



FY16 CDS Updates

Upgrade goes live: October 5, 2015



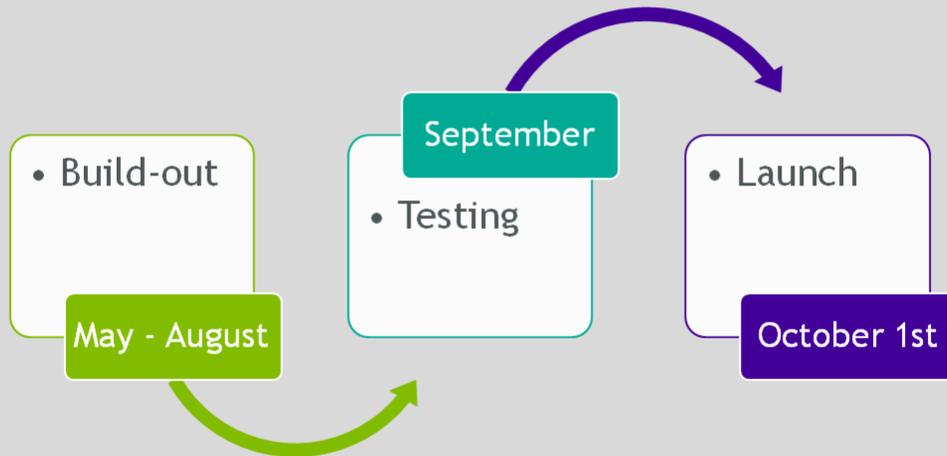
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for *Children and Youth* with Special Health Care Needs

FY 16 Change Cycle

- Opportunity to make updates and enhancements to CDS
- Generally occurs 1x per year; aligns with the MCH Fiscal Year



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Preview of Care Coordination Updates



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Information Only



Info Only

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- dress
- mily
- ntact Info
- ake Interview
- urance
- essment
- ion Plan
- mmunication
- i/Notification
- pointments/Referrals

“Interview Type” has been added as a required field on the information only form.

Incoming - designates that someone came to you to request information/resources

Outgoing - designates that you went out into the community to provide information/resources

Interview Type

- Incoming
- Outgoing

Sure



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Intake Interview

ID # =====

Intake Interview

Search

HOME / INTERVIEWER / FAMILY INFORMATION / ADDRESS / CONTACT / QUESTIONS / OFFICE INFO

Office Info

Referral Taken By (Name & Title):

Date Of Referral

Referral Source Name

Referral Source Email

Referral Source Fax

New Referral Source: Transfer From Another HCP County

- School
- Special Provider
- Support Group Services
- Transfer From Another HCP County

- | | | |
|--|---|--|
| <input type="checkbox"/> CICP | <input type="checkbox"/> Individual Services Support Team | <input type="checkbox"/> Website - CDPHE |
| <input type="checkbox"/> CHP+ | <input type="checkbox"/> Medical Provider - Clinic | <input type="checkbox"/> Website - LPHA |
| <input type="checkbox"/> Community Center Boards | <input type="checkbox"/> Medical Provider - Primary | <input type="checkbox"/> Website - Other |
| <input type="checkbox"/> Community Partner | <input type="checkbox"/> Medical Provider - Specialty | <input type="checkbox"/> WIC |
| <input type="checkbox"/> CRCSN Notification | <input type="checkbox"/> Medical Provider - Other | <input type="checkbox"/> Work |

Last 10 C

Last 10 C

Current

Regi

Prima
4300 C
South
Denve
Count

Prima
303-69
Client,

HCP S

Social Determinants of Health



Social Determinants of Health

General

Single					
High School					
Child					
Percent of					
Number of Pe					
Annual In					
Year					
2015	5	82.71%	9/15/2015	kminor	

All SDoH questions can now be found on the same page!
No more navigating through 3 pages to answer 6 questions!

Reviewed and No Changes

Update

Updated 9/15/2015 4:01:00 PM
Created 9/15/2015 3:58:00 PM

Updated By kminor
Created By kminor



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Last 10 Clients & Fa

Last 10 Clients

Current Client

Client Nam
Sit
AKA Nam
DOI
Registration Dat

Primary Address
4300 Cherry Cree
South
Denver, Colorado
County:Boulder

Primary Contact
303-692-6315

Social Determinants of Health



Social Determinants of Health

General

As per HCP Policies and Guidelines, SDoH information needs to be reviewed with the family and updated in CDS yearly. After reviewing this information with the family, one of the following actions must occur:

- Make necessary changes and click "Update"
- If NO changes are necessary, simply click "Reviewed and No Changes"

Report 001 will be updated to reflect when SDoH information needs to be updated (Coming Soon)

Year	Percentage	Updated By	Created By
2015	62.71%	kminor	kminor

Reviewed and No Changes

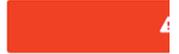
Update

Updated 9/15/2015 4:01:00 PM
Created 9/15/2015 3:58:00 PM

Updated By kminor
Created By kminor



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Last 10 Clients & Fa

Last 10 Clients

Current Client

Client Nam
Sit
AKA Nam
DOI
Registration Dat

Primary Address
4300 Cherry Cree
South
Denver, Colorado
County:Boulder

Primary Contact
303-692-6315

Medical Conditions

Search

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Medi

- View
- View
- View
- View

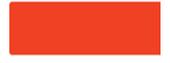
As per HCP Policies and Guidelines, Medical Conditions need to be reviewed with the family and updated in CDS yearly. After reviewing this information with the family, one of the following actions must occur:

- Make necessary changes to existing MCs or add new MCs
- If NO changes are necessary, simply click “Reviewed and No Changes”

Report 001 will be updated to reflect when MC information needs to be updated (Coming Soon)

Reviewed and No Changes

Updated 9/15/2015 4:01:00 PM Updated By kminor
Created 9/15/2015 3:58:00 PM Created By kminor



Last 10 Clients & I

Last 10 Clients

Current Client

Client Name
S
AKA Name
DO
Registration Date

Primary Address
4300 Cherry Cre
South
Denver, Colorad
County: Boulder

Primary Contact
303.892.8245



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Medical Conditions



CDS

User Home

Search

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Logout

Medical Conditions

Select

Other

ICD9 Code

Category

ICD9

Search



✕ Cancel

➕ Add Medical Condition

When selecting "Other" from the MC drop down menu, a text box will populate, allowing you to type in a MC

- Limited to 50 characters or less

Client Name:

Site:

AKA Name:

DOB:

Registration Date:

Primary Address

4300 Cherry Creek

South

Denver, Colorado 8

County:Boulder

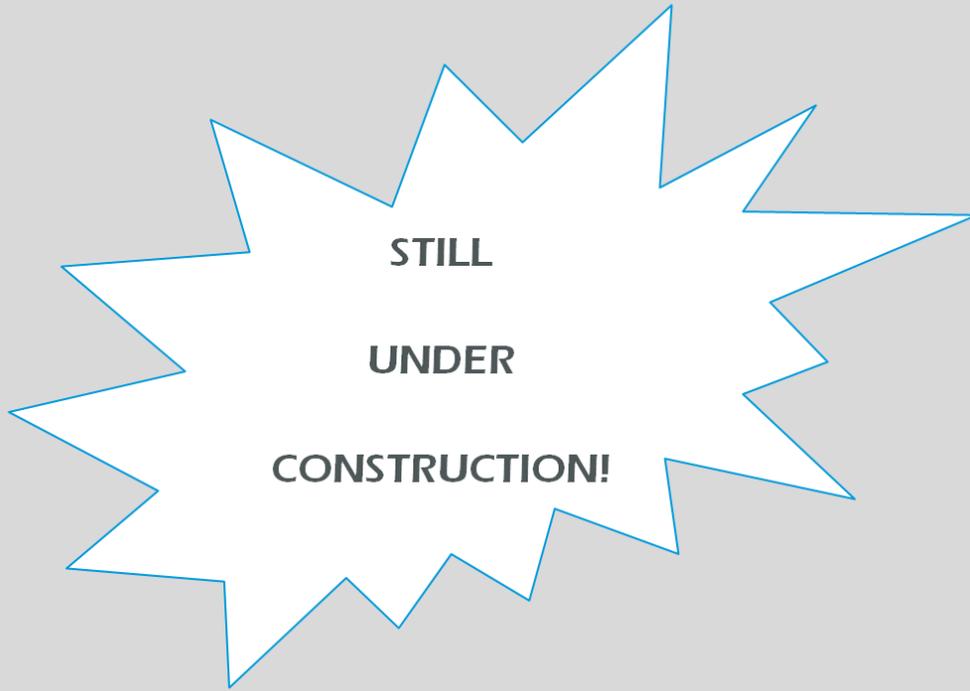
Primary Contact



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Action Plan



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Action Plan



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Action Plan

Date Initial Action Plan Completed:

Goals

Question 1: [Child/Youth] will have a primary care provider and medication management.

Question 8: Family, along with their Care Coordinator, will determine the availability of additional resources to help meet needs. Yes No

Question 10: Family demonstrates ability to identify and obtain resources necessary for management of [child/youth]'s needs.

=====
Select Additional Questions Below
=====

=====
Select Additional Questions Below
=====

- 504
- Adult Education
- Audiology
- Child Care
- Community Services
- Crisis Intervention
- Dental
- Developmental Screening Referral
- Early Intervention Referral
- Electricity - Referral
- Emotional Support Referral
- ER Use
- Family Planning - Referral
- Financial Assistance
- Food - Referral
- Head Start Referral
- Health Literacy
- Home Health Services Referral

Now have the ability to enter additional goals that have been added to your Action Plan

Select additional goal categories from the drop down menu.

(Be sure your action plan includes a complete SMART goal)

*Note - drop down menu will be organized into our assessment domains in the near future. This will result in like-goals being grouped together, reducing the length of the drop down menu and making goals easier to find. Coming Soon!

Action Plan

Action Plan

Date Initial Action Plan Completed:

Initial Plan Completed By:

Search

Any goals marked as "included" on your action plan will generate a new box below titled "Person Responsible".

Use the drop down menu to designate who is responsible for completing that goal. This mirrors documentation that should occur on your paper Action Plan.

Statement

is a primary care provider and medical home for all of his/her regular health needs.

Yes No

Person Responsible

...ates ability to identify and obtain resources necessary for management of [child/youth]'s needs.

Yes No

Person Responsible

Questions Below =====

Yes No

...een the ages of 14-21, consider working with the family to begin incorporating transition-related goal ...his will facilitate transitioning the child from pediatric care to adult care.



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Action Plan Review

Action Plan Review Detail

Date Action Plan Reviewed:

Action Plan Reviewed By:

HCP Summary
Int

Goals

Question 1: [Child/Youth] will have a primary care provider and medical home for all of his/her regular health needs.

Statement

Completed

Yes No

Question 10: Family demonstrates ability to identify and obtain resources necessary for management of [child/youth]'s needs.

Yes No

504

Yes No

Audiology

Yes No

Six

When documenting Action Plan Reviews, you will mark each additional goal as "completed" or "not completed", just as you have done with existing goals statements.

Save

15 11:26:00 AM
15 11:26:00 AM

Updated By kminor
Created By kminor



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Preview of Specialty Clinic Updates



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Referrals



CDS

User Home

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Appointments

⚠ No Referrals have been entered for this client. Please enter a referral before attempting to add an appointment.

- e
-
-
- o
- view
-
- it
-
- ation
- ition
- nts/Referrals

For all new clients, a referral will now be required to be entered into CDS before an appointment can be entered.

If trying to enter an appointment without a corresponding referral, you will see the message above.

Last 10 Cli

Last 10 Clie

Current C

C

Regist

Primary

County:

Primary



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Referrals



CDS

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Referral Source

Reason for Referral

Specialist

Street

State

County

Phone

Discharge Reason **NA**

Reminder: Per HCP P&G's, a formal referral must be obtained from the child/youth's PCP.

[Add Referral Information](#)

When a referral source is entered as the "PCP" any information provided about the PCP (name, address, e-mail, phone, etc) will be used to populate the "PCP" screen.

Name

City

Zip

Email

Discharged

Fax

[Cancel](#)



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Last 10 Client:

Last 10 Clients

Current Client

Client

AKA

Registratic

Primary Ad

County:

Primary Co

Referrals



CDS

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Logout

Primary Care Physician

Name

City

Zip

Phone

Fax

Address

State

County

Email



Last 10 Clients & Favorit

Last 10 Clients

Current Client

Client Name: C
Site: H
A
AKA Name: ,
DOB: 9,
Registration Date: 9.

Primary Address

County:

Primary Contact

✕ Cancel

🗑 Delete

↻ Update Primary Care Physician

Updated 9/23/2015 9:11:00 AM
Created 9/23/2015 9:11:00 AM

Updated By kminor
Created By kminor



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Referral

Referral

Referral Date

Clinic Type

Clinic Location

Name

City

Zip

Email

Discharged

Fax

An optional “Discharged” feature has been added. Use this feature when a client has been referred to Specialty Clinic, but then refuses an appointment.

When marking a client as “discharged” you will be required to choose a discharge reason from the corresponding drop down menu.

This feature will allow for all referrals to be entered, regardless of whether the referral results in an appointment. The triage report will be updated so that any clients designated as “discharged” will be removed. Coming Soon.

Discharge Reason **NA**

Reminder: Per HCP P&G's, a formal referral must be obtained from the child/youth's PCP.



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Appointments



CDS

User Home

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Logout

A

An optional "Assign a Nurse" field has been added to allow for specialty clinic sites with more than one nurse to assign clients. Corresponding reports will be updated to add this information. Coming Soon.

✕ Cancel

➕ Add Appointment Information

Clinic Location

Assign a Nurse

:30

AM

Select A Nurse

Last 10 Clients & I

Last 10 Clients

Current Client

Client Name

S

AKA Name

Dr

Registration Dr

Primary Address

4300 Cherry Cre

South

Denver, Colorad

County:Boulder

Primary Contact

303.632.6245



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Appointment Follow-up

Appointment Follow Up

Outcome

Cancelled

Discharged

No

Reason

Diagnostics

Child Behavior
Declined Appointment
Emergency
Forgot
Illness
Transportation
Weather
Other

If the outcome of the appointment is cancelled OR no show, there is now a required corresponding drop down menu of reasons.

Xray

Lab

Other

MRI

Other

✕ Cancel

🗑 Delete

🔄 Update Follow Up Information

Current Client

Client Name: Client, T

Site: HCP Bc

AKA Name: . .

DOB: 7/16/20

Registration Date: 9/8/201

Primary Address

4300 Cherry Creek Drive
South
Denver, Colorado 80429
County: Boulder

Primary Contact

303-692-6315
Client, Test

HCP Summary

Intake Interview
Assessment
Assesmen
Action Plan
Action Plan
Six Month Review



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Appointment Follow-up

Appointment Follow Up

Outcome

Discharged

Follow Up Required Months

Diagnostics

<input type="checkbox"/> CT	<input checked="" type="checkbox"/> None
<input type="checkbox"/> DME	<input type="checkbox"/> PT
<input type="checkbox"/> EEG	<input type="checkbox"/> Xray
<input type="checkbox"/> Lab	<input type="checkbox"/> Other
<input type="checkbox"/> MRI	

Other



Delete

Update Follow Up Information

Current Client

Client Name
Site
AKA Name
DOE
Registration Date

Primary Address
4300 Cherry Creel
South
Denver, Colorado
County:Boulder

Primary Contact
303-692-6315
Client, Test

HCP Summary
Intak
A
/

“None” has been added as a diagnostic option. It is now required that you must choose at least 1 (or more) diagnostic choice when entering follow-up detail.

A text box has been added when choosing “other” from the diagnostic list.



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Medical Conditions

- Client Home
- Address
- Family
- Contact Info
- Intake Interview
- Insurance
- Assessment
- Action Plan
- Communication
- IDs/Notification
- Appointments/Referrals
- PCP

Suffix

Gender

Birth Date

Hispanic Ethnicity

Active Yes No

Updated 9/23/2015 8:54:00 AM Updated By kminor
Created 9/23/2015 8:53:45 AM Created By kminor

- Referrals
- Appointments
- Social Determinants of Health
- Evaluation
- Medical Conditions

Medical Conditions has been added to the list of available screens for specialty clinic clients. This will function the same as the SDoH screen. You can enter MC's using this new screen or the one found under the Assessment area for care coordination clients. Entering data in either place will populate both areas.



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Next Steps

- This tutorial will be posted on the HCP website under “Training”
 - Share it with all staff members
 - Review it prior to October 5, 2015
 - Call or e-mail Kelsey with questions or concerns
- HCP Care Coordination forms will be updated to reflect changes. They will be posted on the HCP website under “Forms”
- In the coming months any reports that need to be modified as a result of these CDS enhancements will be updated. You will receive updates as the reports become available.



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Questions?



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