ALAMEDA COUNTY

BEHAVIORAL HEALTH

Mental Health & Substance Use Services

INSYST

SUD/CG MINI MANUAL

V10.04

BHCS – Information Systems

Help Desk - InSyst Support Telephone #: (510) 567-8181

   Hours of Operation: (M-F 8:30 am to 5:00 pm)

   FAX #: (510) 567-8161

   E-Mail: HIS@acgov.org

Provider Relations – Telephone #: (800) 878-1313

   InSyst Data Collections

   Medical Eligibility

Provider’s Website: www.acbhcs.org/providers

Revised 09/2019
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SUD Training Agenda

Introduction

What is InSYST? – page 9 (9:15 AM – 9:25 AM)

BHCS Systems & Data – Confidentiality, Security and Usage Agreement – page 10 (9:25 AM – 9:35 AM)

18 PHI Identifiers Under HIPAA

Flow Chart – Appendix A (9:35 AM – 9:40 AM)

InSYST Menu navigation – Appendix A (9:40 AM – 9:55 AM)

Client locator – page 20 (9:55 AM – 10:30 AM)

- Search for a client
- Alias
- Duplicate client

Break (10:30 AM – 10:45 AM)

Client Registration – page 25 (10:45 AM – 11:45 AM)

- Naming Convention – page 25
- Address
  - Insert new address – page 31
  - Homeless – page 31

Upload from InSYST to CG every 15 minutes

Client Update – page 35

- Pre consumer
- Add alias

Significant Other

Client Messages

Episode Open – page 44 (11:45 PM – 1:30 PM)

- CalOMS data – page 42
- Episode upload from InSYST to CG – page 42
CG Notes – page 42

Episode must be open before CG notes can be created

Finalize CG note

Download from CG to InSYST at 5:00pm daily

Episode Update

Update

Delete

Services – page 69 (1:30 PM – 2:00PM)

Services generated by overnight process – page 71

Failed services (email notification) – page 72

Single service entry – page 74

Weekly service entry – page 76

- Run PSP125 report

Multiple service entry – page 80

Late service entry

MHS709 report – page 107

MHS707 report – page 106

Deadline for current services

Services – page 85

- update

- delete

Episode Closing – page 52 (2:00 PM – 2:15PM)

Standard discharge

Administrative discharge – page 57

Reports – page 86 (2:30 PM -3:15 PM)

Printing

Providers web site
SUD Training Objectives

• How to navigate through the InSyst application and populate date fields based on State required guidelines

• Search for a client

• Register a client
  ◦ Insert an address

• Update client information

• Open an episode

• Update an episode

• Create a single service

• Creating multiple services

• Modify direct service

• Close an episode
Introduction:

What is InSyst?

In=Information       Syst=Systems

InSyst is a billing application that is designed specifically for behavioral health care organizations to support the programs for Mental Health and Substance Use Disorder. System options within the application determine which group of services the application is tailored for use. Clients are assigned a unique identifier, program assignments are made, encounter data is collected, and bills and claims are generated. Also collected is information for eligibility, local, State and Federal reporting.
BHCS Systems & Data Confidentiality, Security and Usage Agreement

Confidentiality, Security and Usage Agreement

Systems

InSyst, Clinician’s Gateway, eCURA, Yellowfin, CANS/ANSA, MEDS, etc.

Purpose

The purpose of this agreement is to establish an environment of security for the electronic storing and usage of client confidential information and records including the usage of portable electronic devices for this purpose.

Background

Any person accessing Alameda County BHCS (Behavioral Health Care Services) data is required to protect confidential information relating to clients, patients, and residents on a daily basis, and have a duty to protect this information from loss, theft, or misuse whether the information is in paper or electronic form. Additionally, users are required to protect any electronic device assigned to them or in their possession used to gain access to BHCS systems.

Confidential Information

Confidential Information shall include all Alameda County BHCS systems, documents, data, and other materials. User agrees that the Confidential Information is to be considered confidential and shall hold the same in confidence, shall not use the Confidential Information other than for the purposes of its business with BHCS, and shall disclose it only to its authorized employees or other authorized users with a specific need to know. User will not disclose, publish or otherwise reveal any of the Confidential Information and must use secure email for any communications outside of Alameda County regarding confidential information.

Secure and Private Work Environment

User is responsible for taking proper security and privacy precautions ensuring a secure and private work environment while utilizing portable devices in order to safeguard client information displayed.

Security Agreement

User agrees to the stated required security criteria in order to access and utilize the BHCS systems.

I understand that sharing my account ID and password, client information or any breach of security is a HIPAA (Health Insurance Portability and Accountability Act) violation which may result in prison, fines up to $25,000 and/or revocation of my license.

I attest that I have completed HIPAA security and privacy requirements training for protecting the confidentiality, integrity, and availability of protected health information under HIPAA within the past 12 months.

___________________________    ____________
User Signature         User Printed Name  Date

The supervisor agrees 1) to employee’s usage of the system and 2) to provide information and direction for secure uses and practices while utilizing network resources.

The supervisor attests that the user has 1) signed an Oath of Confidentiality, 2) signed an Ethical Conduct Policy and 3) been trained in HIPAA security and privacy requirements.

__________________________ ______________________________ _____________
Supervisor Signature Supervisor Printed Name Date
18 PHI Identifiers Under HIPAA

1. Names
2. Geographic subdivisions smaller than a state, Geocodes (e.g. zip, county, or city codes; street addr, etc)
3. Dates. All elements of dates except year, unless individual is > 89 yrs. (e.g. birth date, admission date, etc)
4. Telephone numbers
5. Fax numbers
6. Electronic mail addresses
7. Social security numbers
8. Medical record numbers
9. Health plan beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers and serial numbers (including license plate numbers)
13. Device identifiers and serial numbers
14. Web Universal Resource Locator (URL)
15. Internet protocol (IP) address number
16. Biometric identifiers (including finger or voice prints)
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code
Chapter 1: Portal & InSyst Log In

Logging onto the BHCS Web Portal

You must log in to the BHCS Web Portal to access InSyst.

Note

If this is the first time logging in to the portal the system may prompt a Citrix Receiver installation message. Please follow the prompts, and download the Citrix Receiver update. If assistance is needed please contact the Help Desk for assistance.

1. The BHCS Web Portal address is: https://go.bhcsportal.org
2. Type your network Username, and press Tab

3. Type your network password and press Return or click the Log On button. To protect password secrecy, the password is displayed on the screen as dots.

4. To log in to InSyst choose the appropriate InSyst icon for your computer (Desktop or Laptop).
   - For Desktop user choose the InSyst icon.
   - For Laptop user choose the InSyst Laptop keyboard icon.
5. Click the appropriate InSyst icon to prompt a new Internet Explorer (IE) Window to open the InSyst Log on Screen.

Logging on to InSyst

1. Your screen displays the prompt: **USERNAME**: Type your InSyst Username, and press Return.

2. Then the computer prompts you for your password. Type your **PASSWORD** and press Return. To protect the password secrecy, your password is not displayed on your screen.

3. INSYST displays its Logo and any notices or messages. Press Return to scroll to the first of two message boards (bulletin boards) pages, followed by the InSyst Main Menu.

```
=----- Unauthorized Access is PROHIBITED! =-----
Username: 
```

4. The bulletin board messages pertain to:
   - InSyst System Alerts/Changes
   - Deadline Dates
   - Program Issues/Updates
   - General Information

**Note**: Please do not overlook these messages as you log on to the InSyst system.
- Press Return to the InSyst Main Menu

**IMPORTANT NEWS FOR MHS INSYST USERS**

```
MHS

****DEC-JAN MONTHLY REPORTS CALENDAR****
>> SERVICE INPUT MUST BE COMPLETED BY 6PM ON THE 4TH OF JAN <<
<<< DECEMBER REPORTS >>>
3rd Workday Dec Run Day: 4th Jan; At Printer: 5th Jan
15th Day Dec Run Day: 15th Jan; At Printer: 16th Jan
Last Day Dec Run Day: 31st Jan; At Printer: 1st Feb
******************************************************************************
SYSTEM SUPPORT 510-567-8181
26-Dec-10
```

Press <RETURN> to continue .....
When you have completed your InSyst tasks make sure you log out of InSyst by typing the word “Exit” in the “Selection:” field BEFORE closing the Internet Explorer (IE) Window. Never exit the IE Window until you have seen a message confirming that you are logged out of InSyst. Closing IE without correctly logging out of InSyst will cause Systems Issues.
Chapter 2: InSyst Navigation

Using InSyst Menu Screens

The InSyst menu is a list of items that you may select. The image below is the Main Menu. The Main Menu is different based on InSyst authorizations. Below is an example of the InSyst Main Menu for a User who is entering data for Alcohol and Drug Services (SUD).

Note: Dual InSyst authorization (e.g. MHS & SUD users) will prompt a different InSyst Main Menu display.

All InSyst menus let you make selections in three ways: by using the list of options below the "Selection:" field, or by typing an alpha and/or numeric option directly in the "Selection:" field.

To navigate the Main Menu:

1. Press the Tab key and the blinking cursor will move from the "Selection:" field into the list of items in the Menu Selection Area of the screen. Then move the cursor up and down through the menu using the Up and Down Arrow keys.
2. When you have moved the cursor to the item you want, type "X" and press Return.
3. At the bottom corners of the Menu Selection Area there is often a flashing "V." This indicates that there are more items on your menu than you can see at one time. Press the Down Arrow key and the menu will scroll to display more items.
4. If you want to return to the "Selection:" field, press Enter.

To select an item from the "Selection:" field:

1. Type the name or number of the item on the "Selection:" field. The "Selection:" field is the solid bar next to the word Selection, where the cursor is when you first display the menu. You may type the entire name of the item, or just enough make it distinct from the others. For example, if you want to choose SERVICES from the Main Menu, you may type either "SERVICES" or "SER". You may also type the number of the selection. For example, if Client Records Maintenance is the first item on the menu, you can just type "1" to select it.
2. Press Return to display the screen or sub-menu you selected.
Leaving a Menu
Press Num Lock (Gold)-E, or enter a hyphen (-) in the Selection: menu to move back one menu to the previous menu. For example, if you are on the Files Menu, “-” will take you back to the Utilities Menu, and a second “-” will take you back to the Main Menu.

Using Num Lock (Gold) and Control Keys
To use a Num Lock (Gold) Key sequence:

1. Press and release the Num Lock (Gold) Key.
2. Press and release the other key in the sequence.

For example, if the instructions say, “Press Num Lock (Gold)-E”, you should press and release the Num Lock (Gold) key, and then and release press “E”.

Menu and Control Key Commands are located on the last page and the back of this manual.

For Laptop Users!!!!
Use the “F9” Key as the Num Lock key if your laptop does not have a ten key pad.
Menu Shortcuts
You can go directly from one menu to a screen that is under another menu, rather than moving through the menu system one menu at a time. In the “Selection:” field of the current menu, enter the Menu names that you would normally enter in the command lines of one menu after another.

For example, to go from the Main Menu to the Episode Opening screen, you normally enter “EP” in the Main Menu to display the Episode Maintenance Menu, and then enter “OP” to display the Episode Opening screen. As a shortcut, you can enter the command “EP OP” in the Main Menu to get to the Episode Opening screen immediately from the Main Menu.

Using Screens
The InSyst menu system displays the data screens that let you enter, look up, modify and delete information.

In Screens, data is entered or displayed in areas called fields. For example, a screen may have a field for a client’s last name and another field for address. Each screen has a different function—e.g., to register a client, review a client’s account, or update episode information. Screens are assigned to you based on your responsibilities.
Moving through Fields

Use these keys to move through a screen's fields:

- **Tab:** Move the cursor to the next field to enter data. (If you fill a field entirely, the cursor will move to the next field automatically).
- **Control/H or F12:** Move the cursor back one field.
- **Return:** Skip over optional fields and move to the next field. Some fields cannot be skipped.

Moving Through Lists

Many screens have multiple lists. To move down one item in the list, press the Tab or Down Arrow key. To move up one item in the list, press the Up Arrow key, **F12, CTRL+H**.

If a list has more items than fit in one screen, you can page through it to see more items by pressing:

- **Num Lock (Gold)-M:** (More) View the next page of information. On most screens you can only move one page back, but there are exceptions to this rule.
- **Num Lock (Gold)-B:** (Backup) View the previous page of information. On most screens you can only move one page back, but there are exceptions to this rule.

To speed up performance, lists usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing **Num Lock (Gold)-A before** you query a search for the list.

Leaving a Screen

To leave a screen, press:

- **Return:** Moves the cursor to the exit prompt used to leave the screen. In some cases Return will move you to the next mandatory field.
- **Num Lock (Gold)-E:** Exits from the current screen and returns to the menu, without saving data entered in the screen.
• **Num Lock (Gold)-S:** Exits from the current screen, and saves the data entered. This sequence retains the current Client and Reporting Unit, so it automatically displays the data in the next screen being used.

Logging out of InSyst
To log out of InSyst, enter the word “Exit” on the “Selection:” field of any screen.

• Never exit the Internet Explorer (IE) Window until you have seen a message confirming that you are logged out of InSyst. The message includes the date and time that you logged off the computer. Closing IE correctly prevents InSyst System issues.

Close the IE window, and then log out of the web portal.

**Note**

**Confidentiality:** To meet HIPAA, Federal, State and Local Government security policy regulations, all Users are required to:

• **Maintain the confidentiality of their password(s)s so that their individual account(s) are only utilized by themselves and cannot be shared with anyone.**

• **Do not browse through client records looking for friend, acquaintances or known person – This is illegal.** You must have a legitimate purpose for looking-up a client in InSyst. **Do not release data without authorization.** For more information, consult your Supervisor.

INSYST & CLINICIANS GETEWAY FLOW CHART

• **Client Data Flow Process for Residential Programs** see Appendix A.

• **Client Data Flow Process for OS, IOS and NTP Programs** (in progress).
Chapter 3: Basic Client Information

The Client Number
Before entering client data, opening an episode or entering services in InSyst the client must have an InSyst client number. If a client is new to your program, you must determine whether the client has an existing InSyst number, by using the Client Locator screen, described below. If you cannot find the client number, assign a new client number using the Client Registration Screen, described later in this chapter.

Locating Clients
The Client Locator Screen searches for existing InSyst clients, if a client has received Behavioral Health Care services, in Alameda County the screen should display the name of the client in the search results and allow you to select the client who you want to display more information.

To use the Client Locator Screen:

1. Choose CLIENTS from the Main Menu.
2. Choose LOCATOR from the Client Maintenance menu to display the Client Locator screen.

Client Locator Screen

It is possible that a client could have multiple last names, multiple first names and aliases, etc. To prevent creating a duplicate client and before registering a new client be sure you have tried all possible spellings of the client’s name and aliases. A good practice is to press **Num Lock (Gold)-A** before searching the client. The **Num Lock (Gold)-A** feature will provide continuous paging on the client locator screen.
To search for a client in the Client Locator Screen:

1. Make an entry in one or more fields of the Client Information Area. At a minimum one field needs to be filled out.
2. Press Return at any time to submit a search query for a client matching the information you have entered.

The Client Information Area has the following fields:

**Client Name:** Enter the client’s full name or only the first few letters of the client’s name. For example, if you enter “And” as the last name, you will find clients with the names Anders, Anderson, Andrews, etc. Also, InSyst has a wildcard symbol known as the asterisk (*). If you place the asterisk after the full last name (e.g., Cuco*, Chavez*, Smith*, etc.) InSyst will display hyphenated last names, or clients with two last names without a hyphen. Lastly, in order to find the non-hyphenated last names go ahead put an space and asterisk after the last name (e.g. Chavez *, Smith *, Cuco *, etc.). This will display clients with multiple last names. This can be applied to the first name field as well.

**Client Number:** If you know the Client Number, the fastest way to look up the client is to press Num Lock (Gold)-C to move to the Client Number field automatically and enter the client’s number.

**Social Security Number:** If you do not have a Client Number, the Social Security Number (SSN) is the fastest way to find the client. If you have the client’s Social Security Number, press the Tab key to skip the other fields and enter the SSN here. You do not need to enter hyphen (“-“) between the numbers.

- If there is an exact match, all fields on the top half of the screen are filled with information about the client.
- If there is no match, the system displays the message: Client/Clients not found.
- If there are several possible matches, they are listed in the Client Selection Area of the screen, described below.
Qualified Substance Use Disorder (SUD) Providers must follow the data collection protocols as detailed in the CalOMS Data Collection guide. Click the link or use the URL below for more CalOMS information:

CalOMS Data Collection Guide
http://www.acbhcs.org/providers/CalOMS/CalOMS.htm

Client Selection Area
The second section of the screen is the Client Selection Area. If there is more than one possible match, records beginning with the first possible match are listed alphabetically.

To use the Client Selection Area:
Type “X” next to the client you want, and press Return. Data on that client is displayed in the Client Information Area.

Possible Matches in the Client Selection Area
You can select multiple clients on a page by putting “X” next to each, and then pressing Return. Then you display data on them by using the Previous and Next options in the Menu Selection Area.

Aliases are displayed in the Client Selection Box with an asterisk (*) next to the name. They are selected like other names in the list, but the computer displays the client’s real name in the Client Information Area.

If you find the target client in this list, note the client number, so you can use it to work with the client. If you do not find the target client, you must register the client into the system.
Face sheets may be now utilized by BHCS contracted SUD providers for current clients as all clients must sign a ROI— for SUD providers to share their info across the system of care.
See: http://www.acbhcs.org/providers/Forms/SUD/SUD_ROI_form.docx

- **Num Lock (Gold)-F: (Face Sheet)** request the menu to select Face Sheets, and then press F6 to complete the request. The Face Sheet is placed in your printer queue ready to print.

Menu Selection Area
The lowest section of the Client Locator Screen is the Menu Selection Area, where you can enter commands to find more information on the client displayed in the Client Information Area. As with any InSyst menu, you may select a menu item by entering the first letters of your menu choice (For Example, the choice of “E” for Episodes), or by using Tab key to move to the item you want and typing an “X” next to it.
The menu gives you the following options:

- **EPISODE Mini Open Episode Status**: Gives you a short listing of all programs (or reporting units) where the client has an opened episode.
- **FINANCIAL Mini Financial Status**: Displays current account information and charges for the client.
- **STATUS Client Status Summary Report**: Takes you to the Client Status Summary Report Screen, which displays the client’s current open episodes, closed crisis episodes, and current account information.
- **NEXT Display Next Client**: If you selected multiple clients in the Client Selection Area, this option will display data on the next client in the Client Information Area.
- **PREVIOUS Display Previous Client**: If you selected multiple clients in the Client Selection Area, this option will display data on the previous client in the Client Information Area.
Chapter 4: Registering a Client

Registering a New Client

If you cannot find the client number from the Client Locator Screen, you must register the client before opening an episodes and entering services. Follow the client naming convention rules to enter the client’s information into InSyst.

Client Naming Convention Rules:

BHCS is experiencing an increasing concern with duplicate clients being created, names not matching Medi-Cal/Medicare, and alias names being entered in the main Name fields at the top of the Client Registration screen (alias names are ONLY to be entered in the Alias Name fields at the bottom of the Client Registration screen).

BHCS System Support staff is reviewing EVERY new Client Registration to verify that the new registration is not a duplicate, and that the new registration follows the “Client Naming Convention Rules”.

If a duplicate registration is found the services and episodes entered are deleted and the site is notified to re-enter the data. Continued deficiencies locating existing client numbers and creating duplicates, not following the “Client Naming Convention Rules”, or not entering the Birth Name/Place/Mothers Name fields WILL result in a special Client Registration training class and may result in revocation of your Client Registration privilege.

NOTE: Medi-Cal/Medicare services CAN NOT be claimed to the State if the client name DOES NOT match the name on the Medi-Cal/Medicare card.

Last Name

- Enter a last name with up to 16 letters.
- Last Name must ALWAYS exactly match Medi-Cal/Medicare name.
- Leave out apostrophes and blank spaces unless the Medi-Cal/Medicare name has them.
  - “O’Connor” should be typed “OCONNOR”
  - “Torres-Smith” should be typed “TORRES-SMITH” or as stated on Medi-Cal/Medicare card
- DO NOT enter Jr., Sr., etc. in the Last Name field, the generations must be entered in the Generation field (see below)
- DO NOT enter spaces in front of name

Note

Even though InSyst will allow spaces in between two last names, it is always good practice to put a hyphen between the names (e.g Cuco-Chavez). This prevents duplicates. For more information please see “To search for a client in the Client Locator Screen”.

First Name

- Enter a first name with up to 12 letters
- First Name must ALWAYS be exactly like the Medi-Cal/Medicare name
- Leave out apostrophes and blank spaces unless the Medi-Cal/Medicare name has them.
- DO NOT enter spaces in front of name

Middle Name

- Enter a middle name with up to 16 letters
- Middle Name must ALWAYS exactly match Medi-Cal/Medicare name
- Leave out apostrophes, dashes and blank spaces unless the Medi-Cal/Medicare name has them.
- DO NOT enter spaces in front of name

Client Generation

- Enter a generation title that is part of the client’s name, such as Jr., Sr., or the Roman Numerals I, II, III, etc.
- Do not enter titles like M.D., ESQ., PhD, PsyD, RN, NP, etc.

Alias Name

- Enter any alternate forms that the client name may be presented.
  - “O’Connor” should be typed without the apostrophe in the regular name field; it should entered in the alias field with an apostrophe.
  - “Torres-Smith” should be typed “TORRES-SMITH” in the regular name field; it should be entered in the alias field as “Torres Smith”.
- DO NOT enter spaces in front of name

To register a client:

1. Choose CLIENTS from the Main Menu.
2. Choose REGISTER from the Client Maintenance Menu to display the Client Registration screen.

Note:

Because the information entered in the Client Registration screen establishes the client’s identity, it is best to ask the client for a form of ID (Driver’s License, Social Security Card or other document) to be used for entering the client demographic data. Three critical pieces of information must be entered correctly: client name, birth date, and Social Security Number.

3. Enter data in the following fields (use the Client Registration Form to help you fill out the screen; all codes are on the client registration form; highlighted fields are mandatory in InSyst):
Client Registration Screen 1

- **Reporting Unit (RU):** Enter the Reporting Unit Number for the program where you are registering the client. The system automatically assigns a client number after you have entered the Reporting Unit, the screen title changes to Client Registration.
- **Last Name:** Enter a last name with up to 16 letters. Leave out apostrophes, dashes and blank spaces. For example “O’Connor” should be typed “OCOONOR”.
- **First Name:** Enter a first name with up to 12 letters.
- **Middle Initial:** Enter one letter as a middle initial, or press the Tab key or space bar to skip this field if there is no middle initial.
- **Client Generation:** Enter a generation title that is part of the client’s name, such as Jr., Sr., or the Roman Numerals I, II, III, etc.
- **Birthdate:** Enter the birth date in MM/DD/YYYY format.
- **Sex:** Enter “F” for female, “M” for male, or “U” for unknown, or “Z3” for other
- **Social Security Number:** Enter a nine-digit Social Security Number. It is best to copy this key information directly from the client’s Social Security Card if possible. If the client does not have a SSN enter all 9’s in this field. Enter “Z2” in the field to the right of SSN, if Social Security Number is all 9’s.
- **Client Index Number (CIN):** Enter a nine-digit Medi-Cal Identification number - Client Index Number.
- **Education:** Enter the number of the highest grade completed. For example, if the client has completed high school, enter “12”. If the highest grade is greater than 20, enter “20”. Enter “Z0” if client declined to state or “Z4” (Detox Only) if client unable to answer.
- **Disability:** Add the number codes for all of the client’s physical disabilities, and enter the total in this field. InSyst standard disability codes are listed on the back of the Client Registration form, but your local agency may use different codes. Add the number codes for all of the client’s physical disabilities, and enter the total in this field. Enter “Z0” if client declined to state or “Z4” (Detox Only) if client unable to answer.
- **Language**: Enter the code for the language the client prefers to speak, as reported by the client. The allowable Language codes are listed in the back the Client registration form.

- **Ethnicity**: Enter up to five (5) Ethnicity codes. The allowable Ethnicity codes are listed on the Client Registration form.

- **Hispanic Origin**: Enter the appropriate Hispanic Origin as reported by the client. The allowable codes are listed on the Client Registration form.

- **Marital Status**: Enter the Marital Status code. The allowable Marital codes are listed in Appendix C. (Note that Code 1, Never Married, is used for a single person who does not live with girlfriend/boyfriend and has never been married).

- **Enter Address**: The system is defaulted with “Y”, which will allow you to enter the client Address that is described later in this chapter.

- **Significant Other**: The system is defaulted with “N”, the system will jump to the Significant Other Screen when set to “Y”, described later in this chapter. Once you are done with the Significant Other screen, the system will return you to the Registration Screen.

- **Client Alias Name**: System allows multiple client aliases if applicable. If you need to go to the next screen under aliases use Num Lock-M

**Note:**

**Preventing Duplicate Client Registration:**
- If there is a Social Security Number (SSN) in the system that is the same as the SSN you just entered, the system displays an error message and does not let you continue.
  - You **cannot** override a Social Security Number match.
  - If you are sure that the SSN you entered is correct refer to your supervisor.
- If there is a client in the system with the same name and same birth date you just entered, the system displays an error message and does not let you continue.
  - If two different clients have the exact same name and same birth date they may be duplicate clients refer to your supervisor.
Client Registration Screen 2

- **Birth Last Name**: Enter the client’s birth last name with up to 16 letters. Leave out apostrophes, dashes and blank spaces. For example “O’Connor” should be typed “OCONNOR”.
- **Birth First Name**: Enter the client’s birth first name with up to 12 letters or enter “Z2”.
- **Birth County**: Enter clients’ birth county or “Z3” (Put Z3 if Birth State is Z3)
- **Birth State**: Enter Clients’ birth state or “Z3” (Put Z3 if Birth County is Z3)
- **Mother’s First Name**: Enter a first name with up to 12 letters. If unknown enter “Mother” (DO NOT LEAVE BLANK!!!)
- **Driver’s license Number**: Enter Client’s driver’s license number or “Z2” if not known (Put Z2 if Driver’s License State is Z2).
- **Driver’s license State**: Enter Client’s driver’s license state or “Z2” if not known (Put Z2 if Driver’s License Number is Z2).
Client Registration Screen 3

- **Prop47 Client**: Any client that has ever been arrested is a Prop47 Client.
  - Yes (Y) or No (N) is the code value used to identify a Prop47 client
- **Prop47 Date ID**: Enter the Date Identified if the Prop47 Client data field is Yes (Y)
  - Use the format for the Date ID: *mm/dd/yyyy*
- **Client DOD**: Client’s Day of Death, information only field, no data input required.
Client Registration Screen 4

Client Address Insert

Client Number: 10091628
RU: 99991    Effective Date: 1/18/2019

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Number</td>
<td>Enter up to 6 digits, “Homeless” leave it blank.</td>
</tr>
<tr>
<td>Street Name</td>
<td>Enter a street name with up to twenty characters. (Do not enter “Street”, “Road”, or other street type here.) Enter “Homeless” as a street name if the client is Homeless.</td>
</tr>
<tr>
<td>Street Type</td>
<td>Enter an abbreviation for the street type, such as “ST”, “BL”, “RD”, and “AV”.</td>
</tr>
<tr>
<td>Apartment/Unit/Space #:</td>
<td>Enter up to four characters. Do not enter the symbol “#”, and do not enter a period at the end.</td>
</tr>
<tr>
<td>City</td>
<td>Enter a city name with up to twenty characters. Enter a city name even if the client is Homeless. Enter the Zip Code +4 for the City Hall of the city where the client indicates they most often sleep (in a shelter or on the street).</td>
</tr>
<tr>
<td>State</td>
<td>Enter the two letter abbreviation for the state name.</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Enter the Zip Code +4, and the cursor moves to the plus-four digits, which you can enter if available.</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Enter area code first, the number, and extension.</td>
</tr>
</tbody>
</table>

**Address Client Registration Screen**

- **Street Number**: Enter up to 6 digits, “Homeless” leave it blank.
- **Street Name**: Enter a street name with up to twenty characters. (Do not enter “Street”, “Road”, or other street type here.) Enter “Homeless” as a street name if the client is Homeless.
- **Street Type**: Enter an abbreviation for the street type, such as “ST”, “BL”, “RD”, and “AV”.
- **Apartment/Unit/Space #**: Enter up to four characters. Do not enter the symbol “#”, and do not enter a period at the end.
- **City**: Enter a city name with up to twenty characters. Enter a city name even if the client is Homeless. Enter the Zip Code +4 for the City Hall of the city where the client indicates they most often sleep (in a shelter or on the street).
- **State**: Enter the two letter abbreviation for the state name.
- **Zip Code**: Enter the Zip Code +4, and the cursor moves to the plus-four digits, which you can enter if available.
- **Phone Number**: Enter area code first, the number, and extension.

**Zip Codes + 4 Rules:**
The **CITY, STATE AND ZIP CODE** MUST be valid or the system will NOT ALLOW ENTRY. Always enter the ZIP+4 in the ZIP CODE field. This is a requirement of the Medi-Cal billing program.

- **City** names MUST be spelled correctly or the system will give an error message
- **State** abbreviation must be same as the state which the city is located
- **Zip Code** must be the valid zip code (for the city and state) and include the +4 for the address entered.
• **Homeless:** Enter the **Zip Code +4** for the **City Hall** of the city where the client indicates they most often sleep (in a shelter or on the street).

<table>
<thead>
<tr>
<th>City Hall +4 Zip: Codes use for Homeless Client Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>City Name</td>
</tr>
<tr>
<td>-----------</td>
</tr>
<tr>
<td>Alameda</td>
</tr>
<tr>
<td>Albany</td>
</tr>
<tr>
<td>Berkeley</td>
</tr>
<tr>
<td>Castro Valley</td>
</tr>
<tr>
<td>Dublin</td>
</tr>
<tr>
<td>Emeryville</td>
</tr>
<tr>
<td>Fremont</td>
</tr>
<tr>
<td>Hayward</td>
</tr>
<tr>
<td>Livermore</td>
</tr>
</tbody>
</table>

The system validates the data. Then it prompts you to verify the name by re-keying the last and first names. You need to retype an exact match of the last name, first name, and middle initial. If you make a mistake, you must enter the correct spelling twice to verify the name.

Client Registration Screen 5

• **Client DOD.** Client’s Day of Death, information only field, **no data input required.**
The following messages: the client registration is successful

- will display at the bottom the screen “Successful registration for client: ######. Session total =1”. To continue registering clients, enter “Y”.

Clinicians Gateway Application

The Clinicians Gateway (CG) application is the Electronic Health Record (EHR) used by BHCS. The InSyst client and episode data is the key component used to create the Clinicians Gateway client and episode records. **Timeliness in registering a new client or opening an episode is extremely important in order for the Clinician to begin their process of writing their clinical note in CG.**

- **New Client Registration and Episode data must be completed in InSyst before the Clinician can enter their EHR clinical note in the Clinicians Gateway application.**
- **New client registration and episode opening data is transferred from the InSyst system to the Clinicians Gateway application in 15 minute intervals.**
  - Updates to existing client and episode data is transferred nightly from the InSyst system to the Clinicians Gateway application.
- **Clinicians Gateway clinical notes finalized by the Clinicians generate the InSyst service records.**
  - Nightly, after 5 p.m., finalized clinical notes from CG are transferred to InSyst to create the InSyst service records.
Chapter 5: Client Maintenance

To maintain client records:

1. Choose CLIENTS from the Main menu.
2. Choose MANAGEMENT from the Client Maintenance Menu to display the Client Maintenance Screen.
3. Use the fields at the top of the screen to identify the client and maintenance type:
   - **Client Number:** Enter the number of the client whose record you want.
   - **Maintenance Type:** If the client number is valid, you can enter the Maintenance Type “L” (for Lookup) or “U” (for Update).

**Client Lookup**

If you enter “L”, InSyst displays the Client Lookup Screen. This screen only lets you view information, so it can be used by people who are not authorized to change client information.

<table>
<thead>
<tr>
<th>Client Number: 18091628</th>
<th>Maintenance Type: L</th>
<th>Last Changed: 10–JAN–2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last: TEST</td>
<td>First: TENO</td>
<td>Middle:</td>
</tr>
<tr>
<td>Education: 12</td>
<td>Other Factors: 0</td>
<td>Other ID: 0</td>
</tr>
<tr>
<td>Disability: 006</td>
<td>Service Group:</td>
<td>Local Code:</td>
</tr>
<tr>
<td>Language: A</td>
<td>Primary RU:</td>
<td>Program Code:</td>
</tr>
<tr>
<td>Ethnicity: A</td>
<td>Chart Location:</td>
<td>Research Item:</td>
</tr>
<tr>
<td>Hispanic Origin: 1</td>
<td>Ref. Staff ID: 0</td>
<td>Client ID:</td>
</tr>
<tr>
<td>Marital Status: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Size: 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Income: 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Aliases**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Continue:** Confidential Information
**USER:** CHU

If the client has aliases listed, you may use Num Lock key sequences (Num Lock-M or Num Lock-B) to page through them. When you are done, enter “Y” to continue to the next screen, press “N” to return to the Menu Screen you started from.
Client Update

If you enter "U", InSyst displays the Client Update Screen

To modify client data:

1. Press Tab to move through the fields, and edit them as necessary. To clear the field use Ctrl + J.
2. Press Return to confirm the changes. Enter "Y" to save the changes, or "N" to discard them.
3. The Client Number cannot be changed or deleted.

---

**Client Update**

<table>
<thead>
<tr>
<th>Client Number: 16091628</th>
<th>Maintenance Type: U</th>
<th>Last Changed: 10-JAN-2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last: TEST</td>
<td>First: TEO</td>
<td>Middle:</td>
</tr>
<tr>
<td>Generation:</td>
<td>Birthdate: 1/1/1990</td>
<td>Sex: M</td>
</tr>
<tr>
<td>CIN:</td>
<td>SSN: 999-99-9999</td>
<td>Z2</td>
</tr>
</tbody>
</table>

- Education: 12
- Other Factors: 0
- Other ID: 0
- Disability: 606
- Service Group: Local Code:
- Language: A
- Program Code:
- Ethnicity: A
- Chart Location:
- Hispanic Origin: 1
- Ref. Staff ID: 0
- Marital Status: 1
- Research Item:
- Family Size: 1
- Annual Income: 0

**Aliases**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

**Form** Ok Y/N: Confidential Information USER: CHU

Update client information or add/delete aliases.

---

**Client Update Screen**

4. Aliases cannot be changed, but any user can add new aliases or can delete an alias by entering "D" on its line.
5. Client Last Name, First Name, Middle Initial, Social Security Number, Birthdate, and Sex can only be changed by a Supervisor. If you are authorized as a supervisor, you can press **Num Lock-A** to display the Client Update Screen in Supervisor mode.

---

**Note:**

Updates to existing client and episode data is **transferred nightly** from the InSyst system to the Clinicians Gateway application.
Entering a New Client Address

Any authorized user can enter a new address for a client with an open episode. The InSyst system directs the User to this screen when registering a new client.

To enter a new address:
1. Choose ADDRESS from the Client Maintenance Menu to display the Address Maintenance Selection Screen, as described above.
2. Press Num Lock-I to display the Client Address Insert Screen
3. Enter data in the following fields:
   - **Client Number**: Enter the number for the client whose address you want to enter. If you are already viewing a list of the client’s addresses when you press Num Lock (Gold)-I, the Client Number is entered automatically.
   - **Reporting Unit**: Enter the Reporting Unit Number for the program that has an open episode for the client. The Effective Date of the address you are entering must fall within this episode.
   - **Effective Date**: By default, the Effective Date is today’s date. Only Supervisors can alter it.
   - **Street Number**: Enter a street number with up to five (6) digits.
   - **Street Direction**: If the address has one, enter a street direction, such as “N”, “NE”, “E”, “SE”, “S”, “SW”, “W”, “and NW”.

---

### Client Address Insert Screen

**Client Number**: 16091628  
**RU**: 39991  
**Effective Date**: 1/10/2019

<table>
<thead>
<tr>
<th>Street</th>
<th>City:</th>
<th>Zip Code: 88888/99999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number:</td>
<td>State:</td>
<td></td>
</tr>
<tr>
<td>Direction:</td>
<td>Zip Code: CalDHS</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>Phone Number: ( ) – Ext.:</td>
<td></td>
</tr>
<tr>
<td>Type:</td>
<td>Census Tract:</td>
<td></td>
</tr>
<tr>
<td>Apartment:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bad Address**

**County of Responsibility:**

**Form Ok Y/N:** Confidential Information

**USER:** CHU

---

- **Street Name**: Enter a street name with up to twenty characters. (Do not enter “Street”, “Road”, or other street type here.) Enter “Homeless” as a street name if the client is Homeless.
- **Street Type**: Enter an abbreviation for the street type, such as “ST”, “BL”, “RD”, and “AV”.

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• **Apartment/Unit/Space #:** Enter up to four characters. Do not enter the symbol “#”, and do not enter a period at the end.

• **City:** Enter a city name with up to twenty characters. Enter a city name even if the client is *Homeless.* Enter the **Zip Code +4** for the **City Hall** of the city where the client indicates they most often sleep (in a shelter or on the street).

• **State:** Enter the two letter abbreviation for the state name.

• **Zip Code:** Enter the Zip Code +4, and the cursor moves to the plus-four digits, which you can enter if available. (*See Chapter 4; Section Screen 3 for Zip Code Rules and Regulations*)

**Note:**
The **CITY, STATE AND ZIP CODE** MUST match or the system will NOT ALLOW ENTRY. Another requirement is that **ZIP+4** MUST be entered in the **ZIP CODE** for billing purposes. In order to successfully claim to Medi-Cal, as per the State regulations a complete and accurate address including the zip+4 in InSyst is required. **ALL REJECTED SERVICE CLAIMS WILL BE SENT BACK TO THE PROGRAM FOR ZIP CODE +4 CORRECTIONS.**

**Monthly Client Address Report OPS983**-List of bad addresses. This report is generated once a month and sent to your printer queue. This report list all the bad addresses to be corrected.

**ZIP CODE +4**

The Zip Code +4 can be found on the USPS website:


Enter the address on the first screen and click submit.

![Look Up a ZIP Code™](image)

Address is displayed with Zip Code +4 on the second screen.
• **Phone Number**: Enter the telephone number, if available.
• **Extension**: Enter an extension for the telephone number, if there is one.
• **County of Responsibility**: If you do not make an entry here, InSyst will use your county’s code when it reports to state client data systems. To report to the state that another county is responsible, enter the two-digit county code in this field.

4. Enter “Y” at the Form OK prompt to validate and save the data.

Maintaining Addresses
The Address Maintenance Selection screen is used to maintain either Client addresses or Account Addresses, the addresses that bills are sent to.

To maintain addresses:
1. Choose ADDRESS from the Client Maintenance Menu to display the Address Maintenance Selection Screen, as described above
2. Use the fields at the top of the screen to display a list of addresses:
   • **Client Number**: Enter a Client Number to display that client’s addresses.

The screen lists all addresses for the client or account with the most recent listed first.
Address Maintenance Selection Screen

3. Select address records to maintain by typing “L” (lookup), “U” (update), or “D” (delete) next to them. When you have finished selecting records, press Return.

Client Address Lookup

If you entered a Client Number and entered “L” next to the address, it is displayed in the Client Address Lookup screen. You cannot change the data. Press Return to display the next address, or press “N” and Return to exit.
Client Address Delete

If you entered a Client Number and entered “D” next to the address, it is displayed in the Client Address Delete screen. Enter “Y” at the Delete OK prompt and “Y” again at the CONFIRM prompt to delete the address.

Client Address Delete Screen

Client Address Update

Note:

- If you have a change of address create a new address for the client.
- Only use the update function if there is a correction in the current address.

If you entered a Client Number and entered “U” next to the address, it is displayed in the Client Address Update screen. You can change most of its data. However, you cannot change the Client Number, the Reporting Unit, the Effective Date, or the Address Stamp (which shows when the Address was entered). Because you cannot change the Reporting Unit, if the wrong program has been entered for an address, you must delete the record and enter a new one.
When you have made all changes, press Return. The next record you selected to maintain is displayed. If there are no more selected records, you return to the Address Maintenance Selection Screen.
Chapter 6: Client Episodes

An Episode is a period of treatment for a client at a Program. Before you can enter services for a client, there must be an Episode for the client in the Program providing the service. Episode data is also the method for collecting monthly California Outcomes Measurement System Treatment (CalOMS Tx).

- **What is an outcomes measurement system?**

  In order to understand CalOMS Tx data collection, it is important to understand what an “outcome” is. An outcome is a comparison of information or data collected at two different points-in-time (e.g. before treatment and after treatment). In CalOMS Tx, client information is collected at admission to treatment and at discharge from treatment. Then information from both points-in-time is compared. For clients in long-term treatment CalOMS Tx collects information annually on the admission anniversary date.

  In order to ensure continued funding from the federal government, states are required to report the status of client “outcomes” to the federal government as part of the SAPT Block Grant award. In turn, to receive funding from State Department of Health Care Service (DHCS), California counties and their contracted providers, along with state-contracted direct providers, are required to collect and submit CalOMS client data electronically to DHCS monthly.

  The data collected by counties and state-contracted direct providers is also used to understand client needs and improve service delivery. Gathering information about clients and the services they receive allows DHCS, counties, and state-contracted direct providers to better understand client needs and identify ways to improve treatment.

**Note:**

Clinicians Gateway:

- **An episode must be opened before the clinician can create a progress note in the Clinicians Gateway application.**
- **Timeliness in opening an episode is extremely important in order for the Clinician to begin their process of writing their clinical note in Clinicians Gateway.**
- **New client registration and episode opening data is transferred from the InSyst system to the Clinicians Gateway application in 15 minute intervals.**
  - Updates to existing client and episode data is transferred nightly from the InSyst system to the Clinicians Gateway application.

CalOMS:

<table>
<thead>
<tr>
<th>State Code to County Code Description crosswalk</th>
</tr>
</thead>
<tbody>
<tr>
<td>99900</td>
</tr>
<tr>
<td>99901</td>
</tr>
<tr>
<td>99902</td>
</tr>
</tbody>
</table>
CalOMS Top 10 Errors!!!

1. Invalid CDCR Number
   • Newer numbers are now seven characters in length, INSYST will accept this new longer number

2. Alcohol Frequency in last 30 Days invalid (not entering Z2)
   • Z2 must be entered in the Alcohol Frequency in the last 30 days when:
     ○ Primary or Secondary Admission is Alcohol
     ○ Primary or Secondary Discharge is Alcohol

3. Admission Legal Status
   • Criminal Justice Status cannot be “1” if Referred from is 1, 2, 21 or 22

4. Z4 Not Allowed
   • Z4 is ONLY allowed when client is enrolled in a detox program or is developmentally disabled

5. Invalid or Missing Birth First and Last Name

6. Invalid or Missing Drivers License, Drivers License State

7. Invalid or Missing Birth County or Birth State

8. Discharge Employment Status Missing

9. Z2 not an allowable value for Primary Drug Frequency

10. Needle Used Past Year
    • Cannot be “0”, if Primary or Secondary Drug Route equals “4”
Opening New Episodes

Before services for a client can be entered in the InSyst system, an Episode must be opened.

Episode Opening Screen 1

1. Choose EPISODES from the Main Menu.
2. Choose OPEN from the Episode Maintenance Menu, the Episode Opening Screen will display.
   - **Reporting Unit**: Enter the reporting unit number for your program.
   - **Client Number**: Enter the client number. If necessary, use the **Client Locator Screen**, to locate the client, and to find the correct client number.

   ![Episode Opening Screen 1]

3. The system does not let you open an episode, if the client already has an open episode at this reporting unit. After the identifying fields are validated, you enter data in the following fields:
   - **Admit Date**: Enter the admission date. The current date is the default. You cannot enter future dates or dates when the program is not open.
   - **Axis: I: II**: Field not use (DSM4 code fields used prior to April 1, 2017)
   - **Staff**: Enter the primary staff identification number.
   - **Referred From**: Enter the referral code. You can enter a Reporting Unit number, an Agency Code, or a generic code to indicate self or other or a type of local agency. The allowable Referred From codes are available on the back of the Episode Opening form.

   **Note:**

   CalOMS Rule: If the value of Referred From is 1, 2, 23, or 24 then Admissions Legal Status value **CANNOT** be 1.
- **Admission Status**: Enter the client’s Admission Status. The allowable Admission Status codes are available on the back of the Episode Opening form. If Admission Status is **NOT** Substance Abuser (1) you will not be required to complete the Substance Problem fields (Problem, Route, Frequency, age) and a CalOMS record will not be create.
- **Initial Admission**: If this is the first time the client has ever been to a Substance Abuse program, enter “Y”. If this is a transfer from another program, enter “N”.
- **Admission Legal Status**: Enter the client’s legal status. The allowable Admission Legal Status codes are available on the back of the Episode Opening form.
- **Admission Employment Status**: Enter the client’s current employment status. The allowable Employment Status codes are located on the back of the Episode Opening form.
- **Client Pregnant at Admission**: Enter “Y”, “N”, or Z1 to indicate whether the client is pregnant. Enter “N” if the client is male.
- **Current Living Situation (Homeless At Admission)**: Enter “1” if Homeless, “2” if Dependent Living, “3” if Independent Living.
- **# of Arrests in Last 24 Months**: Enter the number of times the client has been arrested in the last twenty-four months.
- **Special Contract County**: Enter “Z2”.
- **Special Contract Number**: Enter “Z2”.
- **Primary and Secondary ICD10 Dx**: Primary and Secondary fields accept valid ICD-10 diagnosis codes (ICD-10 codes series F10-F19 only).
- **Primary and Secondary ICD10 Dx Descriptions**: The ICD-10 Diagnosis description will auto populate and display from the Primary (Prim) and Secondary (Sec) ICD-10 diagnosis code value entered.
- **CDC Number**: Enter the client’s California Department of Correction identification number or enter “Z2”.
- **Veteran**: Enter “Y” if client is a U.S. veteran, “N” if not or enter “Z0”.
- **Medi-Cal Beneficiary**: Enter “Y” if client is Medical Beneficiary, “N”.
- **CalWORKs Recipient**: Enter “Y” if client is CalWORKs recipient, “N” if not or enter “Z1”.
- **CalWORKs Sub Abuse Treatment**: Enter “Y” if client is undergoing substance abuse treatment under CalWORKs, “N” if not or enter “Z1”.
- **CalOMS Zip Code**: If client is homeless at admission then the CalOMS Zip Code must equal zeroes (“00000”). Otherwise enter the zip code as per their current living address.
**Episode Opening Screen 2**

- **# of Prior Admits to any substance abuse treatment program**: Enter a number from 00 to 09. If the client has been admitted to programs more than nine times, enter 09.
- **Medication Prescribed**: Enter the medication prescribed to this client. The codes are 01 = None, 02 = Methadone, LAAM, 03 = Other, 04 = Buprenorphine (Subutex), 05 = Buprenorphine (Suboxone) or Z3 = Other.
- **Has This Client Used Needles During the Past Year**: If the primary or secondary route of administration is by injection with a frequency of use Used in Past Year, you should answer this “Yes”.
- **Problem - Primary, Secondary, Tertiary**: Enter the Primary, Secondary and Tertiary Problems, using the Substance Problem codes shown on the back of the Episode Opening/Closing/Annual Update forms. For clients admitted for methadone treatment, the Primary Drug should be 01 or 15. You must use a different code for each problem. Tertiary fields may be left blank if no problems exist.
- **Route of Administration - Primary or Secondary**: Enter the method that the client uses to administer the substances entered as Primary or Secondary Problems. The allowable codes are found on the back of the Episode Opening form.
- **Drug Frequency of Use**: Primary or Secondary: How many days in the past 30 days has the client used the Primary or Secondary drug of abuse? Allowed value 00 – 30 or “Z2” (None or not applicable). This field requires leading zeroes (e.g. 01, 02, etc.).
- **Age of First Use**: Primary or Secondary: Enter the age when the client first used the substances entered in the Primary and Secondary Problem. The age must be at least 005 years. This field requires leading zeroes and is a three character field (e.g. 001, 002, etc.).
- **Drug Name - Primary, Secondary**: Enter Primary/ Secondary Drug Name if Problem Code = 03, 04, 06, 07, 11, 13, 15, 16, 17, 20, Z2)
• **Emergency Methadone Admission (For Methadone RU# only this field will appear on the episode screen):** For Methadone maintenance client only, enter “Y” or “N” to indicate whether the client is being admitted as an exemption to methadone regulations. That is, the client would not be eligible for admission under the regular Title 9 criteria which specify a two year history of addiction and 2 prior treatment failures.

---

**Episode Opening**

TEMH TEST
Client Number: 10691628
Number of Prior Admits: 1
Medication Prescribed: 1
Needles Used Past Yr: N

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem:</td>
<td>01</td>
<td>08</td>
</tr>
<tr>
<td>Route of Admin:</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Freq of Use:</td>
<td>01</td>
<td>01</td>
</tr>
<tr>
<td>Age First Use:</td>
<td>020</td>
<td>022</td>
</tr>
</tbody>
</table>

Primary Drug Name:
Secondary Drug Name:
Emergency Meth Admit: Y

Form OK Y/N: Confidential Information USER: CHU

---

**Methadone - Episode Opening second screen**

• **Detox Schedule (For Detox RU# only this field will appear on the episode screen):** For Methadone Maintenance clients only, enter the number, 1 through 4, for the client’s detox schedule, as defined by the program or county.

---

**Episode Opening**

TEMH TEST
Client Number: 10691628
Number of Prior Admits: 08
Medication Prescribed: 01
Needles Used Past Yr: N

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem:</td>
<td>02</td>
<td>22</td>
</tr>
<tr>
<td>Route of Admin:</td>
<td>01</td>
<td>22</td>
</tr>
<tr>
<td>Freq of Use:</td>
<td>18</td>
<td>22</td>
</tr>
<tr>
<td>Age First Use:</td>
<td>018</td>
<td>22</td>
</tr>
</tbody>
</table>

Primary Drug Name:
Secondary Drug Name:
Detox Schedule: 1

Form OK Y/N: Confidential Information USER: CHU

---

**Detox – Episode Opening second screen**
“Detox on Hold”. Detox on Hold means a client has an open episode or was in a detox Program recently and a required waiting period is necessary before the client can be opened in other detox unit. This message applies to only detoxification Programs. If a client has been open within 90 days preceding the opening date, the system will display the error message saying “client currently on Detox Hold”. Detox Hold is a 7 day hold, Gold-A will override the hold if the Program has authorization. The Program must note in the client chart the request to override the detox hold for chart audit purposes.

Episode Opening Screen 3

<table>
<thead>
<tr>
<th>Alcohol Frequency: 22</th>
<th>Physical Health problem:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Use: 00</td>
<td>Emergency Room Visits: 00</td>
</tr>
<tr>
<td>Paid Days Work: 00</td>
<td>Hospital Overnights: 00</td>
</tr>
<tr>
<td>Number of Arrests: 00</td>
<td>Days Of Physical Problem: 00</td>
</tr>
<tr>
<td>Days In Jail: 00</td>
<td>Mental Health problem:</td>
</tr>
<tr>
<td>Days In Prison: 00</td>
<td>Outpatient Emergency Sucs: 00</td>
</tr>
<tr>
<td>Days Of 12 Steps/Other: 00</td>
<td>HIV/AIDS/Psychiatric Facility Visits: 00</td>
</tr>
<tr>
<td>Conflict Days With Substance User: 00</td>
<td>Prescribed Medication Taken: N</td>
</tr>
</tbody>
</table>

Form OK Y/N:    Confidential Information USER: CHU
Input required

Episode Opening Screen 3

- **Alcohol Frequency**: Enter the number of days the client has used alcohol in the past 30 days. Allowed value is 00 – 30 or “22”. This field requires leading zeroes.
- **IV Use**: Enter the number of days in which the client has injected in the past 30 days. Allowed value is 00 – 30 or “Z0”, “Z2”, “Z4” (“Z4” ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **Paid Days Work**: Enter the number of days the client has been paid for working in the past 30 days. Allowed value is 00 – 30, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **Number of Arrests**: Enter the number of days the client has been arrested in the past 30 days. Allowed value is 00 – 30 or “Z4” (“Z4” ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **Days in Jail**: Enter the number of days the client has been in jail in the past 30 days. Allowed value is 00 – 30 or “Z4” (“Z4” ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **Days in Prison**: Enter the number of days the client has been in prison in the past 30 days. Allowed value is 00 – 30 or “Z4” (“Z4” ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **Days of 12 Steps/Other**: Enter the number of days the client has participated in the following social support activities (e.g. 12 -Step Meetings, Other Self Help Meetings, Religious /Faith Recovery or Self-Help Meetings, Attending Meetings of organizations other than those listed above, Interactions with Family Member and/or Friend Support of Recovery) in the past 30 days. Allowed value is 00 – 30. This field requires leading zeroes.
• **Days Living with Substance User:** Enter the number of days the client has lived with someone who uses alcohol or drugs in the past 30 days. Allowed value is 00 – 30, “Z0”, or “Z4” (**“Z4” ONLY USED IF APPLICABLE**). This field requires leading zeroes.

• **Conflict Days with Family:** Enter the number of days the client has had a serious conflicts with family in the past 30 days. Allowed value is 00 – 30, “Z0”, or “Z4” (**“Z4” ONLY USED IF APPLICABLE**). This field requires leading zeroes.

• **Physical Health Problems:**
  - **Emergency Room Visits:** Enter the number of days the client has used the emergency room for physical health problem in the past 30 days. Allowed value is 00 – 99 or “Z4” (**“Z4” ONLY USED IF APPLICABLE**). This field requires leading zeroes.
  - **Hospital Overnights:** Enter the number of days in the client has stayed overnight in a hospital for physical health problem in the past 30 days. Allowed value is 00 – 30 or “Z4” (**“Z4” ONLY USED IF APPLICABLE**). This field requires leading zeroes.
  - **Days of Physical Problem:** Enter the number of days in the client has experienced physical health problem in the past 30 days. Allowed value is 00 – 30 or “Z4” (**“Z4” ONLY USED IF APPLICABLE**). This field requires leading zeroes.

• **Mental Health Problems:**
  - **Outpatient Emergency Services:** Enter the number of days in the client has received outpatient emergency services for mental health needs in the past 30 days. Allowed value is 00 – 99 or “Z4” (**“Z4” ONLY USED IF APPLICABLE**). This field requires leading zeroes.
  - **Hospital/Psychiatric Facility Visits:** Enter the number of days in the client has stayed form more than 24 hours in a hospital or psychiatric facility for mental health needs in the past 30 days. Allowed value is 00 – 30 or “Z4” (**“Z4” ONLY USED IF APPLICABLE**). This field requires leading zeroes.
  - **Prescribed Medication Taken:** Has the client taken prescribed medication for mental health needs in the past 30 days? Enter Y, N, or “Z4” (**“Z4” ONLY USED IF APPLICABLE**).
• **Consent for Future Contact**: Is there a consent form allowing future possible contact signed by the client on file within your agency? Enter Y or N.

• **Treatment Waiting Days**: Enter the number of days the client has been on a waiting list before being admitted to this treatment program. Enter a value between 00 – 999, “Z1”, or “Z4” (“Z4” ONLY USED IF APPLICABLE). This field requires leading zeroes.

• **Enrolled in Job Training**: Is the client currently enrolled in a job training program? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).

• **Enrolled in School**: Is the client currently enrolled in school. Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).

• **Diagnosed with Tuberculosis**: Has the client been diagnosed with Tuberculosis? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).

• **Diagnosed with Hepatitis C**: Has the client been diagnosed with Hepatitis C? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).

• **Diagnosed with Sexually Transmitted Disease**: Has the client been diagnosed with a sexually transmitted disease? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).

• **HIV/AIDS Tested**: Has the client been tested for HIV/AIDS? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).

• **HIV/AIDS Result**: Does the client have the result of the HIV/AIDS test? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).

• **Prior MH Diagnosis**: Has the client ever been diagnosed with mental illness? Enter Y, N, or “Z1”.

• **Children Aged 17 or Less**: Enter the number of children the client has, aged 17 or less. Allowed value is 00 – 30 or “Z4” (“Z4” ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **Children Aged 5 or Less**: Enter the number of children the client has, aged 5 or less. Allowed value is 00 – 30 or “Z4” ("Z4" ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **Children in CPS Placement**: Enter the number of children the client has who are living with someone else due to child protection court order. Allowed value is 00 – 30 or “Z4” ("Z4" ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **Children in Placement with no Parental Rights**: Enter the number of children the client has who are living with someone else due to child protection court order AND for whom the client’s parental rights have been terminated. Allowed value is 00 – 30 or “Z4” ("Z4" ONLY USED IF APPLICABLE). This field requires leading zeroes.
- **CDC Number**: This field is used to record the client’s California Department of Corrections and Rehabilitation (CDCR) identification number. A valid six-character string of capital alpha (A-Z) and numeric (0-9) CDC characters, or “Z2”.
- **Veteran**: This item identifies whether a client is a U.S. veteran. Allowable values are “Y”, “N”, Z0, or “Z4” ("Z4" ONLY USED IF APPLICABLE).
- **Medi-Cal**: This field indicates if the client is a Medi-Cal beneficiary. Allowable values are “Y”, “N”, or “Z4” ("Z4" ONLY USED IF APPLICABLE).
- **CalWORKs Recipient**: This field identifies whether the client is a CalWORKs recipient. Allowable values are “Y”, “N”, or “Z1”.
- **CalWORKs Sub Abuse Trmt**: This field identifies whether the client is undergoing substance abuse treatment under CalWORKs. Allowable values are “Y”, “N”, or “Z1”.
- **Parolee Services Network**: Enter “Y” if client is a parolee in the Parolee Services Network, “N” if not or enter “Z4” ("Z4" ONLY USED IF APPLICABLE).
- **FOTP Parolee**: Enter “Y” if client is a parolee in the Female Offender Treatment Program, “N” if not or enter “Z4” ("Z4" ONLY USED IF APPLICABLE).
- **FOTP Priority Status**: Enter client’s FOTP Priority Status. Allowed value is 1, 2, 3, “Z2”, “Z4” ("Z4" ONLY USED IF APPLICABLE).
Closing Episode

Due to CalOMS discharge requirements there are two different types of InSyst Discharge screens based on the type of Discharge codes used. Standard and Administrative Discharge definitions can be found in SUD InSyst Table Codes.

**Standard Discharge screens:**

- Standard Discharge Status Codes CAN only be entered on the Standard Episode Closing Screen
  - 1 = Completed Treatment / Recovery Plan, Goals / Referred
  - 2 = Completed Treatment / Recovery Plan, Goals / Not Referred
  - 3 = Left Before Completion with Satisfactory Progress / Referred
  - 5 = Left Before Completion with Unsatisfactory Progress / Referred

**Administrative Discharge screens:**

- Administrative Discharge Status Codes CAN only be entered on the Administrative Episode Closing Screen
  - 4 = Left Before Completion with Satisfactory Progress / Not Referred
  - 6 = Left Before Completion with Unsatisfactory Progress / Not Referred
  - 7 = Death
  - 8 = Incarceration

**Note:**

Do Not use the Standard Discharge screen for an Administrative Discharge. You must enter Y in Administrative Discharge field to create the appropriate CalOMS Administrative record.

**Standard Closing Episode screen 1**

To close a Standard Episode using the Standard Discharge screens:

1. Choose EPISODES from the Main Menu.
2. Choose CLOSE from the Episode Maintenance Menu to display the Episode Closing screen.
3. Use the fields at the top of the screen to identify the Episode:
   - **Client Number**: Enter a Client Number.
   - **RU**: Enter the Reporting Unit number for the program.

4. The InSyst system displays an error message, if the opened episode cannot be located for the client in the RU# or if you are not authorized to close episodes in the RU# used. Once the InSyst system finds the episode the system displays the client name, client number, admission date, RU#, Admit Date and defaults to the discharge date field.

**Enter data in the following discharge fields:**

- **Discharge Date**: Enter the discharge date. Enter a date in the format MM/DD/YYYY You cannot enter a future date or a date before the opening date.
- **Referred To**: Enter a Reporting Unit number if the client was discharged to another Program, or the Referred To code from the back of the Episode Closing form.
- **Discharge Status**: Enter a Standard Discharge Status Code from back of the Episode Closing form.
- **Employment Status**: Enter the two-digit code that represents the client’s employment status at discharge from back of the Episode Closing form.
- **Client Adherence to Tx Plan**: Enter “Y” or “N”.
- **Discharge Children in Household**: Enter the number of children living with the client at discharge.
- **Client Pregnant during Treatment**: Enter “Y” or “N” to indicate whether the client became pregnant while in treatment or enter “Z1”. Enter “N” for other genders.
- **Pregnancy Termination Reason**: Field not used.
- **Date of Termination**: Field not used.
- **Follow-up on Referral Prior to Discharge**: Enter “Y” or “N” to indicate whether the client followed up on a referral prior to discharge.
• **Client Homeless at Discharge**: Enter “1” if Homeless, “2” if Dependent Living, “3” if Independent Living.

• **CalOMS Zip Code**: If client is homeless at discharge then the CalOMS Zip Code must equal zeroes (“00000”). Otherwise enter the zip code as per their current living address.

• **Primary, Secondary and Tertiary Problems (Admission Status = 1 only)**: Update the Problem field at discharge using the Problems codes from the back of the Standard Discharge form.

• **Primary or Secondary Route at Discharge**: Enter the method that the client uses to administer the substances entered as Primary or Secondary Problems at discharge. The allowable codes are found on the back of the Episode Discharge form.

• **Primary or Secondary Drug Frequency of Use at Discharge**: How many days in the past 30 days has the client used the Primary or Secondary drug of abuse? Allowed value 00 – 30 or “Z2” (None or not applicable). This field requires leading zeros (e.g. 01, 02, etc.).

• **Remarks**: see the Standard Discharge Closing form for data fields to complete this section of the discharge screen.

• **Program Goal**: Field not used

5. Enter “Y” at the Form OK prompt to save your entries. If data is invalid, the system displays error messages and returns the cursor to the field that should be corrected.

**Standard Closing Episode Screen 2**

![Episode Closing](image)

**Standard Episode closing screen 2**

1. Enter the following data fields:
   - **Alcohol Frequency**: Enter the number of days the client has used alcohol in the past 30 days. Allowed value is 0 – 30 or “Z2”.
   - **IV Use**: Enter the number of days in which the client has injected in the past 30 days. Allowed value is 0 – 30, “20”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
• **Paid Days Work**: Enter the number of days the client has been paid for working in the past 30 days. Allowed value is 0 – 30, “Z0”, or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Number of Arrests**: Enter the number of days the client has been arrested in the past 30 days. Allowed value is 0 – 30 or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Days in Jail**: Enter the number of days the client has been in jail in the past 30 days. Allowed value is 0 – 30 or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Days in Prison**: Enter the number of days the client has been in prison in the past 30 days. Allowed value is 0 – 30 or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Days of 12 Steps/Other**: Enter the number of days the client has participated in the following social support activities (e.g. 12-Step Meetings, Other Self Help Meetings, Religious /Faith Recovery or Self-Help Meetings, Attending Meetings of organizations other than those listed above, Interactions with Family Member and/or Friend Support of Recovery) in the past 30 days. Allowed value is 00 – 30. This field requires leading zeroes.

• **Days Living with Substance User**: Enter the number of days the client has lived with someone who uses alcohol or drugs in the past 30 days. Allowed value is 0 – 30, “Z0”, or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Conflict Days with Family**: Enter the number of days the client has had a serious conflict with family in the past 30 days. Allowed value is 0 – 30, “Z0”, or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Emergency Room Visits**: Enter the number of days the client has used the emergency room for physical health problem in the past 30 days. Allowed value is 0 – 99 or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Hospital Overnights**: Enter the number of days in the client has stayed overnight in a hospital for physical health problem in the past 30 days. Allowed value is 0 – 30 or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Days of Physical Problem**: Enter the number of days in the client has experienced physical health problem in the past 30 days. Allowed value is 0 – 30 or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Outpatient Emergency Services**: Enter the number of days in the client has received outpatient emergency services for mental health needs in the past 30 days. Allowed value is 0 – 99 or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Hospital/Psychiatric Facility Visits**: Enter the number of days in the client has stayed form more than 24 hours in a hospital or psychiatric facility for mental health needs in the past 30 days. Allowed value is 0 – 30 or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

• **Prescribed Medication Taken**: Has the client taken prescribed medication for mental health needs in the past 30 days? Enter Y, N or “Z4” (**Z4 ONLY USED IF APPLICABLE**).

2. Enter “Y” at the Form OK prompt to save your entries. If data is invalid, the system displays error messages and returns the cursor to the field that should be corrected.
Standard Client Episode Screen 3

Standard Episode Closing screen 3

1. Enter following data fields:
   - **Consent for Future Contact**: Is there a consent form allowing future possible contact signed by the client on file within your agency? Enter Y or N.
   - **Enrolled in Job Training**: Is the client currently enrolled in a job training program? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
   - **Enrolled in School**: Is the client currently enrolled in school. Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
   - **HIV/Aids Tested**: Has the client been tested for HIV/AIDS? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
   - **HIV/Aids Result**: Does the client have the result of the HIV/AIDS test? Enter Y, N, “Z0”, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
   - **Prior MH Diagnosis**: Has the client ever been diagnosed with mental illness? Enter Y, N, or “Z1”.
   - **Children Aged 17 or Less**: Enter the number of children the client has, aged 17 or less. Allowed value is 0 – 30, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
   - **Children Aged 5 or Less**: Enter the number of children the client has, aged 5 or less. Allowed value is 0 – 30, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
   - **Children in CPS Placement**: Enter the number of children the client has who are living with someone else due to child protection court order. Allowed value is 0 – 30, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
   - **Children in Placement With no Parental Rights**: Enter the number of children the client has who are living with someone else due to child protection court order AND for whom the client’s parental rights have been terminated. Allowed value is 0 – 30, or “Z4” (“Z4” ONLY USED IF APPLICABLE).
Administrative Closing Episode screen 1

To close an Administrative Episode using the Administrative Discharge screens:

1. Choose EPISODES from the Main Menu.
2. Choose CLOSE from the Episode Maintenance Menu to display the Episode Closing screen.

3. Use the fields at the top of the screen to identify the Episode:
   - **Client Number**: Enter a Client Number.
   - **RU**: Enter the Reporting Unit number for the program. Tab to Administrative Discharge field.
   - **Administrative Discharge**: Y

4. The InSyst system displays an error message, if the opened episode cannot be located for the client in the RU# or if you are not authorized to close episodes in the RU# used. Once the InSyst system finds the episode the system displays the client name, client number, admission date, RU#, Admit Date and defaults to the discharge date field.
Enter data in the following fields:

- **Discharge Date**: Enter the discharge date. Enter a date in the format MM/DD/YYYY. You cannot enter a future date or a date before the opening date.
- **Discharge Status**: Enter the Administrative Discharge Status Code from back of the Administrative Discharge Closing form.
- **Client Pregnant during Treatment**: Enter “Y” or “N” to indicate whether the client became pregnant while in treatment or enter “Z1”. Enter “N” for other genders.
- **Primary Problem (Admission Status = 1 only)**: Update the Problem field at discharge using the Problem codes from the back of the Administrative Discharge Closing form.
- **Primary Drug Name**: Enter Primary Drug Name if Problem Code = 03, 04, 06, 07, 11, 13, 15, 16, 17, 20, Z2).
Maintaining Episodes
To maintain Episode records:

1. Choose EPISODES from the Main Menu.
2. Choose MANAGEMENT from the Episode Maintenance Menu to display the Episode Maintenance screen.

3. To find Episodes, enter a client number. To limit the search, you may also enter a reporting unit number or admit date (Enter a full date, just a month, a month and day, or just a year; if you do not include the year, the system assumes the current year).

4. The screen displays episodes, open or closed, that match the criteria you entered, listed in chronological order with the most recent episode first.
5. Select episodes for maintenance by using the Tab key or the Down Arrow key to move down the list and entering “U” (update), “L” (lookup), or “D” (delete) next to the episodes you want to maintain. Then press Return.

![Episode Maintenance Selection Screen with Episodes Listed](image1)

**Episode Update**

If you entered “U” and you are authorized to update Episode information for the specified program, the system displays the Episode Update Screen. Only Supervisors can change Admit Date, Discharge Date and CADDS Form Serial Number (if entered manually).

![Episode Update Screen 1](image2)
The data listed is taken from the Episode Opening and Closing screens; for explanations see the documentation on these screens within the *Episode Lookup* section. This screen may also contain five additional fields used by selected drug programs only. These field are known as: Census Tract on Entry & Current Census Tract, Treatment Authorization Request (TAR), Pick-up Schedule, Detox Schedule, and Testing Schedule. These are described in the documentation on the *Episode Lookup* screen, below.
### Episode Update Screen 4

CDC number, Veteran, Medi-Cal, CalWORKs Recipient and CalWORKs Sub Abuse Treatment are described in Episode Opening Screen One. To confirm your entries, press Return to go to the Form OK prompt, and enter “Y”. If you entered any invalid data, the system displays an error message and returns the cursor to the field you must correct.

**Episode Update, Supervisor Authorization**

Only Supervisors can change episode opening dates, closing dates, and CADDS Form Serial Numbers (if they have been entered manually). They can also remove Episode delete information, and in effect, re-open an episode.

To display the Episode Update Screen in Supervisor mode:

1. Display the Episode Update screen as described above.
2. Press Num Lock-A before entering the client number. The screen title changes to Episode Update Supervisor.
If you have selected a closed episode to update, the cursor will be positioned at a special field available only to supervisors, called Re-open Episode: (see image below). To remove Episode Closing information and reopen the closed episode, enter “Y” here.
Episode Lookup

If you entered “L”, the system displays the Episode Look-up Screen.

Episode Look-up Screen 1

- **Census Tract on Entry & Current Census Tract**: Census tract numbers are based on client address and cannot be changed.

Episode Look-up Screen 2

Press <Return> to continue or <N Return> to process a new client.
- **Testing Schedule**: This number (1 - 4) represents urine testing schedule for a Drug client.
- **Pick-up Schedule**: “Y” is displayed next to days of the week when a Methadone Maintenance client is scheduled to pick-up dose(s) at the clinic.

- **Treatment Authorization Request (TAR)**: A TAR number (for detox Medi-Cal clients only).
- **Detox Schedule**: This number (1 - 4) represents the prescribed methadone dosing schedule for a Methadone detox client.
Episode Look-up Screen 3

Press <Return> to continue or <N Return> to process a new client.

Episode Lookup Screen 4

Press Return to display the next record for maintenance, or enter “N” to go back to the Client Episode Maintenance Selection Screen.
Episode Delete

If you are authorized to delete an episode you can enter “D”, then press Return to display the next episode selected for maintenance. If services have been recorded for this Episode, the system displays an error message saying it may not be deleted. Refer these cases to your Supervisor.

### Episode Deletion Screen

**Episode Deletion**

<table>
<thead>
<tr>
<th>99902</th>
<th>99984</th>
<th>PSP OPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Number: 100000055</td>
<td>RU: 99991</td>
<td></td>
</tr>
</tbody>
</table>

Admit Date: 1/25/2006 | Discharge Date: / / |
Staff: 55555 | Annual Update Date: 2/20/2006 |
Axis: I: 302.2 | II: 799.9 |
Referred From: | Program Goals: |
Admission Status: 1 | Referred To: |
Initial Admission: Y | Discharge Status: |
Admission Legal Status: 1 | Current Legal Status: |
Admission Employment Status: 0 | Discharge Employment Status: |
Number of Children Under 3: 0 | Discharge Children in Household: |
Client Pregnant at Admission: N | Client Pregnant During TX: |
Client Homeless at Admission: N | Termination Reason: |
Arrests in Last 24 Months: 11 | Termination Date: / / |
Census Tract on Entry: .00 | Current Census Tract: .00 |
Special Contract County: 38 | 12345678901234567890123 |
Special Contract Number: 1131 | Remarks: 0 N NN |
Delete OK: Confidential Information USER: COHEN_LT |
Okay to delete this episode? (Y/N) |

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CalOMS Annual Update Data Collection - Episode Update

CalOMS Annual updates are required for those provider participants in treatment for twelve months or more, continuously in one provider and one service modality with no break in services exceeding 30 days.

- One example would be a participant in a narcotic treatment modality, such as methadone maintenance, for twelve months or longer. For such an individual, the provider must collect the CalOMS Tx data approximately one year from the day the individual was admitted to that specific provider and service modality.

Annual updates are required for all treatment program participants. New admissions entered on or after January 1, 2006 will require an annual update on the admission anniversary date in 2007 and each year thereafter that the client is in the same program and modality continuously. Annual updates are also required for admissions dated before January 1, 2006. For such admissions, the first and all subsequent annual updates should be collected no later than the anniversary date of the admission.

A matching admission for the individual for whom the annual update is being submitted must exist in the CalOMS Tx database.
Annual update information can be collected earlier than twelve months, as early as 60 days prior to the individual’s admission date anniversary as well. However, annual update data must be collected no later than twelve months from the program participant’s admission anniversary date. For participants continuously participating in the same modality, in the same program for more than one year, annual update data must be collected by the participant’s subsequent admission anniversary date.

Enter the CalOMS Annual Update date in InSyst:

- From Main Menu select Episode Maintenance
  1) Enter Client Number
  2) Update fields from Episode Update Form
  3) Enter data from Annual Update Form, including the Annual Update Date (see section below)
  4) Do Not enter data in the "Type:" field – This field is NOT used for CalOMS data.

**Note:**

Make sure you save all four Episode Maintenance screens and the system confirms that you entered a Successful Update.
Chapter 7: Client Services

Client service entry is completed by a nightly transfer process of Clinicians Gateway finalized clinical notes that create the InSyst service records. If the nightly transfer process fails or the CG service record is rejected, the Provider is responsible to manually enter the failed or rejected service record.

This chapter covers how to manually enter service records in the InSyst system.

Entering services and special service entry requirements

- **All services from the previous month must be entered in the InSyst system by the third working day of the new month.**

- Based on User Authorization you may have several ways of entering services. However, with the use of Clinician Gateway, **failed or rejected services require the use of only the Single Service entry screen.**

- If for any reason the additional service entry screen is needed this chapter covers all screen methods:
  - Weekly Service Entry for Methadone and Residential Programs
  - Multiple Service Entry to enter the same information for a number of services

**Late Service Entry authorization:**

- Based on User Authorization you may have access to enter late services.
- Late Entry: Press Num Lock-A once to invoke Late Entry authorization. For example, if data entry for April is closed on May 5, Late Entry authorization lets you enter services after that time. Late Entry (Num Lock-A) cannot be used with weekly service entry, late services must be entered using the Single or Multiple Service Entry Screens ONLY.

**Emergency Flag - Pregnancy Flag:**

- **Emergency Flag:** Enter “Y” when the client meets the Emergency definition.
  - This emergency flag is now required by the State when the service is known to be an emergency by the Provider.
  - **DHCS defines emergency as:** The patient requires immediate medical/mental health intervention as a result of severe, life threatening, or potentially disabling conditions.
  - **NOTE:** There is no requirement that a service must be provided in a hospital setting to meet the definition of an emergency.
  - **NOTE:** Medi-Cal clients whose benefits are restricted to pregnancy or emergency services will have claims denied by the DHCS when an emergency flag is missing from the Medi-Cal claim.

- **Pregnancy Flag:** Enter “Y” when the client meets the Client Pregnant definition or meets the Perinatal Program requirement of being pregnant or postpartum 60 days.
  - The pregnancy flag is required when the type of service provided is at a Perinatal Program.
  - The State requires the pregnancy flag when the Provider is aware the client is pregnant, when a client self discloses during a session, the client’s physical appearance makes it obvious and whatever the mechanism by which you become aware the client is pregnant.
  - **NOTE:** Medi-Cal clients whose benefits are restricted to pregnancy or emergency services will have claims denied by the DHCS when a pregnancy flag is missing from the Medi-Cal claim.
Customization has been added to the Single, Multiple and Weekly Service Entry screen to automatically change the “Client Pregnant” status from “N” to “Y” when the RU# used is setup with the Perinatal Program (Program code 25). The change occurs when the User first inputs the service. The screen defaults the Preg flag to NO, BUT when the User enters “Y” to the “Form OK Y/N”: field the system will change the default of the PREG flag to Y with a “Warning Message”: Client Pregnant is superseded. Enter “Y” to accept, “N” to override. If the User wants the Preg Flag to remain as “Y” then enter “Y” to the Form OK Y/N: field and the PREG Flag is set - otherwise enter “N” in the Form OK Y/N: field and the User can override the default Preg Flag of “Y”.

If “N” flag is used for a client in the Perinatal Program (Program 25) the client should not be opened to the Perinatal RU#. If you are unsure please see your Supervisor.

![Single Service Entry](image URL)
Service Entry via Clinicians Gateway

- Clinicians Gateway (CG) clinical notes finalized by the Clinicians generate the InSyst service records.
  - **Nightly, after 5 p.m., finalized clinical notes from CG are transferred to InSyst to create the InSyst service record.**
- **Clerical Staff must validate** the daily CG transfer process via the DAS709 CG Service Transfer Audit Report. The DAS709 report shows CG finalized progress notes (CG services). Providers using CG are required to review the report and compare services to the daily InSyst DAS707 Service Audit Report for confirmation that the CG service successfully transferred to InSyst.
- Example of the DAS709 SUD Providers - Clinician’s Gateway Daily Staff Finalized Report:

  ![Report](image)

- Clerical Staff will monitor for potential missing services. Clerical staff have access to log in to CG to review pending and draft clinical notes. Prior to 3rd working day of the month the notes should be finalized, in order to transfer to InSyst and post before the first Medi-Cal test claim is scheduled to run.
- **SUD Providers** will continue to assure that delivered services are entered in CG and included in the transfer process.
**Clerical staff responsibility** is to complete the following to assure Drug Medi-Cal services are claimed properly to Medi-Cal:

- Verify Medi-Cal Eligibility

**Clinicians Gateway Reject Service Notice**

- Clinicians Gateway clinical notes finalized by the Clinicians generate the InSyst service records.
  - Nightly, after 5 p.m., finalized clinical notes from CG are transferred to InSyst to create the InSyst service records. If the nightly transfer process fails or the CG service record is rejected **the Provider is responsible to manually enter the rejected service record**.

- CG Service records are rejected due to the following:
  - InSyst Episode opening date is after the CG date of service
  - InSyst Episode closing date is before the CG date of service
  - CG service date is not a valid InSyst service day (example service provided on weekend when facility is closed)

- Below is an example of ENCRYPTED email that will be sent from IS System Support staff when a CG service record is rejected and a **manual** InSyst service entry is required:
From: System Support
Subject: **ENCRYPT** CG MHS REJECTED SERVICE NOTICE - Clinician’s Gateway RU# XXXX

Hello Clinicians,

The Clinician’s Gateway service listed below for client number XXXXXXX was rejected during the transfer from CG to InSyst. The reason for the rejection is that the client number does not exist within InSyst. InSyst was therefore unable to accept the service entered.

**REJECTED SERVICES**

<table>
<thead>
<tr>
<th>Client Number</th>
<th>Reporting Unit</th>
<th>Service Date</th>
<th>Proc Code</th>
<th>Staff ID</th>
<th>Time</th>
<th>Co-Staff id</th>
<th>Time</th>
<th>Tx Loc</th>
<th>Num Grp</th>
<th>Dup Res</th>
<th>E</th>
<th>P</th>
<th>Ref Num</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXX</td>
<td>99999</td>
<td>13-Jul-18</td>
<td>581</td>
<td>9999</td>
<td>00:20</td>
<td>0</td>
<td>00:00</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>N</td>
<td>N</td>
<td>3423047</td>
</tr>
<tr>
<td>Reason: Can’t find a client.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client Number</th>
<th>Reporting Unit</th>
<th>Service Date</th>
<th>Proc Code</th>
<th>Staff ID</th>
<th>Time</th>
<th>Co-Staff id</th>
<th>Time</th>
<th>Tx Loc</th>
<th>Num Grp</th>
<th>Dup Res</th>
<th>E</th>
<th>P</th>
<th>Ref Num</th>
</tr>
</thead>
<tbody>
<tr>
<td>XXXXXXXX</td>
<td>99999</td>
<td>13-Aug-18</td>
<td>313</td>
<td>9999</td>
<td>00:45</td>
<td>0</td>
<td>00:00</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>N</td>
<td>N</td>
<td>3421061</td>
</tr>
<tr>
<td>Reason: Can’t find a client.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This client was registered twice in InSyst at some point. Duplicate registrations cause problems with the system, so Provider Relations will merge the two accounts to fix this. It looks like when you started the note, the client still had two numbers, and XXXXXXXX was still active, but when you finalized the note and it was sent to InSyst, the client records were merged into number XXXXXXXX and InSyst rejected the service that was tied to XXXXXXXX.

If you haven’t already, you will need to recreate the service for this client under number XXXXXXXX; you can copy and paste information from the existing note. Once the new service has been created, please send us a request to delete the service that was rejected by InSyst, and we will remove it from CG and your MAA.

Thank you for your attention to this matter.

System Support
Alameda County Behavioral Health Care Services
Information Systems Support
510-567-8181 (x38181)
QIC 28004

NOTICE: CONFIDENTIAL AND PRIVILEGED. If you are not the intended recipient of this e-mail or employee or agent responsible for delivering the message to the intended recipient, you are prohibited from sharing, copying, or other otherwise using or disclosing its contents. This e-mail and any attachments may contain information that is privileged, confidential or exempt from disclosure under applicable law and only for use by the intended recipient(s). If you received this transmission in error, please notify the sender by reply e-mail or by telephone at (510) 567-8181, permanently delete this message from your system and destroy all copies.
Single Service Entry Screen

To complete a single service entry:

1. Choose SERVICES from the Main Menu.
2. Choose SINGLE from the Service Maintenance Menu to display the Single Service Entry Screen

### Single Service Entry Screen

<table>
<thead>
<tr>
<th>Client Number:</th>
<th>Service Date: 1/1/2019</th>
<th>RU:</th>
</tr>
</thead>
</table>

**Procedure:**
Staff: | Staff Duration: | Number in Group: 01
---|---|---
Co-Staff: | Location: |
Billing Code: | Modifier_1: | Modifier_2: |
Client Pregnant: N | Emergency: N |
HDC: | Quantity: | Unit: |

Form Ok Y/N: | Confidential Information | USER: CHU |
---|---|---|
Enter a reporting unit.

3. Enter data in the following fields:
   - **RU:** Enter the reporting unit number for your program and press Return. The system validates the number and displays the program’s name.
   - **Client Number:** Enter the Client Number. When all the data has been entered, the system will display the name of the client. At that time, review the client name to be sure you are entering services for the correct client.
   - **Date:** Enter a date in the format MM/DD/YY. You cannot enter a future date. The service date must be within the episode opening/closing date.
   - **Procedure:** Enter a three-digit procedure code. It must be a valid procedure for the program.
   - **Staff:** Enter a staff identification number. The staff number will be validated for authorization to perform the services you are entering.
   - **Staff Duration:** Enter the number of hours and minutes this staff person spent in this service. Enter up to twenty-three hours and up to fifty-nine minutes in the two portions of this field. There is a fixed minimum and maximum time for some services.
   - **Number in Group:** Enter a number from 1 to 99 indicating how many clients were involved in the service. The default is 01, for an individual service. If you are recording group services, enter the number of clients in the group. (For example, if Staff Person A and B have a group with 10 members that met today for 1 hour with all members present, enter 10 here. InSyst will record a service for
each client number, with the staff numbers of A and B, the procedure code for a group, a group count
of 10, and the time each staff person spent in the service. Each client will be billed correctly for the
group service, and each staff person will be credited correctly for the time spent in the service.)

**Note:**

Starting July 1, 2018, Alameda County will reimburse for documentation time associated with entering
outpatient (ODF/OS/IOS) group service notes. This policy applies only for services rendered post July 1,
2018 and it applies to services under the transition contract as well as the DMC-ODS contracts.

In both the old system RUs and new DMC-ODS RUs, providers must include documentation time in the
total group service minutes they are claiming in InSyst.

- **Location:** Enter a location code from 1 to 28: See codes listed on INSYST Staff Log forms or in the
INSYST Table of Codes document which can be found on the INSYST Forms page at
www.acbhcs.org/providers.

**Note:**

The latest Client Address record must be the Client’s current address if Location is Home (04). Verify that the
Client Address record contains the Client’s current address. If the Client’s Address record does not show the
Client’s current address, please insert the current address into the Client’s Address record.

- **EBP/SS:** Field is not used at this time.
- **Client Pregnant:** Enter “Y” when the client meets the Client Pregnant definition
- **Emergency:** Enter “Y” when the client meets the Emergency definition

The NCD fields were added December 2018

- **NDC:** National Drug Code (NDC) number located on the drug label. The NDC number entry must
include the dashes (“-“) in the appropriate section per the label.
- **Quantity:** The quantity equals the amount of the drug.
- **Unit:** Equal the drug unit of measurement:
  - GR – Gram
  - ME – Milligram
  - ML – Milliliter
  - UN - Unit

4. When you are done, enter “Y” at the Form OK prompt. The system validates the data fields and displays
the client’s name. If there are incorrect value in any data field, it will display an error message at the
bottom of the service entry screen, and return the cursor to the data field in error.

5. Once the data passes the system validations, the system will ask for confirmation before saving it. Enter
“Y” at the Confirm prompt to save the service data entries.
After service entry is completed, the cursor returns to the Client Number field of the service entry screen. You may enter a new Client Number and Date to continue entering services. If you want to enter services for another reporting unit, press Num Lock-P to move to the RU field.

**Note:**

To update NDC code:
- Strip away the dashes
- Add 0 (zeros) to the NDC

**Weekly Service Entry Screen**

Use the Weekly screen to enter one week of services at a time for all of the active clients in a Program. The Weekly Service entry screen is used by Providers that have one primary procedure code and only one possible unit of time for the service.

**Note:** On a weekly bases, Providers that use the Weekly Service Entry Screen must use the Reports menu to request the Weekly_Log_Roster_PSP125 Report before data can be entered in the Weekly service screen. This report populates active client data that is displayed in the Weekly Log Screen, and also produces a paper log with the same data, which can be used for data entry. For more information, see the Reports Manual.
Late Service Entry (Num Lock-A) CANNOT BE USED WITH WEEKLY SCREENS, late services entry must be entered using the Single or Multiple Entry Screens.

To complete weekly service entry:

1. Choose SERVICES from the Main Menu.
2. Choose WEEKLY from the Service Maintenance Menu to display the Weekly Service Entry Screen.
3. Enter search criteria in the fields at the top of the screen:
   - **Start Date:** Enter the first day of the week in the format MM/DD/YYYY. Your Operations Staff defines start date options in a Systems Option File. The Start Date must be a Sunday or a Monday. Data entry can be done on the last work day of the week or after the week is past.
   - **RU:** Enter the Reporting Unit Number for your program.
4. If a valid Start Date and Reporting Unit are entered, the Weekly Service Entry Screen lists all clients open in that program for that week in alphabetical order, ten at a time. For each record in the list, enter data in the following fields:
   - **Procedure Code**: This field displays the default procedure code for the reporting unit. In most cases this is the only procedure code allowed, except for “000” to indicate that no service was given. There are a few programs that also have other Procedure Codes. You may accept one day’s procedure code by pressing Tab, or accept a week’s procedure codes by pressing Return to move to the end of the line (When the services records are recorded, they use the default time for the procedure code entered).
   - **Client Pregnant**: Enter “Y” when the client meets the Client Pregnant.
   - **Emergency**: Enter “Y” when the client meets the Emergency definition.
   - **OK**: This field lets you confirm that the information for this client is correct. Enter “W” to Write the services, “S” to Skip the line, or “D” to Drop the client from this Entry Screen (If you enter “S”, all of the services for that client will be skipped. To write some services for the client but not all, enter “000” for the day the client is to be skipped, and enter “W” in the “OK” field).

5. Enter “Y” at the Form OK prompt to save the data. The system validates the data, and if there are any errors, it returns the cursor to the field that must be corrected and displays an error message.

6. If there are more clients in the program, press Return to display the next 10 clients.

---

**Notes:**

If you have used “S” to skip all of the services for one or more clients, you can still use the Weekly Service Entry Screen to record those services by leaving the screen and then displaying it again to begin data entry. The clients you originally skipped are listed on the screen.
If you have skipped some services for clients, but not all, those clients will not appear again on the Weekly Service Entry screen for that week. To enter services for them, use the Single Service Entry Screen, described earlier in this chapter.

If you are unsure which services have been recorded and which have not, press Num Lock-S to leave the screen saving the current Reporting Unit Number. Choose SERVICES from the Main Menu, and then choose MANAGEMENT from the Service Maintenance Menu. When the screen prompts you, enter a Client Number and press Return, to display services for that client in the program. Then return to the Weekly Service Entry Screen to continue service entry.

It is best to use this screen is to enter services weekly. You must enter services chronologically. For example, if you need to enter services for the week of Sunday, March 1 through Saturday, March 7th, Wednesday, March 2, and Thursday, March 3, then you must enter services for Tuesday first, then for Wednesday, then for Thursday. If you accidentally enter services for March 3, you cannot use this screen for March 1 and 2; you must use the Single Service Entry Screen.
Multiple Service Entry

The Multiple Service Entry Screen makes it easy to enter repetitive data. For example, you can enter a number of services for one client, one staff person, or to enter one type of service for multiple clients.

To do multiple service entry:

1. Choose SERVICES from the Main Menu.
2. Choose MULTIPLE from the Service Maintenance Menu to display the Multiple Service Entry screen.
3. To identify the program you are doing data entry for, enter:
   - Reporting Unit: Enter the Reporting Unit Number for the program, and the screen displays its name. (To enter services for a different program during the same session, press Num Lock-P to move the cursor back the RU field, or press Num Lock-R to restart the screen.)
4. The cursor moves to the Defaults box, the data you enter here will be repeated for every service you enter in the list below, until you enter new defaults. You can enter default data for one or more of the following fields:

   - **Client Number**: Enter a client number.
   - **Service Date**: Enter a date in the format MM/DD/YYYY.
   - **Procedure**: Enter a three-digit procedure code. The field accepts only direct service procedure codes that are valid for your program.
   - **Staff**: Enter a staff identification number. It will be validated for authorization to perform the services you enter.
   - **Duration**: Enter the number of hours (up to 23) and minutes (up to 59) the staff person spent in this service. Counties set fixed time ranges for some services.
- **Co-Staff:** Enter the Co-staff identification number, if there is one. It will also be validated for authorization to perform the services you enter. (Your screen may not include this column.)
- **Number in Group:** Enter a number from 1 to 99 indicating how many *clients* were involved in the service. The default is “01” for an individual session.
- **Location:** Enter the location code, from the following options: Enter a location code from 1 to 28: See codes listed on INSYST Staff Log forms or in the INSYST Table of Codes document which can be found on the INSYST Forms page at [www.acbhcs.org/providers](http://www.acbhcs.org/providers).
- **Client Pregnant:** Enter “Y” when the client meets the Client Pregnant.
- 5. **Emergency:** Enter “Y” when the client meets the Emergency definition. After you have entered defaults, enter “Y” at the Form OK prompt. The system validates data and prompts you to correct any errors.
- 6. Now, you can use the defaults to enter up to 20 services using the default information. The information you entered in the default box is displayed automatically as you enter data in the screen’s service entry lines. You can modify the default data, if necessary, or just press Tab to accept the default value and move to the next field. At the end of each line you want to save, you must enter “W” to write the service.
- 7. When you are done entering service data, press Return to move to the Form OK prompt and enter “Y” to accept the data. After the system validates the data, enter “Y” at the Confirm prompt to save the data.

The screen is cleared and the cursor moves back to the defaults line, so you can enter additional services or change the defaults.

You can imagine how useful this screen would be, for example, if you had to enter the same service for a client for a large number of service dates. You could just change the date and accept the defaults for all the other fields.
Maintaining/Modify Direct Service entry records
To maintain/modify direct service entry records:

1. Choose SERVICES from the Main Menu.
2. Choose MANAGEMENT from the Service Maintenance Menu to display the Service Maintenance Selection Screen.

3. To display a list of services, enter:
   - **Num Lock (Gold)-A (Unlimited or Continuous Paging)**: Allows the user to speed up performance as maintenance screens usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing Num Lock (Gold)-A before you entering any information about the client.
   - **Client Number**: You must enter the number of the client who received the services.
   - **Reporting Unit**: To narrow the search, you may also enter a Reporting Unit number.
   - **Service Date**: To narrow the search, you may also enter a complete date or a partial date that is just a month or year. If you leave out the year, the system uses the current year.
Service Maintenance Selection Screen

The Screen displays the Client Name and all the services for the client that match the criteria entered, and lists the most recent services first.

4. You may select up to 24 services. When you are done, press Return to display them for maintenance.
Direct Service Lookup

If you entered “L” next to a service, it is displayed in the Service Look-up screen. The data cannot be changed.

In addition to the data in the Service Maintenance selection screen, this screen displays:

- **Last Changed**: The date that the displayed record was last modified by a user or system program.
- **Cost**: The amount charged for the displayed service.
- **Service Stamp**: The date that the service was originally entered into the system.

Press Return to display the next record selected in the Service Maintenance Selection Screen. Type “N” and press Return to go back to the Service Maintenance Selection Screen.
Direct Service Delete

- If you are authorized, you can entered “D” next to a service record displayed in the Service Delete Screen. Then, enter “Y” at the Delete OK prompt, and “Y” again at prompt to delete the service.
- If a service has been posted to the billing system, but not claimed, the service can be deleted, but will need to go through nightly adjustment posting to delete the service from the service entry screen.
- Note: Claimed services cannot be deleted

If a service cannot be deleted because it has already been claimed, then you need to submit a Claims Correction Form (CCF) to the Finance Department. You can find this form at the following URL: http://www.acbhs.org/providers/Forms/CCF/Claims_Correction_Form.xls

If you have further questions contact the CCF Coordinator at CCFCoordinator@acgov.org.

---

Service Delete Screen

<table>
<thead>
<tr>
<th>ADAM TEST</th>
<th>CG TEST RES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client: 10067802</td>
<td>RU: 999CGR</td>
</tr>
<tr>
<td>Last Changed: 28-Aug-2019 Cost: $0.00</td>
<td></td>
</tr>
<tr>
<td>Service Stamp: 28-Aug-2019</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Date: 8/28/2019</th>
<th>Procedure: 101 3.1 RES DY</th>
<th>Duplicate Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff: 62995</td>
<td>Staff Duration: 24:0</td>
<td>Number in Group: 1</td>
</tr>
<tr>
<td>Co-Staff: 0</td>
<td>Location: 19</td>
<td></td>
</tr>
<tr>
<td>Billing_code:</td>
<td>Modifier_1:</td>
<td>Modifier_2:</td>
</tr>
<tr>
<td></td>
<td>Client Pregnant: N</td>
<td>Emergency: N</td>
</tr>
<tr>
<td>NDC:</td>
<td>Quantity:</td>
<td>Unit:</td>
</tr>
</tbody>
</table>

Delete OK: | Confidential Information USER: CHU
Chapter 8: Reports

Reports available are based on your User Authorizations and Program Site. The main two types of Reports available are Caseload and Service.

To run a report:

1. Choose REPORTS from the Main Menu
2. Choose one of the submenu options of the Report Menu. As you can see, this menu lets you choose submenus with reports that are used for different purposes.

   \[\text{Report Menu}\]
   \[11-\text{Jan-2019 03:07 PM}\]

   \begin{tabular}{|l|l|}
   \hline
   Selection & Description \\
   \hline
   CASELOAD & Caseload Reports \\
   OPERATIONS & Special Reports For Operations \\
   SERVICE & Service Reports \\
   \hline
   \end{tabular}

   \[A \text{ Typical Report Menu}\]

3. Choose the report from the submenu.

Your local Operations Staff controls how these submenus are organized, and you should ask them which menus you should have and where specific reports are.

The standard InSyst package includes these submenus for reports:

- **Caseload Reports**: contains reports on the management of the workload at the clinic level: staff caseload reports, clinic caseload reports, productivity reports, etc.
### Caseload Reports

11-Jan-2019 03:12 PM

<table>
<thead>
<tr>
<th>Selection</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSP121</td>
<td>Program Caseload Report</td>
</tr>
</tbody>
</table>

- **Service Reports**: contains staff productivity, service audit and program productivity reports.

### Service Reports

11-Jan-2019 03:13 PM

<table>
<thead>
<tr>
<th>Selection</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSP125</td>
<td>Weekly Attendance Log</td>
</tr>
<tr>
<td>PSP131</td>
<td>Reporting Unit Service Summary by Provider</td>
</tr>
</tbody>
</table>
Running Reports

Once you select a report from one of the Reports Menu, you may be prompted for information needed to produce the report. First the system will ask you questions about when the report will be created, or where the report will be printed. After that, it will ask you questions that control the content of the report, such as client number, reporting unit number, or date range that it will report on.

The following example shows the dialogue similar to what you may see on the screen when you produce a report. The symbol <RETURN> means that pressing Return will accept the default answer to the question.

```
REPORT_PSP131
This report may only be run in “BATCH” mode

Specify when the report generation should start up:

time = hold until specified date/time (DD-MMM-YYYY:HH:MM)

<RETURN> = start up immediately

? Specify print destination

NOPRINT = do not print report (save as disk file)

queue name = name of printer queue (e.g., COMMON)

<RETURN> = print on the default printer: pq_myprinter

? Specify number of copies

number = number of times to print this report

<RETURN> = 1 copy

? Specify print setup/form

examples:

CONDENSE = print 132 columns on 80 column paper

DRAFT = print in normal ‘FAST’ mode

LETTER = print in slower ‘LETTER QUALITY’ mode

<RETURN> = print using the default

? Send mail notification when report has completed?:
```
YES/NO       = send mail/do not send mail

<RETURN>    = do not send mail

? Parameters selected:
Send to batch (release terminal)
.start report generation immediately
.use printer:  CHANATE
.print 1 copy of report
.default printer form/setup
.no mail notification

OK to continue? <Y/N> Y

Enter Case Number for Episode History Report
?

Submitting report REPORT_PSP118 to run in batch mode on REPORT_MHSSBATCH

Job REPORT_PSP118  SMITH (queue REPORT_MHSSBATCH, entry 1) started on REPORT_MHSSBATCH

<table>
<thead>
<tr>
<th>Jobname</th>
<th>Username</th>
<th>Entry</th>
<th>Blocks</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>REPORT_PSP118</td>
<td>SMITH</td>
<td>1</td>
<td>executing</td>
<td></td>
</tr>
</tbody>
</table>

On batch queue REPORT_MHSSBATCH

****************************************************************************** all done ****************************

press <RETURN> to return to Menu

---

**Note**

You can terminate your report request at any time by typing M. The report dialogue will terminate itself if you do not respond after a short time.

After you finished the dialog, the system displays all the options you have chosen and displays the prompt: OK to continue. Enter “Y” to produce the report, or if an option is incorrect, enter “N” to use the dialog again.
Report Dialog Questions

This section explains some questions the system may ask you. Which questions are displayed depends on the report and your level of authorization. Here is an explanation of some questions commonly used in dialogs.

Specify when the report generation should start up:
Enter a date and time, such as 19-SEP-1997:18 (September 19th at 6:00 PM), or just a time, such as 19 (today at 7:00 PM).

Some reports can be run at any time during the day. Some reports that use system resources heavily, can only be run in the evening or weekends. If you try to run a report immediately, the system may display a message with the times you can run the report.

Automatically distribute reports to program printers?:
Some reports are automatically sent to the correct printer for each reporting unit. Instead of the printer section of the dialogue show above, the dialog might say:

Automatically distribute reports to program printers?:
YES/NO = distribute reports/do not distribute reports
<RETURN> = distribute reports?

If you select this option, the system will send the needed version of the report to the printer for each reporting unit.

Specify print destination
Enter a printer name. If the report is set up to print at the printer assigned to the person requesting it, this printer’s name will be displayed as the default. If the report is set up to print at a specific printer, this question is not asked.

Specify number of copies
Enter a number to print more than one copy of the report.

Send mail notification when report has completed?:
Enter Yes to have the system send you e-mail message when the report is completed and ready for printing. Because you generally are only notified of mail messages when you log on, this option may not be effective for most users.

Enter the Reporting Unit Number for your program
Enter the six digit reporting unit number for your program reporting units. Never enter “**” as this will request the report for EVERY reporting unit in the County.

Enter a starting date for the report
For service and productivity reports, you enter a date range. At this prompt, enter the first day of the range.

Enter an ending date for the report
For service and productivity reports, you enter a date range. At this prompt, enter the last day of the range.

Enter a client number
For client oriented reports, enter the client number.
Report PSP119A
NO_SERVICE_45_DAYS_SUMMARY_PSP119

Open Episodes with no services in 45 plus days

Report PSP119A - Open Episodes with no services in 45 plus days.
COMMUNITY RU(XXXXX)
Please note, for clients who have never received a service the report uses the opening date as the last service date.

<table>
<thead>
<tr>
<th>Client#</th>
<th>Name</th>
<th>Opening</th>
<th>LSD</th>
<th>#Days No Svc</th>
<th>Primary Therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>000000001</td>
<td>ONE TEST</td>
<td>17-Oct-2017</td>
<td>12-Dec-2017</td>
<td>55</td>
<td>LAST (99999)</td>
</tr>
<tr>
<td>000000003</td>
<td>THREE TEST</td>
<td>28-Sep-2017</td>
<td>19-Dec-2017</td>
<td>48</td>
<td>LAST (99999)</td>
</tr>
<tr>
<td>000000004</td>
<td>FOUR TEST</td>
<td>20-Nov-2017</td>
<td>19-Dec-2017</td>
<td>48</td>
<td>LAST (99999)</td>
</tr>
<tr>
<td>000000005</td>
<td>FIVE TEST</td>
<td>11-Dec-2017</td>
<td>19-Dec-2017</td>
<td>48</td>
<td>LAST (99999)</td>
</tr>
</tbody>
</table>

Total Episodes with no service 45 plus days: 5

****************************************
Confidential Patient Information
****************************************
Report PSP119B
ANNUAL_UPDATE_DUE_PSP119B

 Episodes Due or Delinquent for Annual Review Update
Page 1

Report PSP119B - Annual Review Update Due Caseload
OMMUNITY RU(99999)

CalOMS State Reporting for SUD Providers requires an Annual Update for clients based on episode opening date. Clients on this report have either never had an Annual Update and have been opened in excess of one year or are within 60 days of the Annual Update due date or are delinquent (over 365 days) with or without an Annual Update. The report is sorted by Annual Days (descending) so providers can give their immediate attention to the delinquent records. CalOMS Reporting occurs monthly during the first week for the prior month data. Please make every effort to get your data in for the prior month before the 5th of the new month. Thank you, BHCS Administration.

<table>
<thead>
<tr>
<th>Client #</th>
<th>Client Name</th>
<th>Opened</th>
<th>Days</th>
<th>Staff</th>
<th>Last Svc</th>
<th>Date</th>
<th># Annual</th>
<th>Date Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>000000010</td>
<td>TEN TEST</td>
<td>1-Mar-2017</td>
<td>341</td>
<td>ULTIMO</td>
<td>28-Dec-2017</td>
<td>39</td>
<td>341</td>
<td>Due</td>
</tr>
<tr>
<td>000000020</td>
<td>TWENTY TEST</td>
<td>1-Apr-2017</td>
<td>310</td>
<td>PRIMERO</td>
<td>28-Dec-2017</td>
<td>39</td>
<td>310</td>
<td>Due</td>
</tr>
</tbody>
</table>

Total Episodes with Annual Update Due or Delinquent: 2

******************************************************************************
Confidential Patient Information
******************************************************************************
Report PSP119C
NO_SERVICE_45_DAYS_SUMMARY_PSP119C.LIS

Open Episodes - No Services in 45 Plus Days

---

Report PSP119C - Summary - All Providers with Open Episodes and no Service 45+ Days

Please note, for clients who have never received a service the report uses the opening date as the last service date.

The PSP119C is a summary report that runs on the first of the month. The PSP119A is the detail report that is distributed to the providers which runs on the 5th and 20th of each month - therefore, there may be some discrepancies in totals if you compare the PSP119A to the PSP119C.

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Reporting Unit</th>
<th># Open Episodes</th>
<th>No Svc 45+</th>
</tr>
</thead>
<tbody>
<tr>
<td>DONT GIVE UP</td>
<td>00010A</td>
<td>460</td>
<td>386</td>
</tr>
<tr>
<td>BE POSITIVE</td>
<td>00010B</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>GOOD OPPORTUNITY</td>
<td>00010C</td>
<td>540</td>
<td>50</td>
</tr>
<tr>
<td>WE WILL HELP YOU</td>
<td>00010D</td>
<td>278</td>
<td>36</td>
</tr>
<tr>
<td>MANY CHANCES</td>
<td>00010E</td>
<td>59</td>
<td>15</td>
</tr>
<tr>
<td>ONE ALTERNATIVE</td>
<td>00010F</td>
<td>256</td>
<td>8</td>
</tr>
<tr>
<td>SUCCESS</td>
<td>00010G</td>
<td>426</td>
<td>6</td>
</tr>
<tr>
<td>OPTIONS</td>
<td>00010H</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>RECOVERY</td>
<td>00010I</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

***********
Confidential Patient Information
***********
Report PSP 121

Program Caseload Report

Report Description:
This report lists all the clients with open cases for each reporting unit. It includes client number, name, opening date, age, primary diagnosis, and primary staff.

Running the Report:
Operations Staff runs this report monthly or more frequently if needed. It is routed to each Reporting Unit’s printer. If you do not receive this report, contact local Operations Staff.

Users can also run this report using the Report menu.

It prompts you to enter a Reporting Unit (or enter “*” for all units) and to enter a target date. The report finds all clients open on the target date.

Using the Report:
The report is used as a management tool by program managers, to balance the work among staff or to quickly review the types of client being served. It is also used to direct the distribution of other reports, such as the Utilization Review reports.

The report might also show that it is necessary to improve the data entry process. Any duplicate clients should be reported to Operations Staff.
Program Caseload 2-Aug-2017

Report PSP121

Day Treatment - Oakland (99433)

Cases active as of: 2-Aug-2017

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Number</th>
<th>Opening</th>
<th>G</th>
<th>PrmDX / ICD10</th>
<th>Staff</th>
<th>Svc</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHEILA A_CLIENT</td>
<td>90200122</td>
<td>7/24/92</td>
<td>21</td>
<td>305.2 / F12.10</td>
<td>ANDERSON</td>
<td>6/11/17</td>
</tr>
<tr>
<td>PHILLIP B_CLIENT</td>
<td>90200192</td>
<td>12/01/86</td>
<td>21</td>
<td>/ F12.10</td>
<td>ARGOUNT</td>
<td>6/29/17</td>
</tr>
<tr>
<td>JAMES C_CLIENT</td>
<td>90000015</td>
<td>7/01/92</td>
<td>26</td>
<td>305.2 / F12.10</td>
<td>ARGOUNT</td>
<td></td>
</tr>
<tr>
<td>MICHAEL D_CLIENT</td>
<td>90000001</td>
<td>9/01/92</td>
<td>31</td>
<td>305.2 / F12.10</td>
<td>ANDERSON</td>
<td>6/29/17</td>
</tr>
<tr>
<td>MAXINE CLIENT</td>
<td>95700048</td>
<td>9/11/92</td>
<td>28</td>
<td>/ F12.10</td>
<td>ANDERSON</td>
<td>6/27/17</td>
</tr>
<tr>
<td>IRENE CLIENT</td>
<td>90000045</td>
<td>9/01/92</td>
<td>22</td>
<td>/ F12.10</td>
<td>ANDERSON</td>
<td>6/26/17</td>
</tr>
<tr>
<td>BERNADETTTE CLIENT</td>
<td>91900031</td>
<td>9/01/86</td>
<td>38</td>
<td>305.2 / F12.10</td>
<td>ARGOUNT</td>
<td></td>
</tr>
<tr>
<td>ANDREW CLIENT</td>
<td>90000070</td>
<td>9/24/92</td>
<td>55</td>
<td>305.2 / F12.10</td>
<td>ANDERSON</td>
<td></td>
</tr>
<tr>
<td>MIKE CLIENT</td>
<td>02390198</td>
<td>7/10/92</td>
<td>22</td>
<td>/ F12.10</td>
<td>ARGOUNT</td>
<td>6/28/17</td>
</tr>
<tr>
<td>JOSEPH CLIENT</td>
<td>00390027</td>
<td>4/10/86</td>
<td>57</td>
<td>305.2 / F12.10</td>
<td>ARGOUNT</td>
<td>6/30/17</td>
</tr>
</tbody>
</table>

TOTAL OPEN CASES FOR Day Treatment 39

**************************************
Confidential Information
**************************************
Report BHCS121
Program Medi-Cal Verification Caseload

7-Feb-2018

Report BHCS121

NEW MIDSC RU(899999)

Cases active as of: 7-Feb-2018

The information on this report is accurate as of the date in the upper right hand corner of the report; the report reflects clients open on the CASES ACTIVE AS OF: date. The Closing Date field will be populated when a client has left the program after the beginning of the current month. Compare the Medi-Cal Verification and Aid Code to the information obtained by your program from the State's Automated Eligibility Verification System (AVES) and then proceed per the Medi-Cal verification procedures.

Please Note: ICD10 Diagnoses has been added as of 10/1/2015.

<table>
<thead>
<tr>
<th>Client Name</th>
<th>CLIENT NUMBER</th>
<th>Opening Date</th>
<th>Closing Date</th>
<th>E</th>
<th>PrmDX / ICD10</th>
<th>Staff</th>
<th>Last Svc</th>
<th>Verification Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONE ONE</td>
<td>00000011</td>
<td>10/04/17</td>
<td>13</td>
<td>305.2 / F12.10</td>
<td>SEE</td>
<td>1/25/18 2/2018</td>
<td>K1</td>
<td></td>
</tr>
<tr>
<td>TWO TWO</td>
<td>00000022</td>
<td>10/02/17</td>
<td>14</td>
<td>305.2 / F12.10</td>
<td>SEE</td>
<td>1/25/18 2/2018</td>
<td>M5</td>
<td></td>
</tr>
<tr>
<td>THREE T</td>
<td>00000033</td>
<td>9/25/17</td>
<td>13</td>
<td>305.2 / F12.10</td>
<td>SEE</td>
<td>2/01/18 2/2018</td>
<td>3R</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL OPEN CASES FOR NEW MIDSC 3

**********************
Confidential Information
**********************
Report PSP 131

Reporting Unit Service Summary by Provider

Report Description:
This report shows the total services by type for the specified reporting unit during the specified time period.

Running the Report:
Use the Report menu to run this report as needed. You are prompted to enter the reporting unit, time period, and printer. Enter Reporting Unit number.

Using the Report:
Use this report as a planning tool, to audit service entry and program productivity.
Report PSP131

Reporting Period: From 1-Mar-2017 to 31-Mar-2017

<table>
<thead>
<tr>
<th>Service Site</th>
<th>Service Total</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>WESTSIDE OUTPATIENT</td>
<td>(99991)</td>
<td></td>
</tr>
<tr>
<td>311  COLLATERAL</td>
<td>3</td>
<td>3.00</td>
</tr>
<tr>
<td>343  IND NON-MC</td>
<td>60</td>
<td>60.00</td>
</tr>
<tr>
<td>351  GROUP</td>
<td>46</td>
<td>69.00</td>
</tr>
<tr>
<td>355  T PLANNING</td>
<td>3</td>
<td>3.00</td>
</tr>
<tr>
<td>356  D PLANNING</td>
<td>1</td>
<td>1.00</td>
</tr>
<tr>
<td>411  FAMCT ADOL</td>
<td>173</td>
<td>86.50</td>
</tr>
<tr>
<td>441  CHKIN ADOL</td>
<td>175</td>
<td>87.50</td>
</tr>
<tr>
<td>451  MFAM ADOL</td>
<td>9</td>
<td>13.50</td>
</tr>
<tr>
<td>555  INTAKE</td>
<td>8</td>
<td>8.00</td>
</tr>
<tr>
<td>571  CASE MGMT</td>
<td>203</td>
<td>101.50</td>
</tr>
<tr>
<td>Sub Total for Direct Services</td>
<td>681</td>
<td>433.00</td>
</tr>
<tr>
<td>Total Services for 99991</td>
<td>681</td>
<td>433.00</td>
</tr>
</tbody>
</table>

**********************
Confidential Information
**********************
Report PSP 131 – New SUD DMC-ODS Waiver version

New SUD DMC-ODS Waiver version

Effective September 30, 2018, the new SUD DMC-ODS Waiver version of the PSP131 report can be requested through the InSyst Report Menu.

The PSP131 report menu setup has been modified, giving the User the option to request the PSP131 report for the older version or the new SUD DMC-ODS Waiver version by simply entering the RU# and answering Yes or No to the question “Is this a DMC-ODS Waiver report”.

The older version of the PSP131 report labeled “RU_SERVICE_SUMMARY_PSP131” is a monthly summary of services by:

- Service Total count
- Total Hour count

The new SUD DMC-ODS Waiver version of the PSP131 report labeled “RU_SERVICE_UNITS_SUMMARY_PSP131” is a monthly summary of services by:

- Minutes
- Units
- Hours
- Service Count
- Unit Type code description

By design, the new DMC-ODS Waiver version of the PSP131 report is only available to the new Waiver RU#s. Report setup determines what version of the report will be generated and distributed to the printer queue:

- Entering the new Waiver RU# and answering No to the question “Is this a DMC-ODS Waiver report”
  - the older version will be generated and distributed to the printer queue.

- Entering the new Waiver RU# and answering Yes to the question “Is this a DMC-ODS Waiver report”
  - the new version will be generated and distributed to the printer queue.

- Entering pre-Waiver RU# (old RU#) and answering No to the question “Is this a DMC-ODS Waiver report”
  - the old version will be generated and distributed to the printer queue.

- Entering pre-Waiver RU# (old RU#) and answering Yes to the question “Is this a DMC-ODS Waiver report”
  - a report will be distributed to the printer queue with the following message:
    - Report requested for DMC ODS Waiver RU, but this RU is not DMC ODS Waiver

- NTP/OTP:
Since the NTP/OTP RU#s did not change due to the DMC-ODS Waiver the PSP131 report, by design generates either the older version or the new version of the PSP131 report by using the following setup:

- Entering the **NTP/OTP RU#** and answering **No** to the question “Is this a DMC-ODS Waiver report”
  - the **older version** will be generated and distributed to the printer queue.

- Entering the **NTP/OTP RU#** and answering **Yes** to the question “Is this a DMC-ODS Waiver report”
  - the **new version** will be generated and distributed to the printer queue.
Report PSP 131 - Alameda County Custom Report
Report Period From: 1-Sep-2018

Please note the following:
Column 1 - All Time in Minutes = combination of hours and minutes reduced to minutes.
Column 3 - All Time in Hours = combination of hours and minutes reduced to hours.

Unit Type:
Unit Type code - 1 = Outpatient Units calculated by 15 minute increments.
Unit Type Code - J = Narcotic Treatment Program Units calculated by 10 minute increments.
Unit Type Code - D = Residential Day Units calculated at 1 unit per occurrence.
Unit Type Code - 4 = Day Units calculated at 1 unit per occurrence.

Provider/Reporting Unit: NEW TEST 3.5RES (XXXX9Q0)

<table>
<thead>
<tr>
<th>SFC Procedure Code/Name</th>
<th>All Time Minutes</th>
<th>All Time Units</th>
<th>Service Count</th>
<th>Unit Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA 161 3.5 RES RESIDENTIAL DAY</td>
<td>46,080</td>
<td>32</td>
<td>768.00</td>
<td>32 D</td>
</tr>
<tr>
<td>SFC - Billable Sub Total</td>
<td>46,080</td>
<td>32</td>
<td>768.00</td>
<td>32 Day</td>
</tr>
</tbody>
</table>
Report PSP 125

WEEKLY LOG CLEANUP REPORT

Weekly Attendance Log

Report Description:
Weekly Log Records 14 Days or Older Which Have Been Skipped

Please evaluate these records, and enter services or drop records as needed. Clients appearing on this report have been skipped using the Weekly Service Entry Screen. If necessary, clients should be given services using the Weekly Service Entry Screen or the Single Service Entry Screen. These records will be deleted after one month. If the clients should not continue to appear on the Weekly Service Entry Screen, they should be dropped or their episodes closed.
Please evaluate these records, and enter services or drop records as needed. Clients appearing on this report have been skipped using the Weekly Service Entry Screen. If necessary, clients should be given services using the Weekly Service Entry Screen or the Single Service Entry Screen. These records will be deleted after one month. If the clients should not continue to appear on the Weekly Service Entry Screen, they should be dropped or their episodes closed.

**NEW BRIDGE RES. COUNTY** (99991)

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Client Number</th>
<th>Sun Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST</td>
<td>CASE I</td>
<td>0111111111</td>
<td>25-Jun-2017</td>
</tr>
<tr>
<td>TEST</td>
<td>CASE II</td>
<td>0999999999</td>
<td>2-Jul-2017</td>
</tr>
</tbody>
</table>

***************
Confidential Information
***************
Report DAS700
SERVICE_DETAIL_DAS700

Monthly Service Detail Report 12-Feb-2018
Page 5112

Report DAS700
ALAMEDA COUNTY
Written by BHCS -- IS System Support
ALAMEDA XXXXXXXXXX (91HDesk)
Services from: 1-Jan-2018 through 31-Jan-2018

*** PLEASE NOTE THAT THIS REPORT WAS MODIFIED ON 10/01/2015 TO REFLECT THE ICD10 DIAGNOSES TRANSLATION INFORMATION ***

Client Name: Cameren Test Birth Date: 05-Nov-1775 Sex: M Ethnicity 1: Other
Case #: 9999 Account Number: 0 Ethnicity 2:
Address: 7804 Teton Way Antelope, CA 95843 3425

INSYST INSURANCE/MEDI-CAL INFORMATION
Medi-Cal Elig Record for 1/2018 : 999999999
Insurance Policy Record Covering 1/2018 : No Active Policy Record In InSyst

Diagnosis codes for the following services:  Dx I: Unknown label
Dx II: Unknown label
Dx III: Unknown label
Primary DX and ICD10 Translation: / F12.10

<table>
<thead>
<tr>
<th>Service</th>
<th>Proc code</th>
<th>Service</th>
<th>#</th>
<th>REU</th>
</tr>
</thead>
<tbody>
<tr>
<td>343 INDVL VISIT (EXCESS</td>
<td>ChavezTest</td>
<td>91999</td>
<td>00:10</td>
<td>0  99:00 1 5 N/N/</td>
</tr>
</tbody>
</table>

Sub Total For Cameren Test = 1
***************
Confidential Information
***************

[End of file]
Report DAS707

Service Audit Report

Report Description
This shows all services entered into the system for each clinician for the day of the report run. Information includes service date, clinician, client served, and procedure, number in group, service duration, service location, and co-staff. "# in Group" and Co-staff" contain an asterisk for non-group procedures.

How to Get the Report
The report generated and queued to your printer automatically the day after services are input.

How to Use the Report
Review for accuracy. The report is intended as a data entry management tool to assist a manager in making sure all the services performed in a clinic are being entered on a timely basis. If service entry is abnormally low, an audit of the data collection and service entry process may be needed. If there is incorrect information, episode and service updating may be required.

DAS707 Report
Report DAS709

**SUD Providers - Clinician's Gateway Daily Staff Finalized Report**

The DAS709 report shows Clinician's Gateway (CG) finalized progress notes (CG services). Providers using CG are required to review this report and compare services to the daily InSyst DAS707 Service Audit Report for confirmation that the CG service successfully transferred to InSyst. There are two possible conditions that may prevent a service from being transferred from CG to InSyst:

1. **Fatal error during the transfer process - NO ACTION IS NEEDED BY THE PROVIDER:**
   
   Fatal Error prevents ALL CG services from transferring.

2. **Rejected CG services due to the following - ACTION IS NEEDED BY THE PROVIDER:**
   
   InSyst Episode opening date is after the CG date of service
   
   InSyst Episode closing date is before the CG date of service
   
   CG service date is not a valid InSyst service day (example service provided on weekend when facility is closed)

FATAL ERROR prevents all CG services from transferring. Once the fatal error has been corrected the CG services will be included in the next transfer process.

REJECTED service will not show on the daily DAS707 report for the same input date. The Provider is responsible to manually enter REJECTED CG services in InSyst.
The DAS787 report shows Clinician's Gateway (CG) finalized progress notes (CS services). Providers using CG are required to review this report and compare services to the daily InSyst DAS787 Service Audit Report for confirmation that the CG services successfully transferred to InSyst. There are two possible conditions that may prevent a service from being transferred from CG to InSyst:

1. Fatal error during the transfer process - NO ACTION IS NEEDED BY THE PROVIDER:
   
   Fatal Error prevents ALL CG services from transferring.

2. Rejected CG services due to the following - ACTION IS NEEDED BY THE PROVIDER:
   
   InSyst Episode opening date is after the CG date of service
   
   InSyst Episode closing date is before the CG date of service

   CG service date is not a valid InSyst service day (example service provided on weekend when facility is closed)

   Fatal Error prevents all CG services from transferring. Once the fatal error has been corrected the CG services will be included in the next transfer process.

   Rejected service will not show on the daily DAS787 report for the same input data. The Provider is responsible to manually enter REJECTED CS services in InSyst.

<table>
<thead>
<tr>
<th>Client #</th>
<th>Client Name</th>
<th>Svc Date</th>
<th>Procedure</th>
<th>Grp Loc</th>
<th>Time</th>
<th>CoStaff</th>
<th>CoTime</th>
<th>Pry</th>
<th>ERP</th>
<th>Dn</th>
<th>Rev</th>
</tr>
</thead>
<tbody>
<tr>
<td>010003156</td>
<td>TEST CLIENT</td>
<td>09/19/2010</td>
<td>035 SUD FLCRF</td>
<td>1</td>
<td>1</td>
<td>01:00</td>
<td>00:19</td>
<td>Y</td>
<td>N</td>
<td>2316</td>
<td>___</td>
</tr>
</tbody>
</table>
## InSyst Report OPS1584-RU

Derived from the **Medi-Cal Eligibility** Worksheet (ADP-1584)

<table>
<thead>
<tr>
<th>Reporting Unit: xxxxx</th>
<th>Mode/MCal Mode/PRG: 05/17</th>
<th>Facility NPI: 000000000</th>
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</thead>
<tbody>
<tr>
<td>Claim Mo/Yr: 02/2018</td>
<td>Claim Run Date: 3/11/2018</td>
<td>File: 201802_01_NORM_MCL_TST</td>
</tr>
</tbody>
</table>

**PRMO KEY** = An asterisk (*) in this column identifies the service date as prior to this claim month.

**VR KEY** = O = Original, R = Replace, V = Void, I = Implicit Void

**SOC KEY** = A plus sign (+) indicates that all or a portion of the other collection contains a Share of Cost Adj.

**XOVER KEY** = H - Client has MDC but non-certified Provider, N - Client has MDC, P - Only Non-MDC Policy, X - MDC billed and Paid.

**DRC KEY** = State Delay Reason Codes translation to InSyst Late Reason Codes 1 = A 2 = F 3 = I 4 = H 7 = B 8 = C 10 = E 11 = D

**AIDCO** = An asterisk (*) in this column indicates no aid code supplied in the InSyst eligibility record.

**Please note as of 10/6/2015 the Primary Diagnosis and ICD10 Translation have been added to this report.**

### Sample Data

<table>
<thead>
<tr>
<th>P</th>
<th>R</th>
<th>X</th>
<th>A</th>
<th>O</th>
<th>P</th>
<th>I</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Confidential Patient Information

| Claim ID/GUID | Client Name | InSyst # | CIN # | YR | X Date | O | C | R | UOS | UOT | SOC | R | C | U | E | E | E | U | C |
|---------------|-------------|----------|-------|----|--------|---|---|---|-----|-----|-----|---|---|---|---|---|---|---|---|---|
| 25 XXXX1009999999 TEST ONE | 9999999 0001A 1989 | F 2/01/18 | 40 O 001 0000 | 0.00 | Y | 30 - 304.00/F11.20 |
| 25 XXXX1009999999 TEST ONE | 9999999 0001A 1989 | F 2/02/18 | 40 O 001 0000 | 0.00 | Y | 30 - 304.00/F11.20 |
| 25 XXXX1009999999 TEST ONE | 9999999 0001A 1989 | F 2/03/18 | 40 O 001 0000 | 0.00 | Y | 30 - 304.00/F11.20 |

***** Confidential Patient Information ****
Chapter 9: Utilities

Use the Utilities Menu to manage the printer queue, and maintain your logon password.

Passwords
When you log on to the computer system, you must enter your Username and your Password. Passwords are vital to system security. Passwords expire every sixty days. Two or three days earlier, you will receive warnings that your Password is about to expire.

To change your Password:
1. Choose UTILITIES from the Main Menu.
2. Choose PASSWORD from the Utilities Menu to display the Password Menu. This has only two options: Primary Password and Secondary Password.

You may have only one password, the Primary Password. Only change your Primary Password.

To change your Primary Password:
1. Choose PASSWORD from the Utilities Menu.
2. Choose Primary Password from the Password Menu.
3. The system displays the prompt: CHANGE PRIMARY LOGON PASSWORD Allow system to generate a password? <yes>: If you enter “Yes” or press Return, the system will asks you for your old password and then displays a list of nonsense words. You can use one of these options as your password or ask the system to generate another list of words. If you enter “No”, the system lets you enter your own new password later.
4. The system displays the prompt: Old Password: Enter your current Password.
5. The system displays the prompt: New Password: Enter your new password.
6. The system displays the prompt: Verification: Re-type your new password. If this is not the same as the new password you entered originally, the system displays the message “password verification error”, and returns you to the previous menu. To change your password, you must start again.

Passwords that you type are not displayed on the screen. After you change your password successfully, you are returned to the previous menu with no message.

Note:
To exit, type Control/Z at any time.
Printer and Queue Management

A printer queue is a software holding place for reports.

The Department assigns a name to the printer attached to your logon/program site, such as PQ1_CHILDRENS, or SONOMA. The queue refers to the waiting line for the printer. If there are no items to be printed, the queue is empty. When a report is requested it is sent to your printer queue. When you start your queue, it send output to your default printer.

The Printer and Queue Management menu lets you manage print jobs.

Show Queue

To view the printer queue:

1. Choose UTILITIES from the Main Menu.
2. Choose PRINTER from the Utility Menu.
3. Choose SHOW from the Printer and Queue Management Menu to display the Show Queue Screen.
4. Use the field at the top to identify the queue:
   - **Queue Name:** Enter the name of a print queue, or press Return to select your print queue. The screen lists all the jobs waiting in your queue to be printed, in the order that they will be printed. (Figure 6.0).
5. After viewing the Queue, press Return to go back to the Printer and Queue Management Menu. The statuses of jobs in the queue are:
   - **Pending:** a job waiting to be printed.
   - **Holding:** a job put on hold, or delayed. In some cases, a time can be associated with this status, e.g. “holding until 15-Jun-1987 02:00”.
   - **Printing:** a job now printing.
- **Paused**: a job delayed in the midst of printing.
- **Aborted**: a job deleted in the midst of printing.

### Start Printer Queue

Use Start Printer Queue to print everything that waiting to be printed is printed, in the order that it is listed. If there is nothing to be printed, the printer readies itself.

To start the printer queue:

1. Choose UTILITIES from the Main Menu.
2. Choose PRINTER from the Utility Menu.
3. Choose START from the Printer and Queue Management Menu to display the Start Printer Queue screen.

   It has the following fields:
Start Printer Queue Screen

- **Queue Name:** To start your printer, enter and press Return.

The system continues printing all jobs on the queue.

To stop the printer:
1. Press the Spacebar key. Do not press Spacebar more than once. Do not turn off your printer. If several people are using the computer system, it can take a couple of minutes to stop printing.
2. After you have stopped the printer, the system displays a message asking what it should do with the current print job. You must choose one of the options within 30 seconds, or the system will continue printing the current job. You have the following options:
   - **Restart:** Restarts the current job at the beginning.
   - **Stop:** Stops the printer. When you start the printer again, the job continues printing.
   - **Wait:** Stops the printer temporarily.
   - **Continue:** Continues printing the current job to continue printing where it left off.

Restarting Stopped Print Jobs
If you use the Stop Command while printing a file, the printer is stopped and you are returned to the menu.

To continue printing that job:
1. Choose START from the Printer and Queue Management Menu.
2. Use the Start Printer Queue screen to start the printer, as described above.
3. The system displays the prompt: Stop before next entry. Press Return to accept the default “N” to print all jobs on the queue, or enter “Y” to print only this job and stop again. The system displays the prompt: Continue printing this entry. Press Return to continue the job.
Menu and Control Key Commands

The Num Lock (Gold) key sequences, Control key combinations, and Special Function keys used in INSYST are listed below.

Num Lock (Gold) Key Sequences

To use Num Lock (Gold) Key sequences, press the Num Lock (Gold) Key, release it, and then press the next key. For example, if the instructions say you should press Num Lock (Gold)-E, it means you should press the Num Lock (Gold) key, release it and then press “E” and release it.

Num Lock (Gold) Key sequences used in INSYST are:

- **Num Lock (Gold)-A: (All / Authorize)** gives you additional functions in entry and maintenance screens, such as All Clients/Services, Supervisor Mode and Late Entry Mode.

- **Num Lock (Gold)-A: (Unlimited or Continuous Paging)** Allows the user to speed up performance as maintenance screens usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing Num Lock (Gold)-A before you display the list.

- **Num Lock (Gold)-B: (Backup)** makes the screen page back one page, to display records in a list that cannot fit on a single screen.

- **Num Lock (Gold)-C: (Client #)** moves the cursor to the Client Number field on some screens.

- **Num Lock (Gold)-D: (Down Two)** makes the screen page forward two pages, to display records in a list that cannot fit on a single screen.

- **Num Lock (Gold)-E: (Exit)** exits from the current screen and returns to the menu, without saving data entered in the screen, or returns to the previous menu.

- **Num Lock (Gold)-H: (Home)** moves the cursor to its home position on the current screen, the field on the screen where data entry began.

- **Num Lock (Gold)-I: (Insert)** inserts a new record when you are using the Maintenance Selection screens.

- **Num Lock (Gold)-M: (More)** makes the screen page forward one page, to display records in a list that cannot fit on a single screen.

- **Num Lock (Gold)-R: (Refresh)** restarts the screen, with no values entered. This is useful if you made mistakes in data entry.

- **Num Lock (Gold)-S: (Save and Exit)** leaves the current data entry or maintenance screen, and saves the data entered. This sequence retains the current Client and Reporting Unit, so it automatically displays it in the next screen you use.

- **Num Lock (Gold)-U: (Up Two)** makes the screen page back two pages, to display records in a list that cannot fit on a single screen.

Control Key Combinations

To use Control Key combinations, continue holding down the Ctrl Key while you press the next key in the sequence. For example, if the instructions say to press Control/W, you should press the Ctrl Key, keep holding it down while you press “W”, and then release both.

Control Key combinations used in INSYST are:

- **Control/H (Hop Back):** moves the cursor back one field.

- **Control/J (Junk):** clears a field.
- **Control/W**: repaints or refreshes the screen. Use it if the screen display has been disturbed.
- **Control/Z**: ends an editing session in the Mail, Files, and Client Message utilities.
Appendix B: SUD InSyst Table Code

This document lists SUD InSyst codes for:

- Client Registration
- Episode
- Service entry
- Discharge and closing

CalOMS fields are identified in the field title.

**Registration:**

**Sex – CalOMS**

<table>
<thead>
<tr>
<th>F=Female</th>
<th>M=Male</th>
<th>U=Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Education – CalOMS**

Enter in the number indicating the highest grade completed. If the highest grade is greater than 20, enter “20”, enter Z0 if the client declines to state or Z4 if the client is unable to answer.

| 00 None | Z0 Client Declined to state |
| 01-20 Grade Levels | Z4 Client Unable to Answer |

**Physical Disability - CalOMS**

Section 503 of the Federal Rehabilitation Act of 1973 defines “disability” as a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of such an impairment, or being regarded as having such an impairment.

Circle and add the number codes to create the sum of all of the client’s physical disabilities, as stated by the client, and enter the total in this field.

| 00 None | 08 Physical Impairment/ Mobility | Z0 Client Declined to State |
| 01 Severe Visual Impairment | 16 Developmentally Disabled | Z4 Client Unable to Answer |
| 02 Severe Hearing Impairment | 32 Other Physical Impairment |
| 04 Speech Impairment | 64 Mental |
Language/Preferred language
Enter the code which best represents the client’s preferred language, that is, the language the client would prefer to speak, as reported by the client.

<table>
<thead>
<tr>
<th></th>
<th>Language</th>
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<td>A</td>
<td>English</td>
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<tr>
<td>B</td>
<td>Spanish</td>
</tr>
<tr>
<td>C</td>
<td>Chinese Dialect</td>
</tr>
<tr>
<td>D</td>
<td>Japanese</td>
</tr>
<tr>
<td>E</td>
<td>Filipino Dialect</td>
</tr>
<tr>
<td>F</td>
<td>Vietnamese</td>
</tr>
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<td>Cambodian</td>
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<tr>
<td>I</td>
<td>Sign ASL</td>
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<tr>
<td>J</td>
<td>Other</td>
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Ethnicity – CalOMS

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<td>B</td>
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<tr>
<td>C</td>
<td>Japanese</td>
</tr>
<tr>
<td>D</td>
<td>Mixed Race</td>
</tr>
<tr>
<td>E</td>
<td>Filipino</td>
</tr>
<tr>
<td>F</td>
<td>Other Asian</td>
</tr>
<tr>
<td>G</td>
<td>Other</td>
</tr>
<tr>
<td>H</td>
<td>Guamanian</td>
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<tr>
<td>I</td>
<td>Hawaiian</td>
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<tr>
<td>J</td>
<td>Korean</td>
</tr>
<tr>
<td>K</td>
<td>Samoan</td>
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</table>

Hispanic Origin – CalOMS
Enter the appropriate number from the Hispanic origin codes listed below to indicate the client’s Hispanic background as identified by the client.

<table>
<thead>
<tr>
<th></th>
<th>Non-Hispanic</th>
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<tbody>
<tr>
<td>1</td>
<td>Puerto Rican</td>
</tr>
<tr>
<td>2</td>
<td>Other Latino</td>
</tr>
<tr>
<td>3</td>
<td>Other Hispanic</td>
</tr>
</tbody>
</table>

Marital Status
Code 1, Never Married is used for a single person who does not live with girlfriend/boyfriend and has never been married.

<table>
<thead>
<tr>
<th></th>
<th>Marital Status</th>
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<tbody>
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<tr>
<td>2</td>
<td>Married/ Live Together</td>
</tr>
<tr>
<td>3</td>
<td>Widowed</td>
</tr>
<tr>
<td>4</td>
<td>Divorced/ Dissolved</td>
</tr>
<tr>
<td>5</td>
<td>Separated</td>
</tr>
<tr>
<td>6</td>
<td>Divorced</td>
</tr>
<tr>
<td>7</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Client Birth Name - CalOMS
Enter the name given at birth

Birth Place - CalOMS
Enter the County / State of birth. Refer to County/State tables or the CalOMS Data Collection guide. Z3 is to be enter in as County field if the client was NOT born in California and in the State field if the client was NOT born in one of the 50 states or DC.
## County Codes - CalOMS

<table>
<thead>
<tr>
<th>County</th>
<th>Code</th>
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<td>01</td>
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<td>Alpine</td>
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</tr>
<tr>
<td>Amador</td>
<td>03</td>
</tr>
<tr>
<td>Butte</td>
<td>04</td>
</tr>
<tr>
<td>Calaveras</td>
<td>05</td>
</tr>
<tr>
<td>Colusa</td>
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</tr>
<tr>
<td>Contra Costa</td>
<td>07</td>
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<tr>
<td>Del Norte</td>
<td>08</td>
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<tr>
<td>El Dorado</td>
<td>09</td>
</tr>
<tr>
<td>Fresno</td>
<td>10</td>
</tr>
<tr>
<td>Glenn</td>
<td>11</td>
</tr>
<tr>
<td>Humboldt</td>
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</tr>
<tr>
<td>Imperial</td>
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# State Code - CalOMS

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<tr>
<td>Unknown State</td>
<td>Z3</td>
</tr>
<tr>
<td>Not US State</td>
<td>Z3</td>
</tr>
</tbody>
</table>
Mother’s First Name - CalOMS
Enter Mother’s first name. If the mother first name is unknown enter “Mother”.

DL(Driver’s License) – CalOMS
Enter Driver’s License and the State that issued the license.

Prop47
Any client that has been arrested

| Y=YES | N=NO |

Homeless Address - CalOMS
Enter the client’s home address with Zip Code +4. If the client is homeless, enter Homeless as the street name and enter the Zip Code +4 for the City Hall of the city where the client indicates they most often sleep (in shelter or on the street).

| City Hall +4 Zip: Codes use for Homeless Client Address |
|---------------------------------|-------------|-------------|-------------|
| Alameda                        | 94501-4477  | Newark      | 94560-3727  |
| Albany                         | 94706-2226  | Oakland     | 94612-1904  |
| Berkeley                       | 94704-1122  | Piedmont    | 94611-4031  |
| Castro Valley                  | 94546-5878  | Pleasanton  | 94566-7016  |
| Dublin                         | 94568-2658  | San Leandro | 94577-3729  |
| Emeryville                     | 94608-3517  | San Lorenzo | 94580-2453  |
| Fremont                        | 94538-1514  | Sunol       | 94586-9509  |
| Hayward                        | 94541-5007  | Union City  | 94587-4452  |
| Livermore                      | 94550-4813  |             |             |
**Significant Others**

Enter the name, relationship, telephone number, and address, of any person(s) who have an important relationship with the client. The relationships currently defined are:

<table>
<thead>
<tr>
<th>Father</th>
<th>Husband</th>
<th>Relative</th>
<th>Friend</th>
<th>Therapist</th>
<th>Prob Ofr (Probation Officer)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>Wife</td>
<td>Guardian</td>
<td>Partner</td>
<td>Physician (MD / Physician)</td>
<td>Parole Ofr (Parole Officer)</td>
</tr>
<tr>
<td>Son</td>
<td>Brother</td>
<td>Conservat (Conservator)</td>
<td>Employer</td>
<td>Board Care</td>
<td>Other</td>
</tr>
<tr>
<td>Daughter</td>
<td>Sister</td>
<td>Attorney</td>
<td>Minister</td>
<td>Psych</td>
<td></td>
</tr>
</tbody>
</table>

**Episode Opening:**

The “Z4” (Client Unable to Answer) code is only allowable for certain questions and ONLY when the client is coded in the Client Registration screen as having a Physical Disability of “Developmentally Disabled” or enrolled in a detoxification program.

The following definitions should be used in **Current Living Situation** episode data for SUD providers:
| 1 | Homeless | Individuals should be considered homeless if their primary place of residence over the past week and at the day of intake/exit could be described as a: 1) Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus-train/subway station/airport or anywhere outside); 2) Emergency shelter; 3) Persons fleeing domestic violence; 4) Eviction within 14 days from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; 5) Institution or treatment facility (for less than 90 days, on the streets or in a shelter prior to that, and he/she lacks the resources and support networks needed to obtain housing); 6) Fleeing a domestic violence situation; 7) Living in someone else’s housing without the resources to obtain other housing AND have been notified that the arrangement is short-term (less than 14 days); 8) Unaccompanied youth or families with children/youth who have moved at least twice in the past 60 days and remain unstably housed. |
| 2 | Dependent living | Individuals who are housed but are not contributing to the cost of where they are living in any way. This category could include individuals currently staying in residential or treatment programs, living with relatives, incarcerated, hospitalized, or in other situations where they are not paying for room and board. |
| 3 | Independent living | Individuals who are housed and pay rent or otherwise contribute financially to the cost of the home/apartment, e.g., own their home, rent and live alone, living with roommates, some sober living, etc. |

If you have questions about how to categorize a client’s current living situation, please contact the Housing Services Office at (510) 777-2112; E-mail: everyonehome@acbhcso.org

Referred From - CalOMS

<p>| 1 | Fed/ State Criminal Justice |
| 2 | Local/ County Criminal Justice |
| 3 | Self |
| 4 | Family/ Friend |
| 5 | Employer |
| 6 | School /College |</p>
<table>
<thead>
<tr>
<th></th>
<th>Medical: hospital/ clinic/ physician/ nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Social Services</td>
</tr>
<tr>
<td>8</td>
<td>Community Agency</td>
</tr>
<tr>
<td>9</td>
<td>Mental Health</td>
</tr>
<tr>
<td>10</td>
<td>Public Guardian</td>
</tr>
<tr>
<td>11</td>
<td>Public Health/Public Health Nursing</td>
</tr>
<tr>
<td>12</td>
<td>Residential Care Facility</td>
</tr>
<tr>
<td>13</td>
<td>Drug Residential</td>
</tr>
<tr>
<td>14</td>
<td>Drug Outpatient</td>
</tr>
<tr>
<td>15</td>
<td>Alcohol Residential/ Outpatient</td>
</tr>
<tr>
<td>16</td>
<td>Telephone Directory</td>
</tr>
<tr>
<td>17</td>
<td>Brochure/ Flyer/ Newspaper/ Newsletter</td>
</tr>
<tr>
<td>18</td>
<td>Other</td>
</tr>
<tr>
<td>19</td>
<td>12 Step Program</td>
</tr>
<tr>
<td>20</td>
<td>SACPA/ Prop36/ OTP/ Probation/ Parole</td>
</tr>
<tr>
<td>21</td>
<td>AB 109 Post Release Community/Supervision</td>
</tr>
<tr>
<td>22</td>
<td>DUI/ DWI</td>
</tr>
<tr>
<td>23</td>
<td>State Drug Partnership(DCP)Adult Felon Drug Court</td>
</tr>
<tr>
<td>24</td>
<td>Comprehensive Drug Court Implementation(CDCI)/ Dependency Drug Court</td>
</tr>
<tr>
<td>25</td>
<td>Dependency Court/Child Protective Services(CPS)</td>
</tr>
</tbody>
</table>

**Admission Status**

<table>
<thead>
<tr>
<th></th>
<th>Substance Abuser</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Substance Abuser</td>
</tr>
<tr>
<td>2</td>
<td>Spouse of Substance Abuser</td>
</tr>
<tr>
<td>3</td>
<td>Adult Child of Substance Abuser</td>
</tr>
<tr>
<td>4</td>
<td>Minor Child of Substance Abuser</td>
</tr>
<tr>
<td>5</td>
<td>Parent of Substance Abuser</td>
</tr>
<tr>
<td>6</td>
<td>Other Co-Dependent of Substance Abuser</td>
</tr>
</tbody>
</table>

**Admission Legal Status – CalOMS**

<table>
<thead>
<tr>
<th></th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>2</td>
<td>Under Parole Supervision by CDC</td>
</tr>
<tr>
<td>3</td>
<td>Under Parole from any other jurisdiction</td>
</tr>
<tr>
<td>4</td>
<td>Post Release community Service AB109 or on Parole from any federal, state or legal jurisdiction can be used with Referral Code 22</td>
</tr>
<tr>
<td>5</td>
<td>Admitted under diversion from any court</td>
</tr>
<tr>
<td>6</td>
<td>Incarcerated</td>
</tr>
<tr>
<td>7</td>
<td>Awaiting Trail</td>
</tr>
<tr>
<td>8</td>
<td>Unable to Answer</td>
</tr>
</tbody>
</table>
Admission Employment Status – CalOMS

| 01 | Full time (35 hours or more per week) | 04 | Unemployed not in the labor force (not seeking work) |
| 02 | Part time (less than 35 hours per week) | 05 | Not in the labor force (not seeking work) |
| 03 | Unemployed looking for work |

Client Homeless at Admission - CalOMS

1 = Homeless  
2 = Dependent Living  
3 = Independent Living

**If client homeless at admission=1 CalOMS Zip code must be all zeros(00000)**

CDC (California Departments of Corrections and Rehabilitation) CDCR - CalOMS

“CDC Number (Only for clients in RU’s ending in “2” BASN programs).

| 1 | No criminal justice involvement |
| 2 | Under parole supervision by California Department of Corrections and Rehabilitation (CDCR) |
| 3 | On parole from other jurisdiction |
| 4 | Post-release community supervision (AB109) or on probation from any federal, state, or local jurisdiction |
| 5 | Admitted under other diversion from any court under California Penal Code, Section 1000 |
| 6 | Incarcerated |
| Z2 | Not Applicable |
| Z4 | Client unable to answer (If this code is used type of service must be detoxification) |

Veteran – CalOMS

| Yes | Y | Z0 | Client declines to state |
| No  | N | Z4 | Client unable to answer |

Medi-Cal - CalOMS

Y= Medi-Cal Beneficiary  
N=Not a Medi-Cal Beneficiary  
Z4=Client unable to answer
## Medication Prescribe (as part of the treatment) - CalOMS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Methadone</td>
<td>5</td>
</tr>
<tr>
<td>3</td>
<td>LAAM</td>
<td>Z3</td>
</tr>
</tbody>
</table>

## Substance Problem – Primary & Secondary - CalOMS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Heroin</td>
<td>13</td>
</tr>
<tr>
<td>02</td>
<td>Alcohol</td>
<td>14</td>
</tr>
<tr>
<td>03</td>
<td>Barbiturates</td>
<td>15</td>
</tr>
<tr>
<td>04</td>
<td>Other Seeds/Hypnotics</td>
<td>16</td>
</tr>
<tr>
<td>05</td>
<td>Methamphetamines</td>
<td>17</td>
</tr>
<tr>
<td>06</td>
<td>Other Amphetamines</td>
<td>18</td>
</tr>
<tr>
<td>07</td>
<td>Other Stimulants</td>
<td>19</td>
</tr>
<tr>
<td>08</td>
<td>Cocaine/Crack</td>
<td>20</td>
</tr>
<tr>
<td>09</td>
<td>Marijuana/Hashish</td>
<td>Z1</td>
</tr>
<tr>
<td>10</td>
<td>PCP</td>
<td>Z2</td>
</tr>
<tr>
<td>11</td>
<td>Other Hallucinogens</td>
<td>Z2</td>
</tr>
<tr>
<td>12</td>
<td>Benzodiazepine</td>
<td></td>
</tr>
</tbody>
</table>

## Usual Route of Administration – Primary and Secondary - CalOMS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Oral</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Smoking</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Z3</td>
</tr>
</tbody>
</table>

## Frequency of Use in the last 30 days – Primary and Secondary – CalOMS

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-30</td>
<td>Enter the number of days</td>
<td>Z2</td>
</tr>
</tbody>
</table>
### Treatment Location Service Codes - as of 6/22/2018 - CalOMS

<table>
<thead>
<tr>
<th></th>
<th>Office</th>
<th></th>
<th></th>
<th>20</th>
<th>Telehealth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Field</td>
<td></td>
<td></td>
<td>22</td>
<td>IP PsyFacility</td>
</tr>
<tr>
<td>3</td>
<td>Phone</td>
<td></td>
<td></td>
<td>23</td>
<td>SkilledNurseFacility</td>
</tr>
<tr>
<td>4</td>
<td>Home</td>
<td></td>
<td></td>
<td>24</td>
<td>CustodialFacility</td>
</tr>
<tr>
<td>5</td>
<td>School</td>
<td></td>
<td></td>
<td>25</td>
<td>PsyFac-PartHsp</td>
</tr>
<tr>
<td>9</td>
<td>Inpatient</td>
<td></td>
<td></td>
<td>26</td>
<td>CommMHFacility</td>
</tr>
<tr>
<td>10</td>
<td>Emerg. Shelter</td>
<td></td>
<td></td>
<td>27</td>
<td>IntermedCareFacility</td>
</tr>
<tr>
<td>12</td>
<td>Primary Care</td>
<td></td>
<td></td>
<td>28</td>
<td>PublicHealthCl</td>
</tr>
<tr>
<td>19</td>
<td>Residential Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Discharge and closing:

#### Referred to - CalOMS

<table>
<thead>
<tr>
<th></th>
<th>Fed/ State Criminal Justice</th>
<th></th>
<th></th>
<th>20</th>
<th>12 Step Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Local/ County Criminal Justice</td>
<td></td>
<td></td>
<td></td>
<td>SACPA/ Prop36/ OTP/ Probation/ Parole</td>
</tr>
<tr>
<td>3</td>
<td>Self</td>
<td></td>
<td></td>
<td></td>
<td>AB 109 Post Release Community/Supervision</td>
</tr>
<tr>
<td>4</td>
<td>Family/ Friend</td>
<td></td>
<td></td>
<td></td>
<td>DUI/ DWI</td>
</tr>
<tr>
<td>5</td>
<td>Employer</td>
<td></td>
<td></td>
<td></td>
<td>State Drug Partnership(DCP)Adult Felon Drug Court</td>
</tr>
<tr>
<td>6</td>
<td>School /College</td>
<td></td>
<td></td>
<td></td>
<td>Comprehensive Drug Court Implem(CDCI)/ Dependency Drug Court</td>
</tr>
<tr>
<td>7</td>
<td>Medical: hospital/ clinic/ physician/ nurse</td>
<td></td>
<td></td>
<td></td>
<td>26</td>
</tr>
</tbody>
</table>
BHCS-QA Guidelines to meet the CalOMS requirements
Discharge Codes and Definitions

Per the CA Department of Behavioral Health Care Services (DHCS) California Outcome Measurements (CalOMS) discharge information must be collected for all service recipients regardless of the discharge status. Please refer to the ACBHCS Quality Assurance Department memo dated November 20, 2017 RE: Discharge Codes - California Outcome Measurements (CalOMS).

Alameda County Behavioral Health Care Services (BHCS) provides the following guidance on the application of types of discharge codes and criteria to ensure and support consistent determinations on discharge status for SUD clients.

OVERVIEW:

A standard discharge shall be reported when the client is available to be interviewed for the CalOMS treatment discharge either via phone or in person. The client may have:
- Completed their treatment
- Attended a single treatment service
- Made satisfactory or unsatisfactory progress in treatment and will be referred to another program.

Providers shall use Standard Discharge Codes Table A and B to select the discharge code based on the ratio of achieved goals to the client’s total goals. For Table A: 1, 2, 3, and 5; and for Table B: 4, 6, 7, and 8.

In deciding which Discharge Status Code to use, providers must consider the client’s sense of success or failure, and also evaluate the client’s progress based on a comprehensive review of the performance for all treatment plan goals associated with the episode of service. This review includes any objectives and action steps associated with the treatment plan goals. If a goal is composed of multiple objectives or action steps, the goal shall be considered "achieved" if at least 50% of the objectives and/or action steps associated with the goal were completed.
Deferred treatment plan goals are not included when considering the ratio of total treatment plan goals to the number of achieved goals.

EXAMPLE: During the course of treatment, three treatment plans were written up. Within the three treatment plans the client had a total of: 3 deferred goals; 9 active treatment goals with 18 objectives and action steps.

SCENARIO 1: Of the 9 goals the client completed 4 goals consisting of 9 objectives and action steps.

ANSWER 1: 4/9 = 44%. Use "5. Left Before Completion with Unsatisfactory Progress-- Referred" -or- "6. Left Before Completion with Unsatisfactory Progress-Not Referred"
SCENARIO 2: Of the 9 goals, the client partially completed 3 goals (achieved 50% of the six objectives associated with those 3 goals) and fully completed 6.

ANSWER 2: 9/9 = 100%. Use "1. Completed Treatment/Recovery Plan Goals- Referred" -or- "2. Completed Treatment/Recovery Plan Goals- Not Referred"

SCENARIO 3: Of the 9 goals, client has 3 incomplete goals (achieved less than 50% of the 7 objectives associated with those three goals), and 6 completed goals.

ANSWER 3: 6/9 = 66%. Use "3. Left Before Completion with Satisfactory Progress- Referred" -or-"4. Left Before Completion with Satisfactory Progress - Not Referred"

### Standard Discharge Codes - Table A

<table>
<thead>
<tr>
<th>Percent(%) of Tx Plan Goals Achieved</th>
<th>Discharge Status Code and Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100-75%</td>
<td>1. Completed Tx/Recovery Plan Goals - Referred</td>
</tr>
<tr>
<td>100-75%</td>
<td>2. Completed Treatment/Recovery Plan Goals - Not Referred</td>
</tr>
<tr>
<td>75-50%</td>
<td>3. Left Before Completion with Satisfactory Progress - Referred</td>
</tr>
<tr>
<td>&lt;50%</td>
<td>5. Left Before Completion with Unsatisfactory Progress - Referred</td>
</tr>
</tbody>
</table>

### Administrative Discharge Codes – Table B
<table>
<thead>
<tr>
<th>Proposed % of Tx Plan Goals Achieved</th>
<th>Discharge Status Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>75-50%</td>
<td>4. Left Before Completion with Satisfactory Progress - Not Referred</td>
</tr>
<tr>
<td>&lt;50%</td>
<td>6. Left Before Completion with Unsatisfactory Progress - Not Referred</td>
</tr>
<tr>
<td>Death</td>
<td>7. Death</td>
</tr>
<tr>
<td>Incarceration</td>
<td>8. Incarceration</td>
</tr>
</tbody>
</table>

**Note:** Administrative Discharge Codes CAN only be entered on the Administrative Episodes Closing Screen.

![Episode Administrative Discharge](image)

**Discharge Employment status – CalOMS**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>04</th>
<th>Unemployed not in the labor force (not seeking work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full time (35 hours or more per week)</td>
<td></td>
<td>04</td>
</tr>
<tr>
<td>02</td>
<td>Part time (less than 35 hours per week)</td>
<td>05</td>
<td>Not in the labor force (not seeking work)</td>
</tr>
<tr>
<td>03</td>
<td>Unemployed looking for work</td>
<td>05</td>
<td>Not in the labor force (not seeking work)</td>
</tr>
</tbody>
</table>
***Discharge Children in Household***

Enter the number of children living with the client at discharge

**Client Homeless at discharge – CalOMS**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Homeless</td>
<td>2</td>
<td>Dependent Living</td>
</tr>
<tr>
<td>3</td>
<td>Independent Living</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# InSyst Menu Shortcut & Commands

## Client Screens

<table>
<thead>
<tr>
<th>Screen</th>
<th>Alpha Menu Commands</th>
<th>Numeric Menu Commands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Locator</td>
<td>CLIE LO</td>
<td>17</td>
</tr>
<tr>
<td>Client Registration</td>
<td>CLIE RE</td>
<td>11</td>
</tr>
<tr>
<td>Client Management (Maintenance/Update)</td>
<td>CLIE MA</td>
<td>12</td>
</tr>
<tr>
<td>Client Address</td>
<td>CLIE AD</td>
<td>16</td>
</tr>
<tr>
<td>Client Periodic Data (MHS ONLY)</td>
<td>CLIE CSI</td>
<td>18</td>
</tr>
</tbody>
</table>

## Episode Screens

<table>
<thead>
<tr>
<th>Screen</th>
<th>Alpha Menu Commands</th>
<th>Numeric Menu Commands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episode Open</td>
<td>EP OP</td>
<td>41</td>
</tr>
<tr>
<td>Episode Close</td>
<td>EP CL</td>
<td>42</td>
</tr>
<tr>
<td>Episode Management (Maintenance/Update)</td>
<td>EP MA</td>
<td>44</td>
</tr>
</tbody>
</table>

## Service Entry Screens

<table>
<thead>
<tr>
<th>Screen</th>
<th>Alpha Menu Commands</th>
<th>Numeric Menu Commands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Single Entry</td>
<td>SER SI</td>
<td>51</td>
</tr>
<tr>
<td>Service Multiple Entry</td>
<td>SER MU</td>
<td>54</td>
</tr>
<tr>
<td>Service Management (Maintenance/Update)</td>
<td>SER MA</td>
<td>59</td>
</tr>
</tbody>
</table>

## Most Used Commands

<table>
<thead>
<tr>
<th>Command</th>
<th>Key Input</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear Field</td>
<td>Ctrl J</td>
</tr>
<tr>
<td>All Clients (Continuous Paging) Authorization (Supervisor &amp; Late Entry)</td>
<td>Num Lock (Gold) A</td>
</tr>
<tr>
<td>Insert new data (Address, CSI &amp; Utilization Control data entry screens)</td>
<td>Num Lock (Gold) I</td>
</tr>
<tr>
<td>Move Cursor forward one Field</td>
<td>TAB Key</td>
</tr>
<tr>
<td>Move Cursor backward one Field</td>
<td>F12 Key</td>
</tr>
<tr>
<td>Move Down to next Page (i.e. list of clients)</td>
<td>Num Lock (Gold) M</td>
</tr>
<tr>
<td>Move Back to last Page (i.e. list of clients or services)</td>
<td>Num Lock (Gold) B</td>
</tr>
<tr>
<td>Exit Screen (go back to last screen/menu)</td>
<td>Num Lock (Gold) E</td>
</tr>
<tr>
<td>Refresh Screen (Clear a screen without leaving the screen)</td>
<td>Num Lock (Gold) R</td>
</tr>
<tr>
<td>Save the client information and go back one screen</td>
<td>Num Lock (Gold) S</td>
</tr>
</tbody>
</table>

## Printer Commands

<table>
<thead>
<tr>
<th>Command</th>
<th>Alpha Menu Commands</th>
<th>Numeric Menu Commands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Show Printer Queue</td>
<td>UT PR SH</td>
<td>13 4 1</td>
</tr>
<tr>
<td>Printer Queue</td>
<td>UT PR ST</td>
<td>13 4 2</td>
</tr>
</tbody>
</table>