Table of Contents

Meet Bill and Don .................................................................................................................. 7
Recommended Browsers ........................................................................................................ 7
System-wide Features ......................................................................................................... 8
Icon Legend .......................................................................................................................... 9
Alerts, Dashboards & Widgets ............................................................................................. 9
  Alerts .................................................................................................................................. 9
  Dashboards ....................................................................................................................... 10
    CSN Dashboard ............................................................................................................... 10
    Client Dashboard (Service Coordination Dashboard) ..................................................... 10
    Claims Dashboard ......................................................................................................... 10
    CEO Dashboard ............................................................................................................ 10
    Other Dashboards ........................................................................................................ 10
    Resetting A Dashboard ................................................................................................. 10
Widgets .................................................................................................................................. 11
  Adding A Widget ............................................................................................................... 11
  Removing A Widget ......................................................................................................... 11
  Resizing A Widget ........................................................................................................... 11
  Moving A Widget ............................................................................................................ 12
  Types of Widgets ............................................................................................................ 12
Security/Access/Administration ............................................................................................ 14
  FAQ’s on the Multi Party (CSN) Release ........................................................................ 16
  Administration Features ................................................................................................ 17
  Registering a New Account ............................................................................................. 18
User Profile ........................................................................................................................... 20
  User Profile Details ......................................................................................................... 21
  User Roles ....................................................................................................................... 21
  Ending a User’s Entity Access ....................................................................................... 23
  Ending a User’s Overall System Access ....................................................................... 23
Entity Profile ......................................................................................................................... 24
  Entity Profile Details ....................................................................................................... 24
  Making an Entity Inactive ............................................................................................. 25
  Entity Associations ......................................................................................................... 26
Provider Entities .................................................................................................................... 28
  Provider Role Dashboard ............................................................................................... 29
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generating Surveys</td>
<td>131</td>
</tr>
<tr>
<td>Entering a Satisfaction Survey</td>
<td>132</td>
</tr>
<tr>
<td>Satisfaction Survey Reports</td>
<td>133</td>
</tr>
<tr>
<td>Justice Involved Services</td>
<td>133</td>
</tr>
<tr>
<td>Role Information</td>
<td>133</td>
</tr>
<tr>
<td>Searching Clients</td>
<td>134</td>
</tr>
<tr>
<td>Adding Clients to the system</td>
<td>134</td>
</tr>
<tr>
<td>Criminal Justice Information System (CJIS) Data Exchange</td>
<td>135</td>
</tr>
<tr>
<td>Region Serving Dropdown</td>
<td>136</td>
</tr>
<tr>
<td>Information not populated</td>
<td>136</td>
</tr>
<tr>
<td>Multiple Open Arrest Records</td>
<td>136</td>
</tr>
<tr>
<td>Expungements/Deferments</td>
<td>136</td>
</tr>
<tr>
<td>Alerts</td>
<td>137</td>
</tr>
<tr>
<td>Adding An Arrest Manually</td>
<td>137</td>
</tr>
<tr>
<td>Screens and Assessments</td>
<td>140</td>
</tr>
<tr>
<td>Referrals</td>
<td>141</td>
</tr>
<tr>
<td>Risk Factors</td>
<td>142</td>
</tr>
<tr>
<td>Treatment Connections</td>
<td>143</td>
</tr>
<tr>
<td>Progress Goals</td>
<td>143</td>
</tr>
<tr>
<td>Checklists</td>
<td>144</td>
</tr>
<tr>
<td>Service Collaboration Tool</td>
<td>146</td>
</tr>
<tr>
<td>Adding A Service Collaboration Record</td>
<td>146</td>
</tr>
<tr>
<td>Submitting A Pledge</td>
<td>147</td>
</tr>
<tr>
<td>Completing the Service Collaboration</td>
<td>147</td>
</tr>
<tr>
<td>Claims</td>
<td>148</td>
</tr>
<tr>
<td>History</td>
<td>148</td>
</tr>
<tr>
<td>Entry</td>
<td>149</td>
</tr>
<tr>
<td>Individual Entry</td>
<td>149</td>
</tr>
<tr>
<td>Batch Entry</td>
<td>151</td>
</tr>
<tr>
<td>eClaim</td>
<td>151</td>
</tr>
<tr>
<td>837 Process/Electronic Billing</td>
<td>152</td>
</tr>
<tr>
<td>Review</td>
<td>152</td>
</tr>
<tr>
<td>Views</td>
<td>152</td>
</tr>
<tr>
<td>Co-Pays</td>
<td>154</td>
</tr>
<tr>
<td>Reimbursement Detail</td>
<td>154</td>
</tr>
</tbody>
</table>
Meet Bill and Don

Bill and Don are here to help users with best practices and protocol in CSN 3.0. You will see them make an appearance throughout this manual.

Bill and Don are very opposite CSN users.

Bill is the model CSN user and follows best practices and protocols. He recognizes that CSN can be used as a tool for the whole state to work together to best serve the citizens of Iowa. **Be like Bill.**

Don is inconsiderate and not a team player. He doesn’t follow best practices and protocol and makes it difficult for other users and staff. It’s a wonder Don still has his job. **Don’t be like Don.**

Recommended Browsers

It is highly recommended that users use Google Chrome, or Mozilla Firefox browsers. Microsoft’s Internet Explorer is not recommended to use with CSN to avoid issues. **Note: Internet Explorer 11 or higher have shown no issues with CSN**
System-wide Features

- Users can change their own information (like an email address/name/username) as they wish.
- Dashboards show customizable high-level data that the user sets for each section under the top navigation bar.
- All screens that have grids are filterable by selecting the arrows icon next to the grid headers. A grid header is sorted by that field when the icon changes to an arrow with sort lines.
- Any grid header underlined by a blue dashed line are searchable via the grid search box. **Example:** Parent Provider, Parent Provider Address, Managing Entity are all searchable. Active field is not searchable.

![Search](search.png)

- Any field name that is colored red, requires data to be entered prior to the system accepting the addition or update. Field names that are colored black does not require data to be entered prior to the system accepting the addition or update. **Example:** County and Start Date are required in this instance, but End Date is not required.

![Record](record.png)

- When a record is created, or updated, a green notification box will appear in the top right-hand corner of the page verifying the information was successfully accepted by the system.

![Successful](successful.png)

- When a record is not able to be created or updated then red error boxes will appear in the top center of the screen explaining what the errors are.

![Error](error.png)

- The client area is broken into sections. Most sections (when clicked) will have a white down arrow beside the header. Clicking the white down arrow will supply supporting notes and supporting documents for that specific section. **Example:** Education & Employment section may have paystubs, benefit documents, or notes about client waiver eligibility.

![Client](client.png)
• In most areas, you can view who changed a specific field on the page by clicking the blue entity link under “Modified By” to view the audit log.

**Example:** You can see that Brandi changed Child-In-Household field from null (if you see “”, that means nothing was in the field) to 3. She also changed MHDD-Number-In-Household from 1 to 2 with the date and time.

![Audit Log](image)

• Anywhere a user is shown in blue with a chat icon beside it (worker, created by, modified by, etc), you can click on the user and send an in-system message to that user.

![Created By](image)

---

**Icon Legend**

CSN has difference functionality based on the type of user one is, and how they are logged in. Look for these icons for sections that may apply only to certain users.

- **Provider:** Users that are logged in under “provider” entity types.
- **Advocates:** Users that are logged in under “advocate” entity types

---

**Alerts, Dashboards & Widgets**

**Alerts**

The main Dashboard of CSN is seen after log in. Check this page for helpful files, helpful links, and system information. This is also where user alerts are located.
Dashboards
Almost every menu item on the blue bar will have a Dashboard to land on, with the exception of a few. You can get to the specific dashboards by clicking on the menu item directly. **Please note, unless you have the proper roles, you may not see all the menu options as pictured here.**

CSN Dashboard
The main Dashboard of CSN is seen after logging in (with the exception of those with the CEO role). This dashboard can be customized by adding widgets, but the System notifications, technical notifications, Quick Links, Helpful Files and Training information cannot be removed.

Client Dashboard (Service Coordination Dashboard)
To see the Client Dashboard (aka Service Coordination Dashboard), click the CLIENTS menu item on the blue tool bar. The dashboard will auto-populate popular widgets, but this can be customized by the user as well. A user can add, remove, and even change the size of the widgets.

Claims Dashboard
To see the Claims Dashboard, click on the CLAIMS menu item on the blue tool bar. The dashboard will auto populate popular widgets, but this can be customized by the user as well. A user can add, remove, and even change the size of the widgets.

CEOs Dashboard
Those that have the CEO role will automatically see this dashboard upon logging into the system. The dashboard will auto populate with widgets most used by CEOs but this can be customized by the user as well. A user can add, remove, and even change the size of the widgets.

Other Dashboards
This manual will be updated as other dashboards are developed.

- Provider Portal Dashboard: See “Provider Portal” Section of this manual

Resetting A Dashboard
There are times a user would just like to start over with their dashboard. Instead of deleting each widget, a user can simply just rest the dashboard to default. To do this, simply click on the Reset icon in the upper right-hand corner of the dashboard.

You will be presented with two choices. Reset Dashboard Layout (orange button), or Rest Dashboard Layout and Widgets (red button).
**Rest Dashboard Layout (orange button):** This will reset the dashboard to the default widgets, however, if a user has any information added to a widget, that information will be saved. For example, in the Sticky Note widget, any notes you have customized will remain upon reset.

**Reset Dashboard Layout and Widgets (red button):** This will reset the dashboard to the default widgets, however, if a user has any information added to a widget, that information will be removed. For example, in the Sticky Note widget, any notes you have customized will be wiped upon the reset.

**Widgets**
The system has a variety of widgets that can be added to almost any dashboard. Some widgets can only be added to specific dashboards.

**Adding A Widget**
To add a widget to a dashboard, simply click the “+Add Widget” box. It’s usually located at the bottom of the dashboard.

Once clicked, the user will be presented with Widget options they can choose from. It will show the title of the widget and a short description of what is does.

![Add Widget](image)

Simply click the “Add” button to add it to the dashboard. If a widget is already on the dashboard, the “Add” button will be grayed out.

**Removing A Widget**
To remove a widget from the dashboard, simply click the “X” in the upper right-hand corner of the widget.

![Local Weather Widget](image)

Removing a widget that a user can add information to, that information will be reset. For example, if a user has the Sticky Note widget with 2 notes of to-do items, if they remove that widget, the to-do items will be lost as well.

**Resizing A Widget**
Users can resize a widget by using the resizing tool located at the bottom right-hand corner of the widget.
Please note that if you size resize a widget smaller than it’s intended size, scroll bars will appear where appropriate.

**Moving A Widget**
To move a widget to a specific spot on the dashboard, simply drag and drop. It’s best to “grab” the widget by the top bar (if one exists). If there is not top bar, click where the top bar should be and a user should be able to drag it to a different spot.

**Types of Widgets**
Please note that not all widgets may be available on all dashboards. Some may be customized to certain dashboards.

- **Client Birthday’s**: This widget will list upcoming birthdays for clients on your caseload. You must be listed as interested parties as active, case worker role, and the primary worker in order to see the next 7 days of client’s birthday’s.

- **Expired Funding Requests**: This widget will list all expiring requests for the entity the user is logged in under for the next 30 days. A user, with the proper role, can also duplicate the request directly from this widget as well.

- **Client Waiting List Report**: This widget shows a report of money potentially being spent for those clients on a waiver/program waiting list. Users can filter specific programs by simply turning on/off each waiver/program option.

- **Sticky Notes**: This widget is to help users keep track of personal notes, to-do items, follow-ups, or whatever a user wants. Multiple notes can be active at once in lovely colors.

- **Local Weather**: This widget gives you the local weather based on the address in your user profile. If your profile address is not formatted exactly by USPS standards, the IP address of your computer will be used to determine the weather forecast displayed, which may not be in your exact area. Great for those stuck in an office with no windows.

- **s Accessed**: This widget helps users navigate quickly to the last 10 clients they accessed without having to re-search on them again.

- **System Notifications**: This is a copy of the widget on the main CSN Dashboard that can be placed on any dashboard so users won’t miss important updates.

- **Technical Notifications**: This is a copy of the widget on the main CSN Dashboard that can be placed on any dashboard so users won’t miss important updates.

- **Training Information**: This is a copy of the widget on the main CSN Dashboard that can be placed on any dashboard so users can see the webinars currently out there for CSN 3.0.

- **Helpful Files**: This is a copy of the widget on the main CSN Dashboard that can be placed on any dashboard so users can easily access popular files.

- **Quick Links**: This is a copy of the widget on the main CSN Dashboard that can be placed on any dashboard so users can easily access popular links.
Average Amount of Days for Invoice to be Paid: This widget will show how the average time it takes for an invoice to be paid after receiving it. The dates are based on your invoice received date and the date paid.

Amount of Claims Processed by User: This widget displays the number of claims processed by a user logged in enter the entity you are logged in under. For region entities, this includes any county-level processed claims as well.

My Claims: This widget displays the number of claims entered by only you within the entity you are logged in under.

Claims Not Reconciled: This widget shows the number of claims not reconciled by paid date. This widget will only show the current and previous fiscal year. All associated entities are included in the widget for the entity you are logged in under. You can export the information and the batch number will how on the export as well.

Countdown Timer: A generic countdown widget that counts down the time to a specific date of your choice. Use it to see how far you are from vacation, that big event, or retirement!

New Client Tracking: This widget shows the number of applications and clients entered by a user within the entity you are logged in under for today’s date.

Map of Iowa and Regions: Just a simple map showing regions in Iowa

Financial Per Capita Report: A report that gives the financial per capita broken down by service

Average Days Client at Residence: Report that lists the average days a client spent at a residence, broken down by residence type.

Region Outcomes Report: Percentage of outcomes met by region

State Outcomes Report: Percentage of outcomes met for Iowa

Expert User Regional Map: Interactive Regional map where users can click to see that region’s expert users

Client/App Entry Report: Report showing the number of clients and applications entered by a user

Expense vs Budget Trends: Report showing expense versus budget and show spending trends.

Address Change: Report that shows the average number of days and count of clients per residency type.

Region Expenditures: Report that shows a breakdown of expenditures by service. Includes other smaller reports as well.

Workflow Management Tool: A report that shows worker caseloads and worker activity. NEW - New clients added to that worker that month / EXISTING - Existing clients under that worker that are not closed or closed that month / ACTIVITY - Client records edited/updated that are under that worker that are not closed or closed that month

MHDS Service Accessibility: A map that shows CSRS and IP Psychiatric Facilities around the state. These are pulled from the entity profile under Business Classification.

Calendar Widget: This is a functional calendar where tasks and appointments can be added to follow up on clients and duties. Please note: This does NOT send you alerts. It’s just a calendar where you can visually see your tasks inside CSN.

Service Collaboration Widget: This widget will show all the Service Collaborations active for your entity where you are either the creator or listed in the included entities. It allows you pledge and approve right from the widget.

Training History: List of training courses you attended. For certain roles, this will also list other users in your entity and what training they received. Please note: You must take a couple of extra steps to show your personalized training information the first time. See “Training History Widget/API Key Instructions” under Helpful Files in CSN.
A Word About Security

Confidential Information in CSN

Everything in CSN is confidential but some information can be shared within CSN without first obtaining a patient’s consent. The Health Insurance Portability and Accountability Act (HIPAA) prohibits covered entities from disclosing protected health information (PHI) unless a patient authorization is signed, or the disclosure falls within an exception. 42 CFR § 164.502. An exception to HIPAA’s prohibition against the disclosure of PHI without an individual’s authorization is set forth in 45 C.F.R. § 164.512(k)(6)(ii) (“Covered entities that are government programs providing public benefits”). This exception states:

A covered entity that is a government agency administrating a government program providing public benefits may disclose protected health information relating to the program to another covered entity that is a government agency administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of protected health information is necessary to coordinate the covered functions of such programs to improve administration and management relating to the covered functions of such programs.

This exception allows counties and regions to have full access to information within the CSN database because counties and regions are governmental entities that are coordinating program functions. However, there are other laws that prevent counties and regions from having full access to the information contained within CSN.

Four types of health information are protected by additional laws: mental health information, HIV/AIDS related testing information, Protected Health Information (PHI), and substance abuse information.

Iowa Code § 228 prevents entities from sharing mental health information without a signed patient authorization. Iowa Code does not contain any exceptions that would allow counties and regions to share mental health information with each other without an authorization.
Iowa Code § 141A prevents entities from sharing HIV/AIDS related testing information without a signed patient authorization. Iowa Code does not contain any exceptions that would allow counties and regions to share HIV/AIDS related testing information with each other without an authorization.

42 CFR Part 2 is a federal law that prevents entities from sharing a client’s alcohol and drug abuse treatment information with other entities without a signed patient authorization. There are very strict rules on the requirements for the authorization form. There was a recent change to 42 CFR Part 2 that makes it impossible for counties and regions to openly share substance abuse treatment information in CSN, even if a signed authorization is obtained. This change is still being evaluated but the temporary fix is to prevent sharing substance abuse treatment information between counties and regions in CSN.

**Multi-Party (CSN) Release**

A Multi-Party Release (“Release”) has been created to allow entities in CSN to share client mental health information, PHI, and HIV/AIDS testing information without violating Iowa Code. CSN 3.0 is programed around whether a Release has been obtained. Information within CSN 3.0 is broken into three categories: Level 1R, Level 1 and level 2 information.

Level 1R and some of Level 1 information is available to everyone in CSN because it just contains certain administrative information. Although this information is considered PHI, that information can be shared in CSN without a Release because of the government program exception in HIPAA (explained above). Level 2 information is always available to the entity who entered the information. Level 2 information is only available other entities in CSN if the client signs the Release. Level 2 information is considered health information and anything that talks about mental health information, HIV/AIDS related testing information, PHI, and substance abuse treatment information.

Clients have the option to check whether they want to share mental health information or HIV/AIDS related testing information. A client can mark none, one, or both options. This information will be entered into CSN 3.0 so the system will know whether that type of information can be shared with other entities in CSN 3.0.

**Entering Data into CSN 3.0**

When entering information into CSN 3.0, you will be required to mark whether certain fields contain mental health information, HIV/AIDS related testing information, or substance abuse treatment information. It is important to evaluate whether the information you have entered in to CSN is considered any of those three types of information, so the system knows how to share that information between different entities in CSN. If you think the information you are inputting into the system could be considered mental health information, HIV/AIDS related testing information, or substance abuse treatment information, then mark it as level 2 information. When in doubt, mark the information as level 2 information.

**Level 1R Data**

Level 1R information is basic client demographic information. No PHI, or sensitive data such as type of residence, or who created/modified a client record, can be seen on the client record. With a proper release, Care Team members can be viewed.

**Level 1 Data**

Level 1 information is information that can be seen by any county, region, or covered entity within CSN. This information is allowed under HIPAA because regions and counties are governmental entities that are administering a government program that provides public benefits. Level 1 information is considered anything that could fall under the definition of “administrative information” under the Iowa mental health law. “Administrative information” includes:
An individual’s name, identifying number, age, sex, address, dates and character of professional services provided to the individual, fees for the professional services, third-party payor name and payor number of a patient, if known, name and location of the facility where treatment is received, the date of the individual’s admission to the facility, and the name of the individual’s attending physician or attending mental health professional.

Any information falling within this definition would be considered level 1 data because it is considered “administrative information” and is not “mental health information.” Generally, any information contained within CSN that is not mental health information or is considered “administrative information” under Iowa Code § 228 is considered level 1 data.

The Iowa Code does not contain similar exceptions for HIV/AIDS related testing information or substance abuse treatment information. Any information that could identify an individual’s HIV/AIDS testing or substance abuse treatment information is not considered level 1 data.

Level 2 Data

Level 2 information includes any mental health information (unless it is considered “administrative information”), HIV/AIDS related testing information, PHI, or substance abuse treatment information. Information that is considered level 2 may only be accessed by individuals within the county or region that entered the information or if the client signed the Release.

Remember, substance abuse treatment information will automatically be marked as confidential and will not be shared between entities even if there is a signed multi-party release.

If you think the information you are inputting into the system could be considered mental health information, HIV/AIDS related testing information, PHI, or substance abuse treatment information, then mark it as level 2 information. When in doubt, mark the information as level 2 information!

To tell the system if a note contains level 2 data, after your note is entered, click on the blue box next to the note field that contains the white key.

Click this box and a pop up box will ask you if your note contains level 2 data and in what area. In this example, our note contains HIV/AIDS information that’s considered level 2. So, a user would check the HIV/AIDS checkbox to notify the system that if this client has an exclusion for HIV/AIDS, the information is hidden from other entities.

FAQ’s on the Multi Party (CSN) Release

These FAQ’s are the opinion of the CSN Compliance Officer after researching Iowa and HIPAA law. It’s also recommended to get the opinion of your county attorney as well.
There is a video regarding the CSN Release and FAQ’s here: https://youtu.be/ozYz_AtoLfc

Q: How can I explain the CSN Release to clients?
A: If you sign the CSN Multi-Party Release, it allows us to share information with other entities in order to provide better care and services for you. A signed Release allows us to share your information in two ways: (1) limited demographic and income type information to certain non-county/non-MHDS region entities to coordinate care and benefit eligibility and (2) more specific health information to other counties and MHDS regions for care coordination and benefit eligibility. Sharing information with other counties and MHDS regions also allows us to more easily provide continuous care if you move to a new county. We will only share the minimum necessary amount of information needed. You are welcome to exclude any individual or entity from having access to your confidential information. You may also end the Release at any time.

Q: Is the CSN Release valid if not completely filled out?
A: 45 CFR 164.508(b)(2): Defective authorizations. An authorization is not valid, if the document submitted has any of the following defects:
(i) The expiration date has passed or the expiration event is known by the covered entity to have occurred;
(ii) The authorization has not been filled out completely, with respect to an element described by paragraph (c) of this section, if applicable;
(iii) The authorization is known by the covered entity to have been revoked;
(iv) The authorization violates paragraph (b)(3) or (4) of this section, if applicable;
(v) Any material information in the authorization is known by the covered entity to be false

Q: What if a client signs a name other than their own?
A: It is safest to have the client sign their legal name. This eliminates any question as to whether the Release is valid. All HHS said about the signature requirement is “We do not require verification of the individual’s identity or authentication of the individual’s signature.”

Q: Can a Conservator sign the release and it be valid?
A: After reviewing Iowa Code 633, it seems signing a release of information is more in line with the responsibilities of the guardian, not the conservator, unless the court order states otherwise. I see the check box that asks if the release is signed by a guardian or conservator, but the code is not clear if a conservator has authority to sign a ROI if it’s not a financial matter. More research needs to be done on this, but right now, it’s suggested to have the client or guardian sign the release.

Q: If a client has more than one guardian, do they both have to sign the release?
A: There is no guidance on whether or not the county is required to get both signatures on documents if there are multiple guardians. However, if multiple guardians are appointed, both guardians are required to agree on actions unless a court order states otherwise. It would be safest for both guardians to sign documents if the order doesn’t separate the decision-making authority between the co-guardians. This would be similar to how co-trustees’ function.

Here is some additional information about guardians:

Administration Features
- All counties, regions, and providers are considered “entities.” Although in the system, you will see the provider section, please keep in mind providers can create user accounts under their “entity” to access the clients they are working with, or any other section their region deems appropriate.
CSN 3.0 has “roles” as opposed to individual functions. A user will have access to all functions under the role(s) they are assigned. If a user shouldn’t have access to a specific function, that is up to the entity to police, not the system.

**Example:** User has “User Administration” role to edit entities, but you do not want the user to mess with other user’s roles. Your entity is responsible for making sure the user is not editing user roles. The system will not keep them from doing it.

Regions can now add and control what entities are associated together. For Example, if Region 1 has a county that wants to switch to Region 2, a simple change in the entity associations tab is all that is needed. **If any migration of claims is needed, please contact support.**

### Registering a New Account

1. Enter the following web address into the web browser: [www.iacsn.org](http://www.iacsn.org)
2. Select the ‘Register’ tab and complete the required fields indicated by red colored field names
3. You must have the access code to create an account for security purposes. This access code is: **99Counties**

Email addresses are checked for duplicates within CSN to eliminate multiple accounts created with the same email address. If an email address is currently in CSN, the system will inform the user registering that there is already an account linked with that email address. The user can then use the ‘Forgot Password’ tab and follow the steps to retrieve their password.

**Security Tip:** Users should not share their password with anyone, and if it is necessary to physically store password information it is vital to store it in a secured location. Do not have your browser save your password!

4. Check Your Email: After the user has successfully filled out the required fields and clicked the ‘Register’ button, a verification email will be sent to the email address entered during registration. The user must log into their email account and follow the link to verify that an appropriate email was used when the account was created for CSN. **If you do not receive the email, check your junk mail and ask your IT department to add “iowacounties.org” to the white list.**
5. Request Access: Once a user’s account has been verified, please submit a ticket using the “Need Support” link and ask for Entity and roles. You cannot fully log into CSN without these roles.

6. Security Questions: When the account is set up with the an entity and roles, the user can then sign in and will be taken to the security questions page. The user will select three different security questions and be required to provide the answers, the answers are free form text boxes which means they will be case sensitive. This means if you capitalize a letter in one of your answers, you must always capitalize the letter when presented with the questions.

   **Security Tip:** As with passwords, it is strongly encouraged that users do not share their security answers with anyone.

7. Entity Selection: After passing through the security questions, the user will be taken to the entity listing screen where there will be a drop-down menu of the entity/entities that the user can log in under. **If you do not have an entity to choose from, please talk to your expert user, user administrator, or send in a ticket to get an entity assigned.** It is important for users to be aware of the entity they are logging in under because the work completed is going to be associated with that entity, especially if there are multiple entities available to log in under.

   The entity/entities within the drop-down menu are populated based on the access granted through the request access process. If entity/entities are not available for the user to select, then the user should contact their supervisor to inform them of their missing access or to receive explanation as to why the user does not have access to the entity/entities.
The first time a user signs into the system, they must sign a confidentiality agreement and either enter a date of their last HIPAA training or watch a HIPAA Video within CSN before proceeding. The CSN HIPAA Video can be skipped, but if no HIPAA Date is entered that is less than a year ago or the video is skipped for 30 days, a user’s account can become inactive. Any user whose account is made inactive for not meeting the requirement, an email alert will also go out to anyone with the CEO or Data Integrity role for any entities the user has assigned as well. A HIPAA date less than a year old or watching the CSN HIPAA video is required to continue, once the user is made active again.

User Profile

Every user will have access to their own profile, however, only users with the User Administration role will be able to view, add, or edit other user’s profiles. To view your own user profile, click on the magnifying glass, click the CSN User Tab, and search on yourself. Click the blue folder next to your name.

Selecting the blue ‘Administration’ tab on the top navigation bar will take the user to the Administration dashboard. If the cursor is hovered over the blue ‘Administration’ tab a white drop-down menu with the options of Entity, User, and Lookups will be shown. Selecting the white User tab will take the user to the User Listing screen.

The user’s record will be shown in the grid, select the blue folder icon to open the user profile details.
User Profile Details

The user’s information can be updated in the profile details, when necessary, with a profile photo, digital signature, and security questions. CSN trainings will be updated after a user successfully completes qualifying trainings.

If any information is updated or removed, the user will need to select the blue “Save Changes” button at the bottom right side of the page for the system to accept the new data.

If a user needs reactivated, there is a protocol to follow, such as making sure the user still works for the organization, they have roles under. There is a toggle that must be switched to “Yes” before the user can be activated.

User Roles

CSN 3.0 now had “roles” as opposed to individual functions. A user will have access to all functions under the role(s) they are assigned. If a user shouldn’t have access to a specific function, that is up to the entity to police, not the system.

Example: User has “User Administration” role to edit entities, but you do not want the user to mess with other user’s roles. Your entity is responsible for making sure the user is not editing user roles. The system will not keep them from doing it.

In the ‘Entity Role Listing’ tab, once selected, this will present a grid listing of the entity/entities that the user currently has access to as well as the roles associated with those entities. To open a record, select the blue folder icon adjacent the entity name desired.
This will show all the available roles along with a description of what the role entails throughout the system which is done by clicking on the grey role slider. The slider will expand to show what access the user gets with that role. If you’d like to turn on the role for a user, click the Yes/No toggle to ‘Yes.’

This page is an auto-saving page, which means that when data is updated such as changing the toggles, then the system automatically accepts the change. There is no save button on this screen.

A note about certain types of Roles:

1. Do not give users everything. Take a moment to think about what they need and don’t need. Read what the roles give users access to. **Don’t read a role as a job title.**
2. If you are not a worker, you probably don’t need Service Coordination role – the Data Entry will work just fine
   a. The Service Coordination role defaults “Search my Case load” toggle to Yes. Data Entry role will not.
3. Claims roles to not “stack” – if you want a claims user to do everything claims, users will have to give them every single claim role. Otherwise, read each role for clarification.
4. **Do not give users “System Admin” or “Expert User” role – ever – that is only given to a handful of people that have gone thru training/instruction and only given by ISAC staff**
5. Users should go through the Entity & Roles video before that role is assigned to them – this has some responsibility and needs to be understood.
   a. Do not give providers the user admin role unless you trust them to know how entity/roles work in CSN
6. Data Integrity role will be a big role with responsibilities around data integrity and compliance. This person will have a list of duties to perform monthly and annually.
In most cases, users should not have a county entity (community services) assigned to them anymore. Only if regions pay claims at the county level (not region level) would be the only reason someone should need county community services access. The way the system is now, most will log in under a region instead of the county community services entity.

However, examples of when someone may need local county level entity are:
1. If there is no CSN release and the data was entered under county entity, you need to sign in under the county entity to view/get data – then try to get release!
2. If a region has local county intakes, etc.

Ending a User’s Entity Access
To end a user’s entity access, simple mark all the roles to ‘No’ under the appropriate entity(ies). The page will auto-save and when you return to entity listing, the entity will no longer appear on the user’s role listing page.

Ending a User’s Overall System Access
To end a user’s overall system access, under the User Profile tab, mark the user’s Active toggle to ‘No.’ When the active toggle is switched to NO manually, all roles the user has under all entities will be ended and any Interested Party records assigned to that user will be closed. The user will then be unable to access anything in CSN as they will be inactive.

You must choose a reason why you are ending a user’s access.

Security Tip: If a user leaves your organization, before making the user profile inactive, make sure they don’t have roles under other entities they should still have access to (a provider role for example). If they do, simple just remove the entity/roles for your organization only, so the user can still log into CSN for any other entities/roles they may be still needing.

If the system makes the user inactive, the reason why will be given that either:
• User did not log in for 60 days
• User did not watch HIPAA video/update their HIPAA training date in their profile
A user, if not logged in for 60 days, will be marked inactive by the system and must be made active before they can log in. If a user is made inactive by the system, the user will NOT lose primary case load, nor will they lose any entities/roles they have.

If a user is inactive for 120 days after the system marks them inactive, the user’s entities/roles, interested parties associated to a client, and any primary case worker records associated to a client will be closed.

Entity Profile
Selecting the white Entity sub menu item under the blue ‘Administration’ tab will take the user to the Entity Listing page. If a user has the User Administration role then they will be able to view, add, and edit entity profile information. Otherwise this section is inaccessible.

The entity the user is currently logged in under will be shown in the listing grid. There is also a search box available to search a specific Entity.

Entity Profile Details
To open an entity record, select the blue folder icon adjacent the desired entity in the listing grid. This will open to the Entity Profile page.

The entity profile page is where you can tell the system if you pay at the region level, what your accrual fiscal year end is, if your region entity is using Level of Support functionality (LOS), and if you use auditor integration among basic
contact information. This is a user would upload their appeals process in PDF format, so it will print on the back of NODs, the ISAC BAA and Covered Status Documents, when appropriate.

_The Level of Support functionality only works with MHDS Region entities. If a region entity has the functionality turned on, any county community service entities associated with that region will be required to use the functionality._

**General Information Section**

![General Information Section](image)

- **Agency Name:** Sioux Rivers Regional MHDS
- **Website:** http://www.saurvs.org
- **Active:** Yes
- **NODBAA Document:** NO DOCUMENT

- **I-SAC BAA:**
  - NO DOCUMENT
  - Only pdf files are accepted.

**Contact Information and Additional Information Section**

![Contact Information and Additional Information Section](image)

- **Additional Information - MHDS Region**
  - Fiscal Agent: Story County County
  - Access Software:
  - Auth. Signature: Stacy, Betty
  - CEO: Brand Ketserer
  - Use COA Protocol
  - Level of Support
  - NOD Appeal Doc:

<table>
<thead>
<tr>
<th>NOD Appeal Document</th>
<th>MHDS Region Pays MHDD</th>
<th>Bill Auditor Electronically</th>
<th>Generate Vouchers</th>
<th>Generate Receipts</th>
<th>Barcode On Claim Forms</th>
<th>Notify Rate Change%</th>
<th>Group IMMS OR &amp; CR</th>
<th>MHDS Region Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO DOCUMENT</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>0.00</td>
<td>No</td>
<td>1</td>
</tr>
</tbody>
</table>

If any information is updated or removed, the user will need to select the blue “Save Changes” button at the bottom right side of the page in order for the system to accept the new data.

![Image](image)

**Please Note:** Providers with Administration role are able to edit their own entity profile (not rates at this time). Please communicate with the providers you are the Managing Entity for when you update their entity profile.

**Making an Entity Inactive**

There are times when an entity (mostly providers) may close their doors and are no longer operating, or a duplicate entity is found in the system. Expert Users can make an entity inactive by changing the “Active” toggle from yes to no.

When the toggle is switched to “No”, the system will give the user two warnings:

1. If there are active rates under this entity.
2. If there are active log ins under this entity.
Active Rates Under Entity
If there are active rates under the entity you are making inactive, you will receive a warning on how many rates will close and ask if you’d like to continue.

If the user clicks the blue “I understand” button, the provider will become inactive and SAVE! All rates will then be closed with today’s date, or the latest end date from the funding requests associated, whichever is greater. If you are not ready to make the commitment, please click “Cancel”.

Active Users Under Entity
The second warning will show you the number of active users under this log in. If you make the entity inactive, these users will not be able to log into CSN under this entity.

Best practice would be to notify those users prior to making the entity inactive. To get an accurate list of the users, please put in a ticket to IT.

After saving an entity, the entity associations screen will show. Please read the next section before entering any entity associations. If no associations are needed, simply click “Cancel & Return.”

Entity Associations
Users are able to create their own entity associations. This will open to a listing of any associations the entity has with other entities. This tab is located within the entity profile page.
Entity associations are useful if an entity wants to be “a part of” another entity, but still needs a stand-alone entity record. **Examples** include:

1. A provider has a main office and several branches around the state. The main office provider can create entity associations with the branches to show they are the same provider in different locations. **NOTE:** When a provider is added as an association to another provider, that associated provider will list as a “Branch” and rates will not be able to be managed under the “branch” provider. You can either move the rates to the “Primary” provider (please follow rate ending protocols), or leave the “branch” as a “Primary” provider and **do not associate with another provider**.

2. A region entity will have all community service/counties associated with that region.

3. **WHAT IT IS NOT FOR:** Do not associate providers with your region if you are the managing entity (host county).

---

### Adding Entity Associations

To add an entity association, click the Add New Association button. **[Add New Association]**

**Entity Types:**

1. **County** – actual counties in the state of Iowa
2. **County Community Services** – List of community service entities in Iowa (aka MHDD)
3. **Provider** – List of providers in CSN

County entity types and County Community Services type can appear to be the same, but they are not. Notice their ID’s are different. A region should add both County and Community Services types to their entity associations.

Fill in the required data fields that are indicated by red label colored text, the data fields that are black label colored text are optional and can be completed or left blank. After all the information is entered, select the blue “Submit Association” button to save the record.
Editing Entity Associations
In order for a user to edit an association record, click on the blue folder icon adjacent to the host entity name desired.

Closing (Removing) Entity Associations
Closing an association informs the system, and other users, that the record is no longer a current association. To close a desired association record, a user must open the record by select the blue folder icon adjacent to the host entity name.

Enter an end date into the appropriate field. The end date should be the date the association was no longer current. Do not put today’s date if the association ended specifically on 6/30. Click the “Save Associations” button to complete closing your association.

The following warning is reminder to put in a support ticket, when appropriate, if any claims or funding requests will need to be mass updated. This usually only happens when a county changes regions.

Provider Entities

Warning Closing Entity Association!
Please contact support to close entity association. There could be claims and/or funding request associated.

Close

“Insp. Crime! You need to sign this HIPAA privacy form before the doctor can look at those warts on your stomach!”
The provider role is where providers, or other non-county/region entities, can view minimal client information, enter funding requests and directly bill claims to county/region payers, view county/region funding NODs, and claim payment status.

Although most of this manual may not apply to providers, some sections will be the same as county users. As we go over the provider role, you may be referred to another section of the manual to refer to best practices and protocols.

**Provider Role Dashboard**

Once logged into CSN, the user is taken to “My CSN” Dashboard which contains alerts, announcements, and system notifications. This dashboard can be customized by adding widgets, but the System notifications, Technical notifications, Quick Links, Helpful Files and Training information cannot be removed.

By clicking “Clients” menu item on the blue bar, one will be presented with the Provider Role Dashboard.

This dashboard contains widgets, specific for providers.

**Provider Widgets**

The first widget is Provider Funding Requests. This widget shows the status of a funding request when the funder is a county/region. Once the NOD is created, a provider can pull the NOD themselves, by clicking the yellow post-it note icon under “NOD”. **If there is no icon, please contact the funder as the NOD has not been created yet.**

The Provider ID assigned to you and Rate ID of the service is listed on the NOD for easy reference.

The second widget is Provider Claims. This widget shows the status of a claim when the funder is a county/region. Once the claim is in “Submitted to Auditor” status, a remittance advice can be viewed by clicking the yellow post-it note icon.
More widgets may be added as the system evolves.

**Client Information**

Providers can edit client demographics and view “level 1R data” on a client record. To learn more about Level 1 & Level 2 information, please see the section at the beginning of this manual: A Word About Security: Level 1 and Level 2 data.

**Viewing/Editing Client Information**

Providers have the ability to view the client record and edit any level 1R information. To view a client record, click on the blue folder next to the client in your Client Listing. This will take you to the Outcomes page.

Look across the top of the page, below the blue menu bar, there is a gray menu. This is all the areas of the client record. The area you are currently in will be highlighted blue. You can click on any of these areas to view/edit client information. **NOTE:** Please review the CLIENT section of this manual in full before editing any information. Certain areas, such as address, have a certain effect on the system. Providers will not be able to see Level 1 or 2 data entered by another entity. Any level 1 or 2 data will be blurred out.

**Entering Funding Authorizations**

Providers now can enter funding authorizations to a county/region. Please review Client → Funding (Authorizations) section of this manual. **NOTE:** It’s a good idea to contact the county/region of client residence and ask if the region would like you to do this. Some regions may still want you to go through a service coordinator or have certain protocols that need to be followed.

If a provider user has the Provider Intake role turned on, and a valid email address, any funding requests that are created that are Approved or Denied status, that user will receive an email notification about the request. If a funding request is ended early, an additional email notification will come to the provider user.
Direct Billing to county/region

Providers can now enter claims directly to a county/region. To do this, hover over “Claims” on the blue menu bar, and click Entry. **NOTE:** It’s a good idea to contact the county/region and ask if you can directly bill them thru CSN so the appropriate people know to look for your direct billing.

The claims screen will show any claims that have not been sent to the county/region yet. If the screen lists no claims, all claims have been sent for processing.

To add a claim, click “+Add Claim” button in the upper right-hand corner.

Claim Type

Provider can choose to send a client service claim to the county/region, or an administrative claim. An administrative claim will not include any clients. Administrative claims can be used for startup costs, block grants, etc.

All red fields are required.

- **Client:** Click on the small magnifying glass to search for the client you are billing for.
- **Claim for Entity:** This is who the bill is going to. **NOTE:** Most pay at the region level, not the county level. Please contact the client’s residency county/region and ask the appropriate entity to choose. Counties are listed first, Regions are listed second.
- **Billing Provider/Service Provider:** These are auto-filled based on your entity you are logged in under. They cannot be changed.
- **Invoice Number**: Your agency’s invoice number. **DO NOT PUT A CLIENT NAME, SSN, OR ANY CLIENT INFO HERE.** If your agency has never used an invoice number, simply put the Month/Year of the bill. Example: “July 2020”. Multiple bills can have the same invoice number.

- **Units Billed**: Amount if units for time period

- **Amount Billed**: Amount billed for time period

- **Service Start Date**: Start date of service for time period

- **Service End Date**: End date of service for time period

- **Service**: The services will filter by the Service Start Date and Service End Dates. If a rate is not listed, contact the county/region.

- **# of Copays**: The number of co-pays field will auto-populate to the units billed. If no co-pay is on the funding request, users can ignore this field. If there is a co-pay on the funding request, the number matters. Please see Claims → Co-pays area in the manual for more information.

- **Notes**: User can add notes to a claim using the note text box.

- **Invoice Document(s)**: Ability to attach a claim document to all claims with the same invoice number (you only have to attach the document once in order for it to be attached to all claims with the same Invoice Number)

- **Enter Another Claim?**: Brings up new claim form, empty

- **Duplicate this Claim?**: Bring up new claim form, duplicating previous claim so info can be changed easily

- **Save & Process**: Will send the claim to the county/region for processing

- **Save & Hold**: Saves the claim on your claim screen to process later

**Who do I contact?**
For technical or business questions about CSN and the Provider role, please put in a ticket [See CSN Support (Tickets) section of this manual]

There is also a video going over the provider functionality here: [https://youtu.be/Wik3Coa_drl](https://youtu.be/Wik3Coa_drl)

---

**Client Outcomes (CSN Basics)**

**Client Information**
Providers can edit client demographics and view “level 1R data” on a client record. To learn more about Level 1 & Level 2 information, please see the section at the beginning of this manual: A Word About Security: Level 1 and Level 2 data.

**Viewing/Editing Client Information**
Providers have the ability to view the client record and edit any level 1R information. To view a client record, click on the blue folder next to the client in your Client Listing. This will take you to the Outcomes page.

Look across the top of the page, below the blue menu bar, there is a gray menu. This is all the areas of the client record.

The area you are currently in will be highlighted blue. You can click on any of these areas to view/edit client information. **NOTE: Please review the CLIENT section of this manual in full before editing any information. Certain areas, such as address, have a certain effect on the system. Providers will not be able to see Level 1 or 2 data entered by another entity. Any level 1 or 2 data will be blurred out.**
**Searching Clients**

By using the magnifying glass on the blue menu bar, a user can search for clients, Providers, and even CSN Users.

When searching, please use the proper search protocol. It is recommended to perform at least three separate searches to find the client you are after.

1. Search as much criteria as you know
2. Search on SSN
3. Search on First, Last name, or only on last name
4. Search on partial first and/or last names such as “Jo” for Joe or Joseph, and/or “Smi” for Smitty or Smith

- Do not switch “Search My Case Load” to Yes
- The Client ID is an auto generated CSN ID, not a State ID/MCO ID

You are able to sort on any of the headers by clicking the arrow next to the header label

To select the desired client, click on the blue folder icon adjacent to the client’s name.
Please Note: search results can go onto several pages. Remember to scroll to the bottom of the search results screen to make sure the results didn’t go on to additional pages.

Also, if you have the “jail coordinator” role turned on, the system may only be searching your caseload (clients you are the worker for), so you need to click the “All Systems Results” tab to view all the search results in CSN.

Adding A Client

For a user to be able to add a client, they must search the client by certain criteria. A user must search on:

1. First name, last name, and DOB or
2. State ID or
3. SSN

The search criteria are put in place to limit the number of duplicate clients in CSN. If the user does not search by the required set of criteria, then the add client option will not be available to the user and grayed out. It will only become available when the proper search is completed.

If you don’t see the client you are looking for in the list below, and your criteria is accurate, you will want to select the “ADD NEW CLIENT” button below to begin the client setup process. The “ADD NEW CLIENT” is available when you search on first name, last name, and DOB, or if you search on StateID or SSN.

Once you click “+Add New Client” you are taken to the Add New Client wizard. This process will step you through adding a new client section by section. The field in red are required fields. Please note: if you quit entering a client before the wizard is done, the client will not be entered into CSN. You must follow the wizard through until you click the “Add Client” button at the end.

Once you see the client Overview Screen, you know the client was successfully entered into CSN.
Client Outcomes (Outcome Entry)

Client Enrollment Listing
To get to a list of clients your agency is serving and entering outcomes on, hover over the CLIENTS on the blue menu bar and choose “Outcome Client Enrollment Listing.”

The Enrollment Listing will show all clients in both active and discharged status. Discharged status will be on a separate tab at the top of the form. For active clients, they will be listed along with their Name, DOB, Last 4 of SSN, and what program(s) they are enrolled in for your agency.

If a client is missing any outcomes, an orange exclamation icon will show. If you hover over the icon, it will list what outcomes are missing for that fiscal year.

The incomplete list outcomes will only list missing outcomes of
- Housing
- Employment
- Education
- Somatic
- Community Activities
- Level of Support

Outcomes for jail or psych beds will not be listed as “incomplete” as some clients will never have jail days or psych bed days.

Enrolling A Client
To enroll a client so they show up on your enrollment listing, you need to search for the client, and if not found, enter the client into CSN (please see CSN Basics about searching and adding clients in CSN).

Within the search results window, one of three icons will appear next to a client’s record.
If there is a Blue Folder Icon, this means this person is already on your Client Listing as active. Clicking on the blue folder will open the client’s record.

If there is a Red Person Icon with a plus sign, this means this person is on your Client Listing as discharged. You can go to the Discharge portion of your client enrollment listing and re-activate the client.

If there is a Green Person Icon with a plus sign, this means this person is not on your client enrollment listing. Simply click on the icon to add them to your Client Listing.

Once you click the green icon, you will be presented with the enrollment form. Enter the start date of enrollment. The contact information is optional. However, you must choose what program(s) the client will be enrolled into with your agency for Outcomes.

Please note: if you are not enrolling a client, but instead pulling their client record to view information for another valid reason, simply hit the “skip” button at the bottom of the form to go directly to the client record.

When certain programs are chosen, specifically IHH-Integrated Health Home, SC-Triage, CL-Community Living or CBE-Community Based Employment, there will be an additional drop-down field appear to choose additional details about the enrollment.
One the information is selected, click “Save”. Once saved, you will be taken to the Client Enrollment Listing screen and the client you just enrolled will be added to that list.

If a client is enrolled in the ISA, IHH, CL, KEY, SC, or FACT and start date is in the month of MAY or JUNE the system will auto create exempted related Outcome Events for Somatic and Community Activity outcome types.

If a client is enrolled in the ISA, IHH, SC, or FACT and the start date is in the month of MAY or JUNE the system will auto create exempted related Outcome Event for the Level of Support outcome type.

Discharging A Client
When you are no longer serving a client either under a particular program, or not serving the client at all, you’ll need to discharge the client from your enrollment listing. Simply hit the red Discharge button for the client.

Enter the discharge date, choose the program(s) the client is being discharged from and then choose the discharge reason. Click Save.

If the client is enrolled in more than one program and not discharged from all programs, the client will show on the “active” client enrollment listing. If the client is discharged from all programs they are enrolled in, then the client will be removed from the “active” tab and moved to the “discharged” tab.
Any programs that the client is discharged from, all open outcomes under that program will be ended using the date of discharge.

**Editing an Enrollment**

There may be a time you must edit an enrollment due to wrong information. To do this, open the client’s record from your client enrollment listing page (blue folder). Then go to Interested Parties.

[Image]

Under the Interested Party grid, find the record that lists your agency name and click the blue folder to open it.

[Image]

You can edit the start date (enrollment date), worker information, roles, or program or enrollment types. You can also enter an end date (discharge date) in this area as well and it will discharge the client from that program.

**Please note: You should not edit an enrollment record unless necessary as it can affect things if outcomes were entered for that client under that program.**

**Adding an Enrollment for Another Provider**

You can enter enrollments for other providers in this Interested Party area as well. **Please note: The best practice is to have providers enter their own enrollment records by using the CSN prompting pop-ups after searching a client as it’s easier, and the provider is adding the correct information regarding enrollment date, contact information, and program/enrollment types.**

Click the “Add Interested Party” button.

![Add Interested Party]

**Change the Individual? Toggle to NO**

In the agency type-ahead box, type the provider’s name and then choose it from the options presented.
There may be more than one option for the same provider. Some providers have several locations, but that provider may have all their clients under one specific provider location. You must be sure which provider location to choose. This is why it’s a good idea to have providers enter their own enrollment records.

You can fill out contact information as needed.

Under Roles, you must choose “Outcomes”

You then must choose the program, and when appropriate, the enrollment type for that program.

Enter the Start Date (enrollment date of the client)

Then click “Add Party”

The client will then appear on that provider’s Client Enrollment Listing.
Adding Outcomes
To add an outcome for a client, go to your client enrollment listing and click the blue folder next to that client. You will be taken to the Outcomes page for that client.

Please note: At this time, outcomes need entered per Program in order to “count” on reports. For example, if a client is enrolled in IHH and Community Living, a housing outcome will need added under both programs. If the housing outcome is only entered under one program, it will show as “not met” for the other program. This is a change from what providers may be used to.

The current fiscal year will be defaulted. To add an outcome for a previous fiscal year, you must change the dropdown in the right-hand corner to the appropriate fiscal year for the outcome you want to enter. Please note: There are timeframe restrictions, so you may not be able to enter an outcome after a specified amount of time has passed.

Under the Outcomes Events heading, click the “Add Outcome Event” button.

Enter the Start Date of the Outcome. The dropdown fields of program, outcome, and outcome event is filtered by the program(s) the client is enrolled in, and the selection of the fields before it.

Please note: You cannot enter an outcome prior to the client’s enroll date!

Please note: When choosing Housing, Jail, LOS, Employment, or Education outcomes, the system may require you to enter the information into the appropriate area of the client record before the outcome can be entered.

For example, if you enter that the client has a job and is working, the system will require you to enter the information in the Education/Employment area of the client record. Once the employment is entered, then you can return to the Outcomes screen and enter the outcome event for Employment.

You will know when this needs done as the “Add Outcome Event” button will be grayed out and at the top of the outcome form, it will say “No Record – Click to Add”
Click on the blue link will take you to the proper area to enter the record (as much information as you know) and save the record. Then, click the “Outcomes” in the menu and you can now enter the employment outcome event with no issues.

If a client is enrolled in ISA-Integrated Service Agency and any of the following areas of the client record is updated:

- Address
- Employment
- Hospitalization (under Somatic area and “Inpatient for Psychiatric Reasons” is chosen)

CSN will pop up a prompt asking you if you’d like to add an outcome event for this record.

The user can either enter the Outcome event start date for the event and click “Add Change Event” or the user can click “No” to not enter an Outcome Change Event.

![Prompt to add outcome event](image)

Remember, this only happens when the client is enrolled in the ISA program. It will not happen for other programs.

Please note: At this time, outcomes will be required to be entered at least once annually. No outcomes will “roll over” to another year if nothing changed.

Entering Outcome Contacts/Narratives (Manually)

To manually add an outcome contact/narrative on a client, either click on the client’s record from the client enrollment listing or go to the Outcomes menu item in the client record. Mid page, look for the Outcome Contacts header, and click “Add Outcome Contact” button.

![Add Outcome Contact](image)

Contacts/Narratives can be entered by Specific Start and End Times, or by Total Minutes. If specific start and end times are entered, the Total Minutes column will automatically calculate for the user. The made by drop down box will list all users that have a log in to the entity.
Please notice the blue/white key on the Notes field. Be sure to mark any Level 2 data appropriately! Click Add Narrative when finished with your contact.

Entering Outcome Contacts/Narratives (Uploading)
If a provider is using another system for contacts/narratives, a template can be used to upload contacts/narratives into the system. To get the template, hover over the Clients menu item and choose “Admin Outcomes & Contact Uploader.”

Under the Outcomes Contacts Import heading, you will see a link for the template. Click the link to download the template.

The template has dropdown boxes, where appropriate, in order to select the options in the system.

- Client ID: This is the CSN Client ID. This can be obtained from the client enrollment listing screen to the left of the client’s name
• Contact Date: Date of the contact/narrative
• Duration (Minutes): Amount of minutes spent on the contact/narrative. So, for a one-hour contact, the user should enter “60”. Please do not enter any decimals.
• Program: Dropdown listing the programs for Outcomes
• Contact Type: Dropdown listing the types of contacts
• Activity Type: Dropdown listing the types of activity for the contact
• User ID: This is the CSN User ID who made the contact. This ID can be found by using the magnifying glass, click the CSN User tab, and search on the user that made the contact. On the results screen, the ID is listed to the left of the user’s name.

• Location Type: Dropdown listing the type of location where the contact was made
• Notes: This is the narrative on the contact
• Notes Security: This is a dropdown listing the Level 2 indicators the contact/narrative may contain. When in doubt, choose “All”

You can enter more than one client on the same template. Once the template is filled out and ready to be uploaded, make sure you are still on the “Admin Outcomes & Contact Uploader” page.

Click the Upload Contacts Excel File window and choose the template to upload.

Once the file is ready, click “Import”. As long as there are no errors on the template (due to validation of data), look below the Upload Contacts box, and it’ll show the file uploaded successfully.

Please note: This just shows the file was imported successfully, not where the contact/narratives are listed! The actual contact/narratives will show up in the client record, under Outcomes, in the Outcome Contact area.
Outcome Referrals
A referral is non-treatment, non-scheduled appointment for general services such as basic needs, financial supports, and healthcare.
To add a new referral, click “Add Referral” button.

Fill out the information of where the client was referred to. You can ignore the Arrest ID field!

When the referral is entered, and provider you are referring to has an active CSN account and Intake role, that provider intake person will receive an email to act on the referral. In the case the provider you are referring to has no active intake role, the user will be alerted to contact the provider directly.

Best practice is to update the referral information if the provider does not.

If the provider does have a log in and acts on the referral (either approve or deny it), the user that originally created that referral record will be notified the provider acted on it.

Referral Status Definitions:
1. No Response: Provider never responded to referral
2. Provider Selected: The Provider selected to perform the service (this works best in the case more than one provider approved a referral)
3. Approved by Provider: Provider has approved the referral
4. Denied by Provider: Provider Denied the referral, and they must choose why
5. Pending: Still waiting a decision from the Provider
6. Client Declined and Closed: Client declined referral or did not follow through with referral

The “Follow Up Alert Date” will alert you 7 days prior than the date entered. If you enter a date that is less than 7 days from today, an alert will not be created. Please enter a date at least 8 days in the future.

When finished, click “Add Referral” button.

Please note: If the date of the Referral is dated today or prior, and the status is other than pending, the record will appear under the History tab.
Administrative Outcomes
To enter administrative outcomes, hover over the Clients menu item and choose “Admin Outcomes & Contact Uploader.”

Under the Administrative Outcomes header, click the “Add Admin Outcome” button.

Select the program you are entering the admin outcome. Please note the only program that has administrative outcomes is: CL - Community Living

Select the Outcome of Direct Staff Stability, or Frontline Staff Stability.
Select the Quarter. Please Note: you cannot enter two admin outcomes for the same quarter!
Then, enter the number of current staff, departures, and vacancies for that quarter.
Click “Add Outcome Record” to save the admin outcome.

Outcome Reports
There are several reports available for Outcomes. To view these reports, hover over the Reports menu item, then choose “Outcome Reports.”
All reports are categorized by Program. To view a specific program or fiscal year, choose from the dropdowns in the upper right-hand corner.

If your agency does not participate in a specific program, those reports will remain blank.

Each report will give a score based on the overall outcomes entered for your agency for that fiscal year. Each report may have a different way of calculating the scores, but a grid will be shown showing the goal of the outcome, and the rating.

The reports will give a score based on your overall agency per fiscal year, not by region. Your agency’s score will show next to the category of the reports.

Underneath the category, there will be links to a few reports you can pull to view detailed outcome information for your agency.

Simply click on the report you want to view, and the report will download. The report will be in .csv format and will open in Excel. **These reports are real time.**

If you’d like to download all the reports, go to the upper right-hand corner and select “Download All” and all the reports for the chosen program and fiscal year will download for your agency.

**Outcome Reports for Regions**

Regions are able to pull reports by provider, by program and fiscal year. While logged in under a region, hover over the Reports menu item, then choose “Outcome Reports.”
Please note, the provider dropdown will only list providers the region is the managing entity for. If regions need to view other providers, or an overall report, please submit a report request.

Please note: Services and COA codes in the system are managed by a group called the System Administration Group due to their expertise and knowledge of the Department of Management manual. If a service or COA is missing you feel should be added to the system, please create a support ticket. The request will be reviewed by the System Administration Group for a decision.
Searching Providers

To search for a specific provider, use the magnifying glass at on the blue menu bar, then click the “Provider” tab.

Enter in the information that will narrow down the results to your liking, then click search. If you can’t find the provider in the results, try your search again with less criteria. **Searching smart will keep the system free of duplicate providers. Thank you for doing your part!**

If you are searching on a Managing Entity (formally known as Host Entity) and you can’t remember which region a provider may be in, simply click on the Iowa state icon in the upper right-hand corner of the search box.

This will bring up the regions and counties in the State of Iowa including who the CEO and Expert Users are in that region.

After entering the search criteria, a list of results will display. Click on the blue envelope next the provider you’d like to view. **Please note the only results the system will bring back is those entities with “Provider” as the entity type. Regions and counties will not show in the provider search box unless they have a corresponding provider-type record.**

**Your Entity’s Providers**

If you are the managing entity (formally known as host entity), you can hover over the “Providers” menu item on the blue bar, and then click the white “Providers” dropdown tab.

This will give you a listing of all your entity’s providers (that you are currently logged in under) for easy access. If you have several providers, you can use the Keyword search at the top to find the specific provider you are looking for within your entity.
If a user does not have the appropriate role to edit providers, they can only view providers and will not be able to edit them.

**Provider Profile**
From the Provider listing page, a user can click into the details of a Provider by selecting the blue arrow icon adjacent the desired Provider.

**Editing A Provider**
You can only edit a provider if you have the right role, and the entity you are logged in under is the managing entity of that provider.

**General Entity Information**
This section of the provider profile show the name, agency name, type of entity, website, Business classifications, and if the provider is active or not. Any field except “Type: can be edited/updated.

Both “Name” and “Agency Name” are required fields. Most providers will have the same name listed in both fields. Sometimes the owner of a local provider may not be the same.

**Example 1:** The local low-income apartments’ agency name is City Park Apartments, but the national corporation that owns them is called National Management, Inc. This is where the “Name” would be National Management, Inc, and the “Agency Name” would be City Park Apartments.

**Example 2:** A group home is known locally as Benton House, but is owned/operated by Group Homes, Inc. The “Name” would be Group Homes, Inc, and the agency name is Benton House.

Both name and agency name are searchable.

**Contact Information**
This section lists where the physical location and mailing/billing location of the provider. If they are, simply fill out the Contact Information portion and under Contact Information, slide the “Same as Physical Address” slider to Yes and the information will copy over.

When the information is different, keep the “Same as Physical Address” slider to No and type in the different information under Contact Information.

**Additional Information**
This section notifies the user if the provider is an individual or agency. If the provider is marked as an Individual, First Name and Last Name additional fields will display. The TIN field will also change to a SSN field.

The parent provider field will not be used too often as entity associations took care of this role for the most part. If you have a question when you should use this field, please contact support.
The provider type is a multi-select field that helps put the provider into a category(s) for ease in reporting and other system functions.

The Mng. Entity (Managing Entity) field is formally known as Host Entity. This is who is responsible for maintaining the provider profile and rates. Usually this will be a county or region entity.

The Vendor # field is very important. This holds your auditor’s vendor number that is paying the claim. The field is specific to the entity a user is logged into. This is required for any entity that pays a claim to this provider.

If any information is updated or removed, the user will need to select the blue “Save Changes” button at the bottom right side of the page for the system to accept the new data.

**Adding a Provider**

To add a provider, you must search the system to see if that provider exists in the system already. Please see “Searching Providers” section and please follow the smart searching practice.

If you cannot find the provider you are looking for, at the top of the search results screen, click the Add New Provider button.

You will be directed to a blank Provider profile.

**When entering a Provider you are going to pay a claim to, you must choose “Provider” as the type, nothing else! The other types will not allow you to enter rates!**

For Managing Entity, only the following entity types can be chosen: General Assistance, Substance Abuse, Region, or Community Services. Any “provider” type entity will not be available to choose from.

Fill in the information and click “Add Entity”. Once the entity is added, it will take you to the entity associations tab. If there are not entity associations (which most providers will not have), just click the Return to Entity Listing tab.

The provider will not be active so it will not show in funding request or claims. It must go through an approval process. Once a provider is submitted, the expert users will receive an alert and double check to make sure a provider is not a duplicate. If the provider is not a duplicate, the expert user will activate the provider and it will then be available.

**Please note you cannot add rates/services to the provider from this screen. Please see “Provider Rates” section.**

**Inactivating a Provider**

You can inactivate the provider by bringing up the Provider Profile, and under General Entity Information, change the Active slider to “No.”
This will make the provider inactive for the entire system, so only inactivate a provider when they are no longer in operation. Don’t inactivate a provider just because your organization does not use them anymore. Other organizations may still use them.

Making a provider inactive also removes them from any dropdown boxes, such as funding requests and claims. It’s best not to make them inactive until your organization has paid the last claim to them.

A provider can be made active again. Simple switch the Active slider to “Yes.”

Provider Rates
Within the Provider Profile, there is a ‘Rates for Service’ tab and when selected will list the rates associated with that provider. Only users that have the appropriate role can update rates, and only if they are the managing entity of that provider.

Adding A New Rate
This is for adding a brand-new rate/service. If you are doing a rate change, please see “Initiating A Rate Change” section.

Hover over Providers in the blue menu bar, and then click the white Provider tab. Select the appropriate provider by clicking the blue arrow.
Select the Rates For Services tab. Click Add New Rate button.

Things to know about rates:
1. The end date of a rate will auto-default to 6/30/99. If you need to end or update a rate, please see the appropriate sections of this manual.
2. The COA Code field will filter by your begin and end dates. If the state determines a COA code is not to be used after a certain date, it may not show as a selection in the drop down. Check with support if you have questions.
3. The service field will filter by the COA code chosen. If nothing is showing in the field, please check with support.
4. The rate descriptor is for extra information that a user feel is needed to make sure users are choosing the correct rate. Please do not use this field to repeat the service or put DO NOT USE. If a rate needs ended, please see “Ending A Rate No Longer Needed” section.
5. Rate amounts can be zero for services such as administrative expenses, rent, utilities, etc. For ongoing services such as SCL, day hab, etc., please enter the appropriate rate.
Initiating A Rate Change

When a rate needs updated, it’s important to use the Initiate Rate Change process. Any funding requests that use this rate (that is per month as opposed to per approved period) will update automatically on the new rate begin date. **As soon as you know of a rate change, please enter it BEFORE the effective date of the rate change. If you backdate a rate change, the system WILL NOT auto update any funding requests. Please see “Backdating Rates” for instances this is not possible.**

Open the rate/service you are initiating a rate change on by clicking on the blue folder.

Click on the blue “Initiate Rate Change” button at the bottom of the rate form.

On the next screen, the top fields will ask what the new rate amount and being date will be (remember the end date will auto-default to 6/30/99). Fill in the appropriate information and then click “Duplicate Provider Rate.”

Backdating Rate Changes

In the instance, you must enter a rate change that has took effect before tomorrow’s date, follow the Initiating Rate Change instructions, but add the following process:

1. When you open the rate needing changed, scroll to the bottom and look at the associated funding requests that are active (look at end dates and status).
   a. If there are none listed, continue as a normal rate change
2. If there are active requests listed, you must notify the payer entity of the client ID(s) and funding request ID(s) that need updated manually.
If you do not follow this protocol, it causes issues with claims for entities across the system if they are using the rate/service in a funding request.

Ending A Rate No Longer Needed
If a provider stops a service, or a rate was entered in error, it can be simply ended so users cannot choose it in funding requests. Simply change the end date from 6/30/99 to the appropriate end date, but make sure you are not pre-ending a rate before an ACTIVE associated funding request ends.

In this example, this rate should not end before 2/1/18 unless you notify the payer entity you ended the rate early. Please follow this protocol to avoid causing other users issues in the system.

Provider Documents
Within the Provider Profile, there is a ‘Provider Documents tab where you can upload documents associated with that provider. Examples include: Rate contracts, fee schedules, and W9’s (please see best practice about W9’s). Only users that have the appropriate role can add documents, but any entity can add a document to any provider.
**W9 Best Practice:**

CSN Operations Committee has decided that best practice is to NOT upload any W9’s with a SSN instead of a TIN listed. Providers such as landlords, employees, and/or other individual persons have not given permission for their SSN to be shared in a state-wide system like CSN. Their understanding is their information is only going to the county auditor for tax purposes.

To add a Provider Document, click the “+Add New Document” button

![Add New Document button]

- **Document Date:** Date of the document
- **Category:** Type of Document you are uploading
- **Provider Document:** The actual document you are uploading
- **Document Title:** Please be specific on your document title. Titles such as “Rate Contract” or “Rates” are not specific enough. Please include the fiscal year and/or county/region the contract may be for in consideration for other users
- **Document Description:** This is an optional field that can act as a notes field to explain your document, or give additional information about it
- **Active:** Shows if the document is still active for this provider

Once the information and document is uploaded, simply click the “Add Provider Document” button.

![Add Provider Document button]

The document will then show in the appropriate fiscal year grid.
Financials

Features

- Budgets have statuses: Active, Pending, or Closed
- Expenditure Budgets and Revenue Budgets are associated with each other
- User is now in control on what budget is reported to DHS State Reports (warehouse)
- Users can use whatever General Ledger number they want, and it will be associated with a valid COA code and DG code.
- Budgets need to go under the appropriate “type” of entity whenever possible (GA goes under GA entity, SA goes under SA entity, etc).

Provider Contracts (Expenditure Limit)

These can be entered by hovering over Financials on the blue menu bar and choosing Provider Contracts sub menu item. To add a new Provider Contract amount, click the “+Add Provider Contract” button in the upper right hand corner.

This area allows users to enter an expenditure limit the entity pays a provider for a time specific time frame.

Any claims paid to this specific provider with a paid date within the timeframe will count towards the contract amount limit. The user will get an alert on the CSN homepage when the expenses have reached 75% of the contract amount limit, as long as the user leaves the alert toggle to Yes.
Please note: The system will not stop a claim being paid if it goes over the contract amount limit. Users must monitor the contract amount once it reaches 75% or over.

Users are able to see the claims paid towards this contract amount by clicking the Export button.

Contract amount limits and timeframes can be edited as needed. A provider contract cannot overlap for the same provider over the same timeframe.

**Budgets**

Budgets can be accessed by going to FINANCIAL, then Budgets from the blue menu bar. Please be aware that your entity type may limit you to the type(s) of budget you can enter. There also may be stipulations that only one budget type can be active per year, per entity. Below lists what each entity type can do:

**MHDS Region Type Entity**: Can enter a Mental Health or Administrative budget. May only have one Mental Health budget active at one time per year. No limits per year on administrative active budgets.

**Community Services Type Entity**: Can enter a Mental Health or Administrative budget. May only have one Mental Health budget active at one time per year. No limits per year on administrative active budgets.

**General Assistance Type Entity**: Can enter a General Assistance or Administrative budget. May only have one General Assistance budget active at one time per year. No limits per year on administrative active budgets.

** Advocate Type Entity**: Not recommended to give financials access since most advocates are paid out of a mental health fund that is under the Community Services or Region type entity.

** Substance Abuse**: Can enter a Substance Abuse or Administrative budget. May only have one Substance Abuse budget active at one time per year. No limits per year on administrative active budgets.

** Veteran’s Assistance**: Can enter a Veteran’s Assistance or Administrative budget. May only have one Veteran’s Assistance budget active at one time per year. No limits per year on administrative active budgets.

**Budget Grid**

The budget grid screen will show both expenditure and revenue budget(s) for the current fiscal year. To change the fiscal year, in the upper right-hand corner, select the dropdown for what fiscal year you’d like to view.

The budget grid will give a snapshot of your current budgets, amount spent or received, and their status.
**Starting Fund Balance**
On the grid, there is also a field to put your starting fund balance.

For entities that have been paying claims and tracking revenue in the system already, put your **FY23 starting fund balance**. For entities that are new to CSN, put your starting fund balance for the fiscal year you are starting in CSN.

**Expenditures Budgets**
The budgets screen is split into two sections: Expenditure Budgets and Revenue Budgets. Expenditure Budgets are listed first and must be entered prior to entering a Revenue budget.

Budget also have statuses of Active, Pending, or Closed.

- **Active Budget**: A budget that is currently in use to pay claims or track revenue. The GL line items will show in Funding Requests and claims to choose from. Line items can be added to these active budgets at any time, but a user cannot update budget numbers to the “Current” column while in active status.

- **Pending Budget**: A budget that is not complete or is being edited. The GL line items will NOT show in Funding Requests or claims to choose from.

- **Closed Budget**: A budget that is no longer in use. The GL line items will NOT show in Funding Requests or claims to choose from.

There are columns within a budget that user must be aware of.

- **Current**: Lists the current, approved, budget.

- **Actual FY**: Lists the expenditures in that line item for the entire fiscal year

- **Claims**: Lists the expenditures for that line item for the filtered dates at the top (formally known as Query Total). To view expenditures within a time frame (month, quarter, etc), change the dates in the top right-hand corner and hit refresh. The Claims column will show expenditures only for that time frame.
Line ID: System generated ID

Active: Checkbox that notifies the system if the line item is active or not. Checked is active, Not Checked is inactive. If a line item is inactive, it will not show on funding requests or claim dropdowns.

Assigned To: A user can be assigned to line items that are responsible. This can be left blank if not needed.

Red Trash Can: Ability to delete line item. Please note you cannot delete a line item that has expenditures paid within. Use the Active checkbox instead.

Visual Budget Chart
At the top of every budget, there is a visual chart that shows the budget amount (based on budget state), and amount spent or received. The color will change as expenditures get closer to the budget amount, or revenue gets closer to the budget amount.

The percent of year completed is also available right under the visual chart on the left-hand side.

Grouping Detail by Line Item
Once claims entered in the system, those records will “group” under the appropriate budget line item the claim was paid out of. Users can view the records by clicking on the green plus sign next to the budget line item.

The grouping will expand, and users can view by provider, or by individual claim detail using the appropriate tabs.

By Provider
By Claim Detail

These groupings can be exported into an excel file by clicking the “export provider/claim details” button.

Add A New Budget
To add a new budget (not copy an existing one), click the “Create Expenditure Budget” link in the upper right hand corner of the Financial Budgets screen.

Choose “Create a completely NEW budget” from the pop-up choices and fill in the fields.

Budget Name: This can be alpha/numeric. Examples include: Dept 60, Fund 4150, Regional Expenses, Mental health 2022, etc. Pick a name that will be obvious to other users what it is.

Choose Budget Type: The selection depends on your entity type but choose the best type that fits your budget.

Choose Budget Fund: Choose the budget fund from the dropdown provided. If your fund is not listed, please contact support so it can be added.
The information on who added/edited a budget is located on the budget screen and named “audit info”.

**Fiscal Year:** This is the fiscal year ending for your budget. For example, if you are entering FY22-FY23 year’s budget, you’d choose 2023. **Please note, if you are in FY22, and you choose 2023 as your fiscal year, the budget will show on the 2023 fiscal year screen. You must change your screen to view Fiscal Year 2023 to view your pending budget.**

To change the fiscal year, in the upper right-hand corner, select the dropdown for what fiscal year you’d like to view.

**Show On State Report:** This toggle is only for Mental Health Budgets that are being reported to DHS for warehouse reporting. If the budget should be reported for warehouse reports, change the toggle to “Yes.” The toggle should never be switched to “Yes” for anything other than Mental health budgets (or administrative if it’s a mental health admin budget), at this time. **For example, a Veteran’s Assistance or General Assistance budget should never say “Yes” for this toggle.**

Once “Save” is clicked, the budget will be created in the Financial Budgets area in PENDING status. Click on the blue folder to open the Expenditure budget screen.

The budget will not contain any line items to start, so click on the blue “+Add Line Item” button on the lower left-hand side of the Expenditure budget screen.

Each line item will be entered via a pop-up box. Remember, you only have to do this once on new budgets, then you can simply copy a budget next year.
**GL Number:** This is the GL number supplied to you by your auditor. It’s usually a 12- or 16-digit number used to pay claims through your auditor.

**COA Code:** This is the 5-digit COA code the line item is associated with.

**Disability Code:** This is the 2-digit DG code the line item is associated with.

**Assigned To:** A user can be assigned to line items that are responsible. This can be left blank if not needed.

**NOTE:** By breaking up the COA and DG, it creates many benefits, but most of all, will help with State/Warehouse reports.

**Example 1:** The Department of Management made (43301 – Evaluations) invalid and told counties to use (42305 – Psychotherapeutic Treatment) instead. A county auditor refuses to change/inactivate the GL number in the budget and insists on the mental health department to keep using it. A county can do this by entering the GL number with the 43301 code into the GL field. Then, they’d choose 42305 as the COA code associated. By doing this, the COA code 42305 will be reported on the state/warehouse reports, and not 43301 which would be flagged as invalid.

**Example 2:** The state did away with the DG 41 and was combined with DG 40. For those counties that could not get their auditors to stop using DG 41, they could still enter their GL numbers with the DG 41, and then associate DG 40 with the line item so it’s reported to the state correctly.

**Although the system allows you to operate in this manner, it’s still highly recommended that all entities and auditors follow the Department of Management COA manual and change their budgets to reflect the proper COA and DG codes**

Once you get the line items entered, it’s now time to put in budget amounts. While the budget is still in “Pending” status, fill in the budget amounts in the “New” column. Once done, click “Save.”

At the upper left-hand side of the screen (right above the green header bar), there will be a New Budget total. If that matches your budget bottom line, you are now ready to make your budget active.
When you change your budget status to active, the budget numbers in the “New” column will transfer over to the “Current” column. To change the status to active, click on the “Edit Budget Info” blue button.

In the pop-up box, change Budget Status from Pending to Active, and click save. If “Active” is not a choice in your status dropdown, it means you already have that budget type active for the same fiscal year and it’s limited. All the numbers in your New column should now be transferred into your Current column and the totals at the top should accurately reflect your Current budget.

Any budget amounts put in Amendment or Re-estimate will stay in their prospective columns as they are separate from the original current amount of the budget. If the amendment amount is different from the original current amount, it will turn red to notify users of the change.

User can tell the system which budget amount to use between Current (Original), Amendment, or Re-estimate. To change which budget amount to use, click on the “Edit Budget Info” blue button and change the Budget State to which amount you’d like the system to look at.

The system will then show the appropriate budget amount in the chart and grid areas of the system.

**Edit Existing Budget**
To edit an existing budget, simply click on the blue folder next to the budget you want to edit.

If a budget is in Active status, you can edit the following: Add a new line item, delete a line item, GL#, DG dropdown, COA dropdown. You may also add budget amounts into the New column, Amendment, and Re-estimate column. You can make a line item active or inactive (checkbox), or add edit the Assigned To field. **For any budget amounts to move from the New column to Current, you must first change the budget to Pending status.**

Making a line item inactive or deleting a line item will remove that GL# from being a choice in funding requests and claims.

**Zeroing Out a Budget Line Item**
Users can “zero out” a Current Budget line item. The budget must be put into “Pending” status first. Once in Pending status, all current amounts will show a red “X” next to them. Simply click the red “X” and the Current amount will change to zero.
Copying A Budget
At the start of a new fiscal year, most line items in a budget will change very little. So, creating a new budget for a new fiscal year very easy.
Click the “Create Expenditure Budget” link in the upper right-hand corner of the Financial Budgets screen.

Create Expenditure Budget

Click “Copy an existing budget” from the choices presented. Fill in a budget name (it can be the same as the old name). Choose the budget you want to copy (why naming is important) and finally, choose the fiscal year ending for the new budget. For example, if you are creating a budget for FY20-FY21, you’d choose 2021, then click Save.

Now, since you may be working on a budget for the future fiscal year, notice how it doesn’t show on the current budget grid. That is because you are looking at the current fiscal year screen. To change what fiscal year to view, click the “change” link in the upper right-hand corner of the Financial Budgets screen.

Choose the year you want to view, and the screen will now show your new fiscal year budget in pending status.
Open the budget and all the line items used in the previous budget will be there, along with the budget amounts. Simply edit the line items and amounts for the new fiscal year and hit save. Remember, you must change your budget to Active for any budget amounts to be transferred from New to Current column.

Closing a budget
A closed budget is a budget that is no longer in use.

Example 1: After a fiscal year is finished, and reconciled, close the budget so only one fiscal year budget is open at a time. There will be overlap and the end of the year and beginning of a new year, but the sooner you can close your previous fiscal year budget, the better. The eClaim will choose GL#'s from only active budgets and closing a budget will help an eClaim choose the right GL# more efficiently.

Example 2: An entity had a grant to provide services on a temporary basis. A budget was created and when the money ran out three months later, the budget is closed to avoid any more funding requests or claims being paid against it.

To close a budget, click the blue folder to open the budget. Click the blue “Edit Budget Info” button.

Change the budget status to “Closed” and hit Save.

Exporting/Importing A Budget
There are times a user prefers to enter budget numbers within an excel spreadsheet as opposed to doing it on screen in CSN. You must first create the budget (or copy a budget) first. Open the new budget using the blue folder and in the upper right-hand corner, click the Export button.

An excel file will be created that a user can open. Please note that none of the columns are locked, but you should not change certain columns which are: GL#, COA, Lineltem, Active, or BudgetID. The file will either fail the upload check or the data will not change when imported. Focus ONLY on the budgeted amount columns of NewBudget, Admendment, and ReEstimate. Entering number in “Current” column will not upload either since the system will grab those number from “New” column when budget is made Active.
Once you are ready to import the budget back into CSN, open the budget you are importing (if it’s not already still open) by clicking the blue folder. **Make sure you are in the right fiscal year budget screen!**

Click the Import button in the upper right-hand corner. **Please note, the Import button will only be enabled when a budget is in Pending status.**

![Image of Import button](image)

Follow the steps for upload validation.

1. Choose the budget excel file
2. Click “Check Data” button
3. If Step 3 shows green and “File is Ready for Upload!” the file passed validation
   a. If file did not pass validation, fix the reasons shown why the file failed and try again.
4. Click Import button at the bottom and view your budget amount changes in the system.
   a. If the changes you made to the excel file don’t show in the system, please double check you did not change data in a column you shouldn’t have. **Focus ONLY on the budgeted amount columns of NewBudget, Admendment, and ReEstimate. Any other data changes will result in validation failure or data will not be imported.**

**Financial Projection Report**

Under Financials→Reports and under the Financials section, there is a report named Financial Projection Report. This is an excel sheet that pulls revenue posted and claims paid out of CSN and includes the Starting Fund Balance. Then there is a column to enter in any remaining expenses or revenue that is expected for the year, and it will give you a projection of your ending fund balance based on the scenario. There are two scenarios available on this sheet for projections.

**Revenue Budgets**

The budgets screen is split into two sections: Expenditure Budgets and Revenue Budgets. Revenue Budgets are listed on the bottom half of the screen and are entered after an expenditure budget, so it can be associated.

Budget also have statuses of Active, Pending, or Closed.

**Active Budget**: A budget that is currently in use to pay claims or track revenue. Line items can be added to these active budgets at any time, but a user cannot update budget numbers to the “Current” column while in active status.
Pending Budget: A budget that is not complete or is being edited.

Closed Budget: A budget that is no longer in use.

There are columns within a budget that user must be aware of.

Current: Lists the current, approved, budget.

Category: This only shows up for MHDS Region entities! Choose the appropriate revenue category for the revenue code (similar to COA Code, but broader).

Actual FY: Lists the revenue received in that line item for the entire fiscal year

Claims: Lists the revenue received for that line item for the filtered dates at the top (formally known as Query Total). To view revenue received within a time frame (month, quarter, etc), change the dates in the top right-hand corner and hit refresh. The Claims column will show revenue received only for that time frame.

Line ID: System generated ID

Active: Checkbox that notifies the system if the line item is active or not. Checked is active, Not Checked is inactive.

Assigned To: A user can be assigned to line items that are responsible. This can be left blank if not needed.

Red Trash Can: Ability to delete line item. Please note you cannot delete a line item that has revenues received within. Use the Active checkbox instead.

Add A New Budget
To add a new budget (not copy an existing one), click the “Create Revenue Budget” link in the right side above the Revenue Budgets header of the Financial Budgets screen.

Choose “Create a completely NEW budget” from the pop-up choices and fill in the fields.
**Budget Name:** This can be alpha/numeric. Examples include: Dept 60, Fund 10000, Regional Revenue, Mental health 2017, etc. Pick a name that will be obvious to other users what it is.

**Choose Budget Type:** The selection depends on your entity type but choose the best type that fits your budget.

**Fiscal Year:** This is the fiscal year ending for your budget. For example, if you are entering FY16-FY17 year’s budget, you’d choose 2017. **Please note, if you are in FY17, and you choose 2018 as your fiscal year, the budget will show on the 2018 fiscal year screen. You must change your screen to view Fiscal Year 2018 to view your pending budget.**

To view another fiscal year’s screen, in the upper right-hand corner of the Financial Budgets screen, click the “change” link next to the Fiscal Year label.

**Choose Associated Budget:** Choose which expenditure budget this revenue budget is associated with. It usually the same Fund.

Once “Save” is clicked, the budget will be created in the Financial Budgets area in PENDING status. Click on the blue folder to open the Revenue budget screen.

The budget will not contain any line items to start. At the bottom left-hand side of the screen, click “+Add New Line Item” button.
From here, you have two choices: Add a Revenue Code from the existing dropdown list, or choose to add an entirely new revenue code.

If you had a revenue code added in the past, but may not be used now, check the drop-down listing to make sure it’s not there first.

If the code you are after is there, simply select it and it will appear in your budget. If the code is not there, open the second slider titled “Add New Revenue Code to Budget”

Enter your revenue code by filling out the fields and click “Add Revenue Code.” The revenue code will be added to your budget.

Once you get the line items entered, it’s now time to put in budget amounts. While the budget is still in “Pending” status, fill in the budget amounts in the “New” column. Once done, click “Save.”
At the upper left-hand side of the screen (right above the green header bar), there will be a New Budget total. If that matches your budget bottom line, you are now ready to make your budget active.

**New Budget: $107,000.00**

When you change your budget status to active, the budget numbers in the “New” column will transfer over to the “Current” column like in the old system. To change the status to active, click the Edit Budget Info button.

![Edit Budget Info](image)

In the pop-up box, change Budget Status from Pending to Active, and click save. *If “Active” is not a choice in your status dropdown, it means you already have that budget type active for the same fiscal year and it’s limited.*

All the numbers in your New column should now be transferred into your Current column and the totals at the top should accurately reflect your Current budget.

**TOTALS: Current: $107,000.00  Actual FY:$0.00**

Any budget amounts put in Amendment or Re-estimate will stay in their prospective columns as they are separate from the original current amount of the budget. If the amendment amount is different from the original current amount, it will turn red to notify users of the change.

User can tell the system which budget amount to use between Current (Original), Amendment, or Re-estimate. To change which budget amount to use, click on the “Edit Budget Info” blue button and change the Budget State to which amount you’d like the system to look at.

![Budget State](image)

The system will then show the appropriate budget amount in the chart and grid areas of the system.

**Edit Existing Budget**

To edit an existing budget, simply click on the blue folder next to the budget you want to edit.

If a budget is in Active status, you can edit the following: Add a new line item or delete a line item. You may also add budget amounts into the New column, Amendment, and Re-estimate column. You can make a line item active or
inactive (checkbox), or add edit the priority field. For any budget amounts to move from the New column to Current, you must first change the budget to Pending status.

Making a line item inactive or deleting a line item will remove that GL# from being a choice in posting revenue. Please note, do not delete a line item that has revenue received listed in Actual FY or Claims columns. A line item should only be deleted if never used, and not in auditor’s budget either. Use the Active checkbox instead.

Copying A Budget
At the start of a new fiscal year, most line items in a budget will change very little. So, creating a new budget for a new fiscal year very easy.
Click the “Create Revenue Budget” link in the right side above the Revenue Budgets header of the Financial Budgets screen.

Create Revenue Budget

Click “Copy an existing budget” from the choices presented. Fill in a budget name (it can be the same as the old name). Choose the budget you want to copy (why naming is important) and finally, choose the fiscal year ending for the new budget. For example, if you are creating a budget for FY17-FY18, you’d choose 2018, then click Save.

Now, since you may be working on a budget for the future fiscal year, notice how it doesn’t show on the current budget grid. That is because you are looking at the current fiscal year screen.

Choose the year you want to view, and the screen will now show your new fiscal year budget for FY18 in pending status.
Open the budget and all the line items used in the previous budget will be there, along with the budget amounts. Simply edit the line items and amounts for the new fiscal year and hit save. Remember, you must change your budget to Active for any budget amounts to be transferred from New to Current column.

*Please make sure you go into your new Revenue budget and click the Edit Budget Info button and choose an expenditure budget to associate it with in the new fiscal year!*

**Closing a budget**

A closed budget is a budget that is no longer in use.

**Example:** An entity was collecting revenue from a source on a temporary basis. A budget was created and when the revenue source ran out three months later, the budget is closed to avoid any more revenue being posted to the budget.

To close a budget, click the blue folder to open the budget. Then, click the Edit Budget Info button.

![Edit Budget Info](image)

Change the budget status to “Closed” and hit Save.

![Budget Status](image)

**Exporting/Importing A Budget**

There are times a user prefers to enter budget numbers within an excel spreadsheet as opposed to doing it on screen in CSN. You must first create the budget (or copy a budget) first. Open the new budget using the blue folder and in the upper right hand corner, click the Export button.

![Export](image)

A CSV file will be created that a user can open in Excel. Please note that none of the columns are locked, but you should not change certain columns which are: GL#, RevenueCodeDescription, RevenueCodeID, LineItem, Active, or BudgetID. The file will either fail the upload check or the data will not change when imported. Focus ONLY on the budgeted amount columns of NewBudget, Amendment, and ReEstimate. Entering number in “Current” column will not upload either since the system will grab those number from “New” column when budget is made Active.
Once you are ready to import the budget back into CSN, open the budget you are importing (if it’s not already still open) by clicking the blue folder. **Make sure you are in the right fiscal year budget screen!**

Click the Import button in the upper right hand corner. **Please note, the Import button will only be enabled when a budget is in Pending status.**

![Import button](image)

Follow the steps for upload validation.

1. Choose the budget CSV file
2. Click “Check Data” button
3. If Step 3 shows green and “File is Ready for Upload!” the file passed validation
   a. If file did not pass validation, fix the reasons shown why the file failed and try again.
4. Click Import button at the bottom and view your budget amount changes in the system.
   a. If the changes you made to the CSV file don’t show in the system, please double check you did not change data in a column you shouldn’t have. **Focus ONLY on the budgeted amount columns of NewBudget, Amendment, and ReEstimate. Any other data changes will result in validation failure or data will not be imported.**

**Revenue**

Revenue can be accessed by going to FINANCIAL, then Revenue on the blue menu bar. When you open the Revenue Search screen, the current fiscal year’s posted revenue will be listed. To view another fiscal year, or time frame, change the dates at the upper right-hand corner to filter.

![Revenue Search screen](image)

There are two tabs where you can view revenue by Cash or Accrual
Post Revenue
To post a revenue, choose “+Post Revenue” button.

Fill out the fields – red fields are required.

If you’d like to associate a claim with a revenue posting, click the magnifying glass next to “associated claims” and the claim history search will appear. Search for your claim(s) and the results will appear back in the associated claims window.

Click the claim(s) you’d like to associate with the revenue posting. You can select multiple claims by holding down the CTRL key on the keyboard.

Then click “post revenue”. Only the claims associated that were chosen will now show in the associated claims window.
Print Revenue Receipt

After a revenue posting is entered, a user can print a revenue receipt for their Treasurer, if necessary. In the grid listing, check the Print Receipt checkbox next to the revenue posting(s) you need a receipt for.

Click the “Batch Print” button in the upper right-hand corner.

A Treasurer receipt will generate that a user can print by selecting the revenue records and clicking “batch print”.

Export Revenue

If a user would like to Export their revenue into a CSV file to manipulate in Excel, simply hit the Export button in the upper right-hand corner. Whatever is listed on the Revenue Search screen will export. Use the dates at the top to pull up the data you want to export prior to hitting the export button.
The Client area holds general information pertaining to the client’s social, financial, educational, medical, and demographic information.

**Features**
- Any user can search/view any client within the CSN system. If there is no CSN Release, only Level 1R information can be viewed. If there is a CSN Release, Level 1 and Level 2 information can be viewed depending on if an entity is covered status, albeit Substance Abuse information in most cases.
- The CSN Release has its own area and will drive whether users can see information across entities
- An Eligibility record is now required before any non-crisis services can be entered for clients
- There is a separate place to list Hospitalizations (Non-committals)

**Electronic Signatures**
For those that would like to use electronic signatures on CSN Documents for clients, ICTS offers the application called, “GoodNotes” for Apple devices, and “MetaMoji” for Android devices. Please see setup and instructions on how to use in CSN under the Helpful Files widget.

**Searching Clients**
By using the magnifying glass on the blue menu bar, a user can search for clients, Providers, and even CSN Users.
When searching, please use the proper search protocol. It is recommended to perform at least three separate searches to find the client you are after.

5. Search as much criteria as you know
6. Search on SSN
7. Search on First, Last name, or only on last name
8. Search on partial first and/or last names such as “Jo” for Joe or Joseph, and/or “Smi” for Smitty or Smith

You are able to sort on any of the headers by clicking the arrow next to the header label.

Within the search results tab, the last column on the right will let you know the status of the CSN Release on a client.

- **Green** – CSN Release with no exclusions, users can see all information with limitation to substance abuse
- **Yellow** – CSN Release with exclusions which could be HIV/AIDS or Mental Health exclusions, or entity(s) and/or user(s) are excluded from viewing the client information
- **Orange** – CSN Release was offered to client/guardian to sign, but they declined to sign the release
- **Red** – No CSN Release, no Level 2 data can be viewed outside of the entity that entered it

To select the desired client, click on the blue folder icon adjacent to the client’s name.
Please Note: search results can go onto several pages. Remember to scroll to the bottom of the search results screen to make sure the results didn’t go on to additional pages.

<table>
<thead>
<tr>
<th>ID</th>
<th>First/MI</th>
<th>Last Name</th>
<th>Aliases</th>
<th>SSN</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>1402</td>
<td>A.M.</td>
<td>R</td>
<td>A.M.C</td>
<td>XXX-XX-9999</td>
<td>8/7/1945</td>
</tr>
<tr>
<td>17236</td>
<td>A.M.</td>
<td>O</td>
<td>A.M.C, A.M.O</td>
<td>XXX-XX-9999</td>
<td>1/12/1995</td>
</tr>
<tr>
<td>79267</td>
<td>A.S.</td>
<td>L</td>
<td>A.C</td>
<td>XXX-XX-9999</td>
<td>10/13/1981</td>
</tr>
</tbody>
</table>

Searching My Case Load
For case workers, they are able to search only their case load by switching the “Search My Case Load” toggle to Yes. To search the clients throughout the entire system, switch the toggle to No. Please note: If a user has the Service Coordinator – Level 1 role, the search box’s toggle will automatically be set to Yes. If the role is turned off, the toggle will be automatically set to No.

However, if a user accidently searches their case load when they meant to search the whole system, it’s ok! In the search results screen, there are two tabs.

- **My Case Load**
- **All System Results**

Simply click on “All System Results” tab instead of closing out and searching again.

Adding A Client
For a user to be able to add a client, they must search the client by certain criteria. A user must search on:

4. First name, last name, and DOB or
5. State ID or
6. SSN

The search criteria are put in place to limit the number of duplicate clients in CSN. If the user does not search by the required set of criteria, then the add client option will not be available to the user and grayed out. It will only become available when the proper search is completed.

If you don’t see the client you are looking for in the list below, and your criteria is accurate, you will want to select the “ADD NEW CLIENT” button below to begin the client setup process. The “ADD NEW CLIENT” is available when you search on first name, last name, and DOB, or if you search on State ID or SSN.

Once you click “+Add New Client” you are taken to the Add New Client wizard. This process will step you through adding a new client section by section. The field in red are required fields. **Please note: if you quit entering a client before the**
wizard is done, the client will not be entered into CSN. You must follow the wizard through until you click the “Add Client” button at the end.

For clients that come in via a committal, crisis, or emergency that you may not have a full application on, you can switch the “Adding Client for ongoing services (not crisis)?” to No. After the first screen (basic demographics), the wizard will skip to the end where you can add the client with minimal information. Please note, this option is only available or entities types that are MHDS Regions or County Community Services.

Please note, that within the wizard, there is section to enter the client’s address. You must enter in an address with an “R” indicator address type first in order for the system to determine legal residency if the client currently lives in a non-R indicator address type. If you enter in a non-R indicator address type, you must enter a support ticket to correct the issue. See the Client Address section for more information.

Please note that within the wizard, when entering the client’s DG code, the start date will default to 1/1/1900. It’s best practice to go in and change that start date to a more appropriate date once intake is complete.

If you do not know the SSN of a client, there is a “Dummy SSN” button to push, and the client will be given all a SSN of 999-99-9999. Any client that has that SSN, please know this is a fake SSN and users need to attempt to update it to the real SSN if they can.

If you don’t know the DOB of a client, the standard dummy DOB should be entered as “1/1/1900” because when this is done, a toggle will show asking if the client is an adult or child. This toggle will be used to count clients appropriately on warehouse reports. When the dummy DOB is ever updated, the toggle will disappear and the system will use the client’s real age to determine if it’s an adult or child.

Once you see the client Overview Screen, you know the client was successfully entered into CSN.
Editing Information on a client

Once a client is entered into CSN, the information can be edited by any user. Remember, there is no more Client Access locking down client information, so it is important users be diligent in making sure they are editing the correct client.

Although client information is open to all users, users are still required to follow HIPAA guidelines. Users should not search for specific or random client names out of curiosity. Users should not view client information without proper reason to be in the client record. CSN will still track and log this type of behavior. If a user is found accessing information without good cause, the user could be suspended from CSN and their CEO/Immediate supervisor will be notified of the infractions.

The client header is where all the categorical data is held, the folder also holds at a glance information that is available at the top header throughout the client sections. The eligibility is based on the entity the user is logged in under and may differ by entity type.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residency</td>
<td>The county of residence based on address history</td>
</tr>
<tr>
<td>State ID</td>
<td>The client’s State ID</td>
</tr>
<tr>
<td>DG</td>
<td>The client’s primary disability code</td>
</tr>
<tr>
<td>Case Worker</td>
<td>The client’s primary case worker</td>
</tr>
<tr>
<td>Care Team</td>
<td>A link to view the entire care team for a client</td>
</tr>
<tr>
<td>Over Income/Copay</td>
<td>Lists if a client is over income or has a copay for services</td>
</tr>
<tr>
<td>Eligibility</td>
<td>Shows if the client has an eligibility record for the entity you are logged in under</td>
</tr>
<tr>
<td>Last App Date</td>
<td>Shows the client’s latest application (eligibility) received for the entity you are logged in under</td>
</tr>
<tr>
<td>High Profile</td>
<td>Shows if a client has been in the news or media and may be well known around the state or country.</td>
</tr>
<tr>
<td>Last Event</td>
<td>Shows the last event the client had</td>
</tr>
<tr>
<td>LOS/Plan</td>
<td>Shows the current LOS and LOS Plan the client is in and when it started</td>
</tr>
</tbody>
</table>

It's best practice to add a note as to why you accessed a high-profile client, if you are not the primary worker, in case you are questioned during a high-profile audit (done monthly).
Overview
When a user selects a client from the search results, they will be taken to the Client Overview screen. Client Overview is where a user can view the client’s current personal, address, and education/employment data. This screen does not allow for any user to edit the information regardless of the roles they hold. Information must be edited in other areas.

However, this screen can show useful data like the last 10 individuals that were in this client record. To view this, simply click the client’s name in the header area.

Demographics
To access the client demographics information, a user will need to click on the ‘Demographics’ tab below the client header.

Client Details/Contact Information
This block of information stores Level 1 details about a client, and their contact information. If you edit a client’s SSN, the system will check to see if that SSN is already in the system. If it finds a match, the record will not be saved, and it should be checked if the client is a duplicate.

Notice there are two tabs in this section. Click the Contact Information tab to enter phone numbers and email address contact information for a client.

Users must click the blue “Save” button to save any information entered.

Client Name
Under the Name section within client demographics, a user can view a client’s current name. By clicking the History tab, users can view all the names a client may have had in the past.

If a client changes their name, a new name cannot be added until the old name is closed. Click on the blue folder to open the current name record. Enter an end date for the current name – **DO NOT OVERWRITE THE INFORMATION WITH THE CLIENT’S NEW NAME!** After entering an end date, click save.
Back on the demographics screen, select the blue “+ Add Name” button. Enter the client’s new name, with the begin date an any other fields appropriate, then click the Add Name button. When the record is properly saved, a green notification will appear in the top right-hand corner and the client header will change to the new name.

The old name will appear under the History tab.

Please note: A client should always have one active name, or they system will not show their name under claims, funding requests, and reporting.

Please note within the name record, there is a place for maiden name, preferred name, and a place to choose what pronouns a client would like to be referred to as.

Client Address
The client’s address is important for accuracy as it determines legal residency in mental health, which determines which region/county pays services for a client, when appropriate.

Notice there are three tabs: Current, Mailing, History. Current will show the current record. Mailing will show the client’s mailing address, and History will show the client’s entire address history.
When entering an address, the system will request the type of address. Certain types of addresses do not count as residency for a client. In the address type dropdown, the types with an “R” indicator on the end are residency types.

If a client happens to be in jail, nursing home, or any other non-R indicator address type, best practice is to get the address history form the client or guardian back to an address that has a R indicator address type. Enter the address history oldest address to newest address. This will make sure the client has a proper legal residency.

Users cannot add an address prior to the begin date of the current address. If a user needs a prior address entered, they must put in a support ticket.

Users will not be able to edit certain fields of a current address. Only Address 1, 2, City, State, Zip, and end date can be edited (for correcting mistakes only). Type, County, and Start Date are locked to encourage users to add new addresses to create history.

To add a new address, click the “+Add Address” button.

Enter in the new address information and click “Add Address” button. If the current address is also the client’s mailing address, click the “Same as Mailing” toggle to Yes. The new address will show under Current and the old address will move to History.

If you marked as the Mailing address, the address will show under Mailing as well. Otherwise, you can add a different mailing address by clicking the Mailing tab and entering the mailing address. If not mailing address is present for the client, a red header will appear at the top stating a mailing address is missing.

In the case a client has returned mail, or a bad mailing address, and the new or valid mailing address is unknown, users can go the mailing address tab, and switch the “Returned Mail” toggle to Yes.
When this is done, a message will appear on the client header, in red, informing everyone that the mailing address may be a bad address.

Mailing address may be incorrect because it had returned mail.

Users no longer have to approve legal residence. When a client address is entered, a notification will be sent to the a user in the Data Integrity role in the appropriate region to follow up. If in the event it is discovered the address is a PO Box, or wrong in anyway, the users must work out the correct address, then put in a support ticket to correct it when appropriate.

Addresses and Funding: Please note that if a client has active funding requests with the current region as payer, and the address is changed to a different region, the active funding requests for that region will auto-close a day before the new address’ begin date. The system WILL NOT create a new request for the new region. Any requests that do not have current region as payer will not be affected.

Please note: If an address is changed to begin several months, or even years in the past, any active funding requests for the current region will back date as well. If you have to back date an address that far, please choose not to update any funding requests on the pop up dialog box. Get help from an expert user or put in a ticket to correct the funding requests when necessary.

Safe At Home Program
The Safe At Home Program is for individuals that are survivors of domestic violence, sexual assault, trafficking, stalking, or violent crimes. This program helps survivors improve their lives by giving them a substitute address, mail forwarding service, and confidential voter registration and absentee voting.

If users run across someone on this program, here is the best practice on entering their address into the system:

1. The type of address can be entered appropriately if you know it, but ideally, this is an “R” indicator address
2. In address 1 field, enter “Safe At Home” – please enter exactly as listed (minus quotes).
   a) This is so no one is confused as to why the individual’s city may not correspond with the individual’s county of residence.
3. In address 2 field, enter the substitute address Safe At Home provided to the individual
   a) This is usually a PO Box in Des Moines, and an exception to the best practice of entering a PO Box as a client’s residence address.
4. In the county of residence drop down, choose the ACTUAL county of residence
   a) For example: Individual has a Safe At Home substitute address in Des Moines, but they actual have a residence in Story County. Users should choose Story County as the residence.
b) There may be instances where the individual is not comfortable telling you their actual county of residence. That is their right on this program. Your county/region must make a decision on how you’d like to handle eligibility for this individual.

5. Mark the individual “High Profile”
   a) This is done so each month we can track who is accessing the client.

When entered correctly, the system will create an “event” that will show in the Events area.

Client Insurance
The Insurance section is able to hold any insurance a client may be on including private insurance, Iowa Health & Wellness, Medicare, Medicaid, etc. This section can hold multiple records and a user is able to list the order of insurance benefits.

To add an insurance record, select the blue “+Add Insurance” button.

![Add Insurance Button]

If the Insurance Type of “Iowa Health & Wellness” or “Medicaid” is chosen, an additional field will appear asking for the Managed Care Organization. If you don’t know the name of the MCO, you can choose “TBD/Unknown”.

![Managed Care Organization Field]

Within the record, there is a field called Notes. The notes field has no limit, but almost all notes and narratives across the system will have a special step involved. You must tell the system if a note contains level 2 data and in what data type.

After your note is entered, click on the blue box next to the note field that contains the white key.

![Notes Field with White Key]

Click this box and a pop up box will ask you if your note contains level 2 data and in what area. In this example, our note contains HIV/AIDS information that’s considered level 2. So, a user would check the HIV/AIDS checkbox to notify the system that if this client has an exclusion for HIV/AIDS, the information is hidden from other entities.

![Choose Data Types]

Click on continue to go back to the insurance record. Once all information is entered, hit the Save button to save the record.
To end an insurance record, simple enter an end date and save. The record will then move over to the history tab.

Education & Employment
To access the Education & Employment information, a user will need to click on the ‘Education & Employment’ tab below the client header.

Current Education & Employment Status
No fields are required in this area. Once all the necessary information is entered, the user will need to select the blue “Save Education/Employment” button.

Please note: For clients under the age of 18, Years of Education is required in order to enter an eligibility-based funding request!

Employment
A client’s employment is important to keep updated as this information will be shown in the Provider Portal for Outcomes.
To add an employment record, click on the “+Add Employment” button.

Enter the information you have and click the “Add Employment” button to save the record. The only required field is Employer Name. If you do not know employer name, you can enter “Unknown.”
To end an employment record, simply enter an end date and save. The record will then move over to the history tab.

**Veteran Status**
To add a client’s veteran status, click on the “+Add Veteran Status” button.

Enter the information you have and click the “Add Vet. Status” button to save the record.

Only the most recent Veteran record will show in the Current tab. Any previous veteran status records where the discharge date is before the current record’s discharge date will be located in the History tab.

**Interested Parties**
The Interested Parties tab is where users can assign themselves as a primary worker, add household members, emergency contacts, or anyone associated with the client that may be important. This is also where you will find to upload the CSN Release and any External Releases you may have for a client.

**Interested Party**
Users can add interested parties for a client. Interested parties can include, but not limited to: Household Members, Emergency contacts, Guardians, Conservators, Care Team Members, Payee, etc. Interested Parties can be an internal user, or an external person/agency.

**In Household Members**
To add members to a household, and the household member is in the system, select the small magnifying glass about the Client dropdown field. Search for the client using the options presented. Once you hit search, the results will appear in the dropdown field to choose from.

If a client is chosen that has In Household Members on their client record, the system will ask you if you’d like to add those members to the same household. Do this this, simply choose the relationship and click Save. If you do not want to add the association, choose “Don’t Add Association” and that association will not be added.
Please note: By not choosing an association to add does not mean the association ended on the client chosen. If someone is no longer in the household, please enter an end date for that individual to remove them from the household.

If a household member is not in the system, do not use the search and just enter the information manually.

Choose “In Household” as the role.

When this role is chosen, the relationship dropdown will become required. Choose the relationship.

For General Assistance entities, it is important to fill in any Interested Party that you want to report income for in the household.

Please note: To view all household members for a client, click the Care Team view link in the client header. Depending on how the household members were added, they won’t always show in the Interested Parties grid!
To add a new Interested Party, click the “+Add Interested Party” button

[Image: + Add Interested Party]

OR

[Image: Individual?; Yes No]

The Individual toggle can be switched to No if your interested party is an agency. This will change the fields in the form.

Agencies can be duplicated, when needed by using the Duplicate button at the bottom of the form.

[Image: Cancel and Return Duplicate Save Party]

The type ahead box labeled Search User (or Search Agency) based on the toggle, is a type-ahead field. This is for internal CSN users (like yourself), or a CSN Provider. Start typing the user or agency and choose from the choices presented. Once the choice is selected, the fields will auto-fill based on your selection.

Please note: Use the type-ahead for CSN users or the system won’t recognize you as the worker!

[Image: Search Agency:]

[Image: Search User:]

Mental Health Advocates need to switch the “Care Team” toggle to yes in order for their name to show in the committal area. The system will do this automatically when the Mental health Advocate role is chosen!

If your Interested Party is an external person or agency not in CSN, this type-ahead field can be skipped.

Multiple emails can be entered for agency interested parties. Just simply separate the email addresses by commas or semi-colons.

[Image: Contact Email Address:]

here@there.com, apersonhere@gmail.com, there@here.com

An Interested Party can have more than role, if appropriate. To select more than one role, hold down the CTRL key on your keyboard and select the roles that apply to your Interested Party. Release the CTRL key when done.
If an Interested Party needs a release, change the Release Required? toggle to Yes. Once you Save the record, you can go back in and generate a release for that party. A button will appear below the toggle switch.

![Generate Release Button]

Click this button to go to a staging area where you can click the checkboxes and add information, as appropriate. Once you are ready, click the blue “Generate” button at the top of the release to create a PDF version for the Interested Party to sign.

![Generate Button]

You can now close the staging version of the release by clicking the Close button. The non-signed release will be added to the Interested Party document PLUS a record will be automatically added to the External Release section. Once the release is signed, it can be uploaded into the External Release area under the appropriate party’s record to replace the un-signed release. Please see External Release section below for more information.

If an Interested Party is part of the client’s care team, simply change the Part of the Care Team? toggle to Yes.

![Part of the Care Team?]

This will add the Interested Party information to the client’s header under Care Team “View” link.

The start date of an Interested Party is required. You can use the date of the client’s eligibility, the client’s DOB in cases of parents, or a best guess.

Once you have your Interested parties entered, the list of will show in the grid. To edit one, simply click the blue envelope of the record. After your updates, click Save.
To end an Interested Party, simply enter an end date for that record and it will go to the History tab.

**External Release**

External releases are releases to external parties needed to share information. It could be a release to a provider, social security, or even an Interested Party as stated in the above section.

To replace a previously auto-generated Interested Party UN-SIGNED release record with a SIGNED release, click the blue envelope for the record you are updating. Click the “Remove File” link in the document area to remove the UN-SIGNED release.

Now, you may upload the SIGNED release and save the record.

To auto-generate an external release that is NOT already related to an Interested Party, click the “Generate External Release” button located above the External Release grid.

This creates a staging area where you can click the checkboxes and add information, as appropriate. Please do not forget to note if this release is dependent on eligibility.

Once you are ready, click the blue “Generate” button at the top of the release to create a PDF version for the external party to sign.

Once you get the signed release, or if you used another type of release you need to upload, click the “+Add External Release” button.
Choose the type of release you are uploading. The type-ahead field only brings back Interested Parties. If an individual/agency is not listed in Interested Parties, they will not show in the type-ahead drop down. However, you can type whatever you want in that field and click into another field and it will save.

The Date Signed and Expiration Date of the release is what alerts look at. The Start Date and End Date of the release replaces the “active” check box. The start date of your release will most likely match the Date signed, but the Expiration Date and End date may not match. The End Date is NOT an expiration date! If there is a date in the End Date, an alert will not be generated to let the user know the release will expire. A date in the End Date will tell the system the release is no longer active and will move it to the History tab.

Please note: If a SIGNED release expires and a user obtains an updated release, DO NOT REPLACE THE OLD RELEASE and upload over it. Please enter an end date in the old release record and add a new record with the updated release. History needs to be kept of expired releases for audit trails.

CSN Release (Multi-Party Release)
The CSN Release (Multi-Party Release) has been created to allow entities in CSN to share client mental health information and HIV/AIDS testing information without violating Iowa Code. CSN 3.0 is programmed around whether a Release has been obtained. Information within CSN 3.0 is broken into two categories: Level 1 and level 2 information. Level 2 information is pragmatically controlled if it’s seen or not based on if the client has a CSN Release.

Users can generate the newest version of the CSN Release by clicking the “Generate CSN Release” button.

This creates a staging area where you can click the checkboxes and add information, as appropriate. Once you are ready, click the blue “Generate” button at the top of the release to create a PDF version for the client/guardian to sign.
A copy of the non-signed release will be added as a CSN Release record in “Requested” status automatically. Once the release is signed, it can be uploaded into the CSN Release area under the appropriate record to replace the un-signed release.

![CSN Release](image)

To replace a previously auto-generated CSN UN-SIGNED release record with a SIGNED release, click the blue envelope for the record you are updating. Click the “Remove File” link in the document area to remove the UN-SIGNED release.

Now, you may upload the SIGNED release and save the record.

If you did not use the “Generate CSN Release” button and used a blank CSN Release from Helpful Files, click the “+Add CSN Release” button to add the release record.

![+ Add CSN Release](image)

Select the version of the release you are uploading. You can find the version number on the CSN Release itself in the lower right-hand corner of each page. You must verify the version of the release you are uploading before you can continue. **There are differences on what information is viewable between versions of releases!**

![I confirm that I have verified the version](image)

The status of a release tells a user if a CSN Release has been:

1. Requested: Usually generated by the system awaiting a user to upload the final signed version
2. Submitted: Release sent out to client/guardian(s) to sign
3. Finalized: Signed version uploaded, any exclusions noted, and process is done
4. Revoked: The client or guardian revoked the current release, and the release immediately closes. This helps notify users a release was valid but has been revoked.
5. Declined to Sign: The client or guardian was offered the release to sign, but they declined to sign it. This can help notify users the client/guardian declined to sign so they are not constantly being asked to sign the CSN release.

Only when a CSN Release is Finalized is when the system recognizes it as valid and will programmatically unhide/hide fields as appropriate.
The CSN Release must have a start date, but is not required to have an expiration date, but keep in mind if the version changes, best practice is to eventually get all new releases for any clients you are serving.

If the client/guardian listed any exclusions on the release, a user must add those, so the system knows when to hide Level 2 information.

Substance Abuse information will be automatically set as an exclusion in the system due to the new federal rule that went into effect on 3/21/17, so you will not see that toggle. If a client/guardian does not want to share HIV/Aids or Mental Health information (or has not signed that area in the release), set the toggles to Yes.

Entities such as regions, counties, and providers can be excluded, as well as individual CSN users. Using the yellow type-ahead fields, users must select what’s in the drop down. If an Entity or User is not in the system, it may have to be added. Please contact support with any questions you may have.

To clear any exclusions a user may have added by mistake, select the entity/user in the white box and click the Clear or Delete buttons.

**When a Finalized release is saved, the record will become locked and un-editable except for the Expiration date field.**

If a user/guardian either revokes the release, or a new release is replacing an older one, simply update the Expiration date field appropriately. The newly expired release will move to the History tab.
**Income & Resources**

User can list Income, Resources, and Expenses for a client and their household, when appropriate. Depending on the entity you are logged in under the number in household fields are managed differently.

**Income Overview**

The top portion of the Client Income Resources screen lists proof of income note box and the number in the household. When logged in under any entity *besides General Assistance* (see below), the user can simple enter the number of adults/children in the household.

![Image of Income Overview](image)

**For General Assistance entities...** The adult number in household is dependent on records in the Interested Parties section. This is so each household member is accounted for. The field will automatically show a 1 to count the client. When you click on the person icon, a list of interested party records will show. Change the toggle to Yes to say they are in the household and hit save.

![Image of Number in Household](image)

The number of children box is open to enter a number as most entities won’t add children to an Interested Party table, unless they are a client.

If the client is over income or has co-pay, turn the Over Income/Copy toggle to Yes. This will put an alert on the client header to inform other users. **Please note that this toggle is not entity specific. It’s up to the user of each entity to double check to make sure this toggle is accurate.**

The Total Income/Resources fields cannot be typed in. Those will total based on the income source detail line items.

Once you update any fields in this area, be sure to click Save Income Overview button.

![Save Income Overview Button](image)

**Income Source Detail**

**To add income,** simply start typing in the type-ahead field to pick the appropriate Income source. A user is allowed to type in a resource not listed. For example, if “Spouse Income” is typed in, the system will save it.
The status is not required, but can be helpful in informing users if the client applied, was denied, etc. The gross amount is wages before taxes, or unearned income amount. The net/adjusted amount is based on your entity’s guidelines and adjustments.

A user can drop the Countable by Entity box down and select their entity type, or other entity types if they know the income guidelines are the same. If it’s countable by your entity type, the Countable by Entity column will say Yes and be added to the appropriate totals.

To add multiple income resources, click the “+Add Multiple Income Records” button on the right side of the Income Source Detail section.

A list of all income sources will appear and change the toggle to Yes if you want to add those income records and click the Add Income button.

The system will add all the income records you can now simply add in the gross/adjusted/net amounts.

**To edit income**, click the blue folder beside the record you want to edit. The fields will become enabled and a user can change/update the status, gross, net/adjusted, and countable by entity fields. Click the Save button on the left side of the record when completed.

**To delete income**, simply click the blue folder of the record you want to delete. Click the red delete button on the left side of the record.
Income and Resources now keeps history. Anytime you update/change/delete an income line item, a record will be inserted in history of the original.

Expense Source Detail
To add an expense, select the category, expense type of the expense from the dropdown. Then, enter the Expense Amount and choose the Expense Status.

You have the ability to add a document to the expense record by clicking on “+ Add Document”. If you need to add a document later, click the blue folder on the expense record to open the record first, then add the document.

Be sure to click “Add” when done.

Documents can be edited as well, by opening the expense record by clicking on the blue folder and clicking “Edit Document ID#”.

Be sure to click “Save” on the expense record when done editing.

There is a box at the top of the expense grid called “Income-Expenses” that will show all countable income minus any expenses added. If the “Countable by Entity” column says “No” in the grid under income, the income will not be counted into the calculation.

Expenses can be moved to history by changing the Expense status dropdown to “History”.

Household Resources
To add a resource, simply start typing in the type-ahead field to pick the appropriate resource.
Enter the location of the resource, the amount the resource is worth, and if this resource is countable by entity.

To add multiple household resources, click the “+Add Multiple Resource Records” button on the right side of the Household Resources section.

A list of types of resources will appear and change the toggle to Yes if you want to add those resource records and click the Add Resource button.

The system will add all the resource records you can now simply add the location, amount it’s worth and if it’s countable.

To edit resources, click the blue folder beside the record you want to edit. The fields will become enabled and a user can change/update the type, location, amount, and countable by entity fields. Click the Save button on the left side of the record when completed.

To delete income, simply click the blue folder of the record you want to delete. Click the red delete button on the left side of the record.

Household resources now keeps history. Anytime you update/change/delete a line item, a record will be inserted in history of the original.
**Motor Vehicles**

To add a motor vehicle, click the ‘+Add Vehicle’ button.

![Add Vehicle]

Fill out the appropriate fields and click Add Vehicle button when finished.

To edit a vehicle, click the blue folder beside the record you want to edit. The fields will become enabled and a user can change/update any of the fields. Click the Save Vehicle button when completed.

To remove a vehicle, simply click the blue folder of the record you want to remove. Change the Active toggle to No and click Save Vehicle.

Vehicles now keeps history. Anytime you update/change/inactivate a line item, a record will be inserted in history of the original.

**Property/Business Interests**

To add a motor vehicle, click the ‘+Add Property’ button.

![Add Property]

Fill out the appropriate fields and click Add Vehicle button when finished.
To edit a property, click the blue folder beside the record you want to edit. The fields will become enabled and a user can change/update any of the fields. Click the Save Property button when completed.

To remove a property, simply click the blue folder of the record you want to remove. Change the Property Sold/Given Away toggle to Yes and click Save Property.

Property/Business Interests now keep history. Anytime you update/change/inactivate a line item, a record will be inserted in history of the original.

Somatic Info
Somatic Info tab is where users can list a client’s level of support, Disability Group, Diagnosis-ICD, Diagnosis-DSM, Allergies, Seizures, Medications, and non-committal hospitalizations and doctor visits.

This area will mostly be Level 2 data and must be marked as such! Please pay attention to all areas with the blue/white key button!

Level of Support (LOS)
This functionality only works with MHDS Region entities. If a region entity has the functionality turned on, any county community service entities associated with that region will be required to use the functionality. If your region uses this functionality, you need to activate it by turning the Level of Support toggle to “Yes” in the Entity profile.

The level of support (LOS) section is for those entities that assign a level of support to a client that determines what services they are eligible for. By entering a LOS, and adding a client plan, the system will only show services within the client’s plan when entering a funding request.

To add a level of support, click the “+ Add Level Of Support” button.
Choose the appropriate level for the client, enter a start date, or end date if appropriate, and click the Add Level button.

The instrument is the assessment used to determine a score on a client, which then corresponds to a Level of Support. After adding the score, the Level of Support will auto-populate.

Some instruments have special circumstances where if that section of the assessment has certain criteria, the Level of Support is determined to be higher than the overall score indicates. When this happens, simply click the link underneath the score field and this will open the Level of Support field so the proper level can be chosen.

If you add an end date to the record, the record will go into the history tab.

Client Plan
The client plan is chosen based on the Level of Support above. Only plans that are at or below the level of support are able to be chosen for the client. If a client needs a higher plan than the level of support shows, change the Exception to Policy toggle to “Yes” and all plans available will show.

Please note the client plans in the system are based off standardized LOS and Plans. If a user feels a new/edited plan is needed, please submit a ticket and the request will be presented to the CSN System Admin group. Only approved/trained users or ICTS are allowed to enter system level services and plans.
Client Plan Review
Client plans must be acted on once entered. For users with the appropriate role, go to Clients ➔ Client Plan Review. This is a queue that will show all plans that need acted on.

To act on a single plan, click the blue folder next to the plan record. Then change the status to the appropriate decision and click “Update Client Plan.”

There is the option to bulk review all plans on the grid by clicking “Click for Bulk Review”. The grid will then change where each record can be updated on the grid. Once you’ve updated the records on the grid, click “Save” in the upper right-hand corner to save all your updates.

Exception to Policy (ETP) Review
Any plans that are ETPs will show in a special area in order to better track the ETPs. To review an ETP plan, go to Clients ➔ Client Exception to Policy Review. This grid acts exactly like the Client Plan Review where single records can be opened via the blue folder, or records can be updated via bulk review.

Disability Group
The client’s Disability Group is important to enter as it’s used for claims and is included on the annual warehouse reports. Clients can now enter more than two Disability Groups.

When adding a client for the first time, the add client wizard will ask the user for a Disability Group, so one may already be entered with a start date of 1/1/1900. You can change this date to a more appropriate date.

To add a Disability Group, click the “+ Add Disability Group” button.

Enter in the appropriate data. There can only be one primary Disability Group at a time. Enter the appropriate start date. Leave the end date blank is the Disability Group is active.

Please notice the blue and white key button on the Disability Group field. Users must remember to pay attention to this! If a client has a Substance Abuse (35) diagnosis, users must click the key and click the Substance Abuse check box! It’s good practice to always click the key and check any boxes that pertain to the specific Disability Group!

To edit a Disability Group, click the blue folder of the record you want to edit. If you add an end date to the record, the record will go into the history tab.
All fields can be edited/changed if there is a valid release, and the Disability Group is not Substance Abuse (35). For these records, you can turn the toggle to “No”, but you cannot enter an end date on the record.

**Diagnosis – ICD / Diagnosis – DSM**

This section will list the specific diagnosis a client has. ICD diagnosis is the code MCO’s will use, and is used at the federal level, so it is a good idea to enter it if you have the information. DSM is the typical diagnosis DHS wants on the annual warehouse reports.

To add a Diagnosis, click the appropriate “+Add Diagnosis” button

Enter the information. Users are able to use a keyword search to find the proper diagnosis for DSM without knowing the Axis, and/or ICD9 without knowing the Chapter or Block. Please search the proper wording. For example, if a user searches “depression” no results will appear because the word is “depressive”. Please notice the blue and white key and put a checkmark beside the appropriate types if the information qualifies.

Only one ICD can be primary.

Only one DSM can be primary.

Leave the end date blank if the diagnosis is active.

To edit a Diagnosis, click the blue folder of the record you want to edit. All fields can be edited/changed if there is a valid release and the diagnosis is not Substance Abuse related. If you add an end date to the record, the record will go into the history tab.
In the event an ICD or DSM diagnosis cannot be found, please submit a support ticket to request the diagnosis be added into the system.

**Allergy**

To add an allergy record, click the “+Add Allergy” button

The Allergy is free form text, so users can type in whatever allergy the client has. Change the Active toggle to Yes. Click the Add Allergy button when finished.

To remove an allergy, click the blue folder beside the record you want to remove. Change the Active toggle to No. The record will move into the history tab.

Although you can overwrite a current allergy record, it is not recommended so the client has a history.

**Seizure**

To add a seizure record, click the “+Add Seizure” button

Choose the type of seizure. Change the Active toggle to Yes. Click the Add Allergy button when finished.

To remove a seizure, click the blue folder beside the record you want to remove. Change the Active toggle to No. The record will move into the history tab.
Although you can overwrite a current allergy record, it is not recommended so the client has a history.

Medications
To add a medication record, click the “+Add Medication” button

+ Add Medication

Fill out the appropriate fields. If the medication is active, leave the end date blank. Click the Add Medication button when finished.

Please notice the blue and white keys in each section and put a checkmark beside the appropriate types if the information qualifies.

To remove a medication, click the blue folder beside the record you want to remove. Enter an end date the medication stopped. The record will move into the history tab.

Although you can overwrite a current medication record, it is not recommended so the client has a history.

Somatic Care
Somatic Care is for NON-COMMITTAL hospitalizations and doctor visits the client has. There is another area for committal records.

Any records added to this area will also appear in Events. See the events section for more information.

To add a somatic care record, click the “+Add Somatic Care” button

+ Add Somatic Care

Fill out the appropriate fields. If the medication is active, leave the end date blank. Click the Add Medication button when finished.
Please notice the blue and white key on the Reason field and put a checkmark beside the appropriate types if the information qualifies.

To remove somatic care record, click the blue folder beside the record you want to remove. Enter a discharge date. The record will move into the history tab.

Although you can overwrite a current somatic care record, it is not recommended so the client has a history.

Eligibility (Application)
CSN now requires an approved eligibility (application) record for your entity before any funding requests can be approved or claims can be paid – for NON-crisis clients. When entering a new client, the eligibility/application is part of the new client wizard.

It’s important to remember that CSN will look at dates of the application record. For example, if the approved or provisional application has an eligibility start date of 4/5, a funding request would not be able to be approved starting 4/1. If an application record expired yesterday, you will need to add a new one for your entity in order to approve a funding request or pay a claim where the start date is today.

A client may have more than one approved application across entities, but a client cannot have more than one application active at one time for the same entity.

NOTE: For MHDD eligibility, they must be entered at the REGION level. You can no longer enter an eligibility record at the Community Services entity.

To add eligibility/application, click the “+Add Application” button
• Application Date: When the client applied
• Signed Date: When the client signed the application
• Eligibility Status: Status of eligibility
  o Approved: Client is eligible for services – eligibility start date will be required when in approved status
  o Closed: Application has been closed due to failure to complete (no client follow-thru, etc)
  o Denied: Application is denied for not meeting eligibility
  o Pending: Application is pending, may be waiting on further information
  o Provisional: Application is a short term. When a provisional application is added to the system and the eligibility end date is left blank, CSN will automatically close the application by calculating 90 days from the eligibility start date and finding the last day of the month. **For example:** An application starts on 1/1/21, the system will end it 4/30/21. If you want the application to end earlier, for example on 3/31/21, you must enter the date manually.
    ▪ Provisional applications can be updated to “Approved” status, when/if appropriate
  o Reviewed: Application has been reviewed by appropriate role
  o Submitted: Application has been submitted for further review
• Client Rating: Optional field for case weighting (informational only)
• Application Document: Scanned version of the signed client application, and any other documentation that may belong in this area. Multiple documents can be uploaded. They will then be listed under the Note box field under the header: Documents
• Eligibility Start Date: This is the date the system will look at in determining if a funding request can be approved.
• Eligibility End Date: This date will default for most statuses, but a user can manually enter in a date if they prefer. Any records with no end date is considered an “open” record, even if the status is denied or closed. An end date must be entered to “close” the record in order to add a new one for your entity.
• Reason for Services: What the client is asking for, or what intake has determined the client needs. Multiple select enabled.
• Referral Source: Who referred the client. When selected, new fields will appear to fill in the referral information
Notes: Any notes that are pertinent to this specific application. Please notice the blue/white key! Be sure to mark any Level 2 data appropriately!

Once an application is in approved status for your entity, the client header will update from “N/A” to show what type of application and date approved.

**Eligibility**
MHDD Approved 04/01/2017

To edit an eligibility/application record, click on the blue folder next to your entity’s record. Users are able to open the eligibility/application for their own entity, but users will not be able to open other entities’ applications, they can only view them in the grid.

Once an application is in Approved status, the date fields (with exception of end date) and eligibility status will not be able to be edited.

To end an eligibility/application record, click on the blue folder next to your entity’s record. Update Eligibility End Date to the appropriate date and click Save Application. The record will move into the history tab.

Centralized Application Review
To access this, you must have Data Entry or Expert User active. For those that have centralized intakes, all Pending, and Submitted for Review applications can be viewed in a queue by hovering over Client on the blue menu bar and choosing “Client Application Review”.

107
Applications can be decided on one at a time by clicking the blue folder to the left of the record on the grid, or applications can be decided on in bulk by clicking on “Click for Bulk Review” button in the upper right hand corner of the grid.

In bulk review, the grid will change to so each record can be decided on by clicking the Eligibility status dropdown and entering/editing the Eligibility Start date and end date, when appropriate.

If an application status is chosen as Denied, an additional dropdown box will appear for the reason.

Once you are done with bulk review, don’t forget to hit “Save” in the upper right hand corner to save your progress and close the bulk review screen.

To view all open applications, in the upper right hand corner, you can switch the view to “All Open”.

This will show all open applications with no end date or end date is greater than today, regardless of status.

**Eligibility NOD**

Once eligibility records have been created, users can now create an eligibility NOD to clients. Open the application record and click “Generate NOD” button on the right, under the Notes field.
A preview of the NOD will pop up in a staging area. A user is to review the NOD for accuracy and can also add any notes they feel should be associated with the NOD in the Notes area below where the Eligibility Decision & Details are listed. The notes box will expand based on the information typed into it.

The contact information on the NOD will change depending on how the user is logged in. If the user is creating an NOD under a region/community service entity, the primary case worker (if there is one) will show in the contact information. If the user creates the NOD logged in under a General Assistance entity, the contact information will just show the entity’s general contact information from their entity profile. No specific worker will be listed.

Once the user is satisfied with the NOD, click the blue Generate button at the top of the staged NOD. The NOD will convert to a PDF document and auto-save to CSN in the eligibility record and in the client document area.

If a NOD has been generated, a yellow note icon will appear to the far right on the grid of the eligibility records. Simply click on the yellow note icon to view the PDF version of the NOD that was generated.

If the status changes on an eligibility, a new NOD will need to be created.

Committals (Advocates)

The committals area can be viewed by anyone, and entered by anyone, but once a committal record is assigned to an advocate, only that advocate/entity can edit that record. The Judicial Branch agreed that involuntary commitment
court documents may be uploaded to CSN by a county employee if the county employee received the documents directly from the clerk of court; the online filing system used by the clerk of courts does not count and directly received.

Non-advocate entities may open/view/edit information including the court order, facilities, and narratives/contacts on a court order record, but all fields will be disabled to edit once an Advocate is assigned. Court orders that don’t have Advocate will show “Un-assigned” in the Advocate field.

Committal Record
To add committal record, click the “+Add Committal Record” button.

Any records added to this area will also appear in Events. See the events section for more information.

- Court Order #: Court assigned number – usually begins with MH, SA or JV
- Assigned Date: Date advocate was assigned to committal
- Termination Date: Date committal was terminated OR advocate was replaced.

Best practice is when a committal is transferred to another district, the advocate ends their entity’s committal record and the new advocate enters another committal record with the new Court order # and dates.

- Filing Date: Date application/affidavit was filed with the court
- Hearing Date/Transfer Date: Date of initial hearing or when client was transferred
- Advocate: Assigned advocate. When an advocate adds a new committal, the system will automatically check to see if they are assigned to the client. If not, the system will ask if the advocate should be added as an interested party. If the advocate authorizes this, the system will add the advocate to client’s interested party record. This means advocates no longer are required to go into the interested party screen to add themselves as the advocate before entering a committal.
• If the advocate does not authorize the system to add them as an interested party, they can view the record but cannot edit the record until an advocate has been assigned.

• Notes: Notes the advocate would like to show on the Quarterly Report for this committal. Please notice the blue/white key! Be sure to mark any Level 2 data appropriately!

• Court Order Document: Any documents pertaining to this specific committal. Multiple documents can be uploaded. They will then be listed under the Note box field under the header: Documents

It’s not suggested that Advocates upload court orders as that may be against Iowa policy

To edit a committal record, add facilities, or add contacts, click on the blue folder next to the record to be edited. After any updates, click “Save Committal.”

To end a committal record, click on the blue folder next to the record to be closed. Enter the appropriate termination date and click “Save Committal.” If the termination date is prior to today, the record will move over into the history tab. If the termination date is in the future, it will move over to the history tab once that date has passed.

Facilities

A committal can order a client to one or more facilities within the lifetime of the committal. Multiple facilities can be tracked using the Facilities Slider. Simply click on the gray Facilities bar and it will slide open to reveal any facilities already entered, or ability add a new facility record.

To add a Facilities record, click the “+Add Committal Facility” button.

Enter the facility using the yellow type-ahead field. If the facility chosen is not in the options, contact your expert user or support and ask they add in the facility into CSN. Please note CSN tries to avoid duplicates providers, which includes multiple locations. There are times your request may be denied and it will be suggested what facility you should use instead.
Type the name of the psych provider that is ordered by the court (either the outpatient mental health provider or the name of the hospital)

County of Venue: The county the case was filed in

Admit date: The date the person was admitted to this facility

Reason: Inpatient MH, Outpatient MH, Inpatient SA, Outpatient SA, dual, etc. **Please notice the blue/white key! Be sure to mark any Level 2 data appropriately!**

Discharge Date: The date the person was discharged from that facility.

If Mental Health, Substance Abuse, or Dual is chosen, you must click the key and then check the appropriate Level 2 data. For example, the Reason for this facility is listed as Mental Health. When clicking the key, put a checkbox beside Mental Health to notify the system this is Level 2 data.

Each change in providers, is a new facility within this committal record. If the person starts at a hospital, enter in the hospital and corresponding information. Once discharged from the hospital, enter the discharge date and then open a new facility record and enter in the new facility. Any RCF placement, etc. can be put in the notes section within that committal facility.

**For example:** A client may be court ordered to Plains Area, but they are residing at Pride Group. You would put Plains Area in the Outside Agency field, and reference Pride Group in the notes section.

**To edit a facility record,** click on the blue folder next to the record to be edited. After any updates, click “Save Facility.”

**To end a facility record,** click on the blue folder next to the record to be closed. Enter the appropriate discharge date and click “Save Facility.” If the termination date is prior to today, the record will move over into the history tab. If the termination date is in the future, it will move over to the history tab once that date has passed.
Contacts
This is where advocates will enter their contacts that will then be listed on the Quarterly Report for this specific committal. Simply click on the gray Contacts bar and it will slide open to reveal any contacts already entered, or ability add a new contact record.

To add a Contact record, click the “+Add Committal Contact” button.

Contacts can be entered by Specific Start and End Times, or by Total Minutes. If specific start and end times are entered, the Total Minutes column will automatically calculate for the user. The made by drop down box will list all users that have a log in to the advocate entity, not just who is listed in Interested Parties.

Advocates are able to multi-select the contact types, if needed.

Please notice the blue/white key on the Notes field. Be sure to mark any Level 2 data appropriately!

Click Add Contact when finished with your contact.

To edit a contact record, click on the blue folder next to the record to be edited. After any updates, click “Save Contact.” Please use due diligence when editing contact records and not over-write old contacts.
Quarterly Report
To create a quarterly report, click on the blue folder next to the committal the report is for. At the top of the committal court order block, click the Preview Quarterly Report button.

A draft of the Quarterly report will be shown first. Look it over to make sure all contacts and notes are added. Once the advocate is satisfied with the report, click Generate at the top of the draft. This will turn the draft into a PDF that can now be submitted to the appropriate parties.

The Quarterly Report will automatically be saved in CSN under “Documents” in the Legal Documentation category so it can be viewed at any time.

Advocate Reports
There are reports for advocates in CSN. Any advocate can view the reports. NOTE: If you are not currently assigned as an advocate to a particular client, that client will not show on your report. Only Advocates can pull these reports at this time.

To view the reports, hover over “Reports” on the blue menu bar and choose “Advocate.”

Reports available:

ADVOCATE CATEGORY:

1. Advocate DHS Report: If an advocate has more than one entity log in, the report ignores this. The report is pulled by the advocate user, and will not separate the report by entity log in. This means the advocate can pull the report under any of their entity log ins and it will include all committals they are assigned to, no matter the log in it was entered under.
   a. This report is auto submitted to DHS at midnight December 1st every year, so advocates have until November 30th, 10pm to make changes and fix errors.
   b. If an advocate is not using CSN for their data, they must follow the DHS instructions using an Excel file to submit their data to CSN
2. Advocate Facility Report: This report shows all the open facilities on committals assigned to the advocate.
3. Habilitation Report: Lists all open committals that are assigned to an advocate, where the client’s current address is a “24-hr Habilitation” type address.
4. Open Committals with No Views in 12 Months: This report shows all open committals having no advocate views within a rolling 12-month period. “View” means the advocate hasn’t looked at the record.

CLIENT CATEGORY:

1. Advocate Caseload: Lists what clients are active under an Advocate.
2. Advocate Narrative List: This report shows a list of narrative contacts that were entered within the timeframe chosen. It doesn’t matter what entity the advocate was logged in under when entering the contact, this report will show ALL narratives with the advocate listed in the “Made By” field, regardless of entity.
3. Advocate Contact List: This report is similar to the report above, however, it will only show each client ONCE, regardless of how many narratives were entered for that client in the timeframe chosen. This report can be
pulled to give to your county/regional claims person as the monthly contact list many are required to submit each month. It doesn’t matter what entity the advocate was logged in under when entering the contact, this report will show ALL narratives with the advocate listed in the “Made By” field. Please note, this report is built off of narrative contacts in the committal area, so if you do not enter committal narratives/contacts, no clients will show on this report!

DATA INTEGRITY CATEGORY:
1. **Facility Data Integrity Report:** Shows a list of facilities where the discharge date is before the admit date. This report only shows facility admit dates from 1/1/20 and beyond since there was a lot of data fixing of records during the 2017 transition to CSN 3.0.

**Notes**
Please note: Providers that enter notes in the system can be seen by regions/counties with a CSN Release, or if level 2 indicators are all unchecked. However, regions/counties that enter notes cannot be seen by providers, regardless of if a release is present or not.

Notes in CSN 3.0 are a little different. Notes are now limited in characters and should not be used in as a crutch. Notes are only to use when there is no other area in the system to enter the data. There are three categories of notes in CSN.

1. Record Specific Notes (note boxes within a record)
2. Supporting Notes (generalized notes that belong to a specific area of the system/limited in characters)
3. Narratives (client contact notes that can be very long)

It’s important all users learn when appropriately use each type of note to standardize the system as much as possible.

**New Features**
Supporting Notes are available within most menu items under the client navigation bar when a client record is open. Clicking on the navigation item will show a white triangle. Select the white triangle and a white drop-down menu will show “Supporting Notes.”

**Supporting Notes**
Supporting Notes are limited to 250 characters.
To view the supporting notes under the client demographics section, click the “Supporting Notes” option and a pop out box will show any available notes that pertain to the demographics section as well as show the option to add a supporting note.
Click “View All Notes” to view all the notes for the specific section.

To add a supporting note, a user has two choices.
Choice 1: A user can click on the white down arrow in the menu item the note belongs and click “+Add Note”. The note type will auto fill based on the section you are currently in.

The user will then enter the note in the pop-up dialog box and click “Add Note” – Be sure to change the toggle switch to Yes if the note has Level 2 information AND use the blue/white key to check what type of Level 2 data the note may contain!
The note will then save with the specified type and be available to view in the specified menu area.
Choice 2: A user can go to the Notes menu item. All notes will be listed for that client. A user can filter by fiscal year, or search by keyword for the note they are after.

To add a note in this section, click the “+Add Note” button. When adding a note in this area, the user must choose the note type.

Be sure to change the toggle switch to Yes if the note has Level 2 information AND use the blue/white key to check what type of Level 2 data the note may contain!

The note will then save with the specified type and be available to view in the specified menu area.

Only a user who created the note will be able to edit their own note. The note can be viewed by others, but not edited. In the case a note is wrong, or no longer valid, the note will have to be marked inactive.

To remove/inactivate a note, click on the blue folder next to the note to be removed. Change the Active toggle switch to No and click Save Note. The note will be moved to the History tab.

Things To Know

Things To Know are limited to 50 characters.

A new feature for CSN 3.0 is the Things to Know type of note. This is a short notification that will be displayed at the top of the client header. It should be used for important things any user that deals with the client should know. Examples include: Can be violent, Take a police escort, Hoarder situation, Known for bed bugs, Uncomfortable with men, etc.

This is NOT the place to put notes such as: Applied for IHH, Client not eligible, Client has a copay, client file archived, etc.
To add Things To Know note, go to the Note menu item and click the “+Add Note” button. In Note Type, choose “Things To Know.”

It’s not suggested Level 2 toggle be marked Yes. The items you are entering in this type of note should be available for all users to see and therefore, should not contain Level 2 information. However, if you enter any information that is considered PHI or confidential, leave the Level 2 toggle to “Yes” – and the information will only be viewable by your entity only.

The note will then save and appear at the top of the client header.

Only the same entity of the user who created the note will be able to edit the note.
To remove/inactivate a note, click on the blue folder next to the note to be removed. Change the Active toggle switch to No and click Save Note. The note will be moved to the History tab.

Documents
Please note: Providers that enter documents in the system can be seen by regions/counties with a CSN Release. However, regions/counties that enter documents cannot be seen by providers, regardless of if a release is present or not.

Supporting Documents act similar to Supporting Notes. There are two categories of documents in CSN.

1. Record Specific Documents (documents within a record)
2. Supporting Documents (generalized documents that belong to a specific area of the system)

It’s important all users learn when appropriately use each type of document in order to standardize the system as much as possible.
New Features
Supporting Documents are available within most menu items under the client navigation bar when a client record is open. Clicking on the navigation item will show a white triangle. Select the white triangle and a white drop-down menu will show “Supporting Documents.”

Supporting Documents
To view the supporting documents under the client demographics section, click the “Supporting Docs” option and a pop out box will show any available documents that pertain to the demographics section as well as show the option to add a supporting document.

Click “View All Documents” to view all the documents for the specific section.

To add a supporting document, a user has two choices.
Choice 1: A user can click on the white down arrow in the menu item the note belongs and click “+Add Document”. The category will auto fill based on the section you are currently in.

The user will then enter the document in the pop up dialog box and click “Submit Document” – Be sure to change the toggle switch to Yes if the document has Level 2 information in the appropriate types!
The document will then save with the specified type and be available to view in the specified menu area.

Choice 2: A user can go to the Document menu item. All documents will be listed for that client. A user can filter by fiscal year, or search by keyword for the document they are after.

To add a document in this section, click the “+Add New Document” button. When adding a document in this area, the user must choose the document category.

Be sure to change the toggle switch to Yes if the document has Level 2 information in the appropriate types! The document will then save with the specified category and be available to view in the specified menu area.

To edit a supporting document, click the blue folder next to the document to be edited. You can remove files (in case of mistakenly uploaded to wrong client) and change any of the fields. Click Save Changes when finished. Although you can overwrite a current document record, it is not recommended so the client has a history (with exception of a mistake).

To remove/inactivate a document, click on the blue folder next to the document to be removed. Change the Active toggle switch to No and click Save Changes. The document will be moved to the History tab.

Funding (Authorizations)
This is where funding requests for clients is entered. There are three types of funding requests.

1. Crisis Authorization: Can be entered without an eligibility record for your entity, but services are limited to crisis services only. Capped at units, rates, and/or max amount.
2. Service Authorization: Can only be entered if an valid eligibility record is present. A single service authorization which is capped at units, rates, and/or max amount.
3. Block Authorization: Can only be entered if a valid eligibility record is present, and the LOS functionality is NOT turned on in the entity profile. An authorization that is for a single provider, but no specific service and is capped by units or a set amount of money.
New Features
Funding requests can be filtered by fiscal year. To filter, choose a fiscal year in the fiscal year drop down or choose “All Fiscal Years” to view all funding requests for all time. Users may also filter by active requests, or all requests in that fiscal year as well.

The fiscal years that show to choose from are where funding requests are entered by service date. Certain elements shown on funding request grid is considered Level 2 information. Some areas may be blurred out without a proper release.

The client and provider NOD has been collapsed into one NOD. An update to the grid showing an NOD icon help users to determine if an NOD has been generated or not for a funding request. If an NOD has been generated, a yellow note icon will appear to the far right on the grid of the funding requests. Simple click on the yellow note icon to view the PDF version of the NOD that was generated.

Addresses and Funding: Please note that if a client has active funding requests with the current region as payer, and the address is changed to a different region, the user will be prompted to auto-close funding requests a day before the new address’ begin date. The system WILL NOT create a new request for the new region.

Please note: If an address is changed to begin several months, or even years in the past, any active funding requests for the current region will back date as well. If you must back date an address that far, please check the funding requests and get help from an expert user or put in a ticket to correct the funding requests when necessary.

A system rule is a client cannot have duplicate funding requests. This includes the same provider, same rate, at the same timeframe. However, the system will ignore any requests in “Denied” status when checking for duplicates.

Adding Funding
To add a funding request, click the “+Add New Funding Request” button on the left side. Choose the Funding Request Type.

When Block Authorization is chosen as the type, fields such as service, units, per, rate, and co-pay information disappear. Please do not overlap Block Authorizations of the same provider as it may cause claim adjudication issues.
When a claim is entered, the system will look for a block authorization first for that provider, and not a specific service authorization. **Block authorizations are not available to choose from if a region has LOS functionality turned on.**

When Crisis Authorization is chosen as the type, only services that are labeled as crisis that the provider has a rate entered for will show to choose from. When Service Authorization is chosen as the type, all services that the provider has a rate entered for will show to choose from. **If a region has LOS functionality turned on, services will be filtered by the client’s current plan, and only services that are LOS 0 or 1 show. If there is not a current client plan, only services that are LOS 0 or 1 level will show.**

**If a region has LOS functionality turned on, services can be filtered by the program category, if desired. The program categories are as follows:**

- **Non-MHDS**: Services that are used for General Assistance, building expenses, and other non-mental health related departments. All COA’s that start with “00” do not check for funding requests, but all COA’s that start with “10” do check for a funding request, unless the code is considered administrative.
- **No FR Needed**: MHDS Services that do not check for a funding request and are considered an pre-authorized service for a client, therefore the system will not check for a funding request.
- **Administrative**: MHDS Services for administrative expenses such as salary, benefits, office supplies, or general operating expenses. The system does not check for a funding request.
- **Support**: MHDS Services that are used as supports for a client. The system checks for a funding request.
- **Crisis**: MHDS Crisis Services for a client. The system checks for a funding request unless the code is considered administrative.
- **JIS**: Justice Involved Services for a client. The system checks for a funding request unless the code is considered administrative.
- **Treatment**: MHDS Services for a client that includes outpatient and inpatient services. The system checks for a funding request.
- **Employment/Day**: MHDS Services for a client that includes employment, prevocational, or day habilitation. The system checks for a funding request.
- **Residential**: MHDS Services for a client that includes community based residential settings. The system checks for a funding request.
- **Commitment**: MHDS Services for committal related evaluations. The system checks for a funding request unless the code is considered administrative.

Enter in the appropriate information. If a user has the funding authorizer role enabled, the user may act on the request immediately without leaving the screen. Otherwise, this area is disabled. If a user clicks “Hold”, the funding request will go into Pending status and will not be submitted for decision by the funding authorizer. It’s then the user’s responsibility to go back and submit that request when ready; or it will sit in Pending forever.

If a user clicks “Process”, the request will be submitted for review to the funding authorizer to act on.
Exception to Policy (ETP)
If a funding request is an exception to policy, turn the “Funding is an Exception of Policy” toggle to Yes.

If a region has the LOS functionality turned on, the ETP can be tracked more thoroughly. When the toggle is switched to Yes, an Exception to Policy Type dropdown will need to be filled out as well.

Co-Pays
A co-pay can be added to any funding request, besides block authorizations. If a co-pay is needed for a block authorization, simply decrease the dollar amount by the copay.

- Co-pay Amount: A number that can be a dollar amount or percentage (do not enter $ or %, just enter the number)
- Co-pay Type: Dropdown if the co-pay amount is dollar amount or percentage
- Co-pay collector: Tells the system who the collector is. If Provider is chosen, the claim will adjudicate by decreasing the billed amount by the co-pay. If County is chosen, the claim will not be adjusted based on the co-pay.
- Co-Pay Per: Tells the system if the copay is per month or per unit. If per month, the claim will adjust appropriately.

Duplicating Funding
When a client is getting the same service(s), and a funding request needs renewed, a user can duplicate a request. To do this, open the request you want to duplicate. Scroll to the bottom and click the Duplicate button.

A pop-up dialog box will appear asking you the dates for the NEW funding request. The start date will auto-populate one day after the end date of the original funding request. Users can change this date if not correct.
The toggle switch asks the user if they want to end the original request one day prior to the new request’s funding start date. If Yes is showing, the original request will end one day prior to the funding start date showing entered in this box. In this example, the original request will end 2/1/17 (one day prior to 2/2/17). If the toggle switch shows No, the original request will not be changed.

Click Duplicate when ready.

Once Duplicate button is clicked, the system will make a NEW request and redirect the user to it. When the funding request comes on screen, it’s the NEW request that has been duplicated. Make any potential changes and submit.

**Please note: Any information under Additional Details will not duplicate on the new request**

**Ending Funding**

To end a funding request before its expiration date, simply click the blue folder next to the request the user wants to end. Change the end date to the appropriate date and click Process.

**Acting on a Funding Request**

For users with the Funding Authorizer role, the bottom portion of the funding request form becomes enabled so a decision can be made on it. There are two ways to act on funding request.

On the blue menu bar, hover over Financials option and choose “Funding Request Review.”

A funding authorizer can bulk review requests, or click into the request for individual decision making, whichever their preference.

**For individual request decision making**, click the blue folder of the funding request to be reviewed. Under the Funding Request Decision area at the bottom, fill in the appropriate fields.

- **Funding Request Status** is where the authorizer tells the system if the funding request is approved, denied, or Pending.
- **Waiting for Medicaid: Funding Source** is where to track if a region/county is paying for client services until the client gets on the appropriate funding source
- **Funding Request Details** will show on the Notice of Decision (NOD) if the user feels an explanation is needed
• **Funding Request Status Reason** is a secondary status of the funding request, but is not required. Click Save Funding Request once a decision has been made.

*If a region has the LOS functionality turned on, there is a special area to decide on funding requests that are ETP’s.* When a user goes to the Funding Request Review screen, there will be a tab called “Exception to Policy”. Any funding requests that are marked as ETPs will show up here to review.

For bulk review, click the “Click For Bulk Review” button in the upper right hand corner.

The Status and Status Reason fields will become enabled in the grid.

Simply use the drop-down boxes to make the decision on each request. When finished, click “Save” in the upper right hand corner.

Generating a Notice of Decision (NOD)
To generate a NOD, the user can click the checkbox in the grid beside the funding request on the right side. Multiple requests can be checked to show multiple requests on one NOD.

To select all funding requests on the page, except for those that already have a funding auth, click the green “check all” button at the bottom of the page.
Once your requests are chosen, click the Generate NOD button at the bottom of the grid.

A preview of the NOD will pop up in a staging area. A user is to review the NOD for accuracy and can also add any notes they feel should be associated with the NOD in the Notes area below where the service grid is listed. The notes area will expand depending how much information is typed in.

The contact information on the NOD will change depending on how the user is logged in. If the user is creating an NOD under a region/community service entity, the primary case worker (if there is one) will show in the contact information. If the user creates the NOD logged in under a General Assistance entity, the contact information will just show the entity’s general contact information from their entity profile. No specific worker will be listed.

Once the user is satisfied with the NOD, click the blue Generate button at the top of the staged NOD. The NOD will convert to a PDF document and auto-save to CSN.

If an NOD has been generated, a yellow note icon will appear to the far right on the grid of the funding requests. Simply click on the yellow note icon to view the PDF version of the NOD that was generated.

Claims (Client Specific)
User can view what claims were paid for specific client by click on the Claims menu item below the client header. The claims are sorted by default by ID, but users can click on click on any header to sort to their preference. The system only
shows the last three fiscal years of claims. To view more history, use the Izenda (Ad-hoc reporting).

Users can also use the filter by fiscal year dropdown or search by keyword to find the client claim. Client claims can also be exported into an excel sheet if needed.

A money icon will show to the left of the claim within the client record showing the claim has reimbursement information. If you hover over the icon, it will show how much is expected.

### Narrative

Client narratives are found in the Narrative menu below the client header and are now a part of the main client record and are accessible by anyone. Narratives should be used most of the time for client contacts, coordination, and case notes longer than 250 characters. *An exception is for Advocates. They have their own area for Client narratives (aka client contacts). Please see “Committals” for more information.*

**Adding a Narrative**

To add a narrative, click the “+Add New Narrative” button on the left side of the screen.

Narratives can be entered by Specific Start and End Times, or by Total Minutes. If specific start and end times are entered, the Total Minutes column will automatically calculate for the user. The made by drop down box will list all users that have a log in to the entity.
Please notice the blue/white key on the Notes field. Be sure to mark any Level 2 data appropriately! Click Add Narrative when finished with your contact.

**Editing/Correcting a Narrative**

To edit a Narrative record, click on the blue folder next to the record to be edited. Narratives will only be able to be edited by the user that created the contact. However, the Narrative field cannot be edited at all once saved. A worker will have to use the addendum box in order to note any changes to the original narrative.

**NOTE:** If a narrative entered under the wrong client, this narrative cannot be deleted due to compliance protocols. To correct the mistake, please do the following:

1. Click the white key and check every single Level 2 indicator
   a. What this does is lock the narrative down so only the entity you were logged in under when you created it can see it. No other entity will be able to see the information.
2. In the addendum, wrote a note the narrative information is not valid for this client
3. Go to the correct client and add the narrative.

After any updates, click “Save Narrative.”

Narratives can be filtered by fiscal year, date, or searched on by keyword by using the filter options.

**Events**

Certain events that happen to a client that users deem important will show in the Events area. This will create a timeline a user can view to help identity patterns or cycles a client may be going through.

The system will auto-add an event when from the following areas of the system:

1. Committal is entered – event is Court Order
2. Homeless/Shelter address is entered – event is Homelessness
3. Safe At Home address added – event is Safe At Home Address
4. Crisis claim is paid – event is Crisis
5. Justice Involved Services arrest is added – event is Incarceration
6. Somatic Care ER is added – event is Emergency Department

To update/end the event record, update the record in the appropriate area of CSN (address, somatic, committals, etc) and the event record will update as well. Please do not manually edit the event record for data integrity purposes, unless you manually entered the event record to begin with.

The only Event type with no trigger to auto-add a record is Transitional Housing/Living (at this time), so will have be added/updated manually.

**Adding an Event**

Please only manually add an event for event types that do not auto-add from another area. You should also not edit an event (unless you added it manually) in this area. By updating the record in another area of the system, the event record will update as well.

![Add New Event](image)

Choose the event date and event type. You may add any notes – **be sure to mark Level 2 when appropriate!**

![Client Event](image)

Click Save Event when finished.

The Event will be saved and show on the grid which can be sorted in any manner by clicking the arrows next to the heading.

<table>
<thead>
<tr>
<th>ID</th>
<th>Event Type</th>
<th>Event Start Date</th>
<th>Fiscal Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>Incarceration</td>
<td>4/1/2017</td>
<td>2017</td>
</tr>
<tr>
<td>33</td>
<td>Court Order</td>
<td>5/1/2017</td>
<td>2017</td>
</tr>
</tbody>
</table>

The last event that client had will always show in the client header regardless of if there is an end date on that event. It’s good information for anyone working with that client.

![Client Information](image)
A user can also filter by dates, fiscal year, or keyword search.

### Outcomes
Please see Provider Role & Outcomes

### Interactions
An area to easily get assessments, referral information, risk factors, treatment connections, progress goals, and checklists that are NOT related to an arrest. If any of this information is related to an arrest, this information is entered in the Justice Involved Services area. All roles will have access to this area to add information. Although some items may be blurred out if client has no release or certain level 2 indicates are checked.

### Adult Satisfaction Surveys
Regions can now create satisfaction surveys out of the system and track the results. To begin creating a batch of satisfaction surveys, go to CLIENTS→Adult Satisfaction Survey.

The survey generated was put together by the Data Analytics committee for use by all regions.

Clients will be included at random in a survey batch, but in order for the client to be included, the following requirements must be met:

- Client is an adult
- Client does not have Homeless/Shelter, Correctional Facility, or Duplicate/Error as an active address type
- Client must have a mailing address and a physical address
- Client has had a claim paid for them within the last calendar year except if the claim:
  - Is Non-MHDS
  - COA Code starts with “74” for “75”
  - COA Code is 22376 and 45366
  - COA Code is a crisis service
Generating Surveys
Satisfaction surveys will be sent out to clients via email if the client has an email address in the demographic contact area. If an email address does not exist for a client, the user will have to mail out the surveys to the client.

To start a survey batch, click “Generate Survey” green button.

The system will then ask you, what percentage of clients served would you like to receive a survey. The default (and minimum) is 10%, but you can change this up to 100%.

Once you have your percentage entered, click “Generate Surveys”

On the page, a grid will appear and show the most recent batch of surveys created at the top.

The grid will also show the user how many surveys were sent, received back, and the response rate percentage.

To view the clients included in this batch, to see what surveys went out via email, or to print off the surveys to mail out, click the blue folder on the batch.

Below the batch grid, another grid will appear showing the name of each client included, their mailing address, and if the survey was sent or not. There is also a unique system generated AccessID. This ID will be used to enter in surveys to the system that keep the client anonymous, if they choose not to be.

Any clients that have an email address, the survey would have been emailed to them. The email the client receives, looks like this:

Hello,
You are receiving this email because you have received health services within the last year. Survey: https://independenceaco.org/SurveyID/380946
If the client states they didn’t receive the email or their email address has changed, the user can go into the client, re-enter the email address correctly in the demographics area. They then can come back to this survey batch and click “re-send” on the right-hand side of the client’s grid line.

The client simply clicks the link, and they are taken to a CSN page where the survey can be filled out online. Once the client fills out the survey, the system will automatically be updated to show you received back a survey in the batch.

The online form looks like this:

Please notice that the client has an option of putting their name on the survey if they wish.

For those clients that don’t have email addresses, or for the clients that rather get the survey via U.S. Mail, surveys can be printed. You can choose to print single surveys, or print all surveys not sent by using the appropriate buttons at the top of the grid.

Once the surveys are printed, users can mail them out to the proper clients. There is a report under Clients→Reports under the Client Satisfaction Survey heading, where you can pull an excel file to use for mail merge if you wish, along with other Satisfaction Survey reports.

Once you have mailed out all surveys, you must mark the surveys as “sent.” To do this, you can select the lines you wish and mark just those sent, or you can mark the entire list sent by clicking the appropriate buttons at the top of the grid.

**Entering a Satisfaction Survey**

Once you receive a survey file back, a user can enter the survey by clicking the blue “+Enter Survey” button on the right hand side of the screen.
A survey form pop-up will appear and ask for the Access ID. The Access ID is located at the top of the paper survey form.

Access ID: 0734C6

Do NOT fill out the client’s name if the client did not give that information on the survey! These surveys are meant to be anonymous if the client chooses to be.

Fill in the rest of the form based on the answers the client gave. Once complete, click “Submit Survey”. The Access ID will automatically know which client the survey was for.

In the event a survey comes back with no client name and the answers the client gave is a potential risk or emergency, users can contact ICTS with the Access ID and ICTS will give the client’s name to the user.

Satisfaction Survey Reports
Reports are available for Satisfaction Surveys under Client → Reports and under the Client Satisfaction Survey header on the screen.

Justice Involved Services

The Justice Involved Services module is a place for Jail Coordinators, or others to manage, track, and enter information on clients in the justice system. PLEASE DO NOT ENTER ANY JUVENILE ARREST RECORDS IN CSN!

Role Information
For a provider entity, users can skip the outcome responsibility pop up when trying to view a client record.

If a user only has “Jail Coordinator” role, no matter what type of entity they log in under, they will not be able to enter narratives for a client under the Narratives secondary menu. The user can only enter narratives in the Justice Involved
Services section under referrals. Please contact your expert user for options on other roles if you want the user to enter narratives secondary menu.

Searching Clients
To add a client to your client listing, click the magnifying glass in the blue menu bar.

When searching, please use the proper search protocol. It is recommended to perform at least three separate searches to find the client you are after.

1. Search as much criteria as you know
2. Search on SSN
3. Search on First, Last name, or only on last name
4. Search on partial first and/or last names such as “Jo” for Joe or Joseph, and/or “Smi” for Smitty or Smith

➢ The Client ID is an auto generated CSN ID, not a State ID/MCO ID

If a user does not follow searching protocol, and keeps entering duplicate records, the user may be asked to review this manual or attend a training before they can be allowed to add new clients to the system.

Once you find the client you are after, click the Person icon or blue folder to open the client record.

For provider type entities: the system may bring up a dialog box like this.

This is due to providers are entering outcomes for clients. Simply select the “SKIP” button to continue to the client record, then click on Justice Involved Services on the secondary menu bar.

Adding Clients to the system
If the client is not found in the search results, the user may have to enter the client into the system. On the search results screen, click the “Add New Client” button at the top.

For a user to be able to add a client, they must search the client by certain criteria. A user must search on:

1. First name, last name, and DOB or
2. State ID or
3. SSN

The search criteria are put in place to limit the number of duplicate clients in CSN. If the user does not search by the required set of criteria, then the add client option will not be available to the user and grayed out. It will only become available when the proper search is completed.

If you don’t see the client you are looking for in the list below, and your criteria is accurate, you will want to select the “ADD NEW CLIENT” button below to begin the client setup process. The “ADD NEW CLIENT” is available when you search on first name, last name, and DOB, or if you search on StateID or SSN.

Once you click “+Add New Client” you are taken to the Add New Client wizard. This process will step you through adding a new client section by section. The fields in red are required fields.

Things to know about entering a new client:
1. **Social Security Numbers:** We do expect accurate information to be entered into the system. In the event you do not have a SSN on a client, you can use the blue “Dummy SSN” button and the system will generate dummy SSN for the client. However, you are expected to try and get the accurate SSN and update the client’s record.
2. **Address Type:** Address type is required to determine funding for the client if the county/region ever has to pay services for them. If you need help on choosing the correct type, please put in a ticket. You can also review this area in the manual: Clients→Demographics→Client Address

Please note: if you quit entering a client before the wizard is done, the client will not be entered into CSN. You must click the “Add Client” button in the lower right-hand corner (scroll over if you have to).

**Criminal Justice Information System (CJIS) Data Exchange**

Starting November 2021, the Criminal Justice Information System (CJIS) went live. This CJIS data exchange adds adult arrest records and charges into CSN, as long as the charges are misdemeanor and above, and as long as it can find a match in CSN to a client.

Please note: Only counties/correctional facilities using TraCS (Traffic and Criminal Software) feed into CJIS. If a county/correctional facility is not using TraCS, their data will not be fed into CJIS, and therefore not fed into CSN. For a list of facilities using and not using TraCS, please email CSNStaff@iowacounties.org.

Once the court processes the arrest(s), it is then sent thru the CJIS exchange.

Once the exchange finds a match, the following information is entered into CSN:
- Arrest Date
- County of Arrest
- Charge(s)

When CJIS enters a record into CSN, the created by information will show “CJIS Data Exchange” so users know it came from the exchange.
The entity of entry information is determined using the county of arrest and then rolled up to the region that county belongs to.

**Region Serving Dropdown**
When a region is serving a client for justice involved services, they can “claim” the arrest by choosing their region in the region serving dropdown. This makes it clear what region is serving the client since regions can serve clients with legal residence elsewhere in the state.

This is important as JIS reporting will be looking at this dropdown to determine what clients to show on each region’s reports. This field is required for all records manually entered, but will auto-populate to the appropriate region depending on how the user is logged in. If providers or correctional facilities are entering in the arrests, they must choose the region who is serving the client.

For records imported by CJIS, this dropdown will remain blank, and regions must go “claim” the arrest records if they are serving the client. Any CJIS entered arrests that are not “claimed” will be assumed as the client is not being served by any region.

**Information not populated**
The jail the client was booked into is not available in the CJIS exchange so the jail information will never be populated automatically.

CJIS will also not populate a release date as that information is not available thru the CJIS exchange.

There are some records added that may not be an arrest. For example, if a client violates a protective order, it may not be an arrest, but could be a potential arrest in the future. **Due to these reasons, working with your local correctional facilities is still vital!**

**Multiple Open Arrest Records**
Due to the data that comes from CJIS, there are times a client may have more than one open arrest record. This is the only time users will see multiple open arrest records as the system normally does not allow this. However, if the record was entered by CJIS, users have the ability to edit/close the record as appropriate.

**Expungements/Deferments**
If a client’s arrest information came in via the CJIS exchange, and that client’s charges are deferred or expunged, CJIS will notify ICTS to remove the information from CSN. This is done automatically. However, any records entered by the user such as screen/assessments, referrals, risk factors, treatment connections, progress goals, or checklists will NOT be removed. Those items will just be disassociated with the arrest and then can be viewed under the “Interactions” menu item.
Alerts
At this time, there is no alerts notifying jail coordinators of arrests entered by the CJIS exchange. This and other potential enhancements are being discussed for the future. Please use the CSN Enhancement form (located under helpful links on the homepage of CSN) for any enhancements users would like to see.

Adding An Arrest Manually
To start a jail record, click on the “+Add Jail Arrest” button on the right side of the screen. PLEASE DO NOT ENTER ANY JUVENILE ARREST RECORDS IN CSN!
Some records may be auto-entered by the CJIS Data Exchange – please see that area for more information!

> Add Jail Arrest

**Arrest Date:** Date client was arrested

**Projected Release Date:** Date client may get released (not required) and is usually best guess. The jail coordinator will receive an alert 7 days prior to this date that the client will potentially be released.

**Release Date:** Date client was released from jail. The jail coordinator and any care team members will receive an alert that this client has been released from jail.

**County of Arrest:** The county where the client was arrested

*Please note: Only one Jail Arrest can be active at one time!*

Adding A Charge
To the right of the arrest dates, click “Charges+”

There are three ways to add charge codes.

1. Search by Extension
2. Search by Severity
3. Enter Local Charges (for codes that don’t match state/federal)

**Search by Extension**
You can filter on the charge code (up to 5 characters) and click Search. The filtered charges will show in the Charge dropdown box to select.
Search by Severity
You have a choice of choosing the severity of the charge, then the actual offenses will filter based on severity.

Enter Local Charges
These are textbox/free form fields to add local charges that are created by the local sheriff/police only.

Once you’ve added your charge, click “Add Charge”

Users are able to add several charges – just click the “Charges+” button again to add another charge. The “Post-booking charge” toggle is for any charges the client incurred occurred after their arrest, while in custody.

It’s understandable charges may be dropped or change during the client’s custody and after trial. Best practice is to add charges at the time of referral to Jail Diversion/Service Coordination staff, and to update as client legal status changes, if you are able. Otherwise, please be aware CSN may not have the accurate final dispositions on a client.

After you entered the jail arrest record, and charges, click “Add Arrest” – if you do not click this, the record will NOT be saved!
Adding Current Booking
When a booking record is entered, the user entering the booking record will be auto-added as the jail coordinator under Interested Parties, if they are not listed already.

Next, add the booking by choosing the jail/correctional facility in the type-ahead field and filling in the rest of the information, then click “Add” button.

Best Practice is to update the legal status as it changes, if able.

Definitions of Legal Status:
1. Hold: Client is being held in jail for reasons under “Custody Status” (fka Reason for Hold)
2. Pre-Trial: Anything prior to conviction
3. Post-Trial: Post conviction, awaiting sentencing
4. Released: Bonded, Bail, Own Recognizance, Charges Dropped, Transferred to another venue
5. Sentence: Post conviction, serving sentence in jail

Definition of Custody Status:
1. Bond: Held due to inmate cannot afford bond
2. Hold for Transfer: Held due to another correctional facility/halfway house
3. Hold for US Marshals: Held due to federal charges / immigration charges
4. Hold for Warrant: Active warrant on client in or out of jurisdiction
5. Parole Violation: Inmate held due to parole violation
6. Pending Prison: Post conviction being sent to prison
7. Placement: Community placement
8. Probation Violation: Inmate held due to probation violation
9. Revocation of Bond: Inmate’s bond revoked for various reasons
10. Treatment: Inpatient Services

After an arrest is added, several sliders will appear where more information can be added. Users can see if a record exists in each slider, and whether that record is current, or in history.
Screens and Assessments

Due to the different ways each entity manages Justice Services, there is no requirement to use these assessments as presented in CSN. They are there for your convenience. Users are able to upload any assessments or screenings you currently use.

To add a new screen or assessment, click “Add Screen or Assessment” button.

The arrest ID will automatically pull from the current arrest record.

When choosing the “Type”, more fields will open up if you choose the following assessment types:

1. **Mental Health Screen**: Standardized Brief mental health screening used in Iowa
2. **Substance Abuse**: Ability to select the substances a client has been detected in using
3. **BI Assessment**: An assessment that determines if a client has a Brian Injury that was developed by the Brain Injury Alliance of Iowa
4. **Client Planning Tool**: An assessment created by the JIS Committee. This assessment using a scoring algorithm to show the client’s needs from highest to lowest using a chart.
5. **ACES**: A place to upload the assessment on a client.
6. **Other**: A place to upload any other assessment on a client.

All other types can be uploaded via the document window.

The “Created By Field” is a hybrid type-ahead, but you are able to enter any name you wish. It doesn’t necessarily have to be someone with a CSN log in.

The “Hour”, “Minute”, and “AM/PM” fields is when the assessment was completed. If you don’t know the exact time, enter the information to the best of your knowledge.

Once the screen or assessment is filled out, or uploaded, click “Add Screen/Assessment” button.

Please note: If the date of the screen/assessment is dated today or before, the record will appear under the History tab.
**Referrals**

A referral is non-treatment, non-scheduled appointment for general services such as basic needs, financial supports, and healthcare.

To add a new referral, click “Add Referral” button.

**Fill out the information of where the client was referred to:**

When the referral is entered, and provider you are referring to has an active CSN account and Intake role, that provider intake person will receive an email to act on the referral. In the case the provider you are referring to has no active intake role, the user will be alerted to contact the provider directly.

Best practice is to update the referral information if the provider does not.

If the provider does have a log in and acts on the referral (either approve or deny it), the user that originally created that referral record will be notified the provider acted on it.

**Referral Status Definitions:**

1. No Response: Provider never responded to referral
2. Provider Selected: The Provider selected to perform the service (this works best in the case more than one provider approved a referral)
3. Approved by Provider: Provider has approved the referral
4. Denied by Provider: Provider Denied the referral, and they must choose why
5. Pending: Still waiting a decision from the Provider
6. Client Declined and Closed: Client declined referral or did not follow through with referral

The “Follow Up Alert Date” will alert you 7 days prior than the date entered. If you enter a date that is less than 7 days from today, an alert will not be created. Please enter a date at least 8 days in the future.

When finished, click “Add Referral” button.

Please note: If the date of the Referral is dated today or before, and the status is other than pending, the record will appear under the History tab.
Once the referral is entered, the “Follow Up Narrative” section will become available to add any narratives. [See Client ➔ Narrative section of manual]

Risk Factors
Risk Factors are known client circumstances that pose a safety risk or serve as a barrier to services.

To enter risk factor(s), click the “Add Risk Factor” button

Fill out the information:

Definitions:
1. Start Date/End Dates: These are not required, but a user can use their best guess. If a risk factor is currently ongoing, do not enter an end date
2. Risk Type:
   a. Access to Weapons: Previous weapons charges, History of threatening weapon behavior, shouldn’t own weapons by law (felon/mental health)
   b. Other: Define in “Risk Description” the specific details of the risk
   c. Parole Violation: History of/Current violations
   d. Probation Violation: History of/Current violations
   e. Safety Behavior: Danger to self or others
   f. Sexual Behavior: Inappropriate sexual behavior, registered sex offender, or other sexual deviancies
   g. Suicide Watch: History of/Current attempts or threats
3. Risk Description: Specific or further details of the risk factor

You can add more risk factors by click on Add Risk Factor button from the grid.

142
Please Note: If a client has a risk factor that should always show and never be specific to an arrest, you need to enter this risk factor in the Interactions tab and NOT associate with an arrest record. Any active risk factors will then come into any future arrest records.

**Treatment Connections**

Treatment connections are scheduled appointments the client should go to, that are treatment related, once the client is out of jail.

To enter Treatment Connections, click the “Add Treatment Connection” button

*Add Treatment Connection*

Fill out the information and click “Add Treatment Connection” button

---

**Definitions:**

1. Schedule Date: Date of the scheduled appointment
2. Date Attended: Optional field to enter the date the client actually attended the appointment
3. Treatment Type: Type of treatment client is scheduled for
4. Treatment Description: Optional area to include specific or further detailed information of the treatment scheduled
5. Agency: The Provider doing the treatment. If Agency is not listed in CSN, you must add it as a provider.

You can add more treatment connections by clicking on “Add Treatment Connection” from the grid.

---

**Progress Goals**

To enter Progress Goals, click the “Add Progress Goal” button.

*Add Progress Goal*

Fill out the information and click “Add Progress Goal” button.

---
Definitions:
1. Goal Description: The client’s desired goal
2. Goal Status: Whether the goal is in progress, completed, or client withdrew
3. Projected Completed Date: Optional field listed when the goal should be completed
4. Goal Baseline: Background of the goal
5. Goal Strategy: How is the client’s going to get there

You can add more progress goals by clicking on “Add Progress Goal” from the grid.

Please note: If status of the Goal is anything but In Progress, the record will appear under the History tab. All goals in “In Progress” status will show up in subsequent arrest records!

Checklists
Checklists can be for the client, the user (staff), or for Gains re-entry.

There are two ways to enter a checklist into the system.
1. To enter a Checklist, click the “Add checklist” button

2. Users are able to add, edit, and manage their current checklists by looking for the checklist icon in each of the other areas on this screen.

The checklist icon can be found in the upper right hand corner of above the “Notes” field when you are inside a record.

Fill out the information and click “Add Checklist“.
Once you choose a checklist, a Task field will appear. You can add your task, and a note, if you wish.

Click “Add Task/Inquiry” and another blank task field will appear. You are able to add a due date (optional), mark if it was completed, or delete the task.

If a date is entered in the Due Date field, an alert will be send to the user who created the record 7 days prior to notify the user a checklist due date is coming up.

For the Gains-Re Entry Checklist, this is a standardized list for the client’s potential needs are upon release.

If a checklist is in Pending status and is over 60 days old, an alert will be sent to the checklist creator to remind them the checklist is still outstanding.

Any checklists that are other than status “In Progress” will show on the History tab.

Exporting

You are able to export almost anything including Referrals, Treatment Connections, Progress goals, and Checklists. Look for the Export button in those areas.
The service collaboration tool is work as a centralized way for a client to find help for a certain service including counties, regions, and providers in the area.

There is a widget that was created for this area to easily keep track of your in-progress service collaborations. Please see Alerts, Dashboard, and Widgets section of this manual on how to add this to your dashboard.

Adding A Service Collaboration Record
The service collaboration record is designed to be created by a General Assistance or Region entity, but providers can create them as well. Please note only the creator of the Service Collaboration record can change the status, and approve final pledges.

To start a service collaboration on a client, go to the “Service Collab” menu item in the client record, and click the “Add Service Collaboration” button. The following roles are allowed to enter a record: Service Coordinator, Funding Authorizer, or Provider Intake.

Field definitions:

- **COA:** The 5-digit COA code the service belongs under (providers may not know this information, so please reach out to a county/region for help if you are creating the record)
- **Service:** Services available to choose from based on the COA code chosen
• **Deadline Date:** The date all pledges or denials need to be entered by. No pledges can be entered after this date.

• **Collab Status:** Whether the record is In progress, Requested, Complete, or Denied (complete or denied records will go into history)

• **Amount Needed:** The amount the client is requesting for the service

• **Entities to Include:** Providers or other entities you’d like to request a pledge from

• **My Pledge:** Shows how much your entity pledged for this record

• **Notes:** A place to enter notes specific to this record

• **Shared Collaboration Notes:** Notes that ONLY can be seen between the creator of the record and any included entities, or any entities that have pledged

• **Documents:** Ability to upload documents to share with “included entities” on this record. **Please DO NOT upload any documents in this area that have PHI or confidential information!!**

Any entities that have been added to collaborate with will receive an alert to potential participate in this service collaboration – ONLY if there is an active user under that entity, and for providers, the Provider Intake role is on.

**Submitting A Pledge**

To submit a pledge, any entity listed on the tool, as well as the entity that created the record, can submit a pledge, or deny a pledge. This can be done via the widget, the grid on the client record, or opening the record and entering your pledge.

If you want to deny a pledge, you must open the service collaboration record and choose “Funding Denied”, then click save.

Entities can submit a pledge without approving the pledge. The pledge is then considered “Requested” and the entity will have to change the pledge status to “In Progress” or “Approve” the pledge to before the record can be completed. **Pledges can be changed at any time up until the deadline date, regardless of pledge status, as long as the Service Collab record is still In Progress or Requested.**

The status of a pledge from the entity is listed first. Please ignore the second listed status as it’s in the midst of being removed. In this example, the Salvation Army pledged $50 and they approved their pledge.

The fields Amount Remaining and Amount Funded will update once an entity has approved their pledges. Please note an entity cannot approve a pledge for more than the amount remaining on the record.

**Completing the Service Collaboration**

Once this is complete, the Collab Status can be changed to “Complete” and the record will pop down under Service Collaboration History.

If a record needs to be opened up again for some reason, any expert user can change the status of a “Complete/Closed” record to “In Progress” so the record can be edited.
Claim is where users enter accounts payable. Claims can be found by clicking Claims on the blue menu bar.

**History**

Claims history will show claims paid by the entity you are logged in under. Use the advanced search to narrow down the results. In this screen, all providers, whether inactive, or in “IsDeleted” status (a status where providers do not show in searches or dropdown boxes) are able to be searched in this area.

This advanced claims search can also be found on review and decision screens when the “details listing” view is selected. A magnifying glass will show in the upper left hand corner of the grid.

**The system only shows the last three fiscal years of claims. To view more history, use the Izenda (Ad-hoc reporting).**
Please note: The “procedure code” search field will only work if the procedure code is included in the service. If the procedure code is listed in the rate description of the rate, it will not be found!

The results will show below the search box and can be exported into a CSV file using the Export button.

<table>
<thead>
<tr>
<th>ID</th>
<th>Claim Type</th>
<th>Client Name</th>
<th>Service Provider</th>
<th>Start Date</th>
<th>End Date</th>
<th>Fiscal Year</th>
<th>Amount To Pay</th>
<th>Amount To Pay</th>
<th>Amount To Pay</th>
<th>Amount To Pay</th>
<th>Amount To Pay</th>
<th>Amount To Pay</th>
<th>External ID</th>
<th>Bill Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Client Services</td>
<td>Issuer 1</td>
<td>GENESIS DEVELOPMENT</td>
<td>2/1/2017</td>
<td>2/3/2017</td>
<td>2017</td>
<td>$250.00</td>
<td>0.00</td>
<td>200.00</td>
<td>0.00</td>
<td>50.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>11</td>
<td>Client Services</td>
<td>Issuer 2</td>
<td>GENESIS DEVELOPMENT</td>
<td>2/1/2017</td>
<td>2/3/2017</td>
<td>2017</td>
<td>$150.00</td>
<td>5.00</td>
<td>100.00</td>
<td>5.00</td>
<td>50.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>12</td>
<td>Client Services</td>
<td>Issuer 3</td>
<td>GENESIS DEVELOPMENT</td>
<td>2/1/2017</td>
<td>2/3/2017</td>
<td>2017</td>
<td>$37.12</td>
<td>1.00</td>
<td>37.12</td>
<td>1.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>13</td>
<td>Client Services</td>
<td>Issuer 4</td>
<td>GENESIS DEVELOPMENT</td>
<td>2/1/2017</td>
<td>2/3/2017</td>
<td>2017</td>
<td>$100.00</td>
<td>1.00</td>
<td>50.00</td>
<td>0.00</td>
<td>50.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

A claim record can be viewed by clicking the blue folder to the left of the claim on the grid. When viewing a claim, most fields will be disabled. The only fields that can be updated are Accrual Fiscal Year, Paid Date, the Reimbursement Detail section of the claim, and to add notes or documents. Click Update to save any changes.

**Entry**

Claim entry can be done individually, in a batch or using the eClaim.

**NOTE:** Providers that enter claims from the Provider Role will show up in the Claims Entry screen as well. You must open the claim and choose a budget line item, or any information that may be missing to process the claim.

**Individual Entry**

To enter a claim individually, click the “+Add Claim” button.

Choose if the claim is for Client Services or Administrative. If Administrative is chosen, the client field and co-pay field will disappear.

Use the small magnifying glass to search for the client. Once you hit search, any results will show in the Client dropdown box to choose from.

The Billing provider and service provider field is a type-ahead field. The client, and provider(s) you are searching for will need to be in the system before a claim is paid.
Please note the importance of choosing the correct budget line item based on your dates (CASH, not accrual). If a claim should come out of FY20 budget, make sure you are choosing the correct budget line item year, and not choosing FY19 budget line item.

The service will filter by the Service Start Date and Service End Dates. The Budget Line Item will filter by the service chosen.

The number of co-pays field will auto-populate to the units billed. If no co-pay is on the funding request, users can ignore this field. If there is a co-pay on the funding request, the number matters. Please see “Co-pays” under Review for more information.

User can add notes to a claim using the note text box. If a note is added, the note counter above the note box will show the number of notes. Simply click on the View Notes to view all the notes.

Once the information is entered, a user can Save & Hold the claim and the claim will stay on the entry screen grid. The Save & Process button will adjudicate the claim and place on the Review screen for review.

If a claim is on the entry screen, it can be deleted by selecting the claim(s) under the Delete column header, and then clicking the red delete button at the bottom of the page.

There is a drop down on the claim form to indicate if a claim that is using any specialized funding. Any claim, even if already paid, can be pulled up in history and this drop down can be used to mark the claim appropriately.

Any claims with specialized funding chosen will also show on the claims grid listing.
Batch Entry

Batch entry allows users to add multiple claims for a single provider. In order for batch entry to work, the entity a user is logged in under must have paid a claim previously to the billing provider. To create a batch, click the “Batch Claims Entry” button.

Enter the billing provider, and select a previous invoice. A user can filter by pay dates to narrow results if desired. The results will show in the grid below the search box.

Select the claims to duplicate by clicking the checkbox to the left of each claim. To check all, click the Green checkmark at the bottom of the grid. Once claims are selected, click the “Duplicate Claims” button at the top of the grid on the right side.

On the Batch Entry screen, select the invoice number of our new claims by choosing an invoice already in the dropdown or clicking the “Add New Invoice” link. Enter in the Service Start and End dates, and any other fields appropriate and click “Apply Defaults” button.

This will replace the all claim information on the grid with the default invoice and dates. This information is just a default for ease, any of the dates, amount billed, and units billed fields can be changed after applying defaults. Negative amounts are allowed to be entered under Amount Billed.

Once the information is entered, a user can Save & Hold the claim and the claim will stay on the entry screen grid. The Save & Process button will adjudicate the claim and place on the Review screen for review.

eClaim

The eClaim is a CSV/Excel template. Users or Providers can add claims into the template and then the eClaim can be imported into the system. This comes in handy for large number of claims and the provider doesn’t use the 837 process (see next section). The template is available on the home screen of CSN under Helpful Files.

To import an eClaim, go to the eClaim menu items under Claims in the blue menu bar. The user will be presented with the import screen. Drag and drop or click and upload the file to the eClaim document area.
Click Check Data button when ready for data validation.

If the template columns are not named correctly, or out of order, the data validation will not pass and the user will see a single red growler message at the top of the screen saying the entire file failed. Fix the eClaim template and try again.

If only certain rows on the eClaim fail, it will list the problems in a grid underneath the upload box. The user has the option of correcting the data and uploading the eClaim again, or the user can click “Create Claims” button at the bottom of the screen. Any claim rows that had an error will be placed in the Entry screen to correct. Any rows that passed validation will be adjudicated and placed in Review.

### 837 Process/Electronic Billing

Providers who can create the standard 837 transaction files can bill CSN electronically. If a provider is interested in this process, please contact support and a staff member will work with the provider to get set up. Once the provider is set up, the entity will receive instructions on how claims will be imported into the system.

### Review

The Review screen is where claims show approved or denied after adjudication. Users can re-adjudicate claims, approved paid as billed, or send to Decision screen when appropriate.

### Views

A user can choose a view they prefer in order to review claims to their preference. Review and Decision screens are able to have different views.

The default view is **Payment Status**. Denied claims and Approved/Partial Paid Claims are separated into sliders. Simply click on the slider to show the claims in that slider. Under the Denial slider, users can use the Denial Reason dropdown to filter on the denial reason.
Any claims that are missing information or have invalid information, a red exclamation point will show next to the claim on the claim grid. If you hover over the exclamation point, it will list what is wrong with the claim.

Another view is Provider Dropdown. This view separates Providers into sliders, regardless of paid status. Simply click on the slider to show the claims in that slider.

The final view is the Details Listing. This view will list all the claims currently in the review screen. In this view, there is also a filter box. To bring it up, click the magnifying glass on the left side of the screen, right above the Totals line.

When the magnifying glass is clicked, the filter box will fly out as the basic search. Click the Advance Search button for more options.
Co-Pays

If the claim adjudicates against a funding request with a copay, when appropriate, the claim will adjust the amount to pay less the copay. Please note, only when the copay collector is marked as “provider” does this happen. If the copay collector is marked as “county”, the claim will ignore the copay.

In the event a copay is “per month” the claim will adjust the # of copays to 1 as most claims are billed monthly. If your claim is for two months, you will have to adjust the # of copays to 2, or whatever span of months cover the claim.

In the event a co-pay is more than the amount being billed, the claim will change Amount to Pay as zero, but the claim will still be approved and show on warehouse reports.

Please note that rounding is done after all calculations are finished.

Reimbursement Detail

If a claim paid is to be reimbursed by another entity, client, or state payment, fill out this section.

When the reimbursement detail is filled out and an entity type of “MHDS Region” or “Community Services” is chosen, the system will auto-create a claim to that entity and place it in that entity’s claim entry screen to process. A reimbursement note can be added. In order to include documentation for the claim, upload documentation in the CLAIM document area, not Invoice Document area.

Make sure you are choosing the correct entity “type”. The entity type is listed after the Entity Name.
Choosing the “provider” type entity will not auto-create a claim.

The amount reimbursed and Reimbursement date fields are not enabled in this area, as they will be entered as revenue when payment is received from the individual.

Any claim that has reimbursement detail that is not paid in full will show under the Reimbursements menu item under Claims for easy tracking. Users can post revenue directly from this area as well by opening the claim and clicking the Post Revenue link above in the Reimbursement Detail area (only for those that have the appropriate revenue role).

Revenue can be posted in increments if a pay agreement is in place. Once the Amount Expected is paid back in full, the claim will be removed from the Reimbursements area.

When the Post Revenue is clicked, a revenue form will open and the information for the claim will auto fill on the revenue form automatically.

A money icon will show to the left of the claim within the client record showing the claim has reimbursement information. If you hover over the icon, it will show how much is expected.

**State Payment Program (SPP)**
CSN 3.0 will not include the SPP section. It has been omitted due to the decrease in SPP cases over the last several years. Users can still pull claims paid on a SPP client, but users must make sure the Reimbursement Detail is filled out on the claim. This is one of the reasons the reimbursement detail section can be filled out after the claim has been processed.
Choose the State radio button, fill out the Bill Date, and Amount Expected and click the Update button. A report can be pulled each month in Izenda (Ad-Hoc Reporting) on what claims to bill the state. A user must then just turn the report into the format the State requires (or use the template the State provides) and upload to the SPP Portal. Once payment is received, a user can post revenue individually per claim.

Claim Documents

Users have two choices for claim document uploads. Uploading to the Claim Document area is a document for that specific claim only. Uploading to the Invoice Document area will associate the document with the Invoice Number on your claim. So, all claims with that same invoice number will display the invoice document(s) on every claim.

Multiple documents can be uploaded. The documents will appear below the document box.

Re-adjudication

If a claim denies, partial pays, or even is approved, it’s possible to re-adjudicate it once the issue the user discovered is fixed. To re-adjudicate a claim or claims, check the box next to the claim(s) and click the “Adjudicate Claims” button.

Approved Paid as Billed (Override)

A user can override a denied or partial paid claim if desired. It is recommended users try to fix the issue of the denial or partial pay and not just resort to overriding claims regularly. To override a claim or claims, check the box next to the claim(s) and click the “Approve Pay As Billed” button.
Send To Decision
Once claims are reviewed to the users preference, the claims can be sent onto Decision to final approval. To send claims to Decision, check the box next to the claim(s) and click the “Send To Decision” button.

Send To Decision

Decision
The decision screen has three views like the Review screen. The Decision screen is for final approval. In order to accurately track the final approval in the system, it’s recommended the claims authorizer logs in and approves claims in the Decision screen by sending the claims to Voucher.

To send claims to voucher, check the box next to the claim(s) and click the “Send To Voucher” button.

Send To Voucher

If a claim needs to be sent back to Review, click the checkmark next to the claim in the grid, and click the “Send to Review” button.

Send To Review

Voucher
The Voucher screen is the final check for claims processing. Due to changes in reconciliation, a vendor number is required for any provider an entity is paying a claim to. This must be entered prior to processing the claim past voucher and will show an error.
To fix this error, click on the Missing Vendor # (it’s a link) and a pop up box will appear. You can now enter the Vendor # from this screen without leaving it.

Send claim back to Decision
In certain cases, it’s necessary to send a claim back to Decision to alter or delete. To do this, click the Invoice where the claim is included. A grid will show including all claims in the invoice. Put a checkmark in the box labeled “Send Back to Decision” of the claim to be sent back and click “Update Claims in Voucher Batch” button.

This will send the claim back to Decision to alter or delete.

Generating A Voucher Batch
To include claims in a voucher batch, click the checkbox under the Include column of the claim to include. Once the claims are selected, click the “Save Invoices Selections to Batch” and the Voucher Amount Column will show the amounts to be included.

Users can preview voucher totals in a CSV file by clicking the “Preview Voucher Totals” button.

User can preview the entire batch in a CSV file by clicking the “Preview Batch” button.

Once the user is satisfied with their voucher batch and ready to generate, enter the pay date is Expected Pay Date and click the “Generate Batch” button.

Documents
The next step to prepare claims for auditor submission is to pull up the voucher batch that was created under Documents.
Choose your batch by filling in the appropriate search fields, or a user can simply drop down the Batch field and choose the latest batch.

Once the batch is selected, a grid will appear below the search box with the invoices included from the search results.

**Signature on Voucher**
If your entity would like a scanned signature on the voucher, please follow these instructions:
1. Upload a scanned signature to the appropriate user’s profile
   a. For example, if your CEO’s signature should go on the voucher, upload a scanned signature to your CEO’s user profile
2. Under your Entity Profile, under “Auth Signature” dropdown, choose the person’s name who’s signature should show on the voucher

*Please note:* This only works with entities that pay claims in CSN. Since Auth Signature is required on entities, if users do not want scanned signature on the voucher, don’t upload a scanned signature for the person chosen, or choose a person that does not have a signature uploaded.

**Creating Electronic Auditor Export**
Regardless if entities are participating in exchanging electronic files (auditor integration) or not, you must click this button in order to create a reconciliation entry for your batch.

*Please note:* You can only select a batch from the Batch dropdown menu in order for the button to become enabled. If a user has many batches for the same pay date, they must create an auditor export for each batch. It’s recommended to process vouchers into ONE batch whenever possible.

Even if the entity and auditor don’t participate in exchanging electronic files, the user still must create an electronic file in order to reconcile later. (See step by step instructions under Reconciliation-not participating in auditor integration)

**Printing Paper Vouchers & Remittance Advice**
For entities whose auditor requires paper vouchers, after bringing up the batch, check the checkbox labeled Voucher next to each Invoice to print and click the “Print Selected Document(s)” button.

There is only one voucher format in CSN 3.0 and there will not be any additional formats added.
To Print Remittance Advice, check the checkbox labeled Remittance Advice next to each Invoice to print and click the “Print Selected Document(s)” button.

Entities can turn on or off the ability to create these PDF documents by going to the entity profile and switching the “Generate Vouchers” and “Generate Remits” toggle to Yes or No.

**Reconciliation**

Reconciliation for CSN 3.0 has changed dramatically. There is no longer a way to manually reconcile. The goal is for all entities is to use auditor integration whenever possible. However, we know due to cost constraints and other issues, auditor integration is not always possible for everyone.

There are three reconciliation statuses:

1. **Waiting for Auditor:** batch has not been reconciled
2. **Failed:** batch has been reconciled, but adjustments are necessary to match the auditor
3. **Reconciled:** batch has been reconciled and matches the auditor

**Participating in Auditor Integration**

For those participating in auditor integration, your auditor will send a CSV file after the pay date that will include all the information necessary for reconciliation, and in the format that CSN wants. Simply drag and drop, or click and upload the file in the document box and click Import.

**Step by Step Example for Participating in Auditor Integration**

1. After claims have been processed in voucher, go to Claims: Documents
2. Select the batch from the Batch dropdown box
3. Click the Create Electronic Auditor Export button to create the CSV file
4. The CSV file is sent to the auditor to import into their system
5. **AFTER** claims are paid by the auditor, auditor will send the user a file back from their system that includes check date, check number, claim number, etc
6. The User uploads this file into Claims:Reconciliation screen and click Import
7. Take any actions regarding adjustments, or if all is good, hit the Reconcile Action button to complete the reconciliation for this batch
8. Repeat any other batches you may have for this paydate

**Not Participating in Auditor Integration**

For those not participating in auditor integration, the user will create their own CSV file.

To do this, the user clicks the link labeled “Click to create your own remit file” under File Received From Auditor column. If the user is missing a claim batch, go back to Claims ➔ Documents and make sure an Electronic Auditor Export file was created.

*Please note: even if the entity and auditor don’t participate in exchanging electronic files, the user still must create an electronic file in order to reconcile.*

**Step by Step Example for Not-Participating in Auditor Integration**

1. After claims have been processed in voucher, go to Claims:Documents
2. Select the batch from the Batch dropdown box
3. Click the Create Electronic Auditor Export button to create the CSV file
4. When prompted, to open or save the file, just click Cancel. You don’t need this file.
5. Submit claims in the manner your auditor processes them.
6. Once auditor sends disbursement report and you are ready to reconcile, go Claims:Reconciliation
7. Since the Auditor did not send back an electronic file, select “Click to create your own remit file” on the appropriate reconcile line that is the yellow status of “Waiting for Auditor”

![Image of step 2: Choose files to reconcile.]

8. Open this CSV remit file and enter in the appropriate information such as AmountPaid, ClaimNumber, CheckNumber, and CheckDate.
9. Save the file and then upload it into the Claims:Reconciliation screen.

![Image of RECONCILIATION DOCUMENT FROM AUDITOR NO DOCUMENT]

10. Take any actions regarding adjustments, or if all is good, hit the Reconcile Action button to complete the reconciliation for this batch
11. Repeat any other batches you may have for this paydate

When the batch is reconciled and everything matches, an action button will appear.

![Image of action status]

Click the Reconcile button to finish reconciling this batch.

If reconciliation fails due to amounts not matching, there will be an option to Create Adjustments as the action. Please note: If you did not expect the reconciliation to fail, DO NOT CLICK “Create Adjustments!” Re-open your reconciliation file in excel and double check you entered the number correctly. If not, fix the numbers in the excel sheet, then re-upload. Once you click the “Create Adjustments” button, you must go thru with balancing the batch to your excel sheet, even if it’s wrong!

![Image of create adjustments status]

The user must determine what amounts did not match and create the adjustments so CSN matches the auditor. If the auditor paid nothing on the invoice, the user can simply click “Auditor Denied” button.

**DO NOT AUDITOR DENY A CLAIM LINE UNLESS THE AMOUNT PAID BY AUDITOR IS ZERO.** Users must go through the adjustment process to balance the batch appropriately. Auditor-denying a claim line that is not zero will leave the batch in a forever-failed status.

When creating an adjustment claim, the user does NOT enter in the new/correct amount of the claim. The user is adjusting the total of the original claim so it matches what the auditor paid, so they’d only enter the *difference* of the original claim and what the auditor paid.
For example: If the user submitted the amount to be paid at $175, and the auditor only paid $150, then the user would enter the adjustment as -$25 in the amount to pay/adjust field. So, the amount of the original claim plus the amount of the adjustment claims equals what the auditor paid:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original claim:</td>
<td>$175.00</td>
</tr>
<tr>
<td>Adjustment claim:</td>
<td>-$25.00</td>
</tr>
<tr>
<td>New Total:</td>
<td>$150.00</td>
</tr>
</tbody>
</table>

For negative adjustments that are under a dollar, please use this format: **-0.20**
Formats such as (.20) or -.20 the system will not recognize as currency.

Once the adjustments are made and match the batch, the batch line will turn green. Click “close adjustment step” and the grid will ask for Action again to Reconcile. Click the reconcile button, the status will turn to Reconciled (green) and the batch is successfully reconciled and done. **Please note: If an original claim has an adjustment claim linked to it, that original claim cannot be deleted if the batch is sent back to Decision!**

There is a reconciliation check that if an auditor removes a line from the initial auditor file, CSN will notify the user if a line item is missing. **Tyler Incode exception:** The way Tyler Incode expects grouping up line items may allow for multiple line items that are the same CSN ID (Not including the alpha character at the beginning). If there is more than 1 line item with the same CSN ID (Not including the alpha character at the beginning) and one is missing when reconciling, the system will not be able to notify you that a line item is missing.

This is why it’s so important for your auditor to follow best practices!
In CSN 3.0, you can search for users by their name, user id, role, or by entity.

Click the magnifying glass and click the CSN User tab. If you don’t know a user’s name, you can search just by entity or role to find the user you are looking for. For example, by putting in “Expert User” in the role dropdown box, and choosing a region entity, you will get results of expert user(s) in that region.

There is also a map of Iowa icon in the upper right-hand corner of the search box. Click that and it’ll take you to an interactive map of regions.

On this interactive map, you can hover over the different regions and see the CEO, Expert Users, and Judicial Advocates that serve each county.
This map will update by the roles and user accounts in CSN for CEOs and Expert Users. To update the Judicial Advocate for a county, go to the community services entity profile, and choose the Judicial Advocate in the specified dropdown at the bottom of the page.

Please note, the map updates nightly. So, any changes made today will show up tomorrow on the map.

---

**Internal Messaging**

CSN now has Internal Messaging available to all users of the system (even Providers). It works similar to most Instant Messaging programs, but with less frills. This is a great way to communicate to users across the state quickly, easily, and securely! Please note that any messages are saved within the system and can be used for various things in the future. This is not the area to say inappropriate things about other users, clients, or providers.
This is the MESSAGE CENTER at the top right of CSN.

The “group” icon shows how many users are online, and the talk bubble icon shows how many messages you have that are unread.

By Clicking on the Message Center, a list of users will show. Only users who’s profile is ACTIVE will show. Users who profile is no longer active will not be present. Those at the top with a green dot means they are online. Those with a grey dot means they are offline.

You may still message a user offline, and they will receive it next time they log on.

To create a message, simply click the user and a message box will appear. Type your message and hit Enter, or click the Send button.

When a user receives a message from another user, the talk bubble icon will flash red with the number of unread message the user has.

When opening the message center, the talk icon will appear by the online/offline icon of the user who messaged you. Click on the user to see the message.
If conversations are not Archived, every time a user opens a new message window, the old messages will still appear. To clear them out, click the icon that looks like disks stacked in the conversation window.

To view both Open and Archived conversations at a later time, they can be viewed by going to Support → Archived Conversations. The open conversations are at the top and the archived conversations at the bottom.

You can also archive open conversations from this page by clicking on the cylinder icon next to the conversation.

All archived conversations will show in a grid below the Open Conversations.

CSN Support (Tickets)

There are times users need help or clarification navigating the system. You can submit a ticket to support for help. User support is now integrated in CSN!

To submit a ticket, hover over the Support menu item, and choose Support Tickets.
At the upper right hand corner, click “+Create Ticket”

[Image]

Fill out the form

Definitions:
1. Ticket Type: A high-level category of your issue
2. Priority: How urgent the issue is
3. Record ID: The ID of the record that you may have an issue with
4. Client ID: The ID of the client record that you may have an issue with
5. Subject: Subject of your issue
6. Message: Place to explain your issue – please be as detailed as you can!
7. Document: A place to upload a screenshot, if appropriate

Click “Create Ticket” to submit to support.

You can track the status of your tickets here also. You will be notified via email when a reply from an expert users or IT added. Please note: The system checks every 5 minutes for updates. The email notification may be delayed depending on your email exchange setting.

Tickets that are still being worked will show under the “Submitted by You” tab. Tickets that are closed will show under “Closed” tab.

Submitted By You (1)  Closed (2)

After submission, you are able to open the ticket and add more information, or more screenshots. If your ticket is closed, you will receive a message thru an internal message from the person who closed it, notifying you the ticket was closed.
Once the ticket is acted on by support, if they reply, the user will be alerted about that response in the Message Center in the upper right-hand corner of CSN. A number will flash in red next to the support icon. Clicking on the alert will take you to your ticket, or you can use the menu as well.

If a user is having trouble logging into the system, they are still able to submit a ticket from the log in screen. Click the “Need Support?” link and a new page will open to fill out a support ticket.

Any tickets that are created from this link will use email to communicate since the user can’t get into the system.

Reports (Canned Reports)

Canned reports can be located in one of three areas.
1. Hover over Financials menu item and choose “Reports”
2. Hover over Clients menu item and choose “Reports”
3. Hover over Reports menu item and choose “General Reports”

Financial Reports

CLIENT CATEGORY:
1. Advocate Contact List: Shows a list of clients where advocates entered a narrative for the specified time frame. This will show clients where the county of venue happened in your region.
2. Utilization Report: Show approved funding requests within a specific date range and claims paid (if any) against those funding requests. The start/end date filters are the service dates of the funding requests.
3. Claims Paid with No Application: Claims paid with no entity application covering the service dates of the claim
4. Medicaid Expenses Paid by Region: Shows clients that have an active MCO and Medicaid services by region
5. Medicaid Waiting List Report: Shows all funding requests with a waiting list identified within a time frame. Also shows the amount paid on the funding request.

DATA INTEGRITY CATEGORY:
1. Wrong Cash Budget Payments: Shows claims that are paid out of the wrong Cash Budget based on paid date.

FINANCIALS CATEGORY:
1. Auditor Batch Report: Shows all batches for the same paid date
2. CARES Act Claim Report: Lists all claims with CARES Act selected on the claim itself. This report will show both county and region claims (when logged in under region entity).
3. Claims Listing by Paid Date: List of claims for specified date range using Billing Provider and 5-digit COA
4. Financial Projection Report: Creates a template for you to build projections for the selected fiscal year
5. Overridden Claims with No Funding Request: Report that shows claims that were denied for no funding request and then manually overridden to pay. Start and End dates are for claim paid dates.
6. Vendor Number Report: Shows providers where the logged in entity has a vendor number assigned
7. Expenditure Budget: Report that shows expenditures and amount spent for your region entity and associated entities in one report
8. Revenue Budgets: Report that shows revenue postings for your region entity and associated entities in one report
Clients Reports

CLIENT CATEGORY:
1. Advocate Contact List: Shows a list of clients where advocates entered narratives for the time frame specified, by county of venue.
2. Client Application Report: Lists all applications for the logged in entity for the timeframe specified.
3. Client Contact List: This will show a list of clients with narratives by your entity for the time frame specified, and only includes clients that have a MHDD application, regardless of status. Any client that does not have an MHDD application (at all, ever) will not show on the report.
4. Service Collaboration Report: Shows a list of Service Collaboration records for a specific time frame where your entity is the creator or a pledger.
5. Contacts & Narratives: List contacts and narratives’ time spent on a client that were created by the entity you are logged in under
6. Case Worker Caseload: Lists what clients are active under a Service Coordinator. Will only show logged in user’s caseload.
7. Jail Coordinator Caseload: Lists what clients are active under a Jail Coordinator. Will only show logged in user’s caseload.
8. Committal Report: Shows active open committals in the region, the facilities, and if the client is adult or juvenile.

JIS CATEGORY:
1. Arrests Not Claimed: Shows arrests in your region that have not been claimed by any region
2. Brief MH Screen Report: Shows all clients with a brief mental health screening on and after the date parameter served by your region
3. Clients Served Outside of Region: Shows JIS clients your region is serving that have legal residency outside of your region
4. Regional JIS Report: Show clients with repeat arrests (more than 1 arrest) served by your region

General Reports

CLIENT CATEGORY:
1. Service Collaboration Report by Entity: Shows a list of Service Collaboration records for a specific time frame if the entity has pledged. This report is made more for providers. For non-provider entities, please see Service Collaboration Report under Client Reports.

DATA INTEGRITY CATEGORY:
2. Claims Paid with Fake DOB or SSN: Non-crisis claims paid where client has a fake DOB or SSN
3. Multiple Open Addresses: Clients with multiple open addresses in your region
4. Multiple Open Applications for Same Entity: Clients with multiple applications for the same entity
5. Multiple Open CSN Releases: Clients with multiple open CSN Releases in your entity
6. Multiple Open Names: Clients with multiple open names in your region
7. Outdated Versions of CSN Release: Clients with active CSN Releases that are outdated versions
8. Unassigned Committals: A list of open committals that are not assigned to an advocate

FINANCIALS CATEGORY:
1. Provider Rates: A report that shows all active rates under providers where the region (or associated counties) are the managing entity
2. Rates by Provider: A report that shows all the active rates for the provider selected (you can choose any provider in the system)

OUTCOMES CATEGORY:
1. **Outcomes Grouped by Provider and Client (single month span):** A report that shows outcomes entered for a client by provider, and if the client met the outcome. This report is only accurate when a span of one month is chosen.

2. **Outcomes Grouped by Provider and Client (multiple month span):** A report that shows outcomes entered for a client by provider, and if the client met the outcome. This report can span more than one month.

3. **Outcomes Client Detail:** This report shows clients that have outcomes entered for the month. This report is only accurate when a span of one month is chosen and uses 15-day grace period parameter per QSDA rules.

4. **Outcomes Grouped by Provider:** A report that shows outcomes entered by a provider, type of outcome entered, and a count of clients entered on. This report is only accurate when a span of one month is chosen and uses 15-day grace period parameter per QSDA rules.

These areas will have the most common reports being asked for by the majority of CSN Users. Users are able to enter parameters on some reports by changing the dates defaulted in. Then the user simply clicks the blue link (name of report) under the parameters to run it and see the results.

![Report Parameters](image)

To get a report added in this area, please put in a ticket or use the “CSN Report Request Form” found under Quick Links on the CSN homepage.

---

**Reports (Izenda, Ad-hoc reporting)**

This area of CSN uses the reporting software called “Izenda” to allow users to create their own reports. There are limitations in this software, but users will be able to run most reports they may need.

Ad-hoc reporting is found by going to “Reports” on the blue menu bar and choosing “Ad-hoc” reporting.

![Izenda Menu](image)

There is a “hands on” tutorial video for Izenda (Ad-Hoc) basics located here: [https://youtu.be/CRzKwuJcgs](https://youtu.be/CRzKwuJcgs) to help users get started. If users need further instruction in this area, please put in a ticket or contact CSNStaff@iowacounties.org.
Warehouse Reporting

Warehouse reports are for **MHDS Region entity type only**. To run a warehouse report, make sure you are signed in under the appropriate REGION and go to “Reports” on the blue menu bar and choose “warehouse”.

Creating/Submitting Warehouse Reports

There are some best practice reminders listed at the top of the screen, which also includes reports to run to help users cut down on data fixes and re-submissions.

**Things to be aware of and best practices:**

- Reports will be shown in Excel 2007/2010 format (.xlsx)
- Reports such as warehouse payment also have client data in them, so correcting the warehouse client compliance data first is paramount.
- Current fiscal year reports can only be sent to DHS after June 30th.
- Selecting a new fiscal year in the drop down list will automatically calculate compliance percentages.
- Check the reconciliation widget on home page to make sure all fiscal year claims are reconciled.
- Balance claims history with Warehouse Payment Report.

Those most recent fiscal year completed will show in the drop-down box at the top. The current fiscal year will begin showing in the drop-down box by February 1st of that fiscal year.

The reports will show in red any required items to be fixed. The required items should be fixed, and the green percentage should be 90% or above before the reports are sent to DHS.
The CDI percentage (in blue) just show the user any potential fixes that may need done for potential data integrity but are not required to be fixed prior to sending reports to DHS.

If claim dates need corrected, users must put in a ticket for a data fix. Many data fixes will be requested this time of year. Data fixes go in the order of received. Depending on the number of data fixes requested, it can take some time. Please plan ahead.

Warehouse Reports

<table>
<thead>
<tr>
<th>Warehouse Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Warehouse Client Compliance Percentage: 100.00% (allowed 50.00%)</td>
</tr>
<tr>
<td>Warehouse Client Report</td>
</tr>
<tr>
<td>Warehouse Client Report</td>
</tr>
<tr>
<td>Income</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Warehouse Income Compliance Percentage: 100.00% (allowed 50.00%)</td>
</tr>
<tr>
<td>Warehouse Income Report</td>
</tr>
<tr>
<td>Warehouse Income Report</td>
</tr>
<tr>
<td>Payment</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Warehouse Payment Compliance Percentage: 100.00% (allowed 50.00%)</td>
</tr>
<tr>
<td>Warehouse Payment Report</td>
</tr>
<tr>
<td>Warehouse Payment Report</td>
</tr>
<tr>
<td>Provider</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Warehouse Provider Compliance Percentage: 100.00% (allowed 50.00%)</td>
</tr>
<tr>
<td>Warehouse Provider Report</td>
</tr>
<tr>
<td>Warehouse Provider Report</td>
</tr>
<tr>
<td>Service</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Warehouse Provider Service Compliance Percentage: 100.00% (allowed 50.00%)</td>
</tr>
<tr>
<td>Warehouse Provider Service Report</td>
</tr>
<tr>
<td>Warehouse Provider Service Report</td>
</tr>
</tbody>
</table>

Aggregate Reports

<table>
<thead>
<tr>
<th>Aggregate Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Unduplicated Count</td>
</tr>
<tr>
<td>Entity Dollars By COA</td>
</tr>
</tbody>
</table>

Once any fixes are made and reports have been reviewed, and the user is satisfied with the accuracy of the reports, they can be submitted to DHS by simply clicking the “Send DHS Reports” button. Both warehouse and aggregate will be sent to DHS.

Send DHS Reports

Current fiscal year reports can only be sent to DHS after June 30 of each year. They are due by December 1 each year. Regions are encouraged to begin reviewing warehouse data each February when the current fiscal year is available. Please do not wait until fall to review the data.

Viewing Historical Reports

Historical reports of what was submitted to DHS are now saved. To view the historical reports, simply choose the year you’d like to view. Every submission will show for that year under “[Fiscal Year] Submissions header.”
It will show the date and time of the submissions to DHS. The files are in a “zipped” file format so all reports are contained within. Please unzip the file using the appropriate software in order to view the reports.

**Troubleshooting**
If you feel your report is not correct, please make sure the following things are completed before running the reports.

**Are all your claims reconciled?**
Staring in FY18, only reconciled claims will show on warehouse reports. Please make sure all your claims are reconciled throughout the year to avoid any last-minute scrambling.

**Are your budgets set up appropriately at the county (community services) level?**
Warehouse reports are submitted at the REGION level. Any county-level mental health expenses that need to show on the warehouse reports, please make sure the budget for that county has the “Show on State Report” toggle switched to “Yes.”

**Are you missing an entire county’s expenses?**
Make sure all appropriate counties and community service entities are listed as active for the appropriate fiscal year under your entity associations for your region entity.

**Are all your claims entered and reconciled appropriately?**
Some regions pay administrative expenses as the county level. Check to make sure all salaries, benefits, etc are entered in the appropriate county for each month.

All claims will be pulled onto the warehouse reports except for those with a status of “denied” or “auditor denied.” Make sure your claims are reconciled appropriately with your auditor to catch any claims that should or should not be pulling into the reports.