

# HSRS TERMINAL OPERATOR'S GUIDE

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## THE HUMAN SERVICES REPORTING SYSTEM

The Human Services Reporting System (HSRS) is a data collection system for social service and mental health clients, and the services they receive. This information meets both state and federal reporting requirements.

### I. WHERE TO GET HELP

For HSRS application questions/problems:

#### **SOS DESK**

The SOS DESK is operated for reporting questions and/or problems related to the client specific reporting. These questions may include form completion, screen entry, programmatic concerns, assistance with problem cases, printout or output report content questions, and training requests.

Hours 8:00 AM - 4:00 PM

You may call at other times and leave a message and someone will return your call at the beginning of the next shift.

Telephone (608) 266-9198

E-mail [dhssoshelp@wisconsin.gov](mailto:dhssoshelp@wisconsin.gov)

FAX Number (608) 267-2437

Address SOS Desk

1 West Wilson Street, Room B150

P.O. Box 7850

Madison, Wisconsin 53707-7850

The HSRS databases are online Monday through Friday from 6:30 A.M. to 5:00 P.M., and Saturday from 8:00 A.M. to 5:00 P.M.

For network related problems:

#### **WISCONSIN HELP DESK**

The WISCONSIN HELP DESK is operated for support and inquiry for any Network concerns or problems. Its primary task is to respond to all user requests for assistance, general systems information, and information on procedural matters. The WISCONSIN HELP DESK should be called whenever a printer or other piece of telecommunications equipment is not functioning properly. All problems with the network, whether they are hardware, application, telecommunications or response time should be reported to the WISCONSIN HELP DESK.

Toll free telephone: (866) 335-2180

TTY: (608)246-2583

Madison Telephone: (608) 261-4400

E-mail: [helpdesk@wi.gov](mailto:helpdesk@wi.gov)

**HSRS HANDBOOK, TERMINAL OPERATOR'S GUIDE, FORMS, DESKCARDS, LTS REPORTS, FILE TRANSFER, AND APPLICATION MENU** are available on the Internet at <http://dhs.wisconsin.gov/hsrs/index.htm>

## **II. DATA SECURITY ISSUES**

The Human Services Reporting System (HSRS) program area has excellent security features to assure that client data is secure and kept confidential. The HSRS program area is one of several program areas with systems residing on the Department of Administration computer. Each program area has systems with sensitive data. Therefore, each system must have rules of access in order to maintain the integrity and confidentiality of the system data.

Please contact your County Security Officer to request a new HSRS login ID.

## **III. PASSWORD**

You will need your USER ID number and current password each time you use HSRS. This information should be known to you and only you. It is important that this be kept confidential so that unauthorized persons cannot access any data on the system.

The first time you login, and at least every 30 days thereafter, you must establish a new password for yourself. Do not reuse the previous eight passwords. The procedure for doing this is the following:

1. SELECTION SCREEN is displayed:  
Enter Selection Here: IMSFP. Press Enter. Top of screen will display the message: SESSION READY FOR INPUT.
2. Press the F2 key. Blank entry fields for your USER ID and PASSWORD will be displayed.
3. USER ID:                      Key ID number  
PASSWORD:                      Key old password  
NEW PASSWORD:                Key new password.  
New password:
  - must contain at least 1 numeric or special character (1, 2, 3, etc, #, @, \*, \$, etc.)
  - must be 7 to 8 characters in length
  - cannot be all numeric
  - cannot match any of your last 8 passwords.
4. Press the ENTER Key. Use only the new password the next time you log in.

#### **IV. HSRS LOG IN**

1. SELECTION SCREEN is displayed.  
Enter Selection Here: IMSFP
2. Press ENTER. TERMINAL CONNECTED TO IMS is displayed.
3. Press the F2 key. Blank entry fields for operator's USER ID and PASSWORD will be displayed.
4. Enter USER ID and password.
5. Press ENTER. Top of screen will display the message: SESSION READY FOR INPUT.
6. Type /for w0800o1 (one space after the /for).
7. Press ENTER. HSRS MAIN MENU will be displayed.
8. Make selection and press ENTER.

#### **HSRS LOG OFF**

1. Press the F10 key. HSRS MAIN MENU will be displayed.
2. Repeat the F10 key. You will be out of HSRS and back to SELECTION SCREEN.

#### **V. LOCATING MENUS**

The F keys at the top of the keyboard are set up to local menus:

F2 - Inquiry Menu

F4 - General Menu

F5 - Main Menu - Also used for screen print on some screens.

F7 - Client Deletions Menu

F8 - Family Support Program Menu - Also used for Full Client Print on some screens.

F9 - Refresh screen - erases the information which appear on the screen.

F10 - Main Menu. Pressing it again will take you out of HSRS and log you off.

## **VI. NEXT SCREEN FUNCTION**

The Next Screen function enables workers to move directly between entry screens without having to go through menu screens. In addition, the use of the Next Screen field will bring forward onto the new screen certain data elements such as Client ID Number and Episode Key, to facilitate easier interaction on the new screen.

To use the Next Screen function, type the screen number of your choice in the Next Screen field found on the lower right of all HSRS data entry screens. To ensure efficient and problem free passage among screens, please follow this two step procedure carefully:

1. Enter the next screen number together with the data you are entering on the present screen at the same time. Press Enter key. Data from the current screen together with the next screen indication are processed. (Next screen can be entered on inquiry screens also.)

Do not enter the next screen number AFTER the current screen is processed. Such action will process the same screen again and may result in the error message Data Already Exists.

Also, do not press the Enter key more than once. Such action will “stack up” the Next Screen requests in the memory of the computer. The result is that when you enter a number for a new Next Screen on a following screen, you will still get the previous Next Screen as many times as you had pressed the Enter key.

2. After the current screen has been processed (Client Successfully Registered, Updated, Services Added, etc.) together with Next Screen field, press the Page Up key to bring up the requested screen with the passed data. Do not press the Page Up key more than once. If pressed twice, the passed data might appear on the new screen but will not be recognized by the computer, and consequently be wiped out when the new transaction is processed.

When an invalid screen number is entered on the current screen, and the Page Up key is pressed following successful processing, the Main Menu will be brought up.

## **VII. PRINTING AND FULL CLIENT PRINT**

Successful transactions will be confirmed via messages on the entry screens. No turnaround documents will be produced automatically by the system at the conclusion of successful transactions. You may still wish to print copies for several reasons:

- for documentation in case files
- as reference points for future updates or error corrections
- indicating Client ID, Episode/Module Key, and Program Number as reference for future inquires and transactions

There are three methods to choose from to produce these paper copies:

- press the F5 key after a successful transaction message is received
- on some screens the F8 key may be used for Full Client Print. Both the registration and service screens print together.
- use screen AA for Full Client Print

The F5 print function is available on many HSRS screens and is indicated at the bottom of the screen. The F8 Full Client Print is gradually being added to other screens as time permits.

If you are using the next screen function, first press the F5 key to print the screen, and then press the Page Up key to move to the next screen.

### **FULL CLIENT PRINT**

Full Client Print is a way of printing both the registration and services screens together versus printing each screen separately. It provides a complete picture of the client's episode(s).

There are two ways of obtaining a Full Client Print:

- the F8 key will produce a Full Client Print. (Look for this feature at the bottom of the screen.)
- screen AA will produce a Full Client Print for one or more or all episodes using Client ID.

## VIII. ENTERPRISE OUTPUT SOLUTION (EOS)

EOS may be used to view and print most HSRS reports in county agencies. This is beneficial when a report is needed quickly, or when only select portions are needed. Also, this feature is useful for looking up information which you may not need to print.

### EOS LOG IN

- When SELECTION SCREEN is displayed; enter EOSP.
- Press ENTER.
- The following screen will be displayed.

```
PF 1/13 HELP-COMMAND ==>
IDENTIFICATION CHECKING-                                     LU -> VTCC1ARZ

USER NAME           ==>
PASSWORD            ==>
NEW PASSWORD        ==>
VERIFY PASSWORD     ==>

*----- ENTERPRISE OUTPUT SOLUTION -----*
*      EEEEEEEEEEEEEEE      0000000000      SSSSSSSSS      *
*      EEEEEEEEEEEEEEE      0000000000000000      SSSSSSSSSSS      *
*      EEE      00000      00000      SSSS      *
*      EEE      0000      0000      SSSS      *
*      EEE      0000      0000      SSSSSS      *
*      EEEEEEEE      0000      0000      SSSSSSSS      *
*      EEE      0000      0000      SSSSSS      *
*      EEE      0000      0000      SSSS      *
*      EEE      00000      00000      SSSS      *
*      EEEEEEEEEEEEEEE      0000000000000000      SSSSSSSSSSS      *
*      EEEEEEEEEEEEEEE      0000000000      SSSSSSSSS      *
*----- VTAM SUPPORT ----- V1 R2
```

- Type USER ID and PASSWORD; press ENTER.



A Directory Selection Screen will be displayed with your cursor in the Form Name field. If you know the form number, enter it and press Enter. A directory of reports matching that form number will be displayed. If you do not know the form number for the report you wish to view, enter LH.. in FORM NAME, press enter and a list of HSRS reports will be displayed.

```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSEOSP. EOS. RINDX. UD001
-DIRECTORY SELECTION- USER-> PWR719      TR-> 1606      TP-> 2694361 TL-> 152229K

FORM NAME          ==> LH. .          APPL. (JOBNAME) ==>
REPORT NAME        ==>                DEFERRED ONLY ==> <- ENTER Y
REPORT ROOTNAME    ==>
NOTEPAD HEADER     ==>

REPORT VERSION     ==>                PRINTED REPORTS ==> <- ENTER Y/N
REPORT STATUS      ==>                DISPLAYED REPORTS ==> <- ENTER Y/N

FROM DATE AND TIME ==>                /          EXPIRATION DATE ==>
TO DATE AND TIME   ==>                /          ARCHIVAL DATE   ==>

DESTINATION        ==>                ROOM NUMBER      ==>
OUTPUT FORM        ==>                LOCAL PRIORITY   ==>
CLASS ==>

TOP SEARCH         ==> <- ENTER Y

WITH TOC ONLY      ==> <- ENTER Y          SELECTION ON TOC ==> <- ENTER Y
```

## VIEWING A REPORT

- Tab down to the report in the A column.
- Enter an S (Select) and press ENTER.
- (Enter a V to view different versions and press ENTER)

PF 1/13 HELP - COMMAND ==>

– REPORT INDEX - -> RINDX SS9006 ITSEOSP.EOS.RINDX.UDOO1

– REPORT DIRECTORY - USER -> OWR719 TR -> 2309 TP -> 3206092 TL ->

A-C-REPORT NAME- - - -FORM - REPORT DESCRIPTION - - - -NOTEPAD HEADER - - -

|           |      |                                  |
|-----------|------|----------------------------------|
| HSRS-L330 | LH16 | SPC REVIEW DATE TICKLER          |
| HSRS-L800 | LH28 | SPC PROV WAIVER CLIENTS UNIT RPT |
| HSRS-L810 | LH29 | WORKER WAIVER CLIENT UNITS SUM   |
| HSRS-L253 | LH13 | ALPHABETIC SPC PROVIDER RPT      |
| HSRS-L300 | LHBG | LTS UNITS AND COSTS SUMMARY CY   |
| HSRS-L103 | LH03 | TARGET GROUP BY SPC SERVICE SUMM |
| HSRS-S002 | LH92 | HSRS-MTHEND02 - PW0089CJ         |
| HSRS-L502 | LH19 | JUDICIAL/ADMINIS REVIEW TICKLER  |
| HSRS-S004 | LH94 | HSRS-MTHEND04 - PW0089EJ         |
| HSRS-L910 | LH31 | WORKER COMBINED UNITS RPT        |
| HSRS-L533 | LH22 | MONTHLY WORKER CSC SUMMARY       |
| HSRS-L534 | LH23 | MONTHLY AGENCY CSC SUMMARY       |
| HSRS-L700 | LH26 | SPC PROVIDER COP UNITS REPORT    |
| HSRS-L710 | LH27 | WORKER COP UNITS SUMMARY         |
| HSRS-L220 | LH08 | CASE REVIEW DATE TICKLER         |
| HSRS-L104 | LH04 | SPC BY TARGET GROUP SERVICE SUMM |
| HSRS-L400 | LH17 | SPC PROVIDER SERVICE SUMMARY     |

## MOVING AROUND THE REPORT

The screen will display only 20 lines and 80 characters of each line at one time. The reports contain 132 characters per line and as many lines as are needed. To bring different parts of the report to the screen use the following keys:

- F11 to look at the right side of the report
- F10 to move back to the left side
- F8 to move forward (down) in the report
- F7 to move backward (up) in the report
- m, F8 to move to bottom of report
- m, F7 to move to top of report

To find a specific person type F JOHN (find John) in COMMAND and enter, where JOHN is the value you are searching for. (This example will find all Johns as well as Johnsons.) You may also use ID or episode code (or portions of them) in the command. If you wish to continue looking for more occurrences of your search value, press the F5 key.

The number of pages appears at the upper right. To go to a specific page enter P9, where 9 is the page number you wish to go to.

## PRINTING THE REPORT LOCALLY

- From the report list, Type P (print) in the A column next to the report you wish to print and press enter.
- The following screen will be displayed:

```
PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSEOSP. EOS. RINDX. UD001
-SINGLE EXTRACT MENU (1)  USER-> PWR719
REPORT NAME -> HSR5-L230      TOTAL PAGES-> 40848    TOTAL LINES-> 1864684

TECHNIQUE                ==> Q <----- /Q(D. QUEUING)

                                PAGE FORMAT ==> LH09
                                OUTPUT LIMIT ==>

- FOR PARTIAL EXTRACT REQUEST ONLY-
FROM/TO LINE(S) ==>
FROM/TO LINE(S) ==>
```

- Tab down to the FROM/TO line(s).
- Enter the pages you wish to print. Example: p5,p8 will print pages 5 through 8.
- Press ENTER.
- The following screen will be displayed:

```

PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSE0SP. EOS. RINDX. UD001
-SINGLE EXTRACT MENU (2)  USER-> PWR719
  REPORT NAME -> HSR5-L230      TOTAL PAGES-> 2      TOTAL LINES->
----- EXTRACTION REQUESTED FOR SYSTEM PRINTER (VIA DIRECT QUEUING) -----
  Y/YES ON THE COMMAND LINE TO CONFIRM END OF INPUT, C/CAN/CANCEL TO ABORT.
PRINT FORMAT (REP/SEP) ==>      /

DEST          ==> u9999          OUTPUT CLASS ==> a
FORM          ==>              WRITER NAME  ==>
                                FCB          ==>
                                UCS          ==>

OUTPUT REFERENCES ==>      /      /      /

HEADER LINES                                SEPARATOR NUMBER
  1 ==> PWR719                                USER (TOP/BOT) ==> 0 / 0
  2 ==> SOS DESK                              REPORT (TOP/BOT) ==> 0 / 0
  3 ==> HFS                                  WITH PACKET INDEX ==> N
  4 ==>                                      DELETE AFTER EXTRACT ==> N
  5 ==> 6-9198**518
LASER PRINTER -----> NONE

```

- Enter the printer address in DEST (destination) which must be a U followed by four digits.
- Enter A in OUTPUT CLASS.
- The total number of pages will be listed on the top center.
- If the request is incorrect, enter C to cancel.
- The following screen will be displayed:

```

PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSE0SP. EOS. RINDX. UD001
-PRINT/EXTRACT RESULT-  USER-> PWR719

***** EXTRACT  CANCELLED *****

```

- Press F3 again and redo the request.
- If the request is correct, enter a Y on the COMMAND line.
- Press ENTER.
- The following screen will be displayed:

```

PF 1/13 HELP-COMMAND ==>
-REPORT INDEX --> RINDX      SSR014 ITSEOSP. EOS. RINDX. UD001
-PRINT/EXTRACT RESULT-      USER-> PWR719

***** EXTRACTION REQUESTED (VIA DIRECT QUEUING) *****

JOB NAME      ---> EOSP      JOBID      ---> STC30068

QUEUED AT : 09.13.51 05/21/03 (03141)      TO SERVICE EXTRACT REQUEST.

```

— The data will then print.

— To exit, press F3.

### **SIGNING OFF OF EOS**

– Continue to press the F3 key until you are signed off.

### **VIEWING PROVIDER NUMBERS**

To quickly get to your specific county provider numbers, after retrieving the report, type F 22NNNN, where 22 is the provider type for foster homes and NNNN is your reporting unit code. This will take you to the first occurrence of a foster home in your agency. (You must press the F5 key until your agency's numbers come up.) You may use the following provider types, followed by your reporting agency ID, to get your agency's providers numbers:

|                             |                           |
|-----------------------------|---------------------------|
| Foster Home                 | 22NNNN                    |
| Adult Family Home           | 36NNNN                    |
| Adult Day Care              | 43NNNN                    |
| ICF-MR Facility             | 40NNNN                    |
| Supportive Home Care        | 70, 71, OR 72NNNN         |
| Child Day Care              | 76, 77, 78, 79, OR 80NNNN |
| Nursing Home                | 86NNNN                    |
| Approved Ancillary Services | 88NNNN                    |
| Other                       | 89NNNN                    |

IX. HSRS MAIN MENU

|                                      |  |                   |
|--------------------------------------|--|-------------------|
| 99/99/99<br>08:30:55                 | Human Services Reporting System<br>Main Menu | xxxxxxx<br>PW0800 |
| HSRS ENTRY MENU                      |  |                   |
| 01--CORE CLIENT ENTRY MENU           | A1--AODA ENTRY MENU                          |                   |
| 02--HSRS INQUIRY MENU                | AA--FULL CLIENT PRINT                        |                   |
| 03--CSC / ADOPTIONS MENU             | SE--SUPPORTED EMPLOYMENT MENU                |                   |
| 05--LOCAL REPORTS MENU               | MH--MENTAL HEALTH MENU                       |                   |
| 07--CLIENT DELETIONS MENU            | 67--BIRTH TO THREE MENU                      |                   |
| 09--FAMILY SUPPORT MENU              | LT--LONG TERM SUPPORT MENU                   |                   |
| 21--HSRS GENERAL MENU                |  |                   |
| MAKE SELECTION AND PRESS ENTER: ____ |  |                   |

MAIN MENU

## X. GENERAL AND INQUIRY MENUS

|  |  |                   |
|--|--|-------------------|
| 99/99/99<br>14: 00: 29   | Human Services Reporting System<br>HSRS GENERAL MENU | xxxxxxx<br>PW0821 |
| <br>05--LOCAL REPORTS MENU INQUIRY<br>18--FSP/AODA/MH/LTS OPTIONAL DATA<br>23--WORKER FILE INQUIRY/UPDATE<br>W1--WORKER NAME INQUIRY<br>46--EPISODE/MODULE TYPE LIST<br>61--CLIENT NAME SEARCH INQUIRY<br>P1--PROVIDER FILE INQUIRY<br>AA--FULL CLIENT PRINT<br><br>MAKE SELECTION AND PRESS ENTER:    _ |  |                   |
| PF10 - MAIN MENU   |  |                   |

## GENERAL MENU

|  |  |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
|--|--|-----------------|------|----------------|-------------------------|----------------------|-------------------|------------------|--|---------------------------|-----|------|------------------|-----------------------|-----------------|-------------------|------------------|--------------------------------|-------------------------------|-----------|-----|----------------------------|----------------------|----------------------------|------------------|----------------------|---------------------------------|---------------------|---------------|------------------------|---------------------|--------------------------------|-----------------|----------------|---------------------|---------------------------------|--|-----------------------------|
| 05/24/07<br>09: 06: 15   | Human Services Reporting System<br>HSRS INQUIRY MENU | 99999<br>PW0802 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
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| CORE   | FAMILY SUPPORT                                       |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| 11--CLIENT REGISTRATION  | 94--FSP REGISTRATION                                 |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| 86--CORE SERVICES  | 96--FSP SERVICES                                     |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
|  | 98--SERVICES EXPENDITURES                            |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| CSC  | AODA   |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| 33--CSC PAYMENTS   | A3--AODA REGISTRATION                                |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| 37--CSC HISTORY  | A4--AODA SERVICES                                    |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| 86--CSC SERVICES   | A7--AODA MULTIPLE CLIENT UNITS                       |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| 88--CSC REGISTRATION + FISCAL  | ADOPTIONS  |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| LTS  | B1--ADOPTIONS REGISTRATION                           |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| L1--LTS REGISTRATION   | B2--ADOPTIONS FINALIZATION                           |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| L2--LTS SERVICES   | SUPPORTED EMPLOYMENT                                 |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| L3--LTS MULTIPLE SERVICES/COSTS  | S1--SE REGISTRATION                                  |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| MENTAL HEALTH  | S2--SE JOB INFORMATION                               |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| M1--MH REGISTRATION  | S3--1 MONTH SEMI-ANNUAL REPORT                       |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| M2--MH SERVICES  | BIRTH TO THREE                                       |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| M4--CONSUMER STATUS  | 68--BIRTH TO THREE REGISTRATION                      |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
|  | 69--BIRTH TO THREE SERVICES                          |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |
| PF10 - MAIN MENU   |  |                 |      |                |                         |                      |                   |                  |  |                           |     |      |                  |                       |                 |                   |                  |                                |                               |           |     |                            |                      |                            |                  |                      |                                 |                     |               |                        |                     |                                |                 |                |                     |                                 |  |                             |

## INQUIRY MENU

Inquiry screens can be found in each individual module section.

09/99/99  
13: 14: 26  
SCREEN 05

Human Services Reporting System  
LOCAL REPORTS MENU INQUIRY

xxxxxxx  
PW0805

REPORTING UNIT \_\_\_\_

\*\*\*Report changes must be entered 3 days prior to month end processing\*\*

Depress ENTER - Process Query PF2 - Client Inquiry Menu PF10 - EXIT

99/99/99  
14: 04: 12

Human Services Reporting System  
LOCAL REPORTS MENU

xxxxxxx  
PW0808

SCREEN 08

REPORTING UNIT: \_\_\_\_

| TRAN CODE<br>A, C OR D | REPORT<br>NUMBER | MONTHLY/<br>QUARTERLY | PRINT<br>COPIES | MI CROFI CHE<br>COPIES |
|------------------------|------------------|-----------------------|-----------------|------------------------|
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |
| -                      | _____            | -                     | -               | -                      |

PF2 - CLIENT INQUIRY MENU PF5 - PRINT PF10 - EXIT

SCREEN 05  
SCREEN 08

LOCAL REPORTS MENU

Enter reporting unit number on Screen 05 to view list of output reports received by agency on Screen 08. Use to add, change, or delete output reports received by the agency. Entry must be made at least three days prior to the last working day of the month.

NOTES

TRAN CODE - Transaction Code types are A = Add, C = Change, D = Delete  
REPORT NUMBER - Enter four digit report number. See Appendix B of the HSRS Handbook for report numbers.



## SCREENS 05 & 08    LOCAL REPORTS MENU (continued)

MONTHLY/QUARTERLY - Enter an M to receive the report monthly, or a Q to receive it quarterly.

PRINT COPIES - Enter a one digit number up to nine.

ONLINE VIEWING ONLY – You may order HSRS reports for EOS (Enterprise Output Solution) online viewing or local printing only, and not receive the paper copy in the mail. If you are interested in this option, please email the SOS Desk at [dhssoshelp@wi.gov](mailto:dhssoshelp@wi.gov) indicating both the EOS ID and HSRS report number on your request.

Example: LH10 L231 Agency Directory-Alphabetic

Requested reports are available on EOS on the first day of each month.

04/21/04  
09:48:02

Human Services Reporting System  
FSP/AODA/MH/LTS OPTIONAL ELEMENTS ENTRY

xxxxxx  
PW0818

SCREEN 18

MODULE KEY: \_\_\_\_\_ CLIENT ID \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ WORKER ID \_\_\_\_\_  
NAME \_\_\_\_\_

\* \* \* \* \* OPTIONAL DATA \* \* \* \* \*

ADDRESS:

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_ ZIP: \_\_\_\_ COUNTY: \_\_\_\_

TEL NO: \_\_\_\_

NEXT REVIEW DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

FAMILY ID: \_\_\_\_\_

LOCAL TEXT: \_\_\_\_\_

PF5 - PRINT PF8 - FULL CLIENT PRINT PF9 - REFRESH SCREEN PF10 - MAIN MENU  
Enter MODULE KEY only, for display of current data

## SCREEN 18 FSP/LTS OPTIONAL ELEMENTS ENTRY/INQUIRY

Use to enter optional data elements for module clients.

### NOTES

Enter Module Key and press enter to view current data.

Enter zeros to remove data.

99/99/99  
10: 40: 22

Human Services Reporting System  
HSRS WORKER DATA SCREEN

xxxxxxx  
PW0823

SCREEN 23

TRAN- CODE:            \_ (A=ADD, C=CHG, D=DEL, BLANK=QUERY)

WORKER NUMBER

LAST NAME

FIRST NAME

MIDDLE INITIAL\*

SUFFIX\*

SUPVISR/UNIT- CODE\*    \_

Add requires Tran-Code, Worker-Number, First-Name and Last-Name  
For Delete or Query enter only Tran-Code and Worker-Number  
Change requires Tran-Code, Worker-Number and change data

PF5 - PRINT   PF10 TO RETURN TO MAIN MENU   \* Denotes optional data

## SCREEN 23   WORKER NUMBER ENTRY AND INQUIRY

Use to add, change, delete, or query HSRS worker numbers.

### NOTES

A complete listing of all HSRS Worker Numbers in your agency can be obtained by visiting the HSRS Application Website at <https://health.wisconsin.gov/hsrs/WorkerFile>. Enter the first five digits. Example 94005.

99/99/99  
10: 44: 46

Human Services Reporting System  
WORKER NAME INQUIRY

xxxxxxx  
PW08W1

SCREEN W1

WORKER LAST NAME : \_\_\_\_\_

\*FIRST NAME : \_\_\_\_\_

AGENCY ID : \_\_\_\_\_

\*OPTIONAL FIELD      PF10 - MAIN MENU

---

99/99/99  
10: 46: 29

Human Services Reporting System  
WORKER NAME INQUIRY

xxxxxxx  
PW08W2

SCREEN W2  
SEARCH

LAST NAME

FIRST

AGENCY

RESULT

LAST NAME

FIRST

WORKER ID

|   |       |       |       |
|---|-------|-------|-------|
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |
| - | _____ | _____ | _____ |

NEXT SCREEN \_\_\_\_

PF5 - PRINT

PF8 - WRK NAME INQUIRY

PF10 - MAIN MENU

---

SCREEN W1      WORKER NAME INQUIRY  
SCREEN W2

Use partial or full worker name on Screen W1 to view worker ID  
number on Screen W2.

## NOTES

The minimum requirement for the search is the first two letters of the last name. Type an asterisk (\*) at the point of the truncated name.

99/99/99  
11: 06: 03

Human Services Reporting System  
EPISODE/MODULE TYPE LIST INQUIRY

xxxxxxx  
PW0846

SCREEN 46

CLIENT ID : \_\_\_\_\_

NEXT SCREEN \_\_\_\_

PF10 - MAIN MENU

04/21/04  
09: 50: 09

Human Services Reporting System  
EPISODE/MODULE TYPE LIST INQUIRY

xxxxxx  
PW0847

SCREEN 47

CLIENT ID \_\_\_\_\_

NAME

| SELECT<br>EPD | EPISODE<br>KEY | MODULE | ORIGIN<br>DATE | START<br>DATE | END<br>DATE | WORKER<br>ID | AGENCY<br>ID |
|---------------|----------------|--------|----------------|---------------|-------------|--------------|--------------|
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |
| —             | _____          | _____  | _____          | _____         | _____       | _____        | _____        |

NEXT SCREEN \_\_\_\_

PF5 - PRINT    PF8 - EPD LIST INQUIRY    PF10 - MAIN MENU

SCREEN 46 EPISODE/MODULE TYPE LIST INQUIRY

SCREEN 47

Enter the Client ID number on Screen 46 to view all episodes associated with a client, both opened and closed for all modules on Screen 47.

NOTES

SELECT EPD – To inquire one of the episodes, move the cursor to the chosen episode in the Select Episode field and type X. Then, enter the Next Screen of your choice in the lower right-hand corner.

## SCREEN 46 & 47

## EPISODE/MODULE TYPE LIST INQUIRY (continued)

If you have entered it on the previous Screen 46, make sure it is the screen you want to see next. Press enter. You will see a listing on Screen 47 showing only the episode you have selected. Press the Page Up key and the next screen of your choice with the client's data carried forward will be displayed.

In selecting a Next Screen, you can move to all inquiry, update, error correct, and deletions screens.

## ORIGIN DATE –

The date the information was keyed into the system.

99/99/99  
11: 01: 39

Human Services Reporting System  
CLIENT NAME SEARCH INQUIRY

xxxxxxx  
PW0861

SCREEN 61

CLIENT LAST NAME : \_\_\_\_\_

FIRST NAME : \_\_\_\_\_

AGENCY ID : \_\_\_\_\_

PF10 - MAIN MENU

---

## SCREEN 61 CLIENT NAME SEARCH INQUIRY

Use to locate names and client ID numbers previously entered. The information will appear on Screen 62.

## NOTES

Enter the client information available. If there is uncertainty about the name, enter only the beginning letters of the last and first name. Type an asterisk (\*) at the points of the truncated name. For example, if you are not sure whether the last name is Smith or Smythe, type Sm\*. The minimum requirement for the search is at least the first two letters of the last name. Use the Client Name Search to avoid entering duplicate clients.

[illegible]



99/99/99  
11:13:44  
SCREEN P1

Human Services Reporting System  
PROVIDER INQUIRY

xxxxxxx  
PW08P1

PROVIDER NUMBER: \_\_\_\_\_ PROVIDER TYPE: \_\_\_\_

COUNTY CODE: \_\_\_\_ enter WI for state search

PROVIDER NAME 1: \_\_\_\_\_

PROVIDER NAME 2: \_\_\_\_\_

NOTE: enter an \* in name fields to represent  
an unknown letter or at the end of the  
name or provider number for a partial  
search of those fields.

PF2 - INQUIRY MENU    PF5 - PRINT    PF9 - REFRESH SCREEN    PF10 - MAIN MENU

99/99/99  
11:15:29  
SCREEN P2

Human Services Reporting System  
PROVIDER INQUIRY LIST

xxxxxxx  
PW08P2

|        | PROVIDER<br>NUMBER | PROV<br>TYPE | CTY<br>CODE | PROVIDER<br>NAME1 | PROVIDER<br>NAME2 |
|--------|--------------------|--------------|-------------|-------------------|-------------------|
| SEARCH | _____              | __           | __          | _____             | _____             |
| SEL    | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |
| -      | _____              | __           | __          | _____             | _____             |

PF2: INQ MENU    PF5: PRINT    PF8: BACK    PF9: ENTRY (P1)    PF10: MAIN MENU

SCREEN P1  
SCREEN P2

PROVIDER NUMBER INQUIRY  
PROVIDER NUMBER INQUIRY LIST

Use to inquire provider information by:  
number, provider type, name, or county

Enter information on Screen P1 and Screen P2 will return  
with the provider listing.

## PROVIDER NUMBER INQUIRY SCREENS P1 AND P2 (continued)

### NOTES

Wild cards can be used as unknown values in the provider inquiry. There are two wild cards for

Screen P1:

- an asterisk (\*) is used for a ONE position wild card and
- a percent sign (%) is used for a MANY position wild card.

These wild cards can be used in any fields on Screen P1.

COUNTY CODE - County code will default to the inquiring agency's code unless  
(P1) otherwise indicated. WI can be entered for a statewide search, but this can return many names and should be used only when appropriate.

SEARCH SEL - If you want additional information on one of the providers displayed  
(P2) on P2, move the cursor to the chosen provider in the Search Select field, type X, and press enter. Screen 91A will be returned with detailed information about the chosen provider.

### SOME EXAMPLES:

1. Search for a provider number with "luth" in the name. On Screen P1 enter %luth% on the Provider Name 1 line and press enter. Screen P2 will return with a list of providers that fit that description. (If you need more data on one provider, put an X in the Search Select column on the left and press enter. Screen 91A will return with all data about that provider.)
2. Partial provider number search. You may search for provider numbers if you only know a few digits of the number.
3. Search for all providers in a specific type category such as Adult Family Home--type 36. On Screen P1 enter a 36 in Provider Type. Screen P2 will return with all Adult Family Homes within your county or the county code you entered.

|                        |  |                    |
|------------------------|--|--------------------|
| 99/99/99<br>11: 17: 51 | Human Services Reporting System<br>PROVIDER FILE | xxxxxxx<br>PW0891A |
|------------------------|--|--------------------|

SCREEN 91(A)

|                               |                         |
|-------------------------------|-------------------------|
| PROVIDER NUMBER _____         |                         |
| FACILITY NAME _____           |                         |
| OPERATOR(S) /PARENT ORG _____ |                         |
| ADDRESS _____                 |                         |
| CITY _____                    |                         |
| ZIP CODE _____                |                         |
| COUNTY _____                  |                         |
| PROVIDER TYPE _____           |                         |
| LICENSE _____                 |                         |
| LIC AGENCY NAME _____         |                         |
| REQUESTING AGENCY RU _____    | BOARD OP FAC _____      |
| CURRENT MONTHLY RATE _____    | PREV MONTHLY RATE _____ |
| CURRENT DAILY RATE _____      | PREV DAILY RATE _____   |
| ACTIVE PROV IND _____         | EFFECTIVE DATE _____    |
| DATE KEYED _____              |                         |

Press ENTER for second page of Screen 91.

---

|                        |  |                    |
|------------------------|--|--------------------|
| 99/99/99<br>11: 19: 40 | Human Services Reporting System<br>PROVIDER FILE | xxxxxxx<br>PW0891B |
|------------------------|--|--------------------|

SCREEN 91(B)

|                           |  |
|---------------------------|--|
| FOSTER FAMILY STRUCTURE _ |  |
| FIRST FOSTER CARETAKER:   |  |
| BIRTH YEAR _____          |  |
| HISP(Y/N) _____           |  |
| RACE _____                |  |
| SECOND FOSTER CARETAKER:  |  |
| BIRTH YEAR _____          |  |
| HISP(Y/N) _____           |  |
| RACE _____                |  |

|                    |             |                      |                  |
|--------------------|-------------|----------------------|------------------|
| PF2 - INQUIRY MENU | PF5 - PRINT | PF9 - REFRESH SCREEN | PF10 - MAIN MENU |
|--------------------|-------------|----------------------|------------------|

---

SCREEN 91A  
SCREEN 91B

### PROVIDER FILE INQUIRY

Screens 91A and 91B will return with information about a specific provider when a selection is made on Screen P2.

### NOTES

Screen 91A - Do NOT use (P) F keys on Screen 91A.  
Pressing ENTER transfers you to Screen 91B.

SCREEN 91B –

If a (P)F key was mistakenly used on Screen 91A, use the ENTER key on Screen 91B to exit.

If a (P)F key was used on both Screens 91A and 91B, one of the following messages will appear: PROGRAM FUNCTION KEY LITERAL ALLOWED ONLY ONE PER MESSAGE, or INPUT MUST BEGIN FROM FIRST PHYSICAL PAGE. Press the PAUSE key and reenter /for W0800o1.

# FULL CLIENT PRINT SCREEN

|                                     |   |                   |
|-------------------------------------|---|-------------------|
| 99/99/99<br>11: 22: 54<br>SCREEN AA | Human Services Reporting System<br>HSRS Full Client Print Entry | xxxxxxx<br>PW08AA |
|-------------------------------------|---|-------------------|

CLIENT ID: \_\_\_\_\_
\*YEAR: \_\_\_\_\_

|               |        |        |
|---------------|--------|--------|
| — COR         | — CSC  | — ADOP |
| — COP         | — FSP  | — SE   |
| — MA          | — AODA | — LTS  |
| — B3          | — MH   |        |
| — ALL MODULES |        |        |

— \*\*ALL EPISODES WITHIN MODULE(S)

AGENCY: \_\_\_\_\_ (MIS section + REGIONAL OFFICES only)

\*Specifies year for which units/costs will be shown.  
 If no year is entered total units/costs (ALL years) will be printed.  
 \*\*IF NOT selected then ONLY the most current episode per module is displayed.  
 # Module unavailable at this time

ENTER - PROCESS QUERY    PF2 - INQUIRY MENU    PF9 - REFRESH SCREEN  
 PF10 - MAIN MENU

---

|  |   |                   |
|--|---|-------------------|
| 04/21/04<br>11: 16: 55<br>SCREEN BB<br>CLIENT ID: _____<br>NAME: _____ | Human Services Reporting System<br>HSRS Full Client Print | xxxxxxx<br>PW08BB |
|--|---|-------------------|

— PRINT ALL EPISODES DISPLAYED

| MODTYPE | SEL | EPISODE | START<br>DATE | END<br>DATE | SEL | EPISODE | START<br>DATE | END<br>DATE |
|---------|-----|---------|---------------|-------------|-----|---------|---------------|-------------|
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |
| —       | —   | —       | —             | —           | —   | —       | —             | —           |

PF2 - INQUIRY MENU
PF5 - PRINT
PF9 - ENTRY SCREEN AA
PF10 - MAIN MENU

---

SCREEN AA  
SCREEN BB

FULL CLIENT PRINT ENTRY  
FULL CLIENT PRINT

Enter Client ID and an X next to the episode type on Screen AA that you wish to print. Screen BB returns. Select episode(s) you wish to print on screen BB.

## XI. FAMILY SUPPORT PROGRAM SCREENS

|  |  |                   |
|--|--|-------------------|
| 99/99/99<br>11:07:43   | Human Services Reporting System<br><br>Family Support Menu | 9999999<br>PW0809 |
| 59- - CLIENT REGISTRATION- NEW<br>78- - MULTIPLE CLIENT UNITS REPORTING<br>79- - CLIENT DATA- NEW + UPDATE<br>84- - CLIENT REGISTRATION- UPDATE<br>93- - CLIENT SERVICES- NEW + UPDATE |  |                   |
| MAKE SELECTION AND PRESS ENTER: ____   |  |                   |
| Depress PF10 to return to HSRS Main Menu   |  |                   |

### FAMILY SUPPORT MENU

|   |  |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
|---|--|------------------|------|----------------|---------------------------|------------------------|---------------------|--------------------|--|-----------------------------|-----|------|--------------------|-------------------------|-------------------|---------------------|--------------------|----------------------------------|---------------------------------|-----------|-----|------------------------------|------------------------|------------------------------|--------------------|----------------------|-----------------------------------|-----------------------|---------------|--------------------------|-----------------------|----------------------------------|-------------------|----------------|-----------------------|-----------------------------------|--|-------------------------------|
| 05/24/07<br>09:06:15  | Human Services Reporting System<br>HSRS INQUIRY MENU | 999999<br>PW0802 |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| <table border="0"> <tr> <td>CORE</td> <td>FAMILY SUPPORT</td> </tr> <tr> <td>11- - CLIENT REGISTRATION</td> <td>94- - FSP REGISTRATION</td> </tr> <tr> <td>86- - CORE SERVICES</td> <td>96- - FSP SERVICES</td> </tr> <tr> <td></td> <td>98- - SERVICES EXPENDITURES</td> </tr> <tr> <td>CSC</td> <td>AODA</td> </tr> <tr> <td>33- - CSC PAYMENTS</td> <td>A3- - AODA REGISTRATION</td> </tr> <tr> <td>37- - CSC HISTORY</td> <td>A4- - AODA SERVICES</td> </tr> <tr> <td>86- - CSC SERVICES</td> <td>A7- - AODA MULTIPLE CLIENT UNITS</td> </tr> <tr> <td>88- - CSC REGISTRATION + FISCAL</td> <td>ADOPTIONS</td> </tr> <tr> <td>LTS</td> <td>B1- - ADOPTIONS REGISTRATION</td> </tr> <tr> <td>L1- - LTS REGISTRATION</td> <td>B2- - ADOPTIONS FINALIZATION</td> </tr> <tr> <td>L2- - LTS SERVICES</td> <td>SUPPORTED EMPLOYMENT</td> </tr> <tr> <td>L3- - LTS MULTIPLE SERVICES/COSTS</td> <td>S1- - SE REGISTRATION</td> </tr> <tr> <td>MENTAL HEALTH</td> <td>S2- - SE JOB INFORMATION</td> </tr> <tr> <td>M1- - MH REGISTRATION</td> <td>S3- - 1 MONTH SEMI-ANNUAL REPORT</td> </tr> <tr> <td>M2- - MH SERVICES</td> <td>BIRTH TO THREE</td> </tr> <tr> <td>M4- - CONSUMER STATUS</td> <td>68- - BIRTH TO THREE REGISTRATION</td> </tr> <tr> <td></td> <td>69- - BIRTH TO THREE SERVICES</td> </tr> </table> |  |                  | CORE | FAMILY SUPPORT | 11- - CLIENT REGISTRATION | 94- - FSP REGISTRATION | 86- - CORE SERVICES | 96- - FSP SERVICES |  | 98- - SERVICES EXPENDITURES | CSC | AODA | 33- - CSC PAYMENTS | A3- - AODA REGISTRATION | 37- - CSC HISTORY | A4- - AODA SERVICES | 86- - CSC SERVICES | A7- - AODA MULTIPLE CLIENT UNITS | 88- - CSC REGISTRATION + FISCAL | ADOPTIONS | LTS | B1- - ADOPTIONS REGISTRATION | L1- - LTS REGISTRATION | B2- - ADOPTIONS FINALIZATION | L2- - LTS SERVICES | SUPPORTED EMPLOYMENT | L3- - LTS MULTIPLE SERVICES/COSTS | S1- - SE REGISTRATION | MENTAL HEALTH | S2- - SE JOB INFORMATION | M1- - MH REGISTRATION | S3- - 1 MONTH SEMI-ANNUAL REPORT | M2- - MH SERVICES | BIRTH TO THREE | M4- - CONSUMER STATUS | 68- - BIRTH TO THREE REGISTRATION |  | 69- - BIRTH TO THREE SERVICES |
| CORE  | FAMILY SUPPORT                                       |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| 11- - CLIENT REGISTRATION   | 94- - FSP REGISTRATION                               |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| 86- - CORE SERVICES   | 96- - FSP SERVICES                                   |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
|   | 98- - SERVICES EXPENDITURES                          |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| CSC   | AODA   |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| 33- - CSC PAYMENTS  | A3- - AODA REGISTRATION                              |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| 37- - CSC HISTORY   | A4- - AODA SERVICES                                  |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| 86- - CSC SERVICES  | A7- - AODA MULTIPLE CLIENT UNITS                     |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| 88- - CSC REGISTRATION + FISCAL   | ADOPTIONS  |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| LTS   | B1- - ADOPTIONS REGISTRATION                         |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| L1- - LTS REGISTRATION  | B2- - ADOPTIONS FINALIZATION                         |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| L2- - LTS SERVICES  | SUPPORTED EMPLOYMENT                                 |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| L3- - LTS MULTIPLE SERVICES/COSTS   | S1- - SE REGISTRATION                                |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| MENTAL HEALTH   | S2- - SE JOB INFORMATION                             |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| M1- - MH REGISTRATION   | S3- - 1 MONTH SEMI-ANNUAL REPORT                     |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| M2- - MH SERVICES   | BIRTH TO THREE                                       |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| M4- - CONSUMER STATUS   | 68- - BIRTH TO THREE REGISTRATION                    |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
|   | 69- - BIRTH TO THREE SERVICES                        |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| MAKE SELECTION AND PRESS ENTER: ____  |  |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |
| PF10 - MAIN MENU  |  |                  |      |                |                           |                        |                     |                    |  |                             |     |      |                    |                         |                   |                     |                    |                                  |                                 |           |     |                              |                        |                              |                    |                      |                                   |                       |               |                          |                       |                                  |                   |                |                       |                                   |  |                               |

### INQUIRY MENU

|  |  |                                 |  |                           |  |
|--|--|---------------------------------|--|---------------------------|--|
| 04/21/04   |  | Human Services Reporting System |  | xxxxxxx                   |  |
| 11:18:36   |  | FAMILY SUPPORT REGISTRATION     |  | PW0859                    |  |
| SCREEN 59 TRANS TYPE N   |  |                                 |  |                           |  |
| CLIENT ID: _____   |  | MA NUMBER / SSN: _____          |  | *WORKER ID: _____         |  |
| NAME LAST _____  |  | FIRST _____                     |  | _____                     |  |
| MIDDLE _____   |  | SUFFIX _____                    |  | _____                     |  |
| BIRTHDATE: __ / __ / ____  |  | SEX: __                         |  | HI SP(Y/N): __ RACE: ____ |  |
| MODULE KEY: _____  |  | START DATE: _____               |  | _____                     |  |
| END DATE : _____   |  | CLOSING REASON: __              |  | ALT CARE TYPE: _____      |  |
| _____  |  | _____                           |  | (CLOSING REASON 44)       |  |
| CLIENT CHAR: __ __ __  |  | DIAGNOSIS: _____                |  | _____                     |  |
| PERSONAL CARE: __  |  | MOBILITY: _____                 |  | _____                     |  |
| VERBAL SKILLS: __  |  | COGNITIVE ABILITY: __           |  | _____                     |  |
| EMOTIONAL / BEHAVIORAL ISSUES: __  |  | _____                           |  | _____                     |  |
| MEDICAL NEEDS: __ __ __ __ __  |  | _____                           |  | _____                     |  |
| FAMILY ID: _____   |  | NUMBER OF CAREGIVERS: __        |  | _____                     |  |
| ADOPTED CHILD: __  |  | PARENTS SPECIAL NEEDS: __ __ __ |  | _____                     |  |
| INCOME RANGE: __   |  | FAMILY COST SHARE: _____        |  | _____                     |  |
| PF5 - PRINT      PF8 - FSP MENU      PF9 - REFRESH SCREEN PF10 - MAIN MENU |  |                                 |  |                           |  |

## SCREEN 59      FAMILY SUPPORT PROGRAM CLIENT REGISTRATION - NEW

Use to enter registration information for new clients, or to reregister a closed client in the Family Support Program Module.

### NOTES

**NEXT SCREEN** - Next Screen is programmed to move to Screen 79. After a successful transaction message, press the Page Up key to go to Screen 79.

**REREGISTRATION** - When reregistering a Family Support Program client using a valid HSRS ID, the Name/Birthdate/Sex of the client cannot be changed (from its original entry) on this screen. A new episode will be successfully opened, but a message will indicate that you must; **USE 92 TO UPD HI FIELDS.** (Use Screen 92 to update highlighted fields.)

SCREEN 78                      FAMILY SUPPORT PROGRAM UNITS REPORTING

Use to enter costs for several FSP clients/episodes on the same screen.

NOTES

DELIVERY MM/YYYY - Enter the delivery month and year at the top of the screen. If units for different months are entered on this screen, enter the delivery month and year on that strip in the field - DELIVERY MM/YYYY. The date entered on the strip will override the date entered at the top of the screen.

Enter year only for annual entry. Enter month and year for monthly reporting. If monthly reporting is begun for a year and a change to annual reporting for that same year is made, the monthly costs must be zeroed out before an annual cost amount can be entered and vice versa.

EPISODE -                      When making multiple entries for the same episode, you do not need to repeat the episode key on each line. Simply enter the episode key on the first entry line, then enter a quotation mark (") under that episode key for each entry for this episode. This will eliminate the need to key the eight character episode key for each entry.

COSTS CODE -                      A = Add, S = Subtract, R = Replace



ACTUAL COSTS - Five whole numbers and two decimal places are provided. The numbers right-justify. Actual costs are reported annually OR monthly for a given year.

SPC END DT - Enter the SPC End Date only if you wish to close the service.

99/99/99  
11: 12: 39  
SCREEN 79

Human Services Reporting System  
FAMILY SUPPORT CLIENT DATA NEW + UPDATE

9999999  
PW0879

MODULE KEY: \_\_\_\_\_

HAS CHILD RETURNED FROM ALTERNATE CARE? \_\_\_\_\_  
ALTERNATE CARE TYPE: \_\_\_\_\_

REPORTING YEAR: \_\_\_\_\_ \*For initial registration use 0000

\*HAS THE FAMILY CONSIDERED OUT OF HOME PLACEMENT? \_\_\_\_\_

\*IS THE FAMILY IN A CRISIS SITUATION? \_\_\_\_\_

NEXT SCREEN \_\_\_\_\_

\*Requires answer annually

PF5 - PRINT    PF8 - FSP MENU    PF9 - REFRESH SCREEN    PF10 - MAIN MENU

---

SCREEN 79      FAMILY SUPPORT PROGRAM CLIENT DATA - NEW/UPDATE

Use to enter new and update client data reported in fields 26-29.

NOTES

REPORTING YEAR - For the initial registration this is prefilled with four zeros. After initial 0000 entry, enter appropriate Reporting Year.

ANNUAL REPORTING - Annual reporting is required for the two asterisked questions on this screen.

99/99/99  
11: 14: 12

HUMAN SERVICES REPORTING SYSTEM  
FAMILY SUPPORT CLIENT INQUIRY - UPDATE

9999999  
PW0884

SCREEN 84

MODULE KEY: \_\_\_\_\_

ENTER - PROCESS      PF10 - EXIT

04/21/04  
11: 20: 59  
SCREEN 92

HUMAN SERVICES REPORTING SYSTEM  
FAMILY SUPPORT CLIENT UPDATE

xxxxxxx  
PW0892

|                                   |                                 |   |
|-----------------------------------|---------------------------------|---|
| CLIENT ID: _____                  | MA NUMBER / SSN: _____          | WORKER ID: _____                            |
| NAME LAST _____                   | FIRST _____                     |   |
| MIDDLE _____                      | SUFFIX _____                    |   |
| BIRTHDATE: __ / __ / ____         | SEX: __                         | HISP(Y/N): __ RACE: ____                    |
| MODULE KEY: _____                 | START DATE: _____               |   |
| END DATE : _____                  | CLOSING REASON: __              | ALT CARE TYPE: _____<br>(CLOSING REASON 44) |
| CLIENT CHAR: __ __ __             | DIAGNOSIS: _____                |   |
| PERSONAL CARE: __                 | MOBILITY: _____                 |   |
| VERBAL SKILLS: __                 | COGNITIVE ABILITY: __           |   |
| EMOTIONAL / BEHAVIORAL ISSUES: __ |                                 |   |
| MEDICAL NEEDS: __ __ __ __ __     |                                 |   |
| FAMILY ID: _____                  | NUMBER OF CAREGIVERS: __        |   |
| ADOPTED CHILD: __                 | PARENTS SPECIAL NEEDS: __ __ __ |   |
| INCOME RANGE: __                  | FAMILY COST SHARE: _____        |   |
| PF5: PRINT                        | PF8: FCP                        | PF9: REFRESH                                |
|                                   |                                 | NEXT SCREEN _____<br>PF10: MAIN MENU        |

SCREEN 84  
SCREEN 92

FAMILY SUPPORT PROGRAM REGISTRATION –  
INQUIRY/UPDATE

Enter Module Key on Screen 84 and current registration data will  
be returned on Screen 92.

NOTES  
UPDATE -

Type over or add to existing information and press ENTER to  
update. Zero out unwanted codes in Client Characteristics, Medical  
Needs, and Parents Special Needs fields.

|  |         |   |            |                      |               |                  |                |                  |
|--|---------|---|------------|----------------------|---------------|------------------|----------------|------------------|
| 04/21/04   |         | Human Services Reporting System                 |            |                      |               | xxxxxx           |                |                  |
| 11: 22: 26   |         | RECORD EXPENDITURES FOR FAMILY SUPPORT SERVICES |            |                      |               | PW0893           |                |                  |
| SCREEN 93  |         |   |            |                      |               |                  |                |                  |
| CLIENT ID: _____   |         | WORKER ID: _____                                |            |                      |               |                  |                |                  |
| NAME: _____  |         |   |            |                      |               |                  |                |                  |
| MODULE KEY: _____  |         | NEXT REVIEW DATE: _____                         |            |                      |               |                  |                |                  |
| OTHER PGMS USED: AFDC _____ BCPN _____ SSI _____ SSI - E _____ |         | KATIE BECKETT _____                             |            |                      |               | BIRTH - 3 _____  |                |                  |
|  |         | VOLUNTARY RESOURCES: 1) _____                   |            |                      |               | TAR GRP _____    |                |                  |
|  |         | 2) _____  |            |                      |               |                  |                |                  |
| PGM NO   | SUB PGM | EST* ANNUAL COSTS                               | COSTS CODE | ACTUAL COSTS         | DELVY MM*YYYY | SERV* START DATE | SERV* END DATE | PROVIDER NUMBER* |
| _____  | _____   | _____   | _____      | _____                | _____         | _____            | _____          | _____            |
| _____  | _____   | _____   | _____      | _____                | _____         | _____            | _____          | _____            |
| _____  | _____   | _____   | _____      | _____                | _____         | _____            | _____          | _____            |
| _____  | _____   | _____   | _____      | _____                | _____         | _____            | _____          | _____            |
| SUBPROGRAM OTHER TEXT: _____                                   |         |   |            |                      |               |                  |                |                  |
| *OPTIONAL DATA FIELD   |         |   |            |                      |               |                  |                |                  |
| PF5 - PRINT  |         | PF8 - FCP                                       |            | PF9 - REFRESH SCREEN |               | PF10 - MAIN MENU |                |                  |

## SCREEN 93      FAMILY SUPPORT PROGRAM SERVICES - NEW/UPDATE

Use to enter services for a client, update services information for existing clients, or to enter new services to an open or closed episode.

### NOTES

OTHER PROGRAMS USED – Only one SSI program can be coded, not both.  
 – Will accept numeric codes and the alpha codes of Y (yes) and N (no).

TARGET GROUP -Required when entering a new Subprogram.

PGM NO -            Enter Program Number if already generated. Do not use when entering new Subprograms.

SUB PGM -           Enter one digit alpha code to generate a new service.

EST ANNUAL COSTS - Optional. Four whole number places (no decimal) are provided and the numbers right-justify.

SCREEN 93            FSP CLIENT SERVICES - NEW AND UPDATE (continued)

COSTS CODE -    Enter no code when the initial cost entry for the year is made.  
                  A = Add to the amount already entered.  
                  S = Subtract from the amount already entered.  
                  R = Replace the amount already entered.

ACTUAL COSTS - Five whole number and two decimal places are provided. The numbers right-justify. Actual costs are reported annually OR monthly for a given year.

                  If monthly reporting is begun for a year and a change to annual reporting for that same year is made, the monthly costs must be zeroed out before an annual cost amount can be entered and vice versa.

DELIVERY MM/YYYY - Enter Year only for annual entry. Enter Month and Year for monthly entry.

SUBPROGRAM P - When doing a subprogram P update, both Program Number and Subprogram P must be entered.

SUBPROGRAM P TEXT - When adding to or updating Subprogram Text P, you must retype the old information, and type the new information. If you simply add new information, it will replace what was there previously.

99/99/99  
11: 19: 42  
SCREEN 94

Human Services Reporting System  
FAMILY SUPPORT CLIENT INQUIRY

9999999  
PW0894

MODULE KEY: \_\_\_\_\_

NEXT SCREEN \_\_\_\_

PF2 - INQUIRY MENU

PF8 - FSP MENU

PF10 - MAIN MENU

04/21/04  
11: 23: 44  
SCREEN 95

Human Services Reporting System  
FAMILY SUPPORT CLIENT INQUIRY - PART 1

xxxxxxx  
PW0895

CLIENT ID: \_\_\_\_\_ MA NUMBER / SSN: \_\_\_\_\_ WORKER ID: \_\_\_\_\_  
NAME: \_\_\_\_\_  
BIRTHDATE: \_\_ / \_\_ / \_\_\_\_ SEX: \_\_ HI SP(Y/N): \_\_ RACE: \_\_\_\_  
MODULE KEY: \_\_\_\_\_ START DATE: \_\_\_\_\_  
END DATE : \_\_\_\_\_ CLOSING REASON: \_\_ ALT CARE TYPE: \_\_  
FAMILY ID: \_\_\_\_\_ NUMBER OF CAREGIVERS: \_\_  
ADOPTED CHILD: \_\_\_\_\_ INCOME RANGE: \_\_  
FAMILY COST SHARE: \_\_\_\_\_  
PARENTS SPECIAL NEEDS: \_ \_\_\_\_\_  
\_ \_\_\_\_\_  
\_ \_\_\_\_\_  
IND / ALT CARE TYPE  
YEAR  
CHILD RETURNED FROM ALTERNATE CARE : \_\_\_\_\_  
FAMILY CONSIDERED OUT OF HOME PLACEMENT: \_ \_ \_ \_ \_  
FAMILY HAS BEEN IN A CRISIS SITUATION : \_ \_ \_ \_ \_

ALWAYS PRESS ENTER FROM PART 1

SCREEN 95

FAMILY SUPPORT CLIENT INQUIRY - PART 2  
CHILDS CONDITION

PW0895

DIAGNOSIS : \_\_\_\_\_  
CLIENT CHARACTERISTICS: \_ \_ \_ \_ \_  
\_ \_ \_ \_ \_  
PERSONAL CARE : \_ \_ \_ \_ \_  
MOBILITY : \_ \_ \_ \_ \_  
VERBAL SKILLS : \_ \_ \_ \_ \_  
COGNITIVE ABILITY : \_ \_ \_ \_ \_  
EMOTIONL/BEHAVRL ISSUES: \_ \_ \_ \_ \_  
MEDICAL NEEDS : \_ \_ \_ \_ \_  
\_ \_ \_ \_ \_  
\_ \_ \_ \_ \_  
\_ \_ \_ \_ \_  
\_ \_ \_ \_ \_

PF2 - INQUIRY MENU

PF5 - PRINT

PF6 - ENTRY SCREEN 94

NEXT SCREEN \_\_\_\_  
PF10 - MAIN MENU

SCREEN 94  
SCREEN 95

## FAMILY SUPPORT PROGRAM REGISTRATION INQUIRY

Enter Module Key on Screen 94 to view current FSP registration information on Screen 95 Parts 1 and 2. Information displayed is in the form of worded descriptions rather than codes.

### NOTES

**Always** press enter on Screen 95 Part 1 to get to Screen 95 Part 2. There are no F keys on Part 1 and if you enter one in error and again enter an F key from Part 2, Part 2 will be returned with the message: PROGRAM FUNCTION KEY LITERAL ALLOWED ONLY ONCE PER MESSAGE. When this occurs, you cannot F10 out of Part 2. There are two methods that can be used to get out:

1. Press ENTER from Part 2 if you have not entered an F key and received message or,
2. Press PAUSE and enter /for w0800o1.

99/99/99  
11: 25: 02

Human Services Reporting System  
FAMILY SUPPORT SERVICES INQUIRY

9999999  
PW0896

SCREEN 96

MODULE KEY: \_\_\_\_\_

\*DLVY: MM YYYY  
\*\*NEXT SCREEN: \_\_\_\_

PF8 - FSP MENU    PF9 - FSP SERVICES INQUIRY    PF10 - MAIN MENU  
\*Defaults to current year unless keyed differently  
\*\* Leave Next Screen BLANK to select SPC on Screen 97

04/21/04  
11: 25: 35

Human Services Reporting System  
FAMILY SUPPORT SERVICES INQUIRY

xxxxxxx  
PW0897

SCREEN 97

CLIENT ID : \_\_\_\_\_

WORKER ID: \_\_\_\_\_

NAME: \_\_\_\_\_

MODULE KEY: \_\_\_\_\_

NEXT REVIEW DATE: \_\_\_\_\_

OTHER PGMS USED: AFDC \_ BCPN \_ SSI \_ SSI - E \_ KATIE BECKETT \_ BIRTH - 3 \_

VOLUNTARY RESOURCES: 1) \_\_\_\_\_  
2) \_\_\_\_\_

TAR GRP \_\_\_\_

| SEL<br>PGM | PGM<br>NO | SUB<br>PGM | EST<br>ANNUAL<br>COSTS | ACTUAL<br>COSTS | DELVY<br>MM YYYY | SERV<br>START<br>DATE | SERV<br>END<br>DATE | PROVIDER<br>NUMBER |
|------------|-----------|------------|------------------------|-----------------|------------------|-----------------------|---------------------|--------------------|
| -          | -         | -          | _____                  | _____           | _____            | _____                 | _____               | _____              |
| -          | -         | -          | _____                  | _____           | _____            | _____                 | _____               | _____              |
| -          | -         | -          | _____                  | _____           | _____            | _____                 | _____               | _____              |

SUBPROGRAM OTHER TEXT: \_\_\_\_\_

TOTAL COSTS \_\_\_\_\_

NEXT SCREEN \_\_\_\_  
PF10 - MAIN MENU

PF5 - PRINT

PF8 - FCP

PF9 - SERVICE INQ

SCREEN 96  
SCREEN 97

FAMILY SUPPORT PROGRAM SERVICES INQUIRY

Enter Module Key on Screen 96 to view all services entered on Screen 97. Includes both open and closed services. Entry of Delivery Month and Year will cause information for that month/year to be displayed. If no date is entered, the current year's information is shown. If only a year is entered, information for that year is shown.



99/99/99                      Human Services Reporting System                      99999999  
 11:31:21                      EXPENDITURES FOR FAMILY SUPPORT PROGRAM INQUIRY                      PW0898  
 SCREEN 98

MODULE KEY: \_\_\_\_\_

\*DLVY:    MM YYYY

NEXT SCREEN: \_\_\_\_

PF8 - FSP MENU      PF9 - FSP PROGRAM INQUIRY      PF10 - MAIN MENU  
 \*Defaults to current year unless keyed differently

04/21/04                      Human Services Reporting System                      xxxxxxx  
 11:27:41                      EXPENDITURES FOR FAMILY SUPPORT PROGRAM INQUIRY                      PW0898  
 SCREEN 99  
 MODULE KEY: \_\_\_\_\_ DLVY(MM YYYY): \_\_\_\_ CLIENT ID: \_\_\_\_\_  
 NAME: \_\_\_\_\_

| PGM<br>NO | SUB<br>PGM | SERVICE DESCRIPTION | EST<br>ANNUAL<br>COSTS | ACTUAL<br>COSTS |
|-----------|------------|---------------------|------------------------|-----------------|
| —         | —          | _____               | _____                  | _____           |
| —         | —          | _____               | _____                  | _____           |
| —         | —          | _____               | _____                  | _____           |
| —         | —          | _____               | _____                  | _____           |
| —         | —          | _____               | _____                  | _____           |
| —         | —          | _____               | _____                  | _____           |
| —         | —          | _____               | _____                  | _____           |
| —         | —          | _____               | _____                  | _____           |

TOTAL COSTS: \_\_\_\_\_

PF5 - PRINT                      PF8 - FCP                      PF9 - ENTRY SCREEN                      PF10 - MAIN MENU

SCREEN 98                      FAMILY SUPPORT PROGRAM SERVICES EXPENDITURES  
 INQUIRY

SCREEN 99

Enter Module Key on Screen 98 to view service expenditures on Screen 99. Entry of Delivery Month and Year will cause information for that month/year to be displayed. If no date is entered, the current year's information is shown. If only a year is entered, information for that year is shown. Service descriptions rather than codes are displayed.

## XII. LONG TERM SUPPORT SCREENS

|                        |   |                   |
|------------------------|---|-------------------|
| 99/99/99<br>14: 44: 03 | Human Services Reporting System<br>Long Term Support Menu | 9999999<br>PW08LT |
|------------------------|---|-------------------|

L1--LTS REGISTRATION (N/U/E/I)  
L2--LTS SERVICES INFORMATION (U/I)  
L3--LTS MULTIPLE SERVICES/COSTS ENTRY SCREEN (U/I)  
L4--LTS CODE CONVERSION (U)

MAKE SELECTION AND PRESS ENTER: \_\_\_\_

Depress PF10 for HSRS Main Menu

---

## LONG TERM SUPPORT MENU

|                        |  |                  |
|------------------------|--|------------------|
| 05/24/07<br>09: 06: 15 | Human Services Reporting System<br>HSRS INQUIRY MENU | 999999<br>PW0802 |
|------------------------|--|------------------|

|                                  |                                  |
|----------------------------------|----------------------------------|
| CORE                             | FAMILY SUPPORT                   |
| 11-- CLIENT REGISTRATION         | 94-- FSP REGISTRATION            |
| 86-- CORE SERVICES               | 96-- FSP SERVICES                |
|                                  | 98-- SERVICES EXPENDITURES       |
| CSC                              | AODA                             |
| 33-- CSC PAYMENTS                | A3-- AODA REGISTRATION           |
| 37-- CSC HISTORY                 | A4-- AODA SERVICES               |
| 86-- CSC SERVICES                | A7-- AODA MULTIPLE CLIENT UNITS  |
| 88-- CSC REGISTRATION + FISCAL   | ADOPTIONS                        |
| LTS                              | B1-- ADOPTIONS REGISTRATION      |
| L1-- LTS REGISTRATION            | B2-- ADOPTIONS FINALIZATION      |
| L2-- LTS SERVICES                | SUPPORTED EMPLOYMENT             |
| L3-- LTS MULTIPLE SERVICES/COSTS | S1-- SE REGISTRATION             |
| MENTAL HEALTH                    | S2-- SE JOB INFORMATION          |
| M1-- MH REGISTRATION             | S3-- 1 MONTH SEMI-ANNUAL REPORT  |
| M2-- MH SERVICES                 | BIRTH TO THREE                   |
| M4-- CONSUMER STATUS             | 68-- BIRTH TO THREE REGISTRATION |
|                                  | 69-- BIRTH TO THREE SERVICES     |

MAKE SELECTION AND PRESS ENTER: \_\_\_\_

PF10 - MAIN MENU

---

## INQUIRY MENU

|                                 |           |  |             |                              |          |                   |  |
|---------------------------------|-----------|--|-------------|------------------------------|----------|-------------------|--|
| 04/21/04<br>13:12:05            |           | Human Services Reporting System<br>LONG TERM SUPPORT CLIENT REGISTRATION |             |                              |          | xxxxxxx<br>PW08L1 |  |
| SCREEN L1 TRANS (N/U/I/E) _     |           | WORKER ID _____  |             | MODULE KEY _____             |          |                   |  |
| NAME LAST _____                 |           | FIRST _____  |             | SUFFIX _____                 |          |                   |  |
| MIDDLE _____                    |           |  |             |                              |          |                   |  |
| SSN/MA NUM _____                |           | CLIENT ID ____ - ____ - ____ - ____                                      |             | BIRTHDATE ____ - ____ - ____ |          |                   |  |
| SEX                             | HISP(Y/N) | RACE   | CLIENT CHAR | LEVEL OF CARE                |          | MARITAL STATUS    |  |
| —                               | —         | —  | —           | —                            |          | —                 |  |
| LIVING ARRANGEMENT              |           | NATURAL SUPP   |             | PRIOR                        |          | SPECIAL PROJ      |  |
| PRIOR                           | CURRENT   | PEOPLE   | SOURCE      | LOCATION                     |          | STATUS            |  |
| —                               | —         | —  | —           | —                            |          | —                 |  |
| COUNTY OF FISCAL RESPONSIBILITY |           | COURT ORDERED PLACEMENT  |             | FIN ELIG TYPE                | ELIG IND | PGM ELIG DATE     |  |
| —                               |           | —  |             | —                            | —        | —                 |  |
| PF5 - PRINT SCREEN              |           | PF8 - CLIENT PRINT   |             | PF10 - MAIN MENU             |          | NEXT SCREEN ____  |  |
| _____                           |           |  |             |                              |          |                   |  |
| _____                           |           |  |             |                              |          |                   |  |

## SCREEN L1 LONG TERM SUPPORT REGISTRATION

Use to enter, update, inquire, or error correct registration information.

### NOTES

Enter three zeros to remove the middle name or suffix.

TRANS – The transaction types are N = New, U = Update, I = Inquiry, and E = Error Correct.

PGM ELIG DATE - The Program Eligibility Date is not entered by the county. It is entered by the Management Group for CIP 2 and COP - Waiver.

EDITS – The values entered in the following fields are also checked on the L2 screen:  
 –MA NUMBER  
 Required for LTS participants who receive MA - Waiver services.  
 –MA ELIGIBILITY INDICATOR  
 Required for LTS participants who receive MA - Waiver services.

SPECIAL PROJECT STATUS - The field is 3 positions long to allow the reporting of up to 3 different codes.

04/21/04  
13: 33: 42

Human Services Reporting System  
LONG TERM SUPPORT SERVICES

xxxxxx  
PW08L2

SCREEN L2 TRANS TYPE \_ (U/I)

WORKER ID \_\_\_\_\_

MODULE KEY \_\_\_\_\_

CLIENT ID \_\_\_\_\_

NAME \_\_\_\_\_

| EPISODE<br>DATE | STRT<br>DATE | EPISODE<br>DATE | END<br>DATE | CLOSE<br>REASON | SLOT<br>NUMBER | START<br>DATE | END<br>DATE |
|-----------------|--------------|-----------------|-------------|-----------------|----------------|---------------|-------------|
|-----------------|--------------|-----------------|-------------|-----------------|----------------|---------------|-------------|

| PGM<br>NO | SPC   | SUB<br>PGM | TAR<br>GRP | LTS<br>CD | FUND<br>SOURCE | SPC<br>DATE | STRT<br>DATE | SPC<br>END<br>DATE | PROVIDER<br>NUMBER | NEXT<br>REV DT |
|-----------|-------|------------|------------|-----------|----------------|-------------|--------------|--------------------|--------------------|----------------|
| _____     | _____ | _____      | _____      | _____     | _____          | _____       | _____        | _____              | _____              | _____          |
| _____     | _____ | _____      | _____      | _____     | _____          | _____       | _____        | _____              | _____              | _____          |
| _____     | _____ | _____      | _____      | _____     | _____          | _____       | _____        | _____              | _____              | _____          |
| _____     | _____ | _____      | _____      | _____     | _____          | _____       | _____        | _____              | _____              | _____          |
| _____     | _____ | _____      | _____      | _____     | _____          | _____       | _____        | _____              | _____              | _____          |

PF5 - PRINT SCREEN PF8 - CLIENT PRINT P10 - MAIN MENU NEXT SCREEN \_\_\_\_

## SCREEN L2 LONG TERM SUPPORT SERVICES

Use to update and inquire service information.

### NOTES

TRANS – The transaction types are U = Update, and I = Inquiry.

EDITS – Each SPC on L2 must contain information to determine which LTS program the SPC is attached to and when necessary, the source of funding. This information is collected in the LTS Code and Funding Source fields.

### LTS CODE

EDITS – No time overlap is allowed between two SPCs with different Waiver LTS Codes.  
Time overlap is allowed between any Waiver SPC and any COP SPC. The system will accept two almost identical SPCs if the only difference is the LTS Code-one SPC having a Waiver LTS Code and the other one a COP LTS Code.

## SCREEN L2

## LONG TERM SUPPORT SERVICES (continued)

SPCs with a waiver LTS Code of 1, F, G, H, I, J, K, L, or M can only be entered if a slot number has been allocated to the LTS participant. The inquiry function on L2 will bring up the Slot Number, Slot Start Date and Slot End Date.

## FUNDING

SOURCE EDITS – A funding Source Code must be entered on each SPC with an LTS Code of:

- 8 CIP IB local match
- B BIW local match
- I Children's long term support - DD local match
- K Children's long term support - MH local match
- M Children's long term support - PD local match

## EPISODE

### CLOSING –

Closing an LTS episode requires three steps:

- 1) Every LTS SPC within that episode must be closed. SPCs can only be closed by the agency it belongs to.
- 2) If a slot was open, it must be closed. The Slot End Date must be greater than or equal to the latest SPC End Date attached to the slot.
- 3) After steps 1 and 2, Episode End Date and Closing Reason are entered.

## OPEN A CLOSED

### EPISODE –

Zero out the Episode End Date and Closing Reason.  
Slot reopening is not allowed.

## COP SPCs –

The COP Assessment SPC 603/01 and COP Plan SPC 603/02 must be entered before COP Service SPCs are accepted.

[illegible]

SCREEN L3      LONG TERM SUPPORT UNITS/COSTS

Use to update and inquire units and costs information.

## NOTES

TRANS – The transaction types are U = Update and I = Inquiry.

DELIVERY MM/YYYY - Enter the delivery month and year at the top of the screen. If units for different months are entered on this screen, enter the delivery month and year in the DELIV MM/YYYY on the episode strip. The date entered on the strip will override the date entered at the top of the screen.

EPISODE – When making multiple entries for the same episode, you do not need to repeat the episode key on each line. Simply enter the episode key on the first entry line, then enter a quotation mark (“) under that episode key for each entry for this episode. This will eliminate the need to key the eight character episode key for each entry.

UNITS – Four whole numbers and one decimal place are provided. Do not enter the decimal point. The field right-justifies.

## SCREEN L3

LTS units and costs cannot be changed for prior years due to the reconciliation process being completed and the data finalized. Call the SOS Desk for assistance.

### CHANGING CURRENT YEAR UNITS TOTAL FOR A GIVEN MONTH

If units are already entered for an SPC for a given month, entering a different number of units for this program number for the same month on Screen L3 will REPLACE the old number of units. Use this method to error correct or update the actual total provided during a given month.

### ADDING UNITS FOR A NEW MONTH

To add units for the same program but for a different month, enter the month and year for which you are entering the units and the number of units. Units cannot be added to existing monthly units - the new entry replaces the number.

## COSTS –

Six whole numbers and two decimal places are provided. Do not enter the decimal point. The field right-justifies.

Monthly costs up to \$9,999.99 are allowed except for the following: Long Term Support codes 1, 4, 6, 8, B, F, G, H, I, J, K, L, M, P, and R will allow up to \$99,999.99 per month for the following SPCs:

|        |        |
|--------|--------|
| 103/24 | 107/40 |
| 103/99 | 110    |
| 104/10 | 112/56 |
| 104/11 | 112/57 |
| 104/12 | 112/99 |
| 104/20 | 202/01 |
| 104/21 | 202/02 |
| 104/22 | 203    |
| 106/03 | 506/61 |
| 107/30 | 609/10 |

LTS codes 2, 3, and N will accept up to \$99,999.99 per month for SPCs 112/56 and 112/57. Costs are not allowed for SPCs 503, 896, 897, 898, and 899.

## INQUIRY –

When an inquiry is done on L3, the Program Numbers and SPCs are displayed. The transaction type can then be changed to U (Update) and units and costs can be entered. If an LTS code is entered on the inquiry, only those LTS Program Numbers will be displayed. Example: Enter an I (Inquiry) transaction code, the episode key, and a 7 in the LTS CD (code) and only COP SPCs (code 7) will be displayed.

04/21/04  
13:35:54

Human Services Reporting System  
LONG TERM SUPPORT CODE CONVERSION

xxxxxxx  
PW08L4

SCREEN L4 TRANS TYPE U  
MODULE KEY \_\_\_\_\_

CLIENT ID \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
NAME \_\_\_\_\_

NUMBER OF CONVERTED SPCS \_\_\_\_

LTS  
CODE  
(OLD) \_\_\_\_  
(NEW) \_\_\_\_

START DATE \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
END DATE \_\_\_\_ - \_\_\_\_ - \_\_\_\_

PF5 - PRINT SCREEN P10 - MAIN MENU

NEXT SCREEN \_\_\_\_

## SCREEN L4 LONG TERM SUPPORT CODE CONVERSION

Use to convert LTS SPC codes from CIP II to COP - Waiver and vice versa. SPCs that started in previous years cannot be converted because that data is already reconciled.

### NOTES

LTS CODE – Enter the current LTS code (old) of the SPCs you want to convert and the new LTS code.

START DATE  
& END DATE –

These dates can be used to define a time period of conversion:

- 1) If both dates are entered, the system will convert all SPCs that would overlap this time period.
- 2) If a Start Date and no End Date is entered, the End Date is defaulted to today's date.
- 3) If an End Date but no Start Date is entered, the Start Date is defaulted to the Start Date of the episode.
- 4) If both dates are left blank, the time period will cover the episode and every SPC with the correct LTS Code will be converted.

After entering the information on the screen, press ENTER a first time. If everything is correct the system will return the number of SPCs to be converted. Press ENTER a second time to actually proceed with the conversion, or press F10 to cancel the conversion. The program will also check for any overlap between SPCs with different Waiver codes that would result from the conversion. In such cases, the program would automatically cancel the conversion. A correction of the time window would probably resolve the problem.



### XIII. CLIENT DELETIONS SCREENS

|  |  |                   |
|--|--|-------------------|
| 99/99/99<br>14:37:02                     | Human Services Reporting System<br>Client Deletions Menu | xxxxxxx<br>PW0807 |
| HSRS ENTRY MENU                          |  |                   |
| 72 - EPISODE<br>73 - SPC                 |  |                   |
| MAKE SELECTION AND PRESS ENTER: ____     |  |                   |
| Depress PF10 to return to HSRS Main Menu |  |                   |
| <hr/>                                    |  |                   |

#### SCREEN 07 CLIENT DELETIONS MENU

Use to delete programs and episodes which never should have existed. The delete should not be used to close services or episodes when activity ends, because the delete erases rather than closes.

|  |  |   |
|--|--|---|
| 99/99/99<br>14:38:17<br>SCREEN 72  | Human Services Reporting System<br>EPISODE DELETIONS | xxxxxxx<br>PW0872                       |
| EPISODE KEY _____  | EPISODE TYPE ____                                    | (COR, CSC, FSP, ADP, AO,<br>SE, MH, B3) |
| CLIENT ID ____ - ____ - ____ - ____  |  |   |
|  |  | NEXT SCREEN ____                        |
| <hr/> <p>CAUTION! Entry of Episode key will delete the entire episode. No record will be kept.</p> <p>WARNING! Call SOS help desk to delete LTS episodes</p> |  |   |
| <p>Depress ENTER - Process Deletion    PF5 - Print    PF7 - Deletions Menu<br/> PF9 - Refresh Current Screen    PF10 - Exit</p> <hr/>                        |  |   |

## SCREEN 72      EPISODE DELETION

Use to delete an episode.

### NOTES

Episode Type – FSP = Family Support Program

Call the SOS Desk to delete LTS episodes.

CAUTION! – Entry of Episode Key will delete the entire episode. No record will be kept.

If this is the only episode the client has, deletion of the episode will delete the client registration information also. In other words, the client will no longer be on the reporting system.

|  |  |                    |
|--|--|--------------------|
| 99/99/99<br>13:20:39<br>SCREEN 73  | Human Services Reporting System<br>SPC DELETIONS | 99999999<br>PW0873 |
| EPISODE KEY _____  | TYPE ____ (COR, CSC, FSP, A0<br>SE, MH, B3, LTS) |                    |
| PROGRAM NUM ____   |  | NEXT SCREEN ____   |
| <p>CAUTION! This deletes the specified SPC with the entered program number. Clients having only one CSC SPC may not have it deleted. No record will be kept.</p> <p>WARNING! LTS costs and units cannot be deleted for the years where the data has been finalized. Call the SOS Help Desk for assistance.</p> |  |                    |
| <p>Depress ENTER - Process Deletion    PF5 - Print    PF7 - Deletions Menu<br/>PF9 - Refresh Current Screen    PF10 - Exit</p>   |  |                    |
| <hr/> <hr/>  |  |                    |

## SCREEN 73      SPC DELETION

Use to delete specific SPCs or clusters.

### NOTES

Type -      FSP = Family Support Program  
              LTS = Long Term Support

CAUTION! – This deletes the specified SPC with the entered Program Number. No record will be kept.

WARNING! – LTS costs and units cannot be deleted for the years where data has been finalized. Call the SOS Desk for assistance.

XIV. **MODULE TYPE** (MOD TYPE, MOD, MT)

Used on HSRS reports.

|         |                        |
|---------|------------------------|
| 5 = FSP | Family Support Program |
| A = LTS | Long Term Support      |

## XV. HSRs PROVIDER NUMBER REQUEST

Provider number requests may be sent via:

E-mail: [dhssoshelp@wisconsin.gov](mailto:dhssoshelp@wisconsin.gov)

FAX: (608) 267-2437

Please include agency name along with a requestor name when submitting requests.

Please include both the COUNTY FACILITY IS LOCATED IN code and the REQUESTING AGENCY REPORTING UNIT code.

### HOW TO REQUEST A NEW PROVIDER NUMBER

Below is the proper format to use when requesting provider numbers.

|                               |                         |                     |
|-------------------------------|-------------------------|---------------------|
| Provider Number               |                         |                     |
| Facility Name                 | Lewis Adult Family Home |                     |
| Operator(s) Parent Org*       | Ed & Edna Lewis         |                     |
| Address                       | 209 Parker St.          |                     |
| City & State                  | Madison, WI             |                     |
| Zip Code                      | 53713                   |                     |
| County Facility Is Located In | 013                     |                     |
| Provider Type                 | 36                      |                     |
| License Type                  | 02                      |                     |
| Lic Agy Name*                 | Dane HSD                |                     |
| Requesting Agency RU Code     | 4013                    |                     |
| Current Monthly Rate**        |                         | Board Op Facility** |
| Current Daily Rate**          |                         | Prev Monthly        |
| Rate**                        |                         |                     |
| Active Prov Ind**             |                         | Prev Daily Rate**   |
| Date Keyed**                  |                         | Effective Date**    |

\* - Optional Fields - Still must allocate space on request, even if you do not write text in these fields.

\*\* - These fields have a default associated with them. You may use the default by leaving the field blank, but you must still allocate space on your request for the fields.

### HOW TO REQUEST A CHANGE FOR A PROVIDER NUMBER

Whenever requesting a change for a provider always include the name, provider number, and the information that has been changed.

HSRS PROVIDER NUMBER REQUEST FORMAT

Date \_\_\_\_\_ Requester Name \_\_\_\_\_ Agency \_\_\_\_\_

|       |                                    |
|-------|------------------------------------|
| _____ | Provider Number                    |
| _____ | Facility Name                      |
| _____ | Operator(s)/Parent Organization    |
| _____ | Address                            |
| _____ | City, State                        |
| _____ | Zip Code                           |
| _____ | County Code Facility Is Located In |
| _____ | Provider Type                      |
| _____ | License Type                       |
| _____ | Licensing Agency Name              |
| _____ | Requesting Agency Reporting RU     |
| _____ | Board Operated Facility            |
| _____ | Active Provider Indicator (Y or N) |

## **HSRS PROVIDER AND LICENSE TYPES**

### **PROVIDER TYPE**

- 22 Foster Home - Children
- 23 Group Home - Corporate - For Profit
- 24 Group Home - Corporate - Non-Profit
- 25 Group Home - Unincorporated
- 26 Detention Facility
- 27 Shelter Care Facility
- 28 Residential Care Center - Private, For Profit
- 29 Residential Care Center - Private, Non-Profit
- 30 Residential Care Center - Public
- 31 School For The Blind Or Deaf
- 32 Center for Developmentally Disabled
- 33 State Mental Health Institute
- 34 Non-State Operated Psychiatric or Specialty Hospital
- 35 General Hospital
- 36 Adult Family Home
- 37 CBRF - (5 -8 Residents)
- 38 CBRF - (9-16 Residents)
- 39 CBRF - (17 + Residents)
- 40 ICF-MR Facility
- 43 Adult Day Care
- 44 Substitute Care Parent Agencies
- 70 Supportive Home Care (Individual)
- 71 Supportive Home Care (Direct)
- 72 Supportive Home Care (Contract)
- 76 In-Home Child Care (Relative)
- 77 In-Home Child Care (Non-Relative)
- 78 Family Day Care (Relative)
- 79 Family Day Care (Non-Relative)
- 80 Group Center - Child Day Care
- 82 Sheltered Employment Facility
- 83 Day Services (Non-Medical) Facility
- 84 Day Services (Medical) Facility
- 85 Outpatient Facility/Service Office
- 86 Nursing Home
- 87 Transitional Living Program
- 88 Approved Ancillary Services (As listed in the Allowable Costs Manual)
- 89 Other (Including Respite Care and Direct Grants)

### **LICENSE TYPE**

- 00 Not Licensed
- 01 Licensed by State of WI
- 02 Licensed or Certified by a County in WI
- 03 Licensed By State of WI & County Certified
- 04 Licensed by a Private Organization or another State
- 05 Tribal

## COUNTY CODES

|     |             |     |                                       |     |              |
|-----|-------------|-----|---------------------------------------|-----|--------------|
| 001 | Adams       | 025 | Iowa                                  | 049 | Portage      |
| 002 | Ashland     | 026 | Iron                                  | 050 | Price        |
| 003 | Barron      | 027 | Jackson                               | 051 | Racine       |
| 004 | Bayfield    | 028 | Jefferson                             | 052 | Richland     |
| 005 | Brown       | 029 | Juneau                                | 053 | Rock         |
| 006 | Buffalo     | 030 | Kenosha                               | 054 | Rusk         |
| 007 | Burnett     | 031 | Kewaunee                              | 055 | St Croix     |
| 008 | Calumet     | 032 | La Crosse                             | 056 | Sauk         |
| 009 | Chippewa    | 033 | Lafayette                             | 057 | Sawyer       |
| 010 | Clark       | 034 | Langlade                              | 058 | Shawano      |
| 011 | Columbia    | 035 | Lincoln                               | 059 | Sheboygan    |
| 012 | Crawford    | 036 | Manitowoc                             | 060 | Taylor       |
| 013 | Dane        | 037 | Marathon                              | 061 | Trempealeau  |
| 014 | Dodge       | 038 | Marinette                             | 062 | Vernon       |
| 015 | Door        | 039 | Marquette                             | 063 | Vilas        |
| 016 | Douglas     | 040 | Milwaukee                             | 064 | Walworth     |
| 017 | Dunn        | 041 | Monroe                                | 065 | Washburn     |
| 018 | Eau Claire  | 042 | Oconto                                | 066 | Washington   |
| 019 | Florence    | 043 | Oneida                                | 067 | Waukesha     |
| 020 | Fond du Lac | 044 | Outagamie                             | 068 | Waupaca      |
| 021 | Forest      | 045 | Ozaukee                               | 069 | Waushara     |
| 022 | Grant       | 046 | Pepin                                 | 070 | Winnebago    |
| 023 | Green       | 047 | Pierce                                | 071 | Wood         |
| 024 | Green Lake  | 048 | Polk                                  | 072 | Menominee    |
|     |             |     |                                       | 073 | Out of state |
|     |             | 084 | Menominee Indian Reservation          |     |              |
|     |             | 085 | Red Cliff Indian Reservation          |     |              |
|     |             | 086 | Stockbridge Munsee Indian Reservation |     |              |
|     |             | 087 | Potawatomi Indian Reservation         |     |              |
|     |             | 088 | Lac Du Flambeau Indian Reservation    |     |              |
|     |             | 089 | Bad River Indian Reservation          |     |              |
|     |             | 091 | Mole Lake Indian Reservation          |     |              |
|     |             | 092 | Oneida Indian Reservation             |     |              |
|     |             | 094 | La Courte Oreilles Indian Reservation |     |              |
|     |             | 095 | St. Croix Indian Reservation          |     |              |

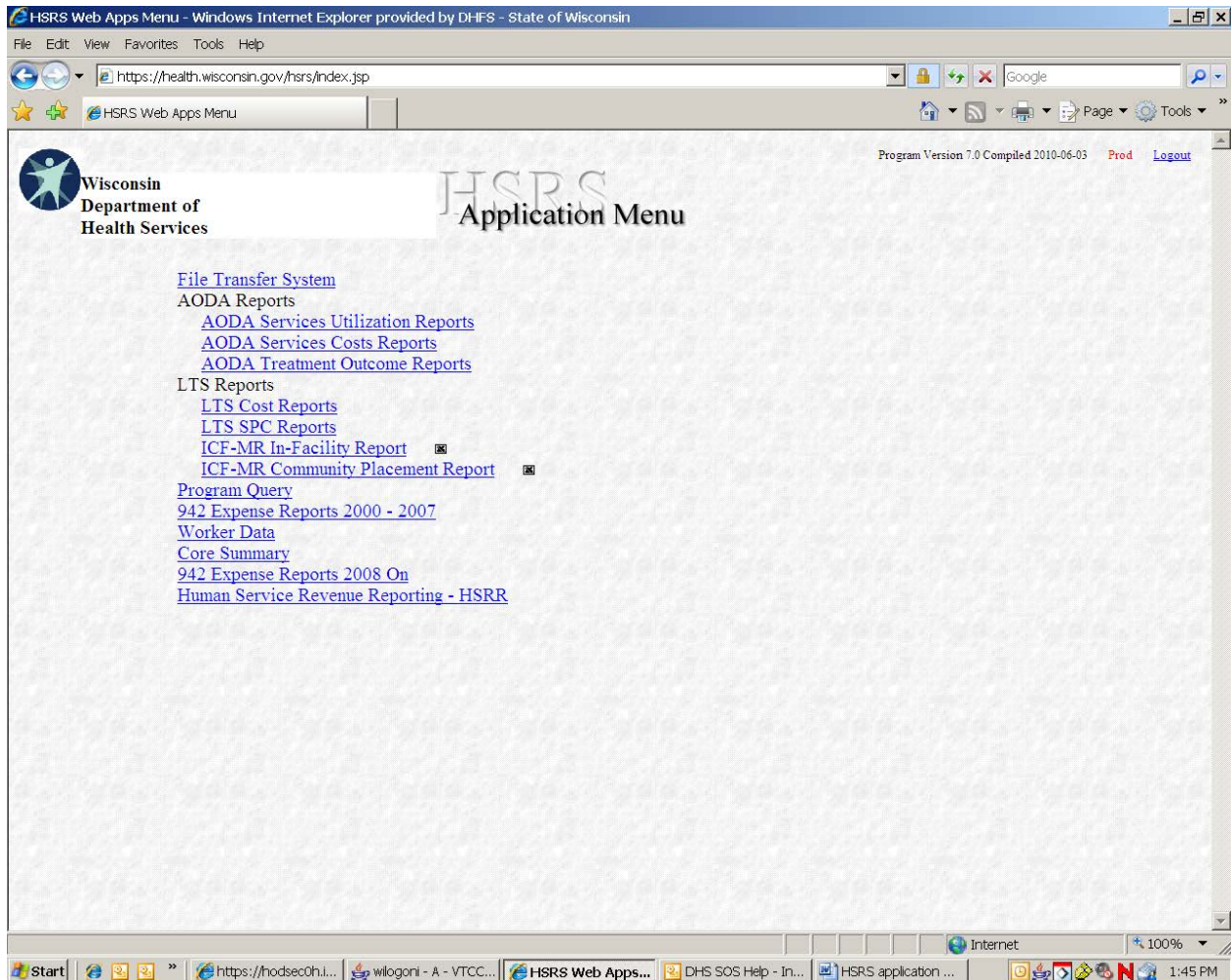


## XVI. ORDERING/LOCATING FORMS

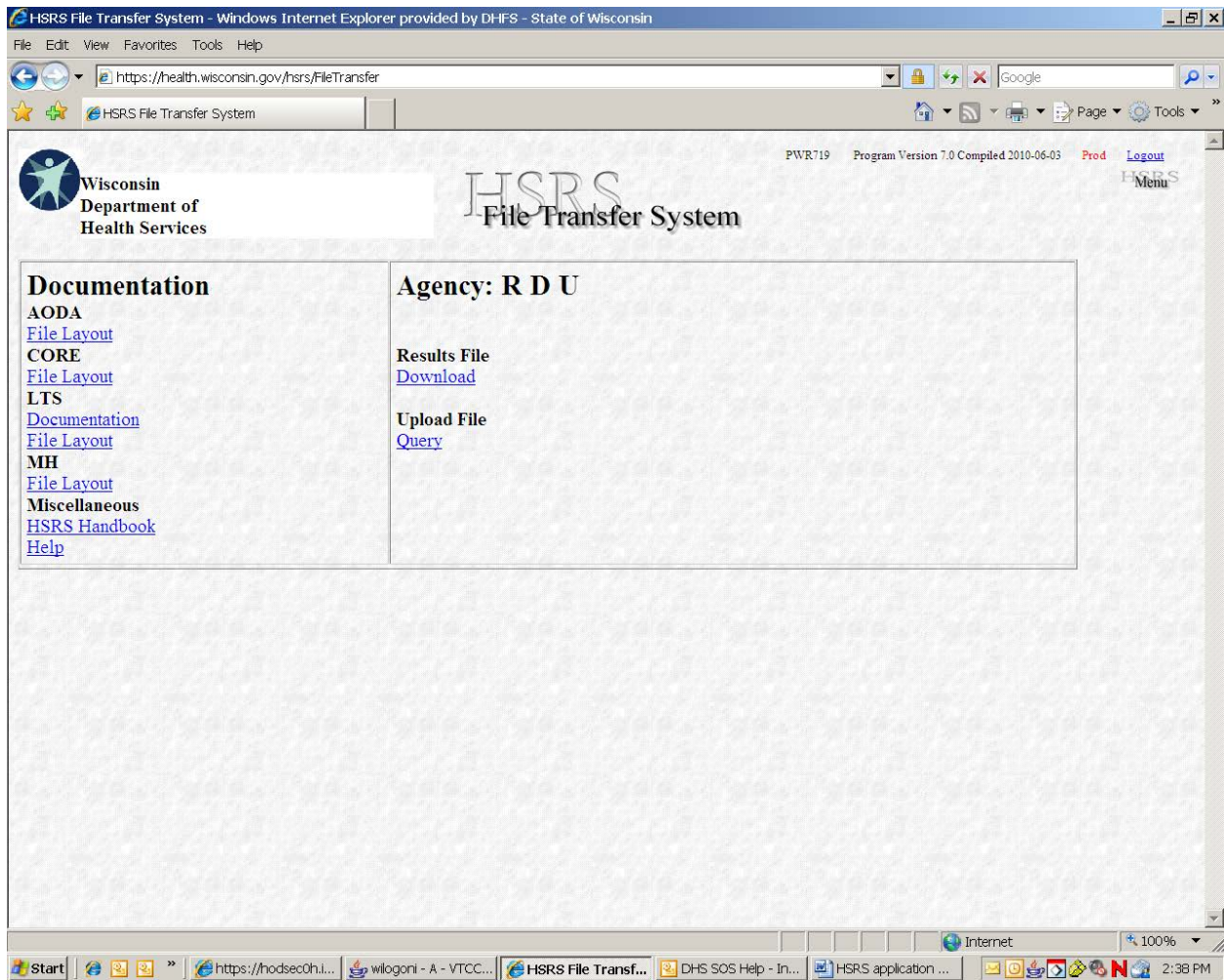
HSRS forms are free and may be ordered :

- by completing a F-80025 FORMS/PUBLICATION REQUISITION and mailing it to the address on the form,  
OR
- ordered electronically at <http://dhs.wisconsin.gov/forms/PrintFormsOnline.htm>

## XVII. HSRS APPLICATION MENU



HSRS APPLICATION MENU – Lists the various web pages available to HSRS users. <https://health.wisconsin.gov/hsrs/index.jsp>



HSRS FILE TRANSFER SYSTEM (FTS) – The FTS allows counties that collect data on their local system to produce an extract file which is then uploaded to the State mainframe for processing. The following State business day a file showing the results may be downloaded. In addition to the upload and the download functions, this screen also provides links to the file layouts for each module type available through FTS, as well the HSRS Handbook.

## **On-Line HSRS LTS Module Reports**

**At this site, Counties have direct access to selected HSRS Long Term Support (LTS) data reports.**

The data available at this site comes from the Human Services Reporting System's LTS Module. The LTS Module is a system to collect data on clients receiving publicly supported services for long term care under contract with County Departments of Human Services or Community Programs. Data collected include type of service, units and costs.

For reporting purposes, a client is an adult or child who participates in the Community Options Program or one of the Home and Community Based Waivers that serves elderly or people with a developmental or physical disability.

The ICF-MR In-Facility Report allows counties to monitor the utilization of facilities for the persons with developmental disabilities for whom they are responsible. The report includes patient days, number of persons receiving no active treatment determinations, and number of deaths. The data in the report comes from claims submitted by facilities to the state Medical Assistance Program.

The ICF-MR Community Placement Report allows counties to monitor certain data for persons they have relocated in the ICF-MR Restructuring Initiative. The report includes clients served, community days, persons returned to facilities, and deaths. The data comes from data entered by the counties into the Human Services Reporting System and from claims submitted by facilities to the state Medical Assistance Program.

The client data at this site is updated monthly, however, this does not mean that all of the data is current. At a minimum, county agencies are required to enter data monthly and within 30 days of the service. For example, if information is needed for the January through March quarter, it is best to wait until at least the first of May (or later) in order to get the most current data. All data is final by May of the following year. For example, costs reports for 2008 would be available in May 2009.

At this time, appropriate county staff may have access to their own county's detailed data. If you do not have an ID and password, contact the HSRS SOS Desk (608) 266-9198 to obtain an application form for an ID and password.

### **LTS COST REPORTS**

Contain by waiver program type:

- unduplicated client counts
- costs

- days of service
- costs per day
- units
- costs per units

### **LTS SPC REPORTS**

Contain by SPC/service:

- unduplicated client counts
- costs
- days of service
- costs per day
- units
- costs per units

### **ICF-MR IN-FACILITY REPORT**

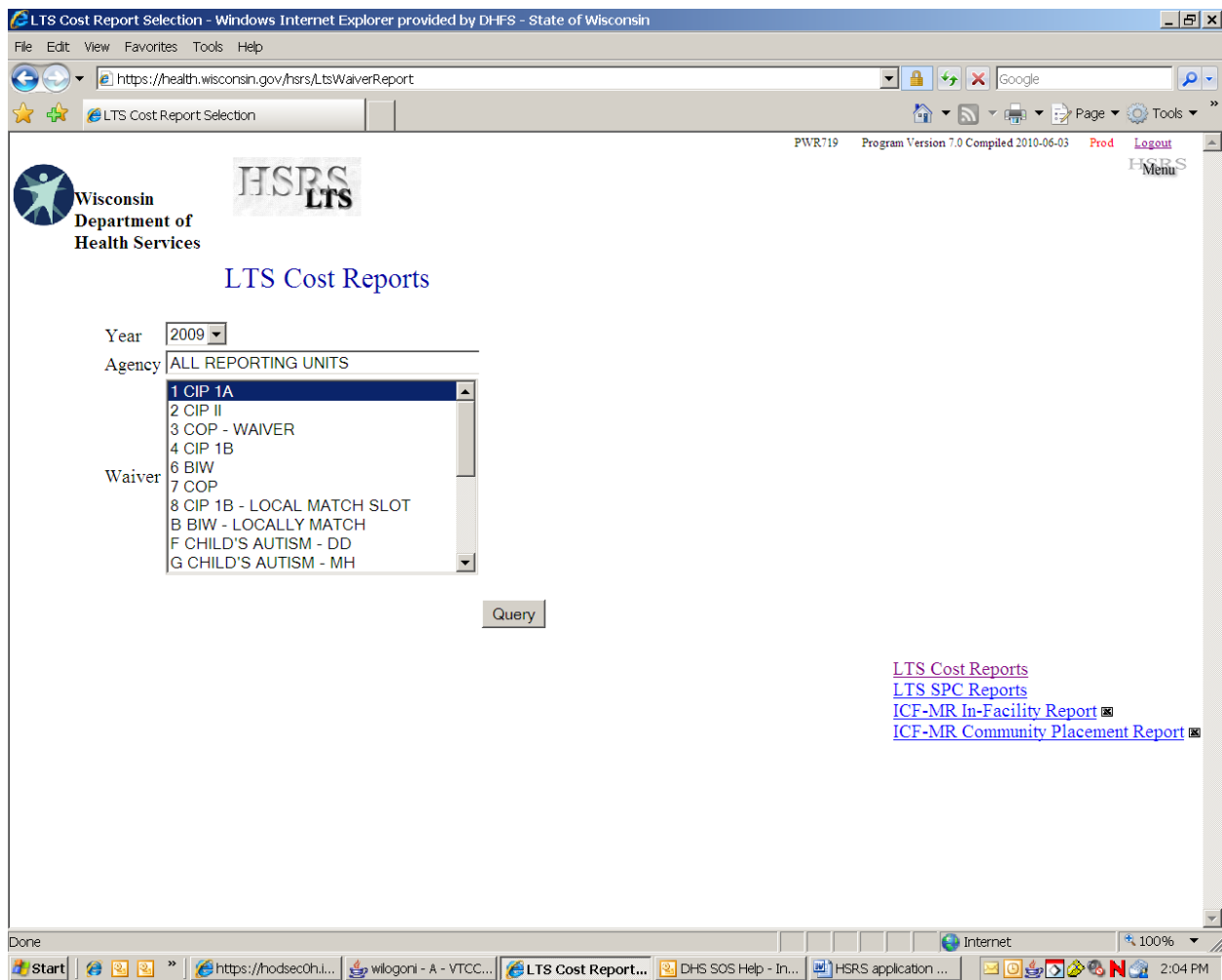
- patient days
- NATs
- deaths by county

### **ICF-MR COMMUNITY PLACEMENT REPORT**

- unduplicated client counts
- programs
- clients served
- community days
- DD Level - returned to care
- NAT - returned to care
- deaths

These reports are also offered in Excel Worksheets.

For more information or to offer suggestions or comments, contact HSRS SOS Desk at 608-266-9198.



LTS COST REPORT – Allows users to generate on-demand reports.

LTS Cost Report - Windows Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

https://health.wisconsin.gov/hhrs/LtsHome

LTS Cost Report

PWR719 Program Version 7.0 Compiled 2010-06-03 Prod Logout Menu

Wisconsin Department of Health Services

HSRS LTS

LTS Cost Report  
MILWAUKEE CO DCP  
2009

6/30/2010

Clients, Days of Service, and Costs

| Waiver Type<br>Funding Source   | Unduplicated<br>Clients | Costs(Net)<br>\$ | Days    | Costs/Day<br>\$ |
|---------------------------------|-------------------------|------------------|---------|-----------------|
| 1 CIP 1A                        | 225                     | 14,187,234       | 75,965  | 186.76          |
| 2 CIP II                        | 269                     | 7,203,002        | 83,755  | 86.00           |
| NOT APPLICABLE                  | 245                     | 6,919,228        | 77,420  | 89.37           |
| ND NURSING HOME DIVERSION       | 24                      | 283,773          | 6,335   | 44.79           |
| 3 COP - WAIVER                  | 406                     | 6,216,904        | 128,223 | 48.49           |
| 4 CIP 1B                        | 502                     | 21,396,654       | 172,109 | 124.32          |
| NOT APPLICABLE                  | 500                     | 21,366,865       | 171,411 | 124.65          |
| FT FAMILY CARE TRANSFER         | 2                       | 29,789           | 698     | 42.68           |
| 6 BIW                           | 35                      | 1,963,863        | 12,103  | 162.26          |
| 7 COP                           | 846                     | 1,980,733        | 30,476  | 64.99           |
| 8 CIP 1B - LOCAL MATCH SLOT     | 884                     | 25,837,084       | 292,263 | 88.40           |
| CP COP MATCH                    | 884                     | 25,837,084       | 292,263 | 88.4            |
| B BIW - LOCALLY MATCH           | 2                       | 106,560          | 698     | 152.66          |
| CP COP MATCH                    | 2                       | 106,560          | 698     | 152.66          |
| F CHILD'S AUTISM - DD           | 1                       | 22,230           | 239     | 93.01           |
| H CHILD'S LTS-DD STATE MATCH    | 43                      | 383,459          | 14,890  | 25.75           |
| J CHILD'S LTS-MH STATE MATCH    | 7                       | 43,385           | 2,515   | 17.25           |
| L CHILD'S LTS-PD STATE MATCH    | 11                      | 90,075           | 3,804   | 23.68           |
| N COMMUNITY RELOCATE INITIATIVE | 70                      | 3,727,640        | 19,825  | 188.03          |
| R CIP1B - ICFMR                 | 52                      | 3,372,863        | 16,016  | 210.59          |

Done

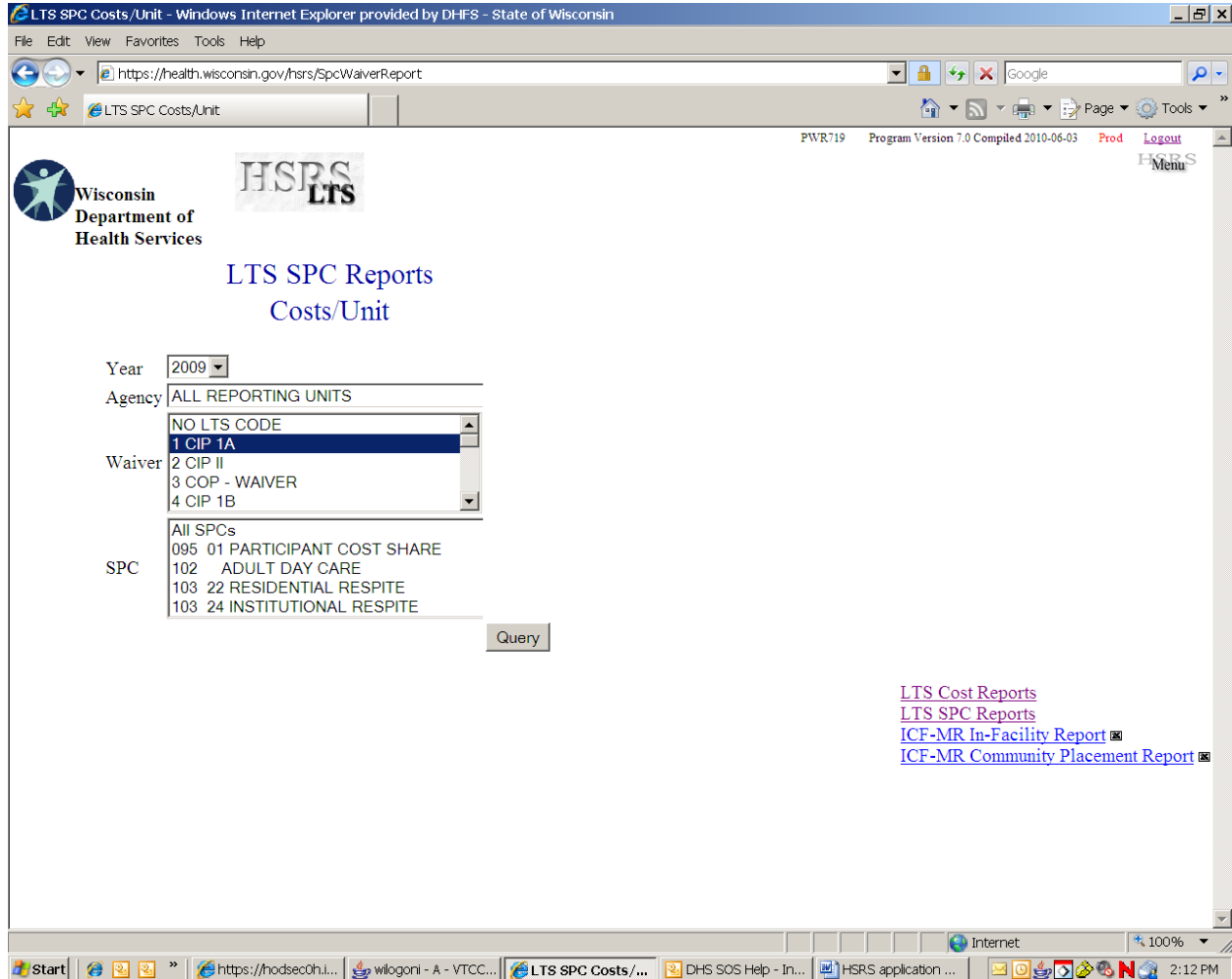
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Start | https://hodsec0h... | wilgoni - A - VTCC... | LTS Cost Report... | DHS SOS Help - In... | HSRS application ... | 2:06 PM

## LTS COST REPORT

Contains by waiver program:

- unduplicated client counts
- costs
- days of service
- costs per day



LTS SPC REPORT – Allows users to generate on-demand reports using various LTS data elements.



LTS SPC Costs/Unit Report - Windows Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

https://health.wisconsin.gov/hhrs/SPCHome

LTS SPC Costs/Unit Report

PWR719 Program Version 7.0 Compiled 2010-06-03 Prod Logout Menu

Wisconsin Department of Health Services

HSRS LTS

LTS SPC Report  
Costs/Unit  
WINNEBAGO CO HSD  
2009  
1 CIP 1A

6/30/2010

Costs, Days and Units of Service by SPC

| Standard Program Category                  | Unduplicated Clients | Costs(Gross)<br>\$ | Days   | Costs/Day<br>\$ | Units     | Costs/Unit<br>\$ |
|--|----------------------|--------------------|--------|-----------------|-----------|------------------|
| 09501 PARTICIPANT COST SHARE               | 2                    | -9,876             | 0      | -?              | 0.00      | -?               |
| 102 ADULT DAY CARE                         | 5                    | 40,719             | 1,672  | 24.35           | 1,083.00  | 37.60            |
| 10322 RESIDENTIAL RESPITE                  | 3                    | 20,295             | 791    | 25.66           | 1,101.30  | 18.43            |
| 10399 RESPITE CARE - OTHER                 | 2                    | 1,639              | 220    | 7.45            | 139.80    | 11.72            |
| 10410 SHC-DAYS                             | 21                   | 1,722,738          | 7,573  | 227.48          | 7,494.20  | 229.88           |
| 10420 SUPPORTIVE HOME CARE - HOURS         | 10                   | 224,515            | 3,453  | 65.02           | 23,537.30 | 9.54             |
| 10730 SPECIALIZED TRANSPORT & ESCORT       | 1                    | 991                | 365    | 2.72            | 211.00    | 4.70             |
| 108 WORK RELATED SERVICES                  | 15                   | 88,647             | 5,444  | 16.28           | 6,607.70  | 13.42            |
| 110 DAILY LIVING SKILLS TRAINING           | 5                    | 57,541             | 1,672  | 34.41           | 2,873.10  | 20.03            |
| 11255 SPECIALIZED MEDICAL SUPPLIES         | 5                    | 4,923              | 943    | 5.22            | 40.00     | 123.08           |
| 11256 HOME MODIFICATIONS                   | 3                    | 14,461             | 125    | 115.69          | 5.00      | 2,892.20         |
| 11299 ADAPTIVE AIDS - OTHER                | 4                    | 18,711             | 106    | 176.52          | 4.00      | 4,677.75         |
| 20201 ADULT FAMILY HOME 1-2 BEDS           | 3                    | 167,597            | 979    | 171.19          | 979.00    | 171.19           |
| 20202 ADULT FAMILY HOME 3-4 BEDS           | 7                    | 463,803            | 2,555  | 181.53          | 2,540.00  | 182.60           |
| 50661 CBRF 5-8 LICENSED BEDS               | 8                    | 356,198            | 2,920  | 121.99          | 2,914.00  | 122.24           |
| 50703 COUNSELING AND THERAPEUTIC RESOURCES | 3                    | 4,582              | 730    | 6.28            | 80.30     | 57.06            |
| 50704 COUNSELING AND THERAPEUTIC RESOURCES | 1                    | 9,130              | 4      | 2,282.50        | 1.00      | 9,130.00         |
| 604 CASE MANAGEMENT                        | 40                   | 143,663            | 14,010 | 10.25           | 1,883.30  | 76.28            |

Done

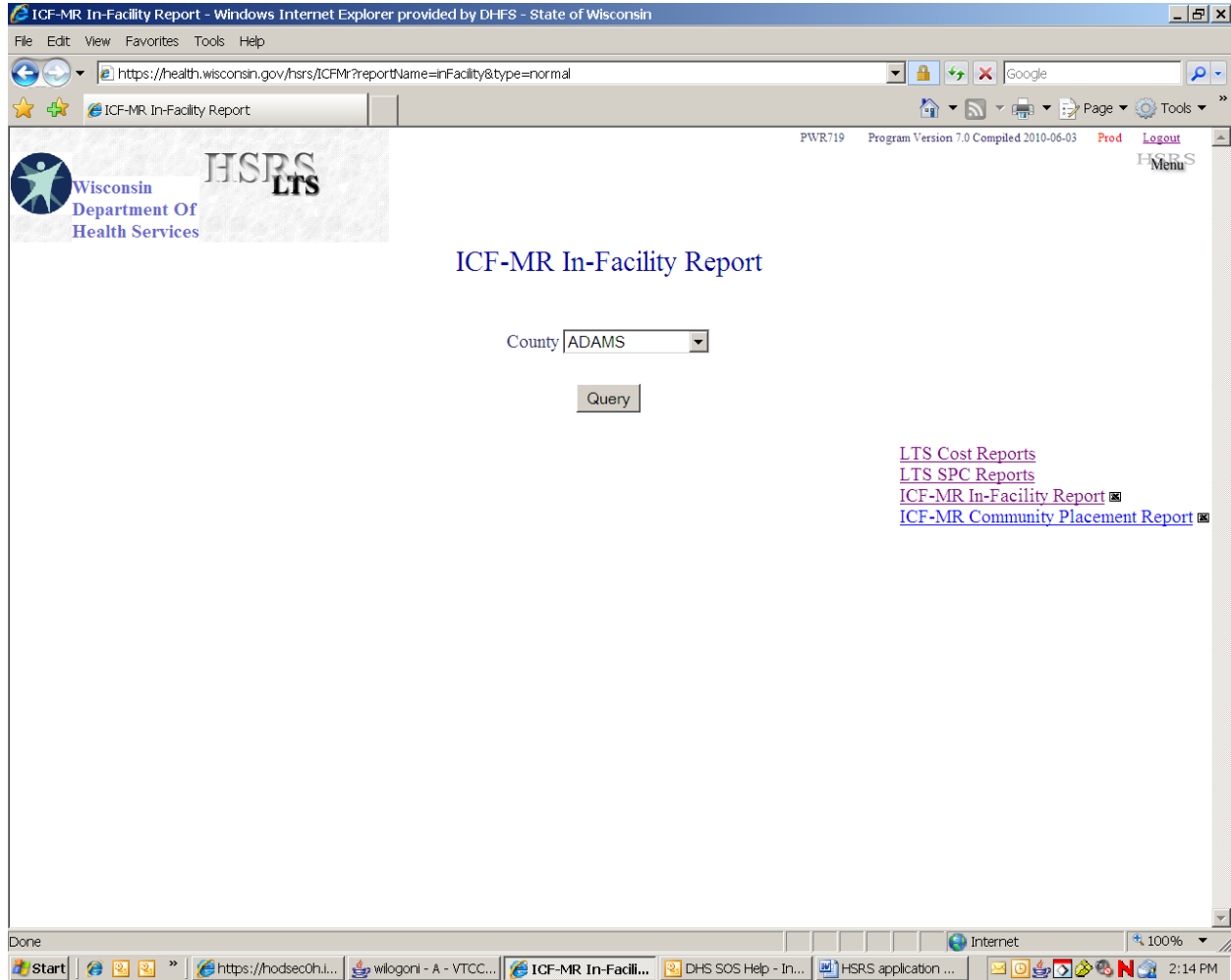
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## LTS SPC REPORT

Contains by SPC/service:

- unduplicated client counts
- costs
- days of service
- costs per day
- units
- costs per unit



ICF-MR IN FACILITY REPORT – Allows users to generate on-demand reports.

In Facility Report-By Year - Windows Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

https://health.wisconsin.gov/hhrs/InFacilityQuery

In Facility Report-By Year

PWR719 Program Version 7.0 Compiled 2010-06-03 Prod Logout

Wisconsin Department Of Health Services

HSRS LTS



6/30/2010

### ICF-MR In-Facility Report BROWN COUNTY

Patient Days, NATs, and Deaths by County

| Reporting Year       | Patient Days | NATs | Deaths |
|----------------------|--------------|------|--------|
| <a href="#">2005</a> | 27728        | 4    | 4      |
| <a href="#">2006</a> | 6946         | 2    | 5      |
| <a href="#">2007</a> | 3378         | 3    | 3      |
| <a href="#">2008</a> | 2126         | 0    | 3      |
| County Totals        | 40178        | 9    | 15     |

Rev. 06/28/2006

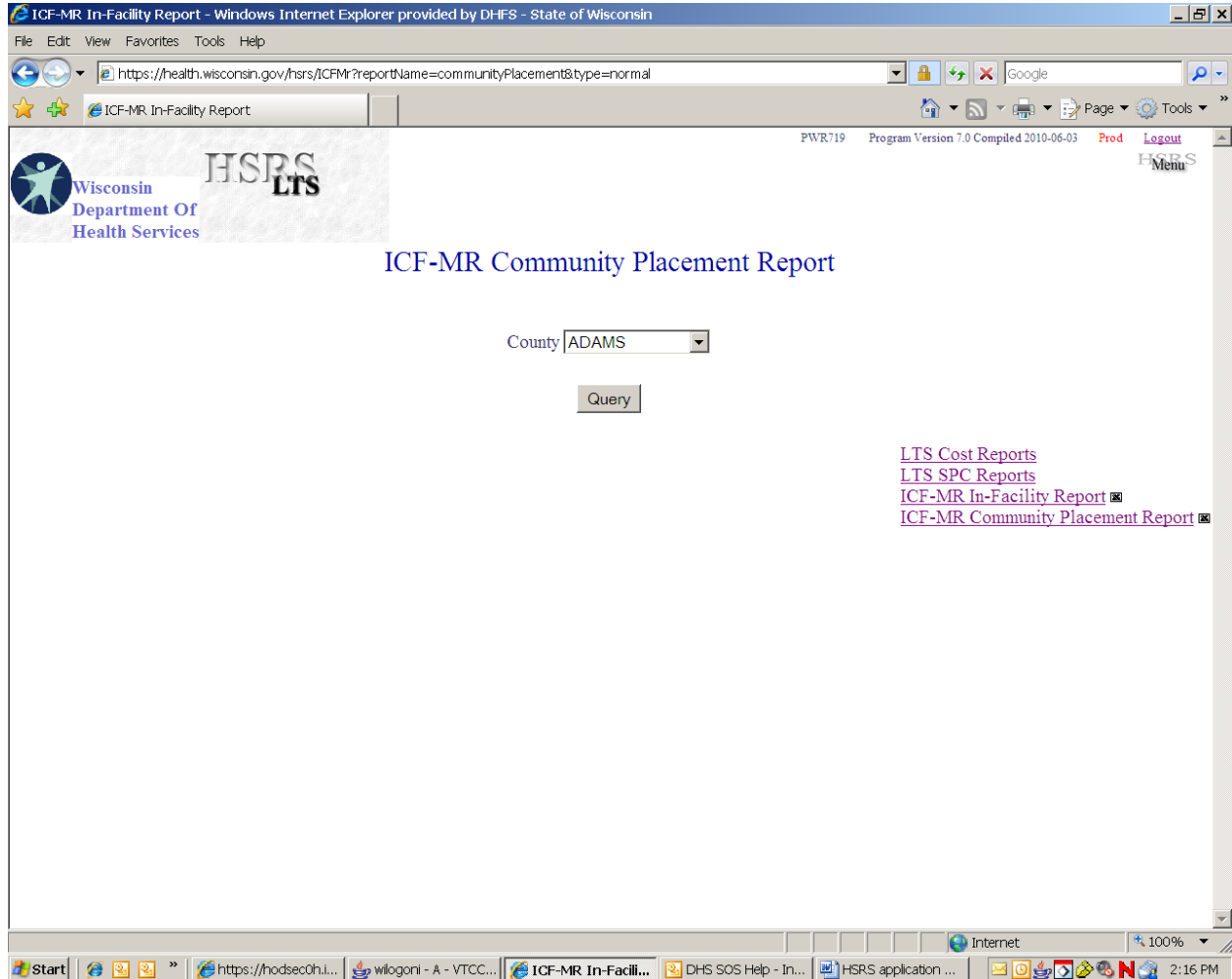
[LTS Cost Reports](#)  
[LTS SPC Reports](#)  
[ICF-MR In-Facility Report](#)   
[ICF-MR Community Placement Report](#) 

Start | https://nodsec0h... | wilgoni - A - VTCC... | In Facility Repor... | DHS SOS Help - In... | HSRS application ... | 2:15 PM

## ICF-MR IN FACILITY REPORT

Contains by county:

- patient days
- NATs
- deaths



ICF-MR COMMUNITY PLACEMENT REPORT – Allows users to generate on-demand reports.

ICF-MR Community Placement Report - Windows Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

https://health.wisconsin.gov/hsrcs/CommPlacementQuery

ICF-MR Community Placement Report

PWR719 Program Version 7.0 Compiled 2010-06-03 Prod Logout Menu

Wisconsin Department of Health Services HSRCS LTS

6/30/2010

### ICF-MR Community Placement Report WINNEBAGO COUNTY

Clients and Community Days by County

| Reporting Year       | 2005 to Present<br>Unduplicated Clients | Programs         | Clients Served | Community<br>Days | Returned to Care<br>DD Level | Returned to Care<br>NAT | Deaths   |
|----------------------|---|------------------|----------------|-------------------|------------------------------|-------------------------|----------|
| <a href="#">2005</a> | 15                                      | Programs         | 15             | 1356              | 0                            | 0                       | 1        |
|                      |   | Family Care      | 0              | 0                 | 0                            | 0                       | 0        |
|                      |   | PACE/Partnership | 0              | 0                 | 0                            | 0                       | 0        |
|                      |   | CIP1B            | 15             | 1356              | 0                            | 0                       | 1        |
| <a href="#">2006</a> | 15                                      | Programs         | 0              | 4916              | 1                            | 0                       | 2        |
|                      |   | Family Care      | 0              | 0                 | 0                            | 0                       | 0        |
|                      |   | PACE/Partnership | 0              | 0                 | 0                            | 0                       | 0        |
|                      |   | CIP1B            | 0              | 4916              | 1                            | 0                       | 2        |
| <a href="#">2007</a> | 17                                      | Programs         | 2              | 4660              | 0                            | 0                       | 2        |
|                      |   | Family Care      | 0              | 0                 | 0                            | 0                       | 0        |
|                      |   | PACE/Partnership | 0              | 0                 | 0                            | 0                       | 0        |
|                      |   | CIP1B            | 2              | 4660              | 0                            | 0                       | 2        |
| <a href="#">2008</a> | 17                                      | Programs         | 0              | 3691              | 0                            | 0                       | 0        |
|                      |   | Family Care      | 0              | 0                 | 0                            | 0                       | 0        |
|                      |   | PACE/Partnership | 0              | 0                 | 0                            | 0                       | 0        |
|                      |   | CIP1B            | 0              | 3691              | 0                            | 0                       | 0        |
| <b>County Totals</b> |   |                  | <b>17</b>      | <b>14623</b>      | <b>1</b>                     | <b>0</b>                | <b>5</b> |

Done

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## ICF-MR COMMUNITY PLACEMENT REPORT

Contains by county:

- unduplicated clients
- programs
- clients served
- community days
- returned to care/DD level
- returned to care/NAT
- deaths

HSRS SPC Maintenance - Query - Windows Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

https://health.wisconsin.gov/hsrs/SpQuery

HSRS SPC Maintenance - Query

Wisconsin Department of Health Services

HSRS Program Query

PWR719 Program Version 7.0 Compiled 2010-06-03 Prod Logout Menu

[Add HSRS SPC](#)  
[Add HIPAA code](#)

Query by Module

Core

| Program             | HIPAA | Translation | Units | Costs | Description                                 |
|---------------------|-------|-------------|-------|-------|---|
| <a href="#">100</a> | No    |             | None  | No    | CHILD DAY CARE - CRISIS/RESPITE             |
| <a href="#">101</a> | No    |             | None  | No    | CHILD DAY CARE - CRISIS/RESPITE             |
| <a href="#">102</a> | No    |             | None  | No    | ADULT DAY CARE                              |
| <a href="#">103</a> | No    |             | None  | No    | RESPITE CARE                                |
| <a href="#">104</a> | No    |             | None  | No    | SUPPORTIVE HOME CARE                        |
| <a href="#">106</a> | No    |             | None  | No    | HOUSING/ENERGY ASSISTANCE                   |
| <a href="#">107</a> | No    |             | None  | No    | SPECIALIZED TRANSPORTATION AND ESCORT       |
| <a href="#">108</a> | No    |             | None  | No    | WORK RELATED SERVICES                       |
| <a href="#">110</a> | No    |             | None  | No    | DAILY LIVING SKILLS TRAINING                |
| <a href="#">111</a> | No    |             | None  | No    | FAMILY SUPPORT                              |
| <a href="#">112</a> | No    |             | None  | No    | INTERPRETER SERVICES AND ADAPTIVE EQUIPMENT |
| <a href="#">200</a> | No    |             | None  | No    | COMMUNITY PREVENTION, ACCESS, & OUTREACH    |
| <a href="#">201</a> | No    |             | Days  | No    | ADOPTIONS                                   |
| <a href="#">202</a> | No    |             | Days  | No    | ADULT FAMILY HOME                           |
| <a href="#">203</a> | No    |             | Days  | No    | FOSTER HOME                                 |
| <a href="#">204</a> | No    |             | Days  | No    | GROUP HOME                                  |
| <a href="#">205</a> | No    |             | Days  | No    | SHELTER CARE                                |
| <a href="#">300</a> | No    |             | None  | No    | COMMUNITY LIVING/SUPPORT SERVICES           |
| <a href="#">301</a> | No    |             | None  | No    | COURT INTAKE AND STUDIES                    |

Done

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HSRS PROGRAM QUERY – Allows all users to view SPC code descriptions, and HIPAA equivalents by module.



HSRS Worker Table - Windows Internet Explorer provided by DHFS - State of Wisconsin

File Edit View Favorites Tools Help

https://health.wisconsin.gov/hsrs/WorkerFile

HSRS Worker Table

Wisconsin Department of Health Services

PWR719 Program Version 7.0 Compiled 2010-06-03 Prod Logout Menu

### Human Services Reporting System Worker Data

Worker Number:

Last Name:

First Name:  MI:  Suff:

Supvisr/Unit-Code:

Search

Done

Start | https://hodsec0h... | wlogoni - A - VTCC... | HSRS Worker Ta... | DHS SOS Help - In... | HSRS application ... | 2:19 PM

HSRS WORKER DATA – Used to inquire worker numbers. All workers in a reporting unit can be found by entering the first five digits. (Example 94005)