DEPARTMENT OF HUMAN SERVICES
ALLEGHENY COUNTY, PENNSYLVANIA

MH RESIDENTIAL
MENTAL HEALTH RESIDENTIAL

Referral – Level of Care
MH Residential Job Aid

The *Level of Care* screen shows the level of care the Consumer requires. The Consumer's needs including housing, special accommodations and any physical health conditions that could impact housing can also be documented on this screen. This screen must be completed before the **Applicant Authorization** or **LTSR Acknowledgement** screens can be completed.

Level of Care

Navigation

1. From the **Dashboard**: Locate the desired Referral and click on the *Referral ID* to bring the Referral into focus.

    a. Click on the **Level of Care** tile.

2. The **Previous** and **Next** buttons can be used to navigate up or down one screen within the Left Navigation tiles.

    a. CAUTION: The **Back** button at the top of the screen will navigate the user back to the Dashboard and any unsaved information will be lost. If this button is clicked before a new Referral has been saved for the first time, the user will have to start over again on that Referral.

3. Once all of the mandatory fields have been entered, click **Save** at the bottom of the screen to complete this screen.

4. The **Submit** button will remain light blue and inactive until all of the mandatory screens have been completed in the Referral.

   a. Mandatory screens will have a ❌ next to the Left Navigation tile for that screen.

   b. Once a screen has been completed, this icon will change to a ✅ which indicates that the mandatory information for this screen has been entered and saved.

5. Once this screen has been completed the user can navigate to the **Applicant Authorization** or **LTSR Acknowledgement** screens.

   a. If the Level of Care chosen for this client is LTSR, click on the **LTSR Acknowledgement** tile.

   b. If the Level of Care chosen for this client is not LTSR, click on the **Applicant Authorization** tile.

   c. Once either the **Applicant Authorization** or **LTSR Acknowledgement** screen has been saved and completed, the **Submit** button will become dark blue and active, allowing the user to submit the Referral to DHS.

Level of Care Information

1. **⌄ Level of Care Information** pane: The level of care selected in the referral summary will be displayed here.
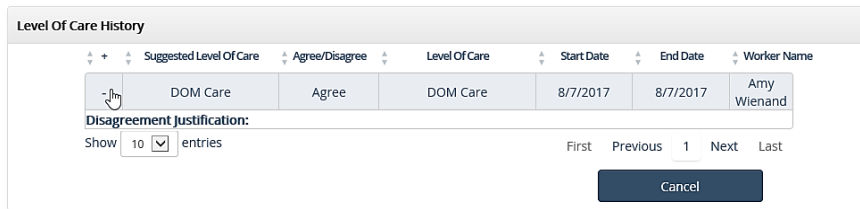
⌄ Level of Care Information *	
Primary Level Of Care *	Primary Site Preference
CRR - Apartment	-Select-
Do you want to be considered for COD CRR Group Home?	Do you want to be considered for CRR Group Home?
No	Yes
Does the applicant require a private room? *	If yes, please explain: *
-Select-	
	Blank LTSR Certificate

   a. *Primary Level of Care*: The level of care selected in the referral summary will be displayed here, as well as the yes/no answers for other levels of care within the grouping if applicable.
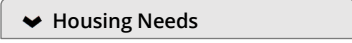
i. The level of care can be updated from the referral summary. To view any prior Level of Care entries, click on the History Icon [🕐]. The Level of Care History pop-up will open.

+		Suggested Level Of Care	Agree/Disagree	Level Of Care	Start Date	End Date	Worker Name
-		DOM Care	Agree	DOM Care	8/7/2017	8/7/2017	Amy Wienand

Level Of Care History

Disagreement Justification:

Show 10 entries   First   Previous   1   Next   Last

Cancel

b. *Primary Site Preference*: This drop-down will update with the applicable sites based on the *Level of Care* selected. Indicate which site is preferred by selecting from the drop-down.

c. *Does the applicant require a private room?* and *If yes, please explain*: Indicate whether or not the Consumer requires a separate room by selecting "Yes" or "No" from the drop-down. If "Yes" is selected enter an explanation for the need in the *If yes, please explain* narrative text field.

Housing Needs

1. ⌄ Housing Needs   pane: Use this pane to document any housing needs/preferences for the Consumer.

⌄ Housing Needs

Note : Any of the below could impact the person's wait time

Is there anything the individual needs/prefers to have?

☐ Smoking

☐ On a bus line

☑ Location (town)   [   ] *

☑ Other (Please specify)   [   ] *

a. Check the checkbox next to any needs/preferences that apply to the client.
   i. If *Location (town)* is checked, enter the needed/preferred location in the text field to the right.

   ii. If there is a need/preference that is not listed, check ☑ *Other (Please specify)* and use the text box to the right to detail the need/preference.

Special Accommodations

1. [❤ Special Accommodations] pane: Use this pane to document what, if any, special accommodations are needed for the Consumer.

   ❤ **Special Accommodations** *

   ☐ No Mobility Issues

   ☐ Utilizes Wheelchair   ☐ Requires 1st Floor

   ☐ Utilizes Walker   ☐ Requires 1st Floor

   ☐ Not able to evacuate the building in an emergency/fire drill

   ☐ Requires ASL Assistance

   ☐ Language Interpreter

   ☐ Other Accomodations
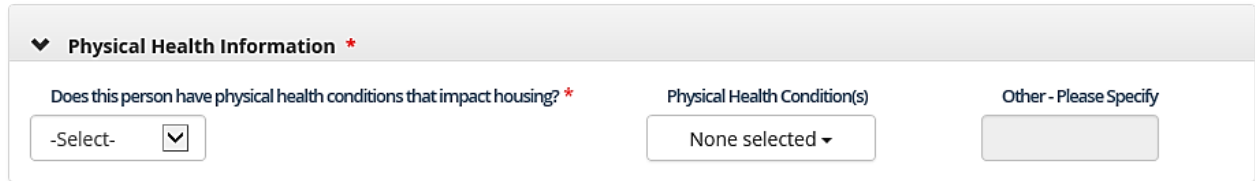
   a. If the Consumer does not have any mobility issues check the ☑ *No Mobility Issues* checkbox. This will lock down all of the mobility related checkboxes.

   b. If there are special accommodation needs, check all that apply. If the consumer used a wheelchair or walker, indicate whether or not the Consumer must be located on the first floor by checking the ☑ *Requires 1st Floor* checkbox.

   c. For each selected accommodation, enter an explanation/details in the text field that opens up on the right side.

   d. If the needed accommodation is not listed, check the ☑ *Other Accommodations* checkbox and use the text field on the right to detail the accommodation needed.

Physical Health Information

1. [❯ Physical Health Information] pane: Use this pane to document what, if any, physical health concerns there are for the Consumer.

> **❯ Physical Health Information** *
>
> Does this person have physical health conditions that impact housing? *   Physical Health Condition(s)   Other - Please Specify
>
> -Select- [▾]   None selected ▾   [   ]

   a. *Does this person have physical health conditions that impact housing?*: Indicate whether or not the Consumer has any physical health conditions that would impact their housing by selecting "Yes" or "No" from the drop-down.

   b. *Physical Health Conditions*: If there are physical health conditions impacting housing select all of the conditions that apply to the consumer using the multi-select drop-down.
      i. If there is a physical health condition that is not listed, select "Other – please specify" and enter this condition in the *Other – Please Specify* field.

2. Click [**Save**] at the bottom of the screen before navigating away from the [**Level of Care**] screen otherwise any information that has been entered or updated will not be saved. The screen cannot be saved unless all of the mandatory [*] information has been entered.

3. Once this screen has been completed the user can navigate to the **Applicant Authorization** or **LTSR Acknowledgement** screens.
   a. If the Level of Care chosen for this client is LTSR, click on the [**LTSR Acknowledgement**] tile.
   b. If the Level of Care chosen for this client is not LTSR, click on the [**Applicant Authorization**] tile.
   c. Once either the **Applicant Authorization** or **LTSR Acknowledgement** screen has been saved and completed, the [**Submit**] button will become dark blue and active, allowing the user to submit the Referral to DHS.

For more information...

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

To access I-Service, go to: https://servicedesk.alleghenycounty.us

This and other Job Aids can be found at: http://s3.amazonaws.com/dhs-application-support/index.htm or http://dhsassist.dhs.allegheny.local for internal users.