

Reports

Overview

The main area in the system where reports are found is the **G** Menu: Database Reports. The Database Reports Menu is organized into three sections: Operations and Decision Support, Regulatory Reports and Ad Hoc Reports. The first two list various stock, predefined reports most commonly used by the agency. The Ad Hoc section provides a mechanism to create custom designed reports for any application. However, this chapter will group these reports into the following functional categories for descriptive purposes:

- Staff activity.
- Productivity.
- Quality Assurance.
- Regulatory.
- Frequency.
- Ad-hoc.

```
Version:11.0          The Mental Health Workbench          02-25-98 Wed
Copyright 1997 by    IMA Mental Health - Development Area    9:59 AM
IMA, Inc.           DATABASE REPORTS                      Option:G
Printer:Downstairs laser(WT)                               Georgeanne Biancarosa

Operations and decision support:                            Regulatory reports (continued):
G3 - Frequency reports                                     G19 - DASAS threshold report
G4 - CDI client schedule                                   G21 - County reports
G5 - CDI group attendance                                  G22 - DASAS adm./disch. reports
G6 - Restorative services report                          G23 - WYSOHM CFR data report
G7 - Periodic summary of services                         G25 - Residential LS3-6 report
G13 - Case load summary
G14 - Detail staff activity report                         Ad hoc reports for specific databases:
G17 - Weekly staff activity                               G1 - Client-Program.Medical.Billing
G30 - Productivity statistics                             G11 - Referrals-Client.Program
G31 - Generate residential activities                     G12 - Activity-Client.Program.Billing
G20 - Staff
G24 - Program definitions

Regulatory reports:
G16 - Quality assurance reports
G16 - Monthly LS3 and DASAS report

Option:
9 men ext hlp
```

The Database Reports Menu/G Menu.

Note: Billing Reports are described in detail in the Billing Chapter of this Guide.

Staff Activity Reports

The following list of reports is based on the staff activity database, which includes a record of every service recorded by staff. These services may be either billable or non-billable activities. The staff activity reports include:

- ◆ **A-2 LS or DS** – Selected list of records.
- ◆ **A-2 WA** – Weekly Activity Report.
- ◆ **G-14** – Detail Staff Activity.
- ◆ **G-17** – Weekly Staff Activity.

Selected List of Records: A-2 LS and DS

This report runs through the staff activity database for a selected date range for the selected criteria. The selection field prompts are as follows:

- **Program** – A specific program or all programs.
- **Staff** – A specific staff member or all staff members.
- **Client** – A specific client or all clients.
- **Activity code** – A specific activity code or all activity codes.
- **Starting date & Ending date** – A date range of staff activities for selection for this report.
- **Sort by** - Program, Staff or Client designates a page break on the designated sort key.
- **'Include non-client related records?'** - Answer **Yes** to include all records, **No** to exclude non-client records, or **Only** to run this report exclusively for non-client related activities.

```
IMA Mental Health - Development Area  Option:A2 -LS
Services-visits

Program:all
Staff:all
Client:all
Activity code:all
Starting date:01011998
Ending:01311998
Sort by:P

Include non-client related records?(Y,N,O)Y

Use <def> for all programs

2 men ext scn hlp fwd def
```

The selection screen for A-2 LS.

The columns listed on this report are:

1. **Program** – Client's program enrollment.
2. **Staff** – Staff person that performed this service for this client.
3. **Sequence** – The sequence number of this visit for this program with this staff for this client.
4. **Client** – Client number.
5. **Date** - Date when the activity took place.
6. **Activity** – Specific activity code for the service provided.
7. **Units** – The number of equivalent service units that are assigned to this service. This is determined by the weight assigned to this activity code in **H-8**.
8. **Hours** – This column has two values: **Bill/Act**. The numbers under **Bill** are based on the '**Time-spent:**' value in the activity database. This value may be different from what is currently defined for this activity in **H-8**. The number in the **Act** column comes from the '**Duration:**' field in the activity code definition. Differences between these values may be due to a change in the value assigned in **H-8**. If the value changes in **H-8**, the defined value reported is whatever the value is defined at posting time, even if that value changed in the midst of the life cycle of that activity.

Note: It is anticipated that in a future release, the actual elapsed time of a visit could be posted to this report. When this is implemented, the first value will represent the standard or defined time and the second value will reflect the actual time spent.

9. **Invoice** – The invoice number from the billing record if the staff activity is linked to a billable activity code. If the listed activity is not a billable or client related activity, this field will be left blank.

Group Related Fields

10. **Group code** – The code of the agency client group. For records of individual sessions, this field will remain blank.
11. **Number in group** – This will list the number of clients who actually participated in this group visit even if it differs from the group definition. For records of individual visits this number is always **1**.
12. **Weighted** – This field is divided into two columns: **Units** and **Hours**. The **Units** column shows the assigned weight of the activity as defined for the activity code, adjusted for the group size. This is calculated by dividing the individual weight by the number of participants in the group. The **Hours** column lists both the activity database time spent, as well as the defined activity duration, adjusted for the group size. This is calculated by dividing the defined and actual duration factors by the number of participants in the group. For records of individual sessions, though, these fields will always be the same as in the previous Units and Hours columns repeated from columns 7 and 8.

Selection criteria:

All clients
 All staff members
 Program AT
 Activity date from 01/01/98 to 01/31/98

STAFF ACTIVITY RECORDS FOR STAFF Dafna Sarah Frydman, C.S.W

* * * * G R O U P S * * * *													
PROGRAM	STAFF	SEQUENCE	CLIENT	DATE	ACTIVITY	UNITS	HOURS		INVOICE	GROUP CODE	NUMBER IN GROUP	WEIGHTED	
							BILL/ACT					UNITS	HOURS
AT	DSF	105	2566	01/20/98	001	0.35	1.00/1.00		24		1	0.35	1.00/ 1.00
AT	DSF	106	2566	01/20/98	001	0.35	1.00/1.00		25		1	0.35	1.00/ 1.00
AT	DSF	107	2566	01/20/98	001	0.35	1.00/1.00		26		1	0.35	1.00/ 1.00
AT	DSF	108	2566	01/20/98	001	0.35	1.00/1.00		27		1	0.35	1.00/ 1.00
AT	DSF	109	2566	01/20/98	001	0.35	1.00/1.00		28		1	0.35	1.00/ 1.00
AT	DSF	110	2566	01/21/98	001	0.35	1.00/1.00		33		1	0.35	1.00/ 1.00
AT	DSF	111	2	01/23/98	001	0.35	1.00/1.00		54		1	0.35	1.00/ 1.00
AT	DSF	112	2566	01/23/98	001	0.35	1.00/1.00		37		1	0.35	1.00/ 1.00
AT	DSF	113	1	01/27/98	100	0.33	1.25/1.25		358		1	0.33	1.25/ 1.25
Totals for Staff DSF :						9 invoices	3.08	9.75/ 9.75			9	3.08	9.75/ 9.75

STAFF ACTIVITY RECORDS FOR STAFF Denis P. Quinn

* * * * G R O U P S * * * *													
PROGRAM	STAFF	SEQUENCE	CLIENT	DATE	ACTIVITY	UNITS	HOURS		INVOICE	GROUP CODE	NUMBER IN GROUP	WEIGHTED	
							BILL/ACT					UNITS	HOURS
AT	DEN	69	3000	01/12/98	002	0.30	1.50/1.50		117	A1	5	0.06	0.30/ 0.30
AT	DEN	70	1	01/12/98	002	0.30	1.50/1.50		345	A1	5	0.06	0.30/ 0.30
AT	DEN	71	2	01/12/98	002	0.30	1.50/1.50		53	A1	5	0.06	0.30/ 0.30
AT	DEN	72	3	01/12/98	002	0.30	1.50/1.50		61	A1	5	0.06	0.30/ 0.30
Totals for Staff DEN :						4 invoices	1.20	6.00/ 6.00			20	0.24	1.20/ 1.20

STAFF ACTIVITY RECORDS FOR STAFF Mike Samel

AT	MS	242	2548	01/15/98	002	0.30	1.50/1.50	801150	ACAP	3	0.10	0.50/ 0.50	
AT	MS	243	2566	01/15/98	002	0.30	1.50/1.50	801150	ACAP	3	0.10	0.50/ 0.50	
AT	MS	244	196	01/15/98	001	0.35	1.00/1.00	801151	ACAP	4	0.09	0.25/ 0.25	
AT	MS	246	2566	01/15/98	001	0.35	1.00/1.00	801151	ACAP	4	0.09	0.25/ 0.25	
AT	MS	271	103	01/15/98	002	0.30	1.50/1.50	209	ACAP	6	0.05	0.25/ 0.25	
AT	MS	272	3000	01/15/98	002	0.30	1.50/1.50	119	ACAP	6	0.05	0.25/ 0.25	
Totals for Staff MS						6 invoices	1.9	8.0/ 8.0			26	.48	2.0 / 2.0
Grand Totals for all Staff:						84 invoices	26.1	116.8/ 116.8			354	9.7	38.5/ 38.5

The A-2 LS Report for a selected list of records.

A-2 DS will display a summary version of this report on the screen. Selection criteria include only the following.

- **Program** – A specific program or all programs.
- **Staff** – A specific staff member or all staff members.
- **Client** – A specific client or all clients.
- **Starting & Ending Dates** - Date range for the activities to display.

The columns for this screen report are Program, Staff, Sequence, Client, Date, Activity, Time spent and Appointment time as described above.

Pgm	Staff	Seq	Client	date	Activity	Time Spent	App Time
AT	MS	295	1	01-15-98	002	1.50	10:00 AM
AT	MS	296	2548	01-15-98	002	1.50	10:00 AM
AT	MS	297	103	01-15-98	002	1.50	10:00 AM
AT	MS	298	3000	01-15-98	002	1.50	10:00 AM
AT	MS	299	2566	01-15-98	002	1.50	10:00 AM
AT	MS	300	196	01-15-98	002	1.50	10:00 AM
AT	MS	301	1	01-15-98	002	1.50	10:00 AM
AT	MS	302	2548	01-15-98	002	1.50	10:00 AM
AT	MS	303	103	01-15-98	002	1.50	10:00 AM
AT	MS	304	3000	01-15-98	002	1.50	10:00 AM
AT	MS	305	2566	01-15-98	002	1.50	10:00 AM
S	MS	52	1	01-20-98	001	1.00	
AT	MS	306	103	01-29-98	001	1.00	9:52 AM

Use <def> for all programs
 Program:all Staff:MS Client:all Starting date:01011998 Ending:01311998
 2 men ext scn hlp fwd def

Selection criteria for **A-2 DS** display of activities.

The A-2 DS Report with selection criteria as shown on bottom.

Weekly Activity Report: A-2 WA

This report is specifically for detail on weekly group activities in CDT programs as reflected from the weekly batch entry in **A-2 WR**. Files **BTNHLD.DAT** and **CHKPRG.DAT** in **H-12 MS** control this function. Selection criteria prompts are the following.

- **Program** – A specific program or all programs.
- **Program organization** – A specific program organization or all program organizations.
- **Starting Monday** – The date of the Monday for the designated week to report on.
- **Sort by Program or Staff?** - Designates a page break on the selected sort key.
- **Sort by Client Code or Name?** – Designates whether the clients are ordered numerically or alphabetically.

```
IMA Mental Health - Development Area Option:A2 -WA
Services/visits

Program:all
Program organization:all
Starting Monday:02021998

Sort by program or staff? (P,S)P
Sort by client code or name? (C,N)C

1 men ext bck req
```

The selection screen for Weekly Activity Reports for CDT programs in A-2 WA.

This report searches the client activity database for the selected criteria. The columns listed in this report are:

1. **Client** -- Client name and number or number and name, depending upon selected sort criteria.
2. **Staff** – Staff person assigned to this client in the program record.
3. **Program** – Program code.
4. **Monday – Friday**, by day, are displayed in columns 4-9.
5. **Total** – Total visits for that client for the week.

The Weekly Activity Report presents a weekly picture of the services provided by each staff person and/or by each program or a group of programs. A daily count of billable activities for CDT programs is listed in columns Monday – Friday by client. Totals are given per staff person and/or program or group of programs for each day, weekly and as a grand total.

WEEKLY ACTIVITY REPORT FOR STAFF MEMBER Denis P. Quinn
WEEK STARTING 01/12/1998

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/04/98 9:52 AM GB PAGE NO. 1

CLIENT	STAFF PROGRAM	MON.	TUES.	WED.	THURS.	FRI.	SUN.	TOTAL
001 Brady, Marsha	DEN CDT	3	2	3	4	3	0	15
002 Brady, Greg	DEN CDT	3	2	3	2	3	0	13
003 Brady, Jan	DEN CDT	2	3	4	3	2	0	14
004 Brady, Bobby	DEN CDT	3	2	3	2	3	0	13
005 Brady, Cindy	DEN CDT	2	3	2	3	2	0	12
006 Brady, Peter	DEN CDT	3	4	3	2	3	0	15
TOTALS FOR Denis P. Quinn		16	16	18	16	16	0	82

WEEKLY ACTIVITY REPORT FOR STAFF MEMBER Michael Samel
WEEK STARTING 01/12/1998

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/04/98 9:52 AM GB PAGE NO. 2

CLIENT	STAFF PROGRAM	MON.	TUES.	WED.	THURS.	FRI.	SUN.	TOTAL
200 Cunningham, Richie	MS CDT	5	5	5	5	5	0	25
201 Cunningham, Joanie	MS CDT	3	3	3	3	0	0	12
202 Malph, Ralph	MS CDT	4	4	4	4	4	0	20
203 Webber, Potsie	MS CDT	10	10	10	5	10	0	45
204 Fonzarelli, Arthur	MS CDT	0	3	5	3	0	0	11
TOTALS FOR Michael Samel		22	25	27	20	19	0	113
TOTALS FOR ALL STAFF MEMBERS		50	53	49	51	44	0	247

The A-2 WA Report for CDT programs.

Detail Staff Activity Report: G-14

This report provides detail on staff activity through various criteria for a selected date range. The selection field prompts are the following for this report.

- **Starting & Ending activity dates** – A date range is designated for the activities to be reported on.
- **Program** – A specific program or all programs.
- **Unit** – A specific unit or all units.
- **Area** – A specific area or all areas.
- **Staff** – A specific staff or all staff.
- **Group** – A specific staff group or all staff groups.
- **Team** – A specific staff team or all staff teams.
- **'Include non-client related records?'** - Answer **Yes** to include all records, **No** to exclude non-client records, or **Only** to run the report only, or exclusively, for non-client related records.
- **'Include only billable activities?'** – Answer **Yes** for only billable activities or **No** for all activities.
- **Sort** - Sort by **Staff**, **Program** or **Unit**.

The report type can be selected from Totals only, Activity detail, and Staff detail

1. **Totals only** - The report produces totals only on the sort selection.
2. **Activity detail** - This report prints a line for each activity code. In this option the report can be further summarized by staff, program or unit, with line breaks on staff member, program or unit and contain detail on each activity code within the selection.
3. **Staff detail** - This report prints one line for each staff member and summarizes that staff member's activities within the columns listed below.

```
IMA Mental Health - Development Area Option:G14
Detail staff activity report

Selection:
Starting activity date:01011998
Ending activity date:01311998
Program:all      Unit:all      Area:all
Staff:all       Group:all     Team:all
Include non-client related record? (Y,N,O)W
Include only billable activities?Y

Sort:P
(S)taff, (P)rogram, (U)nit

Report type:
1. Totals only
2. Activity detail
3. Staff detail

1 men ext bck num req
```

The selection criteria screen for the Staff Activity Report in G-14.

This report summarizes all of the activities posted on the system which meet the selection criteria. It will print the following information in each column:

1. **Program, Staff Member, or Activity** – This field depends on the specific options chosen at run time, listing the designated codes and descriptions.
2. **Total clients** -- The number of unique client seen.
3. **Client Sessions** -- The total number of appointments that occurred with these clients.
4. **Staff Sessions** -- This is similar to the number of appointments, but it takes into account group visits. For example, a single staff session with 10 clients in a group is counted as only one session in this column, but will count as ten client sessions in the previous column.
5. **Staff hours** -- Actual staff time spent during these activities.
6. **Staff units** – This divides the weight, as defined per activity code, by the number of group members.

Client Session Categories -- This count comes directly from the activity code definitions in **H-8**.

7. **No Show** -- The number of activities that occurred defined as no shows.
8. **Crisis visits** – The number of activities that occurred defined as crises.
9. **Group visits** –The number of activities that occurred defined as group visits.
10. **Individual visits** -The number of activities that occurred defined as either regular or brief visits.
11. **Collateral visits** - The number of activities that occurred defined as collateral visits.
12. **Units** – This is an absolute account of the activity weights as defined per activity code in **H-8**.
13. **Client hours** – This column is divided into 2 counts. One comes from the invoiced actual time spent for "BILL", and the other comes from the duration in the activity code definition for "ACT".
14. **Group average** – This gives the average number of participants for group visits.

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/10/98 3:25 PM GB PAGE NO. 1
 &l10 &k2S &l1e7C
 Selection criteria:
 Period covered:01/05/1998 to 01/09/1998
 Program:AT
 Staff:all
 Group:all
 Team:all
 Unit:all
 Area:all

DETAIL STAFF ACTIVITY REPORT
 FOR STAFF MS -Michael Samel

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/10/98 3:25 PM GB PAGE NO. 8

ACTIVITY	TOTAL CLIENTS	CLIENT SESSIONS	STAFF SESSIONS	STAFF HOURS	STAFF UNITS	* * * * CLIENT SESSION CATEGORIES * * * *					UNITS	BILL/ACT		GROUP AVERAGE
						NO SHOW	CRISIS VISITS	GROUP VISITS	INDIVIDUAL VISITS	COLLAT VISITS		CLIENT	HOURS	
001-Reg clinic visit	17	17	17.00	10.00	.35	3	2	0	12	0	5.95	17.00/	17.00	1.00
002-Group visit	6	58	12.33	18.50	3.70	0	0	58	0	0	17.40	87.00/	87.00	5.07
STAFF TOTALS	23	75	29.33	28.50	4.05	3	2	58	12	0	23.35	104.00/	104.00	6.07

DETAIL STAFF ACTIVITY REPORT
 TOTALS SHEET

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/10/98 3:25 PM GB PAGE NO. 10

STAFF MEMBER	TOTAL CLIENTS	CLIENT SESSIONS	STAFF SESSIONS	STAFF HOURS	STAFF UNITS	* * * * CLIENT SESSION CATEGORIES * * * *					UNITS	BILL/ACT		GROUP AVERAGE
						NO SHOW	CRISIS VISITS	GROUP VISITS	INDIVIDUAL VISITS	COLLAT VISITS		CLIENT	HOURS	
AEG Ann Gilbert	20	20	17.00	17.50	5.90	1	0	4	12	2	6.30	20.00/	20.00	5.00
MS Michael Samel	23	75	29.33	28.50	4.05	3	2	58	12	0	23.35	104.00/	104.00	6.07
TOTALS	43	95	46.33	45.00	9.95	4	2	62	24	2	29.65	124.00/	124.00	11.07

The G-14 Detail Staff Activity Report.

Weekly Staff Activity Report: G-17

This report summarizes staff activity by agency defined specific activity groupings with designated activity codes on which to report. The **H-12 MS** file containing these groupings is called **SALWEK.ACT** and allows for 8 such groupings of activity codes.

This report may be summarized either by the following.

- **Report by Program or Staff?** – Designates a page break on the selected sort key.
- **Starting & Ending activity dates** – The date range on which to report.
- **Program** – A specific program or all programs.
- **Staff** – A specific staff member or all staff members.
- **Hours** – Report on the hours or time spent from the staff activity Record or from the activity Code.
- **Units** – Report on the services by actual **Count** or **Weight** from activity codes.
- **'Include non-client related records?'** - Answer **Yes** to include all records, **No** to exclude non-client records, or **Only** to run the report only, or exclusively, for non-client related records.
- **'Totals only?'** Answer **Yes** for a summary report or **No** for a detailed report.

```
INA Mental Health - Development Area Option:G17
Weekly staff activity summary by service groupings

Report by P(rogram) or S(taff):P
Starting activity date:01011998
Ending activity date:01311998

Program:all
Staff:all
Hours (R.C)?C
Units (C.W)?C

Include non-client related records? (Y.N.O)N
Totals only? (Y.N)N

Ready to print the activity report? (Y.N)
1 men bck req
```

The G-17 selection screen for Weekly Staff Activity Reports.

These columns are customized to the settings determined in **SALWEK.ACT**. However some general rules apply. These rules are the following.

1. The first 3 of these 8 groups should include exclusively client-related activity.
2. The remaining 5 groupings can be either client or non-client related activity groups.

3. Each of the 8 groups has its own column that is divided into two counts.
 - (a) **Time** - The total staff time spent on this activity.
 - (b) **Units** - The total units (weighted activities) served for this activity.
4. The ninth column, also divided into two counts, groups all other activity codes that were not specifically listed together.
5. The next section totals the previous columns of time and units and breaks them into two counts.
 - (a) **Client**- Client-related activities.
 - (b) **Other** - Non-client related activities.

```

Brief
1
001
Reg
1
100
Group
1
002
Plan
1
009
Doc
1
012
Meet
1
LUN
Supv
1
011
Train
1
010

```

The **SALWEK.ACT** file from **H-12 MS** that sets up and defines the **G-17** Weekly Staff Activity Report.

PERIOD COVERED - 01/12/1998 TO 01/18/1998

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/04/98 10:26 AM GB PAGE NO. 1
&l10 &k2S &l1e7C
Selection criteria:
Program:ACMH
Staff:all
Units:Count
Hours:Record

PROGRAM	--- CONTACTS WITH CLIENTS ---								----- OTHER ACTIVITIES -----								----- TOTALS -----					
	Brief		Reg		Group		Plan		Doc		Meet		Supv		Train		OTHER		TIME		UNIT	
	TIME	UNIT	TIME	UNIT	TIME	UNIT	TIME	UNIT	TIME	UNIT	TIME	UNIT	TIME	UNIT	TIME	UNIT	TIME	UNIT	CLIENT	OTHER	CLIENT	OTHER
Adult Forensic	6.0	6.0	18.0	6.30	93.0	62.0	4.0	0.4	5.0	1.0	2.0	0.2	2.0	0.4	4.0	0.8	0.0	0.0	117.0	17.0	74.30	2.8
Adult Trtmnt	7.0	7.0	25.0	8.75	93.0	62.0	2.0	0.2	6.0	1.2	1.0	0.1	5.0	1.0	15.0	3.0	9.0	2.9	125.0	38.0	77.75	8.4
Child Trtmnt	5.0	5.0	15.0	5.25	1.5	1.0	9.0	0.9	2.0	0.4	1.5	0.15	5.5	1.1	9.0	1.8	30.0	9.9	21.5	29.0	11.25	14.25
	18.0	18.0	58.0	20.30	187.5	125.0	15.0	1.5	13.0	2.6	4.5	0.45	12.5	2.5	28.0	5.6	39.0	12.8	263.5	94.0	163.30	25.45

The **G-17** Weekly Staff Activity Report.

Productivity Reports

The productivity reports include:

- ◆ **G-13** – Caseload Summary
- ◆ **G-30** – Productivity Statistics

Caseload Summary: G-13

This report focuses on the agency's client caseload within a given time period. The following selection criteria define this report.

- **Open cases, Intakes, Terminations or Summary numbers?** - All of these options will provide a detail listing of clients and dates, except for the summary.
- **Open cases as of:** – Designate the date for the view of open cases. The current date is the default.
- **Starting & Ending dates** – Designate the date range for the view of Intakes, Terminations or Summary numbers.
- **Program** – A specific program or all programs.
- **Unit** – A specific unit or all units.
- **Area** – A specific area or all areas.
- **Staff** – A specific staff member or all staff members.
- **Organization type** – A specific organization type or all organization types.
- **Break on:** - Program, Staff, Team, Unit, Area or Organization type.
- **List by** - Client Number or Last name.

```
IMA Mental Health - Development Area  Option:G13
Case load summary

Open cases, Intakes, Terminations or Summary numbers (O,I,T,S)? O
Open cases as of:08171998
Starting date:08181997
Ending date:08171998
Selection:
  Program:all
  Unit:all
  Area:all
  Staff:MS
  Organization type:all
Break on:
(P)rogram, (S)taff, (T)eam, (U)nit, (A)rea, (O)rganization type:P
List by Client (N)umber or (L)ast name?
                                     1 men ext scn bck fwd req
```

The Caseload Summary screen: G-13.

The columns listed on the summary report are:

1. **'Break on:' Selection** – will be Program, Staff Member, Team, Unit, Area or Organization type, depending upon the option chosen at that field.
2. **Starting Caseload** -- The number of active clients at the beginning of the period.
3. **Clients Admitted** -- Total client admissions during this period.
4. **Clients Discharged** – Total clients terminated during this period.
5. **Ending Caseload** -- The number of active clients at the end of the period.
6. **Admission First** -- Number of new admissions during this period.
7. **Status Readmit** -- Number of admissions during this period that where re-admits.
8. **Total Served to End of Period** -- Total clients that where open and received services during this period.

CASELOAD SUMMARY
 PERIOD COVERED - 01/01/1998 TO 01/31/1998

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TO PROGRAM	STARTING CASELOAD	CLIENTS ADMITTED	CLIENTS DISCHARGED	ENDING CASELOAD	ADMISSION FIRST	STATUS READMIT	TOTAL SERVED END OF PERIOD
AA-Atlantic Avenue	9	1	0	10	1	0	10
AF-ACMHC Adult Forensic	5	0	0	5	0	0	5
AT-ACMHC Adult Treatmen	46	1	0	47	1	0	47
CF-ACMHC Child Forensic	1	0	0	1	0	0	1
CI-CI	1	0	0	1	0	0	1
CM-Case management	1	0	0	1	0	0	1
CT-ACMHC Child Treatmen	7	0	0	7	0	0	7
DD-Dental Clinic	4	0	0	4	0	0	4
DT-Cont. Day Treatment	4	0	0	4	0	0	4
EE-Emergency	1	0	0	1	0	0	1
EM-Residential ICL	4	0	0	4	0	0	4
ES-Emergency Screening	1	0	0	1	0	0	1
IC-Intensive Case Manag	2	0	0	2	0	0	2
IP-Inpatient unit	1	0	0	1	0	0	1
MI-ACMHC MICA Program	40	0	0	40	0	0	40
MR-MICA residential	1	0	0	1	0	0	1
NA-Narcotics Anonymous	2	0	0	2	0	0	2
OC-AMCH Outpatient Psyc	2	0	0	2	0	0	2
OT-Other Program	36	0	0	36	0	0	36
RS-Program RS	3	0	0	3	0	0	3
S -Screening Informatio	74	5	0	79	3	2	79
SA-Substance Abuse Clin	2	0	0	2	0	0	2
SC-Screening	1	1	0	2	1	0	2
SV-Soundview Clinic	4	0	0	4	0	0	4
VS-VERSA	1	0	0	1	0	0	1
TOTALS	252	8	0	261	6	2	261

The **G-13** Caseload Summary Report for Summary numbers by Program.

Productivity Statistics: G-30

The productivity reports are used in conjunction with the **IMA Decision Support System (DSS)** software for Windows. This package allows monthly tracking of agency performance in the following ways:

- Views of the entire agency, regions, program units, and individual staff.
- Reports on units of service, revenue, unique clients served, and open cases.
- Comparative budgeted numbers; same program units, or other program units.

Setup

A few levels of setup are required to gain the full use of these reports.

1. Define program units and areas.
2. Create individual budgets for all programs and staff.
3. Setup default budgets for programs and staff.
4. Define other data summarization parameters.

Define program units and types

All programs can be grouped into units or areas. This enables reports to be generated for a combined group of programs instead of each individual program.

- a) **Program units** – These are setup in Table **UNIT** in **H-2**. After creating a list of units, each program can be assigned to a specific unit in **H-13**.
- b) **Areas** – These are created in Table **PGAREA** in **H-2**. After creating a list of areas, each program can be assigned to a specific area in **H-13**.

Create Individual Budgets

Part of the **G-30** analysis is to compare actual performance to the budgeted amount for each month of activity. An individual budget can be setup for each program and staff person, for each month of the year.

- a) **Program budgets** – In the program definition menu, **H-13**, use option **CS** to add/change program statistics. All budgets can be setup in this option. After entering a program code and month for the budget, the following fields shown on the screens above must be filled out.

```

IMA Mental Health - Development Area Option:H13-CS
Program definitions
Unit:C CSEAP funds Month:081996
Adding record
OPERATING RESULTS Fund code:BR Amount: 10000.00
Budget Actual
Units per month: 2500 0.00 :WY : 500.00
Hours per month: ---- 0.00 :MO : 575.00
Dollar revenue per month:157500 0.00 :C : 600.00
Open cases per month: 2000 0.00 : : 0.00
Number served per month: 1500 0.00
Number of staff on roll: 35 35
Staff days available: 22 ----

E X P E N S E S
Rent & Utilities: 5000.00
Operations: 1500.00
Direct clinical: 35000.00
Supervision: 10000.00

10 men ext scn bpg fpg bck fwd num req

```

Page 1 of the H-13 CS screen for budgeting in program definitions.

```

IMA Mental Health - Development Area Option:H13-CS
Program definitions
Unit:C CSEAP funds Month:081996
Adding record
ACTIVITY COUNT TARGETS
Regular 1: 25
Group 2: 30
Intake 3: 50
Activity 4: 0
Activity 5: 0
Activity 6: 0
Activity 7: 0
Activity 8: 0
Activity 9: 0

P A Y D R M I X Total 100%
Medicaid: 65 Managed care: 3
Managed care MD: 3 3rd Party: 0
Medicare: 17 Self pay: 0
MC/MD: 12

3 men ext scn bpg fpg bck fwd num req

```

Page 2 of the program budget screen in H-13 CS.

b) **Staff budgets** – The staff budgets are setup in **H-7 CS**.

```

IMA Mental Health - Development Area Option:H7 -CS
Staff members
Staff member:MS Michael Samel Month:081996
OPERATING BUDGET OPERATING RESULTS
Units per day: 10.00 Total units: 0.75
Dollar revenue per day: 200.00 Total revenue: 90.00
Open cases per month: 30 Open cases: 17.00
Number served per month: 100 Number served: 0.00
Days budgeted: 22 Total hours billed: 1.25
Days available: 22

E X P E N S E S ACTIVITY COUNT TARGETS
Salary: 4000.00 Regular 1: 15 Activity 6: 0
Benefits: 0.00 Group 2: 15 Activity 7: 0
Equipment: 1000.00 Intake 3: 10 Activity 8: 0
Admin. OH: 0.00 Activity 4: 0 Activity 9: 0
Activity 5: 0

Staff member:MS
3 men ext hlp fwd req

```

The staff budget screen in H-7 CS.

Default Budgets

For any program or staff person that does not have a budget for a particular month, a set of pre-defined default values can be used. These are setup in two files in **H-12 MS**. They are **G30-PGM.DFT** for program defaults and **G30-STF.DFT** for staff defaults. An additional feature is available to define defaults for specific groups of programs. A unique set of defaults can be setup for each program organization grouping in the **G30-PGM.XXX** file, where **XXX** represents the program organization code.

Billing Order & Activity Code Grouping

The **GNSTAT.INI** file in **H-12 MS** defines the parameters for the data summarization and extraction on the billing database for use with the IMA DSS system. These parameters are detailed in the Administrator's Guide.

The monthly data extraction procedure

A data extraction program is executed periodically on the billing database and the summarized data is exported to the PC-based DSS program. This is typically synchronized with the billing cycle. If billing is done monthly this data extraction is also done on a monthly basis right after each billing run. If billing is done weekly the extraction may also be done on a weekly basis. In either case, the monthly data record as available on the extraction date is exported. If weekly billing is in effect, each week the same monthly data is updated to add to it the latest week billed.

Note that the data extraction process combines the actual transactions as recorded in the billing database and compares them to the established budgets. Both the data and the comparisons are exported for each month. It is therefore important to review the budget values established on the system prior to each data extraction.

The procedure of extracting and exporting the data is accomplished in the following sequence utilizing the program options indicated.

Verify the budget values on the system

1. Use option **G-30 TP** to print out the 12-month budgets currently active on the system for each Program and Staff member. Verify that the correct budget is in place at least for the month being extracted.
2. The source of each of the budgets reported above may be either one of the following:
 - **H-7 CS** for each staff person for each month.
 - **H-13 CS** for each program for each month.
 - **Control File G30-PGM.DFT** – Default monthly budget per program in the agency.
 - **Control File G30-PGM.XXX** – Default monthly budget for the XXX organization type (E.g. MH, CD, CDT, etc.).
 - **Control File G30-STF.DFT** – Default monthly budget for staff people not defined elsewhere.

- **Control File G30-STF.XXX** – Default monthly budget for staff in the XXX organization type. The organization type of each staff person is defined in the **G30-XREF.DFT** file, wherein each staff person is listed and associated with a specific organization type and program code. The program code is used to determine the payor mix of the budget for that staff person.
3. Following is the hierarchy of the above sources in determining which is to be used in a particular case for determining the budget for a specific month for a staff person:
 - Look in **H-7 CS** for the specified month. If the values are ZERO go to the next item.
 - Look in control file **G30-XREF.DFT** to find if that staff person is listed there. If not, use the budget from **G30-STF.DFT** and the payor mix associated with the program code listed in the first line of the XREF file. If listed, use the budget in the appropriate **G30-STF.XXX** control file and payor mix indicated.
 4. Following is the hierarchy of the above sources in deciding which is to be used in a particular case for determining the budget for a specific month for a program:
 - Look in **H-13 CS** for the specified month. If the value is ZERO go to the next item.
 - Look in control file **G30-PGM.XXX** based on the organization type code of this program defined in **H-13**. If such a file does not exist go to the next step.
 - Use the budget in the **G30-PGM.DFT** control file.

Start the extraction process

1. **G-30 GN** – Generate the productivity statistics. This program extracts summary data from the billing database for a specified month. Both the transaction data for the specified month as well as the budget data for that month is produced.
2. **G-30 RP** – Hard copy report of the data extracted in **GN**.
3. **G-30 TP** – The target or budget data extracted for Programs and Staff in **GN** is printed here.
4. Validate the date on these reports prior to exporting.

Export the data to PC

G-30 WR – Write the data to a data-file that would then be exported via **H-45 CF** to a PC for use by the DSS.

Note: Instructions for copying files can be found in the Word Processing Chapter of this Guide or in the Utilities section of the Administrator's Guide.

Printing Options

G-30 PB and **SB** can be used to print the program and staff budgets, respectively.

Other Statistical Data

Payor/Program/Unit/Client Revenue Statistics – Monthly statistics are stored for payor, program unit and client based on the budget information defined for program and staff as discussed earlier. The following eight statistics are collected for each.

1. Units of service.
2. Hours.
3. Number of open cases.
4. Number served.
5. Revenue expected.
6. Amount received.
7. Average length of stay.
8. Allocated cost based on time/units.

Monthly statistics are available for the following sources of reimbursement: MC, MD, Self-pay, Co-pay, and Insurance plans in **H-9 CS**. These statistics are also available as a total from all sources per program or unit in **H-13 SS** and **CS** respectively. Client statistics can be obtained at **A-1 CS**.

```
IMA Mental Health - Development Area Option:H9 -CS
Insurance plans

Insurance plan:AETM AETMA Life and Casualty
Month/year:12/1997

Units:      3.99
Hours:      7.25
Open cases: 9
Number served: 3
Dollar revenue: 325.00
Dollars received: 0.00
Average length of stay: 1762
Cost of stay: 0.00

Type of plan (MC,MD,CP,SP,PI):
2 men ext hlp req
```

The monthly statistics look-up for a payor at H-9 CS. H-13 SS is the same, but by Unit.

```

IMA Mental Health - Development Area Option:H13-CS
Program definitions

Unit:100 Mental Health Month:121997
Adding record
OPERATING RESULTS Fund code: F U W D I W G
Budget Actual Amount: 0.00
Units per month: 12000 0.00 : : 0.00
Hours per month: ---- 0.00 : : 0.00
Dollar revenue per month: 2322 0.00 : : 0.00
Open cases per month: 22 0.00 : : 0.00
Number served per month: 23 0.00
Number of staff on roll: 32 22
Staff days available: 100 ----

E X P E N S E S
Rent & Utilities: 10000.00
Operations: 0.00
Direct clinical: 0.00
Supervision: 0.00

5 men ext scn fpg fwd num req

```

Page 1 for Program statistics look-up in H-13 CS. H-13 SS is the same, but by unit.

```

IMA Mental Health - Development Area Option:H13-CS
Program definitions

Unit:100 Mental Health Month:121997
Adding record
ACTIVITY COUNT TARGETS
Regular 1: 0
Group 2: 0
Intake 3: 0
Activity 4: 0
Activity 5: 0
Activity 6: 0
Activity 7: 0
Activity 8: 0
Activity 9: 0

P A Y D R M I X Total 100%
Medicaid:100 Managed care: 0
Managed care MD: 0 3rd Party: 0
Medicare: 0 Self pay: 0
MC/MD: 0

Unit:100 Month:129798
6 men ext bck fwd req

```

Page 2 for Program statistics look-up in H-13 CS. H-13 SS is the same but by Unit.

```

IMA Mental Health - Development Area Option:A1 -CS
Client data

Client: 1 Unique ID:CLIENT010185M0 Client Test
Month/year:12/1997

Units: 17.42
Hours: 41.50
Open cases: 11
Dollar revenue: 396.50
Dollars received: 18.00
Average length of stay: 71
Cost of stay: 0.00

Client: 1
6 men ext hlp fwd num req

```

The Client statistics look-up in A-1 CS.

Quality Assurance Reports

There are a number of reports that allow QA issues to be monitored and tracked for specific selection criteria and a specified date range. These are found in the **G-16** sub-menu. It is good operational practice to run these reports regularly to maintain the integrity of the system's databases. These Quality Assurance Reports include:

- ◆ **VS** – Report of visits without clinical notes.
- ◆ **MV** – Report of more than 1 visit per day.
- ◆ **NS** – Report of clients not seen in **nn** days.
- ◆ **UR** – Utilization Review Report.
- ◆ **UN** – Unsigned preliminary notes.
- ◆ **NB** – Report of notes without a single visit.
- ◆ **CL** – Report of duplicate clients.
- ◆ **FF** – Report of free form Treatment plan items.
- ◆ **AS** – Report of incomplete assessments.
- ◆ **SF** – Activities that received more than the standard fee.
- ◆ **BV** – Billing database validation.
- ◆ **BH** – Clients w/o billing headers.
- ◆ **DS** – Report of clients with duplicate social security numbers.
- ◆ **MP** – Report of clients enrolled in multiple programs.
- ◆ **WB** – Report of clients without valid billing setup.
- ◆ **OV** – Report of overlapped client activity.
- ◆ **SW** – Report of swept invoices not billed yet.

```
IMA Mental Health - Development Area Option:G16
Quality assurance reports

VS - Report of visits without clinical notes
MV - Report of more than 1 visit per day
NS - Report of clients not seen in nn days
UR - U/R report
UN - Unsigned or unbilled notes
NB - Report of notes without a single visit
CL - Report of duplicate clients
FF - Report of free form TX plan items
AS - Report of incomplete assessments and TX plans
SF - Activities that received more than the standard fee
BV - Billing database validation
BH - Clients w/o billing headers
DS - Report of duplicate s/s numbers
MP - Report of clients enrolled in multiple programs
WB - Report of clients without valid billing set up
OV - Report of overlapped client activities
SW - Report of swept invoices not billed yet

Option:

                2 men
```

The G-16 menu option screen for Quality Assurance reports.

LIST OF CLIENTS WITHOUT BILLING HEADERS

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3:37 PM GB PAGE NO.1

CLIENT	PROGRAM
80 Sunnybrooke, Rebecca	CT
112 Richards, Mary	
2332 Stevens, Samantha	S
2338 Smith, John	S
2339 Stevens, Darren	S
2369 Hartman, Mary	S
2370 Grant, Lou	
2375 First, test	S
2376 Last, test	S
2386 Goodwitch, Glenda	S
2389 test, test	
2391 Frost, Jack	
2392 Deere, John	
2395 Bunyon, Paul	
2406 Ape, Grape	S
2414 Howser. Doogie	
2416 Tate, Larry	S
2419 testclient, Joseph	S
2423 sleepy, time	
2425 jungle, george	S
2428 test, mike	S
2429 TEST, CLIENT	S
2472 Doe, John	
2525 Doe, Jane	

G-16 BH Quality Assurance Report
for Clients without Billing Headers.

The Billing Header defines the billing information for each client by responsible party, payor, billing order, etc. Clients without Billing Headers will not have bills generated for those services provided by the agency.

LIST OF CLIENTS WITH MULTIPLE PROGRAMS
ADMISSION FROM FIRST TO LAST

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/05/98
3:38 PM GB PAGE NO.1

CLIENT	PROGRAMS
0 John Doe	AF AT AT CT DD
1 Test Client	AT CI CM CT DT ES IC
2 Archie Bunker	AT S
33 George Jefferson	AT S
101 Louise Jefferson	AT CT
103 Maude	AA AF AT CT
150 Paul Revere	AT OC
151 Ethan Allen	AT SC
160 Martha Washington	RS S
196 Dolly Madison	AT DT MI
220 Mr. Benson	AT S
239 Clarke Kent	EM MI
2001 Lois Lane	AA CT DT
2270 Estee Lauder	AT OC S
2272 Blue Ox	AT S
2277 Jane Doe	AA AF
2284 Davey Jones	AA S
2456 Billy Jean	AT S
2457 Freddie Kreuger	AA S
2538 Jason	DD S
2548 Merrill Lynch	AT DT MR RS
2566 Eddie Bauer	AT EM
3000 Princess Leia	AT RS

G-16 MP Quality Assurance Report
for Clients enrolled in Multiple Programs.

Regulatory Reports

A number of regulatory reports can be produced without the need of combining the information from a number of the other locations. Each was designed to take into account the specific requirements of OMH and OASAS or other regulatory agencies. These reports are:

- ◆ **G-18** – Monthly LS3 and OASAS Report
- ◆ **G-19** – OASAS Threshold Report
- ◆ **G-21** – County Reports
- ◆ **G-22** – OASAS admission/discharge reports
- ◆ **G-23** – NYSOMH CFR data reports
- ◆ **G-25** – LS3-6 Residential Report
- ◆ **A-1 PC** – Patient Characteristics Survey

Monthly LS3 and OASAS Report: G-18

G-18 generates a plain paper replica of the LS3 report that will be submitted monthly to OMH. The file that controls this report is **LS3RPT.LAY**. The following setup is needed for this report.

1. **Define program units** - The LS3 always needs to look at both the screening and treatment program for each unit. It also sometimes includes the activity of multiple programs with the IMA System. These units are defined in Table **UNIT** and each program can then be attached to a defined unit in the program definition.
2. **Group activity codes** - Each LS3 report summarizes the activity of the agency into a few categories of activities. A definition has to be created that lists each activity code and assigns it to the appropriate LS3 category. Each grouping must also be defined as crisis, regular, brief or other.
3. **Referrals from inpatient and emergency** - The appropriate referral source code must be designated to indicate when an admission is an emergency or from inpatient.

The following is the selection criteria for this report.

- **Report month and year:** - Enter the month and year for the report or the month for the current year.
- **Unit:** - Select a specific unit or all units.
- **Use billing transactions or staff activity?** – Select Billing transaction records or Staff activity records.
- **Print detail?** – Select a detail report (**Y**) or totals only report (**N**).

```

IMA Mental Health - Development Area Option:G18
WYSDMH LS3 report

Report month and year:061998
Unit:100 Mental Health
Use billing transactions or staff activity? (B.S)S
Print detail? (Y.N)Y

Ready to print the LS3 report? (Y.N)█
1 Men bck req

```

The selection screen for the LS3 Report at G-18.

This will generate a plain paper replica of the monthly LS3 report that will be submitted to OMH. For submission of this report, the data from the report print out will need to be transferred to the required form.

OASAS Threshold Report: G-19

The **G-19** report is the yearly threshold report for OASAS that summarizes the activity with each client and gives the total number of visits, total diagnosis and assessment visits, total program visits and total group visits. The required setup for this report is in file **OASTHR.DFT**. In this file, the activity codes that are considered as diagnosis and assessment visits, program visits and group visits are listed. The selection criteria for this report is as follows.

- **Unit:** Select a specific unit.
- **Starting activity date:** Select the beginning date of the desired activity date range.
- **Ending activity date:** Select the last date of the desired activity date range.

```

IMA Mental Health - Development Area Option:G19
OASAS threshold report

Unit:100 Mental Health
Starting activity date:01011998
Ending activity date:063098█

8 Men bck req

```

The selection screen for the G-19 OASAS Threshold Report.

The **G-19** option generates a plain paper replica of the report for OASAS. The data will need to be copied from the generated report to the required form for submission.

County Reports: G-21

Quarterly county reports are available for both Monroe and Nassau counties. These reports analyze the required county fields in the client, program and billing header databases. In many cases, special table translations are necessary.

Monroe County

To complete the quarterly Monroe County Report, follow the following steps:

- **CR** – Create the new batch for the desired date range.
- **GE** – Generate the magnetic record for the batch just created. This will also print out a report with the data errors. This report will list the client number, program, sequence and error list of the data fields in which there are errors.
- **LE** – A list of those error code definitions can be printed out through this option. This list references the data fields in the corresponding client or program records as they relate to the designated tables. These errors can be corrected in the specified program or client records or ignored.
- **CF** – A submission floppy can then be created and sent to the appropriate Monroe County office. An FTP connection may also be used.

The floppy will either be returned or the file can be received through another FTP connection and processed using the following steps.

- **AS** – This will translate the county assigned aggregate numbers to that field in the client program record. It will also generate a print out report of the clients not found with the client number, birth date, address and aggregate ID.

```
IMA Mental Health - Development Area  Option:G21
Generate MONROE Report

Last batch was created on 05/28/98 with 145 billing records
Includes records from 04/01/98 through 05/28/98
Last action on batch was CR on 05/28/98

CR - create new batch file
GE - generate magnetic record for the batch
CF - create submission file
AS - assign aggregate numbers
LE - print a list of error codes & definitions

Option:                               2 men
```

The menu options for the Monroe County Report G-21.

Nassau County

To complete the quarterly Nassau County Report complete the following steps.

- **Admission date or termination date?** – Select Admission or Termination date to report.
- **Starting intake date:** - Select the beginning of the date range for admissions or terminations.
- **Ending intake date:** - Select the end of the date range for admissions or discharges.
- **Selection criteria:**
 - Program:** - Select a specific program or all programs.
 - Unit:** - Select a specific unit or all units.
- **Sort by?** – Select Program or Unit as sort by selection.

```
IMA Mental Health - Development Area  Option:G21
Nassau County Frequency Reports

Admission date or termination date? (A.T)A
Starting intake date:07161998
Ending intake date:07161998
Selection criteria:
  Program:all
  Unit:all
Sort by? (P.U)P

1 MEN EXT SCN FWD DEL
```

The Nassau County Report selection screen at G-21.

The report generated is a plain paper replica of the Quarterly Nassau County Report. To submit, the data will need to be transferred to the appropriate form required by the county.

OASAS Admission/Discharge Reports: G-22

Menu option **G-22** provides a facility for diskette submission of the monthly OASAS reporting for the PAS-44, PAS-45 and PAS-46 forms. There are a series of steps involved in the setup and operation of this program.

1. OASAS requires reporting on data in the client and program databases. Many of these data fields reference tables. It is therefore necessary to add OASAS code translations to these tables. Each code must be filled in coordination with the values provided by OASAS.
2. Once the tables are setup, a client batch can be created. This is done in option **CR**. All clients whose admission and/or discharge dates fall within the given date range will be batched for reporting.

3. The batch files must be checked for errors according to the OASAS qualifications. Error codes are based on the field number to which they correspond. A list can be printed in option **LE**.
4. Once all errors have been cleared, the batch can be generated through option **GE**.
5. The final step is to move the submission files to diskettes so they can be sent to OASAS. This is done in option **CF**.

```

IMA Mental Health - Development Area  Option:G22
Generate OASAS Report

Last batch was created on 05/14/98 with 15 records
Includes records from 01/01/98 through 05/14/98
Last action on batch was CR on 05/14/98

CR - create new batch file
CH - check this batch file for errors
GE - generate batch & magnetic record for the batch
CF - create submission file
LE - print a list of error codes & definitions

Option:
2 men

```

The menu options for the OASAS Admission/Discharge Reports at G-22.

NYSOMH CFR Data Reports: G-23

G-23 generates the report for submission to NYSOMH for CFR data on specified starting and ending dates for monies received per program during and after the designated period. The selection criteria for this report follow.

- **Starting date:** - Select the date for the beginning of the designated reporting period.
- **Ending date:** - Select the date for the end of the designated reporting period.
- **Totals only?** – Select a detail report (**N**) or a totals only report (**Y**).

```

IMA Mental Health - Development Area Option:G23
WYSOMH CFR data report

Starting date:01011998
Ending date:06301998
Totals only?M

Ready to start the report?
1 men bck req

```

The G-23 selection screen for CFR Data Reports.

The report generated is a plain paper replica of the OMH CFR Data Report. The data will need to be copied to the required form for submission.

Residential LS3-6 Report: G-25

The monthly LS3-6 residential report to OMH can be generated for electronic diskette submission in **G-25**. The following steps are completed to create the submission floppy.

- **CR** – Batches the clients for the desired date range.
- **PR** - An error report is generated for corrections. A list of the corresponding error codes can be printed at **LS**.
- **CF** - The file is copied to the diskette for submission.

```

IMA Mental Health - Development Area Option:G25
Generate LS3-6 Report

Last batch was created on 07/16/98 with 2 records
Includes records from 01/01/98 through 07/16/98
Last action on batch was PR on 07/16/98

CR - create new batch file
PR - print report on current batch file
CF - create submission file
LS - print error list file

Option:
2 men

```

The menu options for the G-25 LS3-6 Report.

Patient Characteristics Survey: A-1 PC

The Patient Characteristics Survey is created in option **A-1 PC** for submission to OMH. This report lists clients who had activity within the given date range with data from the designated fields from the client related databases. These fields reference a variety of tables and data fields as specified by OMH requirements. Once all client data has been populated and reviewed for accuracy, a diskette is created and sent to OMH for submission.

Setup file **A1-SURVEY.DAT** contains 2 sections. The first section lists the OMH unit codes with the agency programs included within these units. The second section lists the OMH recognized agency activity codes. Only staff activity records matching both these criteria, program code and activity code, will be included in the submission.

```
IMA Mental Health - Development Area  Option:A1 -PC
Client data

RP - reports
CH - change data
GE - generate submission file

Option:                               2 men ext
```

The Menu options for creating the Patient Characteristics Survey at A-1 PC.

This report is created using the following steps.

- **RP:** The first step in getting started is to run a report listing all the clients that are to be included. Select the starting admission date and an activity date range for the reporting period. A specific program or all programs can be designated with a sort by program or by staff. Select all records included in the range to be run.

This report has a column for each data item that is to be reported. Since many of these data items reference table codes, it is possible that the agency codes do not match the OMH codes. In this case, translation files are created listing first the agency code followed by the OMH code to be reported. Each table that requires translations will be in a separate file. These files are named by **<table-name>.SRV**.

Once agency and OMH codes coordinate, run a report that includes only records with missing data. The report generated will list the clients with missing data by number and include all of the required data fields. Those fields that are empty on the report are the fields that must be populated before making the submission file.

```

IMA Mental Health - Development Area Option:A1 -PC
Client data

Starting admission date:01011998
Starting Date:01011998
Last date to include:06301998
Program:AT ACNHC Adult Treatment Program
Break by Program or Staff (P.S)?S

Include only records with missing data (Y,N)?N

1 men ext bck fwd def req

```

The selection screen for A-1 PC RP.

- **CH:** Enter the client number from the report at the '**Client:**' prompt. This is a special screen listing all the fields included in the submission. Populate the corresponding, missing fields from the report.

The "Alternate Fields" titled section of the screen includes some agency-specific fields in cases where conventional data storage location was not used. In most cases, this section can be skipped since the fields are covered elsewhere on the screen.

```

IMA Mental Health - Development Area Option:A1 -PC
Client data

Client: 2651 Unique ID:CLIEWT010565FH Client, Test

D.O.B.:01/05/65 Age: 33 Admission date:02/23/1998
Sex:F Crim. Just. status:1
Ethnic:6 Ref. source to facility:00
Cultural id:R Referral source to unit:3
Primary lang:H Disposition:1
Refugee?N Source of payment:G
Vet status: Primary Diag:291.10
Additional Diag:296.22
Current disabilities:A L M - - - ALTERNATE FIELDS - - -
SPHI or SED:A Prior MH services:K
SSI/SSDI?2 Primary Diag:291.10
Income program:I F L E Additional Diag:296.22
Residence type:4 Current disabilities:K
Zip: Disposition:0
County: Pre-resid type:2
Prior MH services:7 Zip: County:41

Client: 2651
6 men ext hlp fwd num req
Required fields with missing data.
Client number from RP of records with incomplete data.

```

Option A-1 PC CH for making appropriate completions in the required data fields for the Patient Characteristics Survey.

- **GE:** Generate the submission file. This is the final step in the process. Select the same starting admission date and date range as above. This will organize the required data in the correct file format for submission. The printed report includes a summary section listing program totals for the records included in the submission file. Additionally, the report will include a detail on each record in the

submission with a special OMH sequence number. This report is important for reference later by/with OMH. The file must then be moved to a floppy through **H-45 CF** and then submitted to OMH.

Frequency Reports

Frequency Reports

A frequency distribution report can be generated on up to 10 fields from the client databases through option **G-3**. It finds the number of times a specified phenomenon occurs within a given interval. Once a field is chosen for selection, data is distributed according to the groupings defined.

Selecting the report fields

- Choose **I**ntakes, **T**erminations or **O**pen cases for inclusion.
- Answer **Y**es or **N**o to include screening programs.
- Choose to break on **U**nit, **S**taff, **T**eam, **P**rogram or **N**one.
- Determine program to report on accept default **all**.
- Determine starting and ending date range.
- Determine number of previous periods for reporting.

Once these elements have been decided, the specific selection fields must be chosen. Set-up files determine what these fields are and how they are broken down.

```
IMA Mental Health - Development Area  Option:G3
Frequency reports

Include:(I)ntakes, (T)erminations or (O)pen cases?I
Screening programs?Y

Break on:(U)nit, (S)taff, (T)eam, (P)rogram or (N)one:N
Program:all

Starting date:
Ending date:

Number of previous periods (0-4):0

1 MEN EXT SCN FPG FWD DEF REQ
```

The selection criteria screen for Frequency Reports at G-3.

```
IMA Mental Health - Development Area Option:G3
Frequency reports

Choose fields for selection
1. Age of client
2. Time to intake
3. Ethnic
4. Current risk
5. Marital status
6. Type of education
7. Catchment area
8. Primary diagnosis
9. Salary

Select(S) or clear(C):
1 men ext scn bpg hlp bck fwd
```

The client database fields from which to select a Frequency Report, page 2 of the selection at G-3.

Set-up Files

The following files must be set-up in order for frequency reports to be run. These control files are described in the Administrator's Guide.

1. **CLFRQ.FRQ** - Lists all available data fields for frequencies from the client, program and billing header databases. Fields to be available in **G-3** must be marked as **SELECT** with a reference to the appropriate data file.
2. **FIELDNAME.FRT** - Each chosen data field must have a distribution data file that is named by field name.FRT. This file contains the number or grouping for the field, the group titles and their ranges.

Ad-Hoc Reports

The Ad-hoc report options are used to create customized reports on any of the system's databases. This is a powerful administrative tool and can generate reports from most of the system databases on custom sort, select and break fields. These databases are client, program, billing header, staff, events data, staff activity and billing.

Running an ad-hoc report

There are four decisions involved in running an ad-hoc report. They are:

- Select a database by designating one of the corresponding options **G-1** (client), **11** (events/referrals), **12** (staff activity), **20** (staff) or **24** (program definitions) in the Ad-Hoc Reports Sub-menu.
- Choose a report layout file.
- Choose a select file.
- Specify the sort and selection criteria/Define the report.

Database

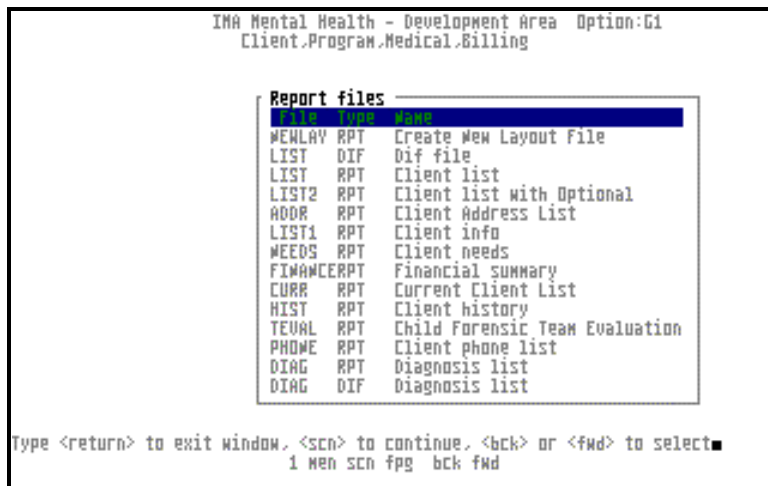
The four ad-hoc reports run off of different databases, each contain different data fields.

1. **G-1** - Client database/**A-1** fields. This also references information from the billing header, program and medical databases.
2. **G-11** – Referral/Event database/**B-8** data. This also references information from the client and program databases.
3. **G-12** – Staff Activity database/**A-2** and **C-21** information. This also references information from the client, program, billing header and billing transaction databases.
4. **G-20** - Staff database/**H-7** data. This is the staff definition and staff statistics database.
5. **G-24** – Program database/**H-13** data. This is the program definition and program statistics database.

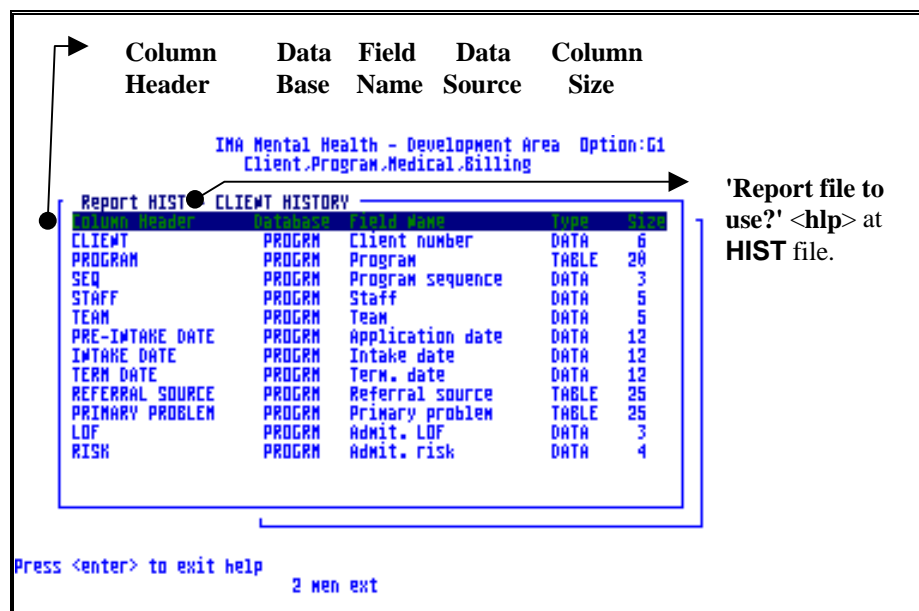
Report layout file

Upon entering one of the options listed above, the user will immediately be prompted: '**Report file to use?**' This file determines the specific columns that will be printed on the report. Each client record has hundreds of data items that cannot all be printed in the report.

The report layout file determines which of these data items will be displayed and in which report columns. The **<hlp>** key will bring up a help window listing all of the layout files that are available. Highlight one of the file names using the up and down arrows or **<bck>** and **<fwd>** keys to select the file to use. For additional help, press the **<hlp>** key again to see the contents of that specific highlighted layout file. This includes information such as column header(s), the database source(s), name(s) of the field(s) in the database and the length(s) of the column(s) in the printed report.



The initial help screen at the G-1 'Report file to use?' prompt.



The detailed help screen for report layout file HIST at option G-1.

The user can also create his/her own report layout files for each report type. This is accomplished in **H-46 RP** and/or **H-12 RP**, depending on construction style preference. This process is described later in this chapter.

Select file

This file determines the fields in the chosen database that will be available for selection. At the '**Select file to use:**' prompt, choose a select file. The default file **FULL** will make every field in the database available for selection. Special restricted select files may also be set up by request for more focused and efficient use for specific departments. An example is the **BILLNG** select file, which is used by the Billing Department when all of the demographic data is not needed or required.

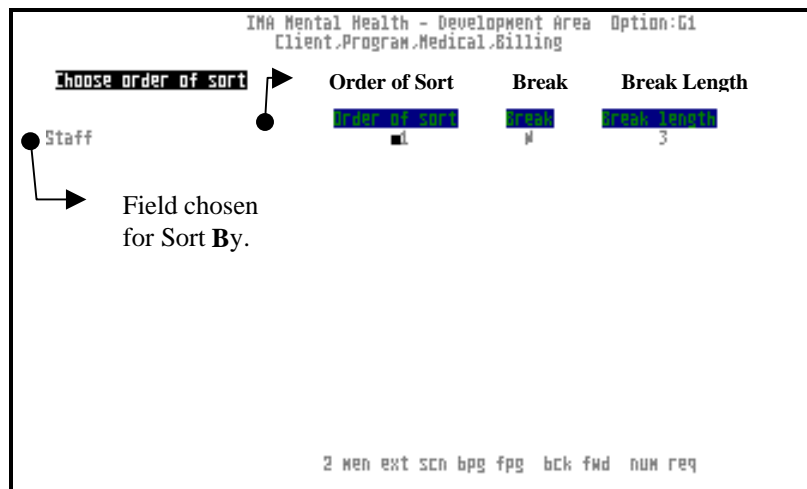
Sort & Select

The next screens contain pages of data fields. The user will be prompted to choose fields by which to sort and select. Choose the sort keys for the report by determining the field numbers on the screen, typing and pressing <enter> and then typing the specific field number and pressing <enter>. Multiple fields can be chosen for sorting. Sort order will be requested by the system at the conclusion of the sort and selection process.

Selecting is done in order to limit the clients printed. This can be by program enrollment, address, diagnosis, or any other field in the databases being searched. Fields are selected by typing <S> and pressing <enter> and then typing the field number and pressing <enter>. After choosing the selection criteria, the specific values for each of these criteria will be requested by the system, such as: program, diagnosis, or coverage.

Press the <scn> key when all sort and selection criteria have been reviewed and approved in order to move to the next decision prompt. Use the Clear option to delete fields chosen in error.

After choosing all of the report criteria the sort order will be asked. An index will be presented with the fields chosen for sort with columns **Sort Order**, **Break** and **Break Length** to be determined. The sort order will be the order in which these specified fields should appear in the report. Date fields can also be chosen for sorting where the sort length of the date is specified. Break specifies a Page break, Line break or No break for the sort field. In the instance where sub-totals by selected sort criteria are needed a page or line break must be specified. Break length is the number of initial characters used for the break.



The Sort Order selection screen.

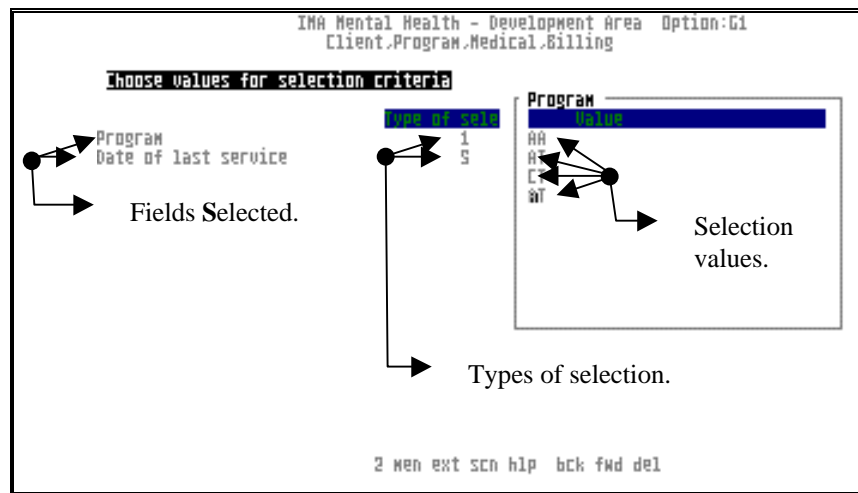
For the particular fields chosen for selection, there are three ways to identify the values of the field:

1. **S: Start/End** - This is the way to select a range of values, such as in a date field where only a particular date range is desired.
2. **1: Values with OR** - This is useful in a field that has multiple entries (e.g. Axis I diagnosis). A list can be entered of values and if ANY of them are in the record the record will be selected.

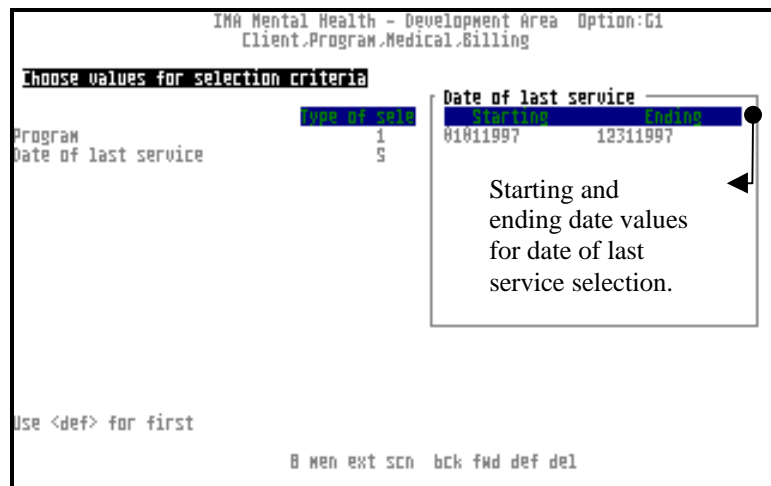
3. **2: Values with AND** - In this case a list of values is entered, however only records that have ALL of these values will be selected.

There are additional options in the selection criteria:

1. **#: Blank field** - Selection can be made to look for a field that is blank in the database, e.g. all clients that have no marital status. Only records that have nothing entered in the selected field will be listed.
2. **!: Not** - Selection can be made for every record that does NOT have a certain value in the selected field to be printed, e.g. All clients that are NOT college graduates. To use this the selection type must be **2** and an exclamation mark **<! >** is used in front of the code that is NOT wanted.
3. **!#: Not Blank** - Combining the above two features, an additional feature can be used to look for every record that is NOT blank.



The choose values screen for Selection criteria at program selection values.



The choose values screen for Selection criteria at Date of last service date range determination.

Totals only

Every ad-hoc report can be run in totals only mode or in detail mode. In totals only mode, only totals and subtotals will be shown with one line for each page break and line break. Detail mode will provide detail on selected criteria per field for select and sort.

CLIENT HISTORY
FOR ALL SELECTED PROGRAMS

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/11/98 1:30 PM GB PAGE NO. 4

Selection criteria:
Terminated programs included
Data matches at least one of the following:
Program (OR):AA;AT;CT;AT
Date of last service (start/end):01011997/12311997

Sort criteria:
Staff

CLIENT	PROGRAM	STAFF	PRE-INTAKE DATE	INTAKE DATE	TERM DATE	REFERRAL SOURCE	PRIMARY PROBLEM
3	ACMHC AT	AEG	05/01/1996	05/10/1996	01/01/1997	Fam/Fr	Other
2297	ACMHC AT	AEG	03/07/1995	03/10/1996	06/01/1997	Self	Other
2603	ACMHC AT	AEG	10/29/1997	10/29/1997	12/11/1997	Fam/FR	Mental Illness
10	ACMHC AT	AEG	01/15/1997	02/01/1997	12/31/1997	Self	Other
11	ACMHC AT	AEG	12/29/1996	02/01/1997	03/01/1997	Fam/Fr	Other
2272	ACMHC AT	AEG	10/01/1993	10/21/1993	01/16/1997	CSU	Alcohol Abuse
2385	ACMHC AT	AEG	02/02/1996	02/06/1996	07/11/1997	CSU	Other
3000	ACMHC AT	AEG	11/01/1993	11/02/1993	03/15/1997	Self	Other
1	ACMHC AT	AF	02/02/1996	02/06/1996	01/01/1997	Fam/Fr	Mental Illness
160	ACMHC AT	AF	12/22/1989	12/22/1989	05/05/1997	CSU	Alcohol Abuse
151	ACMHC AT	AF	01/14/1986	02/05/1986	06/19/1997	Self	Mental Illness
33	ACMHC AT	DEN	05/15/1995	05/15/1995	11/11/1997	Fam/Fr	Other
147	ACMHC AT	DEN	11/13/1989	11/13/1989	08/09/1997	Alb Psych	Alcohol Abuse
149	ACMHC AT	DEN	09/11/1987	09/11/1987	09/11/1997	Self	Alcohol Abuse

Total of 101 clients with 129 program records

G-1 Ad Hoc Report on the client database for client history on selected criteria.

Referral Events

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/11/98 3:17 PM GB PAGE NO. 1

Selection criteria:
Terminated programs excluded

Sort criteria:
Program

Client Program	Type	Start Event	Start Date	End Event	End Date	Services	
2651	AA	Call for Emergency Services	F	09/24/1997	MB	09/24/1997	Continue with program
3000	AA	Client movements - Emergency	MD	09/24/1997	MB	09/24/1997	Continue with program
2001	AA	Client movements - Emergency	ER	09/24/1997	MB	09/24/1997	Daily Living Skills
0800	AA	Substance abuse report	OD	09/24/1997	SIG	09/24/1997	Stabilization and Detox
3500	AA	Substance abuse report	OD	09/25/1997	SIG	09/25/1997	Stabilization/Detox/LT Tx
1789	RS	Client movements - Non Emerg.	MV	11/14/1997	MB	11/14/1997	Continue with program

Total of 6 referrals

G-11 Ad Hoc Report on the referral / event database.

STAFF ACTIVITY LIST WITH DIAGNOSIS

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/06/98 1:07 PM GB PAGE NO.33

Selection criteria:

Terminated programs excluded

Sort criteria:

Program

Staff

CLIENT	AGE	THERAPIST	DSM CODE	PRIMARY DIAGNOSIS	ACTIVITY	ELAPSED TIME
2001	43	Michael Samel	290.10	Presenile dementia	Med visit	1.5
2001	43	Michael Samel	290.10	Presenile dementia	Med visit	1.5
2001	43	Michael Samel	290.10	Presenile dementia	Med visit	1.5
2312	48	Jim Thomson	290.00	Senile Dementia	Clinic visit	1.0
2312	48	Jim Thomson	290.00	Senile Dementia	Clinic visit	1.0
2342	58	Jim Morases	290.00	Senile Dementia	Group	1.0
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Clinic visit	1.3
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Group	1.3
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Group	1.3
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Residential	1.0
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Group	1.3
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Clinic visit	1.3
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Group	1.3
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Clinic visit	1.3
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Residential	1.0
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Group	0.5
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Med visit	1.5
103	11	Michael Samel	309.30	Adj.D/O w/ConductDstrb	Clinic visit	1.3
0	60	Ann Fors	296.34	MajDepress,Recur,Psyc	Group	0.5
0	60	Ann Fors	296.34	MajDepress,Recur,Psyc	Clinic visit	1.3
0	60	Ann Fors	296.34	MajDepress,Recur,Psyc	Clinic visit	0.3
0	60	Ann Fors	296.34	MajDepress,Recur,Psyc	Psych Eval	1.0
0	60	Ann Fors	296.34	MajDepress,Recur,Psyc	Group	0.5

Total of 916 staff activities

G-12 Ad Hoc Report on the staff activity database.

STAFF LIST

IMA MENTAL HEALTH - DEVELOPMENT AREA 03/06/98 2:09 PM GB PAGE NO. 1
 &l10 &k2S &l1e7C
 Selection criteria:
 Sort criteria:
 Supervisor

NAME	SUPERVISOR	DATE OF EMPLOYMENT	Lic No	ID no	STAFF TYPE	BUDGET	LINE ITEM
Dr. Onsphat	Board	04/01/1996	NYS009	96ONS	Director	Admin	A0001
Mark Greene	Dr. Onsphat	09/01/1991	NYS000	91GRE	Program Dir	Med	M0028
Sherri Lewis	Dr. Onsphat	09/27/1990	NYS000	90LEW	Psychiatrist	Med	M0011
Peter Benton	Dr. Onsphat	01/01/1990	NYS000	90BEN	Resident	Med	M0007
John Carter	Sherri Lewis	08/08/1995	NYS000	95CAR	Program Dir	Med	M0195
Bonnie Rose	Mark Greene	01/01/1990	LCSW999	90ROS	Social Worker	SW	C1567
Gloria Johnson	Mark Greene	10/01/1979	LCSW106	79JOH	Case Manager	CM	O1098

Total of 50 staff records

G-20 Ad Hoc Report on the staff database.

LIST OF PROGRAM DEFINITIONS

IMA MENTAL HEALTH - DEVELOPMENT AREA 02/24/98 4:34 PM DEN PAGE NO. 1

PGM DESCRIPTION	ORG. TYPE	DIAG. TYPE	TICK. TYPE	LOC	AREA	COPS /CSP	DATA TYPE	SCREENING PROGRAM	UNIT	PRU	FACILITY	ACT TYPE	CDT	ART 16	RESID	ZIP	COUNTY	RESIDENCE TYPE	DIV
AA Atlantic Ave	RE	1	OTH	03	2	1	RS		RES			RE	N	N	Y	00000	01	SRO	01
AF Adult Forensic	MH	1	MH	03	1	1	AT		MHC			AF	N	N	N	00000	01	SRO	01
AT Adult Treatmnt	MH	2	OTH	C	1	4	SC		MHC	1234	1234	??	Y	N	N	00000			01
BM BM Program	DR	0		03	1	1	SC		100			??	N	N	N	00000			10
CF Child Forensic	MH	1	MH	03	1	1	CF		MHC			AA	N	N	N	00000			01
CI CI	MH	2	MH	03	1	1	AT		OTH			AA	N	N	N	00000			01
CM Case mangemnt	MH	1	MH	03	1	1	MC		OTH			AA	N	N	N	00000			00
CS CSS	MH	1	MH	03	1	1	OT		OTH			AA	N	N	N	00000			01
CT Child Trtmnt	MH	1	MH	03	1	4	CT		110			SA	N	N	N	00000			02
DD Dental Clinic	MH	2	MH	03	1	1	AT		OTH			AA	N	N	N	00000			01
DT Cont Day	CDT	0	MH	03	1	N	AT		CDT			DT	Y	N	N	00000			01
EE Emergency	MH	1	MH	03	1	1	ES		OTH			AA	N	N	N	00000			02

G-24 Ad Hoc Report on the program definition database.

Layout Files

Automated Layout Files

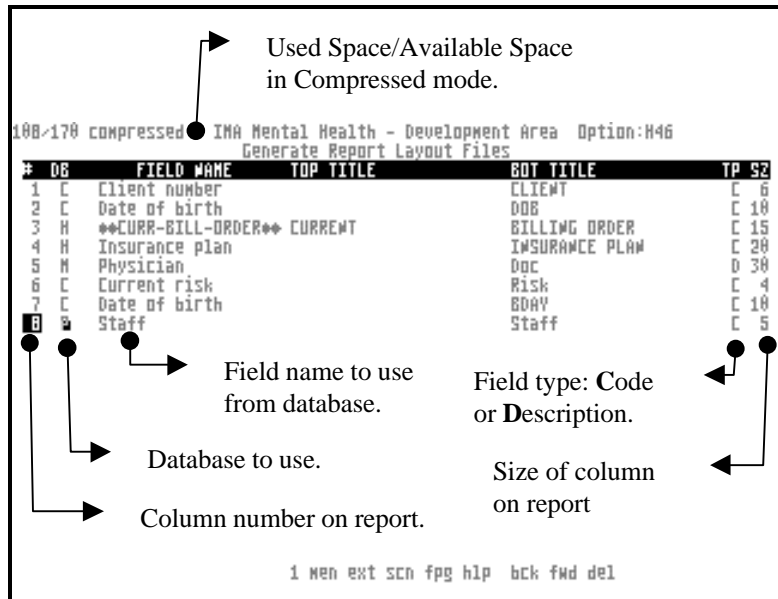
H-46 RP automates the creation of layout files for the Ad Hoc Reports. The user can customize the report layout file, determining the specific layout presentation for the report produced by the system. The first step is to choose the database: **C**lient, **S**taff, **A**ctivity, **R**eferral or **P**rogram **D**efinition database. The database chosen corresponds to the specific **G** Ad-hoc Menu option that will be used to run the report. Next, choose the layout file from which to build. The list of corresponding database report layout files can be viewed by pressing **<hlp>**. Choose one of these files by pressing **<enter>** when it is highlighted. The layout file will then be opened for editing. Existing files can be edited and saved with their original name or renamed to create a new report file.

The screen fields are:

- The report column numbers. – The order each column will be on the report.
- The database that the report field is from. - Each ad-hoc can reference different databases which means different fields are available.
- The actual data field. – This is the field which will print on the ad-hoc report.
- The top and bottom titles. – Each column can print out with two lines of title, a top and bottom.
- The field type. - This is relevant for fields that come from tables. Either the short table code can be used on the report, or the complete table description can be printed out.
- The field size. - The size or the character length of the field can be set.

Once a database is chosen, press the **<hlp>** key on the field column to show the available fields from that database. To add a new field, arrow down past the last existing field and enter a number where the new field will be inserted, or accept the default which will make the new field be the last field. Report columns can be deleted by pressing the **** key.

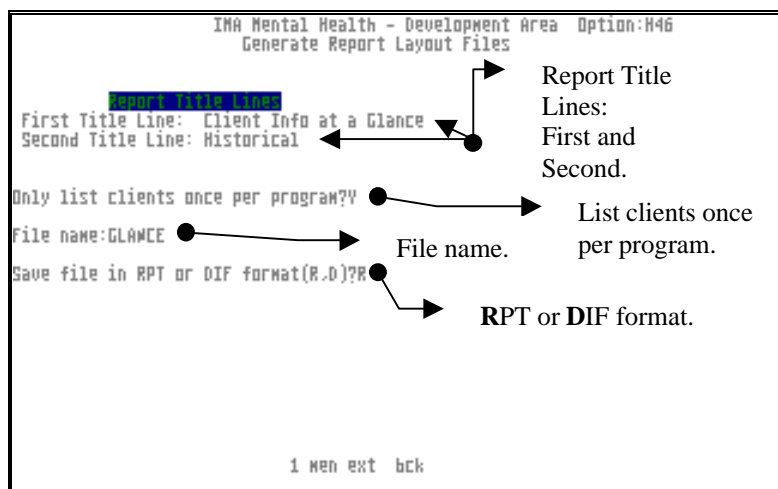
Throughout the editing of this file there are numbers on the upper left corner of the screen that will be changing. The first of these two numbers shows the used column length which is a sum of the individual column sizes. The second number shows the complete length that the printed page allows. As the report size increases and the report moves to compression mode. This too will be indicated in the left-hand corner.



The selection screen for a creating a new report layout file in H-46 RP.

Once this screen is finished, the user is presented a second screen on which to designate names for the first line and second line titles. Next, determine if clients are to be listed once per program. Then, the report file must be named and saved. An existing file name can be retained which will overwrite the existing file if changes have been made, or a new file name can be assigned to create a new report layout file.

Finally, the report can be saved in either **RPT** or **DIF** format. The DIF layout should be used only when the file is going to be exported to another file directory outside of the IMA system. This is accomplished using the Copy File Utility in **H-45 CF**, as explained in the Word Processing Chapter.



The final screen in H-46 RP to name and describe new report layout file.

Hand-Made Layout Files

Some users prefer creating the report layout files directly into an editor, but it requires that the user understand the complete layout design. This is accomplished in **H-12 RP**. Layout files are used in reports to determine which columns from the selected records will be printed. There are two parts to these files. The top section contains information that is general to the data fields that will be made available in the chosen database. The bottom section contains detail about the layout such as column headers and width.

Top section

1. **Title lines** - The top two lines of the layout file are used to write a title and sub-title that will appear on every page of the report.
2. **Ask field lines** - These lines control what fields will be displayed for select and sort choices. Typically these are all marked **Yes**. All of these lines do not appear in all layout files. Some are database specific. They are answered either **Yes** or **No**.
 - a) **ASK-CLT-FIELDS** - Allows selecting and sorting on **CLIENT** fields.
 - b) **ASK-PRG-FIELDS** - Allows selecting and sorting on **PROGRAM** fields.
 - c) **ASK-BHD-FIELDS** - Allows selecting and sorting on **BILHDR** fields.
 - d) **ASK-SAL-FIELDS** - Allows selecting and sorting on **STFACT** fields.
 - e) **ASK-BTN-FIELDS** - Allows selecting and sorting on **BILTRN** fields.
 - f) **ASK-SFI-FIELDS** - Allows selecting and sorting on **STFSFI** fields.
 - g) **ASK-PGI-FIELDS** - Allows selecting and sorting on **PDFPGI** fields.
3. **INCLUDE-TRM-PROGRAMS** - Determines whether clients that are not active should be included in this report. The choices for this are **Yes**, **No** or **Ask user**.
4. **ONLY-1-PROGRAM** - If a client is enrolled in multiple programs, this determines if the client should be counted once, or separately for each program. The choices here are **Yes** or **No**.
5. **PRINT-BREAK** - Should be marked **Yes**.
6. **ALLOW-BREAK** - Should be marked **Yes**.

Bottom Section

Each line in this section is made of six pieces of data.

1. **Database** - The name of the database in which this field is created.
2. **Field descriptor** - The name of the field in the database which will be printed.

3. **Top header** – The top of the column title.
4. **Bottom header** - The bottom of the column title.
5. **Data type** - This specification is for data fields that can also be referred to with a code.
6. **Length** - This states the column width that must always be at least as long as the column title.

In addition, the field descriptor can also be a special formula. These include:

- ****CLIENT-NAME**** - Complete name: First Last.
- ****CLIENT-AGE**** - Age computed from date of birth.
- ****LAST-TX-PLAN**** – Date of most recent Treatment plan.
- ****LENGTH-STAY**** - Length of stay in days.
- ****CLT-ALL-VISITS**** - Total number of billable visits.
- ****CLT-BILL-VISITS**** - Number of billable visits this year.
- ****PGM-ALL-VISITS**** - Total number of billable visits in this program.
- ****PGM-BILL-VISITS**** - Number of billable visits this year in this program.
- ****CURR-BILL-ORDER**** - Current portion of the billing order (policies that are effective as of day of report).
- ****FEE-<ACTCOD>**** - Enter the particular activity code and the self-pay fee amount for this activity code will be calculated.
- ****PDF-CST-HR**** - Program cost per hour based on program definition database.
- ****PDF-CST-UNIT**** - Program cost per unit of service.
- ****PDF-REV-CASE**** - Program revenue per case.
- ****PDF-CST-CASE**** - Program cost per case.
- ****STF-CST-HOUR**** - Staff cost per hour.
- ****STF-CST-UNIT**** - Staff cost per unit of service.

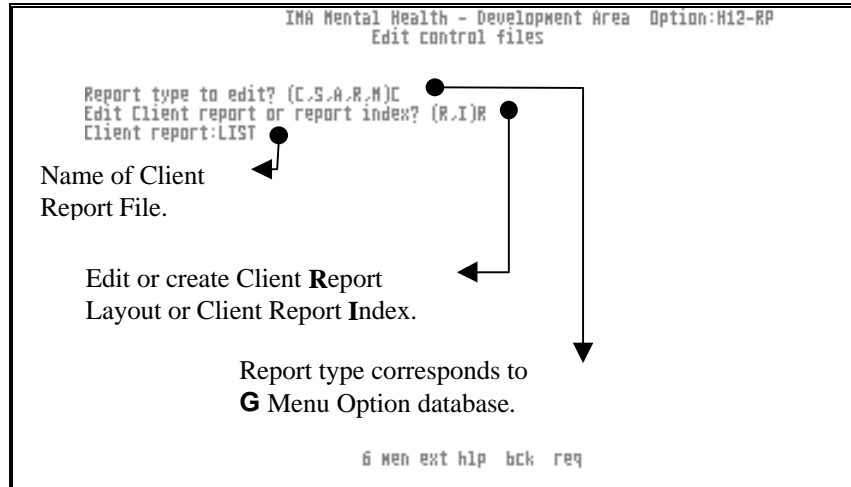
Special Functions

There are also some special functions that can be used within the layout file.

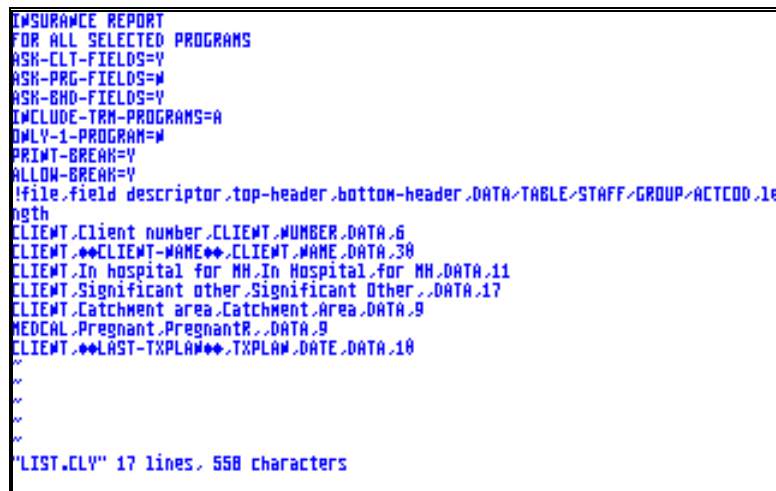
- **Column Totals** - Totals for individual columns will be calculated if a **T** is placed after the data type field as in **DATA/T**.
- **Optional fields** - In order to print out an optional field use the exact description shown on the screen as the title for that field including the colon.
- **DIF Format files** - The layout to create a DIF file is slightly different than regular report layouts. Each column definition has only three pieces of data: database, field description, and data type, as described above.

Once the report file is created, save it by pressing <Esc> and answering Yes to the 'Save your edits?' prompt. The system will then give the option to print the file. Answer Yes or No depending on preference.

Next, it is necessary to add the report layout file to the report index. This is accomplished by selecting the appropriate database and index. Type the name of the report layout file and its description. This file will now be available at the corresponding G Menu Option for selection or view in <hlp>.



The selection screen for H-12 RP.



Report layout file created in H-12 RP.

Database Fields

The attached listing includes all of the data fields available in each database and their corresponding data types. These are the fields that are available for selection and sort for reports, depending on the report option and select file chosen. These listings are also a helpful cross-reference to determine that all of the necessary tables have been populated. These tables are required for the reports to be run and for the system to function as requested by the user at any given field.

Database Fields

Client Database

Database	Field name	Data types	Table
CLIENT	Unique ID	DATA	
CLIENT	Client number	DATA	
CLIENT	Last name	DATA	
CLIENT	First name	DATA	
CLIENT	Alias	DATA	
CLIENT	Address	DATA	
CLIENT	Town/city	DATA/TABLE	MUNCIP
CLIENT	Zip code	DATA	
CLIENT	Zip plus 4	DATA	
CLIENT	Home phone	DATA	
CLIENT	Work phone	DATA	
CLIENT	Census tracking	DATA/TABLE	CENSUS
CLIENT	Date of birth	DATA	
CLIENT	Sex	DATA	
CLIENT	S/S number	DATA	
CLIENT	Ethnic	DATA/TABLE	ETHNIC
CLIENT	Primary language	DATA/TABLE	LANG
CLIENT	Prior CMHC	DATA[Y or N]	
CLIENT	Last provider	DATA/TABLE	PROVID
CLIENT	Current risk	DATA/TABLE	RISK
CLIENT	Target group	DATA/TABLE	TARGET
CLIENT	SS conditions	DATA/TABLE	SPCSRV
CLIENT	Past MH services	DATA/TABLE	SRVHIS
CLIENT	Current MH services	DATA/TABLE	SRVHIS
CLIENT	Drug abuse problem	DATA[Y or N]	
CLIENT	Alcohol abuse problem	DATA[Y or N]	
CLIENT	Receiving TX	DATA[Y or N]	
CLIENT	Current living arrangement	DATA/TABLE	RESID
CLIENT	Current living circumstance	DATA/TABLE	LIVING
CLIENT	Reason for homelessness	DATA/TABLE	HOMLES
CLIENT	Marital status	DATA/TABLE	MARTAL
CLIENT	# of children	DATA	
CLIENT	# of at home	DATA	
CLIENT	Type of education	DATA/TABLE	EDUCAT
CLIENT	Current employment status	DATA/TABLE	EMPLOY
CLIENT	Special training	DATA[Y or N]	
CLIENT	Veteran status	DATA/TABLE	VET
CLIENT	Disabled veteran	DATA[Y or N]	
CLIENT	Discharge status	DATA/TABLE	MILDIS
CLIENT	Legal status	DATA/TABLE	LEGAL
CLIENT	Refugee status	DATA[Y or N]	
CLIENT	SSI/SSDI status	DATA[Y or N]	
CLIENT	ALERT-1	DATA	
CLIENT	ALERT-2	DATA	
CLIENT	ALERT-3	DATA	
CLIENT	ALERT-4	DATA	
CLIENT	ALERT-5	DATA	
CLIENT	ALERT-6	DATA	
CLIENT	ALERT-7	DATA	

Database	Field name	Data types	Table
CLIENT	ALERT-8	DATA	
CLIENT	ALERT-9	DATA	
CLIENT	ALERT-10	DATA	
CLIENT	ALERT-11	DATA	
CLIENT	ALERT-12	DATA	
CLIENT	Current Non-MH service needs	DATA/TABLE	NEEDS
CLIENT	Current MH service needs	DATA/TABLE	SRVNED
CLIENT	Axis I	DATA/TABLE	DSM
CLIENT	Axis II	DATA/TABLE	AXIS2
CLIENT	Axis III	DATA/TABLE	AXIS3
CLIENT	Axis IV	DATA/TABLE	AXIS4
CLIENT	Axis V	DATA/TABLE	AXIS5
CLIENT	Highest Axis V	DATA/TABLE	AXIS5
CLIENT	Level I	DATA/TABLE	LEVEL
CLIENT	Level II	DATA/TABLE	LEVEL
CLIENT	Record is complete	DATA[Y or N]	
CLIENT	Screening is complete	DATA[Y or N]	
CLIENT	CSS status	DATA/TABLE	CSSTAT
CLIENT	Cultural identity	DATA/TABLE	CULTUR
CLIENT	30 day hosp discharge	DATA/TABLE	LOCATE
CLIENT	Hosp discharge date	DATA	
CLIENT	Date client created	DATA	
CLIENT	Problems	DATA/TABLE	STRESS
CLIENT	Religion	DATA/TABLE	RELGON
CLIENT	Division	DATA/TABLE	DIVSON
CLIENT	Prior MR history	DATA[Y or N]	
CLIENT	In hospital for MH	DATA[Y or N]	
CLIENT	Optional fields	DATA/TABLE	
CLIENT	Significant other	DATA[1 or 2]	
CLIENT	Catchment area	DATA/TABLE	CATCHM

Billing header Database

Database	Field name	Data type	Table
BILHDR	Client number	DATA	
BILHDR	Responsibility	DATA[1 or 2]	
BILHDR	Fee schedule	DATA/TABLE	FEESCH
BILHDR	Fee effective date	DATA	
BILHDR	Fee expiration date	DATA	
BILHDR	Fee level	DATA[1 to 7]	
BILHDR	Medicaid ID	DATA	
BILHDR	Medicaid auth #	DATA	
BILHDR	Date Medicaid applied for	DATA	
BILHDR	Date Medicaid received	DATA	
BILHDR	Date Medicaid effective	DATA	
BILHDR	Date Medicaid expires	DATA	
BILHDR	Medicare ID	DATA	
BILHDR	Date Medicare effective	DATA	
BILHDR	Date Medicare expires	DATA	
BILHDR	Occupation	DATA/TABLE	OCCUP
BILHDR	Insurance plan	DATA/INSCM	H9
		P	
BILHDR	Insurance account number	DATA	
BILHDR	Insurance group number	DATA	
BILHDR	Insurance effective	DATA	
BILHDR	Insurance expires	DATA	
BILHDR	Policy holder	DATA	
BILHDR	Employer	DATA	
BILHDR	Salary	DATA	
BILHDR	Other source of income	DATA	
BILHDR	Other income	DATA	
BILHDR	Adjustment	DATA	
BILHDR	Adjustment amount	DATA	
BILHDR	Medicaid visits authorized	DATA	
BILHDR	On account	DATA	
BILHDR	Billing order	DATA	
BILHDR	Last evaluation	DATA	
BILHDR	Evaluation interval	DATA	
BILHDR	Primary source of income	DATA/TABLE	FINSUM
BILHDR	Source of reimbursement	DATA/TABLE	SRCREM
BILHDR	S/S eligibility	DATA[Y or N]	
BILHDR	Number of dependents	DATA	
BILHDR	Pay down billing	DATA[Y or N]	
BILHDR	Sweep	DATA[Y or N]	
BILHDR	On account description	DATA	
BILHDR	On account date	DATA	
BILHDR	Memo		

Program Database

Database	Field name	Data type	Table
PROGRM	Client number	DATA	
PROGRM	Program	DATA/PROGRM	H13
PROGRM	Program sequence	DATA	
PROGRM	Staff	DATA/STAFF	H7
PROGRM	Triage staff	DATA	
PROGRM	Application date	DATA	
PROGRM	Location	DATA/TABLE	LOCSEN
PROGRM	Type contact	DATA/TABLE	INTCNT
PROGRM	Intake date	DATA	
PROGRM	Date out	DATA	
PROGRM	Time in	DATA	
PROGRM	Time out	DATA	
PROGRM	Psych	DATA/TABLE	PSYCH
PROGRM	Referral source	DATA/TABLE	REFSRC
PROGRM	Primary problem	DATA/TABLE	PROBLM
PROGRM	Presenting problem	DATA/TABLE	PROBLM
PROGRM	Screen	DATA[Y or N]	
PROGRM	TPH hospital	DATA[Y or N]	
PROGRM	TPH admit date	DATA	
PROGRM	TPH discharge date	DATA	
PROGRM	TPH type	DATA/TABLE	TPHTYP
PROGRM	Disposition	DATA/TABLE	DISP
PROGRM	Reason	DATA/TABLE	REASON
PROGRM	Term. Date	DATA	
PROGRM	Reason for termination	DATA/TABLE	TRMRES
PROGRM	Type of discharge	DATA[I or O]	
PROGRM	Status of discharge	DATA/TABLE	DISSTS
PROGRM	Date of last service	DATA	
PROGRM	Referred to	DATA/TABLE	FOLLOW
PROGRM	MH agency	DATA/TABLE	LOCATE
PROGRM	Record is complete	DATA[Y or N]	
PROGRM	Substances abused	DATA/TABLE	ABSSUB
PROGRM	Age at first use	DATA	
PROGRM	Route of administration	DATA/TABLE	RTEADM
PROGRM	Last treatment	DATA/TABLE	ABSPRG
PROGRM	Number of arrests	DATA	
PROGRM	Type of transportation	DATA/TABLE	TYPTRN
PROGRM	Sexual orientation	DATA/TABLE	SEXORT
PROGRM	Other members with abuse	DATA/TABLE	RELATE
PROGRM	Abuse history	DATA/TABLE	ABSHIS
PROGRM	Frequency of use	DATA/TABLE	FRQUSE
PROGRM	Time of last Tx	DATA/TABLE	TIMLTX
PROGRM	# previous MH Tx	DATA	
PROGRM	Type of transaction	DATA/TABLE	TRANS
PROGRM	# prior visits	DATA	
PROGRM	Days incarcerated	DATA	
PROGRM	Previous MH Tx	DATA[Y or N]	
PROGRM	# Non-detox days	DATA	
PROGRM	# emergency episodes	DATA	
PROGRM	# inpatient days	DATA	
PROGRM	Hosp. reason	DATA	

Database	Field name	Data type	Table
PROGRM	Health	DATA[1 or 2]	
PROGRM	ASI Employment	DATA	
PROGRM	ASI Medical	DATA	
PROGRM	ASI Alcohol	DATA	
PROGRM	ASI Drug	DATA	
PROGRM	ASI Legal	DATA	
PROGRM	ASI Family/Social	DATA	
PROGRM	ASI Psychological	DATA	
PROGRM	Beck score	DATA	
PROGRM	Primary problem substance	DATA[1 to 5]	
PROGRM	Secondary problem substance	DATA[1 to 5]	
PROGRM	ACH Overall	DATA[1 to 4]	
PROGRM	ACH Alcohol	DATA[1 to 4]	
PROGRM	ACH Drug	DATA[1 to 4]	
PROGRM	ACH Vocational/Educational	DATA[1 to 4]	
PROGRM	ACH Social	DATA[1 to 4]	
PROGRM	ACH Emotional	DATA[1 to 4]	
PROGRM	ACH Family	DATA[1 to 4]	
PROGRM	ACH Medical	DATA[1 to 4]	
PROGRM	Planned follow-up	DATA/TABLE	SRVMOD
PROGRM	Client transported	DATA[Y or N]	
PROGRM	Client admitted	DATA/PROGRM	
PROGRM	Age appropriate behavior	DATA/TABLE	AGEBEH
PROGRM	Probation date	DATA	
PROGRM	Parole date	DATA	
PROGRM	Violent offense history	DATA[Y or N]	
PROGRM	Pending court case	DATA[Y or N]	
PROGRM	Type of petition	DATA/TABLE	PETTYP
PROGRM	Court date	DATA	
PROGRM	Report due date	DATA	
PROGRM	Type of testing	DATA/TABLE	TESTYP
PROGRM	Evaluator	DATA/TABLE	EVAL
PROGRM	Confidentiality level	DATA/TABLE	CONLVL
PROGRM	Primary diagnosis	DATA/TABLE	DSM
PROGRM	Secondary diagnosis	DATA/TABLE	DSM
PROGRM	Account number	DATA	
PROGRM	Development Funds	DATA[Y,N]	
PROGRM	Rent Stipend	DATA[Y,N]	
PROGRM	Housing Case Management	DATA[Y,N]	
PROGRM	Section 8 status	DATA	
PROGRM	Been in development center	DATA[Y,N]	
PROGRM	Pre-admission setting	DATA/TABLE	RESSET
PROGRM	Pre-admission agency	DATA/TABLE	RESAGN
PROGRM	Pre-admission psych center	DATA/TABLE	RESPSY
PROGRM	Apt/bed info	DATA	
PROGRM	Post discharge setting	DATA/TABLE	RESSET
PROGRM	Post discharge agency	DATA/TABLE	RESAGN
PROGRM	Post discharge psych center	DATA/TABLE	RESPSY
PROGRM	Time of disposition	DATA	
PROGRM	NY number	DATA	

Medical Database

Database	Field name	Data type	Table
MEDCAL	Client number	DATA	
MEDCAL	Physician	DATA/DOCTOR	H10
MEDCAL	RX	DATA/TABLE	DRUGS
MEDCAL	RX Dosage	DATA	
MEDCAL	RX Frequency	DATA	
MEDCAL	RX date	DATA	
MEDCAL	RX # tablets	DATA	
MEDCAL	RX # refills	DATA	
MEDCAL	RX M.D.	DATA/DOCTOR	H10
MEDCAL	RX type	DATA/TABLE	
MEDCAL	RX memo pointer	DATA	
MEDCAL	Compliance	DATA[Y or N]	
MEDCAL	Weight	DATA	
MEDCAL	Special diet	DATA/TABLE	DIET
MEDCAL	Allergies	DATA/TABLE	ALERGY
MEDCAL	Past illnesses	DATA/TABLE	ILLNES
MEDCAL	Date of last physical	DATA	
MEDCAL	Date of blood work	DATA	
MEDCAL	Date of last review	DATA	
MEDCAL	Medical diagnosis	DATA/TABLE	AXIS3
MEDCAL	Physical health	DATA/TABLE	PHYHLT
MEDCAL	Memo pointer	DATA	
MEDCAL	Height	DATA	
MEDCAL	Hair color	DATA	
MEDCAL	Eye color	DATA	
MEDCAL	Seizure disorder	DATA/TABLE	SEIZUR
MEDCAL	Drug reaction	DATA/TABLE	DRGRAC
MEDCAL	Diabetes	DATA/TABLE	DIABET
MEDCAL	Hepatitis carrier	DATA/TABLE	HEPATS
MEDCAL	T.B.	DATA/TABLE	TB
MEDCAL	Mobility status	DATA/TABLE	MOBLTY
MEDCAL	Hearing	DATA/TABLE	HEARNG
MEDCAL	Vision	DATA/TABLE	VISION
MEDCAL	Speech	DATA/TABLE	SPEECH
MEDCAL	Cardiac condition	DATA/TABLE	CARDAC
MEDCAL	Pregnant	DATA[Y or N]	

Staff Activity

Database	Field name	Data type	Table
STFACT	Client	DATA	
STFACT	Program	DATA/PROGRM	H13
STFACT	Staff	DATA/STAFF	H7
STFACT	Sequence number	DATA	
STFACT	Program sequence	DATA	
STFACT	Group	DATA/GROUP	D3
STFACT	Date of activity	DATA	
STFACT	Appointment time	DATA	
STFACT	Elapsed time	DATA	
STFACT	Next appointment	DATA	
STFACT	Team	DATA/TABLE	TEAM
STFACT	Client present	DATA [Y or N]	
STFACT	Location	DATA/TABLE	LOCSEN
STFACT	On site	DATA [Y or N]	
STFACT	Service modality	DATA/TABLE	SRVMOD
STFACT	Number in group	DATA	
STFACT	Crisis appointment	DATA [Y or N]	
STFACT	Activity	DATA/ACTCOD	H8
STFACT	Accident	DATA/TABLE	ACCID
STFACT	Type of contact	DATA/TABLE	CONTCT
STFACT	Target group	DATA/TABLE	TARGET
STFACT	LOF	DATA[1 to 10]	
STFACT	Living circumstances	DATA/TABLE	LIVING
STFACT	Next appointment time	DATA	
STFACT	# of collaterals	DATA	
STFACT	Unit	DATA/TABLE	UNIT
STFACT	Bill transaction number	DATA	

Billing Transaction Database

Database	Field name	Data type	Table
BILTRN	Client	DATA	
BILTRN	Sequence number	DATA	
BILTRN	Program	DATA/PROGRM	H13
BILTRN	Program sequence	DATA	
BILTRN	Date of activity	DATA	
BILTRN	Appointment time	DATA	
BILTRN	Elapsed time	DATA	
BILTRN	Staff	DATA/STAFF	H7
BILTRN	Client present	DATA[Y or N]	
BILTRN	Location	DATA/TABLE	LOCSEN
BILTRN	Activity	DATA/ACTCOD	H8
BILTRN	Accident	DATA/TABLE	ACCID
BILTRN	Type of contact	DATA/TABLE	CONTC
BILTRN	Fee	DATA	
BILTRN	Approved	DATA	
BILTRN	Expected	DATA	
BILTRN	Received	DATA	
BILTRN	Date billed	DATA	
BILTRN	Date received	DATA	
BILTRN	Status	DATA	
BILTRN	Company	DATA	
BILTRN	# of collaterals	DATA	
BILTRN	FILL	DATA	
BILTRN	On site	DATA [Y or N]	
BILTRN	Allow double bill	DATA [Y or N]	
BILTRN	COPS amount	DATA	
BILTRN	Date COPS paid	DATA	
BILTRN	Adjustment	DATA	
BILTRN	Date of adjustment	DATA	
BILTRN	Write-off	DATA	
BILTRN	Date of write-off	DATA	
BILTRN	Allowance	DATA	
BILTRN	Date of allowance	DATA	
BILTRN	Swept to client	DATA	
BILTRN	Over 90 indicator	DATA/TABLE	OVER90
BILTRN	Billing errors	DATA	
BILTRN	Date of billing error	DATA	
BILTRN	Date bill error cleared	DATA	
BILTRN	Remittance errors	DATA	
BILTRN	Date of remittance error	DATA	
BILTRN	Date remit. error cleared	DATA	
BILTRN	Diagnosis	DATA/TABLE	DSM
BILTRN	Remittance reference #	DATA	
BILTRN	In suspense	DATA	
BILTRN	Activity end date	DATA	
BILTRN	Article 16 service code	DATA	
BILTRN	Pointer to staff activity record	DATA	
BILTRN	Company Billed	DATA	
BILTRN	Medicaid invoice number	DATA	
BILTRN	Over 90 indicator	DATA/TABLE	OVER90

