

# Division of Mental Health and Substance Abuse Services



## Mental Health & AODA Services

# Topics

---

- ❑ Background Information
- ❑ Logging In
- ❑ Navigating PPS
- ❑ Searching for Consumers
- ❑ Basic Registration Tasks
- ❑ Mental Health Service Reporting
  - Completing Consumer Profiles
  - Documenting SPCs
  - Consumer Status Reports
- ❑ AODA Service Reporting
  - Completing Consumer Profiles
  - Documenting SPCs
- ❑ Using the Workload Management Tool
  - How to Enter Units
- ❑ Closing Episodes
- ❑ Running Additional Reports



---

# Background

# Background

- ❑ New Mental Health and AODA modules reside in PPS
- ❑ Designed to replace the HSRS modules
- ❑ Collect data on consumers, services, and outcomes

State of W I S C O N S I N

---

**Human Services System Gateway** [Add this Page to Favorites](#)

**\*\* Production Environment \*\***

This page lists the applications that are used to determine functional and financial eligibility for various programs across the State of Wisconsin. The functional eligibility is determined for Adult, Children's and Mental Health programs. The financial eligibility includes FoodShare, Medicaid, SeniorCare, SSI Care Taker Supplement, Wisconsin Works and Child Care Programs.

<a href="#">FSIA - Production</a> Functional Screen Information Access (Production Environment)		<a href="#">PPS - Production</a> Program Participation System (Production Environment)	<a href="#">WAMS</a> To access PPS / CWW / FSIA, signup for a Web Access Management System (WAMS) ID.
<a href="#">FSIA - Request Access</a> To complete a printable form that you can submit to your agency's security officer to get access to FSIA		<a href="#">PPS - Request Access</a> To complete a printable form that you can submit to your agency's security officer to get access to PPS	 <a href="#">WISA</a> Wisconsin Integrated Security Application
<a href="#">FSIA - Training</a> Functional Screen Information Access (Training Environment)		<a href="#">PPS - Training</a> Program Participation System (Training Environment)	 <a href="#">CWW</a> CARES Worker Web



WISCONSIN  
DEPARTMENT OF  
HEALTH SERVICES

# Background

---

- Who should be recorded in PPS?
  - All consumers served in the public mental health or AODA system
  - Typically all consumers the Department of Community Programs or Human Services Department is responsible for
  - County-provided services and county-contracted services
  - Consumers served with your inpatient hospitals, outpatient counseling services, medications only, case management only, etc.
  - Adult and children, regardless of whether your county has separate child and adult mental health agencies



WISCONSIN  
DEPARTMENT OF  
HEALTH SERVICES

# Background

---

- What if a consumer is sent out of county for services to Mendota Mental Health Institute or a residential treatment center?
  - Report them in PPS, your county is still the responsible entity for their overall care
  - Consumers must have received services such as therapeutic services or an assessment
  - Reporting should not include consumers who were referred to your agency, but never received services.



# Background

---

- How should consumers receiving both Mental Health and Substance Abuse services be reported?
  - Report them in both the Mental Health and AODA modules.
  - Some information overlaps, but it is important to capture the details related to each area.



WISCONSIN  
DEPARTMENT OF  
HEALTH SERVICES

# Background

---

- How will the data entered in PPS be used?
  - Some data in PPS and the former HSRS are based on Mental Health Block Grant federal reporting requirements.
    - Reported annually in exchange for MHBG funds contracted out to counties and mental health training and advocacy agencies
  - The DMHSAS uses the data to report to the DHS Secretary, Governor, legislature, and community to inform policy-making decisions.
  - In 2012, the data is being used to inform a state MH/AODA needs assessment to determine future needs
  - Counties use the information for quality improvement



WISCONSIN  
DEPARTMENT OF  
HEALTH SERVICES





# Logging On

# Logging In

- ❑ Go to <https://pps.wisconsin.gov>
- ❑ Click on **PPS - Production**

Gateway Page - Windows Internet Explorer provided by DHS - State of Wisconsin

File Edit View Favorites Tools Help

https://pps.wisconsin.gov/

YOU ARE ON WISCONSIN.GOV

State of W I S C O N S I N

**Human Services System Gateway** [Add this Page to Favorites](#)

**\*\* Production Environment \*\***

This page lists the applications that are used to determine functional and financial eligibility for various programs across the State of Wisconsin. The functional eligibility is determined for Adult, Children's and Mental Health programs. The financial eligibility includes FoodShare, Medicaid, SeniorCare, SSI Care Taker Supplement, Wisconsin Works and Child Care Programs.

 **[FSIA - Production](#)**  
Functional Screen Information Access (Production Environment)

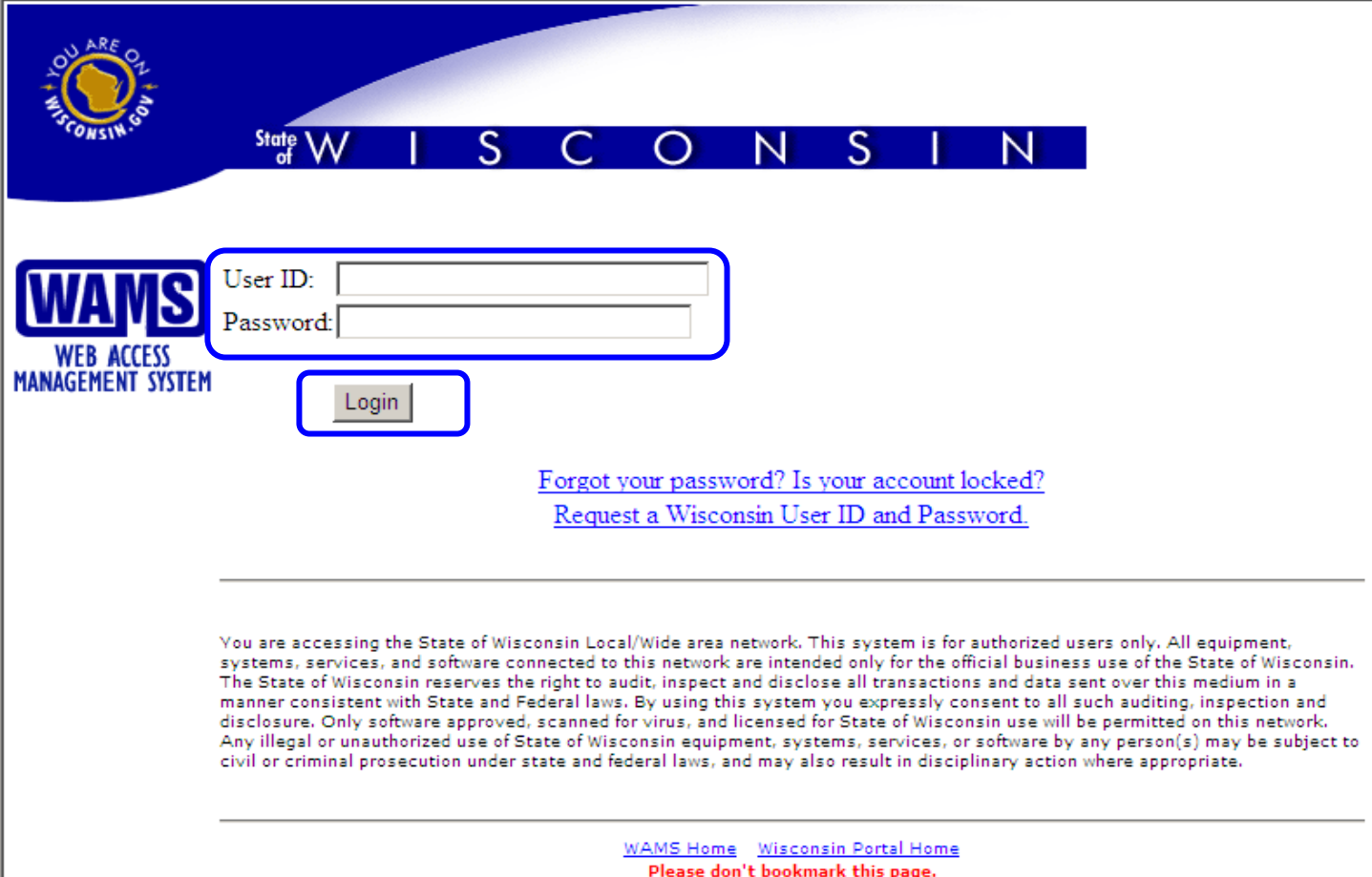
 **[PPS - Production](#)**  
Program Participation System (Production Environment)

**[WAMS](#)**  
To access PPS / CWW / FSIA, signup for a Web Access Management System (WAMS) ID.

# Logging In

- ❑ Enter your **WAMS ID** and **Password**
- ❑ Click Login

https://prd.wamsidp.wisconsin.gov/?id=EntLogin&sid=0&option=credential&sid=0 - Wisconsin Web Ac - Windows Internet Explorer pro



The image shows a screenshot of the WAMS (Web Access Management System) login page. At the top, there is a blue banner with the Wisconsin state seal and the text "YOU ARE ON WISCONSIN.GOV" and "State of W I S C O N S I N". Below the banner, the WAMS logo is displayed on the left, consisting of the letters "WAMS" in a bold, blue font with "WEB ACCESS MANAGEMENT SYSTEM" underneath. To the right of the logo are two input fields: "User ID:" and "Password:". Below these fields is a "Login" button. Underneath the login fields, there are two blue links: "[Forgot your password? Is your account locked?](#)" and "[Request a Wisconsin User ID and Password.](#)". At the bottom of the page, there is a disclaimer paragraph and two more blue links: "[WAMS Home](#)" and "[Wisconsin Portal Home](#)". A red text note at the very bottom says "Please don't bookmark this page."

**WAMS**  
WEB ACCESS  
MANAGEMENT SYSTEM

User ID:

Password:

Login

[Forgot your password? Is your account locked?](#)  
[Request a Wisconsin User ID and Password.](#)

---

You are accessing the State of Wisconsin Local/Wide area network. This system is for authorized users only. All equipment, systems, services, and software connected to this network are intended only for the official business use of the State of Wisconsin. The State of Wisconsin reserves the right to audit, inspect and disclose all transactions and data sent over this medium in a manner consistent with State and Federal laws. By using this system you expressly consent to all such auditing, inspection and disclosure. Only software approved, scanned for virus, and licensed for State of Wisconsin use will be permitted on this network. Any illegal or unauthorized use of State of Wisconsin equipment, systems, services, or software by any person(s) may be subject to civil or criminal prosecution under state and federal laws, and may also result in disciplinary action where appropriate.

---

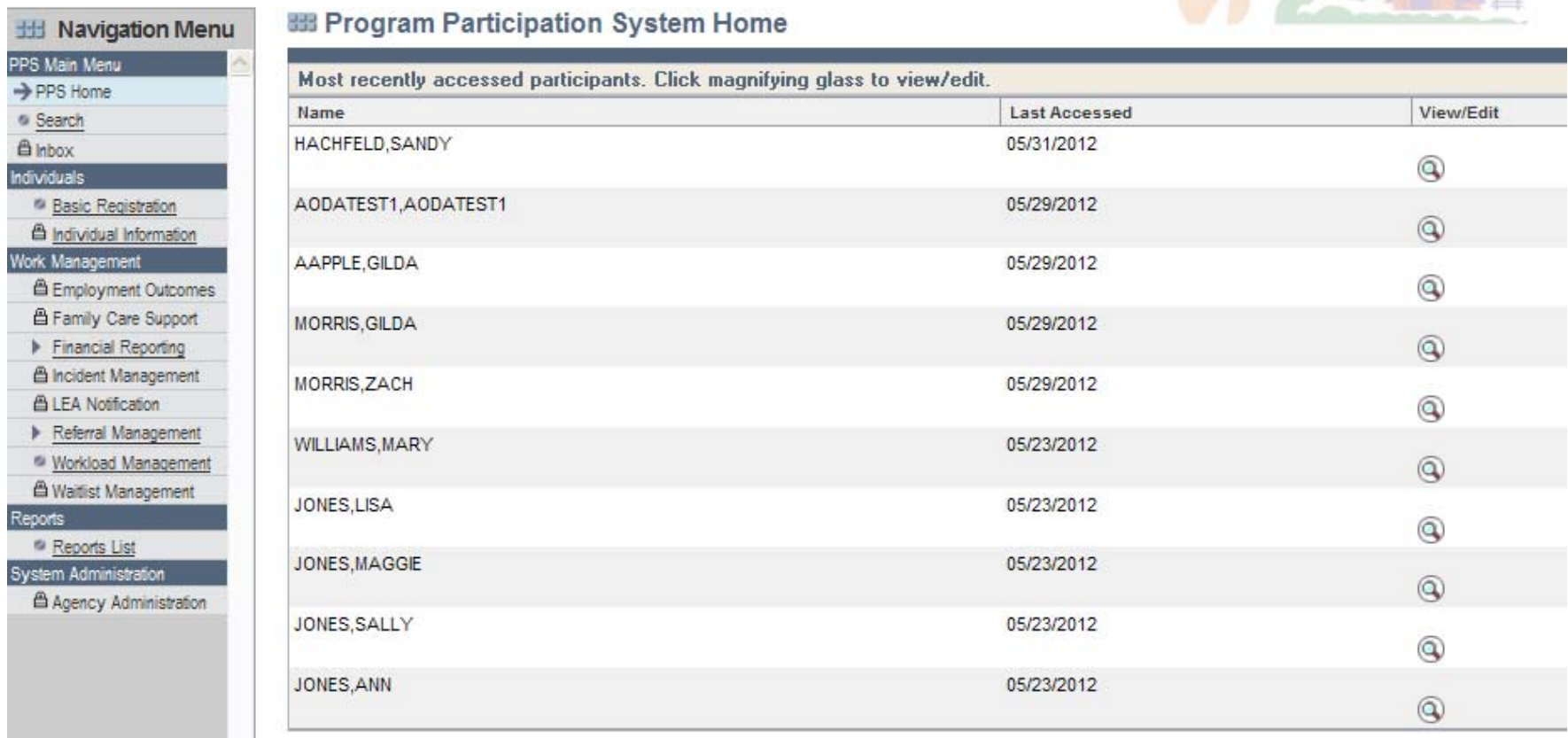
[WAMS Home](#) [Wisconsin Portal Home](#)  
Please don't bookmark this page.











# Navigating PPS

# Navigating PPS - PPS Home Page

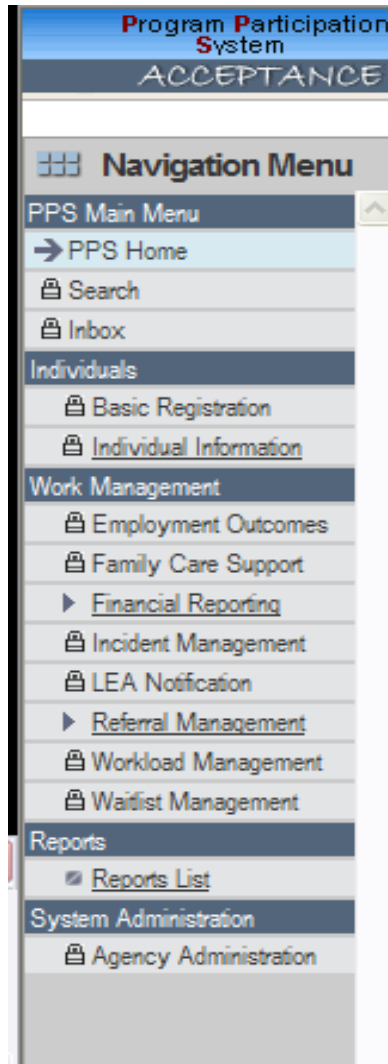
- Displays the 10 most recently viewed individuals
  - If this is the first time you have logged into the system, no individuals will be displayed on this page.






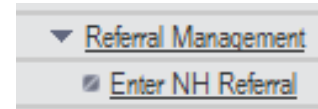
The screenshot displays the PPS Home Page interface. On the left is a 'Navigation Menu' with categories like PPS Main Menu, Individuals, Work Management, Reports, and System Administration. The main content area is titled 'Program Participation System Home' and features a table of 'Most recently accessed participants'. The table has three columns: Name, Last Accessed, and View/Edit. Each row includes a magnifying glass icon in the View/Edit column.

Most recently accessed participants. Click magnifying glass to view/edit.		
Name	Last Accessed	View/Edit
HACHFELD,SANDY	05/31/2012	
AODATEST1,AODATEST1	05/29/2012	
AAPPLE,GILDA	05/29/2012	
MORRIS,GILDA	05/29/2012	
MORRIS,ZACH	05/29/2012	
WILLIAMS,MARY	05/23/2012	
JONES,LISA	05/23/2012	
JONES,MAGGIE	05/23/2012	
JONES,SALLY	05/23/2012	
JONES,ANN	05/23/2012	

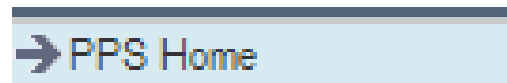
# Navigating PPS – Navigation Menu & Access



- ❑ The system's Navigation Menu is located on the left of the page.
- ❑ Items listed with this icon  are not available.
- ❑ Items listed with this icon  are available.
- ❑ Items with this icon  indicate that more menus are available for that particular heading.



- ❑ The Navigation Menu will also display an arrow and highlight the menu you are currently viewing.



# Navigating PPS – Cancel & Reset

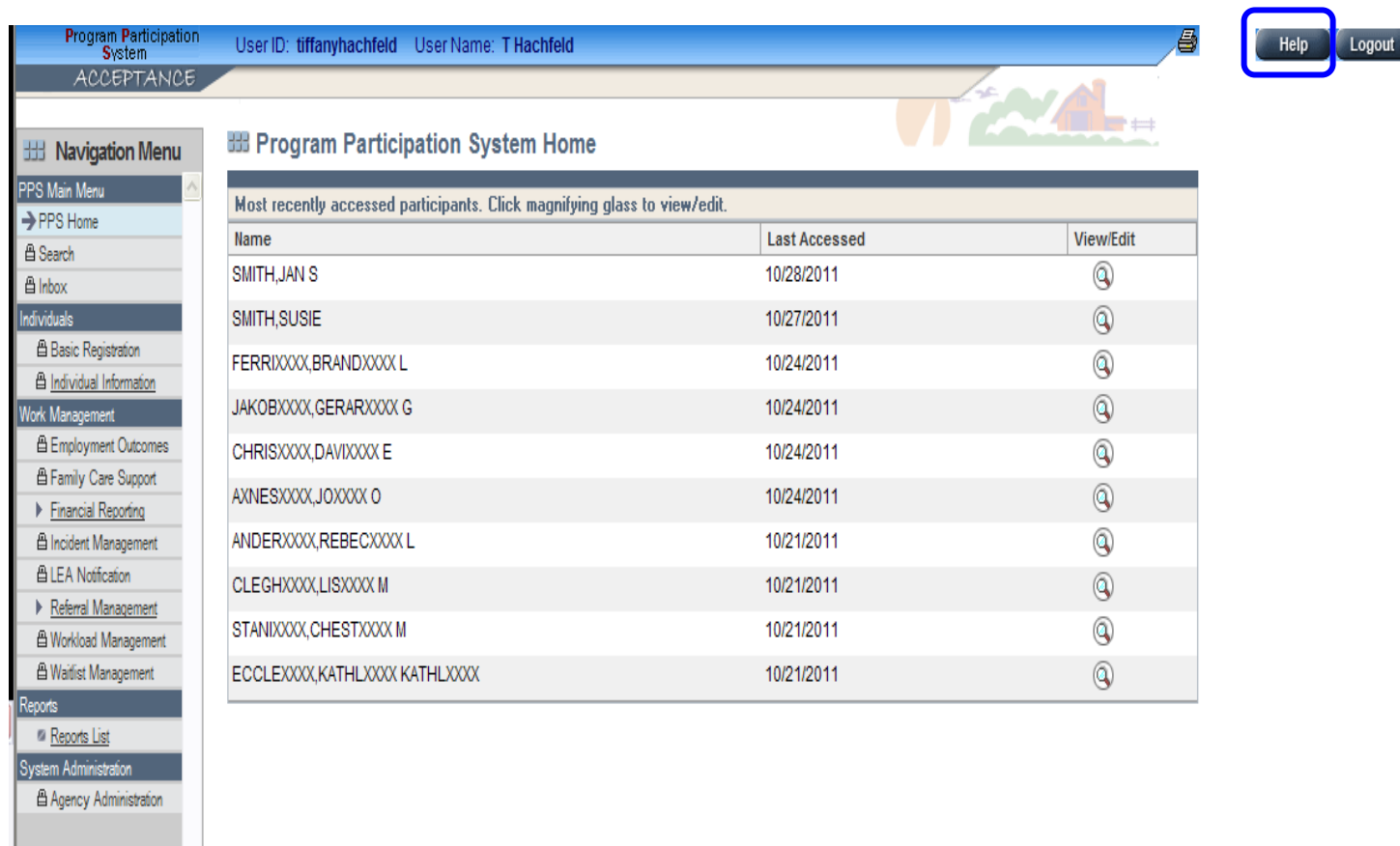
- ❑ Clicking the **Cancel** checkbox and selecting a different link from the navigation menu will cancel any changes and navigate off the page.
- ❑ Clicking **Reset** changes the data back to the last save and keeps you on the same page.

The screenshot shows the 'Referral Entry' form in the PPS system. The top navigation bar includes 'Program Participation System', 'User ID: tiffanyhachfeld', 'User Name: T Hachfeld', and buttons for 'Help' and 'Logout'. The page title is 'ACCEPTANCE'. On the left is a 'Navigation Menu' with options like 'PPS Home', 'Search', 'Inbox', 'Individuals', 'Basic Registration', and 'Individual Information'. The main form area is titled 'Referral Entry' and contains two sections: 'Nursing Home Information' and 'Nursing Home Contact Information'. The 'Nursing Home Information' section has fields for 'Name' (BROOKFIELD REHABILITATION AND SPECIALTY CARE CENTER) and 'Address' (18740 W BLUEMOUND RD, BROOKFIELD, WI 53045). The 'Nursing Home Contact Information' section has a field for '\*Name' (Jane Smith). In the top right corner of the form area, there are two buttons: 'Cancel' and 'Reset'. The 'Cancel' button is highlighted with a blue box.

This screenshot is identical to the one above, showing the 'Referral Entry' form. The only difference is that the 'Reset' button in the top right corner of the form area is highlighted with a blue box.

# Navigating PPS – Help

- If you have questions you can always click the  button for more details.



Program Participation System User ID: tiffanyhachfeld User Name: T Hachfeld











ACCEPTANCE

Navigation Menu

- PPS Main Menu
  - PPS Home
  - Search
  - Inbox
- Individuals
  - Basic Registration
  - Individual Information
- Work Management
  - Employment Outcomes
  - Family Care Support
  - Financial Reporting
  - Incident Management
  - LEA Notification
  - Referral Management
  - Workload Management
  - Waitlist Management
- Reports
  - Reports List
- System Administration
  - Agency Administration

Program Participation System Home


Most recently accessed participants. Click magnifying glass to view/edit.

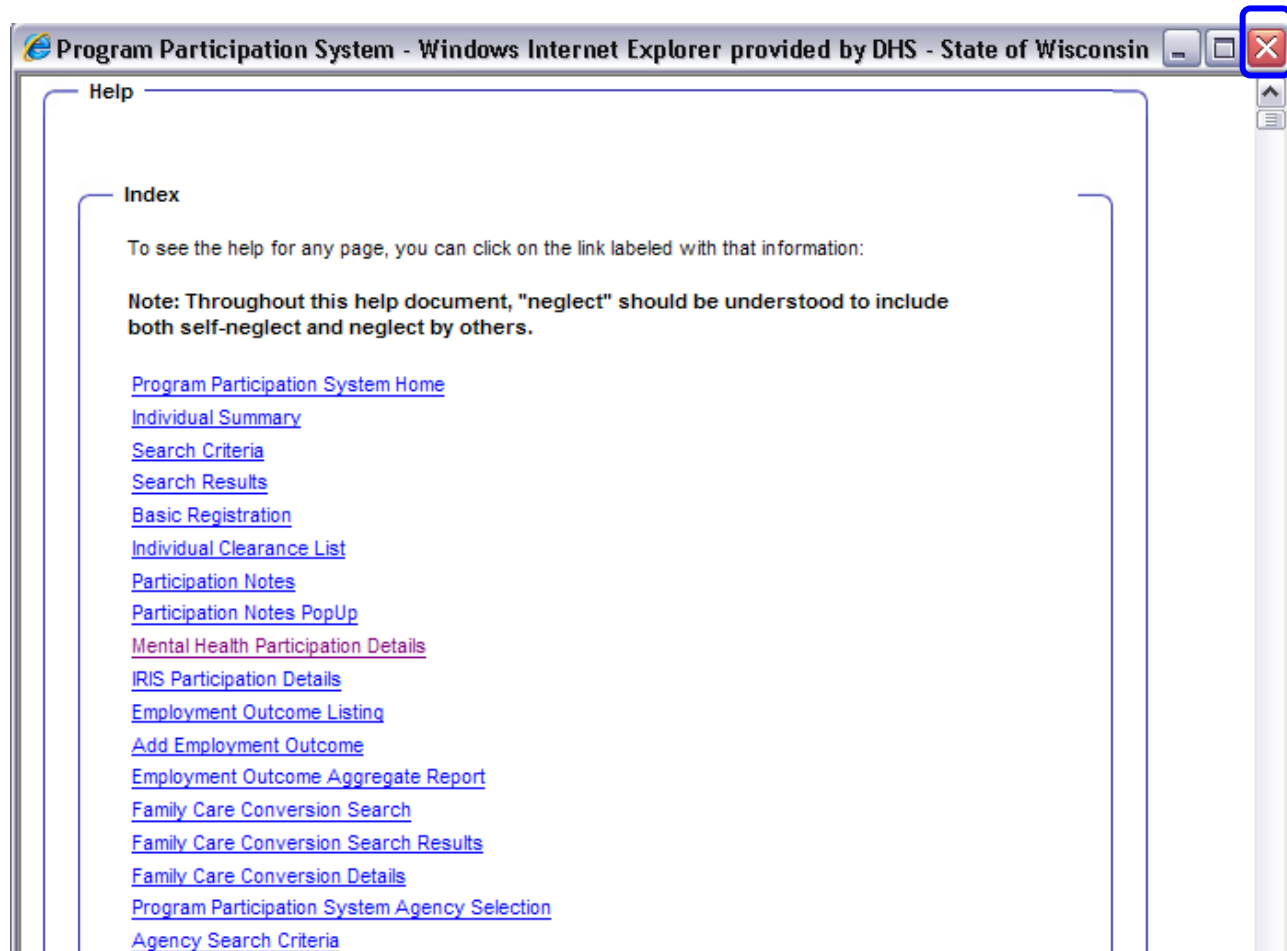
Name	Last Accessed	View/Edit
SMITH, JAN S	10/28/2011	
SMITH, SUSIE	10/27/2011	
FERRIXXX, BRANDXXX L	10/24/2011	
JAKOBXXX, GERARXXX G	10/24/2011	
CHRISXXX, DAVIXXXX E	10/24/2011	
AXNESXXX, JOXXX O	10/24/2011	
ANDERXXX, REBECXXX L	10/21/2011	
CLEGHXXX, LISXXX M	10/21/2011	
STANIXXX, CHESTXXX M	10/21/2011	
ECCLEXXX, KATHLXXX KATHLXXX	10/21/2011	

Help Logout



# Navigating PPS - Help

- ❑ Help Text appears in a different window.
- ❑ When finished click  to close the window. PPS will remain open.





---

# Searching for Consumers

# Searching for Consumers

---

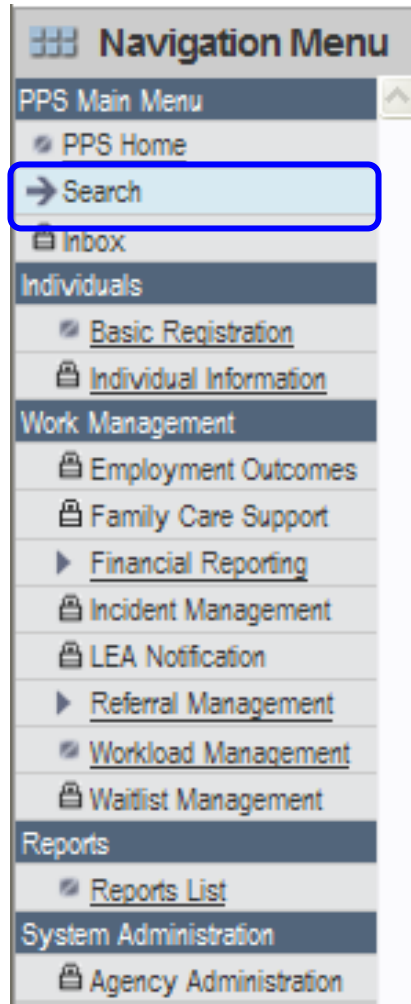
- ❑ The PPS Search function will check all of PPS for an existing consumer
- ❑ The Workload Management tool will only search for consumers with existing episodes.



# Searching for Consumers

---

- Click **Search** from the Navigation Menu



# Searching for Consumers – Registered

- ❑ Enter the consumer's **First Name**, **Last Name**, and **Birth Date**
- ❑ Click **Go**

## Search Criteria

\*\*\* AUTHORIZED USERS ONLY \*\*\*

**WARNING:** This computer system is for authorized users and uses only. You should only access the information that is needed to complete your task. You should also be aware that regardless if individuals are listed in the system, this doesn't necessarily mean they have received services. Your actions on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel. You may not re-disclose any information you have accessed unless needed to complete your task or allowed by law. Any improper use or unauthorized access of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system, you consent to these terms and conditions.

Demographics Information (Full or partial First Name, full or partial Last Name and Birth Date are required)	
First Name:	<input type="text" value="June"/> <input checked="" type="radio"/> Starts With <input type="radio"/> Exact
Last Name:	<input type="text" value="Wilson"/> <input checked="" type="radio"/> Starts With <input type="radio"/> Exact
Birth Date:	<input type="text" value="3"/> / <input type="text" value="24"/> / <input type="text" value="1954"/> <input type="button" value="📅"/>
County Of Responsibility:	<input type="text"/> <input type="button" value="Go"/>


  

Identification Number	
SSN:	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="button" value="Go"/>

# Searching for Consumers - Registered

- ❑ If you are missing any of the 3 criteria you will **receive a warning**



The following events have occurred:

 **GL001:** Please enter data in 'Birth Date' field.

\*\*\* AUTHORIZED USERS ONLY \*\*\*

**WARNING:** This computer system is for authorized users and uses only. You should only access the information that is needed to complete your task. You should also be aware that regardless if individuals are listed in the system, this doesn't necessarily mean they have received services. Your actions on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel. You may not re-disclose any information you have accessed unless needed to complete your task or allowed by law. Any improper use or unauthorized access of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system, you consent to these terms and conditions.

## Demographics Information (Full or partial First Name, full or partial Last Name and Birth Date are required)

First Name:   Starts With  Exact  
Last Name:   Starts With  Exact  
**Birth Date:**    
County Of Responsibility:  

## Identification Number

SSN: --

# Searching for Consumers - Registered

- ❑ If the consumer is registered in PPS, the Individual Summary page will display.
- ❑ If the consumer had an Episode, that information would display in the Episode Reporting Information section.

**Individual Summary** Cancel Reset

**Basic Information**

Title:

\*First Name:  Middle Name:  \*Last Name:

Suffix:

\*Gender:

\*Birth Date:  /  /

SSN:  -  -  SSN Verification: **Unverified SSN** Last Updated Date: **05/31/2012**

This individual is currently on Medicaid:  Last Updated By: **Hachfeld Tiffany**

County Of Responsibility:

Save

**Episode Reporting Information** Episode Type:  + Add

<a href="#">Responsible Agency</a>	<a href="#">Program</a>	<a href="#">Start Date</a>	<a href="#">End Date</a>	Navigation	Download
This person is not on your agency's Episode Reporting.					

# Searching for Consumers – Not Registered

- ❑ Enter the consumer's **First Name**, **Last Name**, and **Birth Date**
- ❑ Click **Go**

## Search Criteria

Reset

\*\*\* AUTHORIZED USERS ONLY \*\*\*

**WARNING:** This computer system is for authorized users and uses only. You should only access the information that is needed to complete your task. You should also be aware that regardless if individuals are listed in the system, this doesn't necessarily mean they have received services. Your actions on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to authorized personnel. You may not re-disclose any information you have accessed unless needed to complete your task or allowed by law. Any improper use or unauthorized access of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system, you consent to these terms and conditions.

### Demographics Information (Full or partial First Name, full or partial Last Name and Birth Date are required)

First Name:   Starts With  Exact

Last Name:   Starts With  Exact

Birth Date:  /  /  

County Of Responsibility:  

Go

### Identification Number

SSN:  -  -

Go



# Searching for Consumers – Not Registered

- If the consumer is **not registered** the system will indicate “No data found”

## Search Results

### Search Criteria

First Name: **Amanda** Search Type: **Starts with**  
Last Name: **Smith** Search Type: **Starts with**  
Birth Date: **12/09/1975**  
County Of Responsibility:

### Search Results

First Name	Middle Name	Last Name	Gender	Birth Date	County Of Responsibility	Details
------------	-------------	-----------	--------	------------	--------------------------	---------

No data found.

◀ Previous

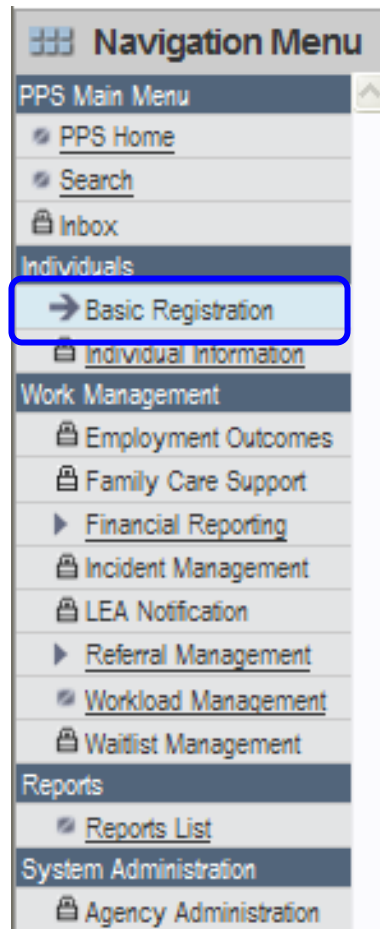


# Basic Registration

# Basic Registration

---

- Click **Basic Registration** from the Navigation Menu



# Basic Registration

- ❑ Complete required (\*) fields
- ❑ Include SSN if possible
- ❑ Click **Next**

## Basic Registration

Cancel  Reset

### Basic Information

Title:  ▼

\*First Name: Amanda Middle Name:  \*Last Name: Smith

Suffix:  ▼

\*Gender: Female ▼

\*Birth Date: 12 / 09 / 1975 📅

SSN: 407 -15 -4414 (Please enter if known)

County Of Responsibility:  ▼


Next ▶

# Basic Registration

- ❑ System will perform duplicate checking
- ❑ If no duplicates are found a new record will be created

## Individual Summary

The following events have occurred:

 **PP018:** Participant has been created.

### Basic Information

Title:

\*First Name:  Middle Name:  \*Last Name:

Suffix:

\*Gender:

\*Birth Date:  

SSN:  SSN Verification: **Unverified SSN** Last Updated Date: **05/31/2012**

This individual is currently on Medicaid:  Last Updated By: **Hachfeld Tiffany**

County Of Responsibility:

### Episode Reporting Information

Episode Type:

<a href="#">Responsible Agency</a>	<a href="#">Program</a>	<a href="#">Start Date</a>	<a href="#">End Date</a>	Navigation	Download
------------------------------------	-------------------------	----------------------------	--------------------------	------------	----------

This person is not on your agency's Episode Reporting.

# Basic Registration – Existing Record

- ❑ When registering a consumer, if a possible match exists, the system will display that record as an available choice
- ❑ You can select the match or create a new record.

## Individual Clearance List

Cancel  Reset

### Individual as entered

First Name: Amanda  
Middle Name:  
Last Name: Smith  
Gender: Female  
SSN:  
Birth Date: 12/09/1975

### Individual matches found

	<u>%</u>	<u>SSN</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Last Name</u>	<u>Birth Date</u>	<u>Gender</u>	<u>Exists in PPS</u>
<input type="radio"/>	96	407-15-4414	AMANDA		SMITH	12/09/1975	Female	Yes
<input type="radio"/>	Create new individual using entered individual's basic information							

◀ Previous

Next ▶

# Basic Registration

- Click **Basic Registration** from the Navigation Menu

**Individual Clearance List** Cancel Reset

**The following events have occurred:**

**⚠ PPO17:** A New Individual will be established in MCI. Please confirm your selection.

**Individual as entered**

First Name: **Amanda**  
Middle Name: **M**  
Last Name: **Smith**  
Gender: **Female**  
SSN:  
Birth Date: **12/09/1975**

**Individual matches found**

	%	SSN	First Name	Middle Name	Last Name	Birth Date	Gender	Exists in PPS
<input type="radio"/>	92	407-15- 4444	AMANDA		SMITH	12/09/1975	Female	Yes

Create new individual using entered individual's basic information

← Previous Next →



# Mental Health Service Reporting





# **Completing the Consumer Profile for Mental Health**

# Completing the Consumer Profile – Creating an Episode

- ❑ Select the appropriate **Episode Type**
- ❑ Click **Add**

## Individual Summary

Cancel  Reset

### Basic Information

Title:

\*First Name:  Middle Name:  \*Last Name:

Suffix:

\*Gender:

\*Birth Date:  /  /

SSN:  -  -  SSN Verification: **Unverified SSN** Last Updated Date: **06/04/2012**

This individual is currently on Medicaid:  Last Updated By: **Hachfeld Tiffany**

County Of Responsibility:

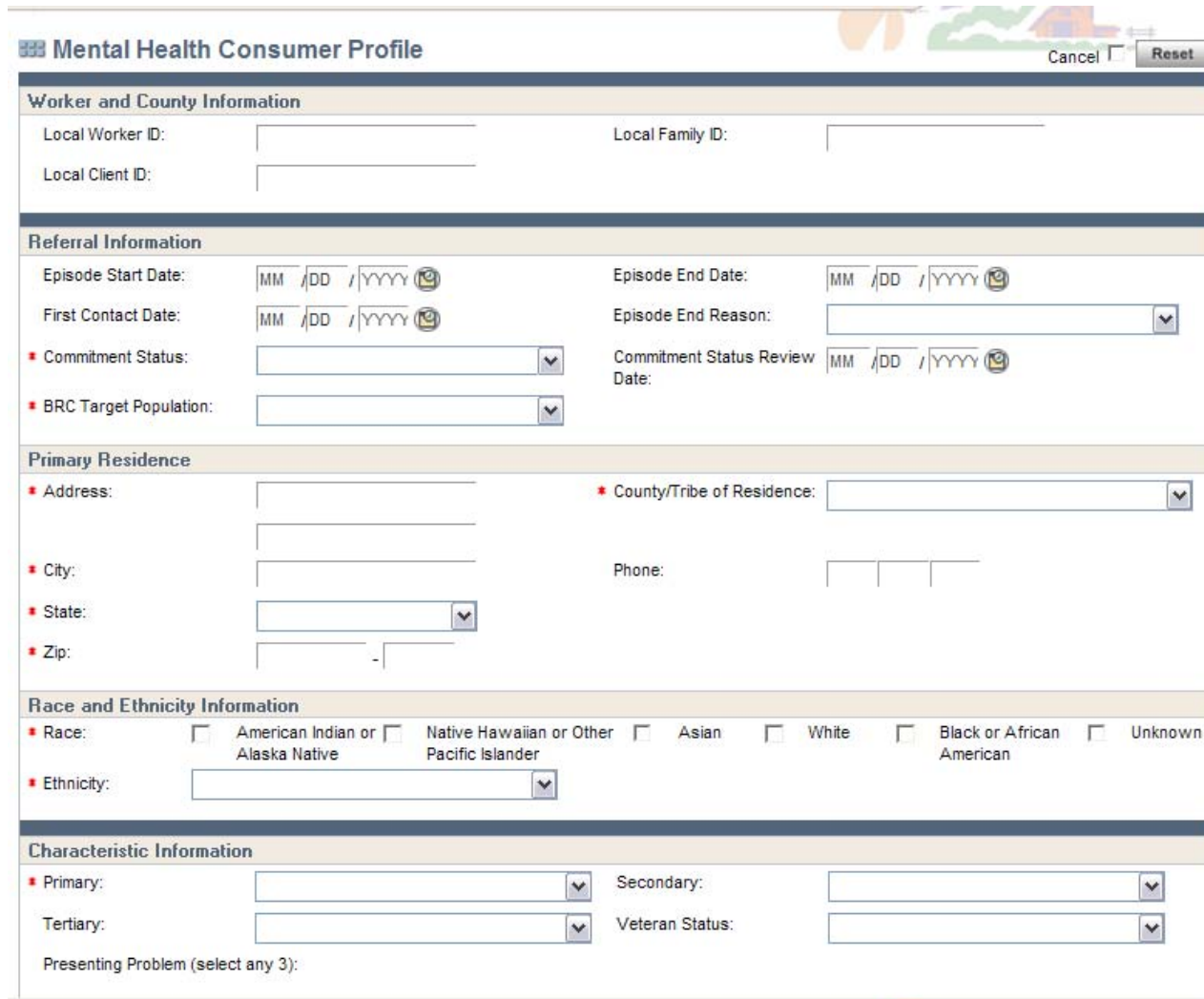
### Episode Reporting Information

<a href="#">Responsible Agency</a>	<a href="#">Program</a>	<a href="#">Start Date</a>	<a href="#">End Date</a>	Navigation	<a href="#">Download</a>
This person is not on your agency's Episode Reporting.					

Episode Type:

# Completing the Consumer Profile

- The Consumer Profile contains fields similar to what is collected today



**Mental Health Consumer Profile** Cancel Reset

**Worker and County Information**

Local Worker ID:  Local Family ID:   
Local Client ID:

**Referral Information**

Episode Start Date:  Episode End Date:   
First Contact Date:  Episode End Reason:   
\* Commitment Status:  Commitment Status Review Date:   
\* BRC Target Population:

**Primary Residence**

\* Address:   
\* City:   
\* State:  \* County/Tribe of Residence:   
\* Zip:  Phone:

**Race and Ethnicity Information**

\* Race:  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Asian  White  Black or African American  Unknown  
\* Ethnicity:

**Characteristic Information**

\* Primary:  Secondary:   
Tertiary:  Veteran Status:   
Presenting Problem (select any 3):

# Completing the Consumer Profile

---

- ❑ Worker and County Information
  - Captures Local Worker ID, Local Family ID, and Local Client ID

## ☰ Mental Health Consumer Profile



### Worker and County Information

Local Worker ID:

Local Family ID:

Local Client ID:

# Completing the Consumer Profile

- ❑ Referral Information
  - At minimum complete required fields
  - If left blank, Episode Start Date will take on the date of the SPC (same way it does in HSRS)
  - First Contact Date is new and is used to document when initial contact is made through the referral process

Referral Information			
Episode Start Date:	<input type="text" value="MM / DD / YYYY"/>	Episode End Date:	<input type="text" value="MM / DD / YYYY"/>
First Contact Date:	<input type="text" value="MM / DD / YYYY"/>	Episode End Reason:	<input type="text" value=""/>
▪ Commitment Status:	<input type="text" value="1 - Voluntary"/>	Commitment Status Review Date:	<input type="text" value="MM / DD / YYYY"/>
▪ BRC Target Population:	<input type="text" value="L - Ongoing, low intensity servs."/>		

# Completing the Consumer Profile

---

- ❑ Primary Residence
  - Enter the consumer's primary residence
  - If a consumer lives in a facility, record the name of the facility in the first address box and street in the second
  - If homeless, enter the reporting county's address

Primary Residence			
* Address:	121 Red Bird Lane	* County/Tribe of Residence:	13 Dane
* City:	Madison	Phone:	608   555   3333
* State:	Wisconsin		
* Zip:	53704 -		

# Completing the Consumer Profile

---

- Race and Ethnicity
  - Required
  - You can record multiple racial backgrounds

Race and Ethnicity Information	
* Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Unknown
* Ethnicity:	<div style="border: 1px solid black; padding: 2px;"><div style="background-color: #e0e0e0; padding: 2px;">Non-Hispanic/Latino</div><div style="padding: 2px;">Hispanic/Latino</div><div style="background-color: #e0e0e0; padding: 2px;">Non-Hispanic/Latino</div></div>
Characteristic Info	
* Primary:	<div style="border: 1px solid black; padding: 2px;"><div style="background-color: #e0e0e0; padding: 2px;">Unknown</div></div>
Secondary:	<div style="border: 1px solid black; padding: 2px;"><div style="background-color: #e0e0e0; padding: 2px;"></div></div>

# Completing the Consumer Profile

- Characteristic Information
  - Can include 3 characteristics
  - Can include 3 presenting problems

### Characteristic Information

\* Primary:  Secondary:

Tertiary:  Veteran Status:

Presenting Problem (select any 3):

<ul style="list-style-type: none"><li>07 - Alcohol</li><li>10 - Eating disorder</li><li>11 - Disturbed thoughts</li><li>12 - Abuse/assault/rape victim</li><li>13 - Runaway behavior</li><li>14 - Emergency detention</li></ul>	<input type="button" value="Add &gt;"/> <input type="button" value="Remove &lt;"/>	<ul style="list-style-type: none"><li>05 - Depressed mood and/or anxious</li><li>08 - Drugs</li><li>09 - Involvement with criminal justice system</li></ul>
---	---	---



# Completing the Consumer Profile

- MH Diagnosis Information
  - Primary Diagnosis must be a mental health diagnosis
  - Four additional fields for recording mental health and substance abuse diagnosis
  - The last column is for diagnosed physical or medical conditions

## MH Diagnosis Information

■ Primary MH Diagnosis Code - Axis I or II:	300.4 - Dysthymic Disorder	
Mental Health/Substance Abuse Diagnosis - Axis I or Axis II:	1. 304.20 - Cocaine Dependence, Unspec	General Medical Conditions - Axis III:
	2. _____	5. _____
	3. _____	6. _____
	4. _____	7. _____

# Completing the Consumer Profile

- Review for completeness
- Click **Next**

**Mental Health Consumer Profile** Cancel Reset

**Worker and County Information**

Local Worker ID: 3300330033 Local Family ID: \_\_\_\_\_  
Local Client ID: C4324213

**Referral Information**

Episode Start Date: MM / DD / YYYY (📅) Episode End Date: MM / DD / YYYY (📅)  
First Contact Date: MM / DD / YYYY (📅) Episode End Reason: \_\_\_\_\_  
\* Commitment Status: 1 - Voluntary Commitment Status Review Date: MM / DD / YYYY (📅)  
\* BRC Target Population: L - Ongoing, low intensity servs.

**Primary Residence**

\* Address: 121 Red Bird Lane \* County/Tribe of Residence: 13 Dane  
\* City: Madison Phone: 608 | 555 | 3333  
\* State: Wisconsin  
\* Zip: 53704

**Race and Ethnicity Information**

\* Race:  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Asian  White  Black or African American  Unknown  
\* Ethnicity: Non-Hispanic/Latino

**Characteristic Information**

\* Primary: 02 - Mental illness (excluding SPMI) Secondary: 05 - Drug client  
Tertiary: \_\_\_\_\_ Veteran Status: Unknown  
Presenting Problem (select any 3):  
07 - Alcohol  
10 - Eating disorder  
11 - Disturbed thoughts  
12 - Abuse/assault/rape victim  
13 - Runaway behavior  
14 - Emergency detention  
05 - Depressed mood and/or anxious  
08 - Drugs  
09 - Involvement with criminal justice system

**MH Diagnosis Information**

\* Primary MH Diagnosis Code - Axis I or II: 300.4 - Dysthymic Disorder  
Mental Health/Substance Abuse Diagnosis - Axis I or Axis II:  
1. 304.20 - Cocaine Dependence, Unspec  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
General Medical Conditions - Axis III:  
5. \_\_\_\_\_  
6. \_\_\_\_\_  
7. \_\_\_\_\_



# **Consumer Status Reports for Mental Health**

# Consumer Status Report

- Service and Status Summary
  - Record service utilization data
  - Record consumer outcome data

## Service and Status Summary



Services						+ Add
SPC	Provider WPI/NPI	Units	SPC Date From	SPC Date To	View	
No data found.						

Status Report						+ Add
Report Date	Employment Status	Criminal Justice System	Daily Activity	Suicide Risk	Residential Arrangement	View
No data found.						

Return

# Consumer Status Report

- ❑ Monitors the consumer's progress over time
- ❑ Collected at enrollment, every 6 months while receiving services, and at discharge.

## Consumer Status Report



**Report Information**

\* Report Date: 1 / 17 / 2012

\* Employment Status: 1 - Competitive

\* Legal/Commitment Status: 1 - Voluntary

\* Please select up to four interactions client has had with criminal justice system in the last six months:

<input type="checkbox"/> 1 - None	<input type="checkbox"/> 5 - On Parole
<input type="checkbox"/> 2 - On Probation	<input type="checkbox"/> 6 - Juvenile Justice System Contact
<input checked="" type="checkbox"/> 3 - Arrest(s)	<input type="checkbox"/> 9 - Unknown
<input type="checkbox"/> 4 - Jailed/Imprisoned	

Psychological and Environmental Stressors: 3 - Moderate

Health Status: 9 - Unknown

\* BRC Target Population: L - Ongoing, low intensity servs.

\* Residential Arrangement: 2 - Private residence or household

Suicide Risk: 1 - No risk factors

**Daily Activities**

Daily Activity 1: 5 - Volunteer or planned formal activities









Daily Activity 2:

Daily Activity 3:

# Consumer Status Report

- Report Information
  - At minimum complete the required fields
  - Report date should be the date that accurately describes the consumer's situation
    - Enrollment (near or on), every 6 months, or at Discharge

## Report Information

* Report Date:	06 / 04 / 2012 	* BRC Target Population:	L - Ongoing, low intensity servs. 
* Employment Status:	1 - Competitive 	* Residential Arrangement:	2 - Private residence or household 
* Legal/Commitment Status:	1 - Voluntary 		
* Please select up to four interactions client has had with criminal justice system in the last six months:	<input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - On Probation <input checked="" type="checkbox"/> 3 - Arrest(s) <input type="checkbox"/> 4 - Jailed/Imprisoned	<input type="checkbox"/> 5 - On Parole <input type="checkbox"/> 6 - Juvenile Justice System Contact <input type="checkbox"/> 9 - Unknown	
Psychological and Environmental Stressors:	3 - Moderate 	Suicide Risk:	1 - No risk factors 
Health Status:	9 - Unknown 		

# Consumer Status Report

---

- Daily Activities
  - Document the consumer's education and social involvement

## Daily Activities

Daily Activity 1:

5 - Volunteer or planned formal activities ▼

Daily Activity 2:

▼

Daily Activity 3:

▼

# Consumer Status Report

- Review for completeness
- Click **Return**

## Consumer Status Report

Cancel  Reset



Report Information	
* Report Date:	06 / 04 / 2012
* Employment Status:	1 - Competitive
* Legal/Commitment Status:	1 - Voluntary
* Please select up to four interactions client has had with criminal justice system in the last six months:	<input type="checkbox"/> 1 - None <input type="checkbox"/> 2 - On Probation <input checked="" type="checkbox"/> 3 - Arrest(s) <input type="checkbox"/> 4 - Jailed/Imprisoned
	<input type="checkbox"/> 5 - On Parole <input type="checkbox"/> 6 - Juvenile Justice System Contact <input type="checkbox"/> 9 - Unknown
Psychological and Environmental Stressors:	3 - Moderate
Health Status:	9 - Unknown
* BRC Target Population:	L - Ongoing, low intensity servs.
* Residential Arrangement:	2 - Private residence or household
Suicide Risk:	1 - No risk factors
Daily Activities	
Daily Activity 1:	5 - Volunteer or planned formal activities
Daily Activity 2:	
Daily Activity 3:	

Return




Next



# Consumer Status Report

- For modifications click the  icon
- Click  to create a new status report

## Service and Status Summary

Services							
SPC	Provider WPI/NPI	Units	SPC Date From	SPC Date To	View		
No data found.							
Status Report							
<a href="#">Report Date</a>	<a href="#">Employment Status</a>	<a href="#">Criminal Justice System</a>	<a href="#">Daily Activity</a>	<a href="#">Suicide Risk</a>	<a href="#">Residential Arrangement</a>	View	
06/04/2012	Competitive	Arrest	"Volunteer or planned formal activities"	No risk factors	Private residence or household		

 Return



# Documenting SPCs for Mental Health

# Documenting SPCs

- Click **Add** to create an SPC

## Service and Status Summary

Services						
SPC	Provider WPI/NPI	Units	SPC Date From	SPC Date To	View	
No data found.						
Status Report						
<a href="#">Report Date</a>	<a href="#">Employment Status</a>	<a href="#">Criminal Justice System</a>	<a href="#">Daily Activity</a>	<a href="#">Suicide Risk</a>	<a href="#">Residential Arrangement</a>	View
06/04/2012	Competitive	Arrest	'Volunteer or planned formal activities'	No risk factors	Private residence or household	

Return

# Documenting SPCs

## □ Service Details


- At minimum include the Provider, SPC, Unit of Measurement, and SPC Start Date

### ☰ Mental Health Services

Service Details

<p>* Provider WP/NPI: <input type="text"/> <input type="button" value="🔍"/></p> <p>* SPC: <input type="text"/></p> <p>* Unit or Basis of Measurement: <input type="text"/></p> <p>* SPC Start Date: <input type="text"/></p> <p>SPC Delivery Month: <input type="text"/></p> <p>SPC Review Month: <input type="text"/></p>	<p>Quantity: <input type="text"/></p> <p>SPC End Date: <input type="text"/></p> <p>SPC End Reason: <input type="text"/></p> <p>Service Worker ID: <input type="text"/></p>
--	--

# Documenting SPCs

- ❑ Enter the Provider's WPI or NPI
- ❑ If WPI and NPI are not provided, click the  icon to search
  - Enter search criteria such as first name and last name
  - Click **Search**

## Provider Search


Provider Search

Provider WPI/NPI:	<input type="text"/>	Organization Name:	<input type="text"/>
First Name:	<input type="text"/>	Last Name:	<input type="text" value="Woodson"/>
City:	<input type="text"/>	Zip Code:	<input type="text" value="53719"/>
Tax ID:	<input type="text"/>		

## Mental Health Services



Mental Health Services

Service Details

❑ Provider WPI/NPI:  

❑ SPC:

❑ Unit or Basis of Measurement:  Quantity:

❑ SPC Start Date: MM / DD / YYYY  SPC End Date: MM / DD / YYYY 

SPC Delivery Month: MM / YYYY SPC End Reason:

SPC Review Month: MM / YYYY Service Worker ID:

# Documenting SPCs

- ❑ System will return all possible matches
- ❑ Click the blue hyperlink to select the provider

**Provider Search**

**Provider Search**

Provider WP/NPI:  Organization Name:

First Name:  Last Name:

City:  Zip Code:

Tax ID:

Provider Number	First Name	Last Name	Organization Name	City	State	ZIP
<a href="#">31021200</a>	ROBERT	WOODSON		MADISON	WI	53719

# Documenting SPCs

- Select the appropriate SPC

## Mental Health Services

Cancel  Reset

Duplicate Add Delete

Service Details

\* Provider WP/NPI: 31021200

\* SPC:

\* Unit or Basis of Measurement:

\* SPC Start Date:

SPC Delivery Month:

SPC Review Month:

Quantity:

SPC End Date: MM / DD / YYYY

SPC End Reason:

Service Worker ID:

Next Service

Return

**Emergency**  
501 - Crisis intervention  
503.20 - Emergency room-hospital setting

**Inpatient**  
503 - Inpatient  
503.10 - Emergency detention  
505 - DD center/nursing home  
925 - Institution for mental disease

**Residential**  
202 - Adult family home  
203 - Foster home  
204 - Group home  
205 - Shelter care  
504 - Residential care center  
506 - CBRF

**Partial Day**  
108 - Work related services  
615 - Supported employment  
706 - Day center services non-medical

**Outpatient**  
303 - Juvenile probation and supervision  
507 - Counseling/therapeutic resources  
507.10 - Medication management  
507.20 - Individual  
507.30 - Group  
507.40 - Family (or couple)  
507.50 - Intensive in-home  
507.60 - Family support  
704 - Day treatment-medical

# Documenting SPCs

- ❑ Select the appropriate Unit or Basis of Measurement
- ❑ Document an SPC Start Date

**Mental Health Services** Cancel  Reset

**Service Details** Duplicate Add Delete

\* Provider WP/NPI:

\* SPC:

\* Unit or Basis of Measurement:   Quantity:

\* SPC Start Date:   SPC End Date:

SPC Delivery Month:  /

SPC Review Month:  /

SPC ID:

**Calendar - Windows Int...**

< June > < 2012 >

S	M	T	W	T	F	S
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7
Today						



# Documenting SPCs - Duplication

- ❑ Click **Add** to create additional SPCs
- ❑ Click **Duplicate** to create a copy of an existing SPC
  - Use this if the majority of fields will remain unchanged
  - Or to document multiple months of units

**Mental Health Services** Cancel Reset

**Service Details** Duplicate + Add Delete

\* Provider WP/NPI:

\* SPC:

\* Unit or Basis of Measurement:  Quantity:

\* SPC Start Date:  SPC End Date:

SPC Delivery Month:  SPC End Reason:

SPC Review Month:  Service Worker ID:

Next Service

**Return**


# Documenting SPCs - Duplication

- ❑ System notifies you of the duplicate
- ❑ Make changes as needed
- ❑ Click **Return**

## Mental Health Services

Cancel  Reset


### The following events have occurred:


 **PP286:** A duplicate service has been created. The original service has been saved.

### Service Details


 Duplicate  Add  Delete


\* Provider WP/NPI:  

\* SPC:  


\* Unit or Basis of Measurement:  

Quantity:

\* SPC Start Date:  

SPC End Date:  

SPC Delivery Month:  /

SPC End Reason:  


SPC Review Month:  /

Service Worker ID:



Next Service

 Return


# Documenting SPCs

- ❑ Click the  icon to edit an SPC
  - This includes modification to data such as updating units
  - Or deleting an SPC

## Service and Status Summary

Services						<a href="#">+ Add</a>
<a href="#">SPC</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">Units</a>	<a href="#">SPC Date From</a>	<a href="#">SPC Date To</a>	<a href="#">View</a>	
507.10-Medication management	31021200	1 Hours	06/04/2012	06/04/2012		
507-Counseling/therapeutic resources	31021200	0 Hours	06/04/2012			

Status Report							<a href="#">+ Add</a>
<a href="#">Report Date</a>	<a href="#">Employment Status</a>	<a href="#">Criminal Justice System</a>	<a href="#">Daily Activity</a>	<a href="#">Suicide Risk</a>	<a href="#">Residential Arrangement</a>	<a href="#">View</a>	
06/04/2012	Competitive	Arrest	"Volunteer or planned formal activities"	No risk factors	Private residence or household		

 Return

# Documenting SPCs

- ❑ Review for the information to ensure you have the correct SPC
- ❑ Click **Delete**
- ❑ Click **Yes** when asked if you want to delete the service

**Mental Health Services** Cancel  Reset

**Service Details** Duplicate Add **Delete**

\* Provider WPINPI: 31021200

\* SPC: 507.10 - Medication management

\* Unit or Basis of Measurement: Hours  Quantity: 1

\* SPC Start Date: 06 / 04 / 2012

SPC Delivery Month: 06 / 2012

SPC Review Month: MM / YYYY

Service Worker ID:

03 - Completed - no change

**Delete Service**  
? Do you want to delete this Service?  
**Yes** No

Next Service

Return

# Documenting SPCs

Before:

## Service and Status Summary

Services						<a href="#">+ Add</a>
<a href="#">SPC</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">Units</a>	<a href="#">SPC Date From</a>	<a href="#">SPC Date To</a>	<a href="#">View</a>	
507.10-Medication management	31021200	1 Hours	06/04/2012	06/04/2012	<a href="#">View</a>	
507-Counseling/therapeutic resources	31021200	0 Hours	06/04/2012		<a href="#">View</a>	

Status Report							<a href="#">+ Add</a>
<a href="#">Report Date</a>	<a href="#">Employment Status</a>	<a href="#">Criminal Justice System</a>	<a href="#">Daily Activity</a>	<a href="#">Suicide Risk</a>	<a href="#">Residential Arrangement</a>	<a href="#">View</a>	
06/04/2012	Competitive	Arrest	'Volunteer or planned formal activities'	No risk factors	Private residence or household	<a href="#">View</a>	

After:

[Return](#)

## Service and Status Summary

Services						<a href="#">+ Add</a>
<a href="#">SPC</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">Units</a>	<a href="#">SPC Date From</a>	<a href="#">SPC Date To</a>	<a href="#">View</a>	
507-Counseling/therapeutic resources	31021200	0 Hours	06/04/2012		<a href="#">View</a>	

Status Report							<a href="#">+ Add</a>
<a href="#">Report Date</a>	<a href="#">Employment Status</a>	<a href="#">Criminal Justice System</a>	<a href="#">Daily Activity</a>	<a href="#">Suicide Risk</a>	<a href="#">Residential Arrangement</a>	<a href="#">View</a>	
06/04/2012	Competitive	Arrest	'Volunteer or planned formal activities'	No risk factors	Private residence or household	<a href="#">View</a>	

[Return](#)



# AODA Service Reporting



# **Completing the Consumer Profile for AODA**

# Completing the Consumer Profile

- ❑ Select **AODA** as the **Episode Type**
- ❑ Click **Add**

## Individual Summary

Cancel  Reset

### Basic Information

Title:

\* First Name: Alexis Middle Name:  \* Last Name: Jones

Suffix:

\* Gender: Female

\* Birth Date: 12 / 09 / 1975

SSN: -- SSN Verification: Unverified SSN Last Updated Date: 06/04/2012

This individual is currently on Medicaid:  Last Updated By: Hachfeld Tiffany

County Of Responsibility:

Save

### Episode Reporting Information

Episode Type: AODA

<a href="#">Responsible Agency</a>	<a href="#">Program</a>	<a href="#">Start Date</a>	<a href="#">End Date</a>	Navigation	Download
This person is not on your agency's Episode Reporting.					



# Completing the Consumer Profile

- Fields should look familiar
- Required fields denoted with a **red asterisk**

AODA Consumer Profile
Cancel

---

**Worker and County Information**

Local Worker ID:  \* Brief Service:  Yes  No  
 Local Family ID:  \* Co-Dependent Exist?:  Yes  No  
 Local Client ID:

---

**Referral Information**

Episode Start Date:  \* Episode End Date:   
 First Contact Date:  \* Referral Source:

---

**Primary Residence**

Address:  County/Tribe of Residence:   
 City:  Phone:   
 State:  Zip:

---

**Race and Ethnicity Information**

\* Race:  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Asian  White  Black or African American  Unknown  
\* Ethnicity:

---

**Characteristic Information**

\* Primary:  \* Secondary:   
 Tertiary:   
\* Education at Admission:  \* Support Group:   
\* Number of Arrests:  \* Living Arrangement:   
\* AODA Employment Status:  \* Pregnant:  Yes  No  
 Diagnosis:

---

**Substance Use Information**

\* Please enter information for at least one Substance Abuse Problem:

Substance Problem Rank Order: <input type="text"/>	Substance Problem: <input type="text"/>
Use Frequency: <input type="text"/>	Usual Route of Administration: <input type="text"/>
Age of First Drug Use: <input type="text"/>	Substance Problem at End of Episode: <input type="text"/>

Order	Substance	Frequency	Usual Route of Administration	Age of First Use	

# Completing the Consumer Profile

---

- ❑ Worker and County Information
  - Indicate if this is a Brief Service and if there is a Co-Dependent

## Worker and County Information

Local Worker ID:

4400440044

\* Brief Service:

Yes

No

Local Family ID:

\* Co-Dependent Exist?:

Yes

No

Local Client ID:

C321125

# Completing the Consumer Profile

---

## ❑ Referral Information


- You can enter the Episode Start Date or the system will default the earliest SPC Start Date
- First Contact Date is a new field used to capture the initial contact made with a consumer

### Referral Information

Episode Start Date:  

Episode End Date:  

First Contact Date:  

\* Referral Source:  

# Completing the Consumer Profile

---

- Primary Residence
  - Enter the consumer's primary residence
  - If a consumer lives in a facility, record the name of the facility in the first address box and street in the second
  - If homeless, enter the reporting county's address

Primary Residence			
Address:	<input type="text" value="505 Red Bird Lane"/>	County/Tribe of Residence:	<input type="text" value="13 Dane"/>
	<input type="text"/>		
City:	<input type="text" value="Madison"/>	Phone:	<input type="text" value="608"/> <input type="text" value="555"/> <input type="text" value="4444"/>
State:	<input type="text" value="Wisconsin"/>		
Zip:	<input type="text" value="53704"/> - <input type="text"/>		

# Completing the Consumer Profile

---

- Race and Ethnicity
  - Required
  - You can record multiple racial backgrounds

**Race and Ethnicity Information**

\* Race:  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Asian  White  Black or African American  Unknown

\* Ethnicity:

**Characteristic Info**

\* Primary:

# Completing the Consumer Profile

- ❑ Characteristic Information
  - Document up to 3 characteristics
  - At minimum complete all required fields
  - Pregnancy is not required for male consumers

Characteristic Information			
* Primary:	04 - Alcohol client	Secondary:	
Tertiary:			
* Education at Admission:	14 - Some college or voc/tech	* Support Group:	5 - No attendance in the past 30 days
* Number of Arrests:	0	* Living Arrangement:	02 - Private residence
* AODA Employment Status:	2 - Less than 35 hours a week	* Pregnant:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Diagnosis:	305.00 - Alcohol Abuse, Unspecified		

# Completing the Consumer Profile

- ❑ Substance Use Information
  - You can add a primary, secondary, and tertiary problem
  - Document one substance problem at a time and click **Add**



**Substance Use Information**

\* Please enter information for at least one Substance Abuse Problem:

Substance Problem Rank Order:	1 - Primary	Substance Problem:	02 - Alcohol
Use Frequency:	5 - Daily	Usual Route of Administration:	1 - Oral
Age of First Drug Use:	18	Substance Problem at End of Episode:	

Order	Substance	Frequency	Usual Route of Administration	Age of First Use		
-------	-----------	-----------	-------------------------------	------------------	--	--

# Completing the Consumer Profile

- ❑ Substance Abuse problems appear in the bottom section
  - Click the  icon to edit the data
  - Click the  icon to delete the data
- ❑ Enter Secondary or Tertiary problems if needed

**Substance Use Information**

• Please enter information for at least one Substance Abuse Problem:

Substance Problem Rank Order:  ▾



Substance Problem:  ▾

Use Frequency:  ▾

Usual Route of Administration:  ▾

Age of First Drug Use:

Substance Problem at End of Episode:  ▾

Order	Substance	Frequency	Usual Route of Administration	Age of First Use		
1 - PRIMARY	02 - ALCOHOL	5 - DAILY	1 - ORAL	18		



# Completing the Consumer Profile

- Review for completeness
- Click **Next**

**AODA Consumer Profile** Cancel Reset

**Worker and County Information**

Local Worker ID: 4400440044 \* Brief Service:  Yes  No  
 Local Family ID:  \* Co-Dependent Exist?:  Yes  No  
 Local Client ID:

**Referral Information**

Episode Start Date: MM / DD / YYYY  Episode End Date: MM / DD / YYYY   
 First Contact Date: MM / DD / YYYY  \* Referral Source: 10 - Employer, EAP

**Primary Residence**

Address: 221 Red Bird Lane County/Tribe of Residence: 13 Dane  
 City: Madison Phone: 608 555 4444  
 State: Wisconsin  
 Zip: 53704

**Race and Ethnicity Information**

\* Race:  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Asian  White  Black or African American  Unknown  
\* Ethnicity: Non-Hispanic/Latino

**Characteristic Information**

\* Primary: 04 - Alcohol client Secondary:   
 Tertiary:   
\* Education at Admission: 14 - Some college or voc/tech \* Support Group: 5 - No attendance in the past 30 days  
\* Number of Arrests: 0 \* Living Arrangement: 02 - Private residence  
\* AODA Employment Status: 2 - Less than 35 hours a week \* Pregnant:  Yes  No  
 Diagnosis: 305.00 - Alcohol Abuse, Unspecified

**Substance Use Information**

\* Please enter information for at least one Substance Abuse Problem:

Substance Problem Rank Order:  Substance Problem:   
 Use Frequency:  Usual Route of Administration:   
 Age of First Drug Use:  Substance Problem at End of Episode:

Reset + Add

Order	Substance	Frequency	Usual Route of Administration	Age of First Use		
1 - PRIMARY	02 - ALCOHOL	5 - DAILY	1 - ORAL	18	<input type="text"/>	<input type="text"/>



# Documenting SPCs for AODA

# Documenting SPCs

---

- Service and Status Summary Page
  - Click the Add button to add a new service

## Service and Status Summary

Services					
SPC	Provider WPI/NPI	Units	SPC Date From	SPC Date To	View
No data found.					

+ Add

 Return

# Documenting SPCs

## □ Service Details

- At minimum include the Provider, SPC, Unit of Measurement, Target Group, and SPC Start Date

**AODA Services and Outcomes** Cancel Reset

---

**Service Details** Duplicate Add Delete

\* Provider WP/NPI:

\* SPC:

\* Unit or Basis of Measurement:  Quantity:

\* Target Group:

\* SPC Start Date:  SPC End Date:

SPC Delivery Month:  SPC End Reason:

SPC Review Month:  Service Worker ID:

---

**Closing Status**

AODA:  Arrests:

Support Group:  Living Arrangement:

AODA Employment Status:

Next Service

**Return**

# Documenting SPCs

---

- ❑ All services entered will display for easy review
- ❑ Click **Add** to create additional SPCs

## Service and Status Summary

Services						<a href="#">+ Add</a>
<a href="#">SPC</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">Units</a>	<a href="#">SPC Date From</a>	<a href="#">SPC Date To</a>	<a href="#">View</a>	
507.00-Outpatient - regular	100002695	0 Hours	05/21/2012			

Return



# Workload Management

# Workload Management

- ❑ You can search for groups of consumers
- ❑ You can search for a single consumer (existing active or inactive episode)

**Workload Management** Cancel Reset

**Filter Options**

\* Agency: Milwaukee

\* Module Type: AODA  Result Type:

**Individual Details**

First Name:  MCI ID:

Last Name:

**Service Details**

SPC:

SPC Start Date From: MM/DD/YYYY  SPC Start Date To: MM/DD/YYYY

Open Services Records Only?  Provider WP/NPI:

No Units:  SPC End Reason:

Local/Client data:  Local Worker ID:

Service Worker ID:

SPC Review Month From:  SPC Review Month To:

Case Review Date From: MM/DD/YYYY  Case Review Date To: MM/DD/YYYY

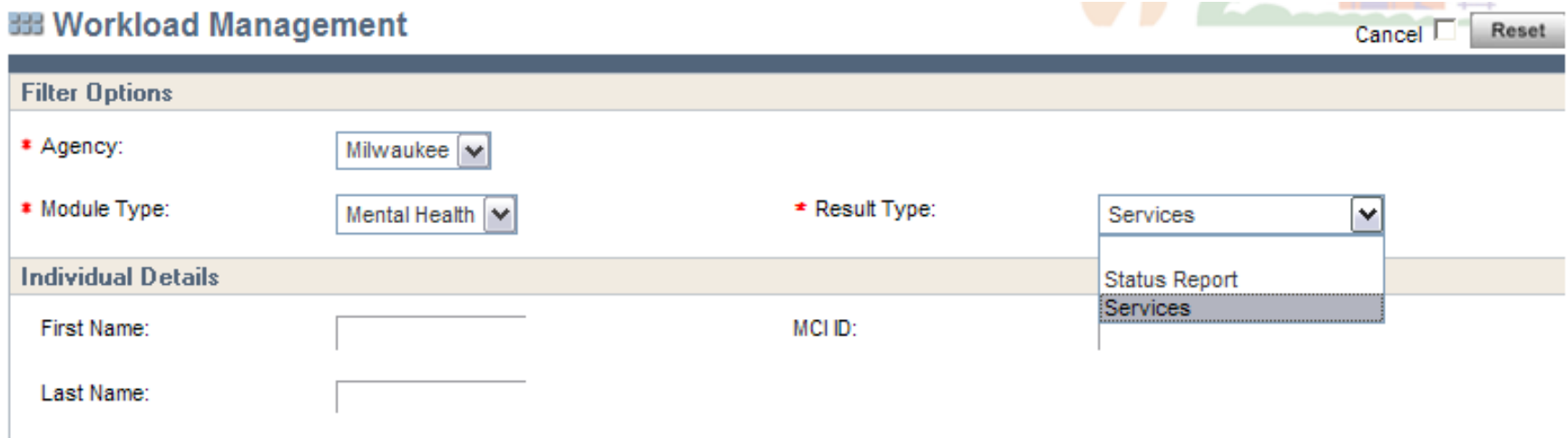
**Consumer Status**

Out of Date Consumer Status:

Search

# Workload Management

- ❑ Filter Options
  - Agency defaults based upon logged in user
  - Select the appropriate Module Type
    - ❑ If Mental Health is selected, choose the appropriate Result Type



The screenshot displays the 'Workload Management' application interface. At the top right, there are 'Cancel' and 'Reset' buttons. The main content is divided into two sections: 'Filter Options' and 'Individual Details'.

**Filter Options:**

- \* Agency: Milwaukee
- \* Module Type: Mental Health
- \* Result Type: Services (dropdown menu is open, showing 'Status Report' and 'Services' options)

**Individual Details:**

- First Name: [text input field]
- Last Name: [text input field]
- MCI ID: [text input field]



# Workload Management

- ❑ Select appropriate Service Detail criteria
- ❑ When finished click **Search**

**Service Details**

SPC:

SPC Start Date From:  MM / DD / YYYY

SPC Start Date To:  MM / DD / YYYY

Open Services Records Only?

Provider WP/NPI:

No Units:

Episode End Reason:

Local/Client data:

Local Worker ID:

Service Worker ID:

SPC Review Month From:  /

SPC Review Month To:  /

Case Review Date From:  MM / DD / YYYY

Case Review Date To:  MM / DD / YYYY

**Consumer Status**

Out of Date Consumer Status:

**Search**

# Workload Management

- ❑ Results will display at the bottom
- ❑ Click on any of the blue hyperlinks to group or sort consumers
  - For example, click SPC to group consumers by service

SPC Review Month From:  /  SPC Review Month To:  /

Case Review Date From:  /  /   Case Review Date To:  /  /  

**Consumer Status**

Out of Date Consumer Status:

**Search Results**

<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Client ID</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">SPC</a>	Navigation	View/Edit
Smith	Amanda	31021200		507-Counseling/therapeutic resources	Service Details 	<input type="button" value="Go"/>
Wilson	Tiffany	100002739		507-Counseling/therapeutic resources	Service Details 	<input type="button" value="Go"/>

# Workload Management – Entering Units

- ❑ Search for Open SPCs with No Units Reported

**Filter Options**

\* Agency: Milwaukee

\* Module Type: Mental Health

\* Result Type: Services

**Individual Details**

First Name:  MCI ID:

Last Name:

**Service Details**

SPC: 507 - Counseling/therapeutic resources

SPC Start Date From: MM / DD / YYYY

SPC Start Date To: MM / DD / YYYY

Open Services Records Only?

Provider WPI/NPI:

No Units:

Episode End Reason:

Local/Client data:

Local Worker ID:

Service Worker ID:

SPC Review Month From:

SPC Review Month To:

Case Review Date From: MM / DD / YYYY

Case Review Date To: MM / DD / YYYY

**Consumer Status**

Out of Date Consumer Status:

# Workload Management – Entering Units

- ❑ Results appear at the bottom
- ❑ Click **Go** next to the consumer record you want to update

Service Worker ID:

SPC Review Month From:  /  SPC Review Month To:  /

Case Review Date From:  /  /   Case Review Date To:  /  /

**Consumer Status**

Out of Date Consumer Status:

**Search Results**

Last Name	First Name	Client ID	Provider WPI/NPI	SPC	Navigation	View/Edit
Smith	Amanda		31021200	507-Counseling/therapeutic resources	Service Details ▼	<input type="button" value="Go"/>
Wilson	Tiffany		100002739	507-Counseling/therapeutic resources	Service Details ▼	<input type="button" value="Go"/>
Hachfeld	Sandy	C42345789	100002739	507-Counseling/therapeutic resources	Service Details ▼	<input type="button" value="Go"/>

# Workload Management – Entering Units

- ❑ Taken directly to the SPC
- ❑ Make updates as needed
  - Update Quantity of Units and SPC Delivery Month
- ❑ Click **Next** to update the next SPC
- ❑ Click **Return** to go back to the Workload Management page and select another consumer to update SPC data for

## Mental Health Services

Cancel  Reset

Duplicate Add Delete

**Service Details**

\* Provider WP/NPI: 31021200

\* SPC: 507 - Counseling/therapeutic resources

\* Unit or Basis of Measurement: Hours

\* SPC Start Date: 06 / 04 / 2012

Quantity: 3

SPC End Date: MM / DD / YYYY

SPC Delivery Month: 6 / 2012

SPC End Reason:

SPC Review Month: 06 / 2012

Service Worker ID:

Next Service

Return

# Workload Management – Multiple Months







- ❑ Want to add multiple months worth of units to a service?
  - Click **Duplicate** to create a copy of the service
  - Update the **Quantity** and the **SPC Delivery Month**

## Mental Health Services

Cancel  Reset

### Service Details

 Duplicate  Add  Delete

* Provider WP/NPI:	<input type="text" value="31021200"/> 		
* SPC:	<input type="text" value="507 - Counseling/therapeutic resources"/> 		
* Unit or Basis of Measurement:	<input type="text" value="Hours"/> 	Quantity:	<input type="text" value="3"/>
* SPC Start Date:	<input type="text" value="06 / 04 / 2012"/> 	SPC End Date:	<input type="text" value="MM / DD / YYYY"/> 
SPC Delivery Month:	<input type="text" value="MM / YYYY"/>	SPC End Reason:	<input type="text"/> 
SPC Review Month:	<input type="text" value="06 / 2012"/>	Service Worker ID:	<input type="text"/>


Next Service




 Return


# Workload Management – Multiple Months


- ❑ When you duplicate a new service is create and data from the other service is copied forward.
- ❑ Continue duplicating as needed
- ❑ When finished click **Return**


## The following events have occurred:



 **PP287**: A duplicate service has been created. There is no change in original service.


**Service Details**  Duplicate  Add  Delete

\* Provider WP/NPI:  

\* SPC:  

\* Unit or Basis of Measurement:   Quantity:

\* SPC Start Date:  /  /   SPC End Date:  /  /  

SPC Delivery Month:  /  SPC End Reason:  

SPC Review Month:  /  Service Worker ID:

Next Service

 **Return**



# Closing Episodes and Services





# **Closing Episodes and Services for Mental Health**

# Closing Episodes and Services

- ❑ Use Workload Management to search for the consumer
  - You can also use the Search function
- ❑ Enter criteria
- ❑ Click **search**

**Filter Options**

\* Agency: Milwaukee

\* Module Type: Mental Health

\* Result Type: Services

**Individual Details**

First Name: Amanda MCI ID: 7201473379

Last Name: Smith

**Service Details**

SPC: [Dropdown]

SPC Start Date From: MM/DD/YYYY SPC Start Date To: MM/DD/YYYY

Open Services Records Only?

No Units:

Local/Client data: [Text]

Local Worker ID: [Text]

Service Worker ID: [Text]

SPC Review Month From: / SPC Review Month To: /

Case Review Date From: MM/DD/YYYY Case Review Date To: MM/DD/YYYY

Provider WP/NPI: [Text]

Episode End Reason: [Dropdown]

Workload Management - Multiple ...

**Consumer Status**

Out of Date Consumer Status:

Search

# Closing Episodes and Services

- ❑ The consumer has two services associated with this Mental Health episode.
- ❑ To close the Episode, select Consumer Profile from the Navigation Column
  - Both services will link to the same Consumer Profile
- ❑ Click **Go**

Search Results						
<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Client ID</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">SPC</a>	Navigation	View/Edit
Smith	Amanda	C23412	31021200	507-Counseling/therapeutic resources	Service Details ▼	<input type="button" value="Go"/>
Smith	Amanda	C23412	31021200	507-Counseling/therapeutic resources	Service Details ▼	<input type="button" value="Go"/>

Search Results						
<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Client ID</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">SPC</a>	Navigation	View/Edit
Smith	Amanda	C23412	31021200	507-Counseling/therapeutic resources	Service Details ▼	<input type="button" value="Go"/>
Smith	Amanda	C23412	31021200	507-Counseling/therapeutic resources	Service Details Consumer Profile	<input type="button" value="Go"/>

# Closing Episodes and Services

- ❑ Enter the **Episode End Date**
- ❑ Enter the **Episode End Reason**
- ❑ Click **Return**

## Mental Health Consumer Profile

Cancel  Reset

### Worker and County Information

Local Worker ID: 3300330033  
Local Client ID: C23412

Local Family ID: \_\_\_\_\_

### Referral Information

Episode Start Date: 06 / 04 / 2012

First Contact Date: MM / DD / YYYY

Commitment Status: 1 - Voluntary

BRC Target Population: L - Ongoing, low intensity servs.

Episode End Date: 7 / 30 / 2012

Episode End Reason: 06 - Referred

Commitment Status Review Date: MM / DD / YYYY

AXIS II  
4. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

5. \_\_\_\_\_  
7. \_\_\_\_\_

Save

# Closing Episodes and Services

- ❑ If you have open services, the system will **NOT** let you close the episode.
- ❑ Click **Cancel** at the top of the page, then click **Next**.

## Mental Health Consumer Profile

Cancel  Reset

### The following events have occurred:

 **PP223:** Please close all Services before closing the episode.

### Worker and County Information

Local Worker ID:

Local Family ID:

Local Client ID:

Abuse Diagnosis - AXIS I OR  
Axis II:

2.   
3.   
4.

AXIS III:


6.   
7.

Save



 Return

Next 


# Closing Episodes and Services

- ❑ Click the  con to update a service
- ❑ You will need to close all open services
- ❑ You must also document a discharge Consumer Status Report for Mental Health consumers
  - Click the Add button to create a new status report

## Service and Status Summary

Services							<a href="#">+ Add</a>
<a href="#">SPC</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">Units</a>	<a href="#">SPC Date From</a>	<a href="#">SPC Date To</a>	<a href="#">View</a>		
507-Counseling/therapeutic resources	31021200	2 Hours	06/04/2012				
507-Counseling/therapeutic resources	31021200	3 Hours	06/04/2012				

Status Report							<a href="#">+ Add</a>
<a href="#">Report Date</a>	<a href="#">Employment Status</a>	<a href="#">Criminal Justice System</a>	<a href="#">Daily Activity</a>	<a href="#">Suicide Risk</a>	<a href="#">Residential Arrangement</a>	<a href="#">View</a>	
06/04/2012	Competitive	Arrest	"Volunteer or planned formal activities"	No risk factors	Private residence or household		

 Return

# Closing Episodes and Services

- ❑ Enter the Consumer Status Report data
- ❑ Review the page
- ❑ Click **Return**

## Consumer Status Report

Cancel  Reset

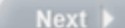
### Report Information

* Report Date:	<input type="text" value="6"/> / <input type="text" value="6"/> / <input type="text" value="2012"/>	* BRC Target Population:	<input type="text" value="L - Ongoing, low intensity servs."/>
* Employment Status:	<input type="text" value="1 - Competitive"/>	* Residential Arrangement:	<input type="text" value="2 - Private residence or household"/>
* Legal/Commitment Status:	<input type="text" value="1 - Voluntary"/>		
* Please select up to four interactions client has had with criminal justice system in the last six months:	<input checked="" type="checkbox"/> 1 - None <input type="checkbox"/> 2 - On Probation <input type="checkbox"/> 3 - Arrest(s) <input type="checkbox"/> 4 - Jailed/Imprisoned	<input type="checkbox"/> 5 - On Parole <input type="checkbox"/> 6 - Juvenile Justice System Contact <input type="checkbox"/> 9 - Unknown	
Psychological and Environmental Stressors:	<input type="text" value="1 - None"/>	Suicide Risk:	<input type="text" value="1 - No risk factors"/>
Health Status:	<input type="text" value="2 - Stable/Capable"/>		

### Daily Activities

Daily Activity 1:	<input type="text" value="2 - Part-time educational activity"/>	Daily Activity 2:	<input type="text" value="6 - Other activities"/>
Daily Activity 3:	<input type="text" value="5 - Volunteer or planned formal activities"/>		



 Return

Next 



# Closing Episodes and Services

- Click the  con to update a service

## Service and Status Summary

Services						<a href="#">+ Add</a>
<a href="#">SPC</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">Units</a>	<a href="#">SPC Date From</a>	<a href="#">SPC Date To</a>	<a href="#">View</a>	
507-Counseling/therapeutic resources	31021200	2 Hours	06/04/2012	06/06/2012		
507-Counseling/therapeutic resources	31021200	3 Hours	06/04/2012	06/06/2012		

Status Report							<a href="#">+ Add</a>
<a href="#">Report Date</a>	<a href="#">Employment Status</a>	<a href="#">Criminal Justice System</a>	<a href="#">Daily Activity</a>	<a href="#">Suicide Risk</a>	<a href="#">Residential Arrangement</a>	<a href="#">View</a>	
06/06/2012	Competitive	None	'Part-time educational activity' , 'Other activities' , 'Volunteer or planned formal activities'	No risk factors	Private residence or household		
06/04/2012	Competitive	Arrest	'Volunteer or planned formal activities'	No risk factors	Private residence or household		

 Return



# Closing Episodes and Services

- ❑ Enter an **SPC End Date**
- ❑ Enter an **SPC End Reason**
- ❑ Click **Next Service** to update other SPCs

## Mental Health Services

Cancel  Reset

**Service Details** Duplicate Add Delete

\* Provider WP/NPI: 31021200

\* SPC: 507 - Counseling/therapeutic resources

\* Unit or Basis of Measurement: Hours Quantity: 2

\* SPC Start Date: 06 / 04 / 2012

SPC End Date: 7 / 02 / 2012

SPC Delivery Month: 07 / 2012

SPC End Reason: 06 - Referred

SPC Review Month: 06 / 2012

Service Worker ID:

Next Service

Return


# Closing Episodes and Services

- If there are no other SPCs to update, click **Return**

## Mental Health Services







Cancel  Reset

The following events have occurred:

 **PP235** : There is no next service.

### Service Details

 Duplicate  Add  Delete

* Provider WPI/NPI:	<input type="text" value="31021200"/> 		
* SPC:	<input type="text" value="507 - Counseling/therapeutic resources"/> 		
* Unit or Basis of Measurement:	<input type="text" value="Hours"/> 	Quantity:	<input type="text" value="3"/>
* SPC Start Date:	<input type="text" value="06 / 04 / 2012"/> 	SPC End Date:	<input type="text" value="06 / 06 / 2012"/> 
SPC Delivery Month:	<input type="text" value="06"/> / <input type="text" value="2012"/>	SPC End Reason:	<input type="text" value="06 - Referred"/> 
SPC Review Month:	<input type="text" value="06"/> / <input type="text" value="2012"/>	Service Worker ID:	<input type="text"/>

Next Service

 Return

# Closing Episodes and Services

- ❑ Enter Episode End Date
- ❑ Enter Episode End Reason
- ❑ click **Return**

**Mental Health Consumer Profile** Cancel  Reset

**Worker and County Information**

Local Worker ID: 3300330033 Local Family ID: \_\_\_\_\_  
 Local Client ID: C23412

**Referral Information**

Episode Start Date: 06 / 04 / 2012

Episode End Date: 7 / 20 / 2012

First Contact Date: MM / DD / YYYY

Episode End Reason: 06 - Referred

\* Commitment Status: 1 - Voluntary

Commitment Status Review Date: MM / DD / YYYY

\* BRC Target Population: L - Ongoing, low intensity servs.

**Primary Residence**

\* Address: 121 Red Bird Lane

\* County/Tribe of Residence: 13 Dane

**Referral Information**

Episode Start Date: 06 / 04 / 2012

Episode End Date: 7 / 20 / 2012

First Contact Date: MM / DD / YYYY

Episode End Reason: 06 - Referred

\* Commitment Status: 1 - Voluntary

Commitment Status Review Date: MM / DD / YYYY

\* BRC Target Population: L - Ongoing, low intensity servs.

Black or African American  Unknown American

Tertiary: \_\_\_\_\_ Veteran Status: Unknown

Presenting Problem (select any 3):

01 - Marital/family problem

02 - Social/interpersonal

03 - Problems coping with daily roles and activities

04 - Medical/somatic

06 - Attempt, threat, or danger of suicide

07 - Alcohol

05 - Depressed mood and/or anxious

08 - Drugs

09 - Involvement with criminal justice system

Add >    Remove <

**MH Diagnosis Information**

\* Primary MH Diagnosis Code - Axis I or II: 300.4 - Dysthymic Disorder

Mental Health/Substance Abuse Diagnosis - Axis I or Axis II:

1. 304.20 - Cocaine Dependence, Unspec
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

General Medical Conditions - Axis III:

5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

Save Return



# **Closing Episodes and Services for AODA**

# Closing Episodes and Services

- ❑ Enter **SPC End Date**
- ❑ Enter **SPC End Reason**
- ❑ Complete **Closing Status** section
- ❑ Click **Return**

**AODA Services and Outcomes** Cancel Reset

**Service Details** Duplicate Add Delete

\* Provider WP/NPI:

\* SPC:

\* Unit or Basis of Measurement:  Quantity:

\* Target Group:

\* SPC Start Date:

SPC End Date:

SPC Delivery Month:

SPC End Reason:

SPC Review Month:

Service Worker ID:

**Closing Status**

AODA:  Arrests:

Support Group:  Living Arrangement:

AODA Employment Status:

Next Service

Return

# Closing Episodes and Services

---

- ❑ Select **Consumer Profile**
- ❑ Click **Go**

Search Results						
<a href="#">Last Name</a>	<a href="#">First Name</a>	<a href="#">Client ID</a>	<a href="#">Provider WPI/NPI</a>	<a href="#">SPC</a>	Navigation	View/Edit
Jones	Alexis		100002695	507.00-Outpatient - regular	Consumer Profile: ▼	Go

# Closing Episodes and Services

- Enter Episode End Date

## AODA Consumer Profile



### Worker and County Information

Local Worker ID: 4400440044  
Local Family ID:  
Local Client ID:

\* Brief Service:  Yes  No  
\* Co-Dependent Exist?:  Yes  No


### Referral Information

Episode Start Date: 05 / 21 / 2012   
First Contact Date: MM / DD / YYYY

Episode End Date: 5 / 30 / 2012

\* Referral Source: 10 - Employer, EAP

# Closing Episodes and Services

- ❑ Update each problem before closing the episode
- ❑ Click the  icon to update an existing problem

**Substance Use Information**

• Please enter information for at least one Substance Abuse Problem:

Substance Problem Rank Order:



Substance Problem:

Use Frequency:

Usual Route of Administration:

Age of First Drug Use:

Substance Problem at End of Episode:

Order	Substance	Frequency	Usual Route of Administration	Age of First Use		
1 - PRIMARY	02 - ALCOHOL	5 - DAILY	1 - ORAL	18		



# Closing Episodes and Services

- ❑ Document the **Substance Problem at End of Episode**
- ❑ Click **Update**

**Substance Use Information**

\* Please enter information for at least one Substance Abuse Problem:

Substance Problem Rank Order:  Substance Problem:

Use Frequency:  Usual Route of Administration:

Age of First Drug Use:  Substance Problem at End of Episode:

Order	Substance	Frequency	Usual Route of Administration	Age of First Use		
1 - PRIMARY	02 - ALCOHOL	5 - DAILY	1 - ORAL	18		

# Closing Episodes and Services



- When finished documenting closing details, click **Return**

**Substance Use Information**

• Please enter information for at least one Substance Abuse Problem:

Substance Problem Rank:    
Order:   
Use Frequency:    
Age of First Drug Use:

Substance Problem:    
Usual Route of Administration:    
Substance Problem at End of Episode:

Order	Substance	Frequency	Usual Route of Administration	Age of First Use		
1 - PRIMARY	02 - ALCOHOL	5 - DAILY	1 - ORAL	18		



---

# Reports List

# Reports List

---

- ❑ Select **Reports List**
- ❑ Click the appropriate blue hyperlinked report

**Navigation Menu**

- PPS Main Menu
- PPS Home
- Search
- Inbox
- Individuals
  - Basic Registration
  - Individual Information
- Work Management
  - Employment Outcomes
  - Family Care Support
  - Financial Reporting
  - Incident Management
  - LEA Notification
  - Referral Management
  - Workload Management
  - Waitlist Management
- Reports
  - Reports List**
- System Administration
  - Agency Administration

## Program Participation System Reports List

PPS Reports

[MH/AODA Report Criteria](#)

# Reports List

- ❑ Select or Enter search criteria
  - Red asterisks are required
- ❑ Click **Submit**

## Mental Health Services/AODA Services And Outcomes

Cancel  Reset

### Report Criteria

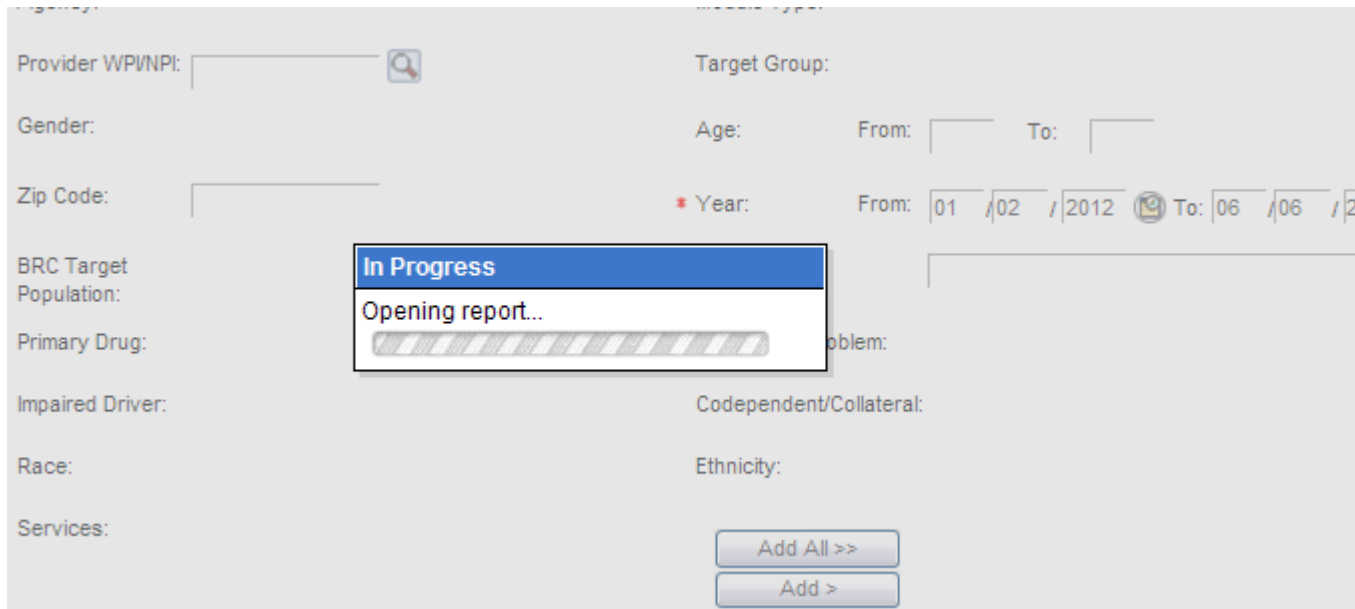
* Report Type:	Service Utilization	Outcome Type:	
* Agency:	Milwaukee	* Module Type:	0002 - AODA
Provider WP/NPI:	<input type="text"/>	Target Group:	
Gender:		Age:	From: To:
Zip Code:		* Year:	From: 01 / 02 / 2012 To: 06 / 06 / 2012
BRC Target Population:		Diagnosis:	
Primary Drug:		Substance Problem:	
Impaired Driver:		Codependent/Collateral:	
Race:		Ethnicity:	
Services:	507.70 - Methadone or narcotic detox 703.10 - Medically managed inpatient detox 703.20 - Medically monitored residential detox 703.50 - Ambulatory detoxification 705.10 - Residential intoxication monitoring 301 - Court intake studies	<input type="button" value="Add All &gt;&gt;"/> <input type="button" value="Add &gt;"/> <input type="button" value="Remove &lt;"/> <input type="button" value="Remove All &lt;&lt;"/>	

Submit

# Reports List

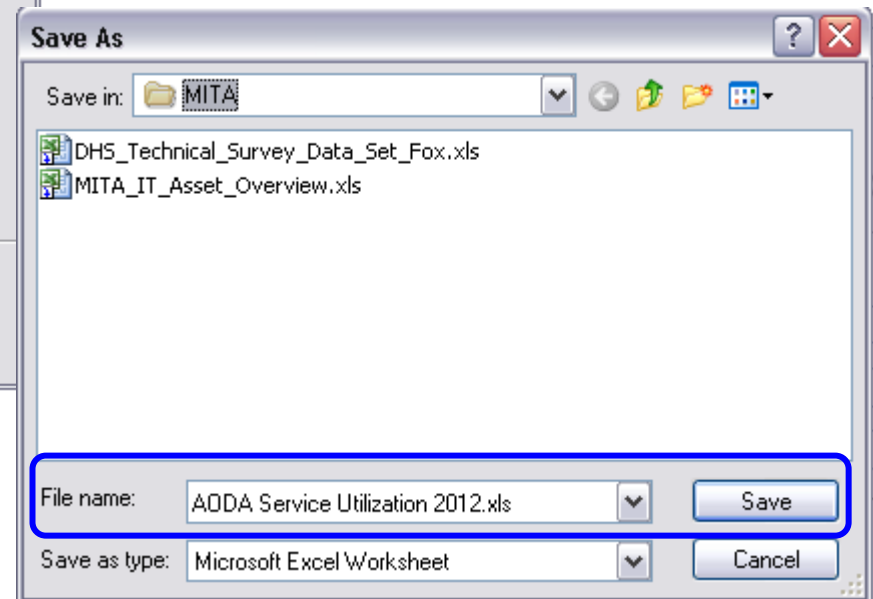
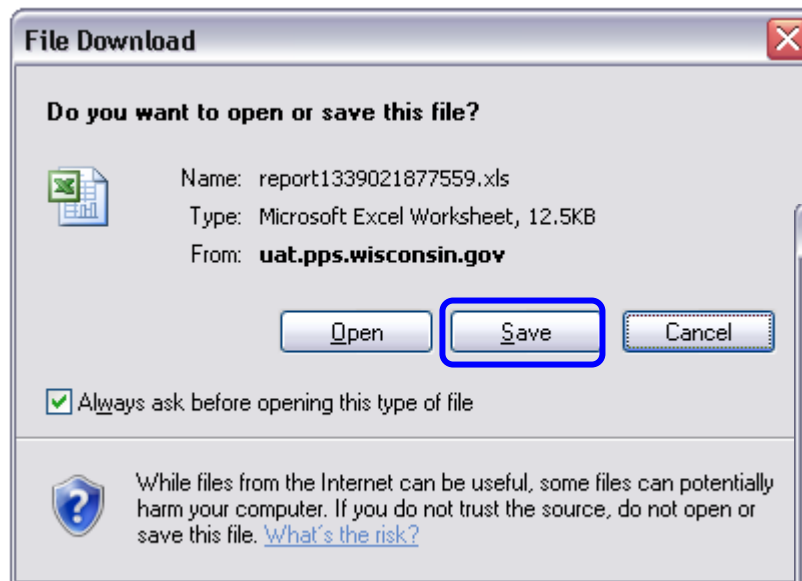
---

- As the report runs, the system will display an In Progress window



# Reports List

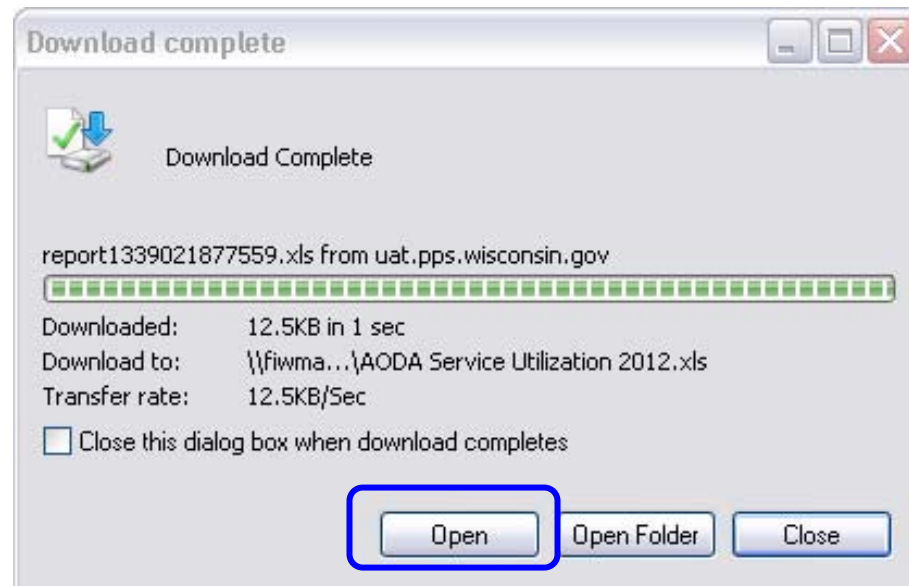
- ❑ Save or Open the file
  - When saving, store in a secure place and apply a standard naming convention
    - ❑ Example AODA Service Utilization 2012



# Reports List

---

- ❑ **Open** the file to view it





# Reports List

- Review the report

PPS MH/AODA Service Utilization Report								
6/6/12 - 5:31PM								
Agency: Milwaukee								
SPC From: 01/02/2012    SPC To: 06/06/2012								
Admissions, Discharges, Carry-Overs and Units by Provider								
Service	Carried Over Prior to	Carried Over From	Admissions	Terminations	Carried Forward	Units of Service	Clients No Units Reported	Clients Units Reported
Provider WPI/NPI	2011	2011	2012	2012		2012	2012	2012
<b>301 - Court intake studies</b>								
33626400 -	0	0	1	0	1	1	0	1
<b>506.20 - Transitional residential</b>								
0693300000 -	0	6	4	0	10	94	0	4
<b>703.10 - Medically managed inpatient detox</b>								
100002692 - TIFFANY, ZZTEST	0	0	1	0	1	11	0	1
100002739 - TIFF, ZZTEST	0	0	1	1	0	2	0	1
<b>705.10 - Residential intoxication monitoring</b>								
9999999999 -	1	1	1	0	3	12	0	1

# Additional Help Contact Information

---

- System Questions

- DHS SOS Desk

- E-mail: [DHSSOSHelp@wisconsin.gov](mailto:DHSSOSHelp@wisconsin.gov)
    - Phone: (608) 266-9198

