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Version 1.0 – Published February 17, 2009

Included in this manual is the following functionality which will be available on March 2, 2009.

- New Closing Functionality and required fields at closing
- New Address Update Functionality
- ICG registrations during consumer's SASS eligibility
- Special Programs require End Date
- Closing Disposition has selections of 'Other' and 'Unknown'
- Registration Start date, MH Closure Date and all Special Program End dates cannot be a Future Date

Version 1.1 – Published March 2009

The following updates will be available on March 30, 2009

Updated Registration Overview section as follows:

- Added new ICG Community special fund (ICGC)
- Added instructions for providers registering for this new ICGC fund
- Updated instructions to include ICGC fund registration during a consumers SASS eligibility period

New fields added to initial page of registration for Special Program - ICG Community

- Special Program ICG Community
- Special Program ICG Community Begin Date
- Special Program ICG Community End Date

Renamed tab 'GAF/CGAS Scores/Locus Results' to 'Functional Impairment and Assessment Scores' and added the following fields to this page:

- Columbia Scale
- Ohio Scale Problem Severity
- Ohio Scale Functioning

New field added to the Guardian Page

• Adoption Indicator

Changed Guardian Type 1 to be required if the consumer is being registered for ICG Residential or ICG Community and added option of 'SELF' to Guardian Type 1 and Guardian Type 2 fields

Version 1.2 – Published April 2009

Effective April 25, 2009

New message on Confirmation page: Reminder, Please request any required authorizations within the next 30 days

Version 1.3 – Published June 2009

Effective June 27, 2009

- New Income Documentation Source Field
- 'Unknown' radio buttons have been removed from the following fields: Household Income Client Income
 - Household Size
- Consumer Registration Confirmation Screen Layout Changes
- New Error Message "Client Income cannot be greater than Household Income"
- Clarified definitions of Household Income and Client Income as monthly dollar income
- Standardized the look of the registration screens
 - All navigation buttons are the same size
 - Consumer Registration Status screen has defined area for provider information and consumer information

Version 1.4 – Published August 2009

Effective August 29, 2009

- Two New Fields to support 2 DMH initiatives
 - Permanent Supported Housing
 - Money Follows the person
- Income Documentation Source Field is now required.

Version 1.5 – Published January 2010

Effective January 29, 2010

- New CHP Special Program three new registration fields
 - CHP indicator
 - CHP Begin Date
 - CHP End Date

Version 1.6 – Published September 2010

Effective September 19, 2010

- New fields
 - Qualifying Exception

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- First Presentation Diagnosis
- First Presentation Other Conditions
- First Presentation Medication
- Devereaux Protective Factors for infants/toddlers
- Devereaux Protective Factors for Youths
- Devereaux Behavioral Concerns
- Income Documentation Source removed
- GAF Score is being expended to 3 positions valid values for GAF: 000 100
- CGAS Score is being expended to 3 positions valid values for CGAS score: 001 – 100
- GAF/CGAS Score at closing is being expended to 3 positions valid values for CGAS score: 001 100, valid values for GAF: 000 100
- Age requirement for Functional Scale used at Closing
- Functional Scale will automatically be filled in based on consumer age on registration start date
- Axis 3 Diagnosis 1 is required for registrations and closings
- Household Size valid values changed to 01 20
- Household and Client Incomes valid values changed to 00000 99998
- Columbia Scale Score is required for consumers age 5 through 17 on registrations and closings
- Workers Ohio Problem Severity is required for consumers age 5 through 17 on registrations and closings
- Workers Ohio Functionality Scale is required for consumers age 5 through 17 on registrations and closings
- Confirmation page updated to include notice of ineligible consumer
- Eligibility Status (Target Adult, Target Child, Eligible and Ineligible) and First Presentation Status added to registration view

Version 1.7 – Published December 2011

Effective December 10, 2011

- Add field for Williams Class Consumer Indicator: Y or N
- Add new field for IMD Home Code list of valid IMD home codes are in section 1 – Registration overview
- Add new value to Residential Arrangement: 80 IMD
- Add new value to Qualifying Exceptions: 4- Williams Class Consumer
- Add new value to MH Closing Disposition: 10 Refused Transition
- Add new value to marital status to accommodate civil union: C- Civil Union

Version 1.8 – Published June 2013

Effective June 10, 2013

• New IMD Home Code Added (6010060) to list of valid IMD home codes in section 1 – Registration overview

Version 1.9 – Published June 2020

Effective June 30, 2020

• Updated questionable RIN to ILLTEST01

Registration Overview

The registration process is used to determine a consumer's eligibility and enroll them into available programs for claims reimbursement. The consumer registration data is vital to accurate reporting and decision making; it is important that information concerning the consumer is reported and updated every 6 months.

To register a consumer it is first necessary to obtain a RIN and DHS Social services (DHS SS) for the consumer. Only consumers with DHS SS on file with the Collaborative will be allowed to be registered. The process for obtaining a RIN and DHS SS is through the E-Rin system. This information will be updated in the Collaborative system within 5 business days.

In the Collaborative system Programs are labeled as Funds.

HFS Eligibility File

The Collaborative receives an eligibility file from HFS daily. This file updates the Collaborative system with a consumer's DHS SS and SASS eligibility. If a consumer had DHS SS or SASS effective before 7/1/08 this will be reflected in the system as 7/1/08. As of 7/1/09 the Collaborative system is also updated with Medicaid status. If the consumer's Medicaid was effective before 7/1/09 this will be reflected as 7/1/09.

The funds assigned are as follows:

STBO – DHS SS SASS – SASS MED – Medicaid

DHS Eligibility file – CHP eligibility

Beginning in January 2010 the Collaborative will receive a file from DHS with CHP eligible consumers. These consumers will be loaded into the Collaborative system with a fund code of ECHP. Only consumers with active DHS SS (STBO) and ECHP can be registered in the CHP fund.

CHP fund was discontinued 3/31/11

Registration Funds

The registration process has 2 categories of funds for which the consumer can be registered – Core Funds and Special Funds.

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Core Funds are:

- 131 Child/Adolescent Flex funds
- 213 Consumer Centered Recovery Support
- 350 Psychiatric Leadership
- 572 Client Transitional Subsidies
- 573 Adolescent Transition to Adult Services
- 574 Psychiatric Medications
- 860 Crisis Residential
- ABC Medicaid and non Medicaid Fee for Service

WCC – Williams Class Consumers (new Fund – implemented on 12/9/11)

Special Funds are:

121 – Juvenile Justice

- 550 CHIPS Community Hospital Inpatient Psych services
- 575 Path Grants
- 620 CILA

820 – Supported Residential

830 – Supervised Residential

ICG – Individual Care Grant (as of 4/1/09 this fund is only for ICG Residential consumers)

ICGC - Individual Care Grant Community (new fund as of 4/1/09 for ICG Community consumers)

CHP – Community Health and Prevention Program (new fund – implemented on 1/29/10 – fund is available for registrations for start date of 8/1/09 – discontinued 3/31/11)

Selecting funds

The registration process requires selection of the special funds for which the consumer should be registered.

If the CHP fund is selected then no other special fund can be selected and the consumer will only be registered in the CHP fund.

If the CHP fund is not selected then the consumer will be registered in all Core Funds and any other Special Funds selected for which the registering agency is contracted.

Consumers in SASS

If a consumer is SASS eligible then the only programs that can be registered are ICG (ICG residential), ICGC (ICG Community) and 121 (Mental Health Juvenile Justice). If the consumer is SASS eligible on the registration start date and the registration does not indicate enrollment into ICG, ICGC or 121 then the registration will be rejected with a message explaining that the consumer has SASS.

If a consumer becomes SASS eligible during the 6 month period for which a registration is already on file and the registration does not include ICG, ICGC or 121 then the registration should be closed.

If a consumer becomes SASS eligible during the 6 month period for which a registration is already on file and the registration does include ICG, ICGC or 121 then the registration can remain open as long as the agency is providing ICG, ICGC or 121 services to the consumer. Once the agency is no longer providing these services the registration should be closed.

Any claims submitted while the consumer is SASS eligible for programs other than ICG, ICGC or 121 will be rejected.

ICG Community Consumers registered in ICG before 4/1/09

The current ICG fund selection will be for ICG residential only. All ICG Community consumers who are currently registered under this ICG fund will need to have this fund end dated as of 3/31/09. To move an ICG Community consumer to the new ICGC fund the following will need to be done:

- On 3/31/09 (or after) Find the consumer by doing the Consumer Search, select view registrations. Select the CLOSE registration button and the close registration page will display. On the close registration page enter 3/31/09 in the end date field for ICG Residential and select Submit. This will close the consumer in the ICG fund.
- 2. On 4/1/09 (or after as long as step 1 is completed) Find the consumer by doing the Consumer Search, select view registrations. Select the RE-REGISTER button (If all records are CLOSED then select the Add a Registration button). On the registration page enter 4/1/09 as the registration start date, select 'Yes' for the ICG Community Indicator and enter the ICG begin date (this date is the original date the consumer entered the ICG program). Enter all other required fields on this page and continue through the registration process.

If an ICG Community consumer needs to be registered after 4/1/09 with a registration start date before 4/1/09 then the following will need to be done:

Either both number 1 and 3 will need to be done or both number 2 and 3 will need to be done.

- Find the consumer by doing the Consumer Search, then select view registrations.
- 1. If there is a current registration on file for the consumer but it does not include ICG then select the RE-REGISTER Button. On the registration page enter the registration start date, select '1' for the Residential Indicator and enter the ICG begin date (this date is the original date the consumer entered the ICG program). Enter the End Date of 3/31/09 for the ICG program. Enter all other required fields on this page and continue through the registration process.
- 2. If there is not a current registration on file for the consumer then select the Add a Registration button and enter all required registration information. Select '1' for the Residential Indicator and enter the ICG begin date (this date is the original date the consumer entered the ICG program). Enter the End Date of 3/31/09 for the ICG program. Continue through the registration process.

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3. From the confirmation page of the registration select RETURN. This will bring up the Demographics page for the consumer. Select view registrations. Select the RE-REGISTER button (If all records are CLOSED then select the Add a Registration button). On the registration page enter 4/1/09 as the registration start date, select 'Yes' for the ICG Community Indicator and enter the ICG begin date (this date is the original date the consumer entered the ICG program). Enter all other required fields on this page and continue through the registration process.

The processes above will result in the consumer being in the ICG program for ICG authorizations until 3/31/09 and in the ICGC fund effective 4/1/09 for authorizations and claims processing.

Consumers in the ICG Residential program will continue to register consumers by selecting '1' for the Residential program regardless of the start date of registration.

Message on confirmation Page

As of 4/25/09 a new message has been added to the registration confirmation page. The message is a reminder that if an authorization is required for the services being rendered to the consumer the authorization must be requested within 30 days of the registration. The authorization will be pre-populated with the following information from the registration.

- AXIS I Diagnosis Code 1
- AXIS I, Diagnosis Code 2
- AXIS I, Diagnosis Code 3
- AXIS II, Diagnosis Code 1
- AXIS II, Diagnosis Code 2
- AXIS II, Diagnosis Code 3
- AXIS III, Diagnosis Code 1
- AXIS III, Diagnosis Code 2
- AXIS III, Diagnosis Code 3
- GAF Score or CGAS Score
- LOCUS Results
 - Risk of Harm
 - o Recovery Environmental Environmental Stressors
 - Recovery Environmental Environmental Support
 - Functional Status
 - Co-morbidity
 - Recovery And Treatment History
 - Acceptance and Engagement
 - LOCUS Recommended Level of Care
 - o Assessor Recommended Level of Care
 - Composite Score

- Worker Ohio Problem Severity Scale Score
- Worker Ohio Functionality Scale

If any of the above information has changed then the consumer needs to be re-registered so the authorization will pre-populate with the current information for the consumer.

| Consumer Registration Co | nfirmation | | | | |
|--|---|---|---|---|------------------------------------|
| Registration Status: | | | ***** APPROVED ****** | ••••• | |
| Provider ID 999999 | Provider Last Name PROVIDER | Provider First Name ILL TEST | Provider Address , NORFOLK, VA 23502 | | |
| Consumer ID | Last Name CONSUMER | First Name TEST | Consumer Address 123 FIRST ST , CHICAGO, | IL 60290 | |
| Funding Source | | Description | | Eligibility Start Date (MMDDYYYY) | Eligibility End Date (MMDDYYYY) |
| 131 | | ILLINOIS-CHILD/ADOLESCENT FLEX FUNDS | | 06/01/2009 | 12/01/2009 |
| 213 | ILLIN | 015-CONSUMER CENTERED RECOVERY SUPPORT | | 06/01/2009 | 12/01/2009 |
| 350 | | ILLINOIS-PSYCHIATRIC LEADERSHIP | | 06/01/2009 | 12/01/2009 |
| 572 | 1. | INOIS-CONSUMER TRANSITIONAL SUBSIDIES | | 06/01/2009 | 12/01/2009 |
| 573 | ILLINO | IS-ADOLESCENT TRANSITION TO ADULT SERVICES | | 06/01/2009 | 12/01/2009 |
| 574 | | ILLINOIS-PSYCHIATRIC MEDICATION | | 06/01/2009 | 12/01/2009 |
| 860 | | ILLINOIS-CRISIS RESIDENTIAL | | 06/01/2009 | 12/01/2009 |
| ABC | | ILLINOIS MEDICAID FFS | | 06/01/2009 | 12/01/2009 |
| MESSAGE: REMINDER, PLEASE REP IF THE ELICIBILITY STATUS IS AP IF THE ELICIBILITY STATUS IS PE THE STATUS IS CHANGED TO APPR Return | QUEST ANY REQUIRED AUTHORIZA PROVED, THE CONSUMER HAS BEE NDED, THE CONSUMER NEEDS TO B LOVED, THE CONSUMER WILL BE AS | TIONS WITHIN THE NEXT 30 DAYS. (ENROLLED IN THE VALUEOPTIONS ELICIBILITY VERIFIED BY THE VALUEOPTIONS ELICIBILITY SIGNED A NEW, PERMANENT MEMBER ID. | Y SYSTEM AND IS ELIGIBLE FOR THE Y DEPARTMENT TO DETERMINE IF HI | EFUNDING SOURCE(S) LISTED ABOVE. E/SHE IS ALREADY ENROLLED. PLEASE | CHECK BACK IN 48 HOURS. ONCE |

CHP Registrations

If the CHP fund is selected then no other special fund can be selected and the consumer will only be registered in the CHP fund.

If the consumer is registered by your agency for any other funds that registration needs to be closed before the consumer can be registered in the CHP fund.

If the consumer is registered by your agency for the CHP fund that registration needs to be closed before the consumer can be registered for any other funds.

Eligibility Status

The eligibility status will be determined at the time of registration based on the DMH eligibility definitions for all registrations except ICG and ICGC only registrations or CHP registrations.

- TADL Target Adult
- TCHD Target Child
- ELIG Eligible
- INEL Ineligible

The weekend of 9/17/10 all active registrations will be updated with the eligibility status

- If the registration status is determined to be ineligible (INEL) then all funds for that consumer in that registration will be terminate 9/30/10.
- If the status is not INEL then the current ABC benefit package of IABC will be terminated 9/30/10. The new benefit package based on eligibility status, the Household Income, the Household size, the Qualifying Exception and the First Presentation Status will be added effective 10/1/10 through the end of the registration period. All other funds will remain active through the end of the registration period.

All registrations submitted after 9/17/10 will all be subject to the new data requirements and the eligibility status will be determined.

If the registration start date is before 10/1/10

- And the eligibility status is INEL (ineligible)
 - The ABC fund benefit package of IABC will be assigned from the registration start date through 9/30/10. All other funds being registered will be effective on the registration start date and terminated 9/30/10.
- And the eligibility status is not INEL
 - The ABC fund benefit package of IABC will be assigned from the registration start date through 9/30/10. The new benefit package based on eligibility status, the Household Income, the Household size, the Qualifying Exception and the First Presentation Status will be added effective 10/1/10 through the end of the registration period. All other funds will be effective on the registration start date through the end of the registration period.

If the registration start date is on or after 10/1/10

And the eligibility status is INEL and this is a new registration for the consumer

 The consumer will not be eligible for any funds

The confirmation page will display the registration status of ineligible.

| Consumer Registration Co | onfirmation | | | | |
|---|--|---|---|--------------------|----------------------------------|
| Registration Status: | | ***************** | INELIGIBLE | • | |
| Provider ID 999999 | Provider Last Name PROVIDER | Provider First Name ILL TEST | Provider Address , NORFOLK, VA 23502 | | |
| Consumer ID | Last Name CONSUMER3 | First Name TEST3 | Consumer Address 125 TEST DR , CHICAGO, IL 60608 | | |
| INELIGIBLE CUSTOMER | | | | 08/04/2011 | 08/04/2011 |
| This Customer is not eligible for DMH- | funded Services. | | | | |
| MESSAGE: REMINDER, PLEASE RE IF THE ELIGIBILITY STATUS IS AN | QUEST ANY REQUIRED AUTHORIZAT | IONS WITHIN THE NEXT 30 DAYS. ENROLLED IN THE VALUEOPTIONS ELIGIBILI | TY SYSTEM AND IS ELIGIBLE FOR THE FUNDING SOU | RCE(S) LISTED ABOV | /E. |
| IF THE ELIGIBILITY STATUS IS PE THE STATUS IS CHANGED TO APP | ENDED, THE CONSUMER NEEDS TO BE ROVED, THE CONSUMER WILL BE ASS | VERIFIED BY THE VALUEOPTIONS ELIGIBILI IGNED A NEW, PERMANENT MEMBER ID. | TY DEPARTMENT TO DETERMINE IF HE/SHE IS ALRE/ | ADY ENROLLED. PLEA | ASE CHECK BACK IN 48 HOURS. ONCE |
| Return | | | | | |

And the eligibility status is INEL and this is a re-registration for the consumer

 All funds for the consumer will be terminated with a termination date of
 one day before the re-registration start date (if the determination of INEL

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was due to a keying error and the consumer should be eligible then you should re-register the consumer using the same start date)

| Registration Status: | | | ····· INELIGIBLE ····· | | |
|---|---|--|--|--|------------------------------------|
| Provider ID 999999 | Provider Last Name PROVIDER | Provider First Name ILL TEST | Provider Address , NORFOLK, VA 23502 | | |
| Consumer ID | Last Name CONSUMER5 | First Name TEST5 | Consumer Address 1344 TEST DR , CHICAGO, I | L 60608 | |
| Funding Source | | Description | | Eligibility Start Date (MMDDYYYY) | Eligibility End Date (MMDDYYYY) |
| 213 | ILLINOIS | CONSUMER CENTERED RECOVERY SUPPORT | | 09/02/2010 | 10/14/2010 |
| 350 | 1 | LLINOIS-PSYCHIATRIC LEADERSHIP | | 09/02/2010 | 10/14/2010 |
| 572 | ILLING | IS-CONSUMER TRANSITIONAL SUBSIDIES | | 09/02/2010 | 10/14/2010 |
| 573 | ILLINOIS-A | DOLESCENT TRANSITION TO ADULT SERVICES | | 09/02/2010 | 10/14/2010 |
| 574 | 1 | LLINOIS-PSYCHIATRIC MEDICATION | | 09/02/2010 | 10/14/2010 |
| 860 | | ILLINOIS-CRISIS RESIDENTIAL | | 09/02/2010 | 10/14/2010 |
| ABC | ILL | INOIS MEDICAID NON-MEDICAID FFS | | 09/02/2010 | 10/14/2010 |
| MESSAGE: REMINDER, PLEA IF THE ELIGIBILITY STATUS IF THE ELIGIBILITY STATUS THE STATUS IS CHANGED TO | SE REQUEST ANY REQUIRED AUTHORIZATIO IS APPROVED, THE CONSUMER HAS BEEN EN IS PENDED, THE CONSUMER NEEDS TO BE VE APPROVED THE CONSUMER NEEDS TO BE VE | NS WITHIN THE NEXT 30 DAYS. ROLLED IN THE VALUEOPTIONS ELIGIBILI RIFIED BY THE VALUEOPTIONS ELIGIBILI NED A NEW DEPAMMENT MEMBER ID | IY SYSTEM AND IS ELIGIBLE FOR THE FU IY DEPARTMENT TO DETERMINE IF HE/S | INDING SOURCE(S) LISTED ABOVE. HE IS ALREADY ENROLLED. PLEASE | CHECK BACK IN 48 HOURS. ONCE |

- And the eligibility status is not INEL
 - For the ABC fund the new benefit package based on eligibility status, the Household Income, the Household size, the Qualifying Exception and the First Presentation Status will be assigned effective on the registration start date through the end of the registration period. All other funds will be effective on the registration start date through the end of the registration period.

ABC Fund benefit Packages

Effective 10/1/10, the benefit package for consumers will be determined based on the eligibility status, the Household Income, the Household size, the Qualifying Exception and the First Presentation Status.

For a registration, if the consumer's eligibility status is INEL then the INEL benefit package will be assigned and the consumer is not eligible for any benefits.

For a re-registration of a consumer who was previously not INEL then benefits will be terminated the day before the re-registration start date. The benefit package will remain the same.

For all registrations and re-registrations not INEL the benefit package will be assigned according to the chart below.

| Income Group | Eligibility / B | enefit Groups I ABC funds | Payable from | |
|----------------------------------|-----------------|------------------------------|--------------|--|
| income Group | 1st SMI Pres | Eligible | Target | |
| | | | | |
| Income Exception Benefit package | A1EX | AEEX | ATEX | |
| Payment Rate | 100% | 100% | 100% | |
| | | | | |

| Income < 200% FPL Benefit package | 000A | 000E | 000T |
|---|------|------|------|
| Payment Rate | 100% | 100% | 100% |
| | | | |
| Income 200% FPL -up to 250% FPL Benefit package | 200A | 200E | 200T |
| Payment Rate | 80% | 80% | 80% |
| | | | |
| Income 250% FPL -up to 300% FPL Benefit package | 250A | 250E | 250T |
| Payment Rate | 60% | 60% | 60% |
| | | | |
| Income 300% FPL - up to 350% FPL Benefit package | 300A | 300E | 300Т |
| Payment Rate | 40% | 40% | 40% |
| | | | |
| Income 350% FPL - up to 400% FPL Benefit Package | 350A | 350E | 350T |
| Payment Rate | 20% | 20% | 20% |
| | | | |
| Income 400% FPL and above Benefit Package | 400A | 400E | 400T |
| Payment Rate | 0% | 0% | 0% |

DHS Eligibility file – Williams Class Fund eligibility

Beginning in December 2011 the Collaborative will receive a file from DHS with Williams Class eligible consumers. These consumers will be loaded into the Collaborative system with a fund code of EWCC. Consumers with active DHS SS (STBO) and EWCC can be registered in the Williams Class (WCC) fund.

This list contains the valid IMD Home Codes for the Williams Consumers.

IMD Home Codes

| HOMECODE | NF_NAME | NF_ADR | NF_CITY | NF_ZIP | NF_CNTY |
|----------|-----------------------------|----------------------|----------|--------|---------|
| 6007959 | ALBANY CARE | 901 MAPLE AVENUE | EVANSTON | 60202 | СООК |
| | | 1936 WEST BELMONT | | | |
| 6000848 | BELMONT NURSING HOME | AVENUE | CHICAGO | 60657 | СООК |
| 6002018 | BRYN MAWR CARE | 5547 NORTH KENMORE | CHICAGO | 60640 | СООК |
| 6001598 | CENTRAL PLAZA RESIDENTIAL H | 321-27 NORTH CENTRAL | CHICAGO | 60644 | СООК |
| | | 2026 NORTH CLARK | | | |
| 6001846 | CLAYTON RESIDENTIAL HOME | STREET | CHICAGO | 60614 | СООК |

IMD Home Code (IMDCDE)

| 6001994 | COLUMBUS MANOR RES CARE | 5107-21 WEST JACKSON BOULEVARD | CHICAGO | 60644 | соок |
|---------|----------------------------------|-----------------------------------|--------------------|-------|----------|
| 6003776 | GRASMERE PLACE | 4621 NORTH SHERIDAN | CHICAGO | 60640 | СООК |
| 6000202 | GREENWOOD CARE | 1406 CHICAGO AVENUE | EVANSTON | 60201 | соок |
| 6005623 | LYDIA HEALTHCARE | 13901 SOUTH LYDIA | ROBBINS | 60472 | СООК |
| 6005755 | MARGARET MANOR | 1121 NORTH ORLEANS | CHICAGO | 60610 | СООК |
| 6005763 | MARGARET MANOR - NORTH BRANCH | 940 WEST CULLOM AVENUE | CHICAGO | 60613 | соок |
| 6006290 | MONROE PAV HLTH/TREATMENT CTR | 1400 WEST MONROE STREET | CHICAGO | 60607 | соок |
| 6008734 | RAINBOW BEACH CARE CENTER | 7325 SOUTH EXCHANGE STREET | CHICAGO | 60649 | соок |
| 6008320 | SACRED HEART HOME | 1550 SOUTH ALBANY | CHICAGO | 60623 | СООК |
| 6008643 | SKOKIE MEADOWS NRSG CENTER #2 | 4600 WEST GOLF ROAD | SKOKIE | 60076 | соок |
| 6009385 | THORNTON HEIGHTS TERRACE | 160 WEST 10TH STREET | CHICAGO HEIGHTS | 60411 | соок |
| 6010045 | WILSON CARE | 4544 NORTH HAZEL STREET | CHICAGO | 60640 | соок |
| 6010060 | WINCREST NURSING CENTER | 6326 NORTH WINTHROP AVENUE | CHICAGO | 60660 | соок |
| 6001069 | BOURBONNAIS TERRACE | 133 MOHAWK DRIVE | BOURBONNAIS | 60914 | KANKAKEE |
| 6004972 | KANKAKEE TERRACE | 100 BELLE AIRE | BOURBONNAIS | 60914 | KANKAKEE |
| 6000038 | ABBOTT HOUSE | 405 CENTRAL AVENUE | HIGHLAND PARK | 60035 | LAKE |
| 6000764 | BAYSIDE TERRACE | 1100 SOUTH LEWIS AVENUE | WAUKEGAN | 60085 | LAKE |
| 6009807 | LAKE PARK CENTER | 919 WASHINGTON PARK | WAUKEGAN | 60085 | LAKE |
| 6007363 | DECATUR MANOR HEALTHCARE | 1016 W. PERSHING RD. | DECATUR | 62526 | MACON |
| 6007926 | SHARON HEALTH CARE WOODS | 3223 WEST RICHWOODS BOULEVARD | PEORIA | 61604 | PEORIA |

2 ProviderConnect Consumer Registration Overview

ProviderConnect is an online system that gives providers an easy-to-use application for completing Consumer Registrations. This system will allow users to access information 24 hours per day/seven days per week.

Providers will be able to use ProviderConnect to:

- Obtain information on consumers eligibility and benefit status
- Register Consumers
- Re-Register Consumers
- Close Consumer Registrations
- Update Consumer Address

Assumptions

The assumptions are that each user has a valid Illinois Mental Health Collaborative Provider ID and password, and that each user has been set up within the ProviderConnect application.

Contact Information

Collaborative EDI Help Desk – Technical questions regarding:

- Batch Registration
- ProviderConnect questions regarding:
 - Getting sign on
 - Reporting degradation with system response time
 - o Messages/errors that need clarification
 - Navigation

Call - 1 (888) 247-9311

Email - esupportservices@valueoptions.com

Collaborative Customer Service – Any other registration questions:

Call - 1 (866)359-7953 TTY - 1(866) 880-4459

e-Rin – Call: 1 800-385-0872

DHS – Call: 1 800-843-6154



ProviderConnect is a web-based application that can be accessed from the Illinois Mental Health Collaborative web site.

Access ProviderConnect

To access ProviderConnect:

Enter the URL http://www.illinoismentalhealthcollaborative.com/index.htm in the web browser.

- 1. The ProviderConnect home page will display.
- 2. Click the **Log In** box.



Enter your User ID & Password. Click Log In.

| Home | |
|--|--|
| EDI Homepage | |
| Specific Member Search | Please Log In |
| Register Member | |
| Authorization Listing | Required fields are denoted by an asterisk (*) adjacent to the label. |
| Enter an Authorization Request | Please log in by entering your User ID and password below. |
| View Clinical Request Drafts | *User ID 999999 |
| Claim Listing and | If you do not remember your User ID, please contact our e-Support Help Line. |
| My Online Profile | *Passord |
| View Practice Profile | Furget Your Password? |
| Provider Data Sheet | LogIn |
| Compliance | |
| Handbooks | The information and resources provided through the ValueOptions site are provided for informational purposes only. Behavioral health providers utilizing the ValueOptions site ("Providers") are solely resonable for determining the appropriateness and manner of utilizing ValueOptions information and resources in providing exervises to their catents. No information or resources to resonable the Nations. The optional states revolved the top optional of utilizing ValueOptions information and resources in provided services to their catents. No information or resources to revolve the Nations. No information or resources the valueOptions in the National to resource set of the National to resources and the National to resources and the National to resources and the National to resource and the National to resource and the National to resources and the National to resource |
| Forms | ValueOptions site is intended to substitute for the professional judgment of a behavioral health professional. Providers are solely responsible for determining whether use of a resource provided |
| Network Specific | through valueuptions is consistent with their scope or licensure under applicable laws and ethical standards. |
| Information Education Center | It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences. |
| ValueSelect Designation | |
| Contact Lic | New User? |
| Contact us | Please register for access, |
| | |
| | Register |
| | For assistance with any technical problems (such as connecting to or accessing the site) please call our e-Support Help Line at 888-247-9311 during business hours Monday through Friday 8AM - 6PM ET or you can email an Applications Support Specialist at e-SupportServices@valueoptions.com |
| | |
| | |
| © 2010 ValueOptions [®] ProviderConne | ect v3.11.00 Return to ValueOptions Home. Return to Provider Home. Contact Us Privacy Statement Terms and Conditions |

5. Read the **User Agreement** Page, then click **I agree** to access ProviderConnect.

| ProviderConnect Use Agreement |
|---|
| |
| |
| Welcome to <u>www.vauespicons.com</u> , the website for vaue-options, inc. |
| Please carefully read the terms of this Agreement before you click the "1 Agree" button. If, after reading the terms you agree on behalf of yourself and your company or organization or facility to be bound by this Agreement, you must click the "1 Agree" button at the end of this screen in order to proceed |
| By clicking the "L Agree" button and accessing or using the ProviderConnect site or any of the online services available, you, on behalf of yourself and your company or organization or facility (1) represent and warrant that you have the capacity and authority to enter into this Agreement; (2) agree to be bound by the terms and conditions of this Agreement; and (3) acknowledge and agree all transactions and services conducted through ProviderConnect are and carry full legal authority as if same were transacted or conducted on paper. You will need to request a user name and password for access to certain online services available on ProviderConnect. |
| If you do not wish to be bound by the terms and conditions of this Agreement, or do not have the legal authority to enter into this Agreement, you may not proceed or use any of the transactions or services available on ProviderConnect. |
| |
| |
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| User IDs and Passwords. You agree to keep your User ID and password confidential and not to share them. You are solely responsible and liable for all actions taken using your User ID and password. If you lose or forget your User ID or |
| password, or you believe your User ID or password has been compromised, notify ValueOptions immediately so that we may deactivate them. |
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| It is recommended that you use Internet Explorer when using ProviderConnect. Other internet browsers may not be compatible and may result in formatting or other visible differences. |
| Authorized Designees. You may designate certain authorized persons or entities to perform certain online transactions or services for you in limited circumstances. To do so, you will need to complete and submit appropriate designation forms and the designated persons or entities will need to complete identified applications and agrees to the terms of this Agreement. You remain responsible and liable for the activities, transactions and services performed or accessed on your bailing by your authorized designees. |
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| Indemnification. In addition to your obligations under this Agreement and your provider agreement with ValueOptions, you agree to indemnify, defend and hold harmlass ValueOptions, its affiliates, subaidaries, licensors, officers, directors, employees and contractors against any claims, losses, damages, finas, penalties, judgments, expenses or costs (including without limitation reasonable attorneys fees and costs) arising from and/or incurred as a result of and/or related to your breach of this Agreement and/or your use or misuse of ProviderConnect and/or any online transactions or services available thereunder and/or information contained within or transmitted through ProviderConnect by your or your subcrited to agreement and/or information. |
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| |

4 Consumer Information

A user can search for and access information for a specific consumer through the **Specific Consumer Search** section of ProviderConnect.

Search Consumer

To search for a consumer:

1. Click on either the **Specific Consumer Search** link on the navigation bar or on the **Specific Consumer Search (eligibility, benefits, claims, and authorizations)** button on the **Main Menu** page.

| Home Specific Consumer Search | Welcome ILL TEST PROVIDER . Thank you f | or using ValueOptions ProviderConnect. |
|---|--|---|
| Authorization Listing Enter an Authorization Request | YOUR MESSAGE CENTER | |
| View Clinical Request Drafts | | Your Recent Inquiries box is empty |
| Claim Listing and Submission Enter a Special Program Application ED1 Homepage On Track Outcomes Reports My Online Profile My Practice Information Provider Data Sheet Compiliance Handbooks Forms Network Specific Information Education Center ValueSelect Designation Contact Us | WHAT DO YOU WANT TO DO TODAY? Eliaibility and Benefits Find a Specific Consumer Register a Lonsumer Enter on Review Authorization Requests Enter an Authorization Request Enter an Authorization Request Enter an Authorization Request Enter a Special Prooram Apolication Wew Saved Clinical Request Drafts CLINICAL SUPPORT TOOLS View NV Outcomes with On Track YOUR NEWS & ALERTS MPORTANTI VERIEY YOUR CONTACT INFORMATION! HEW TO DIRECT CLAIM SUBMISSION DOWNLOAD THE GUIDE AUTHORIZATION SUBMISSION QUIDE ValueOptions is continually striving to increase the ease in whith transactions through a secure, password-protected portal. by output to the secure of the secure | Enter or Review Claims Enter a Claim Batview a Claim View Mv Recent Provider Summary Vouchers View Mv Recent Authorization Letters View Mv Recent Authorization Letters |

The **Eligibility & Benefits Search** screen will display. To retrieve consumer information:

- 1. Enter consumer RIN # in the **Member ID** field.
- 2. Enter a date in the **Date of Birth** field. *Note: Enter information in MMDDYYYY format only.*
- 3. Enter the consumer's first and last names to further refine the search (this step is optional).
- 4. Click Search.

| Home | | | | | |
|--|----------------------|---------------------------|-------------------------------------|------------|------|
| Specific Consumer Search | | | | | |
| legister Consumer | Eligibility & Be | enefits Search | | | |
| Authorization Listing | | | | | |
| inter an Authorization lequest | Required fields are | denoted by an asteris | k (*) adjacent to the label. | | |
| View Clinical Request Drafts | Verify a patient's e | ligibility and benefits i | information by entering search crit | ria below. | |
| Claim Listing and Submission | Consumer ID | ILLTEST01 | (No spaces or dashes) | | |
| Enter a Special Program Application | Last Name | | | _ | |
| EDI Homepage | Data of Rith | 01011094 | | | |
| On Track Outcomes | Date of birth | 01011304 (| мморүүүү) | | |
| Reports | As of Date | 01122010 (| ммддүүүү) | | |
| My Online Profile | | | | | |
| My Practice Information | | Search | | | |
| rovider Data Sheet | | | | | |
| Compliance | | | | | |
| andbooks | | | | | |
| orms | | | | | |
| Vetwork Specific Information | | | | | |
| Education Center | | | | | |
| ValueSelect Designation | | | | | |
| Contact Us | | | | | |

The **Demographics page** will display the searched consumer.

| Home | Demographics Enrol | Iment History COB Benefits | Additional Information | | | |
|---|-------------------------|--|--------------------------------|------------------------------|-----------------------------|--|
| Specific Consumer Search | 2 million and a million | | | | | |
| Register Consumer | | | | | | |
| Authorization Listing | Consumer eligibility d | oes not quarantee payment. Eligibility | is as of today's date and is i | provided by our clients. | | |
| Enter an Authorization Request | | | | | | |
| View Clinical Request Drafts | Consumer? | | | Eligibility | | |
| Claim Listing and | Consumer ID | ILLTEST01 | | Effective Date | | 07/01/2008 |
| Submission | Alternate ID | | | Expiration Date | | |
| Enter a Special Program | Consumer Name | CONSUMER, TEST | | COB Effective Date? | | |
| EQ1 Userses | Date of Birth | 01/01/1984 | | View Funding Source Enrollm | ent Details | |
| Los Torilos homenage | Address | 123 FIRST ST | | | | |
| Un Track Outcomes | والمستعلم وبالمستع | CHICAGO, IL 80290 | | Subscriber | | |
| Reports | Movital Status | | | Subscriber ID | iut | TEST01 |
| My Online Profile | Hancal Status | - | | Subscriber Name | c.0 | INSUMER. TEST |
| My Practice Information | Work Phone | | | | | , |
| Provider Data Sheet | Relationship | | | | | |
| Compliance | Cander | | | | | |
| Handbooks | dender | F - Female | | | | |
| Forms | | | | | | |
| Network Specific Information | | | | | | |
| Education Center | | | | | | |
| ValueSelect Designation | View Consumer Aut | he View Consumer Claime | View Empire Claims | View GHT-BMD Claims | View Concurren Pesistratia | - |
| Contact Us | View Consumer Aut | view consumer claims | view Empire Claims | view ons/BMP Claims | view consumer Registratio | 112 |
| | Enter Auth Reques | t Enter Claim | Send Inquiry | View Clinical Request Drafts | Special Program Application | ns |
| © 2010 ValueOptions [®] ProviderConn | nect v3.11.00 | | 1 | Return to ValueOptions Home | Return to Provider Home | Contact Us Privacy Statement Terms and Condition |

5 Enrollment History

The **Enrollment History** page displays the funds the consumer has on file with the Collaborative.

The fund STBO represents DHS SS. This is the last fund shown below and shows this consumer has STBO effective 7/1/08 with no expiration date. DHS SS is very rarely terminated.

If the consumer was SASS eligible then SASS would appear under the Fund column with the associated effective and expiration dates to the right of the SASS fund.

If the consumer was CHP eligible the ECHP fund would appear under the Fund column with the associated effective and expiration dates to the right of the ECHP fund.

When a re-registration is completed for the consumer the effective date will not change but the expiration date will be extended to reflect the 6 month re-registration period.

| C | 4-11 | | | | | | | | | |
|----------|-------------------|------------------|---------|-------------------|-----------|------|--------------------|----------------|-----------------|---------|
| Subscrib | er ID Consumer ID | Consumer Name | Group # | Group Name | Account # | Fund | Benefit Package | Effective Date | Expiration Date | Date Ch |
| 4213365 | 69 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | ABC | 000E | 10/01/2010 | 02/12/2011 | 08/13/ |
| 4213369 | 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | ABC | IABC | 08/12/2010 | 09/30/2010 | 08/13/ |
| 4213369 | 69 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | 213 | 1213 | 08/12/2010 | 02/12/2011 | 08/13/ |
| 4213369 | 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | 350 | 1350 | 08/12/2010 | 02/12/2011 | 08/13/ |
| 4213369 | 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | 572 | 1572 | 08/12/2010 | 02/12/2011 | 08/13/ |
| 4213365 | 69 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | 573 | 1573 | 08/12/2010 | 02/12/2011 | 08/13/ |
| 4213365 | 69 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | 574 | 1574 | 08/12/2010 | 02/12/2011 | 08/13/ |
| 4213365 | 69 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | 860 | 1860 | 08/12/2010 | 02/12/2011 | 08/13/ |
| 4213369 | 69 421336989 | CONSUMER4, TEST4 | ILL001 | STATE OF ILLINOIS | ILL001 | STBO | STBO | 07/01/2008 | | 08/09/ |

6 Consumer Registration

The registration process allows providers to manage enrollment of consumers with Funding Sources and ensure required information is provided to maintain the consumer's eligibility.

Consumer Registration will be used for the following:

- Register a new consumer
- Register a new consumer and close at the same time (This would be used when a consumer came in for crisis services and did not continue in services)
- Register a consumer who had been previously closed

There are two paths available to register a consumer:

- Perform Specific Consumer Search
- Go directly from the Home Page to Register Consumer

The Collaborative recommends the path of performing the Specific Consumer Search to verify the consumer is on file with the Collaborative. The direct path from the Register Consumer will require all consumer demographic information to be entered before the consumer is determined to be on file or not. Going through the Consumer Search will identify the consumer is on file, the registration will pre-populate with demographic information that is on file.



- 2. Enter the Consumer ID and Date of Birth
- 3. Click Search

| Home | |
|-----------------------------------|--|
| Specific Consumer Search | |
| Register Consumer | Eligibility & Benefits Search |
| Authorization Listing | Description of the later and a base of the later of the l |
| Enter an Authorization Request | required meids are denoted by an asternsk (*) adjacent to the label. |
| View Clinical Request Drafts | Verify a patient's eligibility and benefits information by entering search criteria below. |
| Claim Listing and Submission | Consumer ID (No spaces or dashes) |
| Enter a Special Program | Last Name |
| Application | First Name |
| EDI Homepage | Date of Birth 01011984 (MMDDYYYY) |
| On Track Outcomes | As of Date 01122010 / remony vy) |
| Reports | |
| My Online Profile | |
| My Practice Information | Search |
| Provider Data Sheet | |
| Compliance | |
| Handbooks | |
| Forms | |
| Network Specific | |
| Information | |
| Education Center | |
| ValueSelect Designation | |
| Contact Us | |

The Consumer Demographics screen will display.

4. Click on View Consumer Registration button at the bottom of the page.

| Home | | | | | | |
|-----------------------------------|-------------------------------|--|---------------------------|------------------------------|------------------------------|------------|
| Specific Consumer Search | Demographics Enrollment I | History COB Benefits Addi | ional Information | | | |
| Register Consumer | | | | | | |
| Authorization Listing | | | | | | |
| Enter an Authorization Request | Consumer eligibility does not | : guarantee payment. Eligibility is as : | if today's date and is pr | ovided by our clients. | | |
| View Clinical Request | Consumer? | | | Eligibility | | |
| Olaina Liatina and | Consumer ID | ILLTEST01 | | Effective Date | | 07/01/2008 |
| Submission | Alternate ID | | | Expiration Date | | |
| Enter a Special Program | Consumer Name | CONSUMER, TEST | | COB Effective Date? | | |
| Application | Date of Birth | 01/01/1984 | | View Funding Source Enrollme | ant Details | |
| EDI Homepage | Address | 123 FIRST ST | | | | |
| on track outcomes | Altornata Addracc | CHICAGO, IL 00290 | | Subscriber | | |
| Keports | Maxital Status | | | Subscriber ID | ILLTEST01 | |
| My Online Profile | Home Phone | | | Subscriber Name | CONSUMER, TEST | |
| My Practice Information | Work Phone | | | | | |
| Provider Data Sheet | Relationship | i | | | | |
| Compliance | Gender | E - Female | | | | |
| Handbooks | | | | | | |
| Forms | | | | | | |
| Network Specific | | | | | | |
| Education Center | | | | | | |
| ValueSalact Designation | | | | | | |
| Contact Us | View Consumer Auths | View Consumer Claims | View Empire Claims | View GHI-BMP Claims | View Consumer Registrations | |
| Contact C2 | Enter Auth Request | Enter Claim | Send Inquiry | View Clinical Request Drafts | Special Program Applications | |
| | | | | | | |

If no existing registrations are found for the agency, NO RECORDS FOUND message will display at the bottom of the screen.

| Information Education Center ValueSelect Designation Contact Us | View Consumer Auths Enter Auth Request | View Consumer Claims | View Empire Claims Send Inquiry | View GHI-BMP | Claims (View Consumer Registrations uest Drafts Special Program Applications | 9 9 |
|--|--|----------------------|------------------------------------|------------------|---|-----------------|
| | Add Consumer Regist | ration | | | | |
| | Consumer Registrations | | | | | |
| | Form | Date Created | Edited By | Fund | Effective Date | Expiration Date |
| | | | 1 | IO RECORDS FOUND | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

5. Click on **Add Consumer Registration**, and follow the Register Consumer process outlined below, starting with the Demographics screen.

Starting from Home Page to Register Consumer

This is not recommended as the consumer is not identified when this path is used and will require that all consumer demographic information be entered.

1. Click **Register Consumer** link.

| Lines a | | |
|---|--|---|
| nome Specific Consumer Search | Welcome ILL TEST PROVIDER . Thank you for using | ValueOptions ProviderConnect. |
| Register Consumer | | |
| Authorization Listing | YOUR MESSAGE CENTER | |
| Enter an Authorization Request | | |
| View Clinical Request Drafts | | Your Recent Inquiries box is empty |
| Claim Listing and Submission | WHAT DO YOU WANT TO DO TODAY? | |
| Enter a Special Program Application EDI Homepage On Track Outcomes | Elicibility and Benefits Eind a Specific Consumer | <u>Enter or Review Claims</u> <u>Enter a Claim</u> |
| Reports | Register a consumer | Review a Claim Now My Recent Provider Summary Vouchers |
| My Online Profile | Enter or Review Authorization Requests | Wew HY Recent Provider Samilary Voldaters |
| My Practice Information | Enter an Authorization Request | View My Recent Authorization Letters |
| Provider Data Sheet Compliance Handbooks Forms | Entre a Special Program Application Review an Authorization View Saved Clinical Request Drafts | |
| Network Specific Information | CLINICAL SUPPORT TOOLS | |
| Education Center | <u>View My Outcomes with On Track</u> | |
| Contact Us | YOUR NEWS & ALERTS | |
| | | |
| | IMPORTANT! VERIFY YOUR CONTACT INFORMATION! | |
| | <u>NEW TO DIRECT CLAIM SUBMISSION? DOWNLOAD THE GUIDE</u> AUTHORIZATION SUBMISSION GUIDE | |
| | | |
| | ValueOptions is continually striving to increase the ease in which you can i transactions through a secure, password-protected portal. By using Provide | nteract with us by developing online communications solutions. Using ProviderConnect allows you to accomplish an array of daily arConnect, you agree to abide by all privacy. HIPAA, and other governing laws. |

2. Select the contract for which you are registering this consumer then click the applicable hyperlink.

| <u> </u> | Consumer Registration |
|----------|---|
| Ri P | lequired heids are denoted by an asterisk (*) adjacent to the label. Please select a Provider ID from the dropdown menu below, to perform your Consumer Registration transactions. |
| 1 | PROVIDER - 9999999 🗸 |
| Р | Please select the contract for which you are registering this consumer. |
| R | Register Consumer for IllINDIS MH COLLABORATIVE FOR ACCESS AND CHOICE |
| ſ | Cancel |

3. Complete the Demographics information.

| Consumer Registratio | n | | | | | | | |
|---|---|---|-------------------------|---|--|------------------------------|----------------|-------------------|
| All fields marked with an asterisk (*) Note: Disable pop-up blocker functio | are required. onalty to view all appropriate links. | | | | | | | |
| *Registration Start Date (MMDDYYY | Y) *Recipient ID ILLTEST01 |)(RIN) | Client ID | | *A | gency FEIN | Satellite Code | *Medicaid Site ID |
| Demographics | | | | | | | | |
| *Last Name *First CONSUMER TEST | t Name Middle Initial T | Suffix *Date of Birth (MMDDYY) 01011984 | YY) *Mother's Maider | n Name *Social | Security Number | *Gender Male • Female | | |
| *Primary Address 123 FIRST ST | Address Line 2 | *Chy CHICAGO | *State *ZIP IL 60290 | ZIP Suffix | Address Unknown | n Select City, State and Zip | | |
| *County SELECT | *Township/Community Area SELECT | *Willa | ams Class Consumer | ⊖Yes ⊖No | IMD Home Code SELECT | | ~ | |
| be entered to denote Unknown inc values will be assessed to determine "Household Income "Clier | value 99999 cannot come. All income e benefits. nt Income "Household | d Size "Household Compo SELECT | sition | V | Qualifying Exceptions SELECT | | × | |
| be entered to denote Unknown inc values will be assessed to determine "Household Income "Clier "Education Level SELECT | value 39393 cannot orme, Al Income s benefits. nt Income "Househok | d Size *Household Compo SELECT *Military Status SELECT | osition | *Marital Status SELECT | Qualifying Exceptions SELECT | | × | |
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All fields with an asterisk (*) are required and must be populated.

Below are field descriptions for the **Demographics Information** on the Consumer Registration Screen.

Any fields that are pre-populated can be overwritten if information has changed. For example: The consumer's address

| Field | Description | Required? | Туре |
|--------------|---|------------------|----------------|
| Registration | The begin date for this registrations 6 months registration | Y | Free form text |
| Start Date | period | | with Calendar |
| | | | button |
| | Cannot be backdated more than 90 days | | |
| | | | |
| | Cannot be a future Date | | |
| Recipient ID | The client's recipient identification number (RIN) | Y | Free form text |
| (RIN) | | | |
| | Pre-populates when registering using the Add Consumer | | |
| | Registration Button | | |
| Client ID | A unique ID number assigned by the agency to the client | Ν | Free form text |
| Agency FEIN | The agency's nine digit Federal Employer Identification | Y | Free form text |

Pre-populated fields can be edited if necessary.

| Field | Description | Required? | Type |
|----------------|--|-----------|----------------|
| 11010 | Number (FFIN) | Requireu. | Type |
| Satellite Code | The agency's Satellite Code | N | Free form text |
| Satellite Code | The agency's batchite code | 1 | |
| | Values 00-99 | | |
| Medicaid Site | DHFS assigned Medicaid site ID number where the client is | Y | Free form text |
| ID | registered | 1 | |
| | | | |
| | Non-Medicaid enrolled agencies report 000 for this field. | | |
| Last Name | The consumer's legal last name | Y | Free form text |
| | C | | |
| | Pre-populates when registering using the Add Consumer | | |
| | Registration Button | | |
| First Name | The consumer's legal first name | Y | Free form text |
| | | | |
| | Pre-populates when registering using the Add Consumer | | |
| | Registration Button | | |
| Middle Initial | Middle initial of the consumer | N | Free form text |
| | | | |
| | Pre-populates when registering using the Add Consumer | | |
| | Registration Button | | |
| Suffix | The name suffix if the consumer has one (Jr, Sr, III, etc) | N | Free form text |
| Date of Birth | The date on which the consumer was born. Must be valid | Y | Free form text |
| | date and not future date | | with Calendar |
| | | | button |
| | Pre-populates when registering using the Add Consumer | | |
| | Registration Button | | |
| Mother's | The legal maiden last name of the consumer's mother | Y | Free form text |
| Maiden Name | UNKNOWN if this name was not determined | | |
| Social | The consumer's SSN | Y | Free form text |
| Security | | | |
| Number | If SSN entered cannot be 111111111, 222222222, | | |
| | 333333333, 44444444, up to 888888888 or 123456789 or | | |
| | 987654321 | | |
| | | | |
| | Pre-populates when registering using the Add Consumer | | |
| | Registration Button | | |
| Unknown | Used if consumer's SSN is unknown | C | Radio button |
| SSN | | | |
| | If unknown SSN radio button is selected the SSN will | | |
| N. CON | default to 999999999 – consumer SSN is not known | | |
| No SSN | Used if consumer has no SSN | C | Radio button |
| | | | |
| | If no SSN radio button is selected the SSN will default to | | |
| 0 1 | 00000000 – consumer has no SSN | X | D I' 1 // |
| Gender | Gender of the consumer. | Y | Radio button |
| | E Equalo M. Mala | | |
| Duine auto | \mathbf{r} - remain \mathbf{N} - \mathbf{N} | | Free forms (|
| Primary | I ne current Street or box number of the consumer | | Free form text |
| Audress | Kaulo button for Address unknown – will default to | | |
| | | | |
| | Dro populates when registering using the Add Consumer | | |
| | Pre-populates when registering using the Add Consumer | | |
| | | | |

| Address Line Will be pre-populates when registering using the Add N Free form text 2 Consumer Registration Button C Free form text Radio button for address unknown – Will default to UNKNOWN Pre-populates when registering using the Add Consumer Registration Button C Free form text State The current State of the consumer C Free form text Radio button for address unknown – Will default to ZZ Pre-populates when registering using the Add Consumer Registration Button Free form text Radio button for address unknown – Will default to 99999 Pre-populates when registering using the Add Consumer Registration Button Free form text ZIP The current Postal zip code of the consumer C Free form text Radio button for address unknown – Will default to 99999 Pre-populates when registering using the Add Consumer Registration Button C ZIP Suffix 4 digit ZIP extension C Drop down box Address If populated, client address defaults to values identified in Unknown C Drop down box County The Illinois county code where the consumer currently lives C Drop down box Community The Community Area if the consumer resides in Chicago city Township if the consumer resides on Chicago city Area <th>Field</th> <th>Description</th> <th>Required?</th> <th>Туре</th> | Field | Description | Required ? | Туре |
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| Range: 00000 – 99998Free form textClient IncomeThe total monthly income of the consumer at the time of this registration. This should be entered as dollars only. Round to nearest dollar.YExample: 151.21 would be entered as 151 Range: 00000 – 99998Free form text | | Example: 151.21 would be entered as 151 | | |
| Client Income The total monthly income of the consumer at the time of this registration. This should be entered as dollars only. Round to nearest dollar. Y Free form text Example: 151.21 would be entered as 151 Range: 00000 – 99998 Free form text Free form text | | Range: 00000 – 99998 | | |
| Example: 151.21 would be entered as 151 Range: 00000 – 99998 | Client Income | The total monthly income of the consumer at the time of this registration. This should be entered as dollars only. Round to nearest dollar. | Ŷ | Free form text |
| Range: 00000 – 99998 | | Example: 151.21 would be entered as 151 | | |
| | | Range: 00000 – 99998 | | |

| Field | Description | Required? | Туре |
|----------------|---|-----------|----------------|
| Household | The total number of family members in the household. | Y | Free form text |
| Size | including the consumer. | _ | |
| | | | |
| | Range: 01 – 20 | | |
| Household | The consumer's household composition | Y | Drop down box |
| Composition | | | |
| | 10 -Lives alone 20 -Lives with one or more relatives 30 - | | |
| | Lives with non-related persons 99 -Unknown | | |
| Qualifying | Indicates if the consumer has a qualifying exception that | Ν | Drop down box |
| Exception | would allow registration without meeting income | | |
| | requirement | | |
| | This field is not required and if not applicable should be left | | |
| | I mis field is not required and if not applicable should be left | | |
| | Uldlik | | |
| | Valid Values: | | |
| | 1 - Consumer is age 12 up to 18 seeking services without | | |
| | parental consent or knowledge | | |
| | 2 – Consumer is member of household liable for household | | |
| | debt for medical expenses $> 7.5\%$ of annual household | | |
| | income | | |
| | 3 – Provider is unable to obtain documented/verified income | | |
| | 4- Williams Class Consumer | | |
| Education | The highest grade level completed by the consumer | Y | Drop down box |
| Level | | | |
| | 00 - Never attended school 01 - 11 - Last primary/secondary | | |
| | School diplome 31 General Equivalency Diplome (GED) | | |
| | 32 - Special Education Certificate of Completion 40 - Post- | | |
| | secondary training 41 - One year college 42 - Two years | | |
| | college 43 - Three years college 50 - College Bachelor's | | |
| | degree 60 - Post Graduate college degree 99 - Unknown | | |
| Military | The military status of the consumer | Y | Drop down box |
| Status | | | 1 |
| | 0 -Not a Veteran 1 -Veteran 2 -Currently on active duty 9 - | | |
| | Unknown | | |
| Marital Status | Marital status of the consumer | Y | Drop down box |
| | | | |
| | 1 -Never Married | | |
| | 2 -Married | | |
| | 3 - Wildowed | | |
| | 4 -Divorceu 5 Separated | | |
| | C- Civil Union | | |
| | 9 Unknown declines to specify | | |
| Employment | The current employment status of the consumer | Y | Drop down box |
| Status | The current employment status of the consumer | - | Drop down box |
| | 10 - Employed 11 - Employed full time (unsubsidized) 12 - | | |
| | Employed part time (unsubsidized) 13 -Employed, | | |
| | subsidized/supported 14 -Attending vocational/day program | | |
| | 20 -Unemployed/layoff from job 30 -Not in the Labor Force | | |
| | 90 -Other 99 -Unknown | | |
| | | | |

| Field | Description | Required? | Туре |
|-------------|---|------------------|----------------|
| Eligibility | Disability Insurance (SSDI) eligibility status for the | | |
| | consumer | | |
| | | | |
| | 0 -Not Applicable 1 -Eligible, receiving payments 2 - | | |
| | Eligible, not receiving payments 3 -Eligibility determination | | |
| | pending 4 -Potentially eligible but has not applied or status | | |
| | unknown 5 - Determined to be ineligible 9 - Eligibility status | | |
| | | X 7 | D 1 1 |
| DFI-CFI | The consumer's Donated Funds Initiative (DFI) or | Y | Drop down box |
| Enrollment | Contracted Funds Initiative (CFI) enrollment status | | |
| | \mathbf{N} -Not Applicable \mathbf{V} -Enrolled in DEI/CEI | | |
| Court/ | Status of forensic/court-ordered treatment plans at the time | V | Dron down box |
| Forensic | of registration | | Diop dowin box |
| Treatment | orregistration | | |
| Troutinoin | 00 – Not applicable 01 – Department of Corrections client 02 | | |
| | –Unable to Stand Trial 03 –Unable to Stand Trial-ET | | |
| | (Extended Term) 04 – Unable to Stand Trial-G2 05 – Not | | |
| | Guilty by Reason of Insanity 06 – Civil court-ordered | | |
| | treatment 07 – Criminal court-ordered treatment 08 – Court- | | |
| | ordered evaluation/assessment only 99 –Forensic status | | |
| | unknown | | |
| Race 1 | Race of the consumer | Y | Drop down box |
| | | | |
| | 10 - White 20 - Black/African American 30 - Asian 40 - | | |
| | American Indian/Alaskan Native 50 - Native Hawaiian or | | |
| | Other Pacific Islander 99 – Unknown | | |
| Race 2 | Race of the consumer | Y | Drop down box |
| | | | |
| | 10 - White 20 - Black/African American 30 - Asian 40 - | | |
| | American mutan/Alaskan Native 50 - Native Hawanan or Other Pacific Islander 08 Nothing to report | | |
| Pace 3 | Race of the consumer | v | Dron down boy |
| Race 5 | Race of the consumer | 1 | Drop down box |
| | 10 - White 20 - Black/African American 30 - Asian 40 - | | |
| | American Indian/Alaskan Native 50 - Native Hawaijan or | | |
| | Other Pacific Islander $98 -$ Nothing to report | | |
| Race 4 | Race of the consumer | Y | Drop down box |
| | | | T |
| | 10 - White 20 - Black/African American 30 - Asian 40 - | | |
| | American Indian/Alaskan Native 50 - Native Hawaiian or | | |
| | Other Pacific Islander 98 – Nothing to report | | |
| Citizenship | The citizenship status of the consumer | Y | Drop down box |
| | | | |
| | Y -U.S. Citizen N -Non-U.S. Citizen U -Unknown | | |
| Race 5 | Race of the consumer | Y | Drop down box |
| | | | |
| | 10 - White 20 - Black/African American 30 - Asian 40 - | | |
| | American Indian/Alaskan Native 50 - Native Hawaiian or | | |
| | Other Pacific Islander 98 – Nothing to report | X 7 | |
| Hispanic | Hispanic origin of a person of Spanish culture or origin, | Y | Drop down box |
| Origin | regardless of race | | |

| Field | Description | Poquirod? | Type |
|----------------|---|-----------|---------------|
| TICIU | 00 - Not of Hispanic origin 11 Mayican/Mayican American | Requireu: | Type |
| | 12 Duarta Dican 13 Cuban 14 Cantral American 18 | | |
| | Other Hispanic 99 – Unknown not classified | | |
| Languaga | Primary language of the consumer | v | Dron down boy |
| Language | rinnary language of the consumer | 1 | Drop down box |
| | 10 - English 20 - Spanish 30 - Other Western European 40 - | | |
| | Eastern European 41 - Bosnian 42 - Polish 43 - Russian 50 - | | |
| | Asian 51 - Arabic 52 - Chinese 53 - Indian 54 - Korean 55 - | | |
| | Vietnamese 60 - African 70 - American Sign Language 90 - | | |
| | Other 99 – Unknown | | |
| Interpreter | The type of interpreter services required by the consumer | Y | Drop down box |
| Services | | | 1 |
| Needed | 0 - Services Not Needed 1 - American Sign Language 2 - | | |
| | Foreign Language 9 - Unknown | | |
| MH | The consumer's primary residential situation while services | Y | Drop down box |
| Residential | are being provided | | |
| Arrangement | | | |
| | 10 -Homeless | | |
| | 21 -Private residence - supervised | | |
| | 22 - Private residence - unsupervised | | |
| | 31 -Other residential setting - supervised | | |
| | 32 -Other residential setting - unsupervised | | |
| | 40 -State-Operated Facility | | |
| | 50 -Jail or correctional facility/institution | | |
| | 60 -Other institutional setting | | |
| | 70 - skilled/intermediate care nursing facility | | |
| | 80 - IMD | | |
| | 90 -Other | | |
| · · | 99 - Unknown | ** | D |
| Justice | The consumer's criminal justice system involvement at the | Y | Drop down box |
| System | time of registration | | |
| Involvement | 00 Not Applicable 01 Approx 4.02 Change deside a Crime | | |
| | 00 - Not Applicable 01 - Arrested 02 - Charged with a Crime | | |
| | US - Incarcerated (Jall) U4 - Incarcerated (prison) U5 - | | |
| | Health Court 08 Other 0.0 Unknown 10 Adult Probation | | |
| | 11 - Adulte | | |
| Disaster Guest | Indicates the Disaster that brought the consumer to Illinois | N | Dron down box |
| Type | indicates the Disaster that brought the consumer to inmois | 1 | Drop down box |
| Type | HK - Hurricane Katrina HR - Hurricane Rite NI - NIU | | |
| | Incident | | |
| Disaster Guest | The Post Office abbreviation for the consumer's home state | N | Drop down box |
| State | if he/she is an Illinois guest due to a disaster | | T |
| Disaster Guest | The FIPS County Code where the consumer lived in their | N | Drop down box |
| County | state | | |
| Consumer | Consumer third party payer | Y | Radio button |
| Third Party | 1 5 1 5 | | |
| Payer | Yes or No | | |
| MH | Designates whether the consumer is enrolled in the DHS | Y | Radio button |
| Residential | funded MH CILA program. | | |
| Indicator | | | |
| | Yes or No | | |
| | | | |

- 4. Select the appropriate **Special Program Enrollment** and **MH Closing** information criteria.
- 5. Click Next.

| Special Program Enrollment | |
|--|--|
| *Juvenile Justice Yes No *Path Grant Yes No *Community Ho Impatient | sep Yes No "ICG Community Yes No "CHP Yes No |
| End Date | End Date |
| *Consumer in Residential program funded by DMH and operated by Registering Provider [Begin Date End Date Residential Level / | SELECT |
| *Permanent Supported Housing Yes No *Money Follows the Person Yes No | |
| MH CLOSING | |
| MH Closing Date MH C | Closing Disposition SELECT |
| Functional Scale Used at Closing SELECT 💟 GAF | /CGAS Score at Closing |
| Cancel Next | |

Note: Click on the *Cancel* button to cancel the registration. Any information entered on the registration will not be retained. Click on the *Next* button to go to the next page in the registration process. This will bring up the *Select Funds* page.

| Field | Field Description | Required? | Туре |
|-------------|--|------------------|-----------|
| Juvenile | Special Program Enrollment Juvenile Justice Program | Y | Radio |
| Justice | | | button |
| | To enroll the consumer in the Juvenile Justice Program select the | | |
| | Yes button and the Juvenile Justice Begin Date will be required, if | | |
| | the consumer is not being enrolled in this program then select the | | |
| | No button. | | |
| Juvenile | Juvenile Justice Begin Date | C | Free form |
| Justice | | | text with |
| Begin Date | If the Special Program Enrollment Juvenile Justice Program button | | Calendar |
| | Yes was selected then the begin date is required. The begin date is | | button |
| | the initial enrollment date into the Juvenile Justice program | | |
| Juvenile | Juvenile Justice End Date | Ν | Free form |
| Justice End | | | text with |
| Date | Enter the date the consumer was no longer receiving services | | Calendar |
| | under this program. This will terminate benefits for this consumer | | button |
| | for this program. | | |
| Path Grant | Special Program Enrollment PATH Grants | Y | Radio |
| | | | button |
| | To enroll the consumer in the PATH Grant Program select the Yes | | |
| | button and the PATH Grant Begin Date will be required, if the | | |
| | consumer is not being enrolled in this program then select the No | | |
| D.I.C. | button. | 9 | |
| Path Grant | PATH Grant Begin Date | C | Free form |
| Begin Date | If the Court of Decourt Free lines of DATH Court of the W | | text with |
| | If the Special Program Enrollment PATH Grants button Yes was | | |
| | selected then the begin date is required. The begin date is the | | button |
| | Initial enrollment date into the PATH Grant program. | N | |
| Path Grant | PATH Grant End Date | IN | Free form |

Below are field descriptions for the **Special Program Enrollment** screen.

| Field | Field Description | Required? | Туре |
|-------------|--|------------------|-----------|
| End Date | | | text with |
| | Enter the date the consumer was no longer receiving services | | Calendar |
| | under this program. This will terminate benefits for this consumer | | button |
| | for this program. | | |
| Community | Special Program Enrollment Comm Hosp Inpatient (CHIPS) | Y | Radio |
| Hosp | | | button |
| Inpatient | To enroll the consumer in the CHIPS Program select the Yes | | |
| | button and the CHIPS Begin Date will be required, if the | | |
| | consumer is not being enrolled in this program then select the No | | |
| | button. | | |
| Community | Community Hosp Inpatient Begin Date | С | Free form |
| Hosp | | | text with |
| Inpatient | If the Special Program Enrollment Comm Hosp Inpatient (CHIPS) | | Calendar |
| Begin Date | Yes button was selected then the begin date is required. The begin | | button |
| | date is the initial enrollment date into the CHIPS program. | | |
| Community | Community Hosp Inpatient End Date | Ν | Free form |
| Hosp | | | text with |
| Inpatient | Enter the date the consumer was no longer receiving services | | Calendar |
| End Date | under this program. This will terminate benefits for this consumer | | button |
| | for this program. | | |
| ICG | Special Program Enrollment ICG Community | Y | Radio |
| Community | | | button |
| Services | To enroll the consumer in the ICG Community Program select the | | |
| | Yes button and the ICG Community Begin Date will be required, | | |
| | if the consumer is not being enrolled in this program then select | | |
| | the No button. | | |
| ICG | ICG Community Services Begin Date | С | Free form |
| Community | | | text with |
| Services | If the Special Program Enrollment ICG Community Yes button | | Calendar |
| Begin Date | was selected then the begin date is required. The begin date is the | | button |
| | initial enrollment date into this program. | | |
| ICG | ICG Community End Date | Ν | Free form |
| Community | | | text with |
| Services | Enter the date the consumer was no longer receiving services | | Calendar |
| End Date | under this program. This will terminate benefits for this consumer | | button |
| | for this program. | | |
| CHP | Special Program Enrollment CHP | Y | Radio |
| | | | button |
| | To enroll the consumer in the CHP Program select the Yes button | | |
| | and the CHP Begin Date will be required, if the consumer is not | | |
| | being enrolled in this program then select the No button. | ~ | |
| CHP | CHP Begin Date | C | Free form |
| Begin Date | | | text with |
| | If the Special Program Enrollment CHP Yes button was selected | | Calendar |
| | then the begin date is required. The begin date is the initial | | button |
| am | enrollment date into this program. | | |
| CHP | CHP End Date | N | Free form |
| End Date | | | text with |
| | Enter the date the consumer was no longer receiving services | | Calendar |
| | under this program. This will terminate benefits for this consumer | | button |
| | for this program. | | |
| Consumer in | Special Program Enrollment Residential Program | Y | Drop down |
| | | 1 | 1 1 |

| Field | Field Description | Required ? | Туре |
|-------------|---|-------------------|-----------|
| program | Valid Values: | | -51 |
| funded by | 0 = Not in Residential Program | | |
| DMH and | 1 = ICG | | |
| operated by | 2 = Program 620 (CILA) | | |
| Registering | 3 = Program 820 (Supported Residential) | | |
| Provider | 4 = Program 830 (Supervised Residential) | | |
| | To enroll the consumer in a residential Program select from the drop down the appropriate residential program and the Residential Program Begin Date will be required, if the consumer is not being enrolled in a residential program then select '0' – Not in residential program. | | |
| Consumer | Consumer Residential Program Begin Date | C | Free form |
| Residential | | | text with |
| Program | If the Special Program Enrollment Residential Program Drop | | Calendar |
| Begin Date | Down is 1 - 4 then the begin date is required. The begin date is the | | button |
| | initial enrollment date into the residential program. | | |
| Consumer | Consumer Residential Program End Date | Ν | Free form |
| Residential | | | text with |
| Program | Enter the date the consumer was no longer receiving services | | Calendar |
| End Date | under this program. This will terminate benefits for this consumer | | button |
| | for this program. | | |
| Residential | Residential Level of Care consumer is in | Ν | Drop down |
| Level of | Valid Values: | | box |
| Care | | | |
| | 1 = Low intensity | | |
| | 2 = Medium intensity | | |
| | 3 = High intensity | | |
| | | | |
| D | At this time this field should be a '2' when required | *7 | |
| Permanent | Indicates the consumer is in Permanent Supported Housing | Y | Radio |
| Supported | | | button |
| Housing | Valid Values: | | |
| | Yes – Consumer is in Permanent Supported Housing | | |
| | No - Consumer is not in Permanent Supported Housing | | |
| Money | Indicates the consumer is enrolled in the DMH/HFS "Money | Y | Radio |
| follows the | Follows the Person" Initiative | 1 | button |
| Person | | | oution |
| i enson | Valid Values: | | |
| | | | |
| | Yes – Consumer is enrolled in the Money follows the Person | | |
| | initiative | | |
| | No - Consumer is not enrolled in the Money follows the Person | | |
| | initiative | | |
| MH Closing | The date that the agency terminated its commitment to provide | N | Free form |
| Date | services to the consumer | | text with |
| | | | Calendar |
| | The date entered will terminate the consumer for all programs on | | button |
| | that date and make the registration no longer available for the re- | | |
| | registration process. | | |
| | | | |
| | | | |

| Field | Field Description | Required ? | Туре |
|--|---|-------------------|-------------------|
| | Add Consumer Registration process will be need to be used. | | |
| MH Closing Disposition | The disposition of the consumer at the point he/she stops receiving services | С | Drop down box |
| | If the MH Closing date is entered then this is required. | | |
| | Select from the drop down list the reason the consumer is no longer receiving services. | | |
| | Valid Values: 01 - Deceased 02 - Completed treatment 03 - Refused treatment 04 - Transfer 05 - Moved 06 - Transfer to Long Term Care provider setting 07 - Transfer to State-Operated facility 08 - Incarcerated 10 - Refused Transition | | |
| | 90 - Other 99 - Unknown | | |
| Functional Scale used at Closing | The functional scale used at the time of the closing process If the MH Closing date is entered then this is required. | С | Drop down box |
| | Valid Values: C - CGAS G – GAF | | |
| | If the consumer is 18 or older on registration start date – 'G' must be entered | | |
| | If the consumer is under 18 on the registration start date – 'C' must be entered | | |
| GAF/CGAS Score at Closing | Current functioning scale score as assessed at the time of the closing process | С | Free form text |
| Closing | If the MH Closing date is entered then this is required. | | |
| | Valid Values: CGAS: 001 – 100 CAE: 000 – 100 | | |

Note: Required fields that have not been entered will result in an error message identifying which fields need to be populated. (Example below)

| MH Residential Arrangment is required. End Date cannot be before Registration Start Date (MMDDYYYY). |
|---|
| Consumer Registration |
| All fields marked with an asterisk (*) are required. Note: Disable pop-up blocker functionality to view all appropriate links. |
| |

The following error will only be received if the registration was entered by going directly to the Consumer Registration without going through the specific Consumer Search and

v1.8:06/13
the Add Consumer Registration option or if the information that was pre-populated from the demographic information on file was overwritten.

"If RIN is not on file the user will not be allowed to register the consumer".

| VAUED/TIONS | | | | ProviderConnect Ho | me |
|--|--|--|---------------------------------------|--------------------------------------|--------|
| This RIN is not on f B from DHS before | ile. Please verify RIN registering the con: | I with DHS. If the RIN is c sumer with the Collaborat | orrect, please reques | t Social Service Pack | age |
| onsumer Registration | | | | | |
| I fields marked with an asterick (*) a ote: Disable pop-up blocker function | e required. alty to view all appropriate link | s. | | | |
| Registration Start Date (MMDDYYYY) 12032009 | *Recipient ID(RIN) ILLTEST01 | Client ID 87654321 | *Agency FEIN 87654321 | Satelite Code *Medicaid Si 564 | ke ID |
| emographics | | | | | |
| *Last Name *First N George Cynth | ame Middle Initial | Suffix *Date of Birth (MMDDYY 01011950 | "''') *Mother's Maiden Name unkown | *Social Security Number 456666555 | *Gende |
| | | | | O Unknown O No | ⊙Fe |

The following error will only be received if the registration was entered by going directly to the Consumer Registration without going through the specific Consumer Search or if the information that was pre-populated from the demographic information on file was overwritten.

"If the Last Name, First Name & Date of Birth on file doesn't match the consumer's RIN, please verify information".

| VILLEOTIONS | ProviderConnect Ho | me |
|--|--------------------------------------|-------------------------|
| The Last Name, First Name, and Year of Birth on file for this Consumer RIN do not mainformation. | atch. Please verify | |
| Consumer Registration | | |
| til Reids marked with an attenisk (*) are required. Note: Disable pop-up blocker functionality to view all appropriate links. | | |
| *Registration Start Date (MMDDYYYY) *Recipient ID(RIH) Client ID *Agency FEIN 02032009 ILLTEST01 07654321 07654321 | Satelike Code *Medicaid Sk 564 | e ID |
| Demographics | | |
| *Last Name *First Name Middle Initial Suffix *Date of Birth (MMDDYYYY) *Mother's Maiden Name Smith Cynthia 01011950 0 unkown | *Social Security Number 456666555 | *Gender |
| | OUnknown ONo SSN | Fer |

- 6. The **Funding Source(s)** Available section will display the selected pre-populated funding source(s) according to selected programs, contract status and consumer eligibility criteria.
- 7. Click Continue

Note: The system will automatically default to the eligible funding sources.

| Consumer Registration | | | | |
|--|---------------------------------|--|--------------------------|--|
| Registration Start Date (MMDDYYYY) 07/23/2010 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 | |
| Select Funds | | | | |
| Funding Source(s) Available | | | | |
| 213 - ILLINOIS-CONSUMER CENTERED RECOM | VERY SUPPORT | | | |
| 350 - ILLINOIS-PSYCHIATRIC LEADERSHIP | | | | |
| 572 - ILLINOIS-CONSUMER TRANSITIONAL S | UBSIDIES | | | |
| 573 - ILLINOIS-ADOLESCENT TRANSITION TO | D ADULT SERVICES | | | |
| 574 - ILLINOIS-PSYCHIATRIC MEDICATION | | | | |
| 860 - ILLINOIS-CRISIS RESIDENTIAL | | | | |
| ABC - ILLINOIS MEDICAID NON-MEDICAID | FFS | | | |
| Cancel Back Next | | | | |

Note: Click on the *Cancel* button to cancel the registration. Any information entered on the registration will not be retained. Click on the *Back* button to go to the previous page in the registration process. Click *Continue* to proceed to the Funding Source(s) page.

8. The selected Funding Sources will display.

Messages that could be displayed for the funding sources:

- **Current Registration Found** This fund was already registered for that registration date.
- This Service cannot be registered for this consumer The provider agency is not contracted for that fund.

| Consumer Registration | | | |
|---|---------------------------------|--|--------------------------|
| Registration Start Date (MMDDYYYY) 07/23/2010 | Consumer Name CONSUMER, TEST | Date of Birth (JHHDD11111) 01/01/1984 | Consumer ID ILLTEST01 |
| Selected Funds | | | |
| Page control your section or tuning source for secting a server | | | |
| Funding Source(s) | | Effective Date | Expiration Date |
| 213 ILLEN015-CONSUMER CENTERED RECOVERY SUPPORT | | 07/23/2010 | 01/23/2011 |
| 350 TILLINDIS-PSYCHIATRIC LEADERSHIP | | 07/23/2010 | 01/22/3011 |
| 372 ILLINGIS-CONSUMER TRANSITIONAL SUBSIDIES | | 07/23/2010 | 01/23/2011 |
| 373 ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES | | 07/23/2010 | 01/23/2011 |
| 374 ILLINDIS-PSYCHIATRIC MEDICATION | | 07/23/2010 | 01/23/2011 |
| 809 Illinois-crisis residential | | 07/23/2010 | 01/23/2011 |
| ABC IILLINDIS HEDICAID HON-HEDICAID #F5 | | 07/23/2010 | 01/23/2011 |
| Cancel Back Continue | | | |

Note: Click on the *Cancel* button to cancel the registration. Any information entered on the registration will not be retained. Click on the *Back* button to go to the previous page in the registration process. Click *Continue* to proceed to the Diagnosis Tab.

- 9. Click Continue
- 10. Enter the **Diagnosis Code** for Axis I through Axis III.
- 11. Click Next.

| Consumer Registratio | n | | | | | | |
|---|--|---------------------------|--------------------------|-------------------------|-----------------|--|--------------------------|
| Registration Start Date (MMDDYYY 07/23/2010 | Y) Expir 01/2 | ation Date (MM 23/2011 | DDYYYY) | Consumer CONSUME | Name R, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
| Diagnosis and First Presentation Assessment | Functional Impairment and Assessment Scores | History of Illness | MH Cross Disabilities | Guardian Information | | | |
| Diagnosis | | | | | | | |
| Please indicate primary diagnosis. | | | | | | *Diagnosis Code Type SELECT V | |
| Axis I | | | | | | Axis II | |
| *Diagnosis Code 1 Description | |] | | | | *Diagnosis Code 1 Description | |
| *Diagnosis Code 2 Description | | | | | | *Diagnosis Code 2 Description | |
| *Diagnosis Code 3 Description | | | | | | *Diagnosis Code 3 Description | |
| Axis III | | | | | | | |
| *Diagnosis Code 1 SELECT | | * | | | | *Principal Diagnosis Indicator | |
| Diagnosis Code 2 SELECT | | • | | | | | |
| Diagnosis Code 3 SELECT | | * | | | | | |
| First Presentation Asso | essment | | | | | | |
| Please answer 'Yes' or 'No' to the fo | llowing conditions. | | Vac Oha | | | | |
| primary diagnosis is reported in the psychiatrist | the registration and was obtained by | | | | | | |
| *The consumer does not have a histo disorder, mental retardation or organic *The consumer has not had more that | ry or autom, pervasive development c brain disease or trauma n 16 weeks of antipsychotic | | Yes No | | | | |
| Cancel Next | | | | | | | |

Note: Click on the *Cancel* button to cancel the registration. Any information entered on the registration will not be retained. Click *Next* button to proceed to the GAF/CGAS Score Locus Results Tab.

Below are field descriptions for the **Diagnosis Page** on the Consumer Registration Screen.

| Field | Description | Required? | Туре |
|-------------|--|------------------|-------------|
| Diagnosis | The manual used for reporting diagnosis codes for Axis I and II. | Y | Drop down |
| Code Type | D -DSM-IV I -ICD-9-CM | | box |
| Axis 1 | Valid Axis 1 Diagnosis Code | Y | Hyperlink / |
| Diagnosis | | | Free form |
| Code 1 | | | text |
| Axis 1 | Axis 1 Diagnosis Code 1 Description | Ν | Hyperlink / |
| Diagnosis | | | Free form |
| Code 1 | | | text |
| Description | | | |
| Axis 1 | Valid Axis 1 Diagnosis Code | Y | Hyperlink / |
| Diagnosis | | | Free form |

| Field | Description | Required ? | Туре |
|---------------------|--|-------------------|--------------|
| Code 2 | | | text |
| Axis 1 | Axis 1 Diagnosis Code 2 Description | Ν | Hyperlink / |
| Diagnosis | | | Free form |
| Code 2 | | | text |
| Description | | | |
| Axis 1 | Valid Axis 1 Diagnosis Code | Y | Hyperlink / |
| Diagnosis | | - | Free form |
| Code 3 | | | text |
| Axis 1 | Axis 1 Diagnosis Code 3 Description | Ν | Hyperlink / |
| Diagnosis | | | Free form |
| Code 3 | | | text |
| Description | | | tent |
| Axis 2 | Valid Axis 2 Diagnosis Code | Y | Hyperlink / |
| Diagnosis | Vand AAIS 2 Diagnosis Code | 1 | Free form |
| Code 1 | | | text |
| Avis 2 | Axis 2 Diagnosis Code 1 Description | N | Hyperlink / |
| Diagnosis | Axis 2 Diagnosis Code 1 Description | 1 | Free form |
| Code 1 | | | text |
| Description | | | lext |
| Avic 2 | Valid Avis 2 Diagnosis Codo | v | Hyperlin1/ |
| AXIS Z | vanu Axis 2 Diagnosis Code | I | Free form |
| Diagnosis Code 2 | | | Free Iorm |
| Code 2 | Ania 2 Diagnosia Cada 2 Description | N | |
| AXIS Z | Axis 2 Diagnosis Code 2 Description | IN | Hyperlink / |
| Diagnosis | | | Free form |
| Code 2 | | | text |
| Description | | N/ | |
| AX1S 2 | Valid Axis 2 Diagnosis Code | Y | Hyperlink / |
| Diagnosis | | | Free form |
| Code 3 | | | text |
| Axis 2 | Axis 2 Diagnosis Code 3 Description | N | Hyperlink / |
| Diagnosis | | | Free form |
| Code 3 | | | text |
| Description | | *7 | D 1 |
| Axis 3 | Valid Medical Category | Y | Drop down |
| Diagnosis | | | box |
| Code I | | | D 1 |
| Axis 3 | Valid Medical Category | N | Drop down |
| Diagnosis | | | box |
| Code 2 | | | |
| Axis 3 | Valid Medical Category | N | Drop down |
| Diagnosis | | | box |
| Code 3 | | | |
| Principal | The consumer's principal diagnosis for the focus of treatment | Y | Drop down |
| Diagnosis | | | box |
| Indicator | A -Axis I, Diagnosis 1 B -Axis I, Diagnosis 2 C -Axis I, Diagnosis | | |
| | 3 D -Axis II, Diagnosis 1 E -Axis II, Diagnosis 2 F -Axis II, | | |
| | Diagnosis 3 | | |
| First | The First Presentation Diagnosis indicates if the consumer's | Y | Radio button |
| Presentation | primary diagnosis reported in this registration was obtained by a | | |
| Assessment | psychiatrist. | | |
| The Primary | | | |
| Diagnosis | If Yes, select the Yes button | | |
| reported in the | | | |

| Field | Description | Required ? | Туре |
|----------------|--|-------------------|--------------|
| registration | If No, select the No button | | |
| was obtained | | | |
| by a | | | |
| psychiatrist | | | |
| First | The First Presentation Other Conditions indicates if the consumer | Y | Radio button |
| Presentation | has a history of autism, pervasive developmental disorder, mental | | |
| Assessment | retardation, or organic brain disease or trauma. | | |
| The | | | |
| Consumer | If the consumer does not have a history of autism, pervasive | | |
| does not have | developmental disorder, mental retardation or organic brain | | |
| a history of | disease or trauma, select the Yes button. | | |
| autism, | | | |
| pervasive | If the consumer does have a history of autism, pervasive | | |
| developmental | developmental disorder, mental retardation or organic brain | | |
| disorder, | disease or trauma, select the No button. | | |
| mental | | | |
| retardation or | | | |
| organic brain | | | |
| disease or | | | |
| trauma | | | |
| First | The First Presentation Medication Treatment indicates if the | Y | Radio button |
| Presentation | consumer has had more than 16 weeks of antipsychotic medication | | |
| Assessment | treatment. | | |
| The consumer | | | |
| has not had | If the consumer has not had more than 16 weeks of antipsychotic | | |
| more than 16 | medication treatment, select the Yes button. | | |
| weeks of | | | |
| antipsychotic | If the consumer has had more than 16 weeks of antipsychotic | | |
| medication | medication treatment, select the No button. | | |
| treatment | | | |

12. Enter the appropriate Functional Impairment and Assessment Scores. 13. Click Next.

| gistration Start Date (MMDDYYYY) //23/2010 | Expiration Date (MMDDYYYY) 01/23/2011 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
|--|--|---------------------------------|--|--------------------------|
| agnosis and First esentation Assessment | Impairment ient Scores History MH Cross Disabilities | Guardian Information | | |
| F/CGAS Score Locus Results | i | | | |
| G - GAF | ~ | | | |
| AS SCORE | | | | |
| lf Care | | | Family Relations | |
| ELECT | | | SELECT | V |
| mmunity | | | School | |
| ELECT | * | | SELECT | * |
| cial Relations | | | | |
| ELECT | ~ | | | |
| | | | | |
| AF | | | | |
| cial Group/School | | | Supportive Social | |
| ELECT | ~ | | SELECT | ~ |
| | | | Participation and the | |
| Ipioyment FLECT | * | | SELECT | ~ |
| | | | | |
| nancial | | | Inappropriate or Dangerous Behaviour | |
| ELECT | ~ | | SELECT | ~ |
| mmunity Living | | | Previous Functional Impairment | |
| ELECT | ~ | | SELECT | ~ |
| | | | | |
| | | | | |

| Risk of harm SELECT V | Recovery - Environment Stressors SELECT V |
|---|---|
| Functional Status SELECT V | Recovery - Environment Support |
| Co-morbidity SELECT V | Recovery and Treatment History SELECT 💌 |
| | Acceptance and Engagement SELECT 💌 |
| Composite score 0 | |
| LOCUS Recommended Level of Care | Assessor Recommended Level of Care |
| SELECT | SELECT |
| ASSESSMENTS | |
| COLUMBIA IMPAIRMENT SCALE | |
| Columbia Impairment Scale Score (0-52) | |
| WORKER OHIO FUNCTIONING SCALE | |
| Worker Ohio Problem Severity Scale Score (0-100) | |
| Worker Ohio Functionality Scale (0-80) | |
| | |
| DEVERENCE SCALE | |
| DECA Subscale (For children under the age of 3) | |
| Protective Factor Scores 966 | |
| DECA Subscale (For children under the age of 3) Protective Factor Scores% DECA Subscale (For children over the age of 3, under the age of 5) | |
| DECA Subscale (For children under the age of 3) Protective Factor Scores Ptotective Factor Scor | |
| Protective Factor Scores Protective Factor Scores Protective Factor Scores Protective Factor Scores Protective Factor Scores Protective Factor Scores Protective Factor Score Score Score Score Score Score Score Score Score Sc | |

Note: Click on the *Cancel* button to cancel the registration. Any information entered on the registration will not be retained. Click on the *Back* button to go to the previous page in the registration process. Click *Next* button to proceed to the History of Illness Tab

Below are field descriptions for the **Functional Impairment** and **Assessment Scores** on the Consumer Registration Screen.

| Field | Description | Required? | Туре |
|------------|---|------------------|------------------------------------|
| Functional | The functional scale used. | Y | Automatically |
| Scale Used | Valid Values: | | selected based on consumer's |
| | C - CGAS | | age |
| | G - GAF | | - |
| | C will be automatically selected when the consumer's age is under 18 on the registration start date | | |
| | G will be automatically selected when the consumer's age is 18 or older on the registration start date | | |
| | Cannot be changed. | | |
| | Note: Scale selection will prescribe which client functioning information has been reported. If Children's Global Assessment Scale (CGAS) scale is used, the Child & Adolescent client functioning fields are required; if Global Assessment of Functioning (GAF) scale is used, the Adult client functioning fields are required. | | |
| CGAS Score | Current functioning scale score as assessed for child or adolescent | С | Free form text |

| Field | Description | Required? | Туре |
|------------------------|---|-----------|----------------|
| | If Functional Scale used is $C = CGAS$ then this is required | | |
| | | | |
| | Valid Values: | | |
| | 001 - 100 | | |
| Child and | Determination of impairment criteria for children and | С | Drop down |
| Adolescent - | adolescents | | box |
| Self Care | If Functional Scale used is $C = CGAS$ then this is required | | |
| | | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| Child and | Determination of impairment criteria for children and | С | Drop down |
| Adolescent - | adolescents | | box |
| Community | | | |
| | If Functional Scale used is $C - CGAS$ then this is required. | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| Child and | 01 – Serious Impairment has not been met | | Dron down |
| Adolescent - | adolescents | C | box |
| Social | | | |
| Relations | If Functional Scale used is C – CGAS then this is required. | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| | 01 –Serious Impairment has not been met | ~ | |
| Child and | Determination of impairment criteria for children and | C | Drop down |
| Family | adorescents | | DOX |
| Relations | If Functional Scale used is C – CGAS then this is required. | | |
| | Volid Voluce: | | |
| | 00 – Serious Impairment has been met | | |
| | 01 –Serious Impairment has not been met | | |
| Child and | Determination of impairment criteria for children and | C | Drop down |
| Adolescent - School | adorescents | | DOX |
| Senoor | If Functional Scale used is C – CGAS then this is required. | | |
| | Volid Voluce: | | |
| | 00 – Serious Impairment has been met | | |
| | 01 –Serious Impairment has not been met | | |
| GAF Score | Current functioning scale score as assessed for adult | С | Free form text |
| | If Functional Scale used is G - GAE then this is required | | |
| | n i uncuonai scare uscu is O - OAn unchi uns is required. | | |
| | Valid Values: 000 - 100 | | |
| Adult -Social | Determination of impairment criteria for adults | C | Drop down |
| Group/School | | | DOX |

| Field | Description | Required ? | Туре |
|---------------|---|-------------------|-----------|
| | If Functional Scale used is G - GAF then this is required. | | |
| | | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| | 01 –Serious Impairment has not been met | | |
| Adult - | Determination of impairment criteria for adults | C | Drop down |
| Employment | | | box |
| | If Functional Scale used is G - GAF then this is required. | | |
| | | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| A 1 1. | 01 –Serious Impairment has not been met | | |
| Adult - | Determination of impairment criteria for adults | C | Drop down |
| Financial | If Found in all Goals and in C. CAE then this is a series d | | box |
| | If Functional Scale used is G - GAF then this is required. | | |
| | Valid Values: | | |
| | Value Values. | | |
| | 00 – Serious Impairment has not been met | | |
| Adult | Determination of impairment criteria for adults | C | Dron down |
| Adult - | Determination of impairment criteria for adults | C | boy |
| L iving | If Functional Scale used is $G = GAE$ then this is required | | UUX |
| Living | in i unchonai Scale used is 6 - GAF then this is required. | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| | 01 –Serious Impairment has not been met | | |
| Adult - | Determination of impairment criteria for adults | С | Drop down |
| Supportive | | - | box |
| Social | If Functional Scale used is G - GAF then this is required. | | |
| | 1 | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| | 01 –Serious Impairment has not been met | | |
| Adult -Daily | Determination of impairment criteria for adults | С | Drop down |
| Living | | | box |
| Activity | If Functional Scale used is G - GAF then this is required. | | |
| | | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| | 01 –Serious Impairment has not been met | | |
| Adult - | Determination of impairment criteria for adults | C | Drop down |
| Inappropriate | | | box |
| or Dangerous | If Functional Scale used is G - GAF then this is required. | | |
| Behavior | | | |
| | Valid Values: | | |
| | 00 – Serious Impairment has been met | | |
| A 1 1. | 01 –Serious Impairment has not been met | | |
| Adult - | Determination of impairment criteria for adults | C | Drop down |
| Previous | | | box |
| Functional | If Functional Scale used is G - GAF then this is required. | | |
| Impairment | X7-1: 1 X7-1 | | |
| | Valid Values: | | |
| | UU –Serious impairment has been met | | |

| Field | Description | Required ? | Туре |
|--------------------------------|--|-------------------|----------------|
| | 01 – Serious Impairment has not been met | | |
| LOCUS - Risk | LOCUS - Risk of Harm score | N | Drop down |
| of Harm | Indicate score for LOCUS - Risk of Harm | | box |
| | | | 0011 |
| | Valid Values: 1-5 | | |
| Recovery- | LOCUS - Recovery-Environment-Stressor score | N | Drop down |
| Environment- | Indicate score for LOCUS - Recovery-Environment-Stressor | | box |
| Stressor | | | 0011 |
| | Valid Values: 1-5 | | |
| Recovery | LOCUS - Recovery Environment-Supports score | N | Drop down |
| Environment- | Indicate score for LOCUS - Recovery Environment-Supports | | box |
| Supports | , and the second s | | |
| FI | Valid Values: 1-5 | | |
| Functional | LOCUS - Functional Status score | N | Drop down |
| Status | Indicate score for LOCUS - Functional Status | | box |
| | | | 0011 |
| | Valid Values: 1-5 | | |
| Co-Morbidity | LOCUS - Co-Morbidity score | N | Drop down |
| | Indicate score for LOCUS - Co-Morbidity | | box |
| | | | |
| | Valid Values: 1-5 | | |
| Recovery and | LOCUS - Recovery and Treatment History score | N | Drop down |
| Treatment | Indicate score for LOCUS - Recovery and Treatment History | | box |
| History | | | |
| 5 | Valid Values: 1-5 | | |
| Acceptance | LOCUS - Acceptance and Engagement score | Ν | Drop down |
| and | Indicate score for LOCUS - Acceptance and Engagement | | box |
| Engagement | | | |
| 00 | Valid Values: 1-5 | | |
| Composite | Sum of 7 LOCUS scores | | Auto- |
| Score | | | populating |
| | The sum of 7 LOCUS scores. This is automatically calculated | | Free form text |
| | when the scores are entered on the individual LOCUS fields | | |
| Level of Care | Recommended Level of Care based on the LOCUS score | | Drop down |
| Recommended | This is automatically calculated based on the Composite Score | | box |
| - Locus | | | |
| | Values: | | |
| | | | |
| | 01 - Level I (Recovery Maintenance and Health Management | | |
| | score 7 – 13) | | |
| | 02 - Level II (Low Intensity Community Based Services score | | |
| | 14 – 16) | | |
| | 03 - Level III (High Intensity Community Based Services score | | |
| | 17 – 19) | | |
| | 04 - Level IV (Medically Monitored Non-Residential Services | | |
| | score 20 – 22) | | |
| | 05 - Level V (Medically Monitored Residential Services score | | |
| | 23 – 27) | | |
| | 06 - Level VI (Medically Managed Residential Services score | | |
| | 28 or more) | | |
| Level of Care | Assessors recommended level of care | | Drop down |
| Recommended | The Assessors recommended level of care | | box |
| Assessors- | | | |

| Field | Description | Required? | Type |
|--|--|-----------|-------------------|
| riciu | Valid Values: | Kequiteu: | Турс |
| | valid values. | | |
| | 01 - Level I (Recovery Maintenance and Health Management | | |
| | 02 - Level II (Low Intensity Community Based Services score | | |
| | 14 – 16) | | |
| | 03 - Level III (High Intensity Community Based Services score $17 - 19$) | | |
| | 04 - Level IV (Medically Monitored Non-Residential Services | | |
| | score $20 - 22$) 05 - Level V (Medically Monitored Residential Services score 23 - 27) | | |
| | 06 - Level VI (Medically Managed Residential Services score 28 or more) | | |
| Columbia | The consumer's score on the Columbia Impairment Scale | C | Free form text |
| Impairment Scale Score (0 | Valid Range: $0 - 52$ | | Thee form text |
| - 52) | | | |
| | This is required if the consumer is greater than or equal to 5 and less than or equal to 17 | | |
| Worker Ohio | The consumer's score on the Worker Ohio Problem Severity | C | Eroo form toxt |
| Problem | Scale | C | Filee Ioffil text |
| Severity Scale | State | | |
| Score (0 – | Valid Range: 0 – 100 | | |
| 100) | | | |
| | This is required if the consumer is greater than or equal to | | |
| | 5 and less than or equal to 17. | | |
| Worker Ohio | The consumer's score on the Worker Ohio Functionality Scale | С | Free form text |
| Functionality | | | |
| Scale Score (0 - 80) | Valid Range: 0 – 80 | | |
| | This is required if the consumer is greater than or equal to 5 and less than or equal to 17 | | |
| Devereaux | The Devereaux Scale Score for Protective Factors for | С | Free form text |
| Scale – DECA | Infants/toddlers. | | |
| children under | Required when the consumer's age is less than 3 (calculated | | |
| the age of 3) - Protective | age based on age as of the registration start date) | | |
| Factor Scores | Valid Values: 0 – 100 | | |
| | Must be blank if consumer is 3 or older | | |
| Devereaux Scale $-$ DFC \triangle | The Devereaux Scale Score for Protective Factors for Youths. | С | Free form text |
| Subscale (for | Required when the consumer's age is greater than or equal to 3 | | |
| children over | and less than 5 (calculated age based on age as of the | | |
| the age of 3 | registration start date) | | |
| and under the | | | |
| age of 5) - | Valid Values: 0 – 100 | | |
| Protective | | | |
| Factor Scores | Must be blank when consumer is less than 3 or greater than or | | |
| | | | |

| Field | Description | Required? | Туре |
|---------------|--|------------------|----------------|
| Devereaux | The Devereaux Scale Score for Behavioral Concerns. | С | Free form text |
| Scale – DECA | | | |
| Subscale (for | Required when the consumer's age is greater than or equal to 3 | | |
| children over | and less than 5 (calculated age based on age as of the | | |
| the age of 3 | registration start date) | | |
| and under the | Valid Values: 0 100 | | |
| age of 5) - | | | |
| Behavioral | Must be blank when consumer is less than 2 or greater then or | | |
| Concerns | actual to 5 | | |
| Scores | | | |

14. Select the applicable History of Illness radio buttons.

15. Click Next.

| Consumer Registratio | n | | | | |
|--|--|--------------------------------------|------------------------|--|-------------|
| Registration Start Date (MMDDYYY 07/23/2010 | Y) Expiration Date (MMDE 01/23/2011 | DYYYY) Consu CONS | mer Name UMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID |
| Diagnosis and First Presentation Assessment | Functional Impairment and Assessment Scores History of Illness | MH Cross Disabilities Information | | | |
| History of Illness | | | | | |
| *Continous Treatment | atment history criteria 🔘 Consumer does meet treat | tment history criteria | | | |
| *Continous Residential | atment history criteria 🔿 Consumer does meet treat | tment history criteria | | | |
| *Multiple Residential | atment history criteria 🔿 Consumer does meet treat | tment history criteria | | | |
| *Outpatient O Consumer does not meet tre | atment history criteria 🔘 Consumer does meet treat | tment history criteria | | | |
| *Previous Treatment | atment history criteria 🔿 Consumer does meet treat | tment history criteria | | | |
| *Co- Occurring Disorder | Evidence Based Practice IDDT | | | | |
| Evidence Based Practice - Support | ed Employment Evidence Based Practice Medical | ation Algorithm | | | |

Cancel Back Next

Note: Click on the *Cancel* button to cancel the registration. Any information entered on the registration will not be retained. Click on the *Back* button to go to the previous page in the registration process. Click *Next* button to proceed to the MH Cross Disabilities Tab.

Below are field descriptions for the **History of Illness** on the Consumer Registration Screen.

| Field | Description | Required ? | Туре |
|-------------|--|-------------------|--------|
| History of | Continuous treatment of six months or more in one or a | Y | Radio |
| Illness - | combination of the following treatment modalities: inpatient | | button |
| Continuous | treatment; day treatment; partial hospitalization | | |
| Treatment | | | |
| | Select the appropriate radio button | | |
| | client does not meet treatment history criteria (This will be stored | | |
| | as 00) | | |
| | | | |
| | client meets treatment history criteria (This will be stored as 01) | | |
| History of | Six months continuous residence in a residential treatment | Y | Radio |
| Illness - | program | | button |
| Continuous | | | |
| Residential | Select the appropriate radio button | | |
| | client does not meet treatment history criteria (This will be stored | | |
| | as 00) | | |
| | | | |
| III at a m | client meets treatment history criteria (This will be stored as 01) | V | Della |
| History of | Two or more admissions to inpatient treatment, day treatment, | Y | Radio |
| Multiple | month period | | button |
| Residential | month period | | |
| | Select the appropriate radio button | | |
| | | | |
| | client does not meet treatment history criteria (This will be stored | | |
| | as 00) | | |
| | client meets treatment history criteria (This will be stored as 01) | | |
| History of | History of using the following outpatient services over a one year | Y | Radio |
| Illness - | period, whether continuously or intermittently: psychotropic | | button |
| Outpatient | medication: outreach and engagement services, including SASS | | |
| _ | and intensive community-based services | | |
| | Select the appropriate radio button | | |
| | | | |
| | client does not meet treatment history criteria (This will be stored | | |
| | as 00) | | |
| | client meets treatment history criteria (This will be stored as 01) | | |
| History of | Previous treatment in an outpatient modality and a history of at | Y | Radio |
| Illness - | least one mental health psychiatric hospitalization | - | button |
| Previous | | | |
| Treatment | Select the appropriate radio button | | |
| | client does not meet treatment history criteria (This will be stored | | |
| | as 00) | | |
| | | | |
| | client meets treatment history criteria (This will be stored as 01) | | |
| Co- | Indicates if the consumer has been screened for co-occurring | Y | Radio |
| Occurring | mental mness/ substance abuse disorders | | outton |

| Tald | Description | De guine d? | True |
|------------|--|-------------|--------|
| Field | Description | Kequirea: | туре |
| Disorder | Select Ves if the consumer has been screened for co-occurring | | |
| | disorder | | |
| | Select No if the consumer has not been screened for co-occurring disorder | | |
| Evidence | Select Yes if evidence based practice was used | Ν | Radio |
| Based | | | button |
| Practice - | Select No if evidence based practice was not used | | |
| IDDT | | | |
| Evidence | Select Yes if evidence based practice was used | Ν | Radio |
| Based | | | button |
| Practice – | Select No if evidence based practice was not used | | |
| Supported | | | |
| Employment | | | |
| Evidence | Select Yes if evidence based practice was used | Ν | Radio |
| Based | | | button |
| Practice – | Select No if evidence based practice was not used | | |
| Medication | | | |
| Algorithm | | | |

16. Choose the appropriate MH Cross Disabilities in the drop-down box.17. Click Next.

| Consumer Registratio | n | | | | | |
|--|--|------------------------------------|---------------------------------|--|-------------|---|
| Registration Start Date (MMDDYY) 07/23/2010 | Y) Exp 01/ | ration Date (MMDDYYYY) 23/2011 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID | |
| Diagnosis and First Presentation Assessment | Functional Impairment and Assessment Scores | History of Illness Disabilities | Guardian Information | | | |
| MH Cross Disabilitie | 5 | | | | | |
| *Form Completion Date | | | | *Primary Care Giver Age | | |
| *Type of Service Needed 1 | SELECT | | • | *Type of Services Sought 1 | SELECT | ~ |
| Type of Service Needed 2 | SELECT | | ~ | Type of Services Sought 2 | SELECT | ~ |
| Type of Service Needed 3 | SELECT | | ~ | Type of Services Sought 3 | SELECT | ~ |
| Type of Service Needed Other | | | | Type of Services Sought Other | | |
| Cancel Back | Next | | | | | |

Note: Click on the *Cancel* button to cancel the registration. Any information entered on the registration will not be retained. Click on the *Back* button to go to the previous page in the registration process. Click *Next* button to proceed to the Guardian Information Tab.

Below are field descriptions for the **MH Cross Disabilities** on the Consumer Registration Screen. All fields will be pre-populated on re-registration.

| Field | Description | | Required? | Туре |
|-------|-------------|----|-----------|------|
| v1.8: | 06/13 | 49 | | |

| Field | Description | Required? | Туре |
|--------------|--|------------------|----------------|
| Form | The date on which the MH cross disabilities database information | Y | Free form text |
| Completion | was completed | | with Calendar |
| Date | | | button |
| | Enter date or select date from the calendar option | | |
| Primary Care | The age of the primary care giver | Y | Free form text |
| Giver Age | | | |
| | Valid Values: | | |
| | 18-98 | | |
| | 00 - Not Applicable | | |
| | 99 - Unknown | | |
| Type of | The type of services needed by the client as determined by the | Y | Drop down box |
| Services | assessment staff | | |
| Needed 1 | | | |
| | Select one of the Valid Values: | | |
| | 01 - Residential/Living Arrangements | | |
| | 02 - Vocational Rehabilitation | | |
| | 03 - Transportation | | |
| | 04 - Medical | | |
| | 05 - Substance Abuse Treatment | | |
| | 06 - MH Case Management | | |
| | 07 - Hospitalization | | |
| | 90 - Other | | |
| Tours | 99 - Unknown | N | Day 1 |
| Type of | The type of services needed by the client as determined by the | N | Drop down box |
| services | assessment staff. | | |
| Ineeded 2 | If there are additional convices needed as determined by the | | |
| | If there are additional services needed as determined by the | | |
| | assessment start select one of the values. | | |
| | 01 - Residential/Living Arrangements 02 Vecational Databilitation | | |
| | 02 - Vocational Renadmitation | | |
| | 03 - Transportation | | |
| | 05 Substance Abuse Treatment | | |
| | 05 - Substance Abuse Treatment | | |
| | 07 Hospitalization | | |
| | 90 = 0 ther | | |
| | 90 - Unknown | | |
| Type of | The type of services needed by the client as determined by the | N | Dron down box |
| Services | assessment staff | 1 | Drop down box |
| Needed 3 | | | |
| Tielded 5 | If there are additional services needed as determined by the | | |
| | assessment staff select one of the valid values: | | |
| | 01 - Residential/Living Arrangements | | |
| | 02 - Vocational Rehabilitation | | |
| | 03 - Transportation | | |
| | 04 - Medical | | |
| | 05 - Substance Abuse Treatment | | |
| | 06 - MH Case Management | | |
| | 07 - Hospitalization | | |
| | 90 – Other | | |
| | 99 - Unknown | | |
| Type of | Describes the type of services when Other (90) is selected for | С | Free form text |
| ~ 1 | | | |

| Field | Description | Required ? | Type |
|--------------|--|-------------------|----------------|
| Needed | | | -JP* |
| Other | If $90 - O$ ther was selected for the Type of Services needed 1 2 or | | |
| Description | 3 then this is required. | | |
| 2 comption | | | |
| | Free form field that should describe the other service that is | | |
| | needed as determined by the assessment staff | | |
| Type of | The type of services sought by the consumer as determined by the | Y | Drop down box |
| Services | consumer | - | Drop do un com |
| Sought 1 | | | |
| 2008101 | Select one of the Valid Values: | | |
| | 01 - Residential/Living Arrangements | | |
| | 02 - Vocational Rehabilitation | | |
| | 03 - Transportation | | |
| | 04 - Medical | | |
| | 05 - Substance Abuse Treatment | | |
| | 06 - MH Case Management | | |
| | 07 - Hospitalization | | |
| | 90 - Other | | |
| | 99 - Unknown | | |
| Type of | The type of services sought by the consumer as determined by the | Ν | Drop down box |
| Services | consumer | | F |
| Sought 2 | | | |
| ~~~~~ | If there are additional services sought by the consumer select one | | |
| | of the valid values: | | |
| | 01 - Residential/Living Arrangements | | |
| | 02 - Vocational Rehabilitation | | |
| | 03 - Transportation | | |
| | 04 - Medical | | |
| | 05 - Substance Abuse Treatment | | |
| | 06 - MH Case Management | | |
| | 07 - Hospitalization | | |
| | 90 – Other | | |
| | 99 - Unknown | | |
| Type of | The type of services sought by the client as determined by the | Ν | Drop down box |
| Services | consumer | | • |
| Sought 3 | | | |
| C | If there are additional services sought by the consumer select one | | |
| | of the valid values: | | |
| | 01 - Residential/Living Arrangements | | |
| | 02 - Vocational Rehabilitation | | |
| | 03 - Transportation | | |
| | 04 - Medical | | |
| | 05 - Substance Abuse Treatment | | |
| | 06 - MH Case Management | | |
| | 07 - Hospitalization | | |
| | 90 – Other | | |
| | 99 - Unknown | | |
| Type of | Describes the type of services when Other (90) is selected for | N | Free form text |
| Services | Type of Services Sought | | |
| Sought Other | | | |
| Description | If 90 – Other was selected for the Type of Services sought 1, 2 or | | |
| | 3 then this is required. | | |
| | | | |

| Description | | | Req | uneu: Typ |
|--|---|---------------------------------|--|--------------------------|
| Free form field as determined | I that should describe the by the assessment staff | other service t | hat is sought | |
| Enter the app 19. Click Next. | olicable Guardian Info | ormation. | | |
| Consumer Registration | | | | |
| Registration Start Date (MMDDYYYY) 07/23/2010 | Expiration Date (MMDDYYYY) 01/23/2011 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
| Diagnosis and First Functi Presentation Assessment and As | onal Impairment History MH Cross sessment Scores of Illness Disabilities | Guardian Information | | |
| Guardian Information | | | | |
| Adoption Indicator Yes 🔿 No | | | | |
| Guardian Type SELECT | Last Name First Name | MI | | |
| Address | | | | |
| City State Zi | p Code Zip Suffix | | | |
| Appointment Date | | | Termination Date | |
| Guardian Type SELECT | Last Name First Name | MI | | |
| Address | | | | |
| City State Zi | p Code Zip Suffix | | | |
| Appointment Date | | | Termination Date | |

Note: Click on the *Cancel* button to cancel the registration. Any information entered on the registration will not be retained. Click on the *Back* button to go to the previous page in the registration process. Click *Next* button to proceed to the Consumer Registration Confirmation screen.

Below are field descriptions for the **Guardian Information** on the Consumer Registration Screen.

| Field | Description | Required? | Туре |
|------------|---|------------------|-----------|
| Adoption | Indicates if the consumer was adopted. | | Radio |
| Indicator | | | Button |
| | Yes or No | | |
| Guardian 1 | Describes the relationship of the guardian or responsible person to | С | Drop down |
| Туре | the consumer | | box |
| | 02 - Parent of minor child 0-17, 05 - Plenary of Person, 07 – Self | | |
| | | | |
| | Required if consumer is being registered for ICG Residential or | | |
| | ICG Community | | |
| Guardian 1 | The last name of the guardian or responsible person | С | Free form |
| Last Name | | | text |
| | Required if Guardian 1 Type is 02, 05 or 07 | | |
| Guardian 1 | The first name of the guardian or responsible person | С | Free form |
| First Name | | | text |
| | Required if Guardian 1 Type is 02, 05 or 07 | | |

| Field | Description | Required? | Type |
|-------------|--|-----------|------------|
| Guardian 1 | Middle initial of the guardian or responsible person | N | Free form |
| Middle | and an and a set of the product of t | | text |
| Guardian 1 | Street or box number of the guardian or responsible person | С | Free form |
| Address | Paguirad if Guardian 1 Type is 02, 05 or 07 | | text |
| Guardian 1 | City of the guardian or responsible person | C | Ence form |
| City | City of the guardian of responsible person | C | text |
| Guardian 1 | Post Office abbreviation for State of the guardian or responsible | С | Free form |
| State | person | | text |
| | Required if Guardian 1 Type is 02, 05 or 07 | | |
| Guardian 1 | Postal zip code of the guardian or responsible person | С | Free form |
| Zip Code | Desuined if Cuardian 1 Turns is 02, 05 an 07 | | text |
| Guardian 1 | The last four positions of the zin code of the guardian or | N | Eree form |
| Zin Code | responsible person | IN | text |
| Suffix | | | ic At |
| Guardian 1 | The date of appointment as guardian by the court for Guardian | С | Free form |
| Appointment | Type 05 | | text with |
| Date | | | Calendar |
| | | | button |
| Guardian 1 | The date the guardian terminated the relationship with the | Ν | Free form |
| Termination | consumer | | text with |
| Date | | | Calendar |
| | | | button |
| Guardian 2 | Describes the relationship of the guardian to the client. Note: | С | Drop down |
| Туре | Guardian 2 02 Depart of minor shild 0, 17, 05 Disnowy of Derson 07 Salf | | box |
| Guardian 2 | The last name of the guardian or responsible person | C | Free form |
| Last Name | The last hume of the guardian of responsible person | C | text |
| | Required if Guardian 2 Type is 02, 05 or 07 | | toAt |
| Guardian 2 | The first name of the guardian or responsible person | С | Free form |
| First Name | | | text |
| | Required if Guardian 2 Type is 02, 05 or 07 | | D |
| Guardian 2 | Middle initial of the guardian or responsible person | N | Free form |
| Initial | | | text |
| Guardian 2 | Street or box number of the guardian or responsible person | С | Free form |
| Address | | | text |
| | Required if Guardian 2 Type is 02, 05 or 07 | | |
| Guardian 2 | City of the guardian or responsible person | С | Free form |
| City | | | text |
| Cuardian 2 | Required if Guardian 2 Type is 02, 05 or 07 | C | Ence forme |
| Guardian 2 | Post Office appreviation for State of the guardian or responsible | C | Free form |
| State | person | | lext |
| | Required if Guardian 2 Type is 02, 05 or 07 | | |
| Guardian 2 | Postal zip code of the guardian or responsible person | С | Free form |
| Zip Code | | | text |
| | Required if Guardian 2 Type is 02, 05 or 07 | | |

| Field | Description | Required ? | Туре |
|-----------------------------------|---|-------------------|--|
| Guardian 2 Zin Code | The last four positions of the zip code of the guardian or | Ν | Free form |
| Suffix | Tesponsible person | | text |
| Guardian 2 Appointment Date | The date of appointment as guardian by the court for Guardian Type 05 | С | Free form text with Calendar button |
| Guardian 2 Termination Date | The date the guardian terminated the relationship with the consumer | N | Free form text with Calendar button |

The Consumer Registration Confirmation screen will display. (Status: Approved)

| Registration Status: | | ***************** | APPROVED ********* | | |
|---|--|--|---|---|------------------------------------|
| ovider ID 99999 | Provider Last Name PROVIDER | Provider First Name ILL TEST | Provider Address , NORFOLK, VA 23502 | | |
| onsumer ID ITESTO1 | Last Name CONSUMER | First Name TEST | Consumer Address 123 FIRST ST , CHICAGO, 1 | (L 60290 | |
| Funding Source | | Description | | Eligibility Start Date (MMDDYYYY) | Eligibility End Date (MMDDYYYY) |
| 213 | ILLINOIS | -CONSUMER CENTERED RECOVERY SUPPORT | 07/23/2010 | 01/23/2011 | |
| 350 | | ILLINOIS-PSYCHIATRIC LEADERSHIP | 07/23/2010 | 01/23/2011 | |
| 572 | ILLIN | DIS-CONSUMER TRANSITIONAL SUBSIDIES | 07/23/2010 | 01/23/2011 | |
| 573 | ILLINOIS- | ADOLESCENT TRANSITION TO ADULT SERVICES | 07/23/2010 | 01/23/2011 | |
| 574 | | ILLINOIS-PSYCHIATRIC MEDICATION | | 07/23/2010 | 01/23/2011 |
| 860 | | ILLINOIS-CRISIS RESIDENTIAL | 07/23/2010 | 01/23/2011 | |
| ABC | IL | LINOIS MEDICAID NON-MEDICAID FFS | | 07/23/2010 | 01/23/2011 |
| SSAGE: REMINDER, PLEASE REQ THE ELIGIBILITY STATUS IS APF THE ELIGIBILITY STATUS IS PEN E STATUS IS CHANGED TO APPRO | UEST ANY REQUIRED AUTHORIZATIC ROVED, THE CONSUMER HAS BEEN E IDED, THE CONSUMER NEEDS TO BE V DVED, THE CONSUMER WILL BE ASSIG | DNS WITHIN THE NEXT 30 DAYS. NROLLED IN THE VALUEOPTIONS ELIGIBIL ERIFIED BY THE VALUEOPTIONS ELIGIBIL INED A NEW, PERMANENT MEMBER ID. | ITY SYSTEM AND IS ELIGIBLE FOR THE F ITY DEPARTMENT TO DETERMINE IF HE/: | UNDING SOURCE(S) LISTED ABOVE. SHE IS ALREADY ENROLLED. PLEASE | CHECK BACK IN 48 HOURS. OI |

Select Return button to go back to the consumer demographics page

Consumer Re-Registration

Consumer Re-Registration will be used for the following:

- Re-register a consumer and update key fields to extend coverage every 6 months
- Re-register a consumer, update key fields and close at the same time (This would be used if the previous registration on file for the consumer was past the 6 months and at the time of re-registering the consumer was no longer receiving services)
- Re-register a consumer, update key fields and end date a special program (This would be used when a special program is being closed and the consumer needed to be re-registered for other funds)
- Demographics Enrollment History COB Benefits Additional Information ecific Consumer Search Register Consumer Authorization Listing Consumer eligibility does not guarantee payment. Eligibility is as of today's date and is provided by our client: Enter an Authorization Request View Clinical Request Drafts Consumer? Eligibility ILLTEST01 Effective Date 07/01/2008 Consumer ID Claim Listing and Submission Alternate ID Expiration Date Enter a Special Program Application Consumer Name CONSUMER, TEST COB Effective Date? View Funding Source Enrollment Details Date of Birth 01/01/1984 EDI Homepa Address 123 CHANGE ADDRESS CHICAGO, IL 60290 On Track Outcomes Subscriber Alternate Address Subscriber ID ILLTEST01 My Online Profile Marital Status Subscriber Name CONSUMER, TEST Home Phone My Practice Information Work Phone Provider Data Sheet Relationship Compliance Gender F - Female Handbooks Forms Network Specific Information Education Center ValueSelect Designation View Consumer Auths View Consumer Claims View Empire Claims View GHI-BMP Claims View Consumer Registrations Contact Us Enter Auth Request Enter Claim Send Inquiry View Clinical Request Drafts Special Program Applications
- 1. Select 'View Consumer Registration' at the bottom of the screen.

Previous Consumer Registrations will appear.

There is a consumer registration record for each fund for which the consumer was registered. The screen shot below shows 6 registration records on file. Any one of the records where the re-registration button appears can be selected to re-register all funds.

2. Click on the applicable **Re-Registration** button.

| Ente | r Auth Request |) Er | nter Claim | | | |
|----------|-------------------|-----------|------------|----------------|-----------------|---|
| | | | | | Send Inquiry | View Clinical Drafts Special Program Applications |
| | | | | | | |
| | | | | | | |
| Add | Consumer Registra | tion | | | | |
| Consumer | Registrations | | | | | |
| Form | Date Created | Edited By | Fund | Effective Date | Expiration Date | |
| ILAS | 08/06/2010 | 999999 | 213 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 350 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 572 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 573 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 574 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 860 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | | 000000 | ABC | 07/22/2010 | | |

3. After clicking the **Re-Registration** button, the previous **Consumer Registration** will appear, requiring only selected fields to be re-entered.

Note: Certain pre-populated fields have been carried over from the original consumer registration and may be edited if necessary.

- 4. Enter the required fields to continue with the consumer re-registration process.
- 5. Click Next.

The Registration Start date is used to calculate the 6 month registration period.

| Consumer Registration | | | | | |
|---|---|---|----------------------------------|----------------|--------------------------|
| All fields marked with an asteriak (*) are required. Note: Disable pop-up blocker functionality to view all appropriate links. | | | | | |
| *Registration Start Date (MMDDYYYY) *Recipient ID(RIN) ILLTEST01 | Client ID | | *Agency FEIN 123456789 | Satellite Code | "Medicaid Site ID 123 |
| Demographics | | | | | |
| *Last Name *First Name Middle Initial Suffix | *Date of Birth (MMDDYYYY) *Mother's Maid 01011994 0 CONSUMER | en Name *Social Security Number | r *Gender Male © Female | | |
| *Primary Address Address Line 2 123 FIRST ST | *City *State *ZIP CHICAGO IL 6029 | 0 ZIP Suffix Address Uni | cnown Select City, State and Zip | | |
| *County *Township/Community Area 001 - ADAMS 001/01 - BEVERLY | | | | | |
| Note: For Household Income, the value 39999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits. | | | | | |
| *Household Income *Client Income *Household Size | *Household Composition SELECT | Qualifying Excep | tions | ~ | |
| *Education Level | *Miltary Status SELECT | *Marital Status 1 - NEVER MARRIED | V | | |
| *Employment Status *SSI-SSI SELECT V 0 - NO | I Elgibility T APPLICABLE | *DFI-CFI Enrollment N - NOT APPLICABLE | | | |
| *Court/Forensic Treatment | | | | | |
| SELECT | | | | | |
| *Race 1 30 - ASIAN | *Race 2 98 - NOTHING TO REPORT | * | | | |
| "Race 3 | *Race 4 | *Citizenship | | | |
| 98 - NOTHING TO REPORT | 98 - NOTHING TO REPORT | Y -U.S. CI | TIZEN 💌 | | |
| *Race 5 | *Hispanic Origin | *Language | | | |
| 98 - NOTHING TO REPORT | 00 - NOT OF HISPANIC ORIGIN | 10 - ENGLISH | × | | |
| *Interpreter Services Needed *MH Residential Arrangmer 0 - SERVICED NOT NEEDED SELECT | t *3u | stice System Involvement SLECT | v | | |
| Disaster Guest Type Disaster Guest State SELECT V SELECT V | Disaster Guest County SELECT | ~ | | | |
| *Consumer Third Party Payor Yes No | | | | | |
| *MH Residential Indicator Ves No | | | | | |

Note: All fields with asterisk that have not auto populated are required to be entered. Any fields that are pre-populated should be updated if the information has changed.

The fields below will **not** be auto-populated

| Field Description |
|----------------------------|
| Registration Start date |
| IMD Home Code |
| Client Income |
| Family Income |
| Household Size |
| Household Composition |
| Education Level |
| Military Status |
| Employment Status |
| Court/Forensic Treatment |
| MH Residential Arrangement |
| Justice System Involvement |
| Qualifying Exception |

Special Program Enrollment and MH Closing Information section

If a special program was previously selected and not end dated the special program begin date will be pre-populated.

- 1. If the special program should be re-registered then indicate 'Yes' for that special program indicator.
- 2. If the special program should be end dated then select 'Yes' and enter the end date. The end date of the special program cannot be before the registration start date. If it is then the special program will need to be end dated using the Close Registration process.

If a special program was end dated on the previous registration then the special program indicator, the begin date and end date will not be pre-populated.

Any special program not previously selected or previously end dated will require the user to indicate if the consumer should be registered in that program with this re-registration.

| Special Program Enrollment | | | |
|---|-----------------------------|----------------------------|-----------------|
| *Juvenile Justice Yes No *Path Grant Yes No Inp | mmunity Hosp OYes ONo | *ICG Community Services | *CHP O Yes O No |
| Begin Date 🛛 📷 Begin Date 🕅 📷 Begi | n Date | Begin Date | Begin Date |
| End Date End Date End | Date | End Date | End Date |
| *Consumer in Residential program funded by DMH and operated by Registerin | Provider SELECT | ~ |] |
| Begin Date 🛛 🗰 End Date 🗰 Resid | ential Level of Care SELECT | * | |
| *Permanent Supported Housing Ves No *Money Follows the Person Ves No | | | |
| MH CLOSING | | | |
| MH Closing Date | MH Closing Disposition S | ELECT | ~ |
| Functional Scale Used at Closing SELECT 💙 | GAF/CGAS Score at Closing | | |
| Cancel Next | | | |

The fields below will **not** be auto-populated

| Field Description | |
|--|--|
| Special Program Enrollment Juvenile Justice Program | |
| Special Program Enrollment PATH Grants | |
| Special Program Enrollment Comm Hosp Inpatient (CHIPS) | |
| Special Program Enrollment ICG Community services | |
| Special Program Enrollment CHP | |
| Consumer in residential program funded by DMH and operated by registering provider | |
| Permanent Supported Housing | |
| Money Follows the Person | |

Note: Required fields that have not been entered will result in an error message identifying which fields need to be populated. (Example below)

MH Residential Arrangment is required.
 End Date cannot be before Registration Start Date (MMDDYYYY).
Consumer Registration
All fields marked with an asterisk (*) are required.
Note: Disable pop-up blocker functionality to view all appropriate links.

2. The Available Funding Sources will display.

3. Click Next.

| Consumer Registration | | | |
|--|---------------------------------|--|--------------------------|
| Registration Start Date (MMDDYYYY) 08/04/2010 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
| Select Funds | | | |
| Funding Source(s) Available | | | |
| 213 - ILLINOIS-CONSUMER CENTERED RECOVERY SU | JPPORT | | |
| 350 - ILLINOIS-PSYCHIATRIC LEADERSHIP | | | |
| 572 - ILLINOIS-CONSUMER TRANSITIONAL SUBSIDE | IES | | |
| 573 - ILLINOIS-ADOLESCENT TRANSITION TO ADUL | TSERVICES | | |
| 574 - ILLINOIS-PSYCHIATRIC MEDICATION | | | |
| 860 - ILLINOIS-CRISIS RESIDENTIAL 1 | | | |
| () ABC - ILLINOIS MEDICAID NON-MEDICAID FFS | | | |
| Cancel Back Next | | | |
| | | | |

- 4. The Consumer Registration Funding Sources screen will display.
- 5. Click Continue.

| Consumer Registration | | | |
|--|---------------------------------|---|--------------------------|
| Registration Start Date (MMDDYYYY) 08/04/2010 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
| Selected Funds | | | |
| Please confirm your selection of funding source for each type of service | | | |
| Funding Source(s) | | Effective Date | Expiration Date |
| 213 ILLINOIS-CONSUMER CENTERED RECOVERY SUPPORT | | 08/04/2010 *CURRENT REGISTRATION FOUND | 02/04/2011 |
| 350 ILLINOIS-PSYCHIATRIC LEADERSHIP | | 08/04/2010 *CURRENT REGISTRATION FOUND | 02/04/2011 |
| 572 ILLINOIS-CONSUMER TRANSITIONAL SUBSIDIES | | 08/04/2010 *CURRENT REGISTRATION FOUND | 02/04/2011 |
| 573 ILLINOIS-ADOLESCENT TRANSITION TO ADULT SERVICES | | 08/04/2010 *CURRENT REGISTRATION FOUND | 02/04/2011 |
| 574 Illinois-psychiatric medication | | 08/04/2010 *CURRENT REGISTRATION FOUND | 02/04/2011 |
| 860 ILLINOIS-CRISIS RESIDENTIAL | | 08/04/2010 *CURRENT REGISTRATION FOUND | 02/04/2011 |
| ABC ILLINOIS MEDICAID NON-MEDICAID FFS | | 08/04/2010 *CURRENT REGISTRATION FOUND | 02/04/2011 |
| Cancel Back Continue | | | |

- The **Diagnosis** screen will appear, requiring entry of all required fields.
 Click **Next**.

| onsumer Registration | | | | | | |
|--|--|----------------------------------|--------------------------|---------------------------------|--|--------------------------|
| Registration Start Date (MMDDYYYY) 08/04/2010 | Expir 02/0 | ation Date (MMI 4/2011 | DDYYYY) | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
| Diagnosis and First Presentation Assessment | Functional Impairment and Assessment Scores | History of Illness | MH Cross Disabilities | Guardian Information | | |
| Diagnosis | | | | | | |
| Yease indicate primary diagnosis. | | | | | *Diagnosis Code Type SELECT 💌 | |
| Axis I | | | | | Axis II | |
| *Diagnosis Code 1 Description | | | | | Disanosis Code 1 Description | |
| *Diagnosis Code 2 Description | | | | | "Disances Code 2 Description | |
| *Diagnosis Code 3 Description | | | | | Disonosis Code 3 Description | |
| Axis III | | | | | ***** | |
| *Diagnosis Code 1 SELECT | | * | | | *Principal Diagnosis Indicator SELECT | |
| Diagnosis Code 2 SELECT | | ~ | | | | |
| Jiagnosis Code 3 SELECT | | * | | | | |

| Hease answer 'Yes' or 'No' to the following conditions. The primary diagnosis is reported in the registration and was obtained by a syntheticit The Consumer does not have a history of autism, pervasive developmental context in the registration of registre brain disease or trauma The Consumer and the transition of transition of the transit of the transition of the transition of the transition of | First Presentation Assessment | |
|---|--|------------|
| The primary diagnosis is reported in the registration and was obtained by a OYes No The Consumer does not have a history of autism, pervasive developmental OYes No The Consumer and the diverse of an trauma OYes ONo OYes ONo OYes ONo OYes ONO | Please answer 'Yes' or 'No' to the following conditions. | |
| The Consumer does not have a history of autient, pervasive developmental isorder, mental retardation or organic brain disease or trauma The consumer has not had more than 15 veeks of antipsychotic Ves ON0 | *The primary diagnosis is reported in the registration and was obtained by a psychiatrist | ○ Yes ○ No |
| The consumer has not had more than 16 weeks of antipsychotic O Yes O No | *The Consumer does not have a history of autism, pervasive developmental disorder, mental retardation or organic brain disease or trauma | ⊖ Yes ⊖ No |
| redication treatment | *The consumer has not had more than 16 weeks of antipsychotic medication treatment | ⊖ Yes ⊖ No |

The fields below will **not** be auto-populated

| Field Description |
|-------------------------------------|
| MH Diagnosis Type |
| Axis 1 Diagnosis 1 |
| Axis 1 Diagnosis 2 |
| Axis 1 Diagnosis 3 |
| Axis 2 Diagnosis 1 |
| Axis 2 Diagnosis 2 |
| Axis 2 Diagnosis 3 |
| Axis 3 Diagnosis 1 |
| Axis 3 Diagnosis 2 |
| Axis 3 Diagnosis 3 |
| MH Principal Diagnosis Indicator |
| First Presentation Diagnosis |
| First Presentation Other Conditions |
| First Presentation Medications |

- 1. The **Functional Impairments and Assessment Scores** page will appear, requiring the user to re-enter all required fields.
- 2. Click Next.

| Consumer Registration | | | | |
|--|---|---------------------------------|--|--------------------------|
| Registration Start Date (MMDDYYYY) 08/04/2010 | Expiration Date (MMDDYYYY) 02/04/2011 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
| Diagnosis and First Presentation Assessment | npairment ent Scores of Illness MH Cross Disabilities | Guardian Information | | |
| GAF/CGAS Score Locus Results | | | | |
| *FUNCTIONAL SCALE USED G - GAF | * | | | |
| CGAS SCORE | | | | |
| Self Care | | | Family Relations | |
| SELECT | ~ | | SELECT | * |
| Community | | | School | |
| SELECT | ~ | | SELECT | * |
| Social Relations | | | | |
| SELECT | ~ | | | |
| GAF | | | | |
| Social Group/School | | | Supportive Social | |
| SELECT | ~ | | SELECT | * |
| Employment | | | Daily Living Activity | |
| SELECT | ~ | | SELECT | * |
| Financial | | | Inappropriate or Dangerous Behaviour | |
| SELECT | ~ | | SELECT | * |
| | | | | |
| SELECT | ~ | | SELECT | ~ |
| | | | | |

| FUNCTIONAL IMPAIRMENT DOMAIN SCORES | |
|--|---|
| Risk of harm SELECT 💌 | Recovery - Environment Stressors |
| Functional Status SELECT Y | Recovery - Environment Support |
| Co-morbidity SELECT 💌 | Recovery and Treatment History SELECT 💌 |
| | Acceptance and Engagement SELECT 💙 |
| Composite score | |
| LOCUS Recommended Level of Care | Assessor Recommended Level of Care |
| SELECT | SELECT |
| alumbia Impairment Scale Score (0.57) | |
| Countries Information Scale Countries Information Scale Norker Ohio Problem Seventy Scale Score (0-100) Vorker Ohio Functionality Scale (0-80) SEVEREAUX SCALE | |
| Columbia Impairment Scale Score (0-52) NORKER OHIO FUNCTIONING SCALE Norker Ohio Problem Severity Scale Score (0-100) Norker Ohio Functionality Scale (0-60) PVEVEREAUX SCALE SECA Substal (For children under the age of 3) Protective Factor Scores No | |
| Counterna Scale Solumbia Impairment Scale Score (0-52) WORKER OHIO FUNCTIONING SCALE Worker Ohio Problem Severity Scale Score (0-100) Norker Ohio Functionality Scale (0-80) DEVEREAUX SCALE 2ECA Subscale (For children under the age of 3) Protective Factor Scores %6 | |

The fields below will **not** be auto-populated

| Field Description | | | | |
|---|--|--|--|--|
| GAF/CGAS Score | | | | |
| Child Functioning – Self Care | | | | |
| Child Functioning – Community | | | | |
| Child Functioning – Social Relations | | | | |
| Child Functioning – Family Relations | | | | |
| Child Functioning – School | | | | |
| Adult Functioning – Social Group School | | | | |
| Adult Functioning – Employment | | | | |
| Adult Functioning – Financial | | | | |
| Adult Functioning – Community Living | | | | |
| Adult Functioning – Supportive Social | | | | |
| Adult Functioning – Daily Living Activity | | | | |
| Adult Functioning – Dangerous Behavior | | | | |
| Adult Functioning – Previous Functional Impairment | | | | |
| LOCUS - Risk of Harm | | | | |
| Recovery-Environment-Stressor | | | | |
| Recovery Environment-Supports | | | | |
| Functional Status: | | | | |
| Co-Morbidity | | | | |
| Recovery and Treatment History | | | | |
| Acceptance and Engagement | | | | |
| Composite Score | | | | |
| Level of Care Recommended – Locus | | | | |
| Level of Care Recommended – Assessors | | | | |
| Columbia Impairment Scale Score | | | | |
| Worker Ohio Problem Severity Scale Score | | | | |
| Worker Ohio Functionality Scale Score | | | | |
| Devereaux Scale – DECA Subscale (for children under the age of 3) -Protective Factor Scores | | | | |
| Devereaux Scale – DECA Subscale (for children over the age of 3 and under the age of 5) -Protective Factor Scores | | | | |

Field Description

 $Devereaux\ Scale - DECA\ Subscale\ (for\ children\ over\ the\ age\ of\ 3\ and\ under\ the\ age\ of\ 5)\ -$ Behavioral Concerns Scores

- 1. The **History of Illness** page will appear, requiring the user to re-enter all required fields.
- 2. Click Next.

| egistration Start Date (MMDDYYYY) 8/04/2010 | Expiration Date (MMDDYYYY) 02/04/2011 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
|--|--|---------------------------------|--|--------------------------|
| Piagnosis and First resentation Assessment | Functional Impairment History and Assessment Scores of Illness Disability | s Guardian ies Information | | |
| istory of Illness | | | | |
| ****** | | | | |
| Consumer does not meet t | reatment history criteria 🔘 Consumer does meet treatmen | nt history criteria | | |
| *Continous Residential O Consumer does not meet t | reatment history criteria 🔿 Consumer does meet treatme | nt history criteria | | |
| *Multiple Residential | reatment history criteria 🔿 Consumer does meet treatme | nt history criteria | | |
| *Outpatient Consumer does not meet to | reatment history criteria 🔘 Consumer does meet treatmen | nt history criteria | | |
| *Previous Treatment Consumer does not meet t | reatment history criteria 🔘 Consumer does meet treatmen | nt history criteria | | |
| *Co- Occurring Disorder | Evidence Based Practice IDDT | | | |
| Evidence Based Practice - Suppo | rted Employment Evidence Based Practice Medication | n Algorithm | | |
| O Yes ◯ No | Ves No | | | |

The fields below will **not** be auto-populated

| Field Description | | | | | |
|---|--|--|--|--|--|
| History of Illness – Continuous Treatment | | | | | |
| History of Illness – Continuous Residential | | | | | |
| History of Illness – Multiple Residential | | | | | |
| History of Illness – Outpatient | | | | | |
| History of Illness – Previous Treatment | | | | | |

- 1. The **MH Cross Disabilities** page will display, containing all pre-populated fields from the previous **Consumer Registration**.
- 2. Click Next.

| Registration Start Date (MMDDYYYY 08/04/2010 |) Expiration Date (MMDDYYYY) 02/04/2011 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTESTO1 |
|---|--|---------------------------------|--|--------------------------|
| Diagnosis and First Presentation Assessment | Functional Impairment and Assessment Scores of Illness Disabilities | Guardian Information | | |
| MH Cross Disabilities | | | | |
| *Form Completion Date | 07232010 | | *Primary Care Giver Age | 99 |
| "Type of Service Needed 1 | 06-MH CASE MANAGEMENT | * | *Type of Services Sought 1 | 06-MH CASE MANAGEMENT |
| Type of Service Needed 2 | SELECT | ~ | Type of Services Sought 2 | SELECT |
| Type of Service Needed 3 | SELECT | * | Type of Services Sought 3 | SELECT |
| Type of Service Needed Other | | | Type of Services Sought Other | |

1. The **Guardian Information** screen will display, containing all pre-populated fields from the previous **Consumer Registration**.

| Consumer Registration | n | | | | |
|---|--|------------------------------------|---------------------------------|--|--------------------------|
| Registration Start Date (MMDDYYY) 08/04/2010 | r) Expl 02/ | ration Date (MMDDYYYY) D4/2011 | Consumer Name CONSUMER, TEST | Date of Birth (MMDDYYYY) 01/01/1984 | Consumer ID ILLTEST01 |
| Diagnosis and First Presentation Assessment | Functional Impairment and Assessment Scores | History of Illness Disabilities | Guardian Information | | |
| Guardian Informatio | n | | | | |
| Adoption Indicator Ves 🔿 No | | | | | |
| Guardian Type SELECT | Last Name | First Name | MI | | |
| Address | |] | | | |
| City Sta | te Zip Code Zip Suffix | | | | |
| Appointment Date | | | | Termination Date | |
| Guardian Type SELECT | Last Name | First Name | MI | | |
| Address | | | | | |
| City Sta | te Zip Code Zip Suffix | | | | |
| Appointment Date | | | | Termination Date | |
| Cancel Back | Next | | | | |

2. The Consumer Registration Confirmation Screen will display the Consumer's Eligibility and Fund Sources.

| Consumer Registration C | onfirmation | | | | | |
|--|--|---|---|-------------|------------|--|
| Registration Status: | | ••••• | APPROVED ******* | | | |
| Provider ID 999999 | Provider Last Name PROVIDER | Provider First Name ILL TEST | Provider Address , NORFOLK, VA 23502 | | | |
| Consumer ID ILLTEST01 | Last Name CONSUMER | First Name TEST | Consumer Address 123 FIRST ST , CHICAG | O, IL 60290 | | |
| Funding Source | Description Eligibility Eligib | | | | | |
| 213 | ILLINO | IS-CONSUMER CENTERED RECOVERY SUPPORT | | 08/04/2010 | 02/04/2011 | |
| 350 | | ILLINOIS-PSYCHIATRIC LEADERSHIP | 08/04/2010 | 02/04/2011 | | |
| 572 | ILLI | OIS-CONSUMER TRANSITIONAL SUBSIDIES | 08/04/2010 | 02/04/2011 | | |
| 573 | ILLINOIS | ADOLESCENT TRANSITION TO ADULT SERVICES | 08/04/2010 | 02/04/2011 | | |
| 574 | ILLINOIS-PSYCHIATRIC MEDICATION 08/04/2010 02/04/2011 | | | | | |
| 860 | | 08/04/2010 | 02/04/2011 | | | |
| ABC | 1 | LLINOIS MEDICAID NON-MEDICAID FFS | | 08/04/2010 | 02/04/2011 | |
| MESAGE: REMINDER, PLEASE REQUEST ANY REQUIRED AUTHORIZATIONS WITHIN THE NEXT 30 DAYS. IF THE ELICIBILITY STATUS IS APPROVED, THE CONSUMER HAS BEEN ENROLLED IN THE VALUEOPTIONS ELICIBILITY SYSTEM AND IS ELICIBLE FOR THE FUNDING SOURCE(S) LISTED ABOVE. If the elicibility status is provide the two is a provide to the value of the v | | | | | | |
| IF THE ELICIBILITY STATUS IS PENDED, THE CONSUMER NEEDS TO BE VERIFIED BY THE VALUEOPTIONS ELICIBILITY DEPARTMENT TO DETERMINE IF HE/SHE IS ALREADY ENROLLED. PLEASE CHECK BACK IN 48 HOURS. ONCE THE STATUS IS CHANGED TO APPROVED, THE CONSUMER WILL BE ASSIGNED A NEW, PERMANENT MEMBER ID. Return | | | | | | |

8 Close Consumer Registration

It is important that the consumer's status be updated when he/she is no longer enrolled in special programs or when the consumer is no longer being seen for services.

Close Consumer Registration will be used for the following:

- Close the consumer's registration
- End date a special program (this will end the selected special program only The consumer will still be registered for all the other registered funds)
- End date a special program and close the registration -This will end date the special program on the end date specified and close the other registered funds on the closure date. If the special program(s) are being end dated on the same date as the registration is being closed then by entering the MH Closure Date the special programs will also be closed using that date.

There is a consumer registration record for each fund for which the consumer was registered. The screen shot below shows 6 registration records on file. Any one of these records can be selected to close the registration or end date a special program.

- 1. Click the **View Consumer Registration** button to display the all associated registrations.
- 2. Click the **Close Registration** button.

| View | Consumer Auths | View Cor | nsumer Claim | 15 View E | Empire Claims | View GHI-BMP Claims Enter Member Reminders View Consumer Registrations |
|----------|---------------------|-----------|--------------|----------------|-----------------|--|
| Ente | er Auth Request |) Ent | ter Claim | Se | nd Inquiry | View Clinical Drafts Special Program Applications |
| | | | | | | |
| | | | | | | |
| Add | i Consumer Registra | tion | | | | |
| Consumer | Registrations | | | | | |
| Form | Date Created | Edited By | Fund | Effective Date | Expiration Date | |
| ILAS | 08/06/2010 | 999999 | 213 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 350 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 572 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 573 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 574 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | 860 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| ILAS | 08/06/2010 | 999999 | ABC | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | | | | | | |

A screen will appear displaying the data fields required for closing a consumer or end dating a special program.

If the MH Closure Date is entered then all fields from the MH Closing Section to the bottom of the page are required. If only end dating a special program then only enter the end date for that special program.

At least one special program End Date or the MH Closure date must be entered. 3. Enter the required fields.

| 4 Click Submit | |
|---|--------------------------------|
| 4. Click Sublint. | |
| Consumer Kegistration All fields marked with an asterisk (*) are required. | |
| Note: Disable pop-up blocker functionality to view all appropriate links: Recipient ID(RIN) Registration Start Date (MMDDYYYY) Client ID | |
| Demographics | |
| Demographics | |
| Last Name First Name Middle Name Suffix Date of Birth (MMDDYYYY) CONSUMER TEST 01/01/1984 | |
| Special Program Enrollment | |
| Juvenile Justice Yes No Path Grant Yes No Community Hosp Yes No *ICG Community Services Yes | No *CHP Yes No |
| Begin Date Begin Date Begin Date | Begin Date |
| End Date End Date End Date End Date | End Date |
| *Consumer in Residential program funded by DMH and operated by Registering Provider 0 - NOT IN RESIDENTIAL PROGRAM | v |
| Begin Date End Date | |
| *Permanent Supported Housing Yes No | |
| *Money Follows the Person Ves No | |
| MH CLOSING | |
| MH Closing Date MH Closing Disposition SELECT | × |
| Functional Scale Used at Closing G - GAF V GAF/CGAS Score at Closing | |
| Note: For Household Income, the value 99999 cannot be entered to denote Unknown income. All income values will be assessed to determine benefits. | |
| Household Income Client Income Education Level | |
| Employment Status Justice System Involvement | |
| SELECT SELECT | |
| Court/Forensic Treatment MH Residential Arrangment | |
| SELECT SELECT | v |
| Diagnosis | |
| Please indicate primary diagnosis. | Diagnosis Code Type |
| | SELECT |
| Axis I | Axis II |
| Disonosis Code 1 Description | Diagnosis Code 1 Description |
| Disonosis Code 2 Description | Discrictis Code 2 Description |
| Description Description | Disonosis Code 3 Description |
| Axis III | |
| Dissonsis Code 1 | Principal Diagnostic Tedicator |
| SELECT | SELECT |

| SELECT | × | |
|--|----------------|--|
| Disenseis Cada 3 | | |
| SELECT | * | |
| ACCECCMENTE | | |
| | | |
| COLOMBIA IMPAIRMENT SCALE | | |
| Columbia Impairment Scale Score (0-52) | | |
| WORKER OHIO FUNCTIONING SCALE | | |
| | | |
| Worker Ohio Problem Severity Scale Score (0-100) | | |
| Worker Ohio Functionality Scale (0-80) | | |
| | | |
| DEVEREAUX SCALE | | |
| DECA Subscale (For children under the age of 3) | | |
| Protective Factor Scores % | | |
| DECA Subscale (For children over the age of 3, under the age | <u>e of 5)</u> | |
| Protective Factor Scores % | | |
| Palautian Caracter Caracter | | |

Below are field descriptions for the **Close Registration** screen.

| Field | Description | Required? | Туре |
|--------------------------|---|------------------|-----------|
| Juvenile Justice | Special Program Enrollment Juvenile Justice Program | N | Radio |
| | | | button |
| | This will be pre-populated from the previous registration. | | |
| Juvenile Justice | Juvenile Justice Begin Date | Ν | Free form |
| Begin Date | | | text with |
| | This will be pre-populated from the previous registration. | | Calendar |
| Trease with the stice of | Less sile Lesties End Dete | C | button |
| Juvenile Justice | Juvenile Justice End Date | C | Free form |
| | If this special program is being closed then enter the date | | Calendar |
| | the consumer was no longer receiving services under this | | button |
| | program. This will terminate benefits for this consumer | | oution |
| | for this program | | |
| Path Grant | Special Program Enrollment PATH Grants | Ν | Radio |
| | | | button |
| | This will be pre-populated from the previous registration | | |
| Path Grant Begin | PATH Grant Begin Date | Ν | Free form |
| Date | | | text with |
| | This will be pre-populated from the previous registration | | Calendar |
| Dath Cront End | DATH Croat End Data | C | button |
| Path Grant End | PATH Grant End Date | C | Free form |
| Date | If this special program is being closed then enter the date | | Calendar |
| | the consumer was no longer receiving services under this | | button |
| | program. This will terminate benefits for this consumer | | oution |
| | for this program | | |
| Community Hosp | Special Program Enrollment Comm Hosp Inpatient | Ν | Radio |
| Inpatient | (CHIPS) | | button |
| | | | |
| | This will be pre-populated from the previous registration | | |
| Community Hosp | Community Hosp Inpatient Begin Date | Ν | Free form |
| Inpatient Begin | | | text with |
| Date | I his will be pre-populated from the previous registration | | Calendar |

| Field | Description | Required ? | Type |
|---------------------|--|-------------------|-------------|
| 11010 | | Requireur | button |
| Community Hosp | Community Hosp Inpatient End Date | С | Free form |
| Inpatient End Date | | - | text with |
| | If this special program is being closed then enter the date | | Calendar |
| | the consumer was no longer receiving services under this | | button |
| | program. This will terminate benefits for this consumer | | |
| | for this program. | | |
| ICG Community | Special Program Enrollment ICG Community | N | Radio |
| Services | | | button |
| | This will be pre-populated from the previous registration | | |
| ICG Community | ICG Community Services Begin Date | N | Free form |
| Services Begin Date | | | text with |
| | This will be pre-populated from the previous registration | | Calendar |
| ICC C | | | button |
| ICG Community | ICG Community End Date | C | Free form |
| Services End Date | If this special program is being closed then enter the date | | Calandar |
| | In this special program is being closed their enter the date the consumer was no longer receiving continue under this | | button |
| | the consumer was no longer receiving services under this | | button |
| | for this are around | | |
| СПр | for this program. | N | Padia |
| CHr | Special Flogram Enrollment CHF | IN | hutton |
| | To enroll the consumer in the CHP Program select the Ves | | button |
| | button and the CHP Begin Date will be required, if the | | |
| | consumer is not being enrolled in this program then select the | | |
| | No button. | | |
| CHP | CHP Begin Date | N | Free form |
| Begin Date | | | text with |
| | If the Special Program Enrollment CHP Yes button was | | Calendar |
| | selected then the begin date is required. The begin date is the | | button |
| CUD | initial enrollment date into this program. | C | Enc. former |
| CHP End Data | CHP End Date | C | free form |
| | Enter the date the consumer was no longer receiving services | | Calendar |
| | under this program. This will terminate benefits for this | | button |
| | consumer for this program. | | |
| Consumer in | Special Program Enrollment Residential Program | Ν | Drop |
| Residential | Valid Values: | | down box |
| program funded by | | | |
| DMH and operated | 1 = ICG | | |
| by Registering | 2 = Program 620 (CILA) | | |
| Provider | 3 = Program 820 (Supported Residential) | | |
| | 4 = Program 830 (Supervised Residential) | | |
| | | | |
| | This will be pre-populated from the previous registration | | |
| Consumer | Consumer Residential Program Begin Date | Ν | Free form |
| Residential | | | text with |
| Program Begin | This will be pre-populated from the previous registration | | Calendar |
| Date | | | button |
| Consumer | Consumer Residential Program End Date | С | Free form |
| | <u>×</u> | | |

| Field | Description | Required? | Туре |
|---------------------|---|------------------|-----------|
| Residential | | | text with |
| Program End Date | If Residential program is being closed then enter the date | | Calendar |
| 0 | the consumer was no longer receiving services under this | | button |
| | program. This will terminate benefits for this consumer | | |
| | for this program | | |
| Permanent Supported | Indicates the consumer is in Permanent Supported Housing at | Y | Radio |
| Housing | time of closing | | button |
| | X-1' 1 X/-1 | | |
| | valid values: | | |
| | Yes – Consumer is in Permanent Supported Housing | | |
| | No - Consumer is not in Permanent Supported Housing | | |
| Money follows the | Indicates the consumer is enrolled in the DMH/HFS "Money | Y | Radio |
| Person | Follows the Person" Initiative at time of closing | | button |
| | X-1' 1 X/-1 | | |
| | vand values: | | |
| | Yes – Consumer is enrolled in the Money follows the Person | | |
| | initiative | | |
| | No - Consumer is not enrolled in the Money follows the | | |
| | Person initiative | | |
| MH Closing Date | The date that the agency terminated its commitment to | C | Free form |
| | provide services to the consumer | | Colondor |
| | This will terminate the consumer for all programs on the | | button |
| | date entered and make the registration no longer | | oution |
| | available for the re-register process | | |
| | | | |
| | If a consumer needs services after they have been closed | | |
| | then the Add Registration process will be need to be used | | |
| MH Closing | The disposition of the consumer at the point he/she stops | С | Drop |
| Disposition | receiving services | | down box |
| | | | |
| | If the MH Closing date is entered then this is required | | |
| | Calend form the dama descending the second descendences in | | |
| | Select from the drop down list the reason the consumer is | | |
| | no longer receiving services. | | |
| | Valid Values: | | |
| | 01 - Deceased | | |
| | 02 - Completed treatment | | |
| | 03 - Refused treatment | | |
| | 04 - Transfer | | |
| | 05 - Moved | | |
| | 06 - Transfer to Long Term Care provider setting | | |
| | 07 - Transfer to State-Operated facility | | |
| | 08 - Incarcerated | | |
| | 10 - Kerused Transition | | |
| | 90 - Uner 99 - Uner | | |
| | | | |

| Field | Description | Required ? | Туре |
|-------------------------------------|---|-------------------|-------------------|
| Functional Scale used at Closing | The functional scale used. Valid Values: | С | Drop down box |
| | C - CGAS G - GAF | | |
| | C will be automatically selected when the consumer's age is under 18 on the registration start date | | |
| | G will be automatically selected when the consumer's age is 18 or older on the registration start date | | |
| | Cannot be changed. | | |
| GAF/CGAS Score at Closing | Current functioning scale score as assessed at the time of the closing process | С | Free form text |
| | If Functional Scale used is C – CGAS then Valid Values: 001 – 100 | | |
| | If Functional Scale used is G – GAF then Valid Values: 000 – 100 | | |
| | | | |
| | If the MH Closing date is entered then this is required | | |
| Household Income | The total monthly income of all family members in the consumer's household at the time of this closing. This should be entered as dollars only. Round to nearest dollar. 99999 is no longer valid as unknown income. | C | Free form text |
| | Example: 151.21 would be entered as 151 | | |
| | Range: 00000 – 99998 | 0 | |
| Client Income | closing. This should be entered as dollars only. Round to nearest dollar. | C | Free form text |
| | Example: 151.21 would be entered as 151 | | |
| Education Level | The highest grade level completed by the consumer at the | C | Dron |
| Education Level | time of the closing process | C | down box |
| | 00 - Never attended school 01 - 11 - Last | | down box |
| | primary/secondary grade completed 20 - | | |
| | Preschool/kindergarten 30 - High School diploma 31 - | | |
| | General Equivalency Diploma (GED) 32 - Special | | |
| | Education Certificate of Completion 40 - Post-secondary | | |
| | training 41 - One year college 42 - Two years college 43 | | |
| | Post Graduate college degree 99 – Unknown | | |
| | If the MH Closing date is entered then this is required | | |

| Field | Description | Required? | Туре |
|-------------------------------|--|------------------|------------------|
| Employment Status | The current employment status of the consumer at the time of the closing process 10 -Employed 11 -Employed full time (unsubsidized) 12 -Employed part time (unsubsidized) 13 -Employed, subsidized/supported 14 -Attending vocational/day program 20 -Unemployed/layoff from job 30 -Not in the Labor Force 90 -Other 99 –Unknown | С | Drop down box |
| Justice System Involvement | If the MH Closing date is entered then this is required The consumer's criminal justice system involvement at the time of the closing process 00 - Not Applicable 01 - Arrested 02 - Charged with a Crime 03 - Incarcerated (jail) 04 - Incarcerated (prison) 05 - Juvenile Detention Center, 06 – Detained(Jail), 07 – Mental Health Court 08 – Other 09 – Unknown 10 - Adult Probation 11 - Adults | С | Drop down box |
| Court/Forensic Treatment | If the MH Closing date is entered then this is required Status of forensic/court-ordered treatment plans at the time of the closing process 00 –Not applicable 01 –Department of Corrections client 02 –Unable to Stand Trial 03 –Unable to Stand Trial-ET (Extended Term) 04 –Unable to Stand Trial-G2 05 –Not Guilty by Reason of Insanity 06 –Civil court-ordered treatment 07 –Criminal court-ordered treatment 08 – Court-ordered evaluation/assessment only 99 –Forensic | С | Drop down box |
| MH Residential Arrangement | status unknown If the MH Closing date is entered then this is required The consumer's primary residential situation at the time of the closing process 10 -Homeless 21 -Private residence - supervised 22 -Private residence - unsupervised 31 -Other residential setting - supervised 32 -Other residential setting - unsupervised 40 -State-Operated Facility | С | Drop down box |
| Diagnosis Code Type | 50 -Jail or correctional facility/institution 60 -Other institutional setting 70 - skilled/intermediate care nursing facility 80 - IMD 90 -Other 99 -Unknown If the MH Closing date is entered then this is required The manual used for reporting diagnosis codes for Axis I and II | С | Drop down box |

| Field | Description | Required? | Туре |
|--------------------|--|---|-----------|
| | D –DSM-IV | | -500 |
| | I-ICD-9-CM | | |
| | | | |
| | If the MH Closing date is entered then this is required. | | |
| Axis 1 Diagnosis | Valid Axis 1 diagnosis code at the time of the closing | С | Hyperlink |
| Code 1 | process | | / Free |
| | | | form text |
| | If the MH Closing date is entered then this is required | | |
| Axis 1 Diagnosis | | N | Hyperlink |
| Code 1 Description | | | / Free |
| Arria 1 Diagonaria | Y-114 Arts 1 discussions de state dura sédes alestas | | form text |
| Axis I Diagnosis | valid Axis I diagnosis code at the time of the closing | C | Hyperlink |
| Code 2 | process | | / Fiee |
| | If the MH Closing date is entered then this is required | | Iomi text |
| Axis 1 Diagnosis | | N | Hyperlink |
| Code 2 Description | | | / Free |
| | | | form text |
| Axis 1 Diagnosis | Valid Axis 1 diagnosis code at the time of the closing | С | Hyperlink |
| Code 3 | process | | / Free |
| | | | form text |
| | If the MH Closing date is entered then this is required | | |
| Axis 1 Diagnosis | | Ν | Hyperlink |
| Code 3 Description | | | / Free |
| | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | form text |
| Axis 2 Diagnosis | Valid Axis 2 diagnosis Axis at the time of the closing | C | Hyperlink |
| Code I | process | | / Free |
| | If the MU Closing data is entered then this is required | | form text |
| Avis 2 Diagnosis | If the WIT Closing date is entered then this is required | N | Hyperlink |
| Code 1 Description | | IN | / Free |
| Code i Desemption | | | form text |
| Axis 2 Diagnosis | Valid Axis 2 diagnosis code at the time of the closing | С | Hyperlink |
| Code 2 | process | - | / Free |
| | | | form text |
| | If the MH Closing date is entered then this is required | | |
| Axis 2 Diagnosis | | Ν | Hyperlink |
| Code 2 Description | | | / Free |
| | | | form text |
| Axis 2 Diagnosis | Valid Axis 2diagnosis code at the time of the closing | C | Hyperlink |
| Code 3 | process | | / Free |
| | If the MH Closing date is entered then this is required | | form text |
| Description | If the Min Closing date is entered then this is required | N | Hyperlink |
| Description | | | |
| | | | form text |
| Axis 3 Diagnosis | Valid Medical Category at the time of closing process | С | Drop |
| | , and medical category at the time of closing process | | Prop |

| Field | Description | Required? | Type |
|---------------------|--|-----------|-----------|
| | If the MH Closing date is entered then this is required | Requireu | Type |
| Axis 3 Diagnosis | Valid Medical Category at the time of closing process | N | Drop |
| Code 2 | vand Medical Category at the time of closing process | 1 | down box |
| Axis 3 Diagnosis | Valid Medical Category at the time of closing process | N | Drop |
| Code 3 | vand Medical Category at the time of closing process | 1 | down box |
| Principal Diagnosis | The consumer's principal diagnosis for the focus of | C | Dron |
| Indicator | treatment | C | down box |
| Indicator | A -Axis I Diagnosis 1 B -Axis I Diagnosis 2 C -Axis I | | down box |
| | Diagnosis 3 \mathbf{D} -Axis II Diagnosis 1 \mathbf{F} -Axis II | | |
| | Diagnosis 2 F - Axis II, Diagnosis 3 | | |
| | | | |
| | If the MH Closing date is entered then this is required | | |
| Columbia | The consumer's score on the Columbia Impairment Scale | С | Free form |
| Impairment Scale | | | text |
| Score $(0 - 52)$ | Valid Range: 0 – 52 | | |
| | | | |
| | This is required on MH Closing if the consumer is | | |
| | greater than or equal to 5 and less than or equal to 17. | | |
| | (calculated age based on age as of the registration start | | |
| | date of the registration being closed) | | |
| Worker Ohio | The consumer's score on the Worker Ohio Problem | C | Free form |
| Problem Severity | Severity Scale | | text |
| Scale Score (0 – | | | |
| 100) | Valid Range: 0 – 100 | | |
| | This is required on MH Closing if the consumer is | | |
| | greater than or equal to 5 and less than or equal to 17 | | |
| | (calculated age based on age as of the registration start | | |
| | date of the registration being closed) | | |
| Worker Ohio | The consumer's score on the Worker Ohio Functionality | С | Free form |
| Functionality Scale | Scale | - | text |
| Score $(0 - 80)$ | | | |
| | Valid Range: 0 – 80 | | |
| | | | |
| | This is required on MH Closing if the consumer is | | |
| | greater than or equal to 5 and less than or equal to 17. | | |
| | (calculated age based on age as of the registration start | | |
| | date of the registration being closed) | ~ | |
| Devereaux Scale – | The Devereaux Scale Score for Protective Factors for | C | Free form |
| DECA Subscale | Infants/toddlers. | | text |
| (for children under | | | |
| the age of 3) - | Required on MH Closing when the consumer's age is | | |
| Protective Factor | less than 3 (calculated age based on age as of the | | |
| Scores | registration start date of the registration being closed) | | |
| | Valid Values: 0 – 100 | | |
| | Must be blank if consumer is 3 or older | | |
| Field | Description | Required? | Туре |
|---------------------|--|------------------|-----------|
| Devereaux Scale – | The Devereaux Scale Score for Protective Factors for | С | Free form |
| DECA Subscale | Youths. | | text |
| (for children over | | | |
| the age of 3 and | Required on MH Closing when the consumer's age is | | |
| under the age of 5) | greater than or equal to 3 and less than 5 (calculated age | | |
| -Protective Factor | based on age as of the registration start date of the | | |
| Scores | registration being closed) | | |
| | | | |
| | Valid Values: 0 – 100 | | |
| | | | |
| | Must be blank when consumer is less than 3 or greater | | |
| | than or equal to 5 | | |
| Devereaux Scale – | The Devereaux Scale Score for Behavioral Concerns. | С | Free form |
| DECA Subscale | | | text |
| (for children over | Required on MH Closing when the consumer's age is | | |
| the age of 3 and | greater than or equal to 3 and less than 5 (calculated age | | |
| under the age of 5) | based on age as of the registration start date of the | | |
| -Behavioral | registration being closed) | | |
| Concerns Scores | | | |
| | Valid Values: 0 – 100 | | |
| | | | |
| | Must be blank when consumer is less than 3 or greater | | |
| | than or equal to 5 | | |

The **Consumer Close Registration Confirmation** page will display indicating the **Registration Status** is **CLOSED**.

| Consumer Close Registra | tion Confirmation | | | | |
|---|-----------------------|---|--|--------------------------------------|------------------------------------|
| Registration Status: | | *********** | ····· CLOSED ····· | ***** | |
| Provider ID | Provider Last Name | Provider First Name | Provider Address | | |
| Consumer ID | Last Name CONSUMER | First Name TEST | Consumer Address 123 FIRST ST , CHICAGO | 0, IL 60290 | |
| Funding Source | | Description | | Eligibility Start Date (MMDDYYYY) | Eligibility End Date (MMDDYYYY) |
| 213 | ILLING | DIS-CONSUMER CENTERED RECOVERY SUPPORT | | 08/04/2010 | 08/04/2010 |
| 350 | | ILLINOIS-PSYCHIATRIC LEADERSHIP | 08/04/2010 | 08/04/2010 | |
| 572 | ILLI | INOIS-CONSUMER TRANSITIONAL SUBSIDIES | | 08/04/2010 | 08/04/2010 |
| 573 | ILLINOI | 5-ADOLESCENT TRANSITION TO ADULT SERVICES | | 08/04/2010 | 08/04/2010 |
| 574 | | ILLINOIS-PSYCHIATRIC MEDICATION | | 08/04/2010 | 08/04/2010 |
| 860 | | ILLINOIS-CRISIS RESIDENTIAL | | 08/04/2010 | 08/04/2010 |
| ABC | | ILLINOIS MEDICAID NON-MEDICAID FFS | | 08/04/2010 | 08/04/2010 |
| IESSAGE HE REGISTRATION HAS BEEN CLO | DSED. | | | | |
| Return | | | | | |

9 Consumer Registration Address Change

The Consumer Registration Address Change allows for the updating of the Consumer's address without updating the registration.

Note: The registration and re-registration process will also update the consumer's address. The Address Update should only be used when the consumer's address only requires updated between registrations.

- 1. Click the **View Consumer Registration** button to display all associated registrations.
- 2. Click the Address Change button, located at the bottom of the screen.

| Education Center | | | | | | | | | |
|---------------------------------------|----------|----------------------|-----------|--------------|----------------|-----------------|------------------------------|------------------------------|----------------|
| ValueSelect Designation Contact Us | View | Consumer Auths | View Cor | isumer Clair | ns View I | Empire Claims | View GHI-BMP Claims | View Consumer Registrations | |
| | Ente | r Auth Request | En | er Claim | | end Inquiry | View Clinical Request Drafts | special Program Applications | |
| | Add | l Consumer Registrat | ion | | | | | | |
| | Consumer | Registrations | | | | | | | |
| | Form | Date Created | Edited By | Fund | Effective Date | Expiration Date | | | |
| | ILAS | 01/08/2010 | 999999 | 131 | 11/18/2009 | 05/18/2010 | Re- | Register Close Registration | Address Change |
| | ILAS | 01/08/2010 | 999999 | 213 | 11/18/2009 | 05/18/2010 | Re- | Register Close Registration | Address Change |
| | ILAS | 01/08/2010 | 999999 | 350 | 11/18/2009 | 05/18/2010 | Re- | Register Close Registration | Address Change |
| | ILAS | 01/08/2010 | 999999 | 572 | 11/18/2009 | 05/18/2010 | Re- | Register Close Registration | Address Change |
| | ILAS | 01/08/2010 | 999999 | 573 | 11/18/2009 | 05/18/2010 | Re- | Register Close Registration | Address Change |
| | ILAS | 01/08/2010 | 999999 | 574 | 11/18/2009 | 05/18/2010 | Re- | Register Close Registration | Address Change |
| | ILAS | 01/08/2010 | 999999 | 860 | 11/18/2009 | 05/18/2010 | Re- | Register Close Registration | Address Change |
| | ILAS | 01/08/2010 | 999999 | ABC | 11/18/2009 | 05/18/2010 | Re- | Register Close Registration | Address Change |
| | | | | | | | | | |

A window will appear displaying the existing address fields which can now be modified and saved. This will update the address that is displayed on the Consumer Demographics page. The Consumer Address page will display the most current address on file with the Collaborative for the consumer.

| Consumer Registration | n Address Update | | | | | | |
|---|---|---------|-------------|------------|-------------------------------------|----------------------------|---|
| All fields marked with an asterisk (*) a Note: Disable pop-up blocker functio. | ve required. nality to view all appropriate links. | | | | | | |
| Recipient ID(RIN) Client ID ILLTEST01 | | | | | | | |
| Demographics | | | | | | | |
| Last Name First Name Mide CONSUMER TEST | dle Initial Suffix Date of Birth (MM 01/01/1984 | DDYYYY) | | | | | |
| *Primary Address | Address Line 2 | *City | *State *ZIP | ZIP Suffix | | 1 | 7 |
| 123 FIRST ST | | CHICAGO | IL 60290 | | Address Unknown | Select City, State and Zip | |
| *County | *Township/Community Area | - | | | | | |
| 001 - ADAMS | 001/01 - BEVERLY | | | | | | |
| Back Submit | | | | | | | |
| | | | | | | | |

3. Make the appropriate address updates and click Submit.

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| All fields marked with an asteris Note: Disable pop-up blocker f | sk (*) are required, functionality to view all appropriate links | | | | | |
|---|---|--|-------------------------------|-----------------------|---------------------------|--|
| Recipient ID(RIN) Client II ILLTEST01 | D | | | | | |
| Domographies | | | | | | |
| Demographics | | | | | | |
| Last Name First Name CONSUMER TEST | Middle Initial Suffix Date of Bir 01/01/1 | th (MMDDYYYY) 984 | | | | |
| Last Name First Name CONSUMER TEST *Primary Address 123 CHANGE ADDRESS | Middle Initial Suffix Date of Bir 01/01/1 Address Line 2 | th (MMDDYYYY) 984 *City CHICAGO | *Slate *ZIP ZIP S IL 60290 | uffix Address Unknown | elect City, State and Zip | |

Note: Click *Submit* to save the changes and display the confirmation message. *Select the Back button to display the previous screen; this will not update the address.*

A confirmation message will appear indicating the address field(s) has been successfully updated.

| Consumer's address Consumer Registration | ss has been updated. Address Update | | | | | | |
|---|--|------------------|----------|----------------|-------------------|----------------------------|---|
| All fields marked with an asterisk (*) a Note: Disable pop-up blocker function | re required. ality to view all appropriate links. | | | | | | |
| Recipient ID(RIN) Client ID ILLTEST01 | | | | | | | |
| Demographics | | | | | | | |
| Last Name First Name Mide CONSUMER TEST | le Initial Suffix Date of Birth (MMD 01/01/1984 | DYYYY) | | | | | |
| *Primary Address 123 CHANGE ADDRESS | Address Line 2 | *City CHICAGO | *State * | ZIP ZIP Suffix | O Address Unknown | Select City, State and Zip |) |
| *County 001 - ADAMS | *Township/Community Area | | | | | | |
| Back Submit | | | | | | | |

Once the confirmation of the address change appears click the **Back button** to return to the previous screen, the address has been changed.

| Specific Consumer Search | Demographics Enrollment | History COB Benefits | Additional Information | | | |
|---------------------------------------|-------------------------------|----------------------------------|--------------------------------|------------------------------|------------------------------|------------|
| specific Consumer Search | | | | | | |
| Register Consumer | | | | | | |
| Authorization Listing | Consumer eligibility does not | guarantee payment. Eligibility i | s as of today's date and is pr | ovided by our clients. | | |
| Enter an Authorization Request | | | | | | |
| View Clinical Request Drafts | Consumer? | | | Eligibility | | |
| Claim Listing and | Consumer ID | ILLIESIO1 | | Effective Date | | 07/01/2008 |
| Submission | Alternate ID | | | Expiration Date | | |
| Enter a Special Program | Consumer Name | CONSUMER, TEST | | COB Effective Date? | | |
| Application | Date of Birth | 01/01/1984 | | View Funding Source Enro | ilment Details | |
| EDI Homepage | Address | 123 CHANGE ADDRESS | | | | |
| On Track Outcomes | | CHICAGO, IL 60290 | | Subscriber | | |
| Reports | Alternate Address | | | Subseiber ID | II I TESTOI | |
| My Online Profile | Marital Status | - | | Subscriber ID | ILLIESIUI | |
| My Practice Information | Home Phone | | | Subscriber Name | CUNSUMER, TEST | |
| Provider Data Sheet | Work Phone | | | | | |
| Compliance | Relationship | 1 | | | | |
| Handbooks | Gender | F - Female | | | | |
| Forms | | | | | | |
| Network Specific Information | | | | | | |
| Education Center | | | | | | |
| ValueSelect Designation Contact Us | View Consumer Auths | View Consumer Claims | View Empire Claims | View GHI-BMP Claims | View Consumer Registrations | |
| | Enter Auth Request | Enter Claim | Send Inquiry | View Clinical Request Drafts | Special Program Applications | |

10 View Consumer Registrations

The View Consumer Registration will display all registrations on file for the consumer for your agency.

To View Consumer Registrations:

1. Click the **View Consumer Registration** button on the **Demographics** page to display all registrations for the consumer.

| nome | Domographics Envolument L | listowe COD Bonofits | Additional Information | | | |
|---------------------------------------|-------------------------------|--------------------------------|----------------------------------|------------------------------|------------------------------|------------|
| Specific Consumer Search | Demographics Enronment P | USIOFY COD Deficition | Additional miormation | | | |
| Register Consumer | | | | | | |
| Authorization Listing | Consumer eligibility does not | guarantee payment. Eligibility | is as of today's date and is pro | wided by our clients. | | |
| Enter an Authorization Request | | | | | | |
| View Clinical Request Drafts | Consumer? | | | Eligibility | | |
| Claim Listing and | Consumer ID | ILLTEST01 | | Effective Date | | 07/01/2008 |
| Submission | Alternate ID | | | Expiration Date | | |
| Enter a Special Program | Consumer Name | CONSUMER, TEST | | COB Effective Date? | | |
| Application | Date of Birth | 01/01/1984 | | View Funding Source Enro | llment Details | |
| EDI Homepage | Address | 123 CHANGE ADDRESS | 5 | | | |
| On Track Outcomes | ali | CHICAGO, IL 60290 | | Subscriber | | |
| Reports | Alternate Address | | | Subscriber ID | ILLTEST01 | |
| My Online Profile | mantai status | | | Subscriber Name | CONSUMER TEST | |
| My Practice Information | Home Phone | | | | CONSCIENT IEST | |
| Provider Data Sheet | Work Phone | | | | | |
| Compliance | Relationship | 1 | | | | |
| Handbooks | Gender | F - Female | | | | |
| Forms | | | | | | |
| Network Specific Information | | | | | | |
| Education Center | | | | | | |
| ValueSelect Designation Contact Us | View Consumer Auths | View Consumer Claims | View Empire Claims | View GHI-BMP Claims | View Consumer Registrations | |
| | Enter Auth Request | Enter Claim | Send Inquiry | View Clinical Request Drafts | Special Program Applications | |

The Form column under the Consumer Registrations section is a hyperlink to the registration form which stores all the information entered for that registration.

To view all the registration fields that were entered for a specific registration for this consumer click the **Form** link, located to the left of the registration.

| | View | Consumer Auths ar Auth Request | View Co | nsumer Clain ter Claim | ns View | Empire Claims | View GHI-BMP Claims Enter Member Reminders View Consumer Registrations View Clinical Drafts Special Program Applications |
|-----|----------|-----------------------------------|-----------|---------------------------|----------------|-----------------|--|
| | Consumer | Consumer Registra | ition | | | | |
| i l | Form | Date Created | Edited By | Fund | Effective Date | Expiration Date | |
| | ILAS | 08/06/2010 | 999999 | 213 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | ILAS | 08/06/2010 | 999999 | 350 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | ILAS | 08/06/2010 | 999999 | 572 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | ILAS | 08/06/2010 | 999999 | 573 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | ILAS | 08/06/2010 | 999999 | 574 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | ILAS | 08/06/2010 | 999999 | 860 | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | ILAS | 08/06/2010 | 999999 | ABC | 07/23/2010 | 01/23/2011 | Re-Register Close Registration Address Change |
| | | | | | | | |

The Consumer Registration details will be displayed.

| | Consumer Projection | | | | | | |
|---|---|---|--|-------------------------------------|-------------------------------|---------------------|-------------------------|
| | All fields marked with an asterisk (*) are required. | | | | | | |
| random Index Index Index Index | Registration Start Date (MMDDYYYY) | Recipient ID(RIN) | | Client ID | Agency FEIN 123456789 | Satellite Code 0 | Medicaid Site ID 123 |
| | Flighility Statue | 12123101 | | | | | |
| | Elgibility Status TADL | - | | | | | |
| And a construction Probability A matrix is a construction | First Presentation Indicator | | | | | | |
| And market And market <td>First Presentation Indicator N - No</td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> | First Presentation Indicator N - No | - | | | | | |
| And and a set of a | Demographics | | | | | | |
| And a | Last Name First Name Middle Initial Suffix CONSUMER TEST | Date of Birth (MMDDYY 01/01/1984 | YY) Mother's Maiden Na CONSUMER | me Social Security Number No SSN | Gender Female | | |
| | Primary Address Address Line 2 City 9 123 FIRST ST CHICAGO I | State ZIP - ZIP Suffix IL 60290 | | | | | |
| NameNameNameNameNameNameSecond </td <td>County Township/Community Area 001 - ADAH5 001/01 - BEVERLY</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | County Township/Community Area 001 - ADAH5 001/01 - BEVERLY | | | | | | |
| <form>Restant we want we wa</form> | Household Income Client Income Household Siz 500.0 500.0 1 | te Household Compositi Lives alone | on Qualifying Exception Household med del | ™ bt exp >=7.5% household yr | income | | |
| | Education Level Military Stat General Equivalency Diploma (GED) Not a Veter | tus Marital Status rran Widowed | | | | | |
| <form> Selection Selection Selection<</form> | Employment Status SSI-SSDI Eligi Emplyed part time (unsubsidized) Eligible, not r | ibility D receiving payments Er | FI-CFI Enrolment | | | | |
| | Court/Forensic Treatment Not applicable | | | | | | |
| <form>Max<td>Race 1 Race Native Hawaiian or Other Pacific Islander Noth</td><td>2 ing to report</td><td></td><td></td><td></td><td></td><td></td></form> | Race 1 Race Native Hawaiian or Other Pacific Islander Noth | 2 ing to report | | | | | |
| <form>RateWeightWeightWeightReserve weightReserve weight</form> | Race 3 Race 4 Citizenshi Nothing to report Nothing to report U.S. Citiz | ip zen | | | | | |
| above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above above above Calce above <td>Race 5 Hispanic Origin Lang Nothing to report Not of Hispanic origin Engl</td> <td>guage lish</td> <td></td> <td></td> <td></td> <td></td> <td></td> | Race 5 Hispanic Origin Lang Nothing to report Not of Hispanic origin Engl | guage lish | | | | | |
| <form> Sevent is in the state is a sevent is a se</form> | Interpreter Services Needed MH Residential Arrangm Serviced Not Needed Private residence-un | nent Justice Sys supervised Not Applic | tem Involvement :able | | | | |
| <form>Camera on a seriesSecond constraintsSecond constr</form> | Disaster Guest Type Disaster Guest State Disaster | Guest County | | | | | |
| A media media Second Procession A media A med | Consumer Third Party Payor No | | | | | | |
| | MH Residential Indicator No | | | | | | |
| herehereherehereherehereherehereherehereherehereherehereherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrastherecontrast< | Special Program Enrollment | | | | | | |
| ne nd mnd mconstructionnd mnd mnd mconstructionnd mnd mnd mconstructionnd mnd mconstructionnd mnd mconstructionnd mnd mconstructionnd mnd mconstructionnd m <td< td=""><td>Juvenile Justice Path Grant Co. No Inp No No</td><td>mmunity Hosp IC patient Si</td><td>OG Community Ci ervices N</td><td>HP 0</td><td></td><td></td><td></td></td<> | Juvenile Justice Path Grant Co. No Inp No No | mmunity Hosp IC patient Si | OG Community Ci ervices N | HP 0 | | | |
| End on in bits in bits in bits Revealed by the set of the se | Begin Date Begin Date Beg | gin Date Br | egin Date Be | egin Date | | | |
| | End Date End Date End | d Date Er | nd Date Er | nd Date | | | |
| | Consumer in Residential program funded by DMH and o | operated by Registering Pro | vider Not in Residential P | Program | | | |
| | Permanent Supported Housing | Residence ber | | | | | |
| Her CLOSING Mill Georg Days Mill Georg Days Diagnostion Section go Days 04/ICCLAS Score al Clong Diagnostion Diagnostion CLOSING Diagnostion CLOSING Diagnostion CLOSING Diagnostion CLOSING Artis II Diagnostion Closin Tyres CLOSING Diagnostion Closin 1 Diagnostion Closin 1 Diagnostion Closin 1 Diagnostion Closin 1 Diagnostion Closin 2 Diagnostion Closin 2 Diagnostion Closin 2 Diagnostion Closin 2 Diagnostion Closin 3 Diagnostion Closin 3 Diagnostion Closin 3 Diagnostion Closin 3 Participanti Closin 3 Vol 100 Vol 100 Diagnostion Closin 3 Diagnostion Closin 3 Participanti Closin 3 Vol 100 Vol 100 Vol 100 Diagnostion Closin 3 Diagnosti Closin 3 Diagnostion Closin 3 Diag | Money Follows the Person No | | | | | | |
| indexing the decing the | MH CLOSING | | | | | | |
| Particula Statuk del Colong Catri Cata Statum e Colong Diagnoni Sub Japonin Colo Type Sub 9-01 Acta I Acta II Dagnoni Colo 1 Dagnoni Colo 1 Dagnoni Colo 2 Dagnoni Colo 2 VIL09 Dagnoni Colo 2 Dagnoni Colo 2 Dagnoni Colo 2 VIL09 Dagnoni Colo 2 Dagnoni Colo 3 Dagnoni Colo 3 VIL09 Acta II Dagnoni Colo 3 Acta III Dagnoni Colo 4 IIII Dagnoni Colo 3 Acta III Dagnoni Colo 3 Acta III Dagnoni Colo 4 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | MH Closing Date | | MH Closing Disposition | | | | |
| Chargenesis Deprote Code Presis Acts I Deprote Code 1 200000 Code 2 200000 Code 3 20000 Code 3 2000 Code 3 <t< td=""><td>Functional Scale Used at Closing</td><td></td><td>GAF/CGAS Score at Ck</td><td>osing</td><td></td><td></td><td></td></t<> | Functional Scale Used at Closing | | GAF/CGAS Score at Ck | osing | | | |
| Name Name Axis I Axis I Depose Code 1 vi.09 Stars Code 2 Dispose Code 1 Stars Code 2 Dispose Code 2 Vi.09 Dispose Code 2 Vi.09 Dispose Code 3 Dispose Code 3 To Space Code 3 First Presentation Assessment Yes Space Code Code Space Cod | Diagnosis | | | | Disease Cade Ture | | |
| Asis I Asis II Dignes Code 1 Dignes Code 1 Dignes Code 2 Dignes Code 2 Dignes Code 3 Dignes Code 3 Dignes Code 3 Dignes Code 3 Dignes Code 1 Dignes Code 3 Dignes Code 3 Dignes Code 3 Dignes Code 1 Dignes Code 3 Dignes Code 2 Dignes Code 3 Dignes Code 3 Dignes 3 | | | | | ICD-9-CM | | |
| Bages Code 1 Biges Code 1 VL09 Biges Code 2 Biges Code 3 Biges Code 3 Code 3 | Axis I | | | | Axis II | | |
| Dignosis Code 3 Dignosis Code 3 Dignosis Code 3 Dignosis Code 3 Axis III Procpal Dignosis Indicator Axis I, Diagnosis 1 Dignosis Code 3 Procpal Dignosis Indicator Axis I, Diagnosis 1 Dignosis Code 3 Procpal Dignosis Indicator Axis I, Diagnosis 1 Dignosis Code 3 Image: Standbard Processing Processing Procpal Dignosis Indicator Axis I, Diagnosis 1 Procpal Dignosis Indicator Axis I, Diagnosis 1 Image: Procpal Dignosis Indicator Axis I, Diagnosis 1 Page: Standbard Processing P | Diagnosis Code 1 295 | | | | Diagnosis Code 1 v71.09 | | |
| Dispose Code 3 Dispose Code 3 Arks III | Diagnosis Code 2 v71.09 | | | | Disgnosis Code 2 v71.09 | | |
| Avis III Principal Diagnesis Indicator Axis I, Diagnesis Code 2 Degroes Code 2 Code 2 Degroes Code 3 Code 2 FIFTS Presentation Assessment Registers for No 10 the following conductor. The group registers is reported in the registration and was obtained by a <u>N - No No Researance Y feel of No 10 the following conductor. Registers for No 10 the following conductor. No The Company description group the registration and was obtained by a <u>N - No No Researance Y feel of No 10 the registration and was obtained by a <u>N - No No Researance Y feel of No 10 the registration and was obtained by a <u>N - No No - No Researance Y feel of No 10 the registration and was obtained by a <u>N - No No - No Researance Y feel of No 10 the registration and was obtained by a <u>N - No No - No Researance Y feel of No 10 the registration and was obtained by a <u>N - No No - No Researance Y feel of No 10 the registration and was obtained by a <u>N - No No - No Researance Y feel of No 10 the registration and State I and Prove the Inductor of No No - No Researance Y feel of No 10 the registration and State I and Prove the Inductor of No No - No CAP/CCASS Score Locus Results State I and Prove the Inductor of No No - No Researance Y feel of No No - No No - No</u></u></u></u></u></u></u></u> | Diagnosis Code 3 v71.09 | | | | Diagnosis Code 3 v71.09 | | |
| Alleriges Axis 1, Diagnosis 1 Diagnosis Code 2 | Axis III Disonosis Code 1 | | | | Principal Diagnosis Indicator | | |
| Degronis Code 3 First Presentation Assessment kesse answer Yes' or 'No' to the following conditons. The primary degronis is reported in the registration and was obtained by a N • No provident in the registration and was obtained by a Y • Yes constraint was an antibation or conjunc brain desses of training V • Yes CCASS Score Locus Results Farctional Scale Used GAF CCASS SCORE | Allergies | | | | Axis I, Diagnosis 1 | | |
| First Presentation Assessment Nases answer Yes' or No' to the following conducts. The primary segnoses is reported in the registration and was obtained by a noise primary segnoses or protein the registration and was obtained by a noise that a shatpry of autoric perivative developmental reproduction or primary segnoses or trauma The Commune Assessment Y - Yes Storder: Institute terration or cognic brain developmental reproduction Y - Yes CAP/CGAS Score Locus Results V - Yes Great Case Score Cocus Results Score Score Cocus Results | Diagnosis Code 3 | | | | | | |
| Nesse answer Yes' or ho' to the following conditions. III - No The point y diagnosis is reported in the registration and was obtained by a III - No The Consumer does not have a shifting of autism, point was obtained by a Y - Yes The does not have a shifting of autism, point was obtained by a Y - Yes GAE/CGAS Score Locus Results Y - Yes Exclosing Score Score Locus Results | First Presentation Assessment | | | | | | |
| Integrangery segmices a reported in the Regarization and valas docamedo py a """ The Consumer does not have a history of autism, pervasive developmental The Consumer has not had more than 16 veeks of antiprychotic V - Ves CCAF /CCGAS Score Locus Results EAF/CGAS Score Locus Results EAF/CGAS Score Locus Results EAF/CGAS Score Locus Results EAF/CGAS SCORE | Please answer 'Yes' or 'No' to the following conditions. | Lucas adatat - 11 | N - No | | | | |
| Isoder, mental retardation of organic brain disease of trauma The consume has not had more than 15 weeks of antpsychotic Y - Yes didation fractional GAF/CGAS Score Locus Results Eurotional Scale Used GAF CGAS SCORE | The primary diagnosis is reported in the registration and sychiatrist. | I was obtained by a | Y - Yes | | | | |
| GAF/CGAS Score Locus Results Functional Scale Used GAF GGAS SCORE | isorder, mental retardation or organic brain disease or tra The consumer hand had more than 16 weeks of antipa redication treatment | sychotic | Y - Yes | | | | |
| Endetsnal Scale Used GAF | GAF/CGAS Score Locus Results | | | | | | |
| CGAS SCORE | Functional Scale Used | | | | | | |
| | CGAS SCORE | | | | | | |
| | | | | | | | |

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| Community | | School | |
|--|--|---|--|
| Social Relations | | | |
| GAF | 45 | | |
| Social Group/School | 00-SERIOUS IMPAIRMENT CRITERIA NOT MET | Supportive Social | 01-SERIOUS IMPAIRMENT CRITERIA MET |
| Employment | 00-SERIOUS IMPAIRMENT CRITERIA NOT MET | Daily Living Activity | 00-SERIOUS IMPAIRMENT CRITERIA NOT MET |
| Financial | 01-SERIOUS IMPAIRMENT CRITERIA MET | Inappropriate or Dangerous Behaviour | 00-SERIOUS IMPAIRMENT CRITERIA NOT MET |
| Community Living | 00-SERIOUS IMPAIRMENT CRITERIA NOT MET | Previous Functional Impairment | 00-SERIOUS IMPAIRMENT CRITERIA NOT MET |
| LOCUS RESULTS | | | |
| FUNCTIONAL IMPAIRMENT D | OMAIN SCORES | | |
| Risk of harm | | Recovery - Environment Stressors | |
| Functional Status | | Recovery - Environment Support | |
| Co-morbidity | | Recovery and Treatment History | |
| Composite score 0 | | Acceptance and Engagement | |
| LOCUS Recommended Level of Car | re | Assessor Recommended Level of Care | |
| Columbia Impairment Scale Score (0 | 0-52) | | |
| Worker Ohio Problem Severity Scal | e Score (0-100) | | |
| Worker Ohio Functionality Scale (0- | -80) | | |
| DEVEREAUX SCALE | | | |
| DECA Subscale (For children under | the age of 3) | | |
| Protective Factor Scores | he are of 3 under the are of 5) | | |
| Protective Factor Scores | 0 | | |
| Behavioral Concerns Scores | 0 | | |
| History of Illinois | | | |
| History of Timess | | | |
| | | | |
| | | | |
| Continous Treatment | | Consumer does not meet treatment history criteria | |
| Continous Treatment | | Consumer does not meet treatment history criteria Consumer does not meet treatment history criteria | |
| Continous Treatment Continous Residential Multiple Residential | | Consumer does not meet treatment history criteria Consumer does not meet treatment history criteria Consumer does not meet treatment history criteria | |
| Continous Treatment Continous Residential Multiple Residential Outpatient | | Consumer does not meet treatment history criteria Consumer does not meet treatment history criteria Consumer does not meet treatment history criteria Consumer does not meet treatment history criteria | |
| Continous Treatment Continous Residential Multiple Residential Outpatient Previous Treatment | | Consumer does not meet treatment history criteria Consumer does not meet treatment history criteria | |
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| Continous Treatment Continous Residential Multiple Residential Outpatient Previous Treatment Co- Occurring Disorder III Evidence Based Practice - Supporte MH Cross Disabilities Form Completion Date Type of Service Needed 1 | d Employment 07/23/2010 06-141 Case Management | Consumer does not meet treatment history criteria Evidence Based Practice IDOT Primary Care Giver Apa Type of Services Sought 1 | 59 06-141 Case Hangement |
| Continous Treatment Continous Residential Multiple Residential Outpatient Previous Treatment Co: Occurring Disorder Ne Evidence Based Practice - Supporte MH Cross Disabilities Form Completion Date Type of Service Needed 1 Type of Service Needed 2 | d Employment 07/23/2010 06-14H Case Hanagement | Consumer does not meet treatment history criteria Evidence Based Practice 1007 Drimary Care Giver Age Type of Sarvices Sought 1 Type of Sarvices Sought 2 | 99 06-141 Case Management |
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Click the **Return** button to go back to the **Demographics** page for this consumer.

| Appointment Date | Termination Date |
|---------------------------------------|------------------|
| Guardian Type Last Name First Name MI | |
| Address | |
| City State Zip Code Zip Suffix | |
| Appointment Date | Termination Date |
| Return | |

| Consumer Registration | | |
|---|---|--|
| All fields marked with an asterisk (*) are required. Note: Disable pop-up blocker functionality to view all appropriate links. | | |
| *Registration Start Date (MMDDYYYY) Recipient ID(RIN) ILLTEST01 | Client ID | *Agency FEIN Satellite Code |
| Demographics | | |
| *Last Name *First Name Middle Initial Suffix CONSUMER TEST | *Date of Birth (MMDDYYYY) *Mother's Maiden Name *So 01011984 | unknown ⊙ No SSN Security Number *Gender |
| Primary Address Address Line 2 | *Chy *State *ZIP ZIP Suffix CHICAGO IL 60290 | O Address Unknown Select City, State and Zip |
| *County *Township/Community Area SELECT SELECT | *Williams Class Consumer Ves No | IMD Home Code SELECT |