

Client Information

Client Main
SSN: 111222333 Name: [] Last Update: 12:00:00 AM

General Information Supplemental Client Information

Unique ID: 59111222333 Intake: [] Area: []
 Sex: [M] DOB: [] Phone: [] Client Status: [1]
 Diagnostic System: [3] (1+DSM III, 3+DSM IV) Homeless: [] MCD Client: [] MA Eligible: []
 Primary Diagnosis: [7109] Ver: [0] NO DIAGNOSIS ON AXIS II
 Secondary Diagnosis: [7109] Ver: [0] NO DIAGNOSIS ON AXIS II
 ICD9 Diagnosis: [] CHIPPS Code: []
 Primary: [] Date: []
 Secondary: [] Date: []

Address: [] City: [] State: [PA] Zip: []
 Contact Name: [] Type: [] Prim: []

Note: You may display another form from the Client Menu WHILE this general information form is visible.

Case No: 4002425 MA DIS #: 000000000 # of Charts: [] Search Save Close
 Last Approval Date: [] Client Age is: []

Client Main
SSN: 111222333 Name: [] Last Update: 12:00:00 AM

General Information Supplemental Client Information

Birth name: []
 Other name: First [] Middle [] Last []
 Nickname: [] Page# [] Fax #: []
 E-Mail address: [] Date of death: []
 Work phone #: [] In school: []
 Cell phone #: [] Education level: []
 T.T.Y. #: [] Graduation date: []
 Status Values: Term Date: [] Marital: []
 RX Prescr: [] Employment: []
 Spec Circ: [] Student: []

Liability: Amount: [] Date: []
 Category: [] Residential: [N] Res. amount: []
 Medical Alert: ENABLE medical alert comments []

Case No: 4002425 MA DIS #: 000000000 # of Charts: [] Search Save Close
 Last Approval Date: [] Client Age is: []

Diagnostic Code Library

Search Library

Code Library Search Criteria
 DSM III DSM IV ICD 9
 by Description by Code Hyper Search Text [] Search

Code	Version	Description
30744	1	HYPERSONNIA RELATED TO...INDICATE THE AXIS I OR II DISORDER
30744	2	PRIMARY HYPERSONNIA
31400	1	ATTEN-DEFICIT/HYPERACTIVE DIS. PREDOMINANTLY INATTENTIVE TYP
31401	1	ATTENTION-DEFICIT/HYPERACTIVITY DISORDER, COMBINED TYPE
31401	2	ATTN-DEFCT/HYPERACTIVE DIS. PREDOMINANTLY HYPERACTIVE-IMPULS
31490	1	ATTENTION-DEFICIT/HYPERACTIVITY DISORDER NOS
78054	1	SLEEP DIS DUE TO...[GEN MEDICAL COND TN], HYPERSONNIA TYPE

Print List Close

POMS Entry

POMS Consumer/Registration, Closure and Quarterly Status

Record Type: [] SSN: 111222333 SSN Status: [0] Incorrect SSN: 000000000 Incorrect Registration Date: []
 DOB: [] DIS#: 000000000 Sex: [] Race: [] MA Category: [01] BSU: []
 Case #: 4002425 Quarterly Update Date: [] Date of Registration: [] Connection Indicator: [0] Date: []
 Service Request Date: []

Name (Last, First, Middle): [SAMPLE] [JOE] Age: [1] Priority Group: [OMH] Update Date: []
 City: [] State: [PA] Zip: [] County: [65] Intake: [SAMU]

POMS Closure Date: [] Residential Movement: [99] School: [] Source of Info: []
 Reason for Closure: [] Independence of Living: [] Behavior: [] Attendance: [] Performance: []
 Quarter Code: [] (QTY) Voc/Ed: [01]

MIS Notes: [] Save Close

Associated People

People associated with client 111222333 - JOE - SAMPLE

Person's Name: []
 Prefix: [] First Name: [] Middle Name: [] Last Name: [] Suffix: []
 Relationship: [] Guardian Type: [] This person is a dependent of client: []
 Person is financially liable for client: [] Add to Mailing list?: []
 Address 1: [] Home Phone: []
 Address 2: [] Work Phone: []
 City: [] State: [PA] Zip +4: [] Work Fax: []
 E-Mail Address: []
 Job Title: []

Income information (for liable persons only) \$4305.05

Source	Amount	Source	Amount
Earned Income	\$0.00	Benefits	\$0.00
Interest Income	\$0.00	Alimony	\$0.00
Dividends	\$0.00	Net Capital Gains	\$0.00

Previous Print Edit Save Undo Add Close

Client File Library

Keffer Software - The Clientrek File System

File Reports Edit Chart Info

Person requesting or returning file: []

Check Files Out Check Files In

View Outstanding Report Close

NUM 08/20/2001 8:51 AM CAPS INS

ClientTrek

MH
MR
Services Rendered
Case Notes
Electronic File Transfer
Much more...

Liability Calculation

Magellan Behavioral Health - Client Liability Calculation - Title 55, Public Welfare

Associated Persons Deductions Other Deductions Totals & Results

Client
 SS#: 111222333 Name: SAMPLE, JOE

Associated Persons - Liable And Dependent - \$4305.4

Person's Name	Relationship	Liable?	Dependent?
	SELF	No	No

Add/Edit/Delete Associated Persons' Information

Print Liability Save Close

Reassign caseloads

Client Contact Worker Reassignment

Former Client Contact Worker: [JONES] Assigned Client Contact Worker: [MILLER]

Clients of Former Client Contact Clients assigned to New Client Contact

Double-click the client name to transfer the client.

Reassign Case Load Close

Support Information

Include Which

Choose an area to maintain: [MA STATUS]

Code	Text	Short Desc:
1	0	NO ANNUAL UPDATE
2	1	Access - no meds
3	2	Access
4	3	MA referred
5	4	Not eligible for MA
6	9	Unknown

Num: [1] Code: [0] Desc: NO ANNUAL UPDATE

Add Delete Save Print List Close

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