

Navigating Provider Reporting User Guide

04/23/2020

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1. Introduction

The Provider reporting is an application interface in CHRIS that will allow users to enter data for each licensed provider. The data collection and reporting will provide the status of services for each location. This will allow users to report changes to your operating service status related to the state of emergency.

***The User will click [“Here”](#) link to access Operation Service Status Application.**


CHRIS VERSION 5.1

Select a Record by Clicking

By Name-You must enter the individual's first and last names
(This search will display all records that 'sound like' the name you entered.)

By Abuse Case - you must enter the abuse allegation case number

By Complaint Case - you must enter the complaint case number

To report changes to your operating service status related to the state of emergency, please click **HERE** 

Agency CD:016 , User Role: 24

<input type="radio"/> by Name	<input type="radio"/> by Abuse Case	<input type="radio"/> by Complaint Case	<input type="radio"/> by Death/Incident Case
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Case Number	<input type="text"/>
Name (First, Last)	<input type="text"/>

<input type="button" value="Search"/>	<input type="text"/>	<input type="text"/>
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DBHDS Provider Reporting

2. License Service Location. *Required Fields

CHRIS VERSION 5.1

*Provider:	Wall Residences, Inc.	
* Licensed Service Location:	DD Residential Group Homes	←
Street		←
City,State,Zip		
*FIPS		

1. User will use the drop down arrow to select the Licensed Service Location.
2. User will use second drop down arrow to select the Street.
3. The City, State, Zip and FIPS will automatically populate.

3. Permanently Closing Operations: *Required field


1. User will select Yes or No options.
*If User selects "Yes" Please submit a service modification to your licensing specialist that details the closing of this service and location.
2. If User selects "Yes", the current functional levels listed in question number 2 will not be displayed.
3. User selects "No", the current functional levels listed in question number 2 will be displayed.

*1. Are you permanently closing operations at this location?	<input checked="" type="radio"/> No	<input type="radio"/> Yes	←
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*1. Are you permanently closing operations at this location?	<input type="radio"/> No	<input checked="" type="radio"/> Yes	→
			*Please submit a service modification to your licensing specialist that details the closing of this service and location.

4. **Current Functioning Levels:** *Required field

1. Please select in the boxes all that applies to the license service location:

<p>* 2. Which of the following best describes your current functioning level at this location?(Check all that apply)</p> 	<input type="checkbox"/> Changing capacity (individuals served, /bed counts, etc)
	<input type="checkbox"/> Changes to staffing (please specify changes in comments)
	<input type="checkbox"/> Implementing telehealth
	<input type="checkbox"/> Temporarily suspending admissions
	<input type="checkbox"/> Modifying admissions policies (please specify changes in comments)
	<input type="checkbox"/> Not accepting any new admissions
	<input type="checkbox"/> Temporarily suspending operations
	<input type="checkbox"/> Moving or changing locations (requires approval of licensing specialist through service modification process)
	<input type="checkbox"/> Request to provide a licensed service in an unlicensed location (requires approval of licensing specialist through service modification process)


4.1 **Current Functioning Levels Examples:**

1. Changing capacity (individuals served, bed counts, etc.)
 - *Reducing the number of individuals being served; reducing the number of hours of service.*
2. Changes to staffing (please specify changes in comments)
 - *Includes reductions in number of staff to coincide with reduction in individuals served; may also include reductions in staff ratio (may require corresponding change to policies and direct notification of licensing specialist).*
3. Implementing telehealth
 - *Providing all, or portions of service through telehealth (please specify details in comments).*
4. Temporarily suspending admissions
 - *This may include a suspension of a specific type of admission (e.g. child inpatient psych), or implementing restrictions on who may be admitted (e.g., not admitting patients with potential Covid exposure). Please specify details in comments.*
5. Modifying admissions policies (please specify changes in comments)
 - *Include changes to policies such as not accepting individuals that have symptoms of infection.*

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6. Not accepting any new admissions
 - Use when the program is continuing to operate, but no new admissions of any kind are occurring.
7. Temporarily suspending operations
 - *Use when closing a licensed service due to pandemic, with the expectation that the service will re-open in the future.*
8. Moving or changing locations (requires approval of licensing specialist through service modification process)
 - *This could include any moves to a service location due to the pandemic, for example, providing day support services at a residential location.*
9. Request to provide a licensed service in an unlicensed location (requires approval of licensing specialist through service modification process)
 - *This may include situations in which a provider is expanding the physical locations of a residential service to allow for the separation of individuals that have been infected or exposed to Covid-19 from those that have not been infected.*

4.2 Operation Status Begin Date: *Required fields

*3. When did this operational status begin?	<input type="text"/>		
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1. Please select the Begin Date for the operational status.

4.3 Operational Status End:

*4. Do you know when this operational status will end?	<input type="radio"/> No	<input type="radio"/> Yes	
*5. When will this operational status end?	<input type="text"/>		

1. User select “Yes” to question number 4, user is **required** to select the **End Date** for Question number 5.
2. User select “No” to question number 4, user is **not required** to select the **End Date** for Question number 5.

4.4 Comments On Service Status:

6. Please provide any additional comments on the current status of services here: 	<input type="text"/>
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1. User will enter comments within the box on current status of services.

4.5 Other Comments:

7. Please use this space to enter any additional comments 	<input type="text"/>
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1. User will enter additional comments.

4.6 Contact Person: *Required field

 *8. Please enter name of contact	<input type="text"/>
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1. User will enter the name of the contact person.

4.7 Contact Phone Number: *Required field

 *9. Please enter office phone number for contact	<input type="text"/> () - <input type="text"/>	Phone(###)###-####
 *10 Please enter cell phone number for contact	<input type="text"/> () - <input type="text"/>	Phone(###)###-####

1. User will enter the phone numbers of the contact person.

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4.8 Contact Email Address: *Required field

A screenshot of a web form field. On the left, there is a label with a red asterisk: "*11. Please enter email address for contact". To the right of the label is an empty rectangular input box. The entire field is enclosed in a blue border.

1. User will enter the email address of the contact person.

4.9 Attestation

A screenshot of a web form section titled "Attestation". On the left, there is a blue arrow icon pointing right. To its right is a checkbox that is checked, followed by the text: "*I understand that I will need to develop and implement an emergency policy that reflects applicable changes and is communicated to relevant staff, individuals, and authorized representatives." Below this text is a "Save" button. The entire section is enclosed in a blue border.

1. If User selected "No" to Question number 1 "Attestation" statement is displayed
2. User is **required** to check the box.

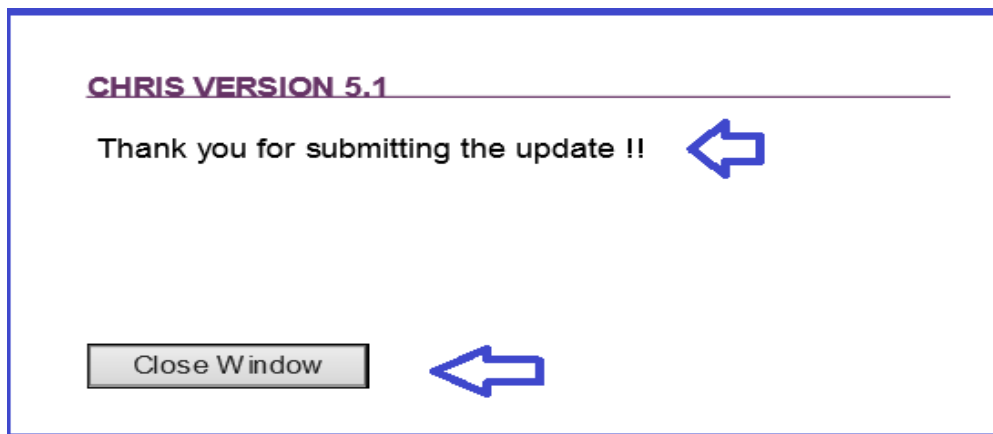
A screenshot of a web form section. On the left, there is a blue arrow icon pointing right. To its right is a large empty rectangular input box. Below the input box is a "Save" button. The entire section is enclosed in a blue border.

3. User selected "Yes" to Question number 1 "Attestation" is not displayed

4.10 Save Application



1. User will click on the “**Save**” button to save the data in the application.



Then user will automatically receive the email message displayed “Thank You for submitting the update!!!”

*User will click on the “**Close Window**” button to Logoff the application.