

August Programming Changes
Freeze Date: 7/27/2004
August Implementation Date: August 31, 2004

NOTICE REGARDING FUTURE PROGRAMMING

WebCARE programming schedule is as follows:

- Request for programming changes for August must be received before 7/27/2004. Approved changes will be announced on 8/2/2004 and implemented on **8/31/2004**.
- Request for programming changes for September must be received before 8/26/2004. Approved changes will be announced on 9/2/2004 and implemented on 9/27/2004.
- Request for program enhancement/changes after 8/26/2004 will be processed, programmed and implemented on a quarterly basis
- All programming changes after September 2004 will occur on a quarterly basis beginning 12/2004.
- Programming will be allowed, on a continuing basis, for defects and deficiencies.

1. **Issue:** Add drop-down list designating where consumers go following:

- Discharge, or
- Being deemed as ineligible for services (LOC-A = 9).

A “**Referred To**” box will be added with the following options:

- **Private Practitioner** - A person who is licensed to practice medicine or counseling and whose primary source of income is derived through providing direct services. This includes practitioners in a consumer's insurance network, family physician, or other appropriate counseling practitioner.
- **Federally Qualified Health Clinic (FQHC)** - Facilities or programs more commonly known as Community Health Centers, Migrant Health Centers, and Health Care for the Homeless Programs. An entity may qualify as an FQHC if it:
 - o Is receiving a grant under §330, of the Public Health Service (PHS) Act; The Health Resources and Services Administration (HRSA) within HHS recommends, and the Secretary determines that, the facility meets the requirements for receiving a grant under §330 of the PHS Act. Any entity seeking to qualify under this section should contact HRSA for consideration. HRSA is responsible for determining whether an applicant meets eligibility requirements.
 - o Is receiving funding from such a grant under a contract with the recipient of a grant and meets the requirements to receive a grant under §330 of the PHS Act;
 - o Is determined by the Secretary to meet the requirements for receiving such a grant (look-alike) based on the recommendation of HRSA within PHS;
 - o Was treated by the Secretary as a federally funded health center (FFHC) for purposes of Part B Medicare as of January 1, 1990; or,

August Programming Changes
Freeze Date: 7/27/2004
August Implementation Date: August 31, 2004

o Is an outpatient health program or facility operated by a tribe or tribal organization under the Indian Self - Determination Act or by an urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act as of October 1, 1991.

- **Community Indigent Health Clinic** - Section 61, Health and Safety Code: Counties that are not fully served by a hospital district or a public hospital are responsible for administering an indigent health care program. This will include providing services to indigent residents of all or any portion of the county not served by a hospital district or a public hospital. This is one of the county clinics.
- **Relinquishment of Custody (DFSP) - Child/Adolescents Only** - Responsibility for the child or adolescent has transferred to the Texas Department of Family and Protective Services.
- **Residential Treatment Placement** – Child or Adolescent has been placed in out-of-home care (other than hospitalization for mental health treatment).
- **Adult Criminal or Juvenile Justice System** - Responsibility for the child has transferred to a correctional facility or Texas Youth Commission.
- **Different Center** - Consumer has been referred to another community MHMR center. Some examples are: (1) the individual receiving services resides in the catchment area of another community MHMR center, (2) resources for the level of care needed by the consumer is available at the different center.
- **Nursing Home** – Admitted or referred to a facility that provides 24-hour nursing facility (NF) and continuing care by healthcare professionals.
- **No Service** - Consumer has completed authorized services and no longer requires follow-up. Consumer has refused services
- **Unknown** - Consumer never returned for services.
- **Other Public Provider** - Consumer will apply for services at Goodwill, Salvation Army, United Way, etc.

The auto-close program (Discharge Code = X) will automatically update the “**Referred To**” field with “Unknown” for the consumer’s destination referral.

ADD: two-byte field to the batch and EDTS file layouts. *(See file layouts for details.)*

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2. **Issue:** Location Provider ID added to the **Diagnostics** screen and to the EDTS DX file layout.

A six (6) digit alpha/numeric field has been added to the diagnostics screen and EDTS file for the local unit number:

- screens, and
- EDTS file layout. (9 characters to allow for expansion).

Form/screen is labeled: *(Optional)* Location. Field name on files: LOC_PROV_ID. *(See file layout for details. The file contains a 9-character field size [for expansion purposes]. The field will be read from left to right.)*

There are **NO** changes planned for the diagnostics batch file layout at this time.

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3. **Issue:** Adult Intake assessment record will automatically terminate a child’s/adolescent’s assessment record.

Programming put in place to discharge a child’s assessment if an adult assessment has been entered.

August Programming Changes
Freeze Date: 7/27/2004
August Implementation Date: August 31, 2004

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4. **Issue:** “Intake/Annually” no longer applies to the Child/Adolescent form/screen.

Removed “Intake/Annually” label from screen and form.

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5. **Issue:** Add signature block on the on-line **intermediate** screen for both adult and child/adolescent assessments, both Intake and Update. This will be for the handwritten signature of the LPHA to meet federal requirements: “Signature verifies that services are Medically Necessary.” “Name: _____”, “Credentials: _____” and “Date: _____” This signature block is required for authorization into Crisis, Service Packages and Community Follow-up, Treatment Foster Care, and Aftercare.

This will be a screen print only function. Data will **NOT** be recorded in WebCARE. Programming will not effect the Batch or EDTS file layouts.

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6. **Issue:** Add a check box that will allow the users to interrupt the form Auto-Completion process.

A check box: “**Authority Review Requested?**” will be added. If this box is checked, it will stop the form/record from being Auto-Completed. If the provider wants the authority to look at the assessment, they will check this box. If the box is **not** checked, the form status will be changed to completed.

EDTS files have been updated to add field name: AUTO_COMPLETED (*See EDTS file layout for details*).

Note: The Auto-Completion Process updates Adult Uniform Assessments that have been marked 'Provider Complete', by the provider, are promoted to a 'Complete' status if the current LOC-A period has not expired, and all appropriate completion rules are met.

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7. **Issue:** Assessments should use the latest diagnosis from the center entering the assessment. The Center will need to create a new diagnostics record, but that record may contain the same diagnostics data entered by the previous center. This will be required on all new Intake assessments.

Edits will **not** allow a component/center to use a diagnosis from another center.

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8. **Issues:** Three reports (2 adult, 1 children’s) will be added to the WebCARE R&DM Menu – Workflow/Reports.

The User will be able to access the new report(s) through the Workflow/Reports section of the RDM:Resiliency & Disease Management Menu.

1. **Report 251: Assessments Completed - Adult** (similar to 246: MH Incomplete/Provider Complete Assessments for R&DM).
 - The 251 Report screen will allow users to specify: Component, Begin Date through End Date.
 - If the user selects the box labeled "Auto-Completes Only", only records that are auto-completed will be displayed.

August Programming Changes
Freeze Date: 7/27/2004
August Implementation Date: August 31, 2004

- If the user does NOT select the “Auto-Completed Only” box, all records that have been completed will display within the date range selected (future dates not allowed).
 - A “Sort By” option can be selected:
 - Date (default) = Effective Date: The date of discharge (if available) or date the assessment was completed.
 - Lastup ID, or
 - LOC-A. (Level of Care-Authorized)
 - “Modify” and “Look At” buttons will be added for each record. (200 record limit).
2. **267: Assessments Completed - Child/Adolescent** (similar to 246: MH Incomplete/Provider Complete Assessments for R&DM)
- The 267 Report screen will allow users to specify: Component, Begin Date through End Date.
 - A “Sort By” option can be selected:
 - Date (default) = Effective Date: The date of discharge (if available) or date the assessment was completed.
 - Lastup ID, or
 - LOC-A. (Level of Care-Authorized)
 - The records displayed will be completed records (children’s records do not ‘auto-complete’).
 - “Modify” and “Look At” buttons will be added for each record. (200 record limit)
3. **248: Assessments to Expire - Adult** (similar to 265: Assessments Expiring - Child). This report is intended to show records that will expire in the future.
- The 248 Report screen will allow users to specify: Component, Begin Date through End Date.
 - The records displayed will be records from:
 - Section 1: TRAG, or
 - Section 2: LOC-Aexpiring within the requested timeframes. (An assessment will not be listed if another assessment has been entered for the component and case.)
 - “Modify” and “Look At” buttons will be added for each record. (200 record limit).