

Macomb County Office of Substance Abuse

FOCUS DATA SYSTEM

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Tammy Pizzimenti, Focus Project Coordinator



Access Management System Change

For services effective October 1, 2014:

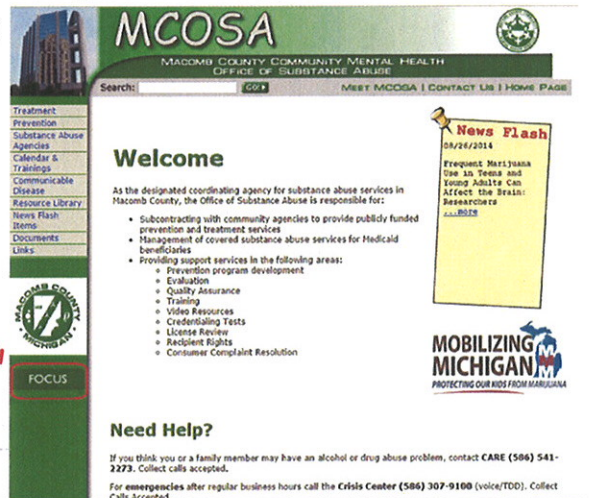
- All Access Management System functions will be provided through the Macomb County Access Center (no longer contact CARE)
 - Consumer/Client Line: 586-948-0222
 - Provider Only Line: 586-948-0206
- MCOSA will utilize Focus for all admission, discharge, authorization and billing purposes
- CareNet will only remain open to process bills for services provided before October 1, 2014

Welcome to FOCUS

► FOCUS website:

<https://w3.pcesecure.com/cgi-bin/WebObjects/MCCAdmin>

► MCOSA Website link



Save FOCUS to your web server favorites.

Links to Focus are available at the MCOSA website: mcosa.net and at the MCCMH.net web site.

Logging into FOCUS

Welcome to MCCMH!

Access to this site is limited to authorized staff of Macomb County Community Mental Health users and authorized providers.

Please enter your Login ID and Password

Login ID:

Password:

[I forgot my password](#)

ATTENTION

All information contained in this information system is private and confidential. This system is intended for professional use by the staff and contractors of Macomb County Community Mental Health and its affiliated organizations. Records contained herein should be accessed only by authorized staff from approved work stations. Information should be accessed on a need-to-know basis only.

By accepting these terms, you agree under penalty of law that you are an authorized agent using this system only for professional purposes.

For security and identification purposes, your IP address has been recorded.

Anyone accessing or using this system inappropriately will be prosecuted to the fullest extent of the law, as set forth in agency policies.

The confidentiality of this information is legally protected under the Michigan Mental Health Code (PA 258 of 1974, as amended) and the Health Insurance Portability and Accountability Act of 1996 (45 CFR Parts 160 and 164). Additionally, some information may also be protected under the Confidentiality of Alcohol and Drug Abuse Patient Records, Final Rule (42 CFR, Part 2) and the Confidentiality of HIV/AIDS Information (MCL 333.5131; PA 438 of 1999, as amended).

MCCMH monitors and logs the activities of this web site. By accessing this web site, you are expressly consenting to these monitoring activities. Unauthorized attempts to access, obtain, alter, damage, or destroy information, or otherwise to interfere with the system or its operation are prohibited and recorded by the MCCMH.

It is the MCCMH policy that staff may access consumer Protected Health Information (PHI) only when access to that information is a necessary part of their job function. Accessing consumer PHI for purposes other than to perform functions of your position may result in an appropriate disciplinary action.

FOCUS ALERT

To be in compliance with minimum necessary access rules of the Health Insurance Portability and Accountability Act (HIPAA), staff may access consumer Protected Health Information (PHI) only when access to that information is a necessary part of their job function.

Accessing consumer PHI for purposes other than to perform functions of your position may result in disciplinary action, up to and including termination.

This applies to paper records as well as the Electronic Medical Record (FOCUS).

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User ID and temporary passwords will be sent to your program supervisor. **It is very important to provide MCOSA with your email address. Make sure it is included on your sign in today and is legible.**

When first logging in the password will be the same as the user ID. You will be prompted to accept our confidentiality and HIPAA policy's and terms. Make note of the *I forgot my Password* link right below the log in button. FOCUS will give you three attempts to get your password correct prior to disabling your use. If after the second attempt you cannot get in click on the *I forgot my password* link. You will be asked to enter your email and security questions correctly. If all questions are answered an e-mail will be sent with a temporary password that will allow you to log in and create a new password.

If we do not have an e-mail for you on file please make sure that Lisa Carrizales receives it.

Do not share user ID's or passwords with anyone.

Security Questions and Password Reset

Your password has expired, or you were assigned a temporary password. Please enter a new password.

Change Password	
User ID: suduser	
Your Current or Temporary Password:	<input type="password"/>
New Password:	<input type="password"/>
Re-type New Password:	<input type="password"/>
Remember: passwords are case sensitive and are stored exactly as typed	
Security Questions	
Please answer the questions below. If you forget your password, these answers will be used to verify your identity and assign you a new password.	
What is your email address?	<input type="text"/>
What is the name of your favorite childhood friend?	<input type="text"/>
What was your favorite place to visit as a child?	<input type="text"/>
<input type="button" value="Save"/>	

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Type in the username/password you just used to access FOCUS.

Change your password following the password Do's and Don'ts at the bottom of this section

Password Do's and Don'ts

Password Do's:

Do select a password that contains at least 8 non-blank characters.

Do include letters and numbers in your password.

Do memorize your password. Choose a password that is easy for you to remember, so that you don't have to write it down.

Password Don'ts:

Don't use passwords that are less than 8 characters long.

Don't use your name in any form (last, first or middle).

Don't use your login ID.

Don't use a birthdate.

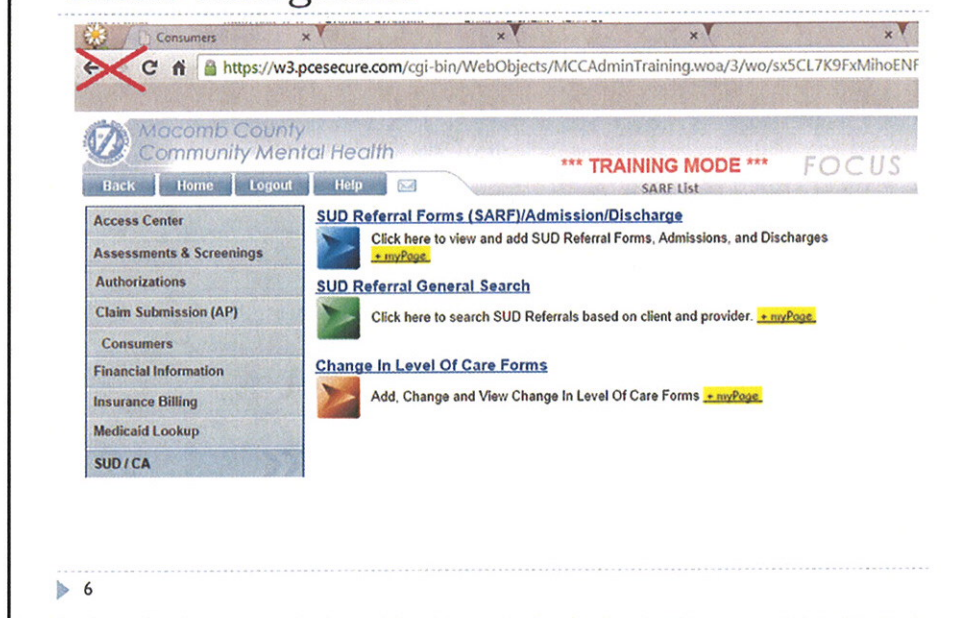
Don't use all the same letters.

Don't write down your password.

Don't share your password with others.

Remember your answers to the security questions as they will help you to request an electronic password resent in the event you forget yours.

Basic Navigation



If you are unable to get to the FOCUS system contact the FOCUS Helpdesk 586-463-8566.

This is what the first screen is FOCUS may look like. Depending on what your role is your permissions may be different than what appears on the following screens.

The left side of the screen allows you to move from one area to the next. This screen shows the SUD/CA specific sections.

The blue underlines links indicate areas that you can enter by clicking on the link.

When using Focus you will NOT use your Browser back button. Instead use the **Back** or **Home** buttons located in the upper and lower left-hand corner of Focus to navigate through the System.

The **Back** button will ignore any changes made to the screen and take you back one page, Back = Cancel.


The **Home** button will return you to the Home screen. The Home screen is where you will find the Main Menu. Your Home screen will depend upon the User Group to which you are assigned.

The **Logout** button will log you out of Focus, always logout of Focus before you close Internet Explorer or when leaving your computer unattended.

The **Help** button will allow you to access the Focus User Manual. Manuals are based on User Groups.

The **Messages** button will be used to access some of the reports in Focus. Focus will prompt you to use the **Messages** button if the reported will be displayed here.

Searching for a Client

 Macomb County
Community Mental Health

*** TRAINING MODE *** FOCUS

Back Home Logout Help

Consumer List

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use a partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Last Name	First Name	AKA or Other Information
Case #	Social Security No.	Birth Date (mmddyy)
Medicaid ID No.	SEARCH	

0 Consumers

Last Name	First Name	Case #	SSN	DOB	Status
-----------	------------	--------	-----	-----	--------

Tuesday, September 09, 2014 10:24 AM Eastern Time SUD User

Access Center Provider Line Only 586-948-0206
or the
Business Line (8:30 to 5:00) 586-948-0224

FOCUS Helpdesk 586-463-8566 or focus.helpdesk@mccmh.net

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You can search for a client several ways in FOCUS. You only need a few letters of the client's last name and the first initial to search by name.

Other ways to search...

Social Security number

Birth date

Medicaid ID

FOCUS Case number

If you cannot locate your client please call the Access Center Provider Line at 586-948-0206. If you have problems after the Access Center tells you the client has been released to you call the FOCUS Helpdesk 586-463-8566 or the e-mail on the slide.

If your Client is not in FOCUS...

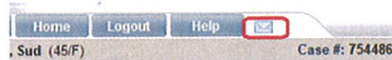
- ▶ Send the Release of Information Document to Access
- ▶ Complete the 'SUD Provider Request To Open Case' form and send to Access

▶ 8

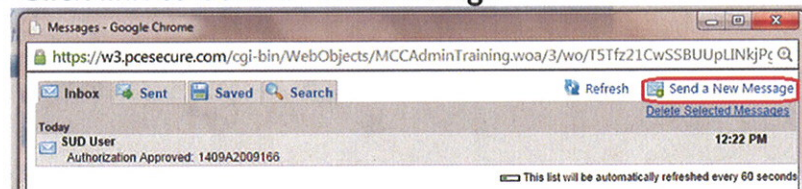
Forms you will need to send to the Access Center to open a clients record are the...
Release of Information Sheet and
SUD Provider Request to Open Case

Release of Information Process

- ▶ Scan and Save signed Release & Open Case Request form in your documents labeled with the clients name
- ▶ If you cannot scan a document fax it to **586-948-0223**
- ▶ In Focus click on the system messages envelope



- ▶ Click link to Send a New Message

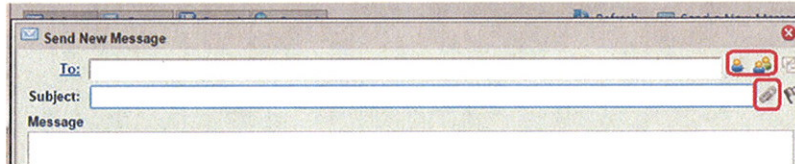


▶ 9

- Scan and Save signed Release in your documents labeled with the clients name
- In Focus click on the system messages envelope
- Attached document to System Message
- Contact the Access Staff if there is no returned message after 10 minutes

Release of Information Process

- ▶ Attach documents to system message (More details in the next slide)



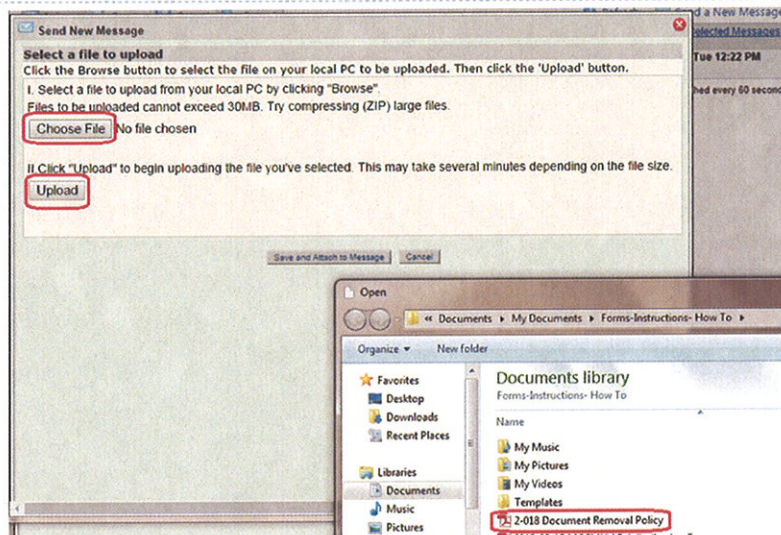
- ▶ If faxing you must still send a message to SUD Release
- ▶ Access Center will reply to your message once case is open/SARF is released
- ▶ Contact Access Center if you need assistance

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Attach Document (more information in the next slide)
Click on paperclip to attach a file

Send to "SUD Release" using the lookup options.

Scanning and Uploading Documents



▶ 11

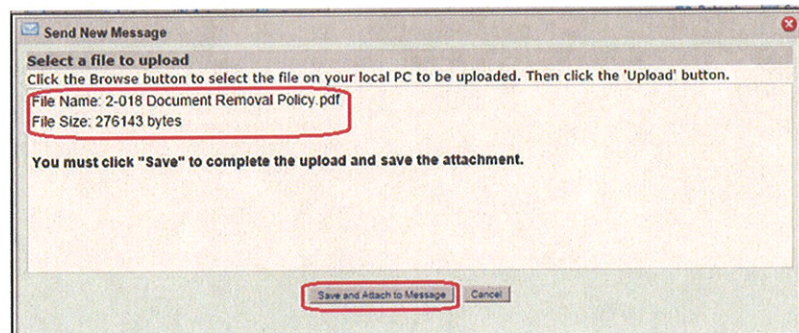
After clicking on the paperclip this screen will appear.

Click on Choose File

Select the name of the release form you are attaching to the system message

Click the upload button – uploading the file may take a few moments so be patient

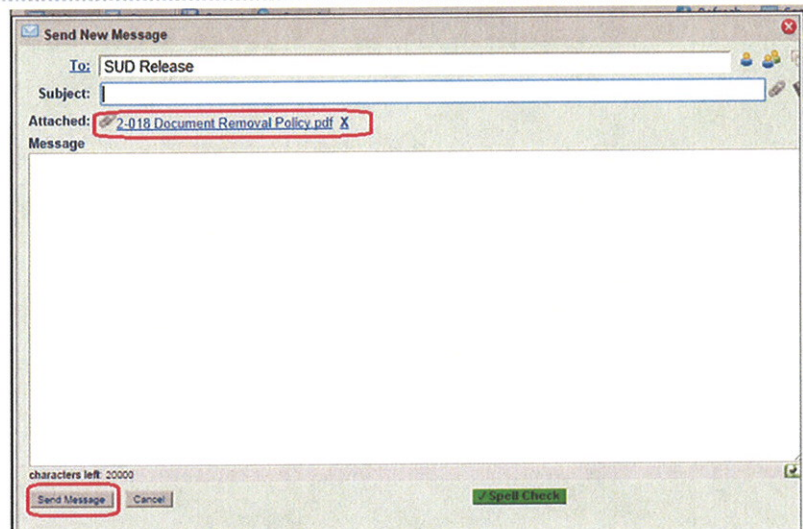
Scanning and Uploading Documents



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Once the file is uploaded to the message the file name will appear.
Click on the Save and Attach to Message button

Scanning and Uploading Documents



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The attached file will appear in the message as shown.

Include any details you would like to add to Access in the message text box.

Select the recipient *SUD Release*

Click on the Send Message button

Check your System Messages for a confirmation from Access Center that the information has been received. New messages are indicated with a flashing Caution symbol over the System Messages envelope.

Opening a Clients Record

Macomb County Community Mental Health

*** TRAINING MODE *** FOCUS

Back Home Logout Help

Access Center

Assessments & Screenings

Authorizations

Claim Submission (AP)

Consumers

Financial Information

Insurance Billing

Medicaid Lookup

SUD / CA

SUD Referral Forms (SARF)/Admission/Discharge

Click here to view and add SUD Referral Forms, Admissions, and Discharges

SUD Referral General Search

Click here to search SUD Referrals based on client and provider

Change In Level Of Care Forms

Add, Change and View Change In Level Of Care Forms

Consumer List

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use a partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Last Name: Test

First Name: S

AKA or Other Information:

Case #:

Social Security No.:

Birth Date (mmddyy):

Medicaid ID No.:

SEARCH

2 Consumers

Last Name	First Name	Case #	SSN	DOB	Status	
Test	Sud	754486	*****4321	08/27/1969	Open	Select
					Closed	Select

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Star indicates the status of the client.
Click on the *Select* link to open record.

Word in a **blue** font that are underlined are links that will take you to new areas in FOCUS. Click on those links to open at forms.
FOCUS is a conditional system. Things must occur in a specific order for other links to appear. If you do not see your link check to see if all the necessary forms have been completed in FOCUS.

Opening the SARF

1 Matched

Referral Date / Release Status	Form Completed By	Provider	Admission Date	Discharge Date	Linked Auth(s)	
08/27/2014 Released	Tamara Pizzimenti		08/27/2014		1409A2009166	<div><div>SARF</div><div>View</div><div>SUD Admission Form</div><div>SUD Discharge Form</div><div>Twin 14 Forms</div></div>

[Back](#)

[Home](#)

Consumer Information

Provider 191846 Adult Well-Being Services	Form Completed By 5947 Tamara Pizzimenti
Last Name Test	First Name Sud
Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Middle Name
Medicaid ID #	Date of Birth 08/27/1969
Client CA Ref # 00000754486	SSN 987-65-4321
	Reason for missing SSN <input type="radio"/> Unknown <input type="radio"/> Refused to Provide <input checked="" type="radio"/> Not Applicable
	Linked Authorization(s) 1409A2009166

Referral Information

Admission Date 08/27/2014	Admission Type <input checked="" type="radio"/> 1st ADMIT <input type="radio"/> READMIT
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Comments

Record Added
tpizziment 08/27/2014 14:31:15

Record Changed
tpizziment 08/27/2014 14:31:29

Record ID: 3813801

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[CANCEL](#)

This is the SARF that opens the clients record to you.

Access Center Screening

Macomb County
Community Mental Health

Home Logout Help

*** TRAINING MODE *** FOCUS

Access Center

[View Consumer Screening Records](#)

[View Consumer Screening Records](#) [myPage](#)

Macomb County
Community Mental Health

Back Home Logout Help

*** TRAINING MODE *** FOCUS

Consumer List

Please type in consumer's last name and first initial and press SEARCH to locate the consumer. You may wish to use a partial name if you are not sure about the spelling.

If you cannot find the consumer by name, you may type in any other available data to locate the consumer.

Last Name	First Name	AKA or Other Information
<input type="text"/>	<input type="text"/>	<input type="text"/>
Case #	Social Security No.	Birth Date (mmddyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Medicaid ID No.	<input type="text"/>	
<input type="text"/>	<input type="button" value="SEARCH"/>	


1 Consumer

Last Name	First Name	Case #	SSN	DOB	Status	
Test	Sud	754486	*****4321	08/27/1969	Open	Screenings

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When Access Center completes the screening and the client has been released to your program you can view the information in the screening record.
Go to the Access Center page. (From your main menu)
Search for the client and click on the *Screenings* link to open the page.

Access Center Screening

 Macomb County
Community Mental Health

*** TRAINING MODE *** FOCUS

Back Home Logout Help

Screening Record List

Name: Test, Sud (45/F)

Case #: 754486

Case: Open

Date of Birth
08/27/1969

Home Phone
(586) 555-1212

Address
22550 Hall Rd
CLINTON TOWNSHIP, MI 48036

Current Admission
Primary Program: Adult Well-Being Services
Case Holder: Unassigned
Disability Designation:

Chart Documents
Eligibility/Insurance
Health/PHCP Info
Consumer Calendar

No Alerts
Diagnosis

Jump to: [Consumer's Chart](#) [Funding and Insurance Policies](#) [Authorizations](#)

Activity since: 09/09/2012 [One Month](#) [Three Months](#) [Six Months](#)

1 Screening Record

Type/Date	Affiliate	Notes	Status	
Access Screening 08/22/2014 8:00AM	SUD CA	Disposition null Appointment None	SIGNED BY: Tamara Pizzimenti	View Print

0 Due Process Letters

Click on the *View* link to open the document.

How to Move Through Documents

CLINTON TOWNSHIP, MI 48036

Usability Designation:



CLINTON TOWNSHIP, MI 48036

Index		1. Access Screening: Basic Information - Demographics			
1. Basic Information a. Demographics b. Contacts c. Guardians 2. Risk Assessment 3. Medical Information 4. Psychiatric and Substance Use History (MH/SUD) 5. Substance Use Chart (MH/SUD) 6. Diagnosis 7. Disposition/Designation 8. Send Copy to 9. Signatures		Date of Access Screening 08/22/2014			
		Time of Access Screening 8:00 AM			
		Last Name Test	First Name Sud	MI	
		Address 22550 Hall Rd	County of Residence Macomb		
		City CLINTON TOWNSHIP	State MI	Zip 48036	Home Phone (586) 555-1212
					Cell Phone
					Alternate Phone
					Email
		Primary Phone <input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Alternate <input type="radio"/> None			
		Residential Living Arrangement <input type="radio"/> Unknown <input type="radio"/> Living in private residence with natural or adoptive family member(s). <input type="radio"/> Living in private residence not owned by CMH/provider, alone or w/spouse or non-relative(s). <input type="radio"/> Homeless on the street or in a shelter for the homeless <input type="radio"/> Prison/jail/juvenile detention center <input type="radio"/> Nursing Care Facility <input type="radio"/> Institutional setting (congregate care facility, boarding schools, Child Caring Institutions, state facilities) <input type="radio"/> Private residence that is owned by PIHP, CMHSP, or contracted provider <input type="radio"/> Foster family home <input type="radio"/> Specialized residential home			

Use the box on the left had side to move to various pages in the form.

Or at the bottom of the page you can click the button to move to the next page.

Client Demographics

Macomb County Community Mental Health

*** TRAINING MODE *** FOCUS

Link Home Logout Help

Access Center

Assessments & Screenings

Authorizations

Chain Substitution (AP)

Consumers

Financial Information

Insurance Billing

Medicaid Lookup

SUD/CA

Consumer Chart

Go to Consumer Chart, consisting of all documents related to a Consumer. This includes a page of links that makes it easier to move from one form to another within a consumer's chart.

Back Home Logout Help

Name: Test, Sud (45/F) Case #: 754486 Case: Open

Date of Birth: 08/27/1989 Home Phone: (586) 555-1212

Address: 22550 Hall Rd CLINTON TOWNSHIP, MI 48036

Primary County: Unassigned

Primary Program: Unassigned

Case Holder: Unassigned

Disability Designation:

Current Admission

Chart Documents

Eligibility/Insurance

Health/PHCP Info

Consumer Calendar

No Alerts

Diagnosis

Chart Links

Demographics

[Change Demographics](#)

[View Demographics](#)

[View Consumer Address Changes History](#)

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Click on the Consumers tab on the Home page.
 Then click the *Consumer Chart* link and then click on *View Demographics* to see client demographics or *Change Demographics* to make updates.
 This information is shared with the Access Center and Mental Health so the information may change.

Macomb County
Community Mental Health

*** TRAINING MODE ***
[SUD / CA](#)

SUD Admissions

[Home](#)
[Logout](#)
[Help](#)

[SUD Referral Forms \(SARF\)/Admission/Discharge](#)
[Click here to view and add SUD Referral Forms, Admissions, and Discharges](#)

[SUD Referral General Search](#)
[Click here to search SUD Referrals based on client and provider](#)

[Change In Level Of Care Forms](#)
[Add Change and View Change In Level Of Care Forms](#)

Macomb County
Community Mental Health

*** TRAINING MODE ***
FOCUS

[Back](#)
[Home](#)
[Logout](#)
[Help](#)

Case #: 754486

Case: Open

Name: Test, Sud (45/F)
Date of Birth: 08/27/1969
Home Phone: (586) 555-1212
Address: 22550 Hall Rd
CLINTON TOWNSHIP, MI 48036

Primary County: Unassigned
Primary Program: Unassigned
Case Holder: Unassigned
Disability Designation:

[Chart Documents](#)
[Eligibility/Insurance](#)
[Healthy/PHCP Info](#)

[No Alerts](#)
[Diagnosis](#)

Click [here](#) to View and Update this Consumer's [Authorizations](#)
Click [here](#) to View and Update this Consumer's [Funding Sources and Insurance Policies](#)

1 Matched

Referral Date / Release Status	Form Completed By	Provider	Admission Date	Discharge Date	Linked Auth(s)	
08/27/2014 Released	Tamara Pizzimenti		08/27/2014		1409A2009106	SARF View SUD Admission Form SUD Discharge Form Twelve 14 Forms

[Back](#)
[Home](#)

▶ 20

Check the website for this form.

Keep Copies of all the forms on the website in case your internet goes down or the FOCUS system is down.

SUD Admission Form

Name: Test, Sud (45/F)		Case #: 754486		Case: Open	
Date of Birth 08/27/1969	Home Phone (586) 555-1212	Current Admission		Chart Documents	No Alerts
Address 22550 Hall Rd CLINTON TOWNSHIP, MI 48038		Primary Program: Case Holder: Unassigned	Eligibility/Insurance	Diagnosis	
		Disability Designation:	Health/PHCP Info		

Consumer Information					
Provider		CIS Site License # Update With Current	Admission Staff Lookup 5947 Tamara Pizzimenti		
Last Name Test	First Name Sud	Middle Name	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female	Date of Birth 08/27/1969	
SSN 987-65-4321	Reason for missing SSN <input type="radio"/> Unknown <input type="radio"/> Refused to Provide <input checked="" type="radio"/> Not Applicable		Beneficiary Identifier Lookup		
Client CA Ref # 00000754486			Linked Authorization(s)		

DATE OF REQUEST Use Current Date 08/27/2014	Reason Admission Date is Outside 14 Days of First Contact (list other admission dates offered and reason refused) characters left: 512
ADMISSION DATE Use Current Date 08/27/2014	
ADMISSION TYPE <input checked="" type="radio"/> 1st ADMIT <input type="radio"/> READMIT	
<input type="checkbox"/> Check here if the consumer requested that this admission occur 14 days after Date of First Contact	

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Date of Request is the date Access Center of the Client called to schedule an appointment.

Admission Date is when the client arrived at your office for treatment.

If the dates between the Date of Request and the Admission date go beyond 14 days check the box "Check here is the consumer requested that this admission occur 14 days after Date of First Contact". Then type in the details that explain why the appointment is 14 days after the first contact in the text box above.

WARNING!!

SUD User

TIME-OUT IN: 57 Minutes, 56 Seconds

Record Added

tpizziment 08/27/2014 14:31:32

SAVE

CANCEL

Back

Home

Tuesday, September 09, 2014 11:30 AM Eastern

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FOCUS does not automatically save data. There is a running clock at the bottom of the page showing when the system will time out. The time does continues to tick down when the document is in use. Save your work often so the FOCUS system does not time out and you lose your data. The time will only refresh when you change to a different screen.

Keys to reducing time out data loss...

Save often

Work from one FOCUS screen at a time. Multiple sessions can make it hard to keep track of what you are doing.

Adding Appointment Information (Twin 14)

Macomb County
Community Mental Health

*** TRAINING MODE *** FOCUS

Back Home Logout Help SARF List

Name: Test, Sud (45/F) Case #: 754486 Case: Open

Date of Birth: 08/27/1999 Home Phone: (586) 555-1212

Address: 22550 Hall Rd
CLINTON TOWNSHIP, MI 48036

Primary County: Unassigned
Primary Program: Unassigned
Case Holder: Unassigned
Disability Designation:

Chart Documents No Alerts
Eligibility/Insurance Diagnosis
Health/PHCP Info

Click [here](#) to View and Update this Consumer's [Authorizations](#)
Click [here](#) to View and Update this Consumer's [Funding Sources and Insurance Policies](#)

1 Matched

Referral Date / Release Status	Form Completed By	Provider	Admission Date	Discharge Date	Linked Auth(s)	
08/27/2014 Released	Tamara Pizzimenti		08/27/2014		1409A2009166	<p>SARF View</p> <p>SUD Admission Form SUD Discharge Form Twin 14 Forms</p>

Back Home

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The Twin 14 Form is used when a client reschedules beyond the 14 days of initial contact. This will allow you to show that you made every effort to get the client to come in within 14 days of the first contact, however the client chose to reschedule.

Twin 14 Form - Appointments

Appointment Status (Twin 14)

Date Form Submitted:

Use Current Date

This form is regarding the following appointment:

Provider:

Date:

Time: AM

Type: ☐ Discharge ☐ Initial ☐ Ongoing

Status Update

☒ Consumer attended initial/ongoing appointment specified above

☐ Consumer did NOT attend the appointment specified above

Was ongoing appointment scheduled?

☒ Consumer is scheduled for ongoing service appointment

Date: Time: AM

☐ Consumer refused appointment within 14 days

Number of appointments offered within 14 days:

☐ Consumer was not scheduled for ongoing service appointment because:

☐ Consumer will use only periodic, consumer driven services (e.g. Clubhouse)

☐ Consumer is involved in continued evaluation

☐ Consumer will only use respite services

☐ Consumer placed on wait list

☐ Consumer does not meet eligibility criteria

Other:

characters left: 255

Reason for not attending

☐ Consumer was a "no show"

☐ Consumer called to cancel on:

Agency canceled

Other:

characters left: 255

Was appointment rescheduled?

☐ Consumer did not wish to reschedule

☐ Rescheduled appointment for:

Date: Time: AM

Other:

characters left: 255

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Fill out all the information on the right hand side of the screen. This form is used as an exception only, this does not need to be completed with each intake.

Funding Sources & Insurance Policies

Macomb County
Community Mental Health

*** TRAINING MODE *** FOCUS

Back Home Logout Help

SARF List

Name: Test, Sud (45/F) Case #: 754486 Case: Open

Date of Birth: 08/27/1969 Home Phone: (586) 555-1212

Address: 22550 Hall Rd
CLINTON TOWNSHIP, MI 48036

Primary County: Unassigned
Primary Program: Unassigned
Case Holder: Unassigned
Disability Designation:

Chart Documents
Eligibility/Insurance
Health/PHCP Info

No Alerts
Diagnosis

Click [here](#) to View and Update this Consumer's Authorizations
Click [here](#) to View and Update this Consumer's **Funding Sources and Insurance Policies**

1 Matched

Referral Date / Release Status	Form Completed By	Provider	Admission Date	Discharge Date	Linked Auth(s)	
08/27/2014 Released	Tamara Pizzimenti		08/27/2014		1409A2009166	SARF View SUD Admission Form SUD Discharge Form Twin 14 Forms

Back Home

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From the SUD Referral Forms (SARF)/Admission/Discharge page.
You can access the Insurance Policies and Authorizations from the same page.

Funding Sources & Insurance Policies

Name: Test, Sud (45/F)		Case #: 754486	Case: Open
Date of Birth 08/27/1969	Home Phone (586) 555-1212	Current Admission Primary Program: Adult Well-Being Services Case Holder: Unassigned Disability Designation:	Chart Documents Eligibility/Insurance Health/PHCP Info
Address 22550 Hall Rd CLINTON TOWNSHIP, MI 48036			No Alerts Diagnosis

To add a new insurance policy / funding source:

[Click here to add SUD Self Pay](#)
[Click here to add Women's Specialty Services](#)
[Click here to add 16th Drug Court Policy](#)
[Click here to add Statewide](#)
[Click here to add SDA](#)

[Click here to add 3rd Party Insurance](#)
[Click here to add Medicare Part A/B](#)
[Click here to add Medicaid Deductible](#)

Affiliate: SUD CA		
Policies effective on:	<input type="text"/>	<input type="checkbox"/> Include Disabled Policies
Use Current Date		<input type="button" value="SEARCH"/>
Policies with Verification Status: <input checked="" type="radio"/> All <input type="radio"/> Verified <input type="radio"/> Awaiting Verification		
Sort Order: <input type="radio"/> Billing Priority <input type="radio"/> Insurance/Effective <input checked="" type="radio"/> Effective Date		

[Print Insurance Authorization Form](#)

0 Insurance Policies

Affiliate	Insurance Company	Policy Number	Other Info	Verification Status	Scans	Ok to Bill
<input type="button" value="Back"/>	<input type="button" value="Home"/>					

Policy Types

- SUD Self-Pay
- Women's Specialty Services
- 16th Drug Court Policy
- Statewide
- SDA
- 3rd Party Insurance
- Medicare Part A/B
- Medicaid Deductible

SUD Self-Pay Policy

Consumer Name Test, Sud	Case # 754486	DOB 08/27/1969 (Age: 45)	Home Phone 5865551212	Status Open
----------------------------	------------------	-----------------------------	--------------------------	----------------

Eligibility/Insurance Information

SUD Self-Pay Policy

Financial Information

Total Annual Adjusted Gross Income

Family Size (including client)

Client Responsible Amount

☐ Percentage ☒ Amount

 Percentage Amount Methadone Dose

Effective From

Effective Thru

[Use Current Date](#)

Notes

characters left: 2048

This is an example of how the insurance policies will look on screen.

Make sure you enter the effective date or a warning screen will pop up asking for that information.

If the clients co-pay is \$2.00 then you should take the opportunity to suggest the client apply for Healthy Michigan.

Only 2 types of co-pays are in place for the 2015 Fiscal Year. A \$2.00 and a \$5.00. MCOSA will cover clients that are up to 200% of the poverty level.

To look up clients Medicaid Eligibility click on the link below the clients name.

Eligibility Look-up

Case # DOB Home Phone Status

Insurance/Eligibility Summary - Google Chrome

https://w3.pcesecure.com/cgi-bin/WebObjects/MCCAdminTraining.woa/3/woj/MSS15554sjNP

Jump To: [Medicaid / ABW / HSW Enrollment](#) [MIChild Enrollment](#) [Insurance Policies](#) [Medicaid Eligibility Inquiry](#)

Last 6 Months of MPH Medicaid/ABW Eligibility

No MPH Medicaid Eligibility Requests / Responses found

Medicaid / ABW / HSW Enrollment (from DCH)
(use LOOKUP button for complete listing)

Medicaid ID is not entered for this Consumer. Unable to show

MI Child Enrollment (from DCH)
(use LOOKUP button for complete listing)

MIChild ID is not entered for this Consumer. Unable to show

Insurance Policies

No Insurance Policies found

CLOSE

Eligibility Verification

To receive a subscriber's eligibility information, enter:

- the subscriber's Medicaid ID number
- OR the subscriber's MIChild ID number (ATTENTION: Check Box has to be checked to indicate MIChild Eligibility Request)
- OR their Last Name, First Name AND Date of Birth
- OR their Last Name, First Name AND SSN

Then, press Request Eligibility Information button. This process will take a few seconds, so please be patient.

Subscriber Information

Medicaid/MChild ID

Check If Requesting MIChild Eligibility

Request Date Range

Start Date End Date

09/01/2014 09/30/2014

Last Name First Name

Test Sud

Date of Birth or SSN

09/27/1969

Date of Death

Request Eligibility Information

CLOSE

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Next click on the 'Medicaid Eligibility Inquiry' link.

Enter in the clients Medicaid/MIChild/Healthy Michigan ID or Name, Date of Birth, or Social Security Number.

Then click on the "Request Eligibility Information" button.

Medicaid Eligibility Look-up

1

Name: Test, Sud (45/F)		Case #: 754486	Case: Open
Date of Birth 08/27/1969	Home Phone (586) 555-1212	Current Admission Adult Well-Being Services	Chart Documents
Address 22550 Hall Rd CLINTON TOWNSHIP, MI 48036		Primary Program: Unassigned	No Alerts
Case Holder: Disability Designation:		Eligibility/Insurance	Diagnosis
		Health/PHCP Info	

2

Financial Information

[View MPHI Medicaid Eligibility Summary](#)

View Medicaid Eligibility information received from MPHI. [myPage](#)

3

Consumer Name	Case #	DOB
Test, Sud	754486	08/27/1

[Eligibility/Insurance Information](#)


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There are three ways to look up client eligibility.

1. At the Top of the page displaying client information
2. In the *Financial Information* section under *View MPHI Medicaid Eligibility Summary*
3. In the *Insurance Policy* sections where the link *Eligibility/Insurance Information* appears

If you need more information on these options please call the FOCUS Help Desk.

Authorizations

 **Macomb County**
Community Mental Health

*** TRAINING MODE *** **FOCUS**

Back Home Logout Help SARF List

Name: Test, Sud (45/F) Case #: 754486 Case: Open

Date of Birth 08/27/1969	Home Phone (586) 555-1212	Primary County:	Current Admission	Chart Documents	No Alerts
Address 22550 Hall Rd CLINTON TOWNSHIP, MI 48035		Primary Program: Unassigned	Case Holder: Unassigned	Eligibility/Insurance	Diagnosis
		Disability Designation:		Health/PHCP Info	

Click [here](#) to View and Update this Consumer's **Authorizations**
Click [here](#) to View and Update this Consumer's **Funding Sources and Insurance Policies**

1 Matched

Referral Date / Release Status	Form Completed By	Provider	Admission Date	Discharge Date	Linked Auth(s)	
08/27/2014 Released	Tamara Pizzimenti		08/27/2014		1409A2009166	<div>SARF View SUD Admission Form SUD Discharge Form Twin 14 Forms</div>

Back Home

To add an authorization click on the "Authorizations" link in the middle of the SUD Admission/Discharge page.

Authorizations

Name: Test, Sud (45/F)		Case #: 754486	Case: Open
Date of Birth 08/27/1999	Home Phone (586) 555-1212	Current Admission Primary Program: Adult Well-Being Services Case Holder: Unassigned Disability Designation:	Chart Documents No Alerts Eligibility/Insurance Diagnosis Health/PHCP Info
Address 22550 Hall Rd CLINTON TOWNSHIP, MI 48036			

To add a new authorization

Please read the following choices carefully and select one:

- [Click here to request SUD Authorization](#)
- [Click here to request SUD ReAuthorization](#)

Provider:	<input type="text"/>	lookup clear
Effective Dates:	08/09/2014 - <input type="text"/>	SEARCH

1 Matched

Referral Date / Release Status	Form Completed By	Provider	Admission Date	Discharge Date	Linked Auth(s)	
08/27/2014 Released	Tamara Pizzimenti	Adult Well-Being Services	08/27/2014			Select for Authorization Change View SARF Twin 14 Forms

[Back](#)[Home](#)

You can select from the initial authorization or the re-authorization.
Click on the 'Select for Authorization' link in the Referral Date box for the client.

Authorization

Affiliate
SUD CA

Provider

Consumer
754486 Sud Test

Service Package [Lookups](#)

Authorization Effective Date [Use Current Date](#)

Authorization Expiration Date

Authorizing Agent Notes

Provider Notes

characters left: 2048

Requested Date
09/09/2014

Requested / Added By
SUD User

[CONTINUE](#) [CANCEL](#)

Service [Lookups](#) [clear](#)

Standard Unit Type

Effective Dates

Units Per Period Requested

Frequency
Per Auth

Total Units Requested [Calculate](#)

Notes

[Add More Detail Lines](#)

[PROCESS REQUEST](#) [SAVE and PEND](#) [CANCEL](#)

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Provider information will pre-fill

If using a service package you can use the look-up button to locate the package you want to use

Enter in the effective date of the authorization you are requesting

- Can click on Use Current Date link to put in today's date
- Click on the calendar icon to use the calendar look-up function

Enter the Authorization expiration date

For individual services or when a service package fills in

1. Use the look-up button to locate individual services
2. Enter in the effective dates
3. Enter Units requested
4. Click on the calculate button for a total
5. Enter any notes you would like to send to Access
6. Save, send, or cancel

- Save and Pend – Does not send to Access and you can complete later
- Process Request- Sends to Access
- Cancel

1 Authorization(s)

Authorization #	Effective/Expiration Dates	Provider	Status
SUD			
1409A2009166	09/09/2014-09/09/20		Sent to Access View
Authorized Service Description	Units Requested	Units Claimed	Units Paid
90849 Family therapy, per session	1 Per Auth	0	0
Total: 1		Eff: 09/09/14	Exp: 09/09/16

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Macomb County Community Mental Health

***** TRAINING MODE *** FOCUS**

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Name: Test, Sud (45/F) **Case #:** 754486 **Case:** Open

Date of Birth: 08/27/1969 **Home Phone:** (586) 555-1212 **Current Admission:**

Address: 22550 Hall Rd CLINTON TOWNSHIP, MI 48036 **Primary Program:** Adult Well-Being Services **Chart Documents** **No Alerts**

Case Holder: Unassigned **Eligibility/Insurance** **Diagnosis**

Disability Designation: **Health/PHCP Info**

Messages - Google Chrome

<https://w3.pcesecure.com/cgi-bin/WebObjects/MCCAdminTraining.woa/3/wo/MSI5SS4sjNPscqgjJXXJM>

[Inbox](#) [Sent](#) [Saved](#) [Search](#) [Refresh](#) [Send a New Message](#) [Delete Selected Messages](#)

Today

SUD User **12:22 PM**

Authorization Approved: 1409A2009166

This list will be automatically refreshed every 60 seconds

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Viewing authorization status

- Pending
- Submitted for Approval
- Approved
- Denies
- Returned to sender

Notification send in System Messages.

Notification message example is at the bottom of this page.

Authorizations

Name: Test, Sud (45/F)		Case #: 754486	Case: Open
Date of Birth 08/27/1969	Home Phone (586) 555-1212	Current Admission Primary Program: Adult Well-Being Services Case Holder: Unassigned Disability Designation:	Chart Documents No Alerts Eligibility/Insurance Diagnosis Health/PHCP Info
Address 22550 Hall Rd CLINTON TOWNSHIP, MI 48036			

To add a new authorization

Please read the following choices carefully and select one:

- [Click here to request SUD Authorization](#)
- [Click here to request SUD ReAuthorization](#)

Provider:	<input type="text"/>	lookup clear
Effective Dates:	08/09/2014 - <input type="text"/>	SEARCH

1 Matched

Referral Date / Release Status	Form Completed By	Provider	Admission Date	Discharge Date	Linked Auth(s)	
08/27/2014 Released	Tamara Pizzimenti	Adult Well-Being Services	08/27/2014			Select for Authorization Change View SARF Twin 14 Forms

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ReAuthorizations

Authorization

Affiliate
SUD CA

Provider
191846 Adult Well-Being Services
16645 15 Mile Road
Clinton Township MI 48035-2209

Consumer
754486 Sud Test

Service Package [Newship](#)

Authorization Effective Date [Use Current Date](#)

Authorization Expiration Date [Use Current Date](#)

DIAGNOSIS

ICD-9	ICD-10	Description	Status Date	Status
P01	291.0	F10.121 Alcohol intoxication/withdrawal delirium	08/27/2014	Active

Diagnostic Formulation

CHARACTERS IRT: 4096

☐ Economic Problems

☐ Problem accessing healthcare

☐ Educational problems

☐ Occupational problems

☐ Housing problems

☐ Problem with primary support group

☐ Problem related to social environment

☐ Problem related to interaction with legal system

☐ Other psychological and environmental problems

☐ Behavioral/personality issues

Current GAF

GAF Date [Use Current Date](#)

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This is the re-authorization form.

ASAM Result

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Dimension 6:

[Complete ASAM Worksheet](#)

Comments

characters left: 10000

Current Treatment Plan

Problem

Goal

Progress

Estimated Date of Completion

clear

Problem

Goal

Progress

Estimated Date of Completion

clear

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[Add More Problems/Goals](#)

ASAM link at the top of the page.

Complete a new ASAM to justify why you are requesting more services. Make sure to use the comments box if your ASAM scores may not reflect what you are requesting.

If there are more than two problems/goals you can click on the link at the bottom of the page to add more.

ASAM

Criteria	Risk Rating
<input type="checkbox"/> No signs or symptoms of intoxication or withdrawal present <input type="checkbox"/> No alcohol/drug use in past 72 hours <input type="checkbox"/> Well stabilized on MAT dose <input type="checkbox"/> Adequate ability to tolerate and cope with withdrawal discomfort <input type="checkbox"/> Minimal risk of severe withdrawal (no history of complications/no current issues causing risk concerns) <input type="checkbox"/> Physically dependent on opioids and requires MAT to prevent withdrawal <input type="checkbox"/> Stable on current MAT dose or experiencing mild symptoms	<input checked="" type="radio"/> Low
<input type="checkbox"/> Some difficulty tolerating and coping with withdrawal discomfort <input type="checkbox"/> Current intoxication does not pose an imminent danger to self or others as individual responds to supports <input type="checkbox"/> MAT dose is not stable as evidenced by moderate symptoms	<input type="radio"/> Moderate
<input type="checkbox"/> Significant signs and symptoms of intoxication that pose an imminent danger to self/others <input type="checkbox"/> Significant signs and symptoms of withdrawal - shakes, sweats, nausea/vomiting, nervousness, tremors requiring subacute detoxification <input type="checkbox"/> History of significant withdrawal complications - i.e., seizures, DTs, and individual currently using <input type="checkbox"/> Poor ability to tolerate and cope with withdrawal discomfort <input type="checkbox"/> Unstable on MAT dose with significant symptoms present <input type="checkbox"/> Intoxicated to the point of incapacitated, with severe signs and symptoms requiring hospitalization <input type="checkbox"/> Severe continued use or withdrawal issues present requiring hospitalization (i.e., seizures, liver failure, GI bleeding)	<input type="radio"/> High

MAT - Medication Assisted Treatment

Comments

Characters left: 20000

SAVE AND CONTINUE TO NEXT DIMENSION

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The complete ASAM form is available on the MCOSA website. Please keep copies of this form handy in the event of system problems.

Date Last Seen

Frequency Of Sessions
☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other

MAT Only
 Take home frequency: Indicate number of take home dose per week
☐ Other:

Services Provided
☐ Group ☐ Individual ☐ Dialectic ☐ Psychiatric
☐ Case Management ☐ Peer Coach ☐ Other

Attendance
 Note number of sessions attended compared to sessions scheduled

Estimated Discharge Date

Date Last Used

Date, Substance tested and Results

Stage of Change
☐ Pre-contemplation ☐ Contemplation ☐ Action ☐ Maintenance

Type of 12-Step meeting attendance and frequency

Type of ancillary services provided or referred
☐ Medical ☐ Transportation ☐ Self-help ☐ DHS
☐ Psychiatric ☐ Housing Shelter ☐ Parenting Support ☐ Legal
☐ Other

Authorizing Agent Notes

Provider Notes

Requested Date
 02/12/2014

Requested / Added By
 Tamara Pizemerk

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CONTINUE CANCEL

This is the last part of the Re-authorization request.

Early Terminate/Voiding an Authorization

Early Terminate

1 Authorization(s)

Authorization #	Effective/ Expiration Dates	Provider	Status	
SUD				
1409A2009166	09/09/2014-09/09/2016	Adult Well-Being Services (191846)	Approved	View Early Terminate
Authorized Service Description	Units Authorized	Units Claimed	Units Paid	Units Available
90849 Family therapy, per session	1 Per Auth	0	0	1
Related SALS	Total: 1	Eff: 09/09/14	Exp: 09/09/16	Void Print Fax View Client Chart

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Void

1 Authorization(s)

Authorization #	Effective/ Expiration Dates	Provider	Status	
SUD				
1409A2009166	09/09/2014-09/09/2016	Adult Well-Being Services (191846)	Approved	View Early Terminate
Authorized Service Description	Units Authorized	Units Claimed	Units Paid	Units Available
90849 Family therapy, per session	1 Per Auth	0	0	1
Related SALS	Total: 1	Eff: 09/09/14	Exp: 09/09/16	Void Print Fax View Client Chart

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Once an authorization has been approved you have the options to VOID or Early Terminate the authorization. You will need to do this in the event the client leaves your program prior to the end of the authorization. Doing the discharge will not Early Terminate the authorization.

Early Termination

Authorization					
Affiliate SUD CA			754486 Sud Test		
Provider 191846 Adult Well-Being Services 16645 15 Mile Road Clinton Township MI 48035-2206					
Service Package NEW In Home Services 01/01/13					
Authorization Number 1409A2009166		Date Authorized 09/09/14		Authorization Status Approved	
Authorization Effective Date 09/09/2014		Authorization Expiration Date 09/09/2016			
<p>All authorized services listed below will be terminated as of the Early Termination Date entered. To terminate individual services instead, use "Early Terminate" links next to each service below.</p> <p>No claims have been entered against this authorization.</p> <p>Early Termination Date <input type="text"/></p> <p>EARLY TERMINATE THIS AUTHORIZATION</p> <p><i>Reminder - Action Notice is required upon early termination of authorizations</i></p>					
Authorizing Agent Notes					
Provider Notes					
Notes to Access					
Requested Date 09/09/2014		Requested / Added By SUD User		Contracts Approved By SUD User	
Approved Date 09/09/2014		Supervisor Approved By			
Service Early Terminate This Line			Standard Unit Type		Unit Rate
90849 Family therapy, per session			Encounters		50.00
Effective Dates 09/09/2014 - 09/09/2016			Units Per Period Requested 1	Authorized 1	Frequency Per Auth
			Total Units Requested 1	Authorized 1	
Notes					
Record Added suduser 09/09/2014 12:16:50			Record Changed suduser 09/09/2014 12:22:08		
<div>40</div> <div>OK CANCEL</div>					

Enter the date you would like to Early terminate the authorization and click the "Early Terminate this Authorization" button in the yellow box. Give the client the Dear client letter to indicate that the services being provided have changed. A warning message will pop up to make sure you want to complete this action. Click "ok" on the warning message and click "Ok" again at the bottom of the page.

Specific Service Early Termination

Service H0032	Early Terminate This Line			Standard Unit Type Encounters	Unit Rate	Override Rate
Treatment Planning / Service Review						
Effective Dates 08/14/2014 - 08/19/2014	Units Per Period Requested	Authorized 2	Frequency Per Auth	Total Units Requested	Authorized 2	
Notes						

Service H0032				Standard Unit Type Encounters	Unit Rate	Override Rate
Treatment Planning / Service Review						
Effective Dates 08/14/2014	08/19/2014	Units Per Period Authorized 2	Frequency Per Auth	Total Units Authorized 2	Calculate	SAVE CANCEL
Notes						

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Click on *Early Terminate This Line* link
 Change the Effective Dates
 Click on *Save* or *Cancel* link

Voiding an Authorization

Authorization
Affiliate
SUD CA
754486 Sud Test
Provider
191849 Adult Well-Being Services
19545 15 Mile Road
Clinton Township MI 48035-2206
Service Package
NEW In Home Services 01/01/13
Authorization Number
1409A2009166
Date Authorized
09/09/14
Authorization Status
Approved
Authorization Effective Date
09/09/2014
Authorization Expiration Date
09/09/2016
Authorizing Agent Notes
Provider Notes
Notes to Access

Void Reason

characters left: 255

Requested Date

09/09/2014

Requested / Added By

SUD User

Approved Date

09/09/2014

Supervisor Approved By

Contracts Approved By

SUD User

All authorized services listed below will be voided.
To void individual services instead, use "Void" links next to each service listed below.

CLICK HERE TO VOID THIS AUTHORIZATION

Service	Void This Link	Standard Unit Type	Unit Rate
90849 Family therapy, per session		Encounters	50.00
Effective Dates	Units Per Period	Frequency	Total Units
09/09/2014 - 09/09/2016	Requested 1 Authorized 1	Per Auth	Requested 1 Authorized 1
Notes			

Record Added
suduser 09/09/2014 12:16:50
Record Changed
suduser 09/09/2014 12:22:08

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OK CANCEL

Voids are done similarly to Early Terminations. The biggest difference is that you must indicate the reason you are voiding the authorization.

Service Specific Void

Provider Notes

Void Reason

characters left: 255

Requested Date
08/14/2014

Requested / Added By
Tamara Pizzimenti

Approved Date

Supervisor Approved By

Contracts Approved By

All authorized services listed below will be voided.
To void individual services instead, use "Void" links next to each service listed below.

[CLICK HERE TO VOID THIS AUTHORIZATION](#)

Service Void This Line	Standard Unit Type	Unit Rate	Override Rate
H0032 TS - treatment Planning / Service Review	Encounters		<input type="checkbox"/>
Effective Dates 08/14/2014 - 08/19/2014	Units Per Period Requested 3	Authorized 3	Frequency Per Auth
Notes	Total Units Requested	Authorized 3	
Service Void This Line	Standard Unit Type	Unit Rate	Override Rate

Service ***** VOIDED *****
H0032 TS Treatment Planning / Service Review

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Type in the reason for voiding and what service is being voided.

Click on link *Void this Line*.

Warning "Are you sure you want to Void this item" will come up.

Click okay.

Screen will refresh showing the service voided.

Change in Level of Care Form

Change In Level Of Care Forms



Add, Change and View Change In Level Of Care Forms [+ myPage](#)

[Back](#) [Home](#) [Logout](#) [Help](#)

TRAINING MODE

FOCUS

Change In Level Of Care List

Name: Test, Sud (45/F)

Case #: 754486

Case: Open

Date of Birth
08/27/1969

Home Phone
(586) 555-1212

Address
22550 Hall Rd
CLINTON TOWNSHIP, MI 48036

Current Admission

Primary Program:
Unassigned

Case Holder:
Unassigned

Disability Designation:

[Chart Documents](#)

[Eligibility/Insurance](#)

[HealthyPHCP Info](#)

[Consumer Calendar](#)

[No Alerts](#)

[Diagnosis](#)

1 Change In Level Of Care

0 Attachments

Tuesday, September 09, 2014 12:42 PM Eastern Time
PCE Care Management Copyright © 1999, 2014 PCE Systems Inc. All rights reserved.

SUD User
TIME-OUT IN: 59 Minutes, 55 Seconds

From the SUD/CA main page click on the link for Change in Level of Care Form.

You can click on the link to add a new Change in Level of Care or check the status of a request you have already sent to Access.

Change in Level of Care

Name: Test, Sud (45/F)		Case #: 754486		Case: Open	
Date of Birth 08/27/1969	Home Phone (588) 555-1212	Current Admission Adult Well-Being Services		Chart Documents	No Alerts
Address 22550 Hall Rd CLINTON TOWNSHIP, MI 48036		Primary Program: Case Holder: Unassigned	Disability Designation:	Eligibility/Insurance	Diagnosis
				Health/PHCP Info	
Provider Adult Well-Being Services (191846)		Location Type SUD Treatment Agency	Address 16645 15 Mile Road Clinton Township, MI 48035-2206		
Phone 313-347-2055		Fax 313-924-0350			
Change In Level Of Care					
Request Date 9/9/2014		Requesting Therapist 6443 SUD User			
Use Current Date					
Times Available					
DIAGNOSIS					
ICD-9	ICD-10	Description	Status Date	Status	
Pri 291.0	F10.121	Alcohol intoxication/withdrawal delirium	08/27/2014	Active	
Diagnostic Formulation					
characters left: 4096					

▶ 45

Select the date of your request and then update the Diagnosis section if needed. To add or change a Diagnosis click on the Plus (+) sign circled in red.

Adding a Diagnosis

Case: Open

Select Diagnosis Code

Description:

Diagnosis Code:

☐ Search Full Catalog

71 Diagnosis Code Crosswalks [<PREVIOUS](#) Page 1 of 8 [NEXT>](#)

ICD-9	Description	Mappings	
291.0	Alcohol intoxication/withdrawal delirium ICD-10: Alcohol abuse with intoxication delirium ICD-9: ALCOHOL WITHDRAWAL DELIRIUM	ICD-10: F10.121 (1)	Select
291.0	Alcohol intoxication/withdrawal delirium ICD-10: Alcohol dependence with intoxication delirium ICD-9: ALCOHOL WITHDRAWAL DELIRIUM	ICD-10: F10.221 (1)	Select

DIAGNOSIS

	ICD-9	ICD-10	Description	Status Date	Status
Pri	291.0	F10.121	Alcohol intoxication/withdrawal delirium	08/27/2014	Active
Sec	291.0	F10.221	Alcohol intoxication/withdrawal delirium	09/09/2014 Use Current Date	Active

Diagnostic Formulation

46 characters left: 4095

The top picture shows diagnosis selection pop up box in FOCUS. Enter the name of the diagnosis. FOCUS has begun the transition from ICD9 codes to ICD10 codes. The first column displays the ICD9 code that will be billed. In the description column both the ICD9 and ICD10 descriptions appear. The Mappings column displays the new ICD10 code that will be used in October of 2015. When you locate the code that best fits the clients condition click on the *Select* link on the far right.

In the example above there are 71 possible diagnosis to select from. Use the Previous and Next link to move through the diagnosis to find the best description for your client.

The screen shot below that shows how the diagnosis displays with the codes and status of the diagnosis.

Change in Level of Care

Level Of Care Information

Current Level Of Treatment

- ☐ Detox
 ☐ ST Residential
 ☐ LT Residential
 ☐ IOP
- ☐ OP
 ☐ Case Management
- Additional Service Categories**
☐ Peer Recovery Coach
☐ Recovery Home

Request Change To

- ☐ Detox
 ☐ ST Residential
 ☐ LT Residential
 ☐ IOP
- ☐ OP
 ☐ Case Management
 ☐ Peer Recovery Coach
 ☐ Recovery Home

Current Substances(s) of Abuse

	Primary	Secondary	Tertiary
Type of Substance (Drug Code)	<input type="text" value="lookup"/>	<input type="text" value="lookup"/>	<input type="text" value="lookup"/>
Date Last Used	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
Frequency of Use	No Use (00) ▾	No Use (00) ▾	No Use (00) ▾
Route of Administration	N/A (0) ▾	N/A (0) ▾	N/A (0) ▾
Amount Used in Last 30 Days	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Results of past 30 days drug screen (testing date, substance and result)

characters left: 50000

MAT Only: Current dose amount

Change in Level of Care

Is Client Currently (check all that apply)

☐ Injecting Drugs?
☐ Yes ☐ No

☐ Pregnant?
☐ Yes ☐ No ☐ N/A

☐ On Rx Methadone?
☐ Yes ☐ No

☐ A parent at risk of losing child(ren) due to substance use?
☐ Yes ☐ No

☐ Eligible for Women Specialty Funds?
☐ Yes ☐ No

ASAM Result

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Dimension 6:

Comments

characters left: 30000

General Comments

characters left: 30000

Search Check

The page at <https://w3.pcesecure.com> says:

WARNING: Change in Treatment Consent/Multiparty Release must be scanned/uploaded. Click OK and SEND TO ACCESS to proceed.

48

Scan/Fax/Send multiparty release


System Messages

2 Change In Level Of Cares

Date	Affiliate	Requesting Therapist	Status	Add Change In Level Of Care
09/09/2014	SUD CA	SUD User	Sent to Access	View Delete
0 Attachments				
08/27/2014	SUD CA	Tamara Pizzimenti	Returned to Provider	Change View Delete
0 Attachments				

Tuesday, September 09, 2014 12:53 PM Eastern Time

SUD User

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Change In Level Of Care List

Name: Test, Sud (45/F) **Case #:** 754486 **Case:** Open

Date of Birth: 08/27/1969 **Home Phone:** (586) 555-1212 **Current Admission:**

Address: 22550 Hall Rd
CLINTON TOWNSHIP, MI 48036

Primary Program: Adult Well-Being Services
Case Holder: Unassigned
Disability Designation:


[Chart Documents](#) [No Alerts](#)
[Eligibility/Insurance](#) [Diagnosis](#)
[Health/PHCP Info](#)
[Consumer Calendar](#)

2 Change In Level Of Cares

Date	Affiliate	Requesting Therapist	Status	Add Change In Level Of Care
09/09/2014	SUD CA	SUD User	Approved	View Delete
0 Attachments				

You will receive notice of approval in the System Messages. You can also check the status of a Change in Level of Care request in that page.

SUD Discharge Form

 Macomb County
Community Mental Health

*** TRAINING MODE *** FOCUS

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SARF List

Name: Test, Sud (45/F)
Date of Birth: 08/27/1969
Home Phone: (586) 555-1212
Address: 22550 Hall Rd
CLINTON TOWNSHIP, MI 48036

Case #: 754486
Case: Open
Current Admission:
Primary County: Unassigned
Primary Program: Unassigned
Case Holder: Unassigned
Disability Designation:

[Chart Documents](#)
[Eligibility/Insurance](#)
[Health/PHCP Info](#)
[No Alerts](#)
[Diagnosis](#)

Click [here](#) to View and Update this Consumer's [Authorizations](#)
Click [here](#) to View and Update this Consumer's [Funding Sources and Insurance Policies](#)

1 Matched

Referral Date / Release Status	Form Completed By	Provider	Admission Date	Discharge Date	Linked Auth(s)	
08/27/2014 Released	Tamara Pizzimenti		08/27/2014		1409A2009166	<div><div>SARF</div><div>View</div><div>SUD Admission Form</div><div>SUD Discharge Form</div><div>Twin 14 Forms</div></div>

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The Discharge form is available for printing on the MCOSA website.

Benefits of Changing to FOCUS

- One system for the Region for data gathering and processing
- Focus allows user to 'Save and Pend' documents if not able to fully complete forms
- More IT assistance in maintaining, updating and trouble shooting the system
- Availability to expand to a full electronic medical record in the future
- Uniform system utilized for all Access Center procedures

Questions?

Whom to contact

▶ Trouble with FOCUS

- ▶ FOCUS Helpdesk 586-463-8566 or
focus.helpdesk@mccmh.net

▶ Password resets/Access to FOCUS

- ▶ Lisa Carrizales, MCOSA 586-469-5278

▶ Opening a Client Record

- ▶ Access Center Provider Line 586-948-0206 or the Business Line
(8:30 to 5:00 Monday thru Friday) 586-948-0224
- ▶ Fax 586-948-0223

▶ 53

Any issues you have with FOCUS in the first few Days of October should be reported to the FOCUS Help Desk. The help desk can route your call to another location , Lisa or Access Center, if needed. When calling the help desk make sure you leave a message as the call volumes may be heavy for login ID issues and client records. We appreciate your **patience** as we work out any glitches that may arise in the first few weeks of using FOCUS.