



CENTRALIZED PATIENT CARE DATA MANAGEMENT SYSTEM

CPCDMS Training Manual
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HARRIS COUNTY PUBLIC HEALTH – RWGA

CPCDMS Training Manual

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MODULE 1 - INTRODUCTION

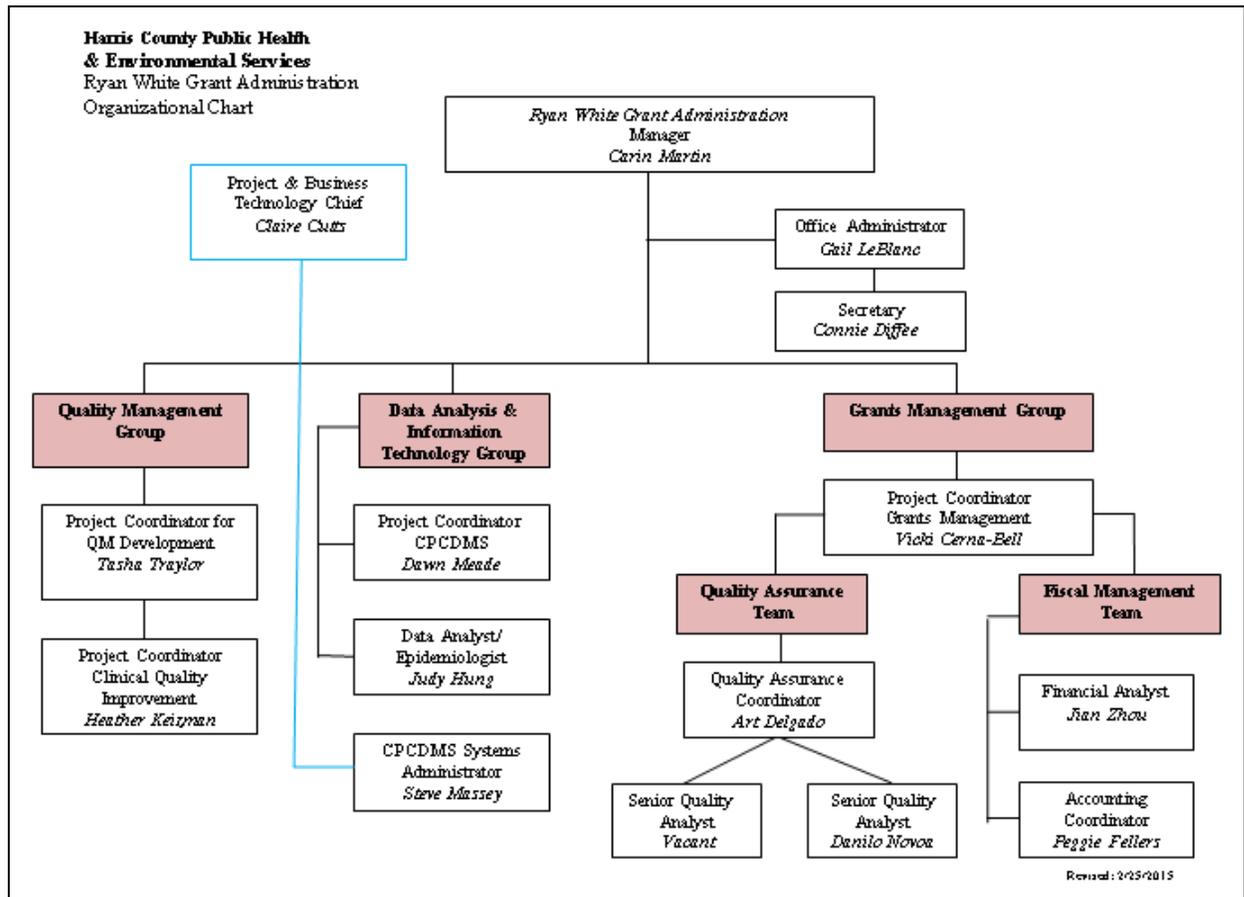
CPCDMS Overview

Welcome to CPCDMS

The Centralized Patient Care Data Management System (CPCDMS) is a computer database application that allows Ryan White funded agencies and other users to share certain client eligibility information and to document services delivered to clients. CPCDMS also provides information needed to evaluate client health outcomes. This user manual discusses ways that the application can be used to enter and update client information along with the services provided to those clients.

RWGA Organization

Ryan White Part A funds are administered in the Houston EMA by the Harris County Ryan White Grants Administration (RWGA) Program with guidance from the Ryan White Planning Council. Under the Ryan White CARE Act, Part A funding is given to metropolitan areas hardest hit by the HIV/AIDS epidemic. RWGA is composed of three main projects: Quality Management, Data Analysis & Information Technology, and Grants Management.



The purpose of the Quality Management (QM) Group is to implement clinical chart reviews, measure client satisfaction, assess program outcomes, and develop standards of care. Carin Martin is responsible for this section.

The Data Analysis section & Information Technology Group oversees the computer database application (CPCDMS) that allows Ryan White funded providers and other users to share client eligibility information and document service delivery while maintaining client confidentiality. Other responsibilities include analysis of the collected data, CPCDMS training, and maintaining the supporting hardware and software that keep CPCDMS and RWGA running. Dawn Meade manages the CPCDMS, Judy Hung handles in-depth data analysis, and Steve Massey is responsible for the IT systems.

The function of the Grants Management Group is to oversee the administration of Ryan White Part A grant funding in the Houston area. This includes preparing agency contracts, monitoring compliance issues, processing monthly expense reports, and managing bus pass vouchers and gas cards. Vicki Cerna-Bell oversees this section.

History of CPCDMS

1998 RWPC Authorized Creation of Data System

In 1998 the Ryan White Planning Council for the Houston EMA decided that there was a need for a client-level reporting system. There were several capabilities that the Council desired: compiling and tracking service utilization, centralizing client intake, supporting a unit cost based reimbursement structure, assisting in the coordination of client care, and decreasing administrative burden on the providers.

1999 Contractor Selected To Develop Application

In 1999 a contractor was selected to begin development of the CPCDMS application. Stakeholder meetings were held to solicit input from the agencies that would be using the system.

2000 CPCDMS Implementation

The CPCDMS program was completed in March 2000 and beta testing soon followed. In April of 2000 training began for system users and the data system was implemented in June of 2000.

2003 CPCDMS Converted to Internet-Based Application

In 2003 an Internet-based version of CPCDMS began development. To ensure confidentiality of the client information the system was converted to a non-identified data system. In August 2003 CPCDMS version 4 was put into production.

2012 ECLIPS Referrals Added

In 2012 the Electronic Client-Level Integrated Prevention System (ECLIPS) was integrated into CPCDMS. This allows the exchange of information in order to ensure referral linkages into HIV primary care.

What Is CPCDMS?

How Does CPCDMS Work?

CPCDMS is an Internet accessed database linking all Ryan White service providers in the Houston EMA together using high-level security access, advanced database management, and data communications technology. Client records contain only non-identifying information and are stored at RWGA on a computer database server.

What Kind of Data is Collected?

Ryan White service providers enter registration, encounter, and medical update information for each client. Comprehensive client non-identifying information is collected, including client demographic, co-morbidity, biological marker, mortality, and service utilization data.

How Is Client Data Collected?

Information regarding client data is collected through a registration process, which establishes each client's eligibility for services. Registration and eligibility information is updated annually by the agency responsible for maintaining the client's record (AKA record-owning agency).

How is Confidentiality Maintained?

Client-identifying information resides only with the record-owning agency. No identifying client data is sent to the RWGA staff unless specifically requested. Client records are identified in the data system only by an 11-character ClientCode.

MODULE 2 - ACCESSING CPCDMS

System Requirements

The system requirements for accessing CPCDMS are Internet Explorer 8 or higher, Adobe Acrobat Reader 9 or higher, and Internet access (high speed preferred). Adobe Flash Player must also be installed to view the CPCDMS training presentations and take the quiz. All three programs are available online, free for download, if a system does not already have them.

Portions of CPCDMS have also been updated to allow access via Apple's Safari, Mozilla's Firefox, and Google's Chrome browsers via Microsoft Windows or Apple Mac OS X. These updates are currently limited to encounter data entry, registration, batch import, encounter search, and reports. Should an organization find other sections of CPCDMS that require updates to accommodate these additional browsers, a HelpDesk ticket should be submitted for consideration.

Training Requests and User Account Creation or Changes

Requests for CPCDMS new user training or changes to a user's account (i.e. account deletion, access changes) are made by an agency's CPCDMS Contact person. The CPCDMS Training Request form is completed by selecting [Personnel / Online Training Request](#). Users must have a valid email address at the requesting agency before being set up in CPCDMS. After completing the online form and pressing Submit, the request is sent to RWGA. The CPCDMS User Change Request form is completed by selecting [Forms / Other CPCDMS Forms](#) and then selecting the appropriate link. After filling in the information, the form should be printed, authorized by a CPCDMS contact and then faxed to RWGA. The form can be also be accessed directly via the RWGA website without going through CPCDMS (hcphtx.org/Services-Programs/Programs/RyanWhite/CPCDMS).

Logging On To CPCDMS

The CPCDMS is accessed over the Internet at www.cpcdms.com. A username and password must be entered to access CPCDMS. After logging in a user may be logged out automatically if the system (excluding Reports) is idle for more than 20 minutes. Users who haven't logged in to CPCDMS for 6 months may have their accounts deleted.

Username

CPCDMS usernames, as well as HelpDesk usernames, are composed of the first letter of a user's first name plus the user's last name. In rare instances a number may be added at the end if that username already is in use.



Password

New users are assigned a generic password unique to their agency (known by the CPCDMS Contacts at that agency) that will have to be changed the first time the user logs in to CPCDMS and every 60 days thereafter. The new password must be at least 8 characters long, should include at least one number and one special character (uppercase letter or punctuation excluding the apostrophe), and should not contain the username. The password should not be shared with anyone else. **After changing it a user should immediately write it down and store it in a secure location.** If the password is entered incorrectly four times the account will be locked; the user can unlock it by using myPassword or one of the agency's CPCDMS contacts can unlock it. The Help section has more information on resetting passwords and unlocking accounts.

Account Restrictions

System Availability

The CPCDMS is accessible via the Internet, from five am to midnight seven days a week. There is no access outside of the set access times.

Agency-Associated Restrictions

Users have restrictions on their accounts that determine what functions are available when the user logs in to CPCDMS. The user's menu choices and functionality are based on the agency and the user's role in that agency. For example, the Registration button is available to an agency which is a registration site, but only to a user who is a member of the appropriate role. Also, users will see different Encounter, Assessment, and Survey screens depending upon which services their agency has contracted to provide.

User-Associated Restrictions

User Roles

Beyond the agency restrictions are those of the users that work in the agencies. CPCDMS users are assigned one of two roles. The first is the Data Entry role. A user assigned this role can do Verifications, enter encounters, view the agency capacity data, update a client's middle initial and mother's maiden name (if blank) and search encounters, bus vouchers, surveys, assessments, and client satisfaction survey incentives. The second role is that of Data Entry with Registration. A user with this role can do everything a regular Data Entry person can do and in addition can enter and update client registrations, update pediatric data, and enter medical/lab data (with a few exceptions, only if the user's agency is a primary care provider).

Special Rights

There are also special rights that can be granted to users (see list below).

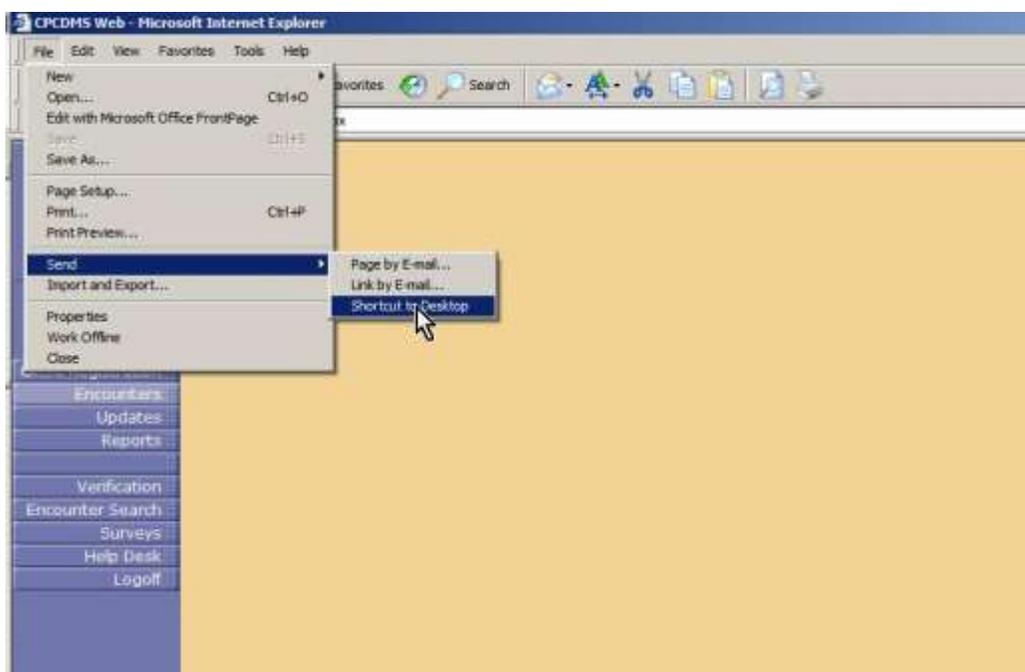
- (1) edit/delete encounters, bus vouchers, and client satisfaction survey incentives
- (2) transfer client from one case manager to another within the agency
- (3) transfer client request (from other agency)
- (4) import data into CPCDMS
- (5) access reports
- (6) enter surveys and assessments
- (7) delete surveys and assessments
- (8) manage agency personnel CPCDMS accounts (CPCDMS contacts only)

Other Restrictions

There are other restrictions that affect user access to CPCDMS. Users, as a general rule, have 60 days to enter, edit, or delete data (e.g. encounters, bus vouchers, surveys, assessments, survey incentives, medical data) but can only edit or delete if they have been assigned that special right (the Encounter Search section has more information). Users have 7 days to enter client registrations and 14 days to update a client's eligibility (done on an annual basis). Anyone needing access beyond these time periods must submit a HelpDesk ticket.

Sending Links To The Desktop

After logging in to CPCDMS for the first time, a user should send the link to their computer desktop by choosing **File / Send / Shortcut to Desktop**. They should then select the **Help Desk** button and repeat the process. This makes the Help Desk available even when the user is not able to access CPCDMS. Another option is to save the links to the Favorites folder.



MODULE 3 – USING CPCDMS

ClientCodes

Before clients can be Verified, Registered, Updated, or have data entered into CPCDMS they must have a ClientCode created. The 11-character ClientCode identifies each client’s record in the data system and is the most important data element in CPCDMS. The client’s driver’s license is the primary form of identification used to determine the ClientCode. Entering incorrect 11-character codes in CPCDMS creates problems for patients and agencies.

The ClientCode is a unique alpha-numeric identifier derived from the first and third letters of a client’s first and last name, the client’s six-digit date of birth, and the client’s gender (1 for male, 2 for female). The gender on the Texas driver’s license represents the

First Name	Last Name	Date of Birth	Gender	Client Code
Susan	St. Julian	9/5/1957	Female	SSS-0905572
Al	Tu	3/3/1933	Male	A9T90303331
Juan	De La Garza	1/1/1961	Male	JAD90101811
Jane	Al-Assadi	5/15/1955	Female	JNA-0515552
Chris	O’Neil	10/10/2001	Female	CRON1010012
	Prince	12/12/1922	Male	99PI1212221
None	Prince	12/12/1912	Male	NNPI1212121

client’s birth gender unless there has been a court-order-supported gender change. The gender as indicated on the license is used in the ClientCode. A person that was born male and transgendered to female would have a gender of male on their license unless they have had a court order recognizing the change. Transgender data will be collected on the registration screen.

If the first or last name is less than 3 characters long a 9 is used for the 3rd letter. Special characters such as apostrophes, dashes, and periods should be used if they fall in those positions. If a client is found to have the same ClientCode as another client registered in CPCDMS, an asterisk (*) should be substituted for the client’s gender in the ClientCode. Contact RWGA via the HelpDesk for further instructions.

If a ClientCode has been registered incorrectly or the ClientCode needs to be changed for other reasons, CPCDMS contacts may request the change by selecting [Updates / ClientCode Change](#) (see that section for more information). If a client has a valid TDL/TID then the ClientCode should always reflect that data.

Main CPCDMS Screen Layout

After logging in to CPCDMS the user will see the Navigation Bar on the left hand side of the screen (see right). On it will be displayed the date, the user’s agency, and username. Below that are the choices available to the user based upon the user’s Role, Special Rights (if any), agency affiliation (e.g., only record-owning agencies see the Registration tab) and whether or not they are a designated CPCDMS contact person for their agency.



To the right of the Navigation Bar is a display of new or important information. This is the first page that is seen when a user logs on to CPCDMS. If there is no new information it will be blank. When there has been an important change made to CPCDMS it will be displayed until it is felt that users have had enough time to educate themselves on the new changes. There may be additional links on the page that can be selected to read additional information about a subject.



What's New

When the [What's New](#) tab is chosen, the submenu items shown below will appear.



Recent Client Changes

If [Recent Client Changes](#) is selected there will be 4 sections displayed: *Clients Transferring In or Newly Registered, Clients Transferring Out, Clients Deleted, and Client Codes Changed.* These are changes made to an agency's clients' data, recorded in the previous month through the date it is run. The *Clients Transferring In* and *Clients Transferring Out* sections display the ClientCode, service performer name, and the date changed. The *Clients Deleted* section displays the ClientCode, comment (reason), and date deleted fields. And the *Client Codes Changed* section displays the original ClientCode, new client code, comment (reason), and date changed. Non-registration sites will not see any data displayed here.

Changes recorded between 7/1/2013 and 8/30/2013

Clients Transferring In or Newly Registered		
Client Code	Service Performer Name	Date Changed
MRRCD601831	Sandy Stacy	8/5/2013

Clients Transferring Out		
Client Code	Service Performer Name	Date Changed
JNBT0111721	HCHD	8/15/2013
DNSM0116852	HCHD	7/11/2013

Clients Deleted		
Client Code	Comment	Date Deleted
No clients deleted.		

Client Codes Changed			
Original Client Code	New Client Code	Comment	Date Changed
No client code changes.			

What's New

Even after the [What's New](#) information on the main screen is no longer displayed, users can access it via this tab. This allows users to refresh their memory on recent changes.

Agency Capacity

The *Agency Capacity* tab is seen by all agencies. This feature shows the latest information on the primary care appointment availability at Ryan White funded agencies. Contact agency staff to verify and schedule appointments.

Primary Care Appt. Status
This reflects the most current information as of the date last updated. Contact the agency to verify and schedule appointments.

	Agency	Location	Status	Last Updated
✓	HACS	Joseph-Hines Clinic	Open to new appts	6/3/2010
✓	HCHD	Thomas Street Clinic	Open to new appts	6/3/2010
✓	LCHS	Westheimer	Limited to internal referrals only	6/4/2010
✓	SHF	Bellaire	Open to new appts	6/4/2010
✓	SHF	Conroe	Open to new appts	6/4/2010
✓	SHF	Stafford	Open to new appts	6/4/2010

Client Registration (for agencies not doing partial registrations)

The *Client Registration* tab is seen by agencies that only do full client registrations. Full client registrations are done on HIV-infected clients. Before beginning the client registration process, the client signs the *Consent to Verify Eligibility for Services* and the *Consent for Services* forms (see Appendix B), staff completes the *Client Registration* form (see Appendix B) with the client, and the client is screened for eligibility. All required eligibility documentation is provided, including proofs of health insurance coverage, identity, current residency within Houston EMA (or HSDA for drug reimbursement), current household income, and HIV positivity (for more information see the Eligibility Verifications section).

From the main screen choose *Client Registration* to begin the entry of a new client into CPCDMS. The client's unique 11-character ClientCode is entered. The creation of the ClientCode is discussed in the section on ClientCodes. If that exact code is already in CPCDMS an error message will be displayed. If it is not already in CPCDMS a list of similar codes is shown. These

either have the same first 4 letters or the same date of birth contained in the ClientCode. If more information is needed about one of the displayed ClientCodes, click on it and the Verification page will be displayed for that client. If a ClientCode in CPCDMS is incorrect a ClientCode Change Request form should be submitted by a CPCDMS Contact person;

Similar Clientcodes

The following clientcode(s) are similar to the clientcode (JHWL1215571) which you specified. Click on any of the client codes below for more information on that client. You can then click the BACK button on your browser to return to this page. If you wish to continue with the registration of a new client, press the 'NEXT' button below.

Clientcode	Agency Code
JHWL0519621	DRWMF
JHWL1211491	MCC
JHWL0922611	MC
JHWL1025491	HACS
JHWL0729651	HCHD
JHWL0708651	HCHD
HRBN1215571	HCHD
ADBA1215572	HCHD

Next Cancel

DO NOT enter a correct code if there is an incorrect code already entered. The registration screen can be re-displayed by pressing the Back button on the Internet Explorer bar. If the ClientCode is not already in CPCDMS, press the <Next> button to continue to the Client Registration data entry screen.

The **Case Number field** is an optional field. It is for agency use only and can be entered in any format. CPCDMS is not responsible for tracking or storing this information.

Case Number

Case Number:

Case number is an optional field. CPCDMS is not responsible for tracking or storing this number.

The **Client Information** section collects the client's middle initial, the first three letters of the mother's maiden name, and the client's residential zip code. If the client is homeless, the agency's zip code

Client Information

Client Middle Initial:

Partial Mother's Maiden Name:

Zip Code:

Date of Birth:

should be entered. If the client's middle initial or mother's maiden name is unknown, 9's should be substituted. The client's date of birth is filled in automatically based upon the ClientCode. These are all required fields.

The **Insurance Information** section collects information on the client’s current insurance status. Multiple insurance type selections may be made from the left column; at least one of the first 9 boxes in this column **MUST** be checked. The *Primary HIV Insurance*, *Effective Date*, and *Insurance Provider* fields are only displayed once a box is checked. Only one insurance type can be designated as the *Primary HIV Insurance*. If *Medicaid-MCO*, *Medicare Part D*, *Private-Individual*, or *Private-Employer* is selected, an insurance provider must be selected from the dropdown. If *Private-Individual* is selected, then the user should indicate whether it is *Marketplace* insurance by selecting *Yes*, *No*, or *Unknown* from the dropdown. Requests to add providers should be submitted via the HelpDesk (see Help section).

The **Eligibility Verifications** section collects the information that is used to determine whether a client is eligible for Ryan White services. There are 5 choices for HIV documentation, 15 for Identification, 9 for Residency and 16 for Income and a selection must be made for each.

Documentation of HIV positivity in CPCDMS is done only once, at initial registration for new clients, and does not have an expiration date (except for anonymous tests which are only valid for 60 days). Other agencies providing services must also collect HIV documentation which is then placed in the client’s file. The five (5) HIV documentation selections are shown below.

HIV Documentation Selections:

Computer-generated HIV + lab test with name pre-preprinted (WB, IFA, PCR, NAT, culture, or COH testing report)
Statement or letter signed by medical professional
Medical progress note, hospital discharge, or similar document signed by medical professional
Anonymous HIV test result with identifying information (valid for 60 days)
Texas Dept. of Criminal Justice(TDCJ) physician-completed medical certification form (MCF)

The primary and preferred document in determining identification is the Texas Driver’s License. Most eligibility documents are valid for one year (client must provide a verbal attestation of no change in residency or income at 6 months), in which case the eligibility expiration date is set to 365 days after submission. The first exception is the HIV documentation type of “Anonymous HIV test result...”. The second is the “Temporary Agency Affidavit (AKA self-affidavit) signed and dated by client” which is a residency verification. The third is the “Agency temporary affidavit

signed and dated by client” which is an income verification. If one of these three documents is submitted, CPCDMS sets the client's eligibility to expire 60 days after the submission date (date of registration or eligibility update). The fourth is “Proof of application for Social Security” which is also an income verification and is valid for 6 months. In this instance a client’s eligibility is set to expire after 180 days. This prevents agencies from unknowingly providing services to clients who fail to submit the required eligibility documents.

If the client does not provide ALL required verifications, the client cannot be registered (or updated) in the CPCDMS until the information is provided. More details on eligibility documentation, can be found in the *Ryan White Part A Medicaid and Medicare Eligibility Verification Policy and Procedure* located on the RWGA website at hcph.tx.org/Services-Programs/Programs/Ryan-White-Grant-Administration/Grants-Management/Project-Monitoring.

Identification Selections:

Texas Driver License	Credit Card with Picture
Texas Identification Card	Employee Badge with Picture
Birth Certificate (cannot be used by married women)	Government-issued ID from Country other than US
US Immigration, Naturalization, or Citizenship Card with Picture	Letter on Letterhead from another Social Service Agency
Passport	Social Security Card
Driver's License or ID Card from another US State	Medicaid/Medicare Card
Texas Department of Corrections ID Card	Student ID with Picture
Metro Photo ID Card	Veterans Administration ID Card

Residency Selections:

Business Correspondence with client name and address	Property Tax Documents
Lease in the name of the client or listing client as occupant	Supporter Statement with address and signature of supporter
Letter on Letterhead from social service agency	Temporary Agency Affidavit signed and dated by client (Valid for 60 days)*
Letter on Letterhead from group/care/transitional living facility	Utility/Phone/Cable/Credit Card Bill in client's name and address
Payroll stub/copy of payroll check/ bank statement-with address	

Income Selections:

Agency temporary affidavit signed & dated by client (Valid for 60 days)*	Payroll stub/Copy of payroll check/Bank statement
Bank/Investment account statements*	Private Disability/Pension letter on company letterhead
Child or spousal support order with judge's signature	Proof of application for Social Security*
Food Stamp Award Letter	Signed Supporter Statement*
Homeless client: Verification letter on company letterhead...*	Social Security Award Letter
IRS 1040 form(tax return)/W2 form/1099 form	Temporary Aid to Needy Families (TANF) letter
Letter from Employer on company letterhead indicating income	Unemployment benefits letter/copy of check
Medicaid Card	VA Benefits Letter

**the selection of one of these income documents require that the client have zero (0) income recorded*

The **CPCDMS Information** section is only collected the first time a client is registered. It collects information on the person at an agency completing the registration form with the client, the registration date, and the name of the case manager. The client’s registration must be entered into CPCDMS within 7 days of the registration date. After that time one of the agency’s CPCDMS contacts must submit a HelpDesk request. For the Primary Care Provider question, if the provider’s name is not included in the CPCDMS drop-down list, select “UNKNOWN”. The next question is what primary service is being requested, and whether the client is being placed on a waiting list for that service. If case management is among the requested services, enter Case Management. If Primary Medical Care but not Case Management is among the requested services, enter Primary Medical Care.

CPCDMS Information (new clients only)

Registration By: Agency: SHF Date:

Record Owner: Primary Care Provider:

Service Requested: Is Client being placed on waiting list? No Yes

The **Initial Client Status** section has two choices, *Open* and *Closed*. This field only refers to case management at the record-owning agency. If the client is not currently receiving case management services from the record-owning agency the Client Status should be entered as *Closed*. In this case, the record-owning agency can still bill for non-case management services provided and other agencies can bill for all allowable services (including all allowable Case Management services) provided.

Initial Client Status

Case Mgmt Status:

This does not in any way alter the rules pertaining to providing services to clients whose eligibility has expired. Agencies can be reimbursed for services provided to clients whose eligibility has been expired for 60 days or less, unless the agency is the record-owning agency, in which case there is a 30 day restriction. A non-record-owning agency should refer the client back to the record-owning agency to get their eligibility updated as soon as possible and such referral should be documented in the client’s file.

The **General Client Information** section asks for data pertaining to the client’s demographic information. Enter the modified adjusted gross income (MAGI) for the client’s **entire household**; for this purpose a same sex partner is not considered to be a household member. Generally, MAGI is the adjusted gross income for the household plus non-taxable social security benefits, tax-exempt interest and/or foreign income. This is a 6 digit field, so if the client’s income is ≥\$1,000,000 then enter “999999”. More details on calculating income can be found in the policy and procedure for *Determining Household Income* document located on the RWGA website at hcphtx.org/Services-Programs/Programs/Ryan-White-Grant-Administration/Grants-Management/Project-Monitoring. Next, enter the number of Family Members in the client’s household; be sure to include the client in this number. The combination of these two fields produces data that determines Poverty Level which is calculated and displayed. The birth gender and current gender selections are currently based on the client’s self-report (as opposed to the ClientCode gender which is based on the client’s ID validation, latest TDL/TID primary). Next, select the primary language that the client speaks at home. Then select the client’s county of residence based on residency documentation. If the client lives outside of the Houston EMA, a waiver must be submitted to RWGA Grants Management for approval. This is only done once per client. Check the racial heritage. Multiple choices are allowed but at least one choice must be made. The last entry is whether the client is Hispanic, Latino or Spanish in origin. If Asian, Native Hawaiian/Pacific Islander, or Hispanic is selected a dropdown will appear and a subgroup must be selected.

General Client Information

Annual Income: Family Members: Poverty Level: 106.11%

Birth Gender: Primary Language:

Current Gender: County:

Racial/Ethnic Heritage: (check all that apply) African American/Black American Indian/Alaska Native Asian Native Hawaiian/Pacific Islander White

Native Hawaiian/Pacific Islander: (pick one) Asian: (pick one)

Is the client Hispanic, Latino or Spanish in origin? No Yes

Under the **Bus Voucher Information** section, select YES or NO (default). If YES is chosen, select the bus voucher (BV) type and value, and enter the dispersal date and bus voucher number.



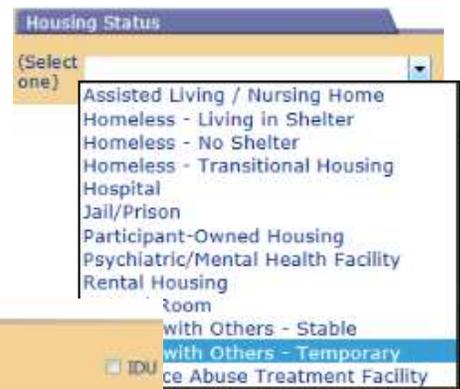
Newly registered clients may only receive a Value-Based BV. If, Value-Based is selected then a \$50 value must be selected from an additional dropdown. A client who has received a Value-Based BV is eligible to receive another after 6

months (if warranted). BV numbers are 5 digits long but leading zero's can be omitted. To be eligible for any BV, a client must reside in the METRO service area and meet all RW Part A eligibility requirements (including the 300% financial eligibility criteria), and must have received primary care services in the previous 12 month period if not newly enrolled.

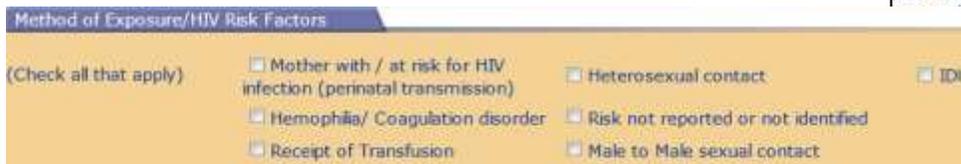
Under **Other Information**, select Yes/No for each item based on what the client self-reports.



The **Housing Status** section includes the 13 options shown to the right. *Homeless - Staying With Others* has been split up into 2 separate selections: *Staying with Others – Stable* and *Staying with Others - Temporary*.



For the **Method of Exposure** section multiple selections may be made. If the client declines to answer, select “Risk not reported or not identified”.



Multiple selections may also be made in the **AIDS Medication Program Status** section. This includes enrollment in State ADAP, Pharmaceutical Patient Assistance Program (PAP) and/or Local Pharmacy Assistance Program (LPAP). If PAP is selected there are 3 (three) choices available: HIV Meds, MH (Mental Health) Meds, and/or Other Meds.



The **Sexual Orientation and Sexual Behavior** selections are optional. Check the correct answer based on the client's self-report.



The default choice is DECLINED.

Next, enter the **HIV Diagnosis Year**. This is the year the client was first diagnosed with HIV, based on client self-report. If the client is unsure, ask for their best estimate. The client is also required to provide documentation of HIV positivity (see Eligibility Verifications section). If the **HIV Diagnosis Year** is recent (the same as the registration year) then an additional box will pop up for entry of the **HIV Positive Test Date**.

HIV Diagnosis Year

2016

HIV Positive Test Date: 3/1/2016

The **Stage of Illness** section choices apply to clients over the age of 12 except for “Pediatric”. Check the correct answer based on written documentation signed by a medical professional (NOT client self-report). If documentation is unavailable or the client is not receiving medical care, select *HIV+, unk AIDS status*. If “Pediatric” is selected then, upon completion of the registration, select [Updates / Pediatric Updates](#) and enter information about the client’s symptomology.

Stage of Illness - Adult/Adolescent

(Select only one)

HIV+, unk AIDS status

HIV+, Not AIDS

HIV+, AIDS

Pediatric

The **Other Health Care Issues** section applies to clients over age 12 and is optional. Check all that apply, based on client self-report. Multiple selections are allowed.

Other Health Care Issues

(Check all that apply)

Screened for STDs

Screened for Hepatitis C

Received TB Skin Test

Treated for TB

Treated for STDs

Treated for Hepatitis C

The last section is **Needs Assessment**. Check all services needed by the client at the time of registration only. Base the answers on what the client states is needed AND on the initial assessment. Only include services that the client is NOT currently receiving from any provider. At least one service must be selected.

Needs Assessment

(Check all that apply)

<input type="checkbox"/> BUDDY/COMPANION SERVICES	<input type="checkbox"/> EMERGENCY FINANCIAL ASSISTANCE	<input type="checkbox"/> INTERPRETER
<input type="checkbox"/> CASE MANAGEMENT	<input type="checkbox"/> FOOD BANK/NUTRITIONAL SUPPLEMENTS	<input type="checkbox"/> MENTAL HEALTH THERAPY/COUNSELING
<input type="checkbox"/> CLIENT ADVOCACY	<input type="checkbox"/> FOSTER CARE/ADOPTION SERVICES	<input type="checkbox"/> OTHER SERVICES
<input type="checkbox"/> COUNSELING	<input type="checkbox"/> HEALTH EDUCATION/RISK REDUCTION	<input type="checkbox"/> OUTPATIENT/AMBULATORY PRIMARY CARE
<input type="checkbox"/> DAY OR RESPITE CARE	<input type="checkbox"/> HEALTH INSURANCE	<input type="checkbox"/> OUTREACH
<input type="checkbox"/> DENTAL CARE	<input type="checkbox"/> HOME HEALTH CARE	<input type="checkbox"/> REHABILITATION
<input type="checkbox"/> DRUG REIMBURSEMENT PROGRAM	<input type="checkbox"/> HOSPICE CARE	<input type="checkbox"/> SUBSTANCE ABUSE TREATMENT/COUNSELING
<input type="checkbox"/> DURABLE MEDICAL EQUIPMENT	<input type="checkbox"/> HOUSING ASSISTANCE	<input type="checkbox"/> TRANSPORTATION
<input type="checkbox"/> EARLY INTERVENTION SERVICES	<input type="checkbox"/> HOUSING COORDINATION	

Remember, registrations cannot be entered into CPCDMS after 7 calendar days from intake. If an exception is needed, a HelpDesk ticket should be submitted with an explanation of why the registration was not entered in a timely manner.

This completes the CPCDMS client registration process. Press the SUBMIT button to save the record. The completed registration form is displayed onscreen in an Adobe pdf document and should be printed and placed in the client’s record for documentation. A blank Registration screen shot can be seen in Appendix A.

Registration (for agencies doing partial registrations)

Convert Partial Registration

When clients who were previously entered into CPCDMS with a partial registration become HIV positive they will need to have their registrations converted from partial to full. This can only be done by the current record owner. To do this, select [Registration / Convert Partial Registration](#) and enter the ClientCode. A full registration form will be opened and the partial registration information that was previously entered will be filled in. This information is all editable until it is submitted as a full registration. Proceed as for full client registration.

Full Client Registration

See Client Registration Section.

Partial Client Registration

Certain clients who are not HIV positive but at risk may be entered into CPCDMS by agencies who have been given access to this feature. To do this, select [Registration / Partial Client Registration](#) and enter the ClientCode. Other than the *Registration Type* field, all of the information collected is on the full client registration screen (see Client Registration section or Appendix A for screen example). The only client documentation required is a proof of identification. After entering the client information, press the SUBMIT button to save the record. Print the displayed registration form and place in the client's record for documentation. Only Case Management and Early Intervention Services encounters can be entered for clients who have had a partial registration.

Encounters (Entry)

After providing Ryan White services to a client, agencies must enter billing information into CPCDMS in order to be reimbursed. From the main screen select [Encounters](#) and then the service category. Which services are displayed depends upon an agency's active contracts.

General Encounter Information

Clients must provide the following documentation in order to be eligible for Ryan White services: verification of identity, current residency within Houston EMA (or HSDA for drug reimbursement), current household income, and health insurance coverage, along with HIV+ diagnosis. The HIV positivity documentation does not have an expiration date and does not need to be updated. For more information on acceptable HIV documentation, refer to the *Eligibility Verifications* part of the *Registration* section. The primary and preferred form of identification is the Texas Driver's License. Except for the record owning agency, a printout of the CPCDMS Client Verification screen (see *Verification* section for more information) showing the client's current eligibility expiration date can be used as documentation of residency and income. The federal poverty level

(FPL) is used to determine financial eligibility for funded services and is based on income and family size. Services should not be provided to clients whose FPL exceeds the cap established by the RW Planning Council for each service category. Other allowable identification, income, and residency documents can be found in the [Registration / Eligibility Verifications](#) section. All agencies providing insurance-billable services must also obtain verification of health insurance coverage.

An agency can be reimbursed for services provided to clients whose eligibility is not expired. If the client's eligibility is expired for 60 days or less the agency can be reimbursed if they are not the record owner. The client should be referred back to the record-owning agency to get their eligibility updated as soon as possible and such referral should be documented in the client's file. The client's record owning agency can be reimbursed for services provided to clients whose eligibility has been expired for 30 days or less, but it is advisable to update the client's eligibility before it expires.

The top section of all encounter screens contains the ClientCode. If the *Get Info* button is pressed, the client's race, zip code, poverty level, family size, eligibility expiration date, and county are displayed.

Client Code:	
HCGN1218901	
Get Info	Race: White (Hispanic)
Please ensure	Zip Code: 77477
	Poverty Level: 179.96%
	Family Size: 1
	Elig. Exp. Date: 4/4/2015
	County: HARRIS

erty payer (if applicable)

The section labeled Record Owner Information contains the record owning agency information, and the client's eligibility expiration date and status. This section is not editable.

Record Owner Information			
Agency:	Legacy Community Health Svcs	Expiration Date:	6/26/2008
Record Owner:	Erica Gallardo	Status:	Open

The third section varies by encounter and will be discussed separately.

The fourth section, labeled Encounter Information, has elements that are the same for all encounters. Included are Bill To, Grant Code, Target Group, Contract Description, Service Date, Agency, and Performed By.

Encounter Information			
Bill To:	14GEN0079AA	Grant Code:	RW1
Contract Description:	Primary Care, Med.andNon-Med. CM - AA Target	Target Group:	African-American Group
Service Date:	6/1/2014	Agency:	LCHS
		Performed by:	Adabelle Franco, CMSLW[1359]

The Bill To selection will display the most recent contract numbers for the agency and defaults to the last contract number selected for this type of Encounter. The Grant Code, Target Group, and Contract Description for that contract are then displayed. The service date can be entered in several different formats with the easiest being *mmdyy*. CPCDMS will convert it to the proper date format. Encounters with service dates < 60 days **before** the registration date can be entered into CPCDMS once the client is registered. If extended access is needed (service date is more than 60 days from entry date) a request should be submitted via the HelpDesk and should include the contract number and reason. Services provided after a client's date of death may not be entered into CPCDMS (an error message will be displayed). The Performed By (AKA service performer) selection may be labeled differently in other encounters. For example, in a Case Management encounter this will be labeled Case Manager. The service performer may need to have a service-specific credential in order to be selected on the encounter screen (e.g. 'RD' is a required credential to provide a Medical Nutritional

Therapy service). The service date chosen must be within the effective dates of the selected contract or an error message will be generated.

The last encounter entered by the agency for that client and service is displayed in the bottom section.

Press the submit button to record the entries.

Sub Type	Sub Category	VISIT	Date
VISIT	Ob/Gyn	1	2/1/2011

For all service categories, rural RW Part A contracts are targeted to clients who live outside of Harris County and Urban to those living inside. Unless stated otherwise, clients must meet the financial eligibility criteria of $\leq 300\%$ of the federal poverty level (FPL) for RW Part A services. If the client’s FPL exceeds the limit set for a particular service, a warning message will be displayed when the encounter is entered.

For all services designated as Minutes, CPCDMS limits the maximum value that may be entered into an encounter to 600. The total minutes per client per day AND the total minutes per service performer per day (excluding Groups) should also not exceed 600. The minutes entered should represent the actual time spent providing direct service to, or on behalf of, a client and should not be rounded up or down. For services designated as Dollars, the value entered into an encounter must be less than 10,000.

Adult Dental Services

After selecting [Encounters / Adult Dental Services](#), and then entering a ClientCode, the only subtype choice is **Visit**.

Three (3) service subcategories are available: *Routine Dental*,

Specialty Dental – Non-Prosthodontic, and *Specialty Dental- Prosthodontic*.

This service is currently funded by RW Part B and by RW Part A for Rural dental services.

Case Management

After selecting [Encounters / Case Management](#), and then entering a ClientCode, there are two (2)

subtypes to choose from: **Direct Service** and **Other**.

The subtype chosen determines which service subcategories are displayed.

If **Direct Service** is selected then two (2) selections are available: *Case Management – Licensed* and *Case Management – Service Linkage*. Choosing *Case Management –*

Licensed requires that the case manager have CMLIC after their service performer name while *Case Management – Service Linkage* requires CMSLW.

If **Other** is selected then there are ten (10) choices: “*Assessments, Brief – MCM*”, “*Assessments, Brief – Service Linkage*”, “*Assessments, Comprehensive – CCM/MCM*”, “*Client-Specific Supervision (Lic)*”, “*Client-Specific Supervision (SLW) - COH Only*”, “*CMLIC Mtg with Other Case Mgr*”, “*CMSLW Mtg with Licensed Case Mgr*”,

The screenshot shows a software interface for Case Management. At the top, there is a tab labeled "Case Management". Below the tab, there are three main input areas: "Sub Type:" with a dropdown menu set to "OTHER", "Sub Category:" with a dropdown menu open showing a list of ten options, and "Minutes:" with a text input field containing "15.00". The "Sub Category:" dropdown list includes: "Assessment - Brief - MCM", "Assessment - Brief - Service Linkage", "Assessment - Comprehensive - CCM/MCM", "Client-Specific Supervision (Lic)", "Client-Specific Supervision (SLW) - COH Only", "CMLIC Mtg with Other Case Mgr", "CMSLW Mtg with Licensed Case Mgr", "Pre-Release Discharge Planning (Institutional) - CMLIC", "Pre-Release Discharge Planning (Institutional) - CMSLW", and "Service Planning - Comprehensive - CCM/MCM". At the bottom of the interface, there is a tab labeled "Encounter Information".

“*Pre-Release Discharge Planning (Institutional) – CMLIC*”, “*Pre-Release Discharge Planning (Institutional) – CMSLW*”, and “*Service Planning, Comprehensive – CCM/MCM*”. Subcategories with “*Service Linkage*” or “*CMSLW*” listed require a case manager to have CMSLW after their service performer name. If any of the other six non-supervisory subcategories are chosen, the case manager should have CMLIC after their name. Comprehensive assessments and service planning can only be done by licensed case managers. Agencies may be reimbursed for up to two units (30 minutes) for a comprehensive assessment or service plan and one unit (15 minutes) for a brief assessment. The CPCDMS default values for these subcategory selections reflect these restrictions. Agencies may not bill for an assessment more often than once per six months (e.g. x2 per contract year). A maximum of 4 hours per month of client-specific supervision may be billed to RW Part A for each supervisory service performer.

After choosing the subtype and subcategory the number of minutes is entered. There are no financial eligibility criteria for case management services. This service is funded by Ryan White Part A, Part B and State Services grants.

Client Advocacy Services

After selecting [Encounters / Client Advocacy Services](#), and then entering a ClientCode, the only subtype choice is Counseling. The five subcategory choices are *Correspondence*, *Court Appearance*, *Meeting with Client*, *Other-Legal* and *Phone Contact*. After making a selection, the number of minutes is entered. This service is funded by Ryan White Part A.

The screenshot shows a software interface for Client Advocacy Services. At the top, there is a tab labeled "Client Advocacy Services". Below the tab, there are three main input areas: "Sub Type:" with a dropdown menu set to "COUNSELING", "Sub Category:" with a dropdown menu open showing a list of five options, and "Minutes:" with a text input field containing "30.0000". The "Sub Category:" dropdown list includes: "Correspondence", "Court Appearance", "Meeting with Client", "Other -- Legal", and "Phone Contact".

Day or Respite Care (Home & Community-Based Services)

After selecting [Encounters / Day or Respite Care](#), and then entering a ClientCode, the only subtype choice is **Care**. The only active service subcategory is *Day Care –Adult –RW2/TDH*. This service is funded by a Ryan White Part B contract and is entered in DAY increments.

Drug Reimbursement Services

After selecting [Encounters / Drug Reimbursement Services](#), and then entering a ClientCode, there are two (2) subtype choices: **Visit** and **Other**. Selecting **Visit** displays the subcategory choices of *HIV Medication* and *Non-HIV Medication*.

Selecting **Other** displays the *ADAP Dispensing Fee* subcategory. Both screens require the entry of a drug name but the *ADAP Dispensing Fee* selection allows “NOT APPLICABLE (NO SHOW / ADAP FEE)” to be entered/selected. A list of all active drugs can be accessed by selecting Import and then Export Drug Data to File. The abr086-Drug List report can also be run which shows all drugs along with whether they are active/ inactive and their subcategory (*HIV Medication* or *HIV-Related Medication*). If the drug is not on the list or is inactive a Drug Waiver Request must be submitted to RWGA Grants Management for approval. After the user enters at least two characters into the drug name field, a list of drug names containing those characters are displayed and can be selected. The drug name entered must match the subcategory selected, or else an error message will be displayed. If the agency has an ADAP dispensing fee, which the client is unable to pay, *ADAP Dispensing Fee* is selected. There is no transaction reimbursement for ADAP dispensing fees. Dispensing more than 5 bottles (>\$25) per client per day for *ADAP Dispensing Fees* will require a confirmation from the agency. The last entry is the dollar amount for a medication reimbursement or \$5 (per bottle) for an ADAP dispensing fee. This service is funded by Ryan White Part A and Part B grants.

The RW Part A contract establishes the maximum billable transaction cost at \$30. Clients are limited to a maximum of \$18,000 of HIV medications and \$3,000 of HIV-related medications per contract year. Recipients of drug reimbursement services must live in the ten (10) county Houston HSDA. Clients must also meet the RW Part A financial eligibility criteria of $\leq 500\%$ of the federal poverty level to receive HIV medications and $\leq 300\%$ to receive HIV-related medications. The drug Fuzeon, which is not a part of the approved formulary, requires a waiver and may be approved on a case-by-case basis. If approved it does not count toward the client’s monthly HIV medications total.

Early Intervention Services

After selecting [Encounters / Early Intervention Services](#), and then entering a

ClientCode, the only subtype is **Direct Service**. The three (3) subcategory choices are: *Face to Face Other*, *Group*, and *Phone Contact*. After choosing the subtype and subcategory the number of minutes is entered. This service is currently funded by a State Services grant.

Health Insurance Services

After selecting [Encounters / Health Insurance Services](#), and then entering a ClientCode, there are two (2) subtype choices: **Marketplace** and **Non-Marketplace**. Selecting the

Marketplace subtype displays five (5) service

subcategories: *Co-payment – Medical – Marketplace*, *Co-payment – Pharmacy*

– Marketplace, *Deductible – Medical – Marketplace*, *Premium – Medical – Marketplace* and *Tax Liability Payment*. Selecting the **Non-Marketplace** subtype displays four (4)

service

subcategories: *Co-payment – Medical – Non-Marketplace*, *Co-payment – Pharmacy – Non-Marketplace*, *Deductible – Medical – Non-Marketplace*, and *Premium – Medical – Non-Marketplace*.

Clients with a Federal Poverty Level (FPL) that is less than 400% may receive health insurance services but if requesting Marketplace health insurance services their FPL cannot be less than 100%. There are two exceptions to allow clients who received health insurance services in grant year 2015-2016 to continue receiving Marketplace insurance services. The first is for clients with an FPL less than 100% as of 10/31/2015, but they must stay below 400% to continue eligibility. The second exception is for clients with an FPL of 400-500% as of 3/1/2016, but they must stay greater than 100% and less than 500%.

The dollar amount is the last field to be entered. Assistance with co-payments and deductibles is limited to a total of \$650 or less, per month, per client. This service is currently funded by Ryan White Part A, B and State Services grants.

Hospice Care Services

After selecting [Encounters / Hospice Care Services](#), and then entering a ClientCode, the only subtype choice is

Day and the only service subcategory choice is *Residential*. *Hospital*

and *In-Home* hospice care are not currently available. *Residential* hospice care is funded by a State Services grant. One unit is entered for each service date and partial days are not allowed (except for admission and discharge).

Interpreter Services

After selecting [Encounters / Interpreter](#), and then entering a ClientCode, there is only one subtype choice, **Face to Face**, and only one (1)

subcategory, *Interpreter*. After choosing the subtype and subcategory the number of minutes is entered. This service is currently funded by a State Services grant.

Mental Health Services

After selecting [Encounters / Mental Health Services](#), and then entering a ClientCode, there is one (1) subtype choice,

Counseling, with ten (10) service subcategories: *Family/Office*,

Group, *Group-Medicare CoPay*, *Group Consult*, *Group/Home*, *Individual Consult*, *Individual/Home*, *Individual/Office*, *Individual/Office-Medicare CoPay*, and *Individual/Professional Advocacy*. After choosing the subtype and subcategory the number of minutes is entered. This service is funded by Ryan White Part D and State Services grants.

Nutritional Therapy

After selecting [Encounters / Nutritional Therapy](#), and then entering a ClientCode, there are two (2) subtype choices: **Counseling**

and **Visit**. Choosing **Counseling** displays *Nutritional Counseling*. Choosing **Visit** displays *Nutritional Supplements*

Disbursement and Nutritional Supplements Transaction. If *Nutritional Supplements Disbursement* is selected then the supplement name and a dollar amount must be entered. This service is currently funded by a Ryan White Part A grant.

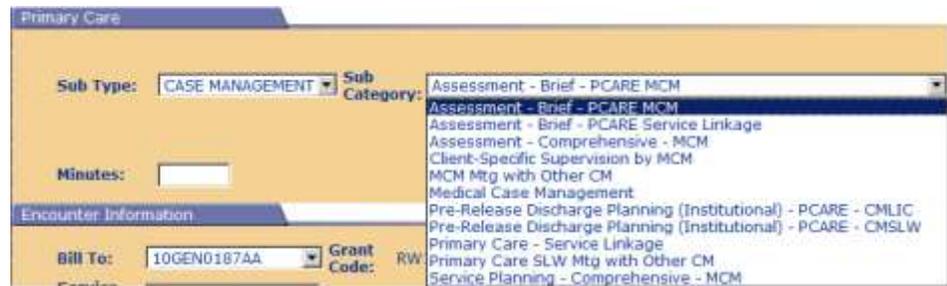
A RW Part A *Nutritional Supplements Transaction* unit of service is a single visit in which an eligible client receives up to a 90 day supply and nutritional counseling by a licensed dietician. A maximum of 12 visits may be billed per client per contract year. A visit in which the client receives counseling but no supplements is not billable. An individual client may not exceed \$1,000.00 in RW Part A supplements per contract year without **prior** approval of RWGA. Eligibility for nutritional supplements requires that the client be HIV-infected and actively enrolled in primary medical care.

Primary Care

After selecting [Encounters / Primary Care](#), and then entering a ClientCode, the subtypes of **Case Management, Lab, Other, Procedure, and Medical Visit** are available.

The **Case Management** subtype choice provides 11 subcategory selections (see screen below). These subcategories can be distinguished by the type of service performer to

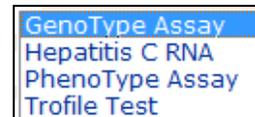
which they can be billed. A service linkage worker can only provide services for the four subcategories as CMSLW but a



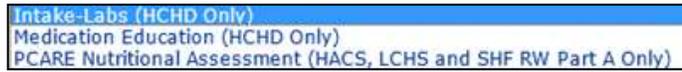
licensed case manager or CMLIC, can be selected for any of the subcategories listed. This means that, licensed case managers can provide and bill for service linkage but service linkage workers may not provide or bill for medical case management. Keep in mind that comprehensive assessments and service planning can only be done by licensed case managers.

Agencies may be reimbursed for up to two units (30 minutes) for a comprehensive assessment or service plan and one unit (15 minutes) for a brief assessment. The CPCDMS default values for these subcategory selections reflect these restrictions. Only two assessments and two service plans may be billed per contract year for each client. A maximum of 4 hours per month of **Client-Specific Supervision by MCM** may be billed to RW Part A for each supervisor. After selecting the subcategory the number of minutes is entered. Primary Care case management services may not be billed to Part A Minority AIDS Initiative (MAI) contracts.

Choosing **Lab** displays 4 different billable laboratory tests (see list to the right). *CD4 Count* and *Viral Load Test* choices are no longer allowed since these are included in the cost of the medical visit. CD4 and Viral Load test results are still entered separately under the [Medical History / Lab Results](#) section. After selecting the lab test the value (dollar amount) is entered.



The **Other** subtype selection has 3 choices: *Intake-Labs*, *Medication Education* and *Nutritional Assessment*. *Intake-Labs* and *Medication Education* are for HCHD use only. The *Nutritional Assessment* selection is for the use of HACS, LCHS and SHF, is performed by a licensed dietician (initiated upon a physician’s order), and is to be billed only to Ryan White Part A. Only one nutritional assessment can be billed per client per contract year. A nutritional assessment visit may or may not occur on the same date as a medical office visit.



Selecting **Procedure** offers 27 subcategory choices (see list to the right). After selecting the procedure, the value (dollar amount) is entered.



The last subtype choice is **Medical Visit** with 13 subcategory choices (see list below). The



Physician Extender subcategory is to be used when the client sees a Physician’s Assistant (PA) or a Nurse Practitioner (NP) instead of an MD. If a client is examined by a PA or

NP and an MD on the same day then only the Physician’s visit may be billed. Clients requesting vision care should receive these services at their primary care agency.

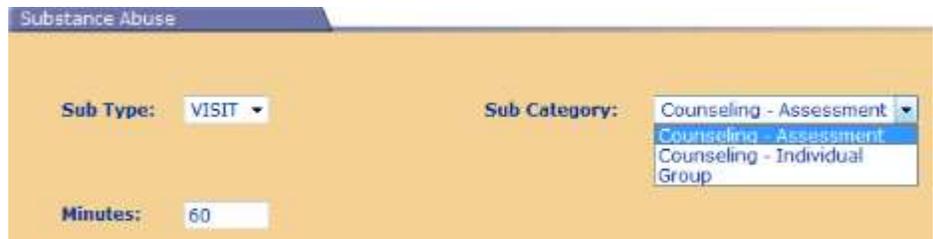
Pregnancy information has been moved to the Medical History section along with *Pelvic Exam* and *Pap Smear* (Women Only Section).

Primary Care services are funded by Ryan White Part A, B, C and D grants. Only Primary Care visits, labs and procedures may be billed to Part A Minority AIDS Initiative (MAI) contracts.

Substance Abuse

After selecting [Encounters / Substance Abuse](#), and then entering a ClientCode, the only subtype choice is **Visit**. There are 3

service subcategories: *Counseling - Assessment*, *Counseling - Individual*, and *Group*.



After choosing the subtype and subcategory the number of minutes is entered. This service is funded by a Ryan White Part A grant.

Transportation Services

After selecting [Encounters / Transportation Services](#), and then entering a ClientCode, there are 2 subtype choices: **Card/Voucher** and **Trip**.

The screenshot shows a form titled "Transportation Services" with the following fields and values:

Sub Type:	TRIP	Sub Category:	Urban
Origin Zip:	77008	Destination Zip:	77009
Mileage:	5	Reason:	Health Education Visit
County:	HARRIS	Trip is medically certified:	Yes

Choosing the **Card/Voucher** subtype shows *Gas Card* as the only choice. The last 6 digits on the gas card must be entered also. Gas cards are entered into a designated No-Pay contract allowing the tracking of gas card distribution. There is a limit of one \$25 gas card per month per client.

Selecting the **Trip** subtype displays the subcategories of *Rural* and *Urban*. Rural transportation services are provided to clients who live outside of Harris County and Urban Transportation to those who live inside Harris County. If a Rural trip is entered the zip code of the origination address, the zip code of the destination address, the mileage between the two points (determined by using an approved internet mapping program), the reason for the trip, and the county are entered. Entering data for an Urban trip is the same except for one additional field. Select YES if the trip is medically certified. A medically certified trip is one where a client living in the METRO service area, has written certification from the client's principal medical provider (e.g. medical case manager) documenting the need to access van-based transportation, to be renewed every 180 days. Medical certifications should be maintained on-site by the transportation provider in a single file (listed alphabetically by 11-digit code) and will be monitored at least annually during a site visit. Clients who live outside the METRO service area but within Harris County (e.g. Baytown) are not required to provide a written medical certification to access van-based transportation. Clients living in the metro service area may receive a maximum of four (4) **non-certified** round trips per grant year (including taxi vouchers). Providers must maintain up-to-date spreadsheets documenting such trips.

Transportation services are funded by Ryan White Part A grants only.

Assessments

General Assessment Information

After selecting Assessments, the kind of assessment and then entering the ClientCode, the assessment data entry screen is displayed. The top section of all assessments contains the similar information (see example below). The Assessment Date is entered and the Service Performer is selected from a dropdown menu. This information is then used to compute the Assessment Type (Baseline/Followup) for Clinical Case Management, Hospice and Rehabilitation assessments. The assessment date is entered in mm/dd/yyyy format and cannot be more than 60 days prior to the entry date without receiving extended access. The service performer is the staff member who performed the assessment and is selected from a dropdown list.

The second section on the assessment screen is specific to each assessment and is discussed under that section.

The bottom section shows any previous assessments of that kind recorded for that client. After all information is entered the Submit button is pressed.

Assessment Date	Assessment Type	Severity of feelings of isolation	Frequency of being withdrawn	Level of socialization	Amount of social support
9/1/2009	Baseline	moderately isolated	sometimes withdrawn	significant socialization	maximum social support
8/12/2008	Followup	not at all isolated	sometimes withdrawn	maximum socialization	moderate social support
6/10/2008	Baseline	extremely isolated	always withdrawn	maximum socialization	maximum social support

Adult Day Care Assessment

The Adult Day Care Assessment is completed by agencies providing Ryan White adult day care services. After entering the ClientCode, Assessment Date, and selecting the Service Performer, the Assessment Type (Baseline/Followup) is automatically calculated. If a previous assessment has not been recorded in the 365 days prior to the entered assessment date then the type is classified as Baseline. If a baseline assessment has already been recorded in the last 365 days then the type is classified as Followup. The Baseline and Followup cannot be on the same day. The assessment date cannot be equal to or prior to the date of the last followup attempt.

The Adult Day Care Assessments screen also requires the entry of four additional pieces of information: (1) Severity of feelings of isolation, (2) Frequency of being withdrawn, (3) Level of socialization, and (4) Amount of social support. Each has a dropdown with a scale of five choices.

Up to three contact-attempt dates can be entered after a Baseline is recorded with the last being recorded as Lost to Followup. Once a Lost to Followup is recorded, the client is not eligible for another assessment of this kind until 365 days after the previous Baseline assessment.

Hospice Assessment

The Hospice Assessment is completed by agencies providing Ryan White hospice care services. After entering the ClientCode, Assessment Date, and selecting the Service Performer, the Assessment Type (Baseline/Followup) is automatically calculated. If a previous assessment has not been recorded in the 365 days prior to the entered assessment date then the type is classified as Baseline. If a baseline assessment has already been recorded in the last 365 days then the type is classified as Followup. The Baseline and Followup cannot be on the same day. The assessment date cannot be equal to or prior to the date of the last followup attempt.

The screenshot shows the 'Hospice Assessment' form. It includes fields for 'Client Code' (AALC0323641) and 'Client's Unique Identifier' (qFd9IXxDq). The 'Assessment Information' section shows 'Assessment Type' as Baseline, 'Assessment Date' as 4/1/2009, and 'Service Performer' as Beverly Escalona[283]. The 'Hospice' section has a field for 'Days Hospitalized Immediately Prior to Admission' set to 1. There are 'Get Info', 'Submit', and 'Cancel' buttons.

The Hospice Assessment screen also requires the entry of the number of “Days Hospitalized Immediately Prior to Admission” for the first (Baseline) hospice assessment. Partial days should not be entered.

Up to three contact-attempt dates can be entered after a Baseline is recorded with the last being recorded as Lost to Followup.

Once a Lost to Followup is recorded, the client is not eligible for another assessment of this kind until 365 days after the previous Baseline assessment.

This screenshot shows the 'Assessment Information' and 'Hospice' sections. 'Assessment Type' is set to Followup, 'Assessment Date' is 4/6/2010, and 'Service Performer' is Bering Omega[352]. A 'Record second client contact attempt' section has a date field and a 'Submit' button, with a note 'First attempt was on 4/3/2010'. The 'Hospice' section includes dropdowns for 'Ability to Manage Pain' (Increased) and 'Ability to Control Symptoms' (Remained the Same), and a text field for 'Total Days in Hospice Care' (5). There are 'Submit' and 'Cancel' buttons.

Followup assessments require the entry of data on the client’s (1) Ability to Manage Pain, (2) Ability to Control Symptoms, and (3) Total Days in Hospice Care. The first two selections have three choices on a dropdown menu: *Increased*, *Remained the Same*, and *Decreased*. The Total Days in Hospice Care is entered in whole numbers.

Legal Assessment

The Legal Assessment is completed by agencies providing Ryan White advocacy/legal services. After entering the ClientCode, there is a check box to indicate if this is a First Assessment, then the Case Completion Date is entered and the Service Performer is selected. The next section requires the entry of "Case Type". The selections are *Permanency Planning, SSI Disability, Insurance, Public Benefits, Income-Related, and Other*. If a "Case Type" other than *Permanency Planning* is selected, an additional question (As a result of the completed case, can the client now begin to or continue to access benefits and/or income?) must be answered by selecting Yes or No.

The screenshot shows the 'Legal Assessment' form with the following sections:

- Client Code:** MCKN1206591 (with a 'Get Info' button)
- Assessment Information:**
 - First Assessment
 - Case Completion Date: [text input]
 - Service Performer: [dropdown menu]
- Legal:**
 - Case Type: [dropdown menu showing options: Permanency Planning, SSI Disability, Insurance, Public Benefits, Income-Related, Other]
- Previous Assessments:**

Case Completion Date	Case Type	Access Benefits?
12/9/2009	Standard	SSI Disability No

Buttons for 'Submit' and 'Cancel' are located at the bottom of the form.

An assessment date must be after the first assessment date entered but there are no restrictions on how many may be entered or how often. No contact attempts are recorded for Legal Assessments.

This close-up shows the 'Legal' section with:

- Case Type: SSI Disability
- Question: "As a result of the completed case, can the client now begin to or continue to access benefits and/or income?"
- Answer: Yes

Nutritional Therapy Assessment

The Nutritional Therapy Assessment is completed by agencies providing Ryan White nutritional therapy counseling services. After entering the ClientCode, Assessment Date, and selecting the Service Performer, the Body Mass Index (BMI) is entered. There is no limit on how many can be entered for one client (other than one per day). The BMI is a numeric scale (15 through 55) which is a commonly used method for estimating body composition.

Nutritional Therapy Assessment

Client Code:

Assessment Information

Assessment Date:
Service Performer:

Nutritional Therapy

Body Mass Index:

Previous Assessments

Assessment Date	BMI
2/15/2016	55
2/1/2016	25

Oral Pathology Assessment

The Oral Pathology Assessment is completed by agencies providing Ryan White dental services. After entering the ClientCode, there is a check box to indicate if this is a “First Assessment”, then the “Assessment Date” is entered and the “Service Performer” is selected.

The Oral Pathology screen initially has two sections: “Pathology Diagnosis”, and “Outcomes for previous diagnoses”. There are 12 pathology diagnoses available. If *Other* is selected then another section is displayed where it can be entered.

Once a diagnosis is selected and submitted it will appear under the “Outcomes for previous diagnoses” section. An outcome of *Resolved*, *Improved*, *Same*, or *Worsened* can be selected. The diagnosis will stay in this section until an outcome of Resolved is entered.

Oral Pathology Assessment

Client Code:

Assessment Information

First Assessment
 Assessment Date:
 Service Performer:

Oral Pathology

Pathology Diagnosis:

- Atrophic Candidiasis
- Idiopathic thrombocytopenia purpura
- Lymphomas
- Other
- Pseudomembranous Candidiasis
- Squamous cell carcinoma
- HIV-related periodontal disease
- Kaposi's sarcoma
- Oral hairy leukoplakia
- Papilloma
- Salivary gland disease

Outcomes for previous diagnoses:

Assessment	Outcome	Assessment Date	Last Outcome	Last Outcome Date
Oral ulcerations	Resolved	4/1/2010		

Previous Assessments

Date	Condition	Outcome
2/10/2010	Papilloma(PA)	Worsened
4/1/2010	Papilloma(PAPI)	Resolved (1)
4/1/2010	Oral ulcerations(OU)	Diagnosis

An assessment date must be after the first assessment date entered but there are no restrictions on how many may be entered or how often. There are no baseline/ followup pairs for Oral Pathology Assessments and no contact attempts are recorded.

Professional Counseling Assessment

The Professional Counseling Assessment is no longer required to be completed by agencies but is still in CPCMDMS so is discussed here. After entering the ClientCode, Assessment Date, and selecting the Service Performer, the Assessment Type (Baseline/Followup) is automatically calculated. If a previous assessment has not been recorded in the 365 days prior to the entered assessment date then the type is classified as Baseline. If a baseline assessment has already been recorded in the last 365 days then the type is classified as Followup. The Baseline and Followup cannot be on the same day. The assessment date cannot be equal to or prior to the date of the last followup attempt.

Assessment Date	Assessment Type	GAF	SDS	PHQ9
6/14/2012	Baseline	38		5
10/28/2010	Baseline	39	47	

The Professional Counseling Assessment screen also requires the entry of Global Assessment of Functioning (GAF) and the Patient Health Questionnaire (PHQ-9) Symptom Score. The GAF is a numeric scale (0 through 100) used to subjectively rate the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. The PHQ-9 is a nine item depression scale (0 through 27) which is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment.

Up to three contact-attempt dates can be entered after a Baseline is recorded with the last being recorded as Lost to Followup. Once a Lost to Followup is recorded, the client is not eligible for another assessment of this kind until 365 days after the previous Baseline assessment.

Substance Abuse / Mental Health Assessment

The Substance Abuse / Mental Health (SA/MH) Assessment is completed by agencies providing Ryan White primary care services. After entering the ClientCode, the Service Performer, and the Screening Date are selected. The screening tool is then selected from the dropdown: (1) *Agency Tool*; (2) *Substance Abuse and Mental Illness Symptoms Screener (SAMISS)*. Agencies may use either tool. Previous assessments done on this client are displayed in the Last Assessment section.

Assessment web form details
 Substance Abuse/Mental Health Screen

Client Code: TNH91231701
 Client's Unique Identifier: MGm4VUtCY
 [Get Info]

Assessment Information

Service Performer: Acupuncturist, Licensed[1044]
 Screening Date: 3/2/2009
 Screening Tool: [Dropdown]

Screening Tool
 Agency Tool
 Substance Abuse and Mental Illness Symptoms Screener (SAMISS)

[Cancel]

Last Assessment

Screening Date	Screening Tool	Substance Abuse Treatment Indicated	Referred for Substance Abuse Treatment	Mental Health Counseling Indicated	Referred for Mental Health Counseling
3/1/2009	SAMISS	True	False	True	False

If the agency has their own tool for assessing substance abuse and mental health then *Agency Tool* is selected from the Screening Tool dropdown. If Yes is selected for “Substance Abuse Treatment Indicated?” or “Mental Health Counseling Indicated?” then additional fields are displayed: “Referred for Substance Abuse Treatment?” or “Referred for Mental Health Treatment?” (Yes/No). After the selections are made then the Submit button is pressed to save the entries.

Agency Tool Data Collection Option
 Assessment Information

Service Performer: Xiomara Espinal[1043]
 Screening Date: 4/20/2009
 Screening Tool: Agency Tool

Screening Tool

Substance Abuse Treatment Indicated? No Yes
 Referred for Substance Abuse Treatment? No Yes
 Mental Health Counseling Indicated? No Yes
 Referred for Mental Health Counseling? No Yes

[Submit] [Cancel]

If the agency uses the SAMISS tool for assessing substance abuse and mental health then *Substance Abuse and Mental Illness Symptoms Screener (SAMISS)* is selected from the Screening Tool dropdown. The SAMISS tool has 16 questions that must be answered. If Yes is selected for Question 15 then there is an additional sub-question. Press Continue when the questions have been answered.

SAMISS Data Collection Option

Screening Tool: Substance Abuse and Mental Illness Symptoms Screener (SAMISS) ▾

Screening Tool

Substance Abuse:

- 1) How often do you have a drink containing alcohol? Monthly or less ▾
- 2) How many drinks do you have on a typical day when you are drinking? None ▾
- 3) How often do you have 4 or more drinks on 1 occasion? Less than monthly ▾
- 4) In the past year, how often did you use nonprescription drugs to get high or to change the way you feel? Less than monthly ▾
- 5) In the past year, how often did you use drugs prescribed to you or to someone else to get high or change the way you feel? Monthly ▾
- 6) In the past year, how often did you drink or use drugs more than you meant to? Daily or almost daily ▾
- 7) How often did you feel you wanted or needed to cut down on your drinking or drug use in the past year, and were not able to? Weekly ▾

Mental Illness:

- 8) In the past year, when not high or intoxicated, did you ever feel extremely energetic or irritable and more talkative than usual? No Yes
- 9) In the past year, were you ever on medication or antidepressants for depression or nerve problems? No Yes
- 10) In the past year, was there ever a time when you felt sad, blue, or depressed for more than 2 weeks in a row? No Yes
- 11) In the past year, was there ever a time lasting more than 2 weeks when you lost interest in most things like hobbies, work, or activities that usually give you pleasure? No Yes
- 12) In the past year, did you ever have a period lasting more than 1 month when most of the time you felt worried and anxious? No Yes
- 13) In the past year, did you have a spell or an attack when all of a sudden you felt frightened, anxious, or very uneasy when most people would not be afraid or anxious? No Yes
- 14) In the past year, did you ever have a spell or an attack when for no reason your heart suddenly started to race, you felt faint, or you couldn't catch your breath? No Yes
- 15) During your lifetime, as a child or adult, have you experienced or witnessed traumatic event(s) that involved harm to yourself or to others? No Yes

If yes: In the past year, have you been troubled by flashbacks, nightmares, or thoughts of the trauma? No Yes
- 16) In the past 3 months, have you experienced any event(s) or received information that was so upsetting it affected how you cope with everyday life? No Yes

An assessment date must be after the first assessment date entered but there are no restrictions on how many may be entered or how often. There are no baseline/ followup pairs for SA/MH Assessments and no contact attempts are recorded.

Vision Assessment

The Vision Care Assessment is completed by agencies providing Ryan White primary care vision services. After entering the ClientCode, there is a check box to indicate if this is a “First Assessment”, then the “Assessment Date” is entered and the “Service Performer” is selected. If the box is left unchecked and there is no previous assessment in the system, a message will be displayed.

There are three sections specific to Vision Care: “Refractive Errors”, “Ocular

Diagnosis”, and “Outcomes for previous diagnoses”. There are four (4) refractive error choices: *Astigmatism*, *Hyperopia*, *Myopia*, and *Presbyopia*. The ocular diagnosis section has 48 choices. Once a refractive error or ocular diagnosis is selected and submitted it will appear under the “Outcomes for previous diagnoses” section. For Refractive Errors an outcome of *Received Corrective Lenses* or *No Lenses Given* can then be selected. The refractive error will stay in this section until it is resolved (*Received Corrective Lenses* or *No Lenses Given*). For Ocular Diagnoses an outcome of *Resolved*, *Improved*, *Same*, or *Worsened* can be selected. The ocular diagnosis will stay in this section until an outcome of Resolved is entered.

An assessment date must be after the first assessment date entered but there are no restrictions on how many may be entered or how often. There are no baseline/ followup pairs for Vision Assessments and no contact attempts are recorded.

Outcomes for previous diagnoses:

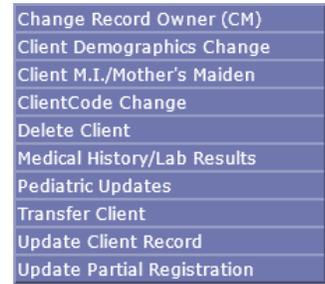
Assessment	Outcome	Assessment Date	Last Outcome	Last Outcome Date
Iritis		4/22/2008	Improved	6/13/2008
Meibornianitis		4/8/2008	Improved	4/22/2008

Previous Assessments

Date	Condition	Outcome
3/17/2003	Astigmatism(AST)	Diagnosis
3/17/2003	Astigmatism(AST)	Resolved (Lenses=1)
8/24/2007	Astigmatism(AST)	Diagnosis
9/20/2007	Astigmatism(AST)	Resolved (Lenses=1)
8/24/2007	Hyperopia(HYP)	Diagnosis
9/20/2007	Hyperopia(HYP)	Resolved (Lenses=1)
8/24/2007	Presbyopia(PRE)	Diagnosis
9/20/2007	Presbyopia(PRE)	Resolved (Lenses=1)

Updates

After selecting [Updates](#) on the Navigation bar, there are a ten (10) choices available, as shown here. Which selections are visible, varies depending upon the agency and the user's role & rights at that agency and are discussed below. **Some of the selections are only visible to an agency's CPCDMS Contacts.**



Change Record Owner (CM)

To change a client's record owner (AKA case manager), select [Updates / Change Record Owner \(CM\)](#), enter the ClientCode, select the new case manager, and then press Submit. No reason for the change is required to be entered. This feature is only available to the CPCDMS Contacts at the record-owning agency.



Client Demographics Change

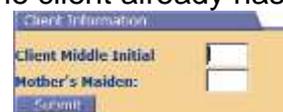
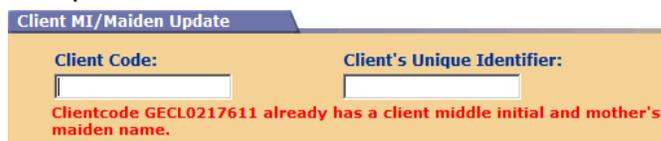
To request the change of certain demographic items in CPCDMS, Contacts at record owning agencies select [Updates / Client Demographics Change](#). After the ClientCode is entered, the current demographic information is then displayed.

New selections for current gender and race/ethnicity can then be requested to be changed. If *Asian, Native Hawaiian/Pacific Islander* or *Hispanic Origin* are chosen then a subgroup selection will show up and an option must be selected. After submission, an email is sent to RWGA for review. If approved, or denied, or more information is needed, an email is sent to the contact person that submitted the request.



Client M.I./Mother's Maiden

To update a client's middle initial and mother's maiden name, select [Updates / Client M.I./Mother's Maiden](#), then enter the ClientCode. If the client already has data in those fields an error message will be returned. This is because once data is entered into those fields they cannot be altered. If the client's middle initial or mother's maiden name is unknown, 9's should be substituted. Press Submit to save the data.



ClientCode Change

To change a ClientCode, CPCDMS Contacts at the record-owning agency select

[Updates / ClientCode Change](#), enter a ClientCode, enter the new ClientCode, then select a *Reason For Change*. There are currently four (4) selections as shown here. *Female Last Name Change (reflected on TDL)* is selected when a female client's last name has changed and the change is reflected on the TDL/TID. If the client meets these criteria the change will be processed automatically. *Data Entry Mistake (client registered <30 days prior)* is selected for recently registered

clients whose name or date of birth portion of the ClientCode was entered incorrectly. If the client meets these criteria the change will also be processed automatically. If *Female Last Name Change* or *Data Entry Mistake* is selected and the client information doesn't match, the *Reason* will default to *Other*; *Name Change Reflected on TDL (client registered >=30 days prior)* can then be selected if appropriate. *Name Change Reflected on TDL* is selected for clients not recently registered whose first or last name has changed as reflected on the TDL/TID. Select *Other* for any ClientCode changes that don't fit under the previous three selections. If *Other* is selected then a detailed explanation must be entered. **If a client has a valid TDL/TID then the ClientCode should always reflect that data.** After selecting *Name Change Reflected on TDL* or *Other* an email is sent to RWGA CPCDMS Support Staff who will review the request and respond appropriately. More information may be requested from the record-owning agency.

Delete Client

To delete a client, CPCDMS Contacts at the record-owning agency select [Updates /](#)

[Delete Client](#), enter the ClientCode, and select the reason for change: *HIV Negative*, *Recent Data Entry Mistake* or *Other*. Selecting *Other* requires a detailed explanation. Once a selection has been made, press Submit to request the deletion the ClientCode. An email is then sent to RWGA CPCDMS Support Staff who will review the request and respond appropriately. More information may be requested from the record-owning agency staff or agencies may be instructed to delete data (e.g. encounters) before the client can be deleted.

Medical History / Lab Results

To update medical data in CPCDMS, select [Updates](#) and then [Medical History / Lab Results](#) then enter the ClientCode. The top section also includes a tab labeled “View Latest Medical History” which when clicked displays the most recent medical tests (cross-agency) for that client. By entering data onto this screen, users are not billing for testing, treatments, or therapies but recording medical data. This data can be entered at any time by facilities providing primary care and may be viewed by dental providers. The agency entering the medical data does not have to be the record-owning agency.

The first section on the [Medical History / Lab Results](#) (AKA Medical Update) screen is the **HIV Testing section**. To enter an HIV test result click the *HIV Test* box and enter

the date of the test. The *Testing Location* dropdown has different choices depending upon the agency. Currently, there are 6 *Test Types* from which to choose, Blood Panel, EIA/ELISA, MultiSpot, Oraquick, Orasure, and Western Blot. There are three test results: Positive, Negative, and Indeterminate. The *Results Given* selection is checked off if the test results have been given to the client and the date the results were given is filled in. The *Results Given* information can also be filled in later by doing a search on the HIV test result (see the [Search / Medical Lab Search](#) section for more information). Entry of data into this section is optional for most agencies. It is not used to determine eligibility for RW Part A services.

The **Test Results section** has seven choices: *CD4*, *Viral Load*, *ANC*, *Hemoglobin*, *Platelet Count*, *WBC*, and *Other*. If any test result except for *Other* is selected, a value and a test date are entered. If *Other* is selected then *CBC*, *Chest X-Ray*, *GenoType*, or *PhenoType* should be selected and the test date entered. The ranges for each test are CD4=0-99999, VL=0-99999, ANC=0-9999, Hemoglobin=14-18, Platelet Count=150-400 and WBC=4-12. If a CD4 count is less than 200 a warning message will be displayed if the client’s stage of illness is not “HIV/AIDS”. If the maximum value for any of the tests is over the listed maximum then enter the maximum amount.

	Values	Date of Test	CD4 Percent (optional)
<input checked="" type="checkbox"/> CD4	200	11/01/2011	25
<input checked="" type="checkbox"/> Viral Load	200000	11/01/2011	
<input checked="" type="checkbox"/> ANC	1000	11/01/2011	
<input checked="" type="checkbox"/> Hemoglobin	15	11/01/2011	
<input checked="" type="checkbox"/> Platelet Count	300	11/01/2011	
<input checked="" type="checkbox"/> WBC	10	11/01/2011	
<input checked="" type="checkbox"/> GenoType		11/01/2011	

The **Screening/Treatment section** allows the selection of values (results) for each of five screening tests: *Hepatitis B*, *Hepatitis C*, *Syphilis*, *STD*, and *TB*. Choosing *Hepatitis B*, *Hepatitis C*, *STD* or *Syphilis* allows only two (2) value choices: “Negative(-)” or “Positive(+)”. The selection of *TB* has four choices: “Negative(-)”, “Positive(+)”, “Indeterminate”, or “Unk (no return; LTF)”. Hepatitis B positive for this purpose means that the client was screened for Hepatitis B and was found to have an acute or chronic infection (i.e. client is infectious) based upon a positive HBsAg (hepatitis B surface antigen) test. If the HBsAg test is negative then the result is entered as negative. After selecting a value, a test date is then entered. If the client is treated for any of

these 5 conditions, a treatment date is entered. If *TB* is selected under the Treatment block another field will be displayed, the type of TB treatment, with three choices: “TX of Latent Infection (LTBI)”, “Tx for Active disease” and “Unk (no return; LTF)”. Once the type of TB treatment is entered, a treatment status box will show up on the screen with three choices: “Completed Tx”, “Current Tx”, and “Unk (incomplete Tx; LTF)”.

The **Vaccinations/Prophylaxis** section has two selections: *Hepatitis B Vaccination Series Completed* and *Pneumocystis Pneumonia (PCP) Prophylaxis Started*.

The date is also required if a selection is made.

The **Pap / Pelvic Examinations** section shows different items depending upon

whether the client is male or female. If the client is male, the user will see

Anal Pap Smear and if female *Pap Smear* and *Pelvic Exam* choices are displayed.

Check off the box for the test that was done and then enter the test result

and test date. If the *Pap Smear* or *Anal Pap Smear* test results are Abnormal then the type of abnormality should be selected from the dropdown. The referral type and date should also be selected. This information should not be entered until the test results

have come back and a referral has been made (if abnormal results).

The **Stage of Illness** section has a dropdown with two choices: *HIV+, Not AIDS* and *HIV+, AIDS*. These are only

used to update Adult and Adolescent clients over 12 years of age. The SOI should be updated when it changes from *HIV+, Unk AIDS status* to *HIV+, Not AIDS* or from *HIV+, Not AIDS* to *HIV+, AIDS*. The date of the SOI determination is also entered and must be within 60 days of the date it is entered into CPCDMS.

The next section is the **Medical Therapy section** and if Antiretroviral Therapy is selected, one of the three values is chosen:

HAART, Salvage, or Other. The date the therapy was prescribed by your agency is then entered.

Medical Therapy		
	Value	Date Prescribed
<input checked="" type="checkbox"/>	Antiretroviral Therapy HAART	6/1/2005

The **AIDS-Defining Condition section** lists 24 conditions recognized by the Centers for Disease Control as indicative of AIDS (see selections on next page). Only enter more than one condition at the same time if the diagnosis date is the same. Another condition with a different diagnosis date should be submitted separately.

AIDS-Defining Condition	
Diagnosis	
Date Diagnosed: 3/1/2009	
Condition(s):	
<input checked="" type="checkbox"/> Bacterial Infections, multiple or recurrent (Pediatric)	<input type="checkbox"/> Kaposi's sarcoma
<input type="checkbox"/> Candidiasis, bronchi, trachea, lungs or esophagus	<input checked="" type="checkbox"/> Lymphoid interstitial pneumonitis (Pediatric)
<input type="checkbox"/> Cervical cancer, invasive	<input type="checkbox"/> Lymphoma, Burkitt's immunoblastic, or primary of the brain
<input type="checkbox"/> Coccidioidomycosis, disseminated or extrapulmonary	<input type="checkbox"/> Mycobacterium avium or M. kansasii, extrapulmonary
<input type="checkbox"/> Cryptococcosis, extrapulmonary	<input type="checkbox"/> Mycobacterium tuberculosis, any site
<input type="checkbox"/> Cryptosporidiosis, chronic intestinal	<input type="checkbox"/> Mycobacterium, other or unidentified
<input type="checkbox"/> Cytomegalovirus (CMV) disease, other than liver, spleen or nodes	<input type="checkbox"/> Pneumocystis carinii pneumonia
<input type="checkbox"/> Cytomegalovirus (CMV) retinitis - with loss of vision	<input type="checkbox"/> Pneumonia, recurrent
<input type="checkbox"/> Encephalopathy, HIV-related	<input type="checkbox"/> Progressive multifocal leukoencephalopathy
<input type="checkbox"/> Herpes simplex, chronic ulcer(s), bronchitis, pneumonitis, or esophagitis	<input type="checkbox"/> Salmonella septicemia, recurrent
<input type="checkbox"/> Histoplasmosis, disseminated or extrapulmonary	<input type="checkbox"/> Toxoplasmosis of the brain
<input type="checkbox"/> Isosporiasis, chronic intestinal	<input type="checkbox"/> Wasting syndrome, HIV-related

Treatment	
Condition	Treatment Date
<input type="checkbox"/> Wasting Syndrome	

Once a condition has been recorded, it is removed from the list of possible conditions for the client and a treatment option for that condition becomes visible. The

treatment date must be on or after the diagnosis date. A single treatment record should be entered for a multi-day or multi-part treatment. Once a treatment has been recorded, a

Checkout		
Condition	Resolved?	Checkout Date
<input type="checkbox"/> Pneumocystis carinii pneumonia	Not Resolved	
<input type="checkbox"/> Wasting Syndrome	Not Resolved	

checkout record can then be entered for that condition diagnosis. The checkout date must follow the treatment date. No further treatments for that condition for that client can be recorded until a checkout has been recorded as "resolved". Once a checkout has been recorded as "resolved", that condition can be recorded again for that client.

The **Pregnancy Data section** is only displayed for female clients (ClientCode ends in #2). If the *Pregnant?* checkbox is checked, 11 questions are revealed, as shown on the next page, and the first 9 must be completed before the data can be submitted (saved). The *Pregnancy Outcome* and *Newborn HIV Status* fields can be entered later; the data will continue to be displayed on the Medical Update screen until the *Pregnancy Outcome* and *Newborn HIV Status* fields are completed. Once that happens the section will not be displayed until the *Pregnant?* checkbox is checked again. As with other data

on the Medical Update screen, you can click on the [Click Here For Last Record](#) selection to see the last pregnancy data entered.

At the bottom of the Medical Update screen, the client's latest CD4 count and Viral Load tests are displayed.

This completes the Medical Update screen. Press Submit to save the data entered on the screen or select a button from the navigation bar to quit without saving.

Pediatric Updates

The Pediatric Update is used to enter the Stage of Illness (SOI) for pediatric clients or to enter a seronegative conversion date. To do this, select [Updates / Pediatric Updates](#), and enter the ClientCode.

The Pediatric SOI has three components: age group, symptomology class (level of signs and symptoms), and level of immunosuppression (based on lowest CD4 count). The client's age group is determined by the client's date of birth and the symptomology date (filled in when the symptomology class is entered). The symptomology class is chosen from a drop down that includes Mild, Moderate, Severe, None, and Not Applicable. Once the new symptomology date and class have been entered the system will calculate the Client's age group and suppression level. If the client has no CD4 test recorded in CPCDMS then an error message will be generated. Once the information is entered correctly, press the <Submit> button to save the entries.

If a pediatric client is determined to be seronegative at some point then the "Date Converted to SeroNegative" should be entered (in mm/dd/yyyy format). Press the <Submit> button to save the entry into the system.

The information entered in this topic is based on the Centers for Disease Control's Pediatric HIV classification system (see below).

Age Group <12 months

N1 Asymptomatic CD4 \geq 1500
N2 Asymptomatic CD4 750-1499
N3 Asymptomatic CD4 $<$ 750
A1 Mild Signs & Symptoms CD4 \geq 1 500
A2 Mild Signs & Symptoms CD4 750-1499
A3 Mild Signs &Symptoms CD4 $<$ 750
B1 Moderate Signs & Symptoms CD4 \geq 1500
B2 Moderate Signs & Symptoms CD4 750-1499
B3 Moderate Signs & Symptoms CD4 $<$ 750
AIDS CD4 \geq 1500
AIDS CD4 750-1499
AIDS CD4 $<$ 750

Age Group 1-5 years

N1 Asymptomatic CD4 \geq 1000
N2 Asymptomatic CD4 500-999
N3 Asymptomatic CD4 $<$ 500
A1 Mild Signs & Symptoms CD4 \geq 1000
A2 Mild Signs & Symptoms CD4 500-999
A3 Mild Signs &Symptoms CD4 $<$ 500
B1 Moderate Signs & Symptoms CD4 \geq 1000
B2 Moderate Signs & Symptoms CD4 500-999
B3 Moderate Signs & Symptoms CD4 $<$ 500
AIDS CD4 \geq 1000
AIDS CD4 500-999
AIDS CD4 $<$ 500

Age Group 6-12 years

N1 Asymptomatic CD4 \geq 500
N2 Asymptomatic CD4 200-499
N3 Asymptomatic CD4 $<$ 200
A1 Mild Signs & Symptoms CD4 \geq 500
A2 Mild Signs & Symptoms CD4 200-499
A3 Mild Signs &Symptoms CD4 $<$ 200
B1 Moderate Signs & Symptoms CD4 \geq 500
B2 Moderate Signs & Symptoms CD4 200-499
B3 Moderate Signs & Symptoms CD4 $<$ 200
AIDS CD4 \geq 500
AIDS CD4 200-499
AIDS CD4 $<$ 200

Transfer Client

The two transfer request selections that were available in CPCDMS under *Updates* have been merged into one procedure. After selecting *Updates / Transfer Client*, enter a ClientCode, select a new record owner from the dropdown, verify that the client has signed a *Consent for Transfer* form, and then press Submit. The system will either (1) process the request automatically for clients whose eligibility has been expired for more than 180 days, or (2) send an email request for transfer to the CPCDMS contacts at the record-owning agency for clients whose eligibility is not expired or has been expired for 180 days or less. This feature is only seen by users that have been given this special right by one of their agency's CPCDMS contacts. A client whose record-owning agency is currently the Harris County Sheriff's Office (HCJ) will be transferred automatically regardless of the eligibility expiration. The *Consent for Transfer* form must still be signed by the client but, as with other transfer requests, it is not sent to RWGA. It is retained in the client's file. All client data should be entered into CPCDMS before approving the transfer of a client to another agency (the Update Client data entry screen will not be available for that client after the transfer has been processed).

Request Transfer of Client

Client Code:

Select the new record owner (case manager) from the drop down list below.

Client Information

Zip Code:	77032	Registration Date:	9/5/2012	County:	HARRIS
Race:	African American/Black	Status:	Open		
Eligibility Expires:	3/4/2013	Day(s) Expired:	120		

Receiving Agency

New Record Owner:

Consent for Transfer form has been completed and signed by client:

Current Record Owner

Agency: Houston Area Community Service

Record Owner: Ernesto Macias, CMLIC [706]

CPCDMS Contacts:

ContactName
Fuentes, Joe
Sandoval, Joe
Jones, Sandy
Perez, Sandy
test, test

Update Client Record (Registration Update)

On an annual basis, the record owner meets with the client face-to-face to update the client's eligibility. If the *Consent to Verify Eligibility for Services* and the *Consent for Services* forms (see Appendix B) are expired, new ones are completed and signed by the client. Staff completes the *Client Registration Update* form (see Appendix B) with the client, and the client is screened for eligibility. All required documentation is provided, including verification of current residency within the Houston EMA (or HSDA for drug reimbursement services), current household income, and insurance coverage. ID documentation does not need to be updated unless the client's name or gender changes. Client eligibility updates must be entered into CPCDMS within 14 working days. The agency may bill RWGA for this update under case management. The client's record may also be updated at any time for other reasons, which may or may not be billable. An agency will only be paid for the time spent processing one client eligibility update per client per 12 month period.

At the six month point between eligibility updates, the client must provide a "verbal attestation" that there has been no change in his/her residency, income, or health insurance information. The format and frequency of documenting the attestation will be based upon the agency's RWGA-approved Verbal Attestation Policy. This information is not entered into CPCDMS.

From the main screen choose [Updates](#), and then [Update Client Record](#) to begin the process. The client's unique 11-character ClientCode is then entered and the most current information for that client is displayed. The client record update will only display those fields which may be updated by the agency. Changes to other fields may be requested by the CPCDMS contacts via the HelpDesk.

The first section is the **Client Status section**. The Case Mgmt Status field has two choices: *Open* and *Closed*. If the client is not currently receiving

case management services from the record-owning agency the Client Status should be changed to *Closed*. In this case, the record-owning agency can still bill for non-case management services provided and other agencies can bill for all allowable services (including all allowable case management services) provided. If the client is deceased then the Date of Death should be entered within 5 business days of notification (the Vital Status field will automatically be changed to *Deceased*).

The next section is the **Basic Client Information section**. The fields available for editing include the medical provider, primary language (spoken at home), county and zip code of residence, and the case number, which is optional.

Further explanation is provided under the Client Registration section. The client middle initial (MI) and mother's maiden name (MMN) fields are only editable if no data has already been entered into these fields. Once data is entered into the MI or MMN field it will no longer be editable, even if 9's have been entered. The client's date of birth is

displayed but cannot be edited. When a client is transferred to a new record owning agency, the case number should be changed.

The **Verifications section** collects the data used to determine the client’s eligibility for certain services. Except for HIV positivity documentation, this data must be updated on an annual basis (or sooner if needed). Enter the modified adjusted gross income (MAGI) for the client’s **entire household**; for this purpose a same sex partner is not considered to be a household member. Generally, MAGI is the adjusted gross income for the household plus non-taxable social security benefits, tax-exempt interest and/or foreign income. This is a 5 digit field, so if the client’s income is ≥\$100,000 then enter “99999”. A client whose income exceeds \$100,000 can only receive services that have no financial eligibility criteria. More details on calculating income can be found in the policy and procedure for *Determining Household Income* document located on the RWGA website at

hcphtx.org/Services-Programs/Programs/Ryan-White-Grant-Administration/Grants-Management/Project-Monitoring. Enter the number of Family Members in the client’s household; be sure to include the client in this number. The combination of these two fields produces data that determines Poverty Level which is calculated and displayed. Client data can be updated on this screen at any time. If an annual eligibility update is done then the eligibility update date must be entered and the client’s income, family size, residency and medical insurance coverage must be verified and updated in CPCDMS if there has been a change. Check the appropriate box to confirm that this has been done. Also included is the documentation of HIV positivity, income, identification, and residency (see [Client Registration / Eligibility Verifications](#) section for more information and a list of documentation choices). HIV documentation must be updated in CPCDMS if the current entry displays “Unknown” or is blank. Documentation of HIV positivity is done only once and does not have an expiration date (except for anonymous tests which are valid for 60 days). Other agencies providing services must also collect HIV documentation which is then placed in the client’s file. More information on verifications can be found under [Client Registration](#).

The screenshot shows the 'Verifications' section of the CPCDMS system. It contains the following fields and options:

- Modified Adjusted Gross Income (MAGI):** 8395
- Family Size:** 1
- Poverty Level:** 70.66%
- Eligibility Updated On:** 3/1/2016 (checked)
- This client’s income, family size, residency, and medical insurance have been verified and updated in CPCDMS if there has been a change
- Documentation (see training manual for more information):**
 - HIV:** Computer-generated HIV+ lab test with name pre-printed
 - Income:** Social Security Award Letter
 - Identification:** Texas Identification Card
 - Residency:** Business Correspondence with client name and address

The **Bus Voucher Information section** is where bus voucher information can be entered if not entered at registration. Select YES or NO. If YES is chosen, enter the voucher type, the issue date, the voucher number, and the Value (only for Value-Based vouchers). Bus voucher numbers are 5 digits long but leading zero’s can be omitted. There are 2 voucher types to choose from: Renewal and Value-Based. A client who has never received a voucher may be given a Value-Based voucher, depending upon need. Clients who previously

The screenshot shows the 'Bus Voucher Information' section of the CPCDMS system. It contains the following fields and options:

- Bus Voucher Dispersed:** No Yes
- Type:** Value-Based
- Value:** 50
- Date Dispersed:** 6/1/2013
- Voucher #:** 11111

received a Renewal voucher should only be given a Renewal voucher. Those who previously received a Transitional or Value-Based voucher should only be given a Value-Based voucher. Value-Based vouchers have a value \$50. A client who has received a Value-Based BV is eligible to receive another after 6 months (if warranted). A client who has previously received a Renewal or Transitional voucher is eligible for another voucher after 11 months. To be eligible for a bus voucher, a client must reside in the METRO service area and meet all RW Part A eligibility requirements (including the 300% financial eligibility criteria).

The AIDS Medication Program Status, Homeless Status, and Insurance Information sections are discussed under Registration.

This completes the CPCDMS client update process. Press the SUBMIT button to save the record. Print the resulting form and place in the client's record for documentation.

Update Partial Registration

The data for clients entered with a partial registration can be updated by the record owning agency. This is done by selecting [Updates / Update Partial Registration](#). Certain information, which is not editable on a full registration, can be edited on a partial registration. This includes gender, race, Hispanic status, and risk factor data. Press the SUBMIT button to save the record. Print the displayed partial registration update form and place in the client's record for documentation (see Appendix A for screen shot of the [Update Partial Registration](#) screen).

Reports

Users assigned the special right of *Reports* see the **Reports** tab on the Navigation Bar. After selecting *Reports / "View/Run Reports"*, a list of reports is displayed which varies by agency. The report name, description, and last modified date (i.e. last run date) are shown. The example below shows reports seen by agencies providing primary care services.

Name	Description	Last Modified
abr010 - Zipcode Distribution	Unduplicated Caseload by Zipcode	5/8/2013 4:07:00 PM
abr014 - Client Registrations	Client Registration History	9/27/2012 8:10:00 AM
abr020 - Client Registrations Expiration	Client Eligibility Expirations	11/1/2012 4:08:00 PM
abr030 - Billing History	Billing History - Unit Subtotals By Client and Month of Service	8/30/2013 11:30:00 AM
abr033 - CER WICY	Contractor Expense Report - Women, Infants, Children And Youth	8/13/2013 2:54:00 PM
abr039 - Deleted Encounters	Deleted Encounters Audit Trail	8/12/2013 1:53:00 PM
abr052 - Back Billing History	Back Billing History	8/12/2013 4:06:00 PM
abr056 - CD4 Increase/Decrease (Avg Earliest/Latest)	CD4 Increase/Decrease (Avg Earliest/Latest) - By Age, Age2, Race, Gender, Ethnicity, OR, SD1	8/30/2013 10:04:00 AM
abr058 - VL Increase/Decrease (Avg Earliest/Latest)	VL Increase/Decrease (Avg Earliest/Latest) - By Age, Age2, Race, Gender, Ethnicity, OR, SD1	11/12/2013 1:22:06 PM
abr069 - SUR with 8 Age Groups and Subcat Incl or Excl	Service Utilization Report - Race, Age Groups (Expanded), Gender, Ethnicity - w/ SubCategory Inclusion/Exclusion	8/30/2013 9:39:00 AM
abr076 - Gap in Service	Clients with Gap in Services	7/11/2013 9:43:00 AM
abr082 - Clients with AIDS	Client Stage of Illness (AIDS)	11/14/2012 3:37:00 PM
abr083 - Billing History 2	Billing History (3 Contracts) - Unit Subtotals By Date	4/17/2013 6:26:00 PM
abr084 - Billing History 3	Billing History (4 Contracts) - Unit Subtotals By ClientCode	2/21/2013 8:56:00 AM
abr086 - Drug List	Drug List	8/27/2013 11:32:05 AM
abr087 - Client Drug	Drug Utilization Report	11/16/2012 10:14:00 AM
abr089 - Test Results Entered	List of Test Results Entered	5/22/2013 2:34:00 PM
abr090 - Drug By Poverty List	Drug Utilization by Poverty Level	10/23/2012 11:29:00 AM
abr094 - Billing History 4	Billing History (4 Contracts) - Unit Subtotals By Date AND ClientCode	12/5/2012 10:02:00 AM
abr095 - CADR-Client Information	Care Act Data Report - Client Information	8/30/2013 10:02:00 AM
abr096 - Opportunistic Infections	Opportunistic Infections	8/10/2009 10:11:06 AM
abr097 - Medical Therapy	Medical Therapy Report	11/14/2012 3:45:00 PM
abr101 - Household Income	Household Income Report	8/21/2013 2:06:00 PM
abr103 - CurrentPCONSLIST	Current Registrations/ Bus Vouchers	8/29/2013 10:06:00 PM
abr113 - Vision Assessment	Vision Assessment Report	5/8/2013 3:41:00 PM
abr116 - Client Drug Multiple	Drug Utilization Report - Multiple Drugs	8/10/2009 10:11:06 AM
abr117 - Num Completed Surveys	COMPLETED AND SCANNED SURVEY COUNT	5/8/2013 10:28:00 AM
abr120 - Gas Card Report	Gas Card Report	8/10/2009 10:11:07 AM
abr122 - Survey Summary	Survey Summary Report	11/15/2012 2:15:00 PM
abr127 - GeneratedSurveyCount	Generated Survey Count	9/20/2010 5:04:47 PM
abr128 - GeneratedSurveyDetail	Generated Survey Detail	9/20/2010 5:22:37 PM
abr129 - Assessments	General Assessment Report	7/31/2013 8:46:00 AM
abr131 - CER WICY - Back Billing Hx	Contractor Expense Report - WICY - Back Billing History	4/17/2012 2:03:00 PM
abr133 - Client Information	CADR Report - Homeless, Insurance, SD1, Status	4/4/2013 1:33:12 PM
abr134 - CER WICY - Deleted Encounters	abr134 - Contractor Expense Report - WICY - Deleted Encounter History	8/12/2013 1:38:00 PM
abr135 - Cross-Agency Client List	Cross-Agency Client Codes with Eligibility Expirations	4/30/2013 1:12:00 PM
abr140 - Outcome Surveys and Assessments	Clients Who Should Have Surveys & Assessments	8/8/2013 10:26:00 AM
abr141 - SUR By County Code Zip Code Region	Service Utilization Report - Race, Age Groups (Expanded), Gender, Ethnicity - w/ SubCategory Inclusion/Exclusion	8/27/2013 4:04:00 PM
abr147 - CADR3	CADR Report - TB / Syphilis / STD / Hep C Screen And Test	8/10/2009 10:11:07 AM
abr148 - HIV Test Results	HIV Test Results Report	11/14/2012 3:47:00 PM
abr149 - Open OI Client Diagnosis List	Open Opportunistic Infection List	8/10/2009 10:11:07 AM
abr157 - Unknown AIDS Status	Meet Recent Unknown AIDS Status	8/17/2011 3:21:01 PM
abr158 - Client Medication Caps	% of Cap for HIV and NonHIV Meds by Client?	7/8/2013 2:34:00 PM
abr159 - Missing Screenings	Clients Missing HepB/C or Pap Smear Screening	6/6/2013 9:32:00 AM
abr161 - ASR Completeness Estimate	ASR Completeness Estimate	7/29/2013 9:02:00 AM
abr162 - Client Satisfaction Incentives Earned and Issued	Client Satisfaction Incentives Earned and Issued	8/8/2013 10:22:00 AM
abr164 - ECLIPS Referrals	ECLIPS Referrals to RW Agencies	11/14/2012 3:47:00 PM
abr165 - AIDS Medication Program PAP	Pharmaceutical Patient Assistance Program	8/21/2013 1:30:00 PM

Click on a report name to schedule a new report or to see previous instances of the report that have been run. There are 15 instances displayed per page with the most recent on the first page. The page numbers are shown at the top and can be selected to display the instances on that page. Instances are displayed for one year. The instance output (Instance name and Export icon) is only shown for 6 months but if the instance is displayed it may be rescheduled with the same parameters. There are 8 columns displayed on the screen.

abr030 - Billing History

List All Reports Schedule Report Refresh

Home > Agency Folders > LCHS > abr030 - Billing History >

Click to reschedule an instance based on the parms of the selected instance.

Page: << < 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 > >> Delete

Instance	Export	Status	Parameters	Owner	Last Modified	Selected
abr030...		Complete	LCHS; SERVICE TYPE; CLIENT; 3/1/2011; 2/29/2012; ALL; ALL; 11_10GEN2797NP; All; n/a; All; n/a; All; n/a; All; n/a; All; 0; BLK; ALL	cilly	5/4/2012 11:42:00 AM	
abr030...		Complete	LCHS; SERVICE TYPE; CLIENT; 3/1/2011; 2/29/2012; ALL; ALL; 11_10GEN2797NP; All; n/a; All; n/a; All; n/a; All; n/a; All; 0; ALL; ALL	cilly	5/4/2012 11:40:00 AM	
		Complete	LCHS; CLIENT; SERVICE DATE; 4/1/2009; 12/31/2012; ALL; ALL; All; n/a; All; n/a; AR; n/a; All; n/a; All; 0; ALL; All; ptah041	dwatson	5/2/2012 2:18:00 PM	

The first column has the reschedule  icon which allows users to reschedule a previously created instance with the same parameters. Users may also change the parameters, if desired.

The second column shows the *Instance* name; clicking on the instance name will open up the instance output in a separate window.

The third column is labeled *Export* and contains an icon representing the type of file output that was selected when the report was run; clicking on the icon will open up the report output in a new window. The most commonly used output type is the pdf file which has the  icon.

The fourth column shows the *Status* of the report. The status is usually *Complete* but if there is a problem the *Status* will be displayed as *Failed*. If this happens a HelpDesk should be submitted with an explanation that includes the report name.

The fifth column is labeled *Parameters* and displays the parameters that were selected when the instance was run. These are displayed on the output also.

The sixth column displays the *Owner* (username of the person that ran the report) and the seventh displays the *Last Modified* date (date report instance run).

The last column is labeled *Selected*. A check box is displayed to the user that ran the report. So when jdoe is logged in there will be a select box beside any report instances run by jdoe. This allows jdoe to check one or more boxes and then click on the  button to delete those instances of the report. CPCDMS Contacts can delete reports created by any user.

After scheduling or rescheduling a report, the parameter selection screen is displayed, which is different for each report. The service subcategory code parameters have a pencil icon  which when clicked shows only the subcategory codes for the Service, Grant & Contract selected. Multiple subcategory codes may be selected or the codes may be entered manually. After the appropriate parameters are selected, the  button is clicked.

CPCDMS reports have standardized output. The date and time the report was run, the report name and version, and the page numbers are in the same place on all of the reports.

Information on the most frequently used reports (see list below) is included on the following pages.

Report No	Report Description	Report Type
Abr030	Billing History – Unit Subtotals by Client & Month of Service	Billing
Abr033	Contractor Expense Report – Women, Infants, Children & Youth	Billing
Abr039	Deleted Encounters	Billing
Abr052	Back Billing History	Billing
Abr069	Service Utilization Report w/8 Age Groups & SubCat Incl/Excl	Data
Abr131	Contractor Expense Report – WICY – Back Billing Report	Billing
Abr134	Contractor Expense Report – WICY – Deleted Encounters	Billing
Abr157	Unknown AIDS Status	PCARE Data
Abr158	Client Medication Caps	PCARE Data
Abr159	Missing Hep B/C or Pap Smear Screening	PCARE Data

Abr030 – Billing History - Unit Subtotals by Client & Month of Service

The *abr030 – Billing History* report is designed to allow agency users to produce a list of services (i.e. encounters) provided during a selected time period. It is usually produced for a particular month and contract number and then attached to the corresponding Contractor's Expense Report (CER) so that the agency can be reimbursed for the services provided. A CER for a Ryan White contract that has multiple subcontracts (listed as contracts in CPCDMS) should include a *Billing History* report for each subcontract. For example, contract 11GEN1989 will have a *Billing History* report for CPCDMS contracts 11GEN1989AA, 11GEN1989HL, 11GEN1989WHT, and 11GEN1989DRUG. Up to 5 CPCDMS contract numbers (or ALL) can be selected, allowing users to produce a report that shows the services billed to the entire Ryan White contract. Only contracts for the service and grant selected will be displayed. Each contract number selection also has an associated service subcategory code selection box. One or more service subcategory codes can be selected/entered for each contract chosen. Only service subcategory codes for the service, grant, and contract selected will be displayed. Other available selections include the service performer, grant, service, race, ethnicity, and specific ClientCode(s). The Select Version parameter has two choices: RWGA and Auditor. Both are printed by the agency and attached to the CER. The RWGA version is kept by Grants Management and the Auditor version, which has a redacted ClientCode, is sent to the auditor's office for review.

Parameter Selections (see screen on next page):

Sort Order 1 – Select the primary sort order for the report (default is ClientCode).

Sort Order 2 – Select the secondary sort order for the report (default is Service Date).

Enter first service date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter last service date (mm/dd/yyyy) - Defaults to December 31st of the current year

Select Service – Select a service code or ALL.

Select Grant – Select the funding source (e.g. Ryan White Part A, Ryan White Part B, DSHS) or ALL.

Select Contract 1 – Select first contract number or ALL.

Enter SubcategoryCode(s) To Include from Contract 1– Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Contract 2 – Select second contract number or “n/a”.

Enter SubcategoryCode(s) To Include from Contract 2– Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Contract 3 – Select third contract number or “n/a”.

Enter SubcategoryCode(s) To Include from Contract 3– Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Contract 4 – Select fourth contract number or “n/a”.

Enter SubcategoryCode(s) To Include from Contract 4 – Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Contract 5 – Select fifth contract number or “n/a”.

Enter SubcategoryCode(s) To Include from Contract 5 – Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Service Performer – Select a service performer or ALL.

Select Race – Select a race or ALL.

Select Hispanic Status – Select a Hispanic status or ALL.

Enter ClientCode(s) separated by a comma– Enter ClientCode(s) or ALL.

Select Version – Select the Auditor or RWGA version

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

Parameter Screen – abr030-Billing History Report

Schedule Report

abr030 - Billing History

To schedule the report, first choose values for the parameters below.

Sort Order 1	CLIENT ▾
Sort Order 2	SERVICE DATE ▾
Enter first service date (mm/dd/yyyy)	9/1/2012
Enter last service date (mm/dd/yyyy)	9/30/2012
Select Service	ALL ▾
Select Grant	ALL ▾
Select Contract 1	11GEN1989DRUG ▾
Enter SubcategoryCode(s) To Include from Contract 1	All
Select Contract 2	11GEN1989AA ▾
Enter SubcategoryCode(s) To Include from Contract 2	MCCM
Select Contract 3	11GEN1989HL ▾
Enter SubcategoryCode(s) To Include from Contract 3	MCCM
Select Contract 4	11GEN1989WHT ▾
Enter SubcategoryCode(s) To Include from Contract 4	MCCM
Select Contract 5	n/a ▾
Enter SubcategoryCode(s) To Include from Contract 5	All
Select Service Performer	ALL ▾
Select Race	ALL ▾
Select Hispanic Status	ALL ▾
Enter ClientCode(s) separated by a comma	AGMR0910862, RYHR0
Select Version	RWGA ▾
Choose the type of Report Output:	PDF ▾

Schedule Report
Back

The parameters shown above select all September 2012 Drug and Medical Case Management services entered into contracts 11GEN1989DRUG and 11GEN1989AA, HL or WHT for three ClientCodes only. The results are sorted by ClientCode and then service date. The first page of the output (see next page) shows 3 NONHI (non-HIV medication), one ADAP (ADAP dispensing fee) and one MCCM (medical case management) encounter along with a Summary of all services. The second page shows the rest of the summary plus a case management summary and a DRUG (non-ADAP) summary.

Abr030 – Billing History Output – Auditors Version:

10/30/2012 4:26 PM

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA

BILLING HISTORY

[PerfID]: ALL [Agency]: HACS [Grant] : ALL
 [Service]: ALL [Race]: ALL [Hispanic]: ALL
 Services performed between 9/1/12 and 9/30/12
 [Contract]: 11GEN1989DRUG [Sub Category Code(s)]: ALL
 [Contract2]: 11GEN1989AA [Sub Category Code(s) 2]: MCCM
 [Contract3]: 11GEN1989HL [Sub Category Code(s) 3]: MCCM
 [Contract4]: 11GEN1989WHT [Sub Category Code(s) 4]: MCCM
 [Contract5]: n/a [Sub Category Code(s) 5]: All
 [SORT]: CLIENT SERVICE DATE
 [Clientcode(s)]: AGMR0910862, RYHR0122601,JSPD0108771

Client Code	Agency	Contract Number	Date of Service	Service Category	Sub Cat	Grant	County	Sex	Race	Hisp	Prof ID	Performed By	Med. Cert	Service Value	No. of Units	Unit Fee
AGMR*****	HACS	11GEN1989DRUG	9/18/12 9/18/12	DRUG	ADAP	EW1	HARCO	2	BLK	No	1189	Jeff Feickman		5.00 5.00	1.00 1.00	1.00 1.00
														<u>10.00</u>		
														61.00	4.07	25.00
JSPD*****	HACS	11GEN1989HL	9/26/12	PCARE	MCCM	EW1	HARCO	1	WHT	Yes	706	Ernesto Macias		<u>61.00</u>	2.73	25.00
														41.00		
														<u>41.00</u>		
RYHR*****	HACS	11GEN1989DRUG	9/04/12 9/04/12	DRUG	NONHI	EW1	HARCO	1	WHT	No	1189	Jeff Feickman		1.22 5.40	1.00 1.00	1.00 1.00
														<u>6.62</u>		
														9.00	0.60	25.00
														<u>9.00</u>		

Sub-Total (DOLLARS):

Sub-Total (MINUTES):

Sub-Total (DOLLARS):

Sub-Total (MINUTES):

Sub-Total (DOLLARS):

RACE CODES

ASN Asian
 BLK African American/Black
 HWN Native Hawaiian/Pacific Islander
 NTV American Indian/Alaska Native
 WHT White

SEX CODES

1 Male
 2 Female
 3 Tran, M-F
 4 Tran, F-M

* Med Cert - medical certification only applies to certain Transportation encounters
 ** No. of Units are rounded to 12 decimal places but displays only 2

Abr030 – Billing History Output – Auditors Version (continued):

10/30/2012 4:26 PM

SUMMARY			
<u>SERVICE</u>	<u>SERVICE VALUES</u>	<u>NO. OF UNITS</u>	<u>TOTAL VISITS / TRANS-ACTIONS***</u>
DRUG			
ADAP Dispensing Fee (ADAP DOLLARS)	10.00	2.00	
NON HIV Medication (NONHI DOLLARS)	6.62	2.00	
<i>Total DOLLARS</i>	<i>16.62</i>	<i>4.00</i>	
TOTAL DRUG			2.00
PCARE			
Medical Case Management (MCCM MINUTES)	111.00	7.40	
<i>Total MINUTES</i>	<i>111.00</i>	<i>7.40</i>	
TOTAL PCARE			3.00

SUMMARY OF CASE MANAGEMENT

<u>SERVICE VALUES</u>	<u>NO. OF UNITS</u>
Medical Case Management (MCCM MINUTES)	7.40
<i>Total Licensed</i>	<i>7.40</i>
<i>Total Unlicensed</i>	<i>0.00</i>

SUMMARY FOR DRUGS			
<u>SERVICE VALUES</u>	<u>NO. OF UNITS</u>	<u>TOTAL VISITS / TRANS-ACTIONS***</u>	
DRUG			
NON HIV Medication (NONHI DOLLARS)	6.62	2.00	
<i>Total DRUG</i>	<i>6.62</i>	<i>2.00</i>	
TOTAL BILLABLE DRUG TRANSACTIONS			

*** The number of visits/transactions represents one visit/transaction/service per client per day per service category

Abr033 – Contractor Expense Report – Women, Infants, Children & Youth

The *abr033 – CER WICY* report is designed to allow agency users to produce a list of services (i.e. encounters) provided to women, infants, children, and youths less than 25 years of age during a selected time period. It is usually produced for a particular month and contract number and then attached to the corresponding Contractor's Expense Report (CER) in conjunction with the *Billing History* report. A CER for a contract that has multiple subcontracts (listed as contracts in CPCDMS) should include a *CER WICY* report for each subcontract. For example, contract 08GEN0116 will have a *CER WICY* report for 08GEN0116AA, 08GEN0116HL, and 08GEN0116WHT. One or more service subcategory codes can be selected/entered for the contract chosen. The only other available selection is the Service.

Parameter Selections (see screen below):

Sort Order 1 – Select the primary sort order for the report.

Sort Order 2 – Select the secondary sort order for the report.

Enter first service date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter last service date (mm/dd/yyyy) - Defaults to December 31st of the current year

Select Service – Select a service code or ALL.

Select Contract 1– Select a contract number or ALL.

Enter SubcategoryCode(s) – Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

Schedule Report

abr033 - CER WICY

To schedule the report, first choose values for the parameters below.

Sort Order 1	CLIENT
Sort Order 2	DATE
Enter first service date (mm/dd/yyyy)	10/18/2011
Enter last service date (mm/dd/yyyy)	10/18/2011
Select Service	DRUG REIMBURSEMENT PROGRAM
Select Contract 1	11_10GEN2792DRUG
Enter SubcategoryCode(s) separated by a comma	All
Choose the type of Report Output:	PDF

The parameters shown above select all HACS Drug Reimbursement services provided to WICY clients on 10/18/2011 and entered into contract 11_10GEN2792DRUG. The results are sorted by ClientCode and service date. The output on the next page shows there were 7 NONHI (non-HIV medication) encounters. A summary of services is included along with a summary of drug services.

Abr033 – CER WICY Output:

11/11/2011 10:30 AM

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
CONTRACTORS EXPENSE REPORT - WICY**
Service Dates From 10/18/11 to 10/18/11
[Agency]: HACS [Service Code]: DRUG [Contract]: 11_10GEN2792DRUG
[Sub Cats] All
[Sort]: DATE, CLIENT

ClientCode	Sex	Age	Service	Service SubCat	Service Date	Service Value	Unit Mgn	Units	UnitFee	Amt Expended	Contract Number	Poverty Level
CCRV0721802	2	31	DRUG	NONE	10/18/11	60.08	1	60.08	\$1	\$60.08	11 10GEN2792DRUG	19.72
					10/18/11	45.29	1	45.29	\$1	\$45.29		
DNCB0115891	1	22			10/18/11	82.71	1	82.71	\$1	\$82.71		0.00
MCRB0217832	2	28			10/18/11	0.86	1	0.86	\$1	\$0.86		94.63
MREI0106622		49			10/18/11	0.47	1	0.47	\$1	\$0.47		0.00
NKBI0106672		44			10/18/11	2.05	1	2.05	\$1	\$2.05		20.39
					10/18/11	9.70	1	9.70	\$1	\$9.70		
<i>DATE 10/18/2011</i>						<i>Total:</i>		201.16		\$201.16		

SUMMARY

	<u>NO. UNITS</u>	<u>AMT EXPENDED</u>	<u>TOTAL VISITS/TRANS-ACTIONS***</u>
YOUTH (13-24)	82.71	\$82.71	1
WOMEN (25+)	118.45	\$118.45	4
TOTAL	201.16	\$201.16	5

SUMMARY FOR DRUGS

	<u>NO. UNITS</u>	<u>AMT EXPENDED</u>	<u>TOTAL VISITS/TRANS-ACTIONS***</u>
YOUTH (13-24)			
NON HIV Medication	82.71	\$82.71	
TOTAL YOUTH (13-24)	82.71	\$82.71	1
WOMEN (25+)			
NON HIV Medication	118.45	\$118.45	
TOTAL WOMEN (25+)	118.45	\$118.45	4

*** The number of visits/transactions represents one visit/transaction/service per client per day per service category

abr033 - CER WICY
v2.1.1 9/15/2011

Abr039 – Deleted Encounters Audit Trail Report

The *abr039 – Deleted Encounters* report is designed to allow agency users to produce a list of services (i.e. encounters) deleted after they have already been submitted to RWGA Grants Management for reimbursement. It is usually produced for a particular month and contract number.

Parameter Selections (see screen below):

Sort Order1 – Select the primary sort order for the report.

Sort Order2 – Select the secondary sort order for the report (usually Service Date)

Enter Beginning Deletion Date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter Ending Deletion Date (mm/dd/yyyy) - Defaults to December 31st of the current year

Enter first service date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter last service date (mm/dd/yyyy) - Defaults to December 31st of the current year

Select Contract 1 – Select a CPCDMS contract number or ALL.

Enter SubcategoryCode(s) – Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Version – Select the Auditor or RWGA version

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

Schedule Report

abr039 - Deleted Encounters

To schedule the report, first choose values for the parameters below.

Sort Order 1	CLIENT
Sort Order 2	SERVICE DATE
Enter Beginning Deletion Date (mm/dd/yyyy)	3/1/2014
Enter Ending Deletion Date (mm/dd/yyyy)	3/31/2014
Enter first service date (mm/dd/yyyy)	9/1/2013
Enter last service date (mm/dd/yyyy)	9/30/2013
Select Contract 1	ALL
Enter SubcategoryCode(s) separated by a comma	MCCM, PCSLW, CMLIC
Select Version	Auditor
Choose the type of Report Output:	PDF

[Schedule Report](#) [Back](#)

The parameters shown above selects certain case management services (MCCM, PCSLW, CMLIC, and CMSLW) provided in September 2013 and deleted in March 2014. The results are sorted by ClientCode and then service date. The Auditor's version of the output on the next page shows there were 9 encounters deleted. A summary of services is included along with a summary of case management services

Abr039 – Deleted Encounters Report Output:

6/23/2014 7:33 AM

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
DELETED ENCOUNTERS AUDIT TRAIL

Encounters deleted between 3/1/14 and 3/31/14
 and having a service dates between 9/1/13 and 9/30/13
 [Agency]: LCHS [Contract]: ALL
 [Service Subcategory]: MCCM, PCSLW, CMLIC, CMSLW
 [SORT]: CLIENT , SERVICE DATE

Client Code	Agency	Contract Number	Service Performer	Service	Service Subcategory	Service Value	Service Date	Deleted By	Deletion Date
BRAO*****	LCHS	13GEN0045NP	Peter Padilla, CMSLW	PCARE	PCSLW	15.00	9/09/13	RWGA/dwatson	3/28/14
DNGN*****	LCHS	13GEN0045NP	Peter Padilla, CMSLW	PCARE	PCSLW	15.00	9/10/13	RWGA/dwatson	3/28/14
GV,AK*****	LCHS	13GEN0045NP	Peter Padilla, CMSLW	PCARE	PCSLW	30.00	9/17/13	RWGA/dwatson	3/28/14
JCML*****	LCHS	13GEN0045NP	LaWille Farr, CMLJC	PCARE	MCCM	115.00	9/30/13	RWGA/dwatson	3/28/14
JSAM*****	LCHS	13GEN0045NP	Adabelle Franco, CMSLW	PCARE	PCSLW	65.00	9/30/13	RWGA/dwatson	3/28/14

SUMMARY

	SERVICE VALUES
PCARE	115.00
Medical Case Management (MCCM MINUTES):	125.00
Primary Care - Service Linkage (PCSLW MINUTES):	<u>240.00</u>
	<u>240.00</u>

SUMMARY OF CASE MANAGEMENT

	SERVICE VALUES	NO. OF UNITS
Medical Case Management (MCCM MINUTES)	115.00	7.67
Total Licensed	<u>115.00</u>	<u>7.67</u>
Primary Care - Service Linkage (PCSLW MINUTES)	125.00	8.33
Total Unlicensed	<u>125.00</u>	<u>8.33</u>

Abr052 – Back Billing History Report

The *abr052 – Back Billing History* report is designed to allow agency users to produce a list of services (i.e. encounters) provided during a time period outside of the normal billing cycle. It is usually produced for services provided during a particular month but entered into CPCDMS during a later time period (during one of the semi-annual backbilling periods). In this case it is run by contract number and then attached to the Contractor's Expense Report (CER) so that the agency can be reimbursed for the services provided. A *Back Billing History* report should be generated for each subcontract. For example, contract 10GEN2791 might have a *Back Billing History* report for 11_10GEN2791, 11_10GEN2791PCW, and 11_10GEN2791DRUG. One or more service subcategory codes can be selected/entered for the contract chosen. Other available selections include the service performer, grant, service, and specific ClientCode(s).

Parameter Selections:

Sort Order 1 – Select the primary sort order for the report (usually ClientCode).

Sort Order 2 – Select the secondary sort order for the report (usually Service Date).

Enter first service date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter last service date (mm/dd/yyyy) - Defaults to December 31st of the current year

Select Service – Select a service code or ALL.

Select Grant – Select the funding source (e.g. Ryan White Part A, Ryan White Part B, DSHS) or ALL.

Select Contract 1 – Select a CPCDMS contract number or ALL.

Enter SubcategoryCode(s) - Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Enter first date when changes were made (mm/dd/yyyy) – Defaults to Jan. 1st of the current year

Enter last date when changes were made (mm/dd/yyyy) – Defaults to Dec. 31st of the current year

Select Service Performer – Select a service performer or ALL.

Enter ClientCode(s) – Enter ClientCode(s) separated by commas or ALL.

Select Version – Select the Auditor or RWGA version

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

Schedule Report

abr052 - Back Billing History

To schedule the report, first choose values for the parameters below.

Sort Order 1	CLIENT
Sort Order 2	SERVICE DATE
Enter first service date (mm/dd/yyyy)	4/1/2014
Enter last service date (mm/dd/yyyy)	4/30/2014
Select Service	HEALTH INSURANCE
Select Grant	Other
Select Contract 1	14LCH00PTBHINSNP
Enter SubcategoryCode(s) separated by a comma	All
Enter first date when changes were made (mm/dd/yyyy)	6/6/2014
Enter last date when changes were made (mm/dd/yyyy)	6/6/2014
Select Service Performer	ALL
Enter ClientCode(s) separated by a comma	DVHG1228521, JYFN0
Select Version	RWGA
Choose the type of Report Output:	PDF

The parameters shown above selects health insurance services provided to 3 specified clients in April 2014 and entered (or last updated) into contract 14LCH00PTBHINSNP on 6/6/2014. The results are sorted by ClientCode and service date. The RWGA version of the output on the next page shows there were 3 encounters for the 3 clients selected.

Abr052 – Back Billing History Report Output:

6/25/2014 8:14 AM

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
BACK BILLING HISTORY

[Agency]: LCHS [Contract]: 14LCH00PTBHNSNP [Perf ID]: 0
 [Grant]: OTH [Service]: HINS
 [Service Subcategories]: All
 Services performed between 4/1/14 and 4/30/14
 and entered between 6/6/14 and 6/6/14
 [SORT]: CLIENT, SERVICE DATE
 [Client(s)]: DVHG1228521, JYFN0223631, MICH0302521

Client Code	Agency	Contract Number	Date of Service	Sub Cat	Grant	Country	Sex	Race	Hisp	Perf ID	Med* Cert	Service Value	Unit Fee	Units	Amount Expended	Last Update Date
DVHG1228521	LCHS	14LCH00PTBHNSNP	4/04/14	HINS	HCOPA	OTH	HARCO	1	BLK	N	904	8.90	0.00	1.00	0.00	6/06/14
												Sub-Total (DOLLARS):	8.90			
JYFN0223631	LCHS	14LCH00PTBHNSNP	4/05/14	HINS	HDEDU	OTH	HARCO	1	WHI	N	904	195.84	0.00	1.00	0.00	6/06/14
												Sub-Total (DOLLARS):	195.84			
MICH0302521	LCHS	14LCH00PTBHNSNP	4/03/14	HINS	HCDP	OTH	HARCO	1	WHI	N	904	150.00	0.00	1.00	0.00	6/06/14
												Sub-Total (DOLLARS):	150.00			

* Med Cert - medical certification only applies to certain Transportation encounters

SUMMARY

SERVICE	VALUES	NO. OF UNITS	Total Visits / Transactions
HINS			***
Co-payment - Medical (HCOPA DOLLARS)	8.90	1.00	
Co-payment - Pharmacy (HCDP DOLLARS)	150.00	1.00	
Deductible - Medical (HDEDU DOLLARS)	195.84	1.00	
Total DOLLARS	354.74	3.00	
TOTAL HINS			3.00

*** The number of visits/transactions represents one visit/transaction/service per client per day per service category

Perf ID Service Performer Name
 904 Sandra Loogoria

Page 1 of 1

abr052 - Back Billing History
 v2.1.3 5/25/12

Abr069 – Service Utilization Report (SUR)

The *abr069 – SUR* report is designed to produce a table of unduplicated clients served in a selected time period. Up to 5 CPCDMS contract numbers (or ALL) can be selected, allowing users to produce a report that shows the unduplicated clients receiving services billed to an entire contract. Each contract number selection also has an associated service subcategory code (Subcats) selection box. One or more service subcategory codes can be selected/entered for each contract chosen. Other available selections include the service, grant, and service performer.

Parameter Selections (see screen on the next page):

Enter first service date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter last service date (mm/dd/yyyy) - Defaults to December 31st of the current year

Select Service – Select a service code or ALL.

Select Grant(s) – Click the pencil icon to select one or more grants (e.g. Ryan White Part A, Ryan White Part B, DSHS) or manually enter grant codes (e.g. RW1, RW2, TDH) separated by commas or enter ALL.

Select Contract 1– Select first contract number or ALL.

Enter SubcategoryCode(s) from Contract 1– Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Contract 2– Select second contract number or “n/a”.

Enter SubcategoryCode(s) from Contract 2– Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Contract 3– Select third contract number or “n/a”.

Enter SubcategoryCode(s) from Contract 3– Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Contract 4– Select fourth contract number or “n/a”.

Enter SubcategoryCode(s) from Contract 4 – Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Contract 5– Select fifth contract number or “n/a”.

Enter SubcategoryCode(s) from Contract 5 – Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Select Service Performer – Select a service performer or ALL.

Include Or Exclude Subs – INCLUDES or EXCLUDES the subcategory codes entered in the subcat selection fields (applies to all five contracts).

Select Registration Type – Select FULL, PARTIAL or ALL. Selecting Full Registrations means that only HIV positive clients are included.

MAI – Select MAI, Non-MAI or ALL. This refers to MAI contract services provided.

New Clients Only – Select Yes/No. Select Yes to exclude clients that received services of that type, at any agency, in the year previous to the 1st service date entered.

Comma Separated List of Agency Codes (RWGA use only) – Central site users may enter multiple agency code(s) separated by commas or ALL. If multiple-agency results are desired then the Agency field must be entered as ALL.

Select Age Grouping – Select which age grouping that you wish to display on the output. AgeGrp1 is expanded and AgeGrp2 is condensed.

Show Detail – Select *True* to show the details for each client included.

Choose the type of Report Output – Select *PDF, Excel, XML, CSV, TIFF, or Web Archive*.

Parameter Screen – Service Utilization Report (SUR)

Schedule Report

abr069 - SUR with 8 Age Groups

To schedule the report, first choose values for the parameters below.

Enter first service date (mm/dd/yyyy)	<input type="text" value="1/1/2013"/>
Enter last service date (mm/dd/yyyy)	<input type="text" value="12/31/2013"/>
Select Service	<input type="text" value="MENTAL HEALTH THERAPY/COUNSELING"/>
Select Grant(s)	<input type="text" value="All"/>
Select Contract 1	<input type="text" value="14MCC00SSMENT"/>
Enter SubcategoryCode(s) from Contract 1	<input type="text" value="MHGRM,MHGRP"/>
Select Contract 2	<input type="text" value="14MCC00PTDMENT"/>
Enter SubcategoryCode(s) from Contract 2	<input type="text" value="MHGRM,MHGRP"/>
Select Contract 3	<input type="text" value="13MCC00SSMENT"/>
Enter SubcategoryCode(s) from Contract 3	<input type="text" value="MHGRM,MHGRP"/>
Select Contract 4	<input type="text" value="13MCC00PTDMENT"/>
Enter SubcategoryCode(s) from Contract 4	<input type="text" value="MHGRM,MHGRP"/>
Select Contract 5	<input type="text" value="n/a"/>
Enter SubcategoryCode(s) from Contract 5	<input type="text" value="All"/>
Select Service Performer	<input type="text" value="ALL"/>
IncludeOrExcludeSubs	<input type="text" value="INCLUDE"/>
Select Registration Type	<input type="text" value="FULL"/>
MAI	<input type="text" value="ALL"/>
New Clients Only	<input type="text" value="No"/>
Select Age Groupings	<input type="text" value="AgeGrp1 (expanded)"/>
Comma Separated List of Agency Codes (RWGA use only)	<input type="text" value="All"/>
ShowDetail	<input type="text" value="False"/>
Choose the type of Report Output:	<input type="text" value="PDF"/>

Schedule Report
Back

The parameters shown above select clients that received Group Mental Health services in 2013; only services billed to 4 specified contracts were included. The output on the next page shows a summary table of 41 unduplicated clients by race, expanded age group, gender, and ethnicity. After the table is additional data including the number of client visits (defined as time spent per client per agency per service per day) during this period. Also included is information on special subsets served.

Abr069 – Service Utilization Report (SUR) Output (Page 1):

6/24/2014 1:44:48 PM

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
SERVICE UTILIZATION REPORT**

[Agency]: MCC [Grant]: All
 [Service]: MENT [Service Performer]: 0
 Services performed between 1/1/13 and 12/31/13 *
 [Registration Type]: ALL [NewClientsOnly]: No
 [Age Group]: (0-12,13-19,20-24,25-34,35-44,45-54,55-64,65+)
 [Contract 1]: 14MCC00SSMENT [Sub Cats 1]: MHGRM,MHGRP
 [Contract 2]: 14MCC00PTDMENT [Sub Cats 2]: MHGRM,MHGRP
 [Contract 3]: 13MCC00SSMENT [Sub Cats 3]: MHGRM,MHGRP
 [Contract 4]: 13MCC00PTDMENT [Sub Cats 4]: MHGRM,MHGRP
 [Contract 5]: n/a [Sub Cats 5]: All
 [Include/Exclude]: INCLUDE [MAI]: ALL [ShowDetail]: False

RACE	AGE	GENDER						BOTH GENDERS	
		MALE		FEMALE					
		Hispanic	Non-Hisp	Hispanic	Non-Hisp	Hispanic	Non-Hisp		
AFRICAN AMERICAN	0-12	0	0	0	0	0	0	0	0
	13-19	1	0	1	1	0	1	2	0
	20-24	2	0	2	1	0	1	3	0
	25-34	1	0	1	0	0	0	1	0
	35-44	0	0	0	0	0	0	0	0
	45-54	4	0	4	1	0	1	5	0
	55-64	1	0	1	2	0	2	3	0
	65 +	0	0	0	0	0	0	0	0
Sub Totals By Race:		9	0	9	5	0	5	14	0
MULTI-RACE	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	1	0	1	1	0
	20-24	0	0	0	0	0	0	0	0
	25-34	0	0	0	0	0	0	0	0
	35-44	0	0	0	0	0	0	0	0
	45-54	0	0	0	0	0	0	0	0
	55-64	0	0	0	0	0	0	0	0
	65 +	0	0	0	0	0	0	0	0
Sub Totals By Race:		0	0	0	1	0	1	1	0
WHITE	0-12	0	0	0	0	0	0	0	0
	13-19	0	0	0	1	1	0	1	1
	20-24	0	0	0	0	0	0	0	0
	25-34	5	1	4	0	0	0	5	1
	35-44	5	1	4	0	0	0	5	1
	45-54	6	2	4	0	0	0	6	2
	55-64	9	3	6	0	0	0	9	3
	65 +	0	0	0	0	0	0	0	0

Abr069 – Service Utilization Report (SUR) Output (Page 2):

6/24/2014 1:44:48 PM										
Sub Totals By Race:		25	7	18	1	1	0	26	8	18
ALL RACES	0-12	0	0	0	0	0	0	0	0	0
	13-19	1	0	1	3	1	2	4	1	3
	20-24	2	0	2	1	0	1	3	0	3
	25-34	6	1	5	0	0	0	6	1	5
	35-44	5	1	4	0	0	0	5	1	4
	45-54	10	2	8	1	0	1	11	2	9
	55-64	10	3	7	2	0	2	12	3	9
	65 +	0	0	0	0	0	0	0	0	0
All Races and Ages:		34	7	27	7	1	6	41	8	33
Clients Served This Period										
Unduplicated clients:	41	<u>METHODS OF EXPOSURE (not mutually exclusive)</u>								
Client visits**:	376	PerinatalTransmission	5							
Spanish speaking (primary language at home) clients served:	1	Hemphilia Coagulation	0							
Deaf/hard of hearing clients served:	0	Transfusion	0							
Blind/sight impaired clients served:	0	Heterosexual Contact	6							
Homeless clients served:	12	MSM (not IDU)	17							
Transgender M to F clients served:	0	IV Drug Use (not MSM)	0							
Transgender F to M clients served:	0	MSM/IDU	1							
Clients served this period who live w/in Harris County:	40	Multiple Exposure Categories	3							
Clients served this period who live outside Harris County:	1	Other risk	13							
Active substance abuse clients served:	0									
Active psychiatric illness clients served:	6									
**Visit = time spent per client per agency per service per day										
* if New Client = Yes is selected then clients were only included if they had no encounters (for the service, agency, and grant selected) in the twelve months prior to 1/1/2013; encounters (for the service, agency, and grant selected) may or may not have occurred prior to 01/01/12.										
abr069 - SUR with 8 Age Groups and Subcat Incl or Excl										Page 2 of 2
V2.3.8 5/7/14										

Abr131 – Contractor Expense Report – WICY – Back Billing Report

The *abr131 – CER – WICY - Back Billing Hx* report is designed to allow agency users to produce a list of services (i.e. encounters) provided to women, infants, children, and youths less than 25 years of age during a time period outside of the normal billing cycle. It is usually produced for services provided during a particular month but entered into CPCDMS during a later time period (during one of the semi-annual backbilling periods). In this case it is run by contract number and then attached to the Contractor's Expense Report (CER). It should be generated for each subcontract. For example, contract 08GEN0116 might have a *Back Billing History* report for 08GEN0116AA, 08GEN0116HL, and 08GEN0116WHT. One or more service subcategory codes can be selected/entered for the contract chosen. Other available selections include the service performer, grant, service, and specific ClientCode(s). This report is used in conjunction with the *abr052 – Back Billing History* report.

Parameter Selections (see screen below):

Sort Order 1 – Select the primary sort order for the report (usually ClientCode).

Sort Order 2 – Select the secondary sort order for the report (usually Service Date).

Enter first service date (mm/dd/yyyy) – Defaults to January 1st of the current year.

Enter last service date (mm/dd/yyyy) - Defaults to December 31st of the current year.

Select Service – Select a service code or ALL.

Select Contract 1– Select contract number or ALL.

Enter service

subcategories to include – Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Enter first date when changes were made (mm/dd/yyyy) – Defaults to January 1st of the current year.

Enter last date when changes were made (mm/dd/yyyy) – Defaults to December 31st of the current year.

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

Schedule Report

abr131 - CER WICY - Back Billing Hx

To schedule the report, first choose values for the parameters below.

Sort Order 1: CLIENT

Sort Order 2: DATE

Enter first service date (mm/dd/yyyy): 3/1/2011

Enter last service date (mm/dd/yyyy): 3/31/2011

Select Service: DRUG REIMBURSEMENT PROGRAM

Select Contract 1: ALL

Enter service subcategories to include (separated by a comma): MED

Enter first date when changes were made (mm/dd/yyyy): 4/17/2011

Enter last date when changes were made (mm/dd/yyyy): 4/30/2011

Choose the type of Report Output: PDF

Buttons: Schedule Report, Back

The parameters shown here select all back-billed HIV-Medication (MED) Drug Reimbursement services provided to WICY clients in March 2011 and entered (or last updated) in the second half of April 2011 (April 17-30). The results are sorted by ClientCode and service date. The output on the next page shows there were 8 encounters totaling 6 transactions (one of the same type of service per client per day).

Abr131 – CER – WICY – Back Billing Report Output:

6/24/2014 4:06 PM

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
CER - WICY - BACK BILLING HISTORY**

Service dates from 3/1/11 to 3/31/11
and entered between 4/17/11 and 4/30/11
[Agency]: LCHS [Contract]: ALL
[Service Code]: DRUG [Service Subcategory Codes]: MED
[Sort]: CLIENT , DATE

ClientCode	Sex	Age	Service	Service SubCat	Service Date	Service Value	Unit Mag	Units	UnitFee	Ami Expend	Contract Number	Poverty Level
COMT0515692	2	41	DRUG	MED	3/30/11	0.17	1	0.17	\$1.00	\$0.17	11LCH00PTBDRUG	54.25
						<i>CLIENT: COMT0515692</i>	<i>Total</i>	0.17		\$0.17		
EPSA0626612	2	49	DRUG	MED	3/28/11	0.53	1	0.53	\$1.00	\$0.53	11LCH00PTBDRUG	0.00
						<i>CLIENT: EPSA0626612</i>	<i>Total</i>	0.53		\$0.53		
MRMR0805861	1	24	DRUG	MED	3/31/11	2.28	1	2.28	\$1.00	\$2.28	11LCH00PTBDRUG	0.00
						<i>CLIENT: MRMR0805861</i>	<i>Total</i>	2.28		\$2.28		
NKE50322842	2	27	DRUG	MED	3/31/11	2.28	1	2.28	\$1.00	\$2.28	11LCH00PTBDRUG	42.39
						<i>CLIENT: NKE50322842</i>	<i>Total</i>	2.28		\$2.28		
NOHN0717572	2	53	DRUG	MED	3/30/11	24.40	1	24.40	\$1.00	\$24.40	11LCH00PTBDRUG	0.00
						<i>CLIENT: NOHN0717572</i>	<i>Total</i>	24.40		\$24.40		
SNLN1112742	2	36	DRUG	MED	3/31/11	3.99	1	3.99	\$1.00	\$3.99	11LCH00PTBDRUG	0.00
						3/31/11	144.40	1	144.40	\$144.40		0.00
						3/31/11	112.12	1	112.12	\$112.12		0.00
						<i>CLIENT: SNLN1112742</i>	<i>Total</i>	260.51		\$260.51		

	<u>NO. UNITS</u>	<u>AMT EXPENDED</u>	<u>TOTAL VISITS/TRANS-ACTIONS***</u>
YOUTH (13-24)	2.28	\$2.28	1
WOMEN (25+)	287.89	\$287.89	5
TOTAL	290.17	\$290.17	6

SUMMARY FOR DRUGS

	<u>NO. UNITS</u>	<u>AMT EXPENDED</u>	<u>TOTAL VISITS/TRANS-ACTIONS***</u>
YOUTH (13-24)			
HIV Medication	2.28	\$2.28	
TOTAL YOUTH (13-24)	2.28	\$2.28	1
WOMEN (25+)			
HIV Medication	287.89	\$287.89	
TOTAL WOMEN (25+)	287.89	\$287.89	5

*** The number of visits/transactions represents one visit/transaction/service per client per day per service category

Abr134 – Contractor Expense Report – WICY – Deleted Encounters Report

The *abr134 – CER – WICY - Deleted Encounters* report is designed to allow agency users to produce a list of services (i.e. encounters), provided to women, infants, children, and youths less than 25 years of age, deleted after they have already been submitted to RWGA Grants Management for reimbursement. It is usually produced for a particular month and contract number. One or more service subcategory codes can be selected/entered for the contract chosen. This report is used in conjunction with the *abr039 - Deleted Encounters Audit Trail* report.

Parameter Selections (see screen below):

Sort Order 1 – Select the primary sort order for the report (usually ClientCode).

Sort Order 2 – Select the secondary sort order for the report (usually Service Date).

Enter first service date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter last service date (mm/dd/yyyy) - Defaults to December 31st of the current year

Select Service – Select a service code or ALL.

Select Contract 1– Select contract number or ALL.

Enter service subcategories to include – Click the pencil icon to select one or more subcategory codes or manually enter subcategory codes separated by commas or enter ALL.

Enter first deletion date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter last deletion date (mm/dd/yyyy) – Defaults to December 31st of the current year

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

Schedule Report

abr134 - CER WICY - Deleted Encounters

To schedule the report, first choose values for the parameters below.

Sort Order 1: CLIENT

Sort Order 2: DATE

Enter first service date (mm/dd/yyyy): 9/1/2010

Enter last service date (mm/dd/yyyy): 2/28/2011

Select Service: OUTPATIENT/AMBULATORY PRIMARY CARE

Select Contract 1: ALL

Enter service subcategories to include (separated by a comma): PHEXT

Enter first deletion date (mm/dd/yyyy): 3/5/2011

Enter last deletion date (mm/dd/yyyy): 3/31/2011

Choose the type of Report Output: PDF

Buttons: Schedule Report, Back

The parameters shown above select deleted Physician Extender services provided to WICY clients in the last half of FY2010 (September 2010 through February 2011) and deleted March 15-31, 2011. The results are sorted by ClientCode and service date. The output on the next page shows there were 6 encounters.

Abr134 – CER – WICY – Deleted Encounters Report Output:

8/25/2011 9:17 AM													
HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA CER - WICY - DELETED ENCOUNTERS Encounters deleted between 3/15/11 and 3/31/11 and having service dates between 9/1/10 and 2/28/11 [Agency]: LCHS [Contract]: ALL [Service Code]: PCARE [Service Subcategory Codes]: PHEXT [Sort]: CLIENT , DATE													
<u>ClientCode</u>	<u>Sex</u>	<u>Age</u>	<u>Service</u>	<u>Service</u>	<u>Service</u>	<u>Service</u>	<u>Unit</u>	<u>Units</u>	<u>UnitFee</u>	<u>Amt</u>	<u>Contract Number</u>	<u>Poverty</u>	
			<u>SubCat</u>	<u>Date</u>	<u>Value</u>	<u>Magn</u>				<u>Expended</u>		<u>Level</u>	
AOAS0509602	2	50	PCARE	PHEXT	12/02/10	1.00	1	1.00	\$250.00	\$250.00	10GEN0385AAMAI	216.35	
<i>Client : AOAS0509602 Totals:</i>								1.00		\$250.00			
BBWL0201692	2	42	PCARE	PHEXT	12/28/10	1.00	1	1.00	\$250.00	\$250.00	10GEN0385AAMAI	29.94	
<i>Client : BBWL0201692 Totals:</i>								1.00		\$250.00			
CRIE1114512	2	59	PCARE	PHEXT	12/03/10	1.00	1	1.00	\$250.00	\$250.00	10GEN0385AAMAI	105.04	
	2	59	PCARE	PHEXT	12/17/10	1.00	1	1.00	\$250.00	\$250.00	10GEN0385AAMAI	105.04	
<i>Client : CRIE1114512 Totals:</i>								2.00		\$500.00			
DLWL0722572	2	53	PCARE	PHEXT	12/02/10	1.00	1	1.00	\$250.00	\$250.00	10GEN0385AAMAI	74.27	
<i>Client : DLWL0722572 Totals:</i>								1.00		\$250.00			
DNKII102652	2	45	PCARE	PHEXT	12/28/10	1.00	1	1.00	\$250.00	\$250.00	10GEN0385AAMAI	0.00	
<i>Client : DNKII102652 Totals:</i>								1.00		\$250.00			
				<u>NO. UNITS</u>			<u>AMT</u>			<u>TOTAL</u>			
					<u>EXPENDED</u>			<u>VISITS/TRANS-</u>			<u>ACTIONS***</u>		
WOMEN (25+)				6.00			\$1,500.00			6			
TOTAL				6.00			\$1,500.00			6			
*** The number of visits/transactions represents one visit/transaction/service per client per day per service category													

Abr157 – Unknown AIDS Status Report

The *abr157 – Unknown AIDS Status* report is designed to assist primary care agencies in identifying clients that need their AIDS status updated. These are clients that were registered with a stage of illness of *HIV+*, *unk AIDS status* who should have been updated to *HIV+*, *AIDS* or *HIV+, Not AIDS* by now. The list is restricted to clients who have been in the system for more than 90 days, are not known to be deceased, whose last primary care service (Visit, Procedure, Lab, Other, or Medical Case Management) was in the past year and at the agency running the report, and whose eligibility has not been expired for more than 180 days.

Parameter Selections (see screen below):

Sort Order 1 – Select the primary sort order for the report (default is ClientCode).

Select Grant – Select the funding source (e.g. Ryan White Part A, Ryan White Part B, DSHS) or ALL.

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

The screenshot shows a web-based form titled "Schedule Report" for the "abr157 - Unknown AIDS Status" report. Below the title, it instructs the user to "first choose values for the parameters below." There are three dropdown menus: "Sort Order 1" with "ClientCode" selected, "Select Grant" with "ALL" selected, and "Choose the type of Report Output:" with "PDF" selected. At the bottom of the form, there are two buttons: "Schedule Report" and "Back".

The only parameter selection (other than output type) is the Grant but the list can be sorted by the ClientCode or the Registration/SOI Date. The output on next page displays the ClientCode, Last Primary Care Service Date, Registration/SOI Date, Eligibility Expiration Date, and the Last PCARE Agency for the five clients that should have their stage of illness updated to reflect their AIDS Status.

abr157 – Unknown AIDS Status Report:

8/3/2011 1:01:52 PM

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
Clients Registered > 90 Days Prior to 08/03/11 with Unknown AIDS Status¹
 Living clients receiving their last primary care service at UTHSC within one year prior to 8/3/11 and with eligibility exp. < 180 days prior.
 [AgencyCode]: UTHSC
 [Sort].ClientCode [Grant]: ALL

<u>Client Code</u>	<u>Last Primary Care Service Date</u>	<u>Registration/ SOI Date</u>	<u>Eligibility Expiration</u>	<u>Last Primary Care Agency</u>
CRDN0824901	7/11/11	4/29/08	10/22/11	UTHSC
DMTY0316951	7/28/11	4/26/07	8/10/11	UTHSC
DSMD0525912	7/28/11	10/29/07	11/27/11	UTHSC
MRAT1005902	8/19/10	3/24/08	4/14/11	UTHSC
RYHL1222922	7/15/11	5/29/09	9/14/11	UTHSC

¹ HIV+, unk AIDS status

abr157 - Unknown AIDS Status
v1.3.6 7/28/2011
Page 1 of 1

Abr158 – Client Medication Caps Report

The *Abr158 – Client Medication Caps* report is designed to assist agencies providing drug reimbursement services in identifying clients who might be close to their yearly cross-agency caps on HIV and non-HIV medications. The list is restricted to clients that received at least one Ryan White drug service in the current RW Part A grant year (beginning March 1st) at the agency running the report. Clients who have received drug services totaling more than 100% of the cap should have an approved waiver on file with RWGA.

Parameter Selections (see screen below):

Sort Order 1 – Select the primary sort order for the report (default is *ClientCode*).

Sort Order 2 – Select the secondary sort order for the report (default is *HIV Meds % of Cap*).

Enter Minimum Percentage of HIV Med Cap: – Defaults to 90%

Enter Minimum Percentage of non-HIV Med Cap: – Defaults 50%

Enter ClientCode(s) separated by a comma – Enter ClientCode(s) or ALL.

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

On the parameter screen the user enters the minimum percentages for the HIV & non-HIV medication caps that they want included. In the example shown above, 90% was entered for the HIV medication cap and 50% for non-HIV medication cap. This produces a list of clients at or over 90% of the HIV medication cap OR at or over 50% of the non-HIV medication cap. Also, one or more ClientCodes may be entered to narrow down the list. There are two sort parameters and both include ClientCode, HIV Meds % of Cap, and Non-HIV Meds % of Cap.

The output displays the ClientCode and the Total (amount) and “% of Cap” for both HIV Medications and Non-HIV Medications. The output on the next page shows that all of the clients listed were over 50% of the \$3,000 cap for non-HIV medications (one client is already over the cap at 107.57%). There were no clients over 90% of the \$18,000 cap for HIV medications.

Abr158 – Client Medication Caps Report Output:

8/17/2011 12:19 PM

HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
% of Cap For MED And NONHI Summary
for current RWA grant year

Clients are only included if they have received at least one RW drug service from the agency in the RWA grant year.
 [AgencyCode]: LCHS
 [Clientcode(s)]: All
 [HIVmedPercent]: 90³ [NonHIVmedPercent]: 50³
 [Sort]: Non-HIV Meds % of Cap, HIV Meds % of Cap

<u>ClientCode</u>	<u>HIV Medications:</u>		<u>Non-HIV Medications:</u>	
	<u>Total:</u>	<u>% of Cap¹</u>	<u>Total:</u>	<u>% of Cap²</u>
DNRY0926611			\$3227.04	107.57%
LRCR0301691	\$15.00	0.08%	\$2941.47	98.05%
MRSR0428611	\$0.77	<0.01%	\$2825.24	94.17%
JMWA1207681	\$115.32	0.64%	\$2476.35	82.55%
DVLW0325581	\$4.56	0.03%	\$2058.61	68.62%
ATVT0812631	\$2.28	0.01%	\$1844.72	61.49%
DNWL0514651	\$15.00	0.08%	\$1792.08	59.74%
RSML1007511	\$39.05	0.22%	\$1730.64	57.69%
JEGR0814441			\$1681.40	56.05%

¹RW cap for HIV medications is \$18,000 per grant year
²RW cap for Non-HIV medications is \$3,000 per grant year
³Criteria is [Sum HIV Med % Cap] > 90 -OR- [Sum Non-HIV Med % Cap] > 50

abr158 - Client Medication Caps
 v.1.2.6 7/7/2011

Page 1 of 1

Abr159 – Missing Screenings Report

The *Abr159 – Missing Screenings* report is designed to assist primary care agencies in identifying clients who received at least one primary care service (Visit, Lab or Procedure) at that agency in the prior year who are also missing screening information for hepatitis B, hepatitis C, **or** pap smear (females only). The hepatitis screenings are considered missing if they have never been done; the pap smear screening is considered to be missing if it has not been done in the past year. There are no parameter selections (other than output type) but the list can be sorted by the ClientCode, Hepatitis B Screening Missing, Hepatitis C Screening Missing, or Pap Smear Missing.

Parameter Selections (see screen below):

Sort Order 1 – Select the primary sort order for the report (default is ClientCode).

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

The screenshot shows a web interface for scheduling a report. The title is "Schedule Report" and the main heading is "abr159 - Missing Screenings". Below the heading, there is a instruction: "To schedule the report, first choose values for the parameters below." There are two dropdown menus: "Sort Order 1" with "ClientCode" selected, and "Choose the type of Report Output:" with "PDF" selected. At the bottom, there are two buttons: "Schedule Report" and "Back".

The output (see example on the next page) is sorted by ClientCode which is a displayed field along with which of the three screenings are missing for each client. A client is included if they are missing at least one of the screenings.

Abr159 – Missing Screenings Report Output:

8/17/2011 12:28 PM			
HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA Clients Missing Hepatitis B/C or Pap Smear Screening* who have received PCARE** services at UTHSC in year prior to 08/17/11 [AgencyCode]: UTHSC [Sort]: ClientCode			
<u>Client Code</u>	<u>Missing Hep B Screening?</u>	<u>Missing Hep C Screening</u>	<u>Missing Pap Smear?</u>
BADV1018922	Yes	Yes	Yes
BAGR0615011	Yes	Yes	N/A
CDDN1229981	Yes	Yes	N/A
CRDN0824901	Yes	Yes	N/A
DRMR0524011	Yes	Yes	N/A
MRAT1005902	Yes	Yes	Yes
OIDD0209921	Yes	Yes	N/A

* Client included if missing at least one of the following: (1) Hep B screening ever, (2) Hep C screening ever (3) Pap Smear (females) in the past year
 ** PCARE visits, labs, and procedures only

abr159 - Missing Screenings
 v.2.0.1 7/6/2011

Page 1 of 1

abr162 – Client Satisfaction Incentives Earned and Issued Report:

The *abr162 - Client Satisfaction Incentives Earned and Issued* report is designed to assist agencies with tracking client satisfaction survey incentives that have been earned and disbursed (not all agencies are currently enrolled in the Client Satisfaction Incentive program). There are two sort selections available. The selection criteria includes the incentive earned beginning and ending dates. The report output includes the ClientCode, Race, Ethnicity, Registration Date, Current Record Owning Agency, Incentive Dispersal Date, Incentive Dispersal Agency, Incentive Number, Incentive Earned Date, and Client Satisfaction Survey Service Code. The total number of incentives earned is also displayed.

Parameter Selections (see screen below):

Sort Order 1 – Select the primary sort order for the report (default is ClientCode).

Sort Order 2 – Select the secondary sort order for the report (usually Service Date).

Enter first incentive earned date (mm/dd/yyyy) – Defaults to January 1st of the current year

Enter last incentive earned date (mm/dd/yyyy) - Defaults to Dec. 31st of the current year

Choose the type of Report Output – Select PDF, Excel, XML, CSV, TIFF, or Web Archive.

The output shows the ClientCode, Race, Ethnicity, Registration Date, Current Record Owning Agency, Incentive Dispersal Date, Incentive Dispersal Agency, Incentive Number, Incentive Earned Date, and Client Satisfaction Survey Service Code. The total number of incentives earned is also displayed.

7/6/2012 9:05 AM

**HARRIS COUNTY PUBLIC HEALTH AND ENVIRONMENTAL SERVICES - RWGA
CLIENT SATISFACTION INCENTIVES EARNED AND ISSUED**
[Agency]: VA
incentives earned between 1/1/12 and 12/31/12
[Sort]: CLIENT, INCENT. DATE

<u>ClientCode</u>	<u>Race</u>	<u>Hisp?</u>	<u>Reg Date</u>	<u>Current Record Owner</u>	<u>Date Incentive Disbursed</u>	<u>Incent. Agency Code</u>	<u>Incent. Num</u>	<u>Date Incentive Earned</u>	<u>Service Code</u>
AGSM0919591	BLK	N	11/04/05	VA	7/2/12	VA	73717	6/25/12	CMGMT
BRPR0110671	BLK	N	1/23/08	VA	7/3/12	VA	73721	7/3/12	CMGMT
CRMRO810551	BLK	N	3/01/00	VA				7/5/12	CMGMT
CYVM0202521	BLK	N	2/07/07	VA				5/17/12	CMGMT
DNOM0118601	WHT	N	3/10/00	VA				6/28/12	CMGMT
DVHD0312551	WHT	N	11/16/04	VA	7/2/12	VA	73736	7/2/12	CMGMT
DVTR0217691	BLK	N	3/30/10	VA	7/2/12	VA	73719	6/14/12	CMGMT
GRPR1004571	BLK	N	9/02/11	VA	7/6/12	VA	73724	7/6/12	CMGMT
JSCA0118551	BLK	N	6/15/10	VA	7/3/12	VA	73720	7/3/12	CMGMT
LSPR1021571	BLK	N	4/04/08	VA	7/5/12	VA	73723	6/28/12	CMGMT
RCCL0220531	BLK	N	9/04/03	VA	7/2/12	VA	73718	7/2/12	CMGMT
RNHC0129541	BLK	N	8/08/01	VA	7/2/12	VA	73735	6/26/12	CMGMT
Total # of Records:				12					

Import

Users that have been given the import special right will see the **Import** tab on the left side of the screen. Selecting **Import** displays 8 choices (see right); **Export Drug Table to File** is only seen by agencies providing assistance with medications. Importing files works the same way for all types of imports and will be discussed together below.



Create Data Dictionary File

Selecting **Create Data Dictionary File** produces import file formatting information which is specific for each agency. Each section deals with a specific import file (e.g. LAB RESULTS as shown here) and shows the information that must be included in each field in the import file. This includes the field name, field type, and field length (if not

predetermined by the field type), along with an explanation, if needed. If the words NOT NULL are included then a value must be entered. If NULL is displayed then a value is not required to be entered. The allowed values are displayed with value descriptions. At the bottom of each section is a sample import file with fictitious data. Fields are separated by commas (i.e. Comma-Delimited). Notice that where a field is listed as NULL

LAB RESULTS:

Field1: [ClientCode] [char] (11) NOT NULL Contains the client code. The client code must exist in the central client table, and must be active.

Field2: [AgencyCode] [char] (5) NOT NULL Contains your agency code. Your Agency code is: LCHS

Field3: [TestResultDate] [smalldatetime] NOT NULL Contains the date of the test result in the format: mm/dd/yyyy

Field4: [TestResultValue] [numeric] NOT NULL Contains the number of units this test result is worth.

Field5: [LabTestTypeCode] [char] (2) NOT NULL Contains the type code for this particular lab test Lab Test Type Codes must be one of the following values:

Code	Description
AN	ANC
CB	CBC
CD	CD4 Count
XR	Chest X-Ray
GT	GenoType
HG	Hemoglobin
PT	PhenoType
PC	Platelet Count
VL	Viral Load
WB	WBC

Field6: [CD4 %] [int] NULL CD4% is an integer value between 0 and 100. It is a not a required field and can only be present when the LabTestTypeCode (field5) is CD.

SAMPLE LAB TEST REPORT IMPORT FILE: (fictitious data)

```

ABCD0105651,HACS,10/12/2000,12,CB
EFGH0322702,HACS,1/14/2000,45,XR
IJKL0707701,HACS,10/22/2000,666,GT
MNOP0415982,HACS,09/03/2000,555,VL
AAAA0813731,LCHS,04/05/2011,5.5,HG
ABBB0814851,LCHS,05/01/2011,99,CD,50
    
```

and no data is entered the commas are still included as a placeholder. Shown here is a Lab Results import section example for LCHS. The import files can be created manually or can be created by exporting from another database specific to the agency.

Manage Previous Batch

After a file is imported (batched), it will be displayed on this page along with previous batches. If an import was incomplete a message will be displayed when “Manage Previous Batch” is selected explaining that the batch should be deleted and imported again. The message will display every time until it is deleted. To delete a batch, click on the trashcan icon.

Previous Batches									
Agency	Name	Type	Filename	Properties	Records	Complete	Added	By	Deleted
	SHF	RuralTrans	ENCOUNTERS C:\CPCDMS - TRANS -	9335 bytes	80	True	4/28/2007	HIVSERVICESrgoodie	

Verification

The first step when a client requests Ryan White services at an agency is for the client to sign a *Consent to Verify Eligibility for Services* form. Agency staff may then check CPCDMS by selecting Verification on the main screen’s left navigation bar to see if the client is already registered. After entering the ClientCode, the Verification screen is displayed for that client if there is an exact match. If no exact match is found, a list of partial matches may be displayed and can be selected to show the Verification screen for that client (see above). If the client is already registered in CPCDMS, the staff prints the *Verification of Eligibility* report

Client Verification

Client Code:

The following clientcode(s) are similar to the clientcode (GYLN1007642) which you specified. Click on any of the client codes below for more information on that client or press the 'NEXT' button below for information on the client code entered.

ClientCode	AgencyCode
GYLN1007641	MCC
DVHF1007641	MCC
RYML1007641	HACS
MRHR1007641	HCHD

Next Cancel

by clicking on the PRINT button and places it in the client’s file. Except for the record owning agency, a printout of the CPCDMS Client Verification screen showing the client’s current eligibility expiration date can be used as documentation of residency and income. The federal poverty level (FPL) is used to determine financial eligibility for funded services. Services should not be provided to clients whose FPL exceeds the cap established by the RW Planning Council for each service category. The client’s race and ethnicity may also be used in determining eligibility for services. The primary care, dental and vision visit information may be used to

Client Verification

Client Code:

Record Owner Information

Agency:	Legacy Community Health Svcs	Registration Date:	12/7/2006
Record Owner:	LCHS	CM Status:	Open

Client Verification

Eligibility Expires On:	9/28/2013												
Race:	White												
Zip Code:	77098												
Poverty Level:	0%												
County:	HARRIS												
Is the client Hispanic, Latino or Spanish in origin?	Yes												
Date Of Death													
Most Recent SOI:	4 SOI Descriptions												
Last PCARE Visit:	LCHS on 5/3/2013												
Last DENT Visit:	BOCS on 3/15/2013												
Last Vision Visit:	LCHS on 8/14/2012												
CLIENT EARNED SURVEY INCENTIVE:	No												
Most Recent C.Sat. Surveys:	<table border="1"> <thead> <tr> <th>Survey Date</th> <th>Service</th> <th>Incent. Earn</th> <th>Incent.Disb.</th> </tr> </thead> <tbody> <tr> <td>02/05/2013</td> <td>CMGMT</td> <td></td> <td></td> </tr> <tr> <td>02/05/2013</td> <td>PCARE</td> <td>02/05/2013</td> <td>02/08/2013</td> </tr> </tbody> </table>	Survey Date	Service	Incent. Earn	Incent.Disb.	02/05/2013	CMGMT			02/05/2013	PCARE	02/05/2013	02/08/2013
Survey Date	Service	Incent. Earn	Incent.Disb.										
02/05/2013	CMGMT												
02/05/2013	PCARE	02/05/2013	02/08/2013										
Bus Voucher Issued:	Yes												
Last Voucher #:	10291												
Type:	Renewal												
Date Issued:	5/14/2013												
Issuing Agency:	LCHS												
Last 3 Gas Vouchers:	None												

[Print](#)

track referrals. If the client is not in CPCDMS then a registration site should register the client (see [Registration](#) section) and a non-registration site should refer the client to a registration site. Clients who are registered but their eligibility is expired should be referred back to the record-owning agency to get their eligibility updated as soon as possible and such referral should be documented in the client’s file. A non-registration site can be reimbursed for services provided for up to 60 days after intake for unregistered clients or clients whose eligibility is expired. He or she should be referred to a registration site to get registered as soon as possible and such referral should be documented in the client’s file. The “Most Recent SOI” field choices and their descriptions can be displayed by clicking on the *SOI Descriptions* button. If a client has earned an incentive by completing a client satisfaction survey then the screen displays YES in red if it has not yet been disbursed. When the incentive is disbursed to the client the user clicks the Disburse button and then enters the disbursement date and incentive number (see right). Incentives must be entered into CPCDMS within 60 days of the disbursement date.

Search (Edit / Delete / Block Move)

To perform a search on certain previously entered data, select [Search](#) on the Navigation bar and then choose the type of search. There are six (6) choices available, shown here. Which selections are visible varies depending upon the agency. All users can do searches on the data entered by their agency. Users with edit/delete rights can also change or delete this data if it is less than 60 days old or if extended access has been granted. Encounters, bus vouchers, medical data, surveys, assessments, and survey incentives can normally only be edited/deleted for 60 days after the associated date. Data <60 days old will be displayed in green and can be edited/deleted. If the displayed data is in red then it is not editable and cannot be deleted. Users with edit/delete rights will see a pencil icon and/or a trash can icon. Clicking on the pencil allows the user to edit the data. Any of the displayed data can be edited. Clicking on the trash can, will delete the entire record. Requests for extended access beyond the 60 day standard should be submitted via the HelpDesk and should include the date of the earliest record that needs editing, what changes are being made, and why the change is necessary. Encounters that have already been submitted for billing should not be edited or deleted without the approval of the Grants Management section, even if they are less than 60 days old.

- Assessments
- Bus Vouchers
- Encounters
- Medical Lab Search
- Survey Incentive
- Surveys

Assessments Search

Agency users that have Edit/Delete rights in CPCDMS have the ability to delete assessments which their agency issued. To do this, choose [Search / Assessments](#) from the left navigation bar. Enter a date range (required) and either the ClientCode, Assessment Type, or Service Performer. Assessments cannot be edited but can be deleted.

Edit/Day	ClientCode	Asses. Code	SubCode	Asses. Date	Performed By	Last Update By	Last Update Date	Attempts to contact client	Follow-up Date
42	HCGT1208782	ORALP	AC	8/12/2012	Renee Boone, DDS RWGA/nhcnh		8/12/2012		
03	DHFC0627811	ORALP	AC	8/22/2012	Renee Boone, DDS RWGA/nhcnh		8/27/2012		

Bus Voucher Search (Edit / Delete)

Agency users that have Edit/Delete rights in CPCDMS have the ability to change or delete bus vouchers which their agency issued. Editable information includes bus voucher (BV) distribution dates, numbers, types, and values. To do this, choose [Search / Bus Vouchers](#) from the left navigation bar, and enter a date range (required). The ClientCode or the BV number may also be entered to refine the results. Editable data includes the BV date, number, type,

and/or value.

EditDay #	ClientCode	BV Date	BV #	BV Type
62	GERT0818641	9/11/2009	14099	Transitional
58	DMDP0708901	9/15/2009	14077	Transitional
56	AMBI0427542	9/17/2009	4854	Renewal

Changes to BV data should be reported to Vicki Cerna-Bell in the Grants Management section.

Encounter Search (Edit / Delete / Block Move)

Agency users that have Edit/Delete rights in CPCDMS have the ability to change or delete services provided by their agency. To access this, choose [Search / Encounters](#) from the left navigation bar, enter the date range (required), and then enter at least one of the remaining search criteria (Client Code, Service Type, Service Performer, Subcategory Code(s), Contract Number, Race, or Hispanic Indicator). After clicking on the Search button, encounters matching the search criteria (up to 100 per page) are displayed. The total number of encounters matching the selected criteria is shown in the Search Results section.

All	Edit Day #	ClientCode	Race	Hisp.	Serv	SubC	Service Date	Value	Performed By	Grant	Batch ID	Contract #	Last Updated
	58	JNHN0526812	WHT	N	NUTT	NUTC	04-28-14	1.00	Sean Barrett, RD RW1	7430	14GEN0081	5/5/2014	
	58	ADML1014361	WHT	N	NUTT	NUTC	04-28-14	1.00	Sean Barrett, RD RW1	7430	14GEN0081	5/5/2014	
	61	WYLV0223641	BLK	N	NUTT	NUTC	04-25-14	1.00	Sean Barrett, RD RW1	7430	14GEN0081	5/5/2014	

If a contract number is selected, an additional section, titled *Update Encounter(s)*, is displayed. This allows the user to move some or all of the editable encounters to a different contract. To do this, select the new contract number from the drop down list (only current contracts for a selected service or contract number are displayed). Then click the checkbox beside each encounter to move/delete, or click the "All" checkbox to select all editable records in the search results. After selecting "All", those that should not be moved can be unchecked, one by one. Once the correct encounters are checked click the "Block Move" button. Only 100 encounters can be moved/deleted at a time but the previous criteria selections are kept so that it can be easily repeated. This feature should be used very carefully; it could be very difficult to undo the changes. Print the screen before pressing the "Block Move" button so that you will have a record of the changes.

Medical Lab Search

Agency users that have Edit/Delete rights in CPCDMS have the ability to change or delete medical data. To access this, choose [Search / Medical Lab Search](#) from the left navigation bar. The only Medical Lab Search Type currently available is *HIV Testing*. A date range must be entered. Optionally, enter a specific ClientCode, Testing Location, or Test Type. After clicking on the Search button, HIV test results matching the search criteria (up to 100 per page) are displayed. Only the *Results* and *Results Given Date* fields are available for editing.

The screenshot displays the 'Medical Lab Search' interface. At the top, there is a section for 'Medical Lab Search Type' with a dropdown menu set to 'HIV Testing'. Below this, the 'Date Range: (Required)' section includes 'From:' and 'To:' text boxes, with '1/1/2008' and '1/30/2008' entered respectively. A 'Client Code (Optional)' text box is also present. The lower section, titled 'HIV Test Search', contains two dropdown menus: 'Testing Location' (set to 'Not Applicable') and 'Test Type' (set to 'Any'). A 'Search' button is located below these dropdowns. A dropdown menu is currently open for the 'Test Type' field, showing a list of options: 'Any', 'Blood Panel', 'EIA/ELISA', 'Oraquick', 'Orasure', and 'Western Blot'. The 'Search' button is partially obscured by the dropdown menu.

Client Satisfaction Survey Incentive Search

Agency users that have Edit/Delete rights in CPCDMS have the ability to change or delete client satisfaction survey incentive data. To access this, choose [Search / Survey Incentive](#) from the left navigation bar. A date range must be entered. Optionally, enter a specific *ClientCode* or *Incentive Number*. After clicking on the Search button, incentives matching the search criteria (up to 100 per page) are displayed. Only the *Date Disbursed* and the *Incentive Number* are available for editing.

The screenshot shows the 'Incentive Search' form. It includes fields for 'Client Code' and 'Incentive No', a 'Disbursal Date Range: (Required)' with 'From: 5/23/2013' and 'To: 6/4/2013', and a 'Search' button. Below the search form is a 'Search Results' table with columns for 'ClientCode', 'Date Disbursed', and 'Incentive No'. The table contains four rows of data, each with a trash can icon and an edit pencil icon to its left.

ClientCode	Date Disbursed	Incentive No
TNGA0626861	6/4/2013	73676
TJRB1105801	5/31/2013	73699
CRMO0930741	5/24/2013	73698
FLAM1223752	5/23/2013	73697

Surveys Search

Agency users that have Edit/Delete rights in CPCDMS have the ability to delete outcome and client satisfaction surveys. To access this, choose [Search / Surveys](#) from the left navigation bar. Select the Survey Type (Outcomes or Client Satisfaction), enter the date range (required), and then enter/select at least one of the remaining search criteria: Client Code, Service Type, or Service Performer. After clicking on the Search button, surveys matching the search criteria (up to 100 per page) are displayed. If there are no survey results then an Adobe pdf icon (📄) is displayed; clicking on this icon opens the survey pdf which can then be reprinted if needed. The entire survey can be deleted by clicking on the trash can icon if no survey results have been entered and the survey date is less 60 day prior to the search date. Once survey results have been entered, the survey can no longer be deleted.

The screenshot shows the 'Survey Search' form. It includes fields for 'Survey Type' (radio buttons for 'Outcomes' and 'Client Satisfaction'), 'Client Code', 'Service Type' (dropdown menu showing 'NUTRITIONAL THERAPY'), 'Service Performer', and 'Survey Date Range: (Required)' with 'From: 8/1/2012' and 'To: 8/30/2012'. Below the search form is a 'Search Results' table with columns for 'ClientCode', 'Service', 'Survey Date', 'Performer', 'Last Update By', 'Last Update Date', 'Follow Up Attempts', 'Lost To Followup', 'Survey Results?', 'Source', and 'Sequence'. The table contains one row of data with a trash can icon and an Adobe PDF icon to its left.

ClientCode	Service	Survey Date	Performer	Last Update By	Last Update Date	Follow Up Attempts	Lost To Followup	Survey Results?	Source	Sequence
BRUC1128561	NUTT	08-27-12	Sean Barrett...	vderouen	08-27-12		False	False	Printed	Baseline

Surveys (Entry)

There are two types of surveys that can be selected after clicking the [Surveys](#) tab on the Navigation bar: [Client Satisfaction](#) and [Outcomes](#). They are both methods that RWGA uses to measure the quality of Ryan White funded HIV care delivery in the Houston EMA.

Client Satisfaction Surveys

Client satisfaction measurement activities are designed to assess satisfaction with Ryan White services, to highlight agency or program strengths that may be replicated at other agencies, and to identify barriers to service delivery. Data are collected using standardized client satisfaction surveys for each service provided through Ryan White. The client satisfaction survey tools were developed to gather information on both service-specific and agency-focused topics. Each Ryan White service category utilizes a unique client satisfaction survey tool, with certain agency-focused questions being common to all surveys. Although they can influence health outcomes, the client satisfaction survey process is separate from the outcome survey process.

Clients may now take an online client satisfaction survey at any time by going to the <http://survey.cpcdms.com> website.

This can be done from the client's home or at any computer with internet access; agencies may have a computer designated for this purpose. Online client satisfaction surveys may be done every 90 days for each client that received a service at an agency.

The screenshot shows a 'Survey Login' window with a yellow background. It contains two input fields: 'Clientcode:' and 'Date of Birth:'. Below these fields is a blue text message: 'This page will automatically redirect after ten minutes of inactivity.' At the bottom, there are two buttons: 'Continue' and 'Cancel'.

If the client requests to complete a printed client satisfaction survey, the CPCDMS user selects [Surveys / Client Satisfaction](#) from the left navigation bar and then chooses the service that was, or is to be, provided to the client, along with the language (English or Spanish). There is then usually only one survey subtype choice which is based on the service and language selected.

The screenshot shows a 'Client Satisfaction Survey' window. It features a blue header and a yellow background. A note at the top states: 'Please note: This web form now only prints hard copy surveys. Clients can now complete their own self-selected client satisfaction surveys at http://survey.cpcdms.com — you no longer need to print an instruction sheet for them.' Below this are three dropdown menus: 'Service:' (OUTPATIENT/AMBULATORY PRIMARY CARE), 'Language:' (English), and 'Survey:' (Satisfaction Survey, Primary Care - English 2004). At the bottom, there are 'Next' and 'Cancel' buttons.

After pressing the Next button, multiple client satisfaction surveys may be generated and printed by entering a ClientCode, Date and Service Provider and then pressing the Add button for each client that should be included. Once all clients have been selected, press the Submit button. A new screen will be displayed and the user can click on the displayed link to open and print the survey(s) that were selected (see drug

The screenshot shows a 'Survey' window with a yellow background. It contains three input fields: 'Client Code:' (PTBA1225782), 'Survey Date:' (10/20/2010), and 'Service Performer:' (LCHS). Below these is an 'Add' button. A table is displayed with the following columns: 'Client Code', 'Survey Date', 'Service Performer', 'Performer ID', and 'Assessment'. At the bottom, there are 'Submit' and 'Cancel' buttons.

reimbursement example in Appendix E). The survey is then given to the client to complete, along with a postage-paid envelope provided by RWGA. The client then mails the survey back to RWGA.

Clients registered in CPCDMS may be eligible to receive an incentive for completing an online client satisfaction survey. A client who has completed more than one survey within the previous 90 days is eligible for only one incentive card. However, more than one incentive can be distributed at a time if eligible surveys are completed more than 90 days apart. A client may not receive more than one in a 90 day period. Clients must redeem their earned incentives within 6 months of being earned. More information is available on the RWGA website under Quality Management / Client Satisfaction (hcphtx.org/Services-Programs/Programs/RyanWhite/Quality).

Outcome Surveys

The purpose of the Ryan White Outcome Measures is to provide a measurement of the effectiveness of services in terms of health, quality of life, cost-effectiveness, and knowledge, attitudes, and practices (KAP), where applicable. Client-level outcomes and indicators are tailored to the goals and objectives of each service category. Data are collected using standardized outcome surveys for each service provided through the Ryan White Program. The outcome survey tools were developed to gather information on both service-specific and agency-focused topics. Each included Ryan White service category utilizes a unique outcome survey tool. Except for legal (advocacy) outcome surveys, a baseline and followup survey pair are done only once for each client, service, and agency. Legal outcome surveys do not have baseline and followup pairs.

After selecting [Surveys / Outcomes](#) from the left navigation bar choose the service that was provided to the client, along with the language (English or Spanish). There is then usually only one survey subtype choice which is based on the service and language selected.

To produce a version of the outcome survey that the client can complete online, check the box that says “Take survey online”. After pressing the Next button, enter the ClientCode, select a Service Performer (this information is for agency use only), and enter the Survey Date. The screen will display whether this is a baseline or followup survey. Most services allow one baseline and followup survey for each client.

If the client has not had a previous outcome survey generated for that service then CPCDMS will designate it as a baseline survey. If a survey has already been generated and was within 365 days prior to the current entry, then CPCDMS designates the next survey as a followup survey. If the previous survey is more than 365 days prior then the next survey is designated as a new baseline survey. A followup survey cannot

be on the same date as the baseline. If the client already has a baseline and followup survey generated the screen will display “Assessments Complete for this Survey and Client”. Press Next to generate the online survey and have the client answer the questions before pressing the Submit button (see rehabilitation services example in Appendix E).

To print out the outcome survey, the “Take survey online” box is not checked. After pressing the Next button, multiple outcome surveys may be generated and printed by entering a ClientCode, Date and Service Provider and then pressing the Add button

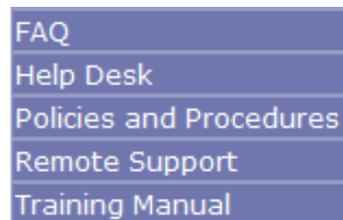
for each client that should be included. Once all clients have been selected, press the Submit button. A new screen will be displayed and the user can click on the displayed link to open and print the survey(s) that were selected (see drug reimbursement example in Appendix E). The survey is then given to the client to complete and if returned to the agency is then mailed to RWGA.

Surveys will be automatically deleted if no answers are entered within 14 days of generation by the agency.

More information is available on our website under Evaluation and QM / Outcomes Evaluation (hcptx.org/Services-Programs/Programs/RyanWhite/Quality).

Help

For additional information and other help, select [Help](#) on the Navigation bar. There are 5 choices available, as shown at right.



FAQ

(under development)

Help Desk

The HelpDesk is a separate application that is available even when CPCDMS is not. It should be used for most communications with RWGA CPCDMS Support Staff. This includes, but is not limited to, requests to enter/edit/delete encounters beyond 60 days, for data requests, to report problems with CPCDMS, and to request additional data elements to be added to CPCDMS. It should not be used to request that a user's account be unlocked or a password reset. A user should set up a profile (see myPassword section) so that he can unlock his own account or reset his password. **If a user cannot perform these functions or does not have a profile set up, one of the agency's CPCDMS contacts must perform those duties.** HelpDesk users must have a valid email address. Agencies without external email for all employees have designated staff who will submit HelpDesk cases. The HelpDesk is located at <http://www.hcphtx.org/cpcdmsHELP>.

After accessing the website, HelpDesk users are presented information about the current state of the CPCDMS. If it states that CPCDMS is experiencing problems, then there is no need to submit a HelpDesk case. Users can also review a list of "Frequently Asked Questions" or search the HelpDesk for solutions without logging in.



To enter the HelpDesk, the CPCDMS username is entered into the box provided (see above) and then the *Login* button is clicked; there is no password to login to the HelpDesk. Once a user is logged into the HelpDesk, there are several options to choose from (see below). The user can click on *Contacts* to see the agency CPCDMS contacts, click on *myPassword* to reset their password or unlock their account (see the myPassword section for further information), or choose a selection from the dropdown to submit or edit a HelpDesk ticket. *Create New Case* and *Show Open Cases* are the

most frequently used dropdown selections. The first time a user logs into the HelpDesk the Request CPCDMS Quiz choice should be selected to request a link to the quiz (this



is done after reviewing the training materials). If a user needs to change their HelpDesk registration information (such as agency information, phone number, email address, etc.) one of their agency’s CPCDMS contacts should be notified so that a CPCDMS User Change Request form can be submitted.

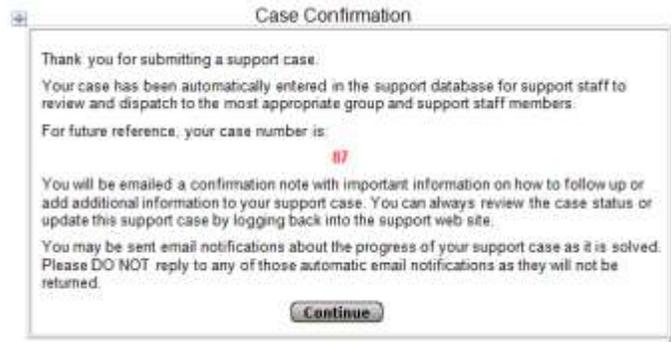
If the user is requesting to edit/delete encounters that have already been submitted for reimbursement, then the user should select *Encounters Correction Form* from the dropdown (see above). After completing the form, the *Submit* button is pressed.

If *Create New Case* is selected, the user enters a *One Line Description* (e.g. *Extended Access for Back-Billing*), selects a Problem Type (e.g. *Request*), selects a Resource (e.g. *Access Beyond 60 days*), and then enters a detailed description. The description should include as much detail as possible. New fields have been added to identify specific ClientCodes, Contract Numbers and/or Bus Vouchers that pertain to this particular HelpDesk case. If access to data older than 60 days is being requested, the contract number, and the reason (i.e. August back-billing) should be entered along with any other helpful information. If a problem is being reported and an error message has been received, the error message should be copied into the HelpDesk case. After completing the form the *Submit* button is pressed.



If a file needs to be attached to the case, the case must first be entered and submitted. The case can then be opened and a file attached.

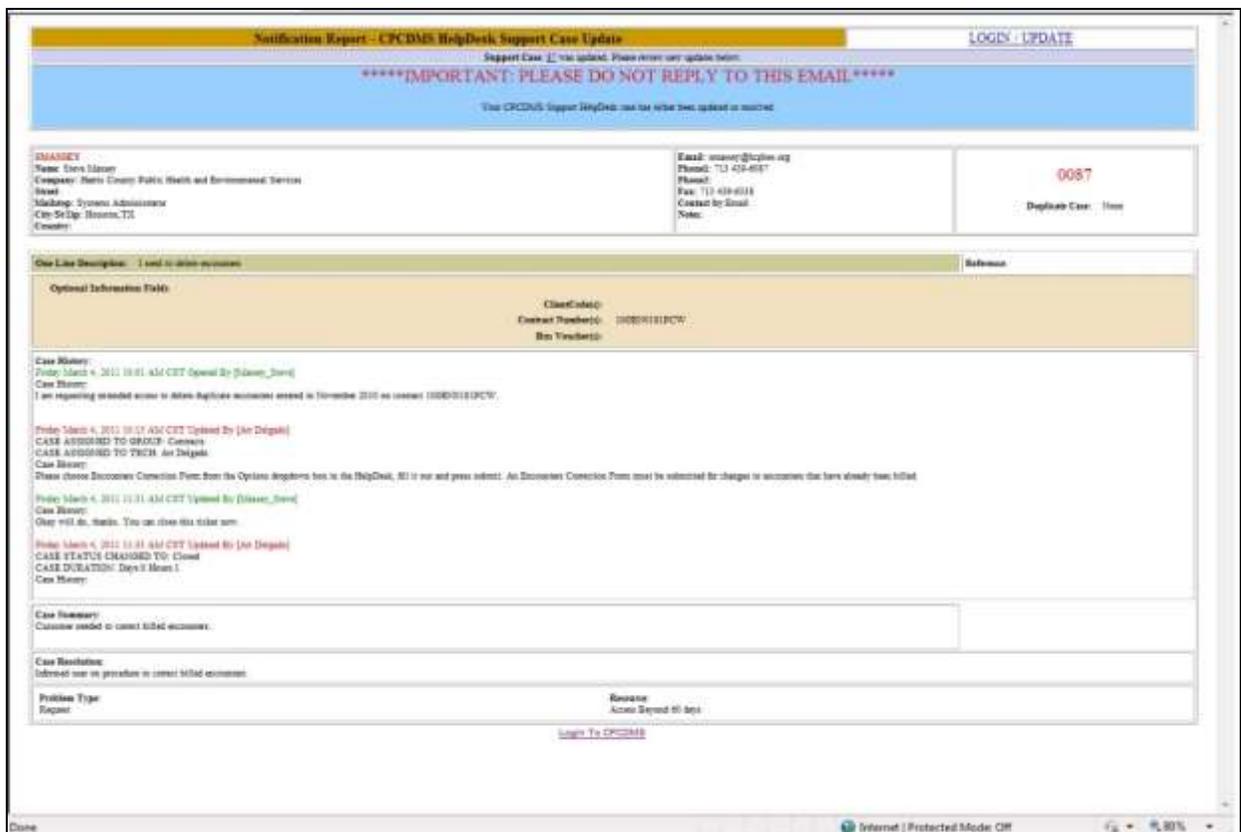
After the Submit button is pressed, a confirmation page is displayed showing the case number that has been assigned to the case, as shown below. A confirmation message is also sent to the user's email address and includes the HelpDesk ticket number. Emails are also sent to all CPCDMS Support Staff notifying them of the ticket. The appropriate staff member is assigned the ticket based on the type of ticket and staff availability. That person may ask for more information by updating the ticket. Another email is then sent to the submitter who responds by clicking on the link in the upper right-hand corner of the email that says LOGIN / UPDATE.



The user may also log back in to the HelpDesk, click on the appropriate case number, and then provide the additional data in the *Add new case information below* section. *Do Not Reply* to a HelpDesk ticket since email responses are sent to an unmonitored mailbox. Instead, a user should update the ticket and press Submit.

Below is an example of an email that might be sent when a HelpDesk ticket is updated. The entire thread of the "conversation" is included.

Below is an example of an email that might be sent when a HelpDesk ticket is updated. The entire thread of the "conversation" is included.



myPassword

After logging in to the HelpDesk, users may click on the “myPassword” button on the left side of the screen to open the main page of the Self-Service Password Management site (see below). This is a new service that allows CPCDMS users to change their passwords and unlock their accounts. Once a profile is created, users no longer have to submit a HelpDesk ticket or ask their agency’s CPCDMS Contact(s) to reset passwords or unlock accounts. This feature also enables a user to reset their password even if the current password has been forgotten, making password administration more efficient.



Create/Edit your Profile - After completing the CPCDMS training, a user should click on *Create/Edit your Profile* then enter the CPCDMS username and password (see right) to set up a profile.



The user then views the page shown below, where two questions are selected and the answers entered. Then a third question and answer must be created. The Update button is then pressed to save the selections and answers. Once a profile has been set up the user will be able to unlock their account and reset/change their password.



Change your Password - This feature allows users to change their passwords at any time, **as long as the account is not locked out or the password has not expired.** After clicking on *Change your Password*, and entering a CPCDMS username and password, the page here is displayed. The password generator can be used (default selection), or the user can create his own new password. *Generate* – To use the password generator, click on “Generate Password”, make note of the password that is generated, ensure it conforms to the security rules, and then press “Change Password”. *Enter* - To enter a user-created password, click on “Enter”, type the new password into the “Password” and “Confirm” boxes, make note of the password entered, ensure that it conforms to the security rules, and then click “Change Password”.



Unlock your Account - This feature allows users to unlock their own accounts using their self-service profile; **a profile must be created before this feature can be utilized.** After clicking on *Unlock your Account* and entering a CPCDMS username, the screen shown here is displayed. The user will see the questions that were established in the user profile and, upon successfully answering those questions, the account will be unlocked.



Reset your Password - This feature allows users to reset their passwords if they have forgotten it; **a profile must be created before this feature can be utilized.** After clicking on *Reset your Password* and entering the CPCDMS username, the page shown above is displayed. The user will see the questions that were established in the user profile and upon successfully answering those questions the account will be reset.

Policies & Procedures (under development)

Remote Support (under development)

Training Manual - Clicking on this tab selection opens the latest CPCDMS Training Manual.

Forms

There is only one selection currently available under *Forms: Other CPCDMS Forms*. Clicking on it takes the user to the *RWGA CPCDMS Forms & Instructions* webpage. Additional CPCDMS forms are available there. ClientCode change requests are now submitted online by CPCDMS Contacts (see UPDATES section). Transfer requests are now requested and processed by agency CPCDMS contacts directly (see UPDATES section also).

Links - Clicking on the *Links* tab takes the user to the *RWGA Links* webpage.

Personnel

This tab is only seen by an agency's CPCDMS Contacts. There are three selections available: *Add/Change Service Performer*, *Online Training Request*, and *User Account Mgmt*.

Add/Change Service Performer

CPCDMS Contacts can add a new service performer (AKA service provider) or change service performer information by selecting [Personnel /Add/Change Service Performer](#). After entering the service performer information the system checks to see if there is already a service performer by that name at that agency. If not, the performer is added. If the service performer has already been set up then it will be updated, if different, and ignored if the same. Also, any credentials entered for a CMLIC or CMSLW service performer will be ignored since this field is only used for non-case management credentials.

Add/Update CPCDMS Service Performer

This form is to be used to add [new CPCDMS service performers](#) or to [update existing CPCDMS service performers](#). To update an existing service performer, the first and last name must match the existing record exactly. You may navigate through the fields by using the "Tab" key. You can select an item by clicking on it or hitting your Space Bar.

First Name: Last Name:

Non-CaseMgmt Credentials: Email:

Phone: Ext.

Please check the following statements that are true about this service performer:

This employee is an agency service provider for the Service Provider dropdown list (e.g. physician, PA, dentist, etc.).

This employee is an agency Case Manager for the Client Registration and Record Owner dropdown menus.

If Agency Case Manager is **TRUE**, then choose 1 of the following:

CMSLW (for unlicensed Case Managers / Service Linkage Workers)

CMLIC (for licensed Case Managers)

Online Training Request

CPCDMS Contacts at each agency complete an online training request form for each new staff member needing access to CPCDMS (see next page) by selecting [Personnel / Online Training Request](#). Trainees must have a valid agency email address. After completing the form and pressing Submit an email with training instructions is automatically sent to the trainee, along with a copy to the CPCDMS Contact submitting the form and CPCDMS Support Staff.

CPCDMS Training Request

This form is to be used to request training for **new CPCDMS users only**. You may navigate through the fields by using the "Tab" key. You can select an item by clicking on it or holding your Space Bar. Once you have finished and pressed Submit, the trainee will be emailed information that includes the information from this form along with instructions on how to complete the training and take the quiz. You will also receive a copy for your records.

Check this box to certify that this trainee's computer has the following (training cannot be requested until these requirements are met):

1. Adobe Flash Player installed;
2. *.cpcdms.com added as the Internet browser's Trusted Site (or whatever is comparable under other browsers);
3. CPCDMSHelpDeskSupport@hcpfhs.org and CPCDMS.Support@hcpfhs.org set as MS Outlook Safe Senders AND Safe Recipients under Junk Mail (or whatever is comparable under other email systems).

First Name: Last Name: (R):

Non-CaseMgmt Credentials: ▼

Job Title: Email:

Phone: Ext:

Supervisor's Name: Supervisor's Phone:

Choose 1 of the following Data Entry Roles for this employee:

DataEntry Capabilities: Agency Capacity, ECLIPS Referral, Encounter Entry, Encounter & Bus Voucher Search and Verifications

DataEntry_Reg Capabilities: All DataEntry capabilities plus Registration and Update capabilities

Choose any of the following Special Rights this employee needs:

Batch Import Only applies if your agency inputs encounters through the import process

CaseManager_Transfer Rights Can transfer clients from one case manager to another within your agency

Client_Transfer Rights Can transfer clients from other agencies if eligibility is expired > 180 days

Edit & Delete Encounters Consider security issues

Report Runner Rights Can schedule and run reports

SurveyAssessment Can generate client satisfaction, outcome surveys & assessments

SurveyAssessment_Delete Can delete client satisfaction surveys, outcome surveys & assessments if no data

Please check the following statements that are true about this employee:

This employee is an agency service provider for the Service Provider dropdown list (e.g. physician, PA, dentist, etc.).

This employee is an agency Case Manager for the Client Registration and Record Owner dropdown menus.

If Agency Case Manager is TRUE, then choose 1 of the following:

CMSLW (for unlicensed Case Managers / Service Linkage Workers)

CPLIC (for licensed Case Managers)

User Account Mgmt

CPCDMS Contacts at each agency are able to manage their users' CPCDMS access using a separate application named rdirectory. Contacts can use it to disable user accounts. They can also unlock user accounts and reset passwords for users that neglected to set up their myPassword profile. Contacts log into to [rdirectory](#) using their CPCDMS user name and password. A guide to using rdirectory is located on our website: [rdirectory user's guide](#).

ECLIPS Referral – This tab is seen by all users and when clicked displays a list of case management referrals made to the users agency from the City of Houston ECLIPS program. The ClientCode, ECLIPS scheduler, service performer, appointment date and appointment time are displayed. Click on the *View* button to see more information about the referral.

ECLIPS Referrals					
	Client Code	Scheduled By ECLIPS User	Service Performer	Appointment Date	Appointment Time
View	CEAK1203811	JKOROMA		6/23/2014	11:00 AM

Logoff - Clicking on the [Logoff](#) tab logs the user out of CPCDMS.

MODULE 4 – POLICIES AND PROCEDURES

Harris County Public Health & Environmental Services
Ryan White Grant Administration

AGENCY-BASED COMPUTER EQUIPMENT POLICIES AND PROCEDURES

Revision Date: November 2008

POLICY STATEMENT:

The receipt, storage, and maintenance of agency-based computer equipment will be handled in a consistent manner.

PROCEDURES:

1. Agency requests for computer equipment are made via the CPCDMS HelpDesk and should contain an explanation of why the equipment is needed. If approved, the equipment is delivered to the funded agency and is signed for by the receiving agency at the time of delivery. A copy of the signed Equipment Placement Form is given to the receiving agency. The original signed form is kept at Ryan White Grant Administration (RWGA).
2. RWGA is notified if equipment is moved after its initial deployment, so that the new location can be noted in the computer inventory database.
3. Upgrading/updating of workstation operating systems is a constant ongoing operation, which will be performed by RWGA personnel, after thorough testing when the CPCDMS application has proven successful.
4. If an agency loses their funding, the equipment may be removed at the discretion of RWGA.

HARRIS COUNTY PUBLIC HEALTH & ENVIRONMENTAL SERVICES
Ryan White Grant Administration

CLIENT REFUSAL TO PARTICIPATE IN THE CPCDMS POLICIES & PROCEDURES FOR CPCDMS

Revision Date: November 13, 2008

POLICY:

Clients may refuse to have any of their unidentified demographic and service data entered into the CPCDMS.

PROCEDURE:

The agency staff must sign and date the *CPCDMS Client Refusal Form* and document in the client's files the reason(s) why they do not want to participate in the CPCDMS. The completed refusal form (**without any client identifying information**) must be sent to the Ryan White Grant Administration (RWGA) Grants Management section.

Agencies using the CPCDMS to provide supportive documentation for their billing must notify the RWGA Grants Management section, how they will track and document these clients' receipt of services.

Before an agency's annual site visit or follow-up visit, the Quality Analysts will check the CPCDMS to make sure that these clients have not been registered into the system at another agency. If these clients are registered in the CPCDMS, the agency must contact these clients. These clients must be notified that, henceforward, the service encounters at their agency will be entered into the CPCDMS.

Harris County Public Health & Environmental Services
Ryan White Grant Administration

**CPCDMS-CONFIDENTIALITY
POLICIES-&-PROCEDURES**

¶

¶

Revision Date: June 26, 2014

¶

¶

POLICY STATEMENT:

¶

The confidentiality of sensitive client information must be of the highest priority among users of the Centralized Patient Care Data Management System (CPCDMS).

¶

¶

PROCEDURES:

¶

- CPCDMS users are assigned a user name and password after completing the CPCDMS training and that is how each user should logon. The user's password should not be accessible to other users (i.e. written on a post-it note and put under the keyboard) and should not be shared with others.
- If a CPCDMS user leaves the agency, one of the agency's CPCDMS contacts should disable the user account as soon as possible. An agency contact may also submit a HelpDesk ticket requesting the removal of the user.
- Confidential client information should not be sent to Ryan White Grant Administration. There may be an occasion when confidential information is needed to resolve a discrepancy, but should only be provided at the request of Ryan White Grant Administration staff.

¶

APPENDIX A – SCREEN EXAMPLES

CPCDMS Client Registration Screen

Client Registration

Client Code:
AABB0905572

Case Number

Case Number: Case number is an optional field.
CPCDMS is not responsible for tracking or storing this number.

Client Information

Client Middle Initial: Partial Mother's Maiden Name:
 Zip Code: Date of Birth:

Insurance Information

Insurance Status:	Primary HIVEffective Insurance	Date	Insurance Provider
<input type="checkbox"/> Medicaid – MCO (Managed Care Org.)			
<input type="checkbox"/> Medicaid – Traditional (Fee for Service)			
<input checked="" type="checkbox"/> Medicare Part A (Hospital)		<input type="text" value="6/1/2014"/>	
<input type="checkbox"/> Medicare Part B (Health)			
<input type="checkbox"/> Medicare Part D (Prescription Drugs)			
<input checked="" type="checkbox"/> Private-Employer	<input checked="" type="radio"/>	<input type="text" value="6/1/2014"/>	<input type="text" value="Blue Cross Blue Shield"/>
<input type="checkbox"/> Private-Individual			
<input checked="" type="checkbox"/> Private Dental Insurance		<input type="text" value="6/1/2014"/>	
<input checked="" type="checkbox"/> Private Vision Insurance		<input type="text" value="6/1/2014"/>	
<input type="checkbox"/> Public Insurance (CHAMPVA, TRICARE)			
<input type="checkbox"/> No Insurance			

Eligibility Verifications

(See Training Manual for more information)

HIV:

Income:

Identification:

Residency:

CPCDMS Information (new clients only)

Registration By: Agency: LCHS Date:

Record Owner: Primary Care Provider:

Service Requested: **Is Client being placed on waiting list?** No Yes

Initial Client Status

Case Mgmt Status:

General Client Information

Annual Income: Family Members: Poverty Level:

Birth Gender: Primary Language:

Current Gender: County:

Racial/Ethnic Heritage: (check all that apply)
 African American/Black American Indian/Alaska Native Asian
 Native Hawaiian/Pacific Islander White

Is the client Hispanic, Latino or Spanish in origin? No Yes

Bus Voucher Information

Bus Voucher No Yes

Dispersed: Value:

Date Dispersed:

Voucher #:

CPCDMS Client Registration Screen (cont.)

Other Information

(Select Yes or No for each item)

Active Substance Abuse Yes No

Active Psychiatric Illness Yes No

Deaf/Serious Difficulty Hearing Yes No

Blind / Serious Difficulty Seeing (even with glasses) Yes No

Housing Status

(Select one) Rental Housing

Method of Exposure/HIV Risk Factors

(Check all that apply)

Mother with / at risk for HIV infection (perinatal transmission) Heterosexual contact IDU

Hemophilia/ Coagulation disorder Risk not reported or not identified

Receipt of Transfusion Male to Male sexual contact

AIDS Medication Program Status

(Check all that apply)

Enrolled in State ADAP Enrolled in Local Pharmacy Assistance

Not enrolled in any State/Local AIDS medication program Unknown

Enrolled in Pharmaceutical Patient Assistance Programs (PAP)

HIV Meds (PAP)

MH Meds (PAP)

Other Meds (PAP)

Sexual Orientation/Behavior

Sexual Orientation Heterosexual Sexual Behavior Male/Female

HIV Diagnosis Year

2013

Stage of Illness - Adult/Adolescent

(Select only one)

HIV+, unk AIDS status HIV+, Not AIDS HIV+, AIDS

Pediatric

Other Health Care Issues

(Check all that apply)

Screened for STDs Treated for TB

Screened for Hepatitis C Treated for STDs

Received TB Skin Test Treated for Hepatitis C

Needs Assessment

(Check all that apply)

<input type="checkbox"/> BUDDY/COMPANION SERVICES	<input type="checkbox"/> FOOD SERVICES	<input type="checkbox"/> INTERPRETER
<input type="checkbox"/> CASE MANAGEMENT	<input type="checkbox"/> FOSTER CARE/ADOPTION SERVICES	<input type="checkbox"/> MENTAL HEALTH THERAPY/COUNSELING
<input type="checkbox"/> CLIENT ADVOCACY	<input type="checkbox"/> HEALTH EDUCATION/RISK REDUCTION	<input type="checkbox"/> NUTRITIONAL THERAPY
<input type="checkbox"/> COUNSELING	<input type="checkbox"/> HEALTH INSURANCE	<input type="checkbox"/> OTHER SERVICES
<input type="checkbox"/> DAY OR RESPITE CARE	<input type="checkbox"/> HOME & COMMUNITY-BASED HEALTH SERVICES	<input checked="" type="checkbox"/> OUTPATIENT/AMBULATORY PRIMARY CARE
<input type="checkbox"/> DENTAL CARE	<input type="checkbox"/> HOME HEALTH CARE	<input type="checkbox"/> OUTREACH
<input type="checkbox"/> DRUG REIMBURSEMENT PROGRAM	<input type="checkbox"/> HOSPICE CARE	<input type="checkbox"/> REHABILITATION
<input type="checkbox"/> DURABLE MEDICAL EQUIPMENT	<input type="checkbox"/> HOUSING ASSISTANCE	<input type="checkbox"/> SUBSTANCE ABUSE TREATMENT/COUNSEL
<input type="checkbox"/> EARLY INTERVENTION SERVICES	<input type="checkbox"/> HOUSING COORDINATION	<input type="checkbox"/> TRANSPORTATION
<input type="checkbox"/> EMERGENCY FINANCIAL ASSISTANCE		

Submit
Cancel

Partial Client Registration Screen

Registration Information	
Registration Type:	<input type="text" value="SPNS"/> <input type="text" value="Next Step"/>
Client Information	
Zip Code:	<input type="text"/>
Date of Birth:	<input type="text" value="9/5/1957"/>
CPCDMS Information (new clients only)	
Registration By:	<input type="text"/> Agency: HCHD Date: <input type="text"/>
Record Owner:	<input type="text"/>
General Client Information	
Gender:	<input type="text"/> County: <input type="text" value="HARRIS"/>
Racial/Ethnic Heritage: <i>(check all that apply)</i>	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
Is the client Hispanic, Latino or Spanish in origin?	<input type="radio"/> No <input type="radio"/> Yes
Method of Exposure/HIV Risk Factors	
(Check all that apply)	<input type="checkbox"/> Mother with / at risk for HIV infection (perinatal transmission) <input type="checkbox"/> Heterosexual contact <input type="checkbox"/> IDU <input type="checkbox"/> Hemophilia/ Coagulation disorder <input type="checkbox"/> Other: risk not reported or identified <input type="checkbox"/> Receipt of Transfusion <input type="checkbox"/> Male to Male sexual contact
Sexual Orientation/Behavior	
Sexual Orientation	<input type="text" value="DECLINED"/>
Sexual Behavior	<input type="text" value="DECLINED"/>
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

Centralized Patient Care Data Management System

Client Update Screen

Client System Update			
Client Code:	LIGL0419711		
Client Status			
Case Mgmt Status:	Closed	Date Of Death:	Vital Status: Living
Basic Client Information			
Med Provider:	Priva	Primary Language:	English
County:	HARRIS		
Zip Code:	77020		
Date of Birth:	4/19/1971	Case Number:	302519
Client Middle Initial:	A	Mother's Maiden:	ROM
Verifications			
Annual Income:	0	<input checked="" type="checkbox"/> Eligibility Updated On: 6/1/2014	
Family Size:	1	<input checked="" type="checkbox"/> This client's income, family size, residency, and medical insurance have been verified and updated in CPCDMS if there has been a change	
Poverty Level:	0.00%		
Documentation (see training manual for more information):			
HIV	Statement or letter signed by medical professional		
Income	Letter from Employer on company letterhead indicating income		
Identification	Texas Driver License		
Residency	Business Correspondence with client name and address		
Bus Voucher Information			
Bus Voucher Dispersed:	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Type:	Renewal		
Date Dispersed:	6/1/2014		
Voucher #:	11111		
Other Information			
(Select Yes or No for each item)			
Active Substance Abuse	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Active Psychiatric Illness	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Deaf/Serious Difficulty Hearing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Blind / Serious Difficulty Seeing (even with glasses)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
AIDS Medication Program Status			
(Check all that apply)			
<input checked="" type="checkbox"/> Enrolled in State ADAP	<input type="checkbox"/> Enrolled in Local Pharmacy Assistance Program (LPAP)		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Not enrolled in any State/Local AIDS medication program		
<input checked="" type="checkbox"/> Enrolled in Pharmaceutical Patient Assistance Programs (PAP)			
<input checked="" type="checkbox"/> HIV Meds (PAP)			
<input type="checkbox"/> MH Meds (PAP)			
<input type="checkbox"/> Other Meds (PAP)			
Housing Status			
(Select one)			
Participant-Owned Housing			
Insurance Information			
Insurance Status:	Primary HIV Insurance	Effective Date	Insurance Provider
<input type="checkbox"/> Medicaid - MCO (Managed Care Org.)			
<input type="checkbox"/> Medicaid - Traditional (Fee for Service)			
<input type="checkbox"/> Medicare Part A (Hospital)			
<input type="checkbox"/> Medicare Part B (Health)			
<input type="checkbox"/> Medicare Part D (Prescription Drugs)			
<input type="checkbox"/> Private-Employer			
<input checked="" type="checkbox"/> Private-Individual	<input checked="" type="checkbox"/>	11/1/2006	UnitedHealthCare
<input checked="" type="checkbox"/> Private Dental Insurance		11/1/2006	
<input checked="" type="checkbox"/> Private Vision Insurance		11/1/2006	
<input type="checkbox"/> Public Insurance (CHAMPVA, TRICARE)			
<input type="checkbox"/> No Insurance			
<input type="button" value="Submit"/> <input type="button" value="Print"/> <input type="button" value="Cancel"/>			
Form 301			

Partial Client Registration Update Screen

Partial Registration Update	
Client Code: <input type="text" value="AABB0905572"/>	Client's Unique Identifier: <input type="text" value="CXOF+v19A"/>
Basic Client Information	
Date of Birth: <input type="text" value="1/1/0001"/>	
Gender: <input type="text" value="FEMALE"/>	
County: <input type="text" value="HARRIS"/>	
Zip Code: <input type="text" value="77008"/>	
Racial/Ethnic Heritage: <i>(check all that apply)</i>	<input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White
Is the client Hispanic, Latino or Spanish in origin?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Method of Exposure/HIV Risk Factors	
(Check all that apply)	<input type="checkbox"/> Mother with / at risk for HIV infection (perinatal transmission) <input type="checkbox"/> Heterosexual contact <input type="checkbox"/> IDU <input type="checkbox"/> Hemophilia/ Coagulation disorder <input checked="" type="checkbox"/> Other: risk not reported or identified <input type="checkbox"/> Receipt of Transfusion <input type="checkbox"/> Male to Male sexual contact
Sexual Orientation/Behavior	
Sexual Orientation <input type="text" value="DECLINED"/>	Sexual Behavior <input type="text" value="DECLINED"/>
<input type="button" value="Submit"/> <input type="button" value="Print"/> <input type="button" value="Cancel"/>	
Form 308	

Medical History / Lab Results Update Screen (Female)

Medical History / Lab Results

Client Code:

EIEW0701792

[View Latest Medical History](#)

[Get Info](#)

HIV Testing

[Click Here For Last record](#)

	Date of Test	Testing Location	Test Type	Result	Results Given	Date (Results Given)
<input checked="" type="checkbox"/> HIV Test	12/1/2012	Not Applicable	Blood Panel	Positive	<input checked="" type="checkbox"/>	12/2/2012

Test Results

[Click Here For Last record](#)

Fill in results for all tests performed:

	Values	Date of Test	CD4 Percent (optional)
<input checked="" type="checkbox"/> CD4	400	6/1/2013	
<input checked="" type="checkbox"/> Viral Load	100000	6/1/2013	
<input checked="" type="checkbox"/> ANC	1000	6/1/2013	
<input checked="" type="checkbox"/> Hemoglobin	15	6/1/2013	
<input checked="" type="checkbox"/> Platelet Count	300	6/1/2013	
<input checked="" type="checkbox"/> WBC	10	6/1/2013	
<input checked="" type="checkbox"/> Chest X-Ray		6/11/2013	

Screening/Treatment

[Click Here For Last record](#)

	Values	Date of Test
<input checked="" type="checkbox"/> Hepatitis B	Negative(-)	12/1/2012
<input checked="" type="checkbox"/> Hepatitis C	Negative(-)	12/1/2012
<input type="checkbox"/> Syphilis		
<input type="checkbox"/> STD		
<input checked="" type="checkbox"/> TB	Positive(+)	6/1/2013

	Treatment Date
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Hepatitis C	
<input type="checkbox"/> Syphilis	
<input type="checkbox"/> STD	
<input checked="" type="checkbox"/> TB	6/15/2013
Tx Type	Tx for Active disease
Tx Status	Current Tx

Vaccinations/Prophylaxis

[Click Here For Last record](#)

	Date
<input checked="" type="checkbox"/> Hepatitis B Vaccination Series Completed	6/15/2013
<input checked="" type="checkbox"/> Pneumocystis Pneumonia (PCP) Prophylaxis	6/15/2013

Pap/Pelvic Examinations

[Click Here For Last record](#)

Screening	Result	Date	Abnormality
<input checked="" type="checkbox"/> Pap Smear	Abnormal	7/1/2013	Squamous cell carcinoma
<input checked="" type="checkbox"/> Pelvic Exam	Abnormal	7/1/2013	
			Referred For
			Gynecologic Oncologist
			Date
			7/3/2013

Stage of Illness

[Click Here For Last record](#)

SOI Date
HIV+, Not AIDS
7/1/2013

Medical History / Lab Results Update Screen (cont.)

Medical Therapy		Click Here For Last record
<input checked="" type="checkbox"/> Antiretroviral Therapy	Value: HAART	Date Prescribed: 12/1/2012
AIDS-Defining Condition		Click Here For Last record
Diagnosis Date Diagnosed: 3/15/2013 Condition(s):		
<input type="checkbox"/> Bacterial Infections, multiple or recurrent (Pediatric) <input type="checkbox"/> Candidiasis, bronchi, trachea, lungs or esophagus <input checked="" type="checkbox"/> Cervical cancer, invasive <input type="checkbox"/> Coccidioidomycosis, disseminated or extrapulmonary <input type="checkbox"/> Cryptococcosis, extrapulmonary <input type="checkbox"/> Cryptosporidiosis, chronic intestinal <input type="checkbox"/> Cytomegalovirus (CMV) disease, other than liver, spleen or nodes <input type="checkbox"/> Cytomegalovirus (CMV) retinitis – with loss of vision <input type="checkbox"/> Encephalopathy, HIV-related <input type="checkbox"/> Herpes simplex, chronic ulcer(s), bronchitis, pneumonitis, or esophagitis <input type="checkbox"/> Histoplasmosis, disseminated or extrapulmonary <input type="checkbox"/> Isosporiasis, chronic intestinal	<input type="checkbox"/> Kaposi's sarcoma <input type="checkbox"/> Lymphoid interstitial pneumonitis (Pediatric) <input type="checkbox"/> Lymphoma, Burkitt's immunoblastic, or primary of the brain <input type="checkbox"/> Mycobacterium avium or M. kansasii, extrapulmonary <input checked="" type="checkbox"/> Mycobacterium tuberculosis, any site <input type="checkbox"/> Mycobacterium, other or unidentified <input type="checkbox"/> Pneumocystis carinii pneumonia <input type="checkbox"/> Pneumonia, recurrent <input type="checkbox"/> Progressive multifocal leukoencephalopathy <input type="checkbox"/> Salmonella septicemia, recurrent <input type="checkbox"/> Toxoplasmosis of the brain <input type="checkbox"/> Wasting syndrome, HIV-related	
Pregnancy Data		Click Here For Last outcome record
Pregnant? <input checked="" type="checkbox"/> Date client learned she was pregnant: 7/1/2013 Estimated conception date: 4/1/2013 Estimated delivery date: 12/23/2013 Mother's HIV diagnosis: <input checked="" type="radio"/> HIV + prior to conception <input type="radio"/> HIV + after conception Prenatal care begun: <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, date begun: 7/1/2013 Number of prenatal care visits in a month: 2 ART counseling to prevent HIV transmission to infant offered: <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, date offered: 7/1/2013 Antiretroviral therapy offered to client: <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, date started: 12/1/2012 Pregnancy outcome: - Newborn HIV Status:		
CD4 Count: 337 Viral Load: 48 Date of Test: 5/1/2012 Date of Test: 5/1/2012		
<input type="button" value="Submit"/>		

Pediatric Update Screen

Pediatric Stage of Illness

Last Symptomology Class: No Signs or Symptoms
Last Symptomology Date: 10/02/2008
Client Age at Symptomology: 6-12 Years Old

Last Suppression Level: N1

Lowest CD4 Count: 20
Date of Lowest CD4 Test: 10/31/2002
New Symptomology Date: 11/1/2008

Client Age at New Symptomology: 6-12 Years Old

New Symptomology Class: Mild Signs or Symptoms

Calculated Suppression Level: A3

Seroconversion

Date Converted to SeroNegative:

- Choose a Value
- Mild Signs or Symptoms
- Moderate Signs or Symptoms
- Severe Signs or Symptoms - AIDS
- No Signs or Symptoms
- Not Applicable

APPENDIX B – FORMS AND INSTRUCTIONS

All of the forms below can be found on our website at:

hcph.tx.org/Services-Programs/All-Programs/Ryan-White-Grant-Administration/Grants-Management/Forms-and-Instructions

[Client Code Creation Instructions](#)

This is a Word document with a file size of 34 KB.

[Client CPCDMS Refusal Form](#)

This is a Word document with a file size of 23 KB.

[Client Record Update Form](#)

This is a Word document with a file size of 89 KB.

[Client Record Update Instructions](#)

This is a Word document with a file size of 31 KB.

[Client Registration Form](#)

This is a Word document with a file size of 198 KB.

[Client Registration Form Instructions](#)

This is a Word document with a file size of 54 KB.

[Consent for Services with Rights](#)

This is a Word document with a file size of 36 KB.

[Consent for Transfer and Release/Exchange of Information](#)

This is a Word document with a file size of 32 KB.

[Consent for Transfer and Release/Exchange of Information \(Spanish\)](#)

This is a Word document with a file size of 34 KB.

[Consent for Transfer and Release/Exchange of Information \(Instructions\)](#)

This is a Word document with a file size of 27 KB.

[Consent to Verify Eligibility for Services](#)

This is a Word document with a file size of 35 KB.

[Consent to Verify Eligibility for Services \(Spanish\)](#)

This is a PDF document with a file size of 40 KB.

[Consent to Verify Eligibility for Services \(Instructions\)](#)

This is a Word document with a file size of 27 KB.

[Medical History/Lab Update Form](#)

This is a PDF document with a file size of 54 KB.

APPENDIX C – Active Service Subcategory Codes

Subcat	ServiceSubcategoryDescription	Service	Units	RWA?
ADAP	ADAP Dispensing Fee	DRUG	1 DOLLARS	Y
ASBCL	Assessment - Brief – MCM	CMGMT	15 MINUTES	Y
ASBMC	Assessment - Brief – PCARE MCM	PCARE	15 MINUTES	Y
ASBPS	Assessment - Brief – PCARE Service Linkage	PCARE	15 MINUTES	Y
ASBSL	Assessment - Brief – Service Linkage	CMGMT	15 MINUTES	Y
ASCCL	Assessment - Comprehensive – CCM/ MCM	CMGMT	15 MINUTES	Y
ASCMC	Assessment - Comprehensive – CCM/ MCM	PCARE	15 MINUTES	Y
BARM	Barium Study	PCARE	1 PROC	Y
BIOP	In Office Biopsy	PCARE	1 PROC	Y
BONE	Bone Density Testing (Densitometry)	PCARE	1 PROC	Y
BRONC	Bronchoscopy	PCARE	1 PROC	Y
CMLIC	Case Management - Licensed	CMGMT	15 MINUTES	Y
CMSLW	Case Management - Service Linkage	CMGMT	15 MINUTES	Y
CNSLT	Consultation for Diagnostic Procedure	PCARE	1 PROC	Y
COLON	Colonoscopy	PCARE	1 PROC	Y
COLPO	Colposcopy	PCARE	1 PROC	Y
CONDY	Condyloma Excision (outpatient only)	PCARE	1 PROC	Y
CORR	Correspondence	ADVOC	60 MINUTES	Y
COth	Other -- Legal	ADVOC	60 MINUTES	Y
COURT	Court Appearance	ADVOC	60 MINUTES	Y
CSCAN	CAT Scan Procedure	PCARE	1 PROC	Y
CSUP	Client-Specific Supervision (Lic)	CMGMT	15 MINUTES	Y
CYST	Cyst Removal/Incision	PCARE	1 PROC	Y
DCAD2	Day Care - Adult - RW2/TDH	DCARE	1 DAYS	
DERMA	Dermatology	PCARE	1 VISIT	Y
DPLIC	Pre-Release Discharge Planning (Institutional) - CMLIC	CMGMT	15 MINUTES	Y
DPPLC	Pre-Release Discharge Planning (Institutional) - PCARE - CMLIC	PCARE	15 MINUTES	Y
DPPSL	Pre-Release Discharge Planning (Institutional) - PCARE - CMSLW	PCARE	15 MINUTES	Y
DPSLW	Pre-Release Discharge Planning (Institutional) - CMSLW	CMGMT	15 MINUTES	Y
DROU	Routine Dental	DENT	1 VISIT	Y
DSPE	Specialty Dental - Non-Prosthodontics	DENT	1 VISIT	Y
DSPP	Specialty Dental - Prosthodontics	DENT	1 VISIT	Y
ECHO	Echocardiogram	PCARE	1 PROC	Y
EGD	Esophagoduodenoscopy	PCARE	1 PROC	Y
EISF2	Face to Face Other	EIS	15 MINUTES	
EISGP	Group	EIS	60 MINUTES	
EISPH	Phone Contact	EIS	15 MINUTES	
EKG	Electrocardiogram - Stress	PCARE	1 PROC	Y
FACE	Meeting with Client	ADVOC	60 MINUTES	Y
FOODR	Food Pantry -- Rural	FOOD	1 VISIT	
GASTR	Gastrosocopy (Endoscopy)	PCARE	1 PROC	Y
GCARD	Gas Card	TRANS	1 VOUCH	NP
GENO	GenoType Assay	PCARE	1 LAB	Y
GI	Upper & Lower GI	PCARE	1 PROC	Y
HCDP	Co-payment - Drugs - Private Insurance	HINS	1 DOLLARS	
HCOPA	Co-payment - Medical - Private Insurance - Amb/Outpt Medical Care	HINS	1 DOLLARS	
HCRNA	Hepatitis C RNA	PCARE	1 LAB	Y
HDEDU	Deductible - Medical - Private Insurance	HINS	1 DOLLARS	
HOSPR	Residential	HOSP	1 DAYS	Y
HPREM	Premium - Medical - Private Insurance	HINS	1 DOLLARS	
INFEC	Infectious Disease	PCARE	1 VISIT	Y
INSRV	Interpreter	INTRP	60 MINUTES	
INTAK	Intake-Labs (HCHD Only)	PCARE	1 VISIT	Y
KSBX	KS Lesion - Punch Biopsy	PCARE	1 PROC	Y
LCPAP	Liquid Cytology Pap Smear	PCARE	1 PROC	Y
LUMB	Lumbar Puncture	PCARE	1 PROC	Y
LUMP	Lumpectomy	PCARE	1 PROC	Y
LVRBX	Liver Biopsy	PCARE	1 PROC	Y
MAMM	Mammogram	PCARE	1 PROC	Y
MCCM	Medical Case Management	PCARE	16 MINUTES	Y
MED	HIV Medication	DRUG	1 DOLLARS	Y
MEDED	Medication Education (HCHD Only)	PCARE	1 VISIT	Y

MHADV	Individual/Professional Advocacy	MENT	15 MINUTES	
MHFAM	Family/Office	MENT	60 MINUTES	
MHFMM	Family/Office - Medicare CoPay	MENT	60 MINUTES	
MHGCS	Group Consult	MENT	15 MINUTES	
MHGRM	Group - Medicare CoPay	MENT	90 MINUTES	
MHGRP	Group	MENT	90 MINUTES	
MHHFM	Group/Home	MENT	60 MINUTES	
MHHOM	Individual/Home	MENT	60 MINUTES	
MHICS	Individual Consult	MENT	15 MINUTES	
MHOFF	Individual/Office	MENT	60 MINUTES	
MHOFM	Individual/Office - Medicare CoPay	MENT	60 MINUTES	
MRI	MRI Procedure	PCARE	1 PROC	Y
MTGCM	MCM Mtg with Other CM	PCARE	15 MINUTES	Y
MTMCM	CMLIC Mtg with Other Case Manager	CMGMT	15 MINUTES	Y
MTPSL	Primary Care SLW Mtg with Other CM	PCARE	15 MINUTES	Y
MTSLW	CMSLW Mtg with Licensed Case Mgr	CMGMT	15 MINUTES	Y
NEURO	Neurology	PCARE	1 VISIT	Y
NONHI	NON HIV Medication	DRUG	1 DOLLARS	Y
NUTC	Nutritional Counseling	NUTT	1 VISIT	Y
NUTSD	Nutritional Supplements Disbursement	NUTT	1 DOLLARS	Y
NUTST	Nutritional Supplements Transaction	NUTT	1 VISIT	Y
OBGYN	Ob/Gyn	PCARE	1 VISIT	Y
ONCOL	Oncology	PCARE	1 VISIT	Y
OTHER	Other Specialty	PCARE	1 VISIT	Y
PCNUT	Nutritional Assessment (HACS, LCHS and SHF RW Part A Only)	PCARE	1 VISIT	Y
PCSLW	Primary Care - Service Linkage	PCARE	15 MINUTES	Y
PCSUP	Client-Specific Supervision by MCCM	PCARE	15 MINUTES	Y
PEDI	Pediatric	PCARE	1 VISIT	Y
PHENO	PhenoType Assay	PCARE	1 LAB	Y
PHEXT	Physician Extender (Asst)	PCARE	1 VISIT	Y
PHONE	Phone Contact	ADVOC	60 MINUTES	Y
PODIA	Podiatry	PCARE	1 VISIT	Y
PSYCH	Psychiatry	PCARE	1 VISIT	Y
RSPRC	Radiologic Procedures (non-routine)	PCARE	1 PROC	Y
RURAL	Rural Transportation	TRANS	1 MILES	Y
SIGM	Sigmoidoscopy	PCARE	1 PROC	Y
SLSUP	Client-Specific Supervision (SLW) - COH Only	OTHER	15 MINUTES	Y
SONO	Sonogram	PCARE	1 PROC	Y
SPCCL	Service Planning - Comprehensive – CCM/ MCM	CMGMT	15 MINUTES	Y
SPCMC	Service Planning - Comprehensive – PCARE MCM	PCARE	15 MINUTES	Y
SUBAS	Counseling - Assessment	SUBST	60 MINUTES	Y
SUBCO	Counseling - Individual	SUBST	60 MINUTES	Y
SUBGR	Group	SUBST	60 MINUTES	Y
TRFL	Trofile Test	PCARE	1 LAB	Y
ULTRA	Ultrasound	PCARE	1 PROC	Y
URBAN	Urban Transportation	TRANS	1 MILES	Y
VOMA	Vision - Ophthalmic Medical Assistant	PCARE	1 VISIT	Y
VOPTH	Vision - Ophthalmology	PCARE	1 VISIT	Y
VOPTO	Vision - Optometry	PCARE	1 VISIT	Y
WAIVR	Other Diagnostic Procedure Approved with Waiver	PCARE	1 PROC	Y

APPENDIX D –Assessment Scales

Global Assessment of Functioning Scale

100-91 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

90-81 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

80-71 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

70-61 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60-51 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

50-41 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

40-31 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

30-21 Behavior is considerably influenced by delusions or hallucinations OR serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)

20-11 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

10-1 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information.

PHQ-9 Symptom Scale

Over the *last 2 weeks*, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Thoughts that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 If you checked off <i>any</i> problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	<input type="checkbox"/>
	Somewhat difficult	<input type="checkbox"/>
	Very difficult	<input type="checkbox"/>
	Extremely difficult	<input type="checkbox"/>

APPENDIX E – Survey Form Examples

Client Satisfaction Survey – Printed – Drug Reimbursement Services



Self-Administered Client Survey for Ryan White Title I Drug Reimbursement

Service:	DRUG	ClientCode:	GASA0729761 (53622)
Agency:	LCHS	Date:	10/19/2010
Performer:	LCHS (915)		

Please fill out like this and not like this

Please read the following questions and fill in the circle next to the best answer:

1. In the past two weeks, how often have you stuck to your HIV medication schedule?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Most of the time
- 5 All of the time

2. In the past three months, have you had to pay for your medications?

- 0 No
- 1 Yes

If YES, please answer the next question:

3. In the past three months, how much money have you spent on your medications? Answer all that apply.

- 1 Some, but I could afford it
- 2 A large amount - I had to put off paying for food, clothes, or gasoline to get my medications.
- 3 A very large amount - I had to put off paying rent, utilities, or other bills to get my medications.
- 4 I sometimes skipped getting my medications because I could not afford them.

Outcome Survey – Online – Rehabilitation Services

Self-Administered Client Survey for Ryan White Title I Drug Reimbursement			
Service:	DRUG	ClientCode:	TMBU1221651
Agency:	LCHS	Date:	10/19/2010
Performer:	LCHS (915)		

Please read the following and select the best answer:

- In the past two weeks, how often have you stuck to your HIV medication schedule?
 - Never
 - Rarely
 - Sometimes
 - Most of the time
 - All of the time
- In the past three months, have you had to pay for your medications?
 - No
 - Yes

If YES, please answer the next question:

- In the past three months, how much money have you spent on your medications? Answer all that apply.
 - Some, but I could afford it
 - A large amount - I had to put off paying for food, clothes, or gasoline to get my medications.
 - A very large amount - I had to put off paying rent, utilities, or other bills to get my medications.
 - I sometimes skipped getting my medications because I could not afford them.

Outcome Survey – Printed – Drug Reimbursement Services



Client Survey - Ryan White Title I Health Insurance

Service:	HINS	ClientCode:	LEWL0528581 (53625)
Agency:	LCHS	Date:	10/19/2010
Performer:	LCHS (915)		

Please fill out like this and not like this

Please read the following questions and fill in the circle next to the best answer:

- In the past six months, have you seen a doctor or a nurse for your HIV infection?
 - No
 - Yes