

Menu Item # 2 – STR Menu

STR Menu 861

- 1. [STR Process](#)
- 2. [Registration Only](#)
- 3. [Update STR Attendance Code](#)

1. [STR Process](#)

The STR process is the screening, triage and referral process by which consumers are registered in the LME system. Providers can complete their own STR if a consumer presents to them requesting services and the provider has an active contract in the LME system. First you will need to click on STR Process and do a search in the system to see if the consumer already has an LME record number. This is to ensure a duplicate record is not created for the consumer. To do this click the question mark on the right.

Client ID : ?

Next

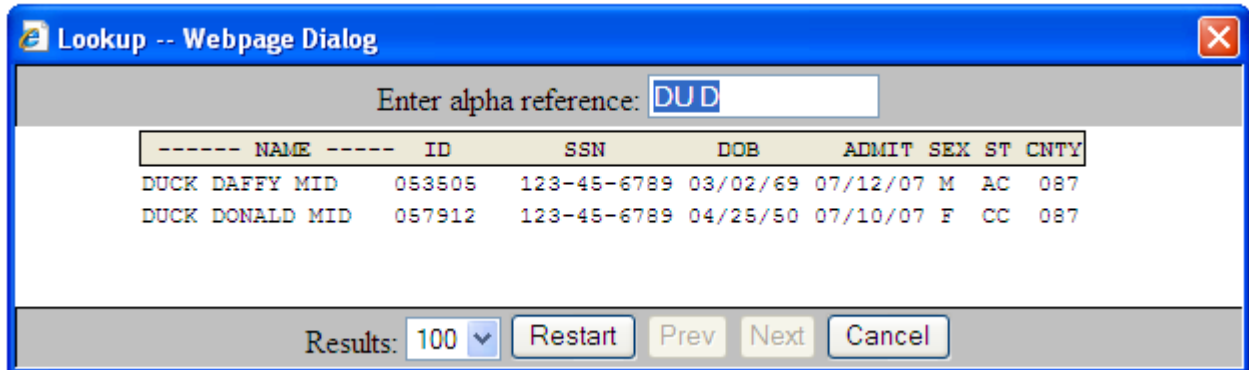
Lookup -- Webpage Dialog

Enter alpha reference:

-----	NAME	-----	ID	SSN	DOB	ADMIT	SEX	ST	CNTY
ABRAMS	JEREMY	MID	034877	123-45-6789	10/19/80		M	AC	057
ALLEN	MIKE	MID	037555	123-45-6789	12/08/82	11/02/06	F	AC	057
ALVEREZ	PABLO	MID	011449	123-45-6789	11/29/39		F	AC	044
ARMSTRONG	GRACE	M	038874	123-45-6789	05/31/79	11/13/04	F	AC	020
ATOINETTE	MARIE	M	083153	123-45-6789	04/26/51		F	AC	057
BAILLEY	WALTER	MI	040315	123-45-6789	06/28/82		M	AC	057
BELLA	CARL		087380		07/18/65		M	CC	057
BELLA	KATHY		087379		07/16/66		F	CC	050
BELLINI	GLORIA	MI	005259	123-45-6789	07/31/51	05/28/90	F	AC	044
BILLINGSLEY	JOHN		029470	123-45-6789	02/04/74	03/22/07	F	AC	057
BINGO	GAME		087377		10/10/70		M	CC	003
BIRD	TWEETY		087386		01/01/50		M	CC	006
BLUE	BOY	MID	011685	123-45-6789	03/16/55		F	AC	057
BLUE	MISTY		087390		12/28/97		F	CC	003
BOLYN	KATHRYN	MID	083423	123-45-6789	07/06/86	01/18/07	F	AC	022
BROWN	HAROLD	MID	015961	123-45-6789	05/05/40		M	AC	044
CARRINGTON	CRAIG		001935	123-45-6789	03/18/49		M	AC	022
CHAPMAN	JULIE	MID	006534	123-45-6789	10/09/56		F	AC	044
CHELSEY	KIM	MID	031644	123-45-6789	12/24/78		M	AC	057
CLAUSE	SANTA		087387		12/25/50		M	CC	095
DADE	JEFF	MID	008900	123-45-6789	09/12/52		M	AC	044
DALTON	THOMAS	MID	001954	123-45-6789	05/28/35		F	AC	020
DIAMOND	TESS	MID	076039	123-45-6789	10/09/88		F	AC	050

Results: 100

An alphabetical search screen like the one above appears with a list of the clients your agency has security access to. Type in the box at the top: LAST NAME (space) FIRST NAME, and click restart in order to begin the search. Only a few characters of each name are necessary and knowing the date of birth helps to identify your consumer. For example if I were looking for Daffy Duck it might look like this:



Notice I typed DU_D and got two clients to choose from. If you find duplicates in here, please notify the SMC Helpdesk at 828-586-5501 ext. 1499. If you click on Donald, and then click next, you get a screen which lists all the STRs a consumer has had. The most recent STR is located at the top.

Caller	Date of Call	Triage Clinician	Provider	Registration Date	Update	Report
RICK IS RE-DOING THIS STR	12/09/2009	RICK SHOESTOCK	99382	10/16/2007		Report
Add STR Record						

Exit

To complete a new STR click on **Add STR Record**.

Complete the entire STR form:

SCREENING TRIAGE AND REFERRAL

064891 JOHN TEST DOE JR 11/26/1912 Client Status: Active Client

NAME

A. First [] B. Middle TEST C. Last DOE D. Maiden [] Suffix: JR [v]

E. Date of Birth 11/26/1912 [?] F. LME Name SMOKY MTN G. LME Facility Code 13010

1. Entry Type: STR Only STR & Registration

2. Date of Consumer Screening: 08/05/2010 [?]

3. County of Residence: SWAIN COUNTY [v]

4. Is Consumer currently enrolled in Medicaid? Yes No

5. Screening Referral Source: Family or friends [v]

6. Time Screening Started: 11:57 7. Time Screening Ended: 11:59

8. Screening Method: Face To Face Telephonic

9. Name of Person Initiating Request for Services: TEST Relationship to Consumer: Friend [v]

10. Phone Number of Person Initiating Request: Area Code 828 # 5865501

26. Accommodation of Special Needs: Yes No

27. Primary Care Medical Provider: RICK

Name of Practice: RICK'S PRACTICE

28. What special arrangements were made for services access?

None Transportation Site Accessibility

Other

29. Marital Status: DIVORCED [v]

30. Education Level: 14 SOME COLLEGE [v]

31. Ethnicity: HISPANIC, OTHER [v]

32. Race: ASIAN [v] If Other, please describe: []

33. Is consumer English Proficient? Yes No

34. Primary Language: ENGLISH [v]

35. Gender: Male [v]

36. Active Military, Military Reserve, or National Guard Status (Including immediate family): Yes No

37. Residence Street Address: 175 SEEKHAVEN WAY City: WAYNESVILLE State: North Carolina [v] Zip: 28779 [?] NC Jack:

Is the Mailing Address the same as this Street Address? Yes No

NC Jackson

38. Area Code: 828 Phone#: 586-3320

40. Legal Guardian if applicable: NONE

41. Legal Guardian Area Code: 828 Phone #: 586-5501

42. Emergency Contact: BOB Relationship: Friend [v]

43. Emergency Contact Area Code: 828 Phone #: 586-5501

44. Unique Identifier: DOEJ112612 Note: The 10-11 character unique identifier consists of the first three characters of the last name, (Maiden if Female) 1st character birth date LLLFMMDDYY and in the case of twins, etc an A or B. It should also be upper case.

11. Brief Description of Presenting Problem:

TEST

of 1,023 Maximum

SA Text:

of 1,023 Maximum

12. Presenting Problem(s) by Consumer Age/Disability:

1st: AMH CMH ADD CDD ASA CSA
2nd: AMH CMH ADD CDD ASA CSA
3rd: AMH CMH ADD CDD ASA CSA

13. Current Risk to Consumer Safety especially for DD or MH consumer:

13a Instability of Care Provider Supervision: None Mild Moderate Severe Not Screened

13b Safety Issues in Living Arrangement: None Mild Moderate Severe Not Screened

13c Aggression or Self-injurious Behaviors: None Mild Moderate Severe Not Screened

14. Does Screening indicate consumer is in need of Detox due to risk for acute alcohol or drug withdrawal symptoms? Yes No

15a. Current Risk of Potential Harm to Self:

15b. Current Risk of Potential Harm to Others:

16. Triage Severity of Need Determination with Responses Timeline:
 Routine - 14 days Emergent - 2 hours Urgent - 48 hours Non-Threshold Need

16b. Care Manager Consultation was provided? Yes No

of 1,023 Maximum
 of 1,023 Maximum

17. Where Consumer is Being Referred for Response After Triage:
 Enhanced Benefits Service Provider Basic Benefits Service Provider Crisis Service Provider Community Resources

18. What initial service(s) does Screener recommend for consumer?
 State Funded Basic Assessment Comprehensive Clinical Assessment ACCT SAIOP
 SACOT MST CST IIH
 CS TCM Other Service

19. Has provider appointment date and time (or crisis service) been offered to consumer? Yes No N/A

20b. Appt offered within timeframe but consumer declined? Yes No

20c. Consumer Consents to follow up contact if needed from LME or Provider Agency? Yes No Comments:

of 1,023 Maximum

21. Provider Agency Referred to and Location: ? NEW RIVER BEHAVIORAL

22. Area Code of Provider Referred to: Phone Number:

23. Appointment Date Scheduled: ? Appointment Time Scheduled:

24. How was Provider chosen?
 Consumer Choice Family/Legal Guardian Choice Screener Decision Other Person Decision I

25. Why was Provider chosen?
 Consumer coverage Benefits Crisis or Urgent Access First Available Hours Location
 Cultural Reasons Reputation/Recommended by Others Provider Specialty Other Reason N/A

45. Type of Agency Hosting STR:
 LME Operated or Contracted STR
 Enhanced Benefits Service Enrolled Provider
 LME Contracted Service Provider
 Crisis Service Provider

46. Name of Provider Agency or LME Completing this STR:

47. Name of STR QP Completing this STR: Staff ID: ? SHOESTOCK RICK

48. STR QP Staff Qualifications:
 QP in MH
 QP in SA
 QP in DD

49. STR QP Staff Area Code: Phone: Ext:

50. Date STR Submitted to LME: ?

Logistical Assistance Indicated? Yes No

Appointment Follow Up Protocol for Providers

Providers shall develop an internal procedure that demonstrates how they will meet the following requirements for appointment follow up:

1. Appointments will be made with in seven days or less, five days or less if a hospital discharge.
2. An initial appointment confirmation call to
 - a. Confirm appointment time and date;
 - b. Provide information regarding what to bring to the appointment;
 - c. Identify who the consumer will see;

- d. Address potential appointment barriers such as transportation, etc. with a focus on resolving the barrier;
3. Define under what circumstances a community based assessment may occur.
4. A provider will attempt a minimum of three different calls on two different days.
5. If a “no-show” occurs and the provider has current contact information, the provider will follow steps 1-4. If the consumer is presumed to be high-risk and needs urgent or emergent follow up, the provider will contact Mobile Crisis.
6. If the provider attempts contact and the contact information is incorrect, the provider will contact SMC’s Access Department to attempt obtain more current contact information.
7. If a “no-show” occurs the second time the provider will contact the local Community Based Team member for assistance if the appointment is considered non-emergent. If the consumer is presumed to be high-risk and needs urgent or emergent follow up, the provider will contact Mobile Crisis.

Most Common mistakes made when completing an STR:

1. **Different dates for STR and Appointment when a face to face STR is completed.**
If you complete an STR face to face the date on the STR is to match the appointment date on the STR.
2. **No provider listed in appointment section of the STR-** A consumer must be referred to a contracted provider in the SMC Network and it should be reflected in the appointment information section of the STR. If you are calling to confirm an appointment please go back and update the STR with the provider referred to.
3. **Appointment Information section is blank.** – An appointment date and time must be filled out, if you need to confirm and enter at a later date make a note to be sure and go back and enter this information.
4. **Consumer’s primary referral reason is Substance Abuse and is marked as “ROUTINE” in the STR-** A consumer is deemed “URGENT” if the primary presenting problem is Substance Abuse.
5. **Narrative Section stating presenting problem has only one word in it -** A narrative is considered a short story, which means we need more information on why the consumer needs to see a provider, give us a descriptive story highlighting all major issues going on in the consumer’s life at that time. One word does not meet the requirements to meet a target population group.

After you have completed the STR you will need to complete the registration. This consists of questions 51-57 and Z. This information must be submitted to the LME within five days of the completion of an STR. If the client is receiving an enhanced benefit service there are several more steps to ensure they have been admitted into the LME. See steps outlined in the SMC Operations Manual on our website at www.smokymountaincenter.com Click on the Service Provider section and you will find the link at the bottom of the page. Review Section II- Provider Relations- Consumer Admission into the LME. This will give you a step by step process of how to admit a consumer into the LME.

Documentation Requirements for Basic Benefit Services

For consumers who do not require an enhanced service and will be receiving (**Medicaid**) basic benefit outpatient services, complete the registration and no additional information is required in the LME system. State funded basic benefit services still require submission of the assessment, person-centered plan and authorization request.

STR / Registration

REGISTRATION

51. Date of Consumer's First Receipt of Service: 01/21/2010 ? Time: 10:44am

52. Consumer Social Security Number, for CNDS X-Referencing, Please include dashes in format 999-99-9999: 111-22-3333

53. Consumer Medicaid Number if Medicaid Eligible, for CNDS X-Referencing: 12345678

54. First and Last Name of Registration Provider Staff submitting Registration to LME: RICK SHOESTOCK

55. Email Address of Registration Provider Staff submitting Registration to LME: shoestock@smokymountaince

56. Registration Provider Area Code: 828 Phone Number: 586-5501 Extension: 1119

57. Date Registration Submitted to LME: 01/21/2010 ?
Time Registration Submitted to LME: 7:57am

Z. Attendance Code : Was the client present for this initial appointment? Yes No

The Registration portion of the STR consists of Questions 51-57 and Z. After an STR the registration of a consumer must be completed within five days of the STR screening or the service initiation date. If you answer “No” please complete the additional questions regarding engagement and follow-up. For Mobile Crisis staff who see consumers face to face your first receipt of service date should match the STR date and meet the two-hour emergent timeframe. Follow the flowchart below to complete a registration:

Flow for Completion of STR / Registration

On your Main Provider Menu Go to #2 STR Menu

“YES”
Client attended the appointment

“NO”
Client did not attend the appointment

Go to #2 on STR Menu labeled
“Registration only”

Go to # 3 on the STR Menu labeled
“Update STR Attendance Code”

Enter Client ID click next at the bottom

Enter Client ID click next at the bottom

Click on update button for STR at top of screen

Answer “No” to Attendance code question and enter information regarding whether or not you contacted the consumer to reschedule. If you contacted them and they rescheduled enter date and time. If you contacted them and they did not reschedule enter reason why and leave the rescheduled date and time field blank then click update.

Go to Entry Type, Click on O Registration only

51 Enter service Initiation Date and Time (Date and Time of the first billable service) and Z-attendance code. If you answer “No” to attendance code question through this menu, complete additional questions regarding contacting client, outcome and reschedule date and time.

When an STR is completed a registration is automatically attached to that STR, as a provider you will see that STR/ Registration on your “To Do List” . The registration must be completed after the client has the appointment that was given at STR. This information is for the LME Quarterly STR report that is sent to the state. It is imperative that **every** registration be completed. It is up to you as a provider to have your staff enter all data as often as possible.

Click update at the bottom of the screen

When you look up a consumer in the LME system to complete a registration it will ask you for the record number, enter the number and click next as shown below:

Client ID : ?

You will then see the STRs listed with the most recent STR on the top:

Caller	Date of Call	Triage Clinician	Provider	Registration Date	Update	Report
RICK IS RE-DOING THIS STR	12/09/2009	RICK SHOESTOCK	99382	10/16/2007		Report
<input type="button" value="Add STR Record"/>						

If the top STR does not have the Update button then that means the STR/Registration has already been completed. If the Update button is there, you can click on it to complete the STR/Registration. The STR/Registration is one of many required screens in the BUI system where certain questions are asked regarding your consumer. If there are two STR's and the bottom STR does not have an update button but needs to be updated contact the SMC Helpdesk at 828-586-5501 ext. 1499. These data elements were derived by the Division of MH/DD/SAS. The LME is required to request this data from providers to give to the Division on a quarterly basis. **LME funding is directly tied to CDW data entered by our providers.** We appreciate every effort on provider's part to give us this much needed data.

***An STR report is generated quarterly and this registration data must be entered or your agency could be subject to a plan of correction.**

Below please find several scenarios and the proper attendance code that should be assigned in each situation.

1. If the consumer has an appointment and makes the appointment given at the time of STR please enter "Yes".
2. If the consumer does not show for the appointment enter "No" through STR Menu Item # 3-Update Attendance Code Data, then answer whether they were contacted to re-schedule, the reason they did not reschedule and if they did reschedule, their appointment date and time.
3. If the consumer does not attend the original appointment, yet reschedules for a later date the attendance code will still be "No" regardless of whether you re-scheduled. We need to capture the attendance code for the initial appointment, the additional questions give you the ability to answer how you followed up with the consumer to engage them into services.
4. If the consumer does not attend the original appointment due to the clinician rescheduling and shows for the rescheduled appointment enter "NO" for the attendance code through STR Menu Item # 3-Update Attendance Code Data, then answer whether they were contacted to re-schedule their appointment, why they rescheduled and re-scheduled date and time.

Attendance code should always reflect the outcome of the initial appointment that was set at the time of STR; this is to ensure state reports are accurate. We also run reports that measure timeframes from date of STR to ensure we are meeting Access standard of care requirements. (Routine-SMC internal policy of 7 calendar days, Urgent- 2 days and Emergent- 2 hour timeframes). We track hospital discharges and consumers in crisis.

You must complete this STR Registration and Attendance code data before the system will allow you to request authorizations or enter claims it can even affect your ability to receive payment for services rendered.

If you have difficulty completing an STR or Registration call the SMC Helpdesk at 828-586-5501 ext. 1499.