



# Client Behavioral/Physical Health – Provider Job Aid

The Client Behavioral/Physical Health screen provides a single location where users can view a summary of the client's Behavioral and Physical health information. Users can easily navigate to the source of the information displayed on this screen via the hyperlinks located throughout the page.

## Client Behavioral/Physical Health screen

**Client Behavioral/Physical Health**  
\* Denotes Required Fields \*\* Denotes Half-Mandatory Fields ‡ Denotes AFCARS Fields

**Critical Information**

Last Screen Date:  Predicted Screen Date:  Primary Medical Decision Maker:  Document restrictions to the parental involvement in the child's behavioral/ physical health care:    
No Appt. Documented  No Appt. Documented   
[Well Child/ Immunization Chart](#)  
☐ Pregnant ☐ Parenting Teen  Secondary Medical Decision Maker:

**Health Summary**

**Allergies**

**Health Equipment & Goods**

**Medications**

Medication	Type	Start Date
NO DATA ENTERED		

**Behavioral/ Physical Health Professional**

Name/Agency	Relationship to Client	Employer Name	Employer phone number
NO DATA ENTERED			5616571651

**Diagnosis**

Diagnosis System	Axis	Subcategory	Type	Diagnosis Code	Diagnosis
NO DATA ENTERED					

**Insurance**

Insurance Type	Policy Number	Group Number	Member Number
NO DATA ENTERED			

**Medical Appointments & Services**

Category	Sub Category	Date
NO DATA ENTERED		

**Hospitalizations**

Type	Hospital/ Facility	Start Date
NO DATA ENTERED		

**Substance Use**  
Substance use information available

**Immunizations**

Immunization Description	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria and Tetanus (DTaP)					
Polio (OPV, IPV)					
Measles, Mumps, Rubella					
Hepatitis B					
H1B					
Varicella					
<input type="text"/>					

☐ Following delayed immunization schedule ☐ Parent/Guardian chose to opt out of Immunizations ☐ Medical exemption from immunizations



## Navigation

1. Navigate to the *My Services* Screen and bring the Referral/Service Episode into focus.
2. Navigate to the *Client List* screen.
  - a. **Case > Client > Client List**
3. Select the desired client and click **Show**.
4. Navigate to the *Client Behavioral/Physical Health* screen.
  - a. **Case > Clients > Health > Client Behavioral/Physical Health**

## Critical Information

The screenshot shows the 'Critical Information' form. Callout A points to the 'Last Screen Date' and 'Predicted Screen Date' fields. Callout B points to the 'Well Child/ Immunization Chart' link and the 'Pregnant' and 'Parenting Teen' checkboxes. Callout C points to the 'Primary Medical Decision Maker' and 'Secondary Medical Decision Maker' fields. Callout D points to the 'Document restrictions to the parental involvement in the child's behavioral/ physical health care' text area and the 'Save' button.

1. The *Critical Information* section contains basic information on the client some of which can be updated by the user.
  - a. The *Last Screen Date* will display the last recorded EPSDT (Early & Periodic Screening, Diagnosis and Treatment)/Well Child appointment for the client. If no EPSDT/Well Child appointment has been documented "No Appt. Documented" will be displayed instead.

The *Predicted Screen Date* will calculate the recommended date for the client's next EPSDT/Well Child check-up based on the client's age and recommendations from the Well Child/Immunization Chart. If there is no recorded EPSDT/Well Child appointment to calculate from then "No Appt. Documented" will be displayed instead.

To view the Well Child/Immunization Chart click on the [Well Child/Immunization Chart](#) link. The chart will open up in a separate Word document.
  - b. The *Pregnant* or *Parenting Teen* check-boxes can be checked to indicate whether or not the client is a pregnant and/or parenting teen. These checkboxes can also be found on the **Case> Client > General Info > Other** tab. If these checkboxes have been checked on the **General Info > Other** tab the checkmarks will carry over to the *Client Behavioral/Physical Health* screen. Any changes to these checkboxes will carry back to the **General Info > Other** tab.



- c. The *Primary Medical Decision Maker* and *Secondary Medical Decision Maker* fields are read-only and display the name of the Medical Guardian(s) marked as Primary or Secondary on the *Collateral* screen who are associated to the client in focus.

Collateral Details			
Relationship to Client(s) *	Start Date *	End Date	<input type="checkbox"/> Agency <input type="radio"/> Primary <input type="radio"/> Secondary
Medical Guardian			

If *Agency* is checked on the *Collateral* screen then only the name of the Collateral's Agency and the Agency phone number will display in the *Primary* or *Secondary Medical Decision Maker* fields.

- d. Only CYF Caseworkers are to use the *Document restrictions to the parental involvement in the child's behavioral/physical health care* text box.

**Do not enter or change any information in this text box.**

## Health Summary

All information in the *Health Summary* section is read only. Information displayed here is pulled from various screens in KIDS. Each section's title is a [link](#) that can be clicked on to navigate the user directly to the screen that is source of the information displayed in that section.

1. [Allergies](#) – This list contains all current Allergies listed for this client. Clicking on the [Allergies](#) link will navigate user directly to the **Health > Allergies/Dietary Needs** screen. If no allergies have been documented for this client this field will be blank. If the allergy has been marked on the **Allergies/Dietary Needs** screen as causing Anaphylaxis/Severe Reaction the allergy will display here with "(ANAPHYLAXIS)" after the allergy.

Allergies
Bee Stings(ANAPHYLAXIS)

2. [Health Equipment & Goods](#) – This list contains all current Health Equipment or Goods that have been documented for this client. Clicking on the [Health Equipment & Goods](#) link will navigate user directly to the **Health > Health Equipment & Goods** screen. If no Health Equipment or Goods have been documented for this client this field will be blank.

Health Equipment & Goods

3. [Medications](#) – This list will display all current medications for this client and will include the name of the medication, type of medication and start date of the medication. Clicking on the [Medications](#) link will navigate user directly to the **Health > Medication** screen. If a medication has been end dated it will be displayed. If there are no active medications for this client "NO DATA ENTERED" will display in the grid.

Medication	Type	Start Date
NO DATA ENTERED		



4. **[Behavioral/Physical Health Professional](#)** – This displays active Collaterals associated with this client who are identified as some type of Behavioral or Physical Health professional on the *Collateral* screen. Clicking on the **[Behavioral/Physical Health Professional](#)** link will navigate the user directly to the *Collateral* screen.

If there are no active Collateral who meet the criteria “NO DATA ENTERED” will display in the grid.

Behavioral/ Physical Health Professional			
Name/Agency	Relationship to Client	Employer Name	Employer phone number
NO DATA ENTERED			

5. **[Diagnosis](#)** – This list will display all active diagnoses for this client. Clicking on the **[Diagnosis](#)** link will navigate user directly to the *Health > Diagnosis* screen.

If there are no active diagnoses “NO DATA ENTERED” will display in the grid.

Diagnosis					
Diagnosis System	Axis	Subcategory	Type	Diagnosis Code	Diagnosis
NO DATA ENTERED					

6. **[Insurance](#)** – This list will display the insurance documented for this client. Clicking on the **[Insurance](#)** link will navigate user directly to the **Health > Medical Insurance** screen.

If no current insurance has been entered for this client “NO DATA ENTERED” will display in the grid.

Insurance			
Insurance Type	Policy Number	Group Number	Member Number
NO DATA ENTERED			

7. **[Medical Appointments & Services](#)** – This list will display Medical Appointments documented for this client. Clicking on the **[Medical Appointments & Services](#)** link will navigate user directly to the **Health > Medical Appointments & Services** screen.

If no Medical Appointments/Services have been entered for this client “NO DATA ENTERED” will display in the grid.

Medical Appointments & Services		
Category	Sub Category	Date
NO DATA ENTERED		

8. **[Hospitalizations](#)** – This list will display Hospitalizations documented for this client. Clicking on the **[Hospitalizations](#)** link will navigate user directly to the **Health > Hospitalizations** screen.

If no Hospitalizations have been entered for this client “NO DATA ENTERED” will display in the grid.

Hospitalizations		
Type	Hospital/ Facility	Start Date
NO DATA ENTERED		

9. **[Substance Use](#)** – For confidentiality reasons this section will only display whether or not Substance Use information is available. Clicking on the **[Substance Use](#)** link will navigate user directly to the **Health > Substance Use** screen if the user has been given access to the *Substance Use* screen.

Substance Use	
Substance use information available	



10. **Immunizations** – This list displays all of the Immunizations documented for this client. Clicking on the **Immunizations** link will navigate user directly to the **Health > Immunizations** screen. The *Following delayed immunization schedule*, *Parent/Guardian chose to opt out of Immunizations*, and *Medical Exemption from immunizations* checkboxes can only be updated on the *Immunizations* screen.

Immunization Description	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria and Tetanus (DTaP)					
Polio (OPV, IPV)					
Measles, Mumps, Rubella					
Hepatitis B					
H1B					
Varicella					

☐ Following delayed immunization schedule    ☐ Parent/Guardian chose to opt out of Immunizations    ☐ Medical exemption from immunizations

## Previewing and Printing

The *Client Behavioral/Physical Health* screen can be previewed and printed.

1. Clicking the **Preview** button at the bottom of the screen will bring up the *Summary Selection* pop-up. This allows the user to choose which *Health Summary* sections will display on the previewed report. Click the checkbox next to a section to include it in the printable report. To select all of the sections check the *Select All* checkbox.


Summary Section
<b>Sections</b>
<input type="checkbox"/> Select All
<input type="checkbox"/> Allergies
<input type="checkbox"/> Health Equipment & Goods
<input type="checkbox"/> Medications
<input type="checkbox"/> Behavioral/ Physical Health Professional
<input type="checkbox"/> Diagnosis
<input type="checkbox"/> Insurance
<input type="checkbox"/> Medical Appointments & Services
<input type="checkbox"/> Hospitalizations
<input type="checkbox"/> Substance Use
<input type="checkbox"/> Immunizations
<b>OK</b> <b>Cancel</b>

Click **OK** to generate the report.

Click **Cancel** to close the pop-up without generating the report.



2. The printable report will also contain:
  - a. The Client Name and KIDS Client ID
  - b. Case/Referral Number
  - c. Last Screening Date
  - d. Predicted Screening Date



**Allegheny County Department of Human Services**  
**Office of Children, Youth, and Families**  
Client Behavioral and Physical Health Summary

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**Carley Smith (1234567)**

Case/Referral: 54321

Last Screening Date: No Appt. Documented

Predicted Screening Date: No Appt. Documented

**Allergies**  
Bee Stings(ANAPHYLAXIS)

**Health Equipment & Goods**  
NO DATA ENTERED

**Medications**

Medication	Type	Start Date
NO DATA ENTERED		

**Behavioral/Physical Health Professional(s)**

Name	Relationship to Client	Employer Name	Phone Number
NO DATA ENTERED			

**Diagnosis**

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### For more information...

For assistance, please contact the Allegheny County Service Desk at [ServiceDesk@AlleghenyCounty.US](mailto:ServiceDesk@AlleghenyCounty.US) or call 412-350-HELP (4357). Select Option 2 for the DHS Service Desk.

To access the Self Service Tool go to <http://servicedesk.alleghenycounty.us>