



USER MANUAL



Behavioral and Integrated Health Record Software User Manual

Spring 2018

ABOUT Fidelity_{EHR}

Fidelity_{EHR} is a customizable data collection and evaluation system designed to enhance and support team-based service delivery to families and youth. Some of the key features of Fidelity_{EHR} are as follows:

- **Graphical Dashboards** - provide real-time data on key elements for the Youth.
- **Assessment Creator** - builds and deploys unique assessments for the Youth and their Families.
- **Document Storage** - upload and share documents with other Team Members.
- **Lexicon** - organization-specific terminology.

Fidelity_{EHR} is a **secure** system that complies with all HIPAA/HITECH requirements for protected health information. Our cloud-based websites are secured with SSL technology to ensure all data is encrypted. User passwords are protected against unauthorized access with advanced cryptographic hash functions. Individual Youth and Family data is secure, even when using our flexible data-sharing features that allow collaboration with Team Members at the office, in town, or even another region.

Fidelity_{EHR} is a **flexible** system that can be customized to meet an individual organization's needs while maintaining system-wide consistency. Organizations can have up to 11 levels of hierarchy and an unlimited number of User Roles for their Staff. Each User Role can be configured with dozens of access and permission options.

Fidelity^{EHR} is a **user-friendly** system with a modern interface, intuitive menus, tool-tips, and on-screen help features to guide the user.

Fidelity^{EHR} is a **team-based** system where team members (including family members) are given the ability to collaborate and share information seamlessly.

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ACCESSING FIDELITY^{EHR}

Fidelity^{EHR} can be accessed from any device with a secure internet connection by using an Internet browser. Google Chrome is the recommended browser for optimal use. The Fidelity^{EHR} login page is:

<https://www.my.fidelityehr.com>




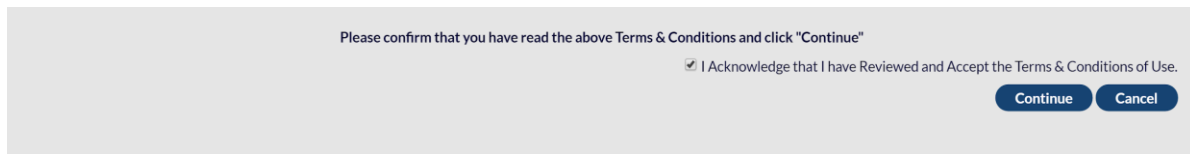
TIP 1: BOOKMARK THIS PAGE IN THE BROWSER FOR EASIER ACCESS LATER.


Each user is assigned a unique username and initial password by an Administrator. This information is used to access Fidelity^{EHR} with the appropriate roles and permissions. Passwords are required to be reset upon first login and, for security reasons, should not be shared with any other person.

INITIAL LOGIN

The first time a user logs into Fidelity^{EHR}, a required user agreement must be accepted and the password changed:

1. Access the Fidelity^{EHR} login page at <https://www.my.fidelityehr.com>.
2. Enter the designated username and password provided by your System Administrator.
3. Click .
4. Read the Fidelity^{EHR} Behavioral and Integrated Health Record Software Terms & Condition of Use and check the box to confirm.



5. Click .
6. Change the password by entering the current password, and then enter a

new password. The new password must be entered twice to confirm.

The screenshot shows a password change form with three input fields: 'Current Password', 'New Password', and 'Confirm New Password'. Below the fields is a 'Change Password' button. To the right, a 'Password Help' dialog box is open, displaying password requirements: 'Passwords must be between 8 and 16 characters in length and contain at least 1 number and 1 special character [!@#\$\$%^&*()_]'. An information icon (i) is positioned between the form and the dialog, with arrows pointing from it to both.

7. Click **Change Password**.
8. Click **Continue** on the password change confirmation screen.
9. The system is directed to the login page where the username and NEW password can be used to access the Fidelity_{EHR} system.

LOG IN

1. Access the Fidelity_{EHR} login page at <https://www.my.fidelityehr.com>.
2. Enter the designated Username and Password.
3. Click **Login**.



The screenshot shows the login page with the heading 'Welcome back! Please login below.' Below this are two input fields: 'Username' and 'Password'. At the bottom of the form is a 'Login' button and a link for 'Forgot Password?'.

RESET PASSWORD

Users have the ability to reset a password that has been lost or forgotten. This feature can be used once in a 24-hour period. It is **not** available if the user account has become locked, which occurs after 5 failed login attempts. If the user account is locked, it must be unlocked by a System Administrator.

The system will use the email address on record for the username in order to send password reset instructions and confirmation. Therefore, it is important to keep this email address up-to-date.

HIPAA law requires a user to change passwords every 90 days. The system will prompt you to do so every 90-days.

To reset a forgotten password:

1. Click the **Forgot Password?** hyperlink on the Login page.

Welcome back! Please login below.

Login


[Forgot Password?](#)

2. Enter the Username of the account with the lost password into the text box.

Please enter your username below to recovery your password.

Submit

[Go Back to Login](#)

3. Click .
4. In order to confirm that a human user is requesting the password change, a generic security question is asked.
5. Enter the answer: Blue

As an added Security measure, please answer the following Security Question to receive your password.

Username: aaconfig

Question: What color is the sky?

Blue

(You have 5 total attempts)

Submit

[Go Back to Login](#)

6. Click **Submit**.

7. Check the email address associated with the user account for notification of a temporary password.

Dear Karen Demerly,

We have received a password reset request for your account.

Please click on the blue link below and enter the temporary passcode to continue with your password reset. The reset request will expire in 24 hours.

URL: <https://choices.fidelityehr.com/ResetPassword.aspx?Id=yIU5ygTMS7Amu82UX9FqbXXQ==&F=htm>

Passcode: qy8ge80m

If you are unable to click on blue link, please copy and paste the information into the address bar at the top of your web browser window.

The recommended web browser to use with FidelityEHR is Chrome.

If you have any questions or encounter any issues logging in, please contact your System Administrator.

Thank You!

8. Click the hyperlink in the email to be directed to the Fidelity^{EHR} login page.

9. Enter the temporary password provided in the email.

10. Change the password by entering the current password provided in the email and then enter the new password. The new password must be entered twice to confirm.

Please change your password before before you can login.

Change Password

Password Help

Passwords must be between 8 and 16 characters in length and contain at least 1 number and 1 special character [!@#\$%^&*()_]

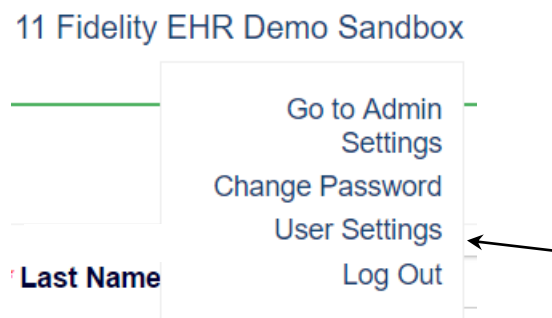
11. Click **Change Password** .

12. Click **Continue** on the password change confirmation screen.

13. The user is directed to the login page where the username and NEW password can now be used to access the Fidelity_{EHR} system.

To LOGOUT

Click on the name of the Configuration in the upper right hand corner of the page to open a dropdown menu, and select **Log Out**.



Note that the system is set to automatically log a User out if idle for 60 minutes or more. Be aware that if you are in the process of entering data, and have not yet saved your work, there may be loss of data. Be sure to save your work periodically to avoid this from happening.

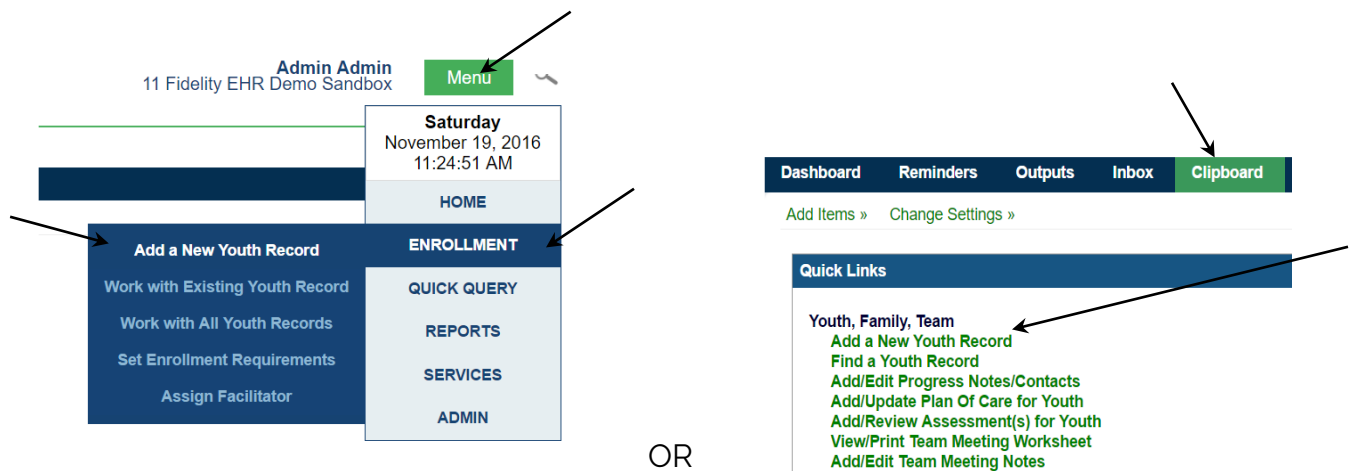
ADDING, ENROLLING, AND COMPLETING A NEW YOUTH RECORD

With appropriate Permissions, a User can add a New Youth Record, add Enrollment, and complete information within the Youth Record.

ADDING A NEW YOUTH RECORD

To add a New Youth Record to your configuration, open the Menu Navigation Bar and select Enrollment -> Add a New Youth Record.

Alternatively, you can click on the “Add a New Youth Record” Quick Link on the Home Page Clipboard.



The system will ask if you would like to use a Referral Form.

Would you like to Add a New Record
using a Referral Form?

Yes

No

First, this Manual will provide direction to Add a New Youth Record **without** using a Referral Form.

ADDING A NEW YOUTH RECORD WITHOUT USING A REFERRAL FORM

Enter the youth information in all required fields (as indicated with a red asterisk) and click the **Save** button.

New Youth Record

* First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>	* Last Name:	<input type="text"/>
Preferred Name:	<input type="text"/>				
* Gender:	<input type="text" value="Select"/>			Case Number:	<input type="text"/>
* Race:	<input type="text" value="Please Select one or more"/>			Medicaid Number:	<input type="text"/>
* Ethnicity:	<input type="text" value="Select"/>				
* Date of Birth:	<input type="text" value="___/___/___"/>				
* Street 1:	<input type="text"/>	Street 2:	<input type="text"/>		
* City:	<input type="text"/>	* State:	<input type="text" value="Select"/>		
* Zip Code:	<input type="text" value="___-___"/>	Email:	<input type="text"/>	* Youth Smoking Status:	<input type="text" value="Select"/>
* Phone 1:	<input type="text" value="() - -"/> <input type="text" value="Select"/>	Phone 2:	<input type="text" value="() - -"/> <input type="text" value="Select"/>		
County / Jurisdiction of Residence:		<input type="text" value="Select"/>			
County / Jurisdiction with legal and/or financial responsibility (if different):		<input type="text" value="Select"/>			

If Medicaid Number is a required field but is not available when creating the Youth Record, please follow these guidelines for placeholders:

- Medicaid Numbers starting with "+" will be considered as pending in the system. *Example: +00000000.*
- Medicaid numbers starting with "N" will be considered a special number for missing data. *Example: N00000, could be used for all youth with missing numbers.*

When you click the **Save** button, the system will conduct a search of existing records to see if the Youth is already in the system. Youth records are searched by Case Number, then Medicaid Number, then Youth Name and Date of Birth. Two youths with the same name and birth date *can* be added as long as their Case Numbers and Medicaid IDs are different. If no duplicate is found, you are given the option of filling in other details for the current Youth Record, or adding additional Youth Records.

Youth record added successfully! Would you like to fill in other details for the youth record?

- Click 'Yes' to fill in other details (or)
- Click 'No' to add new youth record

Yes

No

If a possible duplicate record is found, the following message box is displayed:

The following match was found based on the data entered!

- You can click the button "Cancel" and check back the data entered (or)
- You can click the option "Select" and use the existing record !

Cancel

Name	Case Number	Medicaid Number
Select	Zarby, Donald	

When this occurs, your options are:

- **Cancel** the Add function and check your data, or
- **Select** the duplicate existing Youth Record shown at the bottom of the window.

Once you make your choice, you will be returned to the Youth Record.

ADD A NEW YOUTH RECORD USING THE REFERRAL FORM

Users have the option of adding a new Youth Record using a Referral Form, and will be asked "Would you like to Add a New Record using a Referral Form?". If you click the Yes button, the Referral Form will display on screen.

Would you like to Add a New Record
using a Referral Form?

Yes

No

To complete the Referral Form, enter all required information about the Youth (noted by a red asterisk *).

Referral - New Youth Record

* First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>	* Last Name:	<input type="text"/>
* Gender:	<input type="text" value="Select"/>	Preferred Name:	<input type="text"/>	Case Number:	<input type="text"/>
* Race:	<input type="text" value="Please Select one or more"/>			Medicaid Number:	<input type="text"/>
* Ethnicity:	<input type="text" value="Select"/>				
* Date of Birth:	<input type="text" value="___/___/___"/>				
* Street 1:	<input type="text"/>	Street 2:	<input type="text"/>		
* City:	<input type="text"/>	* State:	<input type="text" value="Select"/>		
* Zip Code:	<input type="text" value="___-___"/>	Email:	<input type="text"/>		
* Phone 1:	<input type="text" value="() - - - -"/>	Phone 2:	<input type="text" value="() - - - -"/>		
	<input type="text" value="Select"/>		<input type="text" value="Select"/>		
* Youth Smoking Status:	<input type="text" value="Select"/>				
County/Jurisdiction of Residence:	<input type="text" value="Select"/>	County/Jurisdiction with legal and/or financial responsibility (if different)	<input type="text" value="Select"/>		

SSN#:	<input type="text" value="___-___-___"/>
Private Insurance Name:	<input type="text"/>
Who created this referral for Wraparound?	<input type="checkbox"/> DDSN - Autism Division <input type="checkbox"/> DJJ <input type="checkbox"/> DSS <input type="checkbox"/> Parent/Caregiver <input type="checkbox"/> School
	<input type="checkbox"/> DDSN - ID/IRD Division <input type="checkbox"/> DMH <input type="checkbox"/> Other community member <input type="checkbox"/> Private Provider
What other state agencies are involved in the care of the youth?	<input type="checkbox"/> DDSN - Autism Division <input type="checkbox"/> DJJ <input type="checkbox"/> DSS
	<input type="checkbox"/> DDSN - ID/IRD Division <input type="checkbox"/> DMH <input type="checkbox"/> School
Is the Youth committed to and/or in the custody or guardianship of DHR/DSS OR DJJ?	
<input type="checkbox"/> No <input type="checkbox"/> Yes Which Agency?:	<input type="text"/>
DJS/DSS Contact Name:	<input type="text"/>
DJS/DSS Contact Email Address:	<input type="text"/>
	DJS/DSS Contact Phone: <input type="text" value="() - - - -"/>

Continue to scroll down to enter details about the Caregivers (Parents/Guardians), including if the Caregiver is the Legal Guardian and has Medical Consent for the Youth.

Caregiver 1	Caregiver 2
First Name/ MI: <input type="text"/> / <input type="text"/>	First Name/ MI: <input type="text"/> / <input type="text"/>
Last Name: <input type="text"/>	Last Name: <input type="text"/>
Gender: <input type="text" value="Select"/>	Gender: <input type="text" value="Select"/>
Race: <input type="text" value="Please Select one or more"/>	Race: <input type="text" value="Please Select one or more"/>
Ethnicity: <input type="text" value="Select"/>	Ethnicity: <input type="text" value="Select"/>
Relationship: <input type="text" value="Select"/>	Relationship: <input type="text" value="Select"/>
Primary caregiver? <input type="checkbox"/>	Primary caregiver? <input type="checkbox"/>
Legal guardian? <input type="checkbox"/>	Legal guardian? <input type="checkbox"/>
Has medical consent for youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has medical consent for youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian consent signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian consent signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Release of Info signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Release of Info signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Status Form signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Status Form signed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Court order, if not custody of biological/adoptive parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court order, if not custody of biological/adoptive parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parental rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parental rights terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Consent for Fidelity Assessment signed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Consent for Fidelity Assessment signed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date signed: <input type="text" value="__/__/__"/>	Date signed: <input type="text" value="__/__/__"/>
Same as youth address? <input type="checkbox"/>	Same as youth address? <input type="checkbox"/>
<u>Address</u>	<u>Address</u>
Street 1: <input type="text"/>	Street 1: <input type="text"/>
Street 2: <input type="text"/>	Street 2: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State / Zip Code: <input type="text" value="Select"/> / <input type="text" value="___-___"/>	State / Zip Code: <input type="text" value="Select"/> / <input type="text" value="___-___"/>
Email: <input type="text"/>	Email: <input type="text"/>
Same as Youth Phone Number 1? <input type="checkbox"/>	Same as Youth Phone Number 1? <input type="checkbox"/>
Phone 1: <input type="text" value="() ___-___"/> <input type="text" value="Select"/>	Phone 1: <input type="text" value="() ___-___"/> <input type="text" value="Select"/>
Phone 2: <input type="text" value="() ___-___"/> <input type="text" value="Select"/>	Phone 2: <input type="text" value="() ___-___"/> <input type="text" value="Select"/>

Only two Family Members can be identified as Primary Caregiver and/or Legal Guardian. If two family members have already been identified as Primary Caregivers and/or Legal Guardian in the Family Tab of the Youth Record, the Referral Form fields for Primary Caregiver and Legal Guardian will be inactive.

Next, enter information about the Referring Agency or Referring Individual, a brief history of the youth, desired outcomes of care, and current and past services/ agencies that serve and have served the Youth and family.

Reasons for referral:

- ☐ Abandonment
- ☐ Death of Parent(s)
- ☐ Drug Abuse
- ☐ Housing
- ☐ Neglect
- ☐ Prostitution
- ☐ Suicidal

- ☐ Aggression/Assault
- ☐ Delinquency
- ☐ Emotional Disability
- ☐ Learning Disability
- ☐ Other
- ☐ Runaway

- ☐ Alcohol Abuse
- ☐ Developmental Disability
- ☐ Family Conflict
- ☐ Legal Issues/Incarceration
- ☐ Physical Abuse
- ☐ School Problems

- ☐ Behavior Problems
- ☐ Diagnosed Mental Illness
- ☐ Financial
- ☐ Medical
- ☐ Promiscuity
- ☐ Sexual Abuse

If Other Please Specify:

Explain checked indicators:

Referring Agency:Referring Individual:

Phone 1:

Select ▾

Phone 2:

Select ▾

Referral Date:

Brief History:

Desired Outcome from Participation in this program:

Current mental health and community services (list agencies that served this family):

Service Type	Provider Name and Contact Information	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous mental health services (List agencies that have served this family):

Service Type	Provider Name and Contact Information	Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

List details about the person involved in conducting the assessment.

Person Who Conducted Assessment:

Contact Information:

Clinical Evaluator Name:

First:

MI:

Last:

Clinical Evaluator Phone:

Phone Number:

Phone Type:

Select ▾

Finally, if enrolled in school and information is available, check the appropriate boxes and enter the required school details.

The screenshot shows a form titled "School Placements:" with two checkboxes at the top: "Enrolled in School?: ☐ " and "School Information Available?: ☐ ". Below these are several fields: "Start Date:" with a date picker showing "/ /"; "School Name:" with a text input; "Current Grade:" with a dropdown menu showing "Select"; "School Placement:" with two radio buttons, "General Education" (selected) and "Special Education"; "Is an IEP in place?:" with two radio buttons, "Yes" (selected) and "No"; "School Placement Type:" with a dropdown menu showing "Select"; and "School Year:" with a dropdown menu showing "FY16-17". At the bottom of the form are two buttons: "Save" and "Cancel".

Once all information has been entered on the Referral Form, click the **Save** button. Information entered on the Referral Form will auto-populate throughout the Youth Record, where applicable.

Youth record added successfully! Would you like to fill in other details for the youth record?

- Click 'Yes' to fill in other details (or)
- Click 'No' to add new youth record

Yes No

Next there is a pop up asking if you would like to enter more information for the Youth Record, including Diagnosis information. Click Yes to proceed to the Youth Record. Click No to add another Youth Record.

Once the Youth has been established in the system through the above steps, visit the Referral Form tab to enter all Diagnosis and Medication information. If Diagnosis and Medication information is not entered via the Referral Form, this information can be entered in the Plan of Care for the Youth, if that feature is used.

ENROLLING A YOUTH

For a New Youth Record, the initial Enrollment Status is automatically set to Pending, using the current date.

A Youth Enrollment cycle always begins with a Pending Status record. This record cannot be deleted, but you can modify the Pending status start date in the Enrollment section of the Youth Record.

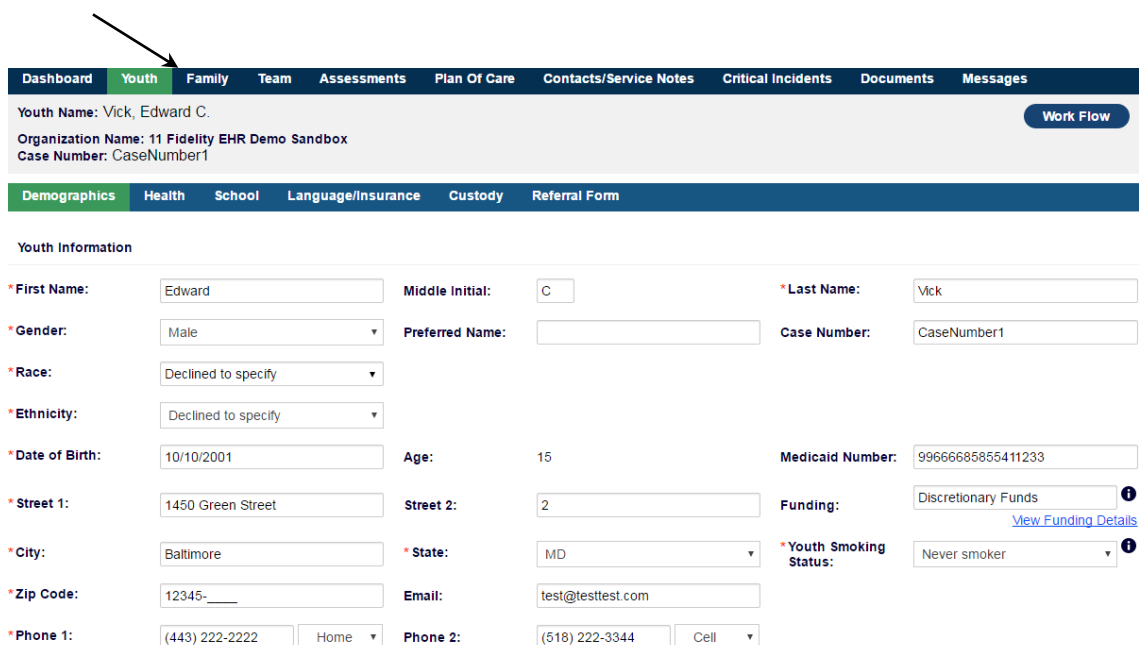
Time from the Pending Status start date to the Enrolled Status start date is calculated as the *Weeks In Pending*. Time from the Enrolled Status start date until the Discharged Date is the *Weeks In Care*. In the Youth Record Dashboards, *Duration*, or *Weeks in Care* are calculated from the Enrolled Status Start Date.

While in Pending Status, the following information *can* be added to the Youth Record: Youth Tab (Demographics, School, Language/Insurance, and Custody), Family Members, Team Members, Assessments, Services, Documents, and Contacts/Notes. You can also schedule Team Meetings and send Messages.

****Many features use the *Pending Date* and *Enrollment Date* for calculations, so it is important to set these dates accurately and as soon as possible.****

ADDING A NEW ENROLLMENT STATUS

To add a new Enrollment Status, including Enrolling the youth, select the Youth Tab within the Youth Record, and then click on the Enrollment button:



The screenshot shows the 'Youth' tab selected in the top navigation bar. Below the navigation bar, the 'Youth Information' form is displayed. The form includes the following fields:

- *First Name:** Edward
- Middle Initial:** C
- *Last Name:** Vick
- *Gender:** Male
- Preferred Name:**
- Case Number:** CaseNumber1
- *Race:** Declined to specify
- *Ethnicity:** Declined to specify
- *Date of Birth:** 10/10/2001
- Age:** 15
- Medicaid Number:** 99666685855411233
- *Street 1:** 1450 Green Street
- Street 2:** 2
- Funding:** Discretionary Funds (with a 'View Funding Details' link)
- *City:** Baltimore
- *State:** MD
- *Youth Smoking Status:** Never smoker
- *Zip Code:** 12345-
- Email:** test@testtest.com
- *Phone 1:** (443) 222-2222 (Home)
- Phone 2:** (518) 222-3344 (Cell)

Education Placement:	FY16-17, Westminster High School, Grade: 11, Special Education
Legal Guardian:	Janine Vick, Birth Mother
Primary Caregiver:	Janine Vick(Birth Mother)
Custody Status:	--
Enrollment Status:	Enrolled, 04/01/2016, 31 Weeks 0 days
Facilitator:	Hyde, Mark, 11 Fidelity EHR Demo Sandbox
Preferred Language	

Client Portal Logins
Client Portal
Enrollment
Save
Cancel

The opens the Enrollment screen which lists all Enrollment statuses for a Youth Record.

Click the Add Enrollment Status button to reach the window below where you add the new enrollment.

YOUTH ENROLLMENT
X

Name: Vick, Edward C.
Case Number: CaseNumber1

Add Enrollment Status ⓘ

Status	Start Date	Organization	Duration	Edit	Delete
Enrolled	04/01/2016	11 Fidelity EHR Demo Sandbox	30 Weeks, 6 days	Edit	Delete
Pending	02/27/2016		4 Weeks, 6 days	Edit	--

Close

Select the appropriate Start Date and Enrollment Status. Depending on the Enrollment Status selected, the Reason and Youth Organization fields may become available. When the Youth Organization field is available, it is required; selecting a Reason field is always optional. Click Save after you have completed the

ADD ENROLLMENT STATUS
X

Name: Vick, Edward C.
Case Number: CaseNumber1

Start Date:

Enrollment Status:

Select

Reason:

Youth Organization:

Select

SaveCancel

information.

MODIFYING AN ENROLLMENT STATUS

To change an Enrollment Status for a youth, including the Pending Status Start Date,

select the Youth Tab within the Youth Record, and then click on the Enrollment button. (This is the same process as adding a new Enrollment Status)

Once Enrollment screen opens the list of all Enrollment Statuses for a Youth Record. Locate the Enrollment Status record you would like to change, and click on the Edit hyperlink:

YOUTH ENROLLMENT [X]

Name: Vick, Edward C.
Case Number: CaseNumber1

Add Enrollment Status ⓘ

Status	Start Date	Organization	Duration	Edit	Delete
Enrolled	04/01/2016	11 Fidelity EHR Demo Sandbox	30 Weeks, 6 days	Edit	Delete
Pending	02/27/2016		4 Weeks, 6 days	Edit	--

Close

The Start Date, Organization, and Reason in the Enrollment Status record can be changed. However, the Enrollment Status cannot be changed. If an Enrollment Status is incorrect, it must be deleted using the Delete hyperlink to the right of the Edit hyperlink, and a new Enrollment Status must be created.

YOUTH ENROLLMENT [X]

Name: Test, Reminders
Case Number: --

Add Enrollment Status ⓘ

Status	Start Date	Organization	Duration	Edit	Delete
Closed	<div>Youth/Fan ▼</div> 03/23/2018	99 KD All Features 2018	--	Update Cancel	Delete
Enrolled	02/28/2018	99 KD All Features 2018	3 Weeks, 2 days	Edit	Delete
Pending	02/28/2018		0 Weeks, 0 days	Edit	Delete

Add Wraparound Phase

No Records Found!

Close

COMPLETING A YOUTH RECORD

Within the Youth Record, all information, including school, language, insurance, custody, and referral source can be entered/edited in the **Youth** tab.

FUNDING DETAILS

Funding Details are entered on the Demographics Sub-Tab of the Youth Tab by clicking on the View Funding Details hyperlink.

Dashboard **Youth** Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Documents Messages

Youth Name: Vick, Edward C. [Work Flow](#)

Organization Name: 11 Fidelity EHR Demo Sandbox
Case Number: CaseNumber1

Demographics Health School Language/Insurance Custody Referral Form

* First Name: Edward Middle Initial: C * Last Name: Vick
* Gender: Male Preferred Name: Case Number: CaseNumber1
* Race: Declined to specify
* Ethnicity: Declined to specify
* Date of Birth: 10/10/2001 Age: 15 Medicaid Number: 99666685855411233
* Street 1: 1450 Green Street Street 2: 2 Funding: Discretionary Funds [View Funding Details](#)

This opens the Funding Details window where the Funding Source and State Date for this Funding Source can be entered. Once that information is complete click the Add button. This will add the Funding Source to the Youth Record.

FUNDING DETAILS [X](#)

Youth Name: Vick, Edward C.

Funding: Select
* Start Date: ____/____/____
End Date: ____/____/____

[Add](#)

Funding	Start	End	
Discretionary Funds	10/04/2016	--	Edit Delete

[Ok](#)

SCHOOL PLACEMENT

School/School Placement

Add

Start Date	School Name	Grade	School Placement	School Year		
09/01/2016	Westminster High School	11	Special Education	FY16-17	Edit	Delete

To add school placement, select the School Sub-Tab and click the Add button.

This opens the School Details window, where required fields are indicated with a red asterisk. Enter the start date for the current school placement, school name, grade, placement type, and school year then click on Save. The school placement will now display in the Youth Record.

SCHOOL AND SCHOOL PLACEMENT
X

Youth Name: Vick, Edward C.
Name: Vick, Edward C.
Case Number: CaseNumber1

* Start Date:

Enrolled in School? ☒

District Name:

* School Name:

* Current Grade:

School Placement: ☒ General Education ☐ Special Education

Is an IEP in place? ☐ Yes ☐ No

School Placement Type:

* School Year:

LANGUAGE, INSURANCE, AND JURISDICTION INFORMATION

To add Language/Insurance information, select the Language/Insurance Sub-Tab of the Youth Tab within the Youth Record.

Dashboard Youth Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Documents Messages

Youth Name: Vick, Edward C.
Organization Name: 11 Fidelity EHR Demo Sandbox
Case Number: CaseNumber1

Work Flow

Demographics Health School Language/Insurance Custody Referral Form

Youth Language Information:

Does the youth speak English? ☒ Yes ☐ No

Youth's Preferred Language If Other:

Does the youth have a hearing and/or seeing impairment? ☐ Hearing ☐ Seeing

If yes, what accommodations must be made to support their involvement?

Youth Insurance Information:

Does the youth have Medical Assistance? ☐ Yes ☒ No

If yes, provide the Medical Assistance Number:

Would the youth be Medicaid eligible for non-waiver home-based services? (i.e. Does the youth have medical assistance other than through RTC Waiver eligibility?) ☒ Yes ☐ No

Save

Answer each of the questions and then click Save at the bottom. The Language/ Insurance information will now display in the Youth Record.

CUSTODY STATUS

To add Custody details for the Youth, select the Custody Sub-Tab of the Youth tab within the Youth Record and click the Add button. This data will populate the Residential Outcomes Dashboard on the **Youth Record** Dashboard Page, starting with the date of Enrollment.

Youth Name: Vick, Edward C.
Organization Name: 11 Fidelity EHR Demo Sandbox
Case Number: CaseNumber1

Work Flow

Demographics Health School Language/Insurance Custody Referral Form

Custody Status

Add

No Custody Status added yet!

Enter the information for each of the questions. In the Custody Details window is where Adoption Status, Dependency Status, as well as Court Order (if not Custody of biological/adoptive parent) is indicated.

Save

X

CUSTODY DETAILS

Youth Name: Vick, Edward C.

* Current Custody Start Date:

* Custody Status:

Select

* Current Living Environment:

select

Current Housing Start Date:

Residential Arrangement:

Select

Household Size:

Select

Household Income:

Select

* Adoption Status:

Select

* Dependency Status:

Select

Court Order, if Not Custody of Biological/Adoptive Parent?

Yes

No

Name of Caretaker/Facility:

Notes about Current Living Environment:

Do the caregivers speak English?

Yes

No

If no, what language is spoken?

After all information has been entered, click the Save button.

REFERRAL FORM

The Referral Form is used to add basic information that may be taken and used elsewhere in the Youth Record. With the exception of the Diagnosis and Medication

information, the Referral Form sub-tab is identical to the Referral Form available when adding a new Youth Record. For detailed instructions on completing a Referral Form, refer to the section [Add a New Youth Record using the Referral Form](#).

YOUTH DIAGNOSES

Near the bottom of the Referral Form is the Youth Diagnoses information. Diagnoses Options are set in the Configuration Settings by an Administrator. Users will be able to select from the DSM IV Axis pick lists or the DSM V pick list, depending on which the Configuration Administrator has selected. The Configuration Administrator may also enable a feature to link the DSM and ICD diagnosis boxes so that when you select the DSM diagnosis code the ICD code is automatically populated.

Youth Name: Vick, Edward C. Work Flow

Organization Name: 11 Fidelity EHR Demo Sandbox
Case Number: CaseNumber1

Demographics Health School Language/Insurance Custody **Referral Form**

Youth Diagnoses: [\(Add/Edit\)](#)

DSM IV

Start Date	Axis I	Axis II	Axis III	Axis IV	Priority	End Date
09/01/2016	799.99(Diagnos...	301.4(Obsessiv...			17	

DSM 5

No DSM 5 Diagnoses Found!

-- Indicates there is an ICD Diagnosis but not a DSM Diagnosis.

[Add New Diagnosis](#) [Add/Edit Notes](#) [Undo Changes](#) [Save Changes](#) [Close](#) [Cancel/Close](#)

A Youth with no Diagnoses will display a "No Diagnosis Found" message for each DSM category, as shown below. To enter Diagnosis information, click the Add/Edit hyperlink.

Youth Diagnoses: [\(Add/Edit\)](#)

DSM IV

No DSM IV Diagnoses Found!

DSM 5

No DSM 5 Diagnoses Found!

-- Indicates there is an ICD Diagnosis but not a DSM Diagnosis.

The Diagnosis entry page will display, where all information related to Diagnosis can be entered. To add a new Diagnosis, click the Add New Diagnosis button in the lower left corner. To edit an existing Diagnosis, click the Edit hyperlink in the Diagnosis row.

ADD/EDIT YOUTH DIAGNOSIS X

Youth Name: Edward C. Vick Case Number: CaseNumber1
 Date of Birth: 10/10/2001 Phone Number: N/A
 Clinical Evaluator: N/A

DIAGNOSIS DETAILS

* Start Date of Diagnosis:

End Date of Diagnosis:

Diagnosis Priority (1-35):

Current GAF:

Highest GAF in Last Year:

* Axis I: ⓘ

* Axis II: ⓘ

Axis III: ⓘ

Axis IV:

DSM 5 Diagnosis: ⓘ

ICD-9 Diagnosis:

ICD-10 Diagnosis: ⓘ

When adding a Diagnosis, select the Start Date, Diagnosis Priority, and select values from the available picklists. The Start Date must be *after* the Youth DOB, but not after Today's Date (cannot be set in the future). A Diagnosis Priority can only be designated to one Diagnosis record at a time. Once a Diagnosis is edited and saved to include an End Date, and the End Date has been passed, the Priority will be removed.

The Undo Changes button will remove all data entered since the diagnosis was previously saved, or if the diagnosis has never been saved, as is the case with adding a new diagnosis, then all data entered will be removed. Once all desired fields have been filled, click the Save Changes button. Then, click the Close button to exit the Add/Edit Diagnosis Details mode. This will bring the user back to the Youth Diagnosis screen, where the saved Diagnosis record will appear under the appropriate DSM heading.

Once back at the Youth Diagnosis screen, click the Cancel/Close button to exit the Youth Diagnosis portion of the Referral Form. This will return the user to the add/edit section for Youth information via the Referral Form.

YOUTH MEDICATION

Below the Diagnosis portion of the Referral Form, is the Medication section. (Use the scroll bar to scroll below Diagnosis.)

Youth Name: Vick, Edward C. Work Flow

Organization Name: 11 Fidelity EHR Demo Sandbox
Case Number: CaseNumber1

Demographics Health School Language/Insurance Custody **Referral Form**

Medications: [Add/Edit](#)

Start Date	Name of Medication	Dosage	Frequency	End Date	Comments
09/01/2016	Ritalin	10 microgram	0*As Needed		

Save Cancel

To add new a Medication, or Edit existing Medication(s), use the Add/Edit hyperlink. This opens the Medication editing form. Click on the Add New Medication button to add a new Medication, or click on the Edit hyperlink to edit an existing Medication record.

ADD/EDIT YOUTH MEDICATIONS
X

Youth Name: Doug Arnold
Case Number: N/A
Date of Birth: 11/19/2002
Clinical Evaluator: N/A
Phone Number: N/A

Start Date	Name of Medication	Dosage	Frequency	End Date	Comments/Instruction
08/28/2016	Xanax	1 Capsule			Edit Delete

Medication Details

* Name of Medication:

Dosage:

Frequency:

Comments/Instructions:

* Start Date:

End Date:

Add New Medication

Undo Changes

Save Changes

Close

Cancel/Close

When adding a new medication, the Name, Start Date, End Date, Dosage and Frequency fields will now become available for you to enter the new Medication details (as will the Undo Changes, Save Changes, and Close buttons). Once Medication details have been entered, click Save Changes. Multiple Medications can be added in the same way. When finished entering Medications, click the Cancel/Close button to exit the Medication editing form.

ADD/EDIT YOUTH MEDICATIONS
X

Youth Name: Doug Arnold
Case Number: N/A
Date of Birth: 11/19/2002
Clinical Evaluator: N/A
Phone Number: N/A

Start Date	Name of Medication	Dosage	Frequency	End Date	Comments/Instruction
08/28/2016	Xanax	1 Capsule			Edit Delete

Medication Details

* Name of Medication:

Dosage:

Frequency:

Comments/Instructions:

* Start Date:

End Date:

Add New Medication

Undo Changes

Save Changes

Close

Cancel/Close

If editing an existing Medication, make any edits in the fields needed, and click the Save Changes button. To exit the Medication editing form click the Cancel/Close button.

All Medication in the Youth history is listed in the Referral Form, even if the Medication has an End Date in the past.

. Once back at the Youth Medication screen, click the Cancel/Close button to exit the Youth Medication portion of the Referral Form. This will return the user to the add/edit section for Youth information via the Referral Form.

To exit the Referral Form, simply navigate to any Tab or sub Tab.

THE WORK FLOW

The Work Flow is a Task List that tracks the completion of necessary steps and tasks to complete a **Youth Record**, as identified by the Configuration Administrator. The Work Flow is accessible from any page in the **Youth Record**.



Clicking the **Work Flow** button will bring up a moveable window, listing the Tasks and necessary information. This window will always stay on top, but allows the user to work with the screen below. By using the Work Flow, the user can check, view, and complete the tasks required for the Youth Record.

Work Flow		
Vick, Edward C. Case Number: CaseNumber1		
TASKS	COMPLETED	LAST UPDATED
Referral		
Enter Referral Form Data	✓	10/14/2016
Select Funding Stream	✓	10/04/2016
Facilitator Assigned	✓	10/09/2016
Intake/Family Story		
Complete Family Interview		
Team		
Build Team		
Initial Team Meeting	✓	11/05/2016
POC		
Create Plan of Care	✓	11/03/2016
Complete Family Vision		
Complete Initial Strengths List		
Complete Crisis Plan		
Complete Team		

54%

Each Task has a hyperlink to the location within FidelityEHR where the Task can be completed. For Team, Youth Needs, and Youth Services, the Work Flow identifies the total number of each completed instead of a check mark. The status bar at the bottom shows the percentage of Work Flow Tasks that have been completed for the Youth Record. To exit the Work Flow window, click the


"x" in the upper right corner.

LOCATING A YOUTH RECORD

The Home page will display Quick Links and the Youth Record Clipboard. To access the Home page (within a Configuration):

- Click the  button, and click 

OR

- Click on the  Fidelity^{EHR} logo in the upper left corner of the screen.

Tip: Use this logo to return to the Home Page from anywhere in the Fidelity^{EHR} system.

Once on the Home Page, the Youth Records Clipboard shows the names of all Youth Records that are accessible:

- For users with assigned Youth, those Youth records will be shown.
- For users without assigned Youth, but the ability to see ALL youth, all Youth will be shown.
- The records are listed by the **Last Edited On** column starting with the oldest date and moving to most recent.

Optional (these can be enabled in the Configuration Settings)

- For users who are on a Youth's team those Youth records will be shown.
- For users who entered a Youth into the configuration those Youth records will be shown.

If your Administrator has enabled the Configuration Setting *View Last Edited On Columns*, when a Youth Name is red, this indicates the record has not been updated in the past 30 days. If it has been updated in the past 30 days, the text will be green. The date of last edit is listed in the column to the right. To work with one of these Youth, click on the hyperlinked name. This action will open the Youth Record.

Dashboard Reminders Outputs Clipboard +				
Add Items » Change Settings »				
Youth Records Edit				
Sort				
Name ▼	Facilitator ▼	Organization Name ▼	Last Edited On ▼	Status ▼
Raggie, Carrie			08/17/2016	Pending
Smith, Matthew			08/17/2016	Pending
McGarvey, David			10/13/2016	Pending
Oakley, Ann	Facilitator, ..	11 Fidelity E..	10/13/2016	Enrolled
Richards, John			10/13/2016	Pending
Pontilla, Praxton		11 Fidelity E..	10/14/2016	Enrolled
Case, Penny			10/17/2016	Pending
28 Records				

To aide in finding Youth Records, users have the ability to **Sort** and filter (▼) the Youth Records list on the Clipboard. The applied sort and/or filter will be retained until the user either changes the filter or logs out of the system.

Dashboard Reminders Outputs Clipboard +				
Add Items » Change Settings »				
Youth Records Edit				
Sort				
Name ▼	Facilitator ▼	Organization Name ▼	Last Edited On ▼	Status ▼
Raggie, Carrie			08/17/2016	Pending
Smith, Matthew			08/17/2016	Pending
McGarvey, David			10/13/2016	Pending
Oakley, Ann	Facilitator, ..	11 Fidelity E..	10/13/2016	Enrolled
Richards, John			10/13/2016	Pending
Pontilla, Praxton		11 Fidelity E..	10/14/2016	Enrolled
Case, Penny			10/17/2016	Pending
28 Records				

SORTING THE YOUTH RECORDS LIST

1. Access the Youth Records list in the Clipboard on the Home page.
2. Click **Sort**
3. In the Select Option(s) window, choose column to sort in the **Sort By** field
4. In the Order field, Choose to sort the column in either Descending (A to Z, First to Last) or Ascending (Z to A, Last to First) Order

- To add a second sort to a different column, choose the column to sort in the **Then by** field.
- In the Order field, choose to sort the column in either Descending (A to Z, First

SELECT OPTION(S) X

	Column	Order
Sort by	LastEditOn	First to Last
Then by	Name	A to Z

Ok

Cancel

to
La
st)
or
As
ce
ndi
ng

(Z to A, Last to First) Order.

EXAMPLE: THIS SORT WOULD FIRST PUT THE FACILITATOR COLUMN IN ALPHABETICAL ORDER BY LAST NAME AND THEN PUT EACH OF THEIR ASSOCIATED YOUTH IN ALPHABETIC ORDER BY LAST NAME.

- To close the Select Option(s) window:
 - Click Ok to apply the sorting options selected.
 OR

Name ▾	Facilitator ▾	Organization Name ▾	Last Edited On ▾	Status ▾
Beaches, Bethany	Bell, Paul	11 Fidelity E..	11/02/2016	Enrolled
Lee, Brandon	Bell, Paul		10/27/2016	Pending
Lewis, Gerald	Bell, Paul	11 Fidelity E..	10/21/2016	Enrolled
Arnold, Claire	Facilitator, ..		11/02/2016	Pending
Austen, Kate	Facilitator, ..	11 Fidelity E..	11/01/2016	Enrolled
Bonds, Bobby	Facilitator, ..	11 Fidelity E..	10/31/2016	Enrolled

- Click Cancel or X to discard the sorting options selected.

CLEARING THE SORT


The applied sort will be retained until the sort is manually cleared or until a log out occurs.



To manually clear the sort:


- Access the Youth Records list in the Clipboard on the Home page
- Click Clear Sort.



FILTERING THE YOUTH RECORDS LIST

The Youth Records list on the Home Page Clipboard can be filtered to show only specific Name(s), Date(s) and Status(es). To filter the Youth Records list:

1. Access the Youth Records list in the Clipboard on the Home page.
2. Click  next to the column heading to filter (*Name, Facilitator, Organization Name, Last Edited On or Status*).
3. Check the box next to each Name or Date that should be visible when the filter is applied.

Tip 1: Use the  Sort A to Z  Sort Z to A to sort the list for easier browsing while

SELECT ORGANIZATION(S) 

 Sort A to Z  Sort Z to A

Select	Facilitator Name
<input type="checkbox"/>	Bell, Paul
<input type="checkbox"/>	Facilitator, Amanda
<input type="checkbox"/>	Hyde, Mark
<input type="checkbox"/>	Hyde, Mary
<input type="checkbox"/>	Test, User
<input type="checkbox"/>	Vedder, Edward

Select All


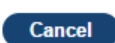
Clear Selected

Filter

Cancel

making the selection(s).

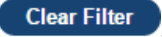
Tip 2: Use the select all button to choose all items in the list and clear selected button to undo any selection(s).

4. Once the desired selections have been made, click  to apply the filter and return to the Home Page. Click  only to discard the selections and prevent the filter from being applied.
5. Repeat steps 2-4 to apply additional filters.

CLEARING THE FILTER(S)

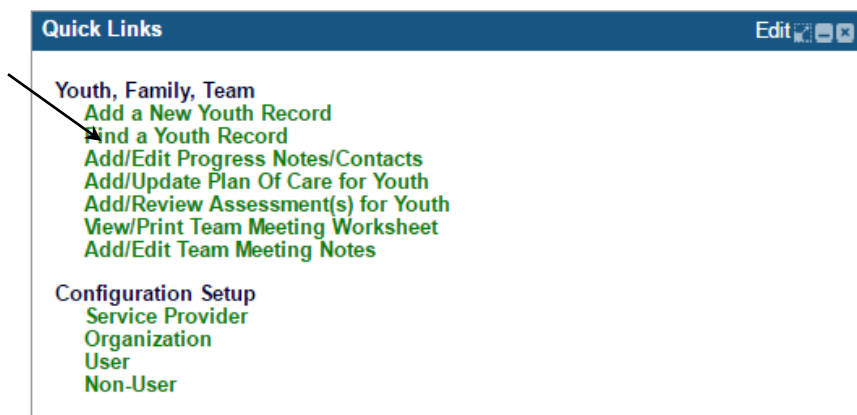
The applied filter(s) will be retained until the sort is manually cleared or until a log

out occurs. To manually clear the filter(s):

1. Access the Youth Records list in the Clipboard on the Home page
2. Click .

FINDING A YOUTH RECORD USING QUICK LINKS

A Youth Record can also be found by clicking on the **Find a Youth Record** hyperlink in the Clipboard Quick Links options. This search will include Youth assigned to the user, as well all, All Youth where the user is on the Team page and All Youth (if the user has permissions to view all):



ADDING FAMILY OR TEAM MEMBERS TO THE YOUTH RECORD

While in a specific Youth Record, **Family** or **Team Tabs** can be selected to add members. Once added to the system, the Youth, Family Members and Facilitator are automatically added to the Team.

Team Members may have access to confidential information. Once added as a Team Member, the Family Member can be sent Messages and be identified wherever Team Members are listed. Family members can also be sent reminders about scheduled Team Meetings.

ADDING FAMILY MEMBERS

To add a Family Member, select the Family Tab in the Youth Record and click the Add button.



Dashboard	Youth	Family	Team	Assessments	Plan Of Care	Contacts/Service Notes	Critical Incidents	Documents	Messages
Youth Name: Vick, Edward C. Case Number: CaseNumber1 Organization Name: 11 Fidelity EHR Demo Sandbox									
Work Flow									

Family Members

[Add](#)

Name	Relationship	Primary Caregiver?	Legal Guardian?	
Vick, Janine	Birth Mother	Yes	Yes	Edit Delete

This opens the Family Member Details screen. Enter the required information for the

FAMILY MEMBER DETAILS
X

Youth Name: Vick, Edward C.

Consent for Fidelity Assessment signed?
 ☐ Yes ☒ No

Date signed:

First Name / MI:

* Last Name:

* Gender:

* Race:

Ethnicity:

Date of Birth: Age:

* Relationship:

Same as youth address? ☐ Yes ☒ No

Street 1:

Primary caregiver? ☐

Legal guardian? ☐

Has medical consent for youth? ☐ Yes ☐ No

Parent/Guardian consent signed? ☐ Yes ☐ No

Parent/Guardian Release of Info signed? ☐ Yes ☐ No

Medical Status Form signed? ☐ Yes ☐ No

Court order, if not custody of biological/adoptive parent? ☐ Yes ☐ No

Parental rights terminated? ☐ Yes ☐ No

[Save](#)
[Cancel](#)

Family Member.

Select whether this family member is the **Primary Caregiver** and/or **Legal Guardian** for the Youth. Up to *two* Primary Caregivers and *two* Legal Guardians can be added to a Youth Record.

- A Primary Caregiver is someone who accepts and takes responsibility for the Youth.
- The Legal Guardian has power to make *legal* decisions of financial, health

care, estate, and person in nature. If the family member is a Legal Guardian, the Medical Consent fields will become available.

If the Family Member lives with the Youth, the address from the **Youth Record** can be copied by using the radio buttons "Same as youth address?" This will overwrite any existing data in this field. All email addresses entered need to be unique to the Family Member. Two family members cannot have the same email address. Once all data is entered, click the Save button.

CREATING A YOUTH/FAMILY LOGIN

As mentioned, the Youth and Family Members can be sent Messages and reminders within FidelityEHR. To activate this feature, create a Login for the Family.

While in the Youth tab of the Youth Record, select the Demographics tab and look

Youth Name: Vick, Edward C. Work Flow

Organization Name: 11 Fidelity EHR Demo Sandbox
Case Number: CaseNumber1

Demographics | Health | School | Language/Insurance | Custody | Referral Form

* First Name: Edward Middle Initial: C * Last Name: Vick

* Gender: Male Preferred Name: Case Number: CaseNumber1

* Race: Declined to specify

* Ethnicity: Declined to specify

* Date of Birth: 10/10/2001 Age: 15 Medicaid Number: 99666685855411233

* Street 1: 1450 Green Street Street 2: 2 Funding: Discretionary Funds [View Funding Details](#)

* City: Baltimore * State: MD * Youth Smoking Status: Never smoker

* Zip Code: 12345- Email: test@testtest.com

* Phone 1: (443) 222-2222 Home Phone 2: (518) 222-3344 Cell



Education Placement: FY 16-17, Westminster High School, Grade: 11, Special Education
Legal Guardian: Janine Vick, Birth Mother
Primary Caregiver: Janine Vick(Birth Mother)
Custody Status: --
Enrollment Status: Enrolled, 04/01/2016, 31 Weeks 0 days
Facilitator: Hyde, Mark, 11 Fidelity EHR Demo Sandbox
Preferred Language

[Client Portal Logins](#) [Client Portal](#) [Enrollment](#) [Save](#) [Cancel](#)

to the bottom left for the **Client Portal Login** button.

Click the Family Login button on the lower left corner of the Demographics sub-tab to set up a Family Login for the Youth and any Family Members. This opens the Add/Edit Client Portal Login screen. Here enter any required data for the Youth for Login activation.

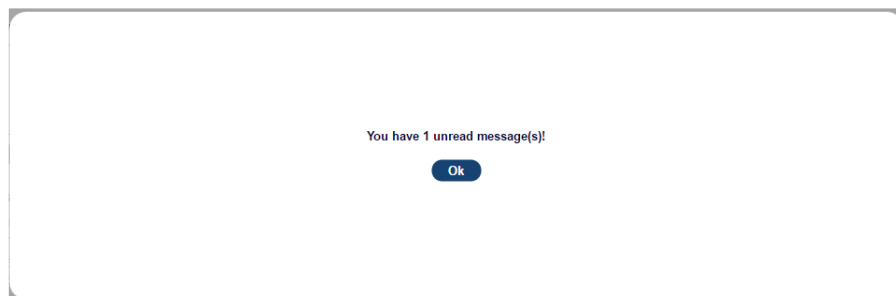
ADD/EDIT CLIENT PORTAL LOGIN

Client / Team Member:	<input type="text" value="select"/>	Street 1:	<input type="text"/>
* First Name / MI:	<input type="text"/>	Street 2:	<input type="text"/>
* Last Name:	<input type="text"/>	City:	<input type="text"/>
Highest Degree Achieved:	<input type="text" value="select"/>	State / Zip Code:	<input type="text" value="select"/> <input type="text" value="____-____"/>
* Email:	<input type="text"/>	Status:	<input checked="" type="radio"/> Enable <input type="radio"/> Disable 
Phone 1:	<input type="text" value="() - - - -"/> <input type="text" value="Select"/>		
Phone 2:	<input type="text" value="() - - - -"/> <input type="text" value="Select"/>		
* User Name:	<input type="text"/>		
	Check Availability		
* Password:	<input type="password"/>		
* Re-Type Password:	<input type="password"/>		
* Role:	<input type="text" value="select"/>		

Remember, for the Youth to receive email notifications from FidelityEHR, a valid email will need to be entered. If using the placeholder email, be sure to note the password and username to provide to the Youth for login.

YOUTH LOGIN

When the Youth then logs into their Family Page, they will receive a notification of any unread messages:



From the Messages tab, they will see a listing of any Messages sent to them by FidelityEHR as well as have the ability to send Messages to their Facilitator:

To reply to the message, enter text in the “Enter Message” field up top and click on the Send button. The reply will appear in the listing below.

ADDING TEAM MEMBERS

To add a Team Member, select the Team Tab in the Youth Record and click the Add button.

Name	Organization	Team Role	Start Date	End Date
Vick, Edward C.	11 Fidelity EHR Demo Sandbox	*Youth	02/27/2016	
Vick, Janine		Birth Mother	02/27/2016	Edit Delete
Hyde, Mark	11 Fidelity EHR Demo Sandbox	*Facilitator	10/09/2016	Edit Delete

This opens the Add Team Member screen. Enter the required information for the Team Member. In order to add a Team Member, that person must be either a User (with Login credentials) or a Non-User (without Login credentials.) If adding a Non-

User who has not been added to the system yet, they can be entered from this screen if you have permission.

ADD TEAM MEMBER
Youth Name: Vick, Edward C.

* Team Member Name:

* Team Member Group: ☒ User ☐ Non-User ☐ Family Member ⓘ

* Start Date:

End Date:

Organization:

* Team Member Role: [Add Role](#)

* Team Member Type: ☒ Formal ☐ Informal

Team Member Status:

Save

Cancel


NOTE: THE ABILITY TO ADD A TEAM MEMBER ROLE TO THE PICKLIST IS BASED ON USER ROLE PERMISSIONS. THE ADD ROLE HYPERLINK WILL ONLY APPEAR IF PERMISSIONS WERE GRANTED TO THE USER ROLE LOGGED IN.

CREATING AND ADDING A NON-USER TEAM MEMBER

To Create a Non-User record and add them to the Team select the Non-User radio button in this window, which will generate an Add Non-User hyperlink.

ADD TEAM MEMBER
Youth Name: Vick, Edward C.

* Team Member Name:

* Team Member Group: ☐ User ☒ Non-User ☐ Family Member ⓘ [Add Non-User](#) 

* Start Date:

End Date:

Organization:

* Team Member Role: [Add Role](#)

* Team Member Type: ☒ Formal ☐ Informal

Team Member Status:

Save

Cancel

Clicking the Add Non-User hyperlink will bring up the window below, where the

First Name, Last Name and Email Address for the Non-User needs to be entered. Once that information has been added, click the Save button.

ADD NON-USER

* First Name:

* Last Name:

Email:

Unknown@fidelityehr.com can be used as a placeholder.

Save

Cancel

All Non-Users must have a unique email address and cannot share an email address. You can use Unknown@fidelityehr.org as a placeholder, but as a result that Team Member will not receive emails about the Youth until their unique email address is added to their Non-user record. Unknown@fidelityehr.org must utilize an upper-case "U" in "Unknown".

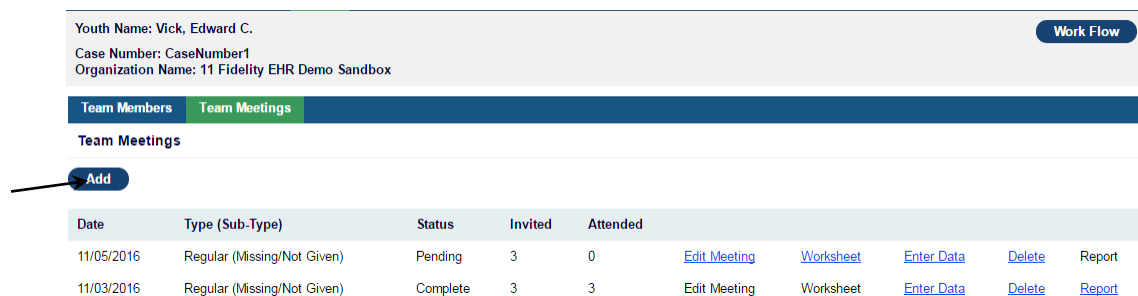
TEAM MEETINGS

Three different types of Team Meetings: An Initial Team Meeting, A Regular Team Meeting, or a Crisis Team Meeting can be scheduled. There can only be one Regular Team Meeting scheduled at a time, while multiple Crisis Team Meetings can be scheduled. This first Regular Team Meeting you schedule is called the Initial Team Meeting.

The Team Meeting Sub-Tab provides summary details about scheduled meetings. New meetings can be added by clicking the Add button. An existing Team Meeting can be edited by clicking on the Edit hyperlink. Review and Print a Worksheet by clicking on the Worksheet hyperlink.

ADDING A TEAM MEETING

Meetings are scheduled on the **Team Tab** of the **Youth Record**, on the Team Meetings Sub-Tab. To add a new Team Meeting click the Add button.



The screenshot shows the 'Team Meetings' sub-tab of the 'Team Tab' in the Youth Record. At the top, there is a header bar with the following information: Youth Name: Vick, Edward C., Case Number: CaseNumber1, and Organization Name: 11 Fidelity EHR Demo Sandbox. A 'Work Flow' button is located on the right. Below the header, there are two tabs: 'Team Members' and 'Team Meetings', with 'Team Meetings' being the active tab. Under the 'Team Meetings' tab, there is an 'Add' button. Below the 'Add' button is a table with the following columns: Date, Type (Sub-Type), Status, Invited, Attended, Edit Meeting, Worksheet, Enter Data, Delete, and Report. The table contains two rows of data.

Date	Type (Sub-Type)	Status	Invited	Attended	Edit Meeting	Worksheet	Enter Data	Delete	Report
11/05/2016	Regular (Missing/Not Given)	Pending	3	0	Edit Meeting	Worksheet	Enter Data	Delete	Report
11/03/2016	Regular (Missing/Not Given)	Complete	3	3	Edit Meeting	Worksheet	Enter Data	Delete	Report

In the Team Meeting window, enter the Date, Time, Type, and Location for the Team Meeting, and then select which Team Members will be invited to the meeting. A Team Meeting can only be scheduled for a future time and date. You can choose to send an Email Reminder to the invited Team Members as long as you are adding the meeting at least 48 hours before it is scheduled to occur. After the required information has been entered click the **Save** button.

ADD TEAM MEETING
X

Youth Name: Vick, Edward C.

* Meeting Date:

* Meeting Time:

Select

Select

* Meeting Type:

Select

Meeting Sub Type:

Select

* Meeting Location:

Select

Meeting Address:

Street 1:

Street 2:

City:

State/Zip Code:

* Invite Members:

☐ Vick, Edward C. (Youth)
 ☐ Vick, Janine (Birth Mother)
 ☐ Hyde, Mark (*Facilitator)
 ☐ Send Email Reminder 48 hours prior to the Meeting

Select All

Clear Selected

→

Save

After the new Team Meeting Another Team Meeting cannot be added until this meeting is completed with data entered, or deleted.

Youth Name: Vick, Edward C.
 Work Flow

Case Number: CaseNumber1
 Organization Name: 11 Fidelity EHR Demo Sandbox

Team Members

Team Meetings

Team Meetings

Add

Date	Type (Sub-Type)	Status	Invited	Attended					
11/05/2016	Regular (Missing/Not Given)	Pending	3	0	Edit Meeting	Worksheet	Enter Data	Delete	Report
11/03/2016	Regular (Missing/Not Given)	Complete	3	3	Edit Meeting	Worksheet	Enter Data	Delete	Report

EDITING A TEAM MEETING

To edit a Team Meeting, click on the Edit hyperlink on the meeting record row. This will open an editing window, where edits can be made to the existing Meeting.

Team Members **Team Meetings**

Team Meetings

[Add](#)

Date	Type (Sub-Type)	Status	Invited	Attended					
11/05/2016	Regular (Missing/Not Given)	Pending	3	0	Edit Meeting	Worksheet	Enter Data	Delete	Report
11/03/2016	Regular (Missing/Not Given)	Complete	3	3	Edit Meeting	Worksheet	Enter Data	Delete	Report

Click on the Update button when finished editing the Team Meeting.

EDIT TEAM MEETING
X

Youth Name: Vick, Edward C.

* Meeting Date:

* Meeting Time:

* Meeting Type:

Meeting Sub Type:

* Meeting Location:

Meeting Address:

Street 1:

Street 2:

City:

State/Zip Code:

* Invite Members:

☒ Vick, Edward C. (Youth)

☒ Vick, Janine (Birth Mother)

☒ Hyde, Mark (*Facilitator)

☒ Send Email Reminder 48 hours prior to the Meeting

[Select All](#) [Clear Selected](#)

[Update](#) [Cancel](#)

DELETING A TEAM MEETING

Initial Team Meetings cannot be deleted, but Regular and Crisis can be deleted by clicking on the Delete hyperlink on the Meeting record row.

TEAM MEETING WORKSHEET

The Team Meeting Worksheet is a convenient tool used to print out a worksheet to

use during the meeting to record updates/changes for the Youth/family, including Core Assessments. This data can then be used to update the Youth Record. The Team Meeting Worksheet is available through the Worksheet hyperlink on the Meeting record row. Once selected, a window will open where the printing and output options will appear.

PRINT WORKSHEET
X

Includes:

- Core Assessments

Select Output:

- Print Preview
- Save To PDF

Ok Cancel

An example of a Team Meeting Worksheet is located in [Appendix A](#) of this Manual.

ENTERING DATA FROM A TEAM MEETING

Once a scheduled team meeting is in progress, data from the meeting will be captured on the Team Meetings Sub-Tab. This information includes:

- Date and duration of the meeting
- Attendance for the meeting
- Assessment reviews (5 Core Assessment and Team Process Assessment)
- Attendee signatures

A Team Meeting has two statuses that control the actions and items related to the meeting:

	<u>Pending</u> The required information has not been saved.	<u>Complete</u> The required information has been saved.
Update Dates, Duration and Attendance	✓	X
Review Core Assessments	✓	✓
Capture Attendee Signatures	✓	X

Schedule Future Regular Meetings	X	✓
Schedule Crisis Meetings	✓	✓
Worksheet printed/saved		X
Team Meeting Report	X	✓
Team Meeting Signature Report	X	✓
Delete Meeting	✓	✓

There are 3 ways in which a Team Meeting status can be changed to "Complete":

- Entering the Date, Duration and Attendance and saving the information
- Using the Signature Pad
- Reviewing All Assessments and choosing to indicate that the meeting is Complete
 - o **Note:** *This will also provide the option for the next regular meeting to be scheduled, attendees to be invited and reminders to be sent.*

Therefore, when entering Team Meeting Data, the following workflow is recommended:

1. Add the Date, Duration and Attendance and All Signatures
2. Add any missing Assessments
3. Review All Core Assessments

To Enter the Data for a Team Meeting:

1. In the Youth Record, Click on the Team Tab
2. Click on the Team Meetings Sub-Tab
3. Click on the [Enter Data](#) hyperlink for the appropriate team meeting.

Dashboard	Youth	Family	Team	Assessments	Plan Of Care	Contacts/Service Notes	Critical Incidents	Documents	Messages
Youth Name: Vick, Edward C. Case Number: CaseNumber1 Organization Name: 11 Fidelity EHR Demo Sandbox									Work Flow
Team Members Team Meetings									
Team Meetings									
Add									
Date	Type (Sub-Type)	Status	Invited	Attended					
11/05/2016	Regular (Missing/Not Given)	Pending	3	0	Edit Meeting	Worksheet	Enter Data	Delete	Report
11/03/2016	Regular (Missing/Not Given)	Complete	3	3	Edit Meeting	Worksheet	Enter Data	Delete	Report

MEETING DATE, DURATION AND ATTENDANCE INFORMATION:

Once the Enter Data for a Team Meeting window has been opened (*see section above*), the entry of information about that specific meeting can begin with the required elements.

Required fields are indicated by an (*) next to the description. The Data from the Team Meeting cannot be saved without all required fields being completed. They are:

- **Meeting Date** – the date of the Team Meeting. This will default from the date that was selected when the team meeting was originally created, but can be changed
- **Meeting Duration** – indicate the total length of the meeting in minutes.
- **Attendance** – this list defaults to the list invited team members when the team meeting was created.

ENTER DATA FROM TEAM MEETING

X

Meeting Date:

11/03/2016

Meeting Duration:

60

Time (in minutes)

Attendance:

Select [All](#) [None](#)

☒ Vick, Edward C. (Youth)
☒ Vick, Janine (Birth Mother)
☒ Hyde, Mark (*Facilitator)

Meeting Notes:

Save Notes

Non-Team Members

First Name:

Last Name:

Add

No Data Found!

Signature Pad

Review All Core Assessments

Save and Close

Cancel

TIP: USE THE ALL HYPERLINK IN THE Select [All None](#) TO MAKE ATTENDEE SELECTION MORE EFFICIENT.

ADDING TEAM MEMBER SIGNATURES

The **Signature Pad** button allows for Team Members in attendance to sign the Attendance document electronically to verify they were present at the meeting. In order to use this button, the permission for Add Electronic Signatures must be enabled in the Administration Tool permissions.

Important Note: Using the **Signature Pad** button also changes the status of the Team Meeting to Complete. **Therefore, it is recommended that all signatures be captured at the time that **Signature Pad** is clicked. If this is not possible, then additional signatures can be captured on the Plan of Care.**

To add Team Member Signatures:

1. Access the Enter Data from a Team Meeting window by clicking on the [Enter Data](#) hyperlink for the appropriate meeting.
2. Complete all required information, indicated by a (*):
 - a. **Meeting Date** – the date of the Team Meeting. This will default from the date that was selected when the team meeting was originally created, but can be changed.
 - b. **Meeting Duration** – indicate the total length of the meeting in minutes.
 - c. **Attendance** – this list defaults to the list invited team members when the team meeting was created but can be modified if invited people did not attend.

ENTER DATA FROM TEAM MEETING [X]

* Attendance:

- ☒ Vick, Edward C. (Youth)
- ☒ Vick, Janine (Birth Mother)
- ☒ Hyde, Mark (*Facilitator)

Meeting Notes:

[Text Area]

[Save Notes]

Non-Team Members

First Name: [Input Field]

Last Name: [Input Field]

[Add]

No Data Found!

[Signature Pad]

3. Click **Signature Pad**.
4. Click the [Unsigned](#) hyperlink in the **Signature Status** column next to the name of the first Team Member who will provide a signature

TEAM MEETING SIGNATURE PAD
X

Date of Meeting: 11/5/2016
Type: Regular
Youth: Vick, Edward C.

Name	Role	Signature Status
Vick, Edward C.	Youth	Unsigned
Vick, Janine	Birth Mother	Unsigned
Hyde, Mark	Facilitator	Unsigned

Non-Team Members

No Data Available!

Preview Report

Save Report to Document Tab

Close

- Type the Team Member name in the "Enter your name:" field in the Signature Pad window.

SIGNATURE PAD
X

Enter your name:

Click and drag to draw your signature in the box below.

Submit Signature

Clear Signature

- Click **Clear Signature** to erase the signature and sign again.
- Click **Submit Signature** to accept the signature

8. On the Signature Pad Preview:
 - a. Click **Create New** to return to the previous Signature Pad screen and re-enter the signature
OR
 - b. Click **Continue** to submit the signature to the Meeting Report Document.
9. The **Signature Status** column for the team member with a submitted signature will now appear with a status of Signed.

TEAM MEETING SIGNATURE PAD

Date of Meeting: 11/5/2016

Type: Regular

Youth: Vick, Edward C.

X

Name	Role	Signature Status
Vick, Edward C.	Youth	Signed
Vick, Janine	Birth Mother	Unsigned
Hyde, Mark	Facilitator	Unsigned

Non-Team Members

No Data Available!

Preview Report

Save Report to Document Tab

Close

10. Repeat steps 5-10 for all other Team Members with a status of [Unsigned](#) in the **Signature Status** column.
11. Once all signatures are complete, use the following options:
 - a. Click **Preview Report** to preview the attendance report document that contains all of the signatures.
 - b. Click **Save Report to Document Tab** to save a copy of the Team Meeting Attendance Report to the Documents Tab on the Youth Record *(to make the report available for future printing/viewing and emailing)*.
12. Click **Close** to close out of the Team Meeting Signature Pad and return to the Enter Data From Team Meeting Window. The **Signature Pad** and

Save and Close will now be greyed out because the Team Meeting status has been changed to Complete.

13. Click **Cancel** to return to the Team Tab in the Youth Record. The Status of the meeting will now be Complete.

CORE ASSESSMENTS AND TEAM PROCESS REVIEW

ADDING ASSESSMENTS

The next step in entering information from the Team Meeting is to make sure that all Core Assessment have been reviewed. There are five Core Assessments housed in the Assessments Tab: *Community Outcomes*, *Family Satisfaction*, *Family Support*, *School Outcomes* and *Youth Support*. The information captured in these assessments is updated on the POC and the dashboard of the Youth Record.

If any Assessments have not yet been added to the Youth Record in the Assessments Tab, an alert will appear when entering information from the Team Meeting. Below the alert is a list of each missing Assessment.

To add the missing assessment(s):

1. Click the ["Add All Core Assessments"](#) button. This will move to the Assessments Tab in the Youth Record

ENTER DATA FROM TEAM MEETING
X

Save Notes

Non-Team Members
First Name:
Last Name:

Add

No Data Found!

Signature Pad

The following assessment(s) is(are) not added yet:
Team Process

Review All Core Assessments
Add All Core Assessments
Save and Close
Cancel

NOTE: FOR MORE INFORMATION ABOUT ADDING ASSESSMENTS TO THE YOUTH RECORD, SEE THE [ASSESSMENTS](#) SECTION.

2. Click on the **Add All Core Assessments** button.
3. Click on the name of a Core Assessment that is missing from the Youth Record.

Add/Edit all Core Assessments:

Youth Name: Bonds, Bobby
Case Number: 98989898

Community Outcomes
Family Satisfaction
Family Support
School Outcomes
Team Process
Youth Support

4. Complete the Assessment
5. Click **Save and Close**.
6. Continue across the tabs to until each assessment has been completed.
7. Once all 5 Core Assessments have been added, click the Team Tab to continue entering Team Meeting Information.
8. Click on the Team Meetings Sub-Tab.
9. Click on the [Enter Data](#) hyperlink for the appropriate team meeting to Review All Core Assessments.

REVIEWING ASSESSMENTS

Once all the assessments have been added to the Youth Record, the **Review All Core Assessments** button on the Enter Data from Team Meeting window allows entry of the meeting assessment data for all active core assessments in the Youth Record. This is also the only place in the system where the Team Process Assessment can be entered.

To Review all active Core Assessment for a Team Meeting:

1. From the Enter Data From Team Meeting window, Click **Review All Core Assessments**. This goes to the Review All Assessment Page.

ENTER DATA FROM TEAM MEETING

Save Notes

Non-Team Members

First Name:

Last Name:

Add

No Data Found!

Signature Pad

The following assessment(s) is(are) not added yet:

Team Process

Review All Core Assessments Add All Core Assessments Save and Close Cancel

NOTE: IF THERE ARE STILL OUTSTANDING CORE ASSESSMENT LISTED ABOVE THE REVIEW ALL CORE BUTTON, PLEASE VISIT THE [ADDING ASSESSMENTS](#) SECTION ABOVE.

2. Each of the 5 Core Assessments, and the Team Process Assessment have a separate tab. The view defaults to the Community Tab. To start with a different Assessment, click on the desired tab.

Review All Assessments:

Name: Bonds, Bobby

Case Number: 98989898

Community Outcomes Family Satisfaction Family Support School Outcomes Team Process Youth Support

- Complete the information for the chosen Assessment. All fields with an (*) are required and must be completed in order to save information.
 - Last Review Date** – Populates with date that the Assessment was last reviewed.
 - Date Reviewed** – The date of this review.
 - Next Review Date** - This field will automatically schedule the next Team Meeting. It is pre-populated with a date 30 days from the previous Review Date, but can be edited.
- Use **“Check box if Not Reviewed”** check box if the Assessment was not reviewed as part of this Team Meeting.

Review All Assessments:

Name: Bonds, Bobby
Case Number: 98989898

Community Outcomes	Family Satisfaction	Family Support	School Outcomes	Team Process	Youth Support
Community Outcomes: Check box if Not Reviewed? <input type="checkbox"/>					

- Use the [Review](#) hyperlink to view all previous review ratings for the each individual Core Assessment.

Core Assessments	Licensed Assessments	Custom Assessments	Family Timeline	Other Assessments
Core Assessments				
Add				
Assessments	Start Date	Date Reviewed	Review Due	End Date
Community Outcomes	07/04/2016	12/09/2016	01/08/2017	Edit Delete Review

- Once all of the Assessments have been reviewed or indicated as Not Reviewed, Click

Save All

Note: If you have not completed one of the required assessments, the system will not allow you to continue without completing it. Proceed to the missing assessment and either complete the assessment, or mark the checkbox stating “Check box if not Reviewed” for that assessment.

ASSESSMENTS

There are six Core Assessments housed in the Assessments Tab: *Community Outcomes*, *Family Satisfaction*, *Family Support*, *School Outcomes*, *Team Process*, and *Youth Support*. Each Core Assessment has a corresponding *Dashboard* that displays the data in an easy-to-understand graph on the **Youth Record**. (To enter data for the CAFAS or TSCC Assessments, see [Assessments in the Plan Of Care](#) section).

Your Configuration can also request access to add-on Licensed Assessments, or create Custom Assessments. The Family Timeline Interview is also housed under the Assessments tab..

The ability to *Add*, *Edit*, *View*, and *Delete* Assessments are independent, assignable *Permissions* and may not all be available to all Users. When adding assessments in Fidelity^{EHR}, it is important that your pop-up blocker is set to allow pop ups from Fidelity^{EHR}.

GENERAL NOTES ABOUT ASSESSMENTS

For information about entering the CAFAS or TSCC Assessment data, please refer to the [Assessments in the Plan Of Care](#) section.

When a new assessment is added, by default Fidelity^{EHR} will enter a Next Review Date 30 days after the current Review Date. This date can be modified at any time.

Entering an End Date Closes an Assessment, effective on the End Date. An End Date cannot be earlier than the Start Date or the most recent Review Date of an Assessment. The most recent Review Date may also be the End Date, however, in which case the Next Review Date will be deleted.

- a. An Assessment End Date will be displayed on the associated Youth Dashboard as a vertical bar with a roll-over text box indicating it was "Closed on [Date]".
- b. Closed Assessments will not be included in Home Page Dashboards that summarize Assessment Data, or be included as "Missing" where appropriate.
- c. No Reviews can be added after the End Date. (However, a Last Review may be added on the End Date.)

- d. Once the End Date has passed (in real time), the Assessment can no longer be Edited, Deleted or Reviewed. Users with the appropriate permissions can Edit or Delete a Closed Assessment.
 - e. A Closed Assessment (Assessment with an End Date earlier than the Current Date) can still be Viewed or Printed, if the User Role has that Permission.
 - f. If a User has Permission to Edit a Closed Assessment, they cannot remove the End Date if there is an existing second Assessment, nor change the End Date to the Start Date (or greater) of the existing Active Assessment, unless they first delete the second Active Assessment. This only applies to Assessments limited to One per Youth Record.
 - g. A Closed Assessment will not prevent another Assessment of the same type from being added to the Youth Record.
 - h. Once an Assessment is Closed, there will be no more Reminders scheduled for the Facilitator.
- 2. Except for **Youth Needs**, Core Assessments are added *once* to a Youth Record, and then periodically reviewed. Multiple **Youth Needs** can be added.
 - 3. After an **Assessment** has been added to a **Youth Record**, Summary Information about the Assessment will be available directly from the screen. This includes the Start Date, the next scheduled Review Date, and the Date the Assessment was Last Reviewed. (For static, or point-in-time Assessments, the Last Reviewed and Review Date columns will be empty.) Available Actions will also be displayed as blue-text hyperlinks to the right of each Assessment.

Basic Actions for an Assessment are:

- a. **Edit:** Allows a User to modify any content of an existing Assessment, including any Review data that may have already been entered.
- b. **Delete:** Allows a User to completely and permanently delete an existing Assessment. Once an Assessment has been Deleted, it cannot be recovered.
- c. **Review:** *Only available to change-over-time Assessments.* This allows a

User to add an additional data-point to an existing Assessment. Adding a Review data-point to an Assessment under the Core Assessments Sub-Tab will also update the associated Youth Dashboard linked to that Assessment.

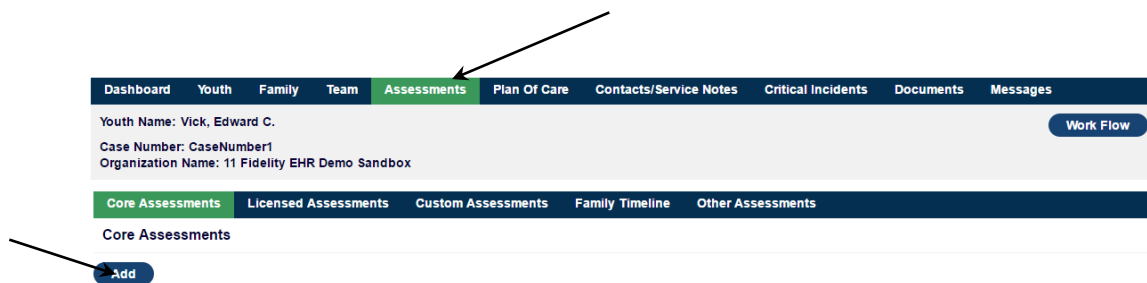
4. If there are any additional Actions available for an Assessment, they will display as blue-text hyperlinks next to the Basic Actions.

CORE ASSESSMENTS

There are six Core Assessments: *Community Outcomes*, *Family Satisfaction*, *Family Support*, *School Outcomes*, *Team Process*, and *Youth Support*. Each Core Assessment has a corresponding *Dashboard* that displays the data in an easy-to-understand graph on the **Youth Record**. These Assessments record *change-over-time* information for different aspects of Youth and family well-being.

ADDING A CORE ASSESSMENT TO A YOUTH RECORD

From within the Youth Record, click on the Assessments Tab. From the Core Assessments Sub-Tab, click the Add button. Select the Core Assessment you'd like to add to this Youth Record. Once selected, fill in the Assessment details on screen. Remember all required information is indicated with a red asterisk.

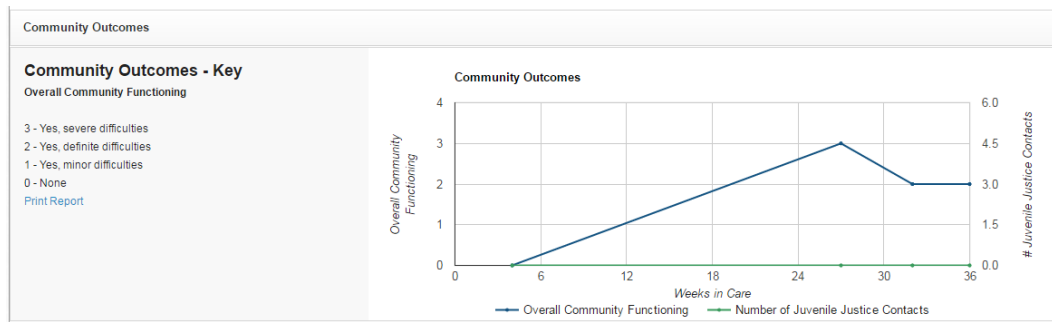


CORE ASSESSMENT SUMMARIES

On the following pages, you will find summaries of each of the six Core Assessments you can add to the Youth Record.

Community Outcomes: This Core Assessment addresses overall community functioning.

Dashboard view:



Assessment Tab Details view:

EDIT COMMUNITY OUTCOMES X

Youth Name: Vick, Edward C.

ASSESSMENT DETAILS:

* Start Date: 02/27/2016 ⓘ

* Date Reviewed: 10/06/2016 ⓘ

* Next Review Date: 11/05/2016 ⓘ

End Date: 11/02/2016 ⓘ

Number of days in current assessment period: 222

Overall community functioning: 3 - Yes, severe difficulties

* Do the difficulties interfere with the youth's home life? 3 - A great deal ▼

* Do the difficulties interfere with the youth's classroom learning? 3 - A great deal ▼

* Do the difficulties interfere with the youth's friendships? 3 - A great deal ▼

* Do the difficulties interfere with the youth's leisure time or things she or he does for fun? 3 - A great deal ▼

Family Satisfaction: This Core Assessment addresses the satisfaction of the family with the services the Youth and family are receiving, as well as the progress of the family.



Dashboard view:

Assessment Tab Details view:

EDIT FAMILY SATISFACTION X

Youth Name: Vick, Edward C.

ASSESSMENT DETAILS:

* Start Date:

02/27/2016

?

* Date Reviewed:

04/27/2016

?

* Next Review Date:

05/27/2016

?

End Date:

11/02/2016

?

* Overall how satisfied are you with the services you have received:

2 - Neither Satisfied nor Dis

▼

* Overall how satisfied are you with the progress you have been making:

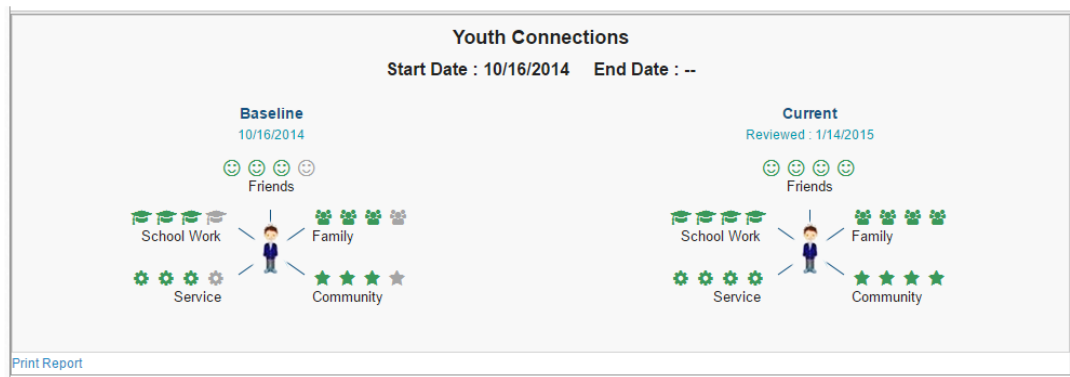
2 - Neither Satisfied nor Dis

▼

ADDITIONAL NOTES: [\(Add/Edit\)](#)

Youth Connections: This Core Assessment addresses the connectedness to the School, Family, Service and Community.

Dashboard view:



Assessment Tab Details view:

EDIT YOUTH SUPPORT

Youth Name: Hernandez, Esther (Sota)

Assessment Details:

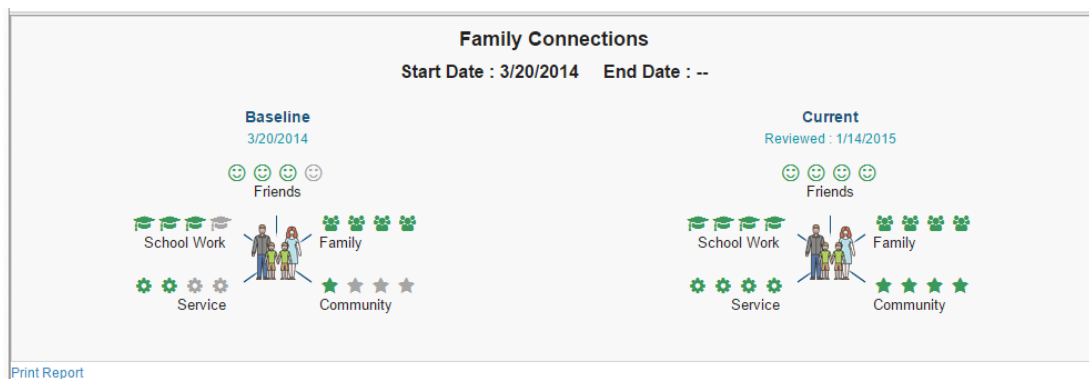
* Start Date:	02/14/2014	i
* Date Reviewed:	10/16/2014	i
* Next Review Date:	11/15/2014	i
End Date:	__/__/____	i
* Family:	2 - Strength	▼
* Friends:	2 - Strength	▼
* School or work:	2 - Strength	▼
* Community:	2 - Strength	▼
* Service:	2 - Strength	▼

ADDITIONAL NOTES: [\(Add/Edit\)](#)

'Pending' Status Start Date: 02/14/2014

Family Connections: This Core Assessment addresses the Family's connectedness to others in the community.

Dashboard view:



Assessment Tab Details view:

EDIT FAMILY SUPPORT

Youth Name: Hernandez, Esther (Sota)

ASSESSMENT DETAILS:

* Start Date:	02/14/2014	i
* Date Reviewed:	03/20/2014	i
* Next Review Date:	04/19/2014	i
End Date:	__/__/__	i
* Family:	3 - Significant Strength	▼
* Friends:	2 - Strength	▼
* School or work:	2 - Strength	▼
* Community:	0 - Significant Need for Mor	▼
* Service:	1 - Need for Support	▼

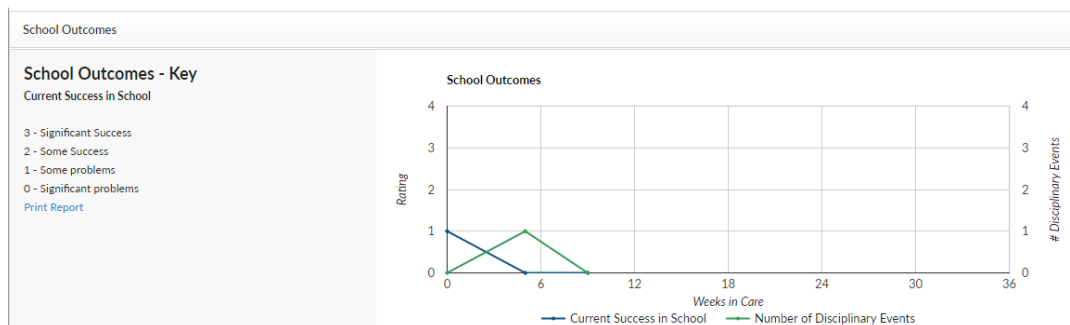
ADDITIONAL NOTES: [\(Add/Edit\)](#)

Print Report Start Date: 02/14/2014

School Outcomes: This Core Assessment captures the school days, Youth attendance, and Youth success.

view:

Dashboard



Assessment Tab Details view:

REVIEW SCHOOL OUTCOMES
X

Youth Name: Austen, Kate

ASSESSMENT DETAILS:

* Last Review Date:
02/20/2016

* Date Reviewed:
03/21/2016

* Next Review Date:
04/20/2016

End Date:
--/--

Number of days in current assessment period:
30

* Number of Active School days:

* Number of days Youth attended:

Attendance:
0 %

* Current Success in School:
Select

ADDITIONAL NOTES:
[Add/Edit](#)

DISCIPLINARY EVENTS:

* School Date:
--/--

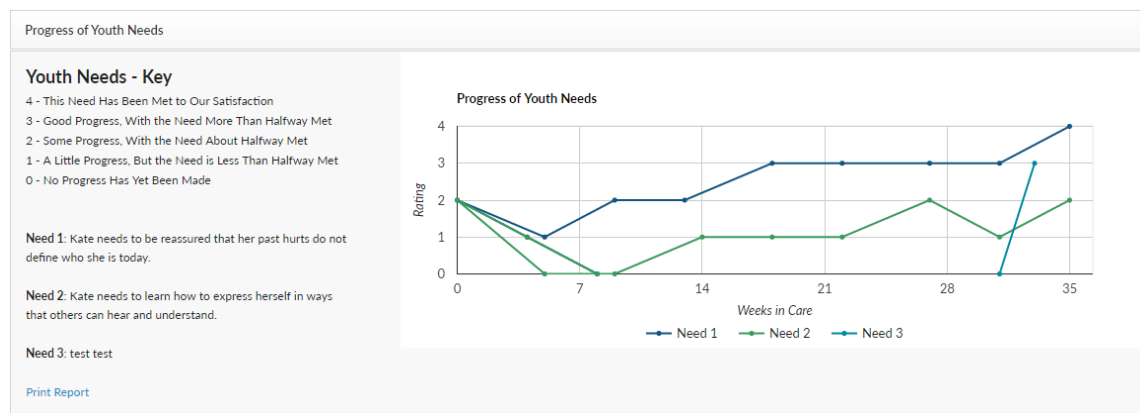
* Event:
Select

Add

Youth Needs: The *Youth Needs Assessment* is the only *Core Assessment* that can be added multiple times in a **Youth Record**. This Assessment records a specific **Need** of a Youth and a detailed *Plan to Address* that Need, shares it with the Team, and allows the Facilitator to monitor progress.

The Plan of Care (POC) addresses Youth Needs and the Youth dashboard is updated via information in the POC. For more information about the POC, including entering Youth Needs, see [Plan of Care \(POC\)](#).

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FidelityEHR User Manual



Dashboard View:

Needs, Outcomes, Strategies Details view:

Plan Of Care

Youth Name: Austen, Kate

Medicaid ID: N000000000

Version: Current (12/20/2015) (Only the Current Version can be Edited.)

5. Needs, Outcomes, Strategies [+ ADD NEW](#) [+ ADD MULTIPLE](#) [CLOSE ALL](#)

Kate needs to be reassured that her past hurts do not define who she is today. Start Date - Desired Complete Date
12/28/2015 - 04/27/2016 REVIEW DELETE

Strategy
Kate will work with her teachers to develop a written schedule of the daily class assignments. Formal No + ADD / EDIT ⓧ DELETE

Tasks	Formal	Assigned To	Due Date
No Tasks exist yet for this Strategy.			

Strategy
Kate will participate in acupuncture and Emotional Freedom Techniques (EFT) for stress reduction and trauma related Formal Yes + ADD / EDIT ⓧ DELETE

Tasks	Formal	Assigned To	Due Date
Jackie will drive Kate back and forth to her EFT appointments.	Yes	Austen, Ja...	4/27/2016

[Exit](#) [View/Print](#) [Save](#)

- 1 Family Vision and Team Strengths
- 2 Crisis Plan
- 3 Team Mission
- 4 Assessments
- 5 Needs, Outcomes, Strategies
- 6 Other Summary and Team Details
- 7 Admin Info Sheet
- 8 Care Coordinating Organization

CUSTOM ASSESSMENTS

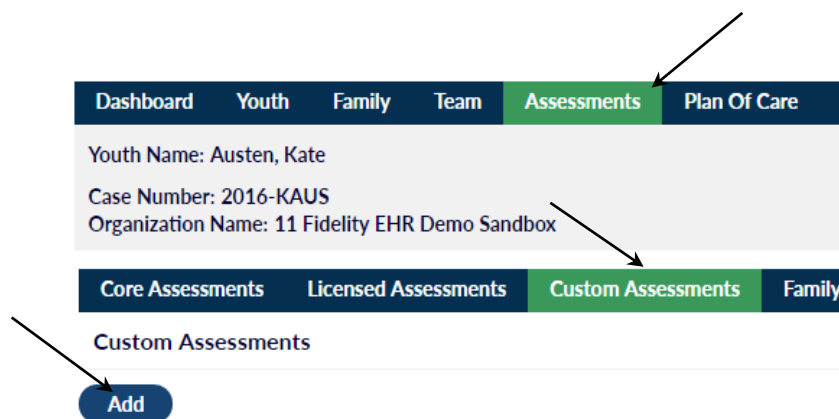
Assessments created using the *Assessment Creator Tool* are available for use in the Youth Record Custom Assessments Tab. Custom Assessments are created by the Configuration Administrator. For specific instructions on adding the Custom Assessment to a Youth Record in your Configuration, consult your Configuration

Administrator.

In general, when a User adds and saves a Custom Assessment to the Youth Record, the system will notify you of the data saved. If the User attempts to save a Custom Assessment with empty fields, the system will prompt with a notification of the empty fields and if the User would like to save with blank information.

FAMILY STORY

To enter a Family Story for a Youth Record, within a Youth Record click on the Assessments Tab. Choose the Custom Assessments Sub-Tab and click the Add button under the Custom Assessments heading.



When the Add New Custom Assessment window opens, click on the Family Story hyperlink.

ADD NEW CUSTOM ASSESSMENT

[HCBS \(Ver.1, One-Time, Single\)](#)

[Leisure Time \(Ver.1, One-Time, Single\)](#)

[RD Test \(Ver.1, One-Time, Single\)](#)

[Test Assessment \(Ver.1, One-Time, Single\)](#)

Cancel

LICENSED ASSESSMENTS

Currently there several Licensed Assessments:

CAFAS

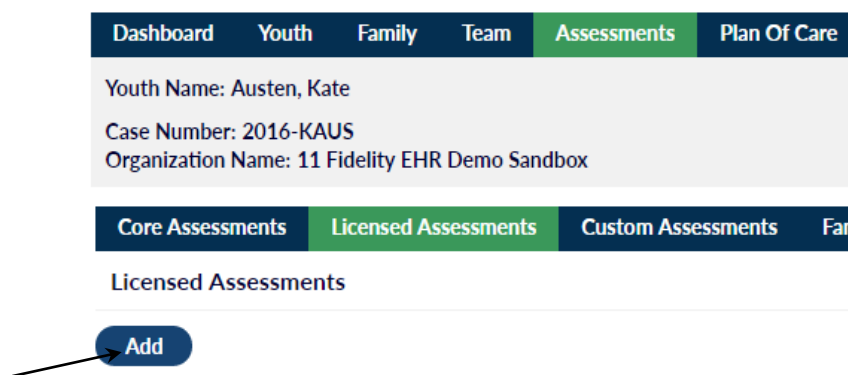
Child and Adolescent Needs and Strengths (CANS)

Child and Adolescent Service Intensity Instrument (CASII)

Wraparound Fidelity Index Short Form (WFI-EZ)

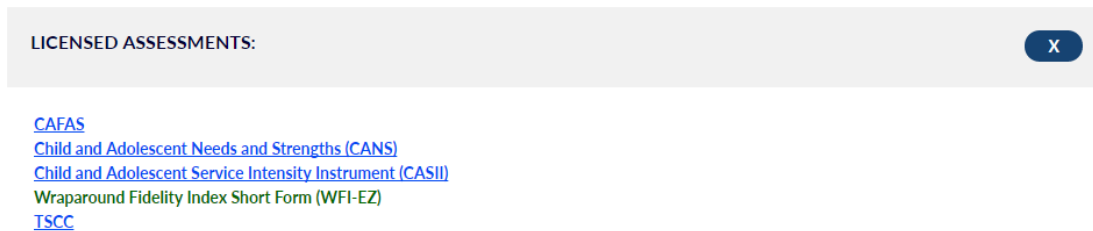
TSCC

To access Licensed Assessments, within the Youth Record click on the Assessments Tab. Then choose the Custom Assessments subtab, locate Licensed Assessments, and click the **Add** button.



This will open a window where the Licensed Assessments can be selected by

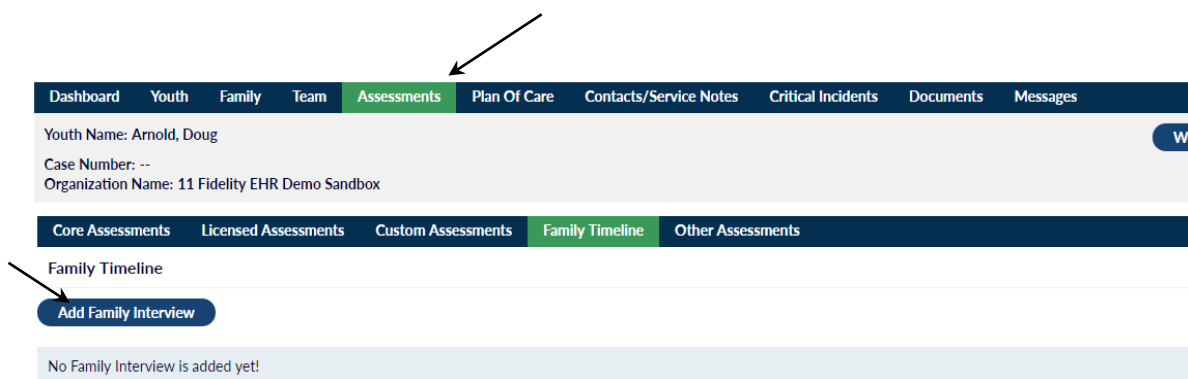
clicking on the name of the Assessment.



Once a Licensed Assessment is added, it will appear in the Licensed Assessments section of the screen. The assessment will then be included in any reporting. (For more information about permission-based Data Reports and Exports from the Navigation Menu, see the [Quick Query](#) section).

FAMILY TIMELINE INTERVIEW ASSESSMENT

When the Family Interview Assessment is completed, FidelityEHR will generate a graphical, chronological Timeline for the family.



Each sub-tab of the Family Interview Assessment addresses unique concerns, and by navigating from one sub-tab to the next you can enter information for the Youth:

ADD FAMILY INTERVIEW
X

Youth Name: Arnold, Doug

Summary
Family Interview
Developmental History
Medical History
Family Medical History
Educational Background

Psychological Background
Family Timeline

Family Interview Questionnaire:

Today's Date: 11/07/2016

Child's Name: Arnold, Doug
D.O.B: 11/19/2002
Age: 13

Parent(s):

Guardian: Maxwell, Marvin

Address: 45 South Main ,Ally,AK
Telephone: (W) (605) 558-9956
Telephone: (C) --

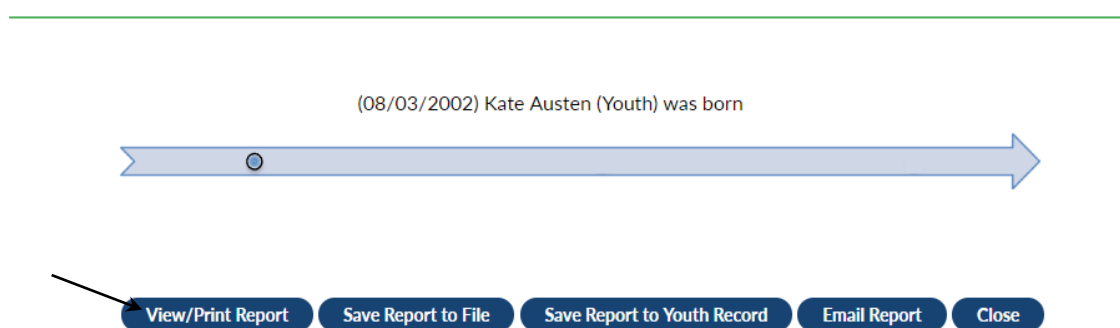
Is your child right or left handed?
☐ Right
☐ Left

If left handed, is there a history

Once information has been added to the Family Timeline and saved, it will display in the Youth Record Assessment Tab under Family Timeline Sub-Tab.

Core Assessments	Licensed Assessments	Custom Assessments	Family Timeline	Other Assessments
Family Timeline				
Add Family Interview				
Assessments	Date Added	Last Updated		
Family Interview	06/17/2016	06/17/2016	Summary	Report
			Edit	Delete

The Report hyperlink provides the Family Timeline data in graphical form, with the ability to print from the screen, save as a file, and email the report.



To email the Family Timeline Report as a .pdf, click the Email Report button and fill in the email address(es), subject, and message.

COMPOSE EMAIL

From: Admin Admin(no-reply@fidelityehr.com)

To:

CC:

Subject:

Attached: Family_Timeline-[Kate_Austen]-[11-07-2016].pdf

Enter your message below:

Send Email Cancel

Click the Send Email button. All Recipients will receive an email with the file attached.

REVIEWING ASSESSMENTS

Data from assessment reviews can be entered using the Team Meeting function (see [Entering Data from a Team Meeting](#)) or from the Assessment tab in the Youth Record. There are two ways to enter review data from the Assessment tab by reviewing an individual assessment, or by Reviewing All Core Assessments.

Dashboard
Youth
Family
Team
Assessments
Plan Of Care
Contacts/Service Notes
Critical Incidents
Documents
Messages

Youth Name: Austen, Kate
Case Number: 2016-KAUS
Organization Name: 11 Fidelity EHR Demo Sandbox

Core Assessments
Licensed Assessments
Custom Assessments
Family Timeline
Other Assessments

Core Assessments

Add

Assessments	Start Date	Date Reviewed	Review Due	End Date			
Community Outcomes	05/05/2016	06/05/2016	07/05/2016		Edit	Delete	Review
Family Satisfaction	12/21/2015	03/21/2016	04/20/2016		Edit	Delete	Review
Family Support	12/21/2015	02/20/2016	03/21/2016		Edit	Delete	Review
School Outcomes	12/21/2015	02/20/2016	03/21/2016		Edit	Delete	Review
Team Process	12/21/2015	07/18/2016	08/17/2016		Edit	Delete	Review
Youth Support	12/21/2015	02/25/2016	03/26/2016		Edit	Delete	Review

Review All Core Assessments

REVIEWING INDIVIDUAL ASSESSMENTS

Click on the Review hyperlink next to the assessment to enter review data on (hover the mouse over the assessment name to get a Tool Tip with details about the assessment). This will open a window where the user can enter the review data for that single assessment. At the bottom of the screen the user will be able to view data for all previous reviews for the assessment. An example is provided on the following page, using the Community Outcomes Assessment.

Review All Assessments:

Name: Austen, Kate
Case Number: 2016-KAUS

Community Outcomes
Family Satisfaction
Family Support
School Outcomes
Team Process
Youth Support

Community Outcomes:

☐ Check box if Not Reviewed?

* Last Review Date: 06/05/2016 ⓘ

* Date Reviewed: 07/05/2016 ⓘ

* Next Review Date: 08/04/2016 ⓘ

End Date: / / ⓘ

Number of days in current assessment period: 30

Overall community functioning:

* Do the difficulties interfere with the youths home life: Select ▼

* Do the difficulties interfere with the youths classroom learning: Select ▼

* Do the difficulties interfere with the youths friendships: Select ▼

* Do the difficulties interfere with the youths leisure time or things she or he does for fun: Select ▼

Additional Notes:

Save All
Cancel

REVIEW COMMUNITY OUTCOMES
X

Youth Name: Austen, Kate

ASSESSMENT DETAILS:

Last Review Date:

06/05/2016

Date Reviewed:

07/05/2016

Next Review Date:

08/04/2016

End Date:

Number of days in current assessment period:

30

Overall community functioning:

Do the difficulties interfere with the youth's home life?

Select

Do the difficulties interfere with the youth's classroom learning?

Select

Do the difficulties interfere with the youth's friendships?

Select

Do the difficulties interfere with the youth's leisure time or things she or he does for fun?

Select

ADDITIONAL NOTES:

(Add/Edit)

REVIEWING ALL CORE ASSESSMENTS

The Review All Core Assessments button can be used to enter data for all active Core Assessments and will open a screen which allows the user to enter data for all active Core Assessments.

Dashboard	Youth	Family	Team	Assessments	Plan Of Care	Contacts/Service Notes	Critical Incidents	Documents	Messages
<div> Youth Name: Austen, Kate Work Flow </div> <div> Case Number: 2016-KAUS </div> <div> Organization Name: 11 Fidelity EHR Demo Sandbox </div>									
Core Assessments	Licensed Assessments	Custom Assessments	Family Timeline	Other Assessments					
Core Assessments									
Add									
Assessments	Start Date	Date Reviewed	Review Due	End Date					
Community Outcomes	05/05/2016	06/05/2016	07/05/2016		Edit	Delete	Review		
Family Satisfaction	12/21/2015	03/21/2016	04/20/2016		Edit	Delete	Review		
Family Support	12/21/2015	02/20/2016	03/21/2016		Edit	Delete	Review		
School Outcomes	12/21/2015	02/20/2016	03/21/2016		Edit	Delete	Review		
Team Process	12/21/2015	07/18/2016	08/17/2016		Edit	Delete	Review		
Youth Support	12/21/2015	02/25/2016	03/26/2016		Edit	Delete	Review		
Review All Core Assessments									

Enter data for the Assessments identified with tabs across the top. The Date

Reviewed and Next Review Date data will be used for all reviews entered. If a particular Assessment was not reviewed, the user can check the box in the window to indicate no review, and no new data will be saved for that Assessment. If there is no baseline Assessment entered for the Youth, it cannot be reviewed, and the system will display the message below.

Review All Assessments:

Name: Arnold, Doug

Case Number: --

Community Outcomes

Family Satisfaction

Family Support

School Outcomes

Team Process

Youth Support

There is no existing family support assessment for this youth yet. You must add the assessment to the Youth Record first before you can review it!

Save All

Cancel

REVIEWING NEEDS ASSESSMENTS

Multiple Youth Needs are reviewed in the POC. For more information about Needs, Outcomes, and Strategies in the POC, see the [Needs, Outcomes, Strategies](#) section.

PLAN OF CARE (POC)

ADDING A POC

To add a POC, while in a Youth Record, select the Plan of Care tab and click on the Add button to create a POC.

Dashboard

Youth

Family

Team

Assessments

Plan Of Care

Contacts/Service Notes

Critical Incidents

Documents

Messages

Youth Name: Arnold, Claire

Organization Name: --

Case Number: --

Work Flow

Plan Of Care (POC)

Add

When prompted, enter the Start date for the POC. Note that the start date of the pending enrollment status is shown on this screen.

PLAN OF CARE START DATE

Please enter the **Start Date** for this **Plan Of Care**.

Start Date:

The **Start Date** of this **Plan Of Care** must be on or after the Youth's Pending Status **Start Date**, cannot overlap a previous **Plan Of Care** (if any), or be set in the future.

Pending Status Start Date: 2/11/2014

For data consistency, once selected, the **Start Date** cannot be changed, so be sure it is accurate. If the **Start Date** is incorrect, the **Plan Of Care** must be Deleted, and a new **Plan Of Care** added, in order to change it. Any data added to the initial **Plan Of Care** will also need to be re-added to the new POC.

Save and Continue

Cancel and Exit

COMPLETING THE PLAN OF CARE (POC)

Now that a POC for the Youth Record has been opened, the user can enter data in each category by navigating the tabs on the right side of the screen.

There are currently up to eight tabs in the POC: Family Vision and Team Strengths; Crisis Plan; Team Mission; Assessments; Needs, Outcomes, Strategies; Other

Plan Of Care

Youth Name: Lynch, Jane L. Medicaid ID: N1000000000000000

Version: Current (11/07/2016) (Only the Current Version can be Edited.)

About this Plan Of Care:

Start Date: 11/07/2016 Last Updated: 11/07/2016 Closed Date:

About this Version of the Plan Of Care:

Type: ☒ Initial CFT ☐ CFT Review ☐ Transition CFT ☐ Discharge CFT Meeting Leading to POC: 11/07/2016

1. Family Vision and Team Strengths

YOUTH DETAILS: [\(Edit\)](#)

Jane L. Lynch
1234 Silver Street
Suite 204
Tigard, 97223
(503) 555-5555 (Cell)

DOB: 08/01/2001
Enrolled:
Email: Unknown@fidelityehr.com

YOUTH CONTACT DETAILS (PRIMARY CAREGIVER): [\(Edit\)](#)

Cannot find a Primary Caregiver under this Youth.

FAMILY VISION: [\(Add\)](#) [\(Edit\)](#)

ExitView/PrintSave

- 1 Family Vision and Team Strengths
- 2 Crisis Plan
- 3 Team Mission
- 4 Assessments
- 5 Needs, Outcomes, Strategies
- 6 Other Summary and Team Details
- 7 Admin Info Sheet
- 8 Care Coordinating Organization

Summary and Team Details; Admin Info Sheet; and Care Coordinating Organization.

The following sections will provide instructions for entering data into each of the eight POC categories.

1. FAMILY VISION AND TEAM STRENGTHS

This section includes the youth details, youth contact details, family vision and team strengths for each member. The family and team members auto populate from the Youth Record. Click on the Add/Edit hyperlink next to items such as "Family Vision" and "Team Strengths" to enter those data.

When finished entering Family Vision and Team Strengths information, click the Save button, and then navigate to additional categories using the Next Page button or the POC tabs on the right.

Plan Of Care

Youth Name: Lynch, Jane L.

Medicaid ID: N1000000000000000

Version: (Only the Current Version can be Edited.)

About this Plan Of Care:

Start Date: 11/07/2016

Last Updated: 11/07/2016

Closed Date:

About this Version of the Plan Of Care:

Type: ☒ Initial CFT ☐ CFT Review ☐ Transition CFT ☐ Discharge

CFT Meeting Leading to POC:

1. Family Vision and Team Strengths

YOUTH DETAILS: [\(Edit\)](#)

Jane L. Lynch
1234 Silver Street
Suite 204
Tigard, 97223
(503) 555-5555 (Cell)

DOB: 08/01/2001
Enrolled:
Email: Unknown@fidelityehr.com

YOUTH CONTACT DETAILS (PRIMARY CAREGIVER): [\(Edit\)](#)

Cannot find a Primary Caregiver under this Youth.

FAMILY VISION: [\(Add\)](#) [\(Edit\)](#)

[Exit](#)

[View/Print](#)

[Save](#)

1 Family Vision and Team Strengths

2 Crisis Plan

3 Team Mission

4 Assessments

5 Needs, Outcomes, Strategies

6 Other Summary and Team Details

7 Admin Info Sheet

8 Care Coordinating Organization

2. CRISIS PLAN

Click on the Add/Edit hyperlink to create or modify the Crisis Plan details.

Plan Of Care

Youth Name: Lynch, Jane L.

Medicaid ID: N1000000000000000

Version: (Only the Current Version can be Edited.)

2. Crisis Plan [\(Add/Edit\)](#)

CLINICAL EVALUATOR:

EMERGENCY CONTACT:

PRIMARY CARE PHYSICIAN:

PREFERRED HOSPITAL:

YOUTH DIAGNOSES: [\(Add/Edit\)](#)

DSM IV

No DSM IV Diagnoses Found!

1 Family Vision and Team Strengths

2 Crisis Plan

3 Team Mission

4 Assessments

5 Needs, Outcomes, Strategies

6 Other Summary and Team Details

7 Admin Info Sheet

8 Care Coordinating Organization

The Crisis Plan Details Tab includes Clinical Evaluator and Clinical Summary details.

ADD/EDIT CRISIS PLAN DETAILS (POC FORM) X

Youth Name: Lynch, Jane L.
 Medicaid ID: N1000000000000000

Crisis Plan Details **Clinical Summary**

[Clinical Evaluator](#) [Copy From Referral Form](#)

First Name / MI: /

Last Name:

Organization:

Street 1:

Street 2:

City:

State / Zip Code: /

Phone 1:

Email Address:

[Emergency Contact](#)

First Name / MI: /

Last Name:

Street 1:

There is also a hyperlink "Copy from Referral Form" which, when clicked, will pull in any Clinical Evaluator information you've already entered in the Referral Form. When you have finished entering the Crisis Plan Details, click on the Save button. Then click on the Clinical Summary tab at the top of the screen. Complete each of the sections of Clinical Summary with the information you have. Note that under Responsible People and Phone Numbers for Crisis Plan Action Steps you can select Team Member names from the pick list and insert their name and phone number into the field. When you have completed your entry, click on Save and Close.

YOUTH DIAGNOSIS

Use the Add/Edit hyperlink next to Youth Diagnosis heading, to include DSM and ICD diagnosis.

You will be able to select from the DSM IV Axis pick lists or the DSM V pick list, depending on which your Configuration Administrator has selected. The DSM and ICD diagnosis boxes may be linked so that when you select the DSM diagnosis code the ICD code is automatically populated, if that feature has been enabled.

The Diagnosis entry page will display, where you can enter all information related to Diagnosis. To add a new Diagnosis, click the Add New Diagnosis button in the lower left corner. To edit an existing Diagnosis, click the Edit hyperlink in the Diagnosis row.

Plan Of Care

Youth Name: Lynch, Jane L.

Medicaid ID: N1000000000000000

Version: Current (11/07/2016) (Only the Current Version can be Edited.)

2. Crisis Plan [\(Add/Edit\)](#)

CLINICAL EVALUATOR:

EMERGENCY CONTACT:

PRIMARY CARE PHYSICIAN:

PREFERRED HOSPITAL:

YOUTH DIAGNOSES: [\(Add/Edit\)](#)

DSM IV

No DSM IV Diagnoses Found!

DSM 5

1 Family Vision and Team Strengths

2 Crisis Plan

3 Team Mission

4 Assessments

5 Needs, Outcomes, Strategies

6 Other Summary and Team Details

7 Admin Info Sheet

8 Care Coordinating Organization

ADD/EDIT YOUTH DIAGNOSIS

X

Youth Name: Jane L. Lynch

Case Number: D200

Date of Birth: 8/1/2001

Clinical Evaluator: N/A

Phone Number: N/A

DIAGNOSIS DETAILS

*Start Date of Diagnosis:

End Date of Diagnosis:

Diagnosis Priority (1-35):

Current GAF:

Highest GAF in Last Year:

* Axis I:

* Axis II:

Axis III:

Axis IV:

DSM 5 Diagnosis:

ICD-9 Diagnosis:

ICD-10 Diagnosis:

DSM IV

No DSM IV Diagnoses Found!

The Undo Changes button will remove all entered data, and not save any entered data. Once all fields have been entered, click the Save Changes button. Then, click the Close button to exit the Add/Edit Diagnosis Details mode. You will be brought back to the POC Crisis Plan screen, where your saved Diagnosis record will appear under the appropriate DSM heading.

CURRENT MEDICATIONS

Below the Diagnosis information of the Crisis Plan, you will find the Current Medication listing. To enter medications for the youth click on Add/Edit next to Medications next to the Current Medications heading.

Plan Of Care

Youth Name: Lynch, Jane L. Medicaid ID: N1000000000000000

Version: Current (11/07/2016) (Only the Current Version can be Edited.)

2. Crisis Plan (Add/Edit)

CLINICAL EVALUATOR:

EMERGENCY CONTACT:

PRIMARY CARE PHYSICIAN:

PREFERRED HOSPITAL:

YOUTH DIAGNOSES: [\(Add/Edit\)](#)

DSM IV

No DSM IV Diagnoses Found!

DSM 5

No DSM 5 Diagnoses Found!

ICD 10

No ICD 10 Diagnoses Found!

CURRENT MEDICATIONS [\(Add/Edit\)](#) [\(View\)](#)

BRIEF HISTORY:

1 Family Vision and Team Strengths

2 Crisis Plan

3 Team Mission

4 Assessments

5 Needs, Outcomes, Strategies

6 Other Summary and Team Details

7 Admin Info Sheet

8 Care Coordinating Organization

[Exit](#) [View/Print](#) [Save](#)

To add new Medication, or Edit existing Medication, use the Add/Edit hyperlink. You will be brought to the Medication editing form. Click on the Add New Medication button to add a new Medication, or click on the Edit hyperlink to edit an existing Medication record.

When adding a new medication, the Name, Date, Dosage and Frequency fields will now become available for you to enter the new Medication details (as will the Undo

Changes, Save Changes, and Close buttons). Once Medication details have been entered, click Save Changes. If you need to continue adding Medications, proceed in the same way. Otherwise, click the Cancel/Close button to exit the Medication editing form.

If editing a current Medication, make your edits in the fields needed, and click the Save Changes button. Then, click the Cancel/Close button to exit the Medication editing form.

Only Current Medications are listed in the POC Crisis Plan. If a Medication has an end date that is in the past, the Medication will no longer be listed in the Crisis Plan, nor will it print in the current version of the POC. However, all Medication for the Youth will be listed in the Referral Form Medication listing. (If you enter the medication with an end date in the past via the POC Crisis Plan- it will not generate in the POC listing, but it will generate in the Medication history in the Referral Form).

You will return to the Referral Form, where you can add or edit any other Youth information.

POTENTIAL CRISIS, ACTION STEPS, AND ACTION STEP TASKS

After entering Brief History, Triggers, and Responsible Persons, you will have the opportunity to enter Potential Crisis and Action Steps. With Permission, you can use the Add/Edit hyperlink to add a Potential Crisis.

Once a Potential Crisis is reviewed, the Review History will generate below the Progress section.

REVIEW POTENTIAL CRISIS
X

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

PROGRESS:
* Describe the Potential Crisis:

* Start Date:
10/31/2016

* End Date:

* Desired Completion Date:
12/30/2016

* Date Reviewed:
11/30/2016

* Next Review Date:
12/07/2016

REVIEW HISTORY

Date Reviewed	Next Reviewed	Review Progress
10/31/2016	11/30/2016	Jane is having trouble adjusting t...

Save and Close Save Cancel

Once Action Steps are added, they will generate in a listing below the Potential Crisis:

TRIGGERS:
RESPONSIBLE PERSONS:

Potential Crises & Action Steps
+ ADD NEW
CLOSE ALL

Jane is having trouble adjusting t...
Start Date - Desired Complete Date
10/31/2016 - 12/30/2016
REVIEW DELETE

Action Step Meet Jane twice a week at the ...
Formal Yes
+ ADD / EDIT DELETE

Tasks + ADD/EDIT
Formal Assigned To Due Date
No Tasks exist yet for this Action Step.

Action Step Get list of after school activ...
Formal No
+ ADD / EDIT DELETE

Tasks + ADD/EDIT
Formal Assigned To Due Date
No Tasks exist yet for this Action Step.

1 Family Vision and Team Strengths
2 Crisis Plan
3 Team Mission
4 Assessments
5 Needs, Outcomes, Strategies
6 Other Summary and Team Details
7 Admin Info Sheet
8 Care Coordinating Organization

When adding an Action Step, you can indicate if it is a formal Action step:

ADD/EDIT ACTION STEPS FOR POTENTIAL CRISES [X]

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

No Action steps for Potential Crises!

* **ACTION STEP DESCRIPTION:** [Check Spelling](#)
Meet with Jane at the school twice a week

ESTIMATED TIME:
10

ACTUAL TIME:
15

IS THIS A FORMAL SERVICE?
☒ Yes ☐ No

[Add Action Step](#) [Close Form](#)

If the Action Step is a Formal Service, you will then fill out the Billing information:

ADD SERVICE FOR A FORMAL ACTION STEP [X]

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Provider: MD - Masters Degree
Procedure Code: FSOYS
Notes: --
Limitations: 10 Hours (40 Units)/ Week

City: Baltimore State: MD ZipCode: 12345-____
Provider Type: --
NPI Number: --
Primary Contact: Shelly Winters
Phone 1: (410) 555-5555 Phone 2: (410) 555-5555

* **Calculate Total Number of Units for this Action Step:** Units per Interval:
[Calculate / Recalculate](#) There are Intervals in Time Period and Total Units of Service.

Requisition Number	Estimated Cost	Units Used	Remaining	Payments	Balance
--	--	--	--	--	--

[Service Delivery](#) [Service Costs](#) [Customer Report](#)

[Edit Action Step Record](#) [Delete Action Step Record](#) [Save and Close](#) [Save](#) [Cancel](#)

Once you have entered all required information and calculated the total number of Units for this Action Step, click the Save button. At that point, the Service Delivery,

Service Costs, and Customer Report buttons will become available. You can find more information about these buttons in [Needs, Outcomes, Strategies](#), as these buttons function here in the Crisis Plan similarly to Service Delivery, Service Costs, and Customer Reports for Youth Needs.

From this Action Step listing you can then assign Tasks to Team Members in Fidelity^{EHR}, if you have proper permission. Expand the Action Step Details, and use the Add/Edit hyperlink next to the Task heading:

TRIGGERS:

RESPONSIBLE PERSONS:

Potential Crises & Action Steps

+

ADD NEW

☰

CLOSE ALL

⊖

Jane is having trouble adjusting t...

Start Date - Desired Complete Date

10/31/2016 - 12/30/2016

👁

REVIEW

✕

DELETE

Action Step Meet Jane twice a week at the ...

Formal

Yes

+

+

ADD / EDIT

✕

DELETE

Tasks

+

+

ADD / EDIT

Formal

Assigned To

Due Date

No Tasks exist yet for this Action Step.

Action Step Get list of after school activ...

Formal

No

+

+

ADD / EDIT

✕

DELETE

Tasks

+

+

ADD / EDIT

Formal

Assigned To

Due Date

No Tasks exist yet for this Action Step.

1

Family Vision and Team Strengths

2

Crisis Plan

3

Team Mission

4

Assessments

5

Needs, Outcomes, Strategies

6

Other Summary and Team Details

7

Admin Info Sheet

8

Care Coordinating Organization

You can then select the Team Member to assign the Strategy Task to, including a Due Date, a description of the Task, and if it is Formal. If the Team Member is a User of Fidelity^{EHR}, you can also send a Reminder via the system.

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Fidelity^{EHR} User Manual

ADD/EDIT CRISIS PLAN TASKS TO ACTION STEP FOR POTENTIAL CRISIS

X

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Potential Crisis Description: Jane is having trouble adjusting to the new school
Start Date: 10/31/2016
Desired Completion Date: 12/30/2016
Action Step Description: Meet Jane twice a week at the school

Reorder

TASK FOR THIS ACTION STEP FOR POTENTIAL CRISIS:

Task Assignment	Description	Formal?	Due Date
* Select Team Member:	<input type="text" value="Select"/>		
* Task Due Date:	<input type="text" value="___/___/___"/>		
* Task Description:	<input type="text"/>		
Estimated time:	<input type="text"/>		
Actual time:	<input type="text"/>		
Create Reminder ?	<input type="checkbox"/>		
* Is this a Formal Task?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	

If the Action Step Task is Formal, indicate Yes, and once you click Add Task you will be brought to the Formal Task editing page. This Formal Task page functions the same as Action Step Formal Service as described in [Potential Crisis, Action Steps, and Action Step Tasks](#).

The Crisis Plan Potential Crisis, Action Steps, and Crisis Plan Tasks will also generate in a Print version of the POC.

When finished entering Crisis Plan information, click the Save button, and then navigate to additional categories using the Next Page button or the POC tabs on the right.

3. TEAM MISSION

On the Team Mission tab, click on the Add/Edit hyperlink to create or modify the Team Mission.

Plan Of Care

Youth Name: Lynch, Jane L.

Medicaid ID: N1000000000000000

Version: Current (11/07/2016) (Only the Current Version can be Edited.)

3. Team Mission

TEAM MISSION: [Add](#) [Edit](#)

To guide Jane back on a path of success in and outside of school. Her talent in the arts is a great place to focus our efforts. Her parents want her to peruse her artistic talents and gain more education. The school is opening doors for her to receive some guidance from local musician. (11/7/2016 1:48:13 PM by Admin, Admin)

1	Family Vision and Team Strengths
2	Crisis Plan
3	Team Mission
4	Assessments
5	Needs, Outcomes, Strategies
6	Other Summary and Team Details
7	Admin Info Sheet
8	Care Coordinating Organization

Enter the Team Mission and then click on the Save and Close button.

ADD/EDIT TEAM MISSION (POC FORM)

Youth Name: Lynch, Jane L.

Medicaid ID: N1000000000000000

TEAM MISSION

Attend the local Community College arts program for High School Students.

Check Spelling

TEAM MISSION

To guide Jane back on a path of success in and outside of school. Her talent in the arts is a great place to focus our efforts. Her parents want her to peruse her artistic talents and gain more education. The school is opening doors for her to receive some guidance from local musician. (11/7/2016 1:48:13 PM by Admin, Admin)

Add Cancel

4. ASSESSMENTS

In this section, you can enter data for CAFAS, CANS, CASII, WFI-EZ and TSCC assessments. With permission, you are able to add, edit, or delete these assessments as well.

Dashboard	Youth	Family	Team	Assessments	Plan Of Care	Contacts/Service Notes	Critical Incidents	Documents	Messages
-----------	-------	--------	------	-------------	--------------	------------------------	--------------------	-----------	----------

Youth Name: Case, Penny (Pen)
Case Number: 12345
Organization Name: --
Work Flow

Core Assessments	Licensed Assessments	Custom Assessments	Family Timeline	Other Assessments
------------------	----------------------	--------------------	-----------------	-------------------

Licensed Assessments

Add

No Licensed Assessments are added yet!

LICENSED ASSESSMENTS:

X

[CAFAS](#)

[Child and Adolescent Needs and Strengths \(CANS\)](#)

[Child and Adolescent Service Intensity Instrument \(CASII\)](#)

[Wraparound Fidelity Index Short Form \(WFI-EZ\)](#)

[TSCC](#)

CHILD AND ADOLESCENT FUNCTIONAL SCALE (CAFAS)

There are a maximum of 8 entries for CAFAS. "Baseline" is the initial set of scores entered into the system (consider this Time 1). The "Most Recent" record are the subscores entered most recently into the system. All other entries between "Baseline" and "Most Recent", are named as "Time 2" through "Time 7".

ADD CAFAS ASSESSMENT

Youth Name: Case, Penny (Pen)

Youth Name: Case, Penny (Pen)
Medicaid ID: 5555555

X

[Add New](#) ←

BASELINE CAFAS:
* Date of Assessment:

SUBSCALE SCORES:

School/Work Role Performance	Home Role Performance	Community Role Performance	Behavior Toward Others	Moods and Emotions	Self-Harmful Behavior	Substance Use	Thinking
0	0	0	0	0	0	0	0

Total Score: 0

*Note: Only 8 CAFAS Assessments can be added.

Save and Close

Save

Cancel

To add a CAFAS subscore, click on the “Add New” hyperlink, as shown above. (Note that once a record has an entry, this link will change to “Add/Edit”. Once a record has the maximum number of entries, this link will change to “Edit” only.)

You will then able to fill in the assessment, as shown below.

ADD CAFAS ASSESSMENT

Youth Name: Case, Penny (Pen)

Youth Name: Case, Penny (Pen)
Medicaid ID: 5555555

X

[Add New](#)

BASELINE CAFAS:

* Date of Assessment: 11/10/2016

SUBSCALE SCORES:

School/Work Role Performance	Home Role Performance	Community Role Performance	Behavior Toward Others	Moods and Emotions	Self-Harmful Behavior	Substance Use	Thinking
4	4	5	4	8	4	2	5

Total Score: 36

*Note: Only 8 CAFAS Assessments can be added.

Save and Close

Save

Cancel

Enter the subscores for each category, and the Total Score will calculate in the field. Total Score is calculated by adding all of the subscale scores. Click the Save and Close button, or the Save button.

If you Edit a CAFAS entry, remember to save the changes before exiting the Editing screen.

Users are not allowed to delete a "Baseline" entry, but are allowed to edit scores. If a User deletes a CAFAS entry after "Baseline", the system will prompt questions about re-entering that Time's data. If you choose to not re-enter that data, the CAFAS record will be without that Time's data. When you attempt to enter a new CAFAS, the system will first ask if you would like to re-enter the previously deleted Time's data.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

To complete a CANS assessment, begin with category of the assessment, whether it is the initial, a reassessment or transition. Then enter the date of the assessment.

Complete the questions. IF there is a (?) next to a question, this will open a help text box with more information about that question. Simply click on the question mark to open the text box. Be sure to Save at the end of the assessment to avoid losing work.

ADD CANS ASSESSMENT: CANS DEFAULT TEST
X

Youth Name: Mills, Heather J. (Heather)

Version: CANS Default Test

*Date: / /

*Please ✓ appropriate use: ☒ Initial ☐ Reassessment ☐ Transition

Total Scores: 0

LIFE DOMAIN FUNCTIONING
Score : 1

0= Centerpiece Strength
2= Identified but not yet useful

1= Identified & Useful Strength
3= Not yet Identified

	0	1	2	3	TS	Notes
Autism Spectrum/PDD ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Enuresis/Encopresis ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Intellectual (IQ Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Job Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Save

When completed, you will receive a confirmation message that it is complete and saved successfully. It will also show up in the list of Licensed Assessments.

Licensed Assessments						
Add						
Assessments	Version	Instances	Date Added	Last Updated	Status	Actions Available
CANS	CFS	Initial 1	12/02/2016	12/02/2016	Completed	Edit Delete View/Print

CHILD AND ADOLESCENT SERVICE INTENSITY INSTRUMENT (CASII)

Enter all of the information for the CASII, starting with the Rater's Name and the Date. Note that there is more than one page to this assessment and that at the bottom of the page you must use the "Next Page" button to continue.

EDIT CASII ASSESSMENT

Youth Name: Arnold, Claire

CASII Worksheet

CASII Scoring Sheet

Rater

Name:

April Smith

Date: 09/22/2016

Please check the applicable ratings within each dimension and record the score in the lower right hand corner. Total your score and determine the recommended level of service intensity using either the Placement Grid or the Decision Tree.

I. Risk of Harm

- ☐ 1. Low Potential for Risk of Harm
- ☒ 2. Some Potential for Risk of Harm
- ☐ 3. Significant Potential for Risk of Harm
- ☐ 4. Serious Potential for Risk of Harm
- ☐ 5. Extreme Potential for Risk of Harm

Score: 2

II. Functional Status

- ☐ 1. Minimal Functional Impairment
- ☐ 2. Mild Functional Impairment
- ☐ 3. Moderate Functional Impairment
- ☒ 4. Serious Functional Impairment
- ☐ 5. Severe Functional Impairment

Score: 4

III. Co-Occurrence: Developmental, Medical, Substance Use, and Psychiatric

- ☐ 1. No Occurrence
- ☒ 2. Minor Occurrence
- ☐ 3. Significant Occurrence
- ☐ 4. Major Occurrence

IV. A. Recovery Environment - Environmental Stress

- ☐ 1. Absent Stressful Environment
- ☒ 2. Mild Stressful Environment
- ☐ 3. Moderate Stressful Environment
- ☐ 4. Serious Stressful Environment

Save Page

Save All Pages

Cancel

Close

Next Page

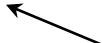
TRAUMA SYMPTOM CHECKLIST FOR CHILDREN (TSCC)

There are two possible TSCC T-Scores to enter: "Baseline" and "Most Recent". The initial scores entered into the system are "Baseline", and those entered most recently are the "Most Recent" record.

To add a TSCC T-Score, click on the "Add New" hyperlink beneath the TSCC heading. (Note that once a record has an entry, this link will change to "Add/Edit". Note that once a record has two TSCC entries, the link will change to "Edit" only).

LICENSED ASSESSMENTS: X

[CAFAS](#)
[Child and Adolescent Needs and Strengths \(CANS\)](#)
[Child and Adolescent Service Intensity Instrument \(CASII\)](#)
[Wraparound Fidelity Index Short Form \(WFI-EZ\)](#)
[TSCC](#)



You will then be brought to the data entry page to enter your TSCC T-Scores.

ADD TSCC ASSESSMENT X

Youth Name: Case, Penny (Pen)

Medicaid ID: 5555555

[Add New](#)



Baseline T-Scores:

* Date of Assessment:

Underresponse (UND)	Hyperresponse (HYP)	Anxiety (ANX)	Depression (DEP)	Anger (ANG)	Posttraumatic Stress (PTS)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dissociation (DIS)	Overt Dissociation (DIS-O)	Fantasy (DIS-F)	Sexual Concerns (SC)	Sexual Preoccupation (SC-P)	Sexual Distress (SC-D)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: Only 2 TSCC Assessments can be added.

Save and Close
Save
Cancel

If you Edit a TSCC T-Score, remember to save the changes before exiting the Editing screen.

Users are not allowed to delete a “Baseline” entry, but are allowed to edit subsequent scores.

WRAPAROUND FIDELITY INDEX-SHORT FORM (WFI-EZ)

Like the CASII, the WFI-EZ is multiple pages long, so as you complete the pages, you must advance to the next page to complete. You also must Save All Pages at

the end of the assessment. It is advised to save each page as you progress, to avoid losing work in case of interruption.

This survey is for a youth in wraparound. We want to ask you about the experiences that you and your family have had as part of the Wraparound program. You do not have to answer any questions that you don't want to, and you may stop your participation at any time. At the end, we will also ask you what you thought about this survey, so that we can use your feedback to improve it. Thank you very much for your time.

Your Name: Your Relationship to Youth:

Date:

Section A	Section B	Section C	Section D	Section E
-----------	-----------	-----------	-----------	-----------

Basic Information:

For the following questions, please respond either "Yes," or "No." ('No' will be taken as answer if not answered!)

	Yes	No
A1: My family and I are part of a team (e.g., "wraparound team," "child and family team"), AND this team includes more people than just my family and one professional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A2: Together with my team, my family created a written plan (e.g., "plan of care," "wraparound plan") that describes who will do what and how it will happen.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A3: My team meets regularly (i.e., at least every 30-45 days).	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Save Page

Save All Pages

Cancel

Close

Next Page

5. NEEDS, OUTCOMES, STRATEGIES

Users add Youth Needs Assessments in the POC. It is not located under the Assessments tab with the other Assessments.

ADDING A YOUTH NEED

In order to Add a new Youth Needs Assessment, collect the following information:

1. A Description of the Need
2. A Start Date for the Need. The Youth Need Start Date cannot be earlier than the Youth Pending Status Start Date, or Date the Youth Record was added to the Configuration.
3. The Desired Outcome of the Plan to Address the Youth Need.
4. The Desired Completion Date of the Plan to Address the Youth Need.
5. The Life Domain(s) the Youth Need affects or concerns. One or more of the following Life Domains: Behavior, Family, Legal, Place to Live, School, Spiritual, Cultural, Finances, Medical, Safety, Social/Relationships, Work and Emotional. You also have space to indicate "Other" life domains not covered by those categories.
6. The first Date to Review the Plan. By default, the Next Review Date will be set for 30 Days after the Start Date of the Assessment. The User can modify this date, however, if they wish.

7. Information about Billing, if the Need's Strategy is Formal.

Once you have collected this information you can begin to enter the Youth Need in the POC. You can add a single Need by clicking on the Add New hyperlink. Or, you can click on the Add Multi hyperlink if you have more than one Need to enter.

Plan Of Care

Youth Name: Bradford, Betty M.

Medicaid ID: --

Version: Current (11/28/2016) (Only the Current Version can be Edited.)

5. Needs, Outcomes, Strategies



ADD NEW



ADD MULTIPLE



EXPAND ALL

1	Family Vision and Team Strengths
2	Crisis Plan
3	Team Mission
4	Assessments
5	Needs, Outcomes, Strategies
6	Other Summary and Team Details
7	Admin Info Sheet

Remember that required data is marked with a red asterisk. Once all information has been entered, click Save and Close.

ADD YOUTH NEEDS DETAILS (POC FORM)

X

Youth Name: Lynch, Jane L.

Medicaid ID: N1000000000000000

Details:

* Describe the Need:

Check Spelling

* Start Date:

End Date:

* Outcome Measure:

Check Spelling

Barriers:

Check Spelling

* Desired Completion Date:

* Life Domain:

☐ Behavioral

☐ Family

☐ Place to Live

☐ Safety

☐ School

☐ Social/Relationships

☐ Culture

☐ Medical

If Others Please Specify:

Check Spelling

Date Reviewed:

Next Review Date:

Progress Toward Need Met:

Pending Status Start Date:

8/10/2016

0 - BaseLine

Save and Close

Save

Cancel

The Need will now generate in the Need/Outcome listing in the POC:

Plan Of Care

Youth Name: Kline, Mike

Medicaid ID: --

Version: Current (05/23/2016) (Only the Current Version can be Edited.)

5. Needs, Outcomes, Strategies

ADD NEW

ADD MULTIPLE

EXPAND ALL

Counseling Services

Start Date - Desired Complete Date
04/02/2016 - 04/02/2017

EDIT REVIEW DELETE

tutoring

Start Date - Desired Complete Date
04/10/2016 - 06/05/2016

EDIT REVIEW DELETE

To add new Needs and Outcomes, enter the information required in all fields. Click the Save and Close button when you have finished.

REVIEWING A NEED

To review a Youth Need, click the Review hyperlink next to the Need Statement:

Plan Of Care

Youth Name: Kline, Mike

Medicaid ID: --

Version: Current (05/23/2016) (Only the Current Version can be Edited.)

5. Needs, Outcomes, Strategies

ADD NEW

ADD MULTIPLE

EXPAND ALL

Counseling Services

Start Date - Desired Complete Date
04/02/2016 - 04/02/2017

EDIT REVIEW DELETE

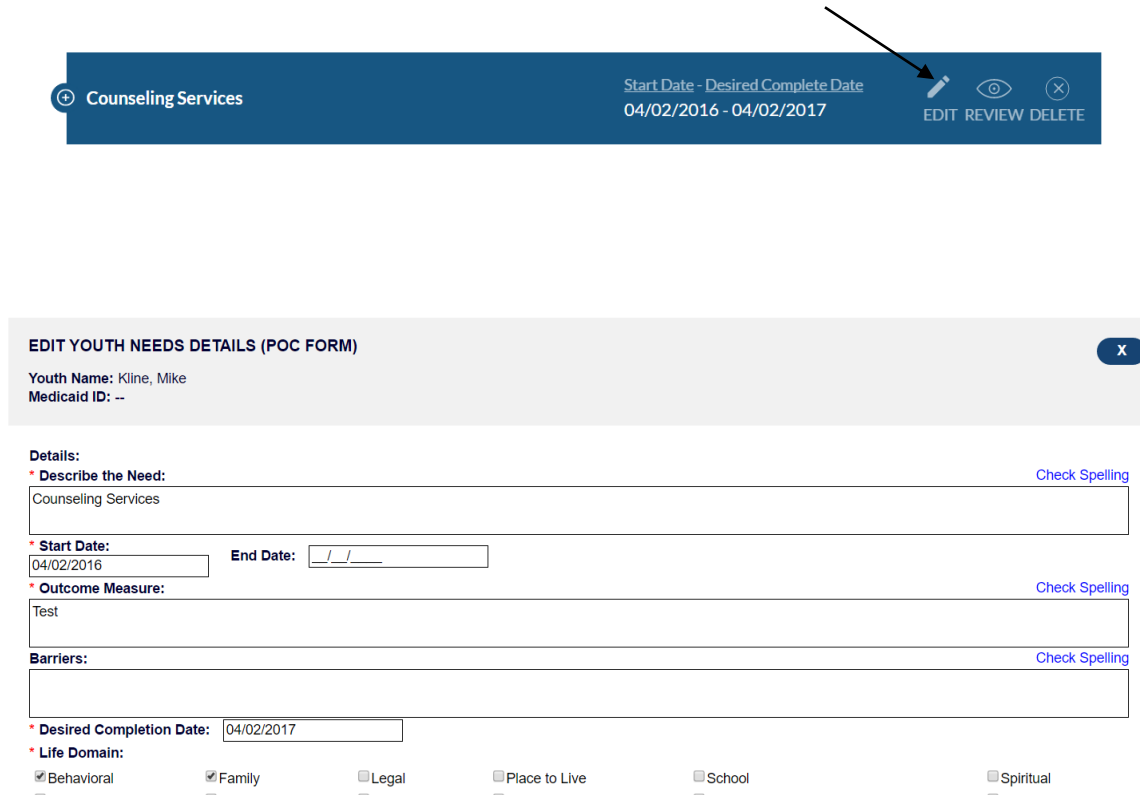
tutoring

Start Date - Desired Complete Date
04/10/2016 - 06/05/2016

EDIT REVIEW DELETE

EDITING A NEED

Click on the Edit icon for the Need you wish to edit. This will open the need in Edit mode and you are able to make edits as needed.



Counseling Services Start Date - Desired Complete Date
04/02/2016 - 04/02/2017 EDIT REVIEW DELETE

EDIT YOUTH NEEDS DETAILS (POC FORM) X

Youth Name: Kline, Mike
Medicaid ID: --

Details:

* **Describe the Need:** Counseling Services [Check Spelling](#)

* **Start Date:** 04/02/2016 **End Date:** / /

* **Outcome Measure:** Test [Check Spelling](#)

Barriers: [Check Spelling](#)

* **Desired Completion Date:** 04/02/2017

* **Life Domain:**

☒ Behavioral ☒ Family ☐ Legal ☐ Place to Live ☐ School ☐ Spiritual

REVIEWING A NEED (FOR PROGRESS)

The Review Youth Needs form will appear on screen, with the dates pre-populated. The Date of Review is the current date; Next Review Date is 30 days from the current date.

Counseling Services

Start Date - Desired Complete Date
04/02/2016 - 04/02/2017

EDIT REVIEW DELETE

REVIEW YOUTH NEEDS DETAILS (POC FORM)

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Details:
Describe the Need:
After school activities
* Start Date: 10/31/2016 End Date: 12/31/2016
Outcome Measure:
Have Jane involved in 2 after school activities
Barriers:
Jane's low self-esteem
* Desired Completion Date: 12/15/2016
* Life Domain:
☒ Behavioral ☐ Family ☐ Place to Live ☐ Safety ☒ School ☒ Social/Relationships
☐ Culture ☐ Medical
If Others Please Specify:
* Date Reviewed: 11/30/2016
* Next Review Date: 12/07/2016
Progress Toward Need Met: Select
Progress Toward Need Comments: Check Spelling
Progress Toward Outcome Comments: Check Spelling
Pending Status Start Date:
8/10/2016
Review History

Date Reviewed	Progress	Progress Toward Outcome Comments
	0 - Baseline	

Save and Close Save Cancel

Once you have entered the Progress Toward Need rating from the picklist, and any comments about the Progress toward the Need or the Outcome, click Save and Close or Save.

Progress Toward Outcome Comments are considered the key measure for Wrap teams to use, and those comments are then viewable at the bottom of the Youth

Need screen. The outcomes are viewed as the most important indicator of progress for the Youth.

Once the Review has been saved, you will be back at the Needs, Outcomes, Strategies page of the Youth POC. Now, when copies of the Plan of Care are made, these Reviews of Need will be displayed. If there are multiple reviews, the First (Baseline) and Last review will be shown, followed by the Review History that shows all reviews.

REVIEW YOUTH NEEDS DETAILS (POC FORM)

Youth Name: Kline, Mike
Medicaid ID: --

☒ Emotional

If Others Please Specify:

* Date Reviewed: 05/23/2016
* Next Review Date: 05/30/2016
* Progress Toward Need Met: Select

Progress Toward Need Comments: [Check Spelling](#)

* Progress Toward Outcome Comments: [Check Spelling](#)

* Pending' Status Start Date: 12/1/2015

Date Reviewed	Progress	Progress Toward Outcome Comments
05/16/2016	1 - A littl...	Some improvement

[Save and Close](#) [Save](#) [Cancel](#)

TO DELETE A NEED, CLICK ON THE “DELETE” BUTTON NEXT TO THE CORRESPONDING NEED.

Counseling Services

Start Date - Desired Complete Date
04/02/2016 - 04/02/2017

[EDIT](#) [REVIEW](#) [DELETE](#)

Then the editing Need window will appear. Near the bottom where Progress History is listed, you'll see “review” and “delete” hyperlinks next to each row of Progress data. Click on the appropriate row's “Review” hyperlink to edit or delete Progress

Comments or Edit the Date Reviewed or "Delete" hyperlink to delete the review entirely.

Click the Save and Close button, or the Save button (depending on what you need to do next). This save will remove any text in the Progress Toward Need Comments field. You will be notified of a successful save, and when you view the Review History for that record the Progress Toward Need Comment field will be empty.

ADDING/EDITING A STRATEGY

After a Need has been added, Strategies for that Youth Need can be added by clicking on the Add/Edit hyperlink under the Need.

Plan Of Care

Youth Name: Kline, Mike Medicaid ID: --

Version: Current (05/23/2016) (Only the Current Version can be Edited.)

5. Needs, Outcomes, Strategies ⊕ ADD NEW ⊕ ADD MULTIPLE ⋮ EXPAND ALL

tutoring

Start Date - Desired Complete Date
04/10/2016 - 06/05/2016

EDIT REVIEW DELETE

No Strategies exist yet for this Need.

⊕
ADD / EDIT

Enter the Strategy Description, and indicate if it is a Formal Service. If it is not a Formal Service click the Add Strategy button and it will now show up below the Youth Need on the screen.

ADD/EDIT STRATEGY FOR YOUTH NEED

X

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Desired Completion Date: 12/15/2016

No Strategies for Youth Need!

ADD/EDIT STRATEGY:

*Strategy Description:

Co-ordinate with school counselor for a list of after school activities/clubs.

Check Spelling

ESTIMATED TIME:

15

ACTUAL TIME:

10

IS THIS A FORMAL SERVICE?

☐ Yes
☒ No

Add Strategy

Close Form

If it is a Formal Service, the following screen will appear on top of your Strategy where you will enter the Service and Service Provider information.

ADD SERVICE FOR A FORMAL STRATEGY

X

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Need Description: After school activities
Outcome Measure: Have Jane involved in 2 after school activities
Start Date: 10/31/2016
Desired Completion Date: 12/15/2016
Strategy Description: Set up after school classes with Community College in arts.

* Please select a Funding Source for this Strategy:

☒ Medicaid
☐ Other

Select

*Please select a Service Cost Schema for this Strategy:

☒ Standard Rates
☐ Provider Rates

* Select Service:

Select

Direct Worker (if applicable)

First Name / MI: /

Last Name:

* Select Provider:

Select

Services are expected to be provided between;

* Service Start Date:

Days

* Service End Date:

Termination Date:

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FidelityEHR User Manual

Select the Funding Source. Then, select the Service, Modifier and Provider. If applicable, provide the Direct Worker name. Enter Service Start Date and End Date.

The screenshot shows a web form titled "ADD SERVICE FOR A FORMAL STRATEGY". At the top, it displays "Youth Name: Lynch, Jane L." and "Medicaid ID: N1000000000000000". Below this, there are two main sections. The left section contains "Procedure Code: --", "Notes: --", and "Limitations: --". The right section contains "Provider Type: --", "NPI Number: --", "Primary Contact: --", "Phone 1: --", and "Phone 2: --". Below these sections, there is a section for calculating units. It includes a label "* Calculate Total Number of Units for this Strategy:", a text input field for "Units per Interval:" with a dropdown menu set to "Select", and a "Calculate / Recalculate" button. Below this, it says "There are [] Intervals in Time Period and [] Total Units of Service." At the bottom of the form, there are three buttons: "Service Delivery", "Service Costs", and "Customer Report". At the very bottom, there are five buttons: "Edit Strategy Record", "Delete Strategy Record", "Save and Close", "Save", and "Cancel". An arrow points to the "Save and Close" button.

Near the bottom, enter the total number of Service Units and the Units per Interval from the picklist.

Click on the **Calculate/Recalculate** button to update the information.

When you have finished entering information click on the Save and Close button located under the Formal Strategy screen, on the Strategy page.









After Saving and Closing the Formal Strategy information, the system will notify you of a successful save, and the Strategy will be noted a Formal Service in the Strategy listing:

5. Needs, Outcomes, Strategies

+ ADD NEW

+ ADD MULTIPLE

EXPAND ALL

Counseling Services		Start Date - Desired Complete Date	  	
		04/02/2016 - 04/02/2017	EDIT REVIEW DELETE	
Strategy test	Formal Yes	  ADD / EDIT DELETE		
Tasks  ADD / EDIT	Formal	Assigned To	Due Date	
Begin Foster Care	Yes	Phillip, M...	6/24/2016  	

If the Strategy has a Formal Service, in the Formal Column there will be a hyperlink. If you need to edit, or delete, the strategy record, you can access the Formal Strategy form again by clicking this hyperlink. If you need to add Service Delivery, or print a Service Cost Report or Customer Report, you can also access those areas from this hyperlink.

ASSIGNING TASKS FOR A STRATEGY

From this Strategy listing you can then assign Tasks to Team Members in FidelityEHR, if you have proper permission. Expand the Strategy Details, and use the Add/Edit hyperlink next to the Task heading:

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Version: Current (11/07/2016) (Only the Current Version can be Edited.)

5. Needs, Outcomes, Strategies
ADD NEW
ADD MULTIPLE
CLOSE ALL

After school activities
Start Date - Desired Complete Date
10/31/2016 - 12/15/2016
REVIEW
DELETE

Strategy
Co-ordinate with school counselor for a list of after school activities/clubs.
Formal
No
ADD / EDIT
DELETE

Tasks ADD / EDIT
Formal
Assigned To
Due Date

No Tasks exist yet for this Strategy.

Strategy
Set up after school classes with Community College in arts.
Formal
Yes
ADD / EDIT
DELETE

Tasks ADD / EDIT
Formal
Assigned To
Due Date

No Tasks exist yet for this Strategy.

Outlet for Jane's creative side
Start Date - Desired Complete Date
11/01/2016 - 11/30/2016
REVIEW
DELETE

Exit
View/Print
Save

- Family Vision and Team Strengths
- Crisis Plan
- Team Mission
- Assessments
- Needs, Outcomes, Strategies**
- Other Summary and Team Details
- Admin Info Sheet
- Care Coordinating Organization

You can then select the Team Member to assign the Strategy Task to, including a Due Date, a description of the Task, and if it is Formal or not. If the Team Member is a User of Fidelity^{EHR}, you can also set the system to send a Reminder automatically.

ADD/EDIT TASKS FOR STRATEGY IN YOUTH NEED

X

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Need Description: After school activities
Outcome Measure: Have Jane involved in 2 after school activities
Start Date: 10/31/2016
Desired Completion Date: 12/15/2016
Strategy Description: Co-ordinate with school counselor for a list of after school activities/clubs.

TASK FOR THIS STRATEGY IN THE YOUTH NEED:

Completed	Task Assignment	Description	Formal?	Due Date
	<div> Select Team Member: <div>Select</div> </div> <div> Task Due Date: <div> <div> </div> </div> </div> <div> Task Description: <div> </div> </div> <div> Estimated time: <div> </div> </div> <div> Actual time: <div> </div> </div> <div> Create Reminder ? <div> </div> </div> <div> Is this a Formal Task? <div> <input type="radio"/> Yes <input checked="" type="radio"/> No </div> </div>			

Add Task
Cancel
Close Form

Add all of the required details, and indicate if the Task is Formal, and click Add Task
If it is a Formal Task, the Add Service for a Formal Task window will appear:

ADD SERVICE FOR A FORMAL TASK

X

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Need Description: After school activities
Outcome Measure: Have Jane involved in 2 after school activities
Start Date: 10/31/2016
Desired Completion Date: 12/15/2016
Strategy Description: Set up after school classes with Community College in arts.
Task Description: Sing up for one of the two activities

Please select a Funding Source for this Task:

☒ Medicaid
☐ Other

Select

Please select a Service Cost Schema for this Task:

☒ Standard Rates
☐ Provider Rates

Select Service:

Select

Direct Worker (if applicable)

First Name / MI:
Last Name:

Select Provider:

Select

Services are expected to be provided between;

Service Start Date:
Service End Date:
Termination Date:

Days

Service Unit: --
Unit Rate: --

Address: --

ADD SERVICE FOR A FORMAL TASK

X

Youth Name: Lynch, Jane L.

Medicaid ID: N1000000000000000

Service Unit: --

Unit Rate: --

Modifier: --

Procedure Code: --

Notes: --

Limitations: --

Address: --

City: --

State: --

ZipCode: --

Provider Type: --

NPI Number: --

Primary Contact: --

Phone 1: --

Phone 2: --

* Calculate Total Number of Units for this Task:

Units per Interval: Select

Calculate / Recalculate

There are

Intervals in Time Period and

Total Units of Service.

Requisition Number	Estimated Cost	Units Used	Remaining	Payments	Balance
--	--	--	--	--	--

Service Delivery

Service Costs

Customer Report

Edit Task Record

Delete Task Record

Save and Close

Save

Cancel

Fill in all Formal Task details, as specified with the red asterisk, and click Save or Save and Close. This Formal Task form is set up very similarly to the Formal Strategy form.

Service Delivery, Service Costs, and Customer Report all become available once the Formal Task information is Saved.

SERVICE DELIVERY AND PAYMENT FOR A FORMAL TASK

Once Formal Strategies or Tasks have been Saved, the Service Delivery button on the Formal Strategy or Tasks form will become available for you to add information about delivery of a Service. Click the Service Delivery button:

EDIT SERVICE FOR A FORMAL STRATEGY

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Last Name:

Service End Date: 11/21/2016
Termination Date:

Service Unit: 25 Hours Unit Rate: \$50.00
Modifier: HO - Masters Degree
Procedure Code: FSOYS
Notes: --

Limitations: 10 Hours (40 Units)/ Week

Address: 123 Charles Street
City: Baltimore State: MD ZipCode: 12345-____

Provider Type: --
NPI Number: --
Primary Contact: Shelly Winters
Phone 1: (410) 555-5555 Phone 2: (410) 555-5555

* Calculate Total Number of Units for this Strategy:

Units per Interval: Period

There are Intervals in Time Period and Total Units of Service.

x170060	\$50.00	0	1	\$0.0	\$50.00
---------	---------	---	---	-------	---------

Then, click the Add Record button.

SERVICE DELIVERY AND PAYMENT

Youth Name: Lynch, Jane L.
Medicaid ID: N1000000000000000

Describe The Need: After school activities
Outcome Measure: Have Jane involved in 2 after school activities
Service Code - Name: FSOYS- Youth Support
Current Service Provider: Judy Campbell
Service Start Date: 11/09/2016
Provider Worker Name:
Service End Date: 11/21/2016

Requisition No.	Total No. of Units	Unit Rate	Estimated Cost	Units Used	Remaining	Payments	Balance
x170060	1	\$50.00	\$50.00	0	1	\$0.00	\$50.00

Requisition No.	Service Date	Amount Paid	Date Paid
No Records Found!			

Service Delivery fields will appear for you to enter details for the Service Date,

including Amount Paid and Date Paid. Click the Add button when finished, then click the Close button.

SERVICE DELIVERY AND PAYMENT
X

Youth Name: Kline, Mike
Medicaid ID: --

Describe The Need: Counseling Services
Outcome Measure: Test
Service Code - Name: 5201- Camp
Current Service Provider: Johns Hopkins
Service Start Date: 08/30/2016

Provider Worker Name:
Service End Date: 09/14/2016

Requisition No.	Total No. of Units	Unit Rate	Estimated Cost	Units Used	Remaining	Payments	Balance
x170065	32	\$88.46	\$2830.72	0.6	31.4	\$50.00	\$2780.72

Add Record

Requisition No.	Service Date	Amount Paid	Date Paid		
x170065	09/14/2016	\$50.00	11/28/2016	Edit	Delete

SERVICE COSTS REPORT

To view costs associated with the Youth Record/Plan of Care, select the Service Costs button from the Formal Strategy or Task page.

EDIT SERVICE FOR A FORMAL TASK
X

Youth Name: Arnold, Doug
Medicaid ID: --

Last Name:

* Service End Date: 8
Termination Date:

Service Unit: 25 Hours Unit Rate: \$50.00
Modifier: HO - Masters Degree
Procedure Code: INDCOUN
Notes: --
Limitations: --

Address: 123 Charles Street
City: Baltimore State: MD ZipCode: 12345-____
Provider Type: --
NPI Number: --
Primary Contact: Shelly Winters
Phone 1: (410) 555-5555 Phone 2: (410) 555-5555

* Calculate Total Number of Units for this Task: Units per Interval:
 There are Intervals in Time Period and Total Units of Service.

Requisition Number	Estimated Cost	Units Used	Remaining	Payments	Balance
x170030	\$50.00	1.0	0.0	\$50.00	\$0.00

Service Delivery

Service Costs

Customer Report

Non-Medicaid Report

Edit Task Record

Delete Task Record

Save and Close

Save

Cancel

You will have options to include the specific Youth Need, Service Provider, and Service Name, or option to include all contained within the Plan Of Care. Carefully review your selection(s) before clicking Refresh Form:

SERVICE COSTS AND REPORTS
Youth Name : Arnold, Doug
Medicaid ID: --

Use this Form to View Costs associated with this Youth Record/Plan Of Care. Make selections in the options below and then use Refresh to see the results in the box, below. Select the Print Report Button to generate a Report of the Results.

1. Describe the need: sdfasdf
☒ Use this Youth Need ☐ Include All Youth Needs

OR
☐ Use All Youth Needs and Potential Crises




2. Service Provider: Judy Campbell
☒ Use this Service Provider ☐ Include All Service Providers

3. Service Name: Individual Counseling
☒ Use this Service Code ☐ Include All Service Codes

The results will appear on screen, and you have the option to print the Cost Report using the Print Icon in the upper right hand corner, or download the report to your computer as a pdf report and save.

SERVICE DELIVERY COSTS REPORT
Youth Name: Arnold, Doug

ServiceProvider_SCCOCServiceDeliveryCostsReport 1 / 1




  

Service Delivery Costs Report
Youth Name: Arnold, Doug

Printed: 11/15/2016
Case No: DA454545

Youth Name: Doug Arnold
DOB: 11/19/2002
Parent/Legal Guardian: --
Current Enrollment Status: Pending
Current Enrollment Status Start Date: 03/22/2016

Assigned Facilitator: Paul Bell
Supervisor: --
Plan Of Care Start Date: 09/29/2016

CUSTOMER REPORT

To generate a Customer Report, click the Customer Report from the Formal Strategy or Task page.

ADD SERVICE FOR A FORMAL STRATEGY

Youth Name: Bonds, Bobby
Medicaid ID: BB898521

Need Description: Bobby needs to talk to someone about his destructive tendencies.
Outcome Measure: Bobby will become a viable person in society.
Start Date: 09/01/2016
Desired Completion Date: 06/01/2017
Strategy Description: Bobby will see Dr. Drake 26 weeks to help him understand why he becomes destructive.

* Please select a Funding Source for this Strategy:
☒ Medicaid ☐ Other
Select

* Please select a Service Cost Schema for this Strategy:
☒ Standard Rates ☐ Provider Rates

* Select Service:
Direct Worker (if applicable)
First Name / MI: /
Last Name:

* Select Provider:
Services are expected to be provided between;
* Service Start Date:
* Service End Date:
Termination Date:

Days

Service Unit: -- Unit Rate: --
Modifier: --
Procedure Code: --
Notes: --
Limitations: --

Address: --
City: -- State: -- ZipCode: --
Provider Type: --
NPI Number: --
Primary Contact: --
Phone 1: -- Phone 2: --

* Calculate Total Number of Units for this Strategy:
Calculate / Recalculate

Units per Interval: Select
There are Intervals Period and Total Units of Service.

Service Delivery Service Costs Customer Report

Edit Strategy Record Delete Strategy Record Save and Close Save Cancel

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FidelityEHR User Manual

The Customer Report provides a summary of the Need, Strategy for the Need, as well as Service Provider information. Below is an example of the Customer Report:

CUSTOMER INFORMATION REPORT

☒ Show Map [Refresh](#)

Service Name: Functional Family Therapy (HO)

Service Unit: .25 Hours Unit Rate: \$50.00 Total Number of Units: 10

Procedure Code: FFT Units / Interval: 10 / Period

Funding Source: Medicaid Direct Worker (if applicable):


Judy Campbell

123 Charles Street

Baltimore, MD 12345-____

(410) 555-5555 Office

Notes: --



A copy of this Customer Information Report will be printed with the POC Report.

6. OTHER SUMMARY AND TEAM DETAILS

TEAM MEMBER DETAILS

In this section, you can edit Team Member Details by clicking on the Edit hyperlink.

Plan Of Care

Youth Name: Arnold, Doug

Medicaid ID: 454545

Version: (Only the Current Version can be Edited.)

6. Other Summary and Team Details

TEAM MEMBER DETAILS: [\(Edit\)](#) [\(Strengths\)](#)

Name	Team Role	Team Type	Start Date	Phone 1 (Type)	Email
Arnold, Doug	*Youth	Formal	03/22/2016	(605) 558-9956 (Home)	unknown@fidelityehr.com

1	Family Vision and Team Strengths
2	Crisis Plan
3	Team Mission
4	Assessments
5	Needs, Outcomes, Strategies

This will generate a list of current Team Members. Update the list on this screen from the Edit Team List button and add, edit, or delete Team Members from there. To update the Plan of Care after a Team Member is edited or deleted, the Team Member Details are required to be updated when a red exclamation point (!) is displayed. This is a requirement even if the Configuration Settings indicate to "Automatically Update Plan of Care".

TEAM MEMBER STRENGTHS

In this section you can also add and edit the Team Member Strengths by clicking on the Strengths hyperlink.

6. Other Summary and Team Details					
TEAM MEMBER DETAILS: (Edit) (Strengths)					
Name	Team Role	Team Type	Start Date	Phone 1 (Type)	Email
Arnold, Doug	*Youth	Formal	03/22/2016	(605) 558-9956 (Home)	unknown@fidelityehr.com
Maxwell, Marvin	Adoptive Parent	Informal	10/07/2016	(605) 558-9956 (Home)	

From the Team Strengths window, select the name to add or edit strengths for. Once the strength details are added or updated, click the Save and Close button.

DISCHARGE SUMMARY DETAILS

The Discharge Summary can be edited from this POC category, by clicking on the Add/Edit hyperlink next to the Discharge Summary heading.

Name	Team Role	Team Type	Start Date	Phone 1 (Type)	Email
Arnold, Doug	*Youth	Formal	03/22/2016	(605) 558-9956 (Home)	unknown@fidelityehr.com
Maxwell, Marvin	Adoptive Parent	Informal	10/07/2016	(605) 558-9956 (Home)	
Maxwell, Shirley	Adoptive Parent	Informal	11/03/2016		Unknown@fidelityehr.com
Test, User	*Facilitator	Formal	10/26/2016		Unknown@fidelityehr.com
Hyde, Mary	Sponsor	Formal	03/31/2016		unknown@wrap-tms.org
Tim, Tiny	Mentor	Informal	03/31/2016		unknown@fidelityehr.com
Vedder, Edward	Teacher	Formal	03/31/2016	(516) 628-1542 (Home)	uunnknown@fidelityehr.com

5 Needs, Outcomes, Strategies

6 Other Summary and Team Details

7 Admin Info Sheet

8 Care Coordinating Organization

SUMMARY OF SERVICES:
☐ Include Summary of Services Report in Plan of Care

DISCHARGE SUMMARY: [\(Add/Edit\)](#)

Discharge Date: N/A
Reason for Discharge
Discharge Notes/Needs: N/A
Linked to Adult Service and Programs?

FAMILY VOICE AND CHOICE: [\(Edit\)](#)

[Exit](#) [View/Print](#) [Save](#)

Enter the Discharge Date, Reason, and any Notes, and whether they were linked to Adult Services and Programs, then click the Save and Close button.

DISCHARGE SUMMARY DETAILS (POC)
X

Youth Name: Beaches, Bethany B. (Beth)
Medicaid ID: 008900000000000000

Start Date: 11/10/2016
Reason: Discharge
Notes/Needs: Youth moved out of service area
Linked to Adult Service and Programs?: Yes

Delete Check Spelling
Youth moved to Texas

[Save and Close](#) [Cancel](#)

FAMILY VOICE AND CHOICE SIGNATURES

The Family Voice and Choice Signatures can be edited from this POC category, by clicking on the Edit hyperlink next to the Family Voice and Choice heading. Check applicable boxes for received Initials, and enter the Date Received, then click on the Save and Close button.

Plan Of Care

Youth Name: Arnold, Doug

Medicaid ID: 454545

Version: Current (08/26/2016) (Only the Current Version can be Edited.)

6. Other Summary and Team Details

TEAM MEMBER DETAILS: [\(Edit\)](#) [\(Strengths\)](#)

Name	Team Role	Team Type	Start Date	Phone 1 (Type)	Email
Arnold, Doug	*Youth	Formal	03/22/2016	(605) 558-9956 (Home)	unknown@fidelityehr.com
Maxwell, Marvin	Adoptive Parent	Informal	10/07/2016	(605) 558-9956 (Home)	
Maxwell, Shirley	Adoptive Parent	Informal	11/03/2016		Unknown@fidelityehr.com
Test, User	*Facilitator	Formal	10/26/2016		Unknown@fidelityehr.com
Hyde, Mary	Sponsor	Formal	03/31/2016		unknown@wrap-tms.org
Tim, Tiny	Mentor	Informal	03/31/2016		unknown@fidelityehr.com
Vedder, Edward	Teacher	Formal	03/31/2016	(516) 628-1542 (Home)	uunnknown@fidelityehr.com

SUMMARY OF SERVICES:

☐ Include Summary of Services Report in Plan of Care

DISCHARGE SUMMARY: [\(Add/Edit\)](#)

Discharge Date: N/A
Reason for Discharge
Discharge Notes/Needs: N/A
Linked to Adult Service and Programs?

FAMILY VOICE AND CHOICE: [\(Edit\)](#)

[Exit](#)

[View/Print](#)

[Save](#)

FAMILY VOICE AND CHOICE SIGNATURES

[X](#)

Youth Name: Beaches, Bethany B. (Beth)
Medicaid ID: 008900000000000000

My family had Voice and Choice in the selection of services, providers, and interventions when possible in the Wraparound process building my family's Plan Of Care.

Parent/Guardian Initials:

Date Received:

Youth Initials:

Date Received:

[Save and Close](#)

[Save](#)

[Cancel](#)

7. ADMIN INFO SHEET

In this category of the POC, add and edit any information included in the Admin Info Sheet. This sheet includes Youth Details; Custody, Jurisdiction, Living Environment

information; and Language and Insurance details all populated from data in the Youth Record. To edit any of these details, click on the Update or the Go To hyperlinks. When you have finished click the Save or Save and Close button.

Plan Of Care

Youth Name: Arnold, Doug Medicaid ID: 454545

Version: Current (08/26/2016) (Only the Current Version can be Edited.)

7. Admin Info Sheet

! YOUTH DETAILS: [\(Edit\)](#)

Arnold, Doug
45 South Main
Ally, AK 98556
(605) 558-9956 (Home)

DOB: 11/19/2002
Enrolled: 01/01/1900
Email: unknown@fidelityehr.com

CUSTODY: [\(Update\)](#) [\(Go to\)](#)

Where does the youth currently live?	N/A	JURISDICTION, LIVING ENVIRONMENT, LANGUAGE, AND INSURANCE: (Update) (Go to)	
Start Date	N/A	Does the youth speak English?	N/A
Do the Caretakers have a seeing or hearing impairment?	N/A	Does the youth have a seeing and/or hearing impairment?	N/A
If yes, what accomodation must be made to support their involvement?	N/A	If yes, what accomodation must be made to support their involvement?	N/A
County/Jurisdiction of Residence:	N/A	Does the youth have Medical Assistance?	N/A
County/Jurisdiction with legal and/or financial responsibility (if different):	N/A	Medical Assistance Number:	N/A
		Would the youth be eligible for non-waiver home-based services?	N/A
		Does the youth have Private Insurance?	N/A

- 1 Family Vision and Team Strengths
- 2 Crisis Plan
- 3 Team Mission
- 4 Assessments
- 5 Needs, Outcomes, Strategies
- 6 Other Summary and Team Details
- 7 Admin Info Sheet**
- 8 Care Coordinating Organization

8. CARE COORDINATING ORGANIZATION (CCO)

From this POC category, you can add or update the Agency, the Organization's strengths, the Facilitator's information, and the Supervisor's information. Click on the Edit hyperlink next to any of the headings to make edits.

Plan Of Care

Youth Name: Arnold, Doug

Medicaid ID: 454545

Version: Current (08/26/2016) (Only the Current Version can be Edited.)

8. Care Coordinating Organization (CCO)

CARE COORDINATING ORGANIZATION: [\(Edit\)](#)

11 Fidelity EHR Demo Sandbox
3400 N. Charles Street
Baltimore, MD 21218

Primary Contact: Danielle Phillips
MA Number: --
Funding Source: --

ORGANIZATION STRENGTHS [\(Add/Edit\)](#)

No Strengths Found!

CARE COORDINATOR (FACILITATOR): [\(Edit\)](#)

Mary Schultz
3800 Medical Dr
Colorado Springs, CO 80907
(805) 556-2436 (Cell)
(805) 556-2436 (Home)

Email: Unknown@fidelityehr.com
Assigned Date: 10/26/2016

CARE COORDINATOR (SUPERVISOR): [\(Edit\)](#)

Beracah Tester

Email: anbalagan@beracahsoft.com

1	Family Vision and Team Strengths
2	Crisis Plan
3	Team Mission
4	Assessments
5	Needs, Outcomes, Strategies
6	Other Summary and Team Details
7	Admin Info Sheet
8	Care Coordinating Organization

For Care Coordinating Agency, Care Coordinator (Facilitator), and Care Coordinator (Supervisor) you have the option of editing on screen while in the POC, or clicking Go To User Record to make your edits. Once edits are completed, click on the Save and Close button.

EDIT CARE COORDINATING ORGANIZATION DETAILS (POC FORM)

Youth Name: Arnold, Doug
Medicaid ID: 454545

[Update from Organization](#)

[Go to Organization Record](#)

Organization Name:

Primary Contact:

Email:

Street 1:

Street 2:

City:

State / Zip Code:

Phone 1:

Phone 2:

MA Number:

Funding Source:

11 Fidelity EHR Demo Sandb	
Danielle Phillips	
unknown@fidelityehr.com	
3400 N. Charles Street	
Baltimore	
MD	21218-
() -	Select
() -	Select
Select	

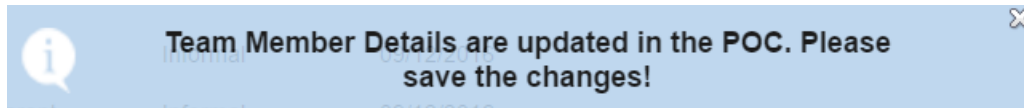
[Save and Close](#)

[Save](#)

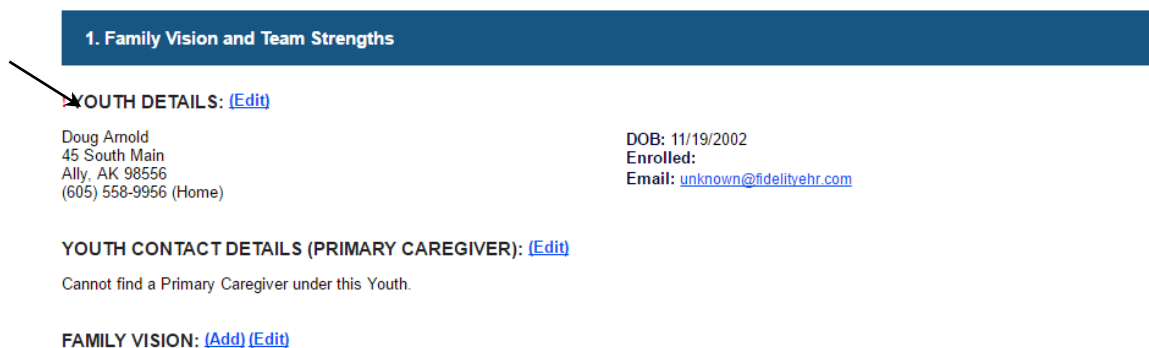
[Cancel](#)

SYNCING DATA BETWEEN THE POC AND YOUTH RECORD

If your Administrator has enable the Configuration Setting *Prompt User to Update Plan of Care*, once a POC has been added to a Youth Record, any changes to data made in the Youth Record or in the POC will generate a message asking if you would like to update the POC or Youth Record with the changes you've just made. If you click on Yes, the data (excluding team member updates) will be synced between the POC and Youth Record. If a team member was edited or removed, a manual update is required via the Other Summary and Team Details tab.



If you click on No, while in the POC you will see a red exclamation point next to any data that has been changed in the Youth Record but not in the POC.



To sync the information from within the POC, click on the Edit hyperlink next to the information with the red exclamation point (!). You can then click on the Update from Demographics (or Update from appropriate field within Youth Record). This will sync the data from the Youth Record to the POC. The other option is Export to Demographics, which will sync the POC data to the Youth Record changing whatever is currently in the Youth Record.

EDIT YOUTH DETAILS (POC FORM)
X

Youth Name: Arnold, Doug
Medicaid ID: 454545

Update from Demographics
Export to Demographics

First Name / MI:
Last Name:
Date of Birth:
Street 1:
Street 2:
City:
State / Zip Code:
Phone 1:
Phone 2:
Email:
County/Jurisdiction of Residence:

Doug

Arnold

11/19/2002

45 South Main

Ally

AK / 98556-

(605) 558-9956

unknown@fidelityehr.com

Select

County/Jurisdiction with legal and/or financial responsibility (if different):

Select

Current Enrollment Status:

Status Start Date:

Pending

03/22/2016

Save and Close
Save
Cancel

EDITING/UPDATING AN EXISTING POC

While in a Youth Record, select the Plan Of Care Tab. Find the Active POC and click on the Update hyperlink.

Dashboard
Youth
Family
Team
Assessments
Plan Of Care
Contacts/Service Notes
Critical Incidents
Documents
Messages

Youth Name: Austen, Kate
Case Number: 2016-KAUS
Work Flow

Organization Name: 11 Fidelity EHR Demo Sandbox

Plan Of Care (POC)
Add ⓘ

Existing Plan Of Care (POC)

Created Date	Last Updated	Status	Youth Data	Available Actions
12/20/15	11/1/16	Active	Check View/Print POC Report	Update Delete

The Plan of Care update page will open and display a list of all versions of the current POC. To edit, click on the Update hyperlink for the Current Version of the POC. Note the Status key for information about which POCs can be edited.

Plan Of Care Update Page

Start Date of this POC: 12/20/2015 Last Updated: 11/01/2016 Closed Date:

Is this the first Plan Of Care since enrolling in CME? Yes

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions
Current	12/20/2015	12/20/2015	Initial CFT	11/01/2016	Active	View/Print	Signature Pad Email Manual Edit
Copy 1	12/20/2015	07/18/2016	Initial CFT	08/11/2016	Emailed	View/Print	Signature Pad Email Manual Edit Delete

[Create New Copy](#)

Creating a new copy will create a duplicate of the current Plan Of Care document and include it in the list above. The POC is identified by the next available copy number. The create date will be today's date. Additional edits made in the Current version will not be reflected in any prior copy. Each copy can be viewed or printed, and signatures can be collected.

*Status Key:
 Active: Current open Plan Of Care.
 Duplicate: Static, point-in-time copy of Plan of Care.
 Closed: Plan of Care has ended and can no longer be edited.
 E-Sign x/x: Plan Of Care is being signed. #Received/#needed. Cannot be edited during this process.
 Signed: All signatures received for Plan Of Care. Plan Of Care can no longer be edited.
 Backup: Current version is being signed. Restore to continue making edits in Plan Of Care.

[Close-Out Plan Of Care](#) [Exit Page](#)

The POC will open on screen, and you can navigate to edit each category by selecting it from the POC Menu on the right. Click the Save button on each screen as you make edits.

Plan Of Care

Youth Name: Austen, Kate Medicaid ID: N000000000

Version: Current (12/20/2015) (Only the Current Version can be Edited.)

About this Plan Of Care:

Start Date: 12/20/2015 Last Updated: 11/01/2016 Closed Date:

About this Version of the Plan Of Care:

Type: ☒ Initial CFT ☐ CFT Review ☐ Transition CFT ☐ Discharge CFT Meeting Leading to POC: 12/20/2015

1. Family Vision and Team Strengths

YOUTH DETAILS: [\(Edit\)](#)

Kate Austen
6986 Broad Private
Portland, OR 97223
(503) 140-1017 (Cell)

DOB: 08/03/2002
Enrolled: 02/26/2016
Email: unknown@wrap-lms.org

YOUTH CONTACT DETAILS (PRIMARY CAREGIVER): [\(Edit\)](#)

Jackie Austen
6986 Broad Private
Portland, OR 97223
(503) 777-8899 (Cell)

Relationship: Sibling
Email:

FAMILY VISION: [\(Add\)](#) [\(Edit\)](#)

Kate and Jackie want to live together without conflict as they establish their "new" family (2/25/2016 5:36:29 PM by Phillips, Danielle)

TEAM STRENGTHS: [\(Add\)](#) [\(Edit\)](#)

Austen, Kate

[Exit](#) [View/Print](#) [Save](#)

- Family Vision and Team Strengths
- Crisis Plan
- Team Mission
- Assessments
- Needs, Outcomes, Strategies
- Other Summary and Team Details
- Admin Info Sheet
- Care Coordinating Organization

VIEW/PRINT POC

The View/Print option allows the Plan of Care to be viewed in a Print Preview

format. From this view, the Plan of Care can then be printed or saved to a specified location a computer as desired. The Plan of Care can be printed from multiple places in the system including: The Plan of Care tab, the Plan of Care Update Page and from within the Plan of Care itself. Each place offers the same options:

- **Generate Full POC** - includes all (current and past) information on the POC and all (current and past) Customer Reports.
- **Generate Brief POC** – Only includes current information for POC elements and the Customer Report Service Information (ones that have no previous end dates). In addition, it also excludes that Admin Info Sheet
- **Ability to Attach an Addendum** – attach a document from the Document Tab of the same Youth Record to print or save with the POC.

PRINTING FROM THE PLAN OF CARE TAB

1. Access the Plan of Care tab in the Youth Record
2. Find the POC you would like to view on screen or print.
3. Click on the [View/Print](#) hyperlink in the Report column on the same line as the POC to view or print.

Plan Of Care Update Page

Start Date of this POC: 12/20/2015 Last Updated: 11/01/2016 Closed Date:

Is this the first Plan Of Care since enrolling in CME? Yes

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions
Current	12/20/2015	12/20/2015	Initial CFT	11/01/2016	Active	View/Print	Signature Pad Email Manual Edit
Copy1	12/20/2015	07/18/2016	Initial CFT	08/11/2016	Emailed	View/Print	Signature Pad Email Manual Edit Delete

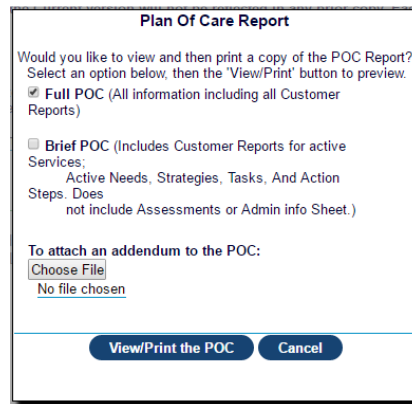
[Create New Copy](#)

Creating a new copy will create a duplicate of the current Plan Of Care document and include it in the list above. The POC is identified by the next available copy number. The create date will be today's date. Additional edits made in the Current version will not be reflected in any prior copy. Each copy can be viewed or printed, and signatures can be collected.





*Status Key:
 Active: Current open Plan Of Care.
 Duplicate: Static, point-in-time copy of Plan of Care.
 Closed: Plan of Care has ended and can no longer be edited.
 E.Signed x/x: Plan Of Care is being signed. #Received/#needed. Cannot be edited during this process.
 Signed: All signatures received for Plan Of Care. Plan Of Care can no longer be edited.
 Backup: Current version is being signed. Restore to continue making edits in Plan Of Care.

[Close-Out Plan Of Care](#) [Exit Page](#)


4. From the print option window, select which option of the POC to print: Full or Brief.



The image shows a dialog box titled "Plan Of Care Report". It contains the following text: "Would you like to view and then print a copy of the POC Report? Select an option below, then the 'View/Print' button to preview." There are two radio button options: "Full POC (All information including all Customer Reports)" which is selected, and "Brief POC (Includes Customer Reports for active Services; Active Needs, Strategies, Tasks, And Action Steps. Does not include Assessments or Admin info Sheet.)". Below these options is a section titled "To attach an addendum to the POC:" with two links: "Choose File" and "No file chosen". At the bottom of the dialog box are two buttons: "View/Print the POC" and "Cancel".

5. Click  to generate the Full or Brief POC.
6. The Plan of Care Report window will show the POC information.
7. To save the document, Click the  in the upper right corner of the window, below the Youth Name.
8. To print the document. Click the  in the upper right corner of the window, below the Youth Name.
9. Click the  to return to the Plan of Care Tab.

PRINTING FROM THE PLAN OF CARE UPDATE PAGE

1. Access the Plan of Care Update Page by clicking the Update hyperlink for the desired POC to update or by clicking  if the desired POC is currently open.
2. Find the POC you would like to view on screen or print.
3. Click on the [View/Print](#) hyperlink in the Report column on the same line as the POC to view or print.

Plan Of Care Update Page

Start Date of this POC: 11/01/2016 Last Updated: 11/11/2016 Closed Date:

Is this the first Plan Of Care since enrolling in CME? Yes

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions
Current	11/11/2016	11/01/2016	Initial CFT	11/11/2016	Active	View/Print	Signature Pad Email Manual Edit

[Create New Copy](#)

Creating a new copy will create a duplicate of the current Plan Of Care document and include it in the list above. The POC is identified by the next available copy number. The create date will be today's date. Additional edits made in the Current version will not be reflected in any prior copy. Each copy can be viewed or printed, and signatures can be collected.

*Status Key:
 Active: Current open Plan Of Care.
 Duplicate: Static, point-in-time copy of Plan of Care.
 Closed: Plan of Care has ended and can no longer be edited.
 E-Sign xx: Plan Of Care is being signed. #Received/#needed. Cannot be edited during this process.
 Signed: All signatures received for Plan Of Care. Plan Of Care can no longer be edited.
 Backup: Current version is being signed. Restore to continue making edits in Plan Of Care.

[Close-Out Plan Of Care](#) [Exit Page](#)

- From the print option window, select which option of the POC to print: Full or Brief.

Plan Of Care Report




Would you like to view and then print a copy of the POC Report?
 Select an option below, then the 'View/Print' button to preview.

☒ **Full POC** (All information including all Customer Reports)

☐ **Brief POC** (Includes Customer Reports for active Services:
 Active Needs, Strategies, Tasks, And Action Steps. Does not include Assessments or Admin info Sheet.)

To attach an addendum to the POC:
[Choose File](#)
 No file chosen

[View/Print the POC](#) [Cancel](#)

- Click [View/Print the POC](#) to generate the Full or Brief POC.
- The Plan of Care Report window will show the POC information.
- To save the document, Click the  in the upper right corner of the window, below the Youth Name.
- To print the document. Click the  in the upper right corner of the window, below the Youth Name.
- Click the  to return to the Plan of Care Update Page.

PRINTING FROM THE PLAN OF CARE

1. From a Plan of Care that is already open and being edited, Click **View/Print** .

Plan Of Care

Youth Name: Case, Penny (Pen) Medicaid ID: 5555555

Version: Current (11/01/2016) (Only the Current Version can be Edited.)

2. Crisis Plan [Add/Edit](#)

CLINICAL EVALUATOR:

EMERGENCY CONTACT:

PRIMARY CARE PHYSICIAN:

PREFERRED HOSPITAL:

YOUTH DIAGNOSES: [Add/Edit](#)

DSM IV

No DSM IV Diagnoses Found!

DSM 5

No DSM 5 Diagnoses Found!

ICD 10

No ICD 10 Diagnoses Found!

CURRENT MEDICATIONS [Add/Edit](#) [View](#)

BRIEF HISTORY:

TRIGGERS:

RESPONSIBLE PERSONS:

Potential Crises & Action Steps [+ ADD NEW](#) [EXPAND ALL](#)

1 Family Vision and Team Strengths

2 Crisis Plan

3 Team Mission

4 Assessments


5 Needs, Outcomes, Strategies

6 Other Summary and Team Details

7 Admin Info Sheet

8 Care Coordinating Organization

Exit

**View/Print**

Save

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[FidelityEHR.com](#)

2. From the print option window, select which option of the POC to print: Full or Brief.

Plan Of Care Report




Would you like to view and then print a copy of the POC Report?
Select an option below, then the 'View/Print' button to preview.

☒ **Full POC** (All information including all Customer Reports)

☐ **Brief POC** (Includes Customer Reports for active Services;
Active Needs, Strategies, Tasks, And Action Steps. Does not include Assessments or Admin info Sheet.)

To attach an addendum to the POC:
[Choose File](#)
 No file chosen

[View/Print the POC](#)
[Cancel](#)

3. Click [View/Print the POC](#) to generate the Full or Brief POC.
4. The Plan of Care Report window will show the POC information.
5. To save the document, Click the  in the upper right corner of the window, below the Youth Name.
6. To print the document. Click the  in the upper right corner of the window, below the Youth Name.
7. Click the  to return to the Plan of Care Report Window.
8. To Close the Plan of Care Report Window:
 - a. Click [Return to POC](#) to close and return to the POC
 - b. Click [Exit the POC](#) to close, exit the POC, and return to the Plan of Care Tab in the Youth Record.

CLOSE-OUT A POC

Users with appropriate permissions can close the POC by clicking the Close-Out Plan of Care button (access from the Update hyperlink).

Plan Of Care Update Page

Start Date of this POC: 11/01/2016 Last Updated: 11/11/2016 Closed Date:

Is this the first Plan Of Care since enrolling in CME? Yes

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions
Current	11/11/2016	11/01/2016	Initial CFT	11/11/2016	Active	View/Print	Signature Pad Email Manual Edit

[Create New Copy](#)

Creating a new copy will create a duplicate of the current Plan Of Care document and include it in the list above. The POC is identified by the next available copy number. The create date will be today's date. Additional edits made in the Current version will not be reflected in any prior copy. Each copy can be viewed or printed, and signatures can be collected.

*Status Key:
 Active: Current open Plan Of Care.
 Duplicate: Static, point-in-time copy of Plan of Care.
 Closed: Plan of Care has ended and can no longer be edited.
 E. Sign x/x: Plan Of Care is being signed. #Received/#needed. Cannot be edited during this process.
 Signed: All signatures received for Plan Of Care. Plan Of Care can no longer be edited.
 Backup: Current version is being signed. Restore to continue making edits in Plan Of Care.

[Close-Out Plan Of Care](#) [Exit Page](#)

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[FidelityEHR.com](#)

A message will generate, asking if you are sure you would like to close the selected POC.

Are you sure about closing this POC?
 If you proceed with closing, the POC
 cannot be recovered or reopened.

Yes

No

DELETE POC

Users with appropriate permissions can delete the existing POC by clicking on the Delete hyperlink. A message will be generated asking if you are sure you would like to delete the POC selected. Deleting a POC will delete all information entered specific to the POC within the Youth Record.

Plan Of Care Update Page

Start Date of this POC: 12/20/2015 Last Updated: 11/01/2016 Closed Date:

Is this the first Plan Of Care since enrolling in CME? Yes

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions
Current	12/20/2015	12/20/2015	Initial CFT	11/01/2016	Active	View/Print	Signature Pad Email Manual Edit
Copy1	12/20/2015	07/18/2016	Initial CFT	08/11/2016	Emailed	View/Print	Signature Pad Email Manual Edit Delete

[Create New Copy](#)

Creating a new copy will create a duplicate of the current Plan Of Care document and include it in the list above. The POC is identified by the next available copy number. The create date will be today's date. Additional edits made in the Current version will not be reflected in any prior copy. Each copy can be viewed or printed, and signatures can be collected.

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[Close-Out Plan Of Care](#) [Exit Page](#)

SIGNATURE STATUS FOR A POC

EMAIL POC FOR SIGNATURES

While in a Youth Record, select the Plan Of Care Tab. Find the POC that needs to be emailed for signature, and click on the Email hyperlink.

Plan Of Care Update Page

Start Date of this POC: 11/01/2016 Last Updated: 11/11/2016 Closed Date:

Is this the first Plan Of Care since enrolling in CME? Yes

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions	
Current	11/11/2016	11/01/2016	Initial CFT	11/11/2016	Active	View/Print	Signature Pad Email Manual	Edit

[Create New Copy](#)

Creating a new copy will create a duplicate of the current Plan Of Care document and include it in the list above. The POC is identified by the next available copy number. The create date will be today's date. Additional edits made in the Current version will not be reflected in any prior copy. Each copy can be viewed or printed, and signatures can be collected.

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Signed: All signatures received for Plan Of Care. Plan Of Care can no longer be edited.
Backup: Current version is being signed. Restore to continue making edits in Plan Of Care.

[Close-Out Plan Of Care](#) [Exit Page](#)

From the Plan of Care Update Page, click on Create New Copy. This will create a new copy of the Current POC to email out for signatures, while still allowing you to edit the Current POC. A Copy is a locked duplicate of the current POC which is not editable, but can be printed or emailed.

Plan Of Care Update Page

Start Date of this POC: 12/20/2015 Last Updated: 11/01/2016 Closed Date:

Is this the first Plan Of Care since enrolling in CME? Yes

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions	
Current	12/20/2015	12/20/2015	Initial CFT	11/01/2016	Active	View/Print	Signature Pad Email Manual	Edit
Copy 1	12/20/2015	07/18/2016	Initial CFT	08/11/2016	Emailed	View/Print	Signature Pad Email Manual	Edit Delete

[Create New Copy](#)

Creating a new copy will create a duplicate of the current Plan Of Care document and include it in the list above. The POC is identified by the next available copy number. The create date will be today's date. Additional edits made in the Current version will not be reflected in any prior copy. Each copy can be viewed or printed, and signatures can be collected.

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[Close-Out Plan Of Care](#) [Exit Page](#)

Click on the Email hyperlink for the new POC Copy you've just created. The Signature Status window will open, where you can see the Signature information for each Team Member involved.

Plan Of Care Signature Emails

X

POC: Current (06/02/2016)		Type: Initial CFT		Youth: Arnold, Claire	
signature pad					
Name	Role	Signature Status	Email Status	Date Sent	Email Actions
Arnold, Claire	*Youth	Unsigned	Not Sent		
Facilitator, Amanda	*Facilitator	Unsigned	Not Sent		

Close

To send an email for an electronic Signature, click on the Not Sent hyperlink next to the Team Member Role. This will prepare the system to send an email.

Preparing to Create Email for Electronic Signature...

POC: Current (06/02/2016) Type: Initial CFT Youth: Arnold, Claire
Target: Facilitator Name: Facilitator, Amanda Email: unknown@fidelityehr.com

Include a Copy of the POC as an Attachment? ☐ Yes ☒ No

Create Email

Cancel

After selecting **Yes** or **No** to include the attachment, click Create Email. From the Compose Email screen, you can enter additional email addresses, edit the Subject, and enter a personalized message. Click the Send Email button to generate the email.

Compose Email X

From: Admin Admin (no-reply@fidelityehr.com)

To: unknown@fidelityehr.com

CC:

Subject: Signature Needed for Plan of Care

Attached: Arnold, Claire11/4/2016 6:48:20 PM.pdf

Enter your message below:

Send Email Cancel

EMAIL RECIPIENT FOR POC SIGNATURE

When a team member receives an email requesting an electronic signature (for the POC, for example), they are provided a link in the email that takes them directly to the item for review. The email will also contain a passcode that the recipient will enter once at that URL provided. Below is an example of what that portion of the email may look like:

This is a system-generated email triggered by an Event or Activity in the system where this email address is associated with a document. If you receive this email by mistake, please contact the System Administrator at unknown@fidelityehr.com immediately, and destroy this email. Information contained herein is protected under Federal Confidentiality Laws and the possession of it, without proper Consent, may be a Criminal Penalty.

11 Fidelity EHR Demo Sandbox
3400 N. Charles Street
Baltimore, MD, 21218

Dear Amanda Facilitator,
You are receiving this email in regards to a meeting to be held next Thursday.

Thank you,

To Review, Comment on, or Sign the POC, please use the following URL and Passcode:

URL : <https://my.fidelityehr.com/SignatureHome.aspx?T=POCPremium&Tid=52411&P=POC&Y=55228&S=5>

PASSCODE : 3bu8otgv

If you have a FidelityEHR User ID, you can also log into the client portal to Review, Comment on, or Sign the POC.

Regards,
FidelityEHR

The recipient clicks on the link, and is brought to the Fidelity^{EHR} passcode page where they enter the passcode provided in the email:



Please Enter the Passcode!

Please enter the passcode present in your email
here to view the document!

Enter Code Here:

Submit

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(The recipient can copy and paste the passcode from the email into the passcode field).

Once the passcode has been submitted, the recipient is brought to the POC for review. Along the bottom, there are a few choices:

Plan Of Care Report
Youth Name: Arnold, Claire

Printed: 11/04/2016
Case No: --

About the Plan Of Care
 Start Date: 06/02/2016 Last Date Updated: 11/04/2016
 Version: Current Status: Emailed Type: Initial CFT Date of CFT: 10/06/2016

About the Youth
 Address: 1818 North Lewis River Fields, AK, 98865 (701) 552-6655 (Home) Details: DOB: 10/15/2003 Enrolled: 03/22/2016 Email: --

About the Parent/Guardian
 Name: Details: Email: --
 Address:

Team Strengths
 No Team Member records were found!

Team Abilities
 No Team Member records were found!

Choose Option: ☒ Accept & Sign Document ☐ Post Comment ☐ Reject Document

Submit **Close**

To sign the POC, check the box "Accept & Sign Document", then click the Submit button. You will be brought to the "signature pad" option, which will look like this:

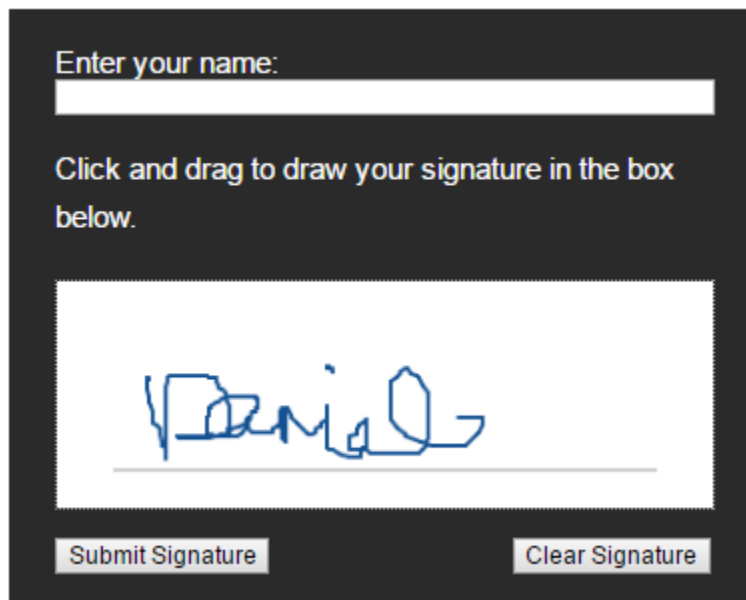
Enter your name:

Click and drag to draw your signature in the box below.

Submit Signature **Clear Signature**

Type your name. Then, using your mouse, click and drag to draw your signature in

the large white box. (The signature box is touch-screen-friendly so you can use your fingertip to “sign” your name in the larger white box if on a mobile device or touch screen system). If you do not like how it turns out, click on the “Clear Signature” button and it will erase what you have already drawn, and you can re-sign. If you do like what you’ve drawn, click the “Submit Signature” button. After clicking the “Submit Signature” button, the system will show you a Preview, and you’ll have one more chance to review the drawn signature. If you like it, you will click the “Continue” button.



Once submitted, Fidelity^{EHR} will provide a message on screen stating the signature has been submitted successfully. The recipient will also receive a confirmation email, stating that the POC was signed.

MANUAL POC SIGNATURE

From the Signature Status window, find the Role of the Team Member you would like to record a Manual signature for, and click on the Sign hyperlink.

Plan Of Care Update Page

Start Date of this POC: 12/20/2015

Last Updated: 11/01/2016

Closed Date:

Is this the first Plan Of Care since enrolling in CME? Yes

Version	CFT Date	Start/Create	Type	Last Updated	Status*	Report	Signature Actions	
Current	12/20/2015	12/20/2015	Initial CFT	11/01/2016	Active	View/Print	Signature Pad Email Manual	Edit
Copy1	12/20/2015	07/18/2016	Initial CFT	08/11/2016	Emailed	View/Print	Signature Pad Email Manual	Edit Delete

[Create New Copy](#)

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Duplicate: Static, point-in-time copy of Plan of Care.

Closed: Plan of Care has ended and can no longer be edited.

E, Sign x/x: Plan Of Care is being signed. #Received/#needed. Cannot be edited during this process.

Signed: All signatures received for Plan Of Care. Plan Of Care can no longer be edited.

Backup: Current version is being signed. Restore to continue making edits in Plan Of Care.

[Close-Out Plan Of Care](#)

[Exit Page](#)

Plan Of Care Manual Signature

X

POC: Current (06/02/2016)

Type: Initial CFT

Youth: Arnold, Claire

signature pad

Name	Role	Signature Status	Manual	Manual Signature Date	Manual Signature Action
Arnold, Claire	*Youth	Unsigned	Sign		
Facilitator, Amanda	*Facilitator	Unsigned			

[Close](#)

Enter the date of the Manual signature, and click the Save button.

Manual Signature for POC

Date Signature Received:

[Save](#)

[Cancel](#)


CRITICAL INCIDENTS

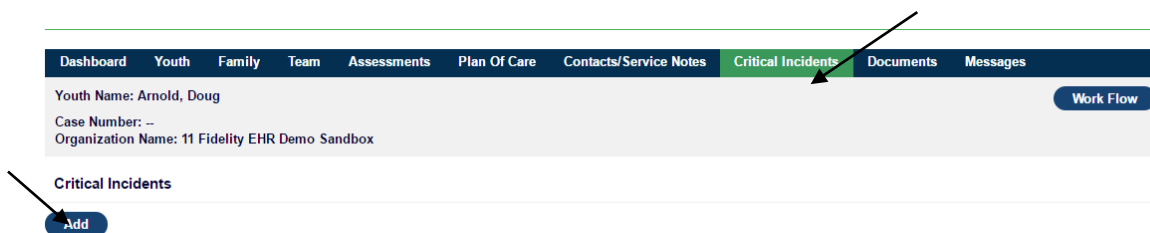
The Critical Incidents tab allows for the documentation of any events or situations that jeopardize the health or safety of the youth, family and/or team members. Some examples include: runaway events, medical events and school events. The Critical Incidents tab is accessed within the Youth Record on the Critical Incidents Tab. The ability to view, add, edit or delete Critical Incidents can be added or altered by an Administrator in the Administrative Tool Youth Record permissions. Reports can also be generated for Critical Incident data fields in Report Builder.

When adding an incident, there are required fields that must be completed in order to save the information:

- **Date of Incident** – Date that the event or situation occurred
- **Critical Incident Code/Description** – This describes the overall type of event or situation. *For a customized list, items can be added by an Administrator in the Administration Tool Picklist Editor (CriticalIncidentCodeDescription).*
- **Is this the Initial Incident?** - Indicates if this is the first occurrence of this situation or event.

ADD A NEW CRITICAL INCIDENT

1. Access the appropriate Youth Record and click on the Critical Incidents Tab.
2. Click  .



3. Complete the required fields that have an (*) next to the description.
4. The Date Entered field will default to today's date.
5. Click [\(Add/Edit\)](#) for the Critical Incident Details to add detailed information about the event or situation.

ADD CRITICAL INCIDENT
X

Youth Name: Arnold, Doug
 Case Number: --
 Medicaid ID: 454545

* Date of Incident:

Date Entered:

* Critical Incident Code/Description:

* Is this the Initial Incident?

Critical Incident Details: [Add/Edit](#)

Save
Save and Close
Cancel



Critical Incident Details:

Sam was involved in another incident in school. He believed that the other student was stealing items from his gym locker. No medical attention was required and Sam is receiving In-School Suspension for 2 days.

Add
Cancel

6. Once the details have been typed in the Critical Incident Details, click Add . The information will now be displayed in the Critical Incident Details area on the Add Critical Incident window. It will also contain the date and time entered as well as the name of the user who entered the information.
7. To save the information that has been entered without closing the Add Critical Incident window, click Save or skip to step 8.
8. To close the Add Clinical Incident Window:
 - a. Click Save and Close to save the information that has been entered and close the Add Critical Incident window

OR

- b. Click  or  to discard the information that has been entered and close the Add Critical Incident window *without* saving any information.

Once the information is saved and the Add Critical Incident window is closed, the incident will now appear on the Critical Incidents tab. Any additional incidents will appear in the list in ascending order by Critical Incident Date. To view the list in reverse order, click on the **Critical Incident Date** column heading. To view the list by Initial Incident/Code Description order, click on the **Initial Incident/Code Description** column heading.

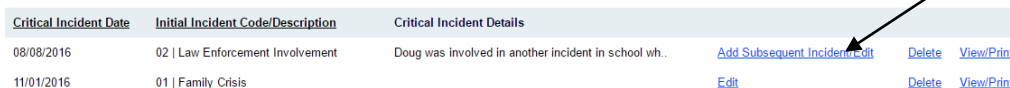


<u>Critical Incident Date</u>	<u>Initial Incident Code/Description</u>	Critical Incident Details			
08/08/2016	02 Law Enforcement Involvement	Doug was involved in another incident in school wh..	Add Subsequent Incident/Edit	Delete	View/Print
11/01/2016	01 Family Crisis		Edit	Delete	View/Print

EDIT A CRITICAL INCIDENT

Existing incidents may be edited to add or change information (i.e. to add details gathered by another team member about the incident). To edit an existing Critical Incident:

1. Access the appropriate Youth Record and click on the Critical Incidents Tab
2. Click [Add Subsequent Incident/Edit](#) that is located on the same line as the incident to edit.



<u>Critical Incident Date</u>	<u>Initial Incident Code/Description</u>	Critical Incident Details			
08/08/2016	02 Law Enforcement Involvement	Doug was involved in another incident in school wh..	Add Subsequent Incident/Edit	Delete	View/Print
11/01/2016	01 Family Crisis		Edit	Delete	View/Print

3. Click [Edit](#) on the same line as the incident to edit in the Add Subsequent Incident/Edit Critical Incident window. This moves the information to the fields at the bottom of the window to allow them to be changed or added.

ADD SUBSEQUENT INCIDENT/EDIT CRITICAL INCIDENT
X

Youth Name: Arnold, Doug
 Case Number: --
 Medicaid ID: 454545

Critical Incident Date	Initial Incident Code/Description	Critical Incident Details
Critical Incident Date 08/08/2016	Initial Incident Code/Description 02 Law Enforcement Involvement	Critical Incident Details Doug was involved in another incident in school wh.. Edit

*** Date of Incident:**

Date Entered:

*** Critical Incident Code/Description:**

*** Is this the Initial Incident?**

02 | Law Enforcement Involver ▾

Yes ▾

Critical Incident Details: [Add/Edit](#)

Doug was involved in another incident in school where he thought a student was stealing from his locker. He assaulted the student in the hallway and the police were called. No medical attention was required.(11/4/2016 12:35:45 PM) by Admin, Admin,

Save
Save and Close
Cancel

4. Add or change information in those fields. *All required fields are indicated by a (*) next to the description and need to be completed in order to save the incident.*
5. Click [Add/Edit](#) in Critical Incident Details to add or edit detailed information about the event or situation.

c. Add New Details

- i. Type the information into the Critical Incident Details window
- ii. Click Add. The information will now be displayed in the Critical Incident Details area on the Add Subsequent Incident/Edit Critical Incident window. It will also contain the date and time entered as well as the name of the user who entered the information.

d. Edit Existing Details

- i. Click [Edit](#) on the same line as the Note to be edited on the Critical Incident Details window.

ADD SUBSEQUENT INCIDENT/EDIT CRITICAL INCIDENT

X

Youth Name: Arnold, Doug
Case Number: --
Medicaid ID: 454545

Critical Incident Date	Initial Incident Code/Description	Critical Incident Details
Critical Incident Date 08/08/2016	Initial Incident Code/Description 02 Law Enforcement Involvement	Critical Incident Details Doug was involved in another incident in school wh.. Edit

* Date of Incident:

08/08/2016

Date Entered:

11/04/2016

* Critical Incident Code/Description:

02 | Law Enforcement Involver

* Is this the Initial Incident?

Yes

Critical Incident Details: [Add/Edit](#)

Doug was involved in another incident in school where he thought a student was stealing from his locker. He assaulted the student in the hallway and the police were called. No medical attention was required.(11/4/2016 12:35:45 PM) by Admin, Admin;

Save

Save and Close

Cancel

- ii. Edit the information as necessary and then click **Save and Close**. The information will now be displayed in the Critical Incident Details area on the Add Subsequent Incident/Edit Critical Incident window. It will also contain the date and time of the edit as well as the name of the user who edited the information.

Critical Incident Date	Initial Incident Code/Description	Critical Incident Details		
08/08/2016	02 Law Enforcement Involvement	Doug was involved in another incident in school wh..	Add Subsequent Incident/Edit	Delete View/Print
11/01/2016	01 Family Crisis		Edit	Delete View/Print

e. Delete Existing Details

- i. Click [Delete](#) in the same line as the Note to be deleted on the Critical Incident Details window.
- ii. Click **Yes** to delete the Critical Incident Details.

Are you sure about deleting this Critical Incident Record? Initial Incident and all Subsequent Incidents will be removed permanently!


Yes

No



9. To save the information that has been entered without closing the Add Subsequent

Incident/Edit Critical Incident window, click  or skip to step 10.

10. To close the Add Subsequent Incident/Edit Critical Incident window:

- a. Click  to save the information that has been entered and close the Add Subsequent Incident/Edit Critical Incident window


OR

- b. Click  or  to discard the information that has been entered and close the Add Subsequent Incident/Edit Critical Incident window *without* saving any information.

ADD A SUBSEQUENT INCIDENT TO A CRITICAL INCIDENT

Existing incidents may require additional related incidents to be added. To add a subsequent incident to an existing Critical Incident:

1. Access the appropriate Youth Record and click on the Critical Incidents Tab
2. Click [Add Subsequent Incident/Edit](#) on the same line as the incident that requires the subsequent incident to be added.



Critical Incident Date	Initial Incident Code/Description	Critical Incident Details			
08/08/2016	02 Law Enforcement Involvement	Doug was involved in another incident in school wh..	Add Subsequent Incident/Edit	Delete	View/Print
11/01/2016	01 Family Crisis		Edit	Delete	View/Print

3. At the bottom of the Add Subsequent Incident/Edit Critical Incident window, are fields available for entering information about the subsequent incident.

ADD SUBSEQUENT INCIDENT/EDIT CRITICAL INCIDENT
X

Youth Name: Arnold, Doug
 Case Number: --
 Medicaid ID: 454545

Critical Incident Date	Initial Incident Code/Description	Critical Incident Details
Critical Incident Date 08/08/2016	Initial Incident Code/Description 02 Law Enforcement Involvement	Critical Incident Details Doug was involved in another incident in school wh... Edit

* Date of Incident:

Date Entered:

* Critical Incident Code/Description:

* Is this the Initial Incident?

Critical Incident Details: [\(Add/Edit\)](#)

//

11/08/2016

Select ▼

No ▼

Save
Save and Close
Cancel

4. Complete the required fields that have an (*) next to the description. *The **Is this the Initial Incident** field will default to "No" and cannot be changed since it is a subsequent incident.*
5. The **Date Entered** field will default to today's date.
6. Click [\(Add/Edit\)](#) in Critical Incident Details to add detailed information about the event or situation.
7. Once the details have been typed in the Critical Incident Details, click Save . The information will now be displayed in the Critical Incident Details area on the Add Subsequent Incident/Edit Critical Incident window and will contain the date and time entered as well as the name of the user who entered the information.
8. To save the information that has been entered without closing the Add Subsequent Incident/Edit Critical Incident window, click Save or Save and Close , or skip to step 9.
9. To close the Add Subsequent Incident/Edit Critical Incident window:
 - a. Click Save and Close to save the information that has been entered and close the Add Subsequent Incident/Edit Critical Incident window
 - OR**
 - b. Click Cancel or X to discard the information that has been entered and

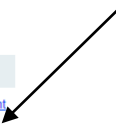
close the Add Subsequent Incident/Edit Critical Incident window *without* saving any information.

DELETE A CRITICAL INCIDENT

With the appropriate user permissions, a Critical Incident can be deleted from the Critical Incidents Tab. To delete the entire record (including subsequent records) for a Critical Incident:

1. Access the appropriate Youth Record and click on the Critical Incidents Tab
2. Click [Delete](#) located on the same line as the incident to delete.

Critical Incident Date	Initial Incident Code/Description	Critical Incident Details			
08/08/2016	02 Law Enforcement Involvement	Doug was involved in another incident in school wh..	Add Subsequent Incident/Edit	Delete	View/Print
11/01/2016	01 Family Crisis		Edit	Delete	View/Print



3. Click yes to *permanently* delete the subsequent Critical Incident. This cannot be undone.

Are you sure about deleting this Critical Incident Record? Initial Incident and all Subsequent Incidents will be removed permanently!

Yes


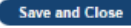


No

DELETE A SUBSEQUENT INCIDENT

With the appropriate user permissions, a subsequent incident can be deleted from the record of the initial Critical Incident. To delete the record of a subsequent incident:

1. Access the appropriate Youth Record and click on the Critical Incidents Tab
2. Click [Add Subsequent Incident/Edit](#) on the same line as the Initial incident that has the subsequent incident to delete.
3. Click [Delete](#) on the same line as the subsequent incident to be deleted in the Add Subsequent Incident/Edit Critical Incident window. *The initial Critical Incident does not have a delete option on this window.*

Critical Incident Date	Initial Incident Code/Description	Critical Incident Details			
08/08/2016	02 Law Enforcement Involvement	Doug was involved in another incident in school wh..	Add Subsequent Incident/Edit	Delete	View/Print
11/01/2016	01 Family Crisis		Edit	Delete	View/Print


4. Click Yes to *permanently* delete the subsequent Critical Incident Details. This cannot be undone.
5. To save the information that has been entered without closing the Add Subsequent Incident/Edit Critical Incident window, click  or skip to step 6.
6. To close the Add Subsequent Incident/Edit Critical Incident window:
 - a. Click  to save the information that has been entered and close the Add Subsequent Incident/Edit Critical Incident window
 - OR**
 - b. Click  or  to discard the information that has been entered and close the Add Subsequent Incident/Edit Critical Incident window *without* saving any information.



VIEW OR PRINT A CRITICAL INCIDENT

With the appropriate user permissions, a Critical Incident can be viewed or printed from the Critical Incidents Tab. To view/print the entire record (including subsequent records) for a Critical Incident:

1. Access the appropriate Youth Record and click on the Critical Incidents Tab
2. Click [View/Print](#) on the same line as the incident to view and /or print.

Critical Incident Date	Initial Incident Code/Description	Critical Incident Details			
08/08/2016	02 Law Enforcement Involvement	Doug was involved in another incident in school wh..	Add Subsequent Incident/Edit	Delete	View/Print
11/01/2016	01 Family Crisis		Edit	Delete	View/Print

3. The View Critical Incident Report window will show information for the Initial Incident as well as any Subsequent Incidents.
4. To save the document, Click the  in the upper right corner of the window, below the Youth Name.

5. To print the document. Click the  in the upper right corner of the window, below the Youth Name.
6. Click the  to return to the Critical Incidents Tab.

CONTACTS/SERVICE NOTES/NOTES

The Contacts tab is where any communication with or services for the Youth, Family or other Team Members between team meetings is documented. Based on the configuration setup, the tab in the Youth Record will show one of two options:

- **Contacts/Notes** – indicates that only non-billable progress notes will be entered.
- **Contacts/Service Notes** – indicates that non-billable progress notes or billable service notes can be entered.



Select the Contact/Service Notes tab, and fill in all required data as marked with a red asterisk—including if it is a Billable Contact. The question “Is this a Billable Contact?” determines whether service data is included in the record. Service Note Date of Contact first allowable Date is either the Youth Date of Birth, or the Youth Pending Status Date, whichever is earlier. This date cannot be a date in the future.

ADD/EDIT CONTACT/SERVICE NOTE X

Youth Name: Arnold, Doug
Case Number: --
Medicaid ID: 454545

Service Note Id:

* Date of Contact:

* Person making contact:

Team Members: Select [All](#) [None](#)

☐ Hyde, Mary (Sponsor)
☐ Vedder, Edward (Teacher)
☐ Tim, Tiny (Mentor)
☐ Maxwell, Marvin (Adoptive Parent)
☐ Schultz, Mary (*Facilitator)
☐ Maxwell, Shirley (Adoptive Parent)
☐ Arnold, Doug (Youth)
☐ Other

* Person(s) contacted:

Others:

* Is this a Formal Contact? ☐ Yes ☒ No

Start Time

* Type of contact

* Setting for Contact

* Length of Contact Minutes

Travel Time Minutes

Click Save and Close once you have entered all required data. In the Add/Edit Service for Billable Contact form, select MTCM. Then select values from the Select Service and Select Purpose pick lists and click Save and Close. These values will determine which data will be populated in the shaded area of the Contact Record.

ADD/EDIT SERVICE FOR BILLABLE CONTACT
X

Youth Name: Arnold, Doug

☒ MTCM
☐ RBHS

* Select Service:

Select

* Select Purpose:

Select

Service Unit: --

Unit Rate: --

Procedure Code: --

Notes: --

Limitations: --

Save and Close

Save

Cancel

Once Billable Contact information has been entered for a Contact/Service Note, it can be edited by using the Edit Billable button at the bottom of the Contact/Service Note screen.

Reason for Denial:

Name:
Title:
Date Denied:

Date will be populated upon denial of amendment

Save Denial

Delete Denial

Amendment Status:

There are no contact/Notes details present!

Edit Billable

Save

Save and Close

Cancel

Once a Contact/Service Note has been added to the Youth Record, the details will appear in a listing on the Contact/Service Note tab. From here, the note can be edited, deleted, or viewed/printed by clicking on the appropriate hyperlink. When

the Date Contact for a Contact /Service Note is greater than 7 days from the current date, the Contact /Service Note will no longer be editable. For example, if the Date Created is 7/23/16, the Contact/Service Note should stop being editable on 7/31/16. Only users with permissions to Edit Locked Contact Records or Edit Locked Billable Contact (Service Note) will be able to make edits after the Contact/Service Note is locked.

Contacts/Service Notes

Add

Date Created	Note ID	Contact Date	Contact Type	Contact Details	Billable Service Name	Actions Available
10/06/2016	72108	09/25/2016	Check-In			Edit Delete View/Print
10/06/2016	72107	09/05/2016	Check-In			Edit Delete View/Print

Summary Contact Report (Short) **Summary Contact Report (Long)**

The Contacts/Service Notes tab also enables users to search the notes by a number, word or phrase by using the Search Service Note field. The search will look for data contained in the following fields of the Contact/Service Notes: Contact Type, Contact Details, Date Created, Billable Service Name, Service Note ID, Person making Contact, Persons contacted and Others (when applicable), Follow up Steps, and Setting for Contact.

Selecting the Print hyperlink generates a Report on screen that details all information you entered for the Contact/Service Note.

A Summary Contact Report in short form generates a report with information about who made the contact, number of contacts made, and duration. A long form of Summary Contact Report generates information about the person contacted, number of times met, total time met, and type of contact.

DOCUMENTS

Certain documents may be important to a Youth and family. Fidelity^{EHR} allows Users with permission to upload documents to, and download documents from, a **Youth Record**. These documents are then available to other authorized Users with Permission. These documents can even be emailed from this tab as needed.

ADD DOCUMENTS

To add a document to the Youth Record select the Documents Tab. Click on the Choose File button and then browse your computer for the document you would like to upload. Once you've found it, select the document category from the Label pick list. Click upload and the file will be saved to the Youth Record.

Dashboard Youth Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents **Documents** Messages

Youth Name: Arnold, Doug
Case Number: --
Organization Name: 11 Fidelity EHR Demo Sandbox

Work Flow

Add Documents - (Maximum file size allowed is 5MB!)

Choose File | No file chosen

Select Label: select

Existing Documents

<input type="checkbox"/>	Name	Label	Date Added	Actions Available
<input checked="" type="checkbox"/>	ContactServiceShortSummary.pdf	Youth Report	11/08/2016	View Download Delete

Email Document

View supports the following file types: .pdf, Word (.doc, .docx) Excel (.xlsx, .xls) , .jpg, and .png. Other file types may not be supported by the view function.

EMAIL DOCUMENTS

Check the box next to the Document Name and then click the Email Document button.

<input type="checkbox"/>	Name	Label	Date Added	Actions Available
<input checked="" type="checkbox"/>	ContactServiceShortSummary.pdf	Youth Report	11/08/2016	View Download Delete

Email Document

This will open the Compose Email window where you will enter the email address(es), subject line, and a personalized message. Once you have entered that

information click on the Send Email button.

COMPOSE EMAIL X

From: Admin Admin(no-reply@fidelityehr.com)

To:

CC:

Subject:

Attached: [ContactSer...y.pdf](#)

Enter your message below:

MESSAGES

From the Messages Tab, Users can send messages to Team Members assigned to the Youth Record, including the Youth and Family Members.

To send a message, select the Messages Tab within the Youth Record. Select the name of the person you are sending the message to from the pick list. Type your message into the Enter Message field and then click the Send button.

Past Messages sent and received are shown in the Messages section at the bottom of the screen. Messages which have been read are in green text, and unread messages are in blue text.

Dashboard Youth Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Documents **Messages**

Youth Name: Arnold, Doug
Case Number: --
Organization Name: 11 Fidelity EHR Demo Sandbox

Select Team Member :

Enter Message :

Send **Clear**

Messages

Total Messages: 0
Unread Messages: 0

Green - Read messages. Blue - UnRead messages.

The message will display in the Team Members Messages. Once displayed, Users with permission can click on the message line to Reply, Edit, or Delete the message.

REPLY/EDIT/DELETE MESSAGE

X

☒ Reply

☐ Edit Message

☐ Delete Message

Enter Message:

Kate please give me a call today, thanks.

Enter Reply:

Send

Cancel

COMPOSE EMAIL

X

From:

Admin Admin(no-reply@fidelityehr.com)

To:

CC:

Subject:

Attached:

[Event Report.doc](#)

Enter your message below:

YOUTH RECORD REMINDERS

From the Message Tab you can also add or edit Youth Record Reminders by clicking the Youth Record Reminders button.

Dashboard Youth Family Team Assessments Plan Of Care Contacts/Service Notes Critical Incidents Documents **Messages**

Youth Name: Vick, Edward C. Case Number: CaseNumber1 Organization Name: 11 Fidelity EHR Demo Sandbox

Select Team Member : Select

Enter Message :

Send Clear

Messages

Total Messages: 0
Unread Messages: 0

Green - Read messages. Blue - UnRead messages.

[10/5/2016 3:50:48 PM] - [Phillips, Danielle --> Vedder, Edward] - Test message to Facilitator
[10/5/2016 2:44:02 PM] - [Vick, Janine --> Vedder, Edward] - Test

This will open the Add/Edit Youth Record Reminder screen, where you can see all Pending and Completed Reminders.

ADD/EDIT YOUTH RECORD REMINDER

Youth Name: Vick, Edward C.

Add New Reminder

Pending Reminders

No Reminders Found!

PendingReminder

Completed Reminders

No Reminders Found!

Completed Reminder

To Add a New Reminder, click the Add New Reminder button from the Add/Edit Youth Record Reminder screen.

ADD NEW YOUTH RECORD REMINDER

X

* Text to Display:

* Reminder Date:

* Reminder Leading:

Select

(How many days before Reminder Date to create Reminder?)

* Users Affected:

Select

Save and Close

Save

Cancel

Enter the text to display in the Reminder, select a Reminder Date, and select a Reminder Leading which indicates the time delay from the Reminder Date to when the Reminder is created. Then select the Users Affected by this Reminder which means which users will receive this Youth Record Reminder. Click on Save and Close to finalize the Reminder.

Youth Record Reminders are listed on the Users' Home Dashboard, on the Reminders Tab. Reminders can be filtered by category:

Dashboard

Reminders

Outputs

Clipboard

+

Add Items »

Change Settings »

My Reminders

Edit

Filter by Reminder Type:

✓ All

New Case Assignments

Assessment Reviews

Team Meetings

New Messages

Service Tasks

Strategy Tasks

Action Step Tasks

Signatures

FidelityEHR Reminders

Youth Reminders

Completed Reminders

Item Name	Youth Information	Due Date
Team Process	Austen, Kate DOB:	01/22/2016
Family Support	Austen, Kate DOB:	03/21/2016
School Outcomes	Austen, Kate DOB: 08/03/2002 Case No: 2016-KAUS	03/21/2016
Youth Support	Austen, Kate DOB: 08/03/2002 Case No: 2016-KAUS	03/26/2016
Community Outcomes	Bell, Paul J. DOB: 03/14/2001 Case No: PJB0101RVSD	04/09/2016
Community Outcomes	Robeson, James A. DOB: 01/18/2007 Case No: --	04/10/2016

PERMISSION BASED FEATURES

ASSIGNING A FACILITATOR TO A YOUTH RECORD

Not all Users have permission to assign a facilitator to a Youth Record. If you believe you need this permission, contact your Configuration Administrator.

Only one Facilitator can be assigned at a time to a Youth Record.

To assign a Facilitator to a Youth Record, from the Menu Navigation Bar select Enrollment -> Assign Facilitator.



You will be directed to the Assign Facilitator screen with all Youth in the configuration. Select the Youth Record by using the check boxes along the right side, then choose the Facilitator information at the bottom of the screen and click the Assign button.

Simon, Sara	Admin, Admin	10/18/2016	--	<input type="checkbox"/>
Smith, Matthew C.	Admin, Admin	08/17/2016	--	<input type="checkbox"/>
Tanks, Thomas	Vedder, Edward	11/03/2016	--	<input type="checkbox"/>
Test, Beracahtest	Admin, Admin	07/22/2016	--	<input type="checkbox"/>
Test, Responsive	Admin, Admin	10/05/2016	Facilitator, Amanda	<input type="checkbox"/>
Tihigijl, Admin	Admin, Admin	10/10/2016	--	<input type="checkbox"/>
Turner, Roosevelt	Bergerson, Kara	03/10/2016	Bell, Paul	<input type="checkbox"/>
Urioste, Domonique	Admin, Admin	03/10/2016	Hyde, Mary	<input type="checkbox"/>
Vick, Edward C.	Admin, Admin	02/27/2016	Hyde, Mark	<input type="checkbox"/>

Assign To Facilitator:

- * Select Role:
- * Select User:
- * Enter Start Date:

Assign

The Youth Status and Facilitator filters can help narrow the Youth and Facilitator list before making Assignments. You can work with All Youth, those with Pending status, or those with Enrolled status. The Facilitator filter will list all Facilitators for your configuration.

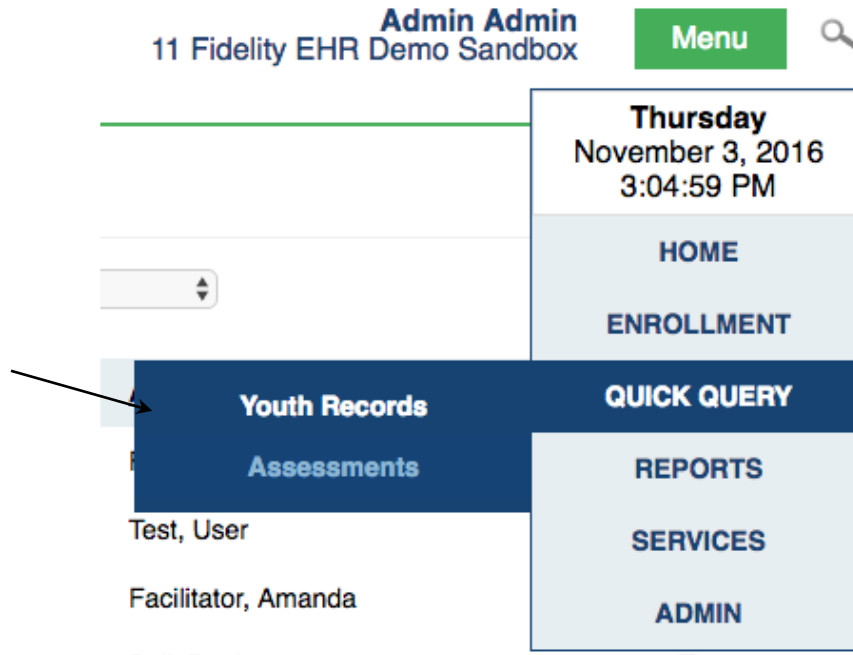
CHANGING A FACILITATOR FOR A YOUTH RECORD

If a Youth Record needs to be reassigned follow the same steps outlined above to select the Youth Record. After the box has been checked for the appropriate Youth Record, choose the Facilitator information at the bottom of the screen and enter the Start Date for the new Facilitator. You will get a message saying the Facilitator has been added to the Youth Record.

QUICK QUERY

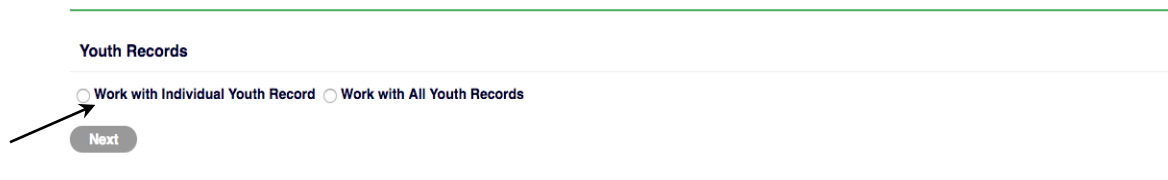
YOUTH RECORDS

With the appropriate permissions, the **Quick Query Youth Records** page can be used for exporting Youth Record data. To access this page from the Menu Navigation Bar select Quick Query, then select Youth Records from the sub-menu.



EXPORT INDIVIDUAL YOUTH RECORD DATA

To export Youth Record data for an *individual* Youth, select Work with Individual Youth Record and click next.



Enter the name of the Youth to generate Youth Record data for into the Name text field, in the format 'Last Name, First Name,' then click search to bring up a list of matching Youth. Note that the full name of the Youth does not have to be entered, provided the entered characters match with one or more Youth Records in the format 'Last Name, First Name.' Check the box to the left of the Youth to create Youth Record data for, then click 'Available Datasets' to bring up the different kinds of Youth Record data available for the selected Youth.

Youth Record - Work with an Individual Youth Record

1. Search for and Select Youth

	Last Name	First Name	Configuration	Case Number	Date of Birth	Gender	Enrolled Status
<input type="checkbox"/>	Franco	Vicky	02 Umatilla County Human Services		07/24/2006	Female	Enrolled
<input checked="" type="checkbox"/>	Vick	Edward	11 Fidelity EHR Demo Sandbox	CaseNumber1	10/10/2001	Male	Enrolled

2. Select Youth and then Available Datasets

Available Datasets

Dataset:

Content:

3. Select Dataset, Content and then Preview Output

Preview Output

Select which Dataset to create a Youth Record export of for the selected Youth from the Dataset picklist, then use the Content field to select whether to include numerical fields, text fields, or both kinds of fields in the output. Note that selecting different contents only affect some of the displayed fields, such as Gender. Others, such as First Name or Youth ID, will appear the same regardless of the Content field.

Click Preview Output to create a spreadsheet of the selected Youth Record data. The complete spreadsheet can be viewed here within the page. The Youth Record data can be downloaded to the local computer as an Excel file by clicking Save Output to File. The data can also be saved directly to the Youth Record by clicking Save Output to Youth Record. The Youth Record data can be found in the Documents tab of the Youth Record. Finally, the data can be emailed to any valid email address by clicking Email Report.

PREVIEW OUTPUT X

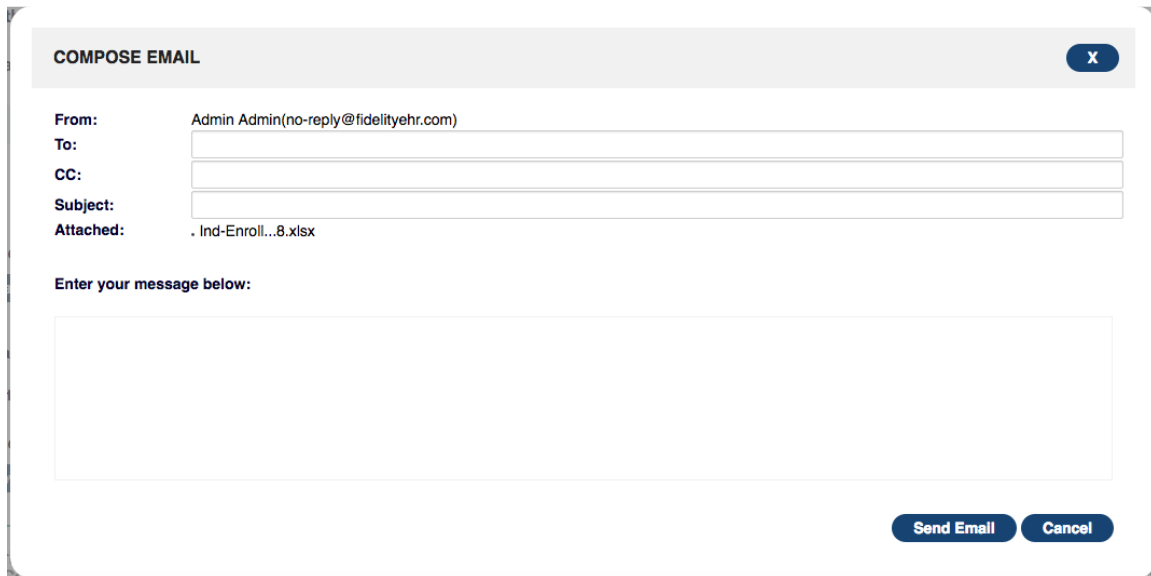
Dataset Name: Enrollment Data
Content: Text Values

Youth ID	Enrollment Status Start Date	Enrollment Status	Organization	Duration
54484	04/01/2016	Enrolled	11 Fidelity EHR Demo Sandbox	30 Weeks, 6 days

[Save Output to File](#)
[Save Output to Youth Record](#)
[Email Report](#)
[Close](#)

To email Youth Record data, enter a valid email to send the Youth Record data to into the 'To:' text field. Be sure that the email address is correct as the Youth Record data is sensitive. Email address can also be entered into the 'CC:' field. Enter a subject for the email and a message into the large lower text box so that the

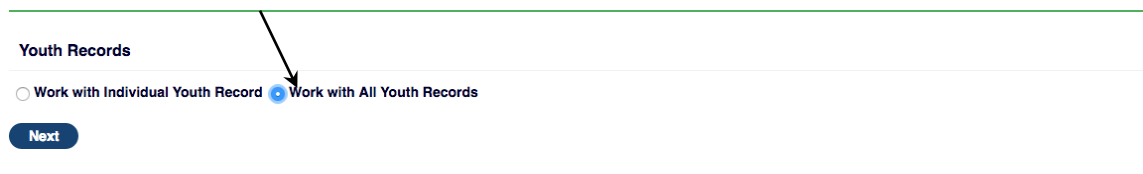
recipient can understand what they've been sent. When all the fields have been filled, click Send Email and the addresses entered will receive the created email with the Youth Record data attached.



A screenshot of a 'COMPOSE EMAIL' form. The form has a title bar with 'COMPOSE EMAIL' and a close button (X). Below the title bar, there are fields for 'From:', 'To:', 'CC:', 'Subject:', and 'Attached:'. The 'From:' field is pre-filled with 'Admin Admin(no-reply@fidelityehr.com)'. The 'Attached:' field shows a file named '. Ind-Enroll...8.xlsx'. Below these fields is a text area labeled 'Enter your message below:'. At the bottom right, there are two buttons: 'Send Email' and 'Cancel'.

EXPORT MULTIPLE YOUTH RECORD DATA

To export Youth Record data for *multiple* Youth, select Work with All Youth Records and click next.



A screenshot of a 'Youth Records' selection form. The form has a title bar with 'Youth Records'. Below the title bar, there are two radio buttons: 'Work with Individual Youth Record' and 'Work with All Youth Records'. The 'Work with All Youth Records' radio button is selected. Below the radio buttons is a 'Next' button. An arrow points to the 'Work with All Youth Records' radio button.

Youth Record - Work with All Youth Records

Select Dataset:

Youth Demographics (one record per youth):
☒ Basic ☐ Complete

Youth Details (multiple records per youth):
☐ Family Members ☐ Team Members
☐ Diagnoses ☐ Immunizations

Include:
☐ School ☐ Language and Insurance
☐ Custody ☐ Referral Data
☐ Health Data

Filter Dataset: ⓘ

Gender:

Race:

Age: From: To:

Enrollment Status:
☐ Discharge ☐ Not Enrolled ☐ Pending
☐ Enrolled

Organization:

Assigned Facilitator:

Date Range: From: To:

Select Youth: [All None](#)

- ☒ Arnold, Claire
- ☒ Arnold, Doug
- ☒ Austen, Kate
- ☒ Beaches, Bethany B.
- ☒ Bell, Paul J.
- ☒ Beracah, Test
- ☒ Bonds, Bobby
- ☒ Camden, Dorothy F.
- ☒ Case, Penny
- ☒ Clark, Kiley
- ☒ Fields, Harv E.
- ☒ Lee, Brandon
- ☒ Louis, Gerald

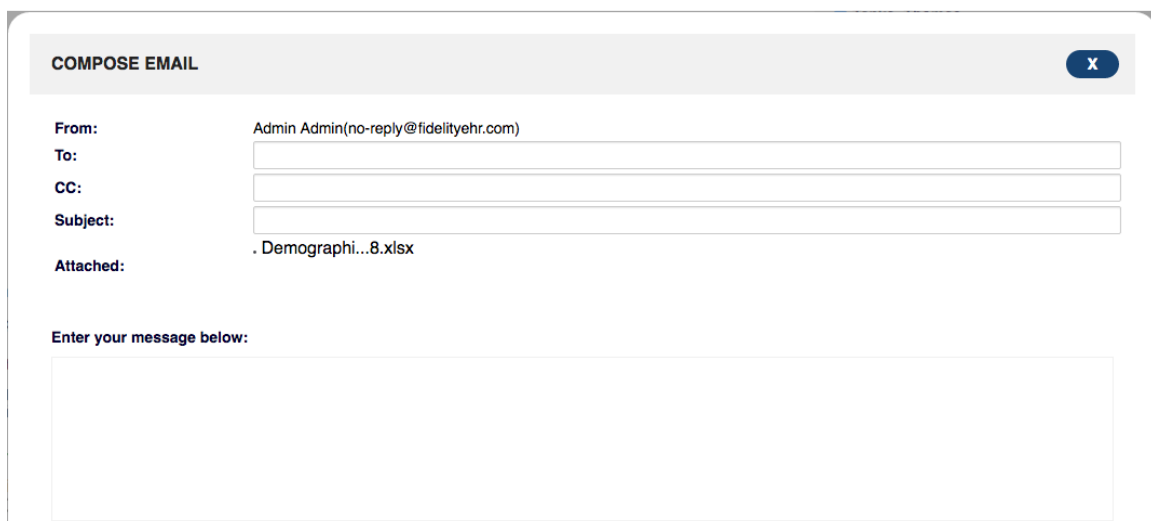
The Dataset can be filtered to only show the Youth Record data for specific Youth. Use Gender to filter for Youth who identify as male, female, or transgender, and Race to filter for the reported race of the Youth. To filter by age, enter the lower age into the 'From:' field and the upper age into the 'To:' field. This will filter the dataset for all the Youth whose ages that are between the upper and lower bounds, including the two entered ages. The Enrollment Status box filters the dataset for Youth whose Enrollment Status match those checked. Note that if no boxes are checked, then Youth with any Enrollment Status are included. Date Range filters for Youth with their Current Enrollment Status Start Date within the chosen range. Inactive Youth Records can be included or excluded from the Dataset by selecting either Yes or No in the Include Inactive Youth Records field. The default for Include Inactive Youth Records is No. Youth can also be selected or deselected individually from the filtered Dataset.

Once the Dataset has been filtered as desired, the Output Options can be set. Use the Scope field to choose whether to use the most current Youth Records in the output, or to select past dates to draw Youth Records from. Use the Content field to select whether to use numerical fields, text fields, or both kinds of fields in the output. Note that selecting different contents only affect some of the displayed fields, such as Gender. Others, such as First Name or Youth ID, will appear the same regardless of the Content field.

Click Preview Output to create the spreadsheet of the filtered Dataset. The output can be viewed within the browser and can also be downloaded to the local

computer through the Save Output to File button. The spreadsheet can also be sent to any valid email address using Email Report. The recipient of the email can download and view the file on their local computer.

Enter a valid email to send the Youth Record data to into the 'To:' text field. Be sure that the email address is correct as the Youth Record data is sensitive. Email addresses can also be entered into the 'CC:' field. Enter a subject for the email and a message into the large lower text box so that the recipient can understand what they've been sent. When all the fields have been filled, click Send Email and the addresses entered will receive the created email with the Youth Record data attached.



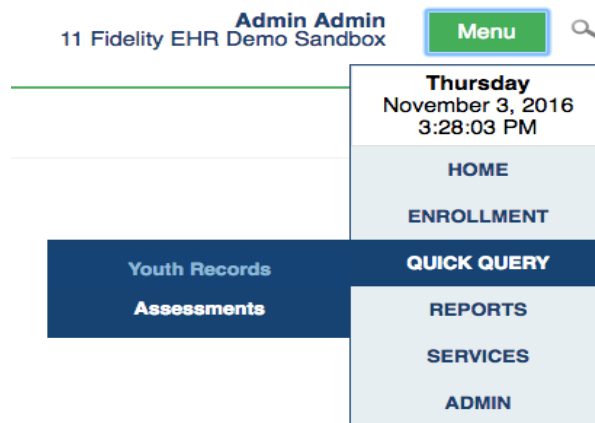
The screenshot shows a 'COMPOSE EMAIL' window with a title bar containing the text 'COMPOSE EMAIL' and a close button (X). The form includes the following fields:

- From:** Admin Admin(no-reply@fidelityehr.com)
- To:** [Empty text box]
- CC:** [Empty text box]
- Subject:** [Empty text box]
- Attached:** . Demographi...8.xlsx

Below the fields is a section labeled 'Enter your message below:' followed by a large, empty text area for the email body.

YOUTH ASSESSMENT DATA

The **Quick Query Assessments** page can be used for exporting any Youth Assessment data. To access this page from the Menu Navigation Bar select Quick Query, then click Assessments from the sub-menu.



EXPORT INDIVIDUAL YOUTH ASSESSMENT DATA

To export Assessment data for an *individual* Youth, select Work with Individual Youth Record and click Next.

Enter the name of the Youth to generate Youth Assessment data of into the Name text field, in the format 'Last Name, First Name,' then click search to bring up a list of matching Youth. Note that the full name of the Youth does not have to be entered, provided the entered characters match with one or more Youth Records in the format 'Last Name, First Name.' Check the box to the left of the Youth to create Youth Assessment data of, then click Available Datasets to bring up the different kinds of Youth Assessment data available for the selected Youth.

Assessments - Work with an Individual Youth Record

1. Search for and Select Youth

	Last Name	First Name	Configuration	Case Number	Date of Birth	Gender	Enrolled Status
<input type="checkbox"/>	Franco	Vicky	02 Umatilla County Human Services		07/24/2006	Female	Enrolled
<input checked="" type="checkbox"/>	Vick	Edward	11 Fidelity EHR Demo Sandbox	CaseNumber1	10/10/2001	Male	Enrolled

2. Select Youth and then Available Assessments

Available Assessments

* Assessment:

* Format:

* Scope:

* Content:

Include Facilitator Assigned ☒ Include Enrollment Status ☐

From: To:

Remove Identifying Information? ☒ ⓘ

3. Select Assessment, Scope, Format and Content and then Preview Output

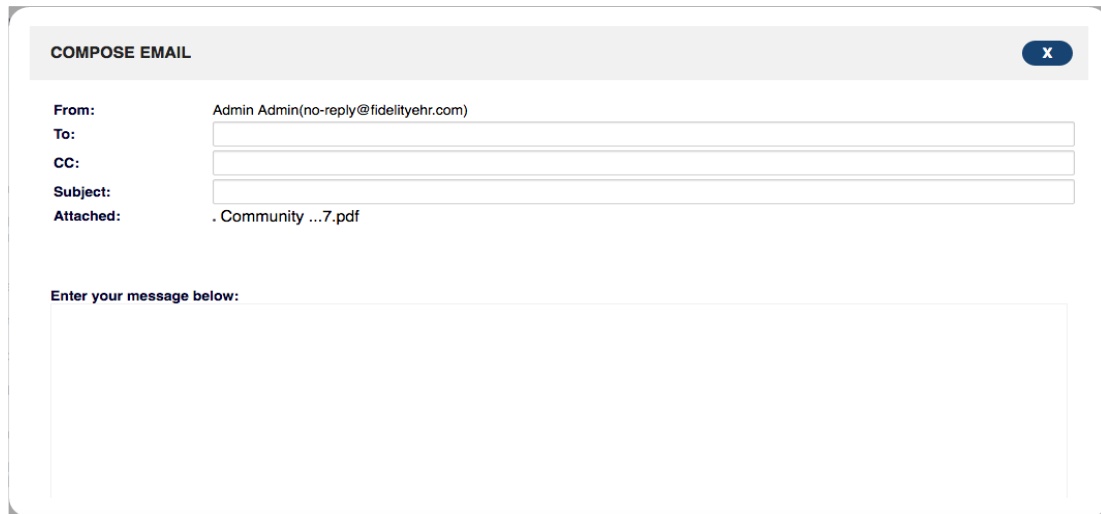
Preview Output

Select which Dataset to create an Assessment export of for the selected Youth from the Dataset picklist. Use the Scope field to filter which Assessments of the selected type are included in the output, using scopes such as All, Specific Dates, or First and Last. Select from the Format picklist whether to use a spreadsheet or a graphical report to present the selected Assessment data. Spreadsheet lists each Assessment as a row with each field as a column. Graphical report plots the Youth Assessment data onto an appropriate graph. If Graphical Report is chosen, the options Include Facilitator Assigned and Include Enrollment Status to append Facilitator or Enrollment Status data onto the graphical report output become available. Check Remove Identifying Information to take out Youth names and replace them with the Youth ID assigned to that Youth. Use the Content field to select whether to include numerical fields, text fields, or both kinds of fields in the spreadsheet format. Note that selecting different contents only affect some of the displayed fields, such as Gender. Others, such as First Name or Youth ID, will appear the same regardless of the Content field.

Click 'Preview Output' to create a spreadsheet of the selected Youth Data. The output can be viewed within the browser and can also be downloaded to the local computer through the Save Output to File button, or saved to the Documents tab of the Youth Record with Save Output to Youth Record. The spreadsheet can also be sent to any valid email address using Email Report. The recipient of the email can download and view the file on their local computer.

Enter a valid email to send the Youth Assessment data to into the 'To.' text field. Be sure that the email address is correct as the Youth Assessment data is sensitive.

Email address can also be entered into the 'CC:' field. Enter subject for the email and a message into the large lower text box so that the recipient can understand what they've been sent. When all the fields have been filled, click Send Email and the addresses entered will receive the created email with the Youth Assessment data attached.



COMPOSE EMAIL X

From: Admin Admin(no-reply@fidelityehr.com)

To:

CC:

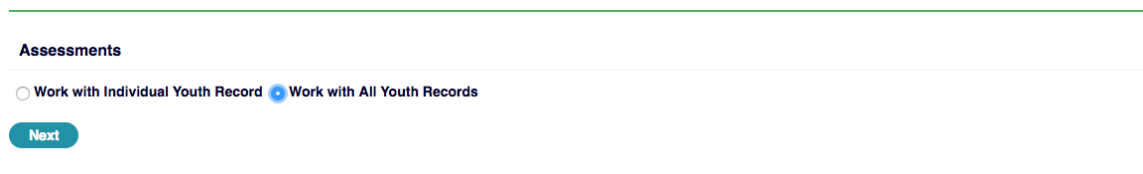
Subject:

Attached: . Community ...7.pdf

Enter your message below:

EXPORT MULTIPLE YOUTH ASSESSMENT DATA

To export Youth Assessment data for *multiple* Youth, select Work with All Youth Records and click Next.



Assessments

☐ Work with Individual Youth Record ☒ Work with All Youth Records

Next

Select which Assessment you would like to export Youth Assessment data for by first choosing the Type of assessment, such as Core or Licensed, then selecting the specific assessment of that type in the Assessment field.

Assessments - Work with All Youth Records

Select Assessment:

* Type: * Assessment:

Filter Dataset:

Gender:
 Race:
 Age: From: To:
 Enrollment Status: ☐ Discharge ☐ Not Enrolled ☐ Pending ☒ Enrolled
 Funding:
 Include Inactive Youth Records: ☐ Yes ☒ No

Select Youth: [All](#) [None](#)

- ☒ Austen, Kate
- ☒ Bell, Paul J.
- ☒ Bonds, Bobby
- ☒ Camden, Dorothy F.
- ☒ Lewis, Gerald

Number of Youth in Dataset: 7

[Refresh](#)

Output Options:

* Format:
 * Scope: From: To:
 * Content: Remove Identifying Information? ☒ [i](#)

[Preview Output](#)

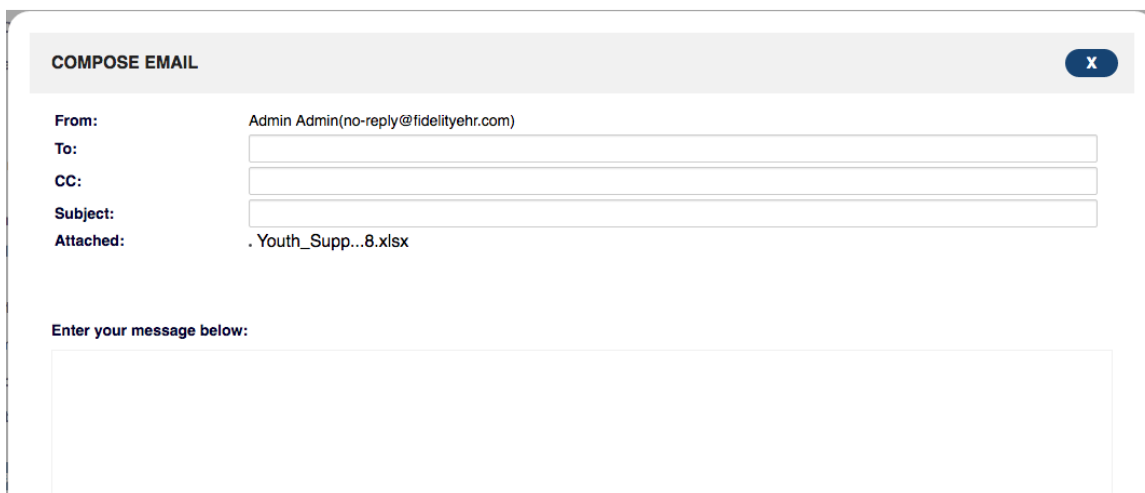
The Dataset can be filtered to only show the Youth Assessment data for specific Youth. Use Gender to filter for Youth who identify as male, female, or transgender, and Race to filter for the reported race of the Youth. To filter by age, enter the lower age into the 'From:' field and the upper age into the 'To:' field. This will filter the Dataset for all Youth whose ages are between the upper and lower bounds, including the two entered ages. The Enrollment Status box filters the Dataset for Youth whose Enrollment Status match those checked. Note that if no boxes are checked, then Youth with any Enrollment Status are included. Use the Funding picklist to filter the dataset for a specific funding type, such as discretionary funds. Inactive Youth Records can be included or excluded from the Dataset by selecting either Yes or No in the Include Inactive Youth Records field. The default for Include Inactive Youth Records is No. Finally, Youth in the Dataset can be manually excluded by clicking the box next to their name.

Once the Dataset has been filtered as desired, the Output Options can be set. Select from the Format picklist whether to use a Spreadsheet or a Graphical Report to present the selected Youth Assessment data. Spreadsheet lists each Assessment as a row with each field as a column. Graphical Report plots the Youth Assessment data onto an appropriate graph. Set Scope to determine which Assessments are used from the Dataset. Select All to include all Assessments, and select Specific Dates to use only the Assessments created from an entered date range, including the dates entered. Use the Content field to select whether to include numerical fields, text fields, or both kinds of fields in the output. Note that selecting different

contents only affect some of the displayed fields, such as Gender. Others, such as First Name or Youth ID, will appear the same regardless of the Content field. With the Graphical Report format, the Content field is automatically set to Numeric and Text Values. Check Remove Identifying Information to replace all the Youth names in the output with their assigned Youth ID.

Click Preview Output to create the output of the filtered Dataset. The output can be viewed within the browser and can also be downloaded to the local computer through the Save Output to File button. The spreadsheet can also be sent to any valid email address using Email Report. The recipient of the email can download and view the file on their local computer.

Enter a valid email to send the Youth Assessment data to into the 'To:' text field. Be sure that the email address is correct as the Youth Assessment data is sensitive. Email address can also be entered into the 'CC:' field. Enter subject for the email and a message into the large lower text box so that the recipient can understand what they've been sent. When all the fields have been filled, click Send Email and the addresses entered will receive the created email with the Youth Assessment data attached.



The screenshot shows a 'COMPOSE EMAIL' window with a title bar containing the text 'COMPOSE EMAIL' and a close button (X). The form includes the following fields:

- From:** Admin Admin(no-reply@fidelityehr.com)
- To:** [Empty text input field]
- CC:** [Empty text input field]
- Subject:** [Empty text input field]
- Attached:** . Youth_Supp...8.xlsx

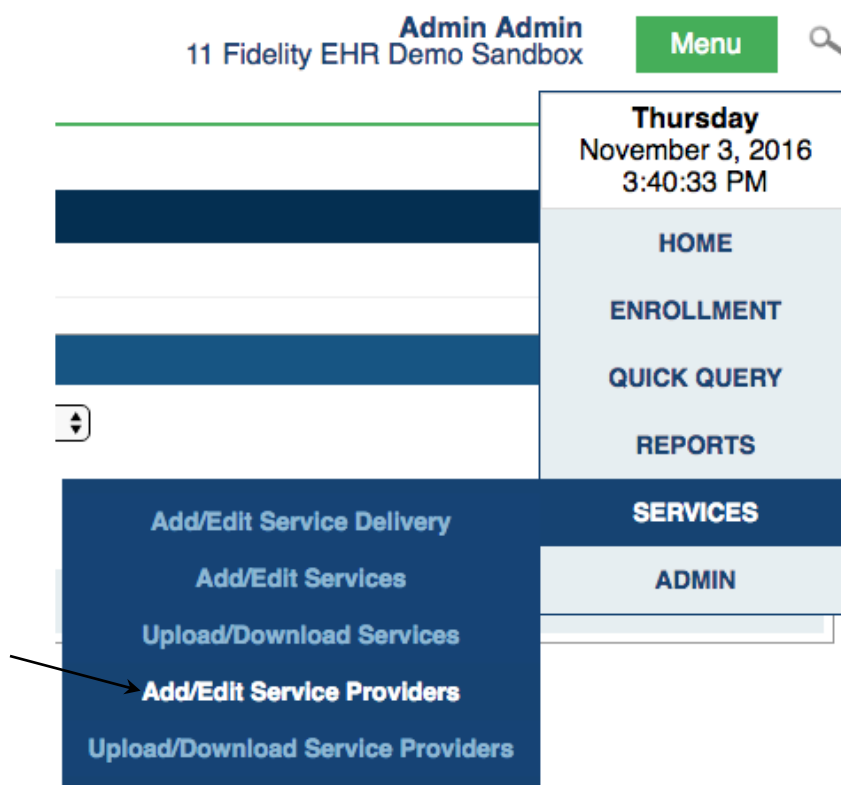
Below the fields is a section labeled 'Enter your message below:' followed by a large, empty text area for the email body.

ADDING OR EDITING A SERVICE AND SERVICE PROVIDER IN THE CONFIGURATION

With the appropriate permissions, the **Services** and **Service Providers** pages can be used for adding and editing information on services received by youth.

ADD NEW SERVICES

To access the Add/Edit Services page from the Menu Navigation Bar select Services-> Add/Edit Services.



You will be directed to a page showing all the Services that already exist in your configuration.

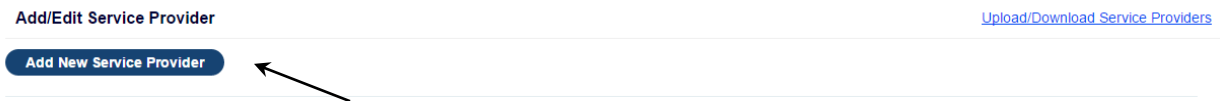
Add/Edit Service Provider [Upload/Download Service Providers](#)

Add New Service Provider

Code-Order	Provider Name	Street1	City	State	Zip Code	Web Site URL	Status
B12375ASF-01	Test Provider NO URL	102 Testville Rd.	Testville	VA	00002		Disabled
BQT204-01	Johns Hopkins	1801 Orleans St	Baltimore	MD	21287		Enabled
DXS581-01	Testing 348	456 Texas St	Rubio	TX	78956		Enabled
QBN714-01	Artist Studio	111 Earl Rd	Towson	MD	21286		Enabled
TYD933-01	Johns Hopkins	1800 Orleans St	Baltimore	MD	21287		Enabled

Select the **Provider Name** to Edit Provider Information. The **Website URL** (if available) will open in a new window.
Use the **Header Labels** to Sort Service Providers.

To add a new Service Provider, use the “Add Service Provider” button.



The first step to adding a new service provider is assigning a Provider Code. This must be a unique code. You may enter a code or choose to have the system randomly assign one for you.

ADD NEW SERVICE PROVIDER CODE: X


*** Please Enter a unique Service Provider Code:** [Verify Code](#)

A **Service Provider Code** can be any combination of letters and/or numbers, between 6 and 10 characters long. It must be unique for each **Service Provider**. All locations for this **Service Provider** will also use this **Service Provider Code**, and are added from the **Main Service Provider Page**. Different locations are identified using the **Order No**. If you are unsure of what to enter, you can use the button below to create a unique **Service Provider Code** automatically.

Generate Random Code Save and Continue Cancel

Next you will fill in all of the information regarding the new service provider in the form.

Add New Service Provider: (VQS864-01)

<p>* Service Provider Name: <input type="text"/></p> <p>* Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* State: <input type="text" value="Select"/></p> <p>* Zip Code: <input type="text" value="___-___"/></p> <p>Phone 1: <input type="text" value="() ___-___"/> <input type="text" value="Select"/></p> <p>Phone 2: <input type="text" value="() ___-___"/> <input type="text" value="Select"/></p> <p>Contact First Name / MI: <input type="text"/></p> <p>Contact Last Name: <input type="text"/></p> <p>Contact Email: <input type="text"/></p> <p>Accepts Email Referrals?: <input type="checkbox"/> Yes (email address required)</p> <p>Medical Assistance ID: <input type="text"/></p> <p>National Provider ID: <input type="text"/></p> <p>Capacity: <input type="text"/></p> <p>Locations: Add New Location </p>	<p>Website URL: <input type="text"/></p> <p>Service Area: (How is it defined?) <input type="text"/></p> <p>Keywords: <input type="text"/></p> <p>Process Notes: (How do you connect families with Provider?) <input type="text"/></p> <p>Notes: <input type="text"/></p>
---	---

Be sure to "Save" your work before exiting the page.

[Service Categories](#)
[Save and Exit](#)
[Save](#)
[Exit](#)


The new Service will now display in the top section of the page.

EDIT SERVICES

To edit an existing Service in your configuration, open the Menu Navigation Bar and select Services -> Add/Edit Services.

Admin Admin
11 Fidelity EHR Demo Sandbox

Menu

Thursday
November 3, 2016
3:45:58 PM

HOME

ENROLLMENT

QUICK QUERY

REPORTS

SERVICES

ADMIN

	Proc. Code	Rate Type
00	FSOPS	Standard
00	FSOYS	Standard
00	ILSB	Standard
00	RESPITE	Standard
00	CPST	Standard
00	CRISINT	Standard
00	CRISTAB	Standard
00	FFT	Standard

Add/Edit Service Delivery
Add/Edit Services
Upload/Download Services
Add/Edit Service Providers
Upload/Download Service Providers

You will be directed to a page showing all the Services that already exist in your configuration. Click on the blue Edit hyperlink next to the Service that you would like to edit.

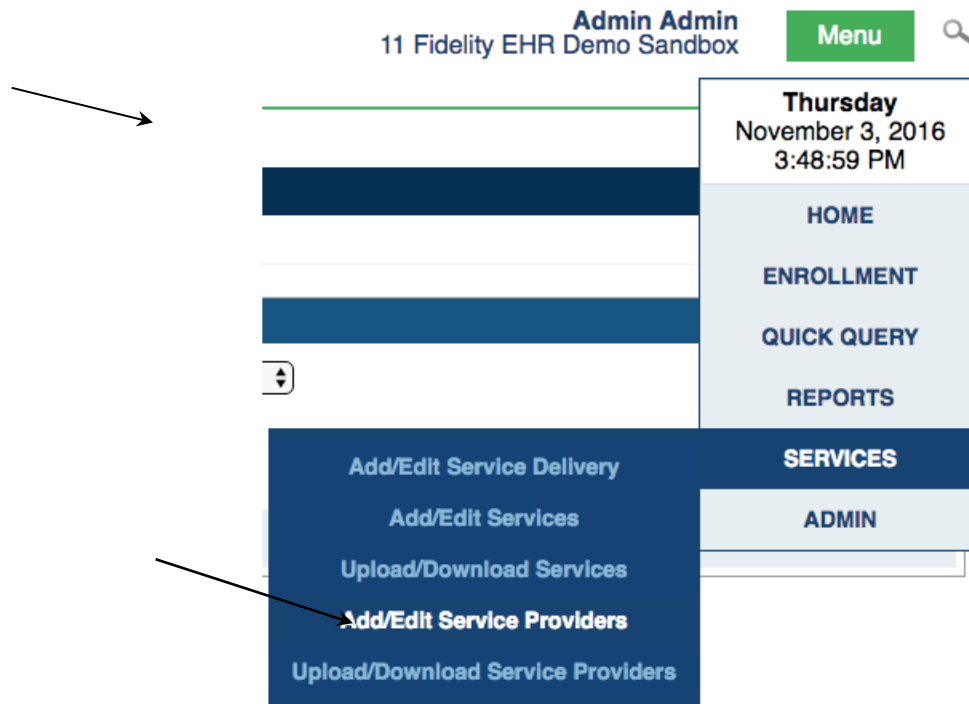
Add/Edit Services								Upload/Download Services	
Service Category	Service Code	Service Name	Mod	Unit	Rate	Proc. Code	Rate Type	Edit	Status
CSoC Waiver ..	FSOPS	Parent Support	HO	.25 Hours	\$ 50.00	FSOPS	Standard	Edit	Disable
CSoC Waiver ..	FSOYS	Youth Support	HO	.25 Hours	\$ 50.00	FSOYS	Standard	Edit	Disable
CSoC Waiver ..	ILSB	Independent ..	HO	.25 Hours	\$ 50.00	ILSB	Standard	Edit	Disable
CSoC Waiver ..	RESPITE	Short-Term R..	HO	.25 Hours	\$ 50.00	RESPITE	Standard	Edit	Disable
Non-Waiver S..	CPST	Community Ps..	HO	.25 Hours	\$ 50.00	CPST	Standard	Edit	Disable
Non-Waiver S..	CRISINT	Crisis Inter..	HO	.25 Hours	\$ 50.00	CRISINT	Standard	Edit	Disable
Non-Waiver S..	CRISTAB	Crisis Stabl..	HO	.25 Hours	\$ 50.00	CRISTAB	Standard	Edit	Disable
Non-Waiver S..	FFT	Functional F..	HO	.25 Hours	\$ 50.00	FFT	Standard	Edit	Disable

The information for the Service you have chosen to edit will now be shown at the bottom of the screen. Please note that you will not be able to edit the Service Code, but you can edit all the other fields. After you have finished making your edits, click Update and your changes will be saved.

You will be directed to a page showing all the Service Providers that already exist in your configuration. Click on the Add New Service Provider button.

EDIT SERVICE PROVIDERS

To edit an existing Service Provider in your configuration, open the Menu Navigation Bar and select Services -> Add/Edit Service Providers.



You will be directed to a page showing all the Service Providers that already exist in your configuration. Click on the Service Provider name of the provider you would like to edit.

[Add New Service Provider](#)

Code-Order	Provider Name	Street1	City	State	Zip Code	WebSite URL	Status
112558-01	Test2	111	333	AL	00001		Enabled
AAA555-01	Boys and Girls Club o...	9952 S Ashland	Chicago	IL	00006		Enabled
AGE419-01	Leonard Center	865 W North Avenue	Chicago	IL	60642		Enabled
AT72015-01	Amy Trainor	135 Union Street	Baltimore	MD	12345		Enabled
C72015-01	Judy Campbell	123 Charles Street	Baltimore	MD	12345		Enabled
DBC236-01	Test	123 Morgan St	Westmi...	MD	21157		Enabled
GLW930-01	Dr Nathan Drake	2115 W Chicago Ave	Chicago	IL	60622		Enabled
HSD708-01	Safe Space	166 N Ashland	Chicago	IL	60652		Enabled
o12232-01	Test2	111	333	AL	00001		Enabled
PNC215-01	Dr Lorraine Hunt	713 E 89th St	Chicago	IL	60619		Enabled

1 2 3

The Service Provider record will show on the screen and you can edit any of the fields. When you have finished making your edits click on Save and Exit.

ADDITIONAL PROVIDER LOCATIONS

When adding a new Service Provider or when editing an existing one, you have the capability to enter Additional Locations. The first location entered will always be the main Service Provider location in the system. To add an additional location from within the Service Provider record, click on the blue Add New Location hyperlink.

Enter all the required information for this location for the Service Provider. The only field that you cannot edit is Service Provider Name. If this location has the same National Provider Identifier (NPI), the system will display a message upon saving, indicating another Provider was found with the same NPI. This is just a notification; you are allowed to save the Providers additional location(s), even though this notification appears.

No. Address/Location:

Order #	Address		
01	456 Texas St, Rubio TX 78956	Edit	Delete

[Service Categories](#)[Save and Exit](#)[Save](#)[Exit](#)

When you are finished click on Save and Exit and you will return to the record for the main location of the provider. The additional location will now be shown at the bottom right of the Service Provider record.

Add/Edit Service Provider Location: (DXS581-02)

<p>* Service Provider Name: <input type="text" value="Testing 348"/></p> <p>* Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* State: <input type="text" value="Select"/></p> <p>* Zip Code: <input type="text" value="____-____"/></p> <p>Phone 1: <input type="text" value="() ____-____"/> <input type="text" value="Select"/></p> <p>Phone 2: <input type="text" value="() ____-____"/> <input type="text" value="Select"/></p> <p>Contact First Name / MI: <input type="text"/></p> <p>Contact Last Name: <input type="text"/></p> <p>Contact Email: <input type="text" value="amnr2004@yahoo.com"/></p> <p>Accepts Email Referrals?: <input checked="" type="checkbox"/> Yes (email address required)</p> <p>Medical Assistance ID: <input type="text"/></p> <p>National Provider ID: <input type="text"/></p> <p>Capacity: <input type="text" value="0"/></p> <p>Locations:</p>	<p>Website URL: <input type="text"/></p> <p>Service Area: (How is it defined?) <input type="text"/></p> <p>Keywords: <input type="text"/></p> <p>Process Notes: (How do you connect families with Provider?) <input type="text"/></p> <p>Notes: <input type="text"/></p>
---	--

No. Address/Location:	
Order #	Address
01	456 Texas St, Rubio TX 78956
	Edit Delete

APPENDIX A: TEAM WORKSHEET EXAMPLE

Team Meeting Worksheet

Youth Name: Edward C. Vick

Printed: 11/08/2016

Case No: CaseNumber1

Team Meeting Date: 11/08/2016

Next Team Meeting:

Youth Name(Last, First, M.I.) : Vick, Edward, C	
DOB : 10/10/2001	Enrollment date : 04/01/2016
Contact Information	
Address:	
Street1/Street2:	1450 Green Street, 2
City/State/Zip Code:	Baltimore, MD 12345
Phone Number(s):	(443) 222-2222
Parent/Guardian(s):	
Name(s):	Vick, Janine
Relationship:	Birth Mother
Contact Information (if different from youth): Yes	

Summary of Team Members

Name	Phone Number	Role	Invited	Attended
Bell, Paul	() -	Facilitator	<input type="checkbox"/>	<input type="checkbox"/>
Hyde, Mark	() -	Facilitator	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vedder, Edward	(516) 628-1542	Facilitator	<input type="checkbox"/>	<input type="checkbox"/>
Vick, Edward	(443) 222-2222	Youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vick, Janine	(443) 222-2222	Birth Mother	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Strategies (Services)

Funding	Category	Sub-Category	Outcome
---------	----------	--------------	---------

Family Support and Connections

<i>(0=Significant need for improvement; 1=Need for improvement; 2=Strength; 3=Significant strength; 999=Missing or Not Given; x=Not Rated)</i>				
Family connections	Previous Rating:	Strength	New Rating:	
Friend connections	Previous Rating:	Strength	New Rating:	
School/work connections	Previous Rating:	Strength	New Rating:	

Report Date : 11/08/2016

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Page 1 of 5

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Team Meeting Worksheet

Youth Name: Edward C. Vick

Printed: 11/08/2016

Case No: CaseNumber1

Community connections	Previous Rating:	Strength	New Rating:	
Service connections	Previous Rating:	Strength	New Rating:	
Case Notes				

Youth Support and Connections				
(0=Significant need for improvement; 1=Need for improvement; 2=Strength; 3=Significant strength; 999=Missing or Not Given; x=Not Rated)				
Family connections	Previous Rating:	Strength	New Rating:	
Friend connections	Previous Rating:	Strength	New Rating:	
School/work connections	Previous Rating:	Strength	New Rating:	
Community connections	Previous Rating:	Strength	New Rating:	
Service connections	Previous Rating:	Strength	New Rating:	
Case Notes				

Meeting Notes	
Meeting Notes	

School Outcomes			
Number of days in current assessment period:	30		
Number of Active School days:	25		
Number of days Youth attended:	25		

Report Date : 11/08/2016

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Page 2 of 5

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Team Meeting Worksheet

Printed: 11/08/2016

Youth Name: Edward C. Vick

Case No: CaseNumber1

<small>(0=Significant problems: Failing all classes or making no progress; 1=Some problems: Failing some classes or making little progress; 2=Some success: Passing all classes or making expected progress; 3=Significant success: Doing well in all classes or exceeding expectations for progress; 999=Missing or Not Given; x=Not Rated)</small>				
Current Success in School	Previous Rating:	Some success	New Rating:	
Disciplinary Events <small>(0=Suspension; 1=Expulsion; 2=Other ; 999=Missing or Not Given)</small>				
Case Notes				

Community Outcomes				
Number of days in current assessment period:		0		
<small>(Considering this time period, overall, does the youth have difficulties in emotions, concentration, behavior, or getting along with others? 0=No; 1=Yes, minor difficulties; 2=Yes, definite difficulties; 3=Yes, severe difficulties; 999=Missing or Not Given; x=Not Rated)</small>				
Overall community functioning	Previous Rating:	Yes, definite difficulties	New Rating:	
<small>For the following questions, please use this scale: (0=Not at all; 1=A little; 2=A medium amount; 3=A great deal; 999=Missing or Not Given; x=Not Rated)</small>				
Do the difficulties interfere with the youth's home life?	Previous Rating:	A medium amount	New Rating:	
Do the difficulties interfere with the youth's classroom learning?	Previous Rating:	A medium amount	New Rating:	
Do the difficulties interfere with the youth's friendships?	Previous Rating:	A medium amount	New Rating:	
Do the difficulties interfere with the youth's leisure time or things she or he does for fun?	Previous Rating:	A medium amount	New Rating:	
Juvenile Justice Contact <small>(0=Arrest; 1=Detention; 2=Other ; 999=Missing or Not Given)</small>				
Case Notes				

Report Date : 11/08/2016

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Page 3 of 5

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Team Meeting Worksheet

Youth Name: Edward C. Vick

Printed: 11/08/2016

Case No: CaseNumber1

Family Satisfaction				
(0=Very dissatisfied; 1=Dissatisfied; 2=Satisfied; 3=Very satisfied; 999=Missing or Not Given; x=Not Rated)				
Overall, how satisfied are you with the services you have received?	Previous Rating:	Neither Satisfied nor Dissatisfied	New Rating:	
Overall, how satisfied are you with the progress you have been making?	Previous Rating:	Neither Satisfied nor Dissatisfied	New Rating:	
Case Notes				

Team Process				
(0=Significant need for improvement; 1=Need for improvement; 2=Strength; 3=Significant strength; 999=Missing or Not Given; x=Not Rated)				
Our team includes the right people	Previous Rating:	Strength	New Rating:	
Our team has a shared understanding of the family's story and vision for the future?	Previous Rating:	Strength	New Rating:	
Our team agrees about what we are working on together	Previous Rating:	Strength	New Rating:	
Our team checks to make sure our actions are producing results	Previous Rating:	Strength	New Rating:	
Our team recognizes the youth and family as key decision-makers	Previous Rating:	Strength	New Rating:	
Our team works to connect the youth and family to people, resources and places they may find helpful in the future	Previous Rating:	Strength	New Rating:	
Our team continually changes what we are doing if it's not working	Previous Rating:	Strength	New Rating:	
Case Notes				

Report Date : 11/08/2016

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Page 4 of 5

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