

Registration

Client demographics include basic client information, billing data and many clinically important data elements. The available options and features are controlled by a number of different set-up files and tables as described below. Registration can be set-up with or without a waiting list. These two options are mutually exclusive and must be initialized by IMA for your installation.

Pre-registration

There are two different sets of programs that can be used in **A-6**. One is a basic pre-registration, while the second is a more extensive pre-registration that includes a waiting list database, extensive reporting, and an interface to the SMS Hospital System. The selection of which pre-registration option is used is configured in the system set-up. The files that control each of these options will be explained separately.

Tables

In the initial registration data screens for both options, the following tables are used for some of the client information gathered. Other tables will also need to be populated as well and will be listed later. These tables are in **H-2** and should be populated and reviewed before entering clients into the system.

1. **INTTYP**: intake type for designating different telephone screening narratives to be utilized as desired for '**Intake type:**' field at initial **A-6 RE** screen
2. **CENSUS**: codes to identify the counties for the agency service area at the '**County:**' field, with translation fields for OASAS reporting codes and County reporting codes, if necessary
3. **CULTUR**: for '**Cultural identity:**' field with translation fields for OASAS and County reporting codes
4. **DSM**: DSM diagnosis codes with ICD-9-CM codes and Medicaid exclusion group designations at the '**Primary diagnosis:**' field

The '**Medicaid exclusion group:**' field is a cross-reference to the '**Diagnosis type:**' field in the program definition screen at **H-13**. Matching entries in these fields excludes the diagnosis from being billed to Medicaid for the corresponding program. This is a required field in the **DSM** table. IMA has assigned the following values to entries in this table.

- 0 – not an excluded diagnosis for any program
 - 1 – excluded diagnosis for Mental Health programs
 - 2 – excluded diagnosis for Alcohol Abuse/Dependence programs
 - 3 – excluded diagnosis for Substance Abuse/Dependence programs
 - 4 – excluded diagnosis for other agency defined program type
 - The only supported values for entries in this field in this table are the numbers 0, 1, 2, 4, 8, 16, 32 and 64. If additional values are needed, IMA will need to set-up this feature for you. Combinations of exclusion groups are allowed in the program definition screen.
5. **ETHNIC**: with translation fields for OASAS and County reporting codes
 6. **FEESCH**: fee schedules for self pay and insurance clients must first be identified in the table and then built in the corresponding **C-22** options for the '**Self pay schedule:**' field
 7. **INTCNT**: '**Referral type:**' field, type of contact
 8. **LIVING**: living circumstances codes with translation fields for OASAS and County reporting codes
 9. **LOCSEN**: program location for '**Location:**' field with translation fields for the Medicaid locator code and the Medicare place of service code
 10. **MUNCIP**: '**Municipal:**' field for city, state and zip code with translation fields for another assigned municipality code and service code, if necessary
 11. **REFSRC**: '**Referral source:**' field with translation fields for UB-92, OASAS codes and County report codes
 12. **RESID**: '**Type of residence:**' field with translation fields for OASAS codes and County Report codes

Basic Pre-registration

Basic pre-registration in **A-6** has many features that can be controlled by set up files. These set-up files can be initially developed and subsequently viewed and edited using **H-12 MS**.

1. **TELSR.ASM**: This file contains the default template for the narrative memo box that appears in options **NA** and **AN** and in the second page of **RE**.
2. **TELSR.<code>**: These files determine the template to be loaded for the telephone screening narrative based on the Intake Type code from table **INTTYP**.
3. **CLTASM.DFT**: This is the control file for all client assessments. However, the definition for the first memo box in the first assessment is used to determine the title and size of the pre-registration narrative. The Narrative Assessment is the first assessment in **B-6** after which the other assessments are initiated in **IN**.
4. **A-6-DEFAULT.DAT**: This file contains the default data items for many fields in the client database to be used when entering a new client. Defaults can be set separately for each operator that does data

entry or for all operators at once. Defaults are available for the fields of: Municipality, County, Zip code, Location, Division, Diagnosis, Residence, Referral source, Referral type, Fee schedule, Fee level and Billing order. The final line of the file controls the sequence of events that the operator will be prompted through when entering a new client.

5. **PREREG.ACT**: Option **PF** allows a special fee statement to be printed. This statement lists the established client fee for a number of different activity codes. The list of activity codes to be used is contained in this file.
6. **PREREG.TAIL**: This file contains the text that will follow the list of activity codes and fees on the fee statement.
7. **COMPNY.TTL**: The agency name and address are pulled from this data file when printing the fee statement.
8. An additional system level designation can be defined for a specific screening program to be designated as the default at **A-6 RE**. This default could be changed at the time of data entry for registration of clients as necessary.

Waiting List Pre-registration

The data files in **H-12** used for these programs are:

1. **WLSMNT.XLT**: translates programs to the default waiting list
2. **WLSMNT.SMS**: accesses the Hospital Registration System. The screen displays the on-line registration data fields for the client. After all of this data is entered, it is also available within the IMA Workbench client data screens.

Transfers & Terminations

Moving from Screening to Programs

Once a client is pre-registered or enrolled in a screening program, it is likely that a treatment program will be recommended and assigned. This is accomplished in the **A-1** client data options and requires some agency specific set-up. Transfers within the agency from a screening program to a treatment program are through option **TR**, while terminations or discharges from the agency are recorded in option **TM**.

Files in H-12

CLTMNT.XFR – default reasons for discharge codes and follow-up codes for transfers in **A-1 TR**

Tables in H-2

1. **DISP** – '**Disposition:**' field with translation field for OASAS reporting code
2. **DISST** – for '**Status at discharge:**' field with a translation field for OASAS reporting
3. **FOLLOW** – '**Referred to:**' field with translation field for County reporting code

4. **LOCATE** – defines the Primary and Secondary Mental health agencies with a translation field for OASAS reporting code
5. **PROBLM** – for '**Presenting problem:**' field with translation field for County reporting code
6. **REASON** – reason codes for transfer and or termination
7. **TRMRES** – codes for '**Reason for termination:**' field with translation fields for OASAS and County reporting codes

Full Intake

Some agencies may require or prefer that a full intake be completed for new clients, instead of the short form in pre-registration or **A-6**. This intake can be found in **A-1 IN**. Some agency specific set-up is required with the following control files and tables.

Set-up files in H-12

CLTMNT.ALT - This file identifies the number and titles of the alert indicators being used. It also allows for a description of the rating system to be used for these indicators. This description is printed under the actual ratings in the treatment plan.

Tables in H-2

1. **ABSHIS** – '**Abuse history:**' field codes
2. **AXIS2** - Axis 2 diagnosis codes
3. **AXIS3** - Axis 3 diagnosis codes
4. **AXIS4** – Axis 4 codes
5. **AXIS5** - Axis 5 codes
6. **CSSTAT** – '**CSS Status:**' field, table with translation fields for 2 County reporting codes
7. **EDUCAT** – '**Type of Education:**' field, table with translation fields for OASAS and County reporting codes
8. **EMPLOY** – '**Employment status:**' field, table with translation fields for OASAS and County reporting codes
9. **HOMLES** – '**Reason for homelessness:**' codes
10. **LANG** – '**Primary language:**' field, table with a translation field for County reporting code
11. **LEGAL** – '**Legal status:**' field, table with translation fields for OASAS and County reporting codes
12. **LOCATE** – '**Location:**' field, table with translation field for OASAS reporting code
13. **MILDIS** – '**Discharge status:**' field codes for military discharge status
14. **NEEDS** – '**Non-MH needs:**' field codes
15. **PSYCH** – '**Psychiatrist:**' field codes, table with billing and license information

16. **RELABS** – '**Family with abuse problems:**' field codes, table with OASAS reporting code translation field
17. **RELGON** – '**Religion:**' field codes, table with translation field for County reporting codes
18. **RISK** – '**Alert status:**' codes
19. **SEXORT** – '**Sexual orientation:**' field codes
20. **SPEC1** – DSM IV specifier code with cross-reference to diagnosis code from table **DSM**
21. **SPCSRV** – '**SS condition:**' field codes for special services
22. **SRVHIS** – Past and current mental health services codes
23. **SRVNED** – '**Mental health service needs:**' codes
24. **STRESS** – Stressor codes for DSM Axis 4 diagnoses
25. **TARGET** – '**Target group:**' field codes
26. **TYPTRN** – '**Type of transportation:**' field codes
27. **VET** – '**Veteran status:**' field codes, table with translation field for OASAS reporting code

Additional Initial Client Information

Additional client information is collected at Pre-Registration and Intake. This information includes billing, collateral and medical data, along with other agency defined fields.

Billing Header

Set-up files in H-12 MS

CLTFEE.INI - translates the net income and number of dependents into a specific fee schedule and level for the first page of the client billing header

Tables in H-2

1. **FEESCH** – Table of fee schedules for the '**Client self pay schedule:**' in the Pre-registration screen and the "Fee schedule" column in the client billing header at **A-6 RE (B)** or **A-1 CB**.
2. **FINSUM** – Table for '**Sources of income:**' with a translation field for OASAS reporting code
3. **OCCUP** – '**Occupation :**' codes
4. **SRCREM** – Table of codes for '**Sources of reimbursements:**' with a translation field for both OASAS and county reporting codes

Billing Header screens can be designated at the system level to chain to the other client data screens at **A-1 QE/QC**.

User Defined Fields

Set-up files in H-12

CLTMNT.OPT - defines the format of each of the user defined or agency specific fields for **A-1 CU**

Client Collaterals

Set-up files in H-12

CCTMNT.DAT - lists the default types of collaterals that should be asked for during Pre-Registration in **A-6** by table **CONTYP** code for each designated program group

Tables in H-2

1. **CONTYP** - types of client collaterals
2. **RELATE** – '**Relation:**' to client for collaterals with translation field for a corresponding UB-92 code

Medical Data

Tables in H-2

1. **'ALERGY** – codes for '**Allergies:**'
2. **AXIS3** - Medical diagnosis in medical profile and 5 Axis DSM Diagnosis screen
3. **CARDAC** - Cardiac Condition.
4. **DIABET** - Diabetes Type codes
5. **DIET** – '**Special diet:**' codes for clients with special dietary requirements
6. **DRGRAC** – Codes for drug reactions
7. **DRUGS** – Medications for RX.
8. **HEARNG** – Hearing codes to describe any hearing limitations and/or deficits
9. **HEPATS** - Hepatitis carrier type
10. **ILLNES** – 'Past illnesses:'
11. **MEDFRQ** – Frequencies for RX.
12. **MOBLTY** - Mobility status codes for any physical condition and/or impairment that may limit client's mobility
13. **PHYHLT** – codes for '**Physical Health:**' description
14. **SEIZUR** - Seizure disorder codes
15. **SPEECH** – Speech.
16. **TB** - TB type code
17. **VISION** – Vision.

The medical database also makes references to Physicians that are defined in menu option **H-10**.

File **B5-COMMENTS.DFT** determines the memo box pre-fill for the client medical profile in **B-5 MC/MP**. This can be a template for observations, a worksheet or a free text area.

Tables for Premium Medical Data Options

The Premium Medical Data options are activated for utilization per agency at the system level.

1. **DRUGS** - contains all of the prescription medication that the agency docs prescribe, with the drug code, description (drug name(s) and equivalents), coded type of blood work required for that drug and the frequency in weeks in which that blood work must occur.
2. **BLDWRK** – codes for adding and updating on-line blood work data in **B-5 BC** and **BS**
3. **LOCINJ** – codes for adding and updating on-line injection data in **B-5 IC** and **IS**

File **B5-COMPANY.DAT** is a four line file defining the agency name and address for printed prescriptions. File **B5-BLOOD.DAT** contains the list of blood work that is required for all medication clients in addition to medication specific protocols and the time frame in which it must occur.