The Disability Benefit Specialist Program

DBS Database User Manual

August 2012

Wisconsin Department of Health Services
Division of Long Term Care
Bureau of Aging and Disability Resources
P-00401 (12/2014)

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I. Introduction

The Disability Benefit Specialist (DBS) Database was designed by the Wisconsin Department of Health Services (DHS) for use by all disability benefit specialists (DBSs) statewide, including those housed at Aging and Disability Resource Centers (ADRCs) and those employed by the Office for the Deaf and Hard of Hearing and the Great Lakes Inter-Tribal Council. Every DBS is responsible for maintaining accurate, up-to-date information about clients, client cases and information-only contacts in this database.

The database was designed using Microsoft Access. All DBS program data is stored centrally on a state server, and is transmitted to and from local DBS work sites using the DHS Citrix Web Interface.

Database Access. Access to this database is carefully restricted to preserve the confidentiality of client information. The database is accessible only to DBSs, local DBS supervisors, clerical staff who assist the DBS with data entry, the state DBS program manager and certain DHS information technology (IT) staff. DBSs, DBS assistants and DBS supervisors can only view the client records of individuals residing within their local service area. Utilizing a search function, they can identify whether an individual has received DBS services outside of their service area; however, they cannot view records for such an individual unless s/he provides written consent for the sharing of this information. The state DBS program manager and DHS IT staff have unrestricted access to information in the DBS database for the purposes of providing technical assistance to DBSs and extracting statistical data.

A DBS database user account may not be transferred to or shared with another user. It is the responsibility of the local DBS supervisor to notify the state DBS program manager when a DBS database user is terminated from employment so that the user's database account can be deactivated promptly.

Technical assistance. If you are having difficulties logging in to the DBS Database, contact the **Wisconsin IT Help Desk** at helpdesk@wi.gov or **(866) 335-2180**. Please explain to the Help Desk staff at the outset that you are an "external user" (i.e., you are not a State employee).

Database Administration. Questions and concerns regarding the DBS Database administration should be directed to:

Rosa Plasencia, Disability Benefit Specialist Program Manager
Office for Resource Center Development
Wisconsin Department of Health Services
1 W. Wilson St. Rm. 551, P.O. Box 7851
Madison, WI 53707-7851
Tel: (608) 264-9851 Fax: (608) 267-3203
rosa.plasencia@dhs.wisconsin.gov

II. Installing DHS Citrix: Instructions for First Time Use

Logging in to the DHS Citrix system is the first step to accessing the DBS Database. If you are first-time DBS database user, you must install DHS Citrix software on your computer before you can log in. This section describes the installation process for first-time users. If the installation process does not proceed as described below, please consult your local technical support staff or contact the **Wisconsin IT Help Desk** at **helpdesk@wisconsin.gov** or **(866) 335-2180** for assistance. Please explain to the Help Desk staff at the outset that you are an "external user" (i.e., you are not a State employee). Keep track of the problem ticket number that is assigned to you until the problem is resolved.

Open your Internet browser. (For best results, Internet Explorer is recommended.). Enter the URL of the DHS Citrix webpage: **https://remote.health.wisconsin.gov** and bookmark this URL or save it to your "Favorites."

Shortly after you arrive at the DHS Citrix home page, you will be provided with the option to "Download Client" as pictured in ***Figure 2.1*** below. Click in the checkbox to indicate that you accept the Citrix license agreement. Now you can click on the **'Download'** button to start installing the Citrix software.

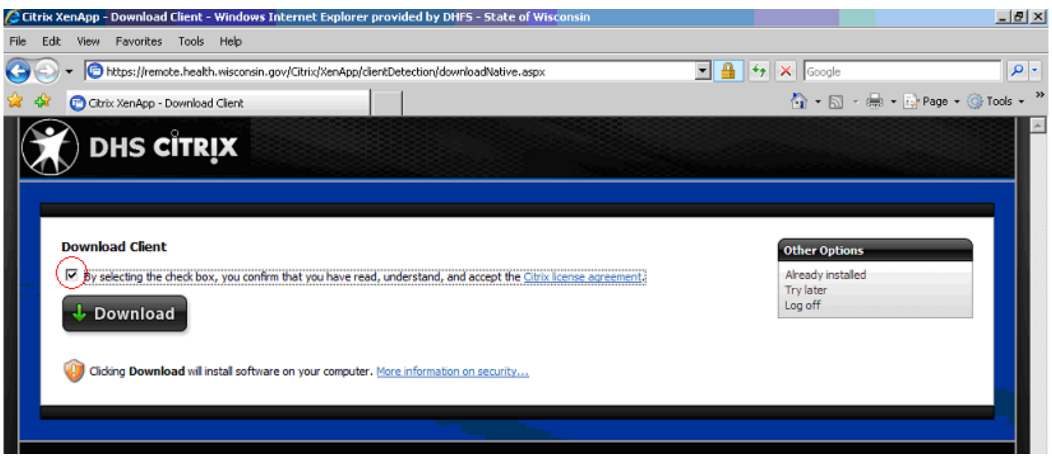

Figure 2.1

A "File Download" pop-up will appear, as pictured below in ***Figure 2.2.*** Click **'Run'** to install the CitrixOnlinePluginWeb.exe.

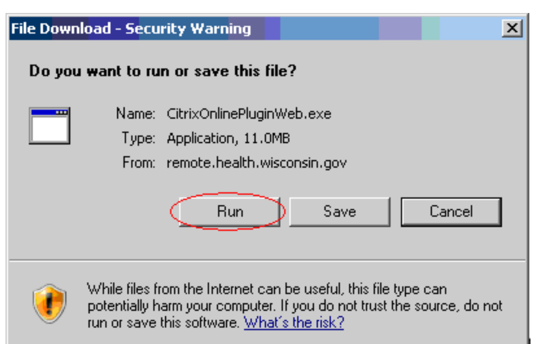

Figure 2.2

Internet Explorer users may see a "Security Warning" as pictured in ***Figure 2.3***. Click **'Run'** to proceed.

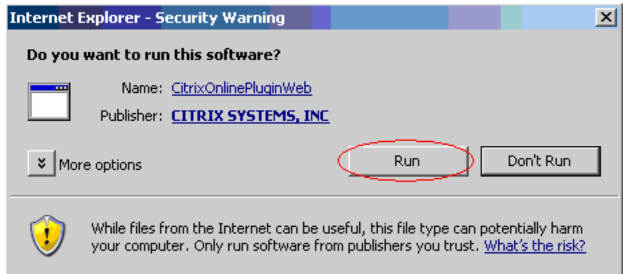

Figure 2.3

While the Citrix software is being installed, you will see a screen that says "Installing…." When the installation is completed, you will see the window pictured below in ***Figure 2.4.*** Click **'OK'** to return to the Citrix session:

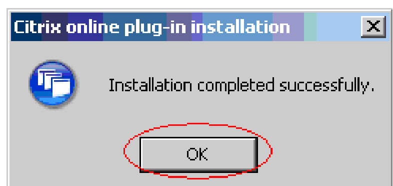

Figure 2.4

Now that you have successfully installed the Citrix software, you will be returned to the DHS Citrix home page, as shown below in ***Figure 2.5***. Enter your Citrix user name and password as supplied by the DBS program manager and click **'Log On.'**

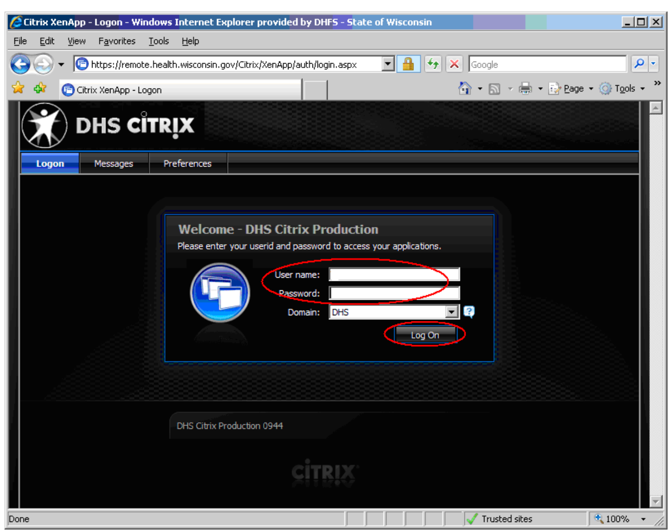

Figure 2.5

You will be directed to log in to the SQL server. Installation of the Citrix Web Interface software is now complete. Proceed to *Chapter III* for instructions about routine log-in to the DBS Database.

III. How to Log In

Each time you enter the DBS Database, you must log in to two systems, each with its own user name and password. The DBS program manager will provide you with credentials for these two log-in screens. First, you must log in to the DHS Citrix web interface. The DHS Citrix log-in screen is pictured below in ***Figure 3.1***. To log out of DHS Citrix, always click on **'Log Off'** in the upper right corner of the DHS Citrix screen.

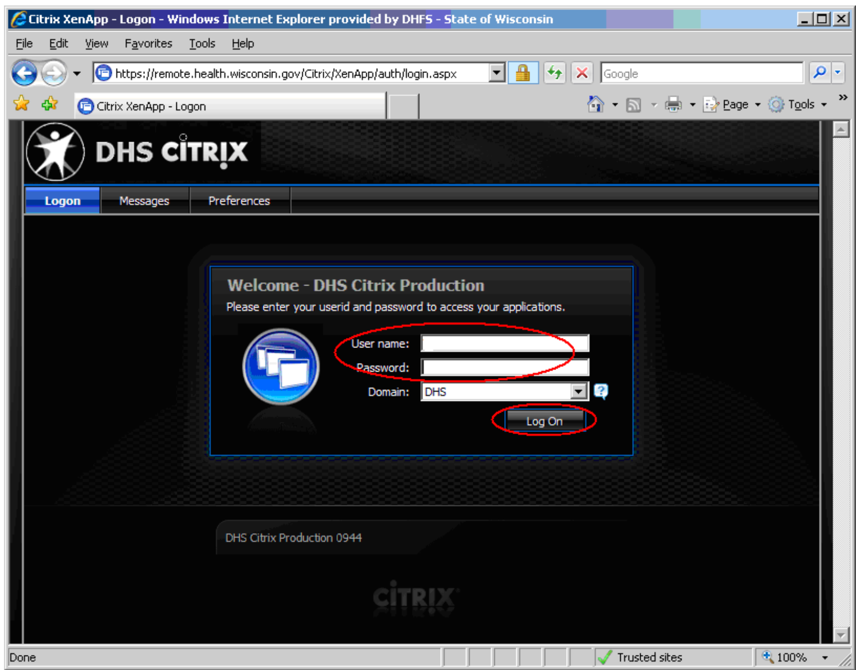

Figure 3.1

Next, you must log in to the SQL Server. Click on the DBS icon as pictured below in ***Figure 3.2***.

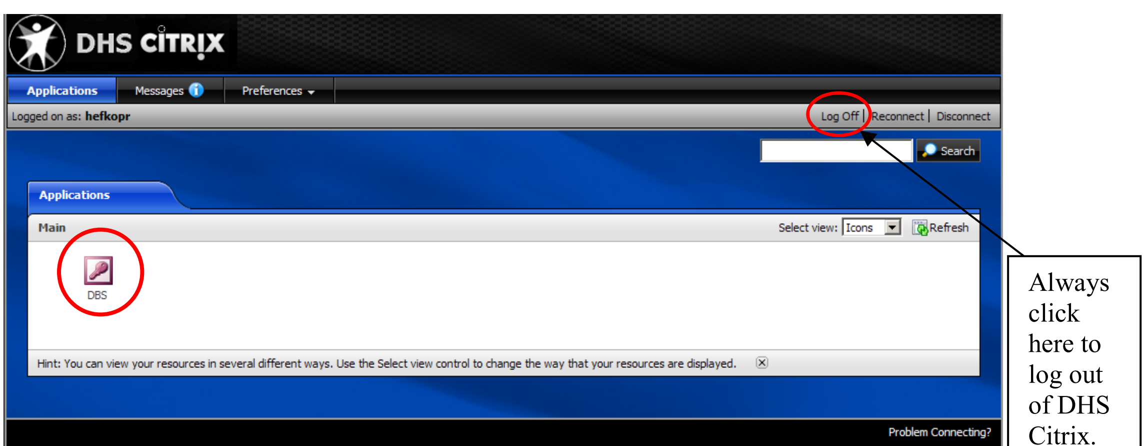

Figure 3.2

You will then see the SQL Server Login screen pictured in ***Figure 3.3***. Enter the SQL Server Login ID and Password that were supplied to you by the DBS Program Manager. Do not check the box to "Use Trusted Connection." Click **'OK.'**

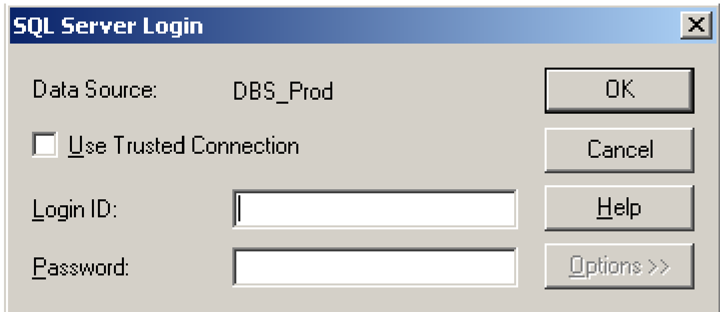

Figure 3.3

Once you have logged in to the SQL Server, you will see the Main Menu for the DBS Database, as pictured in ***Figure 3.4***.

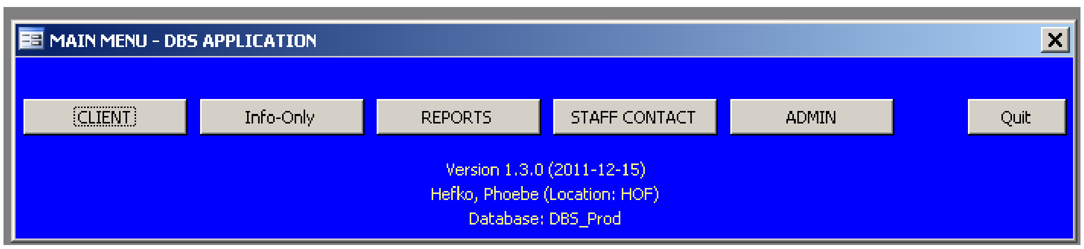

Figure 3.4

On the Main Menu, there are six buttons, representing six separate sections of the database. Click on one of these buttons to enter the corresponding section of the database.

The **'CLIENT'** section is used to record information about DBS clients and their cases.

The **'Info-Only'** section is used to record brief "information-only" contacts.

The **'REPORTS'** section allows you to generate a variety of standard reports.

The **'STAFF CONTACT'** section contains a listing of registered database users.

The **'ADMIN'** section is only accessible to the DBS program manager and IT staff at DHS. It is used to adjust settings within the database.

The **'QUIT'** button is used to log out of the SQL server.

In the chapters that follow, you will find instructions for navigating the database, entering and locating information into the Client and Info-Only sections, and generating reports.

IV. General Navigation Tips and Keyboard Shortcuts

The DBS Database was designed in Microsoft Access. By developing a familiarity with the following features of Microsoft Access forms, you will find it easier to navigate the DBS Database.

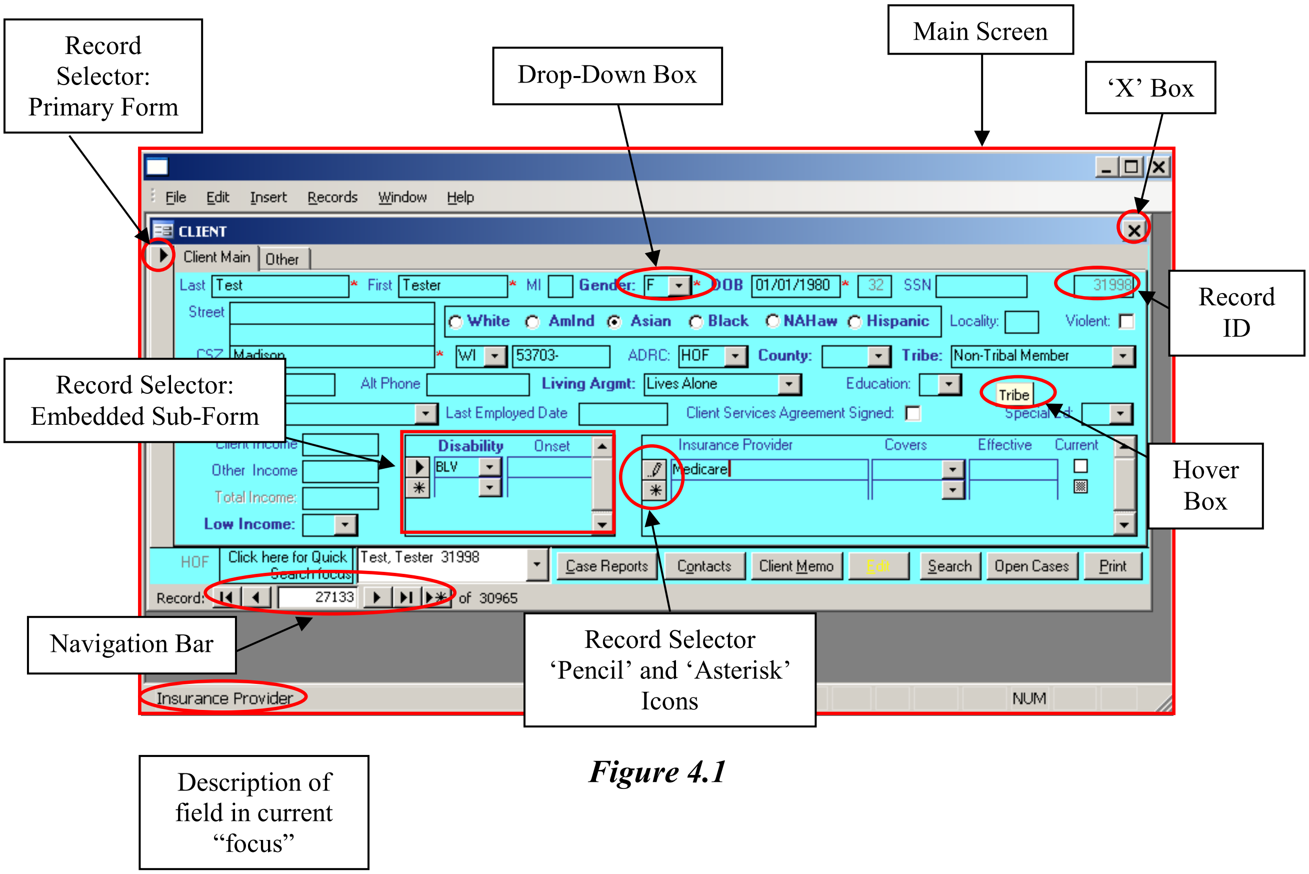

Figure 4.1

A. General Navigation Tips

Main Screen. The main screen will always be open when you are working with the DBS database. This is the screen Microsoft Access uses to display the other screens in the application. If you click on the **'X'** in the upper right hand corner of this screen, the application will close immediately. Usually, this does not present any problems because the application will automatically save almost everything. However, if you have not entered information into required fields, your records will not be automatically saved when you close the main screen.

'X' Box. Click on the **'X'** in the upper right corner of a screen to close it and return to the previous screen.

Navigation Bar. A navigation bar is located at the bottom of many screens. Click on forward and reverse arrows to scroll through existing records or go directly to the first or last record in your list. Client records will be listed alphabetically; case reports and memos according to date created. To add a new record, click on the '►*' button.

Parent Forms and Embedded Sub-Forms. The screens in the DBS database are generally made up of ***forms*** and ***sub-forms***. The Client screen pictured in ***Figure 4.1*** shows a parent form ('Client Main'). Any field that allows multiple answers, such as "Disability Type" or "Insurance Provider" will be located in an ***"embedded sub-form"*** within the parent form. Sub-forms have their own ***record selectors***. To delete or change an entry in an embedded sub-form, first click on the record selector to highlight the field.

Record Selectors. Every DBS Database form has a ***"record selector"*** on the left-hand side. The record selector will display one of the following symbols depending upon the current status of the record:

- A ***right-pointing arrow*** (►) in the record selector means that record is currently selected.
- A ***'pencil' icon*** in the record selector means the record has been changed, but not yet saved. The record selector will become dark right after the record is saved.
- An ***asterisk*** (*) in the record selector means you can enter information for a new record.

Hover Box. If you allow your cursor to ***hover*** over a field for a moment, a yellow box will appear with information about what to enter in the field. (The same information will also appear in the lower left-hand corner of the main screen when you click to select it.)

Saving a Record. To save data that you have entered, use one of these techniques:

- Click the ***pencil*** icon in the record selector to force a save.
- Use the ***navigation controls*** at the bottom of the screen to move out of the current record. (Then move back in to it, if you want to do more work on the record.)
- When you change to a different folder tab for a sub-record, the parent record is saved.

B. Keyboard Shortcuts

If you prefer to use the keyboard for data entry rather than your mouse, here are some keyboard shortcuts that will make it easier to do so.

KEYBOARD SHORTCUTS	
Tab from One Field to Another	Hit **<Tab>** or **<Enter>** to tab to the next field. Using **<Enter>** will have the same effect as **<Tab>**, unless you are currently focused on a button.
	Hit **<Shift+Tab>** to tab backwards to the previous field.
	Hit **<Ctrl+Tab>** to tab out of an embedded sub-form (e.g. 'Disability' or 'Insurance Provider') and move on to the next field in the parent form.
	If a field with a drop-down list has the focus but is not highlighted, hit **<F2>** to toggle highlighting. You must highlight a drop-down field if you wish to navigate the drop-down list by typing in options.

Enter Data in a Field with a Drop-Down List	Hit **<F4>** to toggle the expansion and collapse of the drop-down list.
	Use the up <▲> and down <▼> arrow keys to navigate to an item in a drop-down list.
	Hit **<Enter>** to select an item in a drop-down list.
Undo Unsaved Changes	Hit **<Esc>** once to undo unsaved changes to the current ***field***.
	Hit **<Esc>** a second time to undo unsaved changes to the entire current ***record***.
Insert Date and Time into a Memo or Note	Hit **<Ctrl + ; >** to insert today's date into the text of a memo.
	Hit **<Ctrl + Shift + : >** to insert the current time into the text of a memo.

V. The Client Section.

When you click on the 'CLIENT' button on the Main Menu, you will open a client record screen as pictured below in ***Figure 5.1***. The client screen is used to record general client information, search for existing records, and access the client's case report(s). Client records should be kept up-to-date with clients' current information. Only one client record should be completed by a DBS for each client, regardless of the number of *cases* that client may have.

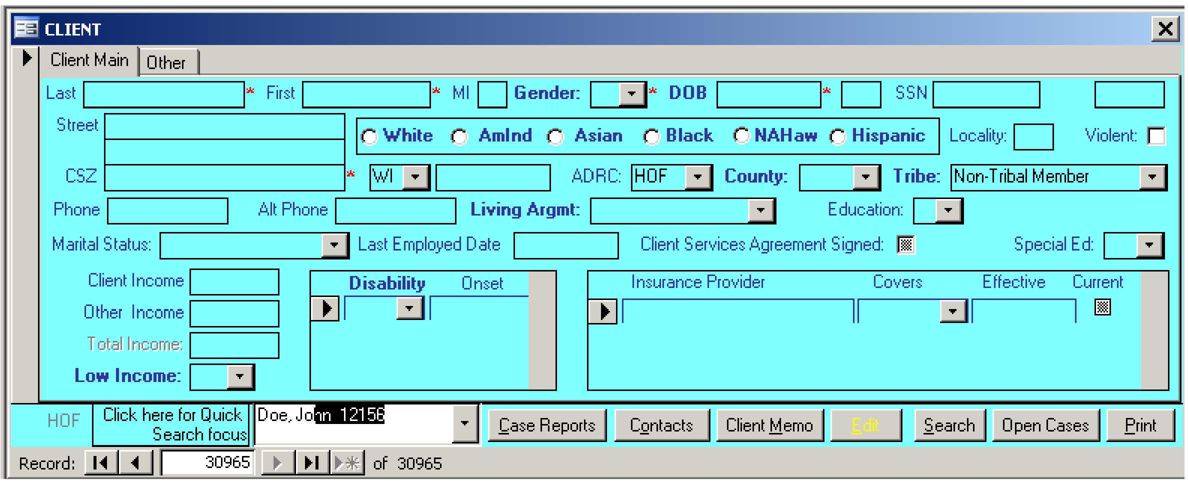

Figure 5.1

A. Creating a Record for a New Client

1. **Check for Existing Client Records.** Before creating a new client record, always do a search to confirm that there are no existing records for your client. There should be no more than one record for each client within your ADRC service area.

   Click on the **'Search'** button at the bottom of the CLIENT screen to open the SEARCH form, as pictured in ***Figure 5.2***. The SEARCH form allows you to search for records by first or last name, date of birth, Social Security number or Client Record ID.

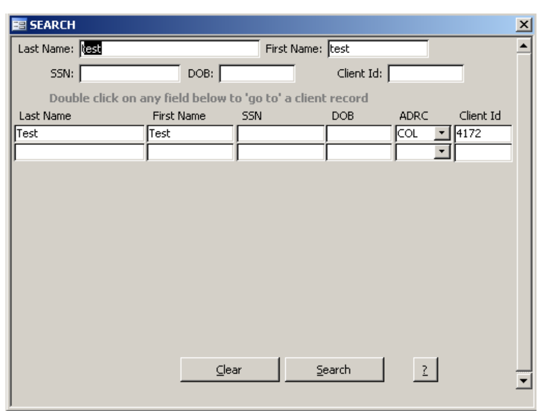

Figure 5.2

You can broaden your search by placing an asterisk anywhere in the search string. For example, if you enter 'Sm*' in the **Last Name** field at the top of the SEARCH form, your search results will include all of the records with a last name that begins with "Sm" (e.g. *Smith, Smyth, Smythe, Smeaton,* etc.).

After entering information into one or more search fields, click on the **'Search'** button at the bottom of the SEARCH screen. Any records in the DBS Database that match the criteria used in your search will appear in a list at the bottom of the SEARCH form, listed according to last name, first name, last four digits of the Social Security number, ADRC, and Client Record ID. To open a client record from the results list, double-click in the **Last Name** field. Click on the **'Clear'** button at the bottom of the SEARCH form to clear existing entries from the search fields before conducting a new search.

You will not be able to open records in the list that belong to another ADRC. If your search shows that your client has a record at another ADRC, it is okay to create a new record for your client. To obtain information from a DBS at another ADRC about services provided, you should obtain written authorization from your client for the release of his/her DBS case file from the other ADRC, then contact the other DBS directly to request information.

2. **Create a New Client Record.** If your search indicates there are no existing records within your service area for your new client, you may create a new client record by clicking on the "arrow asterisk" (►*) button in the navigation bar at the bottom of the client screen. You must enter information into the following fields in order to create and save a new client record: **Last** (Name), **First** (Name), **Gender**, **DOB** (date of birth), and **CSZ** (city, state and zip code). These fields are marked with a red asterisk(*). The following fields are required for state program statistics: **Race/Ethnicity, County, Tribe, Living Arrangement, Low Income,** and **Disability**. These fields are labeled with **bold** type. **Age** is automatically generated when you enter the client's date of birth. **Locality** will be filled in when you enter the client's county of residence. These fields should be filled as soon as you have the information. All other fields in the client screen are optional and can be filled in at any time. **A complete list of client data fields and their definitions is provided in the *Data Fields Glossary* in *Appendix A*.**

   What to Do if You Get a Duplicate Record Alert. If you enter a Social Security Number into the SSN field that has already been used by a client within your ADRC service area, a window entitled *"Duplicate Social Security Number Found"* will pop up, as pictured in ***Figure 5.3***. If you have typed the number correctly, hit <Esc> to prevent the creation of a duplicate record and then use SEARCH to locate the existing record for your client. If you click "OK" or just close the window by clicking the 'X' in the right corner of the window, you will be allowed to continue entering client data into the client record. If you have already confirmed there is no existing client record for this client within your ADRC service area, then you do not need to contact the central office for directions. If you have questions or need help deleting a duplicate client record, contact the DBS program manager at the Department of Health Services.

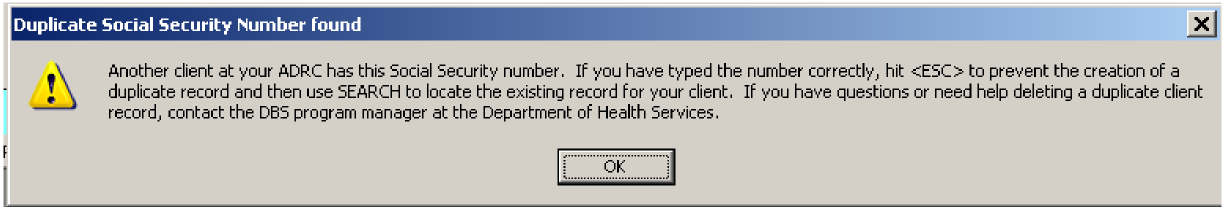

Figure 5.3

3. **Create a Case Report.** After you have created a new client record, click on the **'Case Reports'** button at the bottom of the Client screen to open a Case Report screen, as pictured in ***Figure 5.4*** below, and enter **Date Opened**. Every client record in the DBS Database must have at least one case report attached to it. The case report contains information about the actions you have taken on behalf of a client in order to resolve a specific issue or set of inter-related issues and the outcome of the case.

   A single client may have multiple case reports. The most recently created case will always be listed first. A new case report should be added when you agree to assist an existing client with an issue that is distinct and separate, by virtue of topic and/or timeline from the issues addressed in the client's previous existing cases. To add another case report to an existing client record, click on the '►*' button at the bottom of the case report screen. Toggle between multiple case reports associated with a single client record by using the right (►) and left (◄) arrow buttons in the navigation bar.

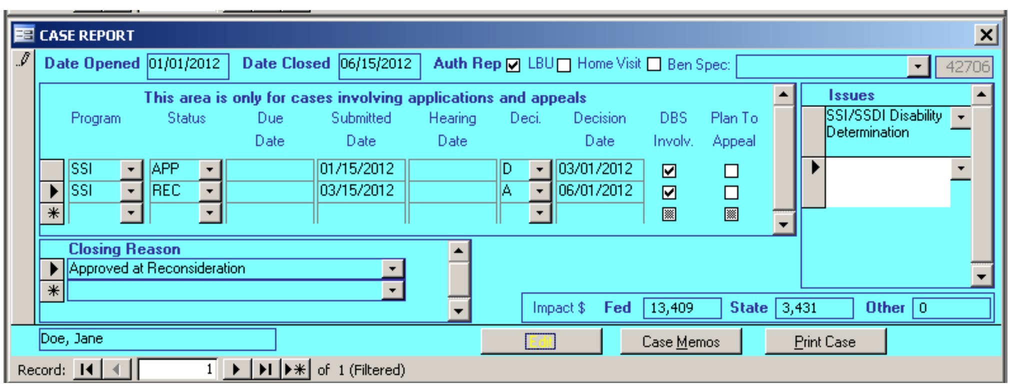

Figure 5.4

The only field within the case report screen that is required for the creation of a case record is **Date Opened**. The client's presenting **Issue(s)** should also be entered at the time the case is opened.

A complete list of Case Report field definitions is provided in the *Data Fields Glossary* in *Appendix A*. A complete list of Issue options is provided in *Appendix B*.

B. Using the Quick Search Tool to Locate Records

Once you have created a client record, you may add to and change the record as the client's case proceeds. This section describes how to locate and open an existing record, using the Quick Search tool.

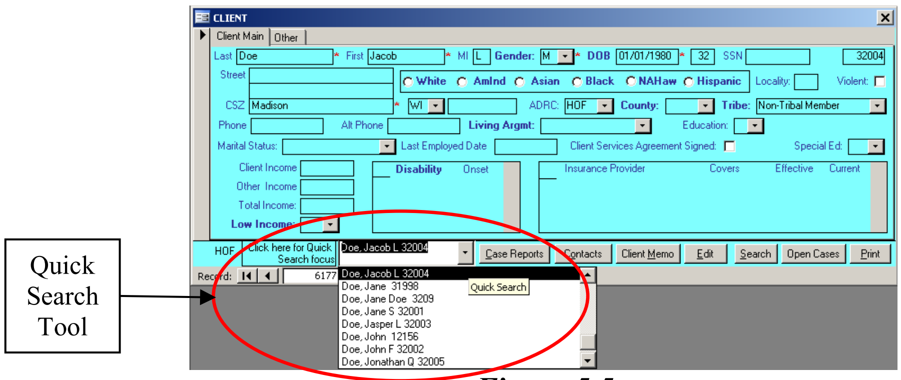

Figure 5.5

The "Quick Search" tool is located at the bottom of the CLIENT screen as pictured in ***Figure 5.5***. To begin a quick search, click in the box labeled "Click here for Quick Search focus." When the field is highlighted, begin to enter a client's last name, followed by a comma and first name. The name that most closely matches the information you have entered will appear in the field. Click on the name displayed in the field to open the corresponding record. If you click on the arrow to the right of the Quick Search field, you will see a drop-down list of all existing client records in your services area, alphabetized by last name. Scroll up or down to see all existing records.

Click on any name in the list to open the corresponding record. If you do not know your client's last name, you may need to use the **'Search'** button at the bottom of the CLIENT screen, as described at the beginning of this chapter.

C. Editing and Deleting Entries

1. **Editing Information in an Existing Record.** Information in an existing client record cannot be changed or added until you have clicked on the **'Edit'** button. When the record is in edit mode, the **'Edit'** button will be highlighted in yellow. The edit function can be used to add or change most fields; however, there are some limitations:

   - **Deleting Data in Embedded Sub-forms.** If a field has a large arrow (▶) in its left sidebar, this is an indication of an embedded sub-form. To delete information entered into an embedded sub-form, click on the arrow in the left sidebar, then select "Edit" from the Microsoft Access toolbar at the top of the main database screen and select "Delete" from the drop-down menu. In the Client Record, embedded sub-forms include: **Disability** and **Insurance Provider**. In the Case Report, embedded sub-forms include: **Program/Status**, **Issues,** and **Closing Reason**.

   - **Deleting Client and Case Records.** Only the DBS program manager can delete an entire client record or case report. If you would like to have this information deleted, please contact the DBS program manager. You will be asked to provide the client's name and client record ID (the number in the field located in the top right corner of the CLIENT screen) and the reason for your request. The DBS program manager will delete the requested information and send you a notice by e-mail when the request has been completed.

2. **Adding Client Contacts.** Click on the **'Contacts'** button at the bottom of the Client screen to open the Client Contact screen, as pictured in ***Figure 5.6***. This section is intended for additional contact information for a client and his/her authorized representative, spouse, primary physician or other key individuals. You may enter an unlimited number of contacts for each client.

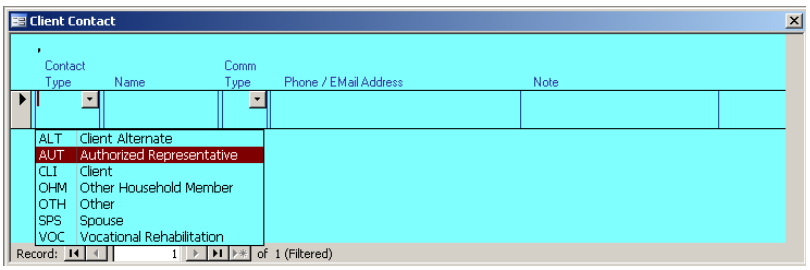

Figure 5.6

3. **Notes about Medical/Psychological Impairments and Past Relevant Work.** Click on the **'Other'** tab at the top of the Client screen to open another screen where you can enter notes about a client's medical and/or psychological impairments and past relevant work. Return to the screen that contains your client's name and address by clicking on the tab labeled **'Client Main.'**

D. Tracking Application and Appeal Status

The "Case Status" area of a case report, indicated in ***Figure 5.7***, is designed to track information regarding the status and outcome of a client's benefits application or appeal. For all cases involving a SSI or SSDI application or appeal, the **Program, Status, Decision**, and **Decision Date** fields are required. For each Program listed, you must enter a corresponding Status. A complete list of Program and Status options is provided in *Appendix C*.

Do not enter information in the Case Status area about cases that do not involve an application or an appeal.

Case status information is featured in all Client Log reports; this type of report may be useful when consulting with your program attorney or local supervisor about your caseload. The data may also be used at the state-level to measure whether benefit specialist services increase the likelihood of our clients' success in obtaining benefits.

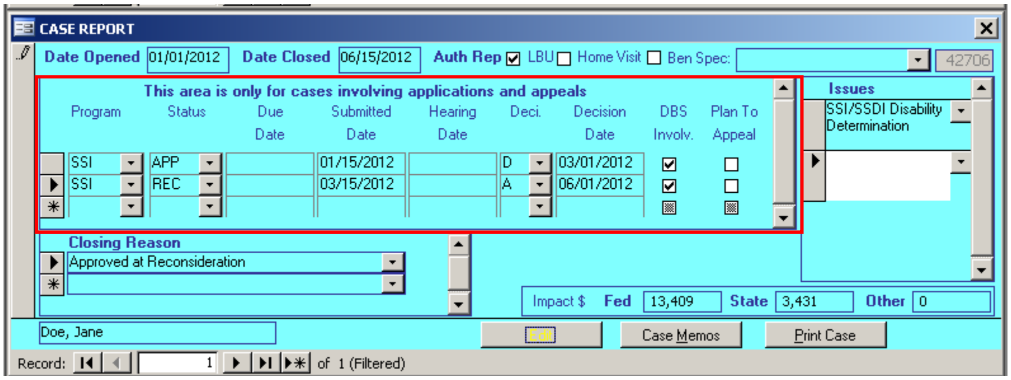

Figure 5.7

If you are involved with a case as it proceeds from initial application to request for reconsideration, etc., you may add lines in the case status area as you go along. For instance, ***Figure 5.7*** illustrates a case in which a DBS assisted a client with an initial application for SSI; when the initial application for SSI was denied, the DBS went on to assist the client in filing a request for reconsideration of the decision, at which point the client was approved for SSI benefits. If you assist a client to file applications for multiple programs at the same time (e.g., SSDI and BadgerCare+ Basic), you may list all of the programs in the same case report; however, keep in mind you must enter the case status for each program listed.

E. Client and Case Memos

Memo fields are an optional place to enter notes about your clients and cases. Consult with your ADRC supervisor as to whether s/he has any preference regarding usage of Memos for case notes.

1. **Client Memos.** The Client Memo screen is intended for general notes about a client (e.g., notes about the need for an interpreter or directions to a client's home). Click on the **'Client Memo'** button at the bottom of the CLIENT screen to open a Client Memo screen**,** as pictured in ***Figure 5.8***.

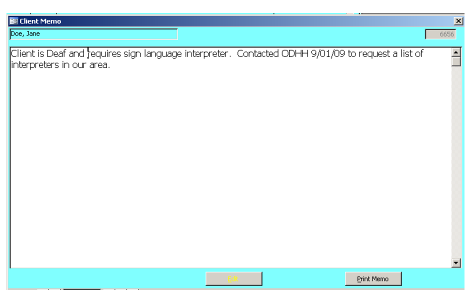

Figure 5.8

The character limit within the Client Memo field is 65,000. There is no limit to the number of memos you may add to a client's record. Once you've created one memo, add more by clicking the '►*' button at the bottom of the memo screen. Click on the **'Edit'** button to add or change information within an existing memo. Click on **'Print Memo'** to print a copy of the memo for your paper file. All memos will be included when you print a Face Sheet or Case Report Summary.

2. **Case Memos.** Use the Case Memo screen for notes about a specific case (e.g., information about the dates and nature of your interactions with the client and others involved in the case). When you click on the **'Case Memo'** button at the bottom of the Case Report screen, you will open a Case Memos screen that lists all existing case memos in order of date created, as illustrated in ***Figure 5.9*** below. The earliest record will be listed first. The screen can display up to nine memos at one time. If there are more than nine memos for a given case, use the scroll bar to see the last memo created or to create a new memo. There is no limit to the number of case memos you can create.

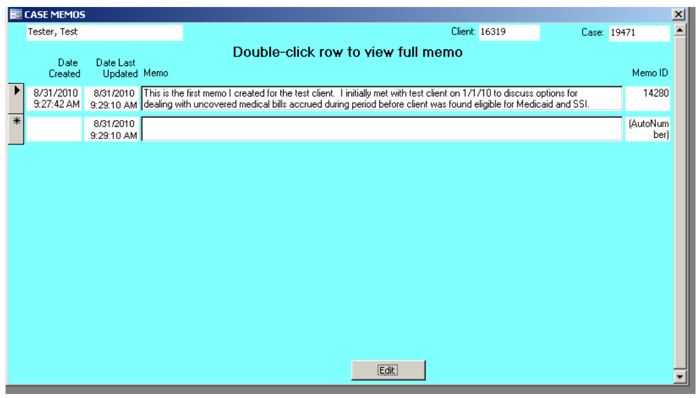

Figure 5.9

The Memo column in the Case Memos screen displays the first two lines in each existing memo. When you click on a text box in the Memo column, navigational arrows will appear to the right of the text box, allowing you to scroll up and down through the text. Double-click on a row in the Case Memos screen to open an individual memo in a separate larger screen. You can add text to a memo either from the main Memos screen or an individual Memo screen. Click on the **'Print'** button at the bottom of the Case Memo screen to print a copy of the individual memo.

To create a new case memo. Click inside the blank text box at the bottom of the memo list in the Case Memos screen and begin entering information. **Date Created**, **Date Last Updated** and **Memo ID** fields are auto-filled.

To edit an existing memo. First click on the **'Edit'** button at the bottom of the list of case memos or the Case Memo screen, then click inside the memo text box and begin entering information. **Date Last Updated** will automatically be updated to reflect the date and time of your most recent edits to the existing memo.

Since **Date Created** and **Date Last Updated** show the date(s) when you entered information into the database, they will not always correspond with the date of the events described in your case notes. Therefore, you should always include the time and dates of events related to your case within the text of the memo itself.

A few early client memos, created before the DBS Database was programmed to track creation dates, will not show a date created or last updated.

3. **Avoid Accidental Deletion of Memos**. If you use the **<Tab>** key while in a Memo field, the entire memo will be highlighted. Continuing to type under these circumstances will wipe out the highlighted text. If you accidentally delete important information from a client or case memo, first press the **<Esc>** key on your keyboard to backtrack. If this does not bring your record back, make note of the date that the memo was deleted and contact the DBS program manager for help; it may be possible for IT personnel to retrieve a deleted memo if it was entered and saved prior to the current business day.

F. Closing a Case

When a client's situation is resolved, it is time to close the case in the database. Whenever you close a case, you must enter **Date Closed** and **Closing Reason.** In addition, you should enter **State, Federal** and **Other** Impact **$** in all cases where your client successfully obtained or retained benefits. Please note that you must enter **Date Closed** before you can enter data for Impact; until you have entered **Date Closed**, the database will not allow you to enter information about **State, Federal** and **Other** fields.

For instructions on calculating the monetary impact of your services, please refer to the *Monetary Impact Guide for Elderly and Disability Benefit Specialists* and the *Monetary Impact Tables*. These state-issued publications are available on the DBS Secure Website in the "Data and Database" section.

G. Transferring a Case to Another DBS

1. **Transferring a case to another DBS within your ADRC.** If a case is transferred from one DBS to another within the same ADRC, the DBS who is taking over the case should continue to add notes to the existing database record. You should change the name listed in the **Ben Spec** field at the top of the case report screen to reflect the name of the benefit specialist who is now handling the case. A note may be added in the Case Memo section regarding the date of the transfer. This type of transfer might occur due to staff turnover or reassigned caseload. There should never be more than one client record for a person within a single ADRC service area even if multiple DBSs are employed by the ADRC.

2. **Transferring a case to a DBS at another ADRC.** If an active client moves from one ADRC service area to another, it is best practice for a DBS to refer the client to the DBS in his/her new service area and obtain permission from the client to share information about the case with the DBS at the new ADRC. Please follow these guidelines for exchanging DBS client information with a DBS at another ADRC:

   - **If your current client is moving out of your ADRC service area,** provide the client with the name and contact information of the DBS in his/her new county of residence. Ask the client's permission to notify the other DBS of the impending move and, if time permits and he/she is willing, have him/her to sign a written release authorizing you to share the case file with the DBS in the new service area. Use a release form that is approved by your ADRC for this purpose. After the client has moved, close the case record in the database using the closing reason "Client Left County/ADRC Service Area."

- **If you receive a request for services from a client who was previously served by a DBS in another ADRC service area**, you should create a new database record for that client. This record will be unique to your ADRC service area. If you would like to obtain information about services provided by another DBS, ask the client to sign an authorization for the release of information from that DBS. Use a release form that is approved by your ADRC for this purpose. Then contact the former DBS directly to request information about the client.

- **After you have obtained client consent,** you may directly contact the DBS at another ADRC to arrange for sharing of case file information. DBSs at different ADRCs should not exchange client information with each other unless they have obtained the client's authorization to do so.

NOTE: Prior to March 7, 2011, if the client provided authorization, there was an option to have the client's existing database record transferred to the new ADRC service area. This practice will no longer occur after March 7, 2011. Instead the existing client record will permanently remain with the DBS in the ADRC of origin. When the client requests services from a DBS at another ADRC, the new DBS should create a unique database record specific to his/her ADRC service area. If you would like to regain access to a client record that was transferred prior to this change in policy, please contact the DBS Program Manager directly at **rosa.plasencia@dhs.wisconsin.gov** or (608) 264-9851. These situations will be handled on a case-by-case basis.

H. Printing Face Sheets and Case Reports

Click on the **'Print'** button in the bottom right corner of the CLIENT screen to print a Client Face Sheet that contains all of the information you have entered in the CLIENT screen.

Click on the **'Print Case'** button in the bottom right corner of the CASE REPORT screen to generate a report that contains all of the information entered on a case, including all case memos and information in the CLIENT screen.

These reports will not physically print until you click on **'File'** on the Microsoft Access tool bar at the top of the main database screen and select **'Print,'** then complete any additional actions necessary to submit a print job to your local printer.

VI. The Info-Only Section

When you click on the **'Info-Only'** button, located on the Main Menu to the right of the **'CLIENT'** button, you will open the INFO ONLY – PERSON screen, as pictured below in ***Figure 6.1***. The Info-Only section of the database is used for recording brief contacts (30 minutes or less) that cannot be classified as "cases." A customer interaction cannot be classified as a "case" if it does not involve in-depth analysis of individual circumstances or if it does not fall within the DBS program's scope of services. We track information-only contacts because the cumulative time spent on these types of interaction can impact DBS workload.

Definition of an "Information-Only" Contact. When a DBS spends less than thirty (30) minutes in total, including call-back and research time, providing an ADRC customer with an answer to a general question or providing a referral to another agency, this should be recorded as an info-only contact. Generally, whenever a DBS spends more than thirty minutes in assisting an individual, the interaction should be treated as a case and entered in the Client Section of the database. Any individual who contacts you more than twice in a single quarter for information-only assistance should be recorded as a client.

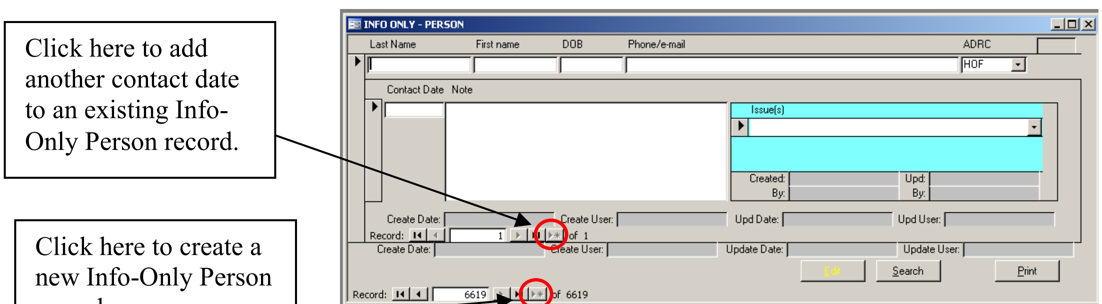

Figure 6.1

How to Create and Edit an Info-Only Record. To create a record for a person who is receiving Info-Only services from you for the first time, click on the **'►*'** button at the very bottom of the Person screen as indicated above in ***Figure 6.1***. To add another contact date to an existing person's record, click on the **'►*'** button directly below the **Note** field. To change or update an existing record, click the **'Edit'** button at the bottom of the Info-Only screen.

Required Fields in the Info-Only Section. For the statistical purposes, you are required to enter date of contact and issue(s) discussed. The amount of identifying information you record about information-only contacts should be decided in consultation with your local ADRC supervisor. If you do not wish to keep track of the name and other identifying information when providing information-only assistance to a caller, you should enter "anonymous" or some other generic term into the Last Name field; otherwise you will not be allowed to save the record.

Notes Limit. The amount of text you can enter in the info-only **Note** field is limited to a maximum of 4,000 characters (or about 80 lines of text). If you enter more than the maximum number of characters allowed in this field, you will not be able to save the record.

VII. Reports

The DBS Database offers a variety of reports. To access these reports, click on the **'REPORTS'** button located on the Main Menu to open the REPORT SELECTION screen, pictured in ***Figure 7.1***. Log reports provide identifying information about your clients and info-only contacts that can be useful during consultation with your local supervisor and your program attorney about your caseload. Summary reports contain only statistical information and are intended for use by your ADRC, county and the Wisconsin Department of Health Services (DHS) to examine the scope and impact of the program.

How to Create a Report

1. To run a report, first click to highlight the name of report you would like to obtain.

2. Next, enter **Start Date** and **End Date**, if applicable, using the format MM/DD/YYYY. Note that the two *Duplicate Clients/Persons* reports do not require a Start and End Date. For a *Client Log – All Open Cases* report, Start and End Dates should be identical to each other. Do not select a time span longer than three months for the *Client Log - Opened Cases* or *Closed Cases* or *Log of Info Only Contacts* reports.

3. Finally, click the **'Run Report'** button. There may be a brief pause before the report appears on your screen. If you have selected a time span longer than three months for a log report, it may take an especially long time to generate your report.

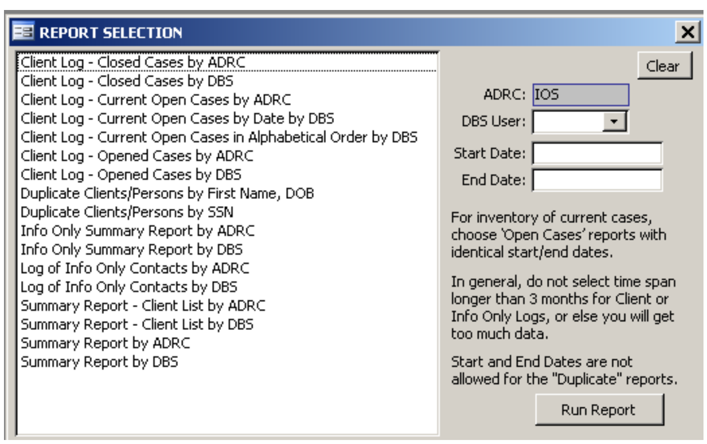

Figure 7.1

As follows is a brief description of the report options that are currently available:

- **Application and Appeal Outcomes (by DBS or ADRC):** A report on closed cases for any specified time period that tabulates the decisions (i.e., outcomes) of all applications and appeals entered in the Case Status area of the case report, according to program and status.

- **Client Log – Closed Cases (by DBS or ADRC):** An inventory of all clients with cases closed within the specified time period. The report lists clients alphabetically and includes any information you have entered regarding case status (e.g., date opened, date closed, program, status, application date, and due dates for reconsideration requests and hearings). A tally of cases and clients is provided at the beginning of the report.

- **Client Log – Current Open Cases by ADRC:** A "point-in-time" inventory of all clients with cases open on a specific date. For this report, the Start Date and End Date you enter in the Report Selection screen should be identical to each other. The report lists clients alphabetically and includes any information you have entered regarding case status (e.g., date opened, date closed, program, status, application date, and due dates for reconsideration requests and hearings). A tally of cases and clients is provided at the beginning of the report.

- **Client Log – Current Open Cases by Date by DBS:** A "point-in-time" inventory of all clients with cases open on a specific date. For this report, the Start Date and End Date you enter in the Report Selection screen should be identical to each other. The report lists cases according to date opened with the earliest cases listed first and includes any information you have entered regarding case status (e.g., date opened, date closed, program, status, application date, and due dates for reconsideration requests and hearings). A tally of cases and clients is provided at the beginning of the report.

- **Client Log – Current Open Cases in Alphabetical Order by DBS:** A "point-in-time" inventory of all clients with cases open on a specific date. For this report, the Start Date and End Date you enter in the Report Selection screen should be identical to each other. The report lists clients alphabetically and includes any information you have entered regarding case status (e.g., date opened, date closed, program, status, application date, and due dates for reconsideration requests and hearings). A tally of cases and clients is provided at the beginning of the report.

- **Client Log – Opened Cases (by DBS or ADRC):** An inventory of all clients with cases opened within a specified time period. The report lists clients alphabetically and includes any information you have entered regarding case status (e.g., date opened, date closed, program, status, application date, and due dates for reconsideration requests and hearings). A tally of cases and clients is provided at the beginning of the report.

- **Duplicate Clients/Persons (by First Name, DOB or by SSN):** An alphabetized list of all clients for whom there is more than one client record at your ADRC.

- **Info Only Summary Report (by DBS or ADRC):** A tally of information-only contacts within a given time period, along with about a breakdown of the issues addressed during info-only contacts by number and percent.

- **Log of Info Only Contacts (by DBS or ADRC):** An inventory of all info-only contacts within a given time period. The report lists persons alphabetically, along with date(s) of contact and issue(s) addressed. A tally of all info-only persons and inquiries (i.e., dates of contact) is provided at the end of the report.

- **Summary Report – Client List (by DBS or ADRC):** An alphabetized list of all clients for whom cases have been opened within a given time period, along with a tally of the number of cases for each client.

- **Summary Report (by DBS or ADRC):** A summary report that identifies the number and percentage of unique (unduplicated) clients with cases opened during any specified period according to the following categories: age, gender, income, target group status, living arrangement, and locality. The report also includes a case report tally of total cases opened, total cases closed, total cases served and current open cases (as of the last of the specified report period). Finally, the report features an analysis of closed cases by issues, closing reasons and monetary impact.

It is recommended that DBSs check their data at least quarterly to insure accuracy and completeness. To do this, run a *Summary Report by DBS* for a period of three months and review your report for the following details:

- The totals in the "Client Characteristics" section of the report (Age, Gender, Income, Living Arrangement, Disability and Race/Ethnicity) should be equal. If you did not fill in this required statistical information for a new client, the discrepancy will be reflected here.
- The number of Closed Case Reasons should equal or exceed the number of closed cases listed in the Case Report Summary.
- The number of issues should equal or exceed the number of closed cases.

If you run into problems, you can run the *Summary Report Client List* for the same time period in order to obtain a list of all clients who are included in the aggregate data of the report. Use this list to determine which client records you need to review. Be sure all the required fields identified in *Chapter IV: The Client Section, including age, county of residence, tribal affiliation, low income, disability and race* are filled in accurately.

If you are interested in obtaining data that is not offered in any of the standard report options, please contact DBS Program Manager at **rosa.plasencia@dhs.wisconsin.gov** or (608) 264-9851. Every effort will be made to supply you with the information that you need in a format that works for you.

Appendix A: Data Fields Glossary

The fields in the Client section of the database are listed below according to the order in which they appear on the screen from top to bottom and left to right. Please pay special attention to the fields specified as required.

* = Field is required for record creation.
R = Field is required for program statistics.
C = Field is required under certain circumstances
A = Field is auto-filled.

If not required for record creation or program statistics, data fields are regarded as optional. You can decide yourself, in consultation with your ADRC supervisor, whether to enter the data in these fields.

Client 'Main' Fields

*	**Last:** Enter client's last name.
*	**First:** Enter client's first name.
	MI: Enter client's middle initial.
*	**Gender:** Select the option that best describes your client's gender. Options include: F (Female), M (Male), O (Other), U (Unknown).
*	**DOB:** Enter client's date of birth (MM/DD/YYYY).
A	**Age (*unlabeled field*):** This field will be automatically populated based upon the information you enter in the 'DOB' field.
	SSN: Enter your client's nine-digit Social Security Number. This field is optional but can be very useful for the purposes of avoiding the creation of duplicate client records.
A	**Client Record ID (*unlabeled field*):** This field will be automatically filled with a randomly assigned unique ID number when you create a record.
	Street: Enter client's street address.
R	**Race/Ethnicity:** Choose the options(s) that your client identifies as best describing his or her race and/or ethnicity. Options include White (Caucasian), AmInd (American Indian or Native American), Asian, Black, NAHaw (Native Hawaiian or Other Pacific Islander) and Hispanic (Hispanic/Latino). You may select multiple racial and ethnic designations if your client identifies with more than one of the categories listed.
A	**Locality:** This field will be auto-filled as 'Metro' or 'Non-Metro' according to the information you enter in the 'County' field.
	Violent: Check this box if you suspect client may present a hazard during face-to-face contact.
*	**CSZ (City, State and Zip Code)***: Enter the client's city, state and zip code.
A	**ADRC**: This field will be auto-filled according to the database user's place of employment.
R	**County**: This field is auto-filled for ADRCS that serve only one county. This field must be filled manually for ADRCs that serve more than one county. This field was added to the Client Screen in June, 2010. Records created prior to June 2010 in multi-county ADRCs should be updated as needed.
R	**Tribe**: Select the option that your client identifies as best describing his/her membership in an American Indian tribe. This field was added to the Client screen in June 2010. The default

	answer for this field is 'Non-Tribal Member.'
	Phone: Enter the client's main ten-digit telephone number, if known, including area code.
	Alt Phone: Enter an alternative ten-digit telephone number for the client, if applicable.
R	**Living Arrangement**: Choose the one option that best describes your client's current living arrangement. Options include: HS (Homeless or Shelter), LA (Lives Alone), LWO (Lives with Others), NH (Nursing Home), OTH (Other), RC (Residential Care), UNK (Unknown).
	Education: Select the number of years of education completed. The options are listed in numerical order, ranging from 0 (no education completed) to 17 (more than a four-year degree program completed).
	Marital Status: Choose the option that best describes your client's current marital status. Options include: DIV (Divorced); MAR (Married); SEP (Separated); SNM (Single Never Married); UNK (Unknown); UP (Unmarried Partner); W (Widowed).
	Last Employed Date: Enter month, day and year (MM/DD/YYYY) client was last employed.
	Client Services Agreement Signed: Check this box if your client signed a client services agreement. Refer to the *Disability Benefit Specialist Program Policies & Procedures* for information about the client services agreement.
	Special Education: Indicate whether or not your client is now or has ever been enrolled in special education. Choose 'yes,' 'no' or 'unknown.'
	Client Income: Enter sum total of client's monthly income in dollars, including earned and unearned income.
	Other Income: Enter other monthly household income, including spousal income, in dollars.
	Total Income: This field will be automatically calculated based upon the information you entered in 'Client Income' and 'Other Income' fields.
R	**Low Income**: Any household with an income **equal to or less than 120%** of the federal poverty level (FPL) is considered low income. Select 'yes,' 'no' or 'unknown.'
R	**Disability**: Enter the category that best describes your client's disability. You may enter multiple disability designations for the client, if applicable. Options include: BLV (Blind/Low Vision); DD (Developmental Disability); DHH (Deaf/Hard of Hearing); MI (mental Illness); and PD (Physical Disability).
	Onset Date: Enter the 'onset date' of the disability (MM/DD/YYYY) only if a date has been formally established during the disability determination process.
	Insurance Provider: Enter information about health insurance coverage (including public programs such as Medicaid as well as private single-payer and group policies) for the client, children of the client, and his/her spouse. For each insurance provider you list, enter the name of the provider, who is covered under the policy (select Child, Client or Spouse), the effective date of the coverage (if known) (MM/DD/YYYY), and whether it is a current policy (check box).

Client 'Other' Fields

	Past Relevant Work: Enter notes in this text box about client's work history that may impact his/her eligibility for Social Security disability benefits.
	Medical/Psychological Impairments: Enter notes in this text box about client's medical and/or psychological conditions that may impact his/her eligibility for disability benefits.

Client 'Contact' Fields

	Contact Type: Select the option that best describes the collateral contact person or entity. Options include: ALT (Client alternate); AUT (Authorized Representative); CLI (Client); EXA (DDB Examiner); OHM (Other Household Member); OTH (Other); SPS (Spouse); VOC (Vocational Rehabilitation).
	Name: Enter the name of the person or entity that is listed as a collateral contact for your client in this text field.
	Comm Type: Select the type of communication that is recommended for this collateral contact. Options include: DP (Direct Phone); FAX (Fax); HC (Personal Cell); HE (Home E-mail); HP (Home Phone); TDD (TDD Phone); TF (Toll Free); TTY (TTY); VI (Video Phone); VIR (Video Phone Relay); VP (Voice Phone); VPR (Voice Phone Relay); WC (Work Cell); WE (Work E-mail); WP (Work Phone); WS (Web Site).
	Phone/Email Address: Enter the phone number and/or email address for this collateral contact in this text field.
	Notes: Enter any notes regarding this collateral contact in this text field.

Case Report Fields

*	**Date Opened**: Enter the date you opened a case for your client (MM/DD/YYYY)
R	**Date Closed**: Enter the date (MM/DD/YYYY) that the client's issue(s) was fully resolved. Refer to the DBS Program Policies and Procedures for more information about when to close a case. The data in this field may be modified if a client contacts you with additional questions or concerns related to the case after you have entered a closing date.
R	**Auth Rep**: Check this box if you are acting as the authorized representative for your client during an application or appeal. Uncheck the box when you terminate your status as an authorized representative.
	LBU: This acronym stands for "legal back-up," an alternative name for the DBS program attorney. Check this box if a DBS program attorney has agreed to provide direct representation to the client.
	Home Visit: Check this box if the client has expressed a preference or need to meet with a DBS in his/her home rather than at the DBS's office.
A	**Ben Spec**: This field is automatically filled to reflect the name of the DBS who creates the case report. The field can be changed manually if the case is transferred from one DBS to another DBS within the same ADRC.
A	**Case ID**: Each case report is automatically assigned a unique case ID. This number will appear in the upper right corner of the case report when a new case report is created.
C	**Program:** Select the name of program for which the client is applying or filing an appeal. Required only for cases involving SSI or SSDI benefit applications and appeals. Refer to *Appendix C* for a complete list of 'program' options. Leave this field blank if the case does not involve an application or appeal. You must fill in the **Status** field for each program you list.
C	**Status:** Select the current status of the client's application or appeal. Required for each **Program** listed. Refer to *Appendix C* for a complete list of 'status' options.
	Due Date: Enter the required date (MM/DD/YYYY) by which the request for an appeal must be

	received.
	Submitted Date: Enter the date (MM/DD/YYYY) on which the client's application or appeal was submitted to the decisional entity.
	Hearing Date: Enter the scheduled hearing date (MM/DD/YYYY) (applicable only for cases where status is at ALJ or higher level.)
C	**Decision:** Enter the outcome of the application or appeal. Required only for cases involving SSI or SSDI benefit applications and appeals. Options include: A (Allowed/Approved); D (Denied); M (Dismissed); and P (Pending); R (Remanded); U (Unknown); and W (Withdrawn). The default answer is 'Pending.'
C	**Decision Date:** Enter the date (MM/DD/YYYY) indicated on the notice of decision for the application or appeal. Required only for cases involving SSI or SSDI benefit applications and appeals.
	DBS Involvement: Check box if you are assisting the client to file this application or appeal.
	Plan to Appeal: Check box if the client plans to appeal the decision issued at this level.
R	**Issues**: Select the issue(s) that you have agreed to assist your client in resolving. A single case may involve one or more issues. At least one issue should be entered at the time you open a case. Within the database, issues are listed in a drop-down menu in alphabetical order. Refer to *Appendix B* for a list of issues organized according to broad service categories. Information entered in this field is used in the creation of program summary reports.
R	**Closing Reason**: Select the closing reason(s) that best fit your client's case. See *Appendix D* for a detailed list of closing reasons. Within the database, closing reasons are listed in a drop-down menu in alphabetical order. Information entered in this field is used in the creation of state program summary reports.
R	**Impact $ (Federal, State** and **Other):** Enter the estimated monetary value in dollars of benefits gained, increased or preserved for the client. You must first fill in **Date Closed** before you can enter data in these fields. For instructions on calculating and reporting monetary impact, refer to the *Monetary Impact Guide for Elderly and Disability Benefit Specialists* and *Monetary Impact Tables*. These state-issued publications are available on the DBS Secure Website under "Data and Database."

Appendix B: Issues

Issues are listed alphabetically in a drop-down list in the Case Report screen within the DBS Database. To help you choose the most appropriate issue(s) to describe your case, the table below organizes issues into twelve broad service categories. Once you've located the issue(s) from the table below that best describe your client's case, scroll through the drop-down list in the **Issues** field to locate the same issue from the alphabetical list or simply begin typing the name of the applicable issue into the field.

Issues Organized by Service Category

Service Category	Issue
Civil/Disability Rights	Americans with Disabilities Act (ADA)
	Caregiver Abuse
	Employment Discrimination
	Residential Facility Rights/Issues
Community-Based Services	Alzheimer's Disease Supports/Services
	County-Based Long-Term Care (CIP, COP)
	Family Care/IRIS/Partnership/PACE
	Transportation
Consumer (Non-Insurance)	Bankruptcy
	Collection Agency
	Consumer Fraud (Unfair Sales Practices, etc.)
	Financial Counseling
	Financial Exploitation
	Provider Reimbursements
Employment/Training	DVR (Vocational Rehabilitation) Services
	Ticket to Work / Work Incentives
Housing	Utility Assistance (LIHEAP, Safelink, etc.)
	Homestead Tax Credit
	Housing Discrimination
	Housing Repair/Improvement Loans & Grants
	Housing, Subsidized - Eligibility/Tenant Rights
	Rental Dispute, Private
	Rent/Mortgage Payment Assistance
	Weatherization Program
Income Supports	Disability Insurance, Private/Group
	FoodShare
	General Assistance (Tribal/County)
	Low Income Tax Credits
	Pensions (VA, etc.)
	Retirement Benefits

	SSI Caretaker Supplement (CTS)
	SSI/SSDI Eligibility
	SSI/SSDI Post-Entitlement Issues
	SSI-E (Exceptional Expense)
	Unemployment Compensation
Insurance	Health Insurance, COBRA
	Health Insurance, Employer/Group Policy
	Health Insurance, Individual Policy
	HIRSP (State or Federal)
	Long Term Care Insurance
	Medicare Supplement
Medical Entitlements	BadgerCare+ Basic
	BadgerCare+ Core
	BadgerCare+ Standard/Benchmark
	Indian Health Service
	Liens/Estate Recovery
	MAPP (Medicaid Purchase Plan)
	Medicaid Coverage, Items/Services
	Medicaid Disability Determination
	Medicaid Financial Eligibility
	Medicare Advantage Options/Enrollment
	Medicare Coverage, Items/Services
	Medicare Eligibility, General
	Medicare Part D Options/Enrollment
	QMB/SLMB/SLMB+
	VA Medical Benefits
Other	Benefit Check-up
	Other, Outside DBS Program Scope (Info-Only)
	Other, Within DBS Program Scope
Referral Services	Domestic Violence/Sexual Assault
	EBS (Elderly Benefit Specialist) Services
	Immigration/Naturalization
	Legal Services Corporation (LSC) Services
	Private Attorney, Non Pro Bono
	Private Attorney, Pro Bono
Surrogate Decision Making	Advance Medical Directives (POA-HC, Living Will)
	Guardianship
	Money Management (Rep Payee, POA, Conservator)
	Probate
	Protective Services
	Wills

Uncovered Health Costs	Bill Reduction
	Charity Care
	Dental Services, Free/Reduced Cost
	Healthcare Services, Free/Reduced Cost
	Indigent Drug Programs

Service Category	**Discontinued Issues - Do not use after 5/18/12**
Civil/Disability Rights	X - Other Rights
Community-Based Services	X - Other Community Services
Consumer (Non-Insurance)	X - Other Consumer Issues
Employment/Training	X - Benefits Planning Assistance & Outreach Services
Employment/Training	X - Employment Services
Employment/Training	X - Pathways to Independence Services
Employment/Training	X - Work Incentive Counseling, Fee-for-Service
Employment/Training	X - Work Incentives
Housing	X - Other Housing
Housing	X - Property Tax Deferral
Housing	X - Utilities
Income Supports	X - Other Income Maintenance
Income Supports	X - SSDI DAC (Disabled Adult Child)
Income Supports	X - SSDI Eligibility
Income Supports	X - SSI Eligibility
Income Supports	X - SSI/SSDI Disability Determination
Income Supports	X - SSI/SSDI Overpayments
Insurance	X - Health Insurance, HMO
Insurance	X - Non-Health Insurance (Auto, Life, etc.)
Insurance	X - Other Health Insurance
Medical Entitlements	X - Other Medical
Other	X - I&A Referral
Other	X - Other Areas of the Law
Other	X - Sent Info
Referral Services	X - Low Income Tax Credits, Referral Only
Surrogate Decision Making	X - Other Surrogate Decision-Making
Uncovered Health Costs	X - Collection Agency
Uncovered Health Costs	X - Other Uncovered Health Costs

Appendix C: Program and Status of Applications and Appeals

Enter information into the program and status fields in the Case Report screen only if the case involves an application or appeal. Programs are listed alphabetically in a drop-down list within the DBS Database. For each program listed, a corresponding status must also be listed.

ID	Program
A18	Age 18 Redetermination
BCB	BadgerCare+ Basic
BCC	BadgerCare+ Core
BCS	BadgerCare+ Standard/Benchmark
CDR	Continuing Disability Review
CON	SSI/SSD Concurrent Application
FDS	FoodShare
FPS	Family Care / Partnership / IRIS
LIS	Part D Low Income Subsidy
MAC	Medicare Coverage Denial
MCD	Medicaid – EBD
MCP	Medicaid – Presumptive Disability
MPD	Medicare Part D Coverage Denial
MSP	Medicare Savings Programs
OTH	Other
SSD	SSDI Only
SSI	SSI Only
UNK	Unknown – Migration
VAB	Veterans Administration Benefits
W2	Wisconsin Works (W-2)

ID	Status
ALJ	ALJ Hearing/Fair Hearing
APL	Appeals Council Review
APP	Initial Application
FC	Federal Court
PD	Presumptive Disability application
REC	Reconsideration
RED	Redetermination (Medicare coverage denial)
WAI	Request for Waiver of Overpayment

Appendix D: Closing Reasons

Closing Reason	Description
Advice/Brief Service	Based on client-specific information, you recommended to a client a course of action or advised a client on his or her options. The matter did not require further action or follow-up.
Application, Forms or Documents Completed	You assisted the client with completing an application, form or document (excluding health insurance claim forms; see “Medical Paperwork/Claims Assistance Provided” below) required to obtain or maintain a benefit. No additional services are required to resolve the case.
Approved at ALJ/Fair Hearing	The client received a favorable decision at the ALJ/Fair Hearing stage.
Approved at Application	The client received a favorable decision from an administrative agency.
Approved at Reconsideration	The client received a favorable decision at the reconsideration stage.
Client Died	In many circumstances, the death of the client in and of itself is not sufficient reason to close a case if outstanding matters still need to be resolved.
Client Left County/ADRC Service Area	The client moves out of your ADRC service area.
Client Withdrew/Lack of Contact	Use when client formally withdraws or the client does not respond to your repeated efforts to contact him or her. Do not use if client withdrew because s/he moved to another county or ADRC service area.
Denied at ALJ/Fair Hearing Stage	The case is resolved unfavorably by an examiner or an Administrative Law Judge at the administrative hearing level. No further appeal or litigation will be undertaken.
Denied at Application (not appealed)	The client received an unfavorable decision from an administrative agency and either does not appeal the decision or does not want assistance in the appeal.
Denied at Reconsideration (not appealed)	The client received an unfavorable decision at the reconsideration stage and either does not appeal the decision or does not want assistance in the appeal.
Insufficient Merit to Proceed	Based on the substance of the case, a decision was made in consultation with your program attorney and/or your local ADRC supervisor not to provide further benefits counseling services.
Investigation Complete/Appropriate Action Taken	You have investigated the factual and legal substance of the case and taken appropriate action to resolve the issue, with no further action needed or desired by the client. Use this code for services longer than “advice/brief service” where no other code applies;

	however, choose a more specific code if possible.
Medical Paperwork/Claims Assistance Provided	You assisted the client with organizing medical bills and statements, filing health insurance claims and appealing claims denials or other actions of public or private insurers.
Other Referral	With client consent, you have referred the case to someone other than a DBS program attorney, a private attorney or a Legal Service Corporation. For example, an Independent Living Center, another ADRC staff member or another human services agency. Use when, as a result of the referral, you no longer retain primary responsibility for the case.
Referral to Legal Service Corporation	The case is referred to a Legal Services Corporation for assistance or representation.
Referral to Private Attorney (Non Pro Bono)	The case is referred to a private attorney who will assist or represent the client. Use when the attorney's services are not pro bono.
Referral to Private Attorney (Pro Bono)	The case is referred to a private attorney who will assist or represent the client without charge.
Referral to Program Attorney	You referred the case to your program attorney who will now have either sole or primary responsibility for it. Do not use if you retain primary responsibility for the case and the program attorney's role is limited to technical assistance.
Settlement Negotiated without Litigation	An agreement is reached that does not involve a lawsuit. For example, a medical provider agrees to reduce or cancel a client's bill.