

PFC Database Instructions

Main Menu

Blank Drop Down - Select and edit a previous entry by clicking the drop down arrow to scroll through the participants. Participants are sorted alphabetically by last name, but the drop down also includes first name, CCS #, county and enrollment status.

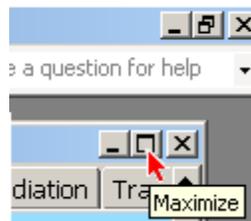
New Record - Create a new participant entry.

Query - Run various reports. (Will be up and running in the future)

Exit - Close the database.

When entering a new participant into the database only some of the tabs will be visible: Client Information, Level of Care, Freedom of Choice, Family-Centered Action Plan, Waiver Services Requested, and Hospital Visits. When going back into a record to edit a participant's information, all of the tabs will be visible to include Health and Welfare Reporting, Remediation and Transition.

CAUTION: Be careful when using the scroll key on the mouse. This key will quickly jump between participant records or tab records without any warning. To avoid entering information in the wrong place it is better not to use this function while in the access database. **CAUTION**



Participant Records

Maximize the window for best viewing.

Page Tabs - Along the top of the window are page tabs. Click on the appropriate tab to enter, edit or view the information on that tab.

Within the tabs, some fields will only appear as sub-sets to other fields. When you make a selection from one of these fields (mostly drop downs) the applicable sub-fields will appear.

The information you enter will be automatically saved when you move to another tab or close the participant's record.

Please enter all dates in (mm/dd/yyyy) format.

Identifier Line: These three fields are visible at the top of every tab. Enter the information once and it will remain for each tab. The fields can be edited on any tab at any time.

Participant Last Name - Enter the participant's last name as they are known to Medi-Cal. Any aliases can be noted elsewhere (CMSNet, Med Elig/LOC form, F-CAP etc.)

Participant First Name - Enter the participant's first name as they are known to Medi-Cal.

CCS Number - Enter the participant's 7 digit CCS number. The CCS number is a required field in order to enter data into later fields. If you try to move to another tab before entering a CCS number you will see this warning. "*The field 'PalitiveCare.CCS' cannot contain a Null value because the Required property for this field is set to True. Enter a value in this field.*" Click OK and enter the CCS number.

Client Information Tab

Participant Middle Initial - Enter the participant's middle initial, if known.

Date of Birth - Enter the participant's date of birth.

County of Residence - Select the participant's county of residence from the drop down list.

Medi-Cal Client Index Number (CIN) - Enter the participant's Medi-Cal Client Index Number.

Diagnosis - Select the participant's primary waiver-eligible diagnosis and ICD-9 code from the drop down list. You can begin to type the number in the box and the drop down will open to the appropriate range of numbers for selection.

Qualifying Criteria - If required for the selected diagnosis, check boxes for additional criteria will appear. Check the box to indicate the appropriate qualifying criteria.

Secondary Diagnosis - Select the participant's secondary waiver-eligible diagnosis and ICD-9 code from the drop down list, if applicable.

Qualifying Criteria - If required for the selected diagnosis, check boxes for additional criteria will appear. Check the box to indicate the appropriate qualifying criteria.

Date Referred - Enter the date the referral form was received (or date initial referring call received and referral form subsequently filled out).

Who Referred - Select the general description of the referral source from the drop down list. Or select Other and enter the general description.

Translation needed - Check the appropriate box to indicate if translation was/is needed.

Interpreter used - Check the appropriate box to indicate if an interpreter was used for communication with the family.

Language - Select the language from the drop down box.

Enrollment Status - Select the participant's current status in the waiver.

Enrolled - The participant is eligible for participation and is active.

Participant date of enrollment - Enter the date the participant was enrolled in the waiver.

On statewide waiting list - The participant is interested and eligible for participation but there are no slots available at this time. Contact the State PFC staff to have the participant placed on the statewide list and get a list position number.

Date added to list - Enter the date the participant was added to the waiting list.

On county waiting list - The participant is interested and eligible for participation but there are no Agency providers/Care Coordinators available at this time.

Date added to list - Enter the date the participant was added to the waiting list.

****Reason added to list** - Select reason the participant was added to the waiting list from the drop down.

Dis-enrolled - The participant is no longer eligible or active.

Participant date of dis-enrollment - Enter the date the participant was dis-enrolled in the waiver.

Reason - Select the reason the participant was dis-enrolled from the drop down list.

Not eligible - The participant was referred but is not eligible for participation.

Reason - Select the reason the participant is not eligible from the drop down list.

****For Medical:** Enter the ICD-9 code for the non-eligible diagnosis.
****Never Enrolled** - The participant was referred and was eligible but passed away or moved before they could be enrolled.
****Participant/Parent Declined** - The participant was referred and discussed participation with CCSNL but decided not to participate.

Level of Care (LOC) Tab

In the following fields, each time a new evaluation is done a new record needs to be created.



You can scroll through the records for the current participant by using the arrows in either direction: first record, previous record, next record, last record, new record respectively left to right. Clicking next record or new record will pull up a blank set of fields for the new values to be entered. (Eventually the *Date of Initial LOC* and *Name* fields will be separate from the scrolling records so they are only entered once and remain on the tab.)

To delete one of these records click on the trash can.  You will be prompted to confirm that you wish to continue since the record cannot be retrieved once deleted.

Date of Initial LOC - Enter the date the initial LOC/Medical Eligibility form was completed.

Date of Most Recent Interim Re-evaluation - Enter the date of the most recent LOC re-evaluation that was between annual evaluations, if any.

Date of Most Recent Annual Evaluation - Enter the date of the most recent annual LOC evaluation.

Individual Completing LOC

First Name - Enter the first name of the individual completing the LOC form.

Last Name - Enter the last name of the individual completing the LOC form.

Title - Enter the title of the individual completing the LOC form. MD or RN.

Freedom of Choice Tab

Signed Waiver Freedom of Choice - Select yes or no in the drop down to indicate if the participant or parent/legal guardian checked the box indicating their choice (whether to participate or not) and have signed the Freedom of Choice form.

Signed Provider Freedom of Choice - Select yes or no in the drop down to indicate if the participant or parent/legal guardian checked the box indicating that they know they have a choice of providers and have signed the Freedom of Choice form.

Participant enrolled in another HCBS Waiver - Select yes or no in the drop down to indicate if the participant is enrolled (or was up until this point) in another HCBS waiver.

- If Yes is selected, other options will appear.

Name of Waiver - Select the pre-set name of the waiver from the drop down list or select Other and enter the name of the waiver.

Dis-enrolled from Other Waiver - Select yes or no in the drop down to indicate if the participant was dis-enrolled from the other HCBS waiver.

- If Yes, the participant was dis-enrolled:

Disenrolled Date - Enter the date the participant was dis-enrolled from the other waiver.

- If No, the participant was not dis-enrolled:

Reason - Select the reason from the drop down list, or select Other and enter a brief description.

Family-Centered Action Plan (F-CAP) Tab

In the following fields, each time a review/revision is done a new record needs to be created.  You can scroll through the records for the current participant by using the arrows in either direction: first record, previous record, next record, last record, new record respectively left to right. Clicking next record or new record will pull up a blank set of fields for the new values to be entered. (Eventually the Date of Initial F-CAP and Needs fields will be separate from the scrolling records so they are only entered once and remain on the tab.)

To delete one of these records click on the trash can.  You will be prompted to confirm that you wish to continue since the record cannot be retrieved once deleted.

Date Initial F-CAP Complete and Approved - Enter the date the initial F-CAP was complete and approved by the CCSNL.

Needs and Goals are Identified in the F-CAP - Select yes or no in the drop down to indicate that the F-CAP identifies the participant's needs and goals.

****F-CAP documents the monitoring of Health and Welfare** - Select yes or no in the drop down to indicate that the F-CAP documents that health and welfare are being monitored.

Date of Most Recent Full F-CAP Review - Enter the date of the most recent full F-CAP review. These should occur every 60 days.

Section/Information Revised - Enter the section number (i.e. Sec VI-A) for any sections revised and a brief description of the content changed if necessary.

Does revision address the participant's changing needs - Select yes or no in the drop down to indicate if the F-CAP revision(s) meet the participant's needs.

- If No is selected:

Reason - Select the reason from the drop down list, or select Other and enter a brief description.

****F-CAP documents the monitoring of Health and Welfare** - Select yes or no in the drop down to indicate that the F-CAP documents that health and welfare are being monitored.

Date of Most Recent Interim Revision - Enter the date of the most recent partial F-CAP review between 60 day full reviews.

Section/Information Revised - Enter the section number (i.e. Sec VI-A) for any sections revised and a brief description of the content changed if necessary.

Does revision address the participant's changing needs - Select yes or no in the drop down to indicate if the F-CAP revision(s) meet the participant's needs.

- If No is selected:

Reason - Select the reason from the drop down list, or select Other and enter a brief description.

****F-CAP documents the monitoring of Health and Welfare** - Select yes or no in the drop down to indicate that the F-CAP documents that health and welfare are being monitored.

Waiver Services Requested Tab

In the following fields, for each service requested a new record needs to be created.

 You can scroll through the records for the current participant by using the arrows in either direction: first record, previous record, next record, last record, new record respectively left to right. Clicking next record or new record will pull up a blank set of fields for the new values to be entered.

To delete one of these records click on the trash can.  You will be prompted to confirm that you wish to continue since the record cannot be retrieved once deleted.

Service Requested - Select the service requested from the drop down list.

Date Requested - Enter the date the service was requested (from Section IX-B, the services requested page of the F-CAP.)

Start/Extension Date - Enter the date the service is requested to begin or continue from.

Date of Termination of Service - Enter the date the service was requested for termination.

Date of CCSNL's Most Recent Monthly Contact with Family to Ensure Services Authorized Were Provided - Enter the date the CCSNL last contacted the family to determine if the authorized services were provided. You can enter a date on any service record or start a new record just for the next contact date, but do not type over a previous date.

Hospital Visits Tab

In the following fields, for each hospital visit a new record needs to be created.

 You can scroll through the records for the current participant by using the arrows in either direction: first record, previous record, next record, last record, new record respectively left to right. Clicking next record or new record will pull up a blank set of fields for the new values to be entered.

To delete one of these records click on the trash can.  You will be prompted to confirm that you wish to continue since the record cannot be retrieved once deleted.

Date of Most Recent Emergency Department Visit - Enter the date for the participant's most recent visit to the Emergency Department.

Reason for Visit - Enter a brief description of the reason for the visit.

Most Recent Hospital Admission Date From - Enter the date the participant was admitted to the hospital on their most recent visit.

Most Recent Hospital Admission Date To - Enter the date the participant was discharged from the hospital on their most recent visit.

Reason for Admission - Enter a brief description of the reason for the visit.

If more than 30 days in the hospital, dis-enrolled from waiver - Select yes or no in the drop down to indicate if, for an admission of 30 or more consecutive days, the participant was dis-enrolled from the waiver.

Health and Welfare Reporting Tab

In the following fields, for each event or incident reported a new record needs to be created.  You can scroll through the records for the current participant by using the arrows in either direction: first record, previous record, next record, last record, new record respectively left to right. Clicking next record or new record will pull up a blank set of fields for the new values to be entered.

To delete one of these records click on the trash can.  You will be prompted to confirm that you wish to continue since the record cannot be retrieved once deleted.

Date Complaint-Incident Intake Report Completed - Enter the date the Complaint-Incident Intake Report (HS 802) was filled out.

Reported within appropriate timeframe - Select yes or no in the drop down to indicate if the event/incident was reported within the appropriate timeframe.

Nature of Event - Select the type of event/incident reported from the drop down list.

Reported to - Check all appropriate boxes to indicate who the event/incident was reported to, if any. If Other is checked, enter the name of the entity it was reported to.

Corrective Action Taken - Select yes or no in the drop down to indicate if any corrective action was taken in response to this event/incident.

Follow up - Select yes or no in the drop down to indicate if the CCSNL has followed up on the event/incident.

Remediation Tab

In the following fields, for each instance of non-compliance or problem and the resulting remediation a new record needs to be created.



You can scroll through the records for the current participant by using the arrows in either direction: first record, previous record, next record, last record, new record respectively left to right. Clicking next record or new record will pull up a blank set of fields for the new values to be entered.

To delete one of these records click on the trash can.  You will be prompted to confirm that you wish to continue since the record cannot be retrieved once deleted.

Date Non-compliance/Problem was discovered - Enter the date the non-compliance or problem was discovered or brought to the CCSNL's attention.

Subject - Select the subject the non-compliance or problem relates to from the drop down list.

Reported to Authorities (L&C, CPS, etc) as Required by Law - Select yes or no in the drop down to indicate if the problem was reported to the appropriate authorities if required by law.

Description of Non-compliance/Problem - Enter a brief description of the non-compliance or problem.

Description of Action Taken - Enter a brief description of the action taken.

Date Action Taken - Enter the date of any action taken to resolve the non-compliance or problem.

Date of Corrective Action Plan - Enter the date the corrective action plan was put into effect.

Corrective Action Plan Created - Select yes or no in the drop down to indicate if a corrective action plan was created to resolve the non-compliance or problem.

Transition Tab

Participant has Transitioned off of the Waiver - Select yes or no in the drop down to indicate if has transitioned off of the waiver.

If Yes is selected:

Date Transition Initiated - Enter the date the transition process was initiated.

Date Transition Completed - Enter the date the transition process was completed.

Transitioned to - Enter a brief description of where the participant transitioned to (i.e. program, facility, home, hospice...)