HHSC AUTISM DATA REPORTING SYSTEM (ADRS)

The HHSC Autism Program works in partnership with local community agencies through contracts to provide applied behavior analysis services for children, ages three through fifteen, who have a diagnosis of autism spectrum disorder.

The HHSC Autism Data Reporting System (ADRS) is the system used by the HHSC contractors to record the services provided to the HHSC clients. After the contractors record the services provided, the contractors submit an invoice for the services provided.

This handbook is a guide that provides the user with instructions to access the different screens within the system and enter the case information.

HELPFUL TIPS

Hiding Gray Space Between Pages
While viewing the user guide, it is strongly recommended that you hide the gray space between the pages to get a continuous view of the information and the screen shots. It is easier to view information and the screen shots in one continuous page instead of having a gray or white space that splits the information from the screen shot. To hide the gray space between the pages, hover the mouse pointer over the gray area between the pages and then double click to hide the gray space. There will still be a line that shows there is a page break. To return to view the gray space between pages, hover over the page break line and double click.

Case Examples
Most of the screen shots in this user guide consist of mock cases created by the developer. The screen shot will contain the fictitious surname of Barefield. The screen shot title will state that it is a test case example. In some instances, a screen shot was added using real case information. In these instances, the name of the child was shaded in black to ensure confidentiality of the client information.

Table of Contents
The Table of Contents (TOC) in this guide lists all the sections. Each section listed in the TOC is a link to the section. To link to the section, hover the pointer over the section and press Control+Click to follow the link.

Using the Tab Key in the System
While entering data in the system, use the TAB key to move to the next data field. If you use the ENTER key before entering all the data, the system will display an error message indicating the fields that still need to be entered.

Using the Right and Left Arrows
The system does not navigate to a previous screen or the next screen when using the right or left arrow on the upper left-hand top of the screen.

Entering Dates
When entering a date, always use mmddyyyy. The system automatically enters slashes for the date. For example, when the date of 09012014 is entered the system will show the date as 09/01/2014.

System Timeout
The system times out after 20 minutes of no activity.
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1000 System Access

1100 Accessing ADRS
The user accesses ADRS at the following url:
Upon accessing the ADRS, the user will be routed to the Autism User's Agreement.

1102 User Agreement and Logging In
The contractor must read and agree to the terms and conditions on this page to access DADRS.

Screen Shot 1: User's Agreement

After the user has read the terms and conditions, the user may login to the system by entering the username and password and clicking **Ok and sign in**. If the user does not agree to the terms and conditions, the user may close the screen to exit the system.

If the user does not have access rights, is inactive, or typed in an incorrect username and/or password, the user will see the following error message: **Login was unsuccessful. Please correct the errors and try again. The username or password provided is incorrect.**

If the external user forgets their username and/or password, they will be required to call their Program Provider Administrator for assistance.
2000 Navigation

2100 Static Options
Once the user gains access to the system, the application populates the static options consisting of Skip to Content, Zoom Layout, Short Cut Keys, and Welcome.

Screen Shot 2: Static Options

<table>
<thead>
<tr>
<th>Case Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Case Number</td>
</tr>
<tr>
<td>DARS Case Number</td>
</tr>
<tr>
<td>First Name</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Provider Name: Center for Autism and Related Disorders</td>
</tr>
<tr>
<td>Case Status: Active</td>
</tr>
</tbody>
</table>

2101 Skip to Content
When the user clicks on **Skip to Content**, the system will allow the user to move directly to the Case Search content on the screen.

2102 Zoom Layout
When the user clicks on **Zoom Layout**, the system will zoom into the content on the screen.

2103 Short Cut Keys
When the user clicks on **Short Cut Keys**, the application opens the Short Cut Keys page. These are keyboard short cuts for the user.

Screen Shot 3: Short Cut Keys
<table>
<thead>
<tr>
<th>Buttons</th>
<th>Short Cut Keys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Close Page; Close; Cancel; No</td>
<td>Alt + C</td>
</tr>
<tr>
<td>New</td>
<td>Alt + I</td>
</tr>
<tr>
<td>OK; Yes; I Agree; Authorize</td>
<td>Alt + O</td>
</tr>
<tr>
<td>Print</td>
<td>Alt + P</td>
</tr>
<tr>
<td>Print Preview</td>
<td>Alt + P</td>
</tr>
<tr>
<td>Reset</td>
<td>Alt + R</td>
</tr>
<tr>
<td>Save</td>
<td>Alt + S</td>
</tr>
<tr>
<td>Search</td>
<td>Alt + L</td>
</tr>
<tr>
<td>Zoom Layout</td>
<td>Alt + Y and Enter</td>
</tr>
</tbody>
</table>
2104 Welcome Field
The Welcome field displays the name of the user currently logged in. The username will appear above the Case Search box.

2200 Top Navigation
The application also populates a top navigation menu consisting of these options:
- Caseload Management
- Report
- My Account
- Provider Admin

See Sections 3000 through 6000 for more information on how to navigate through these options.

Screen Shot 4: Navigation Menu

3000 Caseload Management

3100 Case Search
The contractor conducts a case search in the following situations:

a) Searching for an existing active client;
b) Searching for an existing inactive client.
c) Creating a new client entry.

3101 Searching for an Active Client
Searching for an existing active client who is currently participating in the contractor’s program is the most common type of search that is used by a contractor.

To search for an active client on the contractor’s client list:
• enter the case number or the name of the child and set the Case Status to Active; or
• scroll down to see the list of all the clients enrolled in the contractor’s program.

The system defaults to the contractor’s client list. See Screen Shot 5: Case Search with the Case Status as Active. When the client’s name appears, the user will see the following fields for the client:

• Consumer Name and Address;
• Date of Birth and City;
• Local Case Number, State, and Zip Code;
• Enrollment Date and Phone; and
• Exit Date.

Click on the client name to access the case information. See Section 3200, Case Information, regarding the client information.

3102 Searching for an Inactive Client
Searching for an inactive client is used when the contractor has a client that is returning to the program. To search for an inactive client on the contractor’s client list:

• enter the case number or the name of the child and set the Case Status to Inactive; or
• scroll down to see the list of all the clients enrolled in the contractor’s program.

The system defaults to the contractor’s client list. When the client's name appears, click on the client name to access the case information. See Section 3200, Case Information, regarding the client information.

3103 Creating a New Client Entry
To create a new client entry, the system requires the contractor to conduct a client search. This requirement ensures that the child has not already received their full 24 months of service in the HHSC Autism program.

To search for a client, enter a portion of or the applicant's entire first and/or last name. Do not include punctuation such as periods (e.g., "Jr.") or commas (e.g. "Garcia, Jr."). Set the Case Status to Active and Inactive. The system defaults to the contractor’s client list.

The contractor will see a:
• list of the contractor’s clients with the same name; or
• message indicating that no records were found.

If the client’s name appears, click on the client’s name. The Case Information page will open with populated information. The user can edit the fields as needed. See Section 3200, Case Information regarding the client information.

Screen Shot 6: Case Search with Case Status as Active and Inactive
Test Case Example

This is the provider’s list of clients with same name. If the list does not include the child, click on the New Case.
If the new client does not appear on the list, then click on the **New Case** button to create a new entry. When the user clicks on the **New Case** button, the return data list includes all clients statewide with the same information, regardless of the provider. This allows the contractor to check to see if the client is listed in another program. See Screen Shot 7: New Case Search with Statewide List of Clients.

If client is listed on the statewide list, click on the client’s name. The **Case Information** page will open with populated information. The user can edit the fields as needed. See Section 3200, Case Information, regarding the client information.

### Screen Shot 7: New Case Search with Statewide List of Clients
**Test Case Example**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Date of Birth</th>
<th>Phone</th>
<th>Provider Name</th>
<th>Entry Date</th>
<th>Exit Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erlane Barefield</td>
<td>1700 Somewhere</td>
<td>Austin</td>
<td>78754</td>
<td>04/07/2010</td>
<td>51255555555</td>
<td>Center for Autism and Related Disorders</td>
<td>08/02/2014</td>
<td></td>
</tr>
<tr>
<td>Tiago Barefield</td>
<td>1234 Somewhere</td>
<td>Austin</td>
<td>78754</td>
<td>07/06/2008</td>
<td>51255555555</td>
<td>Center for Autism and Related Disorders</td>
<td>08/02/2014</td>
<td></td>
</tr>
<tr>
<td>Britny Barefield</td>
<td>777 Somewhere</td>
<td>Round Rock</td>
<td>76061</td>
<td>03/25/2010</td>
<td>51255555555</td>
<td>Center for Autism and Related Disorders</td>
<td>08/02/2014</td>
<td></td>
</tr>
<tr>
<td>George Barefield</td>
<td>521 N. 17th</td>
<td>Austin</td>
<td>78754</td>
<td>05/06/2009</td>
<td>51255512122</td>
<td>Center for Autism and Related Disorders</td>
<td>08/03/2014</td>
<td></td>
</tr>
</tbody>
</table>

If the client does not appear on the statewide list, click on the **New Case** button. Enter the following information for the new client on the **Case Information** page.

- Provider (Enter the provider name)
- Local Case Number (Enter the contractor's case number)
- First Name
- Last Name
- Middle Name
- Date of Birth (mm/dd/yyyy: The system will automatically add the slashes)
- Gender
- Parent/Responsible Party First Name
- Parent/Responsible Party Last Name
- Relationship: Enter the relationship of the parent or responsible party to the child. If the relationship is not listed select *Other* and enter the relationship in the *Relationship/Other* field
- Phone
- Phone Type
- Email
- Address 1
- Address 2
- Zip Code (The system automatically fills in the city, state, and county.)
- City
- State
- County
- Autism and other medical conditions (Enter the autism spectrum disorder and any secondary or tertiary medical conditions)
  - Autism Diagnosis
  - Secondary Medical Conditions
  - Tertiary Medical Conditions
  - Age at Diagnosis
- Language Spoken (Primary language spoken in the home)
- Race and Ethnicity: Enter all that apply.
- Proof of Texas Residency: Enter proof of residency. If the proof of residency choice is not listed, select Other in the drop-down menu and enter the type of proof in Resident Other
- Family Income
  - Family Gross Income: Use the income tax gross income. If an income tax return was not filed, gather the household’s last month’s pay checks to determine a monthly income amount and multiply by 12 to come up with an annual gross income.
  - Family Adjusted Gross Income: Use the adjusted gross income from the income tax return or use the annual gross income minus allowable deductions.
  - Family Income Range: The system automatically fills in this information based on the Family Adjusted Gross Income.
  - Family Size: Enter the family size.
- Insurance Information: Check all the insurances the child has. Enter the child’s insurance number for each insurance type, as appropriate.
  - CHIP
  - Medicaid
  - Medicare
  - TRICARE
  - Private Insurance
  - No Insurance
- Prior ECI Services: Answer Yes or No.
- Referral Source: Enter the source of referral by using the drop-down menu. If the user selects Other source, if so, please provide, then enter the other source under Other Referral Source.
- Enrollment and Exit Information
  - Enrollment Date: Enter the enrollment date. Clients are enrolled on the date they receive pre-testing or the first date of services, whichever is first.
  - Exit Date: Enter the date the client exited the program.
  - Exit Reason: Enter the exit reason by using the drop-down menu. If Other is selected, please enter the reason in the Exit Reason Other field.
  - Past Exit Reasons: Click on Past Exit Reasons to view other past exit reasons. The system will populate the page with past exit reasons.
- Save: To save the client information, click on Save
- Close: To exit out of the page, press close.
- Preview Print: To print the client information screen, click on Preview Print. The system will provide a printable page that can be viewed before printing. The system displays two
new buttons: **Print** or **Close Page**. To print the page, click on **Print**. To close the preview page, click on **Close Page**. The system will take the user back to the **Case Information** page.

### 3200 Case Information

The **Case Information** option appears on the **Caseload Management** menu after clicking on a client name. The **Case Information** option contains two menu items: **Case Demographic** and **Note**.

### 3201 Case Demographic

The **Case Demographic** option provides all the demographic information that was entered when the client was added to the system. See Section 3103, Creating a New Client Entry, for all the demographic information regarding the client.

---

**Screen Shot 8: Case Demographic Test Case Example**

![Case Demographic Test Case Example](image_url)
Address: 777 Somewhere Lane
City: ROUND ROCK
State: TX
County: WILLIAMSON

Autism diagnosis and other medical conditions:

Autism Diagnosis: Autism Spectrum Disorder - Severity 1
Secondary Medical Conditions: Sleep Disorder
Tertiary Medical Conditions: Select From List
Age at Diagnosis: 2
Language Spoken: English

Race & Ethnicity:
- American Indian / Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White

Proof of Texas Residency:
- Driver's License

Resident Other:

Family Income:
- Family Gross Income: 50000.00
- Family Adjusted Gross Income: 35000.00
- Family Income Range: $21,001 - $41,000
- Family Size: 3
The user may edit any information on the Case Demographic page by clicking on the field that needs to be edited and making the change. After all the changes are made, click on the Save button at the bottom of the Case Demographic page. The system will show an updated status that includes the name of the user, the date, and time the update occurred.

3202 Note
The Note page allows the user to make notes regarding the client. To enter a new note, click on the New button. In the Select Topic field, there is a drop-down menu with the following choices:

- Enrollment
- Exit
- Pretesting
- Post testing
- Service record
The Note page contains:

- A Save button to allow the user to save the note. After the user has saved the note, the system returns to the Note List page for the client, refreshing the page with the new information. A new note may be entered. The user must have a user role equal to Case Management or Provider Admin before the save button is enabled.

- The close page button closes the page and returns the user to the Note List. Click on Close to exit the Note List, then click on Case Information or to any other item on the Caseload Management menu.

3300 Consumer Testing

When a user clicks the Consumer Testing navigation menu, the system opens a sub-left navigation menu consisting of the testing required by the HHSC Autism Program. The testing options are divided up as follows:

- ABA Combined: These tests were used for children enrolled before September 1, 2014;
- Focused ABA: These tests are used for children enrolled on or after September 1, 2014; and
- Comprehensive ABA: These tests are used for children enrolled on or after September 1, 2014.

All pre- and post-testing must be completed within 30-calendar days of enrollment or exit.
ABA Combined services are provided to children who were enrolled in the HHSC Autism program prior to September 1, 2014 and are three through eight years of age. The tests for ABA Combined are as follows:

Pre-Pervasive Developmental Disorder Behavior Inventory (PDDBI)

When a user clicks Pre PDDBI in the navigation menu, the system opens the Pre PDDBI Testing page for the client. If there is an existing testing record, the page is populated with existing data. If there is no data, the user will see the page with no data. The user may add or update the following fields:

- Test Date
- SENSORY
- RITUAL
- SOCPP
- SEMPP
- AROUSE
- FEARS
- AGG
- REPRITC
- AWPC
- SOCAPP
- EXPRESS
- LMRL
- EXCSCA C
- REXSCA C
- AUTISM

The user enters the T Score for each of the fields listed above. When the user enters data in a field, use the Tab key to move to the next field. If the Enter key is used, a reminder pop-up appears that the test date field is required.

When the user clicks the Save button the application validates that all required fields are entered. The only required field is the Test Date.
Pre-Psychoeducational Profile Third Edition (PEP-3)

When a user clicks the pre PEP-3 on the navigation menu, the system opens the pre PEP-3 testing maintenance page. If there is an existing testing record, the page is populated with existing data. If a new testing record, then the page opens a blank consumer testing page.

The user may add or update the following fields:
- Test Date
- Cognitive Verbal/Preverbal
- Expressive Language
- Receptive Language
- Fine Motor
- Gross Motor
- Visual-Motor Imitation
- Affective Expression
- Social Reciprocity
- Characteristic Motor Behaviors
- Characteristic Verbal Behaviors
- Problem Behaviors
- Personal Self-Care
- Adaptive Behavior
The user enters the percentile rank for each field listed above. Enter > or < when applicable.

When the user clicks the **Save** button the system validates that all required fields are entered or selected. The only required field is the **Test Date**.
When a user clicks the **Post PDDBI** testing navigation menu the application opens the post PDDBI testing maintenance page. If there is an existing testing record, the page is populated with existing data. If a new testing record, then the page will open a page with no data in the fields. The user may add or update the same fields listed above for the **Pre PDDBI**. When the user clicks the **Save** button the system validates that all required fields are entered or selected. The only required field is the **Test Date**.

**Screen Shot 14: Post PDDBI Test Case Example**

**Post PEP-3**
When a user clicks the **Post PEP-3** in the navigation menu, the system opens the **Post PEP-3 Test page**. If there is an existing testing record, the page is populated with existing data. The user may update the same fields listed above for the Pre PEP-3. If there is no existing data, the user may enter new testing data. Click the **Save** button to allow the system to validate that all required fields are entered or selected. The only required field is the **Test Date**.

**Screen Shot 15: Post PEP-3 Test Case Example**
Focused ABA services are provided to children 3 through 15 years of age by a HHSC contractor to treat one or more deficits or behaviors of excess rather than the full range of developmental domains. Baseline target behavior data must be entered before a service can be uploaded or entered for the child. Treatment and post-treatment target behavior data must be entered before a child can be exited from the system. Enter data for each behavior that is targeted for focused ABA services.

Target Behavior
When a user clicks Target Behavior, the system opens the Target Behavior List page for the client. If there is an existing testing record, the page is populated with existing data. See Entering Treatment and Post Treatment Data below.
Entering a New Target Behavior
To enter a new target behavior, click on the New Target Behavior button and enter the following information:

- **Target Behavior**: Choose the target behavior from the drop-down list. The drop-down list contains the following items:
  - Challenging behavior
  - Self-Care
  - Feeding
  - Communication
  - Gross Motor
  - Fine Motor
  - Social Interaction
  - Other

- **Description**: Enter a description of the target behavior.

- **Period**: If there is no previous data, the system will automatically set the period to Baseline. Note: After the baseline data is entered, the user will be able to enter the treatment and post treatment data at a later date. See below for Entering Treatment and Post Treatment Data below for more information.

- **Date**: Enter the date the baseline was taken.

- **Dependent Measure**: Select the dependent measure from the following drop-down list:
  - Frequency
  - Duration
  - Partial interval Whole Interval
  - Momentary Time Sample
  - Other

- **Dependent Measure Description**: Enter a description of the measure taken.

When the user clicks the Save button, the application validates that all required fields are entered. The system returns to the Target Behavior List page and the user may enter a new target behavior or close the screen.

You are here.  Screen Shot 16: Target Behavior – Entering New Data
Test Case Example
Entering the Treatment and Post-treatment Data

After entering and saving the initial baseline data, the system allows the user to enter treatment and post treatment data.

To enter treatment data, click on Target Behavior in the navigation menu and the system displays the Target Behavior page for the client. The system displays the target behavior that was taken at baseline. Select the target behavior that was taken at baseline. The system displays a new page with the baseline data and a new area to enter the interval data. Enter the data in the fields described above in Entering New Target Behavior. Treatment and post treatment data is required to exit the child from services. See the following screen prints.
Target Behavior for George Barefield, DARS Case #: 4632, Provider Name: Center for Autism and Related Disorders, Months Of Service: 0

Target Behavior: Challenging Behavior

Domain:

Description: Jumping jacks

Period: Baseline

Date: 07/09/2014

Dependent Measure: Frequency

Current Level of Behavior or Goal: Cannot demonstrate jumping jacks

Period: Treatment

Date: 07/10/2014

Dependent Measure: Frequency

Goal is to do 5 consecutive jumping jacks.
3300 Comprehensive ABA

Comprehensive ABA services are provided to children three through five years of age by a HHSC contractor to treat all areas of developmental and behavioral needs. The tests consist of the following:

**Pre Expressive Vocabulary Test, Second Edition (EVT-2)**

When a user clicks on the Pre EVT2 option, the system opens the Pre EVT2 Consumer Testing page for the client. If there is an existing testing record, the page is populated with existing data. The user may update the fields.
If there is no existing data, the screen requires the user to enter data in the following fields:

- Test Date;
- Total Raw Score (the range of 0-190 is allowed); and
- Standard Score (the range of 20 to 160 is allowed).

Only whole numbers are allowed. No symbols or negative numbers are allowed. When the user clicks the Save button the application validates that all required fields are entered.
Pre-Peabody Picture Vocabulary Test, 4th Edition (PPVT4)

When a user clicks on the Pre PPVT4 option, the system opens the Pre PPVT4 Consumer Testing page for the client. If there is an existing testing record, the page is populated with existing data. The user may update the fields.

If there is no existing data, the screen requires the user to enter data in the following fields:

- Test Date;
- Form: Choose Form A or Form B from the drop-down list;
- Total Raw Score (the range of 0 to 228 is allowed); and
- Standard Score (the range of 20 to 160 is allowed).

When the user clicks the Save button the application validates that all required fields are entered.
Pre Childhood Autism Rating Scale, Second Edition (CARS2)

When a user clicks on the Pre CARS2 option, the system opens the Pre CARS2 Consumer Testing page for the client. If there is an existing testing record, the page is populated with existing data. The user may update the fields.

If there is no existing data, the screen requires the user to enter data in the following fields:

- Test Date;
- Total Raw Score (the range of 19 through 54 is allowed).

When the user clicks the Save button the application validates that all required fields are entered.
Pre Autism Diagnostic Interview-Revised (ADI-R)

When a user clicks on the Pre ADIR option, the system opens the Pre ADIR Consumer Testing page for the client. If there is an existing testing record, the page is populated with existing data. The user may update the fields.

If there is no existing data, the screen requires the user to enter data in the following fields:

- Test Date;
- Check the box if the child is non-verbal;
- ADI-R Autism Diagnostic Interview Revised – Comprehensive Algorithm Form.

If the user checks the Child is non-verbal, then scores are required on the third row. The scores will be summed in the box labeled = Nonverbal Total B. The system will not allow the user to enter verbal scores on the second row.

If the user doesn’t check the Child is non-verbal box, then verbal scores are required on the second row and the system will sum the scores in the box labeled = Verbal Total B. The system will not allow the user to enter nonverbal scores on the third row.

When the user clicks the Save button the application validates that all required fields are entered.
Pre Vineland-II
When a user clicks on the Pre Vineland-II option, the system opens the Pre Vineland-II Consumer Testing page for the client. If there is an existing testing record, the page is populated with existing data. The user may update the fields.

If there is no existing data, the screen requires the user to enter data in the following fields:

- Test Date; and
- VINELAND-II SCORE SUMMARY – SUBDOMAIN AND DOMAIN SCORES.

Enter the Raw Scores ranging from 0 to 108. Enter the v Scale Scores for each subdomain ranging from 20 to 160. The system sums the v Scale Scores. Enter the Domain Standard Scores for each domain. The system sums the Domain Standard Scores. Enter the Adaptive Behavior Composite Standard Score. Enter the Raw Scores and the v Scale Scores for the Maladaptive Behavior Index. The system sums the raw scores for the Maladaptive Behavior Index. Enter the total v Scale Score.

Click the Save button. The system validates that all required fields are entered.
Post EVT2
The entries for Post EVT2 are the same as when entering scores for the Pre EVT2. See Pre EVT2 above for more information on how to make entries.

### Screen Shot 24: Post EVT2 Consumer Testing
Test Case Example
Post PPVT4
The entries for Post PPVT4 are the same as when entering scores for the Pre PPVT4. See Pre PPVT4 above for more information on how to make entries.
Post CARS2
The entries for Post CARS2 are the same as when entering scores for the Pre CARS2. See Pre CARS2 above for more information on how to make entries.
Post ADIR
The entries for Post ADIR are the same as when entering scores for the Pre ADIR. See Pre ADIR above for more information on how to make entries.

Screen Shot 27: Post ADIR Consumer Testing
Test Case Example
**Post Vineland-II**

The entries for Post Vineland-II are the same as when entering scores for the Pre Vineland-II. See Pre Vineland-II above for more information on how to make entries.

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You are here.

Screen Shot 28: Post Vineland-II Consumer Testing

Test Case Example
3400 Service Record

When a user who has rights equal to Case Management or Provider Admin clicks on the Service Record link in the left navigation menu, the system opens the Service Record List page. If there are existing records, the page is populated with the existing service records for the case. The Service Record List page contains the following service information for the case on a grid:

- ID (individual service record ID);
- Type (ABA, Focused, or Comprehensive);
- Date (of service);
- Location (clinic, home, or school);
- Hours (of service);
- Rate (of service)
3401 Entering a New Service Record

If you upload services, the upload populates the fields below.

On the Service Record List page, the user clicks on the New Service Record button to enter the new service. The system opens a blank service record page that consists of the following fields. Enter the information requested in the following fields:

- Date
- Location of Service (drop down list to select from)
- Service Type (drop down list to select from);
- Other Service Type - if you selected Other from the Service Type drop down menu, you must enter the Other Service Type. If you did not select Other, then no entry is needed here.
- Hours (can enter whole numbers or decimals)
- Rate (The rate can only be modified by HHSC)
- Is Insurance Billed - Check this box if the hours are being billed to insurance first.
- Is HHSC Billed - Check this box if the hours are being billed to HHSC because there is no other third-party payer.
- Local Service Identifier

When the user clicks the Save button, the system validates that all required fields are entered or selected. If any entries are missing, the system returns an error message and the record will not be saved to the database until the errors are corrected. After the service record is saved the application returns to the service record list page, refreshing the page with refreshed data.

The Close button closes the page and the system returns to Service Record List page, refreshing the page with the new data.
Once a service is entered if changes are need to the service, click on the service ID. The service record opens. The user can make edits and save or if the entire record needs to be deleted, click the Cancel button. The service record will still appear in the list of services for the child but will not be calculated in the total service hours in the Service Record Report.
3500 Insurance Payment

To record an insurance payment, go to Caseload Management on the top navigation menu. Go to case search to select the child for which you want to enter the insurance payment. Once you select the child, then on the left navigation menu, select Insurance Payment and you will be in the Insurance Payment List screen.

Click on New Insurance Payment. The fields will default to the current month and year; however, there is a drop-down menu to enter different months and years. Enter the correct month and year the for service that was provided for which the insurance payment is made in the following fields:

- Year: Enter the year of service
- Month: Enter the month of service for which the insurance payment is made. Do not enter the month the payment was received unless it is for the same month of service.
- Insurance Payment Amount: Enter the insurance payment amount.
- Save: Click the Save button to save the record.
To edit the insurance payment amount or delete the insurance payment information, select the record to be edited or deleted.

![Screen Shot 34: Selecting the Insurance Record to be Edited or Deleted](image1.png)

Test Case Example

To edit the insurance payment amount, make the changes to the amount and save. To cancel the payment, select **Cancel**. If the month and year need to be edited, then cancel the payment and return to the Insurance Payment screen to add a new Insurance Payment.

![Screen Shot 35: Editing or Deleting the Insurance Payment](image2.png)

**3600 Cost Share**

To record the cost share amount, go to **Caseload Management** on the top navigation menu. Go to **Case Search** to select the child for which you want to enter the cost share amount. Once you select the child, then on the left navigation menu, select **Cost Share** and you will be in the **Cost Share List** screen.

![Screen Shot 36: Cost Share List](image3.png)

Test Case Example
Click on **New Cost Share**. The fields will default to the current month and year; however, there is a drop-down menu to enter different months and years. Enter the correct month and year of service for the service in the following fields:

- Year: Enter the year of service
- Month: Enter the month of service for which the cost share is made. Do not enter the month the cost share was received unless it is for the same month of service.
- Cost Share Amount: Enter the cost share amount.
- Save: Click the Save button to save the record.

To edit the cost share amount or delete the cost share, select the record to be edited or deleted.

To edit the cost share amount, make the changes to the amount and save. To cancel the payment, select Cancel. If the month and year need to be edited, then cancel the payment and return to the Cost Share screen to add new cost share information.
4000 Reports

The Reports option is found on the Top Navigation menu next to Case Load Management. The purpose of this option is to allow the contractor to produce reports as needed. The report option contains data starting with September 1, 2012.

All reports contain the following buttons:

- **Search**: Allows the user to locate and display consumer records. When the Search button is clicked, if there is existing information for the type of report selected, the system will display the items.
- **Reset**: Clears the search criteria.
- **Close**: Closes the page and the system returns to an empty Case Search page and does NOT populate the page.
- **Preview Print**: Allows the user to preview the report before printing.
- **Export to Excel**: Allows the user to load the return data set into an excel file and to print a hard copy of the data set.

The following are screen shots of the reports.

4100 Age at Entry

Enter the **Date From** and **Date To** for a report within a certain date range.
### Age At Entry Report

**Provider Name:** Autistic Treatment Center

**Date From:** 09/01/2013

**Date To:** 08/31/2014

Number of consumers for Autistic Treatment Center: 30

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of consumers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>7</td>
<td>23.33</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
<td>33.33</td>
</tr>
<tr>
<td>7</td>
<td>10</td>
<td>33.33</td>
</tr>
</tbody>
</table>

### Diagnosis Report

**Provider Name:** MHMRA of Harris County

**Number of consumers for MHMRA of Harris County:** 343

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of consumers</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic Disorder</td>
<td>261</td>
<td>76.09</td>
</tr>
<tr>
<td>Attention Deficit</td>
<td>11</td>
<td>3.21</td>
</tr>
<tr>
<td>Rett NOS</td>
<td>70</td>
<td>20.41</td>
</tr>
<tr>
<td>Not Use</td>
<td>1</td>
<td>0.29</td>
</tr>
</tbody>
</table>

### Gender Report

**Number of consumers for Gender:**

- Male: 123
- Female: 210

**Number of consumers for Not Use:** 0
4400 Family Income
Enter the Date From and Date To for a report within a certain date range. This is based on the Family Adjusted Gross Income data.

4500 Primary Language
Enter the Date From and Date To for a report within a certain date range.
4600 Race/Ethnicity
Enter the Date From and Date To for a report within a certain date range.

Screen Shot 45: Race/Ethnicity Report

4700 Service Record
Enter the Date From and Date To for a report within a certain date range. The hours billed to HHSC in this report should reconcile with hours billed to HHSC on your invoice. If you find a discrepancy, this report can be exported to excel to assist you in determining the problem.

Screen Shot 46: Service Record Report
4800 Add Enrolled No Services
Report is to show children who are enrolled in services but have not received services. Choose no services last 60 days or no services from the drop down. The report will show all children who have not received services.
4900 HHSC Monthly Summary

The system defaults to the current fiscal year. The user can use the drop down to select a previous year. This report is designed to provide the contractor with an overview of the following:

- Number of Children on the Interest List monthly and cumulative for the year
- Number of Children Served monthly, cumulative (unduplicated) for the year and percent of the target (contract number) served
- Number of Children Entering monthly and cumulative for the year
- Number of Children Exiting monthly and cumulative for the year
- Family Cost Share collections monthly and cumulative for the year
- Insurance Collections monthly and cumulative for the year
- HHSC Contract Funds spent monthly and cumulative for the year
- Remaining HHSC Contract Funds cumulative for the year

The report summarizes information from submitted invoices and data entered on children who are enrolled in services, dismissed from services and on the consumers interested list.
### 9/2014

<table>
<thead>
<tr>
<th>Provider</th>
<th>Interest List</th>
<th># Entering Service</th>
<th># Served in Report Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Exiting Program in Report Month</td>
<td>Unduplicated # Served Through Report Month</td>
<td>% of Target Served</td>
</tr>
<tr>
<td>Total Insurance Collected</td>
<td>Family Cost Share</td>
<td>Monthly Billing</td>
<td></td>
</tr>
<tr>
<td>438</td>
<td>0</td>
<td>49</td>
<td>102.08%</td>
</tr>
<tr>
<td>0</td>
<td>49</td>
<td>$2195.00</td>
<td>$77114.58</td>
</tr>
<tr>
<td>50</td>
<td>$2195.00</td>
<td>$77114.58</td>
<td></td>
</tr>
</tbody>
</table>

### 10/2014

<table>
<thead>
<tr>
<th>Provider</th>
<th>Interest List</th>
<th># Entering Service</th>
<th># Served in Report Month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Exiting Program in Report Month</td>
<td>Unduplicated # Served Through Report Month</td>
<td>% of Target Served</td>
</tr>
<tr>
<td>Total Insurance Collected</td>
<td>Family Cost Share</td>
<td>Monthly Billing</td>
<td></td>
</tr>
<tr>
<td>458</td>
<td>0</td>
<td>49</td>
<td>102.08%</td>
</tr>
<tr>
<td>0</td>
<td>49</td>
<td>$2178.50</td>
<td>$76056.95</td>
</tr>
<tr>
<td>$2366.34</td>
<td>$2178.50</td>
<td>$76056.95</td>
<td></td>
</tr>
</tbody>
</table>

### SEY 2015 YEAR TO DATE—CUMULATIVE COUNTS & FIGURES THROUGH REPORT MONTH

<table>
<thead>
<tr>
<th>Provider</th>
<th># Entering Service Through Report Month</th>
<th># Served Through Report Month(Duplicated)</th>
<th># Exiting Through Report Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Insurance Collected</td>
<td>Total Family Cost Share</td>
<td>Cumulative Billing Through Month</td>
<td></td>
</tr>
<tr>
<td>Funds Remaining Based on Original Contract Value</td>
<td>Funds Remaining Based on Mid Year Value Adjustments</td>
<td>Funds Remaining Based on End Year Value Adjustments</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>98</td>
<td>0</td>
<td>$2368.34</td>
</tr>
<tr>
<td>0</td>
<td>$4374.50</td>
<td>$48126.46</td>
<td>$48126.46</td>
</tr>
</tbody>
</table>
4110 Consumer Testing Report

The search criteria for this report is a **Case Status** of one of the following choices:
- All cases,
- Enrolled cases, or
- Not Enrolled cases.

This report is designed to show the user which cases are missing testing data. The report considers test data missing under the following conditions:
- Pre-Testing is missing if the consumer is enrolled or dismissed and there is no data entered or there is a test date entered but no test scores or not more than one score entered.
- Post Testing is missing if the consumer has been dismissed and there is no data entered or there is a test date entered but no test scores or not more than one score entered.

Review this report monthly to determine if testing information has been entered.
4112 Cost Share Tool
Enter the **Family Size** from the drop-down list and the **Cost of Service**. This is the same table that is found on the HHSC website. The user can use this table to determine the family cost share. The information is not saved as part of the child record.

```
<table>
<thead>
<tr>
<th>Annual Income ($) Range</th>
<th>% of Monthly Cost Paid by Family</th>
<th>% of Monthly Cost Paid by DARS</th>
<th>Total Monthly Program Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over $71,000</td>
<td>$44</td>
<td>$1</td>
<td>$45</td>
</tr>
<tr>
<td>$151,001 - $171,000</td>
<td>$42</td>
<td>$3</td>
<td>$45</td>
</tr>
<tr>
<td>$151,001 - $151,000</td>
<td>$37</td>
<td>$6</td>
<td>$45</td>
</tr>
<tr>
<td>$151,000 - $141,000</td>
<td>$33</td>
<td>$12</td>
<td>$45</td>
</tr>
<tr>
<td>$141,001 - $131,000</td>
<td>$28</td>
<td>$17</td>
<td>$45</td>
</tr>
<tr>
<td>$131,001 - $121,000</td>
<td>$24</td>
<td>$21</td>
<td>$45</td>
</tr>
<tr>
<td>$121,001 - $111,000</td>
<td>$19</td>
<td>$26</td>
<td>$45</td>
</tr>
<tr>
<td>$111,001 - $101,000</td>
<td>$17</td>
<td>$23</td>
<td>$45</td>
</tr>
<tr>
<td>$101,001 - $91,000</td>
<td>$15</td>
<td>$30</td>
<td>$45</td>
</tr>
<tr>
<td>$91,001 - $81,000</td>
<td>$12</td>
<td>$33</td>
<td>$45</td>
</tr>
<tr>
<td>$81,001 - $71,000</td>
<td>$10</td>
<td>$35</td>
<td>$45</td>
</tr>
</tbody>
</table>
```

5000 My Account
The **My Account** link is found on the **Top Navigation** menu. The user must have a user role equal to Case Management or Provider Admin before displaying the **My Account** option. This option provides the user to change their password.

5100 Change Password
When a user clicks the **Change Password** option on the **Top Navigation** menu, the system opens the **Change Password** page. The user is required to enter the current password, the new password and to confirm the new password. When the user clicks the save button the application validates that all required fields are entered/selected.
6000 HHSC Admin

The HHSC Admin option is found on the Top Navigation menu. This option is available for provider administrators only. When clicking on the HHSC Admin option, the system opens the left navigation menu consisting of the following options:

- User Maintenance
- Code Maintenance
- Service Location Maintenance
- Cost Share Program Maintenance
- Provider Maintenance
- Invoice Maintenance
- Consumers Interested
- Uploaded Files

6100 User Maintenance

The User Maintenance option allows the provider administrator to:

- select and update an existing user record; or
- create a new user record.

If the user clicks the User Maintenance option in the left navigation field, the system opens the User List page. The User List page contains the following buttons:

- **New** - When the user selects this button, the administrator can create a new user. Note: The user must have user role equal to “Provider Admin” before the new button is enabled.
- **Close** – When the user clicks on this button, the administrator can close the page and save the changes.
- **Export to Excel** – When the user clicks on this button, the administrator can load the return data set into an excel file and to print a hard copy of the data set.

If there is existing user information, the screen will display the First Name; Last Name; Email; Phone; and Inactive Date.

The user last name will be a hyperlink and when clicked, the system will take the administrator to the user page.
When the administrator clicks the **New** button or the name hyperlink, the system opens the **User** page. If there is an existing user record, the page will be populated with existing data. If the administrator is adding a new user record, then the page will open a blank user maintenance page.

The user may add or update the following fields:
- First name
- Last name
- Email Address
- Phone
- Phone Type
- Username
- Password
- Inactive date
- HHSC Admin (access rights)
- Developer (access rights)
- Provider Admin (access rights)
- Case Management (access rights)

When the user clicks the **Save** button the application validates that all required fields are entered. If any entries are missing the application returns an error message and the record will not be saved until the errors are corrected.

After the record is saved the application returns to the **User List** page, refreshing the page with the previously entered search criteria. When the user clicks the **Close** button, the system returns to the **User List** page, refreshing the page with the previously entered search criteria.

The administrator can edit the information by selecting the user and adding the updated information. Click **Save** to update the information.
6200 Edit Provider
The **Edit Provider** option allows the administrator to add or update the information regarding the provider. When the user clicks on the **Edit Provider** option, the system opens the **Provider** page. When a user clicks the edit provider button the application opens the provider maintenance page populated with existing data or a blank screen. The user may add or update the following fields:

- Provider Name
- Contact Name
- Email Address
- Address
- Zip Code
- City
- State
- County
- Phone
- Phone Type
- Invoice Contact Name (this is the name that appears on the invoice)
- Invoice Contact Phone
- Invoice Contact Phone Type

![Screen Shot 54: Edit Provider](image-url)
The following fields are set by HHSC and can't be modified by the user: Provider Number, Contract Number, HHSC PO Number, Contract Amount and Current Rate (Hourly Bill Rate).

When the user clicks the **Save** button the system validates that all required fields are entered. If any entries are missing the system returns an error message and the record will not be saved until the errors are corrected.

The administrator clicks on the **Save** button to save the provider record. After the record is saved the system stays on the **Edit Provider** page and refreshes the page with the updated information.
6300 Invoice Maintenance
The Invoice Maintenance option allows the user to prepare an invoice to submit to the HHSC Autism Program. When the user clicks on the Invoice Maintenance option, the system opens the contractor’s Invoice List page.

Upon entry to the Invoice List page, the user may search for an invoice by entering the following information:

- **Date From and Date To** – Enter the dates to get invoices within the date range and click on the Search button.
- **New Invoice** – Click on the New Invoice button to create a new invoice. For more information on how to create a new invoice, see below for Creating a New Invoice.
- **Reset** – Click on the Reset button to clear the search criteria.

Another way to search for an invoice is to scroll down to the list of invoices. Upon entry into the Invoice List page, the system automatically populated this page with the contractor’s previous invoices. The user can search for an invoice by scrolling down to the list of invoices. There is a bar menu above the invoice list with the following fields:

- **Invoice Id** – This field has a hyperlink to the invoice.
- **Provider name** – This field lists the provider’s name.
- **State Date** – The system automatically sets the invoice date range from the most recent date to the earliest date. When the user clicks on the Start Date, the system reverses the date order from the earliest date to the most recent date.
- **End Date** – Just like the Start Date, the system automatically sets the invoice date range from the most recent date to the earliest date. When the user clicks on the Start Date, the system reverses the date order from the earliest date to the most recent date.
- **Amount** – This is the amount of the invoice.

Creating a New Invoice
When the user clicks on the New Invoice button, the Invoice Maintenance page displays with the following fields:

![Invoice List page screenshot](Screen Shot 55: Invoice List)
• **Provider Information**
  This box contains the contractor’s Texas Identification Number, Provider Name, Contact Name, Address, City, State, Zip Code, and HHSC Contract Number. These items are pre-filled when you enter the **Invoice Maintenance** page.

![Invoice Maintenance](image)

• **Autism Services**
  This section requires the provider to enter the Start Date, End Date, and Submitted Date.

![Autism Services](image)

• **Description of Services**
  The user enters information in the following fields:

  1. **Treatment hours. Current month. No Third-Party Payer.** Enter the total aggregate number of direct service hours for the current month in which there was no third-party payer. The system automatically calculates the Rate and the Amount.

  2. **Treatment hours. Current month. Third-Party Payment Received or Denied.** Enter the total aggregate number of direct service hours for the current month for which third-party payment was received or denied. Press the Tab key to move to the next field. The system automatically calculates the Rate and the Amount.

  3. **Treatment hours. Previous month(s). Third-Party Payment Received or Denied.** Enter the aggregate number of direct service hours for previous months for which third-party payment was received or denied. Press the Tab key to move to the next field. The system automatically calculates the Rate and the Amount.

  4. **Third-Party Reimbursements (sum of all third-party reimbursements-current and previous months listed above).**

  5. **Cost share. Current month (Collected or owed).** Enter the total cost share amount for the month, whether the client has paid the total amount or still owes the amount.

  6. **Deduction for repayment of previous Advance Payment** – Enter the amount of a previous advance payment provided by the HHSC Autism Program.
The system calculates the **Total Amount of Invoice**. This report displays the invoice (HHSC6002) that is submitted monthly to HHSC for payment. It is like the current invoice and calculates based on the hourly bill rate that is determined by HHSC.

<table>
<thead>
<tr>
<th>Description</th>
<th>Hours</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment hours. Current month. No Third-Party Payer.</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Treatment hours. Current month. Third-Party Payment Received or Denied.</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Treatment hours. Previous month(s). Third-Party Payment Received or Denied.</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Sub-Total</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Third-Party Reimbursements (sum of current and previous months listed below).</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Cost share. Current month (Collected or owed).</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Sub-Total</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Deduction for repayment of previous Advance Payment.</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Amount of Invoice</td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

- **Third Party Reimbursements**
  When there are third party reimbursements to report, the user clicks the Add Reimbursement button and enters the months for which third-party payer reimbursements were received and the amount received for each listed month. You may use either the first or last day of the month when entering the date.

- **Advance Payment**
  Under certain circumstances outlined in the contract, the contractor may request an advance payment from the HHSC Autism Program. When the contractor has authorization to request an advance payment from the Autism Contract Manager, the contractor may request the advance in the Invoice Maintenance page.

  The contractor enters the **Treatment Hours. Total number of treatment hours provided in the previous month where children have Third-Party coverage that was not reimbursed during the month**. The system automatically calculates the rest of the fields.

  Once all required data is entered the user clicks the Save button. When the Save button is clicked, the user’s name will be populated in the Created By field. **This serves as the contractor’s signature that the invoice is being submitted for payment. It must be**
submitted by the end of the tenth calendar day of the following month. The HHSC Autism Program Specialist will pull the invoice on the eleventh calendar day of the following month for payment. The contractor is required to send a copy of the invoice to HHSC Accounts Payable and the HHSC Autism Program Specialist via email or postal mail.

The invoice must be maintained in accordance with federal and state laws, HHSC policy, and the contract with HHSC. To save and print a copy of the invoice, click on tool icon on the right-hand corner of the browser. A drop-down list will appear, click the File button. Another drop-down list will appear. Click Save As and save the invoice to a file.

The user can print the invoice after it has been saved the invoice.

<table>
<thead>
<tr>
<th>Description</th>
<th>Rate</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Hours. Total number of treatment hours provided in the previous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>month where children have Third-Party coverage that was not reimbursed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>during the month.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DARS Hourly Rate</td>
<td>$30.00</td>
<td></td>
</tr>
<tr>
<td>Amount Requested</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent of Amount Requested</td>
<td>80.00%</td>
<td></td>
</tr>
<tr>
<td>Amount of Advance Payment (cumulative amount of outstanding Advance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments shall not exceed 15% of Current Fiscal Year Contract Balance)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6400 Consumers Interested
The Consumers Interested option allows the user to enter the number of eligible consumers that are interested in enrolling in the program by month.

When this option is selected, the system will display the Consumers Interested page. The Consumers Interested page defaults to the contractor’s name in the Provider Name field. The user enters the year in the Year field and clicks on Search. The system will display all the months for the year. In the Number of Consumers field, the user enters the number of consumers on the interest list for the month. Click the Save button to save the entry. To leave this page, click on Close button.
6500 Upload File

The Upload File option in the navigation menu allows the user to upload the contractor's Service Record, Insurance Payment, and Cost Share files to submit to HHSC.

6501 How to Create and Upload the Service Record

Creating the Service Record
2. The first row of the file must be filled with the following headings with no spaces:
   - Column A: LocalCaseNumber
   - Column B: ServiceDate
   - Column C: ServiceTypeCode
   - Column D: ServiceTypeDescription
   - Column E: ServiceLocationCode
   - Column F: ServiceLocationDescription
   - Column G: Hours
   - Column H: IsInsBilled?
   - Column I: IsHHSCBilled
   - Column J: FileName
   - Column K: LocalServiceIdentifier
3. Starting on row 2, enter the information that corresponds to the header as follows:
   - Column A: LocalCaseNumber – Enter the local case number identifier
   - Column B: ServiceDate – Enter the date of service
   - Column C: ServiceTypeCode – Enter the service type code as follows:
     - 01 for ABA
     - 05 for Focused ABA
     - 06 for Comprehensive ABA
   - Column D: ServiceTypeDescription – Enter the service type description.
Column E: ServiceLocationCode – The service location codes are specific to the provider.
Column F: ServiceLocationDescription – Enter the location of the service.
Column G: Hours – Enter the number of hours of the service provided
Column H: IsInsBilled? – If insurance is billed, enter a Y for yes; if insurance is not billed enter an N for no.
Column I: IsHHSCBilled - If HHSC is billed, enter a Y for yes; if HHSC is not billed enter an N for no
Column J: FileName – Enter the file name in the following format: NameofProviderServiceRecordmmyyy. See the following example: CARDServiceRecord082014.
Column K: LocalServiceIdentifier – Enter the local service identifier. This comes from the contractor’s billing system. This is optional, you are not required to enter this field. This lets you update specific service records. Save the file by selecting File, then Save As. In the File Name field, enter the same FileName that was entered in Column J. In the Save as type field, use the drop-down menu and select CSV (Comma delimited)(*.csv). Then click on Save to save the file anywhere on the C: drive of the computer or any drive on a server.

Screen Shot 57: Example of Service Record Using Excel

The service record was saved by the provider as HHSCOCT14.csv in the documents folder.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>A75887</td>
<td>1/2/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>Y</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>A75887</td>
<td>1/2/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>6</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>A75887</td>
<td>1/6/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>A75887</td>
<td>1/7/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A75887</td>
<td>1/9/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>A75887</td>
<td>1/14/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A75887</td>
<td>1/15/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>A75887</td>
<td>1/16/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>A75887</td>
<td>1/20/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>A75887</td>
<td>1/21/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>A75887</td>
<td>1/22/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>A75887</td>
<td>1/23/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>A75887</td>
<td>1/27/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>A75887</td>
<td>1/29/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>A75887</td>
<td>1/30/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>A75887</td>
<td>2/10/2014</td>
<td>ABA</td>
<td>81 - clinic - South Dallas</td>
<td>5</td>
<td>N</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>A75960</td>
<td>1/1/2014</td>
<td>ABA</td>
<td>77 - clinic - North Dallas</td>
<td>4</td>
<td>5</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>A75960</td>
<td>1/6/2014</td>
<td>ABA</td>
<td>77 - clinic - North Dallas</td>
<td>4</td>
<td>5</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>A75960</td>
<td>1/7/2014</td>
<td>ABA</td>
<td>77 - clinic - North Dallas</td>
<td>4</td>
<td>5</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>A75960</td>
<td>1/8/2014</td>
<td>ABA</td>
<td>77 - clinic - North Dallas</td>
<td>4</td>
<td>5</td>
<td>DARS OCT14</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Uploading the Service Record

Select Provider Admin on the top bar menu, click on Upload File and select Service Record. The system opens the Service Record File Upload page.
Click the Browse button and select a delimited file from their “C” drive (or any server-based drive).

Once the “CSV (Comma delimited)(*.csv)” file is selected the user will be returned to the service record file upload page and then click the “OK” button. A number of validation edits will be performed.

If the records do not pass the validation edits the application will return an error page to the user. The system will display each row with the record that failed the validation along with the error description.
The user corrects the records on their C drive (or corrects the records in their automated system) and they will need to re-browse and upload the corrected delimited file from their C drive (or any server-based drive).

This can be an iterative process, but once the validations are 100% successfully completed the application will insert the service records into the database and display information concerning the number of records processed and the number of successes.

**Screen Shot 61: Service Record File Upload - Success**

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**6502 Uploading the Insurance Payment**

How to create and upload the Insurance Payment

2. The first row of the file must be filled with the following headings with no spaces:
   - Column A: LocalCaseNumber
   - Column B: Month
   - Column C: Year
   - Column D: InsPaymentAmt
   - Column E: Hours
   - Column F: File Name
### Screen Shot 62: Example of Insurance Payment File Using Excel

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>LocalCaseNumber</td>
<td>Month</td>
<td>Year</td>
<td>InsPaymentAmt</td>
<td>Hours</td>
<td>FileName</td>
</tr>
<tr>
<td>2</td>
<td>10241</td>
<td>4</td>
<td>2014</td>
<td>500</td>
<td>40</td>
<td>CARDInsPayment072014</td>
</tr>
</tbody>
</table>

3. Starting on row 2, enter the information that corresponds to the header as follows:
   - Column A: LocalCaseNumber – Enter the local case number for the client.
   - Column B: Month – Enter the month using the number of the month. For example, for March, use the number 3.
   - Column C: Year – Enter the 4-digit year: yyyy.
   - Column D: InsPaymentAmt – Enter the insurance payment amount.
   - Column E: Hours – Enter the number of hours of services provided to the client.
   - Column F: FileName – Enter the file name as the name of the provider, CostShareRecord, and the month and year for the record. Example: CARDCostShareRecord062014.

4. Save the file by selecting **File** on the top menu bar, then **Save As**. In the File Name field, enter the same FileName that was entered in Column J. In the Save as type field, use the drop-down menu and select CSV (Comma delimited)(*.csv). Then click on Save to save the file anywhere on the C: drive of the computer or any drive on a server.

### Uploading the Insurance Payment

The process for uploading the **Insurance Payment** is the same as uploading the Service Record. The user clicks on **Insurance Payment** under the **Upload File** menu. The system opens the **Ins Payment File Upload** page. Click the **Browse** button and select a delimited file from the C: drive (or any server-based drive). Once the CSV (Comma delimited)(*.csv) file is selected, the system will return to the **Ins Payment File Upload** page. Click the “OK” button. A number of validation edits will be performed. If the records do not pass the validation edits, the system will return an error page to the user. The system will display each row with the record that failed the validation along with the error description. The user corrects the records on the “C” drive (or corrects the records in their automated system). After correcting the errors, return to the **Ins Payment File Upload** page select **Browse** to upload the corrected delimited file. This can be an iterative process, but once the validations are 100% successfully completed the application will insert the records into the database and display information concerning the number of records processed and the number of successes.

### 6503 Uploading the Cost Share Record

**How to create and upload the Cost Share Record**

2. The first row of the file must be filled with the following headings with no spaces:
   - Column A: LocalCaseNumber
   - Column B: Month
   - Column C: Year
   - Column D: Cost Share
   - Column E: FileName

**Screen Shot 63: Example of Cost Share File Record Using Excel**
3. Starting on row 2, enter the information that corresponds to the header as follows:
   Column A: LocalCaseNumber – Enter the local case number for the client.
   Column B: Month – Enter the month using the number of the month. For example, for March, use the number 3.
   Column C: Year – Enter the 4-digit year: yyyy.
   Column D: CostShare – Enter the Cost Share amount or the insurance deductible, co-insurance, or co-payment amount (DCC).
   Column E: FileName – Enter the file name as the name of the provider, CostShareRecord, and the month and year for the record. Example: CARDCostShareRecord062014.

4. Save the file by selecting File, then Save As. In the File Name field, enter the same FileName that was entered in Column J. In the Save as type field, use the drop-down menu and select CSV (Comma delimited)(*.csv). Then click on Save to save the file anywhere on the C: drive of the computer or any drive on a server.

Uploading the Cost Share Record

The process for uploading the Cost Share Record is the same as uploading the Service Record. Click on the Cost Share under the Upload File menu. The system opens the Cost Share File Upload page. Click the Browse button and select a delimited file from the C drive (or any server-based drive). Once the delimited file is selected, the system will return to the Cost Share File Upload page. Click the “OK” button. A number of validation edits will be performed. If the records do not pass the validation edits, the system will return an error page to the user. The system will display each row with the record that failed the validation along with the error description. The user corrects the records on the “C” drive (or corrects the records in their automated system). After correcting the errors, return to the Cost Share File Upload page select Browse to upload the corrected delimited file. This can be an iterative process, but once the validations are 100% successfully completed the application will insert the records into the database and display information concerning the number of records processed and the number of successes.

6504 Tips for Successful Uploading

- The date of service will accept 1/1/14 or 01/01/14 or 1/1/2014 or 01/01/2014.
- The upload will accept a text file that is a conversion from an excel file by using the Text (tab delimited or CSV (Comma delimited)(*.csv)) file option.
- One of the common errors is when the file name in the service data doesn’t match exactly the file name given to the file. Don’t include spaces in the file name to make them match.

Other information that might be helpful when using Excel to build files for upload.

- Header Line/First Line of File - Make sure that there are no spaces in the titles on the first line.
- Date Format (mm/dd/yyyy) - To get the date in the format required in an Excel document, you can use a date format available under the English (Caribbean) set of
date formats. The required format (mm/dd/yyyy) is not available in the English (United States) which would normally be the default set of date formats in Excel.

- Service Type Description/Service Location Description - Make sure that there are no spaces after the descriptions.

6600 Uploaded Records

After the contractor has successfully uploaded the records, the user can access the records to review.

6601 Insurance Payments
Click on **Uploaded Records** and then on **Insurance Payment**. The system displays the **Case Monthly Insurance Payment Maintenance** page.

To search for a case monthly insurance record, enter the **Year** and the **Month** of the report and click the **Search** button. The system will display the record for the month requested. The **ID** number is an active link.

![Screen Shot 64: Case Monthly Insurance Payment Maintenance]

Click on the **ID** number. The system displays the **Case Monthly Insurance Payment** for the client. The user can cancel the **Case Monthly Insurance Payment** record by clicking on **Cancel**, then **Save**. To exit the page, click on **Close**. The system will display the **Case Monthly Insurance Payment Maintenance** page with the updated cancellation date.
6602 Cost Share
Click on Uploaded Records and then on Cost Share. The system displays the Case Monthly Cost Share Maintenance page.

To search for a case monthly cost share record, enter the Year and the Month of the report and click the Search button. The system will display the record for the month requested. The record returned will contain the ID number, Case ID, Year, Month, Name of the client, Payment Amount and the Cancel Date. The ID number is an active link.

Click on the ID number. The system displays the Case Monthly Cost Share for the client. The user is able to cancel the Cost Share record by clicking on Cancel, then Save. To exit the page, click on Close. The system will display the Case Month Cost Share Maintenance page with the updated cancellation date.
The End!