

# **KIS Users Group**

August 2007



WELCOME



# Current Special Projects

- Clinical Records
- Outcome Survey Data Entry Modifications (CR)
- Modifications to Survey Call List
- Statewide Unique Client ID
- Joint Screening, Referral and Case Management System with other State Providers (DMH, Voc Rehab, etc.)
- Various KIS Modifications / Enhancements
- STAR-SI Evaluation System
- State Performance Measures
- ORS Data Submission
- Completing the Transition to KIS Enterprise
- Data Improvements (through Julie's QC efforts)
- Report Improvements
- Interface GAIN with KIS
- National Outcomes

# **Julie Grubbs, Quality Control**

- Process uploads (KIS and MISLoad)
- Help you with error corrections
- Answer Your MIS questions
- Coordinate these meetings
- Provide quality control of data
- Provide some TA and training

# Survey Call List Modifications

## Exclude

- Clients 0 to 11.99 years of age
- Records without a clinical service after assessment
- Discharges linked to completed survey
- Clients who died during treatment
- Transfers (until full data collected)

## Base Report on

- Current Date
- Time Range (Use 70 to 110 days)

## Remove

- Intake Control #
- Intake Date
- Discharge Control #

## Add

- Date of Birth
- Date range to contact (based on range [70 to 110])
- Indicators for
  - Gambling Client Y/N
  - AOD Client Y/N
  - Primary Physician Y/N
  - Alcohol Dependence Y/N
- Alternate Contact\* (Name & Phone)
- Notes

\*Only to obtain help to contact client

NOTE: COSIG = 6-month surveys

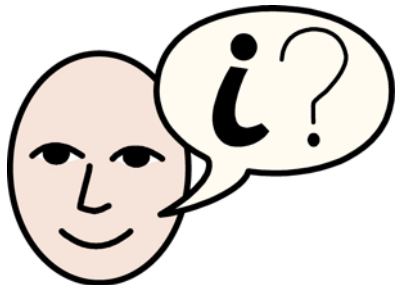
# MIS Changes - Examples

- Add indicator on services for type of evidence-based program
  - Motivational Enhancement Therapy (MET)
  - Cognitive Behavioral Therapy (CBT)
  - The Matrix Model (TMM)
- Add “Stop entries from being reported to state” on service code table
- Yes/No Questions will have a Yes and a No indicator
- Submit NPI #s to DAODAS
- Submit PCRf RU to DAODAS
- Date of First Contact Issues
- Full Discharge and Admission for Transfers
- Additional Unknown / Refused/ Not Collected indicators
- New questions for performance measures (mostly more detailed client satisfaction questions)

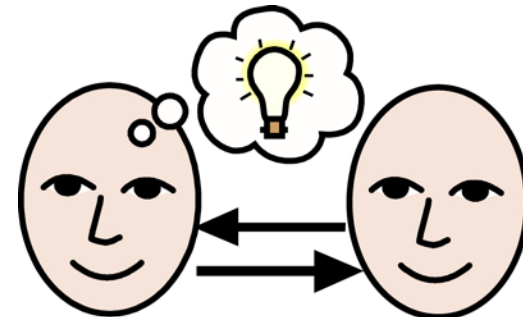


# KIS Users Group

August 2007



Obtain Information



Share Ideas

# User Group Evaluations

- ◆ Evaluations were distributed via email
  - Comments
    - ◆ Don't break for lunch
    - ◆ Handouts are helpful
    - ◆ Meeting quarterly helps keep staff informed
    - ◆ Meeting with peers is helpful for idea sharing





# 1<sup>st</sup> Round KIS Changes

- ◆ Require that GEF be completed for all gambling clients at Discharge and Follow-Up
- ◆ Prohibit 2 DRDLs for the same client on the same date from being submitted to the State
- ◆ Increase Axis 1 Diagnosis from 2-4
- ◆ Add Evidence Based Practice to DCSL
- ◆ Add Billable Time field to DCSL along with Place of Service and Start Time

# Security Templates

- ◆ Enhancement to Import/Export
- ◆ Useful for hiding fields that only a few staff should access such as SSNs on Staff Records or Send to the State

Continued 

# Security Templates

Operator Information/Security Template

Add a new record “+”

Name the record – be very specific so that you will know exactly what you have set up

Select View detail record

Step through the module to put the limitation on the exact area you are trying to limit.

Continued 

# Security Templates

Example: To set it up to where you can hide the Staff tab in Client Maintenance

Module: Client Services

Form: FrmCSMain

Tabstrip1: 7 – Staff

Check **Hide**

After you have set up the template, you **MUST** “Compile Security Template” in order for the template to be saved. You will need to compile each time you make any changes. Next, add the template to each Operator. Under Operator, select view security assignment. Link the security template then Compile Security Template again. You will need to compile for each individual that you add it to or whenever you make any changes.

Continued 

# Hide Staff Tab

The screenshot displays the 'KIS For Windows Version 2 - [Add/Change Operators]' application window. The interface includes a menu bar (File, Module, System, Window, Help, Messages) and a toolbar. The main window is titled 'Client Services' and 'SC Sample Db'. The 'Operators' tab is active, showing details for 'Carol Hammond'.

**Operator Records**

Full Name	Carol Hammond
Login Name	chammond
Initials	CH
Control #	2

**Assignments**

- Preferences
- Module Clearance Flags
- Module Read Only Flags
- System Operator Module Flags
- Activity
- Tx Plan Overrides

**Security Template Assignments**

Workstation ID	Linked Security Template
<all>	Hide Staff Tab

**Datasets**

- View Security Assignments
- Posting**
  - Print Compiled Security (this operator)
  - Print Compiled Security (All)
- Action**
  - Generate/Regenerate Workstation ID
  - Compile Security Templates
- Filters**
  - Operator: <nothing>
  - Description: <nothing>
  - Control #: <nothing>

# CAP/CR

- ◆ Received Presentation
- ◆ Set-Up CAP
- ◆ Progress from Anne
- ◆ Questions

# NPI Number

- ◆ Each agency only needs one (1) NPI Number
- ◆ Will be submitted to KIS-E

Continued 

# Using NPI for Medicaid Billing

There is a new configuration parameter in Module Parameters. In the Client Services / Accounts Receivable section and Configuration sub-section, the parameter is titled "Use NPI in Medicaid billing files? By default, this parameter will be set to true for SC users, this parameter was being set to true programmatically. So, if you keep this parameter checked there is no change in your Medicaid submission file (HIPAA format).



# CMS 1500 Insurance Forms

You can now print the CMS-1500, Health Insurance Claim Form, from KIS. This form will replace the HCFA 1500 Form. To print the form, go to Client Services | Period End | Insurance (tab) | Pending or History. Use the Posting link "Print CMS 1500 Insurance Forms".

Continued 

## Differences: HCFA 1500 and CMS 1500

- ◆ The Type of Service column, field 24.C has been removed. This column is now labeled EMG, which we do not fill in.
- ◆ The column for "Rendering Provider ID. # ", field 24.J has been added. This field consists of two parts, the providers NPI and the shaded part for the provider's PIN. The NPI part will print the "National Provider ID" field from the Staff record. In the shaded area is printed one of the following PINs: Medicare, Medicaid, the PIN associated with the insurance company, or the provider's social security number. (This will also print in 33.B.)
- ◆ In field 33, the printing has changed to align the phone number at the top of the box.
- ◆ The NPI from the company record will print in 33.A. This comes from the "National Provider Number" field in the company record.
- ◆ The Insured's Date of Birth was realigned in field 11.A.
- ◆ The original HCFA 1500 is still available with no changes.

# ITP/Assessment

**020 Assessment** The interview during which an evaluation of an individual's strengths, problems, and needs is conducted to determine if the individual is to be admitted for services. Initial treatment plans are developed during the assessment. Assessment updates can occur anytime that it is clinically warranted. Relapses and changes in level of care are examples that would indicate that an update may be needed. Treatment plan reviews and changes can be done during assessment, individual or group counseling but designated as assessment update. Treatment plan development, modification or reviews should be billed as assessment. **Make Sure assessment is ordered on the Treatment plan as PRN. Assessment updates should not exceed the maximum units per day.** This definition is for MIS purposes and is not to be used to replace the definition in the Medicaid Alcohol and Drug Rehabilitation Services Manual.

PCRF Y

CLIENT # Y

ADMISSION N

# Service Codes

- 025 Mid Treatment Assessment
- 031 Behavioral Health Counseling and Therapy for COD
- 061 Group Counseling for COD
- 295 Intensive Outpatient Treatment for COD
- 413 Successful Completion with Waiver Due to Previous Treatment (ADSAP)



# Referral Codes

642 Prevention Referral (I)

643 HIV Prevention Referral (I)

# Job Function Codes

068 Director of Adult Services

088 UR Coordinator

093 CJ Programs Coordinator

# Presenting Problem/Type Problem

08 Methylphenidate (Ritalin)

# Reports

## Reporting Unit/ Level of Care Mismatch for Admission & Discharge

### CSC Service Sub-Service

### Description

### LOC

### Description

#### *Outpatient*

OP	Outpatient	01	Early Intervention
OP	Outpatient	02	Outpatient Services

#### *Intensive In-Home Services*

II	Intensive In-Home	04	Intensive In-Home Services
----	-------------------	----	----------------------------

#### *Intensive Outpatient*

IO	Intensive Outpatient	06	Intensive Outpatient
----	----------------------	----	----------------------

#### *Day Treatment*

DY	Day Treatment	07	Day Treatment
----	---------------	----	---------------

#### *Detox*

DT	Detox	05	Ambulatory Detox without Monitoring
DT	Detox	08	Ambulatory Detox with Monitoring
DT	Detox	10	Clinically Managed Residential Detox
DT	Detox	13	Medically Monitored Inpatient Detox

#### *Residential*

RE	Residential	09	Clinically Managed Low Intensity Residential
RE	Residential	11	Clinically Managed High Intensity Residential
RE	Residential	12	Medically Monitored Intensive Inpatient

**Continued** 





# Reports

## ◆ Missing Discharges

- Discharge has been entered in your system but not submitted to DAODAS (no submission batch number)
- Discharge has been entered in your system but is linked to the wrong Admission leaving the correct Admission without a Discharge
- Discharge has been entered in your system and appears to have been submitted to DAODAS (submission batch number indicated) but State Flag or Pending Flag may have been cleared and record wasn't actually submitted

## ◆ Batch Report



# KIS Errors

- ◆ 32000-The Client assigned to this form and it's linked admission are not the same. Please correct this problem, then try the save again. (Field= Before Update)-Most likely this is a merged client in your system but not in KIS-E. Contact us to merge client in KIS-E.
- ◆ Staff Person does not exist (Field= Staff Person Assigned Control # )-Most likely KIS has another control # for the Staff Person. Contact us to hide the incorrect Staff Record.

Continued 

# KIS Errors

- ◆ Couldn't find the following transfer admission record: control # (Field= Service Import)-KIS-E does not have the Transfer Admission that is linked to the DCSL(s). Mark the Send to State Flag on the Transfer Admission. Then either reselect State records, Build the Submission file and resubmit to KIS-E or remove DCSL(s) until the following week.
- ◆ Date of service must be equal to or greater than date of intake – Either the service date is prior to the intake date or the intake date in KIS-E is incorrect.

# Contract Objectives 1 & 2

## ◆ Beta Sites Testing Complete

### – Issues

- ◆ Holidays included – we will ask for Knight to exclude New Year's, July 4<sup>th</sup>, 2 days for Thanksgiving and 2 days for Christmas
- ◆ Exclude clients that are out of the date range
- ◆ Requesting exclusion of all Level .5 Early Intervention Services
- ◆ Add Option to Expected Entry Point if Intervention Program 1-4 then question: Will primary services be level .5 Education/Alternative Services? If yes exclude from CO 1 & 2

Continued 

# Contract Objectives 1 & 2

**Parameters Entry**

Please enter the period START date for this report:

Please enter the period ENDING date for this report:

**Reports Printed**

- Assessment within two days of intake?
- Clinical Service (Non-ADSAP) within 5 days of Last Assessment?
- Proportion of Clients with sustained reduction use? - DO NOT USE
- Increase in number of clients employed or in school compared to first service? - DO NOT USE
- Number of clients with increase in stable housing at last service date? - DO NOT USE
- Reduction in number of arrests in past 30 days at last service date? - DO NOT USE
- Proportion of clients participating in voluntary recovery? - DO NOT USE
- Proportion of clients participating that indicated they were satisfied with recovery? - DO NOT USE

**Print Options**

- Summary?
- Detail?
- Detail - Matched?
- Detail - Unmatched?

Reporting Unit to search on:

Grouping to search on:

Center to search on:

Location to search on:

Category to search on:

Program to search on:

Sub Program to search on:

Service to search on:

Sub Service to search on:

Service Focus to search on:

Facility to search on:

- Leave Saturdays and Sundays out of date calculations?
- Report on Dominant Program?
- When applicable, track from Admission to Discharge?
- When applicable, track from Admission to Follow-up?

