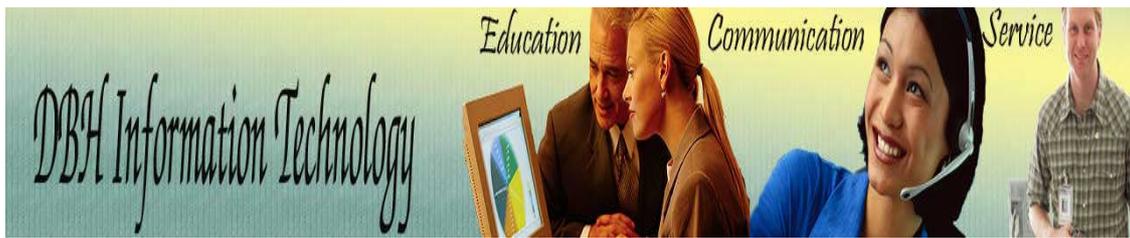
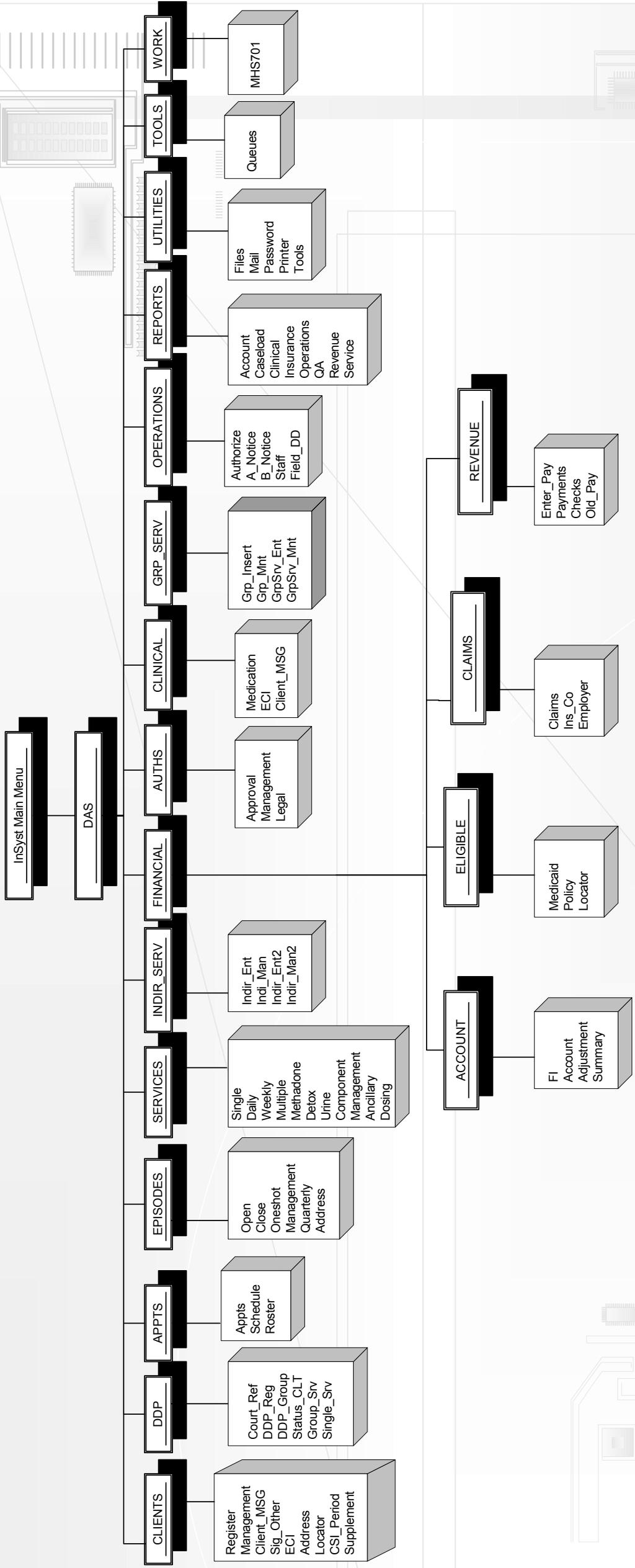


# Department of Behavioral Health



## SIMON DAS REFERENCE MANUAL

# Drug Alcohol Services Screen Chart



## FUNCTION KEYS

### Num Lock Key:

(Tap once ONLY, then select letter of function to perform)

NL-A	(additional authorization)
NL-B	(go back a page)
NL-C	(client number field)
NL-D	(go forward 2 pages)
NL-E	(exit)
NL-F	(displays template @ bottom of screen)
NL-I	(insert data)
NL-M	(go forward a page)
NL-R	(refresh screen)
NL-S	(save)
NL-U	(go back 2 pages)

### Control Keys:

(Press and continue to hold, then select letter of function to perform)

Control/W	(repaints or wipe clean screen)
Control/H	(backs up cursor one field)
Control/J	(clears a field where the cursor is located)
Control/Z	(ends an editing session)

## FUNCTION KEYS (DEFINITIONS)

The "NumLock" and "Control" keys are often referred to in this manual. The "NumLock" Key and "Control" keys can be used in conjunction with other keys to perform many functions. To use the NumLock on ten-key pad), press the NumLock key, **release it**, and then press the next key. To use the Control key you hold down the Control key **while** you press the next key.

NumLock Keys:

NumLock-A (additional authorization) Use this to request additional functions in entry and maintenance screens. It invokes Supervisor Mode in the Episode Update Screen and allows updating of additional fields. In the Single Service Entry screen it allows Late Entry and Supervisor Mode. In other screens it provides additional functions.

NumLock-B (back) This causes the screen to "page" backward one page.

NumLock-C (client number) Moves the cursor to the Client Number field to allow entry of a new client number. This function is not always available. In general, it is available prior to the validation of a client number and the displaying of information on the screen.

NumLock-D (Forward) This causes the screen to "page" forward two pages.

NumLock-E (exit) Use this to exit from the current screen and return to the previous menu. NumLock-E does not retain any values from the current screen.

NumLock-F (displays template) This sequence displays a template of the Function keys, F6-F12. When the template is displayed, pressing on one of the Function Keys executes the command shown on the template for that key. Also displays face sheet menu.

NumLock-I (insert) This sequence is used to invoke "insert" Mode from Maintenance Selection screens. In the Client Messages Screens it allows you to insert a new a Client Message while you are reviewing other Client Messages. If you have selected a Client Message for review and decide that you would like to enter a new message for the client, press the key sequence NumLock-I, and the screen will split into two windows to allow you to enter a new message while the old message is still displayed on the screen.

NumLock-M (more)	This sequence causes the screen to "page" forward. Often, more information is available than can be shown on the screen at one time.
NumLock-R (refresh)	This sequence restarts the screen. If you make a mistake or wish to restart the current screen, use NumLock-R. The screen is restarted with no values entered.
NumLock-S (save)	Use this sequence to leave a current data entry or maintenance screen. This allows you to leave the screen and retain the current Client and Reporting Unit information. When you select the next data entry or maintenance screen, the screen automatically displays the relevant data for the "saved" Client and Reporting Unit.
NumLock-U (back)	This causes the screen to "page" backward two pages.

**Control Keys:**

Control / W	(repaints) This combination repaints or refreshes the screen. For instance, if you receive unusual characters on your screen result of communication problems, and the current screen presentation is disrupted, the screen can be repainted by using the Control combination. The screen is refreshed with all of the present values that have been entered.
Control / H	(backs up one field) This combination backs up the cursor one field.
Control / J	(clears a field) This combination clears only the field where the cursor is located.
Control / Z	(ends an editing session) This ends an editing session in mail, files, and client message utilities.

# LOGGING ON SIMON

Having trouble, please contact: ISD HELPDESK (909) 884-4884  
or e-mail isdhelpdesk@isd.sbcounty.gov  
Website [www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh) or Intranet <http://countyline/dbh>

Unauthorized access is prohibited. Violators WILL be prosecuted.

## IMPORTANT SYSTEM NOTICE

Print Queues will be emptied every Friday at 2:30pm.

If you have any questions or difficulties please contact the HELPDESK.

Username: yes\_u

Password: █

1. Username: Type "last name\_first initial" (XXXXX\_X) <return>
2. Password: Type "password" <return>

This sign on is used for logging on to SIMON system. The first time or any time you need to be reset, your password will be like this:

1. Username: "last name\_first initial" (XXXXX\_X) <return>
2. Password: "newpass" <return>  
This password will expire immediately.
3. Type the password you select <return>
4. Type the password again for verification <return>

The password must be a minimum of 7 characters, maximum of 32.

The system will not allow any reuse of passwords.

There is a system dictionary of 2,000 of the most commonly used passwords and the system will **NOT** allow you to use any one of those words.

## SOLUTIONS:

- Use two small words together with no space
- Use alpha and numeric characters
- Use a very creative word

When you have signed on the system there will be two message screens that you will press enter to go past to get to the Main Menu.

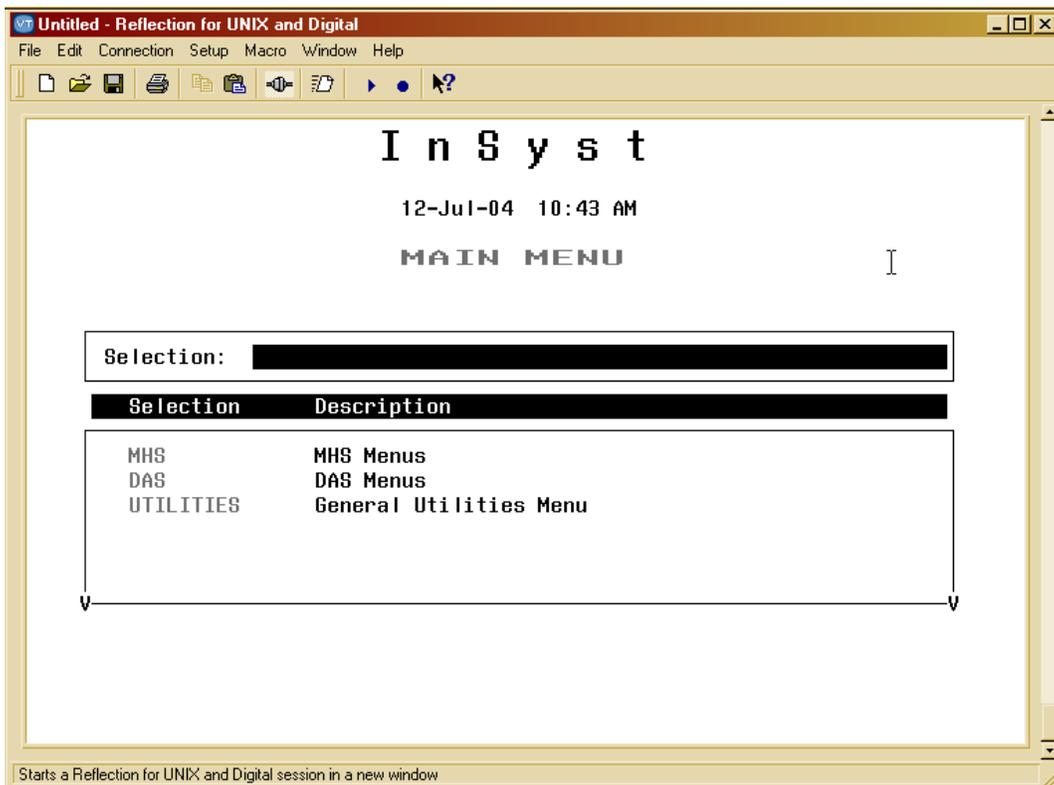
# MAIN MENU

You will then be at the system MAIN MENU. You must select either Mental Health or Drug and Alcohol or Utilities.

*To make the selection:*

- Type **M** or **1** or tab and place an "x" next to **MHS** for Mental Health.
- D** or **2** or tab and place an "x" next to **DAS** for Drug and Alcohol.
- U** or **3** or tab and place an "x" next to **Utilities** for Utilities.

This will take you to the MAIN MENU for the environment you want available.



## The Unique Client Number

The client must have an unique client number before you can work with any information. If a client is new to your program, you must determine whether the client has a number by using the Client Locator screen described below. If you cannot find the client number, assign a new client number using the Client Registration Screen described later in this chapter.

### THE CLIENT LOCATOR SCREEN

The Client Locator Screen lets you:

- find out if someone has ever been a client
- display a client's current episodes
- display current financial status
- determine if there are any current Client Messages
- request a Face Sheet report for the client
- jump to the Client Status Summary Screen
- jump to the Account Status Summary Screen

Every client that has ever been to any San Bernardino County Behavioral Health clinic has a medical record number in "SIMON". Be alert for misspelled names, birth date errors, and some have no social security numbers.

When a client comes to a Behavioral Health clinic seeking services, the client's name is researched in the MHS and DAS client locator screens.

Client Locator Screen

Last Name	First Name	N Soundex	
Client Number	000-00-0000 Social Security No.	Account No.	Other ID

Selection:

EPISODE	Mini Open Episode Status
FINANCIAL	Mini Financial Status

Confidential Information      USER: HALL\_K

Enter information for client location.

Starts a Reflection for UNIX and Digital session in a new window

FROM THE MAIN MENU:

1. Select **CL**ient or **1** <return>
2. Select **LO**cator <return>

3. Enter name-using steps below until clients are found. (Using Num Locks-R to refresh the screen between searches)

**NAME CHECK**

Enter the client's last name, tab over and enter first name <return>

A listing of 4 client names will appear; check names, birth dates, & social security numbers. Press Num Locks-M and 4 additional names will appear. You can view eight names in all.

**LAST NAME CHECK ONLY**

Enter only the last name; the client might use a different first name. Check both pages of names.

**LAST NAME AND FIRST TWO LETTERS OF FIRST NAME ONLY**

Enter last name and only first two letters of first name. Check both pages of names.

**VARIATIONS OF NAME**

Enter all spelling variations of the last name, while using only the first two letters of the first name. Do the same thing using the middle initial in place of the first initial.

**MAIDEN NAME** Enter the maiden name of the client as the last name.

**ALIASES** Enter any aliases as the last name.

**MOTHERS NAME** Enter mother's last name as the client's last name.

IF ALL EIGHT CLIENTS ON THE SCREEN HAVE THE SAME COMMON NAME, E.G. SMITH, JOHN, USE THE **Num Locks-A** FOR UNLIMITED SCROLLING, USE Num Locks-M TO LOOK THROUGH THE PAGES.

When you locate the client, "tab" down and put an "X" beside the correct name, press (return) and the client information will be brought up to the boxes. **Num Locks-S** will save the name and number so you can go to another screen to locate further information on that client. When you go to the new screen the client name and number will follow and appear on the screen, just press (return) and the information for that screen will appear.

IF THE CLIENT CANNOT BE FOUND IN THE LOCATOR SCREEN, or the client is NEW to San Bernardino County Behavioral Health. The new client will need to be registered in the **CLient REgistration** Screen, which will issue the client a medical record number.

**NAMES WITH SPACES, HYPHENS, OR DASHES**

MC ANYTHING - (a space between MC and ANYTHING) will NOT bring up the name if it's in SIMON with no space between, e.g., MCANYTHING

MCGUIRE - (no space between MC and GUIRE) will NOT bring up the name if it is in SIMON with a space, e.g., MC GUIRE.

You must try the name both ways in the SIMON locator screen.

# DAS REGISTRATION

Once you have determined that this client is new to our system, you must register the client for a new chart number.

## ONLY NEW CLIENTS NEED TO BE REGISTERED.

It is extremely important that information entered into the client registration screen be correct as it establishes the client's identity in the system for the future. We recommend that you enter information from the client's Medi-Cal or insurance card, driver's license, or social security card. For proper billing, the patient name must match the insurance information. Medi-Cal requires that the client's name to match the billing name.

## ENTERING A REGISTRATION

The screenshot shows a terminal window titled "Untitled - Reflection for UNIX and Digital". The main content is a "Client Registration" form. At the top right, there is a "Reporting Unit:" field with a greyed-out input box. Below this is a table of fields for personal information:

Last:	First:	Middle:
Generation:	Birthdate: / /	Sex:
Education:	Other Factors:	Other ID:
Disability:	Service Group:	Local Code:
Language:	Primary RU:	Program Code:
Ethnicity:	Chart Location:	Research Item:
Hispanic Origin:	Ref. Staff ID:	
Marital Status:		
Family Size:		
Annual Income:		Enter Address:
		Significant Others: N

Below the table is a section for aliases:

Aliases	Last	First	Middle

At the bottom of the form, there are three fields: "Form Ok Y/N:", "Confidential Information", and "USER: HALL\_K". Below these is a prompt: "Enter a registration provider code." The terminal window footer shows "460.61", "VT400-7 -- simon via TELNET", and "00:12:43".

FROM THE MAIN MENU:

1. Select **CL**ient or **1** <return>
2. Select **RE**gistration <return>
3. Enter:
  - Last name
  - First name
  - Middle initial
  - Generation
  - Sex
  - Date of birth
  - SS#
  - County number (CMC INPATIENT #)
  - Language
  - Education
  - Disability

ever admitted to (place an \_X")  
Marital status  
Race  
Ethnicity  
Significant other (y/n)  
Street number, direction, name (street), type, apt, city, state, zip code  
Aliases (if any)  
<return>

At form OK (y/n), enter Y <return>.

You will be prompted to re-key the entire name to insure accuracy.

KEEP THE CODE LIST FOR EACH CATEGORY AVAILABLE BY THE TERMINAL.

### **REGISTRATION NOTES**

Double last names:

Mary Smith-Jones is on her driver's license, but Medi-Cal usually has it Mary S. Jones. Register her in SIMON with the spelling Medi-Cal used and put in aliases for SMITHJONES and SMITH.

Do NOT register a new name with a SPACE, HYPHEN, or a DASH unless the client is billed that way. Enter the client in SIMON the way that Medi-Cal or other Insurance has their name listed.

**Aliases: If the client has ever used aliases, enter them here. As you add information, this section of the screen scrolls upward to allow more information to be entered. You may enter up to six aliases via the Client Registration Screen, and enter more through the Client Maintenance screen if necessary.**

**If the computer does NOT find another client with same information, (i.e., SSN, combined name and DOB) a new assigned number appears at the top and bottom of the screen.**

**If the computer finds another client with the same information, a message appears at the bottom of the screen, and aborts the registration. If there are two clients with the same social security number or duplicate medical records number contact Medical Records at (909) 421-9350 A.S.A.P. If the error is due to the same name and DOB, contact the F.I. Office at (909) 421-9412 to insure the information is correct. If it is, press Num Locks-A and reenter the registration.**

**The following data entry standard for SIMON became effective December 21, 2004. Mental Health / Drug and Alcohol client addresses must contain a valid street number, street name, city, state, and zip code.**

**Please insert the address listed below when indoubt or the client's address is unknown.**

**STREET NUMBER: 700  
STREET DIRECTION: E  
STREET NAME: GILBERT  
STREET TYPE: ST  
CITY: SAN BERNARDINO  
STATE: CA  
ZIP CODE: 92415**

**700 E Gilbert St San Bernardino CA 92415**

## SUBSTANCE ABUSE SERVICES CLIENT REGISTRATION FORM

Client Number:

Reporting Unit: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Gen: \_\_\_\_\_

Birthdate:

Sex:

SSN:

Education:

- 00 = None
- 01-20 = Grade Levels. Indicate the highest grade level completed. If the highest grade completed is greater than 20, enter 20.

Ethnicity:

- A = White
- B = Black/African American
- C = Native American
- D = Mexican/Mexican American
- E = Latin American
- F = Other Hispanic
- G = Chinese
- H = Vietnamese
- I = Laotian
- J = Cambodian
- K = Japanese
- L = Filipino
- M = Other Asian
- N = Other Race
- O = Unknown
- P = Other Southeast Asian
- Q = Alaskan Native
- R = Asian Indian
- S = Guamanian
- T = Hawaiian
- U = Korean
- V = Samoan

Disability:

- 000 = None
- 001 = Blindness or severe visual impairment
- 002 = Deaf or severe hearing impairment
- 004 = Speech Impairment
- 008 = Physical impairment-mobility related
- 016 = Developmental disability (i.e., epilepsy, cerebral palsy, mental retardation, etc.)
- 032 = Other physical impairment or disease not listed above (i.e., loss of upper limbs, diabetes, hypertension, cancer, etc.)
- 064 = Mental impairment
- 099 = Unknown

Hispanic Origin:

- 1 = Not Hispanic
- 2 = Mexican/Mexican American
- 3 = Cuban
- 4 = Puerto Rican
- 5 = Other Latin American
- 6 = Other Hispanic

Language:

- 1 = English
- 2 = Spanish
- 3 = Asian
- 4 = Indo-Chinese
- 5 = Middle Eastern
- 6 = Sign Language
- 7 = Other

Marital Status:

- 1 = Never Married
- 2 = Now Married
- 3 = Widowed
- 4 = Divorced/Dissolved/Annul
- 5 = Separated
- 6 = Unknown

Client Address:

Street No.:      Direction:   City: \_\_\_\_\_ State:

Street Name: \_\_\_\_\_ Zip Code:

Type:   Apt. No.:     Phone Number: (\_\_\_\_) \_\_\_\_\_

**\*If client Homeless enter: Address where Client is receiving treatment.**

Alias

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Client Birth Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Birth Place: County \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Mother First Name: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_ State: \_\_\_\_\_

## TRANSFER CLIENT NUMBER FROM MHS TO DAS

You can transfer a client number from DAS to MHS environments by following these procedures, but this special process involves total accuracy. This procedure is used to prevent the production of a different or second client number for one client in the database.

**Note: This process can also be used to transfer a client number from MHS to DAS.**

First begin with a name search using the MHS Client Locator screen.

FROM THE MAIN MENU:

1. Select **MHS**
2. Select **CLIEnt** or **1** <return>
3. Select **LOcator** <return>
4. Enter name.  
(Using Num Locks-R to refresh the screen between searches)

After you locate the client, save it by using the NumLock S keys. This procedure will move the client number so you do not have to write it down or remember it. Next, proceed to the Client Maintenance screen and tab over to the maintenance type and place a "L" in the box. Follow the example below:

FROM THE MAIN MENU:

1. Select **MHS**
2. Select **CLIEnt** or **1** <return>
3. Select **MAintenance** <return>
4. Enter: Client number <tab>  
Maintenance Type: type "L" (for Look-up)

The client information will appear. Use the print screen option (F2) to print out the client information.

Note: If the social security number is all 9's (999-99-9999) this procedure cannot be used, notify Medical Records immediately.

Third, enter the client information from MHS client maintenance into the DAS client registration screen.

FROM THE MAIN MENU:

1. Select **MHS**
2. Select **CLIEnt** or **1** <return>
3. Select **REgistration** <return>
4. Enter Reporting Unit <return>

Enter the client information exactly as it appears on your printout. If you perform this step correctly you will get the same exact client number in MHS that is in DAS. If you receive an ethnicity code error, just omit the code and proceed. After you have transferred the client number you can then update any information that needs to be updated. ***If you receive a different client you entered the data incorrectly and a duplicate client number will be created. If this happens notify Medical Records immediately.***

# CLIENT MAINTENANCE/PERIODIC UPDATE

This function is to UPDATE information about the client. You can change the statistical information in SIMON. Check this screen after you register a client for accuracy. If you find a mistake use the "Update (U)" in the maintenance type and the NumLock "A" to make correction.

Client Maintenance

Client Number: [REDACTED] Maintenance Type:

Last:	First:	Middle: T
Generation:	Birthdate: / /	Sex: SSN: 000-00-0000
Education:	Other Factors:	Other ID:
Disability:	Service Group:	Local Code:
Language:	Primary RU:	Program Code:
Ethnicity:	Chart Location:	Research Item:
Hispanic Origin:	Ref. Staff ID:	
Marital Status:		
Family Size:		
Annual Income:		Client UR Needed:

Aliases	Last	First	Middle
---------	------	-------	--------

Form Ok Y/N: Confidential Information USER: HALL\_K  
Enter a Client Number for maintenance.

FROM THE MAIN MENU:

1. Select **CLIE**nt or **1** <return>
2. Select **MA**intenance <return>
3. Enter:  
**Client Number:** Enter the number of the client whose record you want.  
**Maintenance Type:** If the client number is valid, you can enter the Maintenance Type "L" for Lookup, or "U" for Update.

The client information will appear.

<Tab> to the necessary field for change, type over the information to be changed. When complete <return>.

**At form OK (y/n), enter Y <return>.**

This is an excellent screen to print (press F2) when transferring information from the Mental Health Screen when registering a new client in the Drug and Alcohol environment. Use this **only** if the client exists in Mental Health and cannot be located in the Drug and Alcohol environment. If you transcribe the info into Drug and Alcohol correctly, the same as it appears in Mental Health you will have the same client number in both environments (see page 13).

Data Entry Initials:

RU/Provider #:

### SUBSTANCE ABUSE SERVICES CLIENT EPISODE OPENING SUMMARY

Client Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Client Number:

CADDS Number:

Admit Date:        
Month Day Year

**CDC Requires 6 Digit alphanumeric or Z2, only!**

Coded Remarks \_\_\_\_\_ Position \_\_\_\_\_

CDC Number \_\_\_\_\_

Veteran (Y/N) \_\_\_\_\_

Perinatal \_\_\_\_\_

CalWORKS Recipient (Y/N) \_\_\_\_\_

CalWORKS Sub Abuse Trmt (Y/N) \_\_\_\_\_

Parolee Services Network (Y/N) \_\_\_\_\_

FOTP Parolee (Y/N) \_\_\_\_\_

FOTP Priority Status (Yor Z2) \_\_\_\_\_

Staff:

Diagnosis I:  .  .  .

Referred From:

**FOTP applies only to Females**

Admission Status:

Initial Admission:

Number of Prior Admits (0-9):

Admission Legal Status:

Medication Prescribed (1-3):

Admission Employment Status:

Special Contract Code

Needles Used Past Year (Y/N):

Number of Children in Household:

Special Contract Number

Primary  Secondary  Tertiary

Number of Children Under 3:

Problem:

Client Pregnant at Admission (Y/N):

Usual Route of Administration

Client Homeless at Admission (Y/N):

Frequency of Use:

Arrests in Last 24 Months (0-99):

Age of First Use:

#### In The Last 30 Days

Alcohol Frequency

IV Use:

Paid Days Work:

Number of Arrests:

Days in Jail:

Days in Prison:

Days of Social Support:

Days Living with Substance Abuser:

Conflict Days with Family:

#### Physical Health Problem:

Emergency Room Visits:

Hospital Overnights:

Days of Physical Problem:

#### Mental Health Problem:

Emergency Room Visits:

Hospital/Psychiatric Facility Visits:

Prescribed Medication Taken: Y/N

Consent for Future Contact: Y/N

HIV/AIDS Tested: Y/N or N/A

Treatment Waiting Days:

HIV/AIDS Result: Y/N or N/A

Enrolled in Job Training: Y/N

Diagnosed with:

Tuberculosis: Y/N or N/A

Hepatitis C: Y/N or N/A

Sexually Transmitted Disease: Y/N or N/A

**Must match number of children in household**

Children Aged 17 or Less:

Children Aged 5 or Less:

Children Living with Others:

**EPISODE OPENING CODES**

<b>Diagnoses</b>	<b>General Referral Codes</b>	<b>Admission Status</b>
305.00 Alcohol Abuse	1 Fed/State Criminal Justice	1 Substance Abuser
303.90 Alcohol Dependence	2 Local/County Criminal Justice	2 Spouse of Substance Abuser
305.40 Barbiturates/Sedative Abuse	3 Self	3 Adult Child of Substance Abuser
304.10 Barbiturates/Sedative Depend.	4 Family/Friend	4 Minor Child of Substance Abuser
305.50 Opioid Abuse	5 Employers	5 Parent of Substance Abuser
304.00 Opioid Dependence	6 School/College	6 Other Co-Dependent
304.80 Polysubstance Dependence	7 Medical: hospital/clinic/physicians/nurse	<b>Legal Status</b>
305.60 Cocaine Abuse	8 Social Services	1 Not Applicable
304.20 Cocaine Dependence	9 Community Agency	2 Under Parole Supervision by CDC
305.70 Amphetamine Abuse	10 Mental Health	3 On parole from any other jurisdiction
304.40 Amphetamine Dependence	11 Public Guardian	4 On probation from any federal, state or local jurisdiction
305.20 Cannabis Abuse	12 Public Health/Public Health Nursing	5 Admitted under diversion from any court
304.30 Cannabis Dependence	13 Residential Care Facility	6 Incarcerated
305.30 Hallucinogen Abuse	14 Drug Residential	7 Awaiting trial, charges or sentencing
304.50 Hallucinogen/PCP Depend.	15 Drug Outpatient	<b>Coded Remarks Boxes</b>
305.90 Inhalant/PCP/Polysubstance Abuse	16 Alcohol Residential/Outpatient	<b>1-6</b> Parolee CDC number
304.60 Inhalant Dependence	17 Telephone Directory	<b>10</b> Veteran (Y) for Yes and (N) for No
304.90 Polysubstance/Psychoactive Substance Dependence	18 Brochure/Flyer/Newspaper/Newsletter	<b>11</b> Taking Buprenorphine
305.10 Nicotine Dependence	20 12 Step Program	<b>14</b> Only perinatal services recovery and treatment providers indicate if the client is receiving case management services (Y) for Yes and (N) for No
799.90/	21 P36 (Probation)	<b>Box 15</b> enter "P" and <b>Box 16</b> enter "X" for all clients admitted for perinatal recovery and treatment
V71.09 No Diagnosis	22 P36 (Parole)	<b>17</b> For all clients indicate whether or not they are Medi-Cal beneficiaries (Y) for Yes and (N) for No
<b>Employment Status</b>	<b>Substance Abuse Problem</b>	<b>22</b> (Y) for Yes and (N) for No if CalWORKS client is a recipient of TANF (Temporary Aid to Needy Families)
1 Unemployed, has not sought employment in last 30 days	01 Heroin	<b>23</b> (Y) for Yes and (N) for No if substance abuse treatment is part of the CalWORKS recipient's Welfare-to-Work plan.
2 Unemployed, has sought employment in last 30 days	02 Alcohol	<b>Route of Administration</b>
3 Part-time (less than 35 hours/week)	03 Barbiturates * These require a drug name	1 Oral
4 Full-time (more than 35 hours/week)	04 Other Seds/Hypnotics *These require a drug name	2 Smoking
5 Homemaker, seeking employment	05 Methamphetamines	3 Inhalant
6 Homemaker, not seeking employment	06 Other Amphetamines *These require a drug name	4 Injection
7 Part-time student (less than 12 units)/not seeking employment	07 Other Stimulants *These require a drug name	5 - Other
8 Full-time student (more than 12 units)/not seeking employment	08 Cocaine	<b>In general the list of codes below may also be used when entering data.</b>
9 Employed Student/part-time	09 Marijuana/Hashish	Z1 = Unknown or not sure/don't know
10 Disabled and unemployed/not seeking employment	10 PCP	Z2 = Not Applicable
<b>Medication Prescribed</b>	11 Other Hallucinogens *These require a drug name	Z3 = Other
1 None	12 Benzodiazepine *These require a drug name	
2 Methadone	13 Other Tranquilizers *These require a drug name	
3 LAAM	14 Non-Rx Methadone	
4 Buprenorphine (Subutex)	15 Other Opiates/Synth *These require a drug name	
5 Buprenorphine (Suboxone)	16 Inhalants *These require a drug name	
Z 3 - Other	17 Over the Counter *These require a drug name	
<b>Frequency of Use</b>	21 Other (Specify) *These require a drug name	
1 Number between 0-30	22 None	
Z 2 - Not applicable	23 Ecstasy	
	24 Other Club Drugs *These require a drug name	
	25 OxyCodone/OxyContin	
<b>Days of Social Support</b>	Z 1 = Unknown	
Number of days in the last 30 days that the client participated in social support recovery activities such as 12-Step meetings, religious/Faith Recovery or Self-Help Meetings, or attending meetings of Organizations other than those listed above.	Z 3 = Other *These require a drug name	

**Episode Opening**

Client Number: [REDACTED] RU: [REDACTED]

Admit Date: / /	Coded Remarks	Position
Staff: [REDACTED]		
Axis: I: [REDACTED] II: [REDACTED]	CDC Number: [REDACTED]	1-6
Referred From: [REDACTED]	Veteran: [REDACTED]	10
Admission Status: [REDACTED]	Perinatal	
Initial Admission: [REDACTED]	Case Mgt: [REDACTED]	14
Admission Legal Status: [REDACTED]	Indicator 1: [REDACTED]	15
Admission Employment Status: [REDACTED]	Indicator 2: [REDACTED]	16
Number of Children in Household: [REDACTED]		
Number of Children Under 3: [REDACTED]	Medi-Cal: [REDACTED]	17
Client Pregnant at Admission: [REDACTED]	CalWORKs	
Client Homeless at Admission: [REDACTED]	Recipient: [REDACTED]	22
Arrests in Last 24 Months: [REDACTED]	Sub Abuse Trmt: [REDACTED]	23
Special Contract Number: [REDACTED]		

Form Ok Y/N: [REDACTED] Confidential Information USER: [REDACTED]

Enter a reporting unit.

SCREEN #2

**Episode Look-up**

J [REDACTED] P [REDACTED]  
Client Number: 6 [REDACTED] RU: 36 [REDACTED]

Number of Prior Admits: 01 [REDACTED]  
Medication Prescribed: 01 [REDACTED]  
Needles Used Past Yr: N [REDACTED]

	Primary	Secondary	Tertiary
Problem:	02 / [REDACTED]	22 / [REDACTED]	22 / [REDACTED]
Drug Name:	[REDACTED] / [REDACTED]	[REDACTED] / [REDACTED]	
Route of Admin:	01 [REDACTED]	[REDACTED]	
Freq of Use:	05 / [REDACTED]	[REDACTED]	
Age First Use:	[REDACTED]	[REDACTED]	

Continue: [REDACTED] Confidential Information USER: [REDACTED]  
Press <Return> to continue or <N Return> to process a new client.

SCREEN #3

Episode Look-up

J [redacted] | H [redacted]  
Client Number: 6 [redacted]

[redacted]  
RU: 3 [redacted]

In The Last 30 Days:

Alcohol Frequency: [redacted]	Physical Health problem: [redacted]
IV Use: [redacted]	Emergency Room Visits: [redacted]
Paid Days Work: [redacted]	Hospital Overnights: [redacted]
Number of Arrests: [redacted]	Days Of Physical Problem: [redacted]
Days In Jail: [redacted]	
Days In Prison: [redacted]	Mental Health problem: [redacted]
Days Of 12 Steps/Other: [redacted]	Outpatient Emergency Svcs: [redacted]
Days Living With Substance User: [redacted]	Hospital/Psychiatric Facility Visits: [redacted]
Conflict Days With Family: [redacted]	Prescribed Medication Taken: N [redacted]

Continue:

Confidential Information

USER:

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

SCREEN #4

Episode Look-up

J [redacted] | H [redacted]  
Client Number: 6 [redacted]

[redacted]  
RU: 3 [redacted]

Consent For Future Contact : N [redacted]  
 Treatment Waiting Days: 000 [redacted]  
 Enrolled In Job Training: N [redacted]  
 Enrolled In School : N [redacted]  
 Diagnosed With Tuberculosis: N [redacted]  
 Diagnosed With Hepatitis C: N [redacted]  
 Diagnosed With Sexually Transmitted Disease: N [redacted]  
 HIV/AIDS Tested: N [redacted]  
 HIV/AIDS Result: N [redacted]  
 Prior MH Diagnosis: N [redacted]  
 Children Aged 17 Or Less: [redacted]  
 Children Aged 5 Or Less: [redacted]  
 Children In CPS Placement: [redacted]  
 Children In Placement With No Parental Rights: [redacted]

Continue:

Confidential Information

USER:

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

## Episode Opening

The screenshot shows a terminal-style interface for the 'Episode Opening' screen. At the top, it displays 'Client Number:' and 'Provider:' followed by a pair of parentheses '( )'. Below this is a large section labeled 'Co-Occurring' which contains a large white rectangular area, likely a placeholder for a list or data. At the bottom of the screen, there are three fields: 'Form OK Y/N:' with a small white box, 'Confidential Information', and 'USER:' with a small white box.

### I. Programs with Co-Occurring Budget

1. Use RU 7xxxx for Co-Occurring client population.
2. Enter special code      7002 (for Cal Works referral)  
                                     7004 (for CPS referral)  
                                     7005 (for PSN referral)  
                                     7006 (for SACPA referral)

In the "Co-Occurring Funding" field in the fifth screen of the Episode opening.

3. Enter special code 7000 in the "Co-Occurring Funding" field in the third screen of the Episode opening for clients referred from all other sources.

### II. Programs with No Co-Occurring Budget

1. Use the appropriate RU designated for each client population.
2. Enter special code 7000 in the "Co-Occurring Funding" field in the fifth screen of the Episode opening for clients referred from all other sources.

The term "Co-Occurring Disorders" is defined as the simultaneous occurrence of a substance related disorder and a mental disorder within the same individual.

Data Entry Initials:

RU/Provider #:

### SUBSTANCE ABUSE SERVICES CLIENT EPISODE CLOSING SUMMARY

Client Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Client Number:

Discharge Date:        
Month Day Year

Discharge Status:

Referred To:

Employment Status:

Client Adherence to Treatment Plan (Y/N):

Follow-up on Referral Prior to Discharge (Y/N):

Discharge No. of Children in Household:

Primary Problem:

Client Pregnant During Treatment (Y/N):

Frequency of Use:

Pregnancy Termination Reason:

Secondary Problem:

Date of Termination (Pregnancy):        
Month Day Year

Fees/Bal. Owed \_\_\_\_\_

CODED REMARK # 18 (PERINATAL ONLY / (1-5))

#### Number of Days in the Last 30 Days (0-30)

Alcohol Frequency:

Physical Health Problem:

IV Use:

Emergency Room Visits:

Paid Days Work:

Hospital Overnights:

Number of Arrests:

Days of Physical Problem:

Days in Jail:

Mental Health Problem:

Days in Prison:

Outpatient Emergency Services:

Days of Social Support:

Hospital/Psychiatric Facility Visits:

Days Living with Substance User:

Prescribed Medication Taken: Y/N or U

Conflict Days with Family:

Consent for Future Contact: Y/N

Children in CPS Placement:

Enrolled in Job Training: Y/N

Children in Placement with no Parental Rights:

Enrolled in School: Y/N

HIV/AIDS Tested: Y/N or U

HIV/AIDS Result: Y/N or U

Prior MH Diagnosis: Y/N or U

Children Aged 17 or Less:

Children Aged 5 or Less:

## EPISODE CLOSING CODES

### Employment Status

- 1 Unemployed, has not sought employment in last 30 days
- 2 Unemployed, has sought employment in last 30 days
- 3 Part-time (less than 35 hours/week)
- 4 Full-time (more than 35 hours/week)
- 5 Homemaker, seeking employment
- 6 Homemaker, not seeking employment
- 7 Part-time student (less than 12 units)/not seeking employment
- 8 Full-time student (more than 12 units)/not seeking employment
- 9 Employed Student/part-time
- 10 Disabled and unemployed/not seeking employment

### Days of Social Support

Number of days in the last 30 days that the client participated in social support recovery activities such as 12-Step Meetings, Religious/Faith Recovery or Self-Help Meetings, or attending meetings of organizations other than those listed above.

### Substance Abuse Problem

- 01 Heroin
  - 02 Alcohol
  - 03 Barbiturates \* These require a drug name
  - 04 Other Seds/Hypnotics \*These require a drug name
  - 05 Methamphetamines
  - 06 Other Amphetamines \*These require a drug name
  - 07 Other Stimulants \*These require a drug name
  - 08 Cocaine
  - 09 Marijuana/Hashish
  - 10 PCP
  - 11 Other Hallucinogens \*These require a drug name
  - 12 Benzodiazepine \*These require a drug name
  - 13 Other Tranquilizers \*These require a drug name
  - 14 Non-Rx Methadone
  - 15 Other Opiates/Synth \*These require a drug name
  - 16 Inhalants \*These require a drug name
  - 17 Over the Counter \*These require a drug name
  - 21 Other (Specify) \*These require a drug name
  - 22 None
  - 23 Ecstasy
  - 24 Other Club Drugs \*These require a drug name
  - 25 OxyCodone/OxyContin
- Z 1 = Unknown  
Z 3 = Other \*These require a drug name

### General Referral Codes

#### General Referral Codes

- 1 Fed/State Criminal Justice
  - 2 Local/County Criminal Justice
  - 3 Self
  - 4 Family/Friend
  - 5 Employers
  - 6 School/College
  - 7 Medical: hospital/clinic/physicians/nurse
  - 8 Social Services
  - 9 Community Agency
  - 10 Mental Health
  - 11 Public Guardian
  - 12 Public Health/Public Health Nursing
  - 13 Residential Care Facility
  - 14 Drug Residential
  - 15 Drug Outpatient
  - 16 Alcohol Residential/Outpatient
  - 17 Telephone Directory
  - 18 Brochure/Flyer/Newspaper/Newsletter
  - 19 Other
  - 20 12 Step Program
  - 21 P36 (Probation)
  - 22 P36 (Parole)
- Use county provider code when appropriate*

### Frequency of Use

- 1 Number between 0-30
- 2 Z2- not applicable

### Pregnancy Termination Reason

- 1 Abortion
- 2 Live Birth
- 3 Birth-dead
- 4 Miscarriage

### Coded Remarks # 18 (Perinatal only)

Enter one of the following codes for frequency of use at discharge for all perinatal clients. The "frequency of use" at discharge refers to usage of any and all of the substances reported as problems at discharge. If a client was at the treatment/recovery program for less than 30 days, the frequency reported at discharge should cover only the time she was in the program. This info should be gathered at the last face-to-face session with the client.

### Children Living with Others

How many children are living with someone else as a result of a child protection court order?

### Discharge Status

- 1 Completed treatment plan/goals
- 2 Left before completion w/satisfactory progress
- 3 Left before completion w/unsatisfactory progress
- 4 Terminated by clinic: fee non-compliance
- 5 Terminated by clinic: non-compliance w/treatment plan
- 6 Terminated by clinic: other administrative factors
- 7 Terminated by clinic: record open: no treatment provided
- 8 Terminated by clinic: incarcerated
- 9 Referred or transferred for further substance abuse treatment

**In general the list of codes below may also be used when entering data.**

- Z1 = Unknown or not sure/don't know  
Z2 = Not Applicable  
Z3 = Other

## Episodes in Substance Abuse Programs

The first half of this chapter covered Mental Health programs, and now we will look at how to open, close and maintain episodes for Substance Abuse programs.

SUBSTANCE ABUSE ONE-SHOT EPISODE				
ETTIE	ARNON		PSP OPT	
Client Number: 100000044			RU: 99991	
Street No.: 136	Direction: NW	Name: HEBARD	Type: ST	Apt:
City: SANTA CRUZ	State: CA	Zip Code: 99999+0000	Ph #: ( )	-
	CalOMS Zip Code: ZZZZZ			
Opening: 02/20/2006	Ref. From: 1	Ref. To: 1	/	Legal 1
	<b>Initial Diagnostic Impression</b>			
Axis 1: V71.09 P		Axis 2: 799.9 S		
Clinician ID: 55555	Employment Status: 9			
Procedure	Time (HH:MM)	Location	Clinician ID	Co-Staff
341	2 :	1	66666	
Form Ok Y/N: <input checked="" type="checkbox"/>	Confidential Information		USER: COHEN_ET	
Input required				

### One Shot Opening and Closing Screen with Data

## Opening New Episodes, Substance Abuse Programs

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

### *To open an episode:*

1. Choose EPISODES from the Main Menu.
2. Choose OPEN from the Episode Maintenance Menu to display Panel 1 of the Episode Opening Screen.

## Episode Opening

ETTIE            ARNON  
Client Number: 100000044

PSP OPT  
RU: 99991

Admit Date: 02/20/2006

Coded Remarks

Position

Staff: 55555

Axis: I: 302.2    II: 799.9

Referred From: 1

Admission Status: 1

Initial Admission: Y

Admission Legal Status: 1

Admission Employment Status: 1

Number of Children in Household:

Number of Children Under 3:

Client Pregnant at Admission: N

Client Homeless at Admission: N

Arrests in Last 24 Months:

Special Contract County: 38

Special Contract Number: 1124

CDC Number:	16433	1-6
-------------	-------	-----

Veteran:	Z4	10
----------	----	----

Perinatal		
-----------	--	--

Case Mgt:		14
-----------	--	----

Indicator 1:		15
--------------	--	----

Indicator 2:		16
--------------	--	----

Medi-Cal:	N	17
-----------	---	----

CalWORKs		
----------	--	--

Recipient:	Y	22
------------	---	----

Sub Abuse Trmt:	Y	23
-----------------	---	----

Form Ok Y/N:

Confidential Information

USER: COHEN\_ET

### Episode Opening Screen, Panel One

- Use the fields at the top of this panel to identify the record:
  - Reporting Unit:** Enter the reporting unit number for your program.
  - Client Number:** Enter the client number. If necessary, use the Client Locator Screen to find the correct client number.
- The system does not let you open an episode, if the client already has an open episode at this reporting unit. After the identifying fields are validated, you enter data in the following fields:
  - Admit Date:** Enter the admission date. The current date is the default. You cannot enter future dates or dates when the program is not open.
  - Staff:** Enter the primary staff identification number.
  - Diagnosis I and II:** Enter codes for the primary and secondary diagnoses. The default for Diagnosis II is No Diagnosis, code 799.80. Ask your system manager for a list of these codes.
  - Referred From:** Enter the referral code. You can enter a Reporting Unit number, an Agency Code, or a generic code to indicate self or other or a type of local agency. Ask your system manager about these codes.

- **Admission Status** Enter the client’s Admission Status using the codes. (Categories 2 through 6 are considered Co-Dependents.)

Code	Meaning
1	Substance Abuser
2	Spouse of Substance Abuser
3	Adult Child of Substance Abuser
4	Minor Child of Substance Abuser
5	Parent of Substance Abuser
6	Other Co-Dependent of Substance Abuser

**Admission Status Codes**

- **Initial Admission:** If this is the first time the client has ever been to a Substance Abuse program, enter “Y”. If this is a transfer from another program, enter “N”.
- **Admission Legal Status:** Enter the client’s legal status, using the codes in Table 4.4. Validation against table Legal\_Status\_Master.
- **Employment Status:** Enter the client’s current employment status. Ask your system manager for a list of these codes. Validation against table Employment\_Status\_Master.
- **Number of Children in Household at Admission:** You may enter the number of children living in the client’s household in this optional field.
- **Number of Children Under 3 in Household:** You may enter the number of children under age three living in the client’s household in this optional field.

1	Not applicable
2	Under parole supervision by CDC
3	On parole from any other jurisdiction
4	On probation from any jurisdiction
5	Admitted under other diversion from any court under CA Penal Code, Section 1000
6	Incarcerated
7	Awaiting trial, charges or sentencing

**Legal Status Codes**

- **Client Is Currently Pregnant:** Enter “Y” or “N” to indicate whether the client is pregnant or enter “Z1”. Enter “N” if the client is male.
  - **Client Is Homeless At Admission:** Enter 1, 2 or 3 to indicate whether the client is homeless. Validation against table Homeless\_Master.
  - **# of Arrests in Last 24 Months:** Enter the number of times the client has been arrested in the last twenty-four months.
  - **Special Contract County:** Enter CalOMS Special Contract County or enter “Z2”.
  - **Special Contract Number:** Enter the CalOMS Special Contract Number assigned by the state, if applicable or enter “Z2”.
  - **CDC Number:** Enter the client’s California Department of Correction identification number or enter “Z1”, “Z2”.
  - **Veteran:** Enter “Y” if client is a U.S. veteran, “N” if not”.
  - **Medi-cal Beneficiary:** Enter “Y” if client is Medical Beneficiary, “N”.
  - **CalWORKs Recipient:** Enter “Y” if client is CalWORKs recipient, “N” if not or enter “Z1”.
  - **CalWORKs Sub Abuse Treatment:** Enter “Y” if client is undergoing substance abuse treatment under CalWORKs, “N” if not or enter “Z1”.
5. Enter “Y” at the Form OK prompt to save this data.
6. If you entered Admission Status 1 in Panel 1, indicating that the client is a substance abuser, then the system displays Panel 2 of the Episode Opening Screen (Figure 4.15). If Admission Status is 2 through 6 (codependents) panel 2 will be skipped. Enter data in the following fields:
- **# of Prior Admits to any substance abuse treatment program:** Enter a number from 0 to 9 or enter “Z1”. If the client has been admitted to programs more than nine times, enter 9. This field requires leading zeroes.
  - **Medication Prescribed:** Enter the medication prescribed to this client. The codes are 1 = None, 2 = Methadone, 3 = LAAM, 4 = Buprenorphine (Subutex), 5 = Buprenorphine (Suboxone) and “Z3” = Other. Validation against table Medication\_Prescribed\_Master.
  - **Has This Client Used Needles During the Past Year:** If the primary or secondary route of administration is by injection with a frequency of use Used in Past Year, you should answer this “Y”, otherwise enter “N”.
  - **Problem - Primary, Secondary, Tertiary:** Enter the Primary, Secondary and Tertiary Problems, using the Substance Problem codes or enter “Z1” or “Z3” (for Primary and Secondary only). For clients admitted for methadone treatment, the Primary Drug should be 01 or 15. You must use a different code for each problem. Secondary and Tertiary fields may be left blank. Validation of Primary and Secondary problems against tables Primary\_Problem\_Master and Secondary\_Problem\_Master.
  - **Drug Name - Primary, Secondary :** Enter the Primary and Secondary drug name.

## Episode Opening

TRACY            T TESCASE  
 Client Number: 1000058

PSP OPT  
 RU: 99991

Number of Prior Admits: 2  
 Medication Prescribed: 2  
 Needles Used Past Yr: Y

	Primary	Secondary	Tertiary
Problem:	17	2	0
Drug Name:	INHALANT	ALCOHOL	
Route of Admin:	3	2	
Freq of Use:	10	30	
Age First Use:	018	015	

Detox Schedule: A

Form Ok Y/N: Y

Confidential Information

USER: COHEN\_ET

### Episode Opening Screen, Panel 2

0	None
1	Heroin
2	Alcohol
3	Barbiturates
4	Other Sedatives or Hypnotics
5	Methamphetamine
6	Other Amphetamines
7	Other Stimulants
8	Cocaine / Crack

9	Marijuana / Hashish
10	PCP
11	Other Hallucinogens
12	Tranquilizers (e.g. Benzodiazepine)
13	Other Tranquilizers
14	Non-Prescription Methadone
15	OxyCodone / OxyContin
16	Other Opiates or Synthetics
17	Inhalants
18	Over-the-Counter
19	Ecstasy
20	Other Club Drugs
99901	Unknown
99903	Other (specify in ADU-1b)

**Substance Problem Codes**

- **Route of Administration - Primary & Secondary:** Enter the method that the client uses to administer the substances.

1	Oral
2	Smoking
3	Inhalation
4	Oral Injection (IV or intramuscular)
99902	None or not applicable
99903	Other

**Route of Administration Codes**

- **Frequency of Use - Primary and Secondary:** Enter the frequency of use for the substances. Allowed value 0 – 30 or “Z2”. This field requires leading zeroes.
  - **Age of First Use - Primary & Secondary:** Enter the age when the client first used the substances entered as the Primary and Secondary Problem. The age must be at least 5 years. This field requires leading zeroes.
  - **Emergency Methadone Admission:** For Methadone Maintenance clients only, enter “Y” or “N” to indicate whether the client is being admitted as an exemption to methadone regulations. That is, the client would not be eligible for admission under the regular Title 9 criteria which specify a two year history of addiction and 2 prior treatment failures.
  - **Detox Schedule:** For Methadone Maintenance clients only, enter a the number, 1 through 4, for the client’s detox schedule, as defined by the program or county.
7. Enter “Y” at the Form OK prompt to save the data. The system validates the data. If any fields are inconsistent with CADDs regulations, you must correct them.

For heroin detoxification programs, if a client has been open within 90 days preceding the opening date, the system will display an error message saying “Detox Hold”. Only someone with supervisor authorization for Episodes may override this (by pressing NumLock-A after entering the reporting unit and client number).

8. The system now displays panel 3 (Figure 4.16). Enter the following fields:

- **Alcohol Frequency:** Enter the number of days the client has used alcohol in the past 30 days. Allowed value is 0 – 30 or “Z2”. This field requires leading zeroes.
- **IV Use:** Enter the number of days in which the client has injected in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Paid Days Work:** Enter the number of days the client has been paid for working in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Number of Arrests:** Enter the number of days the client has been arrested in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Days in Jail:** Enter the number of days the client has been in jail in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Days in Prison:** Enter the number of days the client has been in prison in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Days of 12 Steps/Other:** Enter the number of days the client has participated in the following social support activities in the past 30 days.

12 -Step Meetings  
 Other Self Help Meetings  
 Religious /Faith Recovery or Self-Help Meetings  
 Attending Meetings of organizations other than those listed above  
 Interactions with Family Member and/or Friend Support of Recovery

Allowed value is 0 – 30. This field requires leading zeroes.

- **Days Living with Substance User:** Enter the number of days the client has lived with someone who uses alcohol or drugs in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.

- **Conflict Days with Family:** Enter the number of days the client has had a serious conflicts with family in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Emergency Room Visits:** Enter the number of days the client has used the emergency room for physical health problem in the past 30 days. Allowed value is 0 – 99. This field requires leading zeroes.
- **Hospital Overnights:** Enter the number of days in the client has stayed overnight in a hospital for physical health problem in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Days of Physical Problem:** Enter the number of days in the client has experienced physical health problem in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Outpatient Emergency Services:** Enter the number of days in the client has received outpatient emergency services for mental health needs in the past 30 days. Allowed value is 0 – 99. This field requires leading zeroes.
- **Hospital/Psychiatric Facility Visits:** Enter the number of days in the client has stayed form more than 24 hours in a hospital or psychiatric facility for mental health needs in the past 30 days. Allowed value is 0 – 30. This field requires leading zeroes.
- **Prescribed Medication Taken:** Has the client taken prescribed medication for mental health needs in the past 30 days? Enter Y, N.

## Episode Opening

ETTIE            ARNON  
Client Number: 100000055

PSP OPT  
RU: 99991

In The Last 30 Days:

---

Alcohol Frequency: 10	Physical Health problem:
IV Use: 03	Emergency Room Visits: 07
Paid Days Work: 25	Hospital Overnights: 05
Number of Arrests: 02	Days Of Physical Problem: 05
Days In Jail: 01	
Days In Prison: 02	Mental Health problem:
Days Of 12 Steps/Other: 14	Outpatient Emergency Svcs: 01
Days Living With Substance User: 03	Hospital/Psychiatric Facility Visits: 01
Conflict Days With Family: 06	Prescribed Medication Taken: Y

---

Form Ok Y/N:

Confidential Information

USER: COHEN\_ET

### Episode Opening Screen, Panel 3

8. Enter "Y" at the Form OK prompt to save the data. The system validates the data. (Values "Z1" through "Z3" are converted to 99901 through 99903 before being written into the database.)
9. If validation is successful, the system will display panel 4. Enter the following fields:
  - **Consent for Future Contact:** Is there a consent form allowing future possible contact signed by the client on file within your agency? Enter Y or N.
  - **Treatment Waiting Days:** Enter the number of days the client has been on a waiting list before being admitted to this treatment program. Enter a value between 0 – 999 or "Z1. This field requires leading zeroes.
  - **Enrolled in Job Training:** Is the client currently enrolled in a job training program? Enter Y or N.
  - **Enrolled in School:** Is the client currently enrolled in school. Enter Y or N.
  - **Diagnosed with Tuberculosis:** Has the client been diagnosed with Tuberculosis? Enter Y or N.
  - **Diagnosed with Hepatitis C:** Has the client been diagnosed with Hepatitis C? Enter Y, N.
  - **Diagnosed with sexually Transmitted Disease:** Has the client been diagnosed with a

sexually transmitted disease? Enter Y or N.

- **Hiv/Aids Tested:** Has the client been tested for HIV/AIDS? Enter Y or N.
- **Hiv/Aids Result:** Does the client have the result of the HIV/AIDS test? Enter Y or N.
- **Prior Mh Diagnosis:** Has the client ever been diagnosed with mental illness? Enter Y, N or “Z1”.
- **Children Aged 17 or Less:** Enter the number of children the client has, aged 17 or less. Allowed value is 0 – 30. This field requires leading zeroes.
- **Children Aged 5 or Less:** Enter the number of children the client has, aged 5 or less. Allowed value is 0 – 30. This field requires leading zeroes.
- **Children in CPS Placement:** Enter the number of children the client has who are living with someone else due to child protection court order. Allowed value is 0 – 30. This field requires leading zeroes.
- **Children in Placement with no Parental Rights:** Enter the number of children the client has who are living with someone else due to child protection court order AND for whom the client’s parental rights have been terminated. Allowed value is 0 – 30. This field requires leading zeroes.
- **Parolee Services Network:** Enter “Y” if client is a parolee in the Parolee Services Network, “N” if not.
- **FOTP Parolee:** Enter “Y” if client is a parolee in the Femal Offender Treatment Program, “N” if not.
- **FOTP Priority Status:** Enter client’s FOTP Priority Status. Allowed value is 1, 2, 3 or “Z2” .

## Episode Opening

```
ETTIE          ARNON          PSP OPT
Client Number: 100000044      RU: 99991

Consent For Future Contact : Y      Parolee Services network: Z4
Treatment Waiting Days: 18         FOTP Parolee: Y
Enrolled In Job Training: N        FOTP Priority Status: 3
Enrolled In School : Y
Diagnosed With Tuberculosis: N
Diagnosed With Hepatitis C: N
Diagnosed With Sexually Transmitted Disease: N
HIV/AIDS Tested: Y
HIV/AIDS Result: Y
Prior MH Diagnosis: N
Children Aged 17 Or Less: 00
Children Aged 5 Or Less: 00
Children In CPS Placement: 00
Children In Placement With No Parental Rights: 00

Form Ok Y/N:  Confidential Information      USER: COHEN_ET
```

### Episode Opening Screen, Panel 4

After you have completed an entry, you can enter “Y” at the Continue prompt to open another episode.

## Closing Episodes, Substance Abuse Programs

The Episode Closing screen is similar to the Episode Opening Screen. Instead of Admit Date, it has Discharge Date. Instead of Referred From, it has Referred To. It omits the fields Diagnosis, Arrests and Prior Admits, which are collected at Episode Opening only. It adds fields, such as Client Adherence to Tx Plan, that are only collected at Episode Closing.

### *To close an episode:*

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



2	Completed Treatment / Recovery Plan, Goals / Not Referred
3	Left Before Completion w / Satisfactory Progress / Referred
4	Left Before Completion w / Satisfactory Progress / Not Referred
5	Left Before Completion w / Unsatisfactory Progress / Referred
6	Left Before Completion w / Unsatisfactory Progress / Not Referred
7	Death
8	Incarceration

### Discharge Status Codes

- **Employment Status:** Enter the two-digit code that represents the client’s employment status at discharge. Validation against table Employment\_status\_Master.
  - **Client Adherence to Tx Plan:** Enter “Y” or “N”.
  - **Discharge Children in Household:** Enter the number of children living with the client at discharge.
  - **Client Pregnant During Treatment:** Enter “Y” or “N” to indicate whether the client became pregnant while in treatment or enter “Z1”. Enter “N” for males.
  - **Pregnancy Termination Reason:** If applicable, enter the code for how a pregnancy terminated during the client’s treatment. The codes are: 1 = Abortion, 2 = Birth-live, 3 = Birth-dead, 4 = Miscarriage.
  - **Date of Termination:** If applicable, enter the date when pregnancy terminated during treatment.
  - **Primary, Secondary and Tertiary Problems (Admission Status = 1 only):** Update these fields if necessary. See the Episode Opening documentation for valid codes. Validation of Primary and Secondary problems against tables Primary\_Problem\_Master and Secondary\_Problem\_Master.
  - **Drug Name - Primary, Secondary :** Enter the Primary and Secondary drug name.
  - **Follow-up on Referral Prior to Discharge:** Enter “Y” or “N” to indicate whether the client followed up on a referral prior to discharge.
  - **Program Goals:** This field is defined by each county. Ask your system manager for more information.
5. Enter “Y” at the Form OK prompt to save your entries. If data is invalid, the system displays error messages and returns the cursor to the field that should be corrected.
  6. Episode Closing panel 2 will be displayed now (Figure 4.19). Enter the following data fields:
    - **Alcohol Frequency:** Enter the number of days the client has used alcohol in the past 30 days. Allowed value is 0 – 30 or “Z2”.
    - **IV Use:** Enter the number of days in which the client has injected in the past 30 days.

Allowed value is 0 – 30.

- **Paid Days Work:** Enter the number of days the client has been paid for working in the past 30 days. Allowed value is 0 – 30.
- **Number of Arrests:** Enter the number of days the client has been arrested in the past 30 days. Allowed value is 0 – 30.
- **Days in Jail:** Enter the number of days the client has been in jail in the past 30 days. Allowed value is 0 – 30.
- **Days in Prison:** Enter the number of days the client has been in prison in the past 30 days. Allowed value is 0 – 30.
- **Days of 12 Steps/Other:** Enter the number of days the client has participated in the following social support activities in the past 30 days.

12 -Step Meetings

Other Self Help Meetings

Religious /Faith Recovery or Self-Help Meetings

Attending Meetings of organizations other than those listed above

Interactions with Family Member and/or Friend Support of Recovery

Allowed value is 0 – 30.

- **Days Living with Substance User:** Enter the number of days the client has lived with someone who uses alcohol or drugs in the past 30 days. Allowed value is 0 – 30.
- **Conflict Days with Family:** Enter the number of days the client has had a serious conflicts with family in the past 30 days. Allowed value is 0 – 30.
- **Emergency Room Visits:** Enter the number of days the client has used the emergency room for physical health problem in the past 30 days. Allowed value is 0 – 99.
- **Hospital Overnights:** Enter the number of days in the client has stayed overnight in a hospital for physical health problem in the past 30 days. Allowed value is 0 – 30.
- **Days of Physical Problem:** Enter the number of days in the client has experienced physical health problem in the past 30 days. Allowed value is 0 – 30.
- **Outpatient Emergency Services:** Enter the number of days in the client has received outpatient emergency services for mental health needs in the past 30 days. Allowed value is 0 – 99.
- **Hospital/Psychiatric Facility Visits:** Enter the number of days in the client has stayed form more than 24 hours in a hospital or psychiatric facility for mental health needs in the past 30 days. Allowed value is 0 – 30.
- **Prescribed Medication Taken:** Has the client taken prescribed medication for mental health needs in the past 30 days? Enter Y, N.

## Episode Closing

ETTIE                    ARNON  
Client Number: 100000055

PSP OPT  
RU: 99991

In The Last 30 Days:

---

Alcohol Frequency: 10	Physical Health problem:
IV Use: 03	Emergency Room Visits: 07
Paid Days Work: 25	Hospital Overnights: 05
Number of Arrests: 02	Days Of Physical Problem: 05
Days In Jail: 01	
Days In Prison: 02	Mental Health problem:
Days Of 12 Steps/Other: 14	Outpatient Emergency Svcs: 01
Days Living With Substance User: 03	Hospital/Psychiatric Facility Visits: 01
Conflict Days With Family: 06	Prescribed Medication Taken: Y

---

Form Ok Y/N:

Confidential Information

USER:

### Episode closing, Panel 2

- Enter "Y" at the Form OK prompt to save your entries. (Values "Z1" through "Z3" are converted to 99901 through 99903 before being written into the database). If data is invalid, the system displays error messages and returns the cursor to the field that should be corrected.
- Episode Closing panel 3 will be displayed now (Figure 4.20). Enter following data fields:
  - Consent for Future Contact:** Is there a consent form allowing future possible contact signed by the client on file within your agency? Enter Y or N.
  - Enrolled in Job Training:** Is the client currently enrolled in a job training program? Enter Y, N.
  - Enrolled in School:** Is the client currently enrolled in school. Enter Y, N.
  - Hiv/Aids Tested:** Has the client been tested for HIV/AIDS? Enter Y, N.
  - Hiv/Aids Result:** Does the client have the result of the HIV/AIDS test? Enter Y, N.
  - Prior Mh Diagnosis:** Has the client ever been diagnosed with mental illness? Enter Y, N or
  - Children Aged 17 or Less:** Enter the number of children the client has, aged 17 or less.  
Allowed value is 0 – 30.
  - Children Aged 5 or Less:** Enter the number of children the client has, aged 5 or less.  
Allowed value is 0 – 30.

- **Children in CPS Placement:** Enter the number of children the client has who are living with someone else due to child protection court order. Allowed value is 0 – 30.
- **Children in Placement with no Parental Rights:** Enter the number of children the client has who are living with someone else due to child protection court order AND for whom the client’s parental rights have been terminated. Allowed value is 0 – 30.

**Episode Closing**

ETTIE	ARNON	PSP OPT
Client Number: 100000055		RU: 99991

Consent For Future Contact : Y	
Enrolled In Job Training: Y	
Enrolled In School : N	
HIV/AIDS Tested: N	
HIV/AIDS Result: N	
Prior MH Diagnosis: N	
Children Aged 17 Or Less: 01	
Children Aged 5 Or Less: 02	
Children In CPS Placement: 01	
Children In Placement With No Parental Rights: 01	

Form Ok Y/N: <input checked="" type="checkbox"/>	Confidential Information	USER:
--	--------------------------	-------

**Episode Closing, Panel 3**

## Maintaining Episodes, Substance Abuse Programs

### *To maintain Episode records:*

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

**Episode Maintenance Selection**

Client Number:             
 Reporting Unit: -  
 CGN Number: -  
 Admit Date: / /  
 CADDs Number:

Provider	Admission	Discharge	Staff
Code	Date	Date	ID Name

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**Episode Maintenance Selection Screen**

3. To find Episodes, enter either a client number or CGN number (County Generated Number). To limit the search, you may also enter a reporting unit number or admit date. (Enter a full date, just a month, a month and day, or just a year; if you do not include the year, the system assumes the current year.)
4. The screen displays episodes, open or closed, that match the criteria you entered, listed in chronological order with the most recent first. If there are more records that it can display at one time, page through the list using the NumLock Keys or Special Function Keys, described in Appendix A and B.
5. Select episodes for maintenance by using the Tab key or the Down Arrow key to move down the list and entering “L” (lookup), “U” (update), or “D” (delete) next to the episodes you want to maintain. Then press Return.

**Episode Maintenance Selection**

Client Number: **73 JOHN BANNING**  
 Reporting Unit: -  
 CGN Number: -  
 Admit Date: / /  
 CADDs Number:

Provider	Admission	Discharge	Staff
Code	Date	Date	ID Name
<b>U 99822</b>	<b>RES TEST</b>	<b>17-Oct-91</b>	<b>55555 TEST</b>
<b>L 99854</b>	<b>TCADDs - D</b>	<b>15-Oct-91 16-Oct-91</b>	<b>55555 TEST</b>
<b>D 99855</b>	<b>TCADDs - A</b>	<b>01-Oct-91 15-Oct-91</b>	<b>55555 TEST</b>

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**Episode Maintenance Selection Screen with Episodes Listed**

**Episode Lookup**

If you entered “L”, the system displays the Episode Look-up Screen, Panel 1, Panel

2 - if Admission Status is 1 - , panel 3 and panel 4. You can view the data for the Episode but cannot change it.

Episode Look-up		
99902	99904	PSP OPT
Client Number: 100000055		RU: 99991
Admit Date: 1 /25/2006	Discharge Date: / /	
Staff: 55555	Annual Update Date: 2 /20/2006	
Axis: I: 302.2 II: 799.9		1 2 3 4
Referred From: 1	Program Goals:	
Admission Status: 1	Referred To:	
Initial Admission: Y	Discharge Status:	
Admission Legal Status: 1	Client Adhered to TX:	
Admission Employment Status: 1	Current Legal Status: 1	
Admission Children in Household: 0	Discharge Employment Status:	
Number of Children Under 3: 0	Discharge Children in Household:	
Client Pregnant at Admission: N	Client Pregnant During TX:	
Client Homeless at Admission: N	Termination Reason:	
Arrests in Last 24 Months: 11	Termination Date: / /	
Census Tract on Entry: .00	Current Census Tract: .00	
Special Contract County: 38	12345678901234567890123	
Special Contract Number: 1131	Remarks: 0 N NN	
Continue: Y	Confidential Information	USER: COHEN_ET
Press <Return> to continue or <N Return> to process a new client.		

Episode Look-up Screen, Panel One

## Episode Look-up

99902            99904  
 Client Number: 100000055

PSP OPT  
 RU: 99991

Number of Prior Admits: 03  
 Medication Prescribed: 02  
 Needles Used Past Yr: N

	Primary	Secondary	Tertiary
Problem:	02 /	17 /	0/
Drug Name:	ALCOHOL /	INHALANT /	
Route of Admin:	01	03	
Freq of Use:	01 /	01	
Age First Use:	05	05	

Continue: Y            Confidential Information            USER: COHEN\_ET  
 Press <Return> to continue or <N Return> to process a new client.

### Episode Lookup Screen, Panel Two

Most of the data here is taken from the Episode Opening and Closing screens.  
 This screen may also contain five additional fields, which are used by selected drug programs only:

- **Census:** Census tract numbers are based on client address and cannot be changed. This field is in Panel 1.
- **TAR:** A Treatment Authorization Request number (for detox Medi-Cal clients only). This field is in Panel 2.
- **Pick-up Schedule:** “Y” is displayed next to days of the week when a Methadone Maintenance client is scheduled to pick-up dose(s) at the clinic. This field is in Panel 2.
- **Detox Schedule:** This number (1 - 4) represents the prescribed methadone dosing schedule for a Methadone detox client. This field is in Panel 2.
- **Testing Schedule:** This number (1 - 4) represents urine testing schedule for a Drug client. This field is in Panel 2.

## Episode Look-up

99902            99904  
Client Number: 100000055

PSP OPT  
RU: 99991

In The Last 30 Days:

---

Alcohol Frequency: 01	Physical Health problem:
IV Use: 01	Emergency Room Visits: 01
Paid Days Work: 02	Hospital Overnights: 01
Number of Arrests: 02	Days Of Physical Problem: 01
Days In Jail: 01	
Days In Prison: 03	Mental Health problem:
Days Of 12 Steps/Other: 02	Outpatient Emergency Svcs: 01
Days Living With Substance User: 03	Hospital/Psychiatric Facility Visits: 01
Conflict Days With Family: 01	Prescribed Medication Taken: N

---

Continue:

Confidential Information

USER: COHEN\_ET

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

### Episode Lookup Screen, Panel Three

## Episode Look-up

99902            99904  
Client Number: 100000055

PSP OPT  
RU: 99991

Consent For Future Contact : N	CDC Number: 32241
Treatment Waiting Days: 020	Veteran: Z4
Enrolled In Job Training: N	Medi-Cal: Y
Enrolled In School : Y	CalWORKs Recipient: N
Diagnosed With Tuberculosis: N	CalWORKs Sub Abuse Trmt: N
Diagnosed With Hepatitis C: N	Parolee Services network: N
Diagnosed With Sexually Transmitted Disease: N	FOTP Parolee: N
HIV/AIDS Tested: N	FOTP Priority Status: 3
HIV/AIDS Result: N	
Prior MH Diagnosis: N	
Children Aged 17 Or Less: 00	
Children Aged 5 Or Less: 00	
Children In CPS Placement: 00	
Children In Placement With No Parental Rights: 00	

Continue:

Confidential Information

USER: COHEN\_ET

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

## Episode Update Screen - Panel One

Most of the data here is taken from the Episode Opening and Closing screens; for explanations see the documentation on these screens earlier in this chapter. This screen may also contains five additional fields, used by selected drug programs only, Census, TAR, Pick-up Schedule, Detox Schedule and Testing Schedule. These are described in the documentation on the Episode Lookup screen, above.

### Episode Update

If you entered “U” and you are authorized to update Episode information for the specified program, the system displays the Episode Update Screen, Panel 1 (Figure 4.28), Panel 2 (Figure 4.29) - if Admission Status is 1 – , panel 3 (Figure 4.30) and panel 4 (Figure 4.31).

Only Supervisors can change Admit Date, Discharge Date and CADDs Form Serial Number (if entered manually).

Episode Update		
99902	99904	PSP OPT
Client Number: 100000055		RU: 99991
Admit Date: 1 /25/2006	Discharge Date: / /	
Staff: 55555	Annual Update Date: 02/20/2006	
Axis: I: 302.2 II: 799.9	1 2 3 4	
Referred From: 1	Program Goals:	
Admission Status: 1	Referred To:	
Initial Admission: Y	Discharge Status:	
Admission Legal Status: 1	Client Adhered to TX:	
Admission Employment Status: 1	Current Legal Status: 1	
Admission Children in Household: 0	Discharge Employment Status:	
Number of Children Under 3: 0	Discharge Children in Household:	
Client Pregnant at Admission: N	Client Pregnant During TX:	
Client Homeless at Admission: N	Termination Reason:	
Arrests in Last 24 Months: 11	Termination Date: / /	
Census Tract on Entry: .00	Current Census Tract: .00	
Special Contract County: 38	12345678901234567890123	
Special Contract Number: 1131	Remarks: 0 N NN	
Form OK: <input checked="" type="checkbox"/>	Confidential Information	USER: COHENLET
Input required		

### Episode Update

If you entered “U” and you are authorized to update Episode information for the specified program, the system displays the Episode Update Screen, Panel 1, Panel 2 - if Admission Status is 1 – , panel 3 and panel 4.

### Episode Update

99902                    99904  
 Client Number: 100000055

PSP OPT  
 RU: 99991

Number of Prior Admits: 03  
 Medication Prescribed: 02  
 Needles Used Past Yr: N

	Primary	Secondary	Tertiary
Problem:	02 /	17 /	<b>0/</b>
Drug Name:	ALCOHOL /	INHALANT /	
Route of Admin:	01	3	
Freq of Use:	01 /	1	
Age First Use:	05	05	

Form OK: Y

Confidential Information

USER: COHEN\_LET

### Episode Update Screen - Panel Two

### Episode Update

ETTIE                    ARNON  
 Client Number: 100000055

PSP OPT  
 RU: 99991

In The Last 30 Days:

---

Alcohol Frequency: 10 IV Use: 03 Paid Days Work: 25 Number of Arrests: 02 Days In Jail: 01 Days In Prison: 02 Days Of 12 Steps/Other: 14 Days Living With Substance User: 03 Conflict Days With Family: 06	Physical Health problem: Emergency Room Visits: 07 Hospital Overnights: 05 Days Of Physical Problem: 05  Mental Health problem: Outpatient Emergency Svcs: 01 Hospital/Psychiatric Facility Visits: 01 Prescribed Medication Taken: Y
--	---

---

Form OK:

Confidential Information

USER: COHEN\_LET

## Episode Update

99902	99904	PSP OPT
Client Number: 100000055		RU: 99991
Consent For Future Contact : N		CDC Number: 322411
Treatment Waiting Days: 020		Veteran: Z4
Enrolled In Job Training: N		Medi-Cal: Y
Enrolled In School : Y		CalWORKs Recipient: N
Diagnosed With Tuberculosis: N		CalWORKs Sub Abuse Trmt: N
Diagnosed With Hepatitis C: N		Parolee Services network: N
Diagnosed With Sexually Transmitted Disease: N		FOTP Parolee: N
HIV/AIDS Tested: N		FOTP Priority Status: 3
HIV/AIDS Result: N		
Prior MH Diagnosis: N		
Children Aged 17 Or Less: 00		
Children Aged 5 Or Less: 00		
Children In CPS Placement: 00		
Children In Placement With No Parental Rights: 00		
Form OK: <input checked="" type="checkbox"/>	Confidential Information	USER: COHEN_ET

### Episode Update Screen - Panel Four

CDC number, Veteran, Medi-Cal, CalWORKs Recipient and CalWORKs Sub Abuse Treatment are described in Episode Opening Panel One.

To confirm your entries, press Return to go to the Form OK prompt, and enter "Y". If you entered any invalid data, the system displays an error message and returns the cursor to the field you must correct.

### Episode Update, Supervisor Authorization

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

#### *To display the Episode Update Screen in Supervisor mode:*

1. Display the Episode Update screen as described above.
2. Press NumLock-A. The screen title changes to Episode Update Supervisor.

If you have selected a closed episode to update, the cursor will be positioned at a special field available only to supervisors, called Re-open Episode. To remove Episode Closing information and reopen a closed episode, enter "Y" here.

## Copying and Transferring Episodes

Episodes can be copied or transferred from one Reporting Unit to another.

### *To copy or transfer Episodes:*

1. Display the episode by using either the Look-Up or Update screen.
2. Then press NumLock-F to display a function key map.

Episode Look-up	
TEST FIRST      ARNON	TEST
Client Number:    61498	RU: 99999
Admit Date: 3 /1 /2006	Discharge Date: / /
Staff: 7197	Annual Update Date: / /
Axis: I: 302.2    II: 799.9	1 2 3 4
Referred From: 1	Program Goals:
Admission Status: 2	Referred To:
Initial Admission: Y	Discharge Status:
Admission Legal Status: 1	Client Adhered to TX:
Admission Employment Status: 1	Current Legal Status: 1
Admission Children in Household: 0	Discharge Employment Status:
Number of Children Under 3: 0	Discharge Children in Household:
Client Pregnant at Admission: N	Client Pregnant During TX:
Client Homeless at Admission: 1	Termination Reason:
Arrests in Last 24 Months: 0	Termination Date: / /
Census Tract on Entry: .00	Current Census Tract: .00
Special Contract County: 38	12345678901234567890123
Special Contract Number: Z2	Remarks: 0
<b>FACE</b> [ ]    [ ]    [ ]    [ ]	<b>COPY</b> <b>TRANS</b> [ ]    [ ]

### Function Key Map for Episode Maintenance Functions

This map corresponds to function keys F6-F14 on a Digital Equipment Corporation terminal. It means that you can press F6 to print a Client Face Sheet for this client and press F11 or F12 to copy or transfer this episode:

- **Copying Episodes:** You can copy open and closed episodes. When you press F11, the Episode Opening screen is displayed with the cursor in the Reporting Unit field. Type the RU number of the program where you want to copy the episode, and press Return. Then you may edit data in the other fields. Press Return and enter "Y" at the Form OK prompt to create the new episode.
- **Transferring Episodes:** You can transfer only open episodes. When you transfer an episode, you close it at one Reporting Unit and open it in another Reporting Unit. When you press F12, the Episode Closing screen is displayed with the cursor in the Closing Date field. Type in the closing date for this episode, and update other fields if you want to. Then press

Return and enter “Y” at the Form OK prompt to close the episode. The Episode Opening Screen is displayed with the cursor in the Reporting Unit field. Enter the number of the program where you want to transfer the episode you just closed, and press Return. All of the data from the original episode is displayed in the Episode Opening Screen, and you may edit it. You may want to update the Referred From field. Press Return and enter “Y” at the Form OK prompt to create the new episode.

If you are not using a DEC terminal, you may have to use different keys instead of these Function keys. Ask your supervisor how your keyboard is mapped to the DEC Function keys.

## One Shot Opening and Closing, Substance Abuse Programs

The One Shot Screen is designed for Crisis programs. It lets you open and close an episode and record two services using a single screen. It is the same for Mental Health and for Substance Abuse Programs. For information on how to use it, see the section on One Shot Opening and Closing in the first half of this chapter, which covers Mental Health Programs.

## Quarterly Episode Evaluation, Substance Abuse Programs

The data in the Quarterly Evaluation screen is similar to the data entered when an episode is closed, but it is entered periodically for clients with long-term episodes.

Only one set of evaluation data is stored for each episode. When you enter a new Quarterly Evaluation, data from the previous one is discarded. The date in the Last Quarterly Update field shows when this data was entered, and default data is taken from the previous quarterly evaluation. If this is the first quarterly evaluation, the date field is blank, and default data is based on the Episode Opening screen.

### *To enter a quarterly evaluation:*

1. Choose EPISODES from the Main Menu.
2. Choose QUARTERLY from the Episode Maintenance Menu to display the Episode Quarterly Evaluation screen .

Episode Quarterly Evaluation			
<b>OPAL</b>	<b>ORING</b>	<b>TEST RD</b>	
Client Number: 15	Admit Date: 02/01/91	RU: 99031	
Last Quarterly Update: - -			
Staff: 55555 STAFF TEST			
Primary Problem: 1	Current Legal Status: 1		
Secondary Problem: 22	Employment Status: 1		
Frequency of Use: 2	Number of Days Employed: 0		
Client Currently Pregnant: N	Number of Arrests During Quarter: 0		
Client Adherence to TX Plan: Y	Last Arrest Date: / /		
Program Goal 1: Y	Program Goal 3: N		
Program Goal 2: Y	Program Goal 4: N		
Form OK: Y/N: <input type="checkbox"/>			
Confidential Information		USER: SMITH	

### Episode Quarterly Evaluation Screen

3. To identify the episode that you are entering a quarterly evaluation for, enter a Client Number, Admit Date (Episode Opening Date) and Reporting Unit.
4. If the system locates the open episode that you specified, you can enter data in the following fields:
  - **Last Quarterly Update:** This field indicates when the data in the screen was entered. The default value is the date of the last quarterly evaluation, if there was one. To update the screen, replace it with the date of the current quarterly evaluation.
  - **Staff:** If necessary, modify the primary staff identification number.
  - **Primary Problem:** If necessary, enter a new Primary Problem code. (See Table 4.5 above.)
  - **Secondary Problem:** If necessary, enter a new Secondary Problem code. (See Table 4.5 above.)
  - **Frequency of Use:** If necessary, update this field to show how frequently the client uses the substance entered as the Primary Problem.
  - **Current Legal Status:** If necessary, update the Legal Status code. (See Table 4.4 above.)
  - **Employment Status:** If necessary, update the Employment Status code. (Ask your System Manager for a list of these codes.)
  - **Number of Days Employed:** Enter the number of days the client was employed during the quarter.
  - **Client Currently Pregnant:** Enter “Y” or “N”.
  - **Client Adherence to Tx Plan:** Enter “Y” or “N”.
  - **Arrests During Quarter:** Enter the number of times the client has been arrested in the quarter.
  - **Last Arrest Date:** If appropriate, enter the last arrest date for the client. This date must fall within the episode.
  - **Program Goals:** If appropriate, enter “Y” or “N” in this county-defined field.
5. Enter “Y” at the Form OK prompt to save your entries.

## DAS SERVICE ENTRY

There are several different ways to enter services (i.e. single, daily, weekly, and indirect).

**For Single:** (Outpatient Services)

FROM THE MAIN MENU:

The screenshot shows a window titled "Single Service Entry" with the following fields and values:

- Client Number: [REDACTED]
- Service Date: 10/28/2009
- Reporting Unit: [REDACTED]
- Staff: [REDACTED]
- Co-Staff: [REDACTED]
- Procedure Code: [REDACTED]
- Number in Group: 01
- Staff Duration: 1
- Modifiers\_1: [REDACTED]
- Modifiers\_2: [REDACTED]
- Program: [REDACTED]
- Weight: 0

At the bottom left, it says "Form OK 2/3". At the bottom right, it says "L0100: CERRAL P".

1. Select **S**ervice <return>
2. Select **S**ingle <return>
3. Enter:
  - Client number <tab>
  - Service date
  - Reporting unit
  - Staff
  - Co-staff
  - Procedure code
  - Number in group
  - Duration

**Billing Code, Modifier\_1, and Modifier\_2 are to left blank—DO NOT ENTER ANY DATA HERE!**

**Note: Number in Group:** Enter a number from 1 to 99 indicating how many *clients* were involved in the service. The default is 01, for an individual service. If you are recording group services, enter the number of clients in the group. (For example, if Staff Person 110 and 910 have a group with 10 members that met today for 1 hour with all members present, enter 10 here. Simon will record a service for each client number, with the staff numbers of 110 and 910, the procedure code for a group, a group count of 10, and the time each staff person spent in the service. Each client will be billed correctly for the group service, and each staff person will be credited correctly for the time spent in the service.)

**Location:** Enter a location code from 1 to 6: 1 = Office, 2 = Field, 3 = Phone, 4 = Home, 5 = Satellite School, 6 = Satellite Clinic. The default is 1 for Office.

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

## **MULTIPLE SERVICE ENTRY**

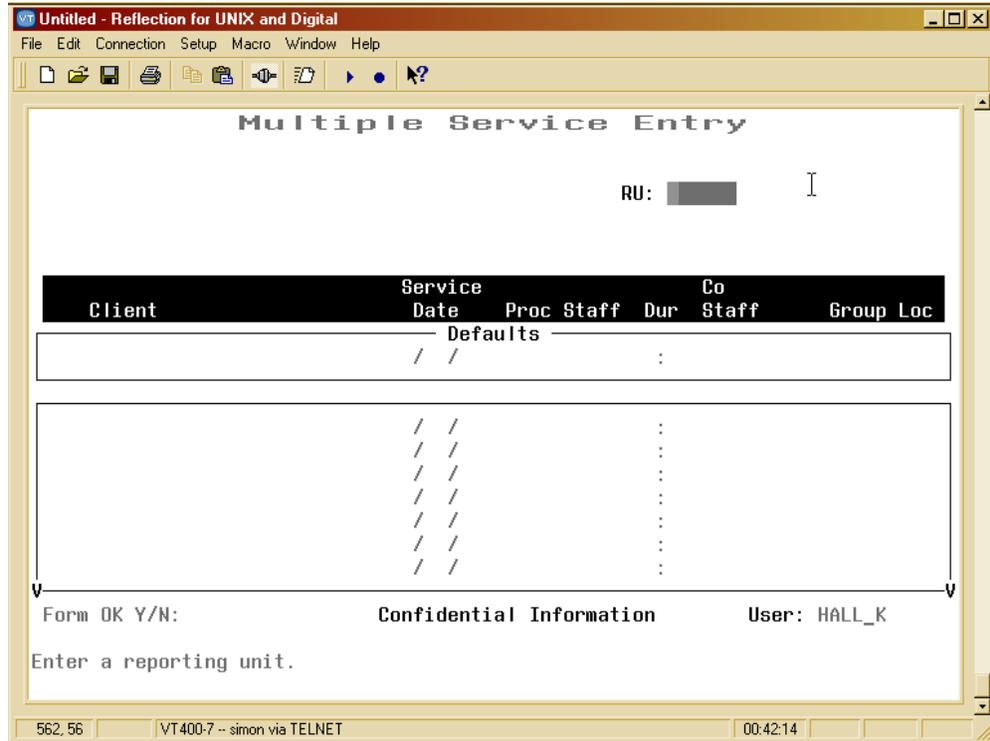
The Multiple Service Entry Screen makes it easy to enter repetitive data—for example, to enter a number of services for one client or one staff person, or to enter all of one type of service for a day. It lets you create user-defined defaults that enter the repetitive data automatically.

**To do multiple service entry:**

1. Choose SERVICES from the Main Menu.
2. Choose MULTIPLE from the Service Maintenance Menu to display the Multiple Service Entry screen. This screen resembles the Single Service Entry

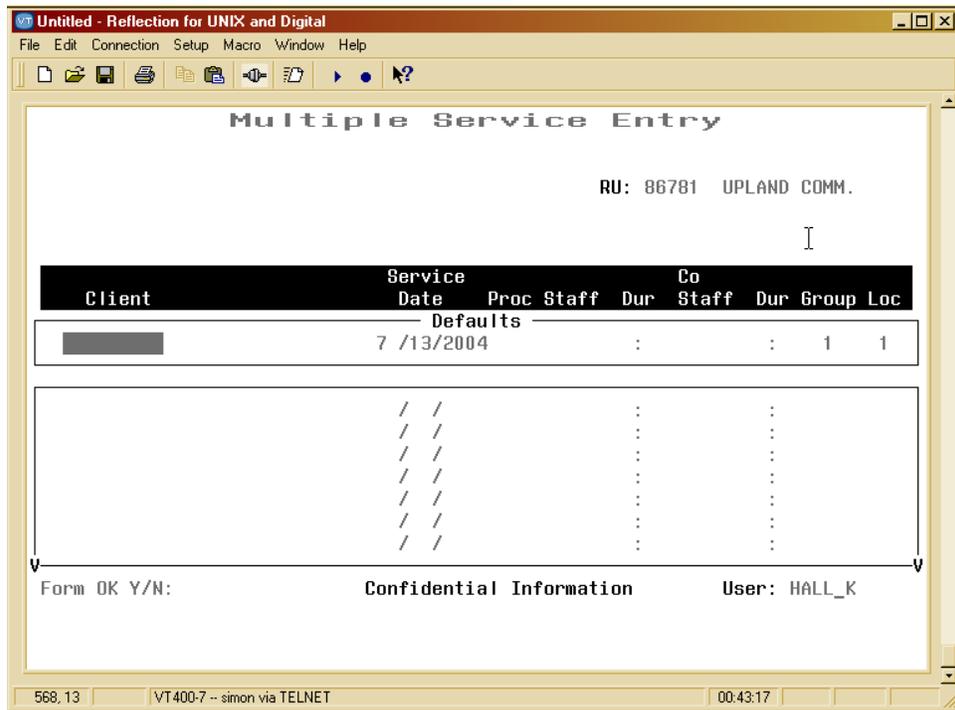
screen.

Tip: There is also a Multiple Service Entry screen without a column for Co-Staff, which is used like the screen described. Local Operations Staff decides which screen is displayed.



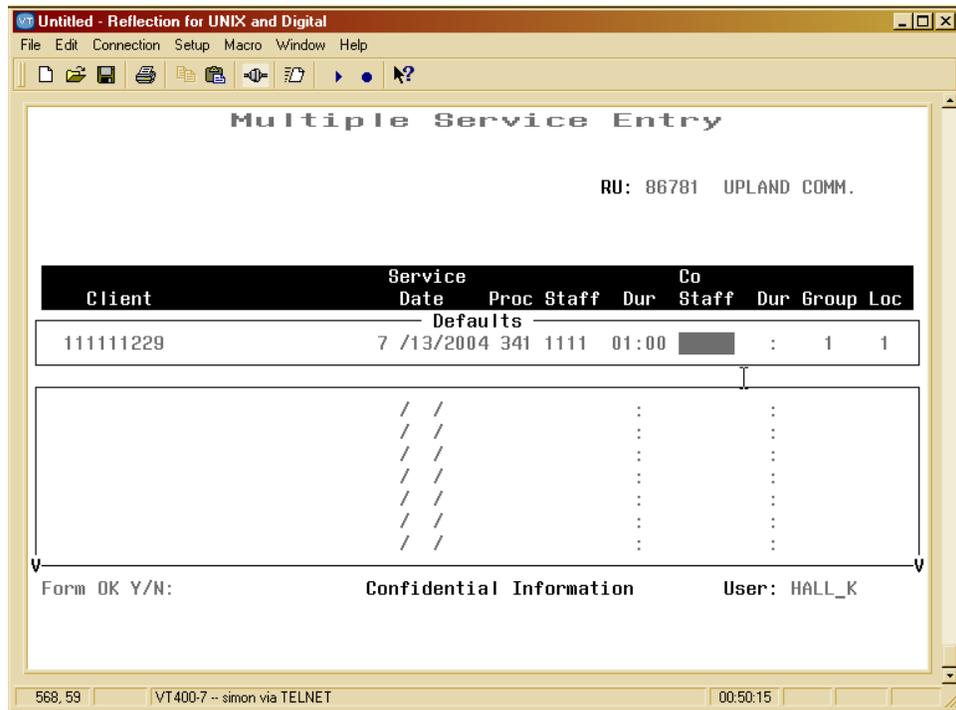
### Multiple Service Entry Screen

3. To identify the program you are doing data entry for, enter:
  - **Reporting Unit:** Enter the Reporting Unit Number for the program, and the screen displays its name. (To enter services for a different program during the same session, press Num Locks-P to move the cursor back the RU field, or press Num Locks-R to restart the screen.)
4. The cursor moves to the Defaults box (Figure 5.11). Data you enter here will be repeated for every service you enter in the list below, until you enter new defaults. You can enter default data for one or more of the following fields:
  - **Client Number:** Enter a client number.



### Multiple Service Entry Screen, Entering Defaults

- **Service Date:** Enter a date in the format MM/DD/YY.
  - **Procedure:** Enter a three-digit procedure code. The field accepts only direct service procedure codes that are valid for your program.
  - **Staff:** Enter a staff identification number. It will be validated for authorization to perform the services you enter.
  - **Duration:** Enter the number of hours (up to 23) and minutes (up to 59) the staff person spent in this service. Counties set fixed time ranges for some services.
  - **Co-Staff:** Enter the Co-staff identification number, if there is one. It will also be validated for authorization to perform the services you enter. (Your screen may not include this column.)
  - **Number in Group:** Enter a number from 1 to 99 indicating how many *clients* were involved in the service. The default is “01” for an individual session.
  - **Location:** Enter the location code, from the following options: 1 = Office, 2 = Field, 3 = Phone, 4 = Home, 5 = Satellite School, 6 = Satellite Clinic. Use the location where the most basic component of the service occurred. The default is “1” for office.
5. After you have entered defaults, enter “Y” at the Form OK prompt. The system validates data and prompts you to correct any errors.



**Multiple Service Entry Screen, Defaults Entered**

6. Now, you can use the defaults to enter up to 20 services using the default information. The information you entered in the default box is displayed automatically as you enter data in the screen's service entry lines (Figure 5.13). You can modify the default data, if necessary, or just press Tab to accept the default value and move to the next field. At the end of each line you want to save, you must enter "W" to write the service.
  
7. When you are done entering service data, press Return to move to the Form OK prompt and enter "Y" to accept the data. After the system validates the data, enter "Y" at the Confirm prompt to save the data.

The screen is cleared and the cursor moves back to the defaults line, so you can enter additional services or change the defaults. You can imagine how useful this screen would be, for example, if you had to enter the same service for a client for a large number of service dates. You could just change the date and accept the defaults for all the other fields.

# DAILY SERVICE ENTRY

You can enter services for all the clients in Inpatient and Residential programs using a single screen.

## To do daily service entry:

1. Choose SERVICES from the Main Menu.

Choose DAILY from the Service Maintenance Menu to display the Daily Service Entry screen.

**Daily Service Entry**

Service Date: **03/05/87** PSP ACUTE  
RU: **999908**

Client Number	Client Name	Opening Date	Procedure
500000065	FLASH, JACK	02-Mar-87	100
500000068	FRAENING, SIDNEY	01-Mar-87	100
500000017	GLASS, BESSIE	03-Mar-87	100
500000002	GLASS, LES	02-Mar-87	100
500000082	GLASS, ZOOEY	05-Mar-87	100
500000070	JACKSON, CARL	01-Mar-87	100
500000055	KENT, CLARK	03-Mar-87	100
500000042	KIRK, JAMES	05-Mar-87	100
500000083	MARCH, AUGIE	04-Mar-87	100
500000071	ROURKE, HOWARD	(PENDING) 05-Mar-87	100

Form Ok Y/N:                      Confidential Information                      User: SMITH  
Please enter services for first 25 clients. More clients may exist.

2. Fill in the fields at the top of the screen:

- **Service Date:** The default is the current date, but you can also use a past date if there are services still to be entered for that day.

**Note:** It is best to use this screen is to enter services every day, but there may be times when you put off data entry and then enter several days at a time. **When you do this, you must enter services chronologically.** For example, if you need to enter data for Tuesday, March 1, Wednesday, March 2, and Thursday, March 3, then you must enter services for Tuesday first, then for Wednesday, then for Thursday. If you accidentally enter services for March 3, you cannot use this screen for March 1 and 2; you must use the Single Service Entry Screen.

- **RU:** Enter a Reporting Unit Number. When you enter services using this Screen, the name of the program is displayed above the number. When you press Return, the system lists all clients open on this date in this program, twenty-five clients at a time, in alphabetical order. If there are more than twenty-five clients, it displays the message: "Enter services for 25 clients. More clients may exist". After you enter the first twenty-five services, the cursor returns to the date field: press Return to accept the date and reporting unit for a second time (or more) and display the next 25 clients.

Many residential programs use the screen without a column to enter time.

**Note:** Some Programs use the Weekly Service Entry Screen (covered below) instead of the Daily Service Entry Screen.

**For Weekly:** (residential facilities only)

from the main menu:

1. Select **S**ervice <return>
2. Select **W**eekly <return>
3. Enter Sunday start date <tab>
4. Enter reporting unit <return>
5. <tab> over days to OK then enter w = write, s = skip, d= delete then go to next client until finished. At form OK (y/n) enter y <return>. This completes the service entry.

Weekly Service Entry									
Start Date: 03/22/87					RU: 999985 PSP House				
Client Number	Client Name	Procedure							
		Sun	Mon	Tue	Wed	Thu	Fri	Sat	OK
500000060	CAUFIELD, HOLDEN	135	165	165	165	165	165	165	165
500000086	DRIBBLE, WALDO (PENDING)								
500000065	FLASH, JACK	165	165	165	165	165	165	165	165
500000017	GLASS, BESSIE	165	165	165	165	165	165	165	165
500000081	GLASS, WAKER				165	165	165	165	165
500000041	GRUMPY, WILLIAM	165	165	165	165	165	165	165	165
500000016	HENDERSON, EUGENE	165	165	165	165	000	000	000	000
500000074	LEVINSKY, LEON	165	165	165	165	165	165	165	165
500000083	MARCH, AUGIE	165	165	165	165	165	165	165	165
500000075	MARKER, HARVEY	165	165	165	165	165	165	165	165

Form OK Y/N: Y                      Confidential Information                      USER: SMITH  
Please enter services for first 10 clients. More clients may exist.



**For Indirect:**

FROM THE MAIN MENU:

1. Select **IN**direct <return>
2. Select **Indir\_ent2** or **(3)** <return>
3. Enter reporting unit <return>
4. Enter:

Service date  
Agency served  
Event length  
Type of service  
Group size  
Target group  
Age group  
Language  
Staff id → service  
length → prep time

Indirect Service Entry		
Service Date: 09/01/95	Reporting Unit: 65368	DDP BLYTH MO
Agency Served: 5368	Group Size: 1	Language: 1
Event Length: 1 :45	Target Group: 9	
Type of Service: 707	Age Group: 99	
Participating Staff		
Staff Id	Service Length	Prep Time
60581	1 :45	0 :0
	:	:
	:	:
	:	:
	:	:
Form Ok Y/N:		
		USER: SMITH

REPEAT staff id, service length, and prep time if necessary  
At form OK (y/n) enter Y<return>. This completes service entry.

**Target Group:** See page 32.      **Language:** See page 13.

**Service Length:** Enter the time in hours and minutes that the staff member participated in the event.

**Prep Time:** This field is optional. Enter the amount of time in hours and minutes the staff person spent preparing for the event.

When you are done, press Return to move to the Form OK prompt, and enter "Y" to save the data. After validating the data, the system will ask for confirmation before saving it.



# SERVICE CORRECTION/DELETION OF PROCEDURES

## Service Provider

1. Provider is granted with the tool to delete/correct any service which is entered erroneously within five working days. CalWORKS, CPS, and PSN can submit a correction / late services form.
2. Provider with supervisory authorization has the ability to make entry for late service and make correction to “*Service Date*”, “*Procedure Code*”, “*Group Count*”, “*Service Duration*”, “*Service Location*”, and “*Staff Number*” of the erroneous services which were entered in the current month. (At least one staff member is granted with supervisory authorization for each provider)

## OADP Administration

3. For Service(s) entered erroneously by provider and can't not be corrected by provider, provider should complete and submit “*Request To Delete Services*” form to OADP Admin.
4. OADP Admin. processes “*Request To Delete Services*” within three working days. OADP Admin. retains a copy of the processed “*Request To Delete Services*” form and returns the original to provider.

OADP does not process “*Request To Delete Services*” form if:

- < I > the service can be corrected by provider, or
- < II > the “Reason for Deletion” is not given in the form.

5. Provider receives the processed original “*Request To Delete Services*” form from OADP and determines if the service(s) need to be reentered.

Clinics are required to use this form when a Service entered into Insyst has been claimed to any funding source. Services can be deleted by the User up to 5 days after the service date and/or until posting has completed. ASG staff can delete any services between the 5 day period and claiming period. Be sure if you delete a service that you check the status of the service in the system. (Supervisory Mode)

This form is required to be completed and provided to the Business Office for any corrections after the service has gone to claiming. There is no exception. A paper audit trail must be maintained.

**San Bernardino County Department of Behavioral Health**

**Charge Data Correction Invoice**

Date Prepared: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Staff Number: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Reporting Unit \_\_\_\_\_

Reason for deletion: \_\_\_\_\_

**SERVICES TO BE DELETED**

Client Number	Client Name	Service Date	Procedure Code	Primary Staff Time	Co-Staff Number	Co-Staff Duration	Group Count	Service Location

**SERVICES TO REPLACE DELETIONS**

Client Number	Client Name	Service Date	Procedure Code	Primary Staff Time	Co-Staff Number	Co-Staff Duration	Group Count	Service Location

Clinic Staff Submitting: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

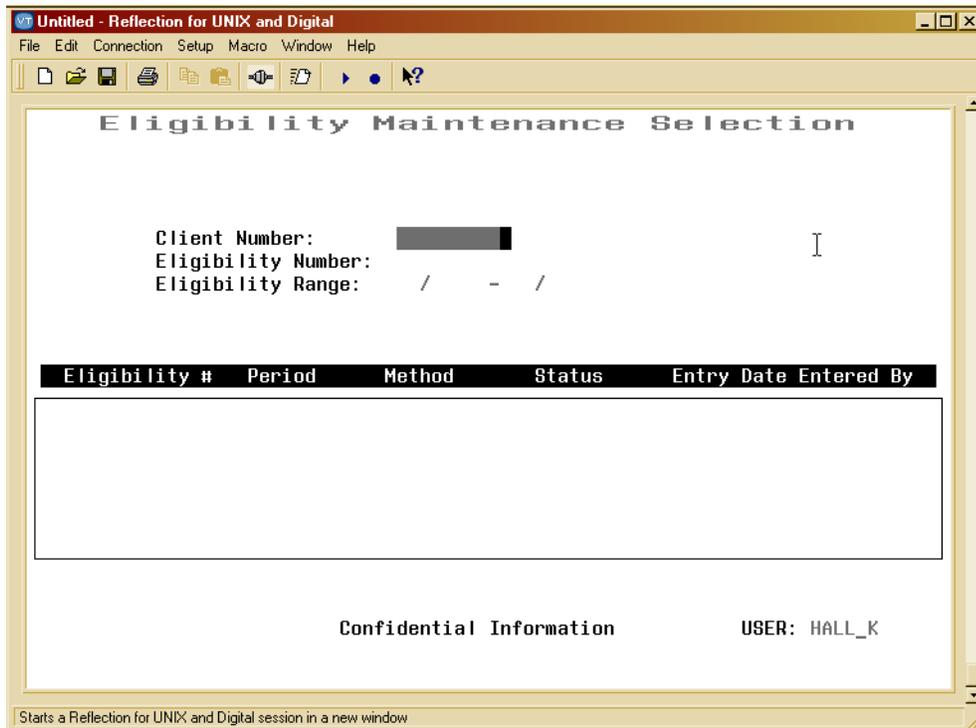
Correction Data Entry by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

# VERIFICATION OF ELIGIBILITY AND POE ENTRY

This function is used to verify current status of Medi-Cal eligibility for new and continuing clients.

FROM THE MAIN MENU:

1. Select **F**inancial <return>
2. Select **E**ligibility <return>
2. Select **M**edicaid <return>



4. Enter: chart number <return>  
Evaluate current status of Medi-Cal for this client.  
If Medi-Cal is not already entered, (e.g., system 27) enter by following the next step, if already entered for the desired month stop at this point.

To insert:

Untitled - Reflection for UNIX and Digital

File Edit Connection Setup Macro Window Help

**Eligibility Insert**

Client Number: [REDACTED] RU: Eligibility Number:

Name:	Birthdate: - -	Sex:		
Social Security Number: 000-00-0000	Sensitive:	CSI M/C:		
Eligibility Period: / /	Special Reason Code:	EVC Number:		
Card Issue Date: / /	Confirm Now: Y	Cnty Code: Aid:		
Street No.:	Direction:	Name:	Type:	Apt:
City:	State:	Zip Code: 00000+0000	Ph #: ( )	-

Form OK Y/N: Confidential Information USER: HALL\_K

Swipe [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] Function

Enter a Client Number and/or an Eligibility Number.

Starts a Reflection for UNIX and Digital session in a new window

5. NumLocks-I

6. Enter:

client's chart number <tab>

reporting unit <return>

eligibility number, which is the SSN from the BIC card <tab>

Card Issue Date <return>

Verify client's name, date of birth, sex and social security number. Current month is the default for eligibility month (you can change to any past month you need). If information is correct <return>.

If the entry is for 2 or more prior months, you need to enter a SPECIAL REASON CODE of "C."

At form OK (y/n) enter Y <return>.

### READ MESSAGE FROM EDS.

This will tell if the client is eligible for the month you listed for verification.

### SHARE OF COST:

If the message says **SHARE OF COST** and there is a dollar amount listed DO NOT CONTINUE and call the Business Office at 387-7602.

### OUT OF COUNTY:

If the message shows the client **is not** a San Bernardino County Medi-cal recipient (County Code 36) **DO NOT CONTINUE** and call the Access Unit at (909) 381-2420.

If they are eligible <return>.

At form OK (y/n) enter Y <return>.

## New Medi-Cal BIC ID Numbers

Starting in January 2005, Medi-Cal will issue new Benefits Identification Cards (BICs) with a 14-character alphanumeric ID. The new cards will be phased in statewide. Current BICs have either a 10-character numeric or a 10-character alphanumeric ID number.

New BIC IDs are comprised of a nine-character alphanumeric ID with a check digit and a four-digit Julian date that matches the date of issue on the BIC. As part of the phase-in process, the new ID will be processed the same as a 10-character alphanumeric BIC ID. Examples of current valid BIC IDs and the new BIC ID can be found at the [end of this article](#).

**Current billing and eligibility verification practices are not affected at this time.**

Medi-Cal offers a variety of methods that allow providers to verify recipient eligibility (refer to the [Eligibility: Recipient Identification](#) section of the Part 1 Provider Manual).

**Note:** Providers are responsible for verifying the recipient's identity and eligibility for services. Eligibility verification should be performed prior to rendering service using the information from the BIC ID.

Please ensure manually entered BIC ID information is correct. Incorrect information could result in the following error messages:

- **Invalid subscriber ID** – Not a valid subscriber ID number/format.
- **Record not found** – Valid BIC ID number/format, but no subscriber record.
- **No recorded eligibility for MM/YY** – Valid BIC ID number/format, found subscriber record, but not eligible for month/year entered.

Valid BICs are illustrated as follows.

All numeric, 10 characters – 0123456784:



Alphanumeric, 10 characters – 90000000A9:



Alphanumeric, 14 characters – 90000000A95001:

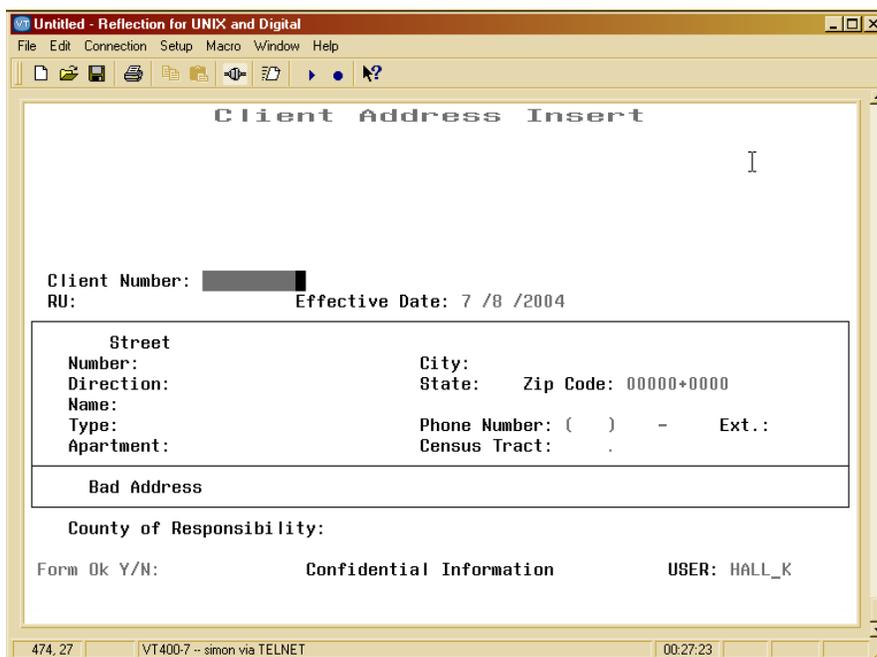


## ADDRESS MAINTENANCE

Address changes should be done when ever necessary. The original address should be entered when you open the episode. If you need to complete any part of the address you would do an update. **If the clients address changes you must do an insert of the new address, this retains the old address and date stamps the new one.**

### FROM THE MAIN MENU:

1. Select **E**pisode <return>
2. Select **A**ddress <return>
3. NumLocks-I (to insert a new address)



The screenshot shows a terminal window titled 'Untitled - Reflection for UNIX and Digital'. The main content is a form titled 'Client Address Insert'. The form contains the following fields and labels:

- Client Number: [REDACTED]
- RU: [REDACTED] Effective Date: 7 /8 /2004
- Street Number: [REDACTED]
- Direction: [REDACTED]
- Name: [REDACTED]
- Type: [REDACTED]
- Apartment: [REDACTED]
- City: [REDACTED]
- State: [REDACTED] Zip Code: 00000+0000
- Phone Number: ( ) - Ext.: [REDACTED]
- Census Tract: [REDACTED]
- Bad Address: [REDACTED]
- County of Responsibility: [REDACTED]
- Form Ok Y/N: [REDACTED]
- Confidential Information: [REDACTED]
- USER: HALL\_K

The terminal window also shows a status bar at the bottom with the text '474, 27 VT400-7 -- simon via TELNET 00:27:23'.

4. NumLocks-A (for supervisory)
5. Enter:
  - Client number
  - Reporting unit
  - Effective date (**MUST be the episode opening date**)
  - Street number
  - Street direction
  - Street name
  - Street type
  - Apartment
  - City
  - State
  - Zip code +four
  - Phone number
  - County of responsibility (refer to county codes pg. 12)
  - <return>

At form OK (y/n) enter Y <return>. Your address insert is complete.

To do an **UPDATE** for the phone number or correct a wrong address: (i.e., add zip code, phone number)

Address Maintenance Selection

Client Number: [REDACTED]  
Account Number: [REDACTED]

Effective	Address
-	-
-	-
-	-
-	-
-	-

Form Ok Y/N:                      Confidential Information                      USER: HALL\_K

469,40                      VT400-7 -- simon via TELNET                      00:27:03

FROM THE MAIN MENU:

1. Select **CLient** <return>
2. Select **Adress** <return>
3. Enter client number <return>
4. Place "**U**" beside address for update <return>
5. Enter:  
    Correct additional information

At form OK (y/n) enter Y <return>. Your address is now updated.

NOTE: (The effective date is different than the stamp date).

**(THE SYSTEM DOES NOT GENERATE A BILL WITHOUT AN ADDRESS FOR EVERY REPORTING UNIT. ALWAYS INSERT THE NEW ADDRESS WHEN A CLIENT HAS MOVED FROM PREVIOUS ADDRESS; NEVER UPDATE)**

# SIGNIFICANT OTHER

This function is to include information about the client's significant other. This can be any person to be contacted in case of emergency. (e.g., parent, friend, spouse, etc.)

FROM THE MAIN MENU:

1. Select **CLIEnt** or **1** <return>
3. Select **Slg\_Other** <return>

The screenshot shows a terminal window titled "Untitled - Reflection for UNIX and Digital". The main content is a form titled "Client Significant Others Selection". At the top, there is a label "Client Number:" followed by a greyed-out input field. Below this is a table with the following headers: "Significant Other", "Relation to Client", "Home Phone", "Work Phone", and "Emer". The table body is currently empty. At the bottom of the window, there is a "Confidential Information" label and a "USER: HALL\_K" label. The status bar at the very bottom reads "Starts a Reflection for UNIX and Digital session in a new window".

3. Enter:  
Client number <return>
- If no records exist go to next step.

The screenshot shows a terminal window titled "Untitled - Reflection for UNIX and Digital". The main content is a form titled "Client Significant Others Insert". At the top, there is a label "Client Number:" followed by a greyed-out input field. Below this is a form with several fields: "Name Last:", "First:", "Effective Date: / /", "Relationship to Client:", "Expiration Date: / /", "Street Number: 0", "City:", "Direction:", "State:", "Zip Code: 00000+ 0", "Name:", "Country:", "Type:", "Apartment:", "Home Phone: ( ) - Ext.: 0", "Work Phone: ( ) - Ext.: 0", and "Comment:". Below the "Comment:" field is a large text area. At the bottom of the window, there is a "Form OK Y/N:" label, a "Confidential Information" label, and a "USER: HALL\_K" label. The status bar at the very bottom reads "Starts a Reflection for UNIX and Digital session in a new window".

## CREATING A REPORT

This function does NOT print the report when the report is complete see instruction on printing queues.

FROM THE MAIN MENU:

1. Select **RE**ports <return>

2. Select type of report:

<b>A</b> ccount	MHS 161
<b>C</b> aseload	MHS 100, 121
<b>C</b> linical	MHS 140, 540
<b>S</b> ervice	MHS 502, 912
<b>O</b> perations	MHS 117, DAS 300
<return>	

3. Select report by number (i.e., MHS 140) <return>

4. Answer the question the system asks with the return being the default.

5. When you have answered all the questions, the system will tell you the report number and status. <Return>

This completes the creation of a report.

## PRINTING REPORTS (Contract Agencies)

Creating a report and printing a report are two separate and distinct functions in the SIMON system. As it is right now, all county facilities have a network printer installed in their offices; only contract agencies need to manually print their reports out. The ability to manually print reports through SIMON is by authorization only. This is a one-time procedure. You must call the Simon Help Desk and speak directly with a technician regarding authorization. Once complete the steps listed below to successfully print your reports.

FROM THE MAIN MENU:

1. Select **U**Tilities

2. Select **T**Ools

3. Select **Q**ueues

You must answer two questions. First, confirm your print queue's name; the second will confirm your printer type. After answering the questions, SIMON will send the reports to your printer for printing. If the process does not work or you are not sure if you are authorized to print, you need to call Computer Services at 386-0717 for additional assistance.

## MHS 140 or FACE SHEETS

The Face Sheet is the most requested report for SIMON users. The purpose of the Face Sheet is to serve as a summary document, which describes client and their clinical history. Your clinician can request this with the client's chart.

FROM THE MAIN MENU:

1. Select **CLIEnt** or **1** <return>
2. Select **LOcator** <return>
3. Type in last name <tab>
4. Type in first name <return>
5. Select name, place and "**X**" beside it <return>
6. Press NumLocks-F
7. Press F6

The F6 key generates the Face Sheet report. The report is forward to your default Print Queue when the VAX completes the report. You must go to the Utilities and Printer to print out the report. (See printer instructions).

The alternate ways of requesting a Face Sheet [Num Locks-F f6] from any SIMON screen where the Client Name and Client Number are displayed, such as **EPisode MAintenance**, or **CLIENT MAintenance**.

Only request no more than five Face Sheets at a time. When those five have printed, five more can be ordered. Please do not duplicate requests. If an expected Face Sheet has not printed, please call the SIMON Helpdesk 909 884 4884. ☎

If you do not need the output until the next morning, please wait until the end of the day to request the Face Sheet [and now, also consider using the MHS540]

As a courtesy to those with a critical need for a Face Sheet, we are asking everyone to consider where their needs could be met using the MHS540. Many times during a typical week, there are up to 50 or more Face Sheets at a time waiting to run, this delays your critical report for hours while SIMON processes earlier requests.

Examples of possible uses of the MHS540:

- Periodic Face Sheet to be included/updated in a client's chart
- Scheduled intakes for the week where a client number is already assigned
- Updates to closed charts being sent to Medical Records
- Wherever there is no rush or urgency for the Face Sheet.
- Ordering an unlimited amount

Note: The MHS540 is not advised for needs such as Psych Triage, Crisis Intervention, or circumstances where the most current information may be critical.

# REPORTING UNITS (RU) AND CLIENT POPULATIONS

- RU is a 5 digit alphanumeric code
- First 4 digits are State of California issued provider code

3	6	1	9	C
---	---	---	---	---

The 5<sup>th</sup> digit is assigned by county for various client populations

3	6	1	9	C
---	---	---	---	---

5 digits RU

3	6	1	9	C
---	---	---	---	---

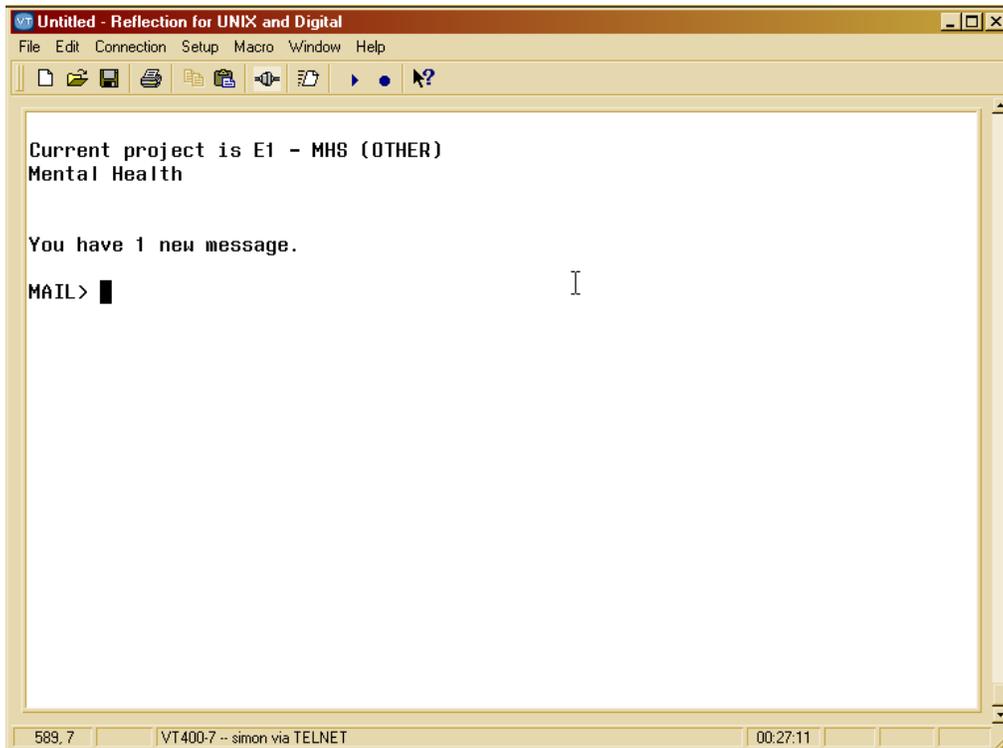
Fifth Digit	Client Population
1 :	Alcohol & Drug clients
2 :	CalWORKS clients
3 :	Prerinatal Alcohol & Drug clients
4 :	CPS clients
5 :	PSN clients
6 :	SACPA (Prop 36) clients
7 :	Use for dual diagnosis clinics (MHS & ADS)
8 :	YOUTH clients
C:	Drug Court clients

# E-MAIL

The E-MAIL is a way for you to send and receive messages from any other Simon user that utilizes the system. The computer will display a message on your terminal indicating that you have a new mail message, and how many when you first sign on.

FROM THE MAIN MENU:

1. Select **UT**ilities <return>
2. Select **MA**il <return>
3. Select **MA**il <return>



In the system E-Mail you must type commands to be completed. The words most commonly used in the system:

READ	HELP	PRINT
SEND	EXIT	DELETE
DIR	FORWARD	

The entire list can be located by typing help.

After typing e-mail message use Ctrl-Z to bring up command line to send message.

## PRESCRIPTION TRACKING

InSyst lets you maintain a history of a client's prescriptions, and produce reports that summarize it. Prescription information is entered through the Medication Management Screens.

MHS Client Messages	
<b>JAMES TESTCASE</b>	<b>1000483   Crisis Alert</b>
Recent decompensation started about the same time as brother died. James has been withdrawn at the day treatment center and has not participated in any groups. It appears he discontinued his medications. If he appears at CrisisCenter, please contact Dr. Williams regarding planned medication changes.	
----- Last Line -----	
<b>LOOKUP MESSAGE</b>	<b>  Unmodifiable   Forward</b>
been withdrawn at the day treatment center and has not participated in any groups. It appears as though he discontinued his medications. If he appears at CrisisCenter, please contact Dr. Williams regarding planned medication changes.	
***** Client came in at midnight on Friday. We were unable to contact Dr. Williams We agree client stopped medications	
<b>INSERT NEW MESSAGE</b>	<b>  Insert   Forward</b>
Confidential Information	
USER: <b>SMITH</b>	

### Entering a New Message while Viewing an Old Message

You receive information regarding a client's medications from several possible sources: prescription forms, medication logs in charts, or other types of records. This manual uses the term prescription for any of these sources.

#### To work with prescriptions:

1. Choose CLINICAL from the Main Menu.
2. Choose MEDICATION from the Clinical Menu to display the Medication Maintenance Selection Screen.

This screen is used like other InSyst screens to insert and maintain records.

## Entering New Prescriptions

#### To enter new prescriptions:

1. Choose MEDICATION from the Clinical Menu to display the Medication Maintenance Selection Screen, as described above.
2. Press Num Locks-I to insert a new record. The system displays the Medication Insert Screen. First you must display a list of prescriptions, then add new ones to the list, in the same format as the ones shown. The entry or display box scrolls up as you enter new prescriptions, to let you add more.

3. To display a list of prescriptions, enter data in the fields at the top of the screen:
  - **Client Number:** Enter a client number.
  - **RU:** Enter your Reporting Unit number.

Medication Insert									
Client Number: <b>1000001</b>		RU: <b>999901</b>		FOREST HILL					
GEORGE SMILEY		Sex: <b>M</b>	Birth Date: <b>12-Oct-35</b>		Age: <b>55</b>				
Order Date	Drug	Strength	Quan. Order	Unit/Dose	SIG	RF	Staff		
07/10/90	HALDOL	1 MG	30	1 QD	0	10000	BERNE		
07/10/90	HALDOL	1 MG	20	1.5 QD	10	10000	BERNE		
07/09/90	ELAVIL	.50 MG	1200	.232 TID	0	10001	JACKS		
/ /									
/ /									
Form OK Y/N:			Confidential Information				USER: GORODEZKY		

**Medication Insert Screen**

4. The client does not need to have an open episode at your reporting unit. After checking the client number, the screen displays the client name, birth date, sex and age, to help verify that you are entering a prescription for the right client. If the client has previous prescriptions, the screen displays the three most recent.
5. To enter a new prescription, use the Down Arrow key to move to a blank entry line, and enter data in the following fields:
  - **Order Date:** Enter the date of the prescription.
  - **Drug:** Enter the name and strength of the drug. (Drug names in this system include strength: for example, AMITRIPTYLINE 10 mgm is one drug and AMITRIPTYLINE 50 mgm is another drug.) In general you enter a drug code rather than a drug name. If you enter the first few letters of the name, the screen will display drugs that begin with those letters, so you can select a drug code and name.
  - **Quantity:** Enter the number of drug doses in the prescription. For example, if the doctor prescribes a total of 50 aspirin tablets, the quantity is 50.
  - **Dose:** Enter the size of each dose. For example, two aspirins three times a day is a dose of 2.
  - **SIG:** Enter the Frequency Code. For example, if the patient is to take the medication twice a day, the physician writes the SIG code “BID” on the prescription. (Some SIG codes are listed below.)
  - **Refill:** Enter how many refills are allowed.
  - **Staff:** Enter the physician’s ID number.
6. If you do not know the drug code, enter the first few letters of the drug name. For example “AMI” for AMITRIPTYLINE. The lower section of the screen

will display drugs beginning with AMI. Then press the Tab key to move to this section, and select the drug name by typing “X” next to it. The screen will enter that drug and return the cursor to the next field for data entry. Report MHS 242 is a complete listing of drugs and drug codes.

7. When you have entered a prescription record, the cursor moves to the next line to enter another. If you are done entering prescriptions, press Return, and then enter “Y” at the confirmation prompt.

Your system manager should have a list of local SIG Codes (Frequency Codes). Contact your supervisor before entering a SIG code not on the local list. Some **common** SIG Codes are:

- QD: daily
- QHS or HS: at bedtime
- QAM: in the morning
- AT LUNC: at lunch
- AT DINN: at dinner
- BID: twice daily
- TID: three times daily
- QID: four times daily
- Q#H: every # hours (for example, Q2H means “every two hours”)
- PRN: as needed (can be used with other SIGs. For example Q3HPRN means “every three hours as needed” and HSPRN means “at bedtime as needed”).
- SPECIAL: complex instructions with no standard frequency code.

## **Refilling Prescriptions**

As you have seen, the Medication Insert screen lists the last three prescriptions for the patient.

### **To enter a refill:**

1. Display the Medication Maintenance Selection Screen and press NL-I to display the Medication Insert screen, as described above.
2. Type “X” next to the prescription being reordered. Change the Order Date and any other information that has been changed (such as a different dose). Then press Return to complete your entry.

This refill feature creates a new prescription record. It does not alter existing records.

# Maintaining Prescriptions

To maintain existing prescriptions,

1. Choose MEDICATION from the Clinical Menu to display the Medication Maintenance Selection Screen, as described above.
2. To locate the prescription, enter a Client Number. You can limit the search by also entering an Order Date Range and Staff Number. Press Return to display the client's past prescriptions with the most recent first.

Medication Maintenance Selection									
Client Number:		1000001	GEORGE		SMILEY				
Order Date Range:		07/01/89 - 10/08/90							
Staff Number:									
Reporting Unit:									
Order Date	Drug	Strength	Quan. Order	Unit/Dose	SIG	RF	Staff		
10-Jul-90	HALDOL	1 MG	30	1	QD	0	10000	BERNE, E	
10-Jul-90	HALDOL	1 MG	20	1.5	QD	10	10000	BERNE, E	
09-Jul-90	ELAVIL	50 MG	1200	.232	TID	0	10001	JACKS, D	
03-Jul-90	ELAVIL	50 MG	30	.654	TID	20	10001	JACKS, D	
03-Jul-90	ELAVIL	50 MG	130	1	TID	0	10001	JACKS, D	
03-Jul-90	ELAVIL	50 MG	130	1	TID	0	10001	JACKS, D	

Confidential Information      USER: GORODEZKY

## Medication Maintenance Selection Screen

3. To select prescriptions for maintenance, press Tab to move the cursor through the list. Type "U" (update), "L" (lookup), or "D" (delete) next to prescription records you want to maintain.

### Prescription Lookup

If you entered "L" next to a prescription, it is displayed in the Medication Lookup screen (Figure 7.9), which displays the prescription and also:

- **Reporting Unit:** The reporting unit where the prescription was written.
- **Drug Code:** The drug code for the drug name used in the prescription.
- **Entered On:** The date the prescription was entered in to the system.
- **Staff Name:** The full name of the physician.
- **Changed On:** The last date the prescription was modified.
- **Changed By:** The name of the user who last entered or changed this prescription record.

You can view this data but not alter it.



## TITLE 22 ADP MEDI-CAL TRAINING

Drug Medi-Cal Questions?

E-mail Jim Cortese at: [jcortese@adp.state.ca.us](mailto:jcortese@adp.state.ca.us)

Online Resources

ADP website [www.adp.ca.gov](http://www.adp.ca.gov)

Alcohol/Drug Programs

ADP Bulletins and Letters

Title 22 online at [www.ccr.oal.ca.gov](http://www.ccr.oal.ca.gov)

Allows user to move from section to section with a mouse click.

ASI and treatment planning information at [www.tresearch.org](http://www.tresearch.org)

WARNING! It is your responsibility to follow the regulations –

*What you heard*

*What the last reviewer said*

*What you did at your last program. That's nice, but what do the regulations say? If you need an interpretation, get it in WRITING*

*Training Topics*

*Definitions*

*Provider Responsibilities*

*Admission Criteria and Procedures*

*Treatment Plans*

*Progress Notes*

*Minimum Beneficiary Contact*

*Justification of Continuing Services*

*Discharge Requirements*

More Training Topics

*Drug Medi-Cal Services*

*Perinatal Services*

Post-service Post-payment Reviews

Billing for a second service

Questions and Answers

Admission to treatment date

The date of the first face-to-face treatment service.

This date may be different from the CADDs admission date.

Section 51341.1 (b)(1) – Page 1

Collateral Services

Face-to-face session

With persons significant in the life of the beneficiary

Personal, not professional, relationships

Focusing on the treatment needs of the beneficiary

Supporting the achievement of the beneficiary's treatment goals

Section 51341.1 (b)(3) – Page 1

Crisis Intervention

Face-to-face contact with a beneficiary in crisis

Crisis is an actual relapse, or

Unforeseen event or circumstance causing an imminent threat of relapse

Services shall focus on alleviating crisis problems, and

Limited to stabilization of the emergency

Section 51341.1 (b)(5) – Page 1

Day Care Habilitative (DCH)

Outpatient counseling and rehabilitation services

Minimum of three hours a day, three days a week

Limited to pregnant or postpartum women, and/or

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) eligible beneficiaries

Section 51341.1 (b)(6) – Page 1

Group Counseling

Face-to-face contact

One or more therapists or counselors

Two or more clients

Focused on the needs of the individuals

ODF – must be from 4 to 10 in the group

Only one client must be a DMC beneficiary

Section 51341.1 (b)(8) – Page 2

Individual Counseling

Face-to-face contact

Telephone contacts, home visits and hospital visits do not qualify – services must be provided at the certified location

Section 51341.1 (b)(9) – Page 2

Postpartum

A pregnant woman who was eligible for and received Medi-Cal during the last month of pregnancy

60-day period beginning on the last day of pregnancy

Eligibility ends on the last day of the month in which the 60<sup>th</sup> day occurs.

Section 51341.1 (b)(18) – Page 3

Individual Counseling in ODF

ODF is a group counseling modality

Individual counseling is limited to five exceptions

Intake and assessment

Treatment Planning

Discharge Planning  
Crisis Intervention  
Collateral Services

Section 51341.1 (d)(2)(B) – Page 5

Provider Responsibilities

Establish and maintain an individual patient record  
Keep group counseling sign-in sheets which must include the date and duration of the counseling session, as well as the beneficiary's signature  
Provide services

Section 51341.1 (g) – Page 7

Admission Criteria and Procedures

Develop and use criteria and procedures for admission  
Complete a personal, medical and substance abuse history  
Complete an assessment of the physical condition of the beneficiary within 30 calendar days of admission

Section 51341.1 (h) – Page 7

Physical Exam or Waiver

A physical exam completed by a physician, registered nurse practitioner or physician assistant  
A copy of the exam must be in the patient record  
OR...

Section 51341.1 (h)(A)(iii) – Page 7 & 8

Physical Exam or Waiver

A waiver of the admission physical exam  
Must be based on the program physician's review of the beneficiary's medical history and substance abuse history, and/or most recent physical exam  
The waiver of the admission physical exam must include the physician's dated signature.

Section 51341.1 (h)(3)(iii)(b) – Page 8

Establish Medical Necessity

Drug Medi-Cal is Medi-Cal – only medically necessary treatment can be billed  
Only a physician can establish medical necessity  
Established by physician admission to treatment, physician review and signature on treatment plans and stay justifications

Section 51341.1 (h)(1)(D)(i) – Page 8 & 9

DSM Codes

The program must identify the applicable Diagnostic and Statistical Manual of Mental Disorders Third Edition-Revised or Fourth Edition diagnostic code.  
The DSM Code must be a substance abuse diagnostic code.  
Without the DSM Code all billings for that beneficiary will be disallowed

Section 51341.1 (h)(1)(D)(ii) – Page 9

Treatment Plans

Must be written  
Must be individualized – no cookie cutter plans  
Must be based on the information obtained in the intake and assessment process  
CalOMS will require the use of the ASI Lite CF at admission beginning October 2004

Section 51341.1 – Page 9

Treatment Plan Elements

A statement of problems to be addressed

Goals to be reached which address each problem

Action steps to be taken by the provider and/or beneficiary to accomplish goals

Section 51341.1 (h)(2)(A)(i) – Page 9

More Treatment Plan Elements

Target dates to complete action steps

A description of services including type and frequency of counseling

The assignment of a primary counselor

Section 51341.1 (h)(2)(A)(i) – Page 9

Initial Treatment Plan Timelines

Initial treatment plan must be completed and signed by the counselor within 30 calendar days of the admission to treatment date

The physician must review, approve and sign within 15 calendar days of signature by the counselor

Section 51341.1 (h)(2)(A)(ii) – Page 9

Update Treatment Plan Timelines

The counselor must complete an updated treatment plan no later than 90 days after the last treatment plan.

The physician must review, approve and sign within 15 calendar days of signature by the counselor

A new treatment plan must be prepared for any change in problems or treatment

Section 51341.1 (h)(2)(A)(iii)(b) – Page 10

Progress Notes - ODF

Must be legible

Must be individual narrative summaries

Must be completed for each counseling session

Must include attendance information including full date (month, day, year), session duration and type of counseling

Must include a description of beneficiary progress on treatment plan goals, etc.

Section 51341.1 (h)(3)(A) – Page 10

Progress Notes DCH/Residential

Must be legible

Must be individual narrative summaries

May cover up to seven days

*Must include attendance information including full date (month, day, year), session duration and type of counseling for each counseling session*

*Must include a description of beneficiary progress on treatment plan goals, etc.*

Section 51341.1 (h)(3)(B) – Page 10

Progress Notes DCH/Residential

*Weekly summaries can cause problems*

*They must document that some allowable service was provided for each day billed*

*They must document that minimum attendance times were met (DCH)*

Section 51341.1 (b)(6) & (d)(4) & (h)(3)(B)

Page 10

**Minimum Beneficiary Contact**

***A minimum of two counseling sessions per 30-day period***

***In ODF, the beneficiary must receive a minimum of two group counseling sessions per month.***

***Requirement may be waived by the provider if***

***Fewer contacts are clinically appropriate***

***The beneficiary is making progress towards treatment plan goals***

Section 51341.1 (h)(4) – Page 11

Justification to Continue Services

*No sooner than five months and no later than 6 months from admission or the date the last justification was completed*

*Counselor must review progress and eligibility of beneficiary to continue services*

*The physician must determine the need for continuing services based on:*

*The counselor's recommendation*

*The beneficiary's prognosis*

*The medical necessity of continued treatment*

Section 51341.1 (h)(5)(A) – Page 11

Justification to Continue Services

*The beneficiary must be discharged if the physician determines that there is no medical necessity to continue treatment*

*If the justification to continue services is missing from the patient record, all billings submitted after the date that the justification was due will be disallowed*

Section 51341.1 (h)(5)(A) – Page 11

Discharge

*Discharge may be voluntary or involuntary*

*A discharge summary must be completed within 30 calendar days of the last face-to-face treatment contact*

*The summary must include*

*The duration of the treatment episode*

*The reason for discharge*

*A narrative summary of the treatment episode*

*The beneficiary's prognosis*

Section 51341.1 (h)(6)(A) – Page 12

Discharge – Fair Hearing

*The beneficiary through a fair hearing process can appeal any action taken to terminate or reduce services to a Medi-Cal beneficiary.*

*This fair hearing is in addition to any program or county level fair hearing process*

*Section 51341.1 (p) – Page 16 & 17*

**Discharge – Fair Hearing**

*At least 10 calendar days prior to the effective date of the intended action the provider must give the beneficiary a written notice that includes*

*A statement of the action the provider intends to take*

*The reason for the intended action*

*A citation of the specific regulation(s) supporting the intended action*

*Section 51341.1 (p) – Page 16 & 17*

**Discharge – Fair Hearing**

*Written notice continued*

*An explanation of the beneficiary's right to a fair hearing for the purpose of appealing the intended action*

*The notice must include the address where the request for a fair hearing must be submitted*

*An explanation that the provider must continue treatment only if the beneficiary appeals in writing within 10 days of the notice*

*Section 51341.1 (p) – Page 16 & 17*

**Fair Hearing**

*What you have to do*

*What you don't have to do*

*Violence or threat*

*Showing up loaded*

**PSPP Utilization Review**

*Advance Notice*

*Entrance Conference*

*List of records to be reviewed*

*We ask for explanations during review*

*Missing documents*

*Exit Conference*

*Report and Corrective Action Plan*

*Section 51341.1 (k), (l) & (m) – Page 14*

**Keeping Records**

*Records must be kept for 3 years!*

*Section 51341.1 (i) – Page 12*

**Second Service on a**

**Calendar Day**

*For all services...*

*Cannot be a duplicate service*

*Must be a return visit*

*Must not create a hardship on the beneficiary*

Section 51490.1 (d) – Page 21

Second Service on a

Calendar Day - Continued

Intake, treatment planning, discharge planning and group sessions you must also show...

Time of day of each visit

An effort was made to provide all services during one visit

A statement documenting the reason for the return visit must be in the record.

Section 51490.1 (d) – Page 21

Second Service on a

Calendar Day - Continued

*Form ADP 7700 must be placed in each patient record or the second service will be disallowed*

*The form may have multiple names – you need to black-out other names*

Section 51490.1 (d) – Page 21

Prop 36

Drug Medi-Cal will pay for Prop 36 referred patients

Must meet all admission and treatment requirements of Title 22

The court cannot establish medical necessity

Title 9 Section 9533

Prop 36

No fees may be charged

The county may use trust fund monies to supplement services such as additional individual counseling

Common Problems

Overwriting – especially dates

Legibility!

Not enough documentation – when in doubt, document

Not following the regulations – what do the regulations say?

Using outdated forms

Specific Problem Areas:

Signatures and dates on treatment plans

Missing treatment plan components

No beneficiary progress in notes

Missing or incorrect stay justifications

Missing or incorrect physical waivers

Ineligible individual sessions in ODF

Missing or incorrect group counseling sign-in sheets

Maximize Your Revenue

Bill for all services necessary and provided, but don't provide services to maximize billings

E-mail Jim Cortese at [jcortese@adp.state.ca.us](mailto:jcortese@adp.state.ca.us)

## DISCONNECTING FROM SIMON VIA MODEM

Certain clinics connect to the SIMON system via a modem. Normally this applies only to Contract agencies. There is a set procedure to properly connect and disconnect from the system. Failure to follow the procedure could result in leaving your session logged into SIMON. With the growth of the number of SIMON users and the limited availability of open slots for users to log into, it is extremely important to properly log off the system and protect you and your login for liability.

Once your SIMON session is complete there are 3 steps to successfully disconnect from SIMON.

1. Type "EXIT" at any selection screen. This will inform you that your SIMON session is has been disconnected.
2. At the top of the screen, you must choose "Connection" that will drop down some more choices, which you will then choose "Disconnect". You will be informed that your modem session has been disconnected.
3. You may then close the program by either choosing "File" then "Exit" or click on the "X" in the upper right corner.

Failure to complete all 3 steps could leave you logged into the system. As the system will only allow a user to be logged in once at a time, you will have to call Computer Services to get logged off the system.

NOTE: If you connect to SIMON and you get into the screens but do not get prompted to log in. LOG OFF IMMEDIATELY. You took over someone's session that did not log off the system properly and are now assuming his or her identity as far as the system is concerned. If you are having problems getting the log in prompt, please call ISD Helpdesk (909-884-4884) for help getting logged in.

Contract Providers can log into the contract subscribers website at [www.sbcounty.gov/dbh](http://www.sbcounty.gov/dbh).

The user name and password are the same for all contract providers.

Username: dbhcontract

Password: 4contracts

Helpdesk tickets maybe e-mailed to the following e-mail address.

[isdhelpdesk@isd.sbcounty.gov](mailto:isdhelpdesk@isd.sbcounty.gov)

<Your 'TELNET' connection has terminated>

## County Codes

01 – Alameda	30 – Orange
02 – Alpine	31 – Placer
03 – Amador	32 – Plumas
04 – Butte	33 – Riverside
05 – Calaveras	34 – Sacramento
06 – Colusa	35 – San Benito
07 – Contra Costa	36 – San Bernardino
08 – Del Norte	37 – San Diego
09 – El Dorado	38 – San Francisco
10 – Fresno	39 – San Joaquin
11 – Glenn	40 – San Luis Obispo
12 – Humboldt	41 – San Mateo
13 – Imperial	42 – Santa Barbara
14 – Inyo	43 – Santa Clara
15 – Kern	44 – Santa Cruz
16 – Kings	45 – Shasta
17 – Lake	46 – Sierra
18 – Lassen	47 – Siskiyou
19 – Los Angeles	48 – Solano
20 – Madera	49 – Sonoma
21 – Marin	50 – Stanislaus
22 – Mariposa	51 – Sutter***
23 – Mendocino	52 – Tehama
24 – Merced	53 – Trinity
25 – Modoc	54 – Tulare
26 – Mono	55 – Tuolumne
27 – Monterey	56 – Ventura
28 – Napa	57 – Yolo
29 – Nevada	58 – Yuba/Sutter***

\*\*\* Use 58 for Sutter and Yuba Counties as they share a reporting code.

## State Codes

AL – Alabama	MT – Montana
AK – Alaska	NE – Nebraska
AZ – Arizona	NV – Nevada
AR – Arkansas	NH – New Hampshire
CA – California	NJ – New Jersey
CO – Colorado	NM – New Mexico
CT – Connecticut	NY – New York
DE – Delaware	NC – North Carolina
DC – District of Columbia	ND – North Dakota
FL – Florida	OH – Ohio
GA – Georgia	OK – Oklahoma
HI – Hawaii	OR – Oregon
ID – Idaho	PA – Pennsylvania
IL – Illinois	RI – Rhode Island
IN – Indiana	SC – South Carolina
IA – Iowa	SD – South Dakota
KS – Kansas	TN – Tennessee
KY – Kentucky	TX – Texas
LA – Louisiana	UT – Utah
ME – Maine	VT – Vermont
MD – Maryland	VA – Virginia
MA – Massachusetts	WA – Washington
MI – Michigan	WV – West Virginia
MN – Minnesota	WI – Wisconsin
MS – Mississippi	WY – Wyoming
MO – Missouri	

## COUNTRY CODES

AF =	AFGHANISTAN	CK =	COCOS (KEELING) ISLANDS
AL =	ALBANIA	CO =	COLOMBIA
AG =	ALGERIA	CN =	COMOROS
AQ =	AMERICAN SAMOA	CF =	CONGO
AN =	ANDORRA	CW =	COOK ISLANDS
AO =	ANGOLA	CR =	CORAL SEA ISLANDS
AV =	ANGUILLA	CS =	COSTA RICA
AY =	ANTARCTICA	IV =	COTE D'IVOIRE
AC =	ANTIGUA AND BARBUDA	HR =	CROATIA
AR =	ARGENTINA	CU =	CUBA
AM =	ARMENIA	CY =	CYPRUS
AA =	ARUBA	EZ =	CZECH REPUBLIC
AT =	ASHMORE AND CARTIER ISLANDS	DA =	DENMARK
AS =	AUSTRALIA	DJ =	DJIBOUTI
AU =	AUSTRIA	DO =	DOMINICA
AJ =	AZERBAIJAN	DR =	DOMINICAN REPUBLIC
BF =	BAHAMAS	EC =	ECUADOR
BA =	BAHRAIN	EG =	EGYPT
FQ =	BAKER ISLAND	ES =	EL SALVADOR
BG =	BANGLADESH	EK =	EQUATORIAL GUINEA
BB =	BARBADOS	ER =	ERITREA
BS =	NASSAS DA INDIA	EN =	ESTONIA
BO =	BELARUS	ET =	ETHIOPIA
BE =	BELGIUM	EU =	EUROPA ISLAND
BH =	BELIZE	FK =	FALKLAND ISLANDS (ISLAS MALVINAS)
BN =	BENIN	FO =	FAROE ISLANDS
BD =	BERMUDA	FM =	FEDERATED STATES OF MICRONESIA
BT =	BHUTAN	FJ =	FIJI
BL =	BOLIVIA	FI =	FINLAND
BK =	BOSNIA AND HERZEGVINA	FR =	FRANCE
BC =	BOTSWANA	FP =	FRENCH POLYNESIA
BV =	BOUVET ISLAND	FS =	FRENCH SOUTHERN AND ANTARCTIC LANDS
BR =	BRAZIL	FG =	FRENCH GUIANA
VI =	BRITISH VIRGIN ISLANDS	GB =	GABON
IO =	BRITISH INDIAN OCEAN TERRITORY	GA =	GAMBIA, THE
BX =	BRUNEI	GZ =	GAZA STRIP
BU =	BULGARIA	GG =	GEORGIA
UV =	BURKINA	GM =	GERMANY
BM =	BURMA	GH =	GHANA
BY =	BURUNDI	GI =	GIBRALTAR
CB =	CAMBODIA	GO =	GLORIOSO ISLANDS
CM =	CAMEROON	GR =	GREECE
CA =	CANADA	GL =	GREENLAND
CV =	CAPE VERDE	GJ =	GRENADA
CJ =	CAYMAN ISLANDS	GP =	GUADELOUPE
CT =	CENTRAL AFRICAN REPUBLIC	GQ =	GUAM
CD =	CHAD	GT =	GUATEMALA
CI =	CHILE	GK =	GUERNSEY
CH =	CHINA	PU =	GUINEA-BISSAU
KT =	CHRISTMAS ISLANDS	GV =	GUINEA
IP =	CLIPPERTON ISLAND	GY =	GUYANA
		HA =	HAITI
		HM =	HEARD ISLAND AND

HO = HONDURAS  
HK = HONG KONG  
HQ = HOWLAND ISLAND  
HU = HUNGARY  
IC = ICELAND  
IN = INDIA  
ID = INDONESIA  
IR = IRAN  
IZ = IRAQ  
EI = IRELAND  
IS = ISRAEL  
IT = ITALY  
JM = JAMAICA  
JN = JAN MAYEN  
JA = JAPAN  
DQ = JARVIS ISLAND  
JE = JERSEY  
JQ = JOHNSTON ATOLL  
JO = JORDAN  
JU = JUAN DE NOVA ISLAND  
KZ = KAZAKHSTAN  
KE = KENYA  
KQ = KINGMAN REEF  
KR = KIRIBATI  
KS = KOREA, REPUBLIC OF  
KN = KOREA DEMOCRATIC  
PEOPLES REPUBLIC OF  
KU = KUWAIT  
KG = KYRGYZSTAN  
LA = LAOS  
LG = LATVIA  
LE = LEBANON  
LT = LESOTHO  
LI = LIBERIA  
LY = LIBYA  
LS = LIECHTENSTEIN  
LH = LITHUANIA  
LU = LUXEMBOURG  
MC = MACAU  
MK = MACEDONIA  
MA = MADAGASCAR  
MI = MALAWI  
MY = MALAYSIA  
MV = MALDIVES  
ML = MALI  
MT = MALTA  
IM = MAN, ISLE OF  
RM = MARSHALL ISLANDS  
MB = MARTINIQUE  
MR = MAURITANIA  
MP = MAURITIUS  
MF = MAYOTTE  
MX = MEXICO  
MQ = MIDWAY ISLANDS  
MD = MOLDOVA

MN = MONACO  
MG = MONGOLIA  
MW = MONTENEGRO  
MH = MONTSERRAT  
MO = MOROCCO  
MZ = MOZAMBIQUE  
WA = NAMIBIA  
NR = NAURU  
BQ = NAVASSA ISLAND  
NP = NEPAL  
NT = NETHERLANDS ANTILLES  
NL = NETHERLANDS  
NZ = NEW ZEALAND  
NC = NEW CALEDONIA  
NU = NICARAGUA  
NG = NIGER  
NI = NIGERIA  
NE = NIUE  
NF = NORFOLK ISLAND  
CQ = NORTHERN MARIANA ISLANDS  
NO = NORWAY  
MU = OMAN  
PK = PAKISTAN  
PS = PALAU  
LQ = PALMYRA ATOLL  
PM = PANAMA  
PP = PAPUA NEW GUINEA  
PF = PARACEL ISLANDS  
PA = PARAGUAY  
PE = PERU  
RP = PHILIPPINES  
PC = PITCAIRN ISLANDS  
PL = POLAND  
PO = PORTUGAL  
RQ = PUERTO RICO  
QA = QATAR  
RE = REUNION  
RO = ROMANIA  
RS = RUSSIA  
RW = RWANDA  
SM = SAN MARINO  
TP = SAO TOME AND PRINCIPE  
SA = SAUDI ARABIA  
SG = SENEGAL  
SR = SERBIA  
SE = SEYCHELLES  
SL = SIERRA LEONE  
SN = SINGAPORE  
LO = SLOVAKIA SLOVENIA  
BP = SOLOMAN ISLANDS  
SO = SOMALIA  
SF = SOUTH AFRICA  
SX = SOUTH GEORGIA AND THE  
SOUTH SANDWICH ISLANDS  
SP = SPAIN

PG = SPRATLY ISLANDS  
CE = SRI LANKA

VC = ST. VINCENT AND THE GRENADINES  
SB = ST. PIERRE AND MIQUELON  
ST = ST. LUCIA  
SH = ST. HELENA  
SC = ST. KITTS AND NEVIS  
SU = SUDAN  
NS = SURINAME  
SV = SVALBARD  
WZ = SWAZILAND  
SW = SWEDEN  
SZ = SWITZERLAND  
SY = SYRIA  
TW = TAIWAN  
TI = TAJIKISTAN  
TZ = TANZANIA  
TH = THAILAND  
TO = TOGO  
TL = TOKELAU  
TN = TONGA  
TD = TRINIDAD AND TOBAGO  
TE = TROMELIN ISLAND  
TS = TUNISIA  
TU = TURKEY  
TX = TURKMENISTAN  
TK = TURKS AND CAICOS ISLANDS  
TV = TUVALU  
UG = UGANDA  
UP = UKRAINE  
UK = UNITED KINGDOM  
US = UNITED STATES  
TC = UNITED ARAB EMIRATES  
UY = URUGUAY  
UZ = UZBEKISTAN  
NH = VANUATU  
VT = VATICAN CITY  
VE = VENEZUELA  
VM = VIETNAM  
VQ = VIRGIN ISLANDS  
WQ = WAKE ISLANDS  
WF = WALLIS AND FUTUNA  
WE = WEST BANK  
WS = WESTERN SAMOA  
WI = WESTERN SAHARA  
YM = YEMEN  
CG = ZAIRE  
ZA = ZAMBIA  
ZI = ZAMBABWE

00 = UNKNOWN COUNTRY