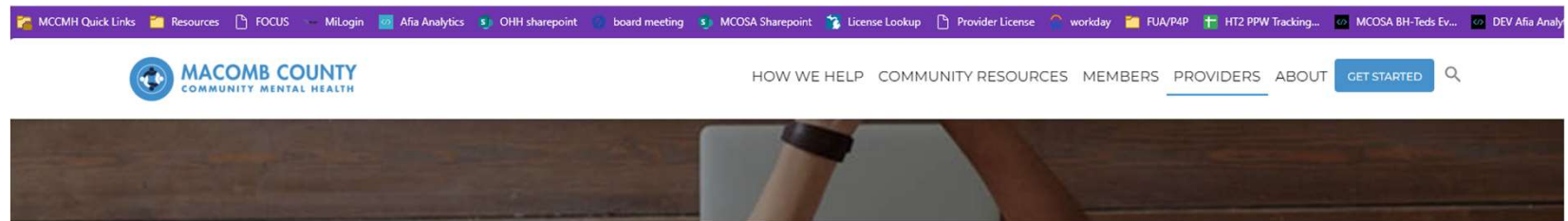




FOCUS EMR Overview

[Main \(pcesecure.com\)](http://pcesecure.com)

Accessing FOCUS



To Our Providers

Thank you for partnering with Macomb County Community Mental Health to serve and meet the needs of our residents throughout Macomb County. We truly value and appreciate the hard-work and dedication channeled through your organizations to provide quality mental and behavioral health services. This section provides an overview of information to help you stay informed of our processes and procedures while connecting you to resources to carry out billing matters, contracts and more.

Focus Login

Our Electronic Medical Records (EMR) are centralized through a platform called FOCUS. Through FOCUS, we are able to collect and store information, file and bill claims, etc. in a safe, digital format. In order to gain access to this system, a provider must complete a FOCUS Access Request form and must have an established contract through MCCMH. Additional details can be referenced in the FOCUS Access Management Policy.

FOCUS LOGIN

www.mccmh.net

Providers

Current Providers

First Time FOCUS Login

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: suduser

Password:

Login

[I forgot my password](#)

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.

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 488 of 1988, as amended).

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).



FOCUS Passwords

Passwords must be 10 characters long and contain one of the following:

- At least one capital letter
- At least on lower case letter
- At least one special symbol
- At least one number

To reset your FOCUS Password, contact MCCMH-SUD at mcosa@mccmh.net.

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:

New Password:

Re-type New 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?

What is the name of your favorite childhood friend?

What was your favorite place to visit as a child?

Save



Basic Navigation

The screenshot shows a web browser window with the URL <https://w3.pcesecure.com/cgi-bin/WebObjects/MCCAdminTraining.woa/3/wo/sx5CL7K9FxMihoE>. The browser's back button is marked with a red 'X'. The page header includes the Macomb County Community Mental Health logo, the text "Macomb County Community Mental Health", and a red "*** TRAINING MODE ***" banner. Below the banner is a "FOCUS" label and a "SARF List" link. A red circle highlights a navigation bar containing the following buttons: "Back", "Home", "Logout", and "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 [+ myPage](#)

SUD Referral General Search

Click here to search SUD Referrals based on client and provider. [+ myPage](#)

Change In Level Of Care Forms

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

Locating a Client

**Macomb County**
Community Mental Health

*** **TRAINING MODE** ***

FOCUS

BackHomeLogoutHelp

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



If your Client is not in FOCUS...

Send the Release of Information and the SUD
Provider Request To Open Case form to MCO via
Secure/encrypted e-mail:
sudadmissions@mccmh.net





SUD CA

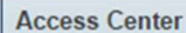
*** DEVELOPMENT MODE *** FOCUS

SUD / CA (NEW)

[Home](#)

Logout

Help



Authorizations

Claim Submission (AP)

Consumers

Financial Information

Medicaid Lookup

Provider Management

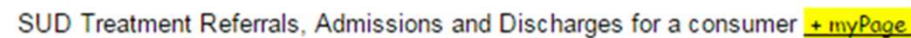
Reports and Downloads

SUD / CA (Legacy)

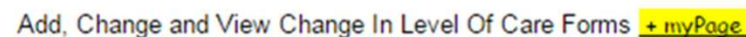
SUD / CA (NEW)

Change Password

SUD Treatment Referrals, Admissions and Discharges

[Search SUD Referrals by Provider](#)

Change In Level Of Care Forms



5 Treatment Referrals

Date	Provider	Referral Type	Admission Date	Discharge Date	Status	Add SUD Treatment Referral
10/20/2016	C.A.R.E. Peer Recovery	SUD			RELEASED BY: Tamara Pizzimenti on 10/20/2016	Change View Delete Print Twin 14 Forms
0 Admission / Discharge 0 Authorizations						
10/18/2016	Community Assessment Referral & Education	SUD Registry	10/18/2016	10/18/2016	RELEASED BY: Mike Gorivodskiy (PCE) on 10/18/2016	Print
2 Registries 0 Authorizations						
10/18/2016	BioMedical Behavioral Healthcare, Inc	SUD Registry			RELEASED BY: Mike Gorivodskiy (PCE) on 10/18/2016	Print
0 Registries 0 Authorizations						



Help



Show/Hide Details

12 Consumer Calendar

[Click to View Old SARF Referrals / Admissions / Discharges](#)
[Funding Sources and Insurance Policies](#)

SEARCH

Date	Provider	Referral Type	Admission Date	Discharge Date	Status	
10/20/2016	C.A.R.E. Peer Recovery	SUD			RELEASED BY: Tamara Pizzimenti on 10/20/2016	Add SUD Treatment Referral Change View Delete Print Twin 14 Forms
Admission / Discharge		0 Authorizations				
SUD Admission has not been completed for this referral Add SUD Admission						

FOCUS Admission a/k/a BH TEDS Admission

Index	
1. Admission Information	
2. Signatures	

1. SUD Admission: Admission Information			
Identifying Information			
First Name	Middle Name	Last Name	
JFirst		CLast	
SSN ⓘ	Date of Birth	Gender	
111-88-4444	03/24/1984	☐ Female ☒ Male	
Address		Home Phone	
160 Street		() - x	
City	State	Zip	Alternate Phone
MEMPHIS	MI	48041	() - x
Medicaid ID # ⓘ	MI Child ID #	Medicare ID	County of Residence
0000024635		123456789A	Macomb ▼
Service / Treatment Information			
Date of First Request / Contact		Admission Date	Admission Time
09/22/2015		9/23/2015 ⓘ	1000 AM ▼
		Use Current Date	Use Current Time
Type Of Treatment Service Setting			
Ambulatory - Intensive Outpatient ▼			
Time to Treatment ⓘ		Prior Treatment Episodes ⓘ	
1 Days		2 previous episodes ▼	
Codependent/Collateral Person Served ⓘ			
☒ Client ☐ Codependent/collateral individual			
Referral Source			
Court/criminal justice referral/DUI/DWI ▼			
* Select Referral Source			
Individual			
Alcohol/drug abuse care provider			
Other health care provider			
School (Educational)			
Employer/Employee Assistance Program (EAP)			
Other community referral			
Court/criminal justice referral/DUI/DWI			
Detailed Criminal Justice Referral			
* Select ▼			
Race / Ethnic Origin 2			
Native Hawaiian or other Pacific ▼			
Hispanic or Latino Ethnicity			
Not of Hispanic or Latino origin ▼			

Admission continued

Race / Ethnic Origin 1 Alaskan native (Aleut, Eskimo) ▼	Race / Ethnic Origin 2 Native Hawaiian or other Pacific ▼
Race / Ethnic Origin 3 * Select Race / Ethnic Origin 3 ▼	Hispanic or Latino Ethnicity Not of Hispanic or Latino origin ▼
Designations	
ID/DD Designation ☐ Yes ☐ No ☒ Not Evaluated	MI/SED Designation ☐ Yes ☐ No ☒ Not Evaluated
Integrated Substance Use and Mental Health Treatment ☐ Yes ☒ No	Integrated Substance Use and Mental Health Treatment - Diagnosis must include both MH & SUD and - Treatment plan must be integrated, including both MH & SUD goals and - Clinical encounters occur at a single facility
Education History	
Education Level ▼	
Currently in Mainstream Special Education No ▼	School Attendance Status ▼
Residential Living Arrangement	
Living Arrangements Homeless ▼	
Employment / Financial	
Employment Status Full-time competitive, integrated employment ▼	
Minimum Wage Individual is currently earning minimum wage or more ▼	
Total Annual Income ⓘ 100 Not collected at this co-located service Not collected for this crisis-only service	Number of Dependents ⓘ 1 Not collected at this co-located service Not collected for this crisis-only service
Enrolled in SDA, SSI or SSDI ☐ Yes ☒ No	
Corrections / Legal Status	
Corrections Related Status Probation ▼	Arrests in Past 30 Days ▼

Other Demographics Information

Marital Status

Married / Cohabiting ▼

Maiden Name

Veteran Status

Not a veteran ▼

Pregnancy

Pregnant on Service Start Date

N/A - male adult or prepubescent child ▼

Due Date

Women's Specialty Program

☒ Yes ☐ No

Has Dependent Children?

☒ Yes ☐ No

Number Of Children

Trying to Regain Custody of Children?

☐ Yes ☒ No

SUD Substances (SA or MH/Integrated Tx episodes)

Substance Rank	Substance	Route of Administration	Frequency of Use	Age at First Use ¹
Primary	Alcohol ▼	Oral ▼	3-6 days in the past week ▼	16
Secondary	▼	▼	▼	
Tertiary	▼	▼	▼	

Medication-Assisted Opioid Therapy ¹

☐ Yes ☒ No ☐ Not Applicable

Other MAT

Attendance at Substance Use Self-Help Groups in past 30 Days

Medication-Assisted Opioid Therapy

Yes - Opioid medications such as methadone, buprenorphine vivotrol, suboxone, or naltrexone will be part of the individual's treatment plan.

No - Opioid medications such as methadone, buprenorphine vivotrol, suboxone, or naltrexone will NOT be part of the individual's treatment plan.

Not Applicable - Used if the individual is not in treatment for an opioid problem.

Diagnosis

SUD Diagnostic Code [lookup](#)

F10.10 Alcohol abuse

Diagnosis

SUD Diagnostic Code [lookup](#)

F10.129 Alcohol abuse with intoxication, unspecified

MH Diagnostic Code 1 [lookup](#) [clear](#)

MH Diagnostic Code 2 [lookup](#) [clear](#)

MH Diagnostic Code 3 [lookup](#) [clear](#)

Diagnostic Formulation

characters left: 8000



Adding a Diagnosis

Case: **Open**

Select Diagnosis Code

Description:

Diagnosis Code:

☐ Search Full Catalog

SEARCH **CANCEL**

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 ⓘ	Select
291.0	Alcohol intoxication/withdrawal delirium ICD-10: Alcohol dependence with intoxication delirium ICD-9: ALCOHOL WITHDRAWAL DELIRIUM	ICD-10: F10.221 ⓘ	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

characters left: 4096

- Active
- Inactive
- In Remission
- Resolved
- Ruled Out
- Rule Out

Indication of Mental Health Issues

☒ Yes ☐ No

Injecting Drug Use In Past 30 Days?

☐ Yes ☒ No

Drug Court

Drug Court Client

☐ Yes ☒ No

If Yes

☐ 16th Circuit Drug Court

☐ Other Drug Court:

Notes

characters left: 8000



On-going Services Appointment

☐ Check here if consumer refused ongoing services

On-going Services Provider **lookup** **clear**

191847 BioMedical Behavioral Healthcare, Inc

Other Location

Appointment Offered Date

10/02/2015 

Appointment Offered Time

11:00 AM ▼

Appointment Accepted Date

10/02/2015 

Appointment Accepted Time

11:00 AM ▼

☐ Consumer requested an appointment outside of 14 days of admission date:

Reason

characters left: 128



Status

Changes in Progress

Submission Status

Pending Submission (Add)

✓ Spell Check

Record Added

tpizziment 10/01/2015 08:22:53 AM

Record Changed

tpizziment 10/01/2015 08:22:53 AM

Record ID: 4634944

Save and Continue to Signatures

Save

Cancel