PPS Module Descriptions

Program Participation System (PPS)

1/27/2020

Contents

PPS Description

PPS is a Web-based system originally developed to help streamline the program functions and tasks that relate to eligibility and enrollment. PPS is a centralized system to track program participation (enrollment), manage waitlists, record expenses, and perform (and measure) a variety of other tasks conducted by the Aging and Disability Resource Centers (ADRCs), Managed Care Organizations (MCOs), enrollment consultants, and other stakeholders that provide long term care services. PPS has expanded to include capturing service information, referrals, and incidents. PPS tracks participations in various programs, which is used by some programs as a case management tool to track and review cases, while others such as MCO's use it to calculate room and board.

PPS Modules include:
- Adult waitlist
- Birth to 3 Program including referrals from WE-TRAC
- Birth to 3 Program - DPI
- Children's LTS waitlist
- Core services
- Critical Incidents (not released for production use)-----Deprecated
- Employment Outcomes----------Deprecated
- Family Care Centralized Enrollment---------Deprecated
- IRIS (Include, Respect, I Self-Direct)---------Deprecated
- LTC Room and Board---------Deprecated
- Mental Health (MH) services and Alcohol and Other Drug Abuse (AODA) services
- Mental Health and AODA Participations (Enrollment) including CRS
- Nursing Home Referrals
- OPIB Grant Federal Reports (942, HSRR)

PPS interacts with Functional Screen (FSIA) and CARES to validate/exchange real time information. Also, PPS is linked to the Master Customer Index (MCI), Wisconsin Provider Index (WPI), and InterChange.

The State's Web Access Management System (WAMS) is used for logging in to PPS.

PPS Modules and Descriptions

The following descriptions include what data is collected; however, this is not a complete list within each module. All modules collect name, birthdate, gender, and SSN. On registration, the individual is assigned a MCI ID that is common to all modules.

1. **Adult Waitlist**

   Definition/Description:
   Records and tracks individuals on the waitlist for adult long term care programs.

   What Adult Waitlist data is collected:
   In order for an individual to be added to the Adult Long Term Care Waitlist, the individual needs to exist in FSIA and be functionally eligible as well.
   The key information that is captured is:
   - Responsible agency
   - Start date
   - End date
   - End reason

   As mentioned above, this process also interacts with FSIA in order to make sure that the eligibility requirements are met and also to get the following details:
   - Eligibility calculated date
   - Family Care functional eligibility
   - Target groups
   - Contact information

   Why Adult Waitlist data is collected:
   During the 36-month transition for long-term care expansion, Aging and Disability Resource Centers are responsible for management of the waiting list for enrollment into IRIS and managed long-term care programs in the county(ies) they serve. Some ADRCs have a disproportionately larger number of people entering the waiting list compared to the number of slots allocated by the Department. As counties get closer to reaching entitlement to the long-term care programs, PPS is a valuable tool to plan for the fiscal impact as well as the workload of the ADRC, Income Maintenance, Managed Care Organization and IRIS.

2. **Birth to 3 Program including WE-TRAC referrals and referrals to DPI**
   Definition/Description:
   Collects information on children in the Birth to 3 Program.
   - Birth to 3 Program is a Federal program (Part C of the Individuals with Disabilities Education Act - IDEA).
   - Supports families of children with delays or disabilities under the age of three.
   - Referrals to DPI: Birth to 3 Program and DPI share some data and DPI has their own page that is only accessible to DPI.
   - Receives WE-TRAC referrals. WE-TRAC is a coordinated system for tracking, screening information for hard of hearing children and early intervention by no later than 6 months of age. It is a system that audiologists use to document information about children tested for hearing loss. This process includes providing information back to the WE-TRAC database on the children referred by the WE-TRAC system.
   - Receives referrals from the Wisconsin State Automated Child Welfare Information System (eWiSACWIS).

   What Birth to 3 Program data is collected:
   - Child and referral information
   - Screening and assessment information
   - Service planning
   - Transition and program exit
   - LEA information

   Why Birth to 3 Program data is collected:
   - To report annually to the federal government on timely IFSPs, child count, including number of children served by gender, race/ethnicity and setting, timely services, timely transition practices, and child outcome data.
   - How many children are referred from WE-TRAC with a hearing loss and how many of those children are receiving Birth to 3 Program services.

3. **Birth to 3 Program: DPI**
   Definition/Description:
   Refers children to the Local Educational Agency (LEA) for further services in the school system.

   What Birth to 3 Program: DPI data is collected:
   The LEA Information page allows LEAs (Local Educational Agency) to enter referral received information, evaluation and eligibility of children who have been referred to them. It also shows child and caregiver information, and/or Birth to 3 Program referral information.

This page can be accessed only if the Birth to 3 program status is one of the following:
- Transition to LEA
- Closed with transition

This page has the following sections:
- Child information
- Referral
- Evaluation
- Eligibility
- Individualized education plan
- Transfer child
- Contact information
- Additional information (conditionally visible)

Why Birth to 3 Program: DPI data is collected:
To track children referred to the Local Educational Agency (LEA) from the Birth to 3 Program through the school system to report to the federal government.

4. **Children's LTS Waitlist**
   Definition/Description:
   Records and tracks individuals on the waitlist for CLTS and Intensive Autism Programs.

   What Children's LTS Waitlist data is collected:
   - Responsible agency
   - Program: Program code which is set to either 'Children's Long Term Care Supports (i.e. CLTS)' or 'Intensive Autism'.
   - Start date
   - End date
   - End reason
   - Variance requested
   - Reason for variance
   - Home visit date
   - Family declined services
   - Services declined date

   This process also interacts with FSIA in order to make sure that the eligibility requirements are met and also to get the following details:
   - Eligibility calculated date
   - Functional eligibility for children's waivers
   - Target groups
   - Contact information

Why Children's LTS Waitlist data is collected:
Record and track individuals on the waitlist for CLTS and Intensive Autism Programs.

5. **Core Services**
Definition/Description:
Collects service data for social service and mental health clients and the services they receive. This data is summary level service information. Beginning with 2012 dates of service, Core service data previously reported in the Human Services Reporting System (HSRS) is reported in the Program Participation System (PPS) under 'Core Services'. A subset of this data is captured through a batch upload from the various reporting units.

What Core data is collected:
- SPC
- Target group
- SPC start date
- SPC end date
- SPC review date
- Provider NPI or WPI
- Service worker ID

Why Core data is collected:
Reporting in the Community Services Block Grant (CSBG).

6. **Mental Health Services and Alcohol and Other Drug Abuse Services**

    A. **Mental Health (MH) Services**
    Definition/Description:
    Program provides community-based services to clients with mental health problems that interfere with their ability to function. Mental Health Services were moved to PPS during 2012 fiscal year. Services on the following should be recorded in PPS:
    - All consumers served in the public mental health system
    - Typically all consumers the Department of Community Programs or Human Services Department is responsible for
    - County-provided services and county-contracted services
    - Consumers served with inpatient hospitals, outpatient counseling services, medications only, case management only, etc.
    - Adult and children, regardless of whether counties have separate child and adult mental health agencies.

    What Mental Health data is collected:
    - Commitment status
    - Commitment status review date
    - Presenting problem

- Veteran status
- BRC target population
- Employment status
- Involvement with the Criminal Justice System
- Living situation
- Worker ID
- Local client ID
- First contact date
- Episode start date
- Episode end date
- Address
- Gender
- Birth date
- Client name
- Race and ethnicity
- Client health and disability characteristics
- Diagnosis
- Suicide risk
- General health status
- Referral Source
- Living Arrangement
- Employment Status

The following data is collected on Mental Health services that have been provided to the individual:
- SPC
- SPC start date
- SPC end date
- SPC review date
- SPC delivery date
- Provider NPI or WPI
- Service worker ID
- Reason for discharge
- Units of service

The following data is collected on Coordinated Service Teams (CST):
- Living Situation data
- CANS data

Why Mental Health data is collected:
Provide accurate, timely, useful information necessary for the efficient delivery of services to MH clients, and to satisfy federal and state reporting requirements.
The federal government needs the data to justify continued funding to Wisconsin.
State legislators need the data to justify continued or new State funding for county

programs. State administrators need the data to set and adjust policy and training needs. County MH administrators and programs need the data to analyzed their performance and inform quality improvement activities.

How will the data entered in PPS be used?
- The data is submitted annually to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to meet Mental Health Block Grant requirements.
- The DCTS uses the data to report to the DHS Secretary, Governor, legislature, and community to inform policy-making decisions.
- The DCTS uses the data to monitor specific programs, especially the statewide expansion of CSTs and CCS programs starting in 2014.
- Since 2012, the data is being used to inform a state MH/AODA needs assessment to determine future needs.
- Counties use the information for quality improvement. In 2014, counties will be given increased web access to the data they submit through a State analysis tool that will allow them to run their own reports.

B. **Alcohol and Other Drug Abuse (AODA) Services**
Definition/Description:
Documents community-based, county authorized services to clients with substance use problems.

AODA Services migrated from HSRS to PPS during 2013 fiscal year. AODA services to be recorded in PPS include:
- All consumer AODA services authorized by County Departments of Human Services or Community Programs including detoxification, inpatient, residential, day treatment, outpatient counseling, case management, etc.
- County-provided services and county-contracted services
- Adult and children, regardless of whether the county has separate child and adult units.

What AODA data is collected:
- Support group
- Brief service
- Co-dependent
- Pregnant at time of admission
- Education at time of admission
- Substance problem rank order
- Usual route of administration
- Substance use frequency
- Age of first drug use
- Employment Status
- Arrests
- Living Arrangement

- Worker ID
- Family ID
- Local client ID
- First contact date
- Episode end date
- Referral source
- Address
- City
- State
- Zip
- Race
- Ethnicity
- Characteristics
- Diagnosis

The following data is collected on AODA services that have been provided to the individual:
- SPC
- Target group
- SPC start date
- SPC end date
- SPC review date
- Provider NPI or WPI
- Service worker ID
- Provider ID
- Reason for discharge
- Units of service
- Support group, substance use frequency, employment status, living situation and arrests at discharge

Why AODA data is collected:
To meet requirements for the federal Substance Abuse Prevention and Treatment Block Grant (SAPT) funds. The purpose is to provide accurate, timely, useful information necessary for the effective and efficient delivery of services to AODA clients and to satisfy reporting requirements. The State uses the data to report to the DHS Secretary, Governor, legislature, and community leaders to inform policy decisions. The data is summarized for use by State and County agencies in planning and evaluating services.

How will the data entered in PPS be used?
- DMHSAS uses the data to report to the DHS Secretary, Governor, legislature, and community to inform policy-making decisions.
- Since 2012, the data is being used to inform a state MH/AODA needs assessment to determine future needs.
- Counties use the information for quality improvement.

7. **Mental Health and AODA Participation (Enrollment) including CRS**
Definition/Description:
MH/AODA participation tracks participation/enrollment in the Mental Health and Substance Abuse programs (for example – CRS, COP, CCS, TAP, etc.).

There is a real time interface with Functional Screen. Functional screen determines functional eligibility and/or level of need for Mental Health and AODA Medicaid benefits.

What MH/AODA Participation data is collected:
- Responsible agency
- Category: Mental Health or Substance Abuse program
- Program
- Begin date
- End date
- Disenrollment reason
- A check box to indicate whether the person has been receiving the services prior to the start date.

Why MH/AODA Participation data is collected:
To give the counties the ability to track participants in the MH and AODA programs.

8. **Nursing Home Referrals**
Definition/Description:
Automates Nursing Home referrals and allows the local contact agencies, the Aging and Disability Resource Centers (ADRCs) to process the referral on-line instead of manually. Nursing homes refer a resident to the ADRC to discuss community living.

What Nursing Home Referral data is collected:
1. Nursing Home Information:
   - Name of the nursing home
   - License number
   - Address of the nursing home

2. Nursing Home Contact Information:
   When a Nursing Home makes a referral for the first time, this section will be blank. Once entered, the information will be saved in the system and will be pre-populated on this page onward.

   This section captures the following details. By default it holds the logged on user contact details (entered and saved in the system upon first time login).
   - Name of the Nursing Home Contact
   - Title
   - Email
   - Phone

3. Resident Information
   - Referral date: This field displays the current system date as read only.
   - Original admission date: This field is the date on which the resident was originally admitted to the nursing home.
   - First name
   - Last name
   - Gender
   - Birth date
   - Room number
   - Resident's phone
   - County location preference: By default this field holds the county corresponding to the logged on user agency.
   - Current Nursing Home Payer information

4. Legal Guardian or Power of Attorney Contact
   Captures the Legal Guardian or Power of Attorney or designated contact of the resident. It holds the following details:
   - Option to choose if the contact is a Legal Guardian or Power of Attorney or a designated contact
   - Contact's first name
   - Contact's last name
   - Contact's address
   - Phone number
   - Email

Why Nursing Home Referral data is collected:
- Per Federal Code 42 CFR 483.20 nursing homes that participate in the Medicare or Medicaid programs must complete the Minimum Data Set (MDS) assessment for all residents admitted to the facility and periodically thereafter.
- Nursing Homes are required to make a referral to the designated ADRC for any resident who indicates they wish to talk to someone about returning to the community. The nursing home is required to make the referral to the ADRC within 10 business days of completing Section Q. ADRCs are expected to contact the resident within 10 business days of receipt of referral.

9. **OPIB Grant Federal Reports (942, HSRR)**
   Definition/Description:
   These two reports capture required county reporting of financial and expense reporting.

   What OPIB Grant Federal Report data is collected:
   F20942 Expense Report
   The F20942 Expense Report allows county reporting units to enter and report annual expense information to the state.

The Report Summary section at the top of the page displays the report name, report year, report status and reporting unit. This section will also contain a contact name, phone number, and email address for the primary contact of the reporting unit, which will all be editable fields. The name and phone number are required fields.

The Report Detail Groups section is where expense information is entered. Only numerical data should be allowed in the data fields. Users are able to enter data at the cluster or SPC level. If a cluster amount is entered, the SPC level amounts are cleared. If a SPC amount is entered, the cluster level is re-totaled. As dollar amounts are entered, the total for the row is automatically calculated and displayed in the total column. Cluster level data can only be entered for the Alcohol and Other Drug Abuse column.

F22540 Revenue Report (HSRR)
The F22540 Revenue Report allows county reporting units to enter and report annual revenue information to the state.

The Report Summary section at the top of the page displays the report name, report year, report status and reporting unit. This section will also contain a contact name, phone number, and email address for the primary contact of the reporting unit, which will all be editable fields. The name and phone number are required fields.

The revenue report consists of four tabs, each containing the same revenue sources. The tabs represent the different reporting categories. When the user enters data and clicks out of the cell, the totals across the rows and columns should automatically be updated. There is one column that sums the totals for the row for the current tab and a second that tracks the totals across all tabs.

Why OPIB Grant Federal Reports data is collected:
- Financial reporting: HSRR
- Expense reporting – 942

Deprecated Modules

10. Critical Incidents (not released for production use)-----Deprecated
Definition/Description:
Record and track incidents for LTS Children's Waiver Program and IRIS (adults) programs and capture information on Contacts, Incidents, and Investigations and Outcomes.

What Critical Incidents data is collected:
- Participant contact information
- Primary contact information
- Waiver agency contact responsible for incident report

Report start date: system generated
Incident ID: system generated

Participant Contact Information
- Address
- City
- State
- Zip code
- Phone
- Medicaid waiver program the person was participating in at the time of the incident
- Current county of residence
- Living arrangement
- Is the participant currently under a court order?
- Type of court order

Primary Contact Information
- First name
- Last name
- Address
- City
- State
- Zip code
- Relationship to participant
- Home phone
- Work phone
- Cell phone

Waiver Agency Contact Responsible for Incident
This section captures information about the individual at the agency who is responsible for the incident:
- Agency: This field should default to the agency of the logged in worker.

- Agency contact name
- Title
- Phone 1
- Phone 2
- Email address

Incidents
- Incident information
- Type of incident
- Persons involved

Incident Information
- Incident ID (read-only): system generated
- Report start date (read-only): system generated. Same as filing date. That is the date on which the report was first started.
- When did the incident occur?
- Approximately what time did the incident occur?
- When was the incident discovered?
- Where did the incident occur?
- Who reported this incident to the waiver agency?
- When was the waiver agency notified?
- Was the parent/legal guardian notified of the incident?
- What was the county of responsibility at the time of the incident? (This field defaults to the logged in user's agency)
- Estimate date.

Type of Incident
Captures the type and subcategory that describes the incident.
The types are:
- Emotional abuse
- Sexual abuse
- Neglect
- Self-neglect
- Financial exploitation
- Unapproved use of restrictive measures
- Crime
- Medical/health related
- Behaviors
- Death
- Other

Persons Involved
Contains information about individuals who were involved in the incident.
- Role

- Type of involvement
- Name of Employer/Agency
- First Name
- Middle Initial
- Last Name
- Date of Birth
- Social Security Number
- Relationship to Participant

Referral and Investigations
Captures information on investigations and outcomes related to the incident.
- Referrals and Investigations
- Waiver agency review

Referral and Investigations
The waiver agency can refer an incident to one or more investigating agencies.
- Referred to
- Referral date
- Referral status
- Investigation outcome date
- Describe the results or recommendations of the investigating agency

Waiver Agency Review
Captures the waiver agency's review results. These outcomes and conclusions are not tied to a given investigative agency, but are overall outcomes for the incident at the waiver agency level.
- Describe the results and findings of the waiver agency review.
- Did this incident pose a serious risk to the health, safety and welfare of the participant?
- Did this incident result in serious harm to the health, safety and welfare of the participant or another person?
- Did this incident require immediate action?
- What actions were taken or changes made as a result of this incident?
- Provide details to describe the actions taken above
- Was the participant or their legal representative informed of the review results?
- Is the waiver agency review complete?
- Review completion date.

Why Critical Incidents data is collected:
Record and track incidents for LTS Children's Waiver Program and IRIS (adults) programs, and capture information on Contacts, Incidents, and Investigations and Outcomes. Incident reporting is required as part of federal waivers.

11. Employment Outcomes-----Deprecated

Definition/Description:
- Tracks employment outcomes for Family Care members and IRIS participants who are employed according to their most recent functional screen.
- Outcomes are recorded by employment providers, Managed Care Organizations (MCOs), and the IRIS Consultant Agency (ICA).
- The addition of information by the OIE user can only take place within six weeks of the reporting periods: starting from May 1st, 20XX or from November 1st, 20XX or the override dates.

What Employment Outcomes data is collected:
- Information on employment goals.
- Employment status.
- Employment details for specific jobs held by a particular participant.

Why Employment Outcomes data is collected:
The PPS Employment Module provides the following reports:
- Individual level data is accessible to MCO care managers and IRIS consultants so they have accurate, up-to-date data on the employment outcomes being achieved by each working-age individual.
- Aggregate data on all working-age participants or selected sub-sets of working-age participants will be accessible to MCO and IRIS quality management staff to inform QI efforts.
- Aggregate data on outcomes produced by specific service providers will be accessible to MCO provider network staff to aid in performance-based contracting.

12. Family Care Centralized Enrollment------Deprecated

This module is now not accessible to users however, the code and data has not been archived and still exists in the system.

Definition/Description:
The Family Care Centralized Enrollment provides the following:
- Provides automation support for central enrollment of managed long-term care programs and IRIS processing in the Family Care Expansion Counties. Note: Even though the functionality of enrolling IRIS participants through the Family Care Centralized Enrollment exists, this process has not been implemented.
- Real time interface with Functional Screen and CARES
- Nightly batch to send screen data record to CARES for enrollment into Family Care and IRIS

What Family Care Centralized Enrollment data is collected:
- Agency
- Program: Family Care, FC Partnership, PACE or IRIS
- Target enrollment date

- Actual enrollment date (will be updated by the batch once the participant enrollment is confirmed in CARES)
- Enrollment status: default is 'Pending'. Changes to 'Submitted' when the batch job sends the data to CARES and finally to 'Enrolled' by the batch job once the enrollment is confirmed in CARES.
- Date submitted: to CARES.
- County
- MCO
- Currently on SSI Managed Care
- Current HMO
- Self dis-enroll
- Nursing home relocation: Yes/No.
- Hold submission

Why Family Care Centralized Enrollment data is collected:
Provides automation support for central enrollment of managed long-term care programs and IRIS processing in the Family Care Expansion Counties.

13. **IRIS (Include, Respect, I Self-Direct)-------Deprecated**
Definition/Description:
Tracks participation in the IRIS program.

What IRIS data is collected:
- Responsible agency
- Program: IRIS Waivers (selected by default)
- Referral date
- Begin date
- End date
- Disenrollment reason

The following fields can be modified in the 'Edit' mode.
- Responsible agency
- Referral date
- Begin date
- End date
- End reason

Why IRIS data is collected:
Track individuals in the IRIS program.

14. **LTC Room and Board---------Deprecated**
Definition/Description:
Room and Board is a calculator for determining member's income to pay for room and board in substitute care settings. Web services calls CARES brings certain

information into PPS and calls FSIA to ensure the person is functionally eligible for services.

What LTC Room and Board data is collected:
- Responsible agency
- DIA amount for agency: display only.
- CARES lookup late: This is the CARES response received date (display only).
- Current MA eligibility: display only.
- Actual MA End date: display if the person has eligibility end date in CARES.
- Estimated MA end date: display if the person has review date in CARES.
- Waiver group description: (display only).
- Status: Pending / Complete (display only).
- County: a drop down with the counties that are attached to the logged on user's agency.
- Last updated date: display the last modified date of the page.
- Facility type: Owner Occupied AFH, Corporate AFH or CBRF, RCAC
- Monthly earned income (Net)
- Monthly unearned income (Gross)
- Earned income disregard: This is a calculated value.
- Unearned income disregard: This is a calculated value.
- Discretionary income allowance: This is a calculated value.
- Health insurance premiums: Insurance premiums paid by the member.
- Medical/remedial expenses
  - Medical expenses are anticipated incurred expenses for services or goods that have been prescribed by professional medical practitioner.
  - Remedial expenses are cost incurred for services or goods that are provided for the purpose of relieving, remedying, or reducing a medical or health condition.
- Special exempt income: This is the cost of certain court ordered payments paid out of pocket by the person.
- Family maintenance allowance: This is the cost of living allowance for maintenance of dependent family members paid out of pocket of person.
- Spousal income allocation: This is the income the person is allowed to and has chosen to allocate to support his/her spouse and any dependents that live in the community.
- Cost share or spend down: This is an amount prior to determining an individual has available for the cost of room and board, any income required to be used to establish eligibility or any required post eligibility

Why LTC Room and Board data is collected:
Tool to help CMOs determine a member's income to pay for room and board in substitute care settings.

Acronyms

Acronym	Definition
ADRC	Aging and Disability Resource Center
AFH	Adult Family Home
AODA	Alcohol and Other Drug Abuse
B-3	Birth to 3
BRC	Blue Ribbon Commission
CARES	Client Assistance for Re-employment and Economic Support System
CANS	Children's Assessment Needs and Strengths
CBRF	Community-Based Residential Facility
CCS	Comprehensive Community Services
CLTS	Children's Long Term Supports
COP	Community Options Program
CRS	Community Recovery Services
CST	Coordinated Service Team
DCTS	Division of Care and Treatment Services
DHS	Department of Health Services
DIA Amount	Discretionary Income Allowance
DPI	Department of Public Instruction
eWiSACWIS	Wisconsin State Automated Child Welfare Information System
FC	Family Care
FSIA	Functional Screen Information Access
HMO	Health Management Organization
HSRR	Human Services Revenue Report
HSRS	Human Services Reporting System
IC	InterChange
ICA	IRIS Consultant Agency
IDEA	Individuals with Disabilities Education Act
IRIS	Include, Respect, I Self-direct
IFSP	Individual Family Service Plan
LEA	Local Educational Agency
LTC	Long Term Care
LTS	Long Term Support
MA	Medical Assistance (known as Medicaid)
MCI	Master Customer Index
MCO	Managed Care Organization
MDS	Minimum Data Set
MH	Mental Health
NPI	National Provider Index
OIE	Office of Independent Employment
OPIB	Office of Policy Initiatives and Budget
PACE	Program of All-inclusive Care for the Elderly
PPS	Program Participation System
QI	Quality Improvement
RCAC	Residential Care Apartment Complex
SAPT	Substance Abuse Prevention and Treatment Block Grant
SPC	Standard Program Category
SSI	Supplemental Security Income
TAP	Treatment Alternatives Program
WAMS	Wisconsin Access Management System
WE-TRAC	Wisconsin EHDI Tracking, Referral and Coordination System (EHDI = Early Hearing Detection and Intervention)
WPI	Wisconsin Provider Index

PPS Diagram

Program Participation System (PPS) Modules														

Original 4 Modules				10 Modules added since 2008										
Adult Waitlist	Family Care Centralized Enrollment Deprecated	Mental Health and AODA Participations (including CRS)	IRIS (Include, Respect, I Self-Direct) Deprecated	Birth to 3	Birth to 3 - DPI	LTC Room and Board Depricated	Employment Outcomes (OIE) Depricated	OPIB Grant Federal Reports (942, HSRR)	Core Services	Nursing Home Referrals	Mental Health (MH) Services	Alcohol and Other Drug Abuse (AODA) Services	Critical Incidents (not released for production use) Deprecated	Children's LTS Waitlist

Core Features/Functions e.g., Search Utility, Registration, Agency Admin

On-Line Data Collection	Shared Infrastructure	Batch Data Collection	Inbox