

DMHAS EDW REPORTS GUIDE

DMHAS Information Systems Division



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ENTERPRISE DATA WAREHOUSE REPORTS

EDW Reports are housed in the Enterprise Data Warehouse.



Reports will display based on user access.

HOW TO ACCESS REPORTS:

To access reports in the Enterprise Data Warehouse, follow the steps below:

- 1. Boot-up the pc to the Windows desktop screen.
- 2. For VPN users, make your VPN connection. (Non-VPN users, go to step 3.)
- 3. Launch Internet Explorer.
- 4. Enter the DDaP IP address (or select DDaP from your 'Favorites').
- 5. Hit the Enter key.
- 6. The Log In screen will be displayed:

CT.gov	DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES	dmhas
STATE OF CONNECTICUT	Provider Suite of Applications	
	Please Log In User Name: Password: Log In	

7. Enter the following information in the Log In window:

User Name: Enter your user name.

Password: Enter your password.

8. Point and click on the Log In button.

Keed your DDaP password reset? *Please contact the Help desk:* **Email**: <u>DMHAS.Info@ct.gov</u> or **Phone**: 860-262-5058.

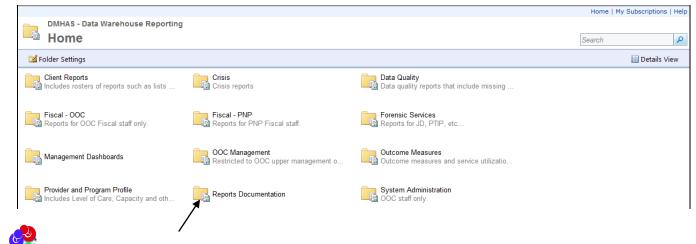
9. Select the **DMHAS Data Warehouse** link on the **Provider Suite of Applications** screen.



10. A connection window will display:

Connect to		? ×
		A PA
Connecting to		
User name:	1	▼ 1000
Password:		
	Remember my pass	word
	ОК	Cancel

- **11.** Type the domain (exec), '\' and your User name. (The backslash (\) is above the Enter button.)
- **12.** Type your password.
- If you are a new reports user or need your password reset or have any questions regarding your logon to the data warehouse, please contact the Help desk: <u>DMHAS.Info@ct.gov</u> or 860-262-5058.
- **13.** Select the **OK** button. (The **Cancel** button wil close the window.) *Note:* There may be a short wait until folders display.
- 14. The DMHAS Data Warehouse Reporting screen will display with the reports folders.
- **15.** Select the desired **report folder** to display the reports in that folder.



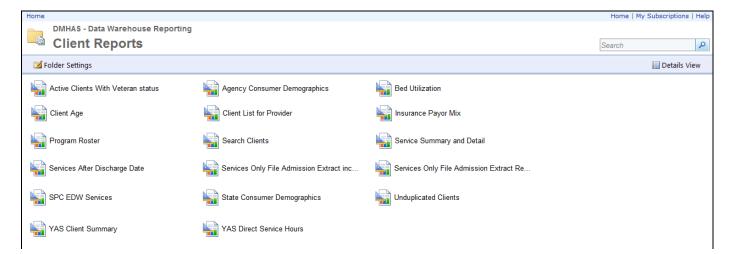
Select the **Reports Documentation** folder for Reports Documentation.

• Select the DMHAS Data Warehouse Reporting List to see a listing of all reports and descriptions.

Home	Home My Subscriptions Help
DMHAS - Data Warehouse Reporting Reports Documentation	Search 👂
G Folder Settings	Details View
MHAS Data Warehouse Reporting List DMHAS Quality Dashboards Reference	

• Select the **DMHAS Quality Dashboard Reference Guide** to see a description of all of the Quality Report metrics and the reports that are used to confirm the counts and percentages.

16. Once the desired report folder is selected, the reports in that folder will display.



17. The report selection criteria will display based on the report that is selected.

Home > Client Report	s > Program Roster			Home My Subscriptions Help
Start Date	12/22/2014	End Date	12/22/2014	View Report
Provider	<select a="" value=""></select>	Program Type	✓	
Level of Care Type	✓	Level of Care Mode		
Program	✓	Clients To Include	All Active Clients 🗸	
Include Client Detail	✓			

18. Complete the fields and select the View Report View Report button to view the report details.



Because data refresh is done after the end of the business day, the data in the reporting environment will be <u>one-day behind</u> the source systems.

DMHAS EDW REPORTS QUICK REFERENCE GUIDE

REPORT FOLDER	REPORT NAME	DESCRIPTION
Client Look Up		Please note that data in reports is one day old.
Client Reports	Program Roster	Unduplicated list of clients by facility, program(s) and level of care, within a defined date range, <i>with the ability to drill down to individual client admission and assessment details.</i>
	Search Clients	Allows the user to search, by SSN or name, for a given client at a facility(s) and program(s) and view admission and assessment details.
Clients Served		
Client Reports	Unduplicated Clients	A list of unduplicated clients by provider and program within a program type, level of care type and level of care mode for given date range.
Utilization		
Client Reports	Bed Utilization	Bed Utilization for Inpatient and Residential Programs funded or run by DMHAS.
Outcome Measures	Outpatient Utilization	Assess outpatient utilization by program type, provider, program and funding source.
Assessments D)ue	
Data Quality	Periodic Assessment 6- Month Tickler Report	Shows clients whose program requires the periodic assessment and a periodic assessment has not been entered in six months (date in RED) or no date will be listed if there are no periodic assessments.
	Required Assessments	Required assessment counts (or optional, or both) based on a date range, Program Type, level of care and Provider and Program, and a listing of clients who require the assessment.
Services		
Client Reports	Service Summary and Detail	A summary of services for clients at a selected facility by a selected program(s) within a user defined date range. User can select clients admitted, clients discharged or clients with open admissions. Output is sorted by program.
Data Quality	Monthly Service Data Submission report	Provides submission data by program within a user defined monthly time period.
Outcome Measures	CSP RP Service Utilization and Service Location Report	Expected number of quarterly face to face service hours based on program capacity, total number of face to face service hours delivered, total TCM face to face service hours, and total service hours that were not face to face within the quarter and fiscal year-face to face and rehabilitation.
Provider Progra	am Information	
Provider and Program Profile	Provider Program Information	Overview of program type, level of care, funding source for both PNP and SO providers by provider. Specifies if program is designated as a TCM provider, Treatment related, Service required, and date opened and closed.
Program Comp	letion / Discharge	
Outcome Measures	Program Completion Report	Groups discharge reasons into two major outcome categories, 'Program Completion' and 'Non-Completion of Program'.
Data Quality	Data Quality Admissions And Discharges Report	Provides admission and discharge counts by program within a defined monthly period.

DMHAS QUALITY DASHBOARD REPORT METRICS QUICK REFERENCE GUIDE

The following is a listing of the Provider Quality Report Metrics and the reports that can be run to compare against your Quality Report data.

Quality Report Metrics	DMHAS REPORT			
PROVIDER ACTIVITY				
UNIQUE CLIENTS	Program Roster in the Client Reports folder. (Select 'Clients to Include' All Active Clients and refer to the Distinct Clients count.)			
ADMITS	Program Roster in the Client Reports folder. (Select 'Clients to Include' Admits Only and refer to the Total Admits count.)			
DISCHARGES	Program Roster in the Client Reports folder. (Select 'Clients to Include' Discharges Only and refer to the Total Discharges count.)			
SERVICES HOURS	Service Summary and Detail in the Client Reports folder. (Refer to the Grand Total Hrs at the end of the report.)			
BED DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.			
SOC REHAB, IOP and PHP DAYS	Service Summary and Detail in the Client Reports folder in the EDW. (Refer to the Grand TotalDays at the end of the report.)			
UNIQUE CLIENTS by LEVEL OF CARE	Program Roster in the Client Reports folder. (Refer to the Distinct Client count for each program / level of care total (#). Select 'All' to view the Total Active count for all programs (Total Unique Clients #)).			
CLIENT DEMOGRAPHICS	Agency Consumer Demographics in the Client Reports folder. Select 'Provider' for 'Group By' to see totals.			
CONSUMER SATISFACTION SURVEY	Survey Results by Domain and Survey Frequencies by Provider and Program in the Outcome Measures folder.			
	PROGRAM ACTIVITY			
UNIQUE CLIENTS	Program Roster in the Client Reports folder. (Select 'Clients to Include' All Active Clients and refer to the Distinct Clients count.)			
ADMITS	Program Roster in the Client Reports folder. (Select 'Clients to Include' Admits Only and refer to the Total Admits count.)			
DISCHARGES	Program Roster in the Client Reports folder in EDW. Select 'Clients to Include' Discharges Only and refer to the Total Discharges count.			
SERVICES HOURS	Service Summary and Detail in the Client Reports. (Select 'Report Type: Service Details', and 'Population: Client With Services' and refer to the Program Total Hrs for the total hours <i>for each program</i> .)			
BED DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.			
SOC REHAB, IOP and PHP DAYS	Service Summary and Detail in the Client Reports folder. (Refer to the Program TotalDays for each program.)			

DATA SUBMISSION QUALITY		
VALID NOMS DATA	Valid NOMs Data in the Data Quality folder	
VALID TEDS DATA	Valid TEDS Data in the Data Quality folder	
ON-TIME PERIODICS 6 MONTH UPDATES	On-Time Periodic 6 Month Updates in the Data Quality folder. Select the 'plus' + mark next to the program to view clients who have had an Update Periodic Assessment. (Refer to the Periodic Assessment 6-Month Tickler Report in the Data Quality folder in EDW to see clients who have not had an Update Periodic Assessment.)	
CO-OCCURRING		
MH SCREEN COMPLETE	Co-occurring - MH Screen Complete in the Data Quality folder	
SA SCREEN COMPLETE	Co-occurring - SA Screen Complete in the Data Quality folder	
DIAGNOSIS		
AXIS 1 DIAGNOSIS	Valid Axis I Diagnosis in the Data Quality folder	
AXIS V GAF SCORE	Valid Axis V GAF Score in the Data Quality folder	
DATA SUBMITTED TO DMHAS BY MO	NTH	
ADMITS	Data Quality Admissions and Discharges Report in the Data Quality Report folder	
DISCHARGES	Data Quality Admissions and Discharges Report in the Quality Report folder	
SERVICES HOURS	Monthly Service Submission Report in the Data Quality Report folder	
DISCHARGES OUTCOMES		
TREATMENT COMPLETED SUCCESSFULLY	Program Completion Report in the Outcome Measures folder. Refer to the Program Total for the total number of discharges and the valid discharge reason counts ('Discharged to New Service (Facility Concurs)', or 'Discharge to Another Facility Program' and/or 'Recovery Plan Completed').	
FOLLOW-UP WITHIN 30 DAYS OF DISCHARGE	Follow-Up within 30 Days of Discharge report in the Data Quality folder	
NO RE-ADMIT WITHIN 30 DAYS OF DISCHARGE	No Re-admit within 30 Days of Discharge report in the Data Quality folder	
Recovery		
National Recovery Measures (NOMs)	NOMs Values Report in the Outcome Measures folder. Refer to each measure listed at the bottom of the report.	
EMPLOYED		
STABLE LIVING SITUATION		
SELF HELP (SA Programs Only)		
SOCIAL SUPPORT (MH Programs Only)		
ABSTINENCE / REDUCED DRUG USE IMPROVED / MAINTAINED AXIS V GAF SCORE	Improved/Maintained Axis V GAF Score Report in the Data Quality folder	

SERVICE UTILIZATION	
CLIENTS RECEIVING SERVICES	Clients Receiving Services report in the Data Quality folder
SERVICE ENGAGEMENT	
OUTPATIENT - 2 OR MORE SERVICES WITHIN 30 DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
HOMELESS OUTREACH - AT LEAST 1 SERVICE WITHIN 180 DAYS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
MEDICATION ASSISTED TREATMENT- LENGTH OF STAY OVER 1 YEAR	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.
UTILIZATION	
BED UTILIZATION	Bed Utilization in the Client reports folder. Refer to the 'Capacity' number and the 'Capacity %' percent.
EVALUATIONS	
CRISIS EVALUATIONS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for the measures listed below.
EVALUATION WITHIN 1.5 HOURS OF REQUEST	
COMMUNITY LOCATION EVALUATION	
FOLLOW-UP SERVICE WITHIN 48 HOURS	
JAIL DIVERSION EVALUATIONS	
FOLLOW-UP SERVICE WITHIN 48 HOURS	Refer to the DMHAS Quality Dashboards Reference Guide explanation for this.

NAVIGATION IN REPORTS

SEARCHING FOR A REPORT

To search for a report:

- 1. Enter the report name (or partial name) in the **Search** text box at the top of the **Home** screen.
- 2. Click on the the Search icon P or press the Enter button.

DMHAS - Data Warehouse Reporting			Aome My Subsc	riptions Help
🗹 Folder Settings			D	etails View
Client Reports Includes rosters of reports such as lists	Crisis Crisis reports	Data Quality Data quality reports that include missing		

3. The search results will display any reports with that name.

	Home My Subscriptions Help
DMHAS - Data Warehouse Reporting	
Search Results	
search clients	Details View
Search Clients	

- 4. Select the desired report.
- 5. The selection criteria will display for that report.

	ns Help
Provider All View Re Search by Last Name Enter Partial Last Name or Full Social Security Number Image: Constraint of the security security	port

- 6. Complete the criteria accordingly and select the View Report button.
- 7. The report will display.

NAVIGATING TO REPORTS AND FOLDERS

1. To access *another report in the <u>same</u> folder*, select the folder at the top of the page between the 'Home' link and the current report link. (In this example, 'Client Reports'.)

Home > Cli	ent Reports > Search Clients		Home M	ly Subscriptions Help
Provider Search by	All Last Name	Program Enter Partial Last Name or Full Social Security Number		View Report
				f and a second se

2. The reports listing for that folder will display. Select the desired report.

Home			Home My Sub	oscriptions Help
DMHAS - Data Warehouse Reporting				
Client Reports			Search	2
🗹 Folder Settings				Details View
Active Clients With Veteran status	Agency Consumer Demographics	Bed Utilization		
Client Age	Client List for Provider	Insurance Payor Mix		
Frogram Roser	Search Clients	Service Summary and Detail		

3. Select 'Home' link to go back to the Home page to select <u>another reports folder</u>, or log out of reports.

			Home My Subs	criptions Help
DMHAS - Data Warehouse Reporting				
Home			search clients	× P
🕍 Folder Settings				Details View
Client Reports Includes rosters of reports such as lists	Crisis Crisis reports	Data Quality Data quality reports that include missing		

PAGE ARROWS

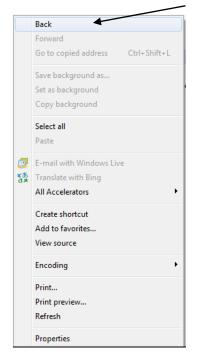
To scroll through pages within a report, click on the blue arrows at the top of the report.



- 1. Select the individual arrow be to go from page to page with in the report.
- 2. Select the arrow with the line *after* it M to go to the *end* of the report.
- **3.** Select the arrow with the line *before* it **I** to *go back* to the beginning of the report.
- 4. Select the scroll bar on the right side of the report to scroll up and down on the page.

BACK BUTTON

If there are no **blue** arrows in the report, press the **Backspace** key on the keyboard <u>**OR**</u> 'Right click' on your mouse and choose the **Back** option on the top of the list (see below).



CRITERIA SELECTION AND FILTERING

Each report will have certain selection criteria based on the type of report. There may be dates to enter, drop lists to make data selections and check boxes.



There may be a delay (and white screen) after making selections. This is due to the filtering that may occur after selections are made in order to display the correct data for the report.

Examples:

- Entering or selecting a Date
- Selecting Programs, LOCs and 'Group By'

Home > Client Reports > Unduplicated Clients		Home My Subscriptions Help
Start Date 5/1/2012	End Date 5/18/2012	View Report
Funding Source	Program Type	
LOC Type	LOC Mode	
Provider 🗸 🗸 🗸	Region Forensic MH	
	Program Forensic SA	
Primary Group By Program Type	Secondary Group By 🔎 Mental Health	
Tertiary Group By Level of Care Type		

CHECK BOXES

Select one box or as many as desired. Choose the (Select All) check box to view all in the list.

DRILL DOWN FOR REPORT DETAILS

ADMISSION & ASSESSMENT DETAILS

1. Click on the <u>Admissions</u> or <u>Assessments</u> link in the Program Roster report for details.

1						\	
Provider					1588.3	161	161
					1588.3	161	161
Last Name	First Name	Admitted	Discharged	Status	Length of Stay	Click	for Detail
Aclient	John	2/27/2014		Open	342	Admissions	Assessments
Abclient	Suzy	9/3/2014		Open	154	Admissions	Assessments
Client	Joe	5/22/2008		Open	2,450	Admissions	1



 $rac{92}{8}$ Note: If there are no assessments for a client, the field for the assessments link will be blank.

- 2. When the Admissions link is selected, the Client Summary screen will display listing all of the Program Admissions for that client based on the date range selected.
- Click on the <u>Detail</u> link next to the Program Admission for client admission details.

	on Inc	Admitted	Discharged	Referral	Discharge Reason	
1 Long Wharf Dr	r Voc Re 916-270	6/7/2011	-	Mental Health Provider	-	Detail
CTU OP Cocaine	780200	6/6/2011	-	Self	-	<u>Detail</u>

4. When the Assessments link is selected, the Assessments details screen will display.

Assessm	ents		
■ CTU OP			
		Question Text	Response Text
Periodic	Admit	Employment Status	Unknown
Periodic	Admit	Highest Grade Completed	9
Periodic	Admit	Persons Dependent on Income	1
Periodic	Admit	Minors Dependent on Income	0
Periodic	Admit	Principal Source Of Support	Public Assistance
Periodic	Admit	Living Situation	Unknown
Periodic	Admit	Number of Days in a Controlled Environment in the last 30 days	5

5. When searching for a client in the Search Clients report, the Click for Detail link will display next to the Assessment Type for details. (see Assessments screen above)

Assessments			
Assessment Type	Admit Type	Count	
Periodic	Admit	1	Click For Detail
Co-Occurring	Admit	1	<u>Click For Detail</u>
Periodic	Discharge	1	Click For Detail

All assessments that were completed for the client for each program will display in date order.

NO DATA FOUND

If there are no Assessments, Diagnoses or Services data in the report for the client, 'NoFound' messages will display below the Admission information on the Client Summary screen.

Diagnoses No Diagnosis Information Found

Services No Services Found

Assessments

No Assessments Found

EXPAND TO VIEW DETAIL

Some reports have a ⊞ 'plus sign' to expand details.

Home > Outo	ome Measures > Program	n Completion						
Start Date	0/1/2014	Е Е	ind Date 12/1/20	14				
Provider 4	Provider	• P	rogram Detox	~				
LOC	npatient Services, Resid	ential S 💙						
∢ [1	of 1 ▷ ▷ 10	0% 🗸	Find	Next 🔍 - 🛞 🎒 📳				
State Of Connecticut Department Of Mental Health and Addiction Services Program Completion Report								
		From: 10/1/2	014	To: 12/1/2014				
Provider Na	ne Program Name	From: 10/1/2 Program Code		To: 12/1/2014 Discharge reason	Discharge Count	Discharge Percent		
	ne Program Name Detox							
P rovider Na Provider	3	Program Code	e City	Discharge reason	Count 2	Percent		

1. To **expand** a report for detail, select the \mathbb{H} 'plus sign'. The details will display.

dmhas		State Of Connecticut Department Of Mental Health and Addiction Services <i>Program Completion Report</i>								
		From: 10/1/2014	l.	To: 12/1/2014						
Provider Name	Program Name	Program Code	City	Discharge reason	Discharge Count	Discharge Percent				
Provider	Detox	123456700	Middletown	Program Completion Total	2	28.6%				
				Discharged to New Service (Facility Concurs)	1	50.0%				
				Recovery Plan Completed	1	50.0%				
				□ Non-completion of Program Total	5	71.4%				
				Left Against Advice	4	80.0%				
				Moved out of area	1	20.0%				
			/	Program Total	7	100.0%				

2. It will become a \square 'minus sign'. Select the 'minus sign' to collapse the detail listing.

EXPORTING A REPORT

1. Once the desired report displays, select export icon 🦂 to export to Word, PDF, Excel or CSV.

14 4 [1 0	f1 ▷ ▷ 100%	~	Find Next	R,	🖌 🚯 🖨 📕	-					
dmha	áŚ			Department O		PDF	on Services					
	T	ime Frame: 10/1/2014	through: 12	/23/2014		MHTML (web archive) Excel			Rur	Date: 1	2/23/2014	
Provider Name	LOC Mode	Level Of Care	Program Code	Program Name		TIFF file Word	 Start Date 	End Date	Capa- city	Utili- zation	Avg. Daily Census	%Capa- city

- 2. Select the droplist arrow next to the export icon and choose the desired format from the droplist.
- 3. A message will display at the bottom of the screen asking if you want to **Open** or **Save** the report.
- 4. If you want to print the report, select the Open option. (See Printing instructions below.)

PRINTING A REPORT

1. To print a report that was **exported**, select **File** and **Print** in the menu bar of the report or select the printer icon at the top of the report menu bar.

🔁 Cli	ient Ag	je.pdf	- Adobe Reader
File	Edit	View	Window Help
Z		e	0 🖂 🕜 🗣 🔳 / 3 📄 🖶 69% 🔽 🔚 🔛 🗭 🐶 📝

OR

Select the Printer 📾 icon in the menu bar of the report.



2. Select OK to 'Print' the report.

SEARCHING AND NAVIGATING WITHIN A REPORT

1. To Search for something in a report, enter the search criteria in Find box and select Next.



- 2. Select the percentage drop list to make a report size larger or smaller.
- 3. Select the arrows next to the page numbers to scroll through the pages.

CLIENT LOOK-UP REPORTS

PROGRAM ROSTER: This report is in the <u>Client Reports</u> folder and generates a listing of clients in a particular Provider and Program for a given period of time. Admission details and any Assessment details can be viewed for an individual client by selecting links within the report.

- 1. Select the **Client Reports** folder and select the **Program Roster** report.
- 2. Enter the Start Date and End Date or select the dates from the calendar.
- 3. Select a **Provider** from the drop list.
- 4. Select one or 'All' from the drop lists:
 - Program Type
 - Level of Care Type
 - Level of Care Mode
 - Program
- 5. Select 'Admits Only', 'Discharges Only' or 'All Active Clients' for Clients To Include.
- 6. Select 'Yes' or 'No' for Include Client Detail.
- 7. Select the View Report button to display the Program Roster report.
- 8. A listing of clients will display based on the criteria that was entered.

Home > Client Repo	rts > Program Roster							Home My	/ Subscriptions Help
Start Date	1/1/2015		E	End Date	1/31/2015		1		View Report
Provider	Provider		✓ P	Program Type	Addiction	~			1
Level of Care Type	Outpatient V		L	evel of Care Mode	Standard Outpatie	ent 🗸		Colort to	/
Program	Addiction Program	~	c	Clients To Include	All Active Clients	~		Select to	view
Include Client Deta	il Yes 🗸							report	
[4] 4 [1of:	ı ▷ ▷⊫ 100% ✔	Find	Next 🔍 🗸	۵					
		S	tate Of Connect	ticut			Page 1 of 1		,
dmhas		Department Of M	ental Health an	d Addiction Ser	vices	2/4/	2015 12:23 PM		
Selected Rep	oort Parameters					Program	n Roster		
Provider: P				-	1/1/2015 - 1/31/2		Clients		
-	ddiction Program: pe: Addiction				Type: Outpatient Mode: Standard C				
Programity	pe. Addiction			Level of Care	Avg Length of		Distinct		
					Sťay (Ďays)	Total Active	Clients		
Provider					1588.3	161	161		
	rogram				1588.3	161	161		
Last Na	me First Name	Admitted	Discharged	Status	Length of Stay	Click fo	r Detail		
Aclient	John	2/27/2014		Open	342	Admissions	<u>Assessments</u>		
Abclient	Suzy	9/3/2014		Open	154	Admissions	Assessments		
Abcclien	t Joe	10/13/2010		Open	1,575	Admissions	Assessments		
							/		

9. Select the <u>Admissions</u> link to view client admission details or the <u>Assessments</u> link to view client assessment details.

10. If the <u>Admissions</u> link is selected, **Client Summary** information will display.

11. Select the **Detail** link to view client admission details for the program.

lome > Client Rep	orts > Client Si	ummary						H
∢ ∢ 1 of	1 ▷ ▷	100% V Fin	d Next	🔍 • 😳 🌲 🔳				
dmhas		State Of Department Of Mental H				Client	Page 1 of 1 Summary	
Suzy Ab STREET Milford, 0 06460		Social So	ecurity Gender	1/1/1977 010-00-1234 Female Divorced/Annulled	Ethnici Religi Language Language	on Other 2 1 English		
Admissio	ns							
Provider		Adm	itted	Discharged	Referral	Discharge Reaso	m	
Addiction Prog	gram	9/3/2	2014	-	Self	-	Detail	
Diagnose								
Axis Axis 1	Code 296.53	Description Bipolar I disorder, Current or mo		•		Count		
Axis 1 Axis 2	296.53 V71.09	No Diagnosis-Condition on Axis		it episode depressed, s	bevere	14		
Axis 2 Axis 5	60	51 - 60 Moderate Symptoms Or		In Euroctioning		6		
Services	00	51 - 00 Moderate Symptoms of	Dimetaley	Infunctioning		0		
Code	Description			Total	Measure			
90862	Drug Manag			911	Minutes			
90806		sychotherapy (face to face) - 45-50			Minutes			
90805	Individual Ps evaluation 2	sychotherapy (face to face) - with 1 10-30 minutes	medical	180	Minutes			
99213	OP estb. Pt.	Expanded focused history/exam le	ow cplx.	240	Minutes			
99214	OP estb. Pt.	Detailed history/exam moderate q	plx.	60	Minutes			
Assessme	ents							
Asses	ssment Type	Admit Type	Cou	nt				
1	Periodic	Admit	2	Click For Detai	1			
Co	-Occurring	Admit	1	Click For Detai	<u>I</u>			

12. The Client Admission Detail screen will display.

dm	has	5	Department	State Of Connec Of Mental Health a	ticut nd Addiction Services	Client A	Pa dmission	age 1 of 7 Detail
Suzy	y Abc	lient		Date of Birt	h 1/1/1977	Ethnicity	Non-Hispanic	
STRE				Social Securit	y 010-00-1234	Religion	Other	
Milfo 0646	rd, C	Г		Gende	r Female	Language 1	English	
0040	0			Marital Statu	s Divorced/Annulled	Language 2	NA	
				DDAP ClientII) 11111	Provider ClientID		
Prov	ider P	rovider						
Progr	ram 4	Addiction Progr	am					
Admit	Date	Discharge Da	te Length of sta	y Admit Age	Primary Referral Sour	ce Disc	harge Reason	
9/3/20	014	-	154	37	Self		-	
Clien	+ Tra	surance						
Ins	surance	е Туре	Policy Number	Policy Start Date	Policy End Date			
Me	dicaid	LIA Husky D	001234567	5/1/2014				
Dingu								
Diagi								
-	osis Da							
⊞ 9/	5/201		Axis		escription			
		Update				or most recent episode d	lepressed, Severe	
		Update			Diagnosis-Condition on		·	
		Update	e Axis 5	60 5:	L - 60 Moderate Sympton	ns Or Difficulty In Functior	ning	

13. Select the **blue** arrows at the top of the screen to go to the next page and view more details.

ome > Client Reports > Clie	Admission Detail					Home My Subscriptions
4 1 of 7 🕨 🖡	100% 🗸	Find Next	🥾 - 🕲 🌐 📕			
dmhas	Department O	State Of Connecti f Mental Health and	icut 1 Addiction Services	Client A	Page 1 of 7 dmission Detail	
Suzy Abclient		Date of Birth	1/1/1977	Ethnicity	Non-Hispanic	
STREET		Social Security	010-00-1234	Religion	Other	
Milford, CT 06460		Gender	Female	Language 1	English	
00100		Marital Status	Divorced/Annulled	Language 2	NA	
		DDAP ClientID	11111	Provider ClientID		
Provider Provider						
Program Addiction	n Program					
Admit Date Discha	rge Date Length of stay	Admit Age	Primary Referral Source	e Disc	harge Reason	
9/3/2014	- 154	37	Self		-	

14. 'Right click' on your mouse on page 1 of **Client Admission Detail** and select 'Back' to get back to **Client Summary**.

	arge Date
Back	
Forward	
Go to copied address	Ctrl+Shift+L

(Or use the Backspace key on your keyboard)

dmhas	i i	State (Department Of Mental	Of Connect I Health and			Client S	Page 1 of 1
Suzy Ab	dient	Dat	e of Birth	1/1/1977	Ethnici	ty Non-Hispanic	
STREET		Social	Security	010-00-1234	Religio	on Other	
Milford, C	т		Gender		Language	1 English	
06460		Marit	al Statuc	Divorced/Annulled	Language	-	
		Marta	ui status	Divorced/Annuled	Lunguage		
Admissio	ns						
Provider		Ad	Imitted	Discharged	Referral	Discharge Reaso	n
Addiction Prog	Iram	9/3	3/2014				<u>Detail</u>
Diagnose	S						
Axis	Code	Description				Count	
Axis 1	296.53	Bipolar I disorder, Current or	most recer	nt episode depressed,	Severe	14	
Axis 2	V71.09	No Diagnosis-Condition on A	xis I or II			7	
Axis 5	60	51 - 60 Moderate Symptoms	Or Difficulty	In Functioning		6	
Services							
Code	Description			Total	Measure		
90862	Drug Manag	ement		911	Minutes		
90806		sychotherapy (face to face) - 45		s 300	Minutes		
90805		sychotherapy (face to face) - w 20-30 minutes	ith medical	180	Minutes		
99213	OP estb. Pt.	Expanded focused history/exa	m low cplx.	240	Minutes		
99214	OP estb. Pt.	Detailed history/exam moderat	e cplx.	60	Minutes		
Assessme	ents						
Asses	ssment Type	Admit Type	Со	Int			
	Periodic	Admit	2				
Co	-Occurring	Admit		Click For Det	ail		

15. Select the <u>Click For Detail</u> link next to the desired **Assessment Type** to view details.

16. The Assessment History screen will display for the client.

ne > Client Reports	> Assessment	Detail					
		.00% 🗸	Find Next	ه 🕲 😓 🛃			
dmhas			Department O	State Of Connectic f Mental Health and		Page 1 o 2/4/2015 1:49 Assessment Histo	
Suzy Al	bclient		Date of Birth	1/1/1977	Ethnicity	Non-Hispanic	
STREET			Social Security	010-00-1234	Religion	Other	
	Milford, CT 06460		Gender		Language 1	English	
00400			Marital Status	Divorced/Annulled	Language 2	ΝΑ	
Assessm	nents						
⊞ 9/5/2014							
Outpatient P	rogram						
			Question Text			Response Text	
Periodic	Admit	Employment Status	3		Unknown		
Periodic	Admit	Highest Grade Com	pleted		9		
Periodic	Admit	Persons Dependen	t on Income		1		
Periodic	Admit	Minors Dependent	on Income		0		
Periodic	Admit	Principal Source Of	Support		Public Assistance		
Periodic	Admit	Living Situation			Unknown		
Periodic	Admit	Number of Days in days	a Controlled Environm	ent in the last 30	5		

17. To view data for another client, 'Right click' on your mouse and select the **Back** button or select the **Backspace** button on your keyboard until the **Program Roster** listing displays.

Home > Client Repor	rts > Program Roster							Home M	ly Subscriptions Help
Start Date	1/1/2015		E	ind Date	1/31/2015		1		View Report
Provider	Provider		✓ P	Program Type	Addiction	~			
Level of Care Type	Outpatient 🗸		L	evel of Care Mode	Standard Outpatie	ent 💙			
Program	Addiction Program	~	c	Clients To Include	All Active Clients	~			
Include Client Detail	I Yes 🗸								
	N N8] []		A A B					
4	▶ ▷ 100% ∨	Find	l Next 🛃 -	😳 🌲 📕					
		S	tate Of Connect	ticut			Page 1 of 1		-
dmhas		Department Of M	ental Health an	d Addiction Se	rvices	2/4/	2015 12:23 PM		
Calastad Ban	ort Parameters					Program	n Roster		
				D-1- D		-			
Provider: Pr Program: Ad	diction Program:			-	1/1/2015 - 1/31/2 Type: Outpatient		Llients		
_	pe: Addiction				Mode: Standard (
					Avg Length of Stay (Days)	Total Active	Distinct Clients		
Provider					1588.3	161	161		
Addiction Pr	ogram				1588.3	161	161		
Last Nan	ne First Name	Admitted	Discharged	Status	Length of Stay	Click fo	or Detail		
Aclient	John	2/27/2014		Open	342	Admissions	Assessments		
Abclient	Suzy	9/3/2014		Open	154	Admissions	Assessments		
Abcclient	Joe	10/13/2010		Open	1,575	Admissions	Assessments		
-									

18. Select the <u>Admissions</u> link for the desired client to view client admission details.

19. Select the <u>Assessments</u> link to view assessments details for the selected client. (See top of page. This will take you to the same screen as when <u>Click For Detail</u> is selected on **Client Summary**.)

SEARCH CLIENTS: This report is in the <u>Client Reports</u> folder and allows the user to search on individual clients and view admission details for that client.

- 1. Select the <u>Client Reports</u> folder and select the **Search Clients** report from the reports listing.
- Select the following from the drop lists: Provider, Program and Search By: 'Last Name' or 'Social Security Number'. Enter a Partial Last Name (or full last name) or Full Social Security Number.
- 3. Select the View Report button to display the results of the search. -

ome > Client Repor	rts > Search Clients							Home My Subscription
rovider All			✓ Program			All		View Re
arch Last Nar	me 🗸		Enter Partia Number	l Last Name or	Full Social Security	cli		
			Number		*			
4 1 of 2	2 ? 🕨 🕅 100%	· · ·	Find Next 🛛 🛃 🗸	۵ 🏚 🖪				
		State Of Conn	necticut			Pa	ge 1 of 1	
dmhas	Departme	ent Of Mental Health	and Addiction Servi	ces		1/23/2015	-	
						Search (Clients	
			126 Clients F	ound				
Last Name		MI DOB	SS#	Southwester	Provider n CT Agency on Aging	۸dm	issions	
Client Client	Amy Don	м	000-11-0000 101-00-0000		ngerford Hospital		issions	
Clients	will display	v based on t	the search c	ritoria d	solactad			
Clients	will display				selected.			
Select	Admissior	<mark>15</mark> to view th	he client Adr	mission	s. 🦯			
Client	Summary	information		for the	aliant that is	alastad		
Client	Summary	information	will display	ior the	client that is	selected.		
								Daga 1 46 1
draha	2		State Of Con	necticut				Page 1 of 1
dmha	3	Departmer	nt Of Mental Healt	h and Addio	tion Services		Client S	Summary
								,
Don M	Client		Date of B	irth 1/11/	1971	Ethnicity	Non-Hispanic	
Street	Carone		Social Secu	rity 101-0	00-0000	Religion	None	
Town ,	СТ		Gen	der Male		Language 1	English	
06000			Marital Sta	tus Never	married	Language 2	NA	
			Hunter ote		married	Language L		view Client
Admicci	ione						Admission	
Admissi	ons						Aumissio	n Detan.
	Hungerford Hos	pital	Admitted		3		Discharge Reaso	
Outpatient			11/1/2013		- Mental H	lealth Provider	-	<u>Detail</u>
Diagnos	ses							
-		Description					Count	
Axis	Code	-	Deardr Unenocified				1	
Axis Axis 1	Code 295.70	Schizoaffective E	osorur, onspecifieu					
			Symptoms Or Impa	irment			1	
Axis 1 Axis 5	295.70 49			irment			1	
Axis 1 Axis 5 Services	295.70 49 S			irment			1	
Axis 1 Axis 5	295.70 49 S			irment			1	
Axis 1 Axis 5 Services	295.70 49 S			irment	Solo	et to view Ass		tail
Axis 1 Axis 5 Services	295.70 49 S jound			irment	Sele	ct to view Ass		tail.
Axis 1 Axis 5 Services No Services For Assessm	295.70 49 S jound	41 - 50 Serious :		Count	Sele _/	ct to view Ass		tail.
Axis 1 Axis 5 Services No Services For Assessm	295.70 49 S ound	41 - 50 Serious :	Symptoms Or Impa		Sele Click For Detail	ct to view Ass		tail.

- 8. When <u>Detail</u> for the Admission is selected, Client Admission Detail will display.
- 9. Select Click For Detail to view Assessments details.

CLIENT DEMOGRAPHICS

AGENCY CONSUMER DEMOGRAPHICS: This report is in the <u>Client Reports</u> folder and displays client totals and percentages based on age, ethnicity, race and gender within a particular provider and program for the date range selected.

- 1. Select the **Client Reports** folder and select the **Agency Consumer Demographics** report.
- 2. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 3. Select one, or more or 'Select All' from the drop lists:
 - Funding Source
 - Provider
 - Program Type
 - Level of Care Type
 - Level of Care Mode
 - Program
- 4. Select the View Report button.
- 5. The Agency Consumer Demographics report will display Age, Ethnicity, Gender and Race based on the date range and criteria selected.

Home > Client Reports > Agency Consumer Demographics						Home My Subscriptions	Help
Start Date 7/1/2014	End Date 1	1/30/2014]			View Repo	t
Funding Source DMHAS Human Services Agreer	Provider Pr	rovider	~				
Program Type Addiction	Level of Care Type O	Outpatient	~		Select	'View Report' once	
Level of Care Mode Standard Outpatient	Program	Program .	~			ia has been entered	
I 4 4 1 of 2 ▶ ▶ 1 100% ✔	Find Next 🛛 🖳	, · ③ 🖨 🗉					
dmhas Departm	State of Con ent of Mental Health	necticut and Addiction Service	5				^
	Agency Consumer D	Demographics					
Selected Report Parameters							
Provider: Provider		Date Range: 7/1/2014 -	11/30/2014				
Program: All		Level of Care Type: All					
Program Type: Addiction		Level of Care Mode: All					
				#	%		
Provider	Age	18-25		22	11.2%		
		26-34		30	15.3%		
		35-44		48	24.5%		
		45-54		47	24.0%		
		55-64		40	20.4%		
		65+		9	4.6%		
		Other/Unknown		0	0.0%		
	Ethnicity	Hispanic-Cuban		0	0.0%		

SERVICE HISTORY REPORTS

SERVICE SUMMARY AND DETAIL REPORT: This report is in the <u>Client Reports</u> folder and displays service information for clients within a Provider and Program for a given period of time.

- 1. Select the **<u>Client Reports</u>** folder and select the **Service Summary and Detail** report.
- 2. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 3. Select a **Provider** from the drop list.
- 4. Select one, or more or 'select All' from the drop lists:
 - Funding Source
 - LOC (Level of Care)Type
 - LOC Mode
 - Program
- 5. Report Type: Select 'Service Details' or 'Service Summary'.
- 6. Population: Select 'Clients With Services', 'Clients Without Services', or 'Both.' (If 'Service Summary' is selected for 'Report Type', the 'Population' will only display 'Clients with Services'.)
- 7. Collapse Groups: Select 'False' for to see individual service code details for each client or leave 'True' selected to see client listing with total services.
- 8. Select the View Report button to view the Service Summary and Detail report.
- 9. A listing of clients will display based on the criteria selected.

Home > Clie	nt Reports > Serví	ice Summary and Deta	aíl								Home	My Subscriptions Help
Start Date	11/1/2014			Er	nd Date	12/1/2014						View Report
Provider	Provider			Y Fu	inding Source	DMHAS Human	Services Agreer	т				
LOC Type	Outpatient	~		LC	OC Mode	Standard Outpa	tient	~				
Program(s)	Outpatient Progra	im 🔽		R	eport Type	Service Details	~					
Population	Both (W/ and W/	0) 💽		Colla	ose Groups 📀	True C False						
14 4 4	4 4 1 of 3 ▶ ▶ 100% ▼ Find Next 🔍 ▼ ③ 🛱 🗒											
	4 1 or 3 ▶ ▶ 1 100% I Find Next 🖏 ▼ 🛞 🦏 📴											
dmh	State of Connecticut Department of Mental Health and Addiction Services Service Summary and Detail Report											
			From: 11/1/	/2014		To: 12/1/20	14					
				Pro	vider:							
Program	n Name	Program Code			Total Und	luplicated Clients	Active in Program	n: 513				
Outpatien	t	L12345000			Total U	Induplicated Clien	s with Services:	333				
Prov Cl	ient ID	Client Name	SSN	DOB	Sex	Admit Date	Dischr Date	Total Hrs	Total Days	Total Incidents		
⊞ 11	111	ATest1, Client	123-00-1234	11/1/1988	Female	4/20/ 2000		2.00	0	0		
⊞ 22	21122	ATest2, Client	222-00-3333	11/3/1965	Female	5/4/:2000		1.00	0	0		
⊞:10006 ATest3, Client 111-00-1111 11/1/1977 Male 11/3/1997 1.00 0 0												
⊞ 00	99009	ATest4. Client	000-11-0000	11/10/1981	Female	12/9/1997		0.33	0	0		

11. Select the plus' sign to view the services that were provided to the client for that period.

12. The individual service code details will display for the clients.

ome > Client Reports	s > Servíce Summary an	f Detaíl								Home	My Subscriptions Hel
Start Date 11/1/20	14			End Date	12/1/2014	4					View Report
Provider Provider			~	Funding Sou	Irce DMHAS H	uman Services	Agreen 💙				
OC Type Outpatie	nt	~		LOC Mode	Standard	Outpatient	~				
Program(s) Outpatie	nt Program	~		Report Type	Service D	Details 🗸					
opulation Both (W	/ and W/O) 💽		c	ollapse Group	s 💿 True 🔿 Fa	lse					
4 4 1 of 3	100%		Find Next	🔍 • 🛞	÷ •						
dmhās		From:	11/1/2014	Immary and I	Detail Report To: 1	2/1/2014					
Program Name	Program Cod	e		Tota	I Unduplicated C	lients Active in F	Program: 513				
Outpatient	L12345000			Te	otal Unduplicated	d Clients with Sei	vices: 333				
Prov Client ID	Client Name	S SN	DOB	Sex	Admit Date	Dischr Date	Total Hrs	Total Days	Total Incidents		
⊡ .11111	ATest1, Client	123-00-1234	11/1/1988	Female	4/20/ 2000		2.00	0	0		
CPT Sode	Description	Start Date	End Date	Unit	Duration	Measure					
90804	Individual Psychotherapy (face	11/3/2010 11/12/2010	11/3/2010 11/12/2010	1	0.50	Hours Hours					
90806	to face) 20-30 min Individual Psychotherapy (face to face) - 45-50 minutes	10/20/2010	10/20/2010	1	1.00	Hours					

- **13.** The 'plus sign' becomes a 'minus sign' when the selected.
- **14.** To collapse the service detail listing, select the 'minus' sign.

dmhas	State of Connecticut Department of Mental Health and Addiction Services											
			Service S	ummary and	Detail Report							
		From: 11/1/2014 To: 12/1/2014										
				Provider:								
Program Name	Program Code			Total Undu	plicated Clients .	Active in Program	n: 513					
Outpatient.	L12345000			Total Ur	duplicated Clien	ts with Services:	333					
Prov Client ID	Client Name	SSN	DOB	Sex	Admit Date	Dischr Date	Total Hrs	Total Days	Total Incident			
⊡ 11111	ATest1, Client	123-00-1234	11/1/1988	Female	4/20/ 2000		2.00	0	0			
CPT Code	Description	Start Date	End Date	Unit	Duration	Measure						
	Individual	11/3/2010	11/3/2010	1	0.50	Hours						
90804	Psychotherapy (face to face) 20-30 min	11/12/2010	11/12/2010	1	0.50	Hours						
90806	Individual Psychotherapy (face to face) - 45-50 minutes	10/20/2010	10/20/2010	1	1.00	Hours						
⊞1111111	Client,Six	123-45-6789	1/11/1976	Male	6/22/2011		0.00	0	0			
⊞ 000000	Test,Two	000-22-0000	10/05/1954	Male	9/20/2010		6.00	0	0			
□ 0000 🔨	Case,Four	000-11-0000	3/01/1961	Female	4/11/2010		0.00	0	0			
		<u> </u>										

If 'Both' is selected for **Population**, and a client has <u>no services</u>, the client information will be shaded in gray and, when the
^{II} 'plus' sign is selected, white space will display below since there are no services.

MONTHLY SERVICE DATA SUBMISSION REPORT: This report is in the <u>Data Quality</u> folder and displays service data submission totals by month based on the fiscal year selected. It also displays service monthly totals by program, region and level of care.

- 1. Select the **Data Quality** folder and the **Monthly Service Data Submission Report**.
- 2. Select from of the drop lists:
 - Fiscal Year
 - **Provider**(s)
 - Funding Type(s)
 - **Report Type** (Summary or Details)
 - Program Status (Active, Inactive or Select All for both statuses)
- 3. Select the View Report button to view the report.

Report Type: 'Details' displays as follow:

	thly Service Data Sub	bmission Rep	ort									Home My	Subscriptio	ons He
Select Fiscal Year 20	14 🗸		Select Provider(s) Pr	rovider	~								View R	eport
Select Funding Type DM	IHAS Human Services	Agreem	Select Report Type De	etails 🗸										
Select Program Status Act	tive	~												
4 4 1 of 1 ▶	▶ 100% ►	/	Find Next 🛛 🛃 🕶	۰	_					_				_
dmhas				Departmen Mont	State t Of Menta hly Service	l Heal	th and	Addicti		ices				
				Start Date: 7/	1/2013			End D	ate: 6/30/	2014				
										20	13			
Provider Name								July	August	20 September	13 October	November	December	Janua
Provider Name				Total for Provider			;	July 270	August 347			November 897	December 280	Janua 523
	Program Code	Region #	LOC Type	Total for Provider LOC Mode	Funded	TCM Prov	TCM Pro g	-	-	September	October			
Trovider	Program Code		LOC Type Employment Services		Funded		Pro	-	-	September	October			
Provider Program	-	#		LOC Mode		Prov	Pro g	270	347	September 332	October 315	897	280	523
E Provider Program Hartford	A987600001	# Region 4	Employment Services	LOC Mode Employment Services	Y	Prov N	Pro g N	270	347	September 332	October 315 7	897 6	280	523 19
Hartford New London	A987600001 A987600002	# Region 4 Region 3	Employment Services Employment Services	LOC Mode Employment Services Employment Services	Y Y	Prov N N	Pro g N N	270 4 1	347 4 7	September 332 5 0	October 315 7 16	897 6 5	280 4 8	523 19 20

4. Select the 'plus' sign ⊞ icon to display the summary by Provider.

Report Type: 'Summary' displays as follow:

Home > Data Quality >	Monthly Service Data Submissio	on Report						H	Home My	Subscriptio	ons He
Select Fiscal Year 2014 Select Provider(s) Alcohol and Drug Recovery Cent									View R	eport	
Select Funding Type DMHAS Human Services Agreer Select Report Type Details											
Select Program Status	Active	~									
4		Find Next	4.• 🕲 🖨 🗉								
				State Of Conne							
dmhas				Department Of Mental Health a Monthly Service Data Sul			ces				
				montally Service Bata So		cpore					
				Start Date: 7/1/2013	End D	ate: 6/30/	2014				
					1		20	13			
Provider Name					July	August	September		November	December	Janua
Provider			Total for	Provider	270	347	332	315	897	280	523
				Grand Total for Providers Selected	270	347	332	315	897	280	523

ASSESSMENT REPORTS

PERIODIC ASSESSMENT 6-MONTH TICKLER REPORT: This report is in the <u>Data Quality</u> folder and displays a listing of clients who require a Periodic Assessment based on the 'As of Date' and the **Provider** and **Program** selected. This report shows:

- Only programs that are designated as requiring Periodic Assessments.
- Clients who have been <u>active more than 6 months</u> who <u>have not had a Periodic Assessment</u> entered in six months (date will be in RED) or the date will be missing if the client has no Periodic Assessment on record.
- Clients who had <u>a substance abuse diagnosis in their last diagnosis</u> record in DDaP. (*Substance Use fields in the Periodic Assessment will be required*.)
- 1. Select the **Data Quality** folder and select the **Periodic Assessment 6-Month Tickler Report**.
- 2. Enter the As of Date (date will default to current date) and select the Provider and Program(s).
- 3. Select 'Yes' or 'No' for Show Only Overdue Clients. ('No' will display all Last Assessment Dates)
- 4. Select the View Report button.
- 5. The Periodic Assessment 6-Month Tickler Report will display.

Home > Data Quality > Periodic Asse	Iome > Data Quality > Periodic Assessment 6-Month Tickler Report Home My Subscriptions Help									
As Of Date 11/1/2014		Provider	Provider		·	View Report				
Program Outpatient 1, Outpatier	nt 2 🔽	Show Only Overdue O		•						
Program		Show only overdue o								
4 4 1 of 1 ▷ ▷ 10	0%	Find Ne	xt 🔍 • 🚯 🕻) II						
		9	itate Of Connecti	cut						
dmhas		Department Of N	Iental Health and	Addiction Se	rvices					
urrinas		Periodic As	sessment 6-Month	Tickler Report						
		As O	f Date: 5/21/2012	12:00 AM						
missing admission or discharge Per Instead, the report shows clients wh missing if the client has no periodic report also shows if the client has a the periodic assessment will be requ This Report shows all clients in the s date.	o have not had a assessment on r substance abuse uired. Provider cli	periodic assessment record. This occurs wh e diagnosis in their las ent counts are for the	entered in six montl ien the client has be t diagnosis record ir selected programs o	ns (date will be in en active for mon n DDaP. If so, the only, and not all t	n RED) or the date will be re than 6 months. The e substance use fields in the providers' programs.					
🗆 Facility: Program Name					2783					
Program: Outpatient 1				1	1					
Client Name	Client ID	Source System	Admission Date	SA Dx Present	Last Assessment Date					
One, Client	0000	DDAP	2/23/2011	No	2/23/2011					
Program: Outpatient 2				9	9					
Client Name	Client ID	Source System	Admission Date	SA Dx Present	Last Assessment Date					
Four, Client		DDAP	5/23/2012		5/23/2012					
Three, Client	00000	DDAP	10/13/2010		10/15/2014					
Two, Client	000000	DDAP	6/7/2013	No	8/26/2014					

6. Review clients listed and enter the **Periodic Assessment Updates** in DDaP accordingly.

Provider client counts are for the selected programs only.

REQUIRED ASSESSMENT REPORT: This report is in the <u>Data Quality</u> folder and displays a listing of required assessment counts (or optional assessments, or both), as well as a listing of clients who require an Assessment based on a date range, Program Type, Level of Care and the **Provider** and **Program** selected.

NOTE: This <u>does not</u> include Periodic Assessment. See the 6 Month Periodic Tickler report.

- 1. Select the **Data Quality** folder and select the **Required Assessment** report.
- 2. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 3. Select one, or more or Select All' from the drop lists:
 - Provider
 - Program Type
 - Level of Care Type
 - Level of Care Mode
 - Program
 - Requirement (Select 'Required', 'Optional' or 'Both'.)
- 4. Select the View Report button
- 5. The report will display based on the criteria selected.

	lity > RequiredAssessment						Home My S	ubscriptions Help
Start Date	3/1/2014	End Date	4/22/2014				[View Report
Provider	Ability Beyond Disability Insti	tute Program Type	Forensic S	A, Addiction, Forensic 💌				
Level of Care Typ	Case Management, Commun	ity 🖌 Level of Care Mode	e Conversion	n, Court Liaison-Jail D 💙				
Program	A Common Bond 903-250 (w	as 🛛 🌱 Requirement	Required	~				
[4 4 1 of	f 2 🕨 🕅 100% 🗸	Find Next	4 • 🕲					
dmhas		Stat Department Of Men	te Of Conne Ital Health a					^
	Time Frame: 3/1/2014 th	Require	d Assessment					
	Time Frame: 3/1/2014 th	-	d Assessment		Active Clients	Clients with Assessment	Clients without Assessment	
	Time Frame: 3/1/2014 th	rough: 4/22/2014	d Assessment	(Required)			without	_
Provider Name	Time Frame: 3/1/2014 th	rough: 4/22/2014 Program Name	d Assessment	(Required) Assessment	Clients	Assessment	without Assessment	
Provider Name	Time Frame: 3/1/2014 th	rough: 4/22/2014 Program Name Blakeslee Apartments YAS		(Required) Assessment Young Adult Services	Clients 8	Assessment	without Assessment <u>2</u>	
Provider Name	Time Frame: 3/1/2014 th	rough: 4/22/2014 Program Name Blakeslee Apartments YAS Nicholas Drive YAS - 332	72	(Required) Assessment Young Adult Services Young Adult Services	Clients 8 8	Assessment	without Assessment <u>2</u> <u>3</u>	
Provider Name	Time Frame: 3/1/2014 th	rough: 4/22/2014 Program Name Blakeslee Apartments YAS Nicholas Drive YAS - 332 Sheffield Apartments YAS - 1	72	(Required) Assessment Young Adult Services Young Adult Services Young Adult Services	Clients 8 8	Assessment <u>6</u> <u>5</u> <u>5</u>	without Assessment 2 3 4	
Provider Name Provider	Time Frame: 3/1/2014 th	rough: 4/22/2014 Program Name Blakeslee Apartments YAS Nicholas Drive YAS - 332 Sheffield Apartments YAS - 1 YAS Starr Avenue Spervised A	72 Apts 271Y	(Required) Assessment Young Adult Services Young Adult Services Young Adult Services Young Adult Services	Clients 8 8 9 7	Assessment <u>6</u> <u>5</u> <u>5</u> <u>6</u>	without Assessment 2 3 4 1	

- Select the 'Client with Assessments' link to view the list of clients who have completed assessments.
- 7. Select the 'Clients without Assessment' link to view those who need assessment data entered in the system.

NATIONAL OUTCOME MEASURES

NOMS VALUES REPORT: This report is in the <u>Outcome Measures</u> folder displays Periodic Assessment NOMs (National Outcome Measures) details for a provider / program. The valid values used for the valid NOMs measures in the Program Quality Report are highlighted in the report.

- 1. Select the **Outcome Measures** folder and select the **NOMs Values** report from the reports listing.
- 2. The selection criteria for the NOMs Values report will display.
- 3. Enter the Start Date and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 4. Select the Provider.
- 5. Select one, or more or 'All' from the drop lists:
 - Funding Source(s)
 - Program Type(s)
 - Program(s)
- 6. Select the 'View Report' button to view the NOMs Values for the clients.

Home > Outcome N	easures > NOMS Values						Home My Subsc	riptions Help
Start Date	12/1/2012		En	d Date	1/1/2013		Vie	ew Report
Provider	Sober Solutions		▼ Fu	nding Source(s)	OMHAS Human Service	s Agreel 🗸		
Program Type(s)	Addiction	~	Pr	ogram(s)	Support Recovery Hou	se/Coop		
[4 4 1 of 1	▶ ▶ 100%	Fir	nd Next 🖳	• 🚯 🌐 🖪				
					f Connecticut			
dmhas			Departn		Health and Addiction	on Services		
					VIS Values			
			From: 12	2/1/2012	To: :	1/1/2013		
Selected	Report Parameters:							
Date R	ange: 12/1/2012 - 1/1/20	13						
Provide	r: Sober Solutions					Funding Source	DMHAS Human S	ervices Agreer
Program	n Type: Addiction					Program: Suppo	ort Recovery House,	/Cooper 6347
			Value	a in red or	e used in the	DMHAS		
Sober Solutio						DMIIAS		
			Quan	ty Dashboa	ard Report.			
Program Name: S	upport Recovery House/Coop	ber 634742						
Client Name	Assessment Date	Employment	Housing	Arrests	Social Supports Voluntary	Social Supports with Family/Friends	Primary Drug	# of Days Used in Last Rep
Client, One	12/01/2012	Unemp	Cong. Res C	are 0	30	Yes	Heroin	n/a
Client, Three	11/15/2012	Unemp	Cong. Res C	are 0	4	Yes	Heroin	n/a
Client, Zack	11/20/2012	Emp FT	Cong. Res C	are 0	30	Yes	Crack	n/a
Cient, Zelda	11/05/2012	Unemp	Cong. Res C	are 0	30	Yes	Heroin	n/a
	Em	ployed Stable Ho	using Not Arrested	Participate in Sel Help Groups	f Improved / Maintained Social Supports	Abstine	nt or Reduced	
Numerator		3	8	8 8	8		8	
Total Unduplicated	Clients	8	-	8 8	8		8	
Percentage %				10% 100%	5 100% 0%		100% 0%	
Percentage % (Uni	nownj	070	U70 L	0%0 0%	0%		076	

UTILIZATION REPORTS

BED UTILIZATION REPORT: This report is in the <u>Client Reports</u> folder and allows the user to generate bed utilization information, based on the selections made, for Inpatient and Residential Programs for both State Operated and Private Non-Profit programs funded or run by DMHAS.

- 1. Select the Client Reports folder and select the Bed Utilization report
- 2. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 3. Select one or more or 'Select All' from the drop lists:
 - Program Type
 - Funding Source
 - Provider
 - LOC Type
 - LOC Mode
- 4. Select the View Report button to view the report.
- 5. The Bed Utilization report will display based on the criteria selected.

Home > C	Home > Client Reports > Bed Utilization Home My Subscriptions Help											
Start Dat	e 4	/1/2012	End	Date	4/30/2012						Viev	v Report
Program	Туре 🛛	lental Health, Addiction, Fe	oren: 💙 🛛 Fund	ing Source	DMHAS Human Services	Agreel 💙				/		
Provider		Columbus House	LOC	Туре	Case Management, Reco	very S 🗸						
LOC Mode	LOC Mode Group Home, Intensive Case M											
				_								
	1 of	1 ▷ ▷ 100%		Find N	Vext 🔍 🛛 😳 🖨							
dmha					State Of Cor ment Of Mental Healt Bed Utiliz	h and Addiction ation	n Services			D ()	104/0040	
		Time Frame: 4/1/2012	through: 4/3	30/2012	Total Days: 3	0			Rui	n Date: 5	/21/2012	
Provider Name	LOC Mode	Level Of Care	Program Code	Program N	lame	Program Type	Start Date	End Date	Capa- city	Utili- zation	Avg. Daily Census	%Capa- city
🗆 Columb	us Hou	se							90	4,439	148	164.41%
	⊞ Reco	overy House							10	209	7	69.67%
	⊞ She	ter							80	4,230	141	176.25%
Total Acro	oss All	roviders							90	4,439	148	164.41%
period.	 Average capacity for an agency or program may be higher or lower than "actual capacities" at the end of a reporting period due to the possibility that programs may not be active during the entire reporting period. The census calculation includes dients on leave in inpatient facilities. 											

6. Select the plus sign Image next to the LOC Mode to expand the data and see Program information.

dmha		Time Frame: 4/1/2012	through 4/		State Of Connecticut Mental Health and Addiction Bed Utilization	Services		Ru	n Date: 5	/21/2012	
		Time Frame: 4/1/2012	through: 4/3	50/2012	Total Days: 30	/		Kui	i Date. 5	12012	
Provider Name	LOC Mode	Level Of Care	Program Code	Program Name	Pregram Type	Start Date	End Date	Capa- city	Utili- zation	Avg. Daily Census	%Capa- city
🗆 Columb	us Hous	se						90	4,439	148	164.41%
	⊞ Reco	overy House						10	209	7	69.67%
	🗆 Shel	ter						80	4,230	141	176.25%
		Residential Services	A901000901750	Shelter 901750	Clinical Site	7/1/2011		80	4,230	141	176.25%
Total Acro	oss All F	Providers						90	4,439	148	164.41%

7. The 'plus sign' becomes a 'minus sign'. Select the 'minus sign' to collapse the data.

OUTPATIENT UTILIZATION BY LOC: This report is in the <u>Outcome Measures</u> folder and displays outpatient utilization by program type, funding source and level of care for a Provider(s) and Programs(s) within a given date range.

- 1. Select the **Outcome Measures** folder and select the **Outpatient Utilizations by LOC** report.
- 2. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 3. Select one or more or 'Select All' from the drop lists:
 - Program Type
 - Funding Source
 - LOC Type
 - LOC Mode
 - Provider
 - Program
- 4. Select the View Report button.
- 5. The Outpatient Utilization by LOC report will display based on the criteria selected.

Home > Outcome	e Measures > O	utpatient Utilizatio	in by Loc							Hom	e My :	Subscriptions Help
Enter Start Date	11/1/2014		Enter E	End Date	11/30/2014							View Report
Program Type	Mental Health	Only, Substance	Y Fundin	g Source 🛛	OMHAS Hum	an Services	Agreel 🗸					
LOC Type	ACT, PHP, Ho	using Services, IC	LOC M	ode 🛛	Ambulatory	Detox, Asse	rtive C 🗸					
Provider	Provider		✓ Progra	m [Outpatient	1, Oupatient	2,CSP↓					
	f1 ▷ ▷]	100%		Find Next		 (1) (2) (3) (4) (5) (4) (5) (5) (6) (6) (7) (7)	8					
			dmr			Depar	St tment Of Me		h and Addie ntion By LOC	ction Services p: 11/30/2014		
Provider Name	LOC Mode	Level Of Care	<u>Program</u>	<u>Program</u> <u>Name</u>	<u>Program</u> Түре	<u>Capacity</u>	Total Active Clients	Active Clients with Services	Utilization %	<u>Total</u> service Hours		
Provider	Outpatient 1	Outpatient	A90098820	Addictio n Outpatie nt	Addictio n	64	228	137	214.06	389.68		
Provider	Outpatient 2	Outpatient	L309230	Outpatie nt	Mental Health	54	39	30	55.56	208.58		
Provider	CSP	Community Support	L30937	Comm Supp Prog	Mental Health	10	5	5	50.00	68.75		

PROVIDER & PROGRAM INFORMATION

PROGRAM LOC AND CONTRACT MEASURES REPORT: This report is in the <u>Provider</u> <u>and Program Profile</u> folder and lists the Providers and Programs by Program Type, Level of Care and Funding Source for Private Non-Profit and State Operated Providers, with capacity values for each program.

- 1. Select the <u>Provider and Program Profile</u> folder and select the **Program LOC and Contract** Measures report.
- 2. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 3. Select one or more or 'Select All' from the drop lists:
 - Region
 - LMHA
 - Program Type
 - Level of Care Type
 - Level of Care Mode
 - Providers
 - Program
- 4. Select All, Yes or No for HAS/SO Funded.
- 5. The Program LOC and Contract Measures Report will display based on the criteria selected.

Home > Provider a	and Program Profile > Program LO	C and Contract I	Measures Rep	port			Home	My Sub	scriptions	Help
Enter Start Date	4/1/2012	Enter	End Date	4/30/2012					View Repo	rt
Region	Hospitals, Region 1, Region 2,	F LMHA		L008-Greater Bridgepo	rt, L009-	•				
Program Types	Addiction, Forensic MH, Forens	i V Level	Of Care Type	Outpatient, Social Reha	abilitatior	•				
Level Of Care Mo	de Gambling Outpatient, Social R	e 🕶 Provid	lers	APT Foundation Inc, Br	idges 🕚	•				
Program	Addiction Outpatient 988200, 0	HSA/S	O Funded	All						
[4] 4 1 of	1 🕨 🕅 100% 💌	Fir	nd Next	🥾 • 🔅 🌲 🔳 –						
				State Of Conn						
dmhas			Departme	ent Of Mental Health	and Addi	ction Services				
arrindo			Prog	gram LOC and Contract	t Measure	s Report				
			From: 4/1/2	2012	Т	o: 4/30/2012				
	DMHAS' Programs by level of care ate range, variations in capacity d									
Provider Name	Program Name	Program Code	Program LMHA		Program Type	LOC Type Desc.	LOC Mode Desc.	HSA/ SO Funded	Capacity Start Date	Capac Bed
APT Foundation Inc	CTU OP Cocaine 780200	A100215780200	Unspecified	Region 2	Addiction	Outpatient	Standard Outpatient	Yes	7/1/2004	
APT Foundation Inc	CTU Women OP PregWom 780201	A100215780201	Unspecified	Region 2	Addiction	Outpatient	Standard Outpatient	Yes	7/1/2004	
Bridges	Addiction Outpatient 988200	A988000988200	Unspecified	Region 2	Addiction	Outpatient	Standard Outpatient	Yes	7/1/2005	
Bridges	Mental Health Outpatient309210	L309309210	L309-Bridges	-	Mental Health	Outpatient	Standard Outpatient	Yes	7/1/2004	

PROVIDER PROGRAM INFORMATION: This report is in the <u>Provider and Program Profile</u> folder and allows the user to generate a listing of Program Type, Level of Care and Funding Source for Private Non-Profit and State Operated Providers by Provider. It also specifies if the Program is designated as a TCM Program, Treatment Related, Services Required, and Open Date and Close Date.

- 1. Select the **Provider and Program Profile** folder and select **Provider Program Information**.
- 2. Select the Funding Source, the Provider and the Program Status from the drop lists.

Home > Provider and Program Profile > Provider Program Information Home My Subscriptions								
Funding Source	DMHAS Human Services Agreel	Provider Artreach Inc.		View Report				
Program Status	C (Select All)							
	Active							
	🗆 Inactive							

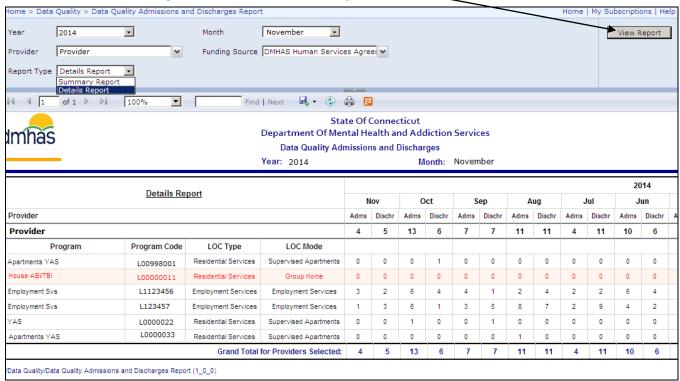
- 3. Select the View Report button.
- 4. The Provider-Program Information report will display for that Provider.

Home > Provider and Program	Profile > Provider Pr	ogram Information		Home My Subscriptions Help
Funding Source DMHAS Huma	an Services Agreel	Provider Artreach Inc.	•	View Report
Program Status Active	N	- · ·		
Program status (Active				
∥4 4 1 of 1 ▷ ▷∥	100%	Find Next 🔍 🗸 🕲 🕻	÷ 🗓	
dmhas	Department Of	State Of Connecticut Mental Health and Addiction Service:	Page 1 of 1 5 5/21/2012 11:37 AM	Select View Report once selections are made
		Provider -	Program Information	selections are made
		Flovider	riogram mormation	
Provider - Artread	ch Inc.			
Provider ID 19		5	Status Active	
Provider Type Priv	vate Non-Profit A	jency 1	TCM #	
Open Date 1/1	l/1980		NPI #	
Close Date		F	EIN #	
Street 40	1 W. Thames St.,	Unit 702		
City No				
State CT				
Zipcode 063				
LMHA # L66	51-SMHA			
		1 Program Found		
1 - Artreach 212-	280			
Funding Source DM	1HAS Human Service	s Agreements		
Program ID 40		Program Status A		
Program Type Me		Level of Care Type S		
Program Code L6		Level of Care Mode S		
Open Date 1/	1/1980	Program Region F	Region 3	
Close Date		NPI #		
	1 W. Thames St., Ur		L661-SMHA	
City No		TCM Program		
State CT		Treatment Related		
Zipcode 06	360	ServiceData Required	res	
This is a sume t	unn chairt af d		d nun gunna Té consideration	
program data nee	ds to be update	a related to a particular agency and I, please contact your Regional Ma It a 'change control' to make the re	nager or Managed Service	

DISCHARGE REPORTS

DATA QUALITY ADMISSIONS AND DISCHARGES REPORT: This report is located in the **Data Quality** folder and provides admission and discharge counts by Program for State Operated and Private Non-Profit Providers within a user defined monthly period. (*Program information will display in red if there are no admissions or discharges for the months that display in the report.*)

- 1. Select from the drop lists:
 - Year
 - Month
 - Provider (Select one, or more or 'Select All'.)
 - Funding Source (Select one, or more or 'Select All'.)
 - Report Type (Select 'Summary Report' or 'Details Report')
- 2. Select the View Report button to view the report.



3. Select Summary Report to view the total Admissions and Discharges for all programs.

Home > Data	Quality > Data Qu	ality Admissions a	nd Discharges Repo	rt									Home	My Su	bscripti	ons Help
Year	2014	×	Month	November 💌											View F	leport
Provider	Provider	~	Funding Source	DMHAS Human Servic	es Agre	e 💙										
Report Type	Summary Report	. •														
14 4 1	of 1 🕨 🕅	100%	Fin	d Next 🛛 🔍 🔹 📀	÷ 1											
dmhas				Sta Department Of Mer Data Quality Ad Year: 2014	ntal He		nd Ado Dischai	rges	Servic Novem							
															20	14
		<u>Summary R</u>	<u>eport</u>		N	lov	0	oct	S	ер	Α	ug	J	lui	J	un
Provider					Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr	Adms	Dischr
Provider					4	5	13	6	7	7	11	11	4	11	10	6
			Grand Total	for Providers Selected:	4	5	13	6	7	7	11	11	4	11	10	6
Data Quality/Dat	a Quality Admissions	and Discharges Repor	t (1_0_0)													

PROGRAM COMPLETION REPORT: The report is in the <u>Outcome Measures</u> folder and lists discharge counts by Provider and Program and groups the discharge reasons into two major outcome categories: Program Completion and Non-completion of Program.

- 1. Select the **Outcome Measures** folder and select the **Program Completion** report
- 2. Enter a Start and End Date in the correct MM/DD/YYYY date format, or use the calendar.
- 3. Select one, or more or 'All' from the drop lists:
 - LMHA (Local Mental Health Authority)
 - Provider
 - Program
 - LOC (Level of Care)
- 4. Select the View Report button to view the report.

Start Date 11/1/2	2014						
	2014	Er Er	nd Date 11/30/201	4			View F
		▼ Pr	rovider Provider	v			
			DC Outpatient				
Program Outpa	tient 1	✓ LC	DC JOutpatient	×			
14 4 1 of 1	1 🕨 🕅 🚺	%	Find Next	🔍 - 📀 🌲 🗉			
dmhas			State Of Conne f Mental Health a gram Completi	nd Addiction Services			
		From: 11/1/2014		To: 11/30/2014			
Provider Name	Program Name	Program Code	City	Discharge reason	Discharge Count	Discharge Percent	
Provider	Outpatient 1	A90098820	Milford		5	27.8%	
			1		13	72.2%	
				Program Total	18	100.0%	
			Provider Total	Program Completion Total	5	27.8%	
				Non-completion Total	13	72.2%	
				Provider Total	18	100.0%	
			Grand Total	Program Completion Total	5	27.8%	
			/	Non-completion Total	13	72.2%	
			/	Grand Total	18	100.0%	
			/	Grand Total	18	100.0%	

5. Select the \blacksquare 'plus sign' to view the discharge reasons for the program.

The following discharge reasons are grouped under 'Program Completion':

- Recovery Plan Completed
- Discharged to New Service (Facility Concurs)
- Discharged to New Facility Program

The remaining discharge reasons will be grouped under **Non-completion**.

Refer to the next page for a listing of discharge reasons and definitions.

DISCHARGE REASONS

Discharge Reasons	Definitions
AWOL for Inpatient only	The client left the program setting without notice.
Death	The client died prior to completing the recovery plan in this episode of care.
Evaluation Only	The client received an evaluation service without admission to an episode of treatment.
Incarcerated	The client ended program involvement due to being incarcerated.
Inpatient Discharge for Inpatient Medical Tx	The client ended an episode of care due to a medical inpatient hospitalization.
Client Discontinued Tx	The client made insufficient progress in the program so that a mutual decision is made to end the program involvement.
АМА	The client left Against Medical Advice.
Left Against Advice	The client decided to leave a program against the advice of the program because of the potential risk to the client due to their behaviors or symptoms.
Moved out of area	The client moved domiciles and, due to a lack of proximity to the program, ended the program involvement.
Non-compliance with rules	The client displayed sufficient inability to follow program rules such that the program made a unilateral decision to discharge the client.
Recovery Plan Completed	The client successfully completed most or all of the recovery goals for this episode of care. It assumes that subsequent episodes of care will be attained as new goals and phases of recovery emerge for the client.
Released by Court	The court released the client.
Discharged to New Service (Facility Concurs)	The client will be leaving a program and entering a new level of care.
Other	Use if no other value is applicable for the episode of care.
Unknown	Use if a discharge reason was not collected for this episode of care.

FORMAT REPORT

If you want to be able to filter or sort on data in a report, select **Excel** or **CSV** for the format when exporting the report.

EXCEL

If you export to **Excel**, you will need to delete the extra header rows and several columns in the spreadsheet in order to filter or sort on the data. Follow the steps below.

1. Once the desired report displays, select export icon **and** select the droplist arrow.

Home > Client Reports > Program Roster Provider Provider Program Addiction Program Addiction Program Addiction Program Addiction Program Addiction Program Addiction Program Addiction Program Addiction Program Client To Include State Of C Department Of Mental Heig Selected Report Parameters Provider: Prov										
Provider Program Addiction Level of Care Type Outpatient Level of Care Mode Standard Outpatient Program Addiction Program Client To Include All Active Clients Include Client Detail Yes Include Find Next Image: Circle Mode State Of C State Of C CSV (comma delimited) Page 1 of 1 Program: State Of C CSV (comma delimited) 2/4/2015 12:23 PM Selected Report Parameters Excel Program Roster Program: Excel Department Of Mental Hea Selected Report Parameters Excel Program Roster Program: Excel Dupatient Program: Addiction Program Level of Care Mode: Standard Outpatient Avg Length of Stay (Days) Total Active Distinct Clients Program 1588.3 161 161 Last Name First Name Admitted Discharged Status Addiction Program 12/27/2014 Open 342 Admissions Actient John 2/27/2014 Open 342 Admissions </td <td>Home > Client Reports</td> <td>s > Program Roster</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Home M</td> <td>y Subscriptions Help</td>	Home > Client Reports	s > Program Roster							Home M	y Subscriptions Help
Level of Care Type Outpatient Level of Care Mode Standard Outpatient Program Addiction Program Client To Include All Active Clients Page 1 of 1 Pogram Control Next Client To Include All Active Clients CSV (comma delimited) PDF 2/4/2015 12:23 PM Program Roster Provider: Provider Program Type: Addiction Program Level of Care Mode: Standard Outpatient Program Type: Addiction Program Level of Care Mode Status Level of Care Mode Standard Outpatient CSV (comma delimited) PDF 15-1/31/2015 - All Active Clients Program Roster Provider Program Type: Addiction First Name Admitted Discharged Status Length of Stay Click for Detail Actient John 2/27/2014 Open 342 Admissions Assessments	Start Date	1/1/2015			End Date	1/31/2015				View Report
Program Addiction Program Client To Include All Active Clients To Include Client To Include Client To Include All Active Clients Clients To Include All Active Clients CSV (comma delimited) Por State Of CC Department Of Mental Head CSV (comma delimited) Por Selected Report Parameters Excel TIFF file Science TIFF file Science Clients To Include Clients Clients Clients To Include Clients Clients CSV (comma delimited) Por Selected Report Parameters Excel TIFF file Science Clients Clien	Provider	Provider		~	Program Type	Addiction	~			
Include Client Detail Yes INCLUDE Client Detail	Level of Care Type	Outpatient 🗸			Level of Care Mod	e Standard Outpati	ent 🗸			
Image: State of CC State Of CC Department Of Mental Head Selected Report Parameters Provider Program Type: Addiction Program Type: Addiction Verter Addiction Program Provider Image: State Of CC Provider Provider Image: State Of CC Provider Provider Image: State Of CC Provider Provider Image: State Of CC Image: State Of CC Provider Image: State Of CC Image: State O	Program	Addiction Program	~		Cliente To Include	All Active Clients	~			
State Of C Department Of Mental Hea YML file with report data CSV (comma delimited) PDF Page 1 of 1 Selected Report Parameters 2/4/2015 12:23 PM Provider: Provider Program Type: Addiction Program Excel Provider Tiff file Vorder Vorder Provider Level of Care Mode: Standard Outpatient Vorder You Program Provider 1588.3 Provider 1588.3 Provider 1588.3 Provider 1588.3 Addiction Program 161 Addiction Program 1388.3 Addiction Program 161 Addiction Program 1388.3 Addiction Program 2/27/2014 Open 342 Admissions Assessments	Include Client Detail	Yes 🗸								
State Of Co Department Of Mental Hea Poprovider: Provider: Program: Addiction Program: Provider Provider: Provider: <td>I</td> <td>▷ ▷ 100% ∨</td> <td>Find</td> <td>i Next</td> <td>• 😳 🖨 🗉</td> <td></td> <td></td> <td></td> <td></td> <td></td>	I	▷ ▷ 100% ∨	Find	i Next	• 😳 🖨 🗉					
Department Of Mental Hea Op F 2/4/2015 12:23 PM Selected Report Parameters PoF 1/2/2015 12:23 PM Provider: Provider Provider 1/2/2015 - All Active Clients Outpatient Outpatient Outpatient Program Type: Addiction Level of Care Mode: Standard Outpatient Distinct Clients TIFF file 1/2/2015 - All Active Distinct Program Type: Addiction Level of Care Mode: Standard Outpatient Distinct Provider 1588.3 161 161 El Addiction Program 1588.3 161 161 Addiction Program Admitted Discharged Status Length of Stay Click for Detail Aclient John 2/27/2014 Open 342 Admissions Assessments			-					Page 1 of 1		_
Selected Report Parameters Provider: Provider: Provider: Provider: Provider: Provider: TIFF file 15 - 1/31/2015 - All Active Clients Program Type: Addiction Vord Outpatient Outpatient Program Type: Addiction Excel TIFF file 15 - 1/31/2015 - All Active Clients Program Type: Addiction Excel Tuff file 0utpatient Provider Excel Total Active Distinct Clients Total Active Distinct Clients Provider Erst Name Admitted Discharged Status Length of Stay Click for Detail Aclient John 2/27/2014 Open 342 Admissions Assessments	dmbac		-			nited)	2/4	-		
Provider: Provider: TIFF file 15 - 1/31/2015 - All Active Clients Program: Addiction Program Outpatient Outpatient Program: Vord Outpatient Outpatient Program: Vord Vord Outpatient Program: Vord Vord Vord Vord Vord	unnas					ve)				
Provider Word Outpatient Program: Addiction Program Level of Care Mode: Standard Outpatient Program Type: Addiction Level of Care Mode: Standard Outpatient Provider Stay (Days) Total Active Distinct Clients Provider 1588.3 161 161 Addiction Program First Name Admitted Discharged Status Length of Stay Click for Detail Aclient John 2/27 2014 Open 342 Admissions Assessments	Selected Repo	rt Parameters			Excel		Prograr	n Roster		
Program: Addiction Program: Level of Care Mode: Standard Outpatient Program Type: Addiction Level of Care Mode: Standard Outpatient Avg Length of Stay (Days) Total Active Distinct Clients Provider 1588.3 161 161 E Addiction Program First Name Admitted Discharged Status Length of Stay Click for Detail Aclient John 2/27/2014 Open 342 Admissions Assessments	Provider: Pro	vider		/		15 - 1/31/2	2015 - All Active	Clients		
Avg Length of Stay (Days) Total Active Distinct Clients Provider 1588.3 161 161 Addiction Program Issharged Status 161 161 Last Name First Name Admitted Discharged Status Length of Stay Click for Detail Aclient John 2/27 / 2014 Open 342 Admissions Assessments	Program: Add	liction Program:			Word	Outpatient	:			
Provider1588.3161161El Addiction Program1588.3161161Last NameFirst NameAdmittedDischargedStatusLength of StatusClick for DetailAclientJohn2/27/2014Open342AdmissionsAssessments	Program Type	e: Addiction			Level of Care	e Mode: Standard	Outpatient			
E Addiction Program 1588.3 161 Last Name First Name Admitted Discharged Status Length of Stay Click for Detail Aclient John 2/27/2014 Open 342 Admissions Assessments							Total Active			
Last NameFirst NameAdmittedDischargedStatusLength of StayClick for DetailAclientJohn2/27/2014Open342AdmissionsAssessments	Provider			/		1588.3	161	161		
Aclient John 2/27/2014 Open 342 Admissions Assessments	Addiction Pro	gram	/			1588.3	161	161		
	Last Nam	e First Name	Admitted	Discharged	d Status	Length of Stay	Click fo	or Detail		
Abclient Suzy 9/3/2014 Open 154 Admissions Assessments	Aclient	John	2/27/2014		Open	342	Admissions	Assessments		
	Abclient	Suzy	9/3/2014		Open	154	Admissions	Assessments		

- 2. Select Excel in the format drop list.
- 3. A message will display at the bottom of the screen asking if you want to Open or Save the report.



- **4.** Select the **Open** button.
- 5. The report will display in the Excel format.
- 6. Select 'Enable Editing' at the top of the screen.

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2	Page 1 of 1	
dmbas	State Of Connecticut	
5 dmhas	Department Of Mental Health and Addiction Services 2/5/2015 2:07 PM	
8 10 Selected Report Parameters	Program Roster	

7. Delete the extra rows above the main header row. (main header row is row 27 in example below)

	A	1 • (*	f_{x}										
1 2		A ICD E F	GHI	J K	L M	N O	Q R S	V W	Y	AC AD	AE	AF	AG
	2			S	tate Of Connect	icut			Page 1 of 1				
	5	dmhas		Department Of M	lental Health an	d Addiction Se	rvices	2/5	/2015 2:07 PM	1			
	8 10 11	Selected Report P	arameters					Progran	n Roster				
	3 5 8 10 11 14 16	Provider: Provide Program. Addictio				Date Range Level of Ca	:: 1/1/2015 - 1/31 re Type: All	/2015 - All Activ	e Clients				
	18	Program Type: Ad	ddiction			Level of Ca	re Mode: All						
	21						Avg Length of Stay (Days)	Total Admits	Distinct Clients				
	25	Provider					60.2	40	40				
_	26 27	Outpatient Program	n				60.2	40	40				
•	27	Last Name	First Nam	e Admitted	Discharged	Status	Length of Stay	Click fo	or Detail				
•	28	Aclient	John	2/27/2014		Open	342	Admissions	Assessments				
•	29	Abclient	Suzy	12/2/2014		Open	154	Admissions	Assessments				

8. Delete any extra columns. (You will need to open the columns to see where the data is and *delete blank columns <u>only</u> or you will lose data.) Review all columns.*

X 🛃 🍤 - (*	¤ + ∓		Progran	n Roster.xls [Read-Only]	[Compatibility	Mode] - M	icrosoft Excel	_			_ 0 <mark>_</mark> X
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• 1	Last Name	First Name	Admitted	Discharged	Status	Length of	Stay Click	for Detail			
· 2	Aclient	John	2/27/2014		Open	342	Admissions	Assessments	5		
• 3	Abclient	Suzy	12/2/2014		Open	154	Admissions	Assessment	2		

9. Once you have deleted extra empty columns, highlight the Header row and select: **Data** in the menu and **Filter** from the drop list.

							/				/											
🗶 📙	19-	(≃ - ≠					F	Program F	loster.xls	[Read-Only]	[Compat	tibility Mod	e] - Microso	ft Excel								
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-	3	Abcli	ent	Suzy	12/2/2	2014		Op	en	154												

10. Filter or sort on the report as desired. 'Print' or 'Save' as needed.

1

Note: Be sure to 'encrypt' (password protect) any report with confidential data if saving. See instructions in this guide.

CSV

If you export to CSV (comma-delimited), follow the steps below.

1. Once the desired report displays, select export icon 🦂 and select the droplist arrow.

ome > Client Report	ts > Program Roster			/			Home My	Subscriptions Help
Start Date	5/17/2012		End Date		5/17/2012			View Report
Provider	Bridge House	•	Program T	уре 🛛	Mental Health 💽			
Level of Care Type	All		Leve of C	are Mode 🛛	All	•		
Program	880 Fairfield Ave. Soc Re 28	0	Clients To	Include	All Active Clients 💌			
Include Client Detail	Yes			*				
4 4 1 of 1	▶ ▶ 100% 💌	Find Next						
		State O	f 📃 CSV (cor	vith report o nma delimit		l	Page 1 of 1	
dmhas		Department Of Mental H	PDF	(CS)	comma delimited)	5/17/20	12 4:08 PM	
			MHTML (v	veb archive		Drogram	Dector	
Selected Repo	ort Parameters		Excel			Program	Roster	
Provider: Brid	dge House		TIFF file		7/2012 - 5/17/	/2012 - All Active Clie	ents	
Program: 88	0 Fairfield Ave. Soc Re 280		Word		e: All			

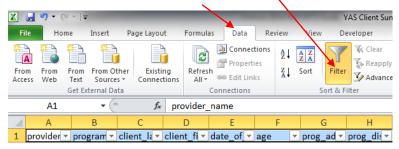
- 2. Select CSV (comma-delimited) in the format drop list.
- 3. A message will display at the bottom of the screen asking if you want to Open or Save the report.

Do you want to open or save Program Roster.xls from mhadbcv134?	Open Save 🔻 Cancel	c

- 4. Select the **Open** button in the message box.
- 5. The report will display in the CSV format.

	A1	• (f _x	provider	_name							
1	А	В	С	D	E	F	G	Н		J	K	L
1	provider_n	program_	n client_last	client_firs	t date_of_b	iage	prog_admi	prog_disch	disch_reas	LOS	Textbox41	Textbox48

- **6.** Delete or rename any columns with 'Textbox#' headers.
- 7. Once you have adjustment any headers as needed, highlight the Header row and select **Data** and **Filter** from the menu bar.

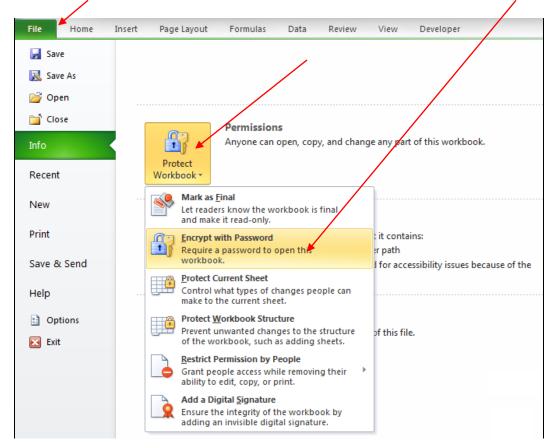


8. Filter or sort on the report as desired. 'Print' or 'Save' the report as needed.

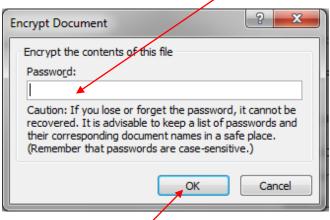
Note: Be sure to 'encrypt' (password protect) any report with confidential data if saving. See instructions on the next page.

HOW TO ENCRYPT (PROTECT) A DOCUMENT

1. Select File in the menu bar and then select Protect Workbook and Encrypt with Password.



- 2. The Encrypt Document box will display.
- 3. Enter a password in the 'Password:' text box.



- 4. Select the OK button.
- 5. The Encrypt Document box will display again prompting you to reenter the same password.
- 6. The report is now encrypted.

If you save the report and send it via email, be sure to send a <u>separate email with the password</u>. **Do not send the password with the report.**

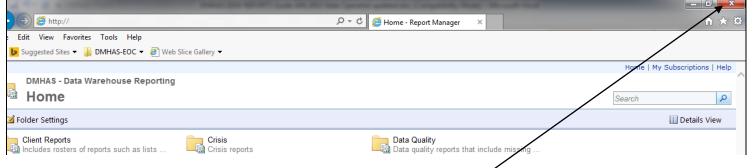
When you are finished working in the DMHAS Data Warehouse, you must log out to ensure the confidentiality of the client data.

To logout of reports, follow the steps below:

1. Select the Home link at the top of the report page.



2. The Home page will display.



- 3. Click on the close (X) button on the upper right end of the screen.
- 4. The Provider Suite of Applications screen will display.



- 5. Select Log out on the Side Bar.
- 6. The DDaP Log In screen will display. Click on close (X) button on the upper right of the screen.

ク・ C 🏉 DDaP Login	×		- □ × →
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES Provider Suite of Applications		dmhas	
Please Log In			
User Name:			