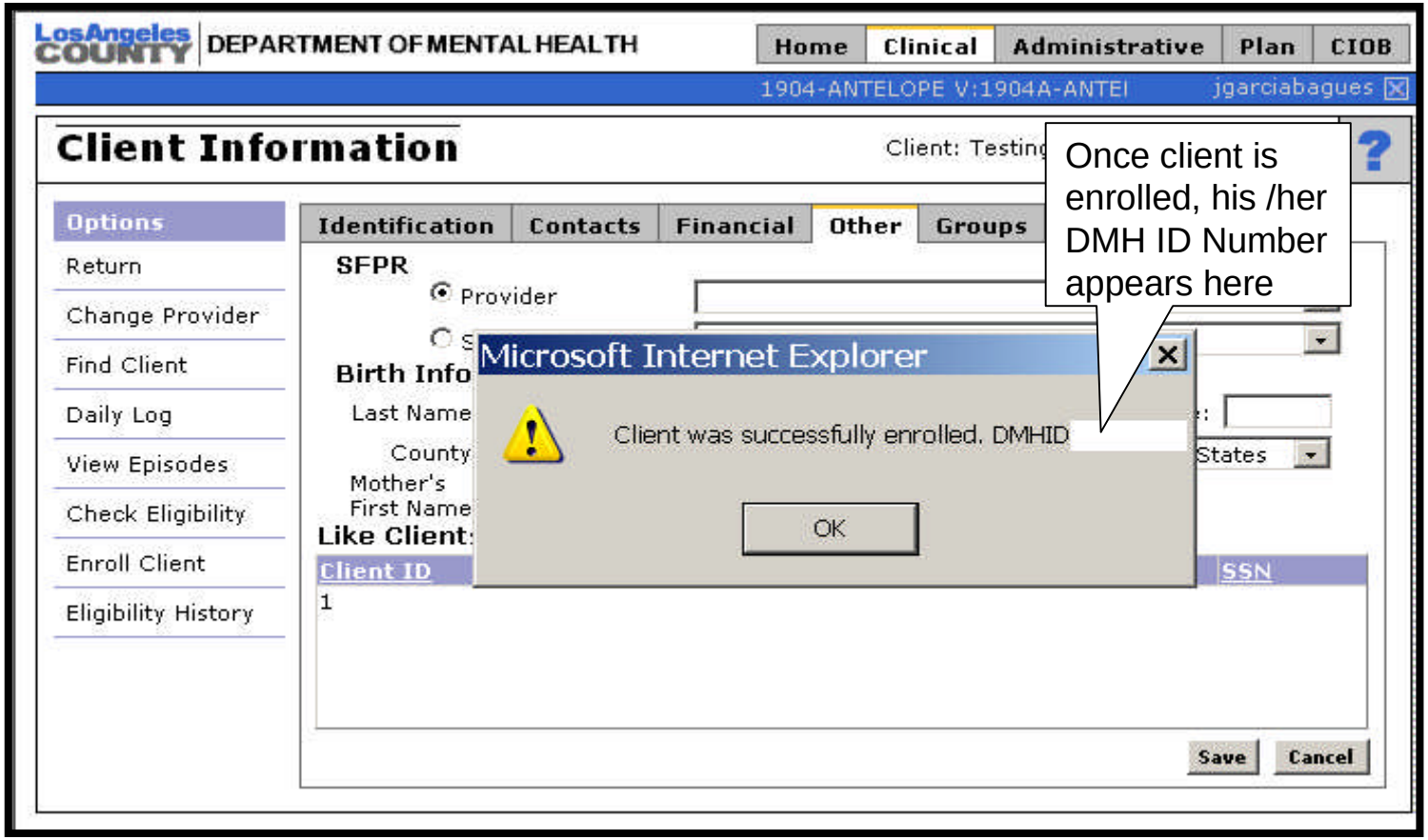
1. If Country is United States, you must select a state

2. If State is CA, you must select a county

3. Click to enroll client and get a DMH ID #

4. Or click 'Save' to enroll later

Enroll a Client



Check Eligibility

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information Client: TestClient , Example ( )

Options
- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Check Eligibility

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: TestClient First: Example Middle:

AKA Last: First: Middle:

LOC:

Age: 37

01-English

Marital Status: 01-Single Education: 12-Twelfth Grade

Ethnicity: 01-White

Origin: Tribe:

Employment: FC-Full time competitive employment (salaried)

Handicap: 00-Not physically disabled/no significant disability

Living Arrngmnt: 01-Lives alone in house or apartment

Conservatorship: Veteran: No

Date Of Death: English Speaking: ☑

Cancel | Continue

This is for Medi-Cal only – Click to check the client's eligibility

Check Eligibility

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Check Eligibility

Client: TestClient , Example ( )

Options

- Return
- Client Info
- Eligibility History

DMH ID:	2265002	Gender:	Male
First Name:	Example	Date of Birth:	07/12/1970
Middle Name:		Service Date:	02/02/2008
Last Name:	TestClient	Card Issue Date	01/01/2006
Payer:	Medi-Cal		
Client CIN:	00000000A		
Provider PIN:	••••••••		

Submit

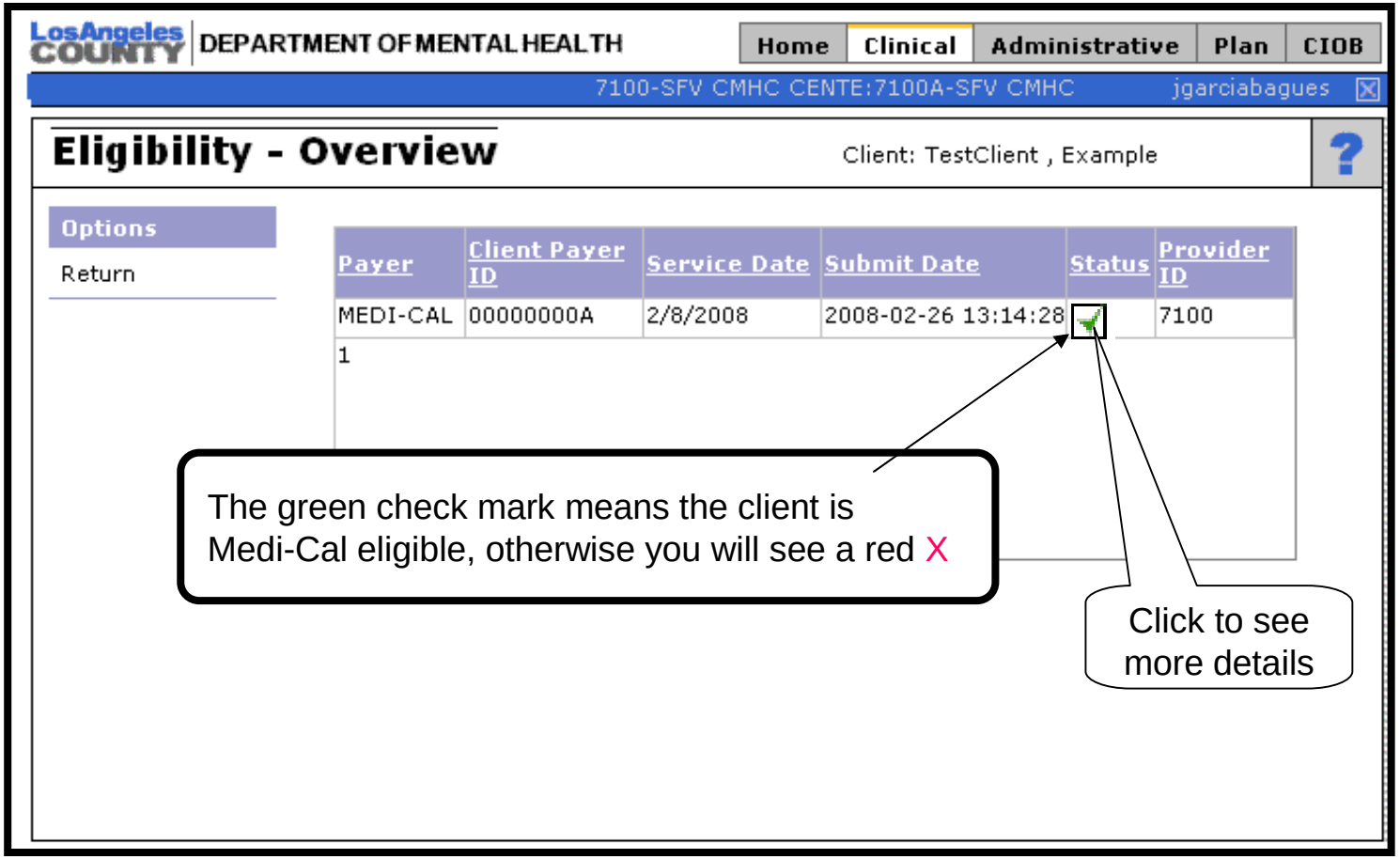
1. Enter your Medi-Cal PIN Number

2. Enter a service date

3. Or click to search eligibility history

Click

Check Eligibility



Eligibility

Remember: Eligibility Checks are all about Medi-Cal

EALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary

Client:

Options

Return

Client Payer ID:

Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										

1 2 3

You can drill down into the Medi-Cal benefit information

Eligibility History

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE jgarciabagues

Eligibility - Benefit Summary

Client:

Options

Return

Client Payer ID:

Service Date:

Submit Date:

Benefit Cd	Coverage Lvl	Srv Type	Ins Type	Plan Desc	Time Qual	Benefit Amt	Benefit %	Quantity Qual	Benefit Qty	Auth Code
1 Active Coverage		30 Health Benefit Plan Coverage	MC Medicaid							
L Primary Care Provider										

1 2 3

All this data (and there's a lot of it!) is what the State returns in an Eligibility Check

EXERCISE 7

Open an Episode:

- Complete Admission Screen

Open an Episode: Admission Screen

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Information Client: TestClient , Example ( )

Options
- Return
- Change Provider
- Find Client
- Daily Log
- View Episodes
- Check Eligibility
- Enroll Client
- Eligibility History

Identification | Contacts | Financial | Other | Groups | XRef | MCal Benefits

Name Last: TestClient First: Example Middle:

First: Middle:

MM Name: LOC:

DOB: 07/12/1970 Age: 37

Primary Lang: 01-English Pref Lang: 01-English

Marital Status: 01-Single Education: 12-Twelfth Grade

Ethnicity: 01-White

Origin: Tribe:

Employment: FC-Full time competitive employment (salaried)

Handicap: 00-Not physically disabled/no significant disability

Living Arrngmnt: 01-Lives alone in house or apartment

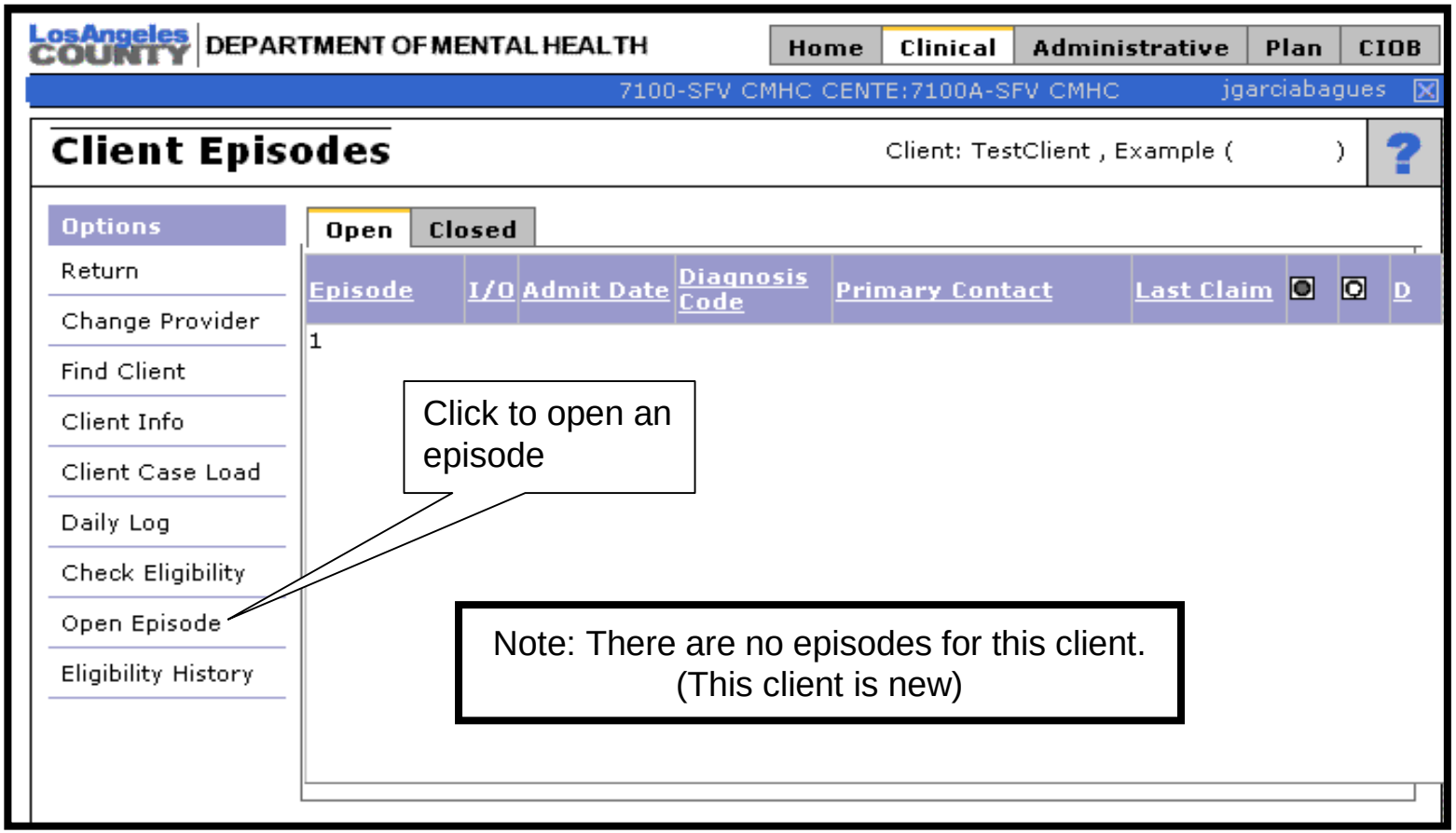
Conservatorship: Veteran: No

Date Of Death: English Speaking: ☑

Cancel | Continue

Click to view a client's episode

Open an Episode: Admission Screen



Open an Episode: Admission Screen

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode Client: TestClient , Example (

Options

Return

Admission | Diagnosis

Admit Date: 02/08/2008

Physical Disability? No

Intent Of Service: Assessment Services

Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit:

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Continue

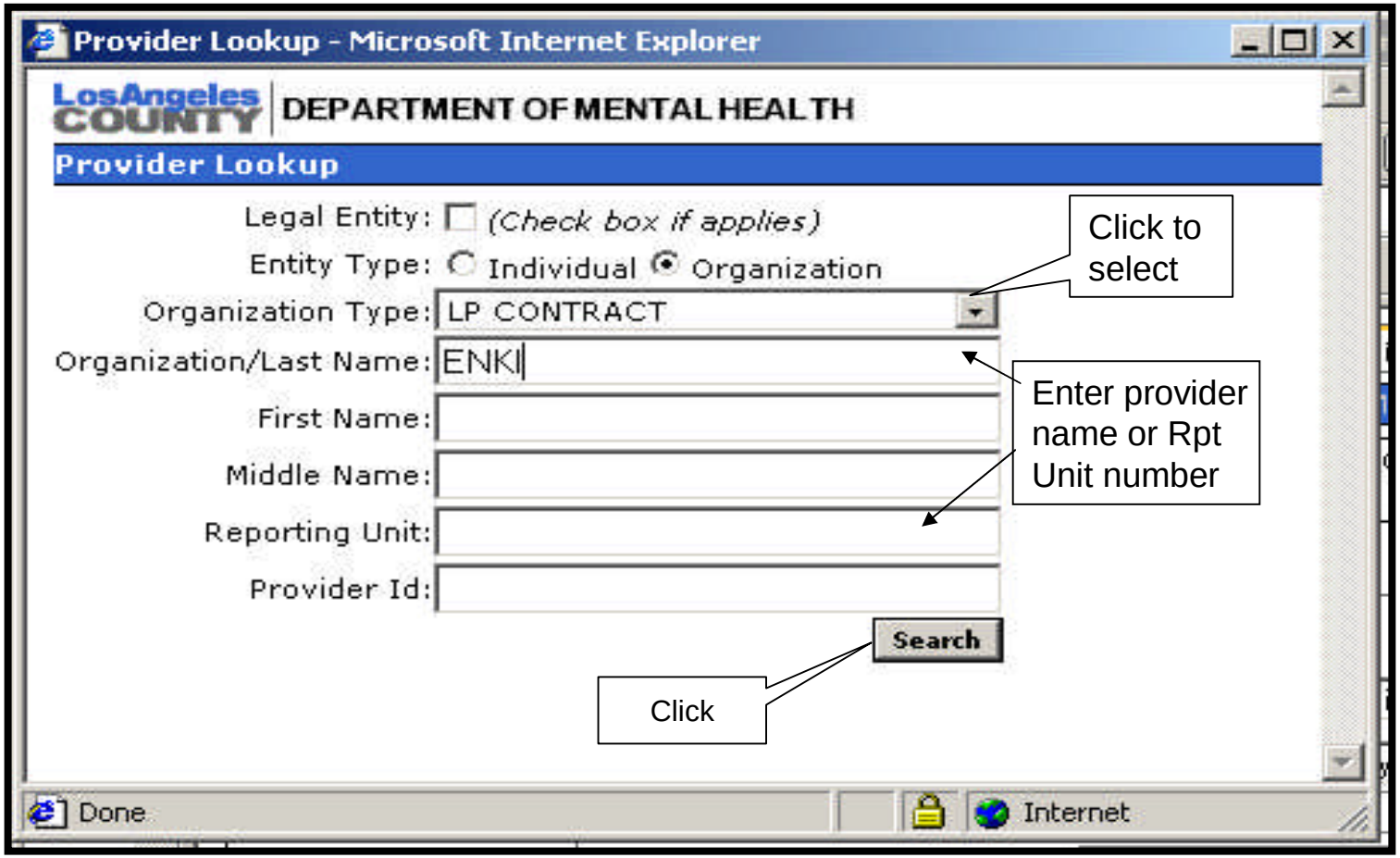
Referral In Code: To identify the agency or person who referred the client to your agency.

Referral In Rpt Unit: When the agency that referred the client has a reporting unit number. This field Is optional.

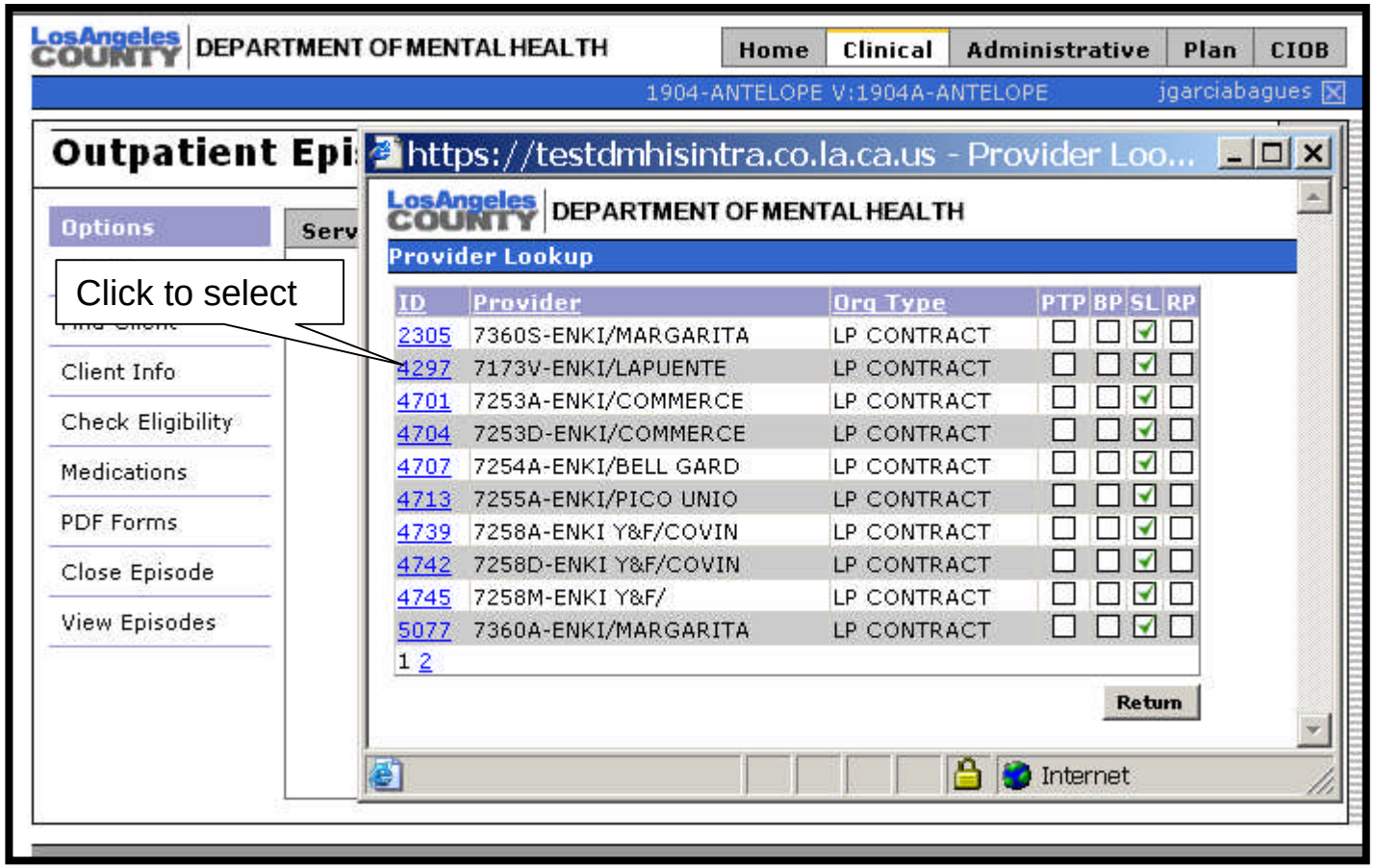
Click to search Rpt Unit by provider type & name (See next page.)

Primary Contact: Click to select the client's primary clinician

Open an Episode: Admission Screen Search Rpt Unit



Open an Episode: Admission Screen Search Rpt Unit (Cont.)



Open an Episode: Admission Screen.

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Open Outpatient Episode Client: TestClient , Example (

Options

Return

Admission | Diagnosis

Admit Date: 02/08/2008

Physical Disability? No

Intent Of Service: Assessment Services

Developmentally Disabled? No

Referral In Code: Outpatient - County Contracted

Referral In Rpt Unit: 4297 7173VENKILAPUENTE

Dual Diagnosis?

Primary Problem Area: Mentally ill

Legal Status: VOLUNTARY admission of MD. (W & I)

Treatment Authorization for Minor:

Patient File #: 123

Primary Contact: ADAMS, CASSANDRA-[SFV9368]

CCCP Due Date :

Continue

The provider's information is automatically added from the Search Rpt Unit screen

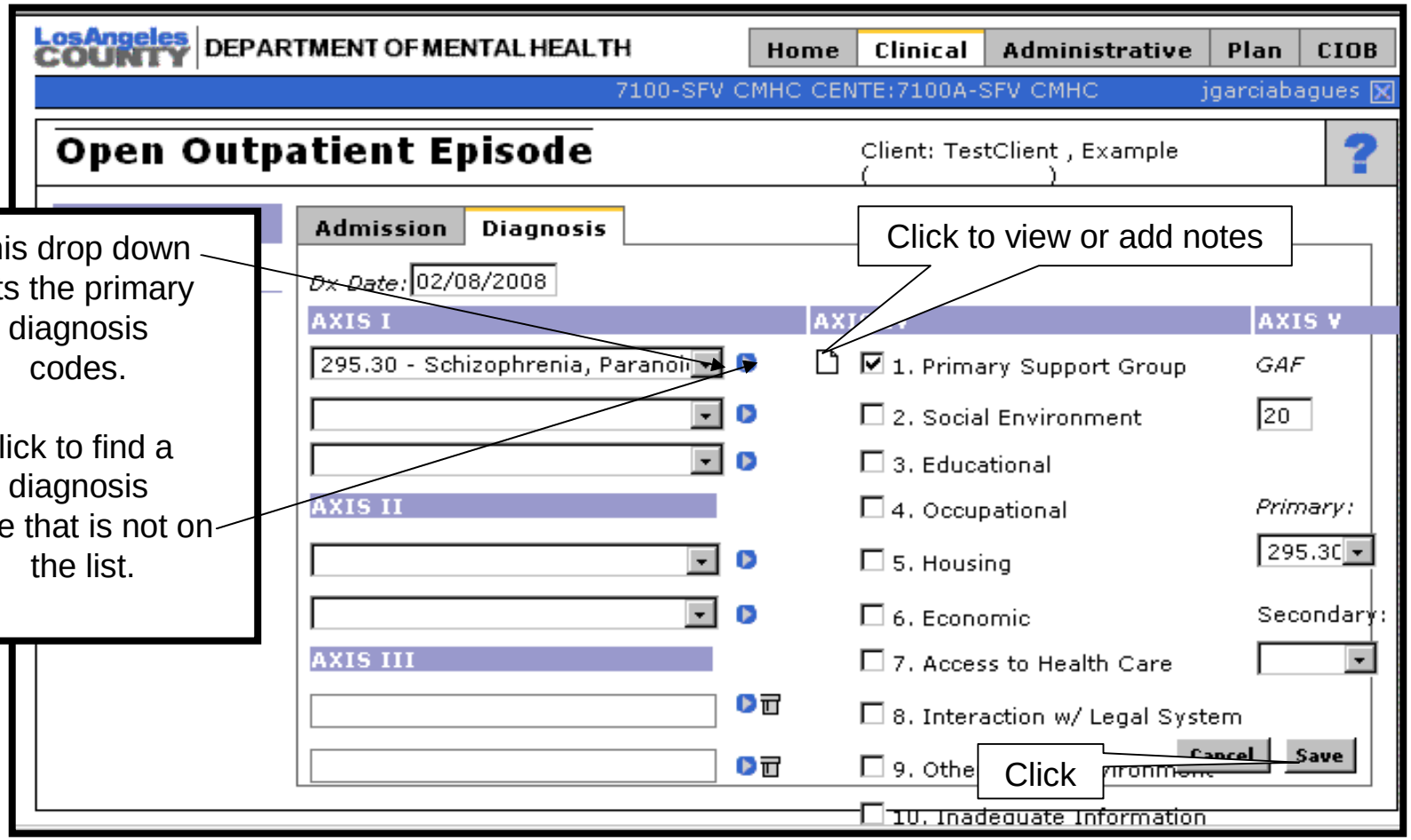
Click

EXERCISE 8

Open an Episode:

- Complete the Diagnosis Screen

Open an Episode: Diagnosis Screen



This drop down lists the primary diagnosis codes.

Click to find a diagnosis code that is not on the list.

Click to view or add notes

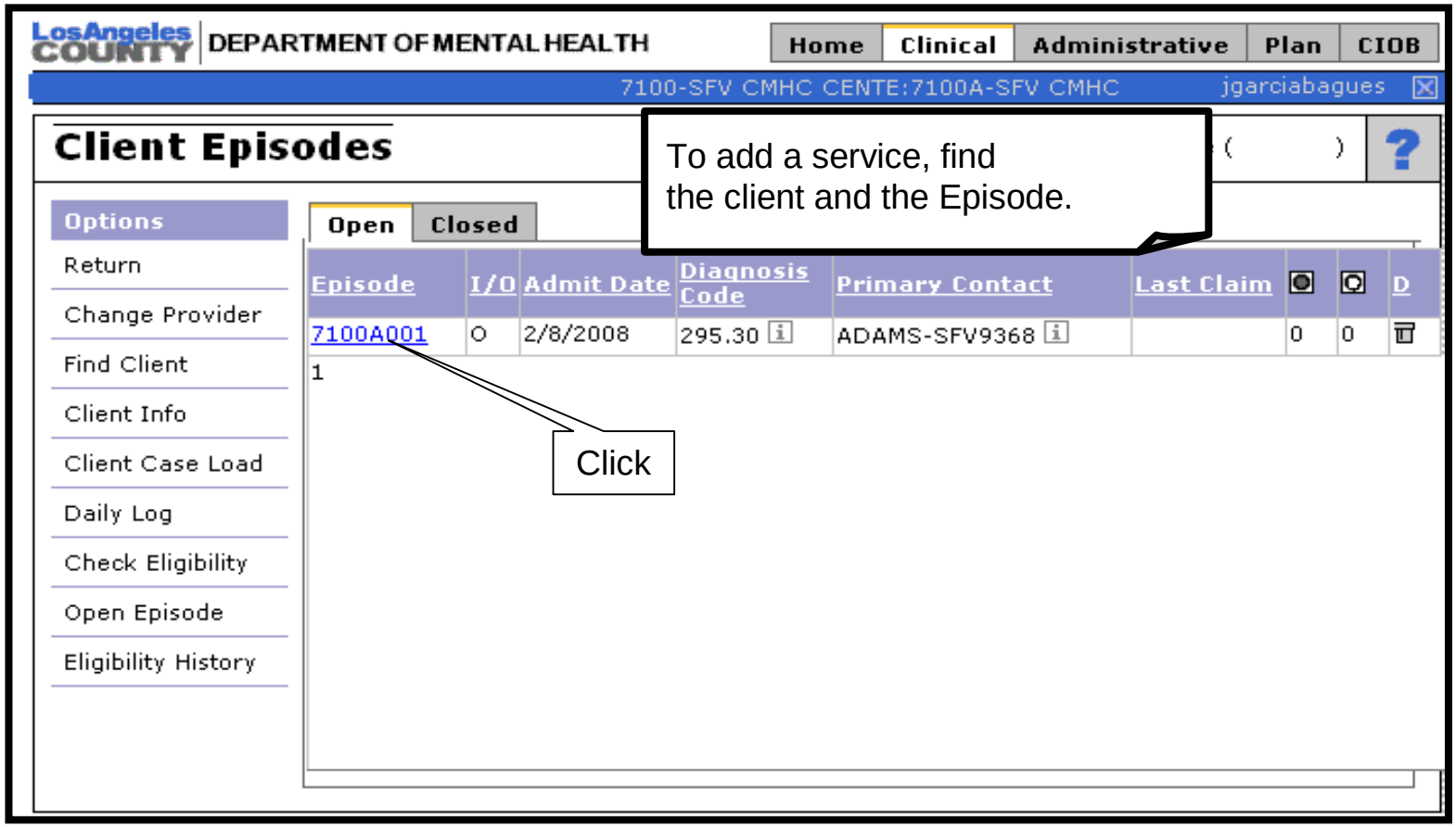
Click

EXERCISE 9

Add Services

- Notes on Evidence Based Practice

Add Services



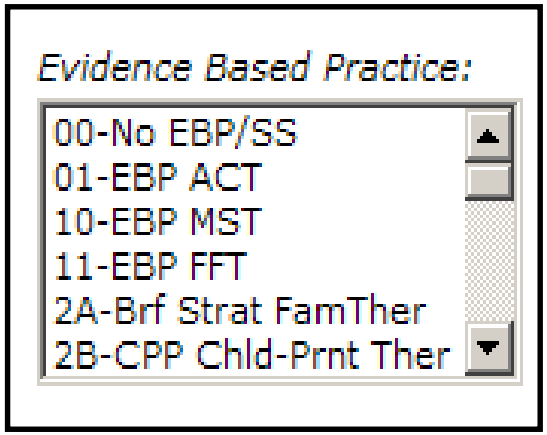
Add Services

Add Services

- What is Evidence-Based Practice/Service Strategies/PEI Services?

They are techniques that use research results, reasoning, and best practices to inform the improvement of Mental Health Care. DMH is now using the IS to track the use of these techniques. These are some examples: Multisystemic Therapy, Functional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy, Peer and/or Family Delivered Services, Family Support

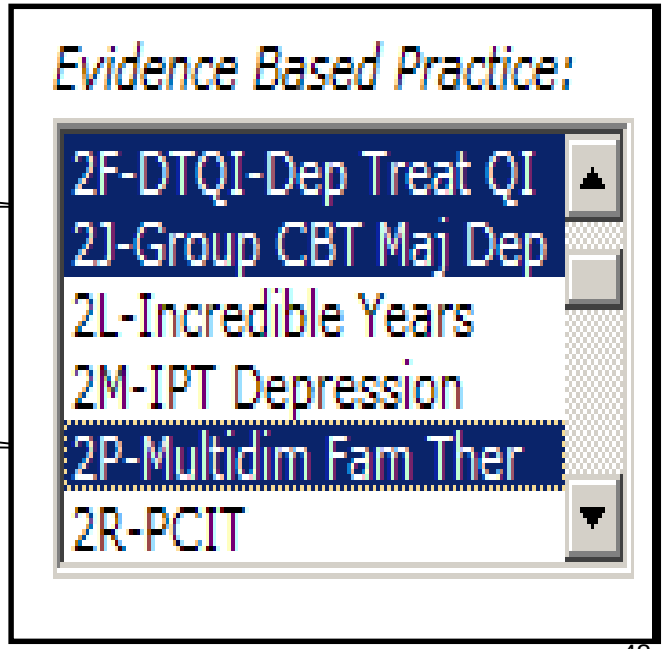
Add Services



The system may allow you to select up to 3 options

Select multiple objects next to each other by holding down the **SHIFT** key while you click

Or use the **CONTROL** key while you click to select items that are **NOT** next to each other



Add Services

Note: when RP's have a termination date, only dates of service for that date or prior can be billed.

Click to select

You may select up to 3 options.

Click "Save" if you are not ready to claim

Click "Claim" if you are ready to claim. There is no need to save

Home | Clinical | Administrative | Plan | CIOB

7275-CHILD

Add Outpatient

Client:

Options
Return
Check Eligibility
Claim

RP:
DOS:

GILMOR -[CII0412]
GLEASON, -[CII7230]
GOMES, MIC II7244]
GONZALEZ, C CII2477]
GONZALEZ, ROS 489]
GONZALEZ, XYLA- 83]
GRIGGS, DIANE-[DG 0]
GROOMS, KIM-[CII448
GUERRERO, JULIO-[KEC 0]
GUNDERSON, JULIA-[CII0]
GUZMAN, KARINA-[CII4285]
HA, NANCY-[CO21043]
HAISLIP, JULIANN-[CII0253]-[09/30/2009]
HANSEN, ALICIA-[CII9841]
HARMON, DENISE-[CII7686]
HARPER, KELSEY-[CII5941]
HECHT, MICHAEL-[CII0118]
HEKMATI, MANIA-[CII2338]
HERNANDEZ, KELSIE-[CII9894]
HERNANDEZ, NANCY-[CII8010]
HERRERA, ROCIO-[CII6387]
HITCHCOCK, DIERDE-[CII6482]
HOUSTON, TINA-[CII0567]
HURTADO, EDITH-[CII6916]
HURTADO, MARICELA -[06/30/2009]
IBARRA [STA8660]
-[CII6290]
-[00CV234]
REY-[CII2758]
LE-[CII5633]

Evidence Based Practi
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
2A-Brf Strat FamTher
2B-CPP Chld-Prnt Ther

Telep
Additior
Total

Hours | Minutes

Claim | Save | Cancel

Confidential patient informa

Add Services

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Service

Check this box only if the client, the clinician, and the clinic are all Medicare certified

Options
- Return
- Check Eligibility
- Claim

RP:

Procedure Code:

Place Of service

Face To Face Time: 0 Hrs

Other Time: 0 Hrs

Telephone ☐ Col: Medicare Certified ☐

Evidence Based Practice:
- 00-No EBP/SS
- 01-EBP ACT
- 10-EBP MST
- 11-EBP FFT
- 2A-Brf Strat FamTher
- 2B-CPP Chld-Prnt Ther

Additional Participating Staff

Total Time for this Staff: 0 Hrs Minutes

Add >>

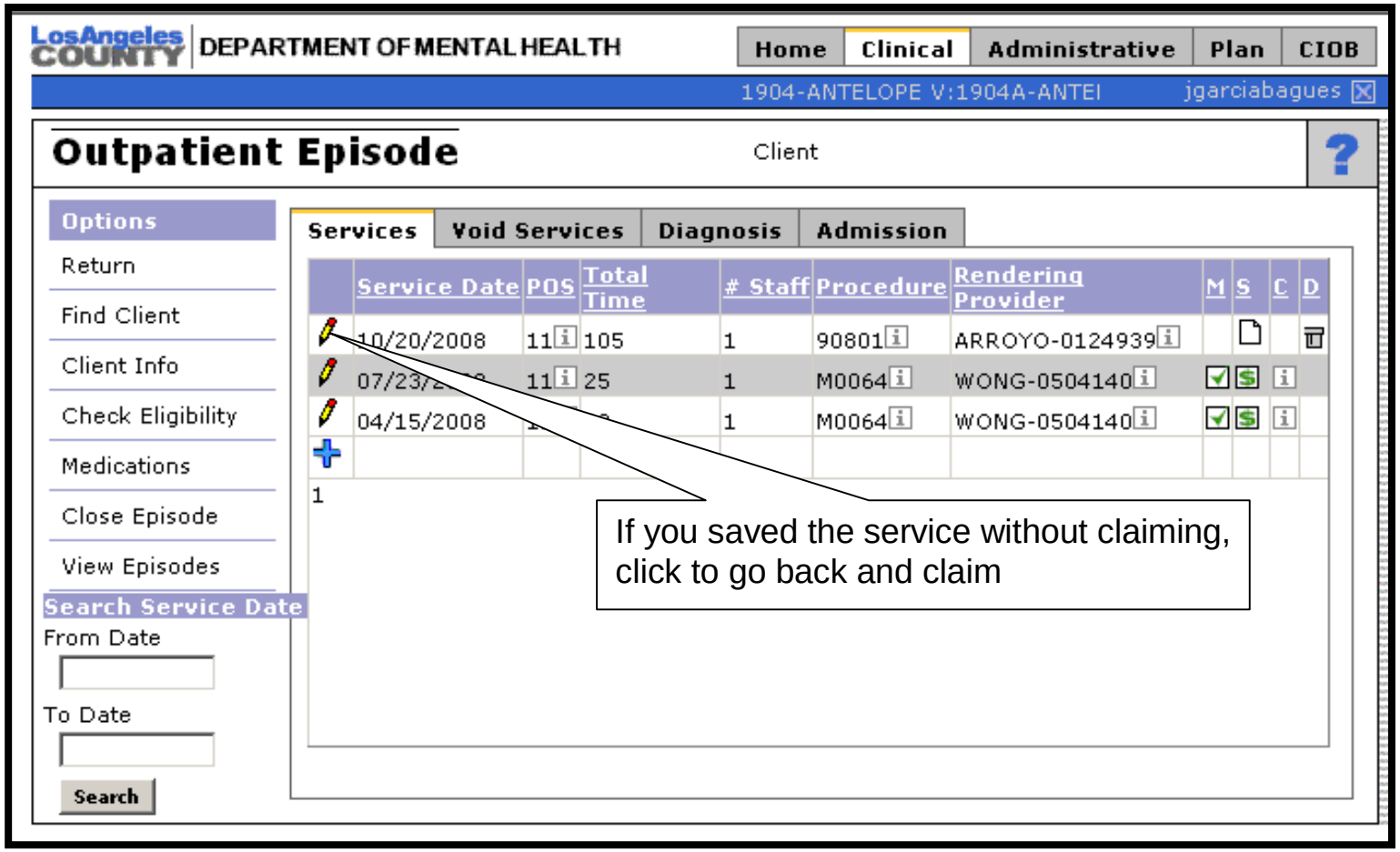
Name	Hours	Minutes
1		

Total Time in Minutes: 0

Claim | Save | Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Add Services



EXERCISE 10

Add a Claim:

- Add a Plan
- Add Payers
- Claim Status Icons under “S” Column in Episode Screen

Add a Claim: Add a Plan

Once you click Claim on the Add Service screen, you will be prompted to this screen to pick a plan and a payer.

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Add Outpatient Claim

Client:TestClient,Example ( )

Options
- Return
- Check Eligibility
- Service

Client Benefits: SD/Medi-cal:00000000A

Staff Code: SFV9368

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
02/08/2008	90801			MJ	120	2.25

Claim Amount: 270.00

Late Code:

Client Amt Paid:

Medi-Cal ☐

EVC:

Healthy Families ☐

Medicare ☐

Amount Paid:

Claim Plans:

	Plan	Pay Order	
+			
1			

Other Insurance:

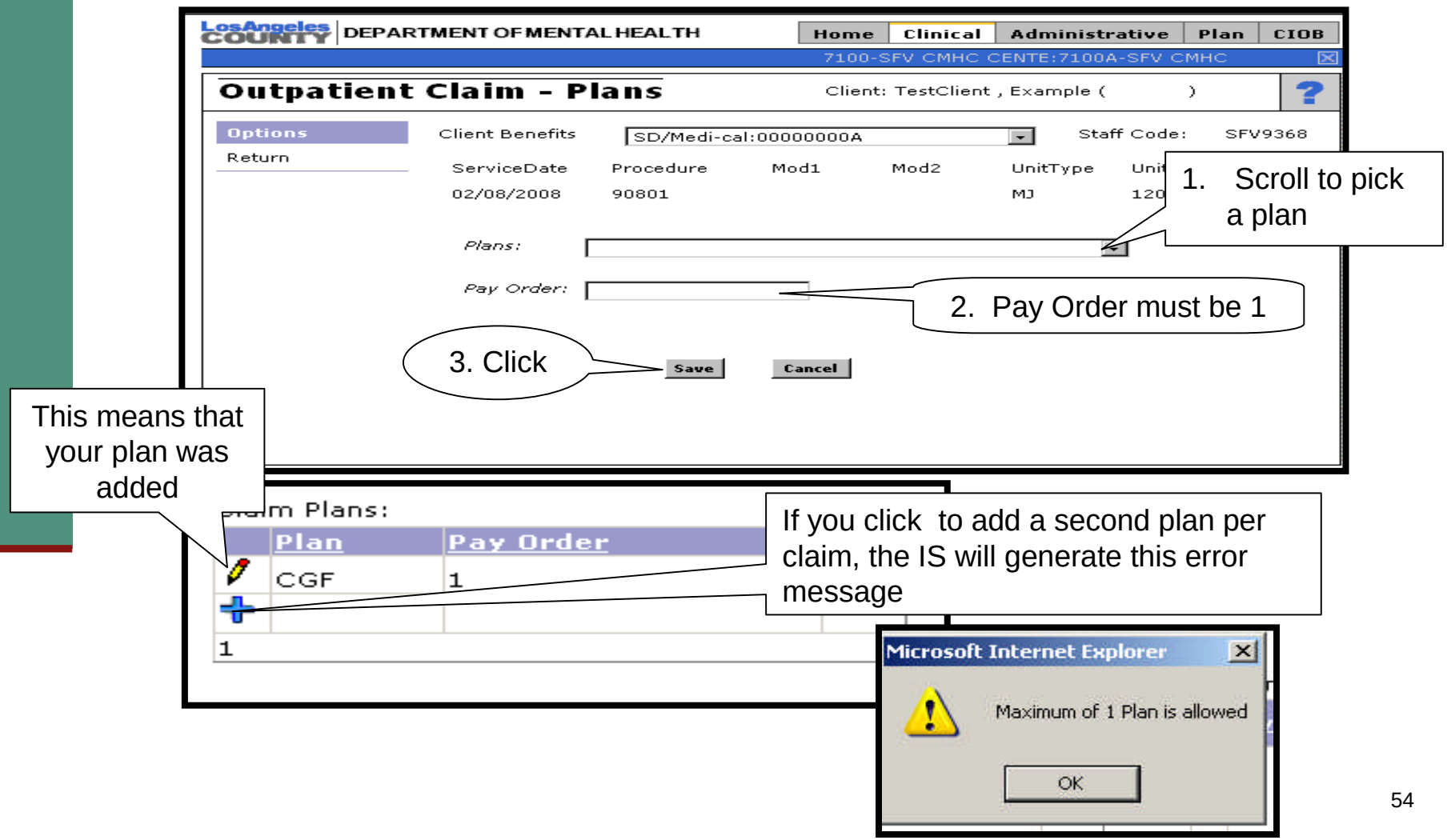
	Payer	Paid Amount	SubscriberID
+			

Submit | Save | Cancel

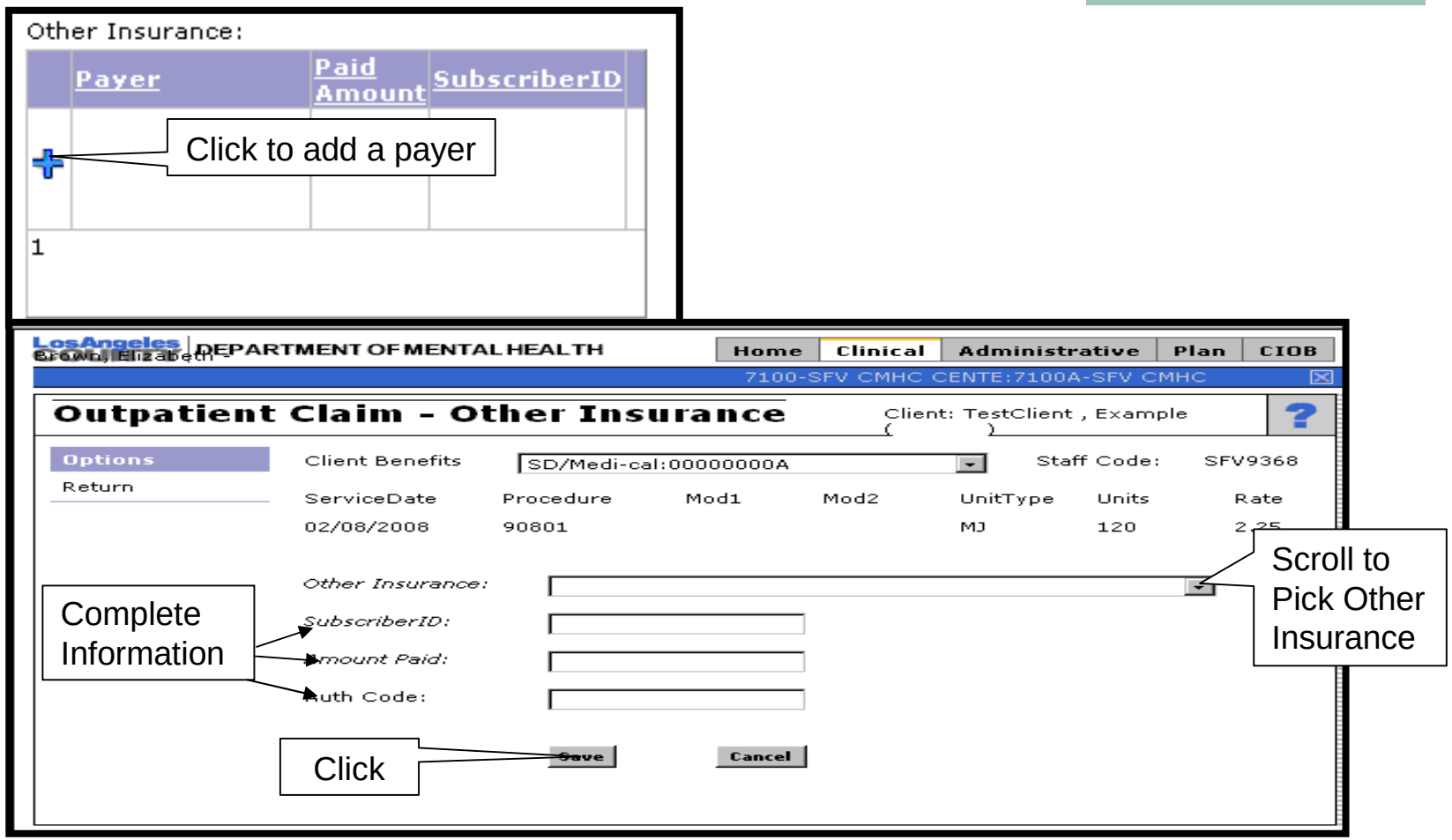
Click to add a plan

Plan and Other Insurance are here. (see the next screen for info. on these two items)

Add a Claim: Add a Plan



Add a Claim: Add a Payer



Add a Claim

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Add Outpatient Claim

Client: TestClient,Example

Options
- Return
- Check Eligibility
- Service

Client Benefits

Staff Code: 0124939

Service Date	Procedure	Mod1	Mod2	Unit Type	Units	Rate
10/21/2008	90801			MJ	90	2.97

Claim Amount: 267.30

Late Code:

Client Amt Paid:

Medi-Cal ☐

EVC:

Healthy Families ☐

Medicare ☐

Amount Paid:

Claim Plans:

	Plan	Pay Order	
	CGF	1	
1			

Other Insurance:

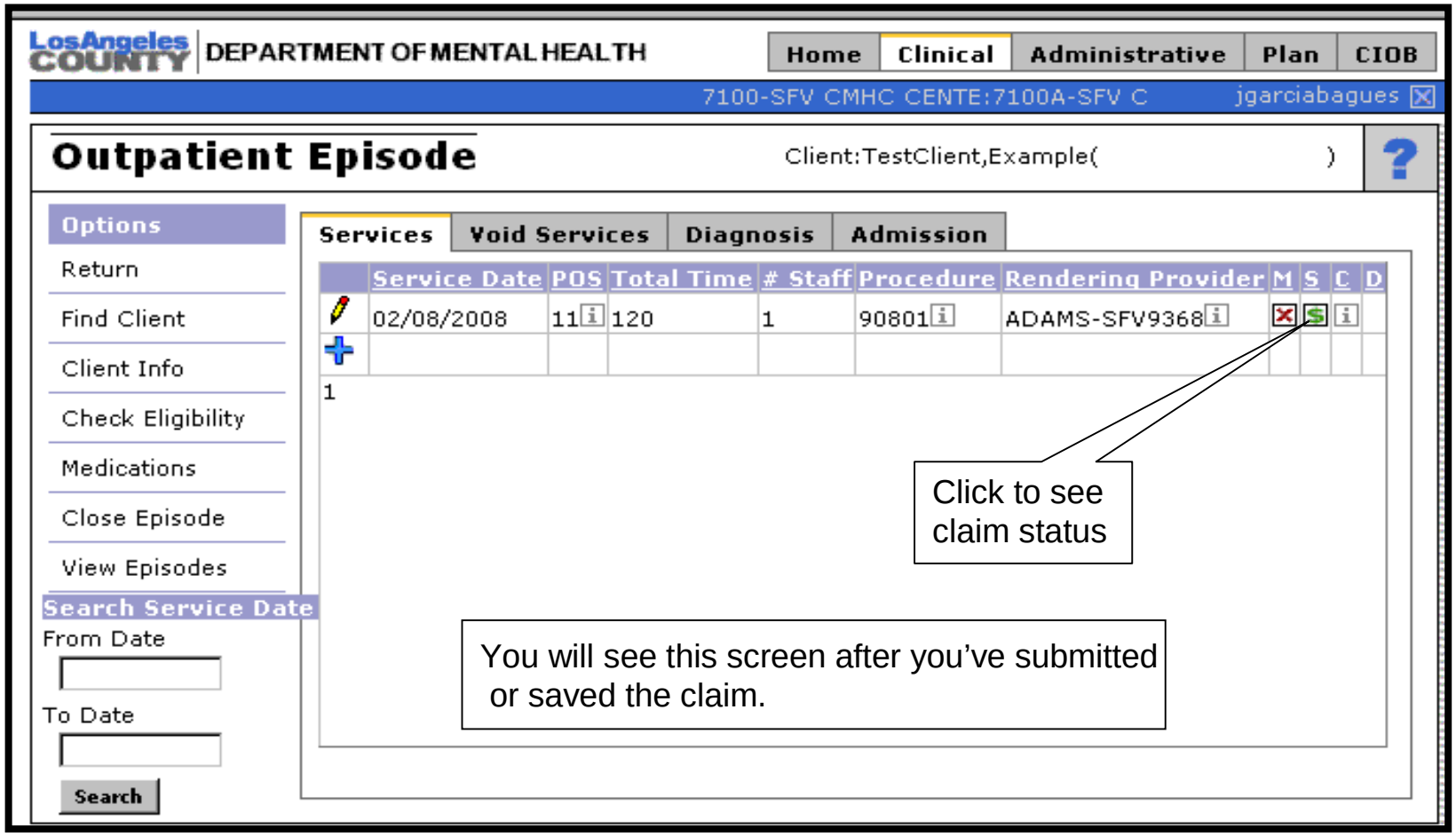
	Payer	Paid Amount	SubscriberID	
	Other	0.00	874674839	
1				

Submit | Save | Cancel

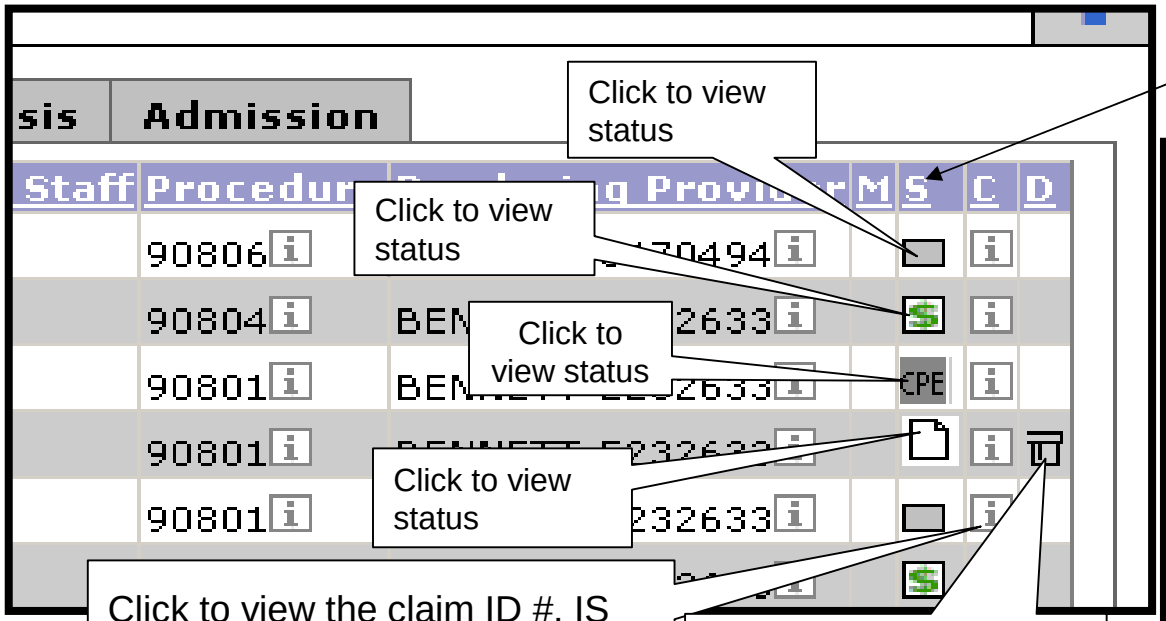
Click if you're ready to submit

Otherwise click to save

Add a Claim


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
7100-SFV CMHC CENTE:7100A-SFV C
jgarciabagues
Outpatient Episode
Client:TestClient,Example( )
Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search
Services
Void Services
Diagnosis
Admission
Service Date
POS
Total Time
Staff
Procedure
Rendering Provider
M
S
C
D
02/08/2008
11
120
1
90801
ADAMS-SFV9368
1
Click to see claim status
You will see this screen after you've submitted or saved the claim.

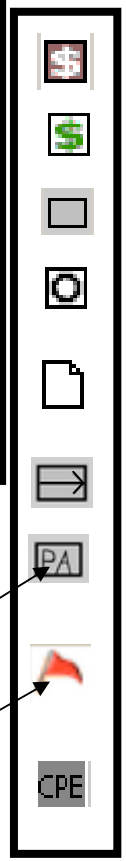
Claim Status Icons Under “S” Column in Episode Screen



Click to view the claim ID #, IS claim #, and submit date

Since this service has not been claimed, you have the option to delete it.

You should not see these icons. If you do, please call the CIOB help desk.



Claim Status Icon under ‘S” column in the Episode Screen

(Red) Denied Claim

(Green) Approved

Pending

Claim Saved, not yet Submitted

Service Saved, not yet Claimed

Forwarded

Pending Adjudication

Submitted

Pending CPE

Sample of Claim Status with new added CPE Fields

https://testdmhisintra.co.la.ca.us/ClinicalWeb/ServiceStatusPopUp.aspx?id=4e8442ee-b696-46c3-8c25-c5c92

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Claim Status

Claim ID:				Status:	
Submit Date:	06/09/2009	Adjudication Date:	06/09/2009	Void Status:	
Submit Source:	Clinical UI	Claim Type:	ORIGINAL		

Service Begin Date:	06/05/2009	Service End Date:	06/05/2009	Client Paid:	0.00
Claim Amount:	174.30	Private Ins Paid:			
Contracted Amt:	174.30	Medicare Paid:		CPE Threshold Action:	
CPE Contract Amt:		Medi-Cal Paid:		CPE Release Type:	
		DMH Local Amt:	174.30		

Deny Source:		Deny Rule:	
Deny Group:		Deny Rule Description:	
Deny Reason:			

Close

Confidential patient information, see California Welfare and Institution Code section 5328.

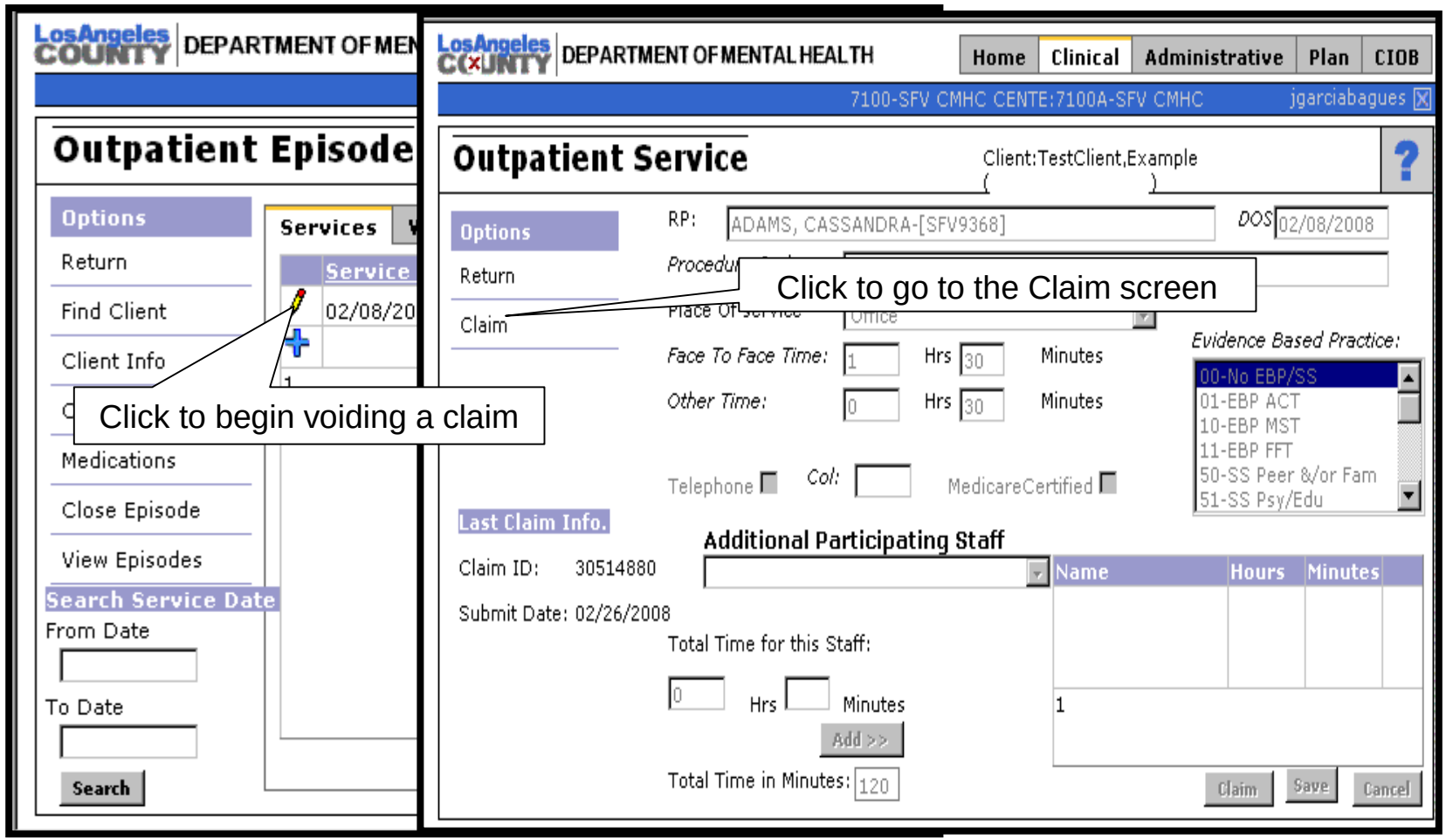
highlighted fields are the new added fields

EXERCISE 11

Void and Resubmit:

- Void a Claim
- Resubmit a Claim

Void Claims


LosAngeles COUNTY DEPARTMENT OF MENTAL HEALTH
Home
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Administrative
Plan
CIOB
7100-SFV CMHC CENTE:7100A-SFV CMHC
jgarciabagues
Outpatient Episode
Outpatient Service
Client:TestClient,Example
Options
Return
Find Client
Client Info
Medications
Close Episode
View Episodes
Search Service Date
From Date
To Date
Search
Services
Service
02/08/20
Click to begin voiding a claim
Options
Return
Claim
Click to go to the Claim screen
RP:
ADAMS, CASSANDRA-[SFV9368]
DOS
02/08/2008
Face To Face Time:
Hrs
Minutes
Other Time:
Telephone
Col:
MedicareCertified
Evidence Based Practice:
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
50-SS Peer &/or Fam
51-SS Psy/Edu
Last Claim Info.
Claim ID: 30514880
Submit Date: 02/26/2008
Additional Participating Staff
Name
Hours
Minutes
Total Time for this Staff:
Add >>
Total Time in Minutes: 120
Claim
Save
Cancel

Void Claims

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CMHC

Outpatient Claim

Client:TestClient,Example
( )

Options
- Return
- Service

Client Benefits: SD/Medi-cal:00000000A

Staff Code: SFV9368

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
02/08/2008	90801			MJ	120	2.25

Claim Amount: 270.00

Late Code:

ClientAmtPaid: 0.00

Medi-Cal ☐

EVC:

Healthy Families ☐

Medicare ☐

AmountPaid:

Last Claim Info.
Claim ID:30514880
Submit Date: 02/26/2008

Benefits
SD/Medi-cal:00000000A
1

Claim Plans:

Plan	Pay Order
CGF	1
1	

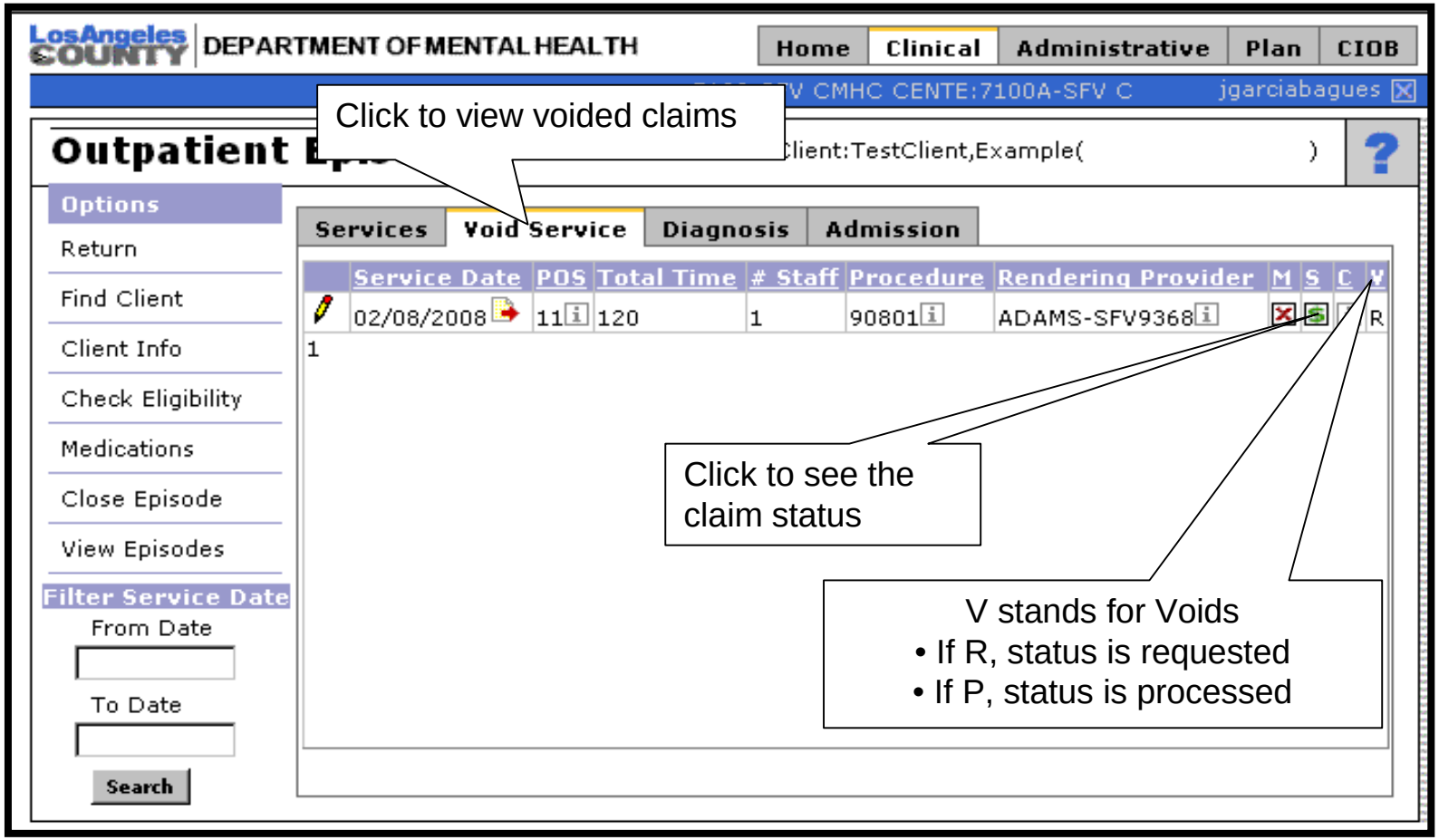
Other Insurance:

	Payer	Paid Amount	Subscriber ID
1			

Click to void

Resubmit | Void | Submit | Save | Cancel

Void Claims


LosAngeles COUNTY
DEPARTMENT OF MENTAL HEALTH
Home
Clinical
Administrative
Plan
CIOB
jgarciabagues
Click to view voided claims
Outpatient
Client:TestClient,Example(
Options
Return
Find Client
Client Info
Check Eligibility
Medications
Close Episode
View Episodes
Filter Service Date
From Date
To Date
Search
Services
Void Service
Diagnosis
Admission
Service Date
POS
Total Time
Staff
Procedure
Rendering Provider
M
S
C
V
02/08/2008
11
120
1
90801
ADAMS-SFV9368
R
1
Click to see the claim status
V stands for Voids
• If R, status is requested
• If P, status is processed

Void Claims

Claim Status -- Web Page Dialog

LosAngeles COUNTY | DEPARTMENT

The claim has been approved.

The claim was requested to be voided.

Claim Status

Claim ID:	30514880			Status:	APPROVED
Submit Date:	02/26/2008	Adjudication Date:	02/26/2008	Void Status:	REQUESTED
Submit Source:	Clinical UI	Claim Type:	ORIGINAL		

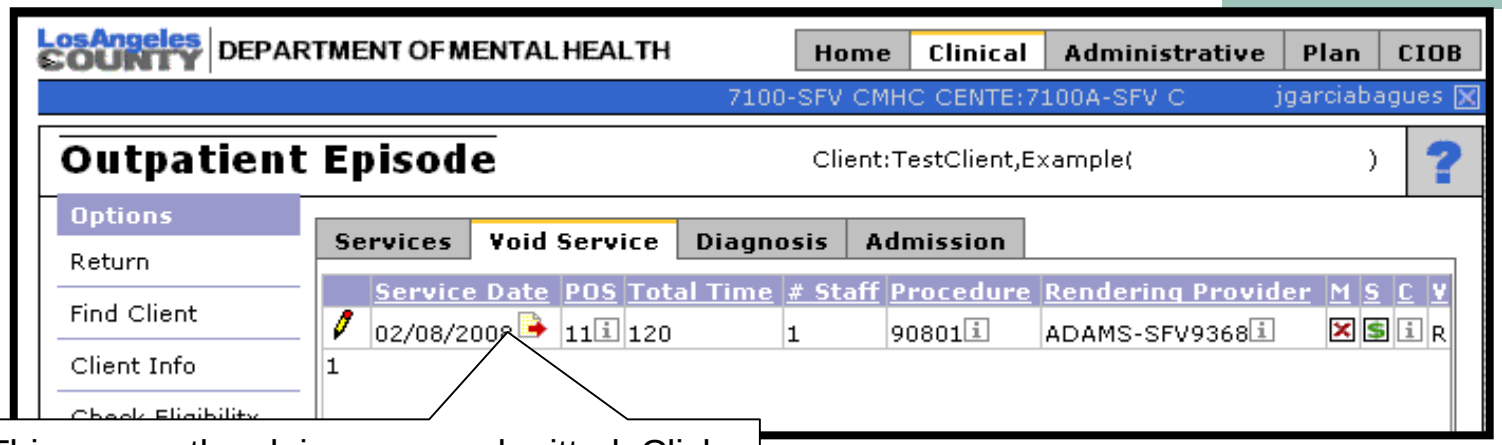
Service Begin Date:	02/08/2008	Service End Date:	02/08/2008	Client Paid:	0.00
Claim Amount:	270.00	Private Ins Paid:			
Contracted Amt:	270.00	Medicare Paid:			
		Medi-Cal Paid:			
		DMH Local Amt:	270.00		

Deny Source:		Deny Rule:	
		Deny Rule Description:	

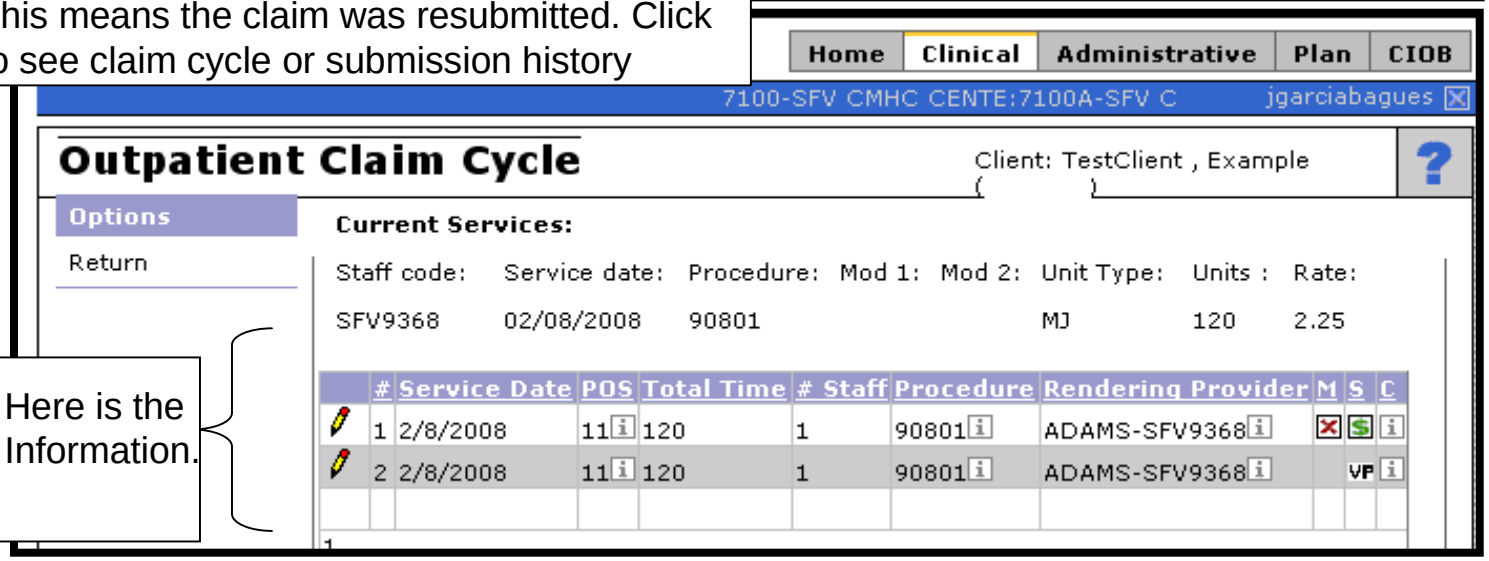
Close

Confidential patient information, see California Welfare and Institution Code section 5328.

Void Claims



This means the claim was resubmitted. Click to see claim cycle or submission history



Here is the Information.

Resubmits

This means the claim is denied and can be resubmitted.

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrati | Plan | CIOB

7286-FIVE ACRES:7286A-FIVE A | jbagues

Outpatient Episode

Client: TestClient , Example ( )

Options
- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

Services | Void Services | Diagnosis | Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider		S	C	D
	01/07/2008	12	345	1	H2019	CASILLA-FA08664				
	01/04/2008	12	370	1	H2019	CASILLA-FA08664	✓			
	01/02/2008	12	360	1	H2019	CASILLA-FA08664	✓			
	12/28/2007	12	475	1	H2019	CASILLA-FA08664	✓	$		
	12/27/2007	12	330	1	H2019	CASILLA-FA08664	✓	$		
	12/26/2007		360	1	H2019	CASILLA-FA08664	✓	$		

1 2 3 4 5 6 7 8 9 10 ...

Click to open the service and go to the claim

Resubmits

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7286-FIVE ACRES:7286A-FIVE A jbagues

Outpatient Service

Client TestClient , Example
( )

Click to go to the Claim screen

Options
Return
Check Eli... ...y
Claim

DOS: 12/28/2007

Procedure Code: H2019-Therapeutic Behavior Serv

Place Of service: Home

Face To Face Time: 5 Hrs 45 Minutes

Other Time: 2 Hrs 10 Minutes

Telephone ☐ Col: 2 MedicareCertified ☐

Evidence Based Practice:
00-No EBP/SS
01-EBP ACT
10-EBP MST
11-EBP FFT
50-SS Peer &/or Fam
51-SS Psy/Edu

Last Claim Info.
Claim ID:
Submit Date: 01/09/2008

Additional Participating Staff

Name	Hours	Minutes

1

Total Time for this Staff:

0 Hrs Minutes

Add >>

Total Time in Minutes: 475

Claim | Save | Cancel

Resubmits

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7286-FIVE ACRES:7286A-FIVE ACRE

Outpatient Claim

Client: TestClient , Example ( )

Options

- Return
- Check Eligibility
- Service

Client Benefits

Staff Code:

ServiceDate	Procedure	Mod1	Mod2	UnitType	Units	Rate
12/28/2007	H2019	HE	*	MJ	475	2.18

Claim Amount: 1035.50

Late Code:

ClientAmtPaid: 0.00

Medi-Cal ☑

EVC:

Healthy Families ☐

Medicare ☐

AmountPaid:

Last Claim Info.

Claim ID:

Submit Date: 01/09/2008

Benefits

EPSDT:1/2007

EPSDT:10/2007

EPSDT:11/2007

1 2 3 4 5

Claim Plans:

	Plan	Pay Order	
	CGF	1	

1

Other Insurance:

Payer	Paid Amount	SubscriberID

1

Click after making corrections

Resubmit | Void | Submit | Save | Cancel

Resubmits

DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer

File

Back Search Favorites Media

Address https://traindmhisintra.co.la.ca.us/ClinicalWeb/OutpatientEpisodeServices.aspx

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE VALLEY:1904A-ANTEI jflynn

Outpatient Episode Client TestClient , Example

Options
- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Filter Service Date
From Date
To Date
Search

Services | Void Services | Diagnosis | Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering P				D
	09/12/2006	11	70	1	9080	ALVEY-E447588				
	09/11/2006	11	75	1	90804	ALVEY-E447588				
	09/10/2006	11	85	1	90804	ALVEY-E447588				
	07/01/2006	53	151	1	90802	AMBROSIO-E261358				
	07/01/2006	33	30	1	90801	ALVEY-E447588				
	01/01/2006	53	151	1	90802	AMBROSIO-E261358				

1 2

This means that the claim was resubmitted

Confidential patient information, see California Welfare and Institution Code section 5328.

Resubmits

DMHISP | Clinical | Closed Outpatient Episode | Services - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Media

Address

LosAngeles COUNTY DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE VALLEY:1904A-ANTEI jflynn

Outpatient Claim Cycle

Client: TestClient , Example

Options

Return

Current Services:

Staff code:	Service date:	Procedure:	Mod 1:	Mod 2:	Unit Type:	Units :	Rate:
E447588	09/10/2006	90804			MJ	85	1.80

	#	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C
	1	9/10/2006	11	85	1	90804	ALVEY-E447588			
	2	9/10/2006	11	85	1	90804	ALVEY-E447588			

1

Confidential patient information, see California Welfare and Institution Code section 5328.

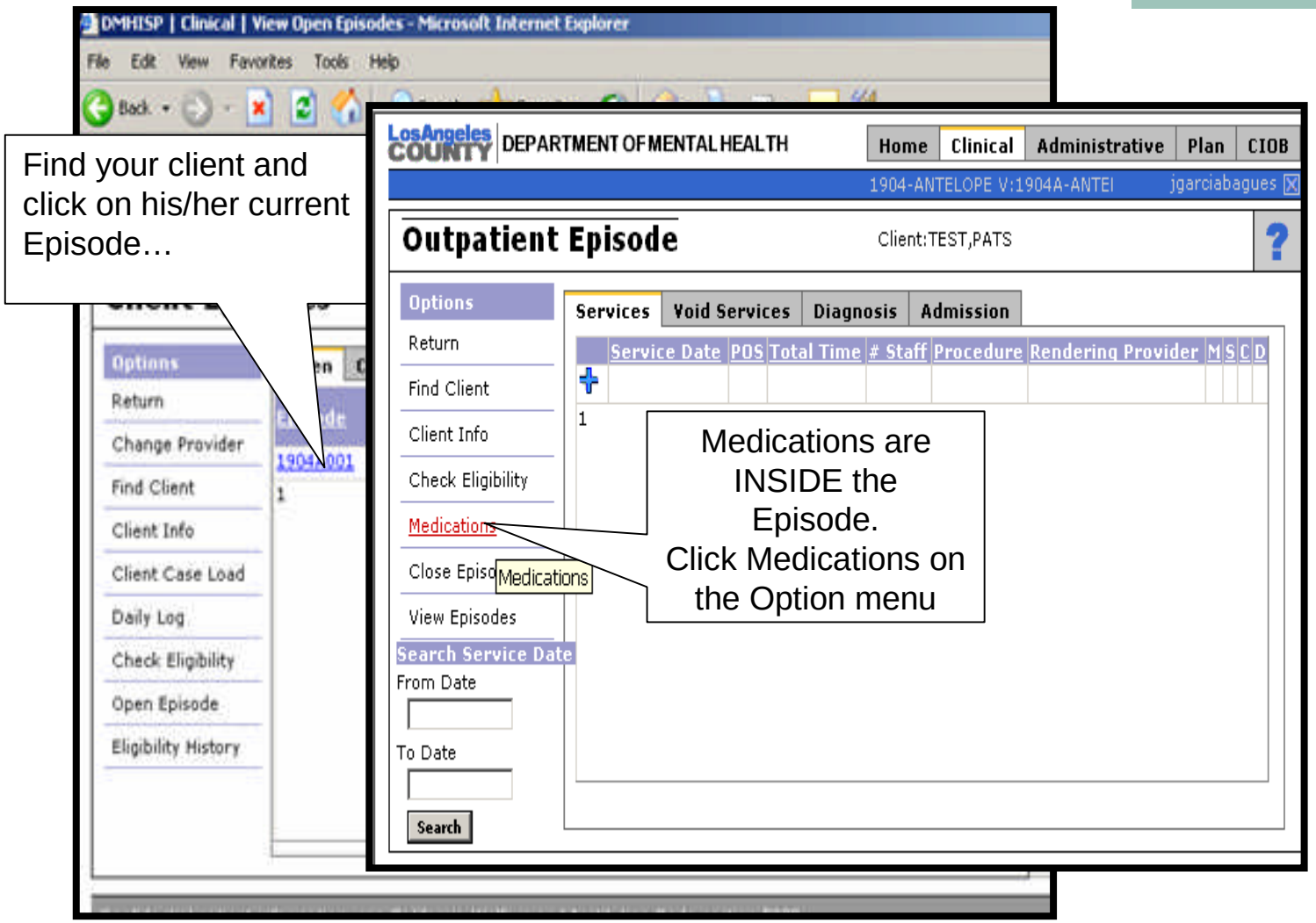
On the first line is the original denied claim. On the second line is the resubmitted claim with an approved status. Click on icons to view more information

EXERCISE 12

Prescribing Medications:

- Go to the Medications Screen
- Issue an RX Card Number
- Enter Drug Allergies

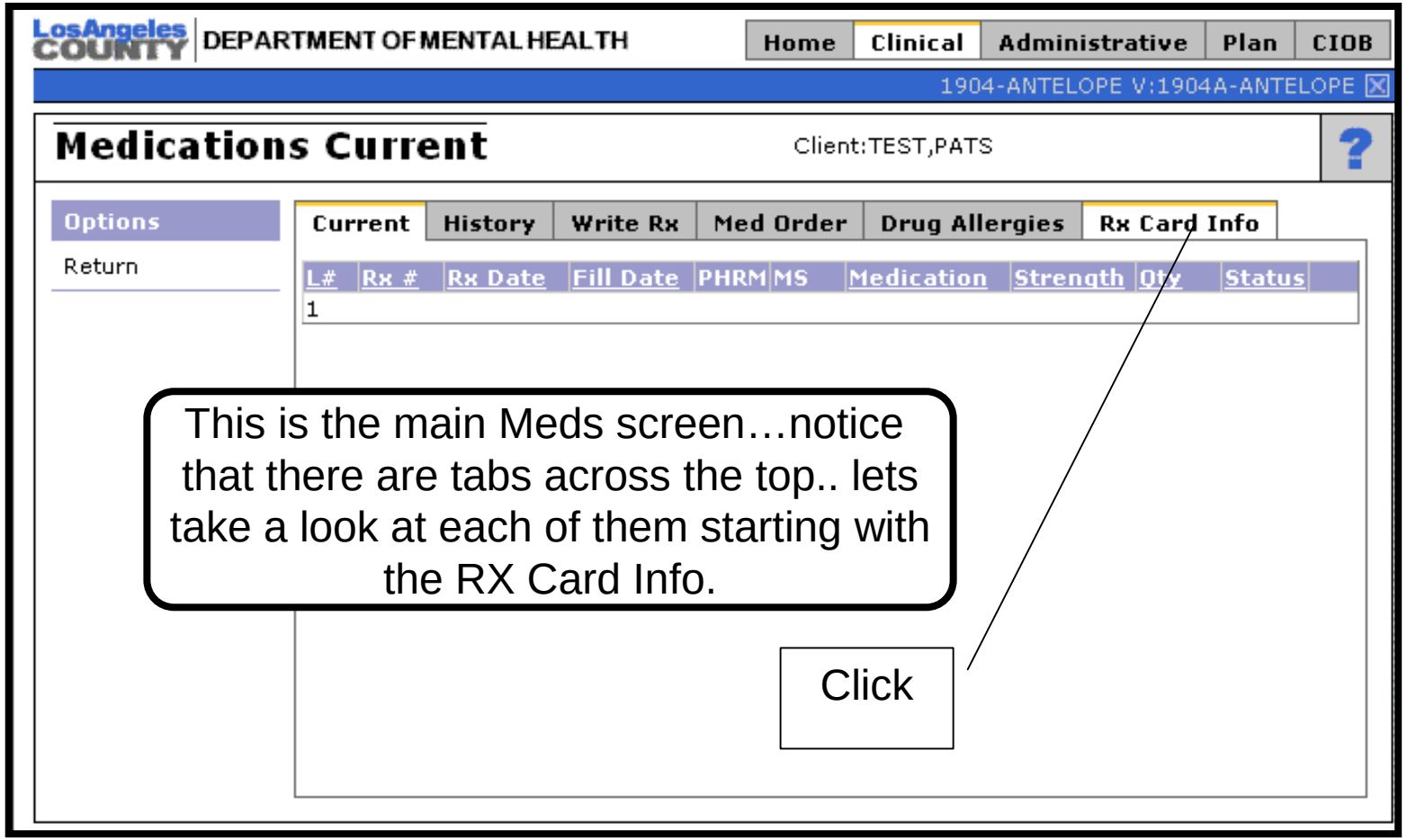
The Medications Screen



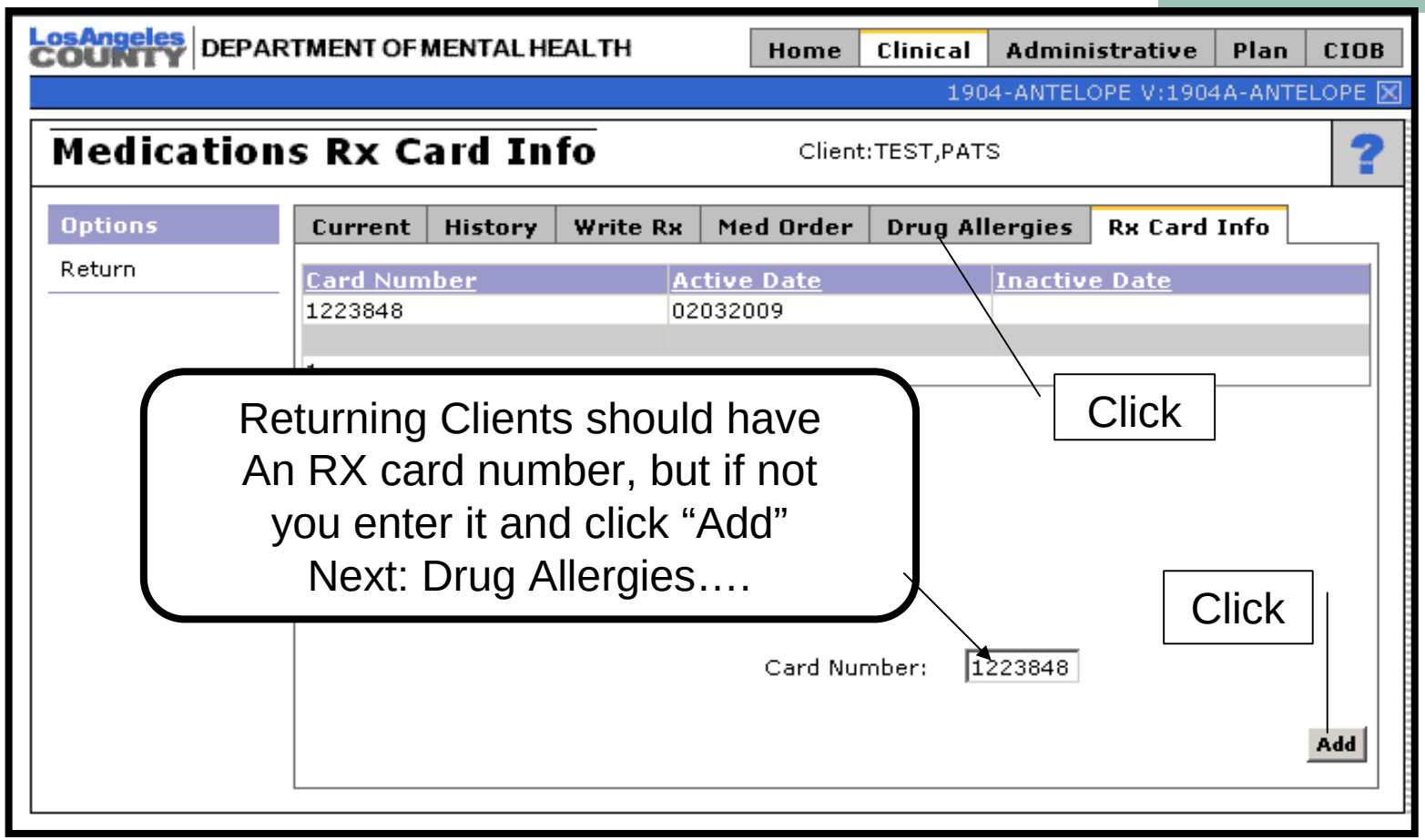
Find your client and click on his/her current Episode…

Medications are INSIDE the Episode. Click Medications on the Option menu

Prescribing Medications

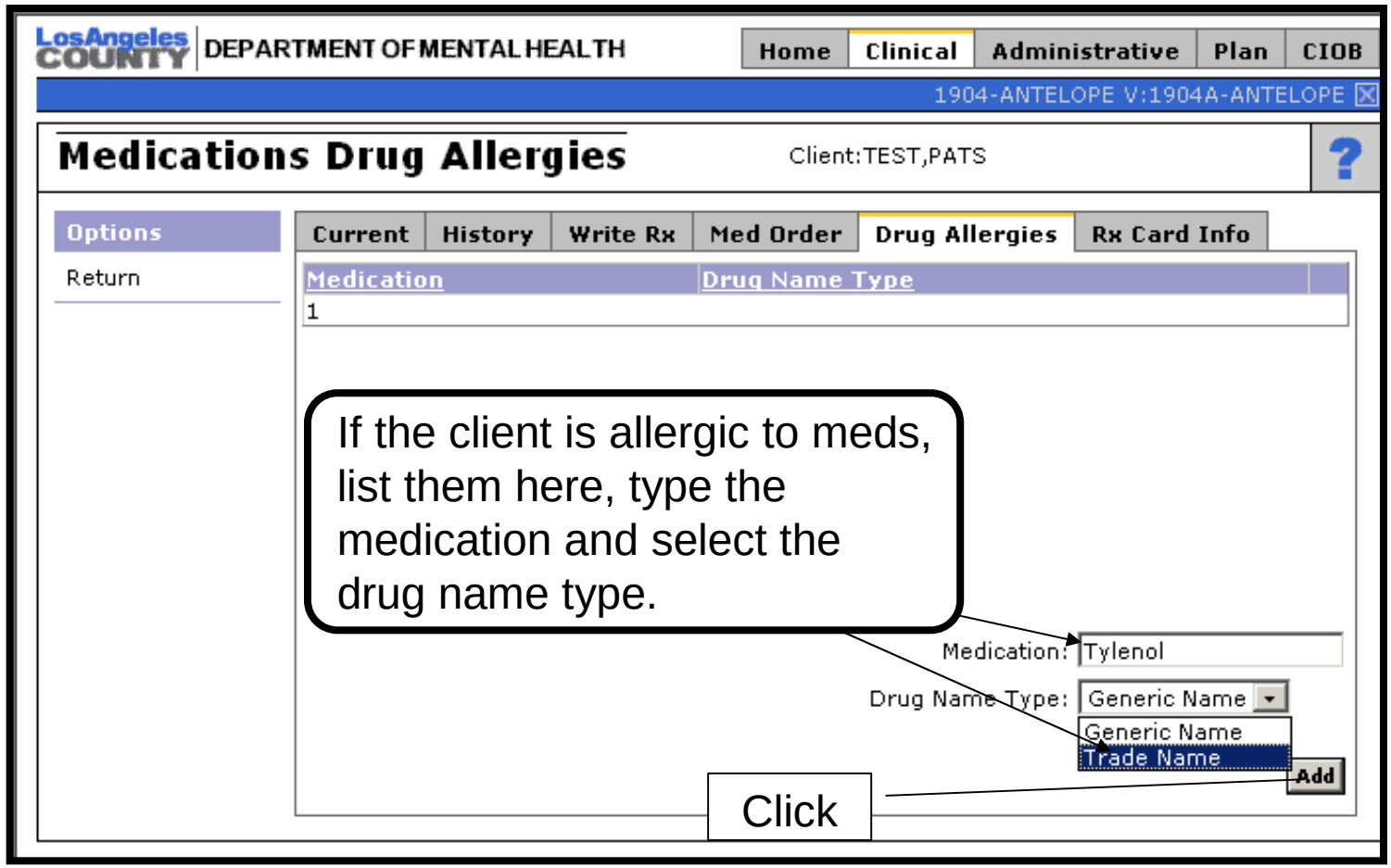


Prescribing Medications: Rx Card



Returning Clients should have An RX card number, but if not you enter it and click “Add” Next: Drug Allergies….

Prescribing Medications: Allergies



Prescribing Medications: Allergies

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Drug Allergies Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

Medication	Drug Name Type	
TYLENOL	T	
1		

Click

You will see the medication you just added with the drug name type. Next, Med Orders…

Medication: Tylenol

Drug Name Type: Trade Name

PATS5028-RECORD CHANGE SUCCESSFUL USER SPECIAL

Add

Edit messages are displayed here!

EXERCISE 13

Prescribing Medications:

- Add Medications in Med Order
- Write Rx

Prescribing Medications: Med Orders

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Med Order Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

Date: 02/1/2009

Prescribing Provider: BOGOST, BRUCE-[LBB01

Medication: BENZT

Drug Code: BTP1A

Strength: 1 MG/ML

Quantity: 1

No. of times this order has been administered:

No. of times this order has to be administered: 1

Discontinue

Lost/Discontinue | Renew | Save

APPROVED USER SPECIAL

This screen is to record medications given to consumers at the facility.

You need to use the PATS Drug Formulary list in these fields, this is a drug record that assigns specific drug code for each unique drug and strength combination.

Prescribing Medications

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPRO

Drug Code: BPP150XL Primary Dx: 295.30

Number of Units: 1 Secondary Dx: 301.50

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

APPROVED USER SPECIAL

Save | Next

Click

You will see status of your prescription. This prescription was Approved.

Type in the Prescription. If you entered something under "Frequency" you won't need to enter "Other Instructions". Notice you use the PATS Drug Formulary list.

Medications History

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications History

Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A

1

This screen shows all the medications that were prescribed to the client. Everything!

Medications Current

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Current

Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A	
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	A	
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	1.00	A	

1

This screen shows the first 15 prescriptions.

EXERCISE 14

Prescribing Medications:

- Resolve an Authorization Required
- Renew/Refill a Prescription

Prescribing Medications

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

HMO/PHP: Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: LORAZEPAM

Drug Code: LAP1 Primary Dx: 295.30

Number of Units: 1 Secondary Dx: 301.50

Strength: 1 MG

Frequency: HS

Quantity: 30

Refill: 0

Other Instructions:

AUTH REQ 01 UNUSUAL MED FOR DIAGNOSIS USER SPECIAL

Save | Next

If the prescription you enter needs to be reviewed and approved by MD, you will see the edit message here.

Click, to resolve AR status

Click

Prescribing Medications: Approval

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1904-ANTELOPE V:1904A-ANTELOPE

Medications Current Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

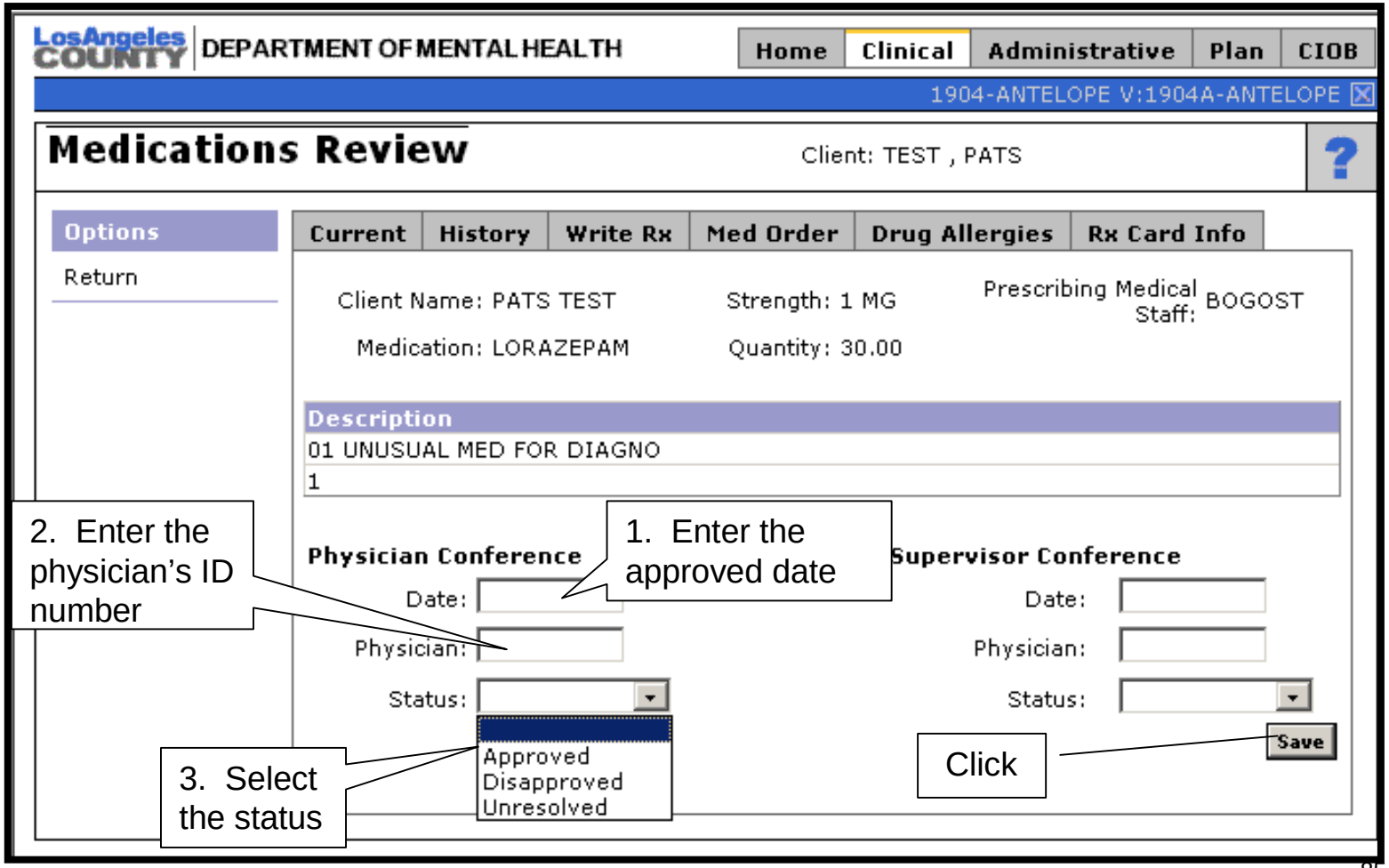
L#	Rx #	Rx Date	Fill Date	PHRM	MS	Medication	Strength	Qty	Status	
01	P0001	020309		i	i	BUPROPION	150 MG	30.00	A	
02	P0002	020309		i	i	LORAZEPAM	1 MG	30.00	AR	
03	M0001	020109		i	i	BENZTROPI	1 MG/ML	[illegible]	A	

1

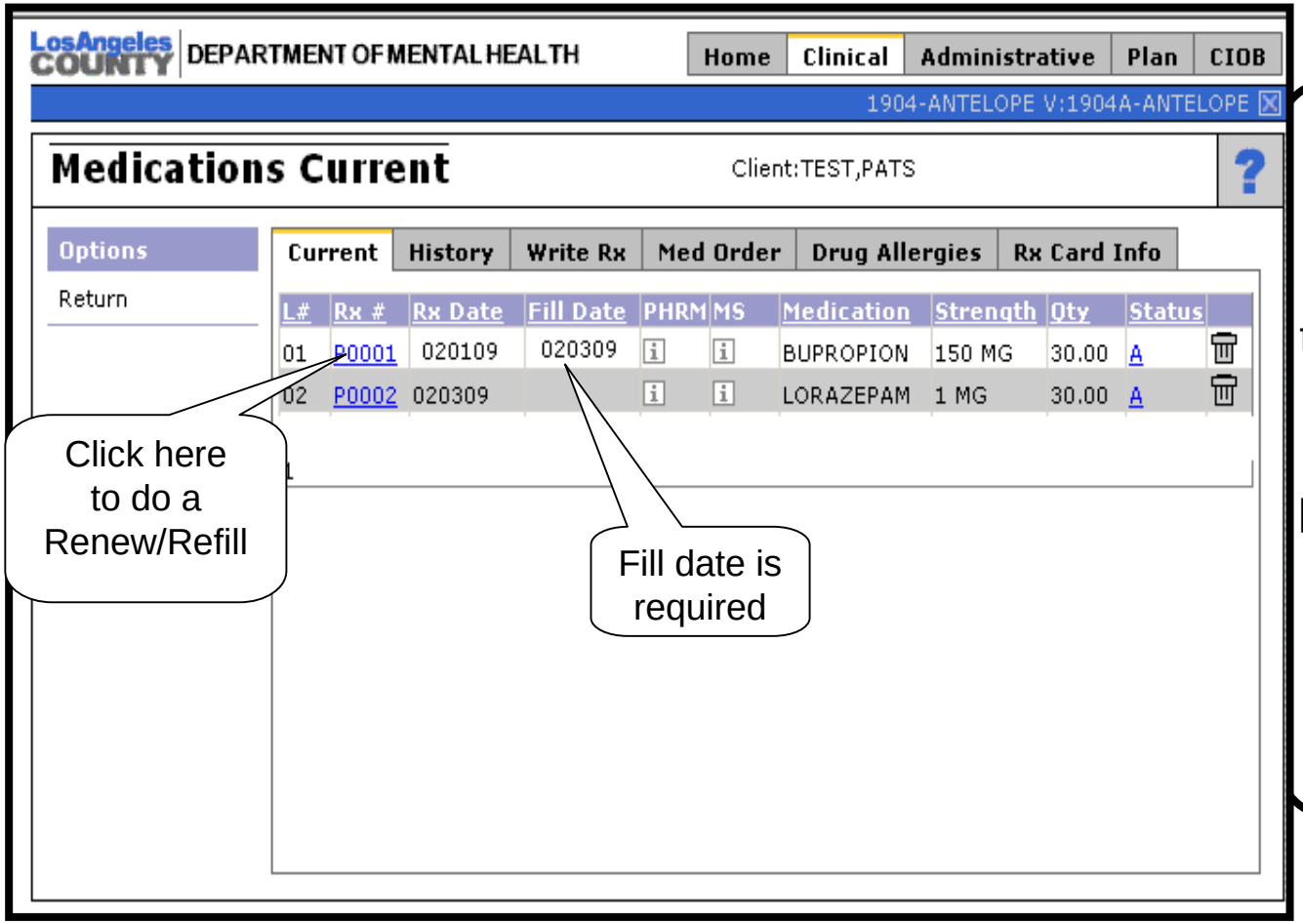
"AR" means the prescription needs to be reviewed and approved by the Doctor. After you have talked to the MD and gotten the approval, you can change status to "Approved"

Click

Prescribing Medications: Approval



Prescribing Medications: Renew and Refill



Renew/Refill is a snap: Just click on the prescription number, change the date and other information! Remember the prescription needs to have a fill date in order to do a renew/refill.

Prescribing Medications: Renew and Refill

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1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx Client:TEST,PATS

Options

Return

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

HMO/PHP:

Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPROPION XL/WELLB

Drug Code: BPP150XL

Number of Units: 1.0

Strength: 150 MG

Frequency: Q AM

Quantity: 30

Refill: 0

Other Instructions:

Lost/Discontinue

Delete | Renew | Next

Enter a new prescription date

This information can also be changed.

Click

Prescribing Medications- Lost & Discontinue

Medications History

Options

Return

Current | History

L#	Rx #	Rx Date
01	P0078	042507
02	P0076	021507
03	P0077	021507
04	P0074	020207
05	P0075	020207
06	P0072	122106
07	P0073	122106
08	P0070	102606
09	P0071	102606
10	P0068	092806
11	P0069	092806
12	P0066	081006
13	P0067	081006
14	P0064	070606
15	P0065	070606

1 2 3 4 5 6

Confidential patient inf

Click

LosAngeles COUNTY DEPARTMENT OF MENTAL HEALTH

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1904-ANTELOPE V:1904A-ANTELOPE

Medications Write Rx

Client:TEST,PATS

Options

Current | History | Write Rx | Med Order | Drug Allergies | Rx Card Info

HMO/PHP:

Date: 02/03/2009

Prescribing Provider: BOGOST, BRUCE-[LBB0112]

Medication: BUPROPION XL/WELLB

Drug Code: BPP150XL

Primary Dx: 295.30

Number of Units: 1.0

Lost

ry Dx: 301.50

Discontinue

Strength: 150 MG

Neither

Frequency: Q AM

Quantity: 30

Refill: 0

Other In:

Lost/Discontinue

Renew | Next

Click on the radio button to select Lost or Discontinue prescription

Click

EXERCISE 15

Close an Episode

Close an Episode

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

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7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Client Episodes

Client: TestClient , Example ( )

Options
- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open | Closed

Episode	I/O	Admit Date	Diagnosis Code	Primary Contact	Last Claim			D
7100A001	O	2/8/2008	295.30	ADAMS-SFV9368	2/8/2008	1	0	

1

Click

Close an Episode

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV C jgarciabagues

Outpatient Episode Client:TestClient,Example(.)

Options

- Return
- Find Client
- Client Info
- Check Eligibility
- Medications
- Close Episode
- View Episodes

Search Service Date

From Date

To Date

Search

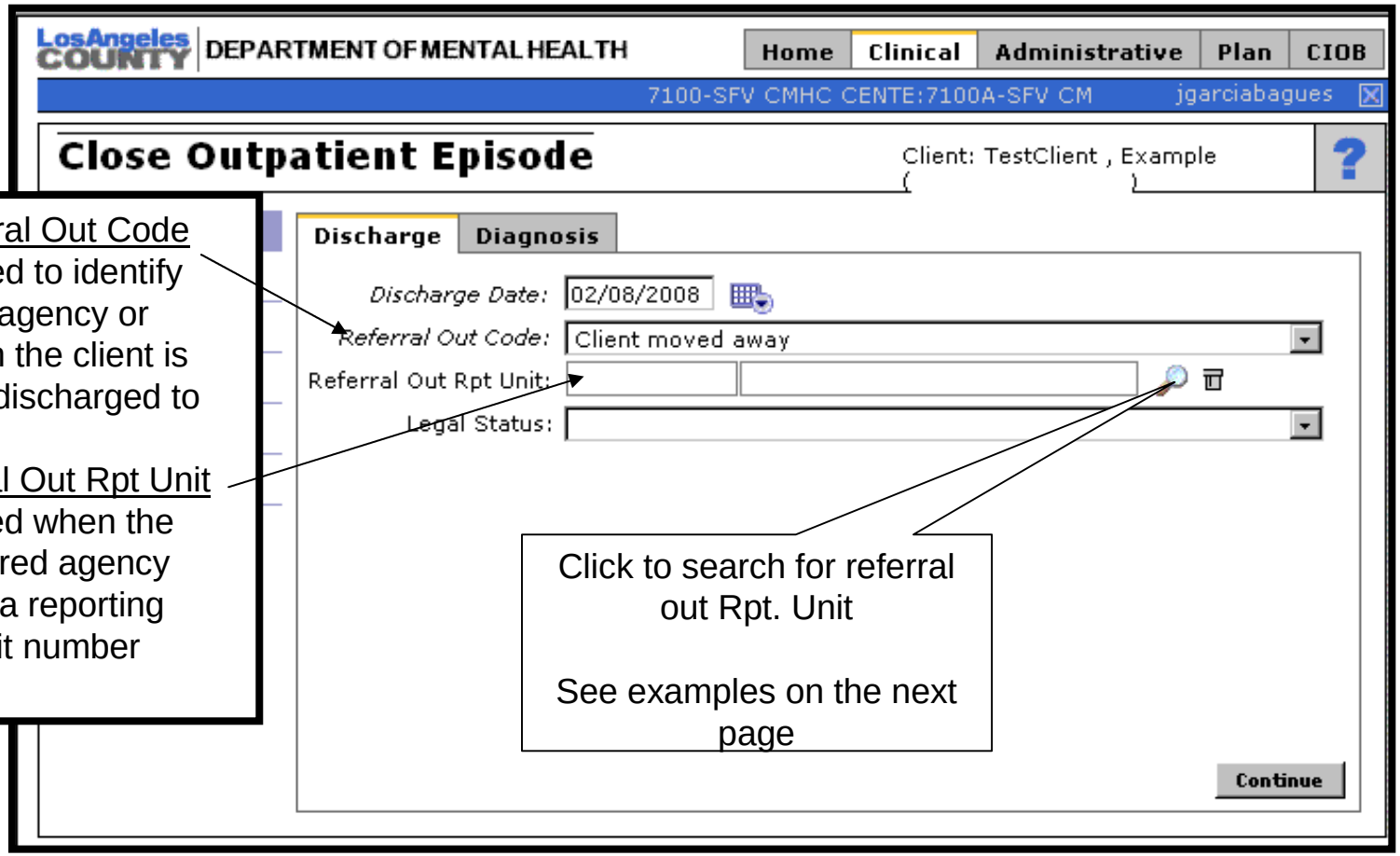
Services | Void Services | Diagnosis | Admission

	Service Date	POS	Total Time	# Staff	Procedure	Rendering Provider	M	S	C	D
	02/08/2008	11	120	1	90801	ADAMS-SFV9368				

1

Click

Close an Episode



Referral Out Code is used to identify the agency or person the client is being discharged to

Referral Out Rpt Unit is used when the referred agency has a reporting unit number

Click to search for referral out Rpt. Unit

See examples on the next page

Close an Episode

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE V:1904A-ANTELC jgarciabagues

Close Outpatient Episode

Client:
( )

Options
- Return
- Find Client
- Client Info
- Check Eligibility
- PDF Forms

Discharge | Diagnosis

Discharge Date: 02/08/2008

Referral Out Code: Outpatient - County Contracted

Referral Out Rpt Unit:

Legal Status:

https://testdmhisintra.co.la.ca.us - Provider Loo...

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Provider Lookup

Legal Entity: ☐ *(Check box if applies)*

Entity Type: ○ Individual ◉ Organization

Organization Type: FFS 1

Organization/Last Name:

First Name:

Middle Name:

Reporting Unit:

Provider Id:

Search

Done | Internet

Confidential patient infor

Close an Episode

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Outpatient Episode

Client: TestClient , Example
( )

Options
Return

Discharge | Diagnosis

Dx Date: 02/08/2008

AXIS I
295.30 - Schizophrenia, Paranoi

AXIS II

AXIS III

AXIS IV
1. Primary Support Group
2. Social Environment
3. Educational
7. Access to Health Care
8. Interaction w/ Legal System
9. Other Psych/Environment
10. Inadequate Information

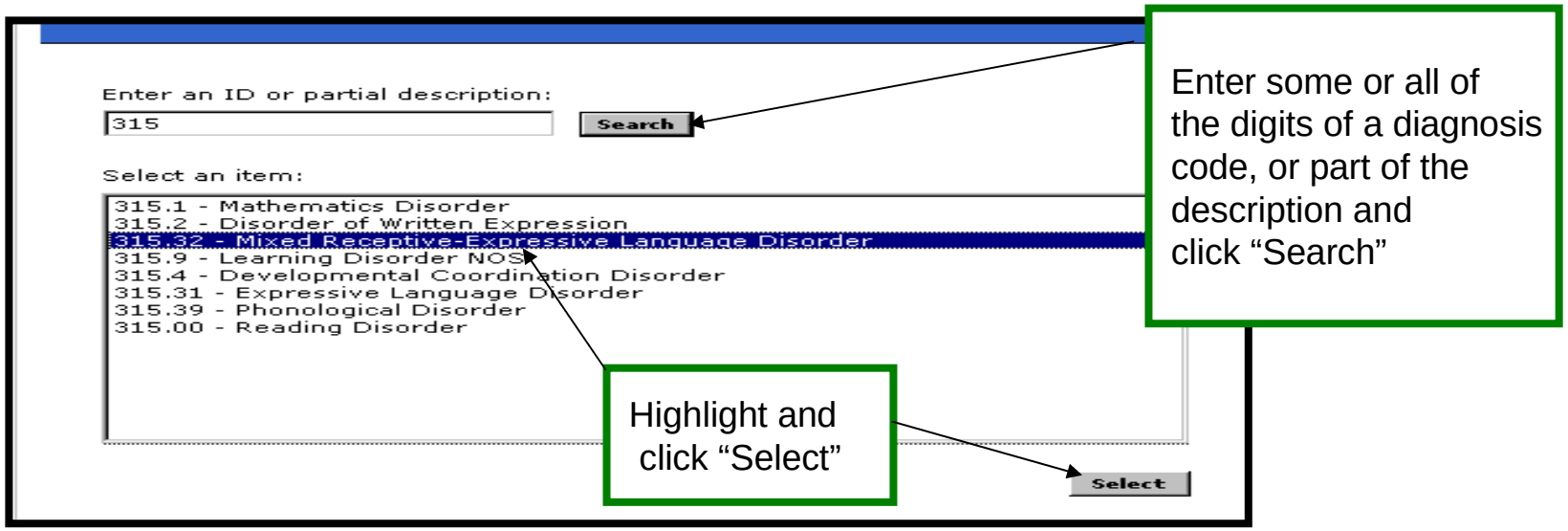
AXIS V
GAF
20
Primary:
295.30
Secondary:

Cancel | Save

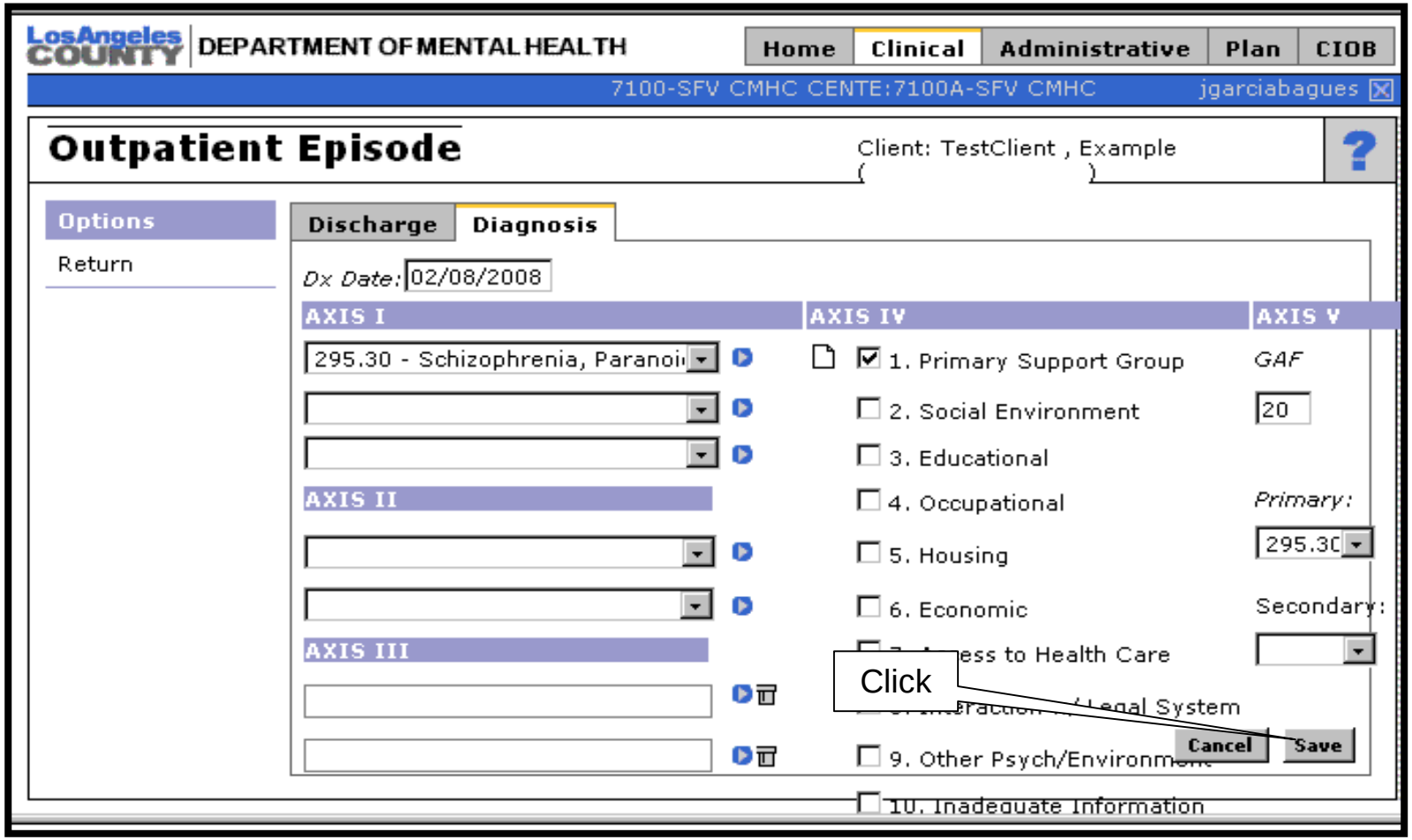
Click to display the top 20 diagnosis codes

Click to select a diagnosis code not listed

Close an Episode



Close an Episode



Close an Episode

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Home | Clinical | Administrative | Plan | CIOB

7100-SFV CMHC CENTE:7100A-SFV CM jgarciabagues

Client Episodes

Client: TestClient , Example ( )

Options
- Return
- Change Provider
- Find Client
- Client Info
- Client Case Load
- Daily Log
- Check Eligibility
- Open Episode
- Eligibility History

Open | Closed

Episode	I/O	Admit Date	Discharge Date	Diagnosis Code	Primary Contact	Last Claim		
7100A001	O	2/8/2008	2/8/2008	295.30	ADAMS-SFV	2/8/2008	1	0

1

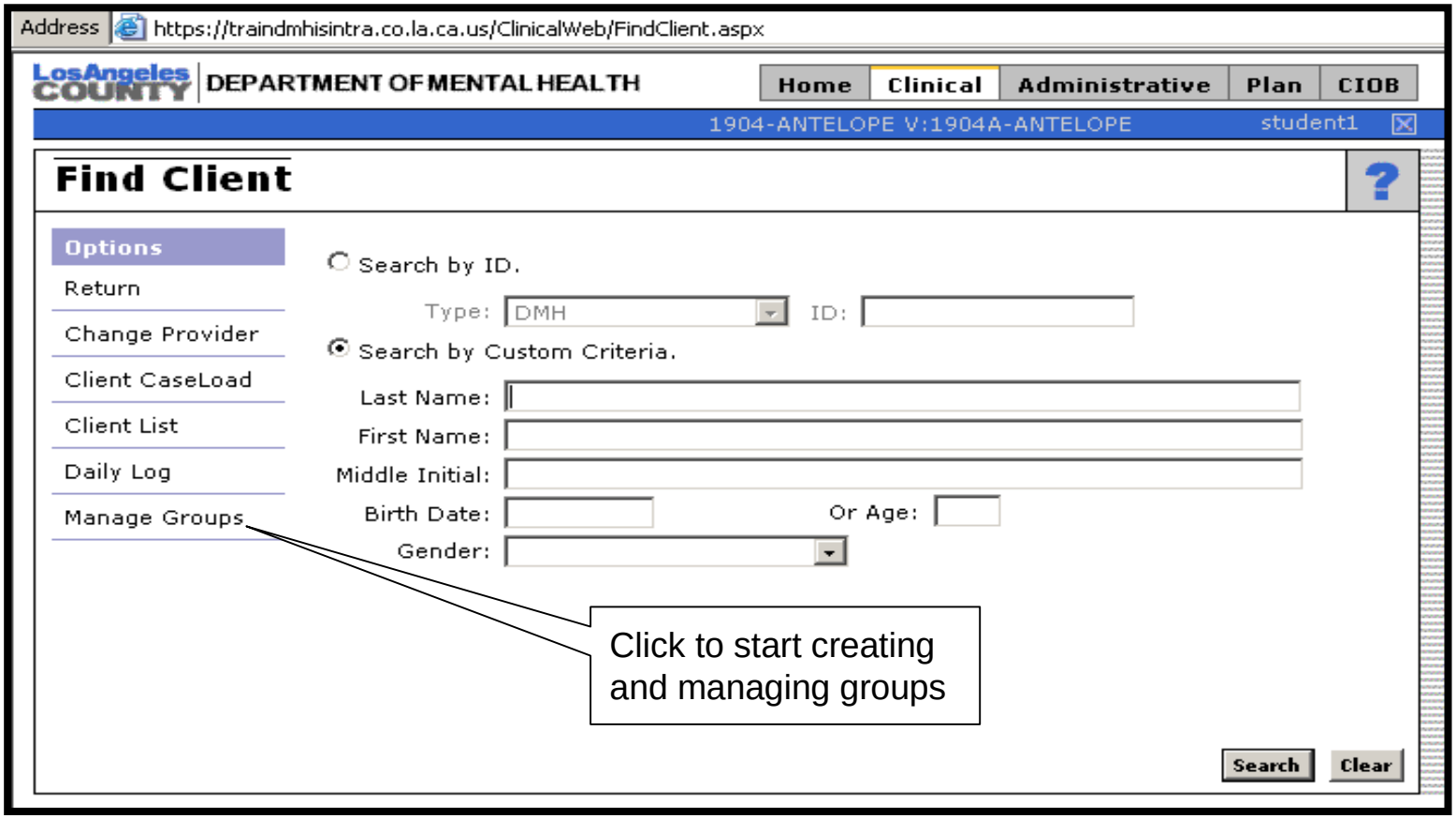
Go to the close episodes tab to view the episode information

EXERCISE 16

Groups:

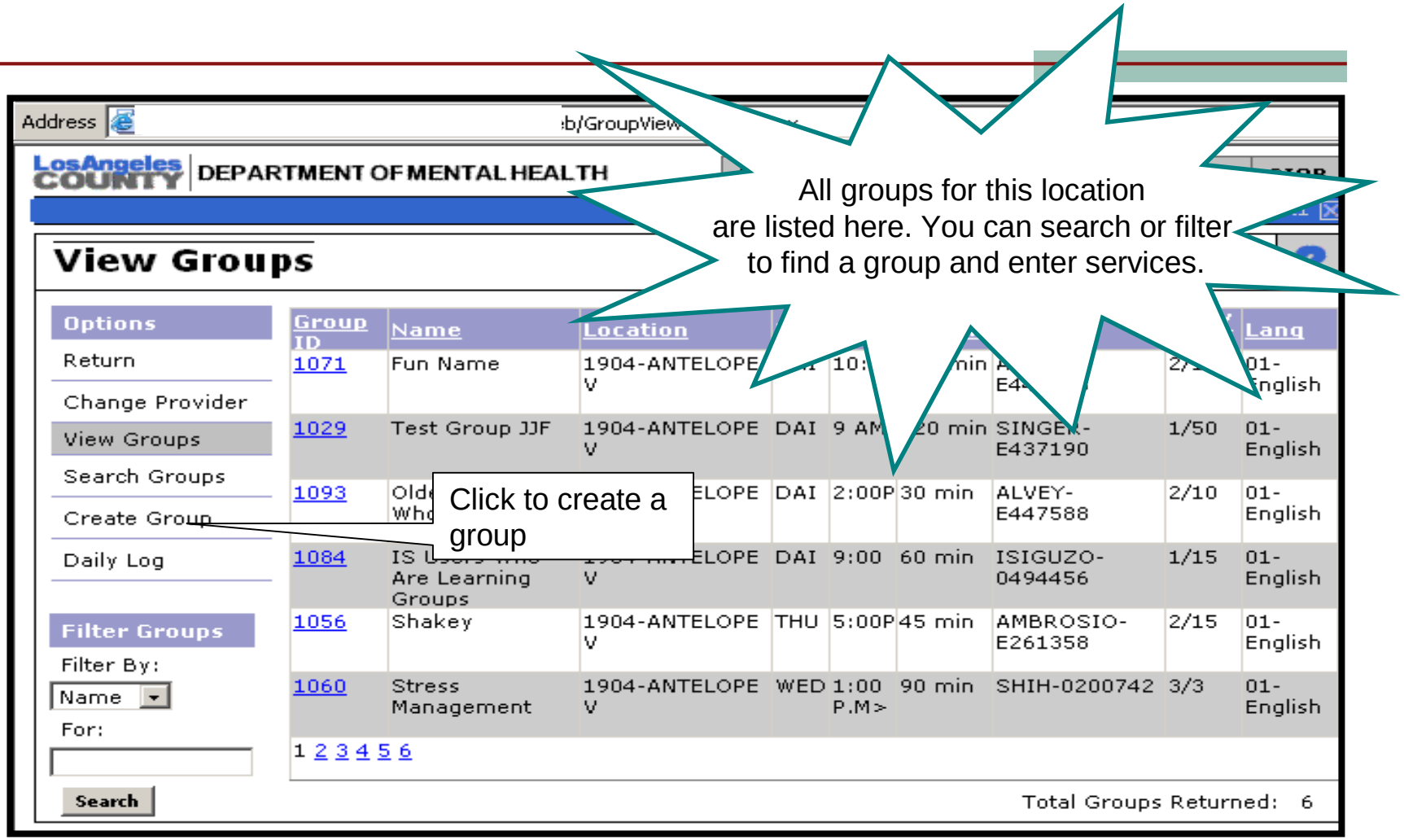
- Create a Group
- Add a Session to a Group
- Submit Group Session Billing

Create a Group



Click to start creating and managing groups

Create a Group



Create a Group: Details

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clini

7100-SFV CMHC CENTE:7100/

Group Details

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details | Leads | Census | Attendance Hx | Sy

Group ID:

Group Type: Medication

Group Name: Medication

Description: How to take medication

Targeted Clients: People who take medication

Location: SFV CMHC CENTER/FAMILY LIVING

Group Day: Daily

Group Time: 10:00AM

Approximate Duration: 30 min

Begin Date: 02/08/2008

End Date: 01/01/2020

Max Attendees: 25

Procedure: 90853-Group Therapy

Language: 01-English

Cancel | Continue

Most of this information is basic, and is meant to help other workers to find groups, and enter data. Be as detailed as you can while completing this screen.

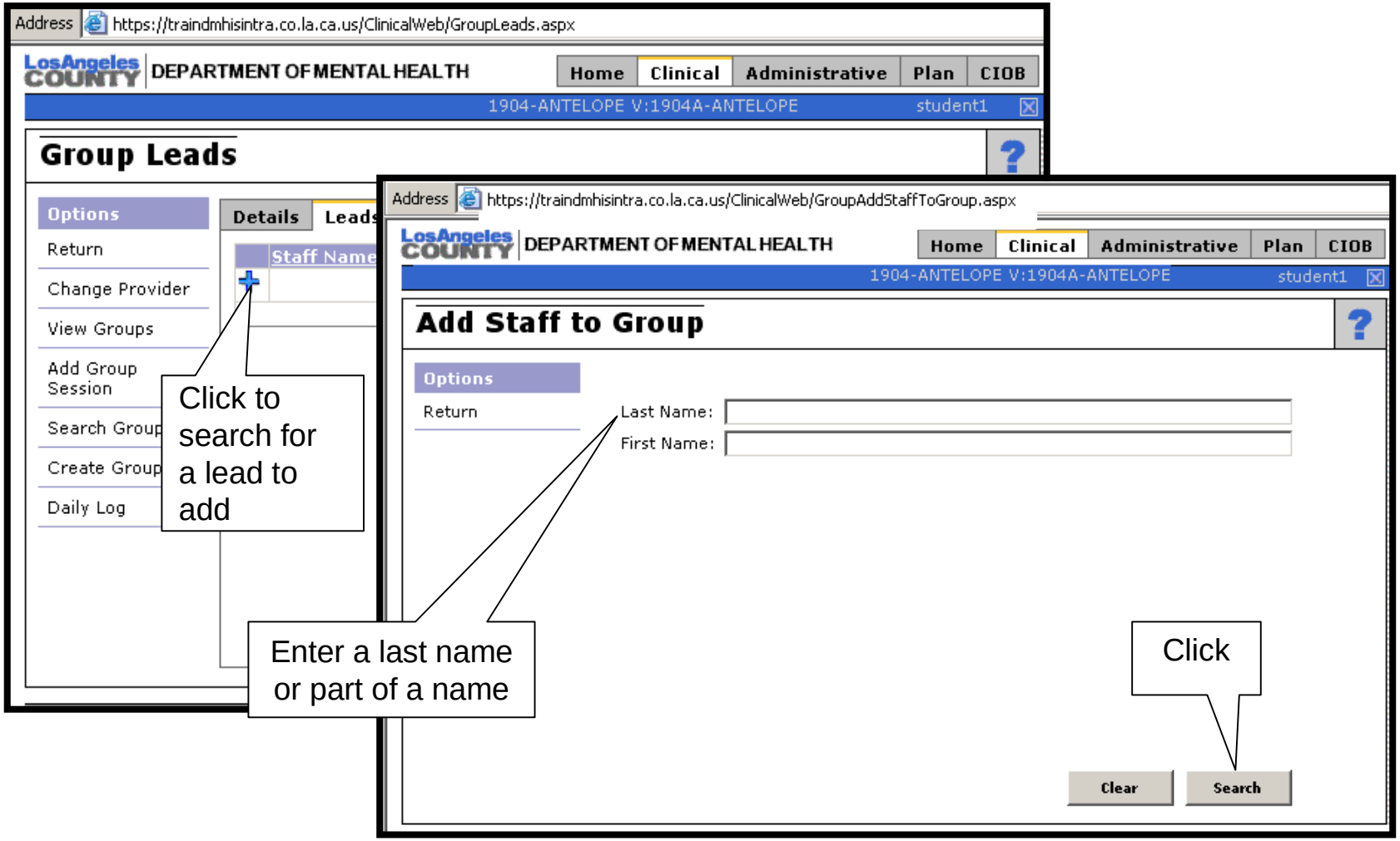
Maximum group attendees should be at least 2 and no more than 25

Click

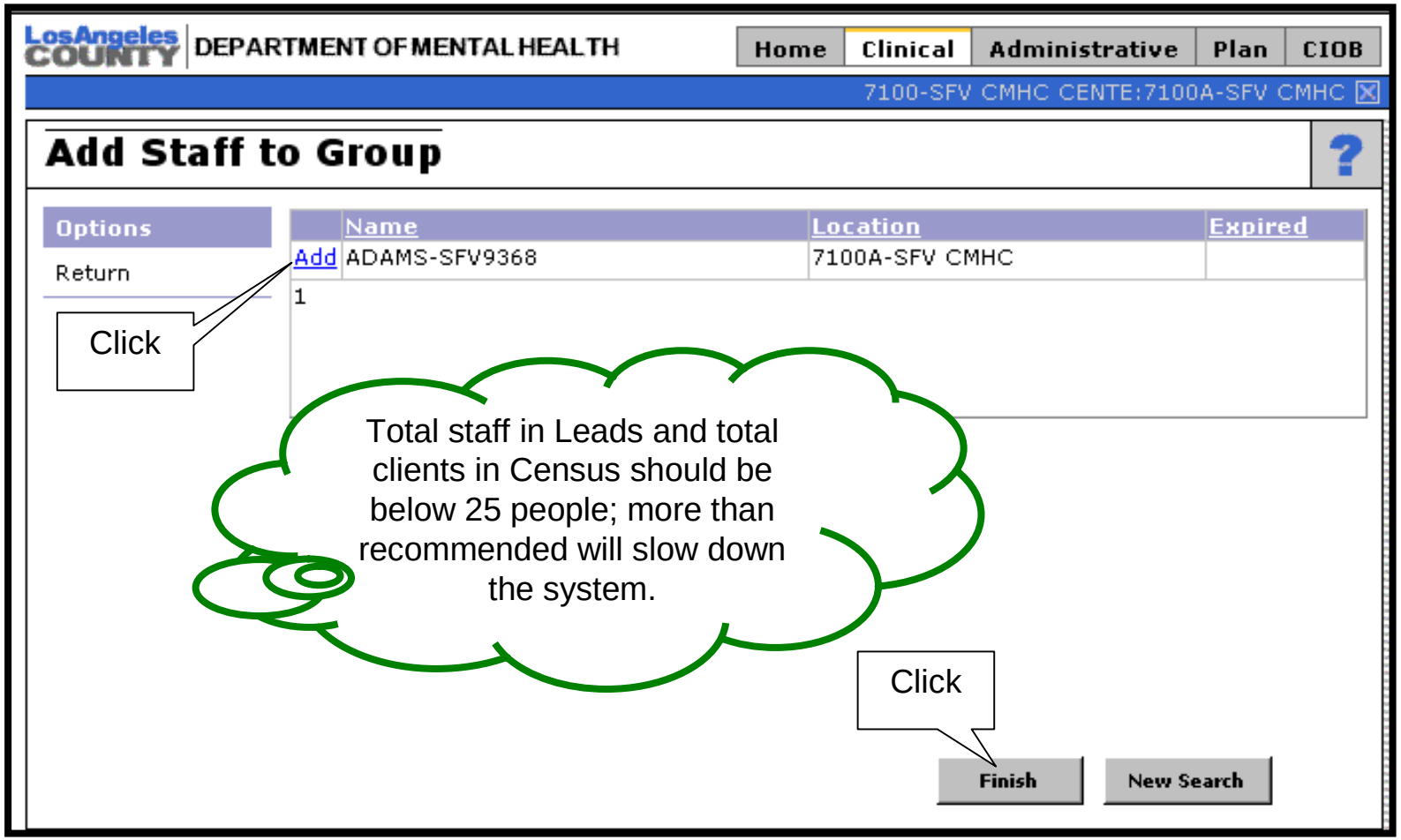
The date the group began to meet

The date the group schedule will expire

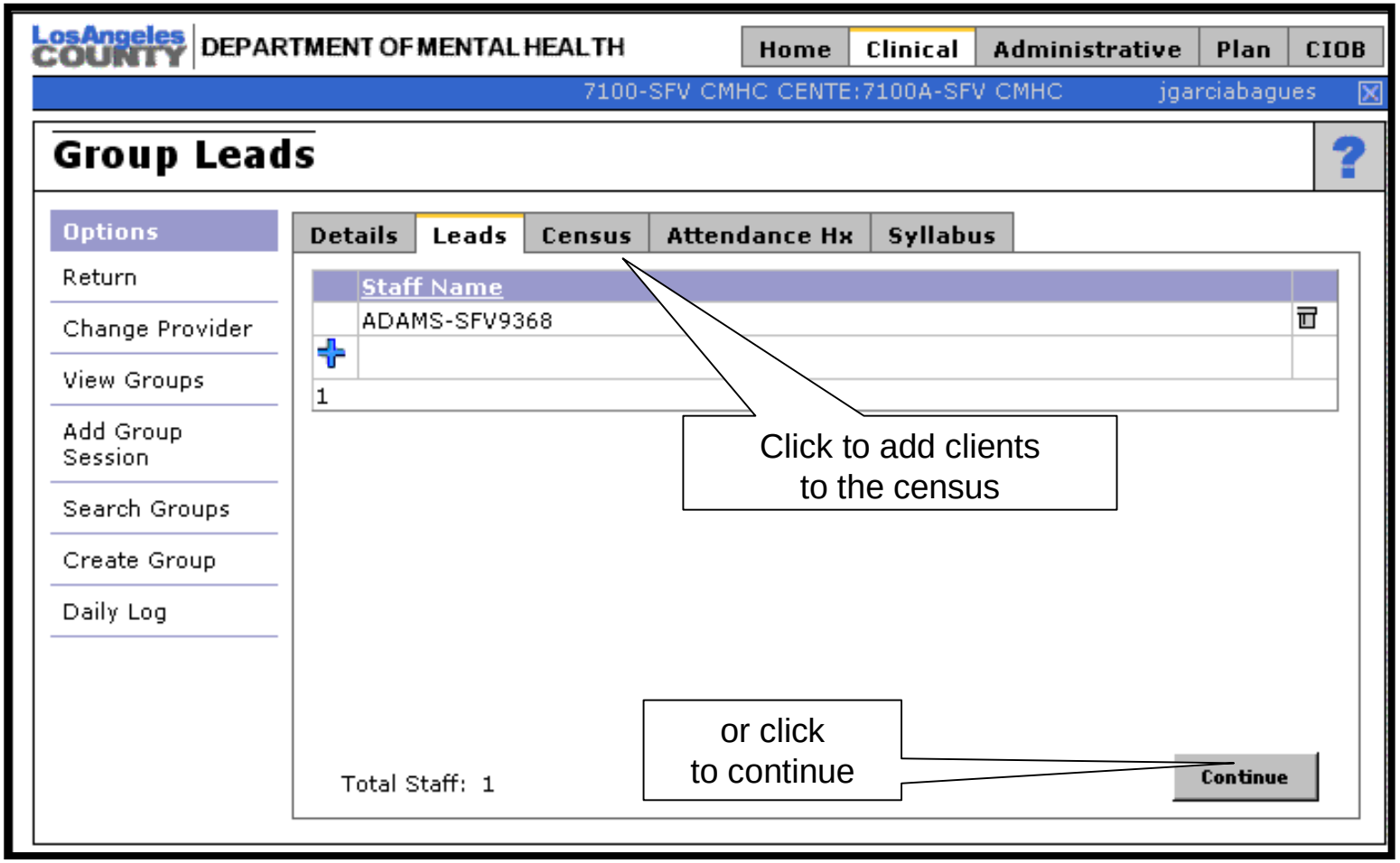
Create a Group: Leads



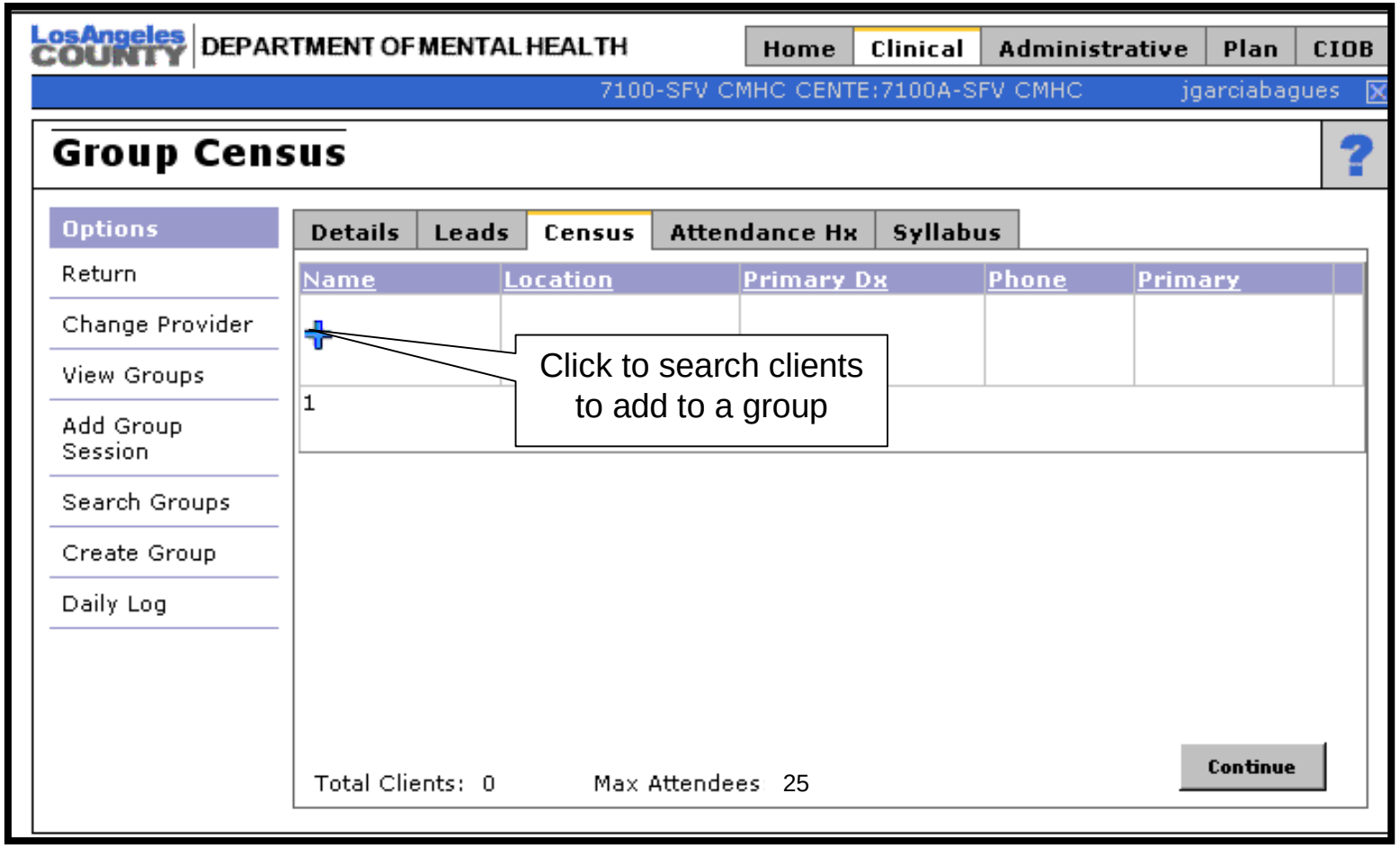
Create a Group: Leads



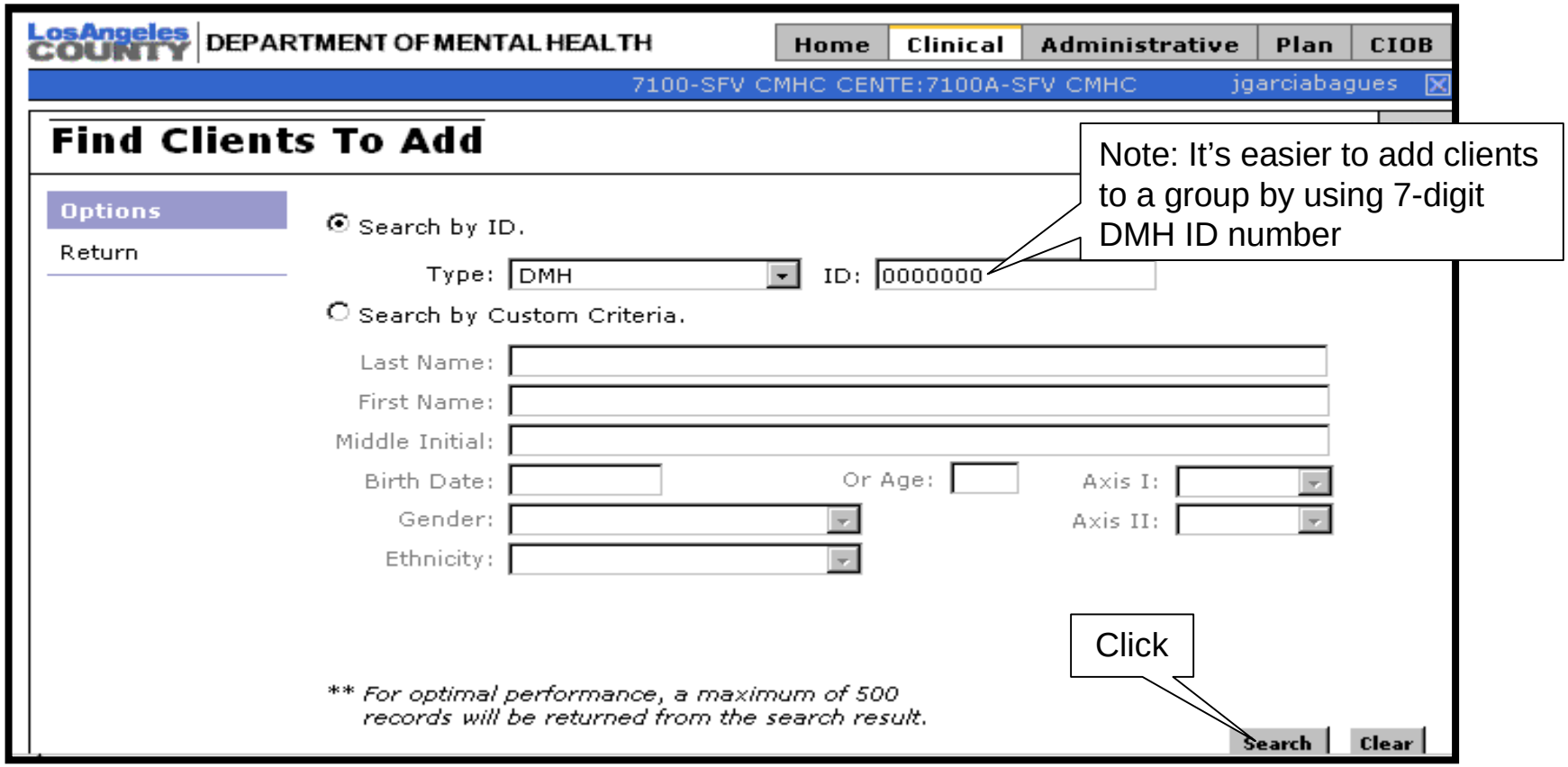
Create a Group: Census



Create a Group: Census



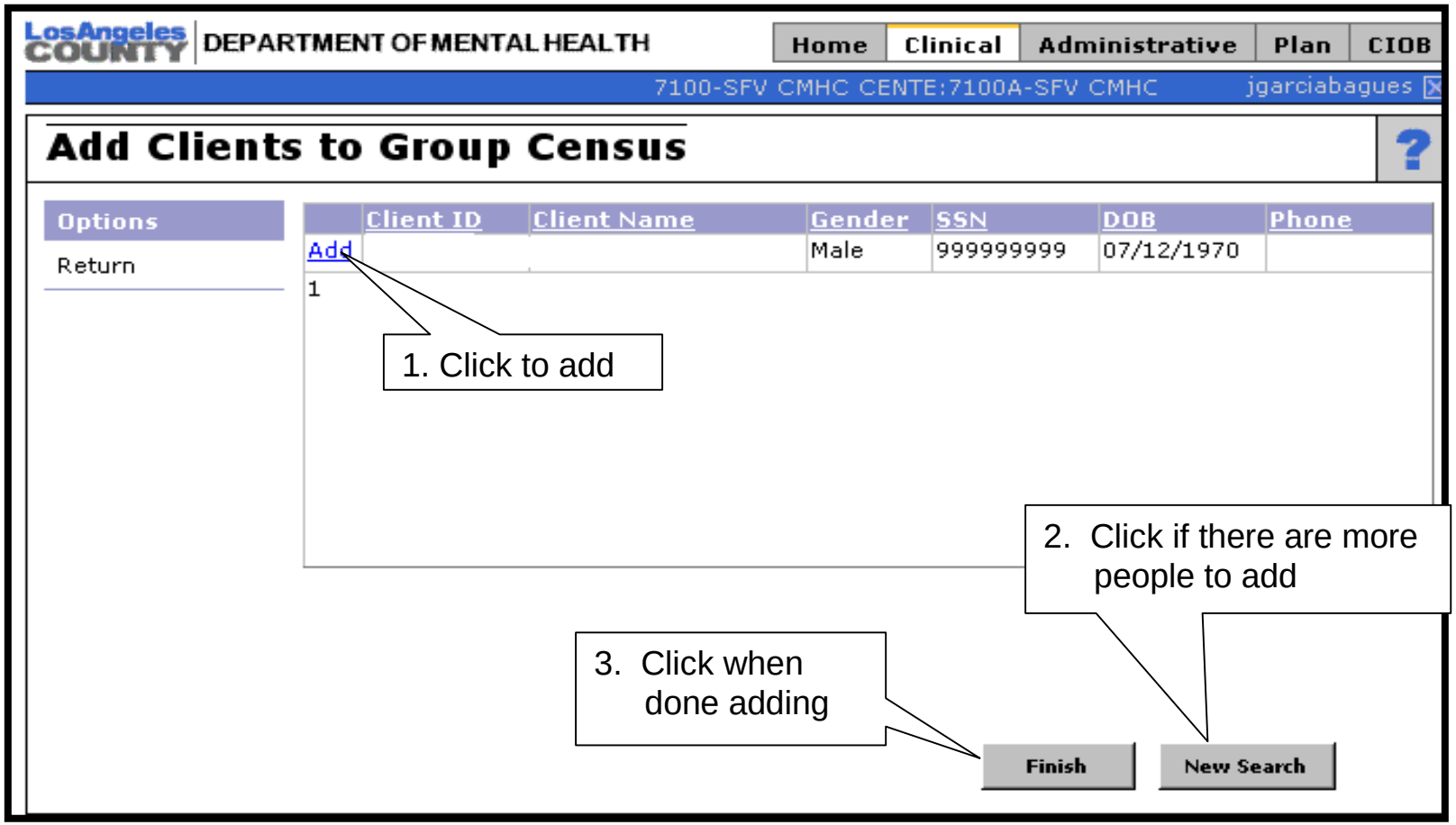
Create a Group: Census



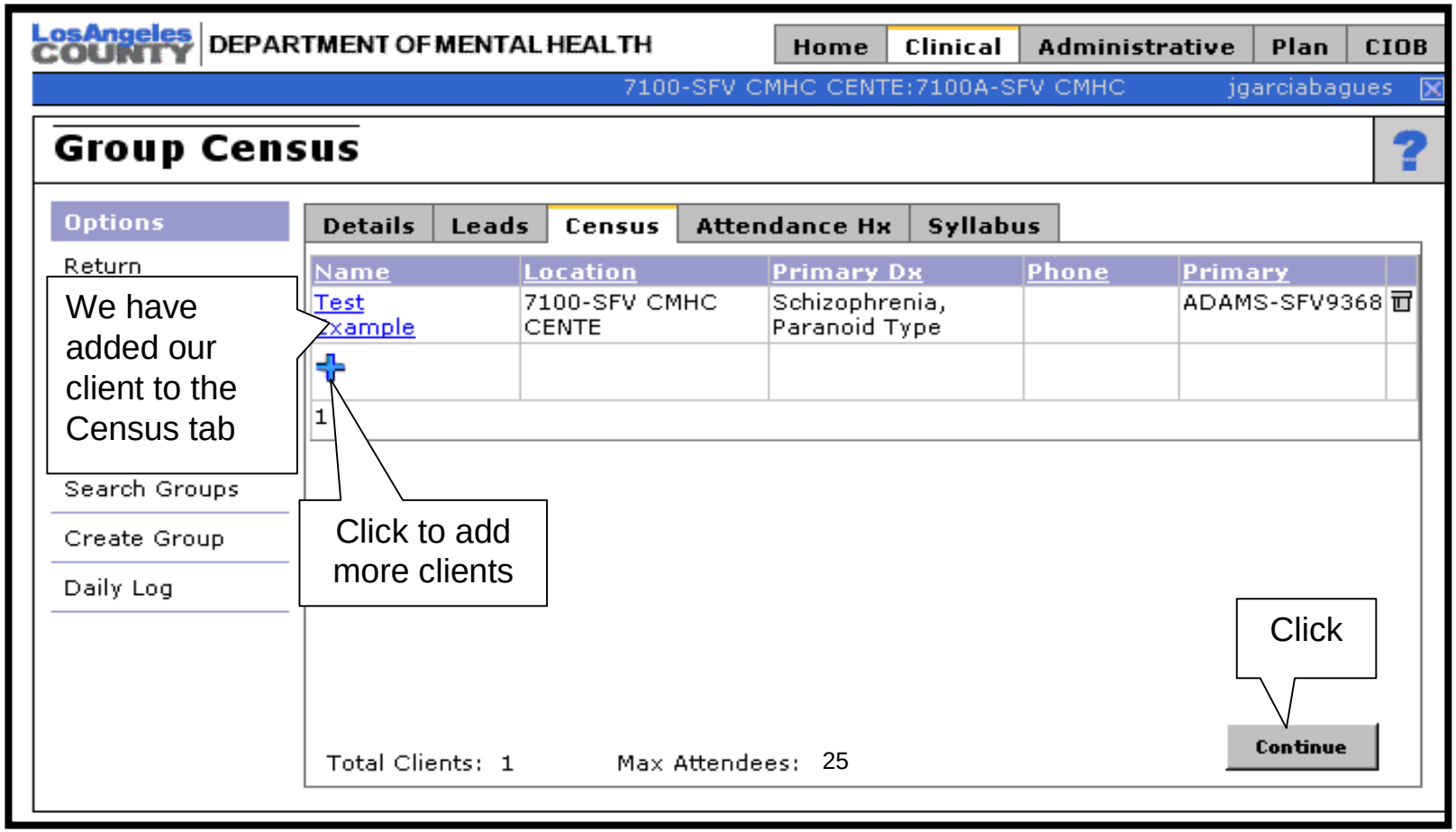
Note: It's easier to add clients to a group by using 7-digit DMH ID number

Click

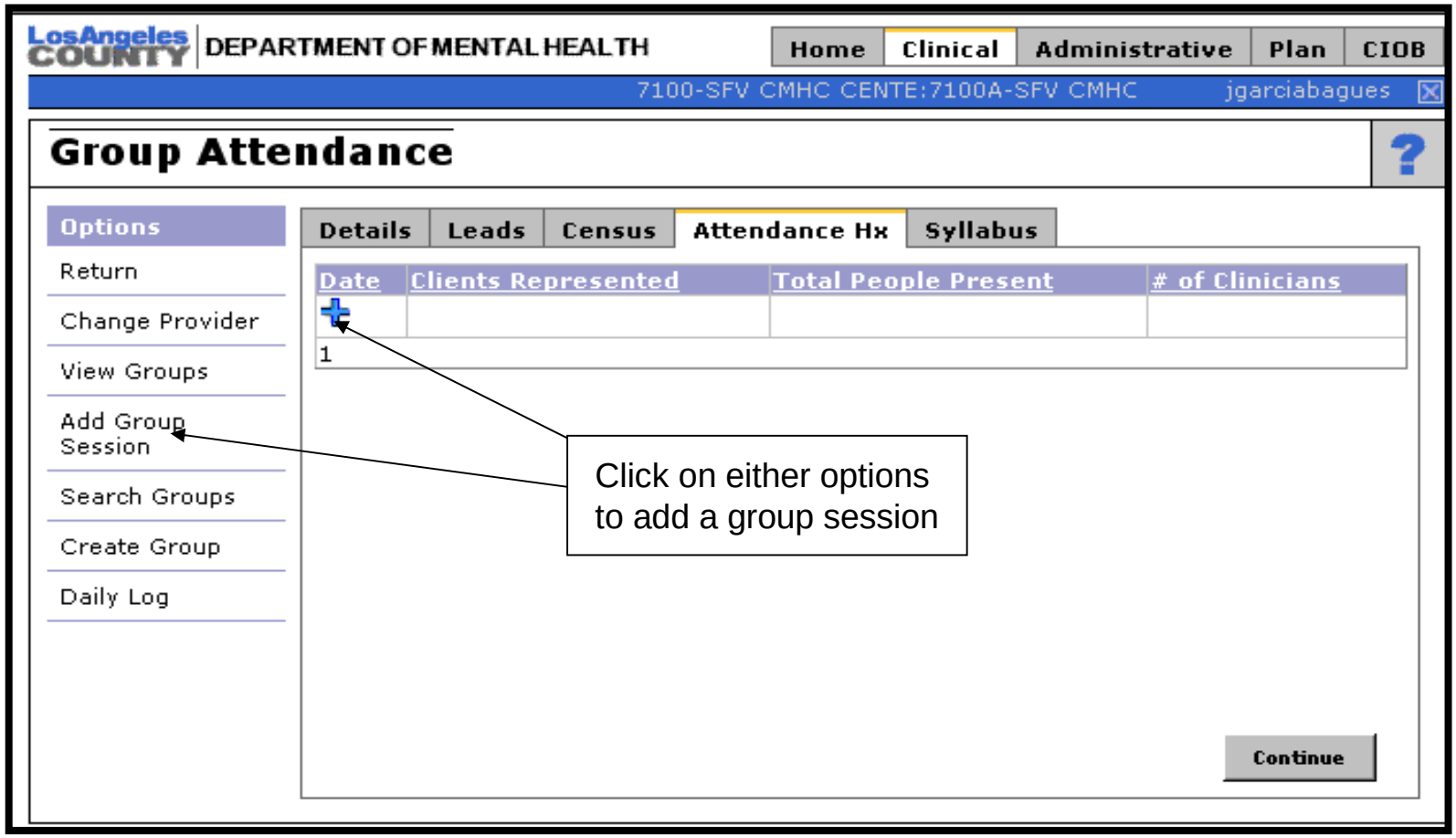
Create a Group: Census



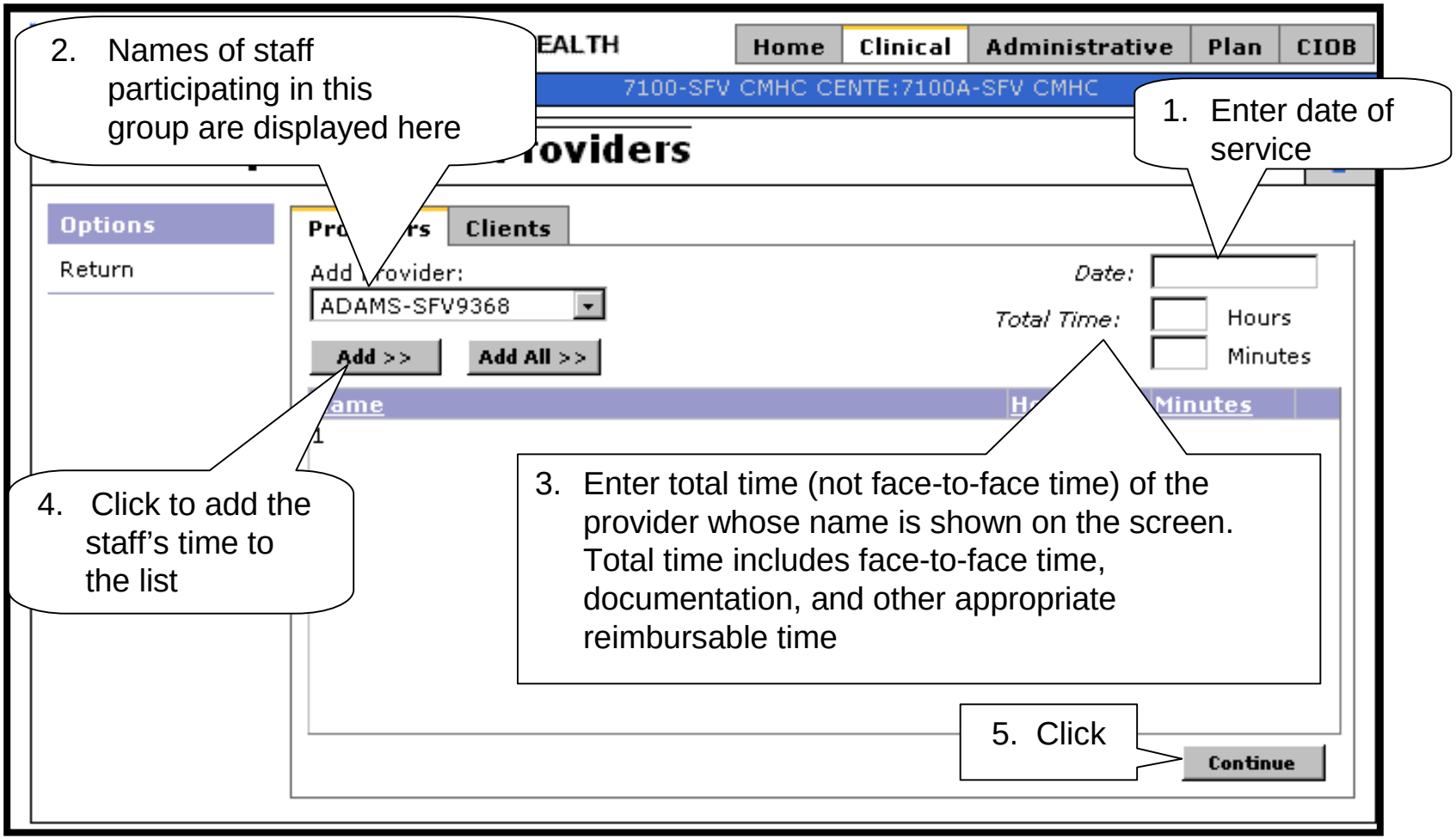
Create a Group: Census



Add Group Session

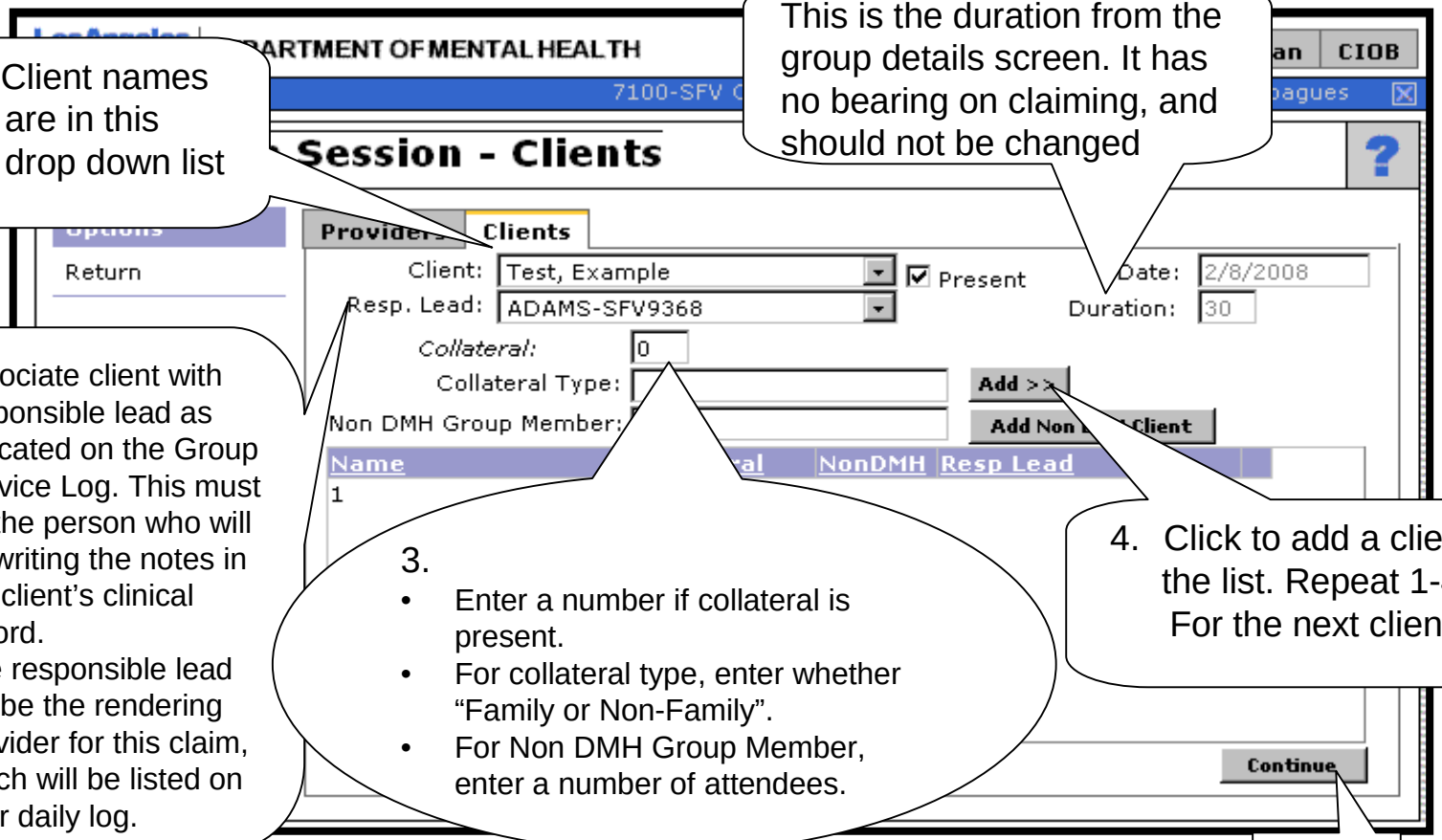


Add Group Session: Providers



1. Enter date of service
2. Names of staff participating in this group are displayed here
3. Enter total time (not face-to-face time) of the provider whose name is shown on the screen. Total time includes face-to-face time, documentation, and other appropriate reimbursable time
4. Click to add the staff's time to the list
5. Click

Add Group Session: Clients



1. Client names are in this drop down list

This is the duration from the group details screen. It has no bearing on claiming, and should not be changed

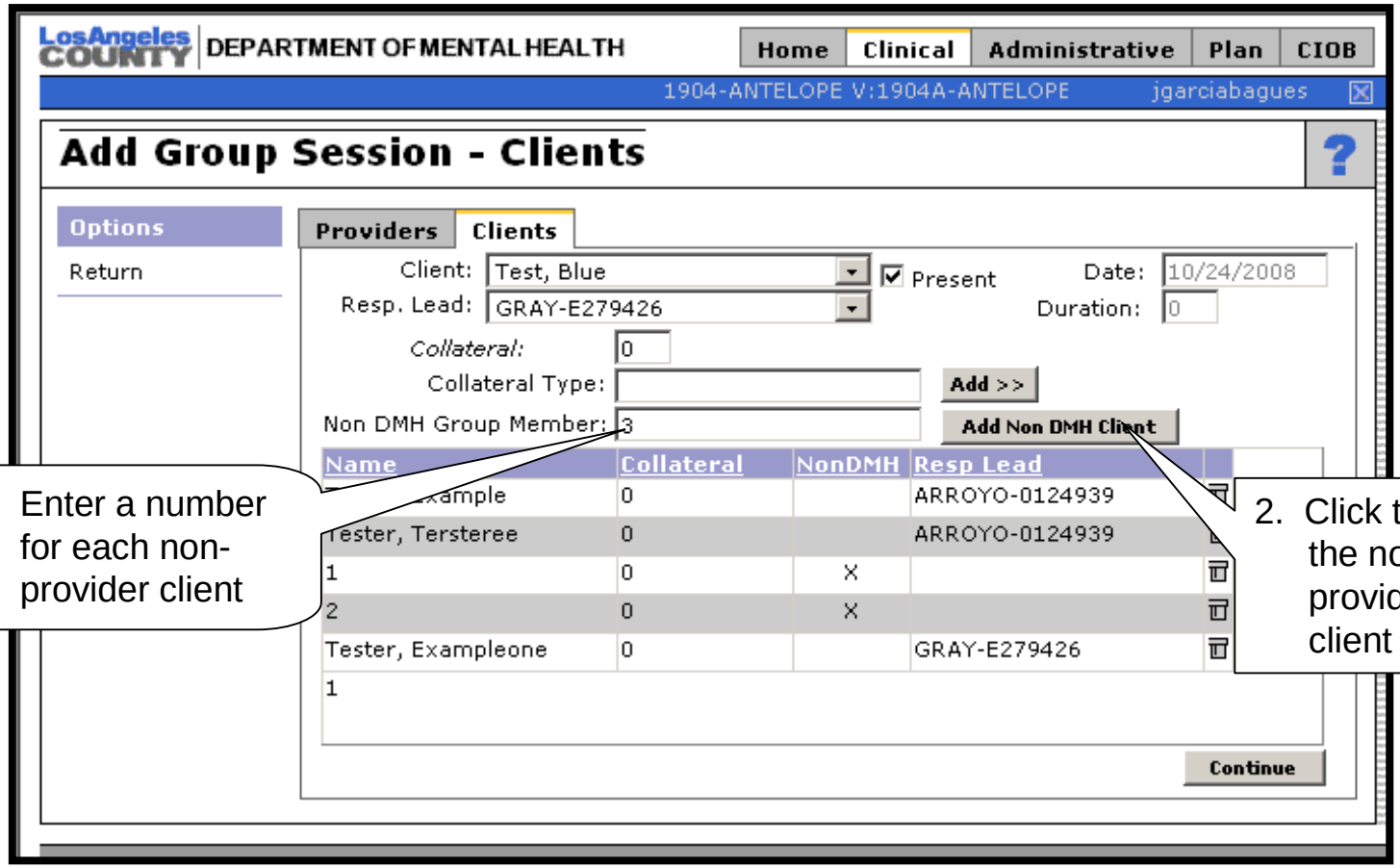
2. Associate client with responsible lead as indicated on the Group Service Log. This must be the person who will be writing the notes in the client's clinical record.
The responsible lead will be the rendering provider for this claim, which will be listed on their daily log.

3.
- Enter a number if collateral is present.
- For collateral type, enter whether "Family or Non-Family".
- For Non DMH Group Member, enter a number of attendees.

4. Click to add a client to the list. Repeat 1-4 For the next client

Click

Add Group Session: Non DMH Clients



1. Enter a number for each non-provider client

2. Click to add the non-provider client

Add Group Session: Confirm

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7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Add Group Session - Confirm

Options

Return

Date: 02/08/2008 Duration: 30

	Name	Col	Collat. Type
☑	Test, Example	0	

1

All clients' name would be listed here.

# of DMH Clients Represented: 1

# of Group members not enrolled in DMH: 0

Name	Hours	Minutes
ADAMS-SFV9368	1	30

1

Click

Total # of Minutes: 90

Cancel | OK

This screen summarizes who attended the session and for how long. Once you have confirmed the details, click OK to generate the service record for each client represented (in person, or by collateral). The service record will appear in each of the associated rendering provider's daily log.

Add Group Session: Billing

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Group Attendance

Options

- Return
- Change Provider
- View Groups
- Add Group Session
- Search Groups
- Create Group
- Daily Log

Details | Leads | Census | Attendance Hx | Syllabus

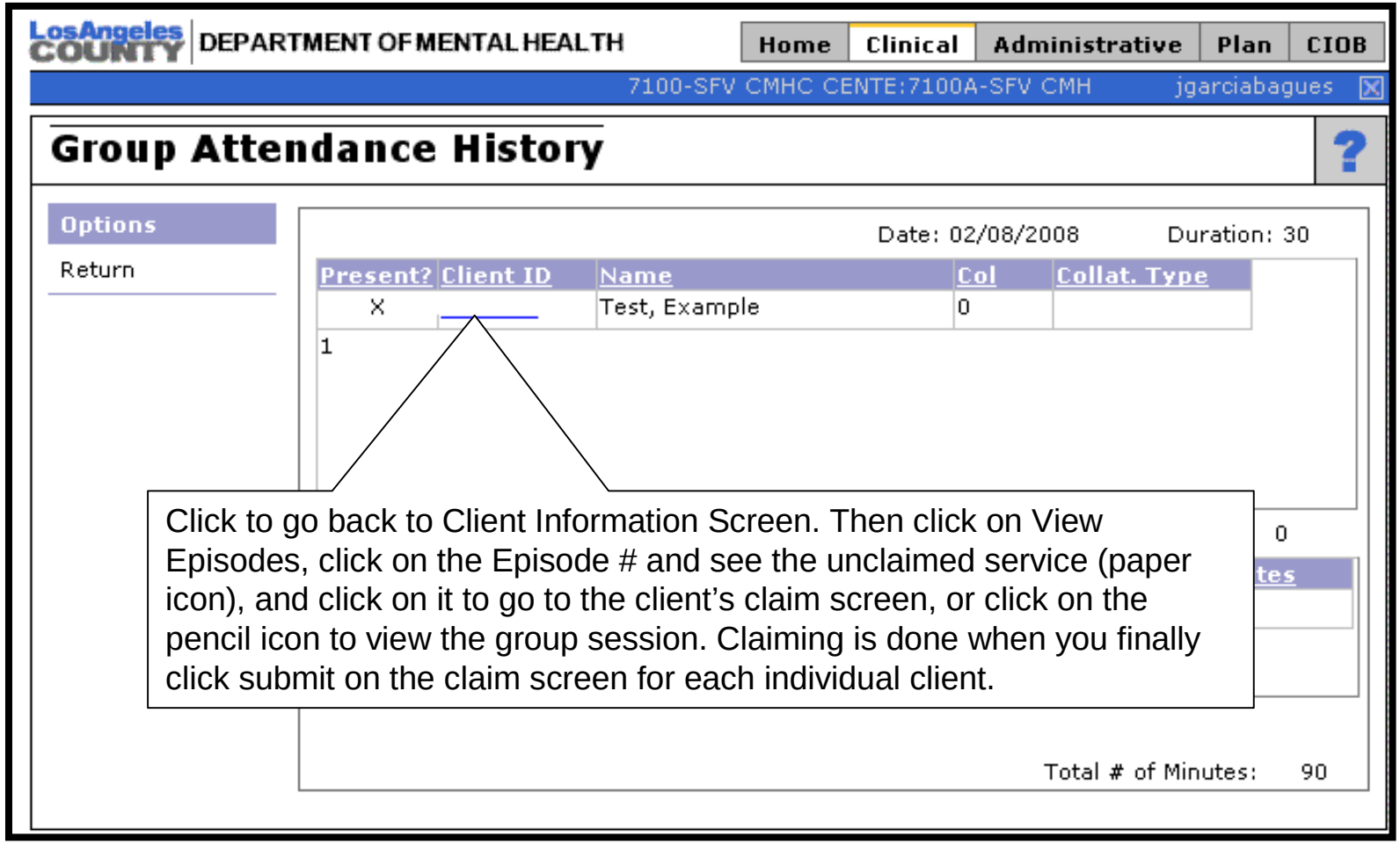
Date	Clients Represented	Total People Present	# of Clinicians
02/08/2008	1	1	1
1			

Claim group session by going back to each client's service screen. You will see a paper icon; click on it to submit claim.

Or click to get to the client you want to claim for.

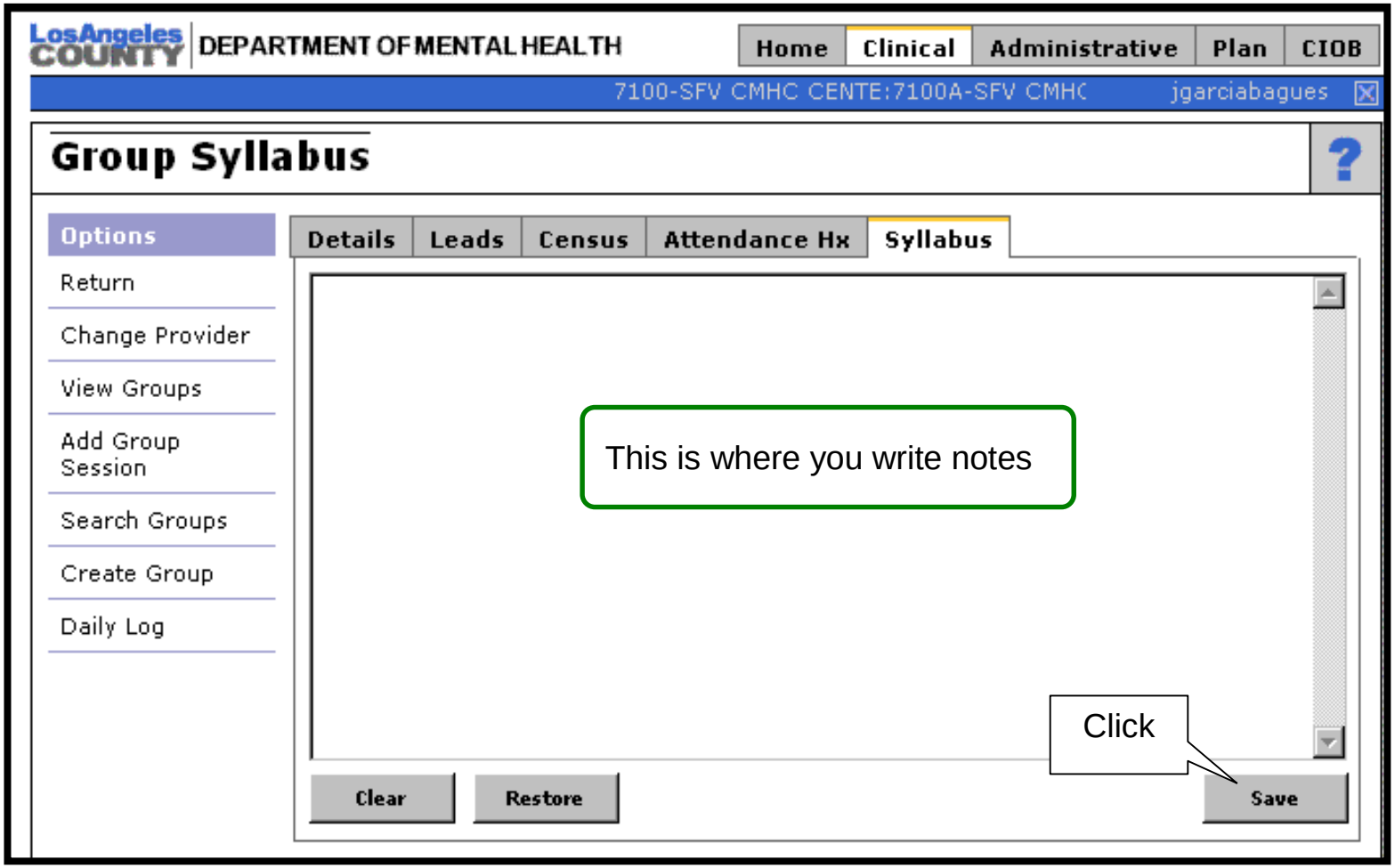
Continue

Add Group Session: Billing



Click to go back to Client Information Screen. Then click on View Episodes, click on the Episode # and see the unclaimed service (paper icon), and click on it to go to the client's claim screen, or click on the pencil icon to view the group session. Claiming is done when you finally click submit on the claim screen for each individual client.

Group Syllabus

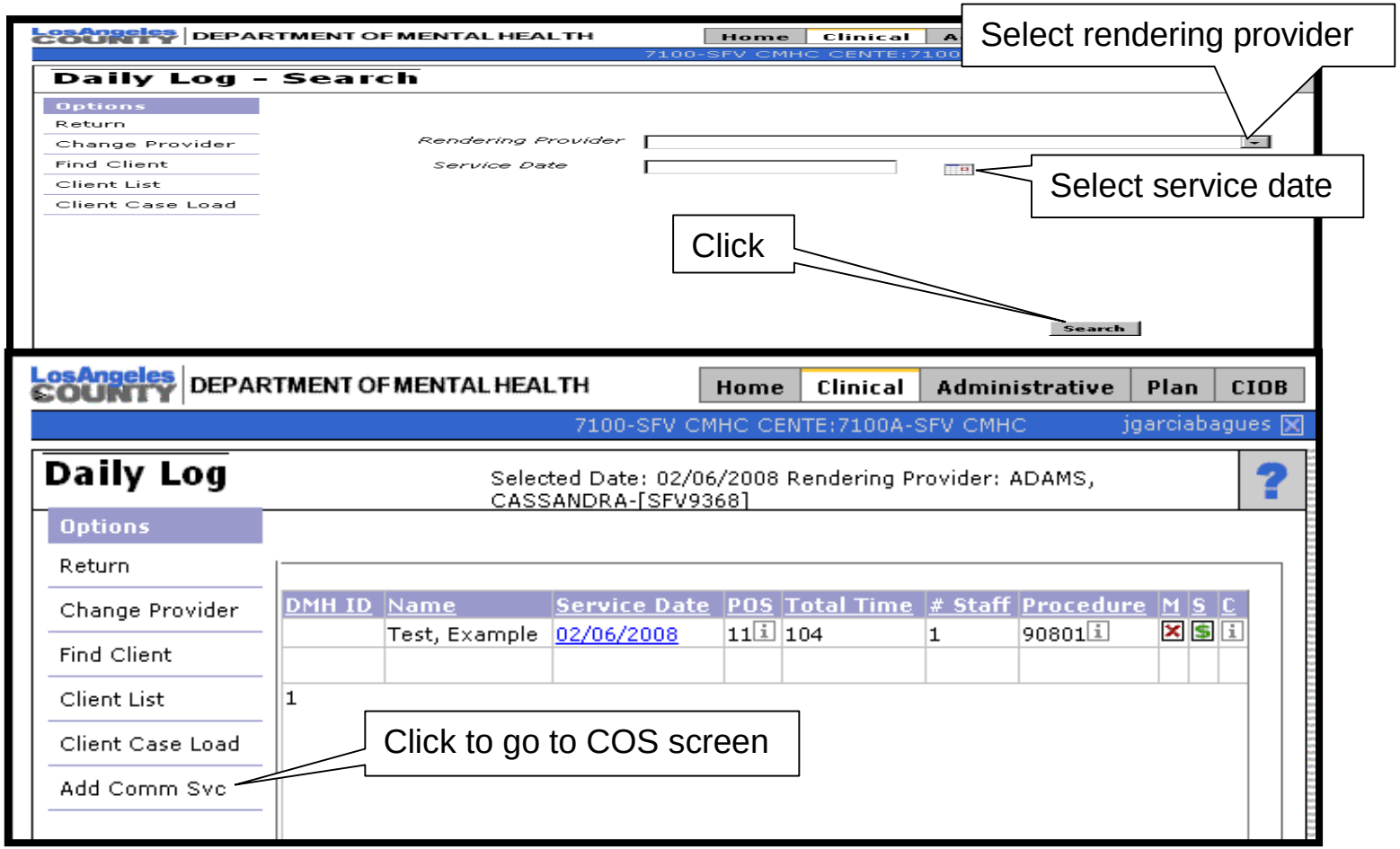


EXERCISE 17

Community Outreach Services (COS):

- Use the Daily Log
- Add a Community Service
- How to Edit Community Service

Using the Daily Log



Community Outreach Services (COS)

- Entering COS is fairly simple because there is no billing involved; it's just recording an event. Billing is done by sending an invoice to the DMH Financial Services Bureau. Run the IS 220 to see your COS on a report.

- On the Find Client screen you will see the Daily Log link under the Options menu.

- In Order to enter COS you need to click on the Daily Log link; this will take you to the Daily Log Search screen where you will select the rendering provider responsible for the COS. You then need to enter the service date and click on Search.

- On the Daily Log screen, click on Add Comm. Svs. under Options.

- The Add Community Service screen will be displayed. Start entering COS.

Community Outreach Services

DMHISP | Clinical | Community Service - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Search Favorites Media

Address

LosAngeles COUNTY | DEPARTMENT OF MENTAL HEALTH

Home | Clinical | Administrative | Plan | CIOB

1904-ANTELOPE VALLEY:1904A-ANTELO

Add Community Service

Options

Return

Date of Service:

RP:

Service Recipient Type:

# of People Contacted:

Service Location Information:

Service Type Desc:

Ethnicity:

Origin:

Primary Lang:

Tribe:

Program Area:

Age Category:

Handicap:

Duration (FMI):

Funding Source:

Service Code:

Additional Participating Staff

Name

1

Add >>

Save Cancel

Confidential patient information, see California Welfare and Institution Code section 5328.

Complete this page according to your COS sheets

Community Outreach Services

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7100-SFV CMHC CENTE:7100A-SFV CMHC jgarciabagues

Daily Log

Selected Date: 02/08/2008 Rendering Provider: ADAMS, CASSANDRA-[SFV9368]

Options

- Return
- Change Provider
- Find Client
- Client List
- Client Case Load
- Add Comm Svc

DMH ID	Name	Service Date	POS	Total Time	# Staff	Procedure	M	S	C
N/A	N/A	02/08/2008		1	1	Community Client Services			
	TestClient, Example	02/08/2008	11	120	1	90801			
	Test, Example	02/08/2008	11	90	1	90853			

1

Click to edit the COS; this will take you to the daily log where you will see the service recorded.

Note: you can access past services through the daily log.

Edit Community Service

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7100-SFV CMHC CENTE:7100A-SFV CMHC

Edit Community Service

Options

Return

DOS: 2/8/2008

RP: ADAMS, CASSANDRA-[SFV9368]

Service Recipient Type: CalWORKs

# of People Contacted: 5

Service Location Information:

Service Type Desc:

Ethnicity: 03-Hispanic

Origin: Mexico

Primary Lang: 01-English

Tribe:

Program Area: Disaster Response

Age Category: 25-44

Handicap: 00-Not physically disabled/no significant

Duration (FMI): 3

Funding Source: CGF

Service Code: Community Client Services

Additional Participating Staff

Add >>

Name
1

Click

Save | Cancel