



MPER USER GUIDE

CHAPTER 9 MASTER PROVIDER ENTERPRISE REPOSITORY

SECTION 1 PROVIDER DETAILS

ACTIVITIES:

Manage Provider Information

Maintain Provider Homes

Manage Contracts

Generate Reports

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Chapter 9 Provider

Section 1 Provider Details

MAINTAIN GENERAL PROVIDER INFORMATION ACTIVITIES

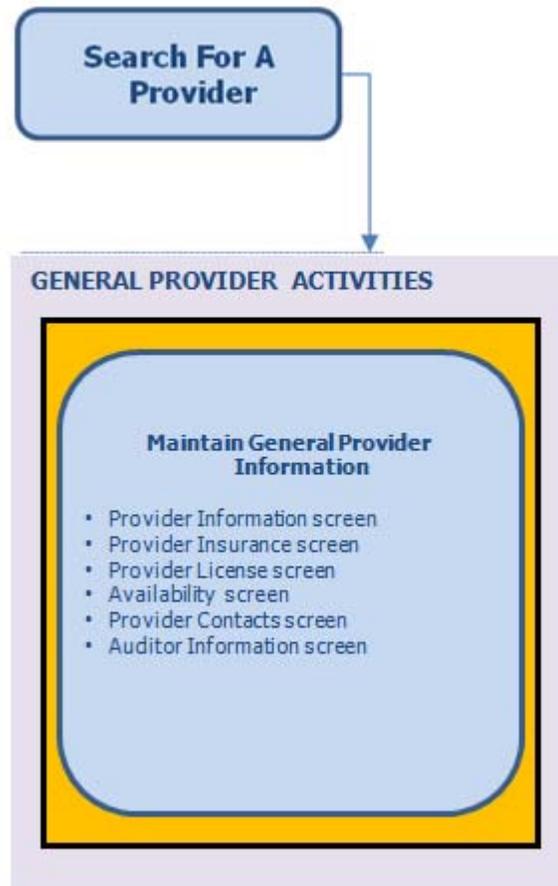
Detailed Provider information is maintained in the Master Provider Enterprise Repository system which is referred to as MPER. When a new provider is added to MPER, there are several pieces of information that must be gathered and entered. This information is the foundation record for the provider, and is saved across several screens in MPER to create a comprehensive record of necessary information for the Provider.

As part of the provider process, the Contracts office will complete the standard agency information when a new agency is created. This section provides guidelines for how to support provider detail activities in MPER. The associated screens and online reports are described for each activity, as well as high-level guidelines for how to complete the activity.

Activity 1 Search for a Provider

Search results display details of the provider. MPER users in the Contracts Office will use the Search feature to find providers and to bring them into focus. Other MPER users may use the Provider Search to view only their facilities information.

MPER facilitates the Search for Providers process by capturing data within the screens and online forms listed in the figure below:



The following sections depict the screens within the Search Provider Activity and describe the fields and buttons on each screen.

1.1 Provider Search Screen

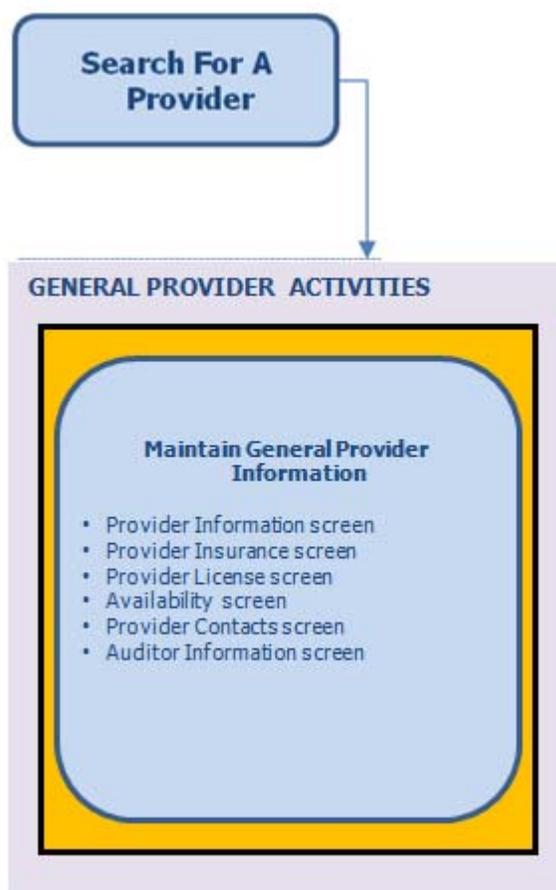
The *Provider Search* screen gives users a variety of ways to search for a provider. Each field completed narrows down the search results. Once a Provider search is completed the user can bring the selected provider in to focus.

Navigation Path

Provider > Search

Completing Search for Provider Activity

From the *Provider* Menu, select *Search*. This option only displays for those users with security access to view provider information. When the *Provider Search* screen displays, enter any known information about the desired provider. Click the **Search** button. A Search Results section displays on the *Provider Search* screen listing all providers that match the entered information. Provider details are displayed at the bottom of the screen. Highlight the desired provider in the grid; details of the selected provider are displayed below. Once the desired provider is found, click the **Show** button to bring the provider into focus.



Full Screen


Department of Human Services
Allegheny County, Pennsylvania

Provider Admin
Logout Provider

Organizer Focus History

WorkLoad

My Agencies

My Facilities

My Calendar

| May 2010 | | | | | | |
|----------|----|----|----|----|----|----|
| S | M | T | W | T | F | S |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 |
| 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 |
| 30 | 31 | 1 | 2 | 3 | 4 | 5 |

My Tasks

Provider Search

Search Criteria

Provider Type: Direct Service Provider Vendor Community Provider Category:

Type of Service: Agency Facility Individual

Name Search

Last Name: Agency: Starts With: Phillips

Sounds Like:

Open Date: From To Close Date: From To Provider ID: Contract Number:

Availability

Available Unavailable All

Services

[Services](#)

Search Results

Results 1 - 1 of 1

| Provider ID | Agency/Provider Name | First Name | Last Name | School District |
|-------------|----------------------|------------|-----------|-----------------|
| 12158 | PHILLIPS TEST AGENCY | | | |

Provider Details Service Offered Additional Info

Provider ID: License Number: Provider Type: Contract Facility ID: SSN:

CYF Monitor: Agency Name: PHILLIPS TEST AGENCY Provider Name: Monitoring Agency:

Address: 4852 Doyle RdPittsburgh 15227-1312

School District: Home Phone: Work Phone: (412)111-2222 Ext:

[Search](#) [Show](#) [Clear](#) [Cancel](#)

Figure 1-1 Provider Search Screen

List of Provider Search Screen Components

The *Provider Search* screen consists of the following sections and special functions:

- *Search Criteria* section
- *Search Results* section
- *Provider Details* tab
- *Service Offered* tab
- *Additional Info* tab

The following table provides guidelines for each of the fields in the *Provider Search* screen.

| Field Name | Field Description | Required? |
|--------------------------------|--|--|
| Search Criteria Section | | |
| Provider Type | Select the type of provider by checking the appropriate checkbox(es) from the choices of Direct Service Provider, Vendor and Community. | No |
| Provider Category | Select the category of the provider (Allegheny County Contracted, Contracted and Non-Contracted). | No |
| Type of Service | Select the Type of Service the provider offers from the dropdown selection (Placement only, Non-Placement, Placement & Non-Placement, N/A, In Home only, P&D only, P&D and Placement, In Home & P/D, Placement & In Home, Placement/In Home & P&D. | No |
| Agency | Click the checkbox to limit the provider search to only agencies. | No |
| Facility | Click the checkbox to limit the provider search to only facilities. | No |
| Individual | Click the checkbox to limit the provider search to only individuals. | No |
| Name Search | Select the type of search to perform on the last name (Sounds Like, Starts With, Is). Enter the last name to correspond with the search type selected. | No |
| Agency | Select the type of search to perform on the agency name (Sounds Like, Starts With, Is). Enter the agency name to correspond with the search type selected. | No |
| Open Date group | Check the Open Date checkbox to include a search on the date(s) when the provider was created. | No |
| Open Date From | Enter the starting date for the range the provider was created within. | Conditional, if Open Date checkbox is marked. |
| Open Date To | Enter the ending date for the range the provider was created within. | Conditional, if Open Date checkbox is marked. |
| Close Date group | Check the Close Date checkbox to include a search on the date(s) when the provider was closed. | No |
| Close Date From | Enter the starting date for the range the provider was closed within. | Conditional, if Close Date checkbox is marked. |
| Close Date To | Enter the ending date for the range the provider was closed within. | Conditional, if Close Date checkbox is marked. |

| Field Name | Field Description | Required? |
|------------------------------|---|---|
| Provider ID group | Check the Provider ID checkbox to include a search on the provider identification number. | No |
| Provider ID | Enter the Provider ID for the desired provider. | Conditional, if Provider Id checkbox is marked. |
| Contract Number group | Check the Contract Number checkbox to include a search on the contract number. | No |
| Contract Number | Enter the desired contract number. | Conditional, if the Contract Number checkbox is marked. |
| Availability group | Select the desired provider's current availability (Available, Unavailable, All). The default setting in MPER is ALL. | No |
| Services | Select the desired services that a provider may supply. | No |
| Search Results Section | | |
| Provider ID | Displays the Provider ID. | N/A (Display Only) |
| Agency/Provider Name | Displays the agency name and/or the provider name. | N/A (Display Only) |
| First Name | Displays the provider's first name. | N/A (Display Only) |
| Last Name | Displays the provider's last name. | N/A (Display Only) |
| School District | Displays the school district where the provider is located. | N/A (Display Only) |
| Provider Details Tab | | |
| Provider ID | Displays the identification number of the selected provider | N/A (Display Only) |
| License Number | Displays the license number of the selected provider. | N/A (Display Only) |
| Provider Type | Displays the provider type of the selected provider. | N/A (Display Only) |
| Contract Facility ID | Displays the contract facility identification number. | N/A (Display Only) |
| SSN | Displays the provider Social Security Number, if applicable | N/A (Display Only) |
| CYF Monitor | Displays the name of the CYF Foster Care worker who monitors the selected provider. | N/A (Display Only) |
| Agency Name | Displays the agency name of the selected provider. | N/A (Display Only) |
| Provider Name | Displays the full name of the selected provider. | N/A (Display Only) |
| Monitoring Agency | Displays the monitoring agency of the selected provider | N/A (Display Only) |
| Address | Displays the local address of the selected provider. | N/A (Display Only) |
| School District | Displays the school district of the selected provider. | N/A (Display Only) |
| Home Phone | Displays the home phone number of the selected provider. | N/A (Display Only) |
| Work Phone | Displays the work phone number of the selected provider. | N/A (Display Only) |
| Ext | Displays the work phone number extension of the selected provider. | N/A (Display Only) |
| Service Offered Tab and Grid | | |

| Field Name | Field Description | Required? |
|--|---|--------------------|
| Contracted Facility ID | Displays the Contracted Facility ID number. | N/A (Display Only) |
| Service(s) | Displays a list of services the selected provider offers. | N/A (Display Only) |
| Start Date | Displays the start date for the services offered by the selected provider. | N/A (Display Only) |
| End Date | Displays the date the service offering ended, if applicable, for the services offered by the selected provider. | N/A (Display Only) |
| Type | Displays the type of service offered by the selected provider. | N/A (Display Only) |
| Capacity / Vacancies | Displays the selected provider's capacity/vacancies. | N/A (Display Only) |
| Additional Info Tab | | |
| Status | Displays the status of the selected provider. | N/A (Display Only) |
| Open Date | Displays the date the selected provider was opened. | N/A (Display Only) |
| Close Date | Displays the date the selected provider was closed, if applicable. | N/A (Display Only) |
| Licensure Start Date | Displays the licensure start date for the selected provider. | N/A (Display Only) |
| Licensure Expiration Date | Displays the licensure expiration date for the selected provider. | N/A (Display Only) |
| Characteristics Unwilling to Accept | Displays the characteristics the selected provider is unwilling to accept. | N/A (Display Only) |
| Special Skills/Background | Displays any special skill and/or background for the selected provider. | N/A (Display Only) |
| Other Services Provided | Displays any additional services offered by the selected provider. | N/A (Display Only) |
| Admission Requirements | Displays any admission requirements for the selected provider. | N/A (Display Only) |
| Restrictions | Displays any restrictions for the selected provider. | N/A (Display Only) |

1.1.1 Buttons

| | |
|---------------|--|
| Search | The Search button performs the provider search based on the selected search criteria. |
| Show | The Show button brings the selected provider from the search results section into focus. |
| Clear | The Clear button clears existing search criteria. |
| Cancel | The Cancel button leaves the <i>Provider Search</i> screen and displays the <i>Splash</i> screen. |

1.1.2 Tips



Entering information in multiple fields in the Search Criteria section will return fewer providers.



Searching by a service will return all providers that have that service as a Service Offering.

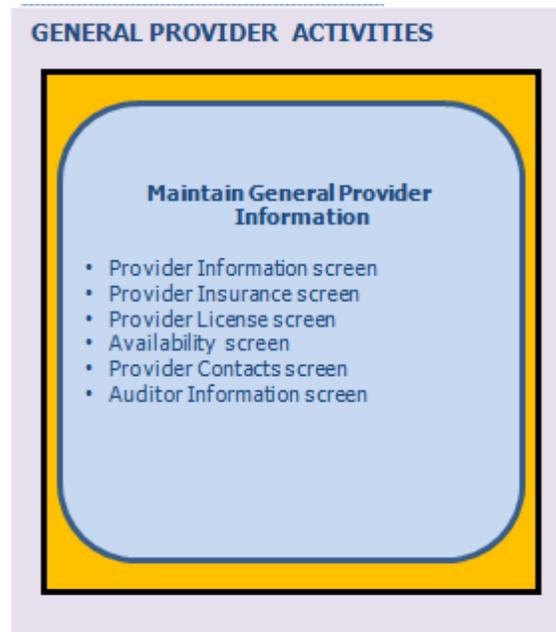


Clicking the Search button without entering any search criteria will return all providers in MPER.

Activity 2 Maintain General Provider Information

The creation and maintenance of a provider occurs across several screens in MPER and is completed by several different user groups, including Contracts Department, the associated Program Office and the provider themselves. The general provider information creates a comprehensive foundation record for the provider.

MPER facilitates the creation and maintenance of a Provider by capturing and editing data within the screens and online forms listed in the figure below:



The following sections depict the screens within the Maintain General Provider Information Activity and describe the fields and buttons on each screen.

2.1 Provider Information Screen

The *Provider Information* screen contains the basic information about a provider. The type of provider and the general type of services offered are defined on the *General Info* tab. The *Addresses* tab contains the addresses and telephone numbers for the provider. The information on the *Services Provided* tab is optional. The *Preference* tab is available to define specifics about preferred client when the “Type of Home” field on the *General Info* screen tab is defined as Foster Care.

Navigation Path

Provider > Provider Information > General Info

OR

Provider > New

Completing the Provider Information Screen

From the *Provider* Menu, select *Provider Information*, then *General Info*. Complete all the necessary fields to define the type of provider being created. The screen contains four tabs to enter information about the Provider. There are required fields on the *General Info* and *Addresses* tabs that must be completed before the provider can be saved. The Contracts office will complete many of the other tabs for non-contracted agencies.

Full Screen

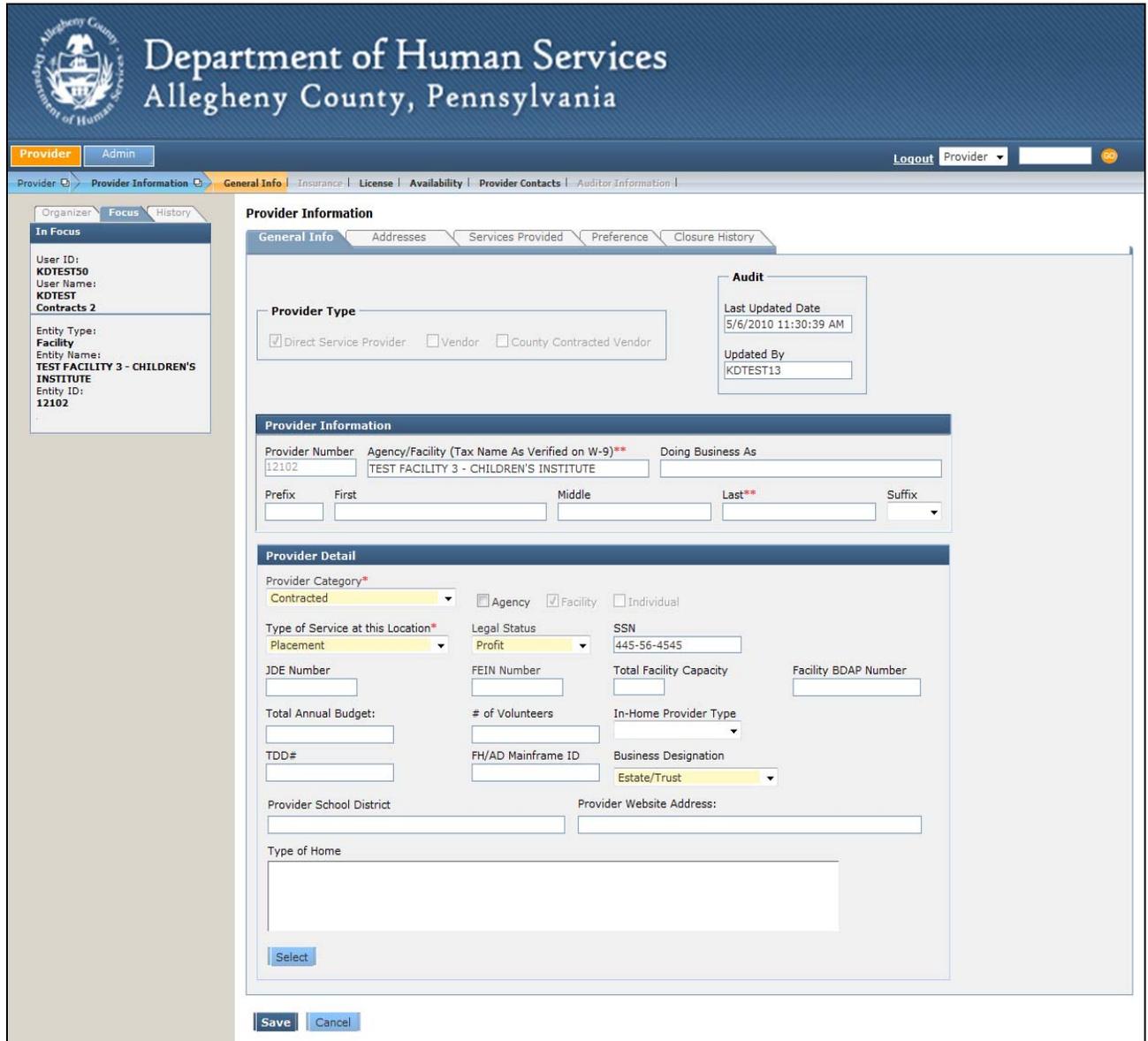


Figure 2-1 Provider Information Screen

Provider Information Screen Components

The *Provider Information* screen consists of the following sections and special functions:

- *General Info* tab
- *Provider Information* section
- *Provider Detail* section
- *Addresses* tab
- *Services Provided* tab
- *Preference* tab

- Preferred Client section
- Approved Number of Children pop-up

The following table provides guidelines for each of the fields in the *Provider Information* screen.

| Field Name | Field Description | Required? |
|--|--|--|
| General Info Tab | | |
| Provider Type | Select the type of provider by checking the appropriate checkbox(es) from the choices of Direct Service Provider, Vendor, and County Contracted Vendor. | Yes |
| Provider Information Section | | |
| Provider Number | The Provider ID number is assigned by MPER when a new provider is created. | N/A (Display only) |
| Agency/Facility (Tax Name As Verified on W-9) | Enter the name of the agency or facility. | Conditional; Half-mandatory with Last Name when the Agency / Facility checkbox is selected |
| Doing Business As | Enter the company's DBA. | No |
| Prefix | Enter the prefix for the name of the person the facility is named for. | No |
| First | Enter the first name of the person the facility is named for. | No |
| Middle | Enter the middle name of the person the facility is named for. | No |
| Last | Enter the last name of the person the facility is named for. | Conditional; Half-mandatory with Agency/Facility when the Agency / Facility checkbox is selected. Mandatory when the Individual checkbox is selected. |
| Suffix | Select the suffix for name of the person the facility is named for. | No |
| Provider Detail Section | | |
| Provider Category | Select the category for the provider. Providers are Contracted, Non-Contracted or Allegheny County Contracted. | Conditional; when Direct Service Provider check box is selected. |
| Agency /Facility/ Individual | Further define the provider type by selecting the kind of provider. Agency and Facility may both be selected to define a facility that is associated to an agency. | Yes |
| Type of Service at this Location | Select the Type of Service the provider offers from the dropdown selection (Both, Placement, Non-Placement and N/A). | Yes |
| Legal Status | Select the status from the dropdown selection (Profit, or Non-Profit). | No |
| SSN | Enter the Social Security Number for the provider, if applicable. | No |

| Field Name | Field Description | Required? |
|----------------------------------|---|---|
| JDE Number | Enter the JDE number for the provider to be used as a reference. | No |
| FEIN Number | Enter the Employer Identification Number for the provider, if applicable. | No |
| Total Facility Capacity | Enter the total capacity for the facility. | No |
| Facility BDAP Number | Enter the BDAP number for the facility, if applicable. | No |
| Total Annual Budget | Enter the total annual budget amount, if applicable. | No |
| # of Volunteers | Enter the number of volunteers the provider has. | No |
| In-Home Provider Type | Select the appropriate option if the provider is authorized to offer Regular, Crisis or Both types of services. | No |
| TDD# | Enter the TDD number for the provider, if applicable. | No |
| FH/AD Mainframe ID | Enter the FH/AD Mainframe ID for the facility, if applicable. | No |
| Business Designation | Select the Type of Business Designation the provider has from the dropdown selection. (Corporation, Estate/Trust, Government/Non-Profit, Individual, Partnership, Public Service Corporation, Sole Proprietorship). | No |
| Provider School District | Enter the School District where the provider is located. | No |
| Provider Website Address: | Enter the Provider Website Address where the provider can be contacted, if applicable. | No |
| Type of Home | Select all home types that apply from the Multi-Select. (Adoption, Foster Care, Group Home, Shelter, Residential, Independent Living Residential/Supervised, Legal Custodian, Emergency Caregiver). | No |
| Addresses Tab | | |
| Address Type | Displays the type of Address. | N/A (Display only) |
| Address Line 1 | Displays the street name and number. | N/A (Display only) |
| Address Line 2 | Displays any additional address information. | N/A (Display only) |
| City | Displays the city the provider is located in. | N/A (Display only) |
| State | Displays the state the provider is located in. | N/A (Display only) |
| Zip Code | Displays the zip code the provider is located in. | N/A (Display only) |
| Home Phone | Displays the home phone number of the provider. | N/A (Display only) |
| Work Phone | Displays the work phone number of the provider. | N/A (Display only) |
| Fax Phone | Displays the fax number of the provider. | N/A (Display only) |
| Start Date | Displays the date provider started residing at the address. | N/A (Display only) |
| End Date | Displays the date provider ended residing at the address. | N/A (Display only) |
| Home Phone | Enter the home phone number of the provider. | Conditional; Required when Individual checkbox selected |
| Work Phone | Enter the work phone number of the provider. | Conditional; Required when the Agency and/or Facility checkbox is |

| Field Name | Field Description | Required? |
|---|---|--|
| | | selected |
| Extn | Enter the extension of the work phone number, if applicable. | No |
| Fax Phone | Enter the fax number of the provider. | Conditional; Required when the Agency and/or Facility checkbox is selected |
| Other Phone Type | Select cellular, home or work from the dropdown selection. | No |
| Other Phone | Enter the other phone number. | No |
| Extn | Enter the extension of the other phone number, if applicable. | No |
| Email Address | Enter the email address of the provider. | Conditional; Required when the Agency and/or Facility checkbox is selected |
| Address | Complete the address of the Provider by clicking the Edit button. | Yes; Local Address Type |
| Start Date | Enter the date the provider started residing at the address. | Yes |
| End Date | Enter the date the provider stopped residing at the address. | No |
| Services Provided Tab | | |
| Other Services Provided | Complete narrative textbox with applicable information. Click on the magnifying glass icon to open the zoom box feature. | No |
| Referral Process | Complete narrative textbox with applicable information. Click on the magnifying glass icon to open the zoom box feature. | No |
| Restrictions/ Additional Information | Complete narrative textbox with applicable information. Click on the magnifying glass icon to open the zoom box feature. | No |
| Admission Requirements/ Eligibility | Complete narrative textbox with applicable information. Click on the magnifying glass icon to open the zoom box feature. | No |
| Payments /Insurance | Select all the appropriate values from the Multi-select. (Check, Credit, Cash, Medicaid, Third Party Insurance, HMO, Free Services, and Sliding Scale). | No |
| Special Skills/ Background | Select all appropriate values from the Multi-Select. (2 Parent Home, Home Close to School, Home in the District, No Other Children in Home, Stay at Home Parent, Training in Handling APNEA Monitors, Will Do Respite or Emergency Placements). | No |
| Preference Tab | | |
| Gender | Displays the gender of preferred children. | N/A (Display Only) |
| Number Preferred | Displays the number of preferred children. | N/A (Display Only) |
| Ages Accepted From | Displays the year and month of ages accepted from. | N/A (Display Only) |
| Ages Accepted To | Displays the year and month of ages accepted to. | N/A (Display Only) |
| Total Number of Children Preferred | Enter the total number of children preferred. | No |

| Field Name | Field Description | Required? |
|--|--|-----------|
| Approved Number of Children popup | | |
| Gender | Select the preferred gender from dropdown selection (Both, Female, Male). | Yes |
| Number Preferred | Enter the number of children preferred. | No |
| Ages Accepted From Yrs. | Enter the youngest age in years of preferred children. | No |
| Ages Accepted From Mnth. | Enter the number of months in addition to the youngest age in years of preferred children. | No |
| Ages Accepted To Yrs. | Enter the oldest age in years of preferred children. | No |
| Ages Accepted To Mnth. | Enter the number of months in addition to the oldest age in years of preferred children. | No |
| Characteristics Unwilling to Accept | Select all characteristics that apply from the Multi-Select. | No |
| Provider Languages Spoken | Select all languages that apply from the Multi-Select. | No |
| Races Unwilling to Accept | Select all races that apply from the Multi-Select. | No |
| Ethnicities Unwilling to Accept | Select all ethnicities that apply from the Multi-Select. | No |
| Willing to Accept Siblings? | Select Yes or No from the dropdown selection. | No |
| Willing to accept children from different cultures? | Select Yes or No from the dropdown selection. | No |
| Minimum legal risk, high probability of termination of parental rights and child becoming adoptable in foreseeable future. | Select Yes or No from the dropdown selection. | No |
| Maximum legal risk (foster care/adoptive placement) parental rights may or may not be terminated. Possibility of adoption remains questionable. | Select Yes or No from the dropdown selection. | No |
| Comments | Complete narrative textbox with applicable information. Click on the magnifying glass icon to open the zoom box feature. | No |

2.1.1 Buttons

| | |
|--------------------------|---|
| Select | <p>The Select button opens the Type of Home Multi-Select box on the <i>General Info</i> tab.</p> <p>The Select button opens the Payments / Insurance Multi-Select box on the <i>Services Provided</i> tab.</p> <p>The Select button opens the Special Skills/Background Multi-Select box on the <i>Services Provided</i> tab.</p> |
| View NAICS Code Listing | <p>The View NAICS Code Listing button opens a searchable North American Industry Classification System database.</p> |
| Save | <p>The Save button saves the information entered across all the <i>General Info</i> tabs.</p> <p>The Save button on the <i>Approved Number of Children</i> pop-up save the preferred children record.</p> |
| Cancel | <p>The Cancel button at the bottom of the screen leaves the <i>General Info</i> screen without saving any information and displays the <i>Splash</i> screen.</p> <p>The Cancel button leaves the <i>Enter Address</i> pop-up on the <i>Address</i> tab without saving entry or changes.</p> <p>The Cancel button leaves the <i>Approved Number of Children</i> pop-up without saving entry or changes.</p> |
| Edit | <p>The Edit button opens the <i>Enter Address</i> pop-up on the <i>Address</i> tab.</p> |
| OK | <p>The OK button selects the highlighted address on the <i>Enter Address</i> pop-up.</p> <p>Click the OK button on the <i>Approved number of Children</i> pop-up to save any updates for the selected group of preferred children.</p> |
| Search | <p>The Search button performs an address search to validate the entered address on the <i>Enter Address</i> pop-up.</p> |
| New | <p>The New button is clicked to create a new address record on the <i>Address</i> tab.</p> <p>Click the New button on the <i>Approved Number of Children</i> pop-up to add a new group of preferred children.</p> |
| Select Preferred Clients | <p>The Select Preferred Client button opens the <i>Approved number of Children</i> pop-up.</p> |
| Delete | <p>Click the Delete button on the <i>Approved Number of Children</i> pop-up to remove the selected group of preferred children.</p> |
| Reopen | <p>Click the Reopen on the <i>Closure History</i> tab button to open a closed provider.</p> |
| Close | <p>Click the Close button on the <i>Closure History</i> tab to close a provider.</p> |

2.1.2 Tips



Click the 'Save without Verification' checkbox on the *Enter Address* pop-up to save an address that does not pass the validation.



While creating an agency, make sure you have a billing address for the agency. The system will not allow the user to create an agency without a billing address. While creating a facility, make sure you have

the local address for the agency. The system will not allow the user to create a facility without a local address.

2.2 Provider Insurance Screen

The Provider Insurance screen is used to document the different types of insurance that may be carried by a provider. This screen is typically completed by the designated user at the contacted Agency Provider's office for their associated facilities.

Navigation Path

Provider > Provider Information > Insurance

Completing the Provider Insurance Screen

From the *Provider* Menu, select *Provider Information* then *Insurance*. Select the insurance item from the dropdown selection. Select if the item is Required and/or Received. Enter a start and end date to show the effective dates of coverage for the insurance. Click the **Save** button to save the Insurance information. The **New** button will open a blank *Provider Insurance* screen.

Full Screen



The screenshot shows the 'Provider Insurance' screen within the Department of Human Services, Allegheny County, Pennsylvania. The interface includes a navigation menu on the left with 'Provider' and 'Admin' tabs. The main content area is titled 'Provider Insurance' and contains a table with the following columns: 'Insurance Item', 'Required?', 'Received?', 'Start Date', and 'End Date'. Below the table is an 'Insurance Detail' section with the following fields:

- Insurance Item* (dropdown menu)
- Required?* (dropdown menu)
- Received? (dropdown menu)
- Start Date (dropdown menu)
- End Date (dropdown menu)

At the bottom of the 'Insurance Detail' section are three buttons: 'New', 'Save', and 'Cancel'.

Figure 2-2 Provider Insurance Screen

Provider Insurance Screen Components

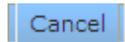
The *Provider Insurance* screen consists of the following sections and special functions:

- *Insurance* section
- *Insurance Detail* section

The following table provides guidelines for each of the fields in the *Provider Insurance* screen.

| Field Name | Field Description | Required? |
|---------------------------------|---|---|
| Insurance Section | | |
| Insurance Item | Displays the insurance item. | N/A (Display only) |
| Required? | Displays if the Insurance item is required. | N/A (Display only) |
| Received? | Displays the date the insurance item was received. | N/A (Display only) |
| Start Date | Displays the starting effective date of the insurance item. | N/A (Display only) |
| End Date | Displays the ending effective date of the insurance item. | N/A (Display only) |
| Insurance Detail Section | | |
| Insurance Item | Select the insurance item for the dropdown selection (Professional, Automotive, General, Fidelity Bond, Workers Compensation, Medical, Dental, Life and Other). | Yes |
| Required? | Indicate if the insurance item is required by selecting Yes or No from the dropdown selection. When “Yes” is applied the Received? field becomes mandatory. | Yes |
| Received? | Select Yes or No to indicate if the Insurance item has been received. When “Yes” is selected the Start and End date are mandatory. | Conditional; mandatory when Required? = Yes |
| Start Date | Enter the starting effective date of the insurance item. | Conditional; mandatory when Received? = Yes |
| End Date | Enter the ending effective date of the insurance item. | Conditional; mandatory when Received? = Yes |

2.2.1 Buttons

| | |
|--|--|
|  | Click the New button to create a new Insurance record. |
|  | The Save button saves the insurance information entered. |
|  | The Cancel button leaves the <i>Provider Insurance</i> screen without saving any information and displays the <i>Splash</i> screen. |

2.2.2 Tips



The *Provider Insurance* screen is typically completed by a designated user at the contacted Agency's office for their associated facilities.

2.3 Provider License Screen

The *Provider License* screen is used to capture the licensing and/or certification information for Agency locations and Facility locations. Typically this information is documented in MPER by a designated user at the Agency’s office for their associated facilities. The licensing information can be for a Placement or Non-placement provider and their associated facilities, if applicable.

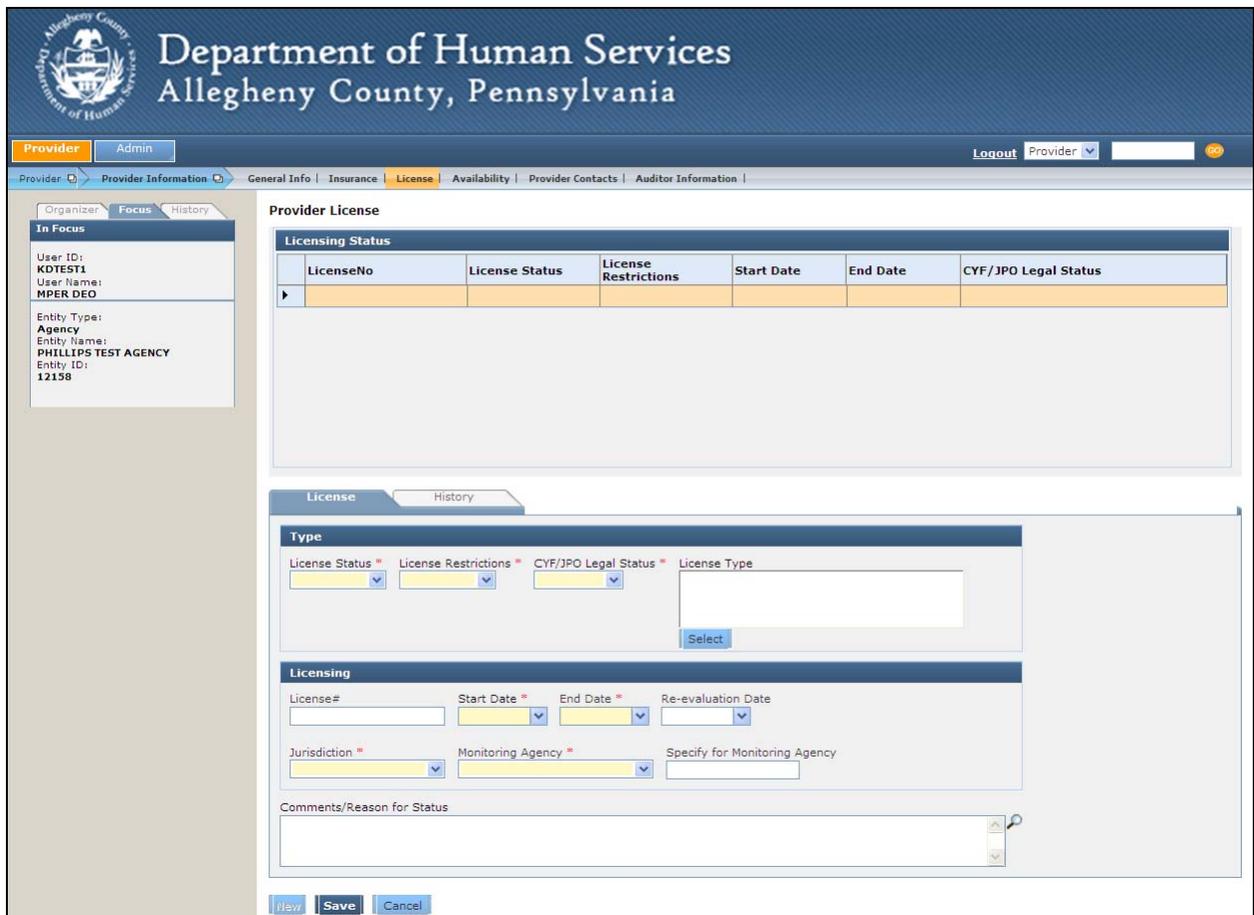
Navigation Path

Provider > Provider Information > License

Completing the License Screen

From the *Provider* Menu, select *Provider Information* and then *License*. Complete all necessary fields. Click the **Save** button to save the entered record. Click the **New** button to capture an additional license record. The *History* tab displays all prior statuses for the selected license.

Full Screen



The screenshot displays the 'Provider License' screen within the MPER system. The header identifies the user as 'MPER DEO' and the entity as 'PHILLIPS TEST AGENCY'. The main interface features a 'Licensing Status' table and a form for entering license details. The table has the following structure:

| LicenseNo | License Status | License Restrictions | Start Date | End Date | CYF/JPO Legal Status |
|-----------|----------------|----------------------|------------|----------|----------------------|
| | | | | | |

Below the table, the 'Type' section includes dropdown menus for License Status, License Restrictions, and CYF/JPO Legal Status, along with a text field for License Type and a 'Select' button. The 'Licensing' section contains input fields for License#, Start Date, End Date, Re-evaluation Date, Jurisdiction, Monitoring Agency, and Specify for Monitoring Agency. A text area for 'Comments/Reason for Status' is located at the bottom, with 'New', 'Save', and 'Cancel' buttons below it.

Figure 2-3 Provider License Screen

Provider License Screen Components

The Provider *License* screen consists of the following sections and special functions:

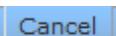
- *Licensing Status* section
- *License* tab
- *Type* section
- *Licensing* section
- *History* tab

The following table provides guidelines for each of the fields in the *Provider License* screen.

| Field Name | Field Description | Required? |
|--------------------------------------|---|---|
| Licensing Status Section | | |
| License No | Displays the license number. | N/A (Display only) |
| License Status | Displays the status of the license. | N/A (Display only) |
| License Restrictions | Displays the license restrictions. | N/A (Display only) |
| Start Date | Displays the starting effective date of the license. | N/A (Display only) |
| End Date | Display the ending effective date of the license. | N/A (Display only) |
| CYF/JPO Legal Status | Displays the CYF or JPO legal status | N/A (Display only) |
| License Tab Type Section | | |
| License Status | Select the status of the license from the dropdown selection (Provisional, Regular, Unapproved, and Temporary). | Yes |
| License Restrictions | Select the restrictions of the license from the dropdown selection (Approved, Restricted, Revoked, Suspended, and Unapproved). | Yes |
| CYF/JPO Legal Status | Select the Legal Status from the dropdown selection (Dependent, Delinquent, and Dual). | Yes |
| License Type | Select the applicable Service Types from the MultiSelect box. | No |
| Licensing Section | | |
| License# | Enter the license number. | No |
| State Date | Enter the date the license became effective. | Yes |
| End Date | Enter the date the license period ends. | Yes |
| Re-evaluation Date | Enter when the license is due to be re-evaluated. | N/A (Display Only) |
| Jurisdiction | Select the State where the license is valid from the dropdown selection. | Yes |
| Monitoring Agency | Select the agency from the dropdown selection (CYF Foster Care Unit, Department of Public Welfare, Contracts, CYF Contract, Other). | Yes |
| Specify for Monitoring Agency | Enter details of monitoring agency. | Conditional; when 'Other' is selected as the Monitoring Agency. |

| Field Name | Field Description | Required? |
|------------------------------------|--|--------------------|
| Comments/ Reason for Status | Complete narrative textbox with applicable information. Click on the magnifying glass icon to open the zoom box feature. | No |
| History Tab | | |
| License Status | Displays the status of the license. | N/A (Display only) |
| Start Date | Displays the date the license began. | N/A (Display only) |
| End Date | Displays the date the license expired. | N/A (Display only) |
| Re-evaluation Date | Displays the date the license is going to be re-evaluated. | N/A (Display only) |
| Monitoring Text | Displays the Monitoring Agency information. | N/A (Display only) |
| CYF/JPO Legal Status | Displays the CYF/JPO Legal Status information. | N/A (Display only) |
| License Restrictions | Displays the restrictions of the licenses. | N/A (Display only) |
| Service Type | Displays the type of services of the provider's license. | N/A (Display only) |
| Jurisdiction | Displays the state where the license is valid. | N/A (Display only) |
| Monitoring Agency | Displays the monitoring agency. | N/A (Display only) |
| Licensing Section | | |
| Comments/ Reason for Status | Complete narrative textbox with applicable information. Click on the magnifying glass icon to open the zoom box feature. | No |

2.3.1 Buttons

| | |
|---|---|
|  | Click the New button to start a new license record. |
|  | The Save button saves the information entered. |
|  | The Cancel button leaves the <i>License</i> screen without saving any information and displays the <i>Splash</i> screen. |

2.3.2 Tips



Licensing information is required for CYF Placement providers. If this information is not updated, they will not be able to create service offerings.

2.4 Availability Screen

The *Availability* screen indicates when the provider is available to provide services. When a new provider is created, they cannot provide services until the *Availability* screen is completed. A provider will have one active availability status at a time. If they become unavailable for any period of time, an update must be made indicating the change in status.

Navigation Path

Provider > Provider Information > Availability

Completing the Availability Screen

From the *Provider Menu*, select *Provider Information* then *Availability*. The grid at the top displays a history of each Worker Recommendation status and the start and end dates as well as comments. Click **New** to enter a different availability status. Select the Worker Recommendation status from the dropdown selection. Enter the start date and any comments. Click the **Save** button to save the record.

Full Screen



Figure 2-4 Availability Screen

Availability Screen Components

The *Availability* screen consists of the following sections and special functions:

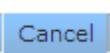
- *Availability Status* section
- *Availability Details* section

The following table provides guidelines for each of the fields in the *Availability* screen.

| Field Name | Field Description | Required? |
|------------------------------------|--|--------------------|
| Availability Status Section | | |
| Worker Recommendation | Displays the availability status selected by the worker. | N/A (Display only) |
| Start Date | Displays the date the status began. | N/A (Display only) |
| End Date | Displays the date the status ended. | N/A (Display only) |

| Field Name | Field Description | Required? |
|------------------------------|---|---|
| Comments | Displays the comments from the narrative box in the availability details section. | N/A (Display only) |
| Availability Details Section | | |
| Worker Recommendation | Select the recommended status from the dropdown selection (Available, Closed, Unavailable/Inactive, Unavailable/Respite and Unavailable/Provisional). | Yes |
| Start Date | Enter the date to start the availability. | Yes |
| End Date | Enter the date to end the availability. | No |
| Reason | Select the reason for end dating the availability. | Conditional; required when End Date is completed. |
| Comments | Complete narrative textbox with applicable information. Click on the magnifying glass icon to open the zoom box feature. | No |

2.4.1 Buttons

| | |
|---|--|
|  | Click the New button to start a new availability record |
|  | The Save button saves the information entered. |
|  | The Cancel button leaves the <i>Availability</i> screen without saving any information and displays the <i>Splash</i> screen. |

2.4.2 Tips



Only one Availability status may be active at a time. Any existing status needs to be end dated before a new status can be entered.



This screen is completed by a designated user at the Agency's office for their associated facilities. This screen is not accessible to the providers.

2.5 Provider Contacts Screen

The *Provider Contacts* screen is used to record the names and titles of contact people and staff members for the provider.

Navigation Path

Provider > Provider Information > Provider Contacts

Completing the Provider Contacts Screen

From the *Provider* menu, select *Provider Information* and then *Provider Contacts*. The selection of the Contact Person or Staff Person radio button will enable or disable the next fields that must be completed. Complete all required and applicable fields pertaining to the contact or staff member.

Click the **Save** button to save the contact record. To enter a new provider contact, click the **New** button.

Full Screen



Figure 2-5 Provider Contacts Screen

Provider Contacts Screen Components

The *Provider Contacts* screen consists of the following sections and special functions:

- *Contact Persons* section
- *Contact Person/Staff information* tab

The following table provides guidelines for each of the fields in the *Provider Contacts* screen.

| Field Name | Field Description | Required? |
|---|--|---|
| Contact Person Section | | |
| Contract Type/Title | Displays the Contact Type or the Title of the Staff member at the Agency. | N/A (Display only) |
| Contact Person Name | Displays the name of the contact person at the provider. | N/A (Display only) |
| Contact Phone Number | Displays the work number of the contact person at the provider. | N/A (Display only) |
| Contact Start Date | Displays the start date of the contact. | N/A (Display only) |
| Contact End Date | Displays the end date of the contact. | N/A (Display only) |
| Contact Person/Staff Information Tab | | |
| Contact Person/Staff Person | Click the appropriate radio button to indicate if the person is a contact or a staff member. | Half –Mandatory |
| Primary Contact | Checkbox indicate the contact is the Primary Contact, if applicable. | No |
| Type | Select the applicable Type(s) from the Multi-Select. | Conditional, required when Contact Person was selected. |

| Field Name | Field Description | Required? |
|---------------------------|---|--|
| Title | Select the appropriate Title from the dropdown selection. | Conditional, required when Staff Person was selected. |
| Agency Name | Enter the name of the Agency. | Yes |
| Prefix | Enter the prefix of the contact/staff person's name, if applicable. | No |
| First Name | Enter the first name of the contact/staff person. | Yes |
| Middle | Enter the middle name of the contact/staff person. | No |
| Last | Enter the last name of the contact/staff person. | Yes |
| Suffix | Enter the suffix of the contact/staff person, if applicable. | No |
| Start Date | Enter the date the person started being a contact/staff person. | No |
| End Date | Enter the date the person stopped being a contact/staff person. | No |
| End Date Reason | Enter the end date reason, if applicable. | Conditional, required when End Date is entered. |
| Phone - Home Phone | Enter the home phone number, if applicable. | No |
| Work Phone | Enter the work phone number of the contact/staff persons. | Yes |
| Extn | Enter the extension of the work number, if applicable. | No |
| Fax | Enter the fax number of the contact/staff person. | Yes |
| Other Phone Type | Select the type of other phone, if applicable, from the dropdown selection (Cell, Home, or Work). | No |
| Other Phone | Enter the 'Other' phone number. | Conditional, required when Other Phone Type is selected. |
| Extn | Enter the extension of the Other phone number, if applicable. | No |
| E-Mail Address | Enter the contact person or staff member's email address. | Yes |
| Address | Complete the address of the contact person or staff member by clicking the Edit button. | Yes |

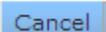
2.5.1 Buttons



Click the **New** button to start a new *Provider Contact* record.



The **Save** button saves the information entered.



The **Cancel** button leaves the *Provider Contacts* screen without saving any information and displays the *Splash* screen.

2.5.2 Tips



An Agency/Facility may have multiple Provider Contact records.



This screen is completed by a designated user at the Agency's office for their associated facilities.



If the same individual acts as multiple types of contact for a provider, select those available values on the MultiSelect box.

2.6 Auditor Information Screen

The *Auditor Information* screen is used for an Agency to indicate who their auditing organization is. This screen is required to be completed for Contacted Agencies, but is optional for the facilities of the associated agency. This screen is documented by a designated user at the Agency's office, but can be viewed by other users of MPER.

Navigation Path

Provider > Provider Information > Auditor Information

Completing the Auditor Information Screen

From the *Provider* menu, select *Auditor Information*. Enter the applicable information. Click the **Save** button to save the auditor information.

Full Screen



Figure 2-6 Auditor Information Screen

Auditor Information Components

The *Auditor Information* screen consists of the following sections and special functions:

- *Auditor Detail* section

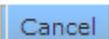
The following table provides guidelines for each of the fields in the *Auditor Information* screen.

| Field Name | Field Description | Required? |
|-------------------------------|--|-----------|
| Auditor Detail Section | | |
| Agency | Enter the name of the Auditing Agency. | Yes |
| Contact First Name | Enter the first name of the contact for the Auditing Agency. | No |
| Contact Last Name | Enter the last name of the contact for the Auditing Agency. | No |
| Address | Click the Edit button to enter or update the address of the Auditing Agency. | No |
| Phone Number | Enter the phone number of the Auditing Agency's contact person. | No |
| Fax Number | Enter the fax number of the Auditing Agency's contact person. | No |
| Email Address | Enter the email address of the Auditing Agency's contact person. | No |

2.6.1 Buttons



The **Save** button saves the *Auditor Information* screen.



The **Cancel** button leaves the *Auditor Information* screen and displays the *Splash* screen.

2.6.2 Tips



The Auditor Information screen is completed a designated user at the Provider Agency. Other users of MPER will have read only access to this screen.



The Auditor Information screen must be completed for Contracted Agency providers prior to a Service Offering being created. This information is not required for any associated agency facilities.

Section 2 Provider Homes

MAINTAIN PROVIDER HOMES

The activities of Maintaining Provider Homes are completed by the Foster Home's managing Agency. Detailed demographic information on each person who lives in the home is captured in MPER along with basic information about the general household.

This section provides guidelines for how to support provider homes-related activities in MPER. The associated screens and online forms and letters are described for each activity, as well as high-level guidelines for how to complete the activity.

PROVIDER HOMES ACTIVITIES

Maintain Provider Homes

- List of Household Members
- Household Members Screen
- Household Employer Screen
- Household Income Screen
- Household Extended Family Screen
- Household Medical Immunization Screen
- Household Medical History Screen
- Household Training Screen

Activity 3 Maintain Provider Homes

Home information is maintained for all Foster Care Homes, regardless of who the managing agency of the home is. This information is captured and maintained by the home's management agency. All actions associated with the activity of maintaining Provider Homes occurs on the Homes screens located within the Provider menu. All of the screens work in conjunction to have a clear and detailed record of the homes composition and its household members.



The following sections depict the screens within the Maintain Provider Homes Activity and describe the fields and buttons on each screen.

3.1 Select Household Screen

Every foster care home needs to have all members of the home documented. The first step in the documentation process is to create the members of the home. This data captured starts on the Select Household screen.

Navigation Path

Provider > Homes > Member Info > List of Household Members

Completing the Select Household Screen

From the *Provider* menu, select *Homes*, *Member Info*, and then *List of Household Members*. Select an existing client by clicking the **Show** button. Create a new household member by clicking the **New** button.

Full Screen

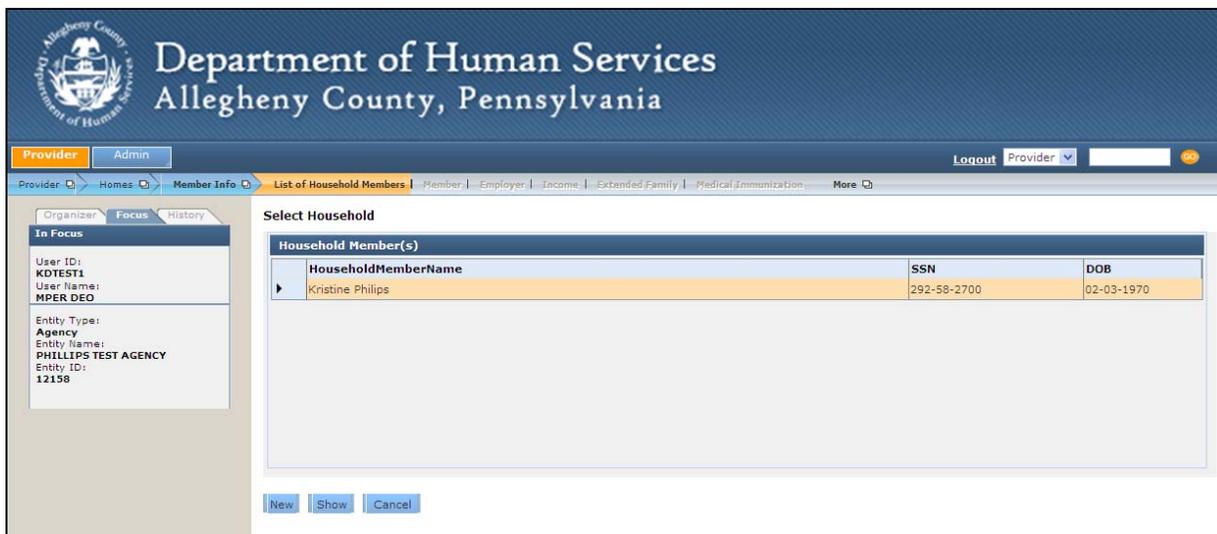


Figure 3-1 Select Household Screen

Select Household Screen Components

The *Select Household* screen consists of the following sections and special functions:

- *Household Member(s)* section

The following table provides guidelines for each of the fields in the *Select Household* screen.

| Field Name | Field Description | Required? |
|------------------------------|--|--------------------|
| Household Member Name | Displays the name of an existing household member. | N/A (Display Only) |
| SSN | Displays the social security number of the household member. | N/A (Display Only) |
| DOB | Displays the Date of Birth of the household member. | N/A (Display Only) |

3.1.1 Buttons

| | |
|---|---|
|  | Click the New button to create a new household member. |
|  | The Show button brings the selected household member into focus. |
|  | The Cancel button leaves the <i>Select Household</i> screen and displays the <i>Splash</i> screen. |

3.1.2 Tips



Foster children are not to be created as Household Members.



*Any subsequent screens viewed in the Homes grouping will be specific to the household member created or selected on the *Select Household* screen.*

3.2 Household Members Screen

The *Household Member* screen is used to capture the core information for the household member of the foster care home. The minimum information needed to create a household member is captured on the *Name* tab and the *Insurance* tab.

Navigation Path

Provider > Homes > Member Info > Member

Completing the Household Members Screen

From the *Provider* menu, select *Homes*, *Member Info*, and then *Members*. The information displayed will be for the Foster Care household member that was selected and brought in to focus on the *Select Household* screen. Complete the applicable fields on each of the tabs and click the **Save** button to save the entered information.

Full Screen

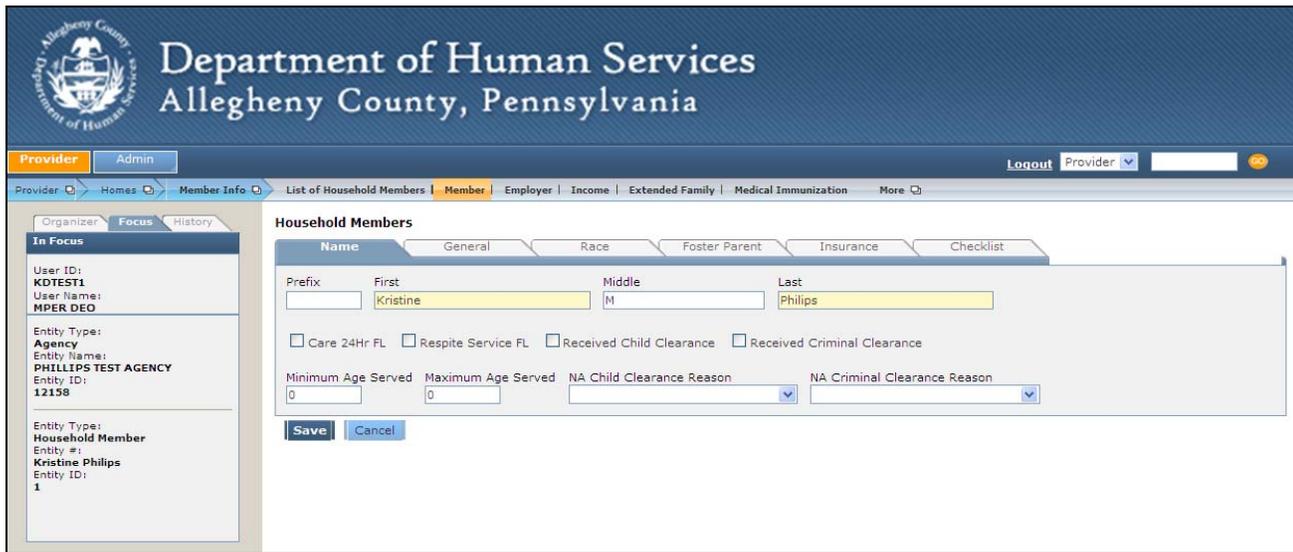


Figure 3-2 Household Members Screen

Household Members Screen Components

The *Household Members* screen consists of the following sections and special functions:

- *Name* tab
- *General* tab
- *Head of Household Member* section
- *Race* tab
- *Foster Parent* tab
- *Back up Foster Parent* section
- *Insurance* tab
- *Checklist* tab
- *Comment* section

The following table provides guidelines for each of the fields in the *Household Members* Screen.

| Field Name | Field Description | Required? |
|-----------------|---|-----------|
| Name Tab | | |
| Prefix | Enter the prefix of the household member's name. | No |
| First | Enter the first name of the household member. | Yes |
| Middle | Enter the middle name of the household member. | No |
| Last | Enter the last name of the household member. | Yes |
| Suffix | Select the suffix of the household member from the dropdown list. | No |

| Field Name | Field Description | Required? |
|--|--|-----------|
| Care 24Hr FL | Checkbox to indicate if Care 24Hr FL is applicable for this household member. | No |
| Respite Service FL | Checkbox to indicate if Respite Service FL is applicable for this household member. | No |
| Received Child Clearance | Checkbox to indicate if Received Child Clearance is applicable for this household member. | No |
| Received Criminal Clearance | Checkbox to indicate if Received Criminal Clearance is applicable for this household member. | No |
| Minimum Age Served | Enter the minimum age served of the household member. | No |
| Maximum Age Served | Enter the maximum age served of the household member. | No |
| NA Child Clearance Reason | Select the NA Child Clearance Reason from the dropdown list (18 or under, Reg.DomCare family before 1991, or Consumer). | No |
| NA Criminal Clearance Reason | Select the NA Criminal Clearance Reason from the dropdown list (18 or under, Reg.DomCare before 1991, or Consumer). | No |
| General Tab | | |
| Date of Birth | Enter the date of birth of the household member. Click on the drop arrow to activate the calendar feature. | No |
| SSN | Enter the social security number of the household member. | No |
| Gender | Select the gender of the household member from the dropdown list. | No |
| Date of Death | Enter the date of death of the household member, if applicable. Click the drop arrow to activate the calendar feature. | No |
| Marital Status | Select the marital status of the household member from the dropdown list. | No |
| Head of Household Section | | |
| Head of Household 1 | Click the radio button to indicate that the household member is the first Head of Household. Only one member can be the Head of Household 1. | No |
| Head of Household 2 | Click the radio button to indicate that the household member is the second Head of Household. Only one member can be the Head of Household 2. | No |
| N/A | Click the radio button to indicate that the household member is not a Head of Household. | No |
| Relationship to Head of Household 1 | Click on the dropdown list to select the relationship between the household member in focus and the person that has been indicated as Head of Household 1. | No |
| Relationship to Head of Household 2 | Click on the dropdown list to select the relationship between the household member in focus and the person that has been indicated as Head of Household 2. | No |

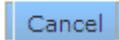
| Field Name | Field Description | Required? |
|--|---|--|
| Race Tab | | |
| Ethnicity | Select the ethnicity of the household member from the dropdown list. | No |
| Race | Click on the Select button to select the race(s) of the household member. | No |
| Foster Parent Tab Back up Foster Parent Section | | |
| Provider Name | Enter the name of the provider who will be in the role of back up foster parent for the household member. Click the Find button to open the Provider Search screen to search for the desired provider. | No |
| Agency Name | Enter the name of the agency that will be in the role of back up foster parent for the household member. Click the Find button to open the Provider Search screen to search for the desired agency. | No |
| Insurance Tab | | |
| Insurance Type | Displays the type of insurance selected. | N/A (Display Only) |
| Amount | Displays the policy limits for the insurance policy. | N/A (Display Only) |
| Carrier | Displays the insurance carrier. | N/A (Display Only) |
| Policy Date | Displays the beginning effective date of the insurance policy. | N/A (Display Only) |
| Policy Number | Displays the policy number. | N/A (Display Only) |
| End Date | Displays the ending effective date of the insurance policy. | N/A (Display Only) |
| Insurance Type | Select the type of insurance being captured for the household member. | Yes |
| Specify | Enter the type of insurance being captured for the household member. | Conditional; when "Other" is selected for Insurance Type. |
| Carrier | Enter the name of the carrier of the insurance policy. | Yes |
| Amount | Enter the policy limit of the insurance policy. | No |
| Policy Number | Enter the policy number of the insurance policy. | Yes |
| Effective Date | Enter the beginning effective date of the insurance policy. Click on the drop arrow to activate the calendar feature. | Yes |
| End Date | Enter the ending effective date of the insurance policy. Click on the drop arrow to activate the calendar feature. | Yes |
| Car Year | Enter the year of the vehicle that is insured. | Conditional; when Automotive is selected for Insurance Type. |
| Car Make | Enter the make of the vehicle that is insured. | Conditional; when Automotive is selected for Insurance Type. |
| Car Model | Enter the model of the vehicle that is insured. | Conditional; when Automotive is selected for Insurance Type. |

| Field Name | Field Description | Required? |
|----------------------------|--|---|
| Inspection Date | Enter the last date of the vehicle's inspection. | Conditional; when Automotive is selected for Insurance Type. |
| Inspection Due Date | Enter the date the next vehicle inspection is due. | Conditional; when Automotive is selected for Insurance Type. |
| Driver License No. | Enter the household members' driver's license number. | Conditional. Required when Automotive is selected for Insurance Type. |
| Comments | Click in the field to add narrative text pertaining to the insurance information. Click on the magnifying glass icon to activate the zoom-box feature. | No |

| Checklist Tab | | |
|------------------------|--|---|
| Checklist Item | Displays the item from the checklist that has been obtained. | N/A (Display Only) |
| Date Obtained | Displays the date the checklist item was obtained. | N/A (Display Only) |
| Expiration Date | Displays the date the checklist item will expire. | N/A (Display Only) |
| Comments | Displays the checklist comments | N/A (Display Only) |
| Checklist Item | Select the checklist item from the dropdown list. | No |
| Date Obtained | Enter the date the checklist item was obtained. Click on the drop arrow to activate the calendar feature. | Conditional. Required when a check list item is selected. |
| Expiration Date | Enter the date the checklist time will expire. Click on the dropdown arrow to activate the calendar feature. | Conditional. Required when a Drivers License is selected. |

| Comment Section | | |
|-----------------|---|----|
| Comments | Click in to the field to add narrative text pertaining to the checklist. Click on the magnifying glass icon to activate the zoom-box feature. | No |

3.2.1 Buttons

| | |
|---|---|
|  | The New button is displayed only when the <i>Insurance</i> or <i>Checklist</i> tab is active. Click to create a new <i>Insurance</i> or <i>Checklist</i> record. |
|  | The Save button saves the information entered on the <i>Household Member</i> screen. |
|  | The Cancel button leaves the <i>Household Members</i> screen and displays the <i>Splash</i> screen. |

3.2.2 Tips



There can be only one Household member who is indicated to be HOH 1 and one Household member who is indicated to be HOH 2.

3.3 Resource Employment Screen

The *Resource Employment* screen is used to capture the employment information of each applicable household member of the foster home. The employment details are added to the *Address* tab, *Other* tab, and *Occupation* tab and are used to create a detailed record of the member's employment status and history.

Navigation Path

Provider > Homes > Member Info > Employers

Completing the Resource Employment Screen

Bring a Household member into focus on the *List of Household Members* screen and follow the path of *Provider* menu, *Homes*, *Member Info* and then *Employers*. The **New** button becomes enabled after the initial employment record is created for the household member in focus. Click the **New** button to create an employment record. There are required fields on the Address and Occupation tabs.

Full Screen



Figure 3-3 Resource Employment Screen

Resource Employment Screen Components

The *Resource Employment* screen consists of the following sections and special functions:

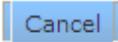
- *Provider Employment* section
- *Address* tab
- *Address* section
- *Other* tab
- *Employer Phone* section
- *Supervisor* section
- *Occupation* tab
- *Occupation* section

The following table provides guidelines for each of the fields in the *Resource Employment* screen.

| Field Name | Field Description | Required? |
|------------------------------------|---|--------------------|
| Provider Employment Section | | |
| Employer Name | Displays the name of the member's employer. | N/A (Display Only) |
| Title | Displays the member's job title/occupation. | N/A (Display Only) |
| Start Date | Displays the date the member's employment started. | N/A (Display Only) |
| End Date | Displays the date the member's employment ended, if applicable. | N/A (Display Only) |
| Address Tab | | |
| Employer Name | Enter the name of the member's employer. | Yes |
| Address Section | | |
| Address | Click the Edit button to enter the address information on the Enter Address popup. | No |
| Other Tab | | |
| Employer Phone Section | | |
| Phone | Enter the phone number of the member's employer. | No |
| Extn. | Enter the extension of the phone number of the member's employer. | No |
| Supervisor Section | | |
| Prefix | Enter the prefix of the member's supervisor, if applicable. | No |
| First | Enter the first name of the member's supervisor. | No |
| Middle | Enter the middle name of the member's supervisor. | No |
| Last | Enter the last name of the member's supervisor. | No |
| Suffix | Enter the suffix of the member's supervisor, if applicable. | No |
| Occupation Tab | | |
| Occupation Section | | |

| Field Name | Field Description | Required? |
|--------------------------------------|---|--|
| Title/Position | Enter the employment title or the name of the position held by the member. | No |
| Duration – Start Date | Enter the date the member started the employment. Click on the drop arrow to activate the calendar feature. | Yes |
| Duration – End Date | Enter the date the member’s employment ended, if applicable. Click on the drop arrow to activate the calendar feature. | No |
| Shift – Part Time | Click the radio button to indicate that the member is employed part time. | No |
| Shift – Full Time | Click the radio button to indicate that the member is employed full time. | No |
| Hours – From Time | Enter the time the member is scheduled to start work. | No |
| Hours – AM/PM | Select AM or PM to indicate if the member starts work in the morning or afternoon. | No |
| Hours – To Time | Enter the time the member is scheduled to end work. | No |
| Hours – AM/PM | Select AM or PM to indicate if the member ends work in the morning or afternoon. | No |
| Able to be Contacted at Work? | Select Yes or No to indicate if the member can be contacted at their work location. | No |
| Reason | Enter the reason why the member cannot be contacted at their work location. | Conditional; if No is selected for Able to be Contacted at Work. |
| Alternative Contact | Enter an alternate contact. | Conditional; if No is selected for Able to be Contacted at Work. |
| Work Schedule | Enter narrative text describing the members work schedule Click on the magnifying glass icon to activate the zoombox feature. | No |

3.3.1 Buttons

| | |
|--|---|
|  | The New button is clicked to create a new employment record for the household member that is in focus. |
|  | The Save button saves the information entered on the <i>Resource Employment</i> screen. |
|  | The Cancel button leaves the <i>Resource Employment</i> screen and displays the <i>Splash</i> screen. |

3.3.2 Tips



The **New** button becomes enabled after the initial employment record is created for the household member in focus.



A Household member can have multiple employment records created.

3.4 Income Screen

Every foster household is required to be able to be self supportive without the payment for foster services. The *Income* screen is used to capture the income brought into the household, how the money is earned and who earned the money. The information entered in this screen is used in conjunction with the *Expenses* screen to determine if the household has a monthly surplus or deficit. Only the incomes for members that are indicated to be Head(s) of Household are taken in to consideration for this.

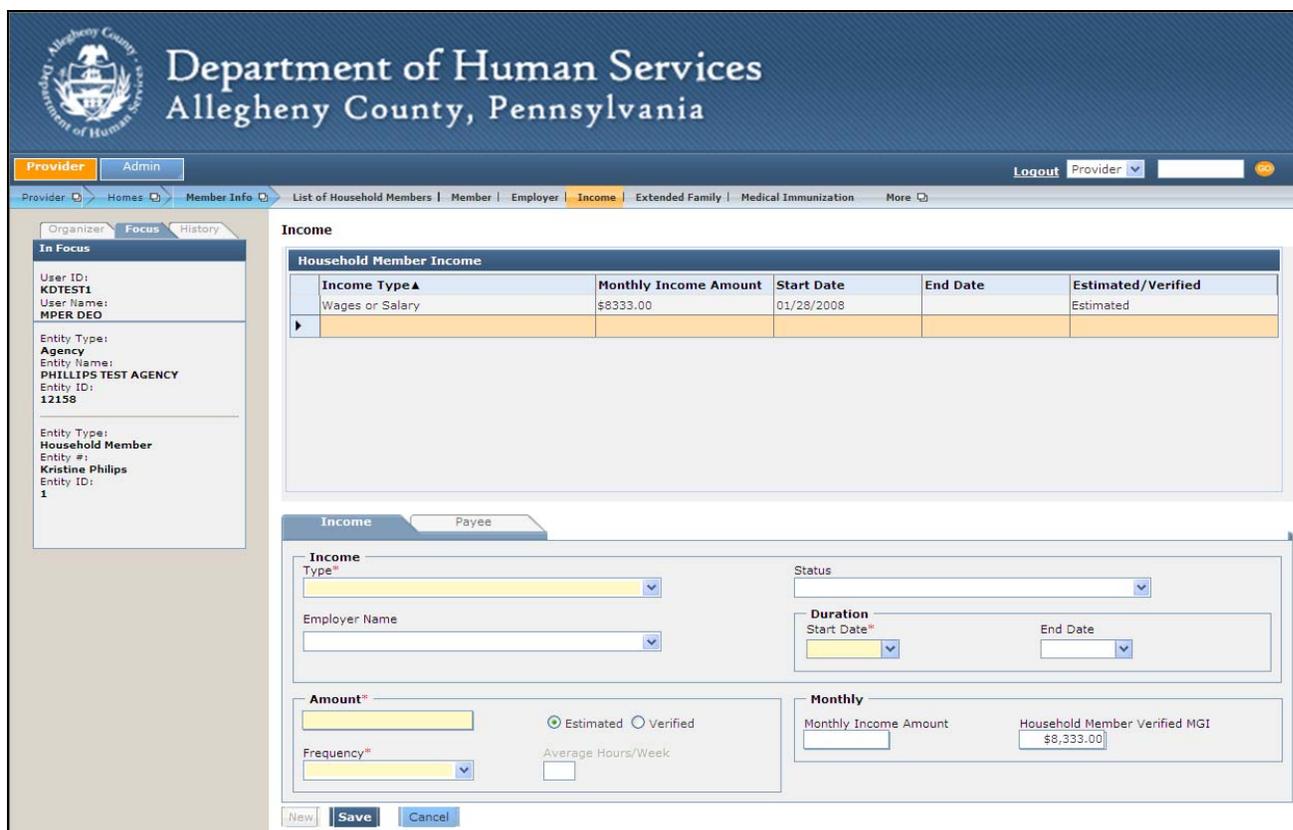
Navigation Path

Provider > Homes > Member Info > Income

Completing the Income Screen

From the *Provider* menu, select *Homes*, *Member Info*, and then *Income*. The information displayed will be for the Foster Care household member that was selected and brought in to focus on the *Select Household Screen*. Starting on the *Income* tab, enter data into all applicable fields; complete the *Payee* tab and click the **Save** button. The **New** button can be clicked to create a new income record for the household member that is in focus.

Full Screen



The screenshot displays the 'Income' screen for a household member. The header identifies the Department of Human Services, Allegheny County, Pennsylvania. The navigation path is Provider > Homes > Member Info > Income. The main content area shows a table of Household Member Income with the following data:

| Income Type | Monthly Income Amount | Start Date | End Date | Estimated/Verified |
|-----------------|-----------------------|------------|----------|--------------------|
| Wages or Salary | \$8333.00 | 01/28/2008 | | Estimated |

The form below the table includes the following fields:

- Income Type:** A dropdown menu.
- Employer Name:** A dropdown menu.
- Amount:** A text input field.
- Frequency:** A dropdown menu.
- Status:** A dropdown menu.
- Duration:** Start Date and End Date dropdown menus.
- Estimated/Verified:** Radio buttons for 'Estimated' (selected) and 'Verified'.
- Monthly:** Monthly Income Amount and Household Member Verified MGI (displaying \$8,333.00).

Buttons for 'New', 'Save', and 'Cancel' are located at the bottom of the form.

Figure 3-4 Income Screen

Income Screen Components

The *Income* screen consists of the following sections and special functions:

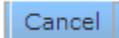
- *Household Member Income* section
- *Income* tab
- *Payee* tab

The following table provides guidelines for each of the fields in the *Income* screen.

| Field Name | Field Description | Required? |
|--|---|--|
| Household Member Income Section | | |
| Income Type | Displays the income type selected on the Income tab. | N/A (Display Only) |
| Monthly Income Amount | Displays the monthly income amount as calculated on the Payee tab. | N/A (Display Only) |
| Start Date | Displays the date the income was started to be received. | N/A (Display Only) |
| End Date | Displays the date the income was stopped being received. | N/A (Display Only) |
| Estimated/Verified | Displays is the income was indicated to be Estimated or Verified on the Payee tab. | N/A (Display Only) |
| Income Tab | | |
| Income – Type | Click on the dropdown list to select the type of income the household member is receiving. | Yes |
| Status | Select the status of receiving the income from the dropdown list. | No |
| Employers Name | Select the name of the household member’s employer from the dropdown list. This list populates from information entered on the <i>Resource Employment</i> screen. | No |
| Duration – Start Date | Enter the date the household member started to receive the income. Click on the drop arrow to activate the calendar feature. | Yes |
| Duration – End Date | Enter the date the household member will or has stopped receiving the income. Click on the drop arrow to activate the calendar feature. | No |
| Amount – Amount | Enter the amount of income received by the household member. | Yes |
| Frequency | Select the frequency the income is received by the household member. | No |
| Estimated | Click the radio button to indicate that the household member’s income has been estimated. Estimated is the default setting for the MPER application. | Yes |
| Verified | Click the radio button to indicate that the household member’s income has been verified | Yes |
| Average Hours/Week | Enter the average number of hours the member works per week. | Conditional; required when Frequency selected is hourly. |
| Monthly – Monthly Income Amount | Displays the monthly income of the household member, as calculated based on the entered income amount. | N/A (Display Only) |

| Field Name | Field Description | Required? |
|--|---|--------------------|
| Monthly – Household Member Verified MGI | Displays the amount of the household members verified Monthly Gross Income. | N/A (Display Only) |
| Payee Tab | | |
| Payee – Prefix | Enter the prefix of the income payee. | No |
| First | Ether the first name of the income payee. | No |
| Middle | Enter the middle name of the income payee. | No |
| Last | Enter the last name of the income payee. | No |
| Suffix | Enter the suffix of the income payee | No |
| Relationship | Enter the relationship between the income payee and the member that is in focus. | No |
| Source of Income/Income Maintenance Verification Comments | Enter narrative comment to describe the source of income and comments pertaining to the verification of the income. | Yes |

3.4.1 Buttons

| | |
|---|--|
|  | The New button is clicked to create a new income record for the household member in focus. |
|  | The Save button saves the information entered on the <i>Resource Income</i> screen. |
|  | The Cancel button leaves the <i>Resource Income</i> screen and displays the <i>Splash</i> screen. |

3.4.2 Tips



The **New** button becomes enabled after the initial employment record is created for the household member in focus.

3.5 Extended Family Screen

The *Extended Family* screen captures information pertaining to extended family members. An extended family member will be a non-household member that will have interaction with the child that is placed in the foster care setting.

Navigation Path

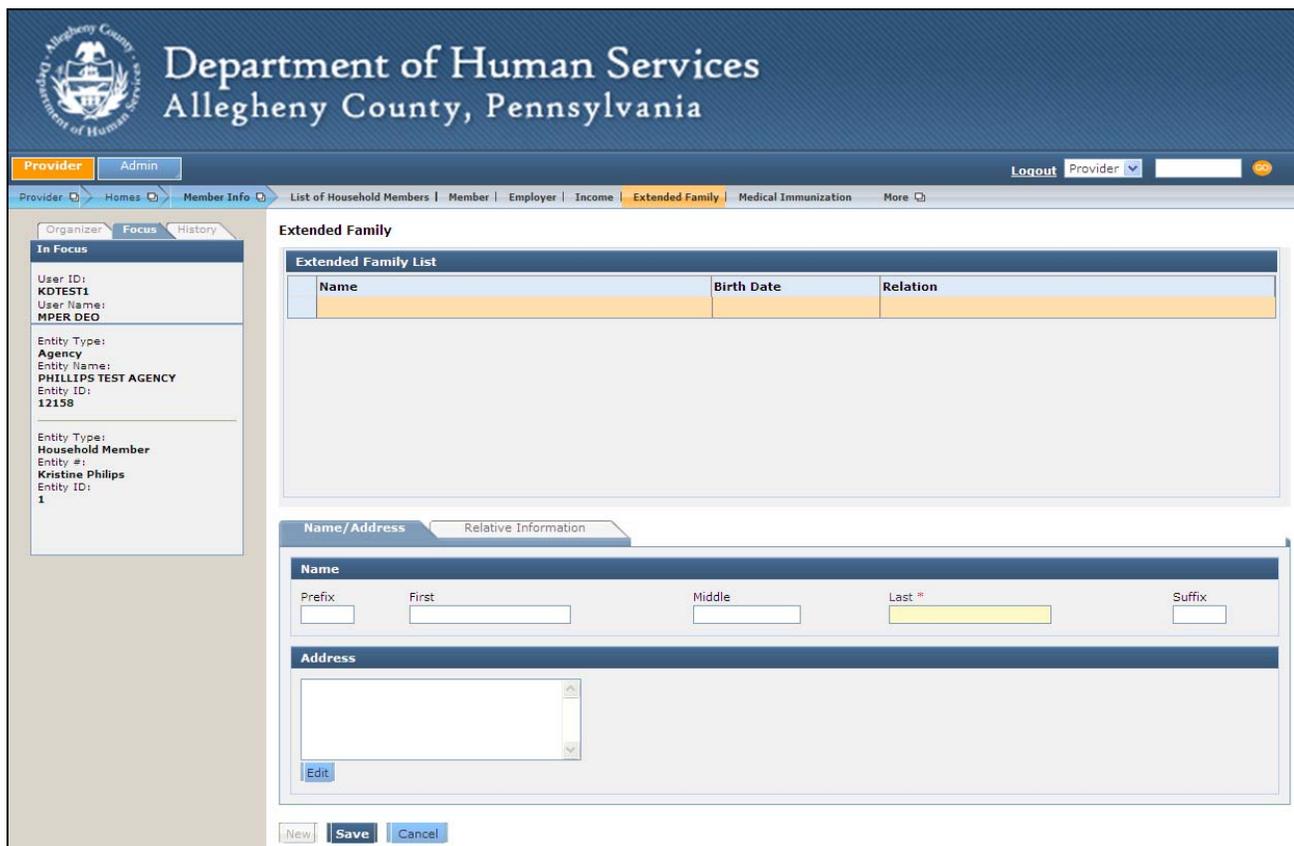
Provider > Homes > Member Info > Extended Family

Completing the Extended Family Screen

From the *Provider* menu, select *Homes*, *Member Info*, and *Extended Family*. The information displayed will be for the Foster Care household member that was selected and brought in to focus on the *List of Household Members* Screen.

Complete the fields on the *Name/Address* tab and the *Relative Information* tab. Click the **Save** button to save the information entered. A new extended family member can be created by clicking the **New** button.

Full Screen



The screenshot shows the 'Extended Family' screen within the Department of Human Services, Allegheny County, Pennsylvania. The interface includes a navigation menu at the top with options like 'Provider', 'Admin', and 'Logout'. The main content area is divided into several sections:

- Extended Family List:** A table with columns for 'Name', 'Birth Date', and 'Relation'. The table is currently empty.
- Name/Address Tab:** This tab is active and contains two sub-sections:
 - Name:** Fields for 'Prefix', 'First', 'Middle', 'Last *', and 'Suffix'. The 'Last *' field is highlighted in yellow.
 - Address:** A large text area for entering the address, with an 'Edit' button below it.
- Relative Information Tab:** A tab that is currently inactive.
- Left Sidebar:** Contains user information for 'User ID: KDTEST1', 'User Name: MPER DEO', and details for the selected 'Household Member' (Entity #1: Kristine Philips, Entity ID: 1).
- Bottom Buttons:** 'New', 'Save', and 'Cancel' buttons are located at the bottom of the screen.

Figure 3-5 Extended Family Screen

Extended Family Screen Components

The *Extended Family* screen consists of the following sections and special functions:

- *Extended Family List* section
- *Name/Address* tab
- *Name* section
- *Address* section
- *Relative Information* tab

- *Relative Information* section

The following table provides guidelines for each of the fields in the *Extended Family* screen.

| Field Name | Field Description | Required? |
|-------------------------------------|---|--------------------|
| Extended Family List Section | | |
| Name | Displays the name of the extended family member. | N/A (Display Only) |
| Birth Date | Displays the date of birth of the extended family member. | N/A (Display Only) |
| Relation | Displays the relationship between the extended family member and the person in focus. | N/A (Display Only) |
| Name/Address Tab | | |
| Name Section | | |
| Prefix | Enter the prefix of the extended family member. | No |
| First | Enter the first name of the extended family member. | No |
| Middle | Enter the middle name of the extended family member. | No |
| Last | Enter the last name of the extended family member. | Yes |
| Suffix | Enter the suffix of the extended family member. | No |
| Address Section | | |
| Address | Click the Edit button to open the <i>Enter Address</i> screen. Enter the details of the extended family member's address. Search the address and click the Ok button. | No |
| Relative Information Tab | | |
| Relative Information Section | | |
| DOB | Enter the date of birth of the extended family member. Click on the drop arrow to activate the calendar feature. | Yes |
| Education Level | Select the education level of the extended family member by clicking on the dropdown list. | No |
| SSN | Enter the Social Security Number of the extended family member. | No |
| Gender | Select the gender of the extended family member by clicking on the dropdown list. | No |
| Number of Children | Enter the number of children the extended family member has. | No |
| Relationship | Select the relationship of the extended family member. | Yes |
| Occupation | Enter the occupation of the extended family member. | No |
| Deceased | Click the checkbox to indicate that the extended family member is deceased. Clicking the box will enable fields that pertain to the extended family member's death. | No |
| Cause of Death | Select the cause of death of the extended family member by clicking on the dropdown list. | No |
| Specify | Enter narrative text pertaining to the death of the extended family member. | No |

3.5.1 Buttons



The **New** button is clicked to create an extended family member.



The **Save** button saves the information entered on the *Extended Family* screen.



The **Cancel** button leaves the *Extended Family* screen and displays the *Splash* screen.

3.5.2 Tips



The **New** button becomes enabled after the initial employment record is created for the household member in focus.

3.6 Medical Immunization Screen

The immunizations of all household members need to be captured for the Foster Home facility. This information is captured on the *Medical Immunization* screen.

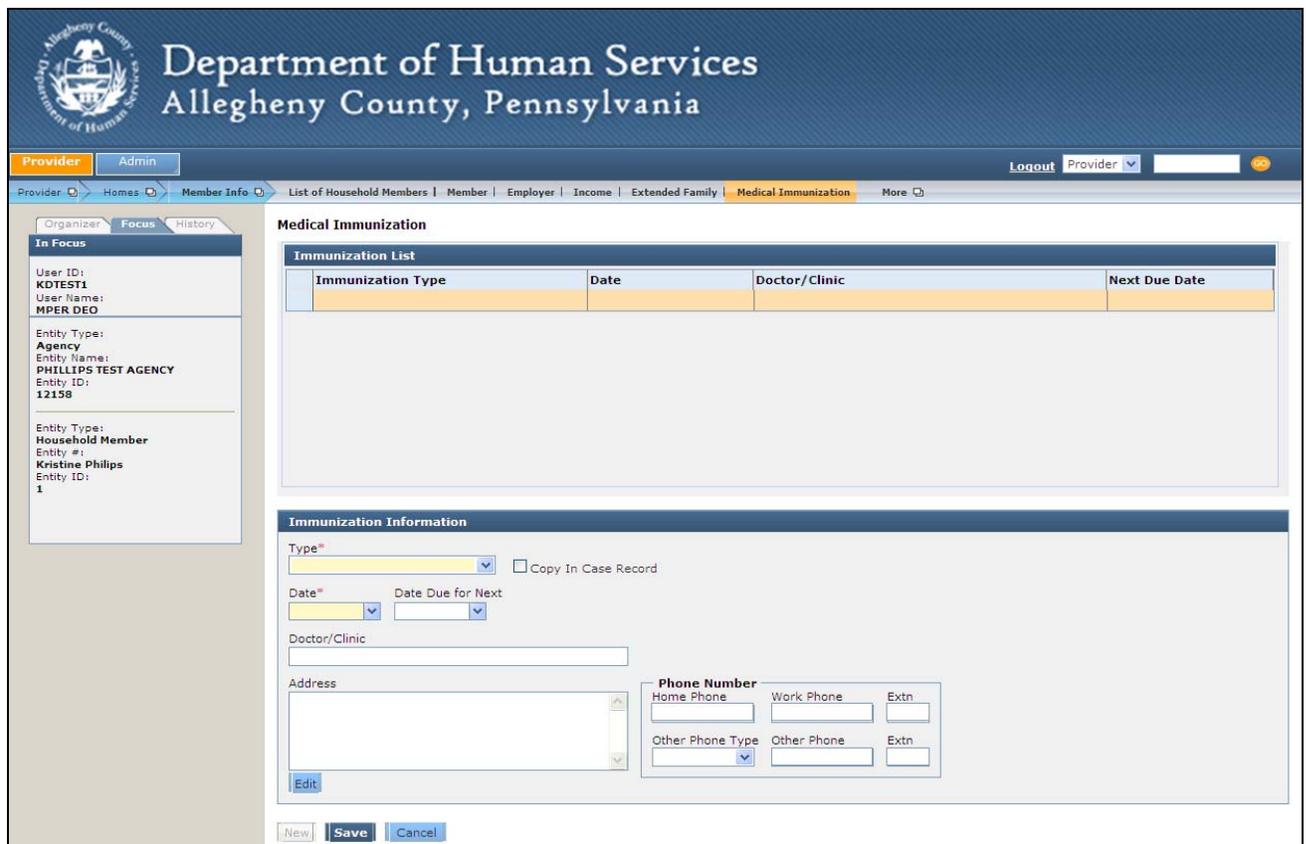
Navigation Path

Provider > Homes > Member Info > Medical Immunization

Completing the Medical Immunization Screen

From the *Provider* menu, select *Homes*, *Member Info*, and *Medical Immunization*. The information displayed will be for the Foster Home household member that was selected and brought in to focus on the *List of Household Members* Screen. Complete the fields on the *Immunization* information section and click the **Save** button to save the information entered. A new immunization record can be created by clicking the **New** button.

Full Screen



The screenshot shows the 'Medical Immunization' screen within the Department of Human Services, Allegheny County, Pennsylvania. The interface includes a navigation menu at the top with options like 'Provider', 'Homes', and 'Member Info'. The main content area is divided into two sections: 'Immunization List' and 'Immunization Information'.

Immunization List: A table with the following columns: Immunization Type, Date, Doctor/Clinic, and Next Due Date. The table is currently empty.

Immunization Information: A form with the following fields:

- Type* (dropdown menu)
- Copy In Case Record
- Date* (dropdown menu) and Date Due for Next (dropdown menu)
- Doctor/Clinic (text input field)
- Address (text input field)
- Phone Number section with sub-fields: Home Phone, Work Phone, Extn, Other Phone Type, Other Phone, and Extn.

At the bottom of the form, there are buttons for 'New', 'Save', and 'Cancel'. On the left side, there is a sidebar with 'In Focus' information for the selected member, including User ID (KDTEST1), User Name (MPER DEO), Entity Type (Agency), Entity Name (PHILLIPS TEST AGENCY), Entity ID (12158), and Household Member details for Kristine Philips.

Figure 3-6 Medical Immunization Screen

Medical Immunization Screen Components

The *Medical Immunization* screen consists of the following sections and special functions:

- *Immunization List* section
- *Immunization Information* section

The following table provides guidelines for each of the fields in the *Medical Immunization* screen.

| Field Name | Field Description | Required? |
|---|---|--------------------|
| Immunization List Section | | |
| Immunization Type | Displays the type of immunization the household member has received. | N/A (Display Only) |
| Date | Displays the date the household member received the immunization. | N/A (Display Only) |
| Doctor/Clinic | Displays the doctor or health clinic that administered the immunization. | N/A (Display Only) |
| Next Due Date | Displays the date the immunization is next to be administered to the household member. | N/A (Display Only) |
| Immunization Information Section | | |
| Type | Select the type of immunization that the household member has received. | Yes |
| Copy in Case Record | Click the checkbox to indicate that a copy of the immunization record has been added to the case file. | No |
| Date | Enter the date the household member received the immunization. Click on the drop arrow to activate the calendar feature. | Yes |
| Date Due for Next | Enter the date the household member is to receive the next dose of the immunization. Click on the drop arrow to activate the calendar feature. | No |
| Doctor/Clinic | Enter the name of the doctor or health clinic that administered the immunization to the household member | No |
| Address | Click the Edit button to open the <i>Enter Address</i> screen. Enter the address of the doctor or health clinic that administered the immunization. Search the address and click the Ok button. | No |
| Phone Number – Home Phone | Enter the home phone number of the doctor or health clinic, if known. | No |
| Work Phone | Enter the work phone number of the doctor or health clinic. | No |
| Extn | Enter the extension of the work phone number of the doctor or health clinic. | No |
| Other Phone Type | Select the type of ‘Other’ phone number being captured by clicking on the dropdown list. | No |
| Other Phone | Enter the other phone number, if applicable. | No |
| Extn | Enter the extension of the other phone number added, if applicable. | No |

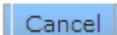
3.6.1 Buttons

New

The **New** button is clicked to create a new medical immunization record.



The **Save** button saves the information entered on the *Medical Immunization* screen.



The **Cancel** button leaves the *Medical Immunization* screen and displays the *Splash* screen.

3.6.2 Tips



The **New** button becomes enabled after the initial employment record is created for the household member in focus.

3.7 Medical Conditions Screen

The *Medical Conditions* screen is a series of narrative fields on multiple tabs used to capture details on any medical conditions, medical history, developmental history and information regarding EPSDT (Early and Periodic Screening, Diagnosis and Treatment) screenings for the household member that is in focus.

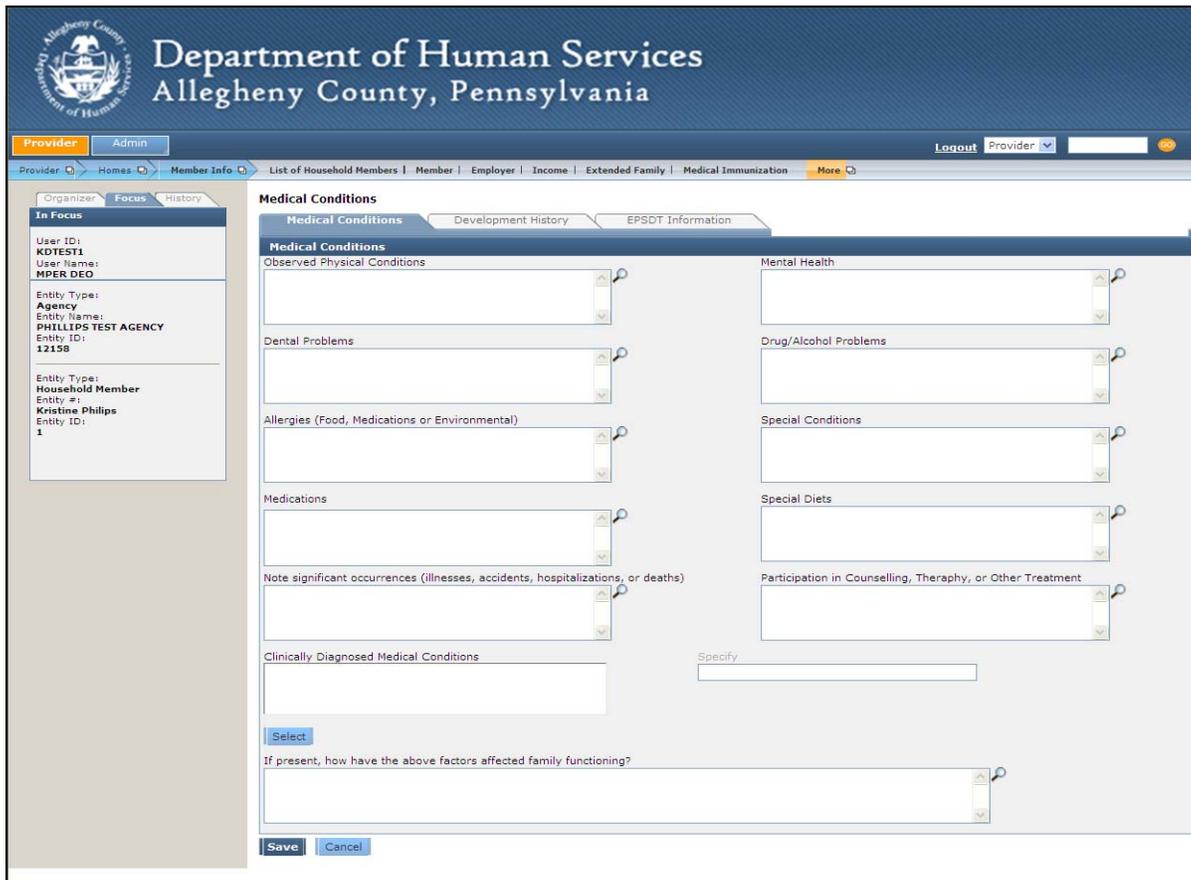
Navigation Path

Provider > Homes > Member Info > Medical History

Completing the Medical Conditions Screen

From the *Provider* menu, select *Homes*, *Member Info*, *More* and *Medical History*. The information displayed will be for the Foster Home household member that was selected and brought in to focus on the *List of Household Members* Screen. Add the applicable data to the narrative field and click the **Save** button.

Full Screen



The screenshot displays the 'Medical Conditions' screen. On the left, a sidebar shows the user's profile: User ID: KDTEST1, User Name: MPER DEG, Entity Type: Agency, Entity Name: PHILLIPS TEST AGENCY, Entity ID: 12158, and Entity Type: Household Member, Entity #: Kristine Philips, Entity ID: 1. The main area has three tabs: 'Medical Conditions' (selected), 'Development History', and 'EPSDT Information'. Under the 'Medical Conditions' tab, there are several text input fields: 'Observed Physical Conditions', 'Mental Health', 'Dental Problems', 'Drug/Alcohol Problems', 'Allergies (Food, Medications or Environmental)', 'Special Conditions', 'Medications', 'Special Diets', and 'Participation in Counselling, Therapy, or Other Treatment'. Below these is a 'Clinically Diagnosed Medical Conditions' field with a 'Specify' input and a 'Select' button. At the bottom, there is a question: 'If present, how have the above factors affected family functioning?' with a text area and a 'Save' button.

Figure 3-7 Admin Conditions Screen

Medical Conditions Screen Components

The *Medical Conditions* screen consists of the following sections and special functions:

- *Medical Conditions* tab
- *Development History* tab
- *EPSDT Information* tab

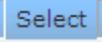
The following table provides guidelines for each of the fields in the *Medical Conditions* screen.

| Field Name | Field Description | Required? |
|-------------------------------------|---|-----------|
| Medical Conditions Tab | | |
| Observed Physical Conditions | Enter narrative text describing any physical conditions that the household member has been observed to have, if applicable. | No |
| Mental Health | Enter narrative text describing any mental health conditions that the household member may have. | No |
| Dental Problems | Enter narrative text describing any dental problems the household member may have. | No |

| Field Name | Field Description | Required? |
|--|--|---|
| Drug/Alcohol Problems | Enter narrative text describing any drug and/or alcohol related problems the household member may have. | No |
| Allergies (Food, Medications or Environmental) | Enter narrative text describing any allergies that the household member may have. | No |
| Special Conditions | Enter narrative text describing any special conditions that they household member may have. | No |
| Medications | Enter narrative text listing the medications that the household member is taking. | No |
| Special Diets | Enter narrative text describing any special dietary needs the household member may have. | No |
| Note Significant Occurrences (Illnesses, accidents, hospitalizations, or deaths) | Enter narrative text describing any occurrences that are medically significant and that may require hospitalization. | No |
| Participation in Counseling, Therapy or Other Treatment | Enter narrative text describing any counseling service, therapies or other treatment services the household member may be receiving. | No |
| Clinically Diagnosed Medical Conditions | Click on the Select button to select all applicable medical conditions that the household member may have been clinically diagnosed with. | No |
| Specify | Enter the 'Other' type of Clinically diagnosed Medical Condition. | Conditional; required if Other is selected as a Clinically Diagnosed Medical Condition. |
| If present, how have the above factors affected family functioning? | Enter narrative text describing how the functioning of the family was affected by any items listed in the Note Significant Occurrences field. | No |
| Development History Tab | | |
| Prenatal and Labor Complications, Birth, Development Milestones, Accidents or Illnesses Requiring Hospitalization | Enter narrative text describing any prenatal care, labor and/or birth complications, any development milestones and when they were reached, along with any accidents or illnesses that the household member had that required hospitalization. | No |
| EPSDT Information Tab | | |
| Referral Date | Enter the date the referral is made for the Early and Periodic Screening, Diagnosis and Treatment appointment. | No |
| Appointment Date | Enter the date the screening appointment is scheduled. | No |
| Next Appointment Date | Enter the date the next screening appointment is scheduled. | No |

| Field Name | Field Description | Required? |
|-----------------------|---|-----------|
| <i>Screen Results</i> | Enter narrative text describing the results of the EPSDT screening. | No |

3.7.1 Buttons

| | |
|--|---|
|  | The Select button opens the <i>Medical Conditions</i> multiselect box. |
|  | The Save button saves the information entered on the <i>Medical Conditions</i> screen. |
|  | The Cancel button leaves the <i>Medical Conditions</i> screen and displays the <i>Splash</i> screen. |

3.8 Training Individual Records Screen

Training classes must be attended to fulfill the requirements to be a Foster Home and to maintain Foster Home certification. The foster care caseworker or the managing agency of a foster care facility uses the *Training Individual Records* screen to track individual trainings that a household member has taken.

Navigation Path

Provider > Homes > Member Info > Training

Completing the Training Individual Records Screen

From the *Provider* menu, select *Homes*, *Member Info*, *More* and *Training*. The information displayed will be for the Foster Home household member that was selected and brought in to focus on the *List of Household Members* Screen. Enter the required information and click the **Save** button. Click the **New** button to create a new training record.

Full Screen



Figure 3-8 Training Individual Records Screen

Training Individual Records Screen Components

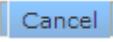
The *Training Individual Records* screen consists of the following sections and special functions:

- *Workshops List* section
- *Workshop Details* section

The following table provides guidelines for each of the fields in the *Training Individual Records* screen.

| Field Name | Field Description | Required? |
|---------------------------------|--|--------------------|
| Workshop List Section | | |
| Workshop Name | Displays the title of the workshop that the household member has attended or is enrolled to attend. | N/A (Display Only) |
| Start Date | Displays the date the training began. | N/A (Display Only) |
| End Date | Displays the date the training ended. | N/A (Display Only) |
| Status | Displays the status of the household member's attendance at the workshop. | N/A (Display Only) |
| Hours | Displays the number of training hours the household member is credited. | N/A (Display Only) |
| Workshop Details Section | | |
| Workshop Name | Enter the name of the workshop that is attended. | Yes |
| Start Date | Enter the date the workshop is scheduled to start. Click on the drop arrow to activate the calendar feature. | Yes |
| End Date | Enter the date the workshop is scheduled to end. Click on the drop arrow to activate the calendar feature. | Yes |
| Status | Select the status of the workshop attendance. | No |
| Hours | Enter the number of training hours the household member will be credited with. | No |

3.8.1 Buttons

| | |
|--|--|
|  | The New button is clicked to create a new record on the <i>Training Individual Record</i> screen. |
|  | The Save button saves the information entered on the <i>Training Individual Record</i> screen. |
|  | The Cancel button leaves the <i>Training Individual Record</i> and displays the <i>Splash</i> screen. |

3.9 Client Household Screen

The *Client Household* screen documents the relationships between all of the household members and the person who has been indicated as Head of Household 1. A household member must have been entered in the application on the *Member Info* screens in order to appear on the Household Composition grid.

Navigation Path

Provider > Homes > Client Household

Completing the Client Household Screen

From the *Provider* menu, select *Homes*, and then *Client Household*. The information displayed will be for the Foster Home household that is in focus.

To create the relationship between the household member and the Head of Household, highlight the member in the *Household Composition* grid. The person's name displays in the household member field. The Head of Household member's name displays in the Head of Household field. Select the relationship between the two household members and click the **Save** button.

Full Screen



Figure 3-9 Client Household Screen

Client Household Screen Components

The *Client Household* screen consists of the following sections and special functions:

- *Household Composition* section
- *Household Composition Detail* section

The following table provides guidelines for each of the fields in the *Client Household* screen.

| Field Name | Field Description | Required? |
|---|--|--------------------|
| Household Composition Section | | |
| Household Member Name | Displays the name of the household member. | N/A (Display Only) |
| Relationship | Displays the relationship to the household member to the indicated Head of Household 1 member. | N/A (Display Only) |
| Household Composition Detail Section | | |
| Household Member | Displays the name of the household member that is highlighted in the Household Composition grid. | N/A (Display Only) |
| Relationship | Click on the dropdown list to select the relationship between the displayed Household Member and the Head of Household 1 member. | Yes |
| Head of Household | Displays the name of the household member indicated as the Head of Household 1. | N/A (Display Only) |

3.9.1 Buttons

| | |
|--|---|
|  | The Save button saves the relationship information entered on the <i>Client Household</i> screen. |
|  | The Cancel button leaves the <i>Client Household</i> screen and displays the <i>Splash</i> screen. |

3.10 Home Insurance Screen

The *Home Insurance* screen is used to capture information pertaining to who insures the home and the type of insurance that is carried. Any changes to who the current insured party is will automatically end-date an existing policy. This screen is typically completed by a designated worker at the associated Agency's office.

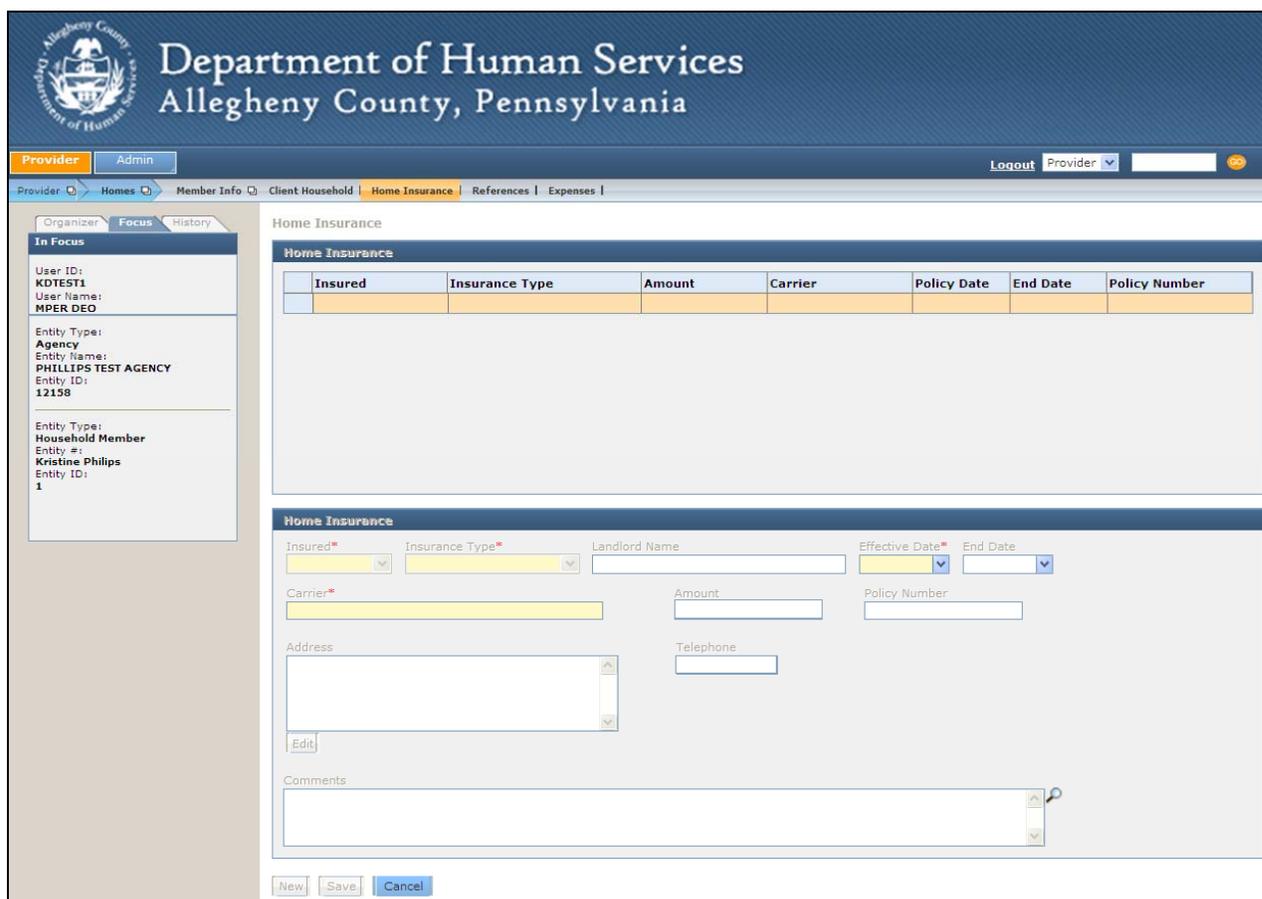
Navigation Path

Provider > Homes > Home Insurance

Completing the Home Insurance Screen

From the *Provider* menu, select *Homes*, and then *Home Insurance*. The information displayed will be for the Foster Care household that is in focus. Enter the insurance information and click the **Save** button. Clicking the **New** button will enable the screen to have a new policy entered.

Full Screen



The screenshot displays the 'Home Insurance' screen. At the top, the header reads 'Department of Human Services Allegheny County, Pennsylvania'. Below the header, there are navigation tabs: 'Provider', 'Admin', 'Logout', and a dropdown menu for 'Provider'. The breadcrumb trail shows 'Provider > Homes > Home Insurance > References > Expenses >'. The left sidebar has 'Organizer', 'Focus', and 'History' tabs. Under 'In Focus', it lists user information (User ID: KDTEST1, User Name: MPER DEO) and entity information (Agency: PHILLIPS TEST AGENCY, Entity ID: 12158; Household Member: Kristine Philips, Entity ID: 1). The main content area is titled 'Home Insurance' and features a table with columns: Insured, Insurance Type, Amount, Carrier, Policy Date, End Date, and Policy Number. Below the table is a form with fields for: Insured* (dropdown), Insurance Type* (dropdown), Landlord Name (text), Effective Date* (dropdown), End Date (dropdown), Carrier* (text), Amount (text), Policy Number (text), Address (text area), and Telephone (text). There is an 'Edit' button and a 'Comments' text area at the bottom. At the very bottom, there are 'New', 'Save', and 'Cancel' buttons.

Figure 3-10 Home Insurance Screen

Home Insurance Screen Components

The *Home Insurance* screen consists of the following sections and special functions:

- *Home Insurance* section
- *Home Insurance* section

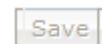
The following table provides guidelines for each of the fields in the *Home Insurance* screen.

| Field Name | Field Description | Required? |
|-------------------------------|---|---|
| Home Insurance Section | | |
| Insured | Displays the insured party; either Landlord or Foster Parent. | N/A (Display Only) |
| Insurance Type | Displays the type of insurance that is carried. | N/A (Display Only) |
| Amount | Displays the policy of the amount of the insurance that is carried. | N/A (Display Only) |
| Carrier | Displays the name of the insurance company. | N/A (Display Only) |
| Policy Date | Displays the starting effective date of the insurance policy. | N/A (Display Only) |
| End Date | Displays the date the insurance was end-dated. | N/A (Display Only) |
| Policy Number | Displays the policy number of the insurance policy. | N/A (Display Only) |
| Home Insurance Section | | |
| Insured | Select the insured party, either Landlord or Foster Parent. | Yes |
| Insurance Type | Select the type of insurance. | Yes |
| Landlord Name | Enter the name of the landlord of the property. | Conditional; If Landlord is selected in the Insured field. |
| Effective Date | Enter the effective date of the insurance policy. | Yes |
| End Date | Enter the date the insurance record ended. The field automatically populate when a change in the insured is recorded in MPER. | No |
| Carrier | Enter the name of the insurance company. | Yes |
| Amount | Enter the amount of the insurance policy. | No |
| Policy Number | Enter the identification number of the insurance policy. | Conditional; If Foster Parent is selected in the Insured field. |
| Address | Enter the address of the landlord. | Conditional; If Landlord is selected in the Insured field. |
| Telephone | Enter the telephone number of the landlord. | Conditional; if Landlord is selected in the insured field. |
| Comments | Enter narrative text pertaining to the insurance. | No |

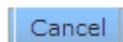
3.10.1 Buttons



The **New** button is clicked to create a new record on the *Household Insurance* screen.



The **Save** button saves the information entered on the *Household Insurance* screen.



The **Cancel** button leaves the *Household Insurance* screen and displays the *Splash* screen.

3.10.2 Tips



Creating a new insurance record with a different party listed as the insured will end-date any existing policies.

3.11 References Screen

Foster homes must have references that confirm their ability to care for the children that may be placed in their care. The reference information is captured on the *References* screen.

Navigation Path

Provider > Homes > References

Completing the References Screen

From the *Provider* menu, select *Homes*, and then *References*. The information displayed will be for the Foster Home that is in focus. Enter the reference information and click the **Save** button. Clicking the **New** button will enable the screen to have a reference captured in the MPER application.

Full Screen



Figure 3-11 References Screen

Reference Screen Components

The *References* screen consists of the following sections and special functions:

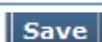
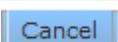
- *References* section
- *References* section

The following table provides guidelines for each of the fields in the *References* screen.

| Field Name | Field Description | Required? |
|---------------------------|---|--------------------|
| References Section | | |
| Name | Displays the name of the household's reference. | N/A (Display Only) |
| Home Phone | Displays the home phone number of the household's reference. | N/A (Display Only) |
| Date Sent | Displays the date the reference form was sent to the household's reference. | N/A (Display Only) |
| Received Date | Displays the date the completed reference form was returned by the household's reference. | N/A (Display Only) |
| Address | Displays the address of the household's reference. | N/A (Display Only) |
| References Section | | |
| Prefix | Enter the prefix of the household's reference. | No |
| First | Enter the first name of the household's reference. | Yes |
| Middle | Enter the middle name of the household's reference. | No |

| Field Name | Field Description | Required? |
|--------------------------------|--|----------------|
| Last | Enter the last name of the household's reference. | Yes |
| Suffix | Select the suffix of the household's reference. | No |
| Home Phone | Enter the home phone number of the household's reference | No |
| Work Phone | Enter the work phone number of the household's reference | No |
| Extn | Enter the extension of the work phone number, if applicable. | No |
| Date Sent | Enter the date the reference form was mailed to the household's reference. | Yes |
| Received Date | Enter the date the completed reference form was returned by the household's reference. | No |
| Address | Click the Edit button to enter the address type and address details of the household's reference. | Yes |
| Other Phone Type | Select the type of other phone number being added for the household's reference. | No |
| Other Phone | Enter the other phone number of the household's reference. | No |
| Extn | Enter the extension for the other phone number. | No |
| Start Date | Displays the date the Reference began. | Yes |
| End Date | Displays the date the Reference ended. | No |
| View Current References | Click the radio button to view all available references. | Half-mandatory |
| View All References | Click the radio button to view all available references. | Half-mandatory |

3.11.1 Buttons

-  The **New** button is clicked to create a new reference for the household.
-  The **Save** button saves the information entered on the *Reference* screen.
-  The **Cancel** button leaves the *Reference* screen and displays the *Splash* screen.

3.11.2 Tips

-  The Program Office and the Contracts Office can update the Reference screen.

3.12 Expenses Screen

The *Expenses* screen is used to determine if the Foster Home has a surplus or deficit of money without the consideration of payment for fostering a child. This screen will total all of the expenses and compare the total to the total monthly income for the members who are indicated to be the Head of Household 1 and Head of Household 2 on the *Household Member* screen, *General* tab.

Navigation Path

Provider > Homes > Expenses

Completing the Expenses Screen

From the *Provider* menu, select *Homes*, and then *Expenses*. The information displayed will be for the Foster Home that is in focus.

Enter the monthly expenses of the Foster Home and click the **Save** button. MPER will total the expenses and show the amount available, whether it is a positive or negative number.

Full Screen



Figure 3-12 Expenses Screen

Expenses Screen Components

The *Expenses* screen consists of the following sections and special functions:

- *Monthly Expenses* section

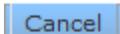
The following table provides guidelines for each of the fields in the *Expenses* screen.

| Field Name | Field Description | Required? |
|---|--|--------------------|
| Monthly Expenses Section | | |
| Date | Enter the date that the expense information was obtained. | Yes |
| Approximate Monthly Expenses – Rent or Home Payments | Enter the amount paid for rent or house payments | No |
| Medical Expenses (prescriptions, deductibles, etc.) | Enter the amount spent per month on medical expenses. | No |
| Food Expenses | Enter the amount spent per month on food. | No |
| Clothing | Enter the amount spent each month on clothing. | No |
| Utilities (gas, electric, etc.) | Enter the amount spent per month on utilities. | No |
| Household Expenses (repairs, maintenance, etc.) | Enter the amount that is spent each month on home maintenance and upkeep. | No |
| Telephone | Enter the amount that is spent per month for phone service. | No |
| Insurance Payments (monthly average) | Enter the average amount spent for insurance(s). | No |
| Work Expenses (car fare, lunches, etc.) | Enter the amount spent each month for work expenses. | No |
| Car Expenses (monthly average) | Enter the average amount spent each month for car payments and maintenance on the vehicle. | No |
| Total – Total Monthly Expenses | Displays the total of all entered expenses. | N/A (Display Only) |
| Total Monthly Income | Displays the total income for Head of Household 1 and Head of Household 2. | N/A (Display Only) |
| Total Balance Available | Displays the difference between the total monthly expenses and the total monthly income. | N/A (Display Only) |

3.12.1 Buttons



The **Save** button saves the information entered on the *Expenses* screen.



The **Cancel** button leaves the *Expenses* screen and displays the *Splash* screen.

3.12.2 Tips



The *Total Monthly Income* is calculated by the MPER application from income information entered for the household members who have been indicated to be the Head of Household 1 or the Head of Household 2.

Section 3 Contracts

The Contracts Department and the respective offices that contract for services with an agency are responsible for maintaining the information pertaining to the contract of services between the contracted Provider and the Department of Human Services. The Contracts Department and program office will maintain the service structures between the Agency that provides the services, as mandated in the contract between the Agency and the Department of Human Services.

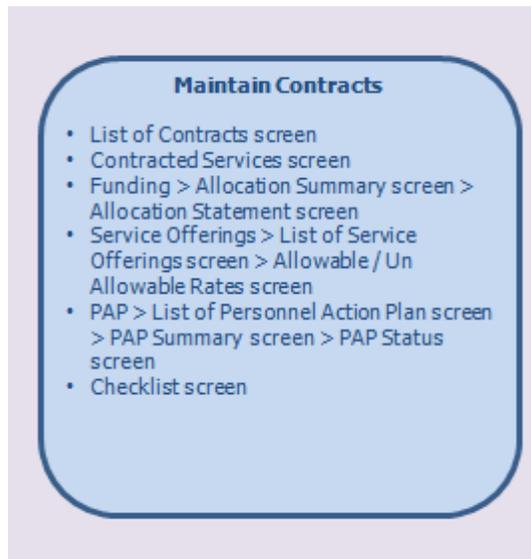


This section provides guidelines for how to support contract related activities in MPER.

Activity 4 Maintain Provider Contract Information

The Contracts Department is responsible for maintaining the information pertaining to the contract for services between the provider and the Department of Human Services. The MPER applications will be used to update and maintain the contract information.

Providers are able to maintain levels of services provided to client by using the MPER Provider menu options.



The following sections depict the screens within the Maintain Provider Contract Information Activity and describe the fields and buttons on each screen.

4.1 Non-Contracted Services Screen

The Non-Contracted Services screen is used to create and maintain provider's that do not have a contract with DHS. Typically, these providers supply placement to Children, Youth, and Family Services.

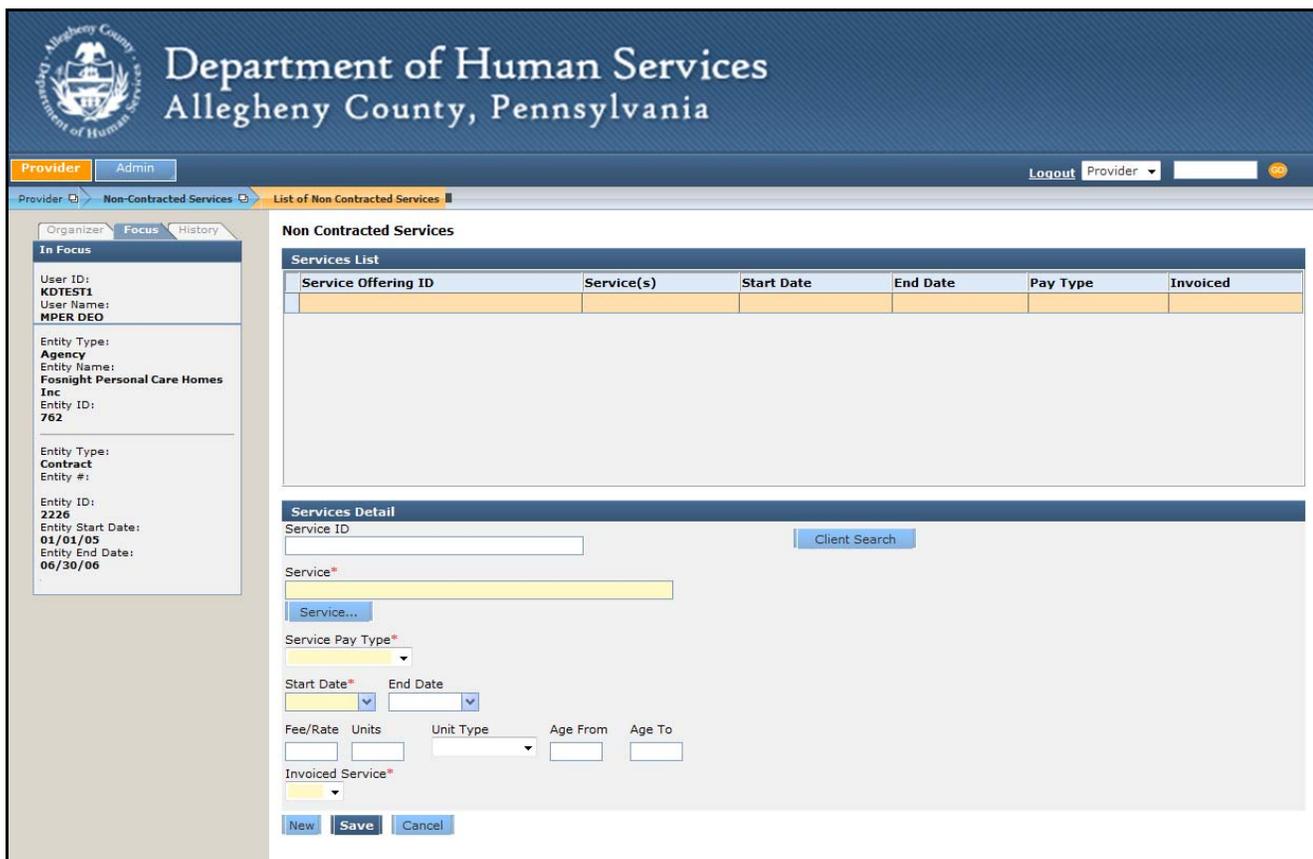
Navigation Path

Provider > Non-Contracted Services > List of Non-Contracted Services

Completing the Non-Contracted Services Screen

From the *Provider* Menu, select *Non-Contracted Services* and then *List of Non-Contracted Services*. Enter the applicable information into the fields and click the **Save** button. Once the *Non-Contracted Services* screen has been created the **NEW** button becomes available to capture additional non-contract information for the provider in focus.

Full Screen



The screenshot shows the 'Non-Contracted Services' screen within the Department of Human Services, Allegheny County, Pennsylvania. The interface includes a header with the department name and logo, a navigation bar with 'Provider' and 'Admin' tabs, and a breadcrumb trail: 'Provider > Non-Contracted Services > List of Non-Contracted Services'. On the left, there is a sidebar with 'Organizer', 'Focus', and 'History' tabs. The 'In Focus' section displays user information (User ID: KDTEST1, User Name: MPER DEO) and entity details (Entity Type: Agency, Entity Name: Fosnight Personal Care Homes Inc, Entity ID: 762). Below this, another entity is listed (Entity Type: Contract, Entity #: 2226, Entity Start Date: 01/01/05, Entity End Date: 06/30/06). The main area is titled 'Non Contracted Services' and contains a 'Services List' table with columns: Service Offering ID, Service(s), Start Date, End Date, Pay Type, and Invoiced. Below the table is the 'Services Detail' section, which includes a 'Service ID' field, a 'Client Search' button, a 'Service*' dropdown menu, a 'Service Pay Type*' dropdown menu, 'Start Date*' and 'End Date*' dropdown menus, 'Fee/Rate', 'Units', 'Unit Type', 'Age From', and 'Age To' input fields, and an 'Invoiced Service*' dropdown menu. At the bottom of the 'Services Detail' section are 'New', 'Save', and 'Cancel' buttons.

Figure 4-1 Non-Contracted Services Screen

Non-Contracted Services Screen Components

The *Non-Contracted Services* screen consists of the following sections and special functions:

- *Services List Section*
- *Services Detail Section*

The following table provides guidelines for each of the fields in the *Non-Contracted Services* screen.

| Field Name | Field Description | Required? |
|--------------------------------|---|---------------------------|
| Services List Section | | |
| Service Offering ID | Display the Service Offering ID. | N/A (Display Only) |
| Service(s) | Displays the type of service offered. | N/A (Display Only) |
| Start Date | Displays the start date of the services offered. | N/A (Display Only) |
| End Date | Displays the end date of when the services no longer are available. | N/A (Display Only) |
| Pay Type | Displays the type of pay the provider will receive for the services offered. | N/A (Display Only) |
| Invoiced | Displays “yes” or “no” as to whether the services will be paid or not. | N/A (Display Only) |
| Services Detail Section | | |
| Service ID | Creates a Services ID once the Non-Contracted Services screen has been saved. | Populated by application. |
| Service | Clicking on the Service button will display a pop-up to select the level of services this <i>Non-Contracted Services</i> provides. | Yes |
| Service Pay Type | Select the either; Paid or Non-Paid from the dropdown. | Yes |
| Start Date | Enter the start date as to when the Non-Contracted Services will begin. | Yes |
| End Date | Enter the end date as to when the Non-Contracted Services will end. | No |
| Fee/Rate | Enter the Fee/Rate of the Non-Contracted Services. | No |
| Units | Enter the Units of the Non-Contracted Services. | No |
| Unit Type | Select the type of unit from the dropdown. | No |
| Age From | Enter the Age From of the Client receiving the Non-Contracted Services. | No |
| Age To | Enter the Age To of the Client receiving the Non-Contracted Services. | No |
| Invoiced Services | Select either “yes” or “no” for the Non-Contracted Services. | Yes |

4.1.1 Buttons

| | |
|----------------------|--|
| Client Search | The Client Search button displays a pop-up Client Search page. |
| Search | The Search button is used to Search for client results. |
| Ok | Check the box for the appropriate client, and then click the Ok button to populate the client onto the <i>Non-Contracted Services</i> screen. |
| New | On the <i>Non-Contracted Services</i> screen, the New button is used to create non-contacted services. |
| Save | The Save button saves the <i>Non-Contracted Services</i> screen information entered. |
| Cancel | The Cancel button leaves the <i>Non-Contracted Services</i> screen and displays the <i>Splash</i> screen. |

4.1.2 Tips

4.2 Contracts Screen

The *Contracts Screen* displays basic agency information and is where a contract is created within the MPER application. Once this screen is created the contracts department will complete a series of screens for services provided, funding, and service offerings that a specific facility will manage for the Contracts Department.

Navigation Path

Provider > Contracts > List of Contracts

Completing the Contracts Screen

From the *Provider Menu*, select *Contracts* and then *List of Contracts*. The information displayed will be for the Provider that is in focus. Enter the applicable information into the fields and click the **Save** button. Once the *Contracts* screen has been created the **NEW** button becomes available to capture additional contract information for the Provider in focus.

Full Screen

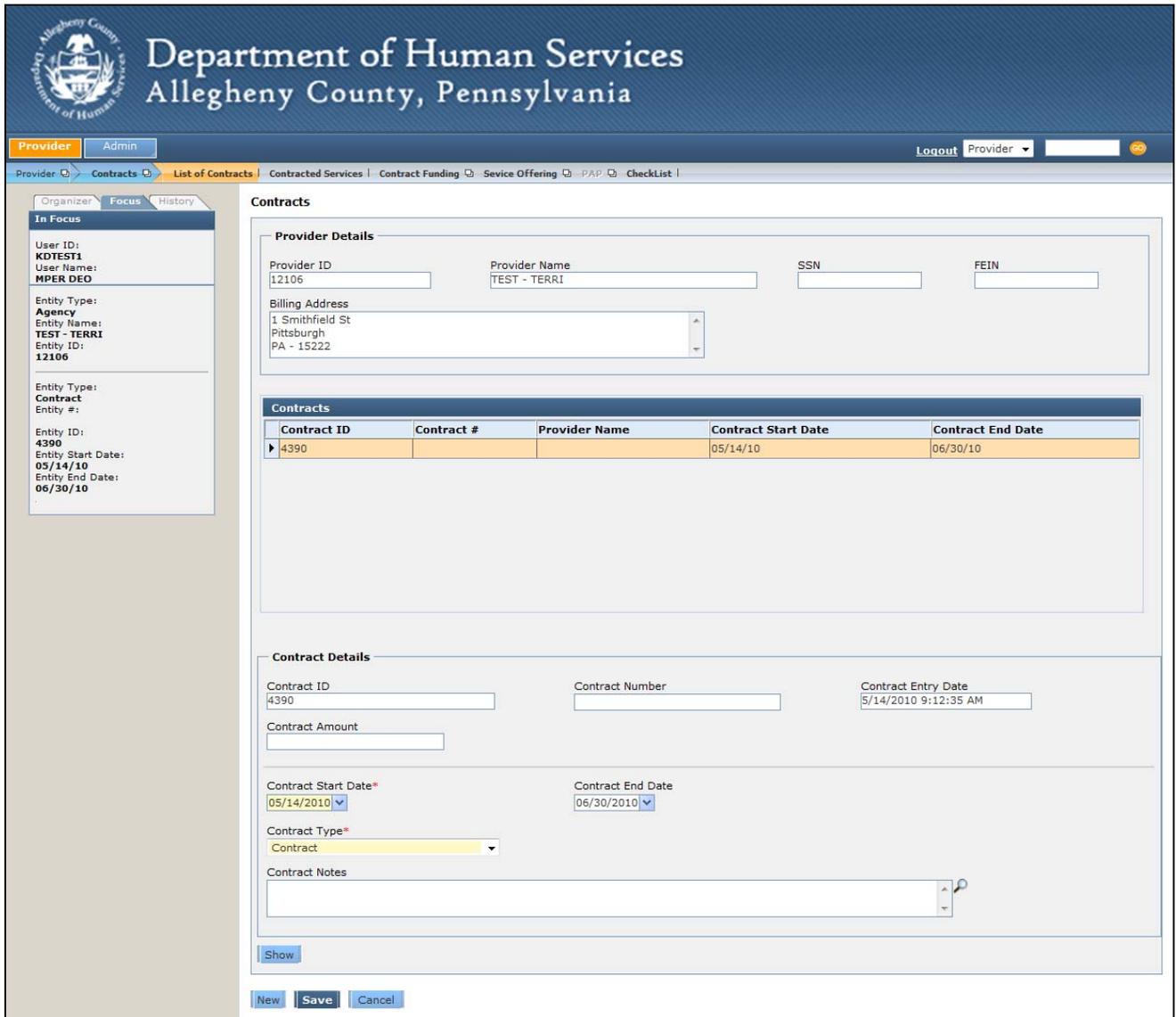


Figure 4-2 Contracts Screen

Contracts Screen Components

The *Contracts* screen consists of the following sections and special functions:

- *Contracts* section

The following table provides guidelines for each of the fields in the *Contracts* screen.

| Field Name | Field Description | Required? |
|----------------------|--|--------------------|
| Provider ID | Displays the MPER application provider identification number, as indicated on the <i>Provider Information</i> screen, <i>General Info</i> tab. | N/A (Display Only) |
| Provider Name | Displays the name of the provider, as indicated on the <i>Provider Information</i> screen, <i>General Info</i> tab. | N/A (Display Only) |

| Field Name | Field Description | Required? |
|----------------------------|--|--------------------|
| SSN | Displays the social security number of an individual contracted provider, as indicated on the <i>Provider Information</i> screen, <i>General Info</i> tab. | N/A (Display Only) |
| FEIN | Displays the Federal Employer Identification Number, as indicated on the <i>Provider Information</i> screen, <i>General Info</i> tab. | N/A (Display Only) |
| Billing Address | Displays the billing address of the provider, as indicated on the <i>Provider Information</i> screen, <i>Address</i> tab. | N/A (Display Only) |
| Contracts Section | | |
| Contract ID | Displays the Contract Identification of the provider in focus. | N/A (Display Only) |
| Contract # | Displays the Contract number of the provider in focus. | N/A (Display Only) |
| Provider Name | Displays the name of the provider. | N/A (Display Only) |
| Contract Start Date | Displays the effective date of the contract to the provider in focus. | N/A (Display Only) |
| Contract End Date | Displays the last date the contract to the provider in focus is in effect. | N/A (Display Only) |
| Contract ID | Displays the Contract Identification of the provider in focus. | N/A (Display Only) |
| Contract Number | Displays the Contract Number of the provider in focus. | N/A (Display Only) |
| Contract Entry Date | Displays the date the Contract information was entered into the MPER application. | N/A (Display Only) |
| Contract Amount | Displays the estimated Program Funding amount. | N/A (Display Only) |
| Contract Start Date | Enter the date that the funding period will begin. | Yes |
| Contract End Date | Enter the date the funding period will end. | No |
| Contract Type | Select the type of contract from the dropdown list (Contract, or Letter of Agreement). | Yes |
| Contract Notes | Enter the notes pertaining to the contract, if applicable. | No |

4.2.1 Buttons

| | |
|---------------|--|
| Show | The Show button brings the selected Contracts information into focus. |
| New | On the <i>Contracts</i> screen the New button is clicked to create a new contact funding period to build the Contract Grid. |
| Save | The Save button saves <i>Contracts</i> screen information entered. |
| Cancel | The Cancel button leaves the <i>Contracts</i> screen and displays the <i>Splash</i> screen. |

4.2.2 Tips



When the Contracts Department creates a new contract without a contract end date, the system defaults the contract to a 12 month contract.

4.3 Contracted Services Screen

The *Contract Services* screen documents the start and end dates of the type of services provided by the Agency along with the type of funding and the associated DHS Offices.

Navigation Path

Provider > Contracts > Contracted Services

Completing the Contracted Services Screen

From the *Provider* Menu, select *Contracts* and then *Contracts Services*. The information displayed will be for the Provider that is in focus.

Full Screen

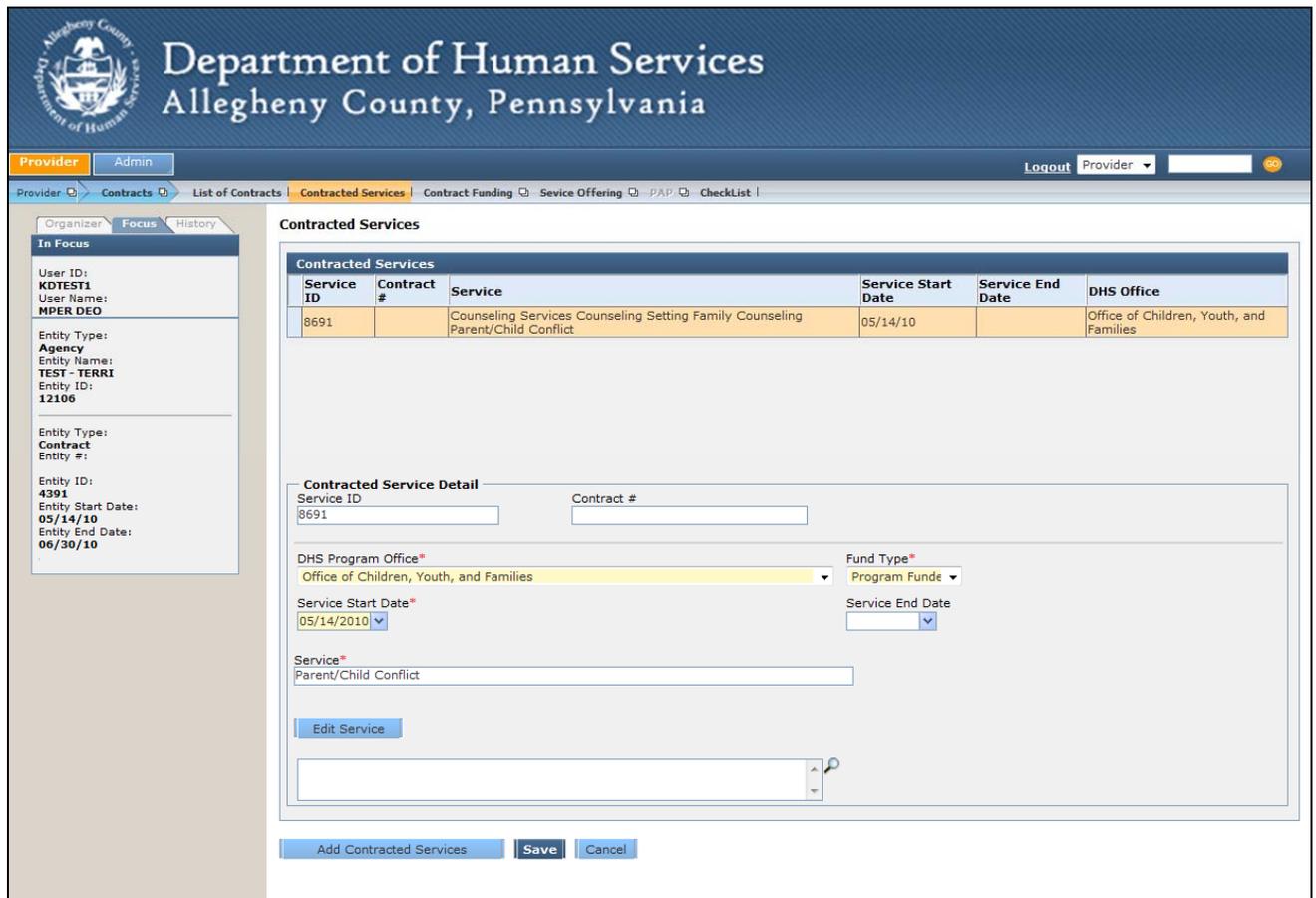


Figure 4-3 Contracted Services Screen

Contracted Services Screen Components

The *Contracted Services* screen consists of the following sections and special functions:

- *Contract Services* section
- *Adding Contracted Services* button

The following table provides guidelines for each of the fields in the *Contracted Services* screen.

| Field Name | Field Description | Required? |
|-----------------------------------|---|---|
| Contracts Services Section | | |
| Service ID | Displays the Service ID. | N/A (Display Only) |
| Contract # | Displays the Contract #. | N/A (Display Only) |
| Service | Displays the service that will be provided. | N/A (Display Only) |
| Service Start Date | Displays the start date of the services will begin. | N/A (Display Only) |
| Service End Date | Displays the end of the services. | N/A (Display Only) |
| DHS Office | Displays the DHS Program office the services will be provided for. | N/A (Display Only) |
| Service ID | Displays the Service ID once the Contracted Service screen has been saved. | N/A (Display Only) |
| Contract # | Displays the Contract number. | N/A (Display Only) |
| DHS Program Office | Select the program office associated with the contracted services. | Yes |
| Fund Type | Select the Fund Type available based on the DHS Program Office. | Conditional; upon on DHS Program Office selected. |
| Service Start Date | Enter the start date of when the services will begin. Click on the drop arrow to activate the calendar feature. | Yes |
| Service End Date | Enter the end date of the services. Click on the drop arrow to activate the calendar feature. | No |
| Services | Complete list of services offered. Select all necessary services that can be provided by clicking on the Edit Service button. | Yes |
| Comments | Enter any comments in the ZoomBox narrative. | No |

4.3.1 Buttons

| | |
|--|--|
|  | The Add Contracted Services button opens a new screen for additional services for the given provider. |
|  | The Save button saves an entered contract funding period to build the Contract Funding Grid. |
|  | The Cancel button leaves the <i>Contract History</i> screen and displays the <i>Splash</i> screen. |

4.3.2 Tips



The Add Contracted Services button is available once the record has been Saved.



Once an allocation is entered for a contracted service, the system will not allow the user to change the service, office or start and end date on the contracted service.

4.4 Allocation Summary Screen

The *Allocation Summary* screen provides summary information about the summary statements which include total money allocated and adjustments for a program office.

Navigation Path

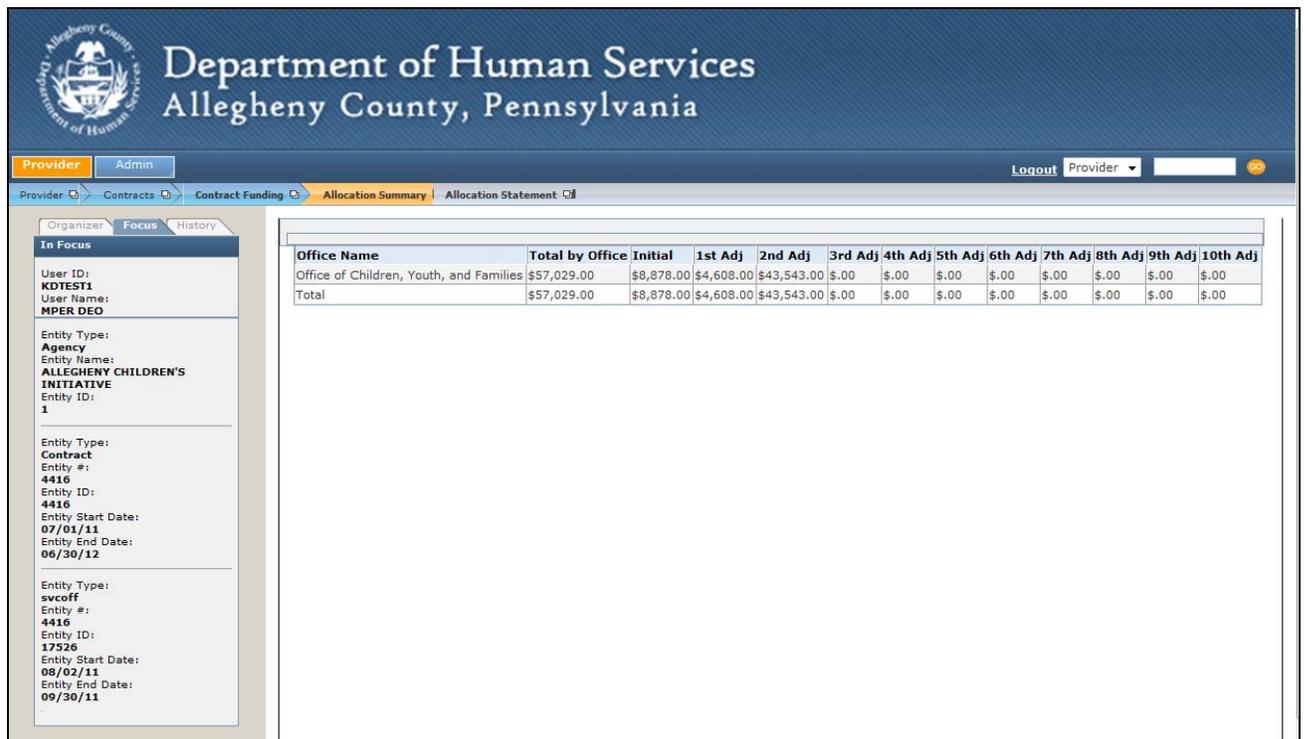
Provider > Contracts > Contracts Funding > Allocation Summary

Completing the Contracts Funding Allocation Summary Screen

From the *Provider* Menu, select *Contracts*, *Contracts Funding* and then *Allocation Summary* screen. The information displayed will be for the Provider Agency and Facility that is in focus.

Completing the Allocation Summary Screen

Full Screen



Department of Human Services
Allegheny County, Pennsylvania

Provider Admin Logout Provider

Provider > Contracts > Contract Funding > Allocation Summary > Allocation Statement

| Office Name | Total by Office | Initial | 1st Adj | 2nd Adj | 3rd Adj | 4th Adj | 5th Adj | 6th Adj | 7th Adj | 8th Adj | 9th Adj | 10th Adj |
|---|-----------------|------------|------------|-------------|---------|---------|---------|---------|---------|---------|---------|----------|
| Office of Children, Youth, and Families | \$57,029.00 | \$8,878.00 | \$4,608.00 | \$43,543.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Total | \$57,029.00 | \$8,878.00 | \$4,608.00 | \$43,543.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

In Focus

User ID: KDTST1
User Name: MPER DEO

Entity Type: Agency
Entity Name: ALLEGHENY CHILDREN'S INITIATIVE
Entity ID: 1

Entity Type: Contract
Entity #: 4416
Entity ID: 4416
Entity Start Date: 07/01/11
Entity End Date: 06/30/12

Entity Type: svcoff
Entity #: 4416
Entity ID: 17526
Entity Start Date: 09/02/11
Entity End Date: 09/30/11

Figure 4-4 Allocation Summary Screen

Allocation Summary Screen Components

The *Allocation Summary* screen consists of the following sections and special functions:

- *Allocation Summary* section

The following table provides guidelines for each of the fields in the *Allocation Summary* screen.

| Field Name | Field Description | Required? |
|-----------------------------------|---|--------------------|
| <i>Period Section</i> | | |
| Office | Displays the name of the Program Office. | N/A (Display Only) |
| Initial | Displays the Initial allocation amount for the Program Office. | N/A (Display Only) |
| 1st Adjustment | Displays the 1 st Adjustment amount for the Program Office. | N/A (Display Only) |
| 2nd Adjustment | Displays the 2 nd Adjustment amount for the Program Office. | N/A (Display Only) |
| 3rd Adjustment | Displays the 3 rd Adjustment amount for the Program Office. | N/A (Display Only) |
| 4th Adjustment | Displays the 4 th Adjustment amount for the Program Office. | N/A (Display Only) |
| 5th Adjustment | Displays the 5 th Adjustment amount for the Program Office. | N/A (Display Only) |
| 6th Adjustment | Displays the 6 th Adjustment amount for the Program Office. | N/A (Display Only) |
| 7th Adjustment | Displays the 7 th Adjustment amount for the Program Office. | N/A (Display Only) |
| 8th Adjustment | Displays the 8 th Adjustment amount for the Program Office. | N/A (Display Only) |
| 9th Adjustment | Displays the 9 th Adjustment amount for the Program Office. | N/A (Display Only) |
| 10th Adjustment | Displays the 10 th Adjustment amount for the Program Office. | N/A (Display Only) |

4.4.1 Buttons

4.4.2 Tips

4.5 Allocation Statement Screen

The *Allocation Statement* screen displays the funding information for the program service including the start and end dates, and the funding amount. The Allocation Statement screens allows the program office to adjust the funding amount along with the copying the services to create appropriate multiple rates for different types of services funded under different programs.

Navigation Path

Provider > Contracts > Contract Funding > Allocation Statement

Completing the Allocation Statement Screen

From the *Provider* Menu, select *Contracts*, *Contract Funding* and then *Allocation Statement*. The information displayed will be for the Foster Household that is in focus. Once the Program Funded grid is expanded the information can be edited or adjusted. For CYF allocations statements, there is an ability to associate a client for a special rate.

Full Screen


Department of Human Services
Allegheny County, Pennsylvania

Provider Admin
Logout Provider

Provider > Contracts > Contract Funding > Allocation Statement > AAA - CFY - JUV Court - DM - MR

In Focus

User ID: KDTEST1
User Name: MPERDED

Entity Type: Agency
Agency Name: ALLEGHENY CHILDREN'S INITIATIVE
Entity ID: 1

Entity Type: Contract
Entity #: 4418
Entity ID: 4418
Entity Start Date: 07/01/11
Entity End Date: 06/30/12

Entity Type: svccoeff
Entity #: 17526
Entity ID: 17526
Entity Start Date: 08/02/11
Entity End Date: 09/30/11

Service

Services List: Copy Service

Line Item Detail

Program/Service: Adoption Services Adoptive Start Date: 10/04/11

Amount Not to Exceed: \$3,333.00 End Date: 01/31/12

Allocation Type: Initial

Funding Source: Teen Parenting

Clients List:

Comments:

Program Funded

| Program/Service | Amount Not to Exceed | Start Date | End Date | | | | |
|--|----------------------|------------|----------|------|----------------|--------------|---------|
| Adoption Services Adoptive Parent/Child Search | \$3,333.00 | 10/04/11 | 01/31/12 | Edit | Add Adjustment | ClientSearch | Initial |
| Administrative General | \$2,000.00 | 07/01/11 | 08/09/11 | Edit | Add Adjustment | ClientSearch | Initial |
| Foster Care Relative/Kinship Regular | | 07/01/11 | 01/01/12 | Edit | Add Adjustment | ClientSearch | Initial |

Capped fee Based Service

| Program/Service | Fee | CAP Amount | Unit Rate | Start Date | End Date | | | |
|---|----------|------------|-----------|------------|----------|------|----------------|----------------------|
| Foster Care Relative/Kinship Regular | \$233.00 | \$2,666.00 | Mile | 02/01/12 | 03/01/12 | Edit | Add Adjustment | ClientSearch Initial |
| Concrete Goods and Services Household Goods | | | | 08/01/11 | 04/10/12 | Edit | Add Adjustment | ClientSearch Initial |

Uncapped fee Based Service

| Program/Service | Fee/Rate | Unit Type | Budget Estimate | Level Of Care | Start Date | End Date | | | |
|---|------------|-----------|-----------------|---------------|------------|----------|------|----------------|----------------------|
| Service Coordination Administrative Management - Casefinding | \$3,000.00 | 24 Hours | \$2,000.00 | 1 | 07/01/11 | 07/05/11 | Edit | Add Adjustment | ClientSearch Initial |
| Foster Care Relative/Kinship Regular | \$234.00 | 24 Hours | \$234.00 | 1 | 04/01/12 | 04/30/12 | Edit | Add Adjustment | ClientSearch Initial |
| Service Coordination Administrative Management - Casefinding | \$32.00 | Event | \$10,000.00 | 1 | 11/01/11 | 01/31/12 | Edit | Add Adjustment | ClientSearch Initial |
| Health-Related and Home Health Services Health Screening / Diagnostic Services Pre-operative/Pre-Surgical Testing | \$46.00 | 24 Hours | \$34.00 | 1 | 09/01/11 | 10/15/11 | Edit | Add Adjustment | ClientSearch Initial |
| Adoption Services Adoption Evaluation/Placement | | | | | 07/01/11 | 08/31/11 | Edit | Add Adjustment | ClientSearch Initial |
| Service Coordination Administrative Management - Casefinding | | | | | 02/02/12 | | Edit | Add Adjustment | ClientSearch Initial |

Figure 4-5 Allocation Statement Screen

Allocation Statement Screen Components

The *Allocation Statement* screen consists of the following sections and special functions:

- *Program Funded* section

The following table provides guidelines for each of the fields in the *Allocation Statement* screen.

| Field Name | Field Description | Required? |
|-----------------------------|--|--|
| Services List | Select the appropriate option from the dropdown list. Then click on the Copy Service button. | Conditional. If the Copy Service button is used. |
| Program/Service | Displays the service type. | N/A (Display Only) |
| Amount Not to Exceed | Display the amount of funding for this specific service. | N/A (Display Only) |
| Start Date | Displays the date the selected rate is active from | N/A (Display Only) |
| Allocation Type | Displays the type of allocation of the funding (initial/adjustment) | N/A (Display Only) |
| End Date | Displays the date the funding will/ has ended. | N/A (Display Only) |
| Funding Source | Displays the source of the funding. | N/A (Display Only) |
| Clients List | Displays the clients associated to the specific funding. | N/A (Display Only) |
| Program Funded | | |
| Program/Service | Displays the service type. | N/A (Display Only) |
| Amount Not to Exceed | Display the maximum amount of funding for this specific service. | N/A (Display Only) |
| Start Date | Displays the start date the service will begin. | N/A (Display Only) |
| End Date | Displays the end date of the service. | N/A (Display Only) |
| Edit | Clicking the Edit button will allow modifications to the <i>Allocation Statement</i> screen. | No |
| Add Adjustment | Clicking the Add Adjustment button will allow modifications to the <i>Allocation Statement</i> screen. | No |
| ClientSearch | Clicking the ClientSearch button will display the client search screen which will allow you to search for a specific Client for a specific program/service on the <i>Allocation Statement</i> screen. | No |
| Initial | Displays the initial adjustment entered for the program/service. | No |
| Comments | Add any additional information that could not be captured on the service and the rate. | No |

4.5.1 Buttons

| | |
|--------------|--|
| Copy Service | The Copy Service button copies the selected services from the Service List dropdown. A message will appear; Please answer it appropriately. |
| Edit | Clicking on the Edit button displays the Edit Program Funded Initial Line Item pop-up which allows updates to the funding information. |
| ClientSearch | The ClientSearch button displays the Client Search Page. |
| Ok | Click the OK button on the Client Search Page pop-up to save any updates Allocation Statement screen. |
| Delete | Click the Delete button after checking the box on the Client Search Page pop-up to remove the Client from the funding statement page. |
| Close | Click the Close button to close the Client Search Page pop-up. |
| Save | The Save button saves an entered contract funding period to build the Contract Funding Grid. |
| Cancel | The Cancel button leaves the <i>Allocation</i> screen and displays the <i>Splash</i> screen. |

4.5.2 Tips



The Program Funded information needs expanded before editing information.



If a service does not show up on the allocation, please check the contracted service screen to **check if the service is on the contract.**



Only copy a service if a new rate needs to be added to that service for a different program/level of care or unit.

4.6 List of Service Offering Screen

Service offerings are used to identify which facilities at the agency will be providing the services on the contract.

Navigation Path

Provider > Contracts > Service Offerings > List of Service Offerings

Completing the List of Service Offering Screen

From the *Provider* Menu, select *Contracts*, *Service Offerings* and then *List of Service Offering*. If service offerings exist on that contract, the **Show** button displays information of the service offering selected.

To create a new service offering click the **New** button to access the list of contracted services for the agency and enter the service offering details.

Full Screen



Figure 4-6 List of Service Offering Screen

List of Service Offering Screen Components

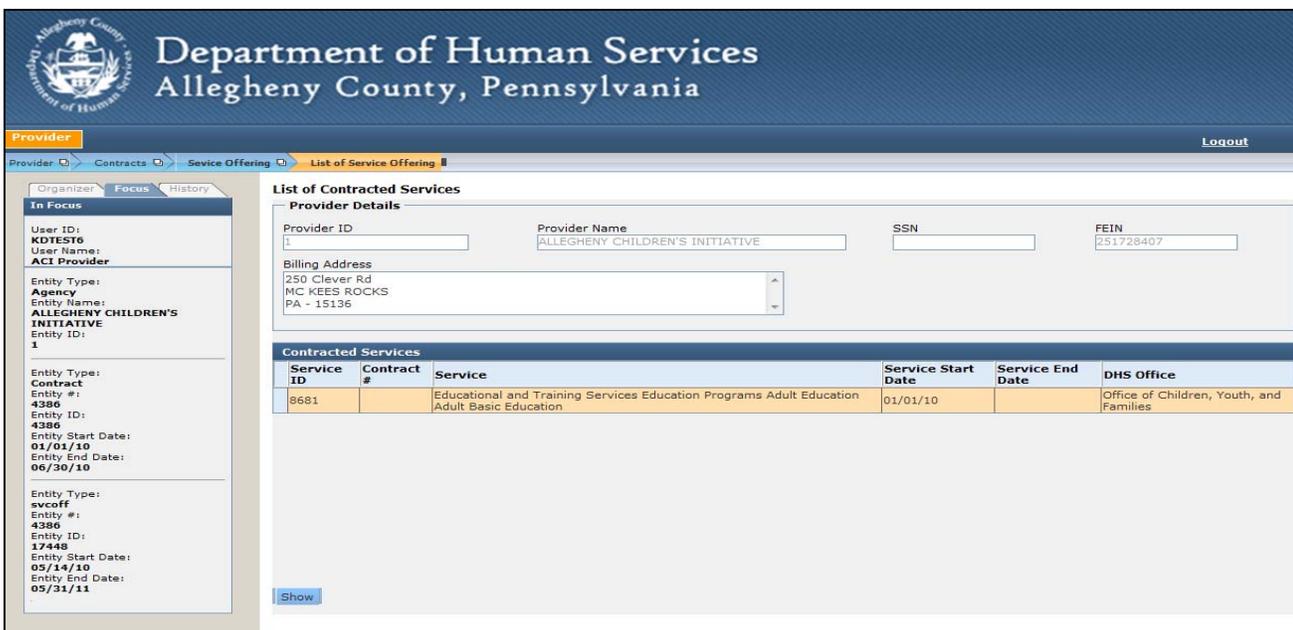
The *List of Service Offerings* screen consists of the following sections and special functions:

- *Service Offering List* section

The following table provides guidelines for each of the fields in the *List of Service Offering* screen.

| Field Name | Field Description | Required? |
|--------------------------------------|--|--------------------|
| Service Offering List Section | | |
| Service ID | Displays the service id once the <i>Contracted Service Detail</i> screen has been saved. | N/A (Display Only) |
| Contract # | Displays the contract number. | N/A (Display Only) |
| Service | Displays the service offered for the specific program office. | N/A (Display Only) |
| Service Start Date | Displays the start date of the service offered. | N/A (Display Only) |
| Service End Date | Displays the end date of the service offered. | N/A (Display Only) |
| DHS Program Office | Displays the DHS Program Office for the current services. | N/A (Display Only) |

After you select the **NEW** button on the *List of Service Offering* screen, this screen displays:



**Department of Human Services
Allegheny County, Pennsylvania**

Provider | **Logout**

Provider > Contracts > Service Offering > List of Service Offering

List of Contracted Services

Provider Details

Provider ID: 1 | Provider Name: ALLEGHENY CHILDREN'S INITIATIVE | SSN: | FEIN: 251728407

Billing Address: 250 Clever Rd, NIC KES ROCKS, PA - 15136

Contracted Services

| Service ID | Contract # | Service | Service Start Date | Service End Date | DHS Office |
|------------|------------|---|--------------------|------------------|---|
| 8681 | | Educational and Training Services Education Programs Adult Education Adult Basic Education | 01/01/10 | | Office of Children, Youth, and Families |

Show

Figure 4-7 List of Contracted Services Screen

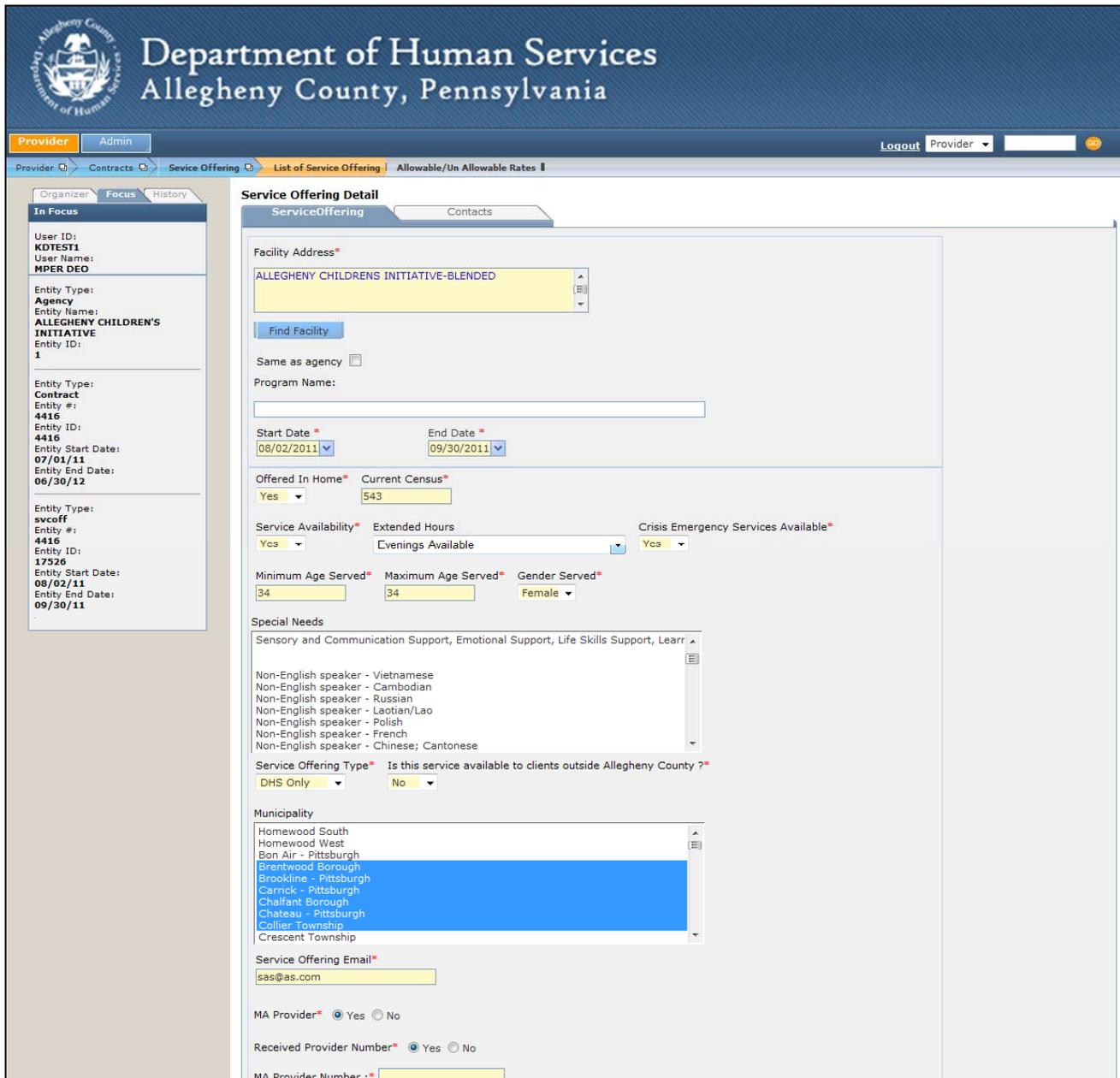
The *List of Contracted Services* screen consists of the following sections and special functions:

- *Contracted Services* section

The following table provides guidelines for each of the fields in the *List of Contracted Services* screen.

| Field Name | Field Description | Required? |
|--------------------------------------|---|--------------------|
| Service Offering List Section | | |
| Provider ID | Displays the provider Id number. | N/A (Display Only) |
| Provider Name | Displays the name of the provider. | N/A (Display Only) |
| SSN | Displays the SSN number. | N/A (Display Only) |
| FEIN | Displays the Federal Employer Identification Number, as indicated on the <i>Provider Information</i> screen, <i>General Info</i> tab. | N/A (Display Only) |
| Billing Address | Displays the Billing Address of the Provider. | N/A (Display Only) |
| Contracted Services Section | | |
| Service ID | Displays the service id number. | N/A (Display Only) |
| Contract # | Displays the contract number. | N/A (Display Only) |
| Service | Displays the service offered for the program office. | N/A (Display Only) |
| Service Start Date | Displays the start date of the service offered. | N/A (Display Only) |
| Service End Date | Displays the end date of the service offered. | N/A (Display Only) |
| DHS Office | Displays the DHS Program Office for the current services. | N/A (Display Only) |

After you select the *SHOW* button on the *List of Contracted Services* screen, this screen appears:



Department of Human Services
Allegheny County, Pennsylvania

Provider Admin Logout Provider

Provider Contracts Service Offering List of Service Offering Allowable/Un Allowable Rates

Organizer Focus History

In Focus

User ID: KDTEST1
User Name: MPER DEO

Entity Type: Agency
Entity Name: ALLEGHENY CHILDREN'S INITIATIVE
Entity ID: 1

Entity Type: Contract
Entity #: 4416
Entity ID: 4416
Entity Start Date: 07/01/11
Entity End Date: 06/30/12

Entity Type: svcoff
Entity #: 4416
Entity ID: 17526
Entity Start Date: 08/02/11
Entity End Date: 09/30/11

Service Offering Detail

ServiceOffering Contacts

Facility Address*

ALLEGHENY CHILDRENS INITIATIVE-BLENDED

Find Facility

Same as agency

Program Name:

Start Date* End Date*

08/02/2011 09/30/2011

Offered In Home* Current Census*

Yes 543

Service Availability* Extended Hours Crisis Emergency Services Available*

Yes Evenings Available Yes

Minimum Age Served* Maximum Age Served* Gender Served*

34 34 Female

Special Needs

Sensory and Communication Support, Emotional Support, Life Skills Support, Learn

Non-English speaker - Vietnamese
Non-English speaker - Cambodian
Non-English speaker - Russian
Non-English speaker - Laotian/Lao
Non-English speaker - Polish
Non-English speaker - French
Non-English speaker - Chinese; Cantonese

Service Offering Type* Is this service available to clients outside Allegheny County?*

DHS Only No

Municipality

Homewood South
Homewood West
Bon Air - Pittsburgh
Brentwood Borough
Brookline - Pittsburgh
Carrick - Pittsburgh
Chalfant Borough
Chateau - Pittsburgh
Collier Township
Crescent Township

Service Offering Email*

sas@as.com

MA Provider* Yes No

Received Provider Number* Yes No

MA Provider Number :*

Figure 4-8 Service Offering Detail Screen

The *Service Offering Detail* screen consists of the following sections and special functions:

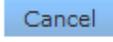
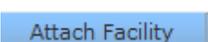
- *Service Offering* tab
- *Contacts* tab

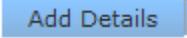
The following table provides guidelines for each of the fields in the *Service Offering Detail* screen.

| Field Name | Field Description | Required? |
|---|---|--------------------|
| Service Offering Tab | | |
| Facility Address | Click on the Attach Facility button and select the appropriate facility from the pop-up options. | Yes |
| Same as agency | Check the box if the address of the facility is the same as the agency. | No |
| Program Name | Enter the program name the services offered falls under. | No |
| Start Date | Enter the start date for the services to begin. | Yes |
| End Date | Enter the end date for the services will end. | Yes |
| Add Details button continues the screen with the following fields: | | |
| Offered In Home | Select “Yes” or “No” from the dropdown, if services are offered in home. | Yes |
| Current Census | Enter the current census. | Yes |
| Service Availability | Select “Yes” or “No” from the dropdown, if services are available. | Yes |
| Extended Hours | Select the Extended Hours option, if applicable. | No |
| Crisis Emergency Services Available | Select “Yes or “No” if crisis emergency services are available. | Yes |
| Minimum Age Served | Enter the minimum age this service accepts for this offering. | Yes |
| Maximum Age Served | Enter the maximum age this service accepts for this offering. | Yes |
| Gender Served | Select the gender for the services offered from the dropdown (Both, Male, Female, or Unknown). | Yes |
| Special Needs | Displays the special needs that the service offering can meet. | N/A (Display Only) |
| Service Offering Type | Select the service offering type from the dropdown (ASO Only, DHS Only or Both). | Yes |
| Is this service available to clients outside Allegheny County? | Select “Yes or “No” from the dropdown. | Yes |
| Municipality | Select the appropriate municipality for the service offerings. | Yes |
| Service Offerings Email | Enter the email for the service offerings. | Yes |
| MA Provider Number | Enter the medical assistance provider number. | Yes |

| Field Name | Field Description | Required? |
|--|--|--|
| MA Provider | Select “Yes” or “No” if there is a medical assistance provider associated service offerings from the dropdown. If “Yes” is selected the Receiving Provider number field becomes available. | Yes |
| Notes | Enter any additional notes. | No |
| Contracts Tab | | |
| Service Offering Contract List Section | | |
| Contract ID | Displays the contract id of the agency for the services offered. | N/A (Display Only) |
| First Name | Displays the first name for the contact person. | N/A (Display Only) |
| Last Name | Displays the last name for the contact person. | N/A (Display Only) |
| Phone | Displays the phone number of the contact person. | N/A (Display Only) |
| Email | Displays the email of the contact person. | N/A (Display Only) |
| Last Updated | Displays the date the contact information was updated. | N/A (Display Only) |
| Service Offering Contract Information Section | | |
| Contract Type | Select the contract type from the dropdown (Other, Clinical, Administrative, or Intake). If “Other” is selected the contract type other field becomes available and is required. | Yes |
| Contract Type Other | Enter the other contract type. | Conditional. If Other is selected for Contract Type. |
| First Name | Enter the first name of the contact person. | Yes |
| Last Name | Enter the last name of the contact person. | Yes |
| Email Address | Enter the email address of the contact person. | Yes |
| Provider / Facility | Select either provider or facility by clicking on the appropriate button. | Yes |
| Address Type | Select the type of address from the dropdown (Local, Billing, or Headquarters). | Yes |
| Contact Address | Displays the address based on the Address Type option selected. | N/A (Display Only) |

4.6.1 Buttons

| | |
|--|--|
|  | The Save button saves an entered <i>Service Offerings</i> to build the <i>List of Service Offerings</i> grid. |
|  | The Cancel button cancels any updates to the <i>Service Offerings</i> screen. |
|  | The New button is clicked to create a new record on the <i>Service Offerings</i> screen. |
|  | The Attach Facility button provides a pop-up for selecting an agency to associate to the service offerings. |

| | |
|---|--|
|  | The Added Details button expands the <i>Service Offering Detail</i> screen on the <i>Service Offerings</i> tab. |
|  | The Update button accepts all changes made to the <i>Service Offering Detail</i> screen on the <i>Service Offering</i> tab. |
|  | The Show button brings the selected service offerings into focus. |

4.6.2 Tips



The agency auditor and contact information must be completed before creating a new service offering.



The license information must be completed before creating a service offering on a placement service for CYF.



The Service Offering is documented by the Agency for each of the associated Facilities

4.7 Allowable / UnAllowable Rates Screen

The Allowable / UnAllowable Rates screen is completed by CYF Fiscal representatives to document the difference between what is reimbursed for a service to what is not reimbursed for that service.

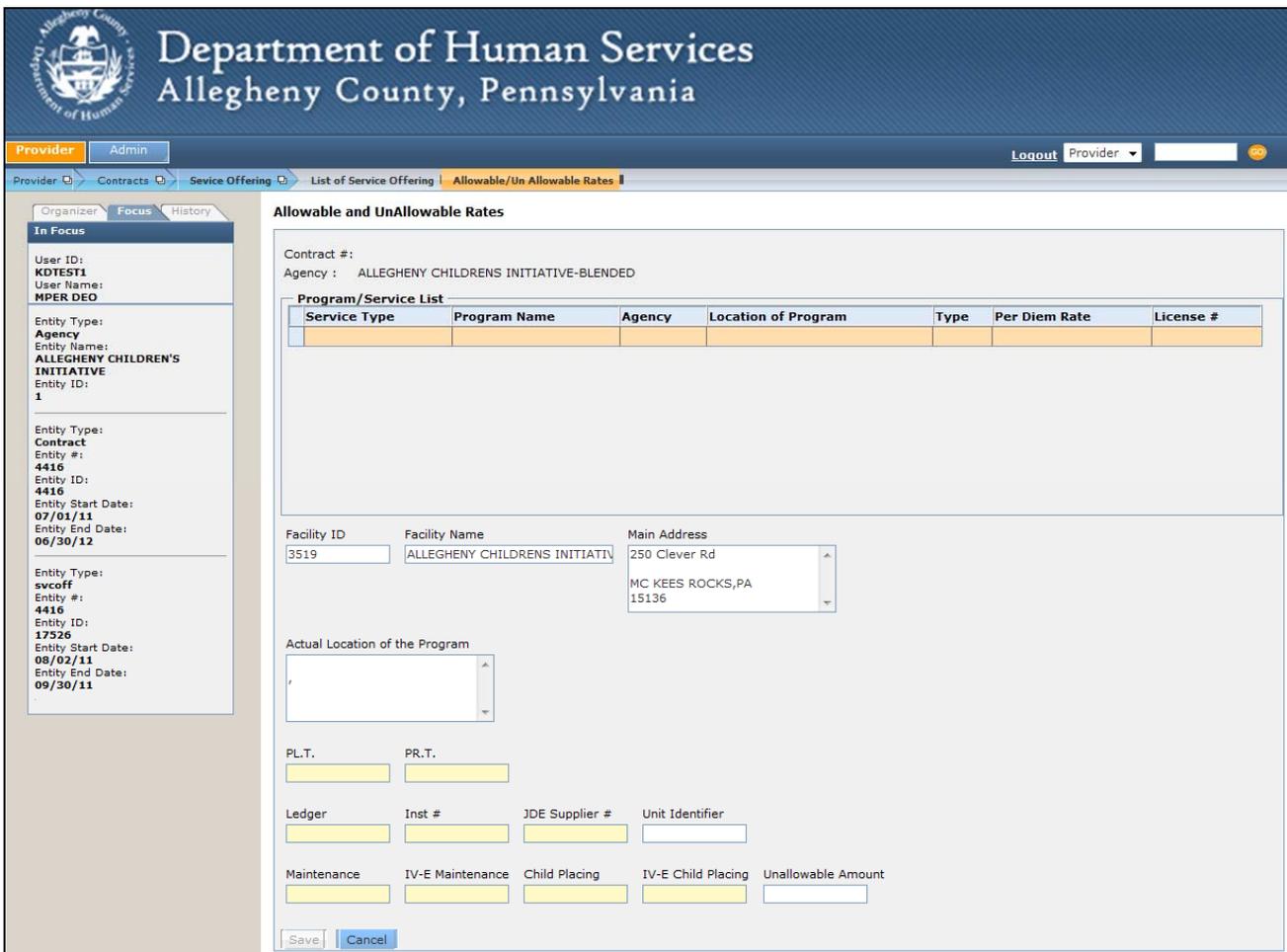
Navigation Path

Provider > Contracts > Service Offerings > List of Service Offerings > Allowable / UnAllowable Rates

Completing the Allowable / UnAllowable Rates

From the *Provider* Menu, select *Contracts*, *Service Offerings*, *List of Service Offerings*, *Allowable / UnAllowable Rates*. Click the **Save** button to save Allowable / Un Allowable Rates for the program office.

Full Screen



Department of Human Services
Allegheny County, Pennsylvania

Provider | Admin | Logout | Provider

Provider > Contracts > Service Offering > List of Service Offering | Allowable/Un Allowable Rates

Allowable and UnAllowable Rates

Contract #: _____
Agency: ALLEGHENY CHILDRENS INITIATIVE-BLENDED

| Service Type | Program Name | Agency | Location of Program | Type | Per Diem Rate | License # |
|--------------|--------------|--------|---------------------|------|---------------|-----------|
| | | | | | | |

Facility ID: 3519 | Facility Name: ALLEGHENY CHILDRENS INITIATIV | Main Address: 250 Clever Rd, MC KEES ROCKS, PA 15136

Actual Location of the Program: _____

PL.T. _____ PR.T. _____

Ledger _____ Inst # _____ JDE Supplier # _____ Unit Identifier _____

Maintenance _____ IV-E Maintenance _____ Child Placing _____ IV-E Child Placing _____ Unallowable Amount _____

Save Cancel

Figure 4-9 Allowable / UnAllowable Rates Screen

Allowable / UnAllowable Rates Screen Components

The Allowable / UnAllowable Rates screen consists of the following sections and special functions:

- Allowable / UnAllowable Rates section

The following table provides guidelines for each of the fields in the *Allowable / UnAllowable Rates* screen.

| Field Name | Field Description | Required? |
|---------------------------------------|--|--------------------|
| Contract # : | Displays the contract number. | N/A (Display Only) |
| Agency : | Displays the agency name. | N/A (Display Only) |
| Program/Service List Section | | |
| Service Type | Displays the type of service that has been created for the Agency/Facility that is in focus. | N/A (Display Only) |
| Program Name | Displays the name of the Program. | N/A (Display Only) |
| Agency | Displays the name of the Agency. | N/A (Display Only) |
| Location of Program | Displays the location of the program. | N/A (Display Only) |
| Type | | N/A (Display Only) |
| Per Diem Rate | Displays the per diem rate for the service. | N/A (Display Only) |
| License # | Displays the License number of the facility. | N/A (Display Only) |
| Facility ID | Displays the identification number of the facility. | N/A (Display Only) |
| Facility Name | Displays the name of the facility. | N/A (Display Only) |
| Main Address | Displays the local address of the facility. | N/A (Display Only) |
| Actual Location of the Program | Displays the location of the program. | N/A (Display Only) |
| PL. T. | Enter the PL.T for the Agency/Facility. | Yes |
| PR. T. | Enter the PR.T for the Agency/Facility. | Yes |
| Ledger | Enter the Ledger for the Agency/Facility. | Yes |
| Inst # | Enter the INST# for the Agency/Facility. | Yes |
| JDE Supplier # | Enter the JD Edwards number for the facility. | Yes |
| Unit Identifier | Enter the Unit Identifier for the Agency/Facility. | Yes |
| Maintenance | Enter the paid amount the county paid. | Yes |
| IV-E Maintenance | Enter the paid amount the state approved for IV-E. | Yes |
| Child Placing | Enter the amount paid by the county for Child Placing. | Yes |
| IV-E Child Placing | Enter the amount the state approved for IV-E Child Placing. | Yes |
| Unallowable Amount | MPER calculates the difference between what is paid and reimbursed for the service. | Yes |

4.7.1 Buttons

Save

The **Save** button saves an entered for the *Allowable / Un Allowable Rates* to build the *Allowable / Un Allowable Rates* grid.

Cancel

The **Cancel** button leaves the *Allowable / Un Allowable Rates* screen and displays the *Splash* screen.

4.7.2 Tips

The *Allowable / Unallowable Rates* screen is completed by the CYF Fiscal users. All other users of MPER have read-only only access to this screen.

4.8 Personnel Action Plan Screen

The *Personnel Action Plan (PAP)* screen provides the personnel action plan for the agency.

Navigation Path

Provider > Contracts > PAP > List of Personnel Action Plan

Completing the Personnel Action Plan Screen

From the *Provider* Menu, select *Contracts*, *PAP* and then *List of Personnel Action Plan*. Click the **New** button to create a new Personnel Action Plan or the **Show** button to view an existing record.

Full Screen



Figure 4-10 Personnel Action Plan Screen

Personnel Action Plan Screen Components

The *Personnel Action Plan* screen consists of the following sections and special functions:

- *PAP History* section

The following table provides guidelines for each of the fields in the *Personnel Action Plan* screen.

| Field Name | Field Description | Required? |
|--|---|--------------------|
| PAP History Section | | |
| Provider Required to submit PAP | Displays if the provider is required to submit a Personnel Action Plan. | N/A (Display Only) |
| Provider Contact | Displays the contact person's name for the provider. | N/A (Display Only) |
| Provider Contact Phone No | Displays the contact person's phone number. | N/A (Display Only) |
| Provider Contact Email | Displays the contact person's email address. | N/A (Display Only) |

4.8.1 Buttons

Cancel

The **Cancel** button leaves the *PAP* screen and displays the *Splash* screen.

New

The **New** button is clicked to create a new record on the *PAP* screen.

Show

The **Show** button brings the selected *PAP Summary* screen into focus.

4.9 PAP Summary Screen

The *PAP Summary* screen provides the Personnel Action Plan for the agency.

Navigation Path

Provider > Contracts > PAP > List of Personnel Action Plan > PAP Summary

Completing the PAP Summary Screen

From the *Provider* Menu, select *Contracts*, *PAP*, *List of Personnel Action Plan* and *PAP Summary*.

Full Screen



The screenshot displays the 'PAP Summary' screen within the Department of Human Services, Allegheny County, Pennsylvania system. The interface includes a top navigation bar with 'Provider' and 'Admin' tabs, and a breadcrumb trail: 'Provider > Contracts > PAP > List of Personnel Action Plan > PAP Summary'. A sidebar on the left, titled 'In Focus', contains user details: User ID: KDTEST15, User Name: Personnel Action Plan User, Agency: ALLEGHENY CHILDREN'S INITIATIVE, and Contract information (ID: 3629, Start Date: 07/01/09, End Date: 06/30/10). The main content area is titled 'PAP Summary' and contains the following fields:

- Contract Start Date: 7/1/2009
- Contract End Date: 6/30/2010
- Required to submit PAP?: Yes (dropdown menu)
- Program(s) PAP applies to: OMR/DD, OBH - MH
- Core Demographics** section:
 - First Name: Keith
 - Middle Name: (empty)
 - Last Name: Kohl
 - Phone Number: 8793248937
 - Email: s@gmail.com
 - Address: 1 Smithfield St, Pittsburgh, PA 15222-2221

Buttons for 'Edit' and 'Save' are visible at the bottom of the form.

Figure 4-11 PAP Summary Screen

PAP Summary Screen Components

The *PAP Summary* screen consists of the following sections and special functions:

- *PAP Summary* section

The following table provides guidelines for each of the fields in the *PAP Summary* screen.

| Field Name | Field Description | Required? |
|----------------------------------|---|--------------------|
| PAP Summary Section | | |
| Contract Start Date | Displays the start date of the contract. | N/A (Display Only) |
| Contract End Date | Displays the end date of the contract. | N/A (Display Only) |
| Required to submit PAP? | Select "Yes" or "No" if provider is required to submit a Personnel Action Plan. | Yes |
| Program(s) PAP applies to | Displays the program office (s) the Personnel Action Plan applies to. | N/A (Display Only) |
| Core Demographics Section | | |
| First Name | Enter the first name of the provider's contact. | Yes |
| Middle Name | Enter the middle name of the provider's contact. | No |
| Last Name | Enter the last name of the provider's contact. | Yes |
| Phone Number | Enter the phone number of the provider's contact. | Yes |
| Field Name | Field Description | Required? |
| Email | Enter the email address of the provider's contact. | Yes |
| Address | Complete the address for the provider's contact by clicking the Edit button. | Yes |

4.9.1 Buttons

| | |
|---|---|
|  | The Edit button opens the <i>Enter Address</i> pop-up screen to apply necessary address details. |
|  | The Save button saves the information entered on the <i>PAP Summary</i> screen. |

4.10 PAP Status Screen

The *PAP Status* screen provides the status the Personnel Action Plan. An email notification that has been identified on the PAP Summary screen will be sent to communicate the PAP is complete.

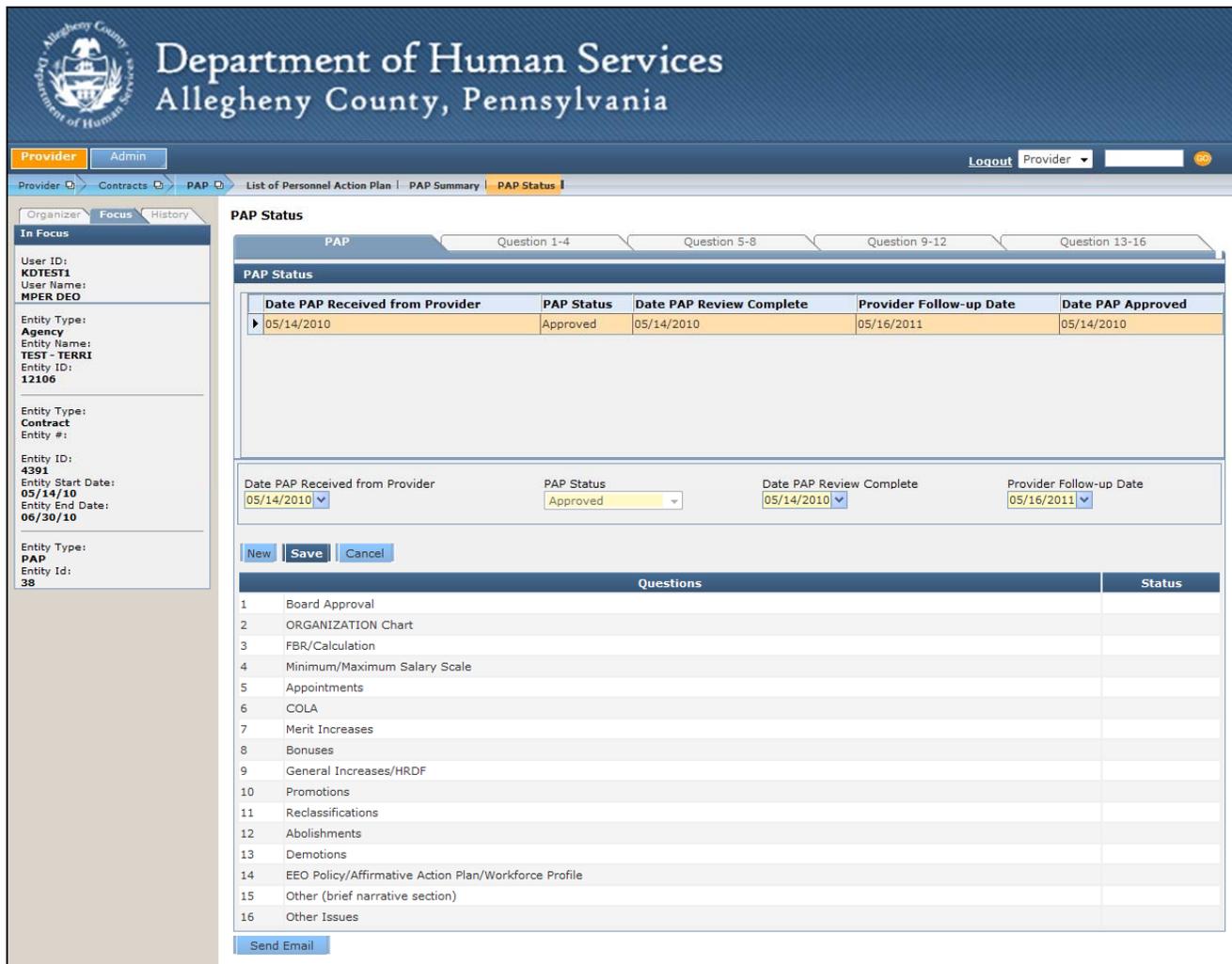
Navigation Path

Provider > Contracts > PAP > List of Personnel Action Plan > PAP Status

Completing the PAP Status Screen

From the *Provider* Menu, select *Contracts*, *PAP*, *List of Personnel Action Plan* and *PAP Status*. Clicking on the **NEW** button opens a new record on the *PAP Status* screen. The **Save** button saves the information recorded on the *PAP Status* screen.

Full Screen



Department of Human Services
Allegheny County, Pennsylvania

Provider Admin Logout Provider

Provider Contracts PAP List of Personnel Action Plan PAP Summary PAP Status

Organizer Focus History

In Focus

User ID: KDTEST1
User Name: MPER DEO

Entity Type: Agency
Entity Name: TEST - TERRI
Entity ID: 12106

Entity Type: Contract
Entity #:

Entity ID: 4391
Entity Start Date: 05/14/10
Entity End Date: 06/30/10

Entity Type: PAP
Entity Id: 38

PAP Status

PAP Question 1-4 Question 5-8 Question 9-12 Question 13-16

| Date PAP Received from Provider | PAP Status | Date PAP Review Complete | Provider Follow-up Date | Date PAP Approved |
|---------------------------------|------------|--------------------------|-------------------------|-------------------|
| 05/14/2010 | Approved | 05/14/2010 | 05/16/2011 | 05/14/2010 |

Date PAP Received from Provider: 05/14/2010
PAP Status: Approved
Date PAP Review Complete: 05/14/2010
Provider Follow-up Date: 05/16/2011

New Save Cancel

| Questions | Status |
|---|--------|
| 1 Board Approval | |
| 2 ORGANIZATION Chart | |
| 3 FBR/Calculation | |
| 4 Minimum/Maximum Salary Scale | |
| 5 Appointments | |
| 6 COLA | |
| 7 Merit Increases | |
| 8 Bonuses | |
| 9 General Increases/HRDF | |
| 10 Promotions | |
| 11 Reclassifications | |
| 12 Abolishments | |
| 13 Demotions | |
| 14 EEO Policy/Affirmative Action Plan/Workforce Profile | |
| 15 Other (brief narrative section) | |
| 16 Other Issues | |

Send Email

Figure 4-12 PAP Status Screen

PAP Status Screen Components

The *PAP Status* screen consists of the following sections and special functions:

- *PAP Status* section

The following table provides guidelines for each of the fields in the *PAP Status* screen.

| Field Name | Field Description | Required? |
|----------------------------|--|--------------------|
| PAP Summary Section | | |
| Date PAP Received | Displays the date the provider received the personnel action plan. | N/A (Display Only) |

| Field Name | Field Description | Required? |
|--|---|--------------------|
| <i>from Provider</i> | | |
| PAP Status | Displays the status of the personnel action plan. | N/A (Display Only) |
| Date PAP Review Complete | Displays the date the provider completed the personnel action plan. | N/A (Display Only) |
| Provider Follow-up Date | Displays the date when the provider is to complete the next personnel action plan. | N/A (Display Only) |
| Date PAP Received from Provider | Enter the date when the personnel action plan was received for the provider. | Yes |
| PAP Status | Select the status of the personal action plan from the dropdown (Under Review, Approved Pending, Not Approved or Approved). | Yes |
| Date PAP Review Complete | Enter the date when the personnel action plan was completed. | Yes |
| Provider Follow-up Date | Enter the date when the personnel action plan is to be updated next. | Yes |
| Question 1-4 | | |
| 1. Board Approval | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Board approval. | No |
| 2. ORGANIZATION Chart | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Organization Chart approval. | No |
| 3. FBR/Calculation | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the FBR/Calculation approval. | No |
| 4. Minimum / Maximum Salary Scale | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Minimum/Maximum Salary Scale approval. | No |
| Question 5-8 | | |
| 5. Appointments | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, | Yes |

| Field Name | Field Description | Required? |
|----------------------------------|--|-----------|
| | Acceptable Pending, or Not Acceptable). | |
| Note: | Enter narrative text pertaining to the Appointments approval. | No |
| 6. COLA | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the COLA approval. | No |
| 7. Merit Increases | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Merit Increases approval. | No |
| 8. Bonuses | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Bonuses approval. | No |
| Question 9-12 | | |
| 9. General Increases/HRDF | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the General Increases/HRDF approval. | No |
| 10. Promotions | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Promotions approval. | No |
| 11. Reclassifications | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Reclassifications approval. | No |
| 12. Abolishments | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Abolishments approval. | No |
| Question 13-16 | | |
| 13. Demotions | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, | Yes |

| Field Name | Field Description | Required? |
|--|--|-----------|
| | Acceptable Pending, or Not Acceptable). | |
| Note: | Enter narrative text pertaining to the Demotions approval. | No |
| 14. EEO Policy / Affirmative Plan / Workforce Profile | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the EEO Policy / Affirmative Plan / Workforce Profile approval. | No |
| 15. Other (brief narrative section) | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Other (brief narrative section) approval. | No |
| 16. Other Issues | | |
| Status: | Select the appropriate status from the dropdown (Acceptable, Acceptable Pending, or Not Acceptable). | Yes |
| Note: | Enter narrative text pertaining to the Other Issues approval. | No |

4.10.1 Buttons

| | |
|-------------------|---|
| Cancel | The Cancel button clears the current <i>PAP Status</i> record. |
| New | The New button is clicked to create a new record on the <i>PAP Status</i> screen. |
| Send Email | The Send Email sends an email to notify appropriate staff of the <i>PAP Status</i> . |
| Save | The Save button saves the information entered on the <i>PAP Status</i> screen. |

4.11 Check List Screen

The *Check List* screen is used by the contracts department to record the certificates and certifications the Agency Providers may have received.

Navigation Path

Provider > Contracts > CheckList

Completing the Check List Screen

From the *Provider* Menu, select *Contracts*, and then *CheckList*. Clicking on the **NEW** button creates a new record on the Check List screen. The **Save** button saves the information recorded on the *Check List* screen.

Full Screen



The screenshot shows the MPER system interface for the 'Check List' screen. The header includes the Department of Human Services logo and the text 'Department of Human Services Allegheny County, Pennsylvania'. The navigation bar shows 'Provider' and 'Admin' tabs, with 'Provider' selected. The breadcrumb trail is 'Provider > Contracts > List of Contracts > Contracted Services > Contract Funding > Service Offering > PAP > CheckList'. The main content area is divided into two sections: 'Check List' and 'Checklist Detail'. The 'Check List' section contains a table with the following data:

| Checklist Item | Start Date | End Date |
|-----------------------------------|------------|------------|
| SERVICE PROVIDER RESPONSIBILITIES | 04/26/2010 | 05/01/2011 |

The 'Checklist Detail' section contains the following fields:

- Checklist Item: SERVICE PROVIDER RESPONSIBILITIES (dropdown menu)
- Start Date: 04/26/2010 (dropdown menu)
- End Date: 05/01/2011 (dropdown menu)
- Comments: (text area)

At the bottom of the screen, there are three buttons: 'New', 'Save', and 'Cancel'.

Figure 4-13 Check List Screen

Check List Screen Components

The *Check List* screen consists of the following sections and special functions:

- *Checklist* section
- *Checklist Detail* section

The following table provides guidelines for each of the fields in the *Check List* screen.

| Field Name | Field Description | Required? |
|--------------------------|---|--------------------|
| Checklist Section | | |
| Checklist Item | Displays the item that has been documented. | N/A (Display Only) |
| Start Date | Displays the effective start date of the item. | N/A (Display Only) |
| End Date | Displays the effective end date of the item | N/A (Display Only) |
| Checklist Section | | |
| Checklist Item | Select the Checklist item from the drop list. | Yes |
| Start Date | Enter the effective date of the certificate or certification. | Yes |
| End Date | Enter the date the certificate or certification effectiveness ends. | Yes |
| Comments | Enter narrative text pertaining to the item. Click on the magnifying glass icon to activate the zoom-box feature. | No |

4.11.1 Buttons

| | |
|---------------|--|
| Cancel | The Cancel button clears the current <i>CheckList</i> record. |
| New | The New button is clicked to create a new record on the <i>Check List</i> screen. |
| Save | The Save button saves the information entered on the <i>Check List</i> screen. |

Section 4 Reports

5.1 IV E Report

The IV E report displays the Allowable/Unallowable amounts for CYF Placement Providers for placement services only.

| Field | Field Description |
|----------------------------|--|
| Program | No displayed information at this time. |
| Program Name Unit | Displays the name of the program unit. |
| Location | Displays the address of the program unit. |
| Contract Number | Displays the contract number in MPER. |
| Main Address | Displays the address of the program unit. |
| License Number | Displays the license number of the program unit. |
| Type | Displays the type of services the program unit offers. |
| Per Diem | Displays the amount of the per diem. |
| Maintenance | Displays the maintenance number. |
| IV E Maintenance | Displays the IV E maintenance number. |
| Child Placing | Displays the child placing number. |
| IV E Child Placing | Displays the IV E child placing number. |
| Un Allowable Amount | Displays the unallowable amount. |

Selection Window

MPER requires set report parameters from the user prior to generating the IVE Report. The following table details the selection need to generate this report.

| Section | Description |
|----------------------------|---------------------------------------|
| Contract Start Date | Enter the start date of the contract. |
| Contract End Date | Enter the end date of the contract. |

5.2 Licensing Report

The Licensing report displays the licensing information about the provider, and the associated office for contracts for specified date range. This information populates from the Licensing screen in MPER.

| Field | Field Description |
|----------------------------|---|
| Facility Id | Displays the number of the facility. |
| Facility Name | Displays the name of the provider. |
| Facility Address | Displays the address of the facility. |
| Service Description | Displays the type of services provided by the facility. |
| License Type | Displays the status of the license. |
| License Restriction | Displays the license status of the restriction of the license. |
| License Status | Displays the CYF/JPO Legal Status of the license. |
| License Name | Displays the type of license, including the number and name of the license. |

Selection Window

MPER requires set report parameters from the user prior to generating the License Report. The following table details the selection need to generate this report.

| Section | Description |
|----------------------------|---------------------------------------|
| Contract Start Date | Enter the start date of the contract. |
| Contract End Date | Enter the end date of the contract. |
| DHS Office | Select from the Multi-Select pop-up. |

5.3 Personnel Action Plan Report

The Personal Action Plan report displays the information about the PAP for the provider. This information populates from the PAP Status screen in MPER. The Personnel Action Plan is only applicable to providers who provide services for Office of Behavioral Health – Mental Health, Drug and Alcohol or Office of Mental Retardation and Developmental Disabilities.

| Field | Field Description |
|----------------------|---|
| PAP Submitted | Displays if a Personnel Action Plan was completed. |
| Contract Name | Displays the contact name. |
| Phone Number | Displays the phone number of the contact. |
| Email | Displays the email address of the contact. |
| Address | Displays the address of the contact person. |
| PAP Status | Displays the status of the Personnel Action Plan. |
| Date Received | Displays the date the Personnel Action Plan was received. |
| Date Approved | Displays the date the Personnel Action Plan was approved. |

Selection Window

MPER requires set report parameters from the user prior to generating the License Report. The following table details the selection need to generate this report.

| Section | Description |
|----------------------------|---|
| Contract Start Date | Enter the start date of the contract. |
| Contract End Date | Enter the end date of the contract. |
| DHS Office | Select the providers from the Provider Search pop-up. |

5.4 Service Offerings Report

The Service Offerings report displays each facility services for a specific provider. This information populates from Service Offering screen in MPER.

| Field | Field Description |
|----------------------------|---|
| ID | Displays the identification number of the service offering. |
| Start Date | Displays the start date of the service. |
| End Date | Displays the end date of the service. |
| Address | Displays the address of the facility. |
| Contact Name | Displays the contact name associated to the facility. |
| Contact Phone | Displays the contact phone number associated to the facility. |
| Service Description | Displays the services of the facility. |
| Facility Id | Displays the facility Id number. |
| Facility Name | Displays the name of the provider. |
| Facility Address | Displays the address of the provider. |

Selection Window

MPER requires set report parameters from the user prior to generating the License Report. The following table details the selection need to generate this report.

| Section | Description |
|--|---|
| Contract Start Date | Enter the start date of the contract. |
| Contract End Date | Enter the end date of the contract. |
| Provider(s) To select multiple values, keep the [ctrl] key pressed. | Select the providers from the Provider Search pop-up. |

5.5 Service Provider Report

The Service Provider report displays all providers and the services offered by a specific provider.

| Field | Field Description |
|--------------------------------------|--|
| Provider Name | Displays the name of the Provider. |
| Contract Start Date | Displays the start date of the contract. |
| Contract End Date | Displays the end date of the contract. |
| Contracted Service Start Date | Displays the start date of the contracted service. |
| Contracted Service End Date | Displays the end date of the contracted service. |
| Contracted | Displays if the provider is contracted with DHS. |
| Service | Displays the provider services. |

Selection Window

MPER requires set report parameters from the user prior to generating the Provider Service Report. The following table details the selection need to generate this report.

| Section | Description |
|-----------------------------------|---|
| <i>Contract Start Date</i> | Enter the start date of the contract. |
| <i>Contract End Date</i> | Enter the end date of the contract. |
| <i>DHS Office(s)</i> | Select the providers from the Provider Search pop-up. |

| | |
|-----------------------------|-----------------|
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