



EZ-Pro Software

Data with Insight

EZPRO USER MANUAL

Windows RDP Version

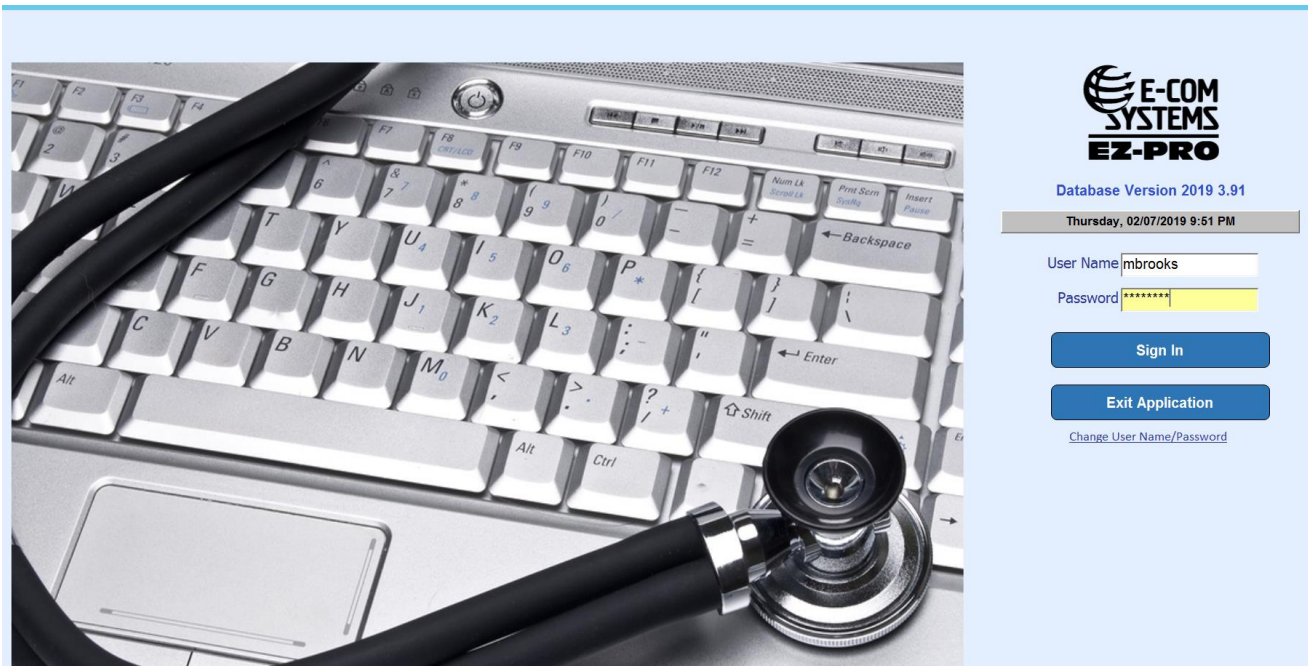
ECOM
info@ezpro.us

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Logging In



The login picture for your EZPRO application may look different from the sample above. ECOM may change the image from time to time, but even an agency can display a different image if they want. This can be done using the Organization Default setting: [Login Screen] – [Agency Picture] – [File Path]. The full path to the image file must be available to all users in the agency or else employees who don't have access to the image file will see the default application picture. Administrators may want to change the picture from time to time to provide an image that announces an upcoming event or a picture of activities from a past event

The E-COM SYSTEMS logo may also appear slightly different depending on the application you are using. E-COM has applications for various types of entities such as pharmacies, mental health / counseling centers and others. Every user has their own copy of the EZ-PRO application if using the application on their workstation or through Remote Desktop Connection. You will notice that the version number of your application is displayed below the E-COM logo. You can check to see if you are using the most current version of the EZ-PRO application by double-clicking on the E-COM logo. If there is a more current version on your server, then a message box will give you an option to update. If you accept, then the EZ-PRO application will close and will automatically update to the version that is on your server. Once updated, then the application will re-open back to the login screen.

Every user must have their own unique user name. A default user name and password is assigned when the employee (user) is added to the database application. The default user name will be the employee's last name + the last 4 digits of their SSN. The default password will be the employee's 9-digit password. Numbers only, not dashes. An employee should change their user name and password as soon as possible and then routinely as assigned by each agency. A user can change their user name and /or password by clicking on the link below the "Exit Application" button on this screen. If a user has too many failed login attempts by using the wrong password or if their password expires, then it will have to be reset either from the Human Resources Data Entry screen or from the Admin page "Login" screen.

If the login screen is left open for an extended period of time, then the application will close automatically. The amount of inactivity time is set in the organization defaults form.

HOME PAGE OVERVIEW

The screenshot shows the E-COM SYSTEMS, LLC home page. At the top, a dark blue header bar contains the company name on the left, the user's name 'Welcome MELVIN L BROOKS' and the date 'Thursday, February 07, 2019 10:34 PM' in the center, and 'Favorites', 'Logout', and 'EZ-PRO DATABASE Version 2019.3.91' on the right. Below this is a navigation bar with links: 'Internet Email', 'Agency E-Mail(144)', 'HOME', 'People Served', 'Human Resources', 'MEDICAL', 'Health Assessment', and 'ADMIN'. The main content area is light blue and contains a time sheet form. The form has fields for 'Date / Time IN' (Thu 02/07/2019 10:30 PM), 'Date / Time OUT' (empty), 'Department' (NORTH SIDE), 'Hrs Worked' (0.00), and 'Pay type' (REGULAR PAY). Below these are buttons for 'Select Pay Period', 'Starting' (01/27/2019), 'Ending' (02/09/2019), and 'Approve Time Sheet'. There are also fields for 'Date IN' (2/7/2019), 'Time IN' (10:30 PM), 'Date OUT' (2/7/2019), 'Time OUT' (10:30 PM), and 'Department' (NORTH SIDE). At the bottom right of the form is a green 'Clock OUT' button. Red arrows point from the text below to specific elements: 'Internet Email' link, 'Agency E-Mail(144)' link, 'People Served' link, 'Human Resources' link, 'MEDICAL' link, 'Health Assessment' link, 'ADMIN' link, 'Date / Time IN' field, 'Date / Time OUT' field, 'Department' dropdown, 'Hrs Worked' field, 'Pay type' dropdown, 'Approve Time Sheet' button, 'Total Hours' field, 'Clock OUT' button, 'Date IN' field, 'Time IN' dropdown, 'Date OUT' field, 'Time OUT' dropdown, and 'Department' dropdown.

If your agency uses an internet email account, then the “Internet Email” link on this form can be configured in the Organization Defaults form to open to that website.

The “Agency E-Mail” link allows you to quickly open intra-agency (database) emails. If there is a number next to the link, the number lets you know how many new, unopened emails you have.

The People Served link will open the menu page that allows you to navigate to forms and reports where you document on the clients or people that your agency serves.

The Human Resources link will open a menu to navigate to forms and reports that document your employees, their schedules, training, etc.

To the far right on the screen, you will see the ADMIN link. This provides access for authorized users to configure application settings, view audit trails, and perform various application administration functions.

The EZ-PRO application is modular. As such, your agency may have additional links along the top menu bar to open other applications with additional features. Some of these include Advanced HR, Asset Management, Medical, Health Assessment and others.

Going across the very top of the Clock-In screen and all screens under the main switchboard window, you will see the name of the agency in the left corner. The name of logged in user and current date and time appear in the middle of the menu bar. To the right of that is the “Favorites” link where you can drop down a list of forms or reports in the application and immediately navigate to those objects. You add items to the Favorites by right-clicking on a button and selecting the “Add to Favorites” option if that option is available. Most, but not all buttons can be added to the favorites list. To the right of Favorites, is the “Logout” link which lets you quickly sign out of the application from most any form. You will also see the application version number in the upper right corner of this screen.

1. CLOCKING IN

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Friday, May 17, 2019 9:41 AM

Favorites Logout EZ-PRO DATABASE
Version 2019 4.11

Internet Email Agency E-Mail(19) HOME People Served Human Resources Advanced HR MEDICAL CQA ADMIN

Date / Time IN Date / Time OUT Department Hrs Worked Pay type

Select Pay Period Starting 05/05/2019 Ending 05/18/2019 Approve Time Sheet Total Hours 0.00

Date IN 5/17/2019 Time IN 9:15 AM Date OUT Time OUT 9:15 AM Department

Clock IN

For an employee to view their time sheet for any particular pay period, they simply need to select a pay period date range from a list by clicking the “Select Pay Period” button or optionally typing in a valid pay period starting date in the “Starting” textbox and an ending pay period date in the “Ending” textbox and then clicking the “Approve Time Sheet” button to view the time sheet report. The list of pay period dates displayed by the “Select Pay Period” button is preset by ECOM tech support. The list is populated for several years into the future.

If the button in the lower right corner of this screen says “Clock –IN”, then the logged in user can clock-in by putting a date in the “Date IN” text box and selecting a time value from the “Time IN” text box, then clicking the “Clock IN” button. Some agencies may have the date and/or time in textboxes locked so that the users cannot enter a different date and time, but must clock in using the current system date and time. If the user needs to clock out, then the user would input the date in the “Date Out” textbox and select a time from the “Time Out” combo box (if not locked by the agency), and then click the “Clock Out” button. When clocking in, always select the department you are working in from the pull-down menu, you home department will show automatically.

The combo boxes for time in and time out are displayed in quarter hour increments. An agency can opt to have these fields accept exact hour and minute intervals rather than rounded values.

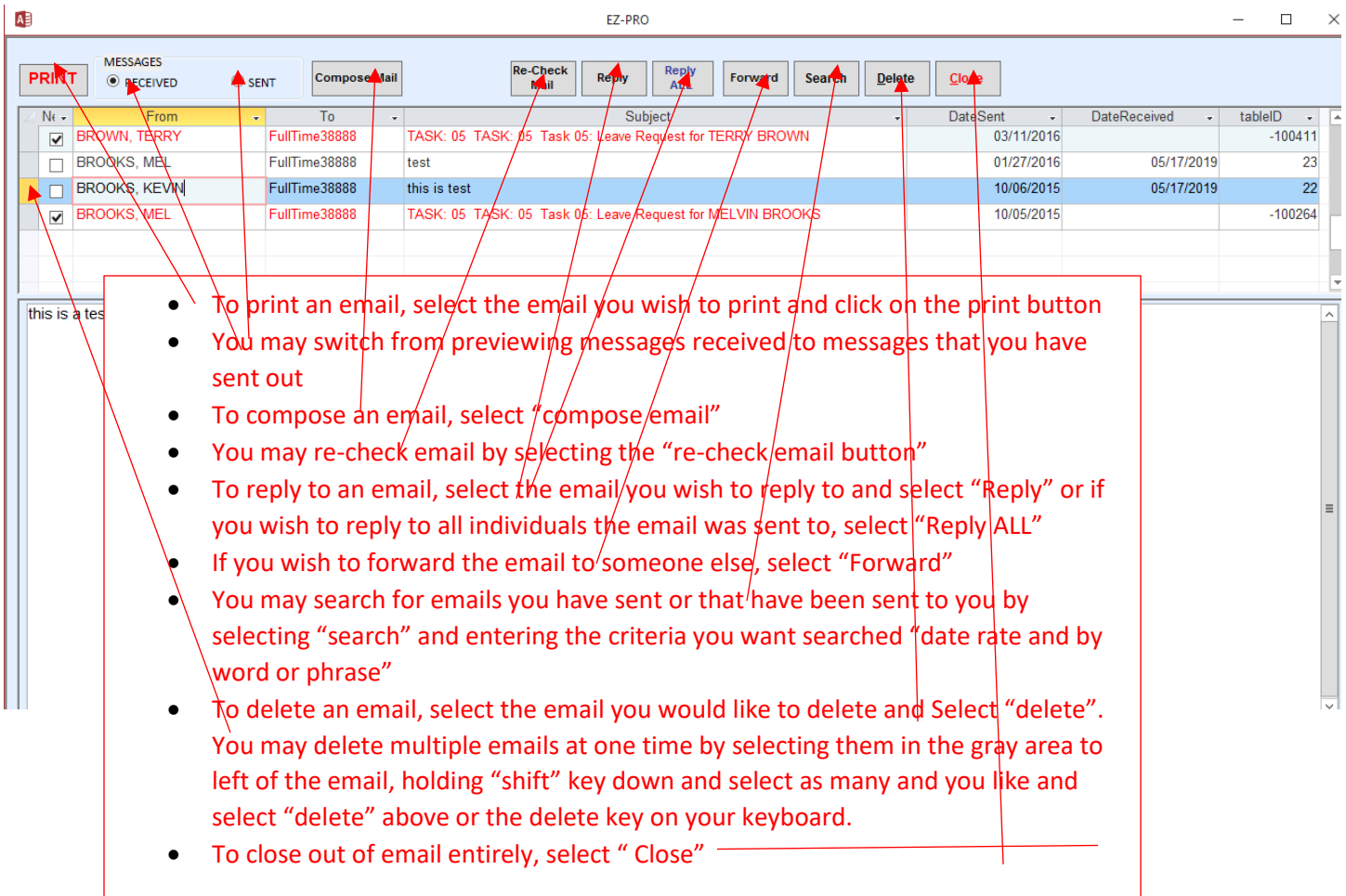
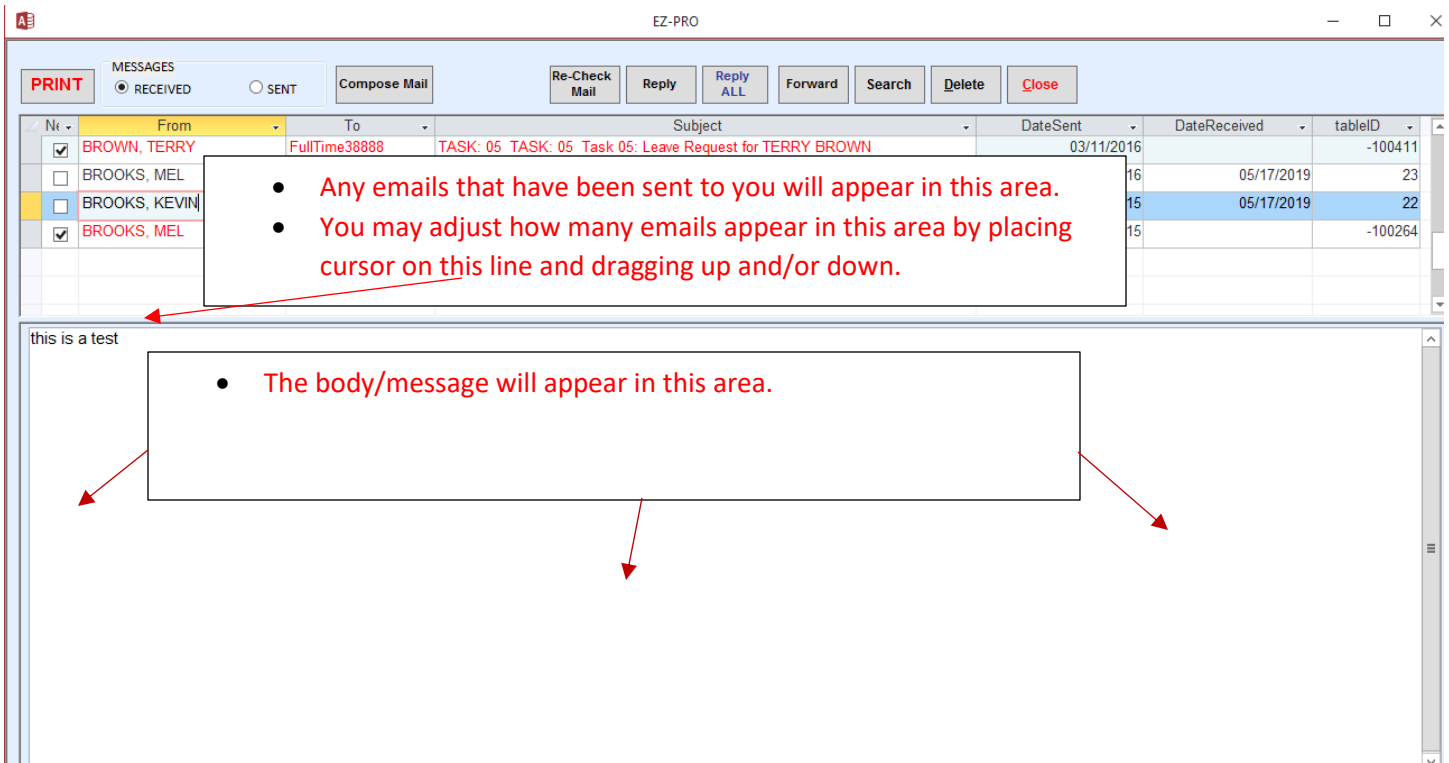
2. **Agency Email** – Select Agency email from the HOME screen

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Wednesday, March 27, 2019 10:51 AM

Internet Email **Agency E-Mail(19)** HOME People Served Human Resources MED

Date / Time IN	Date / Time OUT	Department	Hrs Worked	Pay type
----------------	-----------------	------------	------------	----------

Select Pay Period Starting 03/24/2019 Ending 04/06/2019 Approve Time Sheet



A. COMPOSING EMAILS

Send Email - EZ-PRO

Melvin Brooks

File

From: sMorgan

To:

1

Clear Recipient List Review Mail Send How To

Out Of Office Reply Delete Draft Save Draft Close

Add to Employee's File?

Subject: Example

Message: (click "Send" to send your message)

This is an example for the Database Manual

Insert F

ALL NAMES DEPARTMENTS GROUPS ASSIGNED TO PERSON

ADD

Last Name	First Name
ADAMS	JARROD
BROOKS	KEVIN
BROOKS	MEL
BURKE	ZEKE
CHAPMAN	JONATHON
CHRISTIAN	AMY
CRUMLEY	TYE
DeBord	Randy
EZPRO	DEMO
GILES	JASON
HANEY	BLONDIE
HANEY	CHARLES
Hunt	Dr. Sonjia
HUNT	WALT
KANARSKI	AURELIA
KIRBY	TRISH

- Enter your subject
- Type your email body
- Select who should be getting this email by highlighting their name and selecting "ADD" or double clicking their name or by using the yellow block, start typing their name and when it appears in the yellow box just press enter and it will go into the "To:" block on the top left
- Press "Send" when you are ready to send your email

Send Email - EZ-PRO

Melvin Brooks

File

From: sMorgan

To: BROOKS MEL

1

Clear Recipient List Review Mail Send How To

Out Of Office Reply Delete Draft Save Draft Close

Add to Employee's File?

Subject: Example

Message: (click "Send" to send your message)

This is an example for the Database Manual

Insert F

ALL NAMES DEPARTMENTS GROUPS ASSIGNED TO PERSON

ADD

Last Name	First Name
BROOKS	KEVIN
BROOKS	MEL
BURKE	ZEKE
CHAPMAN	JONATHON
CHRISTIAN	AMY
CRUMLEY	TYE
DeBord	Randy
EZPRO	DEMO
GILES	JASON
HANEY	BLONDIE
HANEY	CHARLES
Hunt	Dr. Sonjia
HUNT	WALT
KANARSKI	AURELIA
KIRBY	TRISH
MCSPADDER	TAMMY

- You may clear the "To:" box by clicking "Clear Recipient List"
- You have the option to create an "out of Office Reply"
- You may delete your draft(s)
- You may return to the Home Email Screen with "Review Mail"
- To Send your email
- You may save your draft
- To close this draft
- If you have authority you may send an email to an employee's personnel file. Remember, everyone that is listed in the "To:" block/box will have a copy of this email in their personnel file. So, if you are just courtesy copying someone, do not check "Add to Employee's File?" Send the original email to the employee that you want the email in their file, after you have done this, go to "sent" and forward the emails to whomever else needs to see a copy

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Wednesday, March 27, 2019 12:49 PM

FavoritesLogoutEZ-PRO DATABASE
Version 2019 3.99

Internet AgencyHOMEPeople ServedHuman ResourcesMEDICALHealth AssessmentADMIN
EmailE-Mail(20)

Attendance Records

Enter Contacts

Enter Objectives

Event Data Entry

Community Living Note

Facility Supervision Contacts

Health Care Appointments

Health Care Reports

People-Served Reports

Person-Served Information File

Billing (Adjudicated)

Billing (Service Activities)

Periodic Review

Create Objectives

Medication Data Entry

E-MAR

Person Centered Service Plan

1. ATTENDANCE RECORDS

Filter By

☐ LOCATION
☒ PERSON
☐ BOTH
☐ NEITHER

ATTENDANCE RECORDS

From

03/27/2019

To

03/27/2019

SORT BY

DATE

LOCATION

CLIENT

Create Records

View Service Plan

Reports

ATTENDANCE LEGEND

P - PRESENT

L - LEAVE

H - HOSPITAL

CLOSE

Location	Client	AttDate	Attend	ServiceCode	FundingType
*					

- 10

- Tab out of the last date and attendance will show below

Attendance View and Edit - EZ-PRO

File

Filter By: **ATTENDANCE RECORDS**

☒ LOCATION ☐ PERSON ☐ BOTH ☐ NEITHER

ALL DEPARTMENTS

From: 03/01/2018 To: 03/31/2018

SORT BY: DATE LOCATION CLIENT

Reports

Create Records View Service Plan

ATTENDANCE LEGEND
P - PRESENT
L - LEAVE
H - HOSPITAL

CLOSE

Location	Client	AttDate	Attend	ServiceCode	FundingType
31	BALL, LUCILLE	3/1/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/2/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/3/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/4/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/5/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/6/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/7/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/8/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/9/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/10/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/11/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/12/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/13/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/14/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/15/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/16/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/17/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/18/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/19/2018	P	6R683	RES3-8+

A. REPORTS: To View/Print Attendance records

Attendance View and Edit - EZ-PRO

File

Filter By: **ATTENDANCE RECORDS**

☒ LOCATION ☐ PERSON ☐ BOTH ☐ NEITHER

ALL DEPARTMENTS

From: 03/01/2018 To: 03/31/2018

SORT BY: DATE LOCATION CLIENT

Reports

Create Records View Service Plan

ATTENDANCE LEGEND
P - PRESENT
L - LEAVE
H - HOSPITAL

CLOSE

Location	Client	AttDate	Attend	ServiceCode	FundingType
31	BALL, LUCILLE	3/1/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/2/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/3/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/4/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/5/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/6/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/7/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/8/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/9/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/10/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/11/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/12/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/13/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/14/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/15/2018	P	6R683	RES3-8+
31	BALL, LUCILLE	3/16/2018	P	6R683	RES3-8+

Record: 14 of 24 No Filter Search

- Click on Reports

Attendance Menu

ATTENDANCE

[CLOSE](#)

ATTENDANCE FORMS

ATTENDANCE REPORTS BY SERVICE RECIPIENT

RECIPIENT LOCATION

FROM 03/27/2019 TO 03/27/2019

VIEW / PRINT THE REPORT

ATTENDANCE REPORTS BY DEPARTMENT

FROM 03/27/2019 TO 03/27/2019

VIEW / PRINT THE REPORT

DAY
EAST
MIDDLE

- You may view/print a report by person served and/or by location and by date range

Attendance Menu - EZ-PRO

ATTENDANCE

ATTENDANCE FORMS

ATTENDANCE REPORTS BY SERVICE RECIPIENT

RECIPIENT LOCATION

FROM 03/01/2018 TO 3/31/2019

VIEW / PRINT THE REPORT

ATTENDANCE REPORTS BY DEPARTMENT

FROM 03/27/2019 TO 03/27/2019

VIEW / PRINT THE REPORT

DAY
EAST
MIDDLE

- Select Recipient
- Select Month
- Click View/Print Report

Attendance Menu - EZ-PRO

ATTENDANCE

ATTENDANCE FORMS

ATTENDANCE REPORTS BY SERVICE RECIPIENT

RECIPIENT: BALL, LUCILLE

FROM: 03/01/2018 TO: 03/31/2018

VIEW / PRINT THE REPORT

DAY EAST
MIDDLE

Password Required for Signature

You have not signed off on this report. Would you like to sign it?

Login Name: sMorgan

Password:

NO YES

- The option to place your signature on the report will pop up.
- If you wish for your signature to be on the report, enter your password and select Yes
- Otherwise select No

Attendance by Service Recipient - EZ-PRO

Melvin Brooks

File

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Service Recipient Attendance Report
For the Dates 3/1/2018 to 3/31/2018

Service Recipient	Dept	P	L	H	TTL	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Service Code: 6R683																																				
BALL, LUCILLE	31	24	0	0	24	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	

Service Provider Signature By

- This is an example of the report that will open by Person Served

- If you need a report by location or by all locations, select your location and/or all departments if you want all
- Select your date range

- Then select VIEW/PRINT THE REPORT
- You will have the option to sign off on the report should you choose to, as you see I selected to sign this report and it shows who pulled the report.

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Service Recipient Attendance Report
For the Dates 3/1/2018 to 3/31/2018

31 ECF

Service Recipient	Dept	P	L	H	T	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Service Code: 6R683																																				
BALL, LUCILLE	31	24	0	0	24	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P		

Service Provider Signature By: SANDIE MORGAN DIRECTOR HR
3/27/2018 2:25:55 PM

Attendance View and Edit - EZ-PRO

Filter By: **ATTENDANCE RECORDS**

LOCATION ☐ PERSON ☒ BOTH ☐ NEITHER ☐

From: 05/17/2019 To: 05/17/2019

Sort By: DATE LOCATION CLIENT

Reports

ATTENDANCE LEGEND
P - PRESENT
L - LEAVE
H - HOSPITAL

CLOSE

Attendance Records

Would you like to create Default Attendance records for the following date range?

From: 05/17/2019 To: 05/17/2019

Create Blank Default Records

CLOSE This Window

Record: 14 1 of 1

- Set the date range for the time span you wish to create attendance records and select "Create Blank Default Records"

Attendance View and Edit - EZ-PRO

Filter By: **ATTENDANCE RECORDS**

LOCATION ☐ PERSON ☒ BOTH ☐ NEITHER ☐

From: 05/17/2019 To: 05/31/2019

Sort By: DATE LOCATION CLIENT

Reports

ATTENDANCE LEGEND
P - PRESENT
L - LEAVE
H - HOSPITAL

CLOSE

View Service Plan

Location	Client	AttDate	Attend	ServiceCode	FundingType
36	BALL, LUCILLE	5/17/2019		6V633	SL3-3
36	BALL, LUCILLE	5/18/2019		6V633	SL3-3

Dynamic Data Form

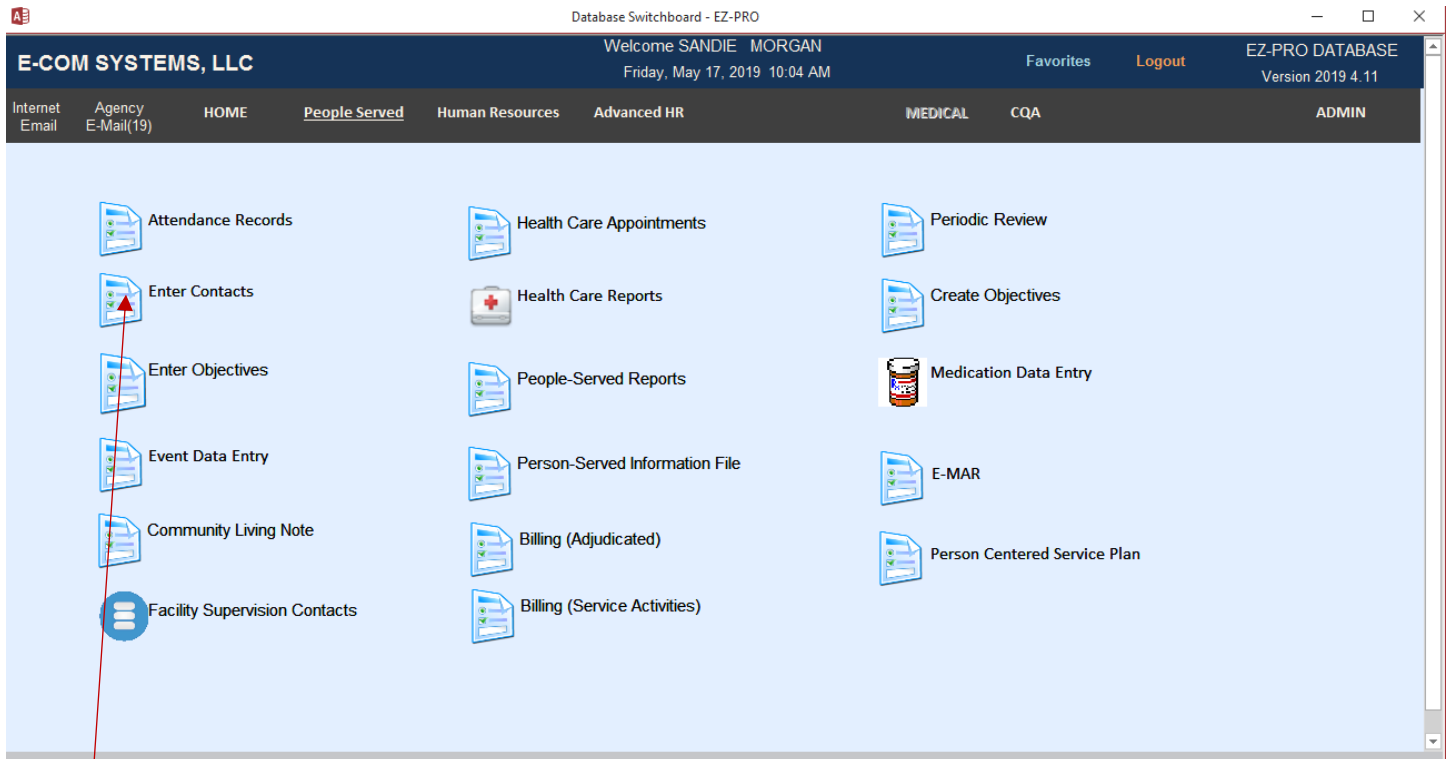
serviceName	EffectiveDate	ServiceCode	EndDate	ServiceRa
SL-1 RESIDENTIAL	1/1/2018	6V631	6/30/2018	\$89.99
RESIDENTIAL LEVEL 3 FOR 8+ PEC	7/1/2018	6R683	6/30/2019	\$68.84
SUPPORTED LIVING LEVEL 3 FOR	1/1/2019	6V633	6/30/2019	\$199.62

Record: 14 1 of 2

To view approved cost/service plan for services for this individual

- Use pull down menu and select "Person"
- Then select the date range you would like to see approved services then select "View Service Plan"
- Then select "View Service Plan"

2. Entering Contacts (PT/OT/Nursing/etc.)



- Select “Enter Contacts”

Contacts - EZ-PRO

REPORTS ALL ACTIVE INACTIVE

SR Lookup BALL, LUCILLE

Person Served Name BALL, LUCILLE

ADD

Close

Contact Number 1705998

Date Of Contact 5/17/2018 Total Contacts 45

Staff MORGAN, SANDIE

Who Contacted PERSON SERVED

How Contacted FACE-TO-FACE

Shift 1st Shift Start Date 05/17/2019 Start Time 7:30 AM End Date 05/17/2019 End Time 8:30 AM Minutes 60 Billable

Detail Of Contact SEE COMMUNICATION NOTE

Supv Contact#

Assessment Score

Record Event

CPT Code

Follow-Up Contact (Complete section below only when needed.)
In order for information to show on the Exceptions Report, be sure to check "Future Action Needed."

Future Action Needed ☐ Department Responsible Person Responsible

Follow-up Request

Follow-up Complete

Date Follow-up To Be Completed By

Date Completed

SigType	ApprovedBy	SigDate	Other
*			

- This screen will appear
- Use pulldown menu to select the SR, the last contact entered will appear
- To make a new contact note, select "ADD"

REPORTS ALL ACTIVE INACTIVE

SR Lookup: BALL, LUCILLE Person Served Name: BALL, LUCILLE

Contact Number (New) Total Contacts: 46
 Date Of Contact: 5/17/2019 Staff: Type Of Contact: Location Contact: Title Of Person: Minutes: Billable: ☐

Who Contacted: How Contacted: Shift: Start Date: Start Time: End Date: End Time:

Detail Of Contact

Supv Contact#

Assessment Score

Record Event

CPT Code

Follow-Up Contact (Complete section below only when needed.)
 In order for information to show on the Exceptions Report, be sure to check "Future Action Needed."

Future Action Needed: ☐ Department Responsible: Person Responsible:

Follow-up Request: Follow-up Complete:

Date Follow-up To Be Completed By: Date Completed:

Sig type	ApprovedBy	SigDate	Other
*			

A Blank screen will appear for that SR, use pulldown menus to complete the following fields:

- Date of Contact
- Staff making contact
- Who you contacted
- How you contacted
- Type of contact
- Location of contact
- Title of person you contacted
- Shift

REPORTS ALL ACTIVE INACTIVE

SR Lookup: BALL, LUCILLE Person Served Name: BALL, LUCILLE

Contact Number: 1706510 Total Contacts: 46

Date Of Contact: 5/17/2019 Staff: MORGAN, SANDIE

Who Contacted: PERSON SERVED How Contacted: FACE-TO-FACE

Shift: 1st Shift Start Date: 05/15/2019 Start Time: 7:30 AM End Date: 05/15/2019 End Time: 8:30 AM Minutes: 60 Billable: ☒

Detail Of Contact: See Communication Note

Supv Contact#

Assessment Score

[Record Event](#)

CPT Code

Follow-Up Contact (Complete section below only when needed.)
In order for information to show on the Exceptions Report, be sure to check "Future Action Needed."

Future Action Needed: ☐ Department Responsible: Person Responsible:

Follow-up Request

Follow-up Complete

Date Follow-up To Be Completed By

Date Completed

SigType	ApprovedBy	SigDate	Other
*			

Then Enter the"

- Start date
- Start time
- End date
- End time
- And if this is a billable contact, check the box for billable
- In the "detail of contact" box either enter your contact information OR is you entered the contact information on a communication note, reference "see communication note"

You can record an event from this contact note by selecting "Record Event"

You can also enter follow up information should your contact/visit require follow-up and assign a staff and/or department responsible for the follow-up. The system will track this, and the responsible person/department should enter a date completed.

All the pulldown menus can be edited by your agency administrator in ADMIN, Contacts Detail

REPORTS **ALL** **ACTIVE** **INACTIVE**

SR Lookup: BALL, LUCILLE

Person Served Name: BALL, LUCILLE

ADD CLOSE

Contact Number: 1706510
 Date Of Contact: 5/17/2019 Total Contacts: 46
 Staff: MORGAN, SANDIE
 Who Contacted: PERSON SERVED
 How Contacted: FACE-TO-FACE
 Shift: 1st Shift Start Date: 05/15/2019 Start Time: 7:30 AM End Date: 05/15/2019 End Time: 8:30 AM Minutes: 60 Billable: ☒

Type Of Contact: NURSING RELATED-LPN
 Location Contact: HOME
 Title Of Person: PERSON SERVED

Detail Of Contact: See Communication Note

Supv Contact#

Assessment Score:

Record Event

CPT Code:

Follow-Up Contact (Complete section below only when needed.)
 In order for information to show on the Exceptions Report, be sure to check "Future Action Needed."

Future Action Needed: ☐ Department Responsible: Person Responsible:

Follow-up Request:
 Follow-up Complete:

Date Follow-up To Be Completed By:

SigType	ApprovedBy	SigDate	Other
*	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Completed:

- You can navigate from contact note to contact note, by selecting the forward and back arrows or go to the first and last contact for this SR by using the |> or >| buttons
- You may review these contacts by ALL/ACTIVE/INACTIVE SR's

A. REPORTS FOR CONTACTS

File

REPORTS **ALL** **ACTIVE** **INACTIVE**

SR Lookup: BALL, LUCILLE

Person Served Name: BALL, LUCILLE

ADD [Icons] CLOSE

Contact Number: 1706510
 Date Of Contact: 5/17/2019 Total Contacts: 46
 Staff: MORGAN, SANDIE
 Who Contacted: PERSON SERVED
 How Contacted: FACE-TO-FACE
 Shift: 1st Shift Start Date: 05/15/2019 Start Time: 7:20 AM End Date: 05/15/2019 End Time: 8:30 AM Billable: ☒
 Type Of Contact: NURSING RELATED-LPN
 Location Contact: HOME
 Title Of Person: PERSON SERVED
 Minutes: 60

Detail Of Contact: See Communication Note

Supv Contact#

Assessment Score

Record Event

CPT Code

Follow-Up Contact (Complete section below only when needed.)
 In order for information to show on the Exceptions Report, be sure to check "Future Action Needed."

Future Action Needed: ☐ Department Responsible: Person Responsible:

Follow-up Request

Follow-up Complete

Date Follow-up To Be Completed By

SigType	ApprovedBy	SigDate	Other
*			

- Select "REPORTS"

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Friday, May 17, 2019 10:51 AM

Favorites Logout EZ-PRO DATABASE
Version 2019 4.11

CONTACTS ANALYSIS

Print Reports by Case Manager - OR - Type of Contact

From 05/15/2019 To 05/17/2019

Persons BALL, LUCILLE

CaseMgr ALL

Type Of Contact ALL

Close

Contact Analysis

Staff Status ALL ACTIVE INACTIVE

Staff Making Contact

Contacts Analysis (Staff)

Print An Individual Contact

Contacts Billable

Press one of the following buttons to change date range.
For Example: Pressing the 6 Months button will show last 6 months of data.

You may pull a report by

- Date range
- Person
- Case Manager
- Type of Contact

AND BY

- Staff
 - Contacts Analysis
 - Contacts Billable
 - Print an Individual Contact

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

For the Period 5/15/2019 to 5/17/2019

BALL, LUCILLE

05/17/2019

TypeOfContact: NURSING RELATED-LPN

WhoContacted: PERSON SERVED

HowContacted: FACE-TO-FACE

Staff: MORGAN, SANDIE DIRECTOR HR

Date/Time: Start Date 05/17/2019 Start Time 7:30 AM

SEE COMMUNICATION NOTE

Contact Nbr: 1705998

Title Of Contact: PERSON SERVED

Location Of Contact: HOME

Time Involved: 60 Minutes

EndDate: 05/17/2019 End Time 8:30 AM

05/16/2019

TypeOfContact: NURSING RELATED-LPN

WhoContacted: PERSON SERVED

HowContacted: FACE-TO-FACE

Staff: MORGAN, SANDIE DIRECTOR HR

Date/Time: Start Date 05/16/2019 Start Time 7:30 AM

SEE COMMUNICATION NOTE

Contact Nbr: 1706509

Title Of Contact: PERSON SERVED

Location Of Contact: HOME

Time Involved: 60 Minutes

EndDate: 05/16/2019 End Time 8:30 AM

05/15/2019

TypeOfContact: NURSING RELATED-LPN

WhoContacted: PERSON SERVED

HowContacted: FACE-TO-FACE

Staff: MORGAN, SANDIE DIRECTOR HR

Date/Time: Start Date 05/15/2019 Start Time 7:30 AM

SEE COMMUNICATION NOTE

Contact Nbr: 1706510

Title Of Contact: PERSON SERVED

Location Of Contact: HOME

Time Involved: 60 Minutes

EndDate: 05/15/2019 End Time 8:30 AM

Example of Report for SR for Nursing Related Contacts that are billable for 5/15 -5/17

On any Report, you have the option to export to PDF, Word or Excel and save or email to whomever may need it.

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

For the Period 05/15/2019 To 05/17/2019

Person Making the Contact MORGAN, SANDIE DIRECTOR HR

BALL, LUCILLE

05/15/2019

TypeOfContact: NURSING RELATED-LPN

WhoContacted: PERSON SERVED

HowContacted: FACE-TO-FACE

Staff: MORGAN, SANDIE DIRECTOR HR

Date / Time: Start Date 05/15/2019 Start Time 7:30 AM

SEE COMMUNICATION NOTE

Contact Nbr: 1706510

Title Of Contact: PERSON SERVED

Location Of Contact: HOME

Time Involved: 60 Minutes

End Date: 05/15/2019 End Time 8:30 AM

05/16/2019

TypeOfContact: NURSING RELATED-LPN

WhoContacted: PERSON SERVED

HowContacted: FACE-TO-FACE

Staff: MORGAN, SANDIE DIRECTOR HR

Date / Time: Start Date 05/16/2019 Start Time 7:30 AM

SEE COMMUNICATION NOTE

Contact Nbr: 1706509

Title Of Contact: PERSON SERVED

Location Of Contact: HOME

Time Involved: 60 Minutes

End Date: 05/16/2019 End Time 8:30 AM

05/17/2019

TypeOfContact: NURSING RELATED-LPN

WhoContacted: PERSON SERVED

HowContacted: FACE-TO-FACE

Staff: MORGAN, SANDIE DIRECTOR HR

Date / Time: Start Date 05/17/2019 Start Time 7:30 AM

SEE COMMUNICATION NOTE

Contact Nbr: 1705998

Title Of Contact: PERSON SERVED

Location Of Contact: HOME

Time Involved: 60 Minutes

End Date: 05/17/2019 End Time 8:30 AM

3 Contacts for: BALL, LUCILLE

Billable Time 3.00 Hours

Total Billable Time For MORGAN, SANDIE DIRECTOR HR 3.00 Hours

Total Service Recipients 1

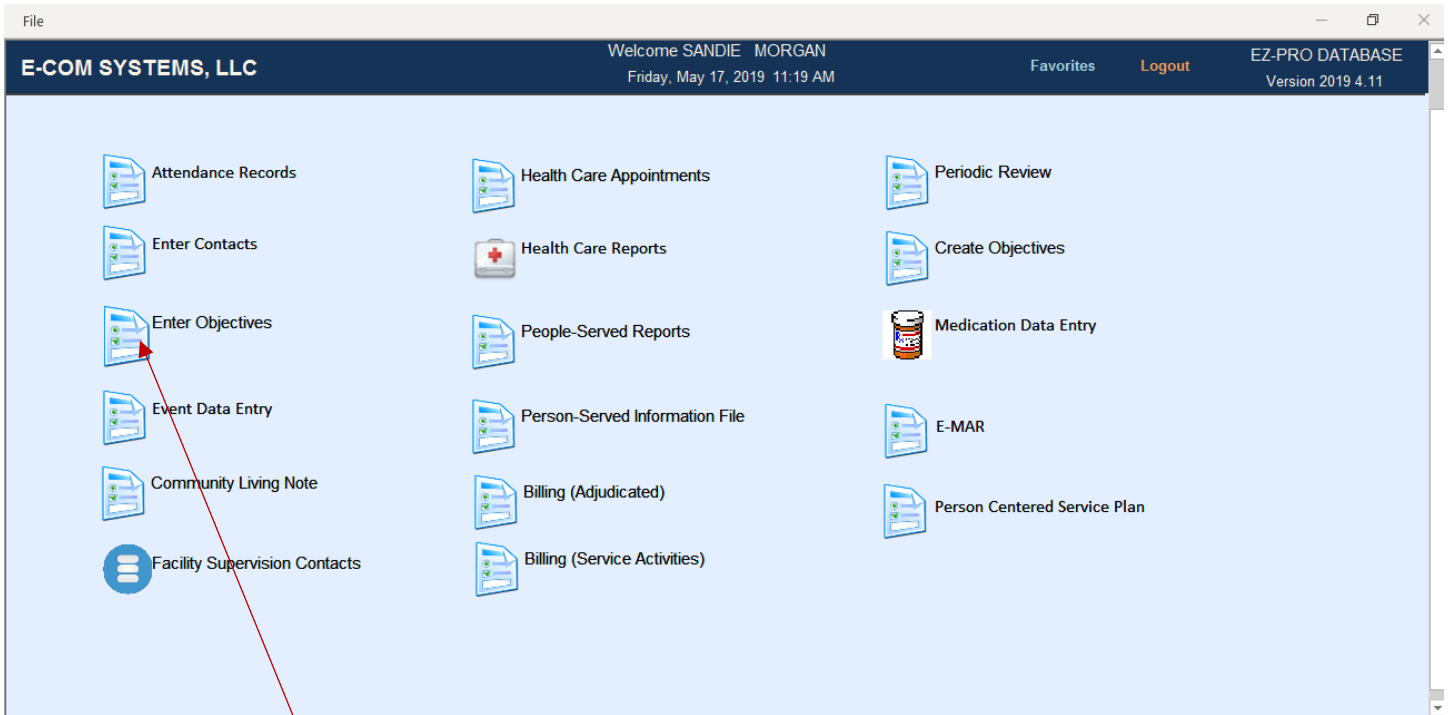
Total Contacts 3

Example of Billing Contacts by staff for 5/15-5/17.

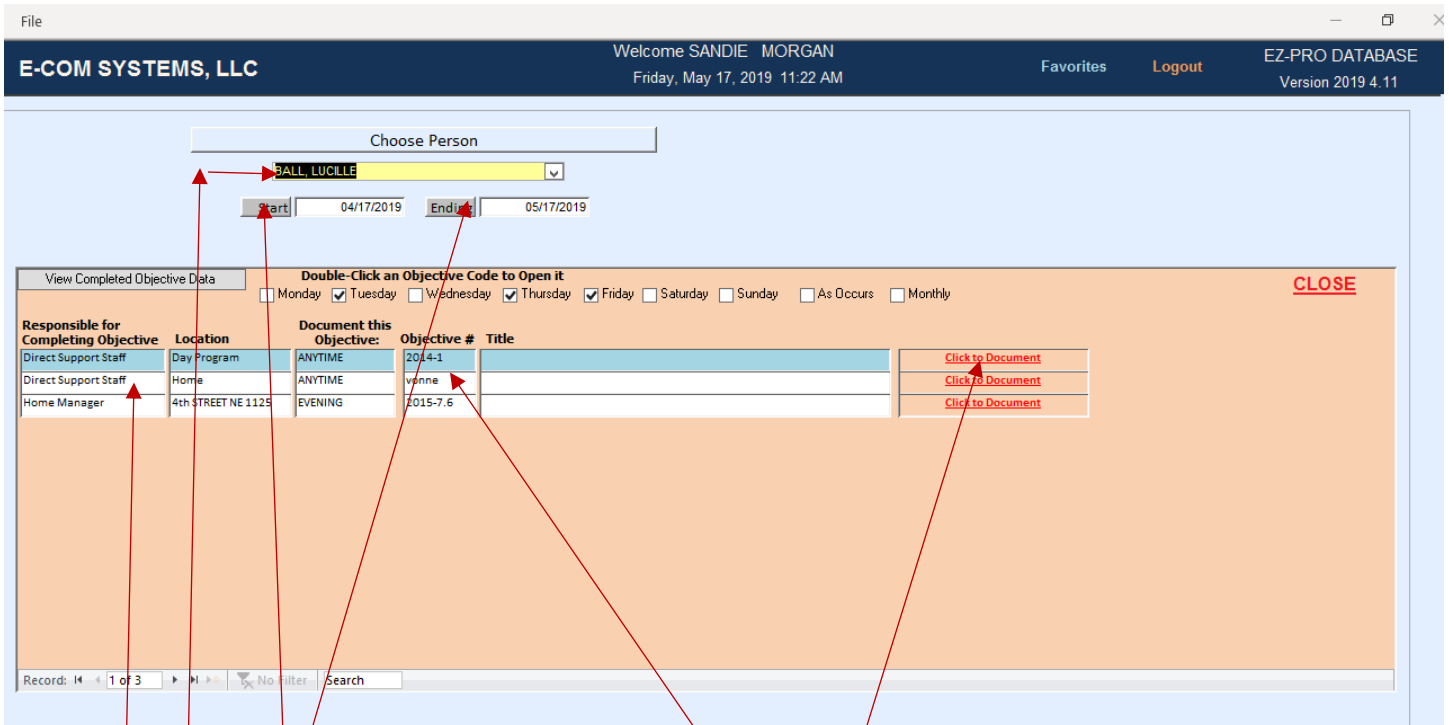
Same option as above for exports.

You can use these contact notes for most anything, On Call notes, Home visits, OT/PT/Nursing. Anything your agency administrator sets up and "type of contact" and print/export/email as needed.

3. ENTERING OBJECTIVES



- Select “Enter Objectives”



- Select SR
- Select Date Range
- All objectives that have been entered in “create objectives” will appear on this screen
- To record on an objective, either double click on the objective # or just click on the “click to document”

Objective Data Collection Form - EZ-PRO

View Completed Objective Data

DATA COLLECTION FORM for LUCILLE BALL

Objective Number: 2014-1 Objective: After being asked , LUCY will rake leaves into piles with 100% independence three times per week for three

Collect Data on these days: ☐ Mon ☒ Tue ☐ Wed ☒ Thu ☒ Fri ☐ Sat ☐ Sun ☐ As Occurs ☐ Monthly

Collect Data: 1 time(s) each scheduled day ANYTIME

Instructions: If necessary, show LUCY how to rake leaves into piles. Remind her of how she is earning money when she rakes.

18707

Delete

Date	Start Time	What was tried and learned?	What worked or didn't work?	Attempted	Completed
4/30/2019	8:45 AM	Lucy raked leaves for 5 minutes		1	1

Step	Prompt
1	Holds the rake

- To document your daily data, click on "Add"

Objective Data Collection Form - EZ-PRO

View Completed Objective Data

DATA COLLECTION FORM for LUCILLE BALL

Objective Number: 2014-1 Objective: After being asked , LUCY will rake leaves into piles with 100% independence three times per week for three

Collect Data on these days: ☐ Mon ☒ Tue ☐ Wed ☒ Thu ☒ Fri ☐ Sat ☐ Sun ☐ As Occurs ☐ Monthly

Collect Data: 1 time(s) each scheduled day

Instructions: If necessary, show LUCY how to rake leaves into piles. Remind her of how she is earning money when she rakes.

18707

Date Start Time What was tried and learned? What worked or didn't work?

4/30/2019	8:45 AM	Lucy raked leaves for 5 minutes	
-----------	---------	---------------------------------	--

Step Prompt

1	Holds the rake
---	----------------

Outcomes_times

Date: 5/27/2019

Start Time: 10:15:00 AM

Cancel OK

- This screen will appear.
- Enter the correct date and the Start Time you began working on the objective.
- Click "OK"

View Completed Objective Data

DATA COLLECTION FORM for LUCILLE BALL

Objective Number: 2014-1 Objective: After being asked , LUCY will rake leaves into piles with 100% independence three times per week for three

Collect Data on these days: ☐ Mon ☒ Tue ☐ Wed ☒ Thu ☒ Fri ☐ Sat ☐ Sun ☐ As Occurs ☐ Monthly

Collect Data: 1 time(s) each scheduled day ANYTIME

Instructions If necessary, show LUCY how to rake leaves into piles. Remind her of how she is earning money when she rakes. Delete

18707

Date	Start Time	What was tried and learned?	What worked or didn't work?	Attempted	Completed
5/27/2019	10:15 AM			0	0

Step	Prompt
1	Holds the rake

- This screen will appear.
- Begin adding your data here.
- Answer the questions “What was tried and learned? And What worked or didn’t work”

View Completed Objective Data

DATA COLLECTION FORM for LUCILLE BALL

Objective Number: 2014-1 Objective: After being asked , LUCY will rake leaves into piles with 100% independence three times per week for three

Collect Data on these days: ☐ Mon ☒ Tue ☐ Wed ☒ Thu ☒ Fri ☐ Sat ☐ Sun ☐ As Occurs ☐ Monthly

Collect Data: 1 time(s) each scheduled day ANYTIME

Instructions If necessary, show LUCY how to rake leaves into piles. Remind her of how she is earning money when she rakes. Delete

18707

Date	Start Time	What was tried and learned?	What worked or didn't work?	Attempted	Completed
5/27/2019	10:15 AM	Lucy was ask to rake the leaves. Staff verbally prompted her to pick the rake up and reminded her how to hold the rake. She was very hesitant until I reminded her that she would make money to spend at the store or a restaurant		1	1

Step	Prompt
1	Holds the rake

Navigation buttons: Add, First, Previous, Next, Last, CLOSE

- Complete the number of times you attempted this objective and the number of times you completed it
- Enter the data regarding the objective. This field is expandable, and you may enter data as needed
- Under the "Step", use the pull-down menu to select any prompts you used (Verbal, full physical, hand over hand" etc.
- Tab out of the last field to save data
- Then continue back on other objectives for which you need to record
- From this button, you may View Completed Objective Data
- From any screen that has these buttons, you may;
 - Add a new record
 - Go to the very first documentation
 - Go to the previous documentation
 - Go to the next documentation
 - Go to the last documentation

4. EVENT DATA ENTRY

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN Monday, May 27, 2019 10:41 AM Favorites Logout EZ-PRO DATABASES Version 2019 4.11

Internet Email Agency E-Mail(12) HOME People Served Human Resources Advanced HR MEDICAL CQA ADMIN

Event Data Entry Criteria Screen

Create a New Event entry by clicking one of the appropriate buttons below

ACCIDENT BEHAVIOR SEIZURE
REPORTABLE INCIDENT MED VARIANCE

OR

Look up an Existing Event by typing the Event Number Here: FIND

CANCEL

EVENT DATA ENTRY:

- The next icon under People Served is “Event Data Entry”. When you click on this icon, the “Event Data Entry Criteria Screen” will appear
- You have options to complete/create an event by selecting the appropriate button
 - ACCIDENT
 - BEHAVIOR
 - SEIZURE
 - REPORTABLE INCIDENT
 - MED VARIANCE
- You also can look up an event by entering the number and if you don’t know the number, you may double click in this field and click on find. Example of this will be shown below.

1. Accident Form

Event Data Entry

Recipient
Location
Address
Date Of Incident
5/27/2019
Time Of Report
Staff
MORGAN, SANDIE DIRECTOR HR
Trackable Incident
N
Date Entered
Residential
Witnessed by
Discovered
Duration
Created By
Modified By
Modified By Date
Category Of Injury
Area of body Injured
Injury Sustained
Medical Interventions
Did this event involve Choking?
NO APPARENT INJURY
YES
NO

ACCIDENT DESCRIPTION

Did the ACCIDENT involve a FALL?
YES
NO
Time Of Accident
Nbr of Staff Required to assist
1

Did the ACCIDENT involve a NEAR FALL?
YES
NO

Do you know the cause of this injury?
YES
NO

ACCIDENT FORM:

- If you select “ACCIDENT”, this form will appear.
- You will need to start with selecting the “Recipient” and then TAB though the entire form to complete each data field. Complete EVERY applicable field.
- From each form selected, you will have the option to create a “reportable incident form” for DIDD, ECF and or TDMHSAS

A. EXAMPLE OF COMPLETED ACCIDENT FORM

Event Data Entry										Dupe		Comments		Add Event		CLOSE	
ACCIDENT BEHAVIOR REPORTABLE INCIDENT MED VARIANCE SEIZURE										Create DIDD RIF Form		Create ECF RIF Form		TDMHSAS RIF Form			
Incident Number 475854																	
Recipient	BALL, LUCILLE			Location	BATHROOM-HOME												
Address	BLACKBURN RD. SE #36			Date Of Incident	5/27/2019			Time Of Report	10:54 AM								
Staff	MORGAN, SANDIE DIRECTOR HR			Trackable Incident	N			Date Entered	5/27/2019								
Recipient	BALL	LUCILLE		Witnessed by	Staff			Discovered	<input checked="" type="checkbox"/>								
Residential	client/currentresidential			911 HUNT PLACE			Duration										
Created By	MORGAN, SANDIE			Modified By				Modified By Date	05/27/2019								
Category Of Injury	Area of body Injured		Injury Sustained	Medical Interventions		Did this event involve Choking?											
MINOR INJURY	KNEE		ABRASION/SCRAPE	FIRST AID		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO											
ACCIDENT DESCRIPTION																	
Did the ACCIDENT involve a FALL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Time Of Accident 9:00 AM Nbr of Staff Required to assist 1																	
Did the ACCIDENT involve a NEAR FALL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
Do you know the cause of this injury? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																	
Lucy went into bathroom to get a shower. Staff was following her with towel and toiletries. Lucy swung around to tell staff something and she tripped on the bath mat, falling onto her right knee. It was scratched and staff cleaned the abrasion and applied a bandaid.																	

B. EXAMPLE OF COMPLETED BEHAVIOR FORM

Event Data Entry

Dupe
Comments
Add Event
Icons
Navigation
CLOSE

BEHAVIOR
Create DIDD RIF Form
Create ECF RIF Form
TDMHSAS RIF Form

Incident Number 475849

Recipient	BALL, LUCILLE	Location	IN COMMUNITY
Address	COMMUNITY	Date Of Incident	4/10/2019
Staff	BROOKS, MELVIN L CDO	Time Of Report	9:00 PM
Recipient	BALL LUCILLE	Trackable Incident	N
Residential	clientcurrentresidential	Date Entered	4/10/2019
	911 HUNT PLACE	Discovered	
		Duration	5 minutes
Created By	BROOKS, MELVIN L	Modified By	
Category Of Injury	Area of body Injured	Injury Sustained	Medical Interventions
NO APPARENT INJURY			NONE

Did this event involve Choking?
☐ YES ☒ NO

Behavior Code 100 HITTING/SLAPPING (SELF) Frequency 1
☒ MILD ☐ MODERATE ☐ SEVERE Location Code 084 Time 8:00 PM
Antecedent Code 257 HYPERACTIVE Consequence Code 052 GIVEN BREAK
Number of Staff required to assist with this behavior 1
CPI Used? ☐ How Long?

ADDITIONAL INFORMATION IF NEEDED TO EXPLAIN EVENT:
Lucy got aggravated and started hitting herself

To ADD another Behavior to this event, Click here.

Record: 1 of 1 No Filter Search

C. EXAMPLE OF COMPLETED SEIZURE FORM

Event Data Entry				Dupe		Comments		Add Event		Icons		CLOSE			
Incident Number 475855												SEIZURE	Create DIDD RIF Form	Create ECF RIF Form	
TDMHSAS RIF Form															
Recipient	BALL, LUCILLE	Location	IN COMMUNITY	Date Of Incident	5/27/2019	Time Of Report	11:10 AM	Trackable Incident	N	Date Entered	5/27/2019	Discovered			
Address	COMMUNITY	Staff	MORGAN, SANDIE DIRECTOR HR	Witnessed by		Duration		Residential	clientcurrentresidential	Created By	MORGAN, SANDIE	Modified By			
Category Of Injury	NO APPARENT INJURY	Area of body Injured		Injury Sustained		Medical Interventions	NONE	Did this event involve Choking?	YES NO						
TYPE OF SEIZURE				DURING SEIZURE:											
<input checked="" type="checkbox"/> Simple Partial (Blank expression without loss of consciousness) <input type="checkbox"/> Complex Partial (Blank expression with loss of consciousness) <input type="checkbox"/> Generalized/Absent (Blank stare, eyes blinking, and/or rhythmic movements of facial muscles, or arms and legs) <input type="checkbox"/> Generalized/Tonic-Clonic (Sudden fall with rhythmic jerking of all muscle, especially arms & legs) <input type="checkbox"/> Generalized/Myoclonic (Clusters of seizures, shorter duration then Tonic-Clonic and does not fall)				A. Duration of Seizure: 2 MINUTES Date of Seizure 05/27/2019 Time of Seizure 10:15 B. Type of Body Movements (Check all that apply) <input type="checkbox"/> Rigid <input type="checkbox"/> Jerking Body <input checked="" type="checkbox"/> Sounds Orally <input type="checkbox"/> Jerking (1 Side) <input type="checkbox"/> Tremors <input type="checkbox"/> Back Arched <input type="checkbox"/> Jerking (2 Sides) <input type="checkbox"/> Picking At Cloth <input type="checkbox"/> Blinking Eyes C. Level of Consciousness <input checked="" type="checkbox"/> Awake Not Responding <input type="checkbox"/> Unconscious D. Breathing (Check all that apply) <input checked="" type="checkbox"/> Easy <input type="checkbox"/> Oxygen Used <input type="checkbox"/> Labored <input type="checkbox"/> Cyanotic <input type="checkbox"/> Frothing At Mouth E. General Description (check all that apply) <input type="checkbox"/> Skin Blue <input type="checkbox"/> Incontinent <input type="checkbox"/> Skin Pale <input type="checkbox"/> Skin Flushed <input type="checkbox"/> Bowel <input type="checkbox"/> Skin Clammy <input type="checkbox"/> Bladder											
Description Number of Staff assisting in this Seizure 1															
NO DESCRIPTION AVAILABLE															
BEFORE SEIZURE:				AFTER SEIZURE:											
A. Onset: <input checked="" type="checkbox"/> Sudden <input type="checkbox"/> Gradual				A. Was recipient? <input checked="" type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Confused											
				<input type="checkbox"/> Agitated Other:											


D. EXAMPLE OF COMPLETED MED VARIANCE FORM

Event Data Entry		Dupe		Comments		Add Event				CLOSE	
						MED VARIANCE		Create DIDD RIF Form		Create ECF RIF Form	
						Incident Number 475837					
Recipient		BALL, LUCILLE		Location		HOME-INSIDE					
Address		911 Hunt Place		Date Of Incident		6/5/2018		Time Of Report		11:18 AM	
Staff		BROOKS, MELVIN L		Trackable Incident		N		Date Entered		6/26/2018	
Recipient		BALL LUCILLE		<input type="checkbox"/> Witnessed by <div>Staff</div>				Discovered		<input checked="" type="checkbox"/>	
Residential		clientcurrentresidential		911 HUNT PLACE				Duration			
Created By		BROOKS, MELVIN L		Modified By				Modified By Date			
Category Of Injury		Area of body Injured		Injury Sustained		Medical Interventions		Did this event involve Choking?			
NO APPARENT INJURY						NONE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
MEDICATION ERRORS - (Completed by Agency Staff) <div> Check One Category: <input checked="" type="radio"/> Medication Error <input type="radio"/> Medication Refusal </div>											
Date Of Variance		06/05/2018		Time Of Variance		*** ALL BLUE FIELDS REQUIRED ***					
List of Medication Involved:		LORTAB									
Name of Staff making error:											
Describe the error in detail:		EMAR Documentation									
MEDICATION ERRORS - (Completed by Medical Personnel)											
Date Prescribing Physician Contacted:				Time:							
Name/Title of Staff Contacting Physician:											
Name of Prescribing Physician:											
Category of Type of Error:											
Recommendations of Prescribing Physician											
Employee Corrective Action											

E. EXAMPLE OF COMPLETED INCIDENT FORM “REPORTABLE”

Event Data Entry				Dupe		Comments		Add Event				CLOSE	
ACCIDENT		BEHAVIOR		REPORTABLE INCIDENT		MED VARIANCE		SEIZURE		Create DIDD RIF Form		Create ECF RIF Form	
Incident Number 475857													
Recipient		BALL, LUCILLE		Location		IN COMMUNITY							
Address		Hunt Place 911		Date Of Incident		5/27/2019		Time Of Report		11:25 AM			
Staff		MORGAN, SANDIE DIRECTOR HR		Trackable Incident		N		Date Entered		5/27/2019			
Recipient		BALL LUCILLE		<input type="checkbox"/> Witnessed by				Discovered		<input type="checkbox"/>			
Residential		clientcurrentresidential		911 HUNT PLACE				Duration					
Created By		MORGAN, SANDIE		Modified By				Modified By Date					
Category Of Injury		Area of body Injured		Injury Sustained		Medical Interventions		Did this event involve Choking?					
SERIOUS INJURY		ARM		POSSIBLE DISLOCATION		EMERGENCY ROOM		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
INCIDENT DESCRIPTION													
Number of Staff required to assist with this Reportable Incident? 1 Time Of Incident 10:54 AM Lucy was walking at the Sportsplex. She fell and landed on her right arm. It appeared to be dislocated or possibly fractured. She was taken to the emergency room and after xray, it was determined that her arm was fractured. She as referred to the Bone and Joint Clinic to have it set and casted.													

2. **REPORTABLE INCIDENT FORM:** When you select “create DIDD RIF Form” this is the form that will appear.

CONFIDENTIAL				<u>REPORTABLE INCIDENT</u>	
				Department of Intellectual and Developmental Disabilities	
Name of Person Served	BALL, LUCILLE	SSN	555555077	Date of Incident	5/27/2019
Please Type	Last, First, MI			Time of Incident	10:54 AM
Region	Provider Responsible	Provider Code	Provider Reporting (if different)		
E	E-COM SYSTEMS, LLC	12345	N/A		
DIDD Investigator must be notified within 4 hours (1 hour for Public ICF/ID) for alleged abuse, neglect, exploitation, serious injury of unknown cause, for any unexpected, unexplained, or suspicious death, and for any injury that raises the suspicion of abuse or neglect.					
This incident was <input type="checkbox"/> Witnessed by <u>Select One</u> or <input type="checkbox"/> Discovered					
Where incident occurred		Address / Site of Incident			
		911 Hunt Place MIAMI, TN 37998			
Check one	<input type="checkbox"/> Home – Inside	<input type="checkbox"/> Home - Outside	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Day Program/Work/School	

TO FIND EVENTS

The screenshot shows a software interface titled "Event Data Entry Criteria Screen". It has a light blue background. At the top, it says "Create a New Event entry by clicking one of the appropriate buttons below". Below this are five buttons: "ACCIDENT", "BEHAVIOR", "SEIZURE", "REPORTABLE INCIDENT", and "MED VARIANCE". In the center, it says "OR". Below that, it says "Look up an Existing Event by typing the Event Number Here:" followed by a text input field, a "FIND" button, and a "CANCEL" button. To the right, there is a pop-up window titled "Event Lookup" with a close button (X). The pop-up contains instructions: "Type an A for Accidents, B for Behaviors, I for Incidents, M for Med Variance, S for Seizures or ALL for All Event types." and has "OK" and "Cancel" buttons. A text input field in the pop-up contains the word "All". Red arrows point from the "Event Number Here" text and the "Event Lookup" pop-up to the list of instructions below.

- To look up an event, if you have the number of the event, you may enter it in the space by "event number here" and select find.
- If you do not know the number, you may double click in the blank space by "event number here" and the "Event Lookup" pop up box appears. Follow the instructions for the type of incident you wish to see or type in All to see all. Click ok
- When you click ok, a pop-up box with service recipients listed alphabetically will appear with all incidents recorded by date, as shown below

Event Data Entry Criteria Screen

Criteria Selection Form

Select an Event Date

Lastfirst	DateOfIncider	TypeOfIncidentReport
BALL, LUCILLE	5/27/2019	ACCIDENT
BALL, LUCILLE	5/27/2019	SEIZURE
BALL, LUCILLE	5/27/2019	ACCIDENT
BALL, LUCILLE	5/27/2019	INCIDENT
BALL, LUCILLE	5/21/2019	MED ERROR
BALL, LUCILLE	5/17/2019	MED ERROR
BALL, LUCILLE	5/15/2019	MED ERROR
BALL, LUCILLE	4/20/2019	Behavior
BALL, LUCILLE	4/10/2019	BEHAVIOR
BALL, LUCILLE	2/25/2019	ACCIDENT
BALL, LUCILLE	2/25/2019	ACCIDENT
BALL, LUCILLE	2/18/2019	BEHAVIOR
BALL, LUCILLE	2/17/2019	BEHAVIOR
BALL, LUCILLE	10/10/2018	MED ERROR

Cancel OK

21 Items

- Scroll down and select the SR, date and type of report you wish to view and select ok
- When you do this, the screen below will appear as you see it has placed the number of the event in the block and you then select find

Event Data Entry Criteria Screen

**Create a New Event entry by clicking
one of the appropriate buttons below**

ACCIDENT

BEHAVIOR

SEIZURE

REPORTABLE INCIDENT

MED VARIANCE

OR

Look up an Existing Event by typing the

Event Number Here:

475847

FIND

CANCEL

- Select "FIND" and that report will appear for you to view as shown below.

Event Data Entry

ACCIDENT

Dupe

Comments **Add Event**

CLOSE

Incident Number 475847

Recipient: **BALL, LUCILLE**

Address: 3036 J MACK CIRCLE SW

Staff: BROOKS, KEVIN G IT COMPUTER TECH

Residential: clientcurrentresidential

Created By: BROOKS, KEVIN G

Category Of Injury: NO APPARENT INJURY

Location: BEDROOM-HOME

Date Of Incident: 2/25/2019

Trackable Incident: N

Witnessed by: []

911 HUNT PLACE

Modified By: []

Injury Sustained: []

Area of body Injured: []

Medical Interventions: EMERGENCY ROOM

Time Of Report: 1:00 PM

Date Entered: 2/25/2019

Discovered: []

Duration: []

Modified By Date: []

Did this event involve Choking? ☐ YES ☒ NO

Create DIDD RIF Form

Create ECF RIF Form

TDMHSAS RIF Form

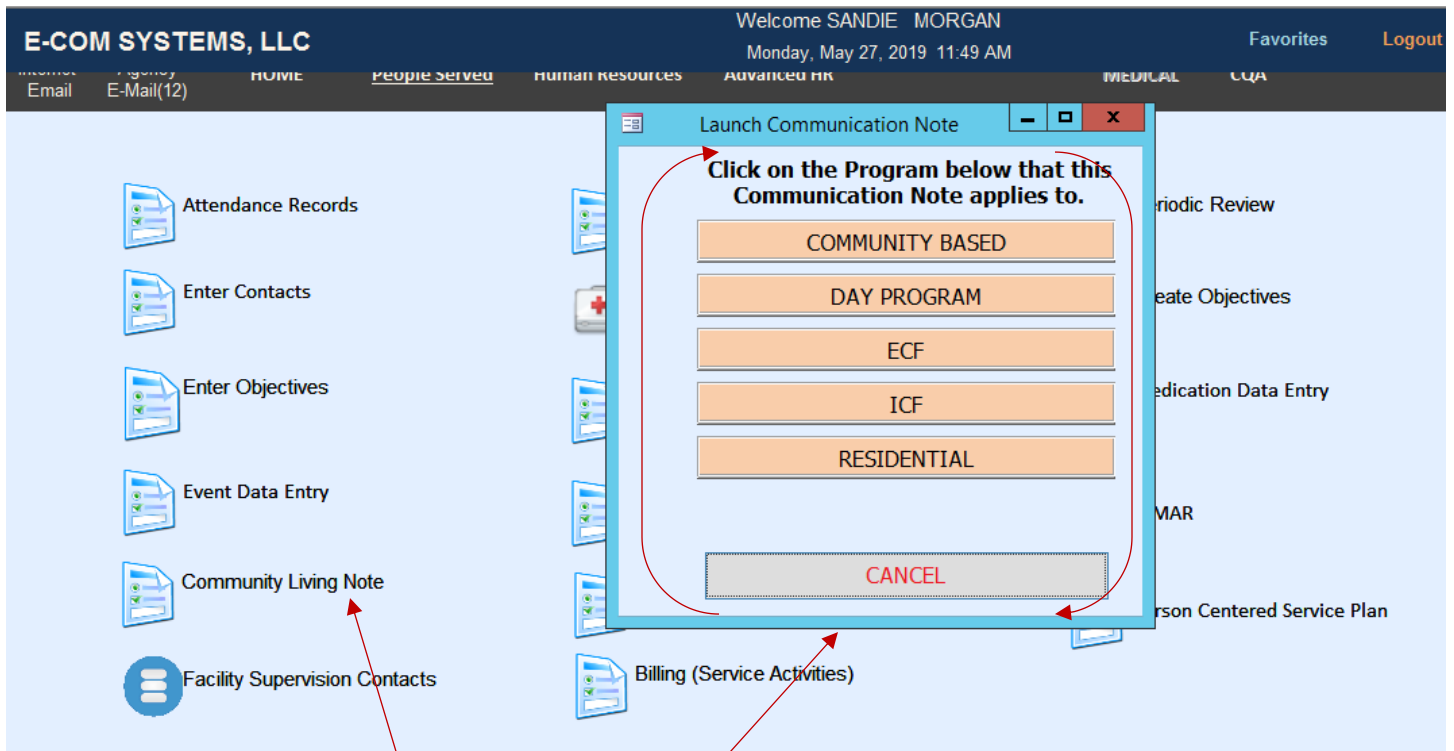
ACCIDENT DESCRIPTION

Did the ACCIDENT involve a FALL? ☐ YES ☒ NO Time Of Accident: [] Nbr of Staff Required to assist: 1

Did the ACCIDENT involve a NEAR FALL? ☒ YES ☐ NO

Do you know the cause of this injury? ☐ YES ☒ NO

5. COMMUNITY LIVING NOTE



- When you select Community Living Note, the “Launch Communication Note” pop up box will appear.
- Select which ever program you are completing a Communication Note for.

COMMUNITY BASED NOTE (New) Print Range CLOSE

Client: Task Date: Shift: **Enter Services**

Employee: MORGAN, SANDIE

Notes:

Category

ACTIVITY QUESTION

[Audit Trail](#)

Task	Check
Did the person exercise?	<input type="checkbox"/>
Did the person interact with someone in the community?	<input type="checkbox"/>
Did the person choose their activities?	<input type="checkbox"/>
Did the person respond positively?	<input type="checkbox"/>
Did an incident or behavior occur?	<input type="checkbox"/>
Did the person attend a medical or dental appointment?	<input type="checkbox"/>

[Enter Behaviors/Events](#)
[Enter Bowel Movements](#)
[Enter Sleep Charts](#)
[Enter Vital Signs](#)

SigType: ApprovedBy: SigDate:

*

Double-Click an Outcome Code to Open it

Program	OC ID#	Goal / Completed	Expected Outcome Objective
Direct Support Staff	18720	8	0

- When you select “Community Based”, this note will appear.
- These notes can be customized by your agency administrator to reflect what activities/categories you need and the tasks can be customized for your agency.

COMMUNITY BASED NOTE Review Notes 650 Print Range CLOSE

Name: BALL, LUCILLE Task Date: 12/16/2019 Shift: 1a **Enter Services**

Employee: MORGAN, SANDIE

Notes:

Category

ACTIVITY QUESTION

[Audit Trail](#)

Task	Check
Did the person exercise?	<input type="checkbox"/>
Did the person interact with someone in the community?	<input type="checkbox"/>
Did the person choose their activities?	<input type="checkbox"/>
Did the person respond positively?	<input type="checkbox"/>
Did an incident or behavior occur?	<input type="checkbox"/>
Did the person attend a medical or dental appointment?	<input type="checkbox"/>

- Staff will always need to click on “Enter Services” to capture attendance for billing.
 - Select your SR Name
 - Enter your Task Date
 - Enter/Select your Shift
 - Then click on “Enter Services”

SigType: ApprovedBy: SigDate:

*

Double-Click an Outcome Code to Open it

Program	OC ID#	Goal / Completed	Expected Outcome Objective
Direct Support Staff	18720	8	0

COMMUNITY BASED NOTE Review Notes 650 Print Range

30 Total Community Hours for the Week

DATE: 12/16/2019 BALL, LUCILLE View Plans Add New CLOSE

Service Plan	Select an Activity or Enter Your Own	Assistance	Location	Start	Stop
Place Holder Service	SELECT AN ACTIVITY				
Where did you go? What did you do? Who did you talk to? What did they learn? Were there any barriers? Entered By: MORGAN, SANDIE 0 Minutes Modified					
COMMUNITY BASED DAY	OTHER		PHYSICIANS OFFICE	8:00 AM	10:00 AM
Where did you go? What did you do? Who did you talk to? What did they learn? Were there any barriers? Entered By: MORGAN, SANDIE 120 Minutes SANDIE MORGAN Modified					
COMMUNITY BASED DAY	SHOPPING		COMMUNITY	10:00 AM	2:00 PM
Where did you go? What did you do? Who did you talk to? What did they learn? Were there any barriers? Entered By: MORGAN, SANDIE 240 Minutes SANDIE MORGAN Modified					
SUPPORTED LIVING LEVEL	AT HOME		HOME	4:00 PM	1:59 PM
Where did you go? What did you do? Who did you talk to? What did they learn? Were there any barriers? Entered By: 479 Minutes Modified					

- From this screen your first select the program you are documenting for. This example is your Community Based Note. Use the pull-down menu to select "Community Based Day"
- Then select an activity. This pull-down menu is customizable for your specific agency.
- Use the pull-down menu under "assistance" to select the level of assistance that was used for this activity
- Use the pull-down menu under location to select where this activity is taking place
- Then enter your start time and stop time. This is connected to attendance and billing and will define if this is enough time to be billable
- Then enter a narrative, answering the questions in the tan box in your narrative.
- Remember all pull-down menus are customizable to your agency.
- Always tab out of the field that you have entered data in.

1. EXAMPLE of RESIDENTIAL NOTE

RESIDENTIAL NOTE
284

Category

PERSONAL CARE

[Audit Trail](#)

Task	Check
BATHING	<input checked="" type="checkbox"/>
DENTAL CARE	<input checked="" type="checkbox"/>
TOILETING	<input checked="" type="checkbox"/>
CHANGE BED LINEN	<input type="checkbox"/>
EXCERCISES	<input type="checkbox"/>
FEEDING	<input type="checkbox"/>
TRANSFERRING	<input type="checkbox"/>
WALKING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
RESPITE	<input type="checkbox"/>
Brushed Teeth	<input checked="" type="checkbox"/>

SigType	ApprovedBy	SigDate
*	v	

Double-Click an Outcome Code to Open it

Program	OC ID#	Goal / Completed	Expected Outcome Objective
Direct Support Staff	18707	0 / 2	If necessary, show LUCY how to rake leaves into piles. Remind her of how she is earning money when she rakes.
Direct Support Staff	18713	30 / 30	Show LUCY how to sweep the floor then have him try. Fade assistance as he learns to sweep the floor.
Home Manager	18705	30 / 1	Staff will make sure LUCY has the materials he needs to brush her teeth: toothbrush, toothpaste. Share with him the steps in brushing teeth as found in the task steps. Provide the least amount of

[Enter Behaviors/Events](#)
[Enter Bowel Movements](#)
[Enter Sleep Charts](#)
[Enter Vital Signs](#)

- Select your category by using the arrows.
- Check off everything the SR worked on
- Go to the outcome at the bottom on the page, double click in the OC ID# to open and record your data

TO CAPTURE YOUR ATTENDANCE FOR BILLING THE RESIDENTIAL SERVICE

- Select your PS Name
- Select the Task Date
- Select the Shift
- Answer the question "was Person Supported Present at 11:59 p"
- Then select Enter Services

File

RESIDENTIAL NOTE

Review Notes 485 Print Range CLOSE

Name: BALL, LUCILLE Task Date: 12/6/2019 Shift: 2nd

Employee: MORGAN, SANDIE

Notes:

Category

ACTIVITY QUESTION

[Audit Trail](#)

Task	Check
ENTER ACTIVITY AND ASSISTANCE FROM STAFF IN NOTES SECTION	<input type="checkbox"/>
WAS PERSON SUPPORTED PRESENT AT 11PM.	<input checked="" type="checkbox"/>
ENTER (P,L,H,) IN ATTENDANCE SECTION	<input type="checkbox"/>
Clean The Bedroom	<input type="checkbox"/>
Wash Van	<input type="checkbox"/>

SigType	ApprovedBy	SigDate
*		

[Enter Behaviors/Events](#)
[Enter Sleep Charts](#)

[Enter Bowel Movements](#)
[Enter Vital Signs](#)

[Enter Meals](#)

- When you answer the question about the Person Supported being in the home at 11:59p, and select “enter services” A box will automatically be created for Supported Living/Residential Service on this page. It will also enter the time of the shift that you selected on the prior page
- You will now just need to enter the narrative for this shift

30 Total Community Hours for the Week

DATE: 12/06/2019 BALL, LUCILLE [View Plans](#) [Add New](#) [CLOSE](#)

Service Plan	Select an Activity or Enter Your Own	Assistance	Location	Start	Stop
Place Holder Service	SELECT AN ACTIVITY				
Where did you go? What did you do? Who did you talk to? What did they learn? Were there any barriers?					
Entered By: MORGAN, SANDIE		0 Minutes	Modified		
COMMUNITY BASED DAY	FISHING TRIP		COMMUNITY	8:00 AM	2:00 PM
Where did you go? What did you do? Who did you talk to? What did they learn? Were there any barriers?					
Entered By: MORGAN, SANDIE		360 Minutes	SANDIE MORGAN Modified		
SUPPORTED LIVING LEVEL	AT HOME		HOME	4:00 PM	11:59 PM
Where did you go? What did you do? Who did you talk to? What did they learn? Were there any barriers?					
Entered By:		479 Minutes	Modified		

View Completed Objective Data

Add
 First
 Previous
 Next
 Last
 [CLOSE](#)

DATA COLLECTION FORM for LUCILLE BALL

Objective Number 2015-7.6 **Objective** LUCY will brush his teeth according to task steps independently for 2 months.

Collect Data on these days
☒ Mon
 ☒ Tue
 ☒ Wed
 ☒ Thu
 ☒ Fri
 ☐ Sat
 ☐ Sun

 ☐ As Occurs

 ☐ Monthly

Collect Data 1 time(s) each scheduled day **EVENING**

Instructions 18705 Staff will make sure LUCY has the materials he needs to brush her teeth: toothbrush, toothpaste. Share with him the steps in brushing teeth as found in the task steps. Provide the least amount of assistance needed for her to complete the task. Fade the assistance as he learns the steps. Train in the morning and in the evening. Document after dinner Monday-Friday. (3-11p shift)
 Delete

Date	Start Time	What was tried and learned?	What worked or didn't work?	Attempted	Completed
5/27/2019	12:45 PM	Lucy went in brush her teeth upon returning from the community. Lucy got her toothbrush, toothpaste and prepared her brush. She sucessfully brushed her teeth with only verbal prompts. Staff did have to instruct her to		1	1
Step					Prompt

- When you double click the OC ID#, the screen above will open.
- Complete "attempted and completed"
- Complete "what was tried and learned and what worked or didn't"
- If any steps are listed, always record any needed prompts

RESIDENTIAL NOTE

284

Category



PERSONAL CARE

[Audit Trail](#)

Task	Check
BATHING	<input checked="" type="checkbox"/>
DENTAL CARE	<input checked="" type="checkbox"/>
TOILETING	<input checked="" type="checkbox"/>
CHANGE BED LINEN	<input type="checkbox"/>
EXERCISES	<input type="checkbox"/>
FEEDING	<input type="checkbox"/>
TRANSFERRING	<input type="checkbox"/>
WALKING	<input type="checkbox"/>
OTHER	<input type="checkbox"/>
RESPIRE	<input type="checkbox"/>
Brushed Teeth	<input checked="" type="checkbox"/>

SigType	ApprovedBy	SigDate
*		

[Enter Behaviors/Events](#)
[Enter Bowel Movements](#)
[Enter Sleep Charts](#)
[Enter Vital Signs](#)

Double-Click an Outcome Code to Open it

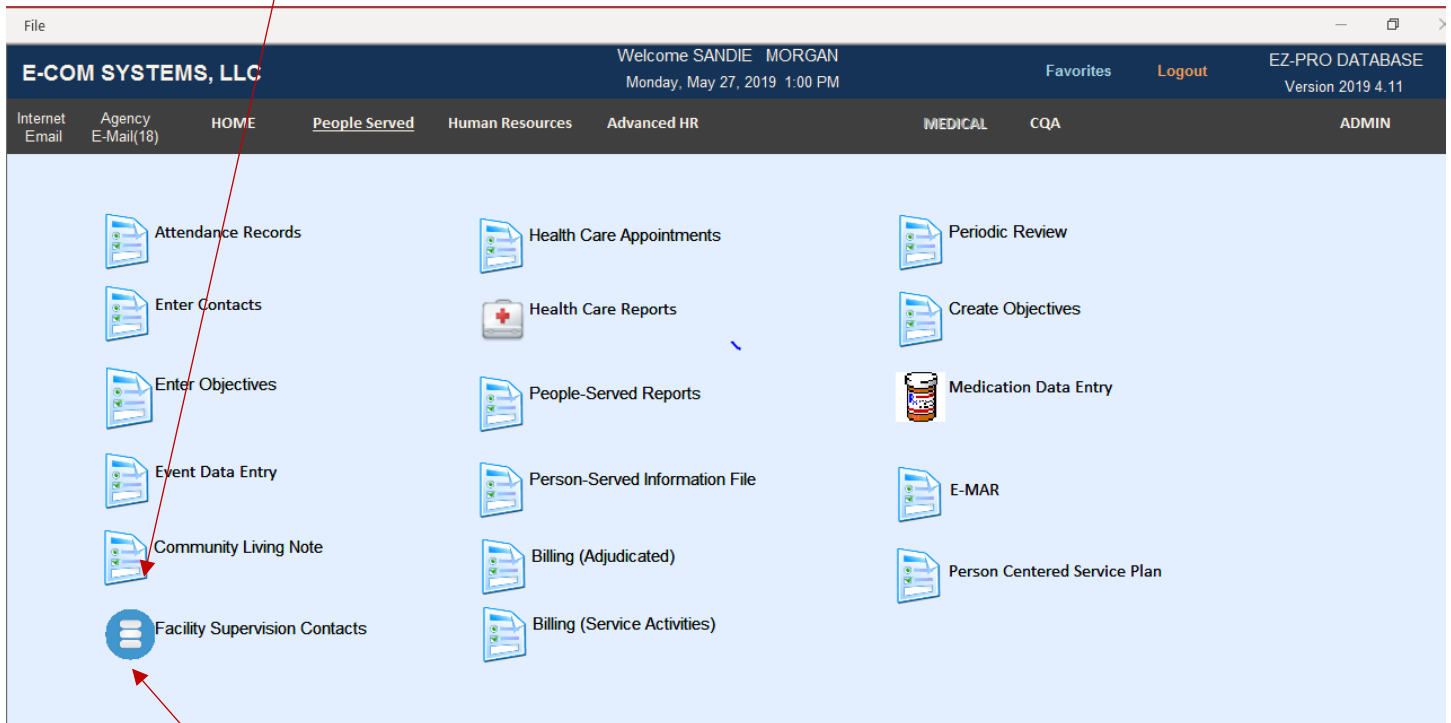
Program	OC ID#	Goal / Completed	Expected Outcome Objective
Direct Support Staff	18707	0 / 2	If necessary, show LUCY how to rake leaves into piles. Remind her of how she is earning money when she rakes.
Direct Support Staff	18713	30 / 30	Show LUCY how to sweep the floor then have him try. Fade assistance as he learns to sweep the floor.
Home Manager	18705	30 / 30	Staff will make sure LUCY has the materials he needs to brush her teeth: toothbrush, toothpaste. Share with him the steps in brushing teeth as found in the task steps. Provide the least amount of

- From any of these Community Living Note Screens, you can:

- Enter Behaviors/Events
- Enter Bowel Movements
- Enter Sleep Charts
- Enter Vital Signs

Remember, that Community Living Notes are customizable for your specific agency/needs.

6. FACILITY SUPERVISION CONTACTS



- Click to Open

- File

Facility Contacts

SEARCH

Address

1215 12TH STREET

Supv Contact Nbr

(New)

Admin Visit

Date Of Contact

Total Contacts

0

Supr Making Contact

Staff Contacted

How Contacted

If Specific Contact Times are Required, Check Here:

☐

Start Date

Start Time

Detail Of Contact

ALL

ACTIVE

INACTIVE

Program

12TH STREET 1215

City

CLEVELAND, TN 37311

+

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☐

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▶

▶

CLOSE

Type Of Contact

Location Contact

Program Contacted

Enter Expenses

End Date

Minutes

End Time

DO NOT leave open-ended contacts. If Follow-Up is required, indicate in the spaces below, appropriately, with the "DATE TO BE COMPLETED BY" date filled in.

Is Future Action Needed

☐

Who Responds To Follow-up

Follow-up Request

Follow-up Complete

Date To Be Completed By

SigType

ApprovedBy

SigDate

- File

Facility Contacts

SEARCH

Address

1215 12TH STREET

Supv Contact Nbr

(New)

Admin Visit

Date Of Contact

Total Contacts

0

Supr Making Contact

Staff Contacted

How Contacted

If Specific Contact Times are Required, Check Here:

☐

Start Date

Start Time

Detail Of Contact

ALL

ACTIVE

INACTIVE

Program

12TH STREET 1215

City

CLEVELAND, TN 37311

+

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CLOSE

Type Of Contact

Location Contact

Program Contacted

Enter Expenses

End Date

Minutes

End Time

DO NOT leave open-ended contacts. If Follow-Up is required, indicate in the spaces below, appropriately, with the "DATE TO BE COMPLETED BY" date filled in.

Is Future Action Needed

☐

Who Responds To Follow-up

Follow-up Request

Follow-up Complete

Date To Be Completed By

SigType

ApprovedBy

SigDate

File

Facility Contacts

ALL ACTIVE INACTIVE

SEARCH 3036 J MACK CIRCLE SW

Address 3036 J MACK CIRCLE SW

Supv Contact Nbr Admin Visit

Date Of Contact 5/27/2019 Total Contacts 1

Supr Making Contact MORGAN, SANDIE

Staff Contacted BROOKS, MELVIN L

How Contacted FACE-TO-FACE

If Specific Contact Times are Required, Check Here. ☒

Start Date 05/27/2019 Start Time 8:00 AM

End Date 05/27/2019 End Time 9:00 AM

Minutes 60

Program 3036 J MACK CIRCLE SW

City CLEVELAND, TN 37311

Type Of Contact ADMIN

Location Contact HOME

Program Contacted 3036 J MACK CIRCLE SW

Enter Expenses

Detail Of Contact

Stopped by the home for a home visit.
Melvin Brooks was on duty.
Refrigerator was checked for thermometer, food dates and cleanliness.
The home appeared to be very clean and the SR's were all clean and dressed appropriately for the season.

DO NOT leave open-ended contacts. If Follow-Up is required, indicate in the spaces below, appropriately, with the "DATE TO BE COMPLETED BY" date filled in.

Is Future Action Needed ☐

Who Responds To Follow-up

Follow-up Request

Follow-up Complete

Date To Be Completed By

SigType ApprovedBy SigDate

- Enter your date of Contact
- Enter any staff that you contacted during the visit and if it was face to face, or phone, etc.
- Enter the type of contact and location of contact
- Put a check in "If Specific Contact times are Required, check here" and that will open the Start date and time and the End date and time". Enter those dates/times.
- Enter the details of your contact.

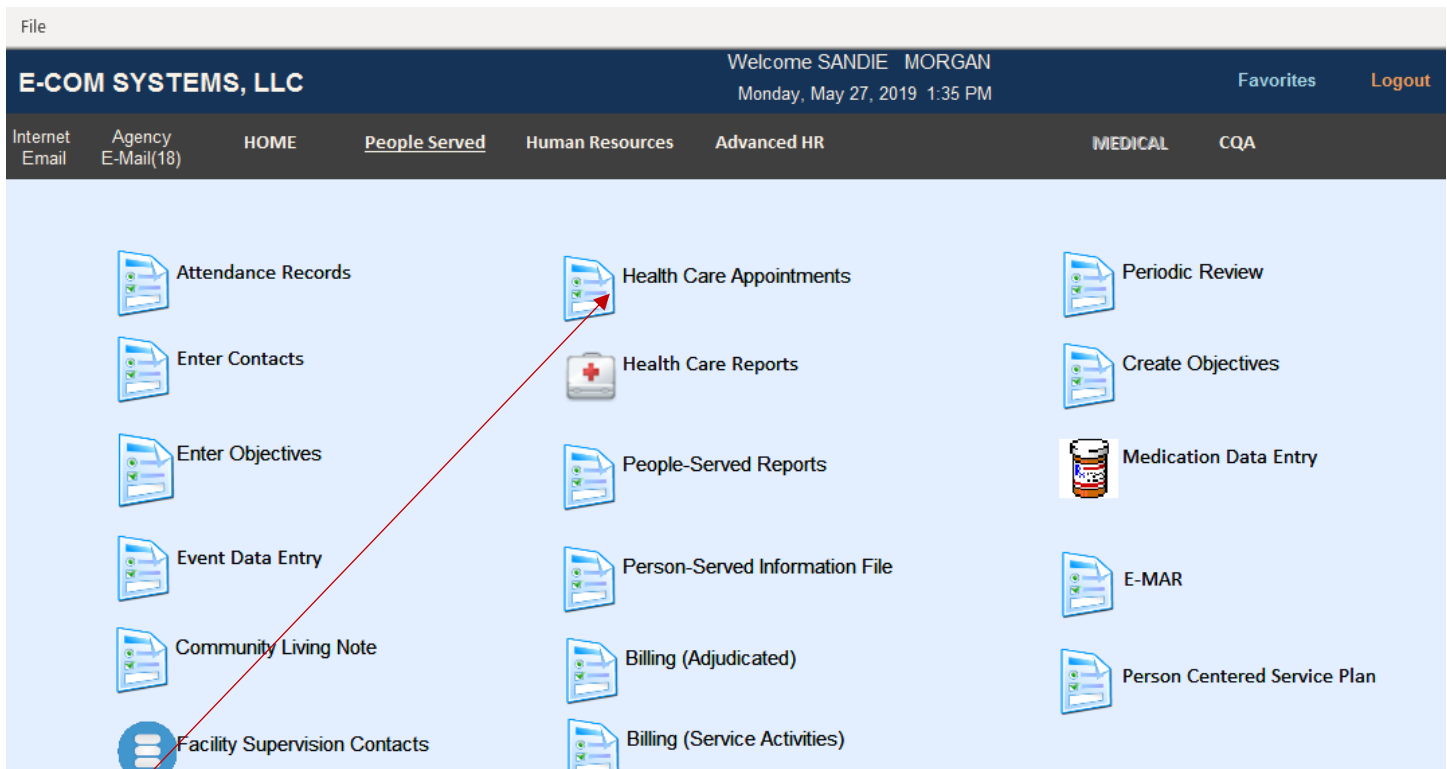
- IF you find a situation/need that must have follow up during your visit, record this by checking "Is Future Action Needed" and complete all the fields in this area.

A Reminder that the pull-down menus are customizable by your agency administrator and these can be used for home visits/on call notes and any other visit you wish to have recorded and tracked.

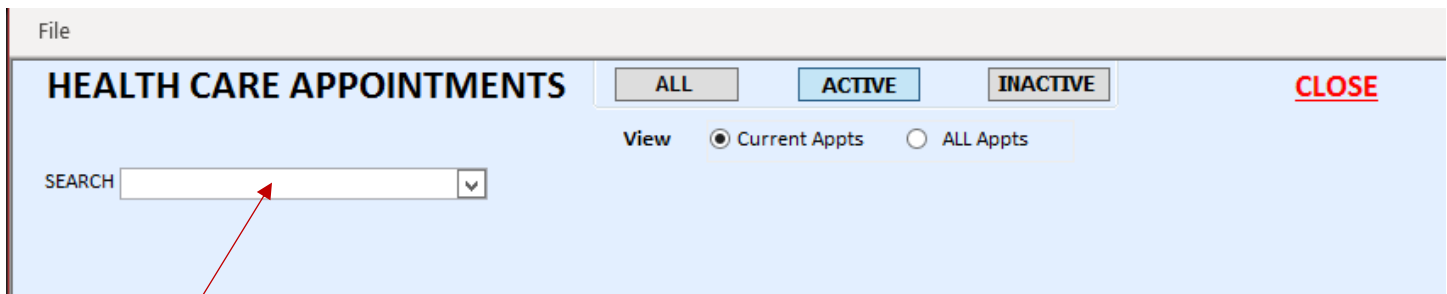
You can also pull reports on these facility contacts under

- People Served/People Served Reports/Contact Facility Supervision Analysis
 - These reports can be pulled by date range
 - By address
 - By type of contact
 - By staff making contact

7. HEALTH CARE APPOINTMENTS



- Open HEALTH CARE APPOINTMENTS



- SELECT SR
- SELECT ALL/ACTIVE/INACTIVE
- SELECT VIEW CURRENT APPTS OR ALL APPTS.

1. ENTERING A NEW HEALTH CARE APPOINTMENT

HEALTH CARE APPOINTMENTS ALL ACTIVE INACTIVE CLOSE

View ☐ Current Appts ☒ ALL Appts

SEARCH

Phone: (888) 555-1212

Doctor: Specialty:

Date: Time: Address:

Reason For Appt:

Special Instruction:

SR Primary Insur. MEDICARE SR Secondary Insur. BLUE CARE

Insurance Carrier: Deductible Met ☐ ☒ viewed by physician ☐

☐ Cancel This Appointment

Appt. Results

Is this illness or injury related to work or an automobile accident? ☐ (Check if YES)

Referral# (If applicable) Category

Transportation Type (check all that apply) ☐ Ambulance ☐ Wheelchair ☒ Escort ☒ Round Trip ☐ One Way ☐ Routine

Transportation Billing Form Receiver ☐

Pick Up Odometer Begin: End: Miles: Vehicle #

Drop Off Odometer Begin: End: Miles: Vehicle #

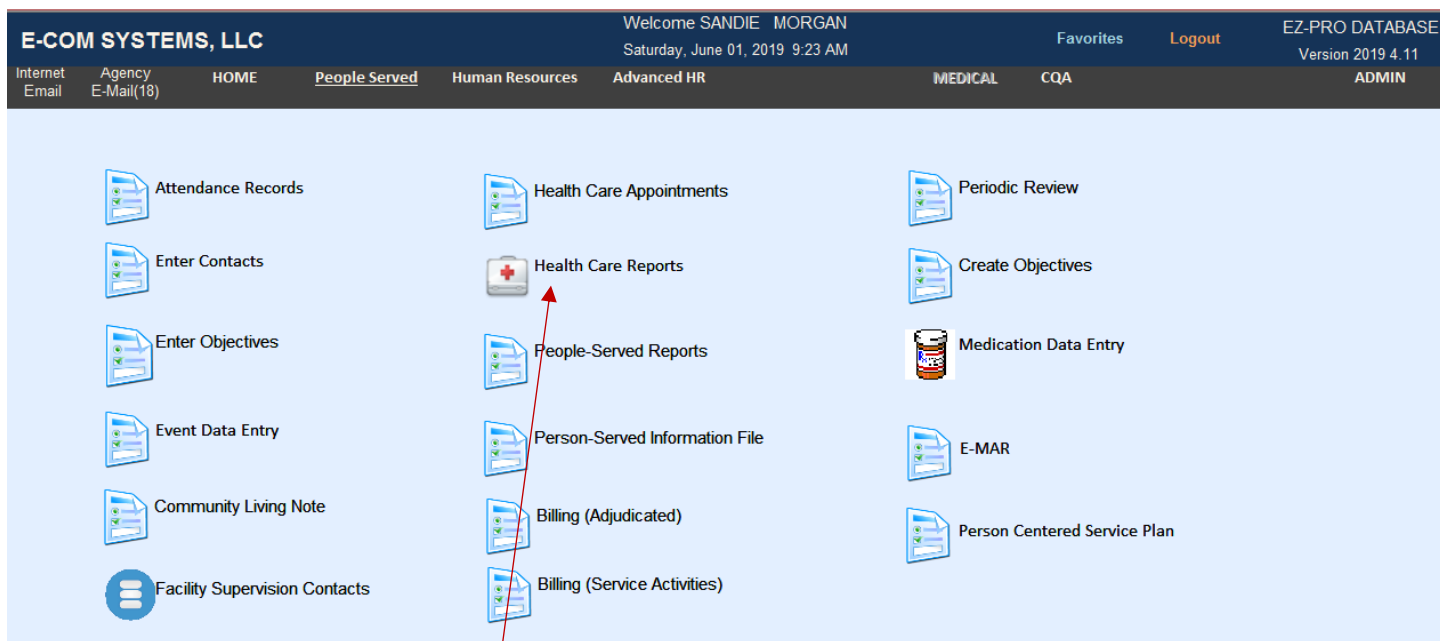
Completed By: Date:

Requested By: Date:

Time Involved (Minutes):

- You may review all appts by selecting "ALL Appts" and using the arrows to navigate back/forth
- You may create a new appointment by selecting the ADD button

8. HEALTH CARE REPORTS



- Click to open Health Care Reports



- Select the Person Served and the Date Range for the report
- Then select the report you wish to view

1. Example of "Appointments by Recipient"

File

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Close Preview

Report Options

Save AS

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 484-5555

MEDICAL APPOINTMENTS

FOR THE PERIOD 05/02/2018 To 06/01/2019

Appointment	Recipient Name	Care Manager	Rec ID	Provider Name	Address / Visit Information	Presence Req.
Appointment Date 06/07/2018, Thursday						
06/07/2018	4:00 PM SALL, LUCILLE	KANARSKI, A	144450	ARNOLD, ALBERT	1800 PENNSYLVANIA AVE This is a test	
Appointment Date 06/26/2018, Tuesday						
06/26/2018	1:00 PM SALL, LUCILLE	KANARSKI, A	144450	SACHY, MALLARD	1800 PENNSYLVANIA AVE for demonstration only	
06/26/2018	9:00 AM SALL, LUCILLE	KANARSKI, A	144450	BUND, PAUL	1800 PENNSYLVANIA AVE to demonstrate	
Appointment Date 09/28/2018, Friday						
09/28/2018	11:00 AM SALL, LUCILLE	KANARSKI, A	144452	BUND, PAUL	1800 PENNSYLVANIA AVE WASHINGTON, DC This is a programming test	

Saturday, June 1, 2019

Page 1 of 1

2. Example of “Daily Appointments by Doctor

File

Report Options

Print

Print

Print

Zoom

One Page

Two Pages

More Pages

Zoom

Export to PDF

Export to XML

Export to Word

Export to Excel

Save AS

Close Print Preview

Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Daily Medical Appointments

Thursday, June 7, 2018


To Visit ARNOLD, ALBERT


Time	Patient Name	Type	Reason for Appointment	Reviewed by Dr.	Mileage Form	ID#
4:00 PM	BALL, LUCILLE	C	this is a test	<input type="checkbox"/>	<input type="checkbox"/>	144458


3. Example of “Diet Report”


File


Report Options



Print



Zoom



One Page



Two Pages



More Pages



Export to PDF



Export to Word


Export to Excel


Close Print


Close Preview


Save AS


Close Preview










E-COM SYSTEMS, LLC				
P.O. Box 911 Cleveland, TN Phone (423) 464-5555				
PERSON SERVED DIET S				
Service Recipient	Care Manager	Start Date	Diet	Texture
BALL, LUCILLE	KANARSKI, A	10/06/2015	LOW FAT, LOW CHOLESTEROL, HIGH PROTEIN, HIGH FIBER, 8-80Z GLASSES WATER-DAY	PURSED SMOOTH W/ NO LUMPS
MED ADMINISTRATION:			CRUSHED IN SOFT FOODS, OR RECTALLY	LIQUID TEXTURE: PUDDING THICKENED

4. Example of "MAR report"

File Report Options

E-MAR LEGEND: 1. DAY PROGRAM 2. LEAVE (eg HOME) 3. HOSPITAL 4. REFUSAL 5. SCHOOL 6. OTHER		E-COM SYSTEMS, LLC CONFIDENTIAL MEDICATION ADMINISTRATION RECORD		Effective Date May, 2018																																																																	
Service Recipient BALL, LUCILLE		ALLERGIES: CARBAMEZAPINE (GENER C TEGRETOL ONLY), DARVOCE T, PENICILLIN, .																																																																			
Axis I 296.34 : MAJOR DEPRESSIVE DISORDER, RECURRENT WITHOUT PSYCHOTIC FEATURES 313.81 : OPPOSITIONAL DEFiant DISORDER																																																																					
Axis II 317 : MILD INTELLECTUAL DISABILITY 301.9 : PERSONALITY DISORDER NOS (AXIS II) INTELLECTUAL DISABILITY																																																																					
Axis III 345.1 : PERICARDITIS/PULMONARY HYPERTENSION, HYPERCHOLESTEROLEMIA, MILD COPD, MILD OBSTRUCTIVE SLEEP APNEA, HYPOXEMIA, EPILEPSY/SEIZURES, CP LEFT HEMIPLEGIA SECONDARY TO MYS AT AGE 3, CONSTIPATION, HEMORRHOIDS, GERD/HATAL HERNIA/NEROISIVE GASTRITIS/LEFT COLO NO DIVERTICULOSIS, HYPOTHYROIDISM, OSTEOPOROSIS, URINARY INCONTINENCE-DIT BLADDER SPASMS, HYPEROPIA WIASTIGMATISMPRESBYOPIA/CATARACTS/DRY EYES WIKERATITIS																																																																					
Diet: LOW FAT, LOW CHOLESTEROL, HIGH PROTEIN, HIGH FIBER, 6-8 OZ GLASSES WATER/DAY		Med Administration Texture Liquid Texture Start Date CRUSHED IN SOFT FOODS, PUREED SMOOTH W/ NO LUMP Pudding Thickened 10/06/2015 OR RECTALLY																																																																			
ROUTINE MEDICATIONS: Medicine: ABBOTIC DROPS Generic: ANTIPIRYNE/BENZOC Strength: Dosage: Freq: Reason: DrugType: ANESTHETIC/ANALGE Start: 02/02/2018 Stop: Route: <div style="float: right; text-align: right;"> Special Instruction: RX by: Dr. Feel Better CHECKED WITH PREVIOUS MAR (GIVE INITIAL): </div>																																																																					
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>Time</th> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th> </tr> <tr> <td>9:30A</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	9:30A																															
Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																																						
9:30A																																																																					
ROUTINE MEDICATIONS: Medicine: ACETIC ACID Generic: ACETIC ACID Strength: Dosage: Freq: Reason: DrugType: ANTI-INFECTIONE Start: 08/08/2018 Stop: Route: <div style="float: right; text-align: right;"> Special Instruction: RX by: Dr. Feel Better CHECKED WITH PREVIOUS MAR (GIVE INITIAL): </div>																																																																					
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>Time</th> <th>1</th><th>2</th><th>3</th><th>4</th><th>5</th><th>6</th><th>7</th><th>8</th><th>9</th><th>10</th><th>11</th><th>12</th><th>13</th><th>14</th><th>15</th><th>16</th><th>17</th><th>18</th><th>19</th><th>20</th><th>21</th><th>22</th><th>23</th><th>24</th><th>25</th><th>26</th><th>27</th><th>28</th><th>29</th><th>30</th><th>31</th> </tr> <tr> <td>9:30A</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>						Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	9:30A																															
Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																																						
9:30A																																																																					
SOCIAL SERVICE CONSULTANT: KANARSKI, A CIRCLE INITIALS ONLY IF MEDICATION IS NOT GIVEN AND DOCUMENT REASON ON BACK																																																																					
E-COM SYSTEMS, LLC P.O. Box 911 395 Hunt Road Phone (423) 484-9365 Fax (866) 372-3508																																																																					

5. Example of “Medication Errors Report”

File		Report Options						
						Export to PDF	Export to XML	
Print	Zoom	One Page	Two Pages	More Pages		Export to Word		
Print	Zoom	One Page	Two Pages	More Pages		Export to Excel		
						Save AS		
						Close Print		
						Preview		
						Close Preview		

E-COM SYSTEMS, LLC							
P.O. Box 911 Cleveland, TN Phone (423) 464-5555							
MEDICATION EVENT SUMMARY - MED ERRORS							
BALL, LUCILLE							
Incident #	CT2465	Date Reported	05/05/2016	Time Report	12:04 PM	Date of Variance	05/05/2016
Address	Location	811 Hunt Place / HOME-10206					
Self Reporting	BROOKS, MELVIN L						
Medication Involved	LORTO 5						
Additional Info	BUIR Documentation						
Self Responsible							
Physician Contacted	Date / Time Physician Contacted						
Category Type							
Recommendations							
Corrective Action							
Incident #CT2465							
Date Reported	05/05/2016	Time Report	12:05 PM	Date of Variance	05/05/2016	Time of Variance	
Address	Location	811 Hunt Place / HOME-10206					
Self Reporting	BROOKS, MELVIN L						
Medication Involved	LORTO 5						
Additional Info	BUIR Documentation						
Self Responsible							
Physician Contacted	Date / Time Physician Contacted						
Category Type							
Recommendations							
Corrective Action							
Incident #CT2467							
Date Reported	05/05/2016	Time Report	11:16 AM	Date of Variance	05/05/2016	Time of Variance	
Address	Location	811 Hunt Place / HOME-10206					
Self Reporting	BROOKS, MELVIN L						
Medication Involved	LORTO 5						
Additional Info	BUIR Documentation						
Self Responsible							
Physician Contacted	Date / Time Physician Contacted						
Category Type							
Recommendations							
Corrective Action							
Incident #CT2467							
Date Reported	05/05/2016	Time Report	11:01 AM	Date of Variance	05/05/2016	Time of Variance	8:35 AM
Address	Location	3330 Wessale Dr / BETHROCK-HOME					
Self Reporting	BROOKS, MELVIN L, CEO						
Medication Involved	asprin						
Additional Info	176.164 MB						
Self Responsible	JOSHUA J. BRADY EXECUTIVE DIRECTOR						
Physician Contacted	Date / Time Physician Contacted						
Category Type							
Recommendations							
Corrective Action							

Sunday, June 6, 2016

Page 1 of 2

6. Example of "Medication History Report"

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

E.COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

MEDICATION HISTORY

Recipient Name

BALL, LUCILLE

Acute I

296.24 - MAJOR DEPRESSIVE DISORDER, RECURRENT WITHOUT PSYCHOTIC FEATURES

312.81 - DISPOSITIONAL DISORDER

Acute II

317 - MILD INTELLECTUAL DISABILITY

301.9 - PERSONALITY DISORDER NOS (AKAS II)

INTELLECTUAL DISABILITY

Acute III

244.1 - PERICARDITIS/PULMONARY HYPERTENSION, HYPERCHOLESTEROLEMIA, MILD COPD, MILD OBSTRUCTIVE SLEEP APNEA, HYPERTENSIVE EPILEPTIC SEIZURES, CP, LEFT HEAVY OR SECONDARY TO VNS AT AGE 2, CONSTIPATION, HEMORRHOIDS, GERD/HATIAL HERNIA/NERVOUS GASTRITIS/LEFT COLONIC DIVERTICULOSIS, HYPOTHYROIDISM, OSTEOPOROSIS, URINARY INCONTINENCE, OT BLADDER SPASMS, HYPERTROPHIC CARDIOMYOPATHY, RECURRENT CATARACTS, OT & VSS, NYCTURIA

Past Surgeries

POST HYSTERECTOMY(PARTIAL), STATUS POST ESOPHAGEAL DILATATION, VNS SURG, SP CHOLECYSTECTOMY

Past Medical Conditions

HERPES, LOW POTASSIUM, CHRONIC HEADACHES, INSOMNIA, CHRONIC RASH, DISTAL ESOPHAGEAL STRICTURE, EX LEFT RADIAL ULNAR/NERVUS 2010, COMPRESSION FX L5, HIP/L OR 03/2012, 12/2011-DIVARICULUS CEREBRAL ARTERY (MARG)

MEDICAL TIPS - 16/10/14

Stop	Start	Medicine	Strength	Dosage	Frequency	Route	End Date / Date	Reason for Stop	Ordering Physician
03/2013		ASACINIC ACID							Dr. Farber

CURRENT MEDS

Stop	Start	Medicine	Strength	Dosage	Frequency	Route	End Date / Date	Reason for Stop	Ordering Physician
03/2013		LORITAB	550MG	12748	W/FOOD-H	ORAL		PAIN	HOSRGE OF CHATTAN
01/2013		LYRICA	300MG	1748		ORAL		SEIZURES	HOSRGE OF CHATTAN
03/2013		MIRALAX	800G	1748	W/FOOD-H	ORAL		CONSTIPATION	HOSRGE OF CHATTAN
03/2013		POTASSIUM	40 MG	1748-H		ORAL		SUPPLEMENT	HOSRGE OF CHATTAN
01/2013		PRILDOC	20MG	1748-H		ORAL		HEARTBURN	HOSRGE OF CHATTAN
01/2013		REGULIN	100G	1748	30MIN-BEFORE	ORAL		DIABETES/LOW BLOOD SUGAR	HOSRGE OF CHATTAN
03/2013		SEREN	100MG	1748-H		ORAL		CONSTIPATION	HOSRGE OF CHATTAN
01/2013		SYNTHROID	25MG	1748		ORAL	03/12/2014	HYPOTHYROIDISM	HOSRGE OF CHATTAN

CURRENT TREATMENTS

Stop	Start	Medicine	Strength	Dosage	Frequency	Route	End Date / Date	Reason for Stop	Ordering Physician
------	-------	----------	----------	--------	-----------	-------	-----------------	-----------------	--------------------


Saturday, June 1, 2019


PAGE 1 of 2


7. Example of “Primary Care Physician Report”


File


Report Options


Print


Zoom


One Page


Two Pages


More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-6555
PRIMARY CARE PHYSICIAN
SERVICE RECEPTIONIST
BILL LUDWIG KERRY, OLIVER, PH.D.

8. Example of “Sleep Chart” report

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Save AS

Close Print Preview

Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

SLEEP CHART

BALL, LUCILLE

DATE	TIME	ACTIVITY	COMMENTS
07/05/2018	11:00 AM	SLEEPING	OXYGEN, DRY.

BALL, LUCILLE

DATE	TIME	ACTIVITY	COMMENTS
10/23/2018	12:00 AM	AWAKE	PHYSICAL ASSISTANCE, VERBAL ASSISTANCE, C-PAP CHECK.
10/23/2018	1:00 AM	AWAKE	PHYSICAL ASSISTANCE, VERBAL ASSISTANCE, C-PAP CHECK.
10/23/2018	2:00 AM	SLEEPING	SLEEP
10/23/2018	3:00 AM	SLEEPING	SLEEP
10/23/2018	4:00 AM	SLEEPING	SLEEP
10/23/2018	5:00 AM	SLEEPING	SLEEP
10/23/2018	6:00 AM	AWAKE	PHYSICAL ASSISTANCE, VERBAL ASSISTANCE, LUCILLE WAS AWAKE STAFF ASSISTED WITH MEDS AND BREAKFAST

BALL, LUCILLE

DATE	TIME	ACTIVITY	COMMENTS
02/17/2019	12:15 AM	AWAKE	PHYSICAL ASSISTANCE, VERBAL ASSISTANCE, LUCY WAS ASSISTED TO THE BATHROOM AND BACK TO BED

9. Example of “Vital Signs” report

File

Report Options

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

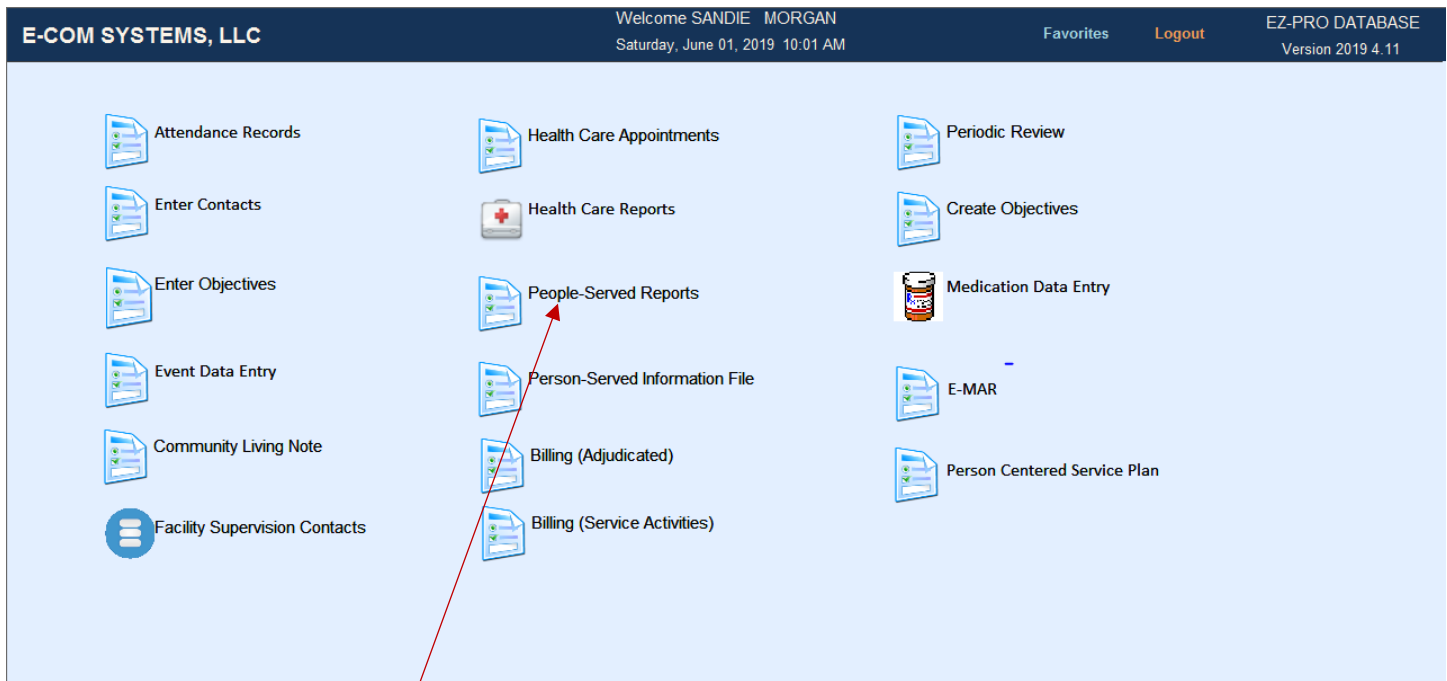
VITAL SIGNS

For the Period Starting 5/9/2018 To 6/8/2019

Recipient: BALL, LUCILLE

Date	Time Taken	BP Systolic	BP Diastolic	Pulse	Resp.	Temp.	SpO2	Blood Sugar	Wgt	HT	SAW	SBW
05/07/2019	3:00 PM	120	80	80		98.5		124	0.00	110CM	44L	54KG

9. PEOPLE SERVED REPORTS



- Select People-Served Reports



This screen will appear. Select your report option

1. Case Management

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Saturday, June 01, 2019 10:05 AM

Favorites Logout

EZ-PRO DATABASE
Version 2019 4.11

Case Management

Choose ALL or Select a Case Manager

Brooks, K

From 05/02/2019 To 06/01/2019

Therapy Expiration

Adaptive Equipment
BSP's Due
Case Mgr Assigned Sorted by Svc Recipient
Case Mgr Assigned Sorted by Case Manager
Certifications Due
Contacts & Guardians
Dental Check-Ups
File Review
ISP's Due
Monthly Review
Physicals Due
Outcomes (Comm Notes)
Person Dates
Person Dates Out of Compliance
Weights
Nutrition
Occupational Therapy
Physical Therapy
SLP Therapy

30 Days 60 Days 90 Days 120 Days 6 Months 1 Year

- Select the Case Manager and the date range for each report you wish to view or you may select ALL Case Managers
- You may also select the range from the gray buttons at the bottom 30/60/90/120/6 months or 1 year

A. Example of “Adaptive Equipment Report”

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Save AS

Close Print Preview

Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

RECIPEINTS THAT USE ADAPTIVE EQUIPMENT

Case Manager Brooks, K

Person CHAPLIN, CHARLES

☒ Can Speak

☐ Cannot Speak

☐ Speech Plan

☐ Speech Devices

Hearing Aid N/A

☐ Bathing Devices

☐ Dining Equipmen

☒ Nutrition Plan

☐ Contacts

☒ Glasses

☐ Braces

☐ Cane

☐ Crutches

☒ Gait Belt

☐ Helmet

☐ Orthopedic Shoes

☐ Prosthesis

☐ Splints

☐ Walker

☐ Wheelchair

☐ Bridgework

☒ Dentures

☐ Lift & Position

☐ Writing Devices

☐ Bladder Nerve Stimulator

☐ Vegus Nerve Stimulator

☐ Grab Bars

☐ Shower Chair

Person JONES, David

☒ Can Speak

☐ Cannot Speak

☐ Speech Plan

☐ Speech Devices

Hearing Aid N/A

☐ Bathing Devices

☐ Dining Equipmen

☒ Nutrition Plan

☐ Contacts

☒ Glasses

☐ Braces

☐ Cane

☐ Crutches

☐ Gait Belt

☐ Helmet

☐ Orthopedic Shoes

☐ Prosthesis

☐ Splints

☐ Walker

☐ Wheelchair

☐ Bridgework

☐ Dentures

☐ Lift & Position

☐ Writing Devices

☐ Bladder Nerve Stimulator

☐ Vegus Nerve Stimulator

☐ Grab Bars

☐ Shower Chair

B. BSP's Due

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Tuesday, June 04, 2019 8:31 AM Favorites Logout

Internet Agency HOME People Served Human Resources Advanced HR MEDICAL
Email E-Mail(18)

Case Management

Choose ALL or Select a Case Manager

KANARSKI, A
From 05/05/2019 To 06/04/2019

Adaptive Equipment

BSP's Due

Case Mgr Assigned Sorted by Svc Recipient

Case Mgr Assigned Sorted by Case Manager

Certifications Due

Contacts & Guardians

Dental Check-Ups

File Review

ISP's Due

Monthly Review

Physicals Due

Outcomes (Comm Notes)

Person Dates

Person Dates Out of Compliance

Weights

Therapy Expiration

Nutrition

Occupational Therapy

Physical Therapy

SLP Therapy

30 Days 60 Days 90 Days 120 Days 6 Months 1 Year

- For any BSP's due, you can pull a report by case manager and date range, if no BSP's are due, the screen will reflect there is no data

C. Example of Case Manager Assigned Sorted by SR" report

Case Mgr Assigned Sorted by Svc Recipient - EZ-PRO

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Save AS

Close Preview

E-COM SYSTEMS, LLC	
P.O. Box 911 Cleveland, TN Phone (423) 464-6555	
Person Name	Case Manager
CHAPLIN, CHARLES	BROOKS, K
JONES, DAVID	BROOKS, K

Sunday, June 3, 2019

Page 1 of 1

D. Example of “Case Manager Assigned Sorted by Case Manager” report

File **Report Options**

Print Zoom One Page Two Pages More Pages Export to PDF Export to XML Close Print Preview

Print Zoom Export to Word Export to Excel Save AS Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Case Manager	Person Name
BROOKS, K	CHAPLIN, CHARLES
	JONES, DAVID

E. Example of “Contacts and Guardians” report

File

Print

Print

Report Options

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Close Preview

Save AS

CHAPLIN, CHARLES

Guardian

Primary Contact

Second Contact

Third Contact

Brooks, K

WILLIAM BLANCETT

MRS JANET BLANCETT

TYPE

BRD IMH

SBS EN-LAW

JONES, David

Guardian

Primary Contact

Second Contact

Third Contact

MRS Shere Dorene Stone

MRS Melba Stone

MR JOHN STONE

Mr. Jonathan Deane

TYPE

LIMITED MED IM

BRD IMH

None

67

F. Dental Checkups

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Print

Zoom

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Close Preview

Save AS

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555






Dental Check-ups Due

For the period 05/01/2019 To 06/22/2019

Case Manager	Last Dental Appt	Person	1 Year Check Up
KANARSKI, A	05/15/2019	BALL, LUCILLE	05/15/2020
	05/22/2019	BALL, LUCILLE	05/22/2020
	06/03/2019	BALL, LUCILLE	06/03/2020

Total Dental Check-ups Due 3

G. Example of “File Review” report

File		Report Options							
	Print		Zoom		One Page		Two Pages		More Pages
				Save AS					
				Export to PDF		Export to XML			
				Export to Word					
				Export to Excel					
				Close Print Preview					
				Close Preview					

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 454-5555

Name: CHAILIN, CHARLES		File Review		Date: 01/03/19
Reviewed By:				Date Due:

Corrective Action Taken with Initials, Date, Return Form to Person Case Manager initials, K

Y N NA _____	Biographical Sheet with Photo
Y N NA _____	Health Report (Quarterly)
Y N NA _____	Insurance Information

Medicaid ID Number: 97000210165	Medicare ID Number:
Medicare Ref ID: AARP/Medicare Preferred	Medicare Ref ID: 0001010541
Primary Insurance: USGS CARE	Primary Insur ID: 40014121003
Secondary Insurance: BLUE CARE	Secondary Insur ID: ZSC012855348170317
Other Insurance:	Other Insur ID:

Y N NA _____	Birth Certificate (if no, try to obtain one)
Y N NA _____	355-55-19-10 Social Security Card (if no, obtain a copy)
Y N NA _____	Social History at Admission
Y N NA _____	Social History Update Within One Year
Y N NA _____	ISP within One Year
Y N NA _____	1) Outcomes related to vision
Y N NA _____	2) Self instructions where indicated if teaching something or a skill
Y N NA _____	3) Guardian / Conservator signed ISP
Y N NA _____	4) Cost Plan
Y N NA _____	5) Service Plan with Signatures

ICP ONLY OUTCOMES REFLECT THE FOLLOWING

Y N NA _____	1) Single behavioral outcome
Y N NA _____	2) Projected completion date
Y N NA _____	3) Measurable
Y N NA _____	4) Developmental progression
Y N NA _____	5) Assigned Priorities

ICP ONLY Written Training Program is present (Implementation Strategy)

ICP ONLY Written Training Program reflects the following:

Y N NA _____	1) Methods to be used
Y N NA _____	2) Schedule for use of the method
Y N NA _____	3) Identify person to monitor the program
Y N NA _____	4) Type of date and frequency of data collection necessary
Y N NA _____	5) Behaviors that interfere
Y N NA _____	6) Provide information on how to test or strengthen appropriate behavior
Y N NA _____	7) Describe relevant interventions
Y N NA _____	8) Explain to staff where to find the implementation plans

ISP Signature Sheet Complete

Planning Team Forms

ICP ONLY Functional Assessment within 60 Days prior to ISP Effective Date

ICP ONLY ISP (if in school)

See Attached Monthly Reviews: Read Last Year's Contacts and Notes, if Follow-Ups Have Been Completed (Section 6) (See Attached Report: Monthly Contact Dates for Past 12 Months). Review Outcome Progress.

Y N NA _____	Physical Therapy (if Applicable)
Y N NA _____	Occupational Therapy (if Applicable)
Y N NA _____	Speech and Language on Admission and Review Annually (if Applicable)
Y N NA _____	Additional (if Applicable, if Oral is Recommended Above in Physical, is Oral Recorded Here and is it Updated Annually?)

H. ISP's Due

File

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN Tuesday, June 04, 2019 8:49 AM Favorites Logout EZ-PRO DATABASES Version 2019 4.20

Internet Agency HOME People Served Human Resources Advanced HR MEDICAL ADMIN
Email E-Mail(18)

Case Management

Choose ALL or Select a Case Manager

KANARSKI, A

From 05/05/2019 To 10/31/2018

Therapy Expiration

- Adaptive Equipment
- BSP's Due
- Case Mgr Assigned Sorted by Svc Recipient
- Case Mgr Assigned Sorted by Case Manager
- Certifications Due
- Contacts & Guardians
- Dental Check-Ups
- File Review
- ISP's Due
- Monthly Review
- Physicals Due
- Outcomes (Comm Notes)
- Person Dates
- Person Dates Out of Compliance
- Weights
- Nutrition
- Occupational Therapy
- Physical Therapy
- SLP Therapy

30 Days 60 Days 90 Days 120 Days 6 Months 1 Year


[CLOSE](#)


- You can print/preview a report by CM or ALL CM's of any ISP's due for the date range you enter.


Example of ISP's due report


File


Report Options



Print



Zoom



One
Page



Two
Pages


More
Pages

 Export to PDF

 Export to XML


Close Print
Preview


Print

Zoom

Export to Word

Export to Excel

Save AS

Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

ISP's Due
BETWEEN 5/5/2019 AND 10/31/2019

Case Manager	KANARSKI, A				
Person Served Name	Current ISP Effective Date	NEW ISP Effective Date	Begin Assessments 100 Days Before	Assessments Due ISC 90 Days Before	PSR Due to ISC
BALL, LUCILLE	07/04/2018	07/04/2019	03/26/2019	04/05/2019	06/04/2019

I. Monthly Reviews

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Saturday, June 01, 2019 10:28 AM

Favorites Logout

MONTHLY REVIEW

Choose Client - OR - Case Manager (Double Click Date Field for Calendar)

PERSON

Case Manager

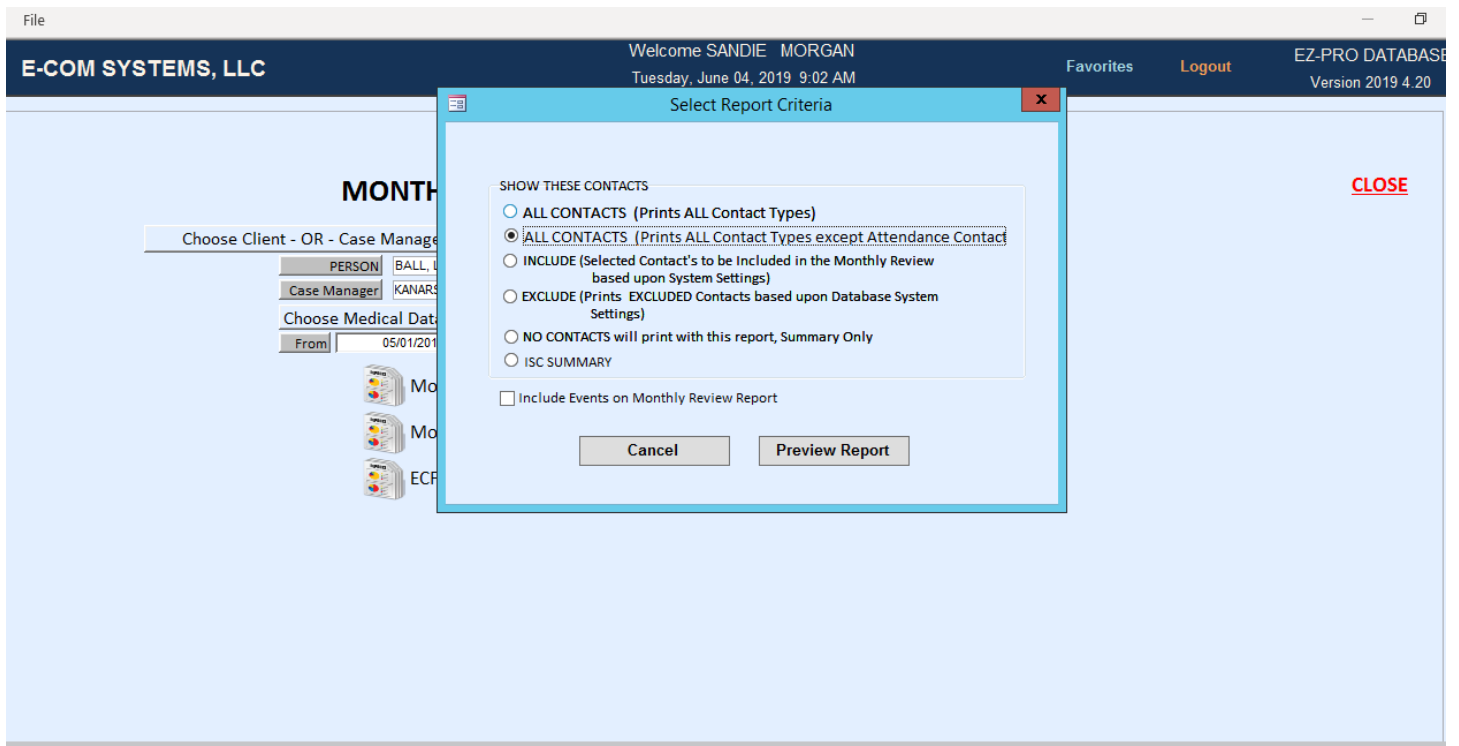
Choose Medical Data & Contacts Date of Entry

From To

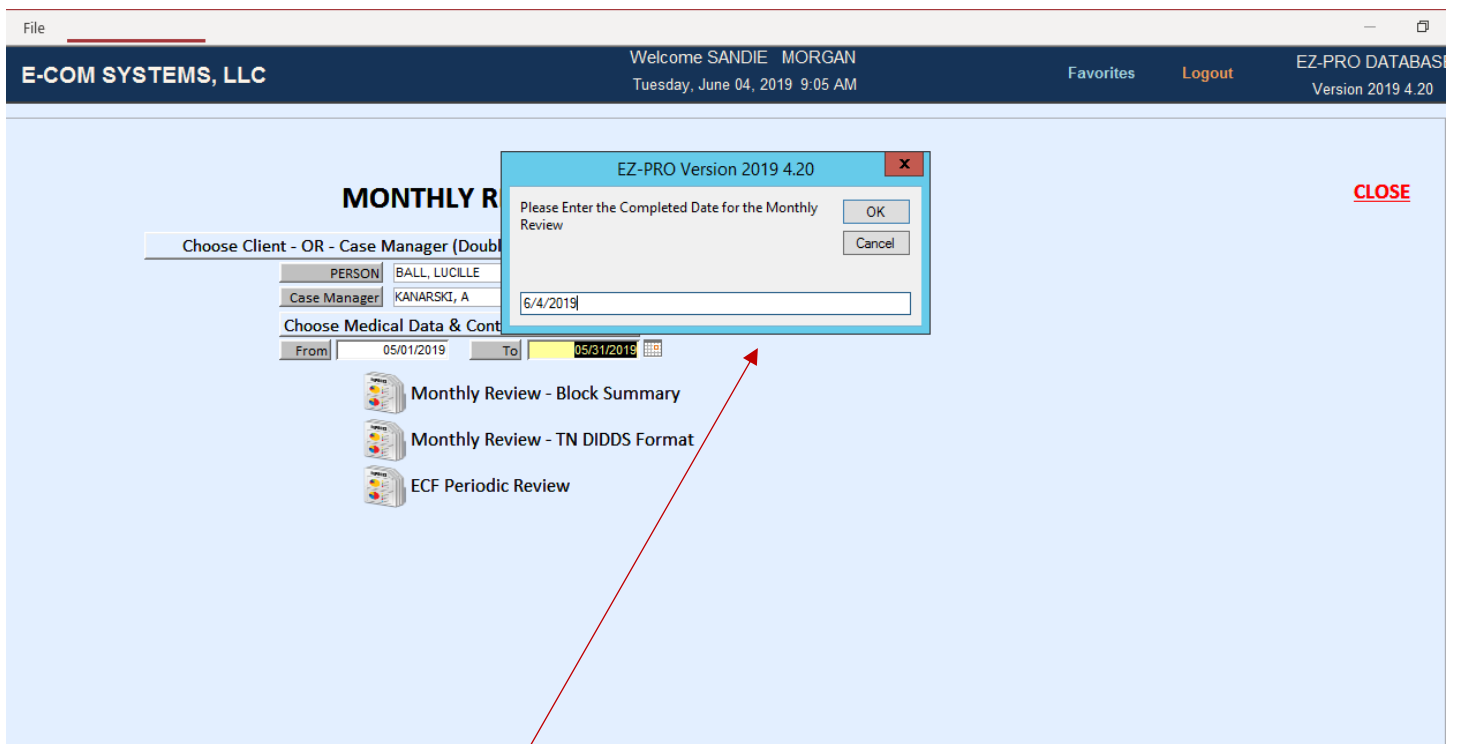
Monthly Review - Block Summary

Monthly Review - TN DIDDs Format

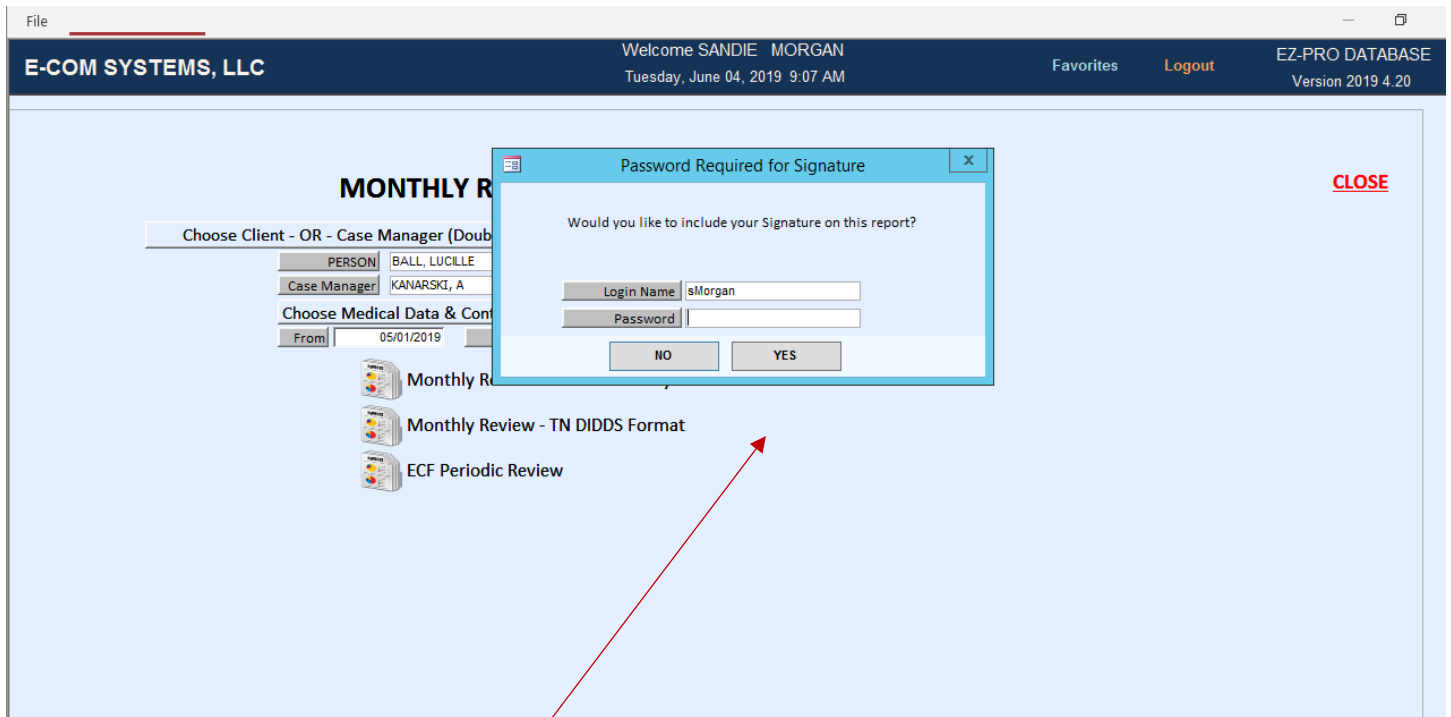
- For “Monthly Review” select the Person Served or Case Manager and the month you wish to review.
- You may review the report in two formats, Block Summary or TN DIDDs Format



- Once you select the criteria for the report and select the type of report you wish to print/preview, this pop up screen appears and you have options as to how/which summary you want. Make your selection and click “Preview Report”



- I selected Monthly Review – Block Summary, this pop-up appears and I entered today’s date and selected OK



- Once you select OK, this pop-up appears which gives you the option to sign the report or decline. To sign the report, enter your password and select OK

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555
Confidential Monthly Review
May, 2019

YESS Website ID: R000000001-016 Date Completed: June 04, 2019 Page: 016

NAME: BAILL, LUCILLE CONSULTANT: KANAOKA, A
ADDRESS: 911 Hunt Place COUNTY: ALABAMA
PHONE: 919-17087 STATE: ALABAMA

MONTHLY REVIEW SUMMARY

Communication Date	Communication Type	How Confirmed	Complete By (Date)
05/02/2019	2-401/FAL	2-401 & 2-402/CONFIRMATION	4/200
ISC Version:	ISC Agency:		
Communication:			
Final 100-100-1000 and one new case added.			
Other Comments:			
No other comments.			
05/02/2019	2-401/FAL	2-401 & 2-402/CONFIRMATION	4/200
ISC Version:	ISC Agency:		
Communication:			
Final 100-100-1000 and one new case added.			
Other Comments:			
No other comments.			
05/02/2019	2-401/FAL	2-401 & 2-402/CONFIRMATION	4/200
ISC Version:	ISC Agency:		
Communication:			
Final 100-100-1000 and one new case added.			
Other Comments:			
No other comments.			
05/02/2019	2-401/FAL	2-401 & 2-402/CONFIRMATION	4/200
ISC Version:	ISC Agency:		
Communication:			
Final 100-100-1000 and one new case added.			
Other Comments:			
No other comments.			
05/02/2019	2-401/FAL	2-401 & 2-402/CONFIRMATION	4/200
ISC Version:	ISC Agency:		
Communication:			
Final 100-100-1000 and one new case added.			
Other Comments:			
No other comments.			
05/02/2019	2-401/FAL	2-401 & 2-402/CONFIRMATION	4/200
ISC Version:	ISC Agency:		
Communication:			
Final 100-100-1000 and one new case added.			
Other Comments:			
No other comments.			

- The report appears in this format. It has several pages, depending on the options you selected.
- To navigate from page to page, use the Page guide/arrows at bottom left of the screen.

File

Report Options

Print
 Zoom
 One Page
 Two Pages
 More Pages

PDF or XPS
Word
Export to Excel

Close Print Preview

Publish Monthly Review

Publish

E-COM SYSTEMS, LLC
P.O. Box 511 Cleveland TN Phone (423) 464-6555

Confidential Monthly Review

May, 2018

Work Order #	Revision of Bill	Date Completed	June 07, 2018	Consultant:	KENNEDY, A	Page 1 of 4
NOTE:	SALL LUCILLE					
JOSPHAS	prattville Ala			COUNTY:	ALABAMA	
	ROUTE 70A STREET			DIST:	HATTIESBURG	

MONTHLY REVIEW SUMMARY

ISC COMMUNICATIONS

Communication Date	Communication Type	Event Occurred	Completed By	By Date
05/01/18	SCIPUS	FISC & SCICONEW FROM		06/01
SC Request		ISC Page(s)		
Comments				
On Hold				
Out of Sequence				
Re-opened				
Communication Date <th>Communication Type</th> <th>Event Occurred</th> <th>Completed By</th> <th>By Date</th>	Communication Type	Event Occurred	Completed By	By Date
05/01/18	FISC&SCIPUS	SCIPUS		06/01
SC Request		ISC Page(s)		
Comments				
On Hold				
Out of Sequence				
Re-opened				
Communication Date <th>Communication Type</th> <th>Event Occurred</th> <th>Completed By</th> <th>By Date</th>	Communication Type	Event Occurred	Completed By	By Date
05/01/18	FISC&SCIPUS	SCIPUS		06/01
SC Request		ISC Page(s)		
Comments				
On Hold				
Out of Sequence				
Re-opened				
Communication Date <th>Communication Type</th> <th>Event Occurred</th> <th>Completed By</th> <th>By Date</th>	Communication Type	Event Occurred	Completed By	By Date
05/01/18	FISC&SCIPUS	SCIPUS		06/01
SC Request		ISC Page(s)		
Comments				
On Hold				
Out of Sequence				
Re-opened				
Communication Date <th>Communication Type</th> <th>Event Occurred</th> <th>Completed By</th> <th>By Date</th>	Communication Type	Event Occurred	Completed By	By Date
05/01/18	FISC&SCIPUS	SCIPUS		06/01
SC Request		ISC Page(s)		
Comments				
On Hold				
Out of Sequence				
Re-opened				
Communication Date <th>Communication Type</th> <th>Event Occurred</th> <th>Completed By</th> <th>By Date</th>	Communication Type	Event Occurred	Completed By	By Date
05/01/18	FISC&SCIPUS	SCIPUS		06/01
SC Request		ISC Page(s)		
Comments				
On Hold				
Out of Sequence				
Re-opened				
Communication Date <th>Communication Type</th> <th>Event Occurred</th> <th>Completed By</th> <th>By Date</th>	Communication Type	Event Occurred	Completed By	By Date
05/01/18	FISC&SCIPUS	SCIPUS		06/01
SC Request		ISC Page(s)		
Comments				
On Hold				
Out of Sequence				
Re-opened				

The following are the change summaries from BJT to the ISC rules - also listed the summary to DSDO - if any. We have provided the full data manager as well.

On Hold

Out of Sequence

Re-opened

- If you select “Report Options”, you will have the ability to:
 - Print
 - Zoom
 - Export to PDF/XPS/Word or Excel and Save As
 - Close Print Preview
 - or publish to report
- These options make it easy to save and email to staff/ISC’s/etc.

Example of TN DIDDS Format

- You go through the same steps noted above and then select the TN DIDDs Format
- It will also have several pages depending on the data that has been entered for the month.

File Report Options

PROVIDER REVIEW			
(Residential / Day / Personal Services)		Page 1 of 2 Pages	
Agency Name: <div style="border: 1px solid black; padding: 2px;">WORLDWIDE</div>		Name of CSO/Provider: <div style="border: 1px solid black; padding: 2px;">MICHELLE L. JONES, LIC</div>	
Ref. Number: <div style="border: 1px solid black; padding: 2px;"></div>		Period of Review: <div style="display: flex; justify-content: space-between;"> 8/1/2019 8/31/2019 </div>	
Types of Services Being Reviewed:			
1. _____ 2. _____ 3. _____			
As a result of your agency's overall review and oversight activities this period, have we learned anything new or different about what is important to or important for this person, or what others need to know to support the person?			
In reviewing the ISF, has anything been learned or discovered that suggests or adds significantly to what is important to, or what is important for this person or their caregiver to support the person? Would this new or changed information make a difference in how the person is supported, or in whether there is a good or bad day? Consider information from learning about what the person wants, their high or low, maximum or change, what the management, reviews of support, interactions with the family, or the caregiver are.			
<input checked="" type="checkbox"/> No changes are needed to the ISF. <input type="checkbox"/> Yes, we've learned or discovered some new or different information that could make a difference in how this person is supported and we propose updating the ISF as follows:			
2. How are we dealing with Implementing Personal Outcomes and providing Supports for Daily Life as stated in the ISF?			
Report below only on the outcomes under 6.1 Personal Outcomes and/or the activities under 6.2.2 supports for Daily Life for which your agency has responsibility in the ISF Action Plan (section 6).			
<u>What are the Personal Outcomes or Supports to report on?</u> <div style="border: 1px solid black; padding: 2px;">No report</div>		<u>What has been done so far?</u> <div style="border: 1px solid black; padding: 2px;">No report</div>	
Are There Any Supports in Development? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3. Did the person receive services from your agency in the amount and frequency as authorized in section C. of the ISF?			
Type of Service		Authorized Units	
		Provided	
1.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Health and Safety:			
If any medical or psychiatric conditions, hospitalizations, or health-related issues or problems occurred during the review period, is something that we need to do, following up, or change in how the person is supported?			
<input checked="" type="checkbox"/> No action or change needed. <input type="checkbox"/> Yes, these actions or changes are indicated:			
Name of Person Completing This Review: <div style="border: 1px solid black; padding: 2px;">MORGAN, SANDIE</div>		Job Title/Position: <div style="border: 1px solid black; padding: 2px;">MORGAN, SANDIE, DIRECTOR HR</div>	
		Date: <div style="border: 1px solid black; padding: 2px; text-align: right;">6/4/2019</div>	
CONTACT DETAILS			
(Please send a copy of this completed form to the person(s) agency you are supporting)			

Example of the ECF Periodic Review

- Use same steps as noted above and select “ECT Periodic Review”

[illegible]

J. Physicals Due

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Tuesday, June 04, 2019 9:31 AM

Favorites Logout EZ-PRO DATABASES
Version 2019 4.20

Case Management

Choose ALL or Select a Case Manager

KANARSKI, A

From 05/05/2018 To 06/04/2019

Physicals Due

Adaptive Equipment
BSP's Due
Case Mgr Assigned Sorted by Svc Recipient
Case Mgr Assigned Sorted by Case Manager
Certifications Due

Contacts & Guardians
Dental Check-Ups
File Review
ISP's Due
Monthly Review

Outcomes (Comm Notes)
Person Dates
Person Dates Out of Compliance
Weights

Therapy Expiration

Nutrition
Occupational Therapy
Physical Therapy
SLP Therapy

30 Days 60 Days 90 Days 120 Days 6 Months 1 Year

[CLOSE](#)

- To print/preview any physicals due, select your CM or ALL, enter your date range and select "Physicals Due"

EXAMPLE of Physicals Due Report

File Report Options

Print Zoom One Page Two Pages More Pages

Export to PDF Export to XML Export to Word Export to Excel

Close Print Preview Close Preview

Save AS

Print

Zoom

Print

E-COM SYSTEMS, LLC
P.O. Box 511 Cleveland, TN 37312 Phone (423) 464-5555

Physicals Due
For the period 05/05/2018 To 06/04/2019

Case Manager	Physical Due Date	Person
KANARSKI, A	10/03/2018	JR PERSON, GEORGE
	11/03/2018	BALL, LUCILLE

Total Physicals Due: 2

Tuesday, June 4, 2019 Page 1 of 1

K. OUTCOMES/COMMUNICATION NOTES

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Tuesday, June 04, 2019 9:43 AM

Favorites Logout

EZ-PRO DATABASE
Version 2019 4.20

Case Management

Choose ALL or Select a Case Manager

KANARSKI, A

From 05/05/2018 To 06/04/2019

Adaptive Equipment

BSP's Due

Case Mgr Assigned Sorted by Svc Recipient

Case Mgr Assigned Sorted by Case Manager

Certifications Due

Contacts & Guardians

Dental Check-Ups

File Review

ISP's Due

Monthly Review

Physicals Due

Outcomes (Comm Notes)

Person Dates

Person Dates Out of Compliance

Weights

Therapy Expiration

Nutrition

Occupational Therapy

Physical Therapy

SLP Therapy

30 Days 60 Days 90 Days 120 Days 6 Months 1 Year

CLOSE

- Select your criteria, CM and date range. Then select "Outcomes (Comm Notes)"

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

L. PERSON DATES

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Tuesday, June 04, 2019 9:58 AM

Favorites Logout

EZ-PRO DATABASE
Version 2019 4.20

Case Management

Choose ALL or Select a Case Manager

KANARSKI, A

From 05/05/2018 To 06/04/2019

Adaptive Equipment

BSP's Due

Case Mgr Assigned
Sorted by Svc Recipient

Case Mgr Assigned
Sorted by Case Manager

Certifications Due

Contacts & Guardians

Dental Check-Ups

File Review

ISP's Due

Monthly Review

Physicals Due

Outcomes
(Comm Notes)

Person Dates

Person Dates Out of
Compliance

Weights

Therapy Expiration

Nutrition

Occupational Therapy

Physical Therapy

SLP Therapy

30 Days

60 Days

90 Days

120 Days

6 Months

1 Year

- Enter your criteria for the report (Case Manager & Date Range) and select Person Dates

EXAMPLE OF REPORT BY CASE MANAGER FOR PERSON SERVED DATES

E-COM SYSTEMS, LLC										
P.O. Box 911 Cleveland, TN Phone (423) 464-5555										
BALL, LUCILLE Case Manager KANARSKI, A	2350	90 Day Note	Annual Release	Auditory	Breast Exam	BSP Effective	BSP End Date	ReCert	Chest X-Ray	Choice of Svc
	Contract of Authorization	Cost Plan	Date of Birth	Date of Placement	Date of Psychological	Deinstitutionalized Date	Dental	Discharged Date	Flu Shot	Former BSP If Medicaid Wave
			04/17/1949				10/17/2017		03/19/2009	
	GYN	Hepatitis B 1st Vaccine	Hepatitis B 2nd Vaccine	Hepatitis B 3rd Vaccine	HIPAA	Immunizations	Initial Entry Date	ISP Effective Date	ISP Meeting Date	Mammogram
	08/01/2012	06/18/2004	07/18/2004	12/17/2004			08/10/1982	07/04/2018		07/17/2013
	Master Tx Plan	Master Tx Quarterly Plan	Medicaid Waiv Former ISP	Nutritional	PAE Date	Physical	Picture Date	Pnuemovax	Podiatry	PSR Date
JEFFERSON, GEORGE Case Manager KANARSKI, A					11/02/1995	11/25/2014	03/10/2015	02/27/2009	01/12/2012	05/19/2017
	Residential Fin Acct Form	Sensory Motor	Social History	Social History at Admission	TB Skin Test	TD Screen	Tetanus	Visual		
		10/12/2004		11/11/2014	01/01/2014	02/03/2007	12/06/2012			
	2350	90 Day Note	Annual Release	Auditory	Breast Exam	BSP Effective	BSP End Date	ReCert	Chest X-Ray	Choice of Svc
	Contract of Authorization	Cost Plan	Date of Birth	Date of Placement	Date of Psychological	Deinstitutionalized Date	Dental	Discharged Date	Flu Shot	Former BSP If Medicaid Wave
			11/12/1932				12/29/2012		06/18/2014	
	GYN	Hepatitis B 1st Vaccine	Hepatitis B 2nd Vaccine	Hepatitis B 3rd Vaccine	HIPAA	Immunizations	Initial Entry Date	ISP Effective Date	ISP Meeting Date	Mammogram
	08/16/2003	09/17/2003	02/13/2004				05/03/1982			
	Master Tx Plan	Master Tx Quarterly Plan	Medicaid Waiv Former ISP	Nutritional	PAE Date	Physical	Picture Date	Pnuemovax	Podiatry	PSR Date
					07/31/1998	10/03/2014	03/10/2015	06/01/2008	11/27/2013	01/25/2015
	Residential Fin Acct Form	Sensory Motor	Social History	Social History at Admission	TB Skin Test	TD Screen	Tetanus	Visual		
		10/07/2004		03/16/2006	11/26/2014	02/08/2008	01/11/2013			

M. PERSON DATES OUT OF COMPLIANCE

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN

Tuesday, June 04, 2019 10:07 AM

Favorites Logout

EZ-PRO DATABASE

Version 2019 4.20

Case Management

Choose ALL or Select a Case Manager

From 05/05/2019

To 06/04/2019

Adaptive Equipment

BSP's Due

Case Mgr Assigned Sorted by Svc Recipient

Case Mgr Assigned Sorted by Case Manager

Certifications Due

Contacts & Guardians

Dental Check-Ups

File Review

ISP's Due

Monthly Review

Physicals Due

Outcomes (Comm Notes)

Person Dates

Person Dates Out of Compliance

Weights

Therapy Expiration

Nutrition

Occupational Therapy

Physical Therapy

SLP Therapy

30 Days

60 Days

90 Days

120 Days

6 Months

1 Year

- Select your date range and select "Person Dates Out of Compliance"

This Pop-Up Screen Will Appear

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Tuesday, June 04, 2019 10:10 AM

Favorites Logout

EZ-PRO DATABASE
Version 2019.4.20

Service Recipient Dates

Program
DAY
EAST
MIDDLE
OTHER

ALL ACTIVE INACTIVE

Choose Recipient OR ALL BALL, LUCILLE


Case Manager ALL

Date Names ALL

Expires On or Before 06/04/2019

Sort
☐ DMRS
☒ Alphabetical

Sanctioned
☒ Sanctioned
☐ ALL

 **Print the Report**

[CLOSE](#)

- Select all the criteria you wish to preview/print
 - Program
 - ALL/ACTIVE/INACTIVE
 - SR
 - Case Manager
 - Date Names
 - Expires on or Before Date
 - Sort criteria
 - Sanctioned
- Then Select Print the Report

EXAMPLE OF PERSON DATES OUT OF COMPLIANCE REPORT

E-COM SYSTEMS, LLC				
P.O. Box 911 Cleveland, TN Phone (423) 464-5555				
SANCTIONED, RECOUPMENT, DATES OUT OF COMPLIANCE, DATES EXPIRE ON OR BEFORE 6/4/2019				
BALL, LUCILLE				
Date Name	Date	Sanctioned	Exp Months	Expires On
Psychotropic Consent	10/28/2011	<input checked="" type="checkbox"/>	12	10/28/2012
PAE Date	11/02/1995	<input checked="" type="checkbox"/>	0	11/02/1995
Nutritional	11/10/2007	<input checked="" type="checkbox"/>	12	11/10/2008
Physical Therapy	6/25/2009	<input checked="" type="checkbox"/>	12	06/25/2010
Recertification	8/09/2014	<input checked="" type="checkbox"/>	12	08/09/2015
Choice Of Services Date	3/23/2009	<input checked="" type="checkbox"/>	12	03/23/2010
Speech Therapy		<input checked="" type="checkbox"/>	12	
Occupational Therapy		<input checked="" type="checkbox"/>	12	
BSP Date Effective	8/01/2014	<input checked="" type="checkbox"/>	12	08/01/2015
Visual Date	12/06/2012	<input checked="" type="checkbox"/>	12	12/06/2013
Auditory Date	9/11/2013	<input checked="" type="checkbox"/>	12	09/11/2014
Health Care Oversight Form	9/02/2013	<input checked="" type="checkbox"/>	12	09/02/2014
Cost Plan	11/02/2013	<input checked="" type="checkbox"/>	12	11/02/2014
Health Passport	12/15/2013	<input checked="" type="checkbox"/>	12	12/15/2014
Dental Date	10/17/2017	<input checked="" type="checkbox"/>	12	10/17/2018

N. WEIGHTS

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN

Saturday, June 08, 2019 12:19 PM

Favorites Logout

EZ-PRO DATABASE

Version 2019 4.20

Case Management

Choose ALL or Select a Case Manager

KANARSKI, A

From 05/09/2019 To 06/08/2019

Adaptive Equipment

BSP's Due

Case Mgr Assigned Sorted by Svc Recipient

Case Mgr Assigned Sorted by Case Manager

Certifications Due

Contacts & Guardians

Dental Check-Ups

File Review

ISP's Due

Monthly Review

Physicals Due

Outcomes (Comm Notes)

Person Dates

Person Dates Out of Compliance

Weights

Therapy Expiration

Nutrition

Occupational Therapy

Physical Therapy

SLP Therapy

30 Days

60 Days

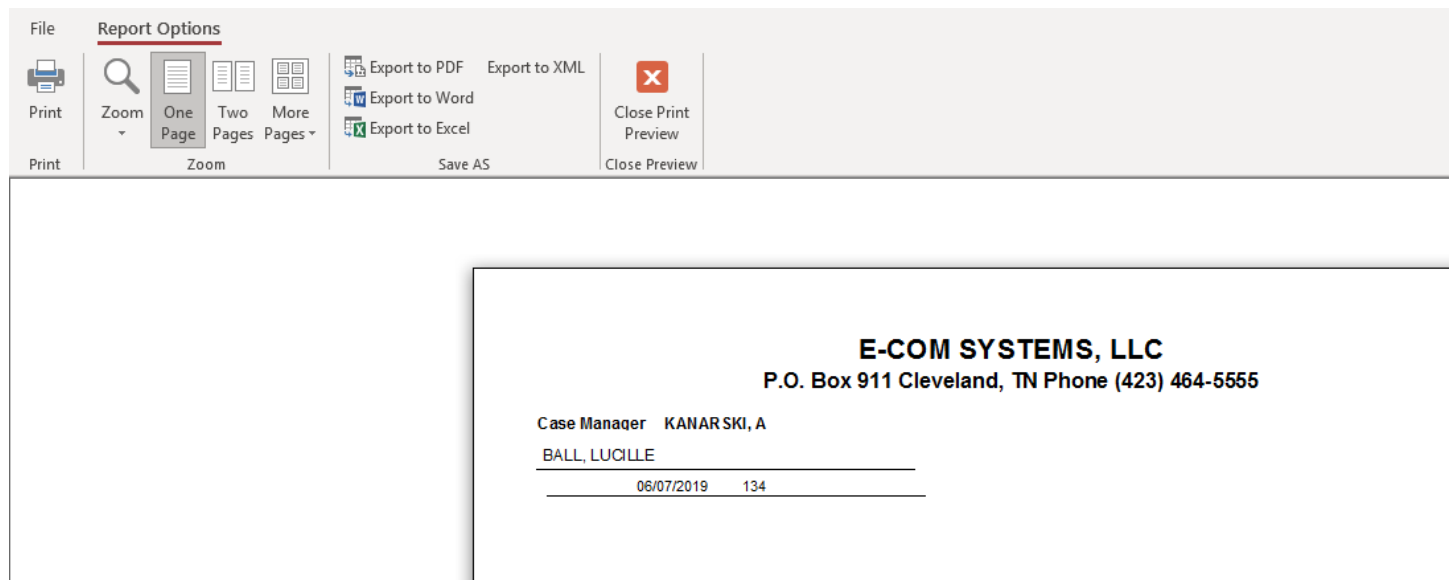
90 Days

120 Days

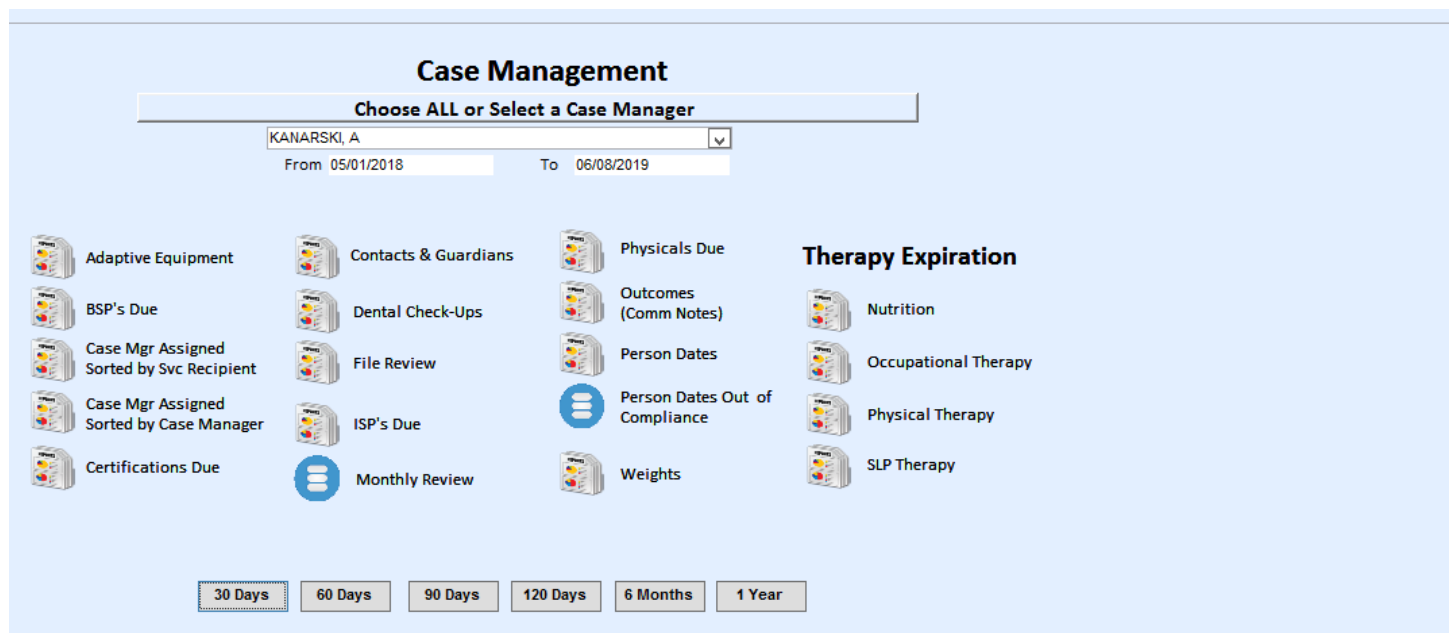
6 Months

1 Year

Example of “Weights” report



O. THERAPY EXPIRATIONS



- If you have any Therapy Expirations coming up, you can preview/print a report by Case Manager and date range for:
 - Nutrition
 - Occupational Therapy
 - Physical Therapy
 - SLP Therapy

PERSON SERVED REPORTS:

2. COMMUNICATION NOTE/OBJECTIVES REPORTS

E-COM SYSTEMS, LLC


Welcome SANDIE MORGAN
Saturday, June 08, 2019 12:26 PM


Favorites Logout


EZ-V


Person Served Reports


CLOSE


 Case Management


 Communication Note Objectives Reports


 Community Living Note Reports


 Comprehensive Summary


 Contact Analysis


 Contact Facility Supervision Analysis

 Demographic Reports


 Event Reports


 Healthcare Information


 ICF Listing


 Leave Alone / Unattended

 Need Persons Picture

 People-Served Addresses Report

 Periodic Review Reports

 Person ID Badge

 People Served Analysis

Communication Note Objectives Reports

CLOSE

From To

PERSON

Site/Location Responsible

Include "DID NOT WORK ON OBJECTIVE" records on the report. ☒

Include "Action Steps and Prompts" subreport on the report. ☒



Print the report



Summary Report

- Enter your date range, Person Served and Site Responsible
- Check the boxes you wish to apply regarding "DID NOT WORK ON OBJECTIVE" AND "Action Steps and Prompts"
- Select Print the Report or Summary Report

EXAMPLE of "Print the report" option:

File		Report Options	
E-COM SYSTEMS, LLC P.O. Box 911 Cleveland, TN Phone (423) 464-5555 Outcome Information from Communication Note Program			
Direct Support Staff BALL, LUCILLE Outcome ID: 18707 Site/Location Responsible: Direct Support Staff Expected Outcome: Participant: 0			
Outcome Step: After being asked, LUCY will take breaks into play with 100% independence three times per week for three consecutive months. Outcome Objective: If necessary, staff will help LUCY take breaks into play. Remind her of how she is earning money when she takes.			
Date	A	C	Entered BY
05/17/2019	1	1	MORGAN SANDS
Response: Lucy picked up the rake and raked leaves for about 10 min. She had to be verbally prompted to continue and reminded that she was making money that she could spend at the store by doing this.			
05/27/2019	1	1	MORGAN SANDS
Response: Lucy was able to rake the leaves. Staff verbally prompted her to pick the rake up and reminded her how to hold the rake. She was a very happy LUCY! I reminded her that she would make money to spend at the store or a restaurant when she did rake them. She was very distracted and staff had to continue to remind her about making spending money. She seemed to enjoy the task while she was raking.			
Attempted Completed Totals: 2 2			
Recipient: BALL, LUCILLE 18707			
Shift: Step			
Next: 1			
Hold the rake			

EXAMPLE of “Summary Report”

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-6555
Outcome Information from Communication Note Program

Outcome Summary, Site/Location, for the period 05/01/2019 to 05/31/2019

P.S. Name	Site/Location/Responsible	OCO	Supervised	Unattended	Offensive	Completed
BRECKEN, RASHA G	18712	0				
BRECKEN, RASHA G	18712	0				
CHARLTON, CHARLES	18717	0				
COUCH, JORDAN W	18703	0				
JEFFERSON, GEORGE	18711	0				
JONES, David	18712	0	2	2	1	

3. COMMUNITY LIVING NOTES REPORTS

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Saturday, June 08, 2019 12:35 PM

[Favorites](#)
[Logout](#)

EZ-PRO DATABASE
Version 2019 4.20

Case Management

Communication Note Objectives Reports

Community Living Note Reports

Comprehensive Summary

Contact Analysis

Contact Facility Supervision Analysis

Demographic Reports

Event Reports

Healthcare Information

ICF Listing

Leave Alone / Unattended

Need Persons Picture

People-Served Addresses Report

Periodic Review Reports

Person ID Badge

People Served Analysis

CLOSE

COMMUNITY LIVING DAILY NOTES


E-COM SYSTEMS, LLC Welcome SANDIE MORGAN Favorites Logout EZ-PRO DATABASE Version 2019 4.


COMMUNITY LIVING DAILY NOTES [CLOSE](#)

From: 05/01/2019 To: 05/31/2019

Persons: BALL, LUCILLE

Programs: COMMUNITY BASED
DAY PROGRAM
ECF
ICF

 Community Living Report

 Note Status Report

Report Options

Select	Option Value
<input checked="" type="checkbox"/>	ADDITIONAL NOTES
<input checked="" type="checkbox"/>	BOWEL MOVEMENTS
<input checked="" type="checkbox"/>	OUTCOMES
<input checked="" type="checkbox"/>	SIGNATURES
<input checked="" type="checkbox"/>	SLEEP CHARTS

☒ Include Employee Time Sheet Entries

- Select
 - Date Range
 - Person Served
 - Program
 - And, if you want to include Employee Time Sheet Entries, check that box
- Then Select "Community Living Report"

EXAMPLE of "Community Living Report" Day Program

File		Report Options	
Print	Zoom	Export to PDF	Export to XML
Print	Zoom	Export to Word	Close Print Preview
Print	Zoom	Export to Excel	Close Preview
Print	Zoom	Save AS	Close Preview

ACTIVITY QUESTION

☒ Did the person attend a medical or dental appointment?
 ☐ Did an incident or behavior occur?

☐ Did the person respond positively?
 ☒ Did the person choose their activities?

☐ Did the person interact with someone in the community?
 ☒ Did the person exercise?

OBJECTIVES

Time Involved: 0	Site/Location Responsible	Home Manager	Expected Attempts Per Month
Outcome Goal	LUCY will brush his teeth according to task steps independently for 2 months.		
Outcome Objective	Staff will make sure LUCY has the materials he needs to brush her teeth: toothbrush, toothpaste. Share with him the steps in brushing teeth as found in the task steps. Provide the least amount of assistance needed for her to complete the task. Fade the assistance as he learns the steps. Train in the morning and in the evening. Document after dinner Monday-Friday. (3-11p shift)		
Date	Attempted	Completed Activities / Response / Tried and Learned	
05/17/2019	0	0	

Time Involved: 0	Site/Location Responsible	Direct Support Staff	Expected Attempts Per Month
Outcome Goal	After being asked, LUCY will rake leaves into piles with 100% independence three times per week for three consecutive months.		
Outcome Objective	If necessary, show LUCY how to rake leaves into piles. Remind her of how she is earning money when she rakes.		
Date	Attempted	Completed Activities / Response / Tried and Learned	
05/17/2019	0	0	
05/17/2019	1	1	Lucy picked up the rake and raked leaves for about 10 min. She had to be verbally prompted to continue and reminded that she was making money that she could spend at the store by doing this.

Service Plan	Activity	Assistance	Location
COMMUNITY BASED DAY SERVICES	CAR RACE	VERBAL	COMMUNITY
2:00 PM	Went to the race. Watched the cars crash. Talked to the pit crew. Tires are expensive. There were tire barriers all around the track		
4:00 PM			

EXAMPLE of "Community Living Report" Residential

File		Report Options	
Print	Zoom	Export to PDF	Export to XML
Print	Zoom	Export to Word	Close Print Preview
Print	Zoom	Export to Excel	Close Preview
Print	Zoom	Save AS	Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555
Community Living Daily Note Report

Person Served	BALL, LUCILLE	Address	0
Employee	MORGAN, SANDIE	People	
Program:	RESIDENTIAL	Task Date	5/27/2019
Shift:	2nd		

ACTIVITY QUESTION

☐ Clean The Bedroom
 ☐ WAS PERSON SUPPORTED PRESENT AT 11PM.

☐ ENTER (P,L,H) IN ATTENDANCE SECTION
 ☐ Wash Van

☐ ENTER ACTIVITY AND ASSISTANCE FROM STAFF IN NOTES SECTION

☐ DUSTING

☐ MOPPING

☐ EXERCISES

☒ DENTAL CARE

☐ FEEDING

☐ WALKING

☐ RESPITE

☒ TOILETING

HOMEMAKER
☐ VACUUMING

PERSONAL CARE
☒ BATHING
☐ CHANGE BED LINEN
☐ TRANSFERRING
☐ OTHER
☒ Brushed Teeth

EXAMPLE of "Note Status Report"

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

SERVICE ACTIVITY JOURNAL

BALL, LUCILLE

	12:00 AM - 8:00 AM	8:00 AM - 4:00 PM	4:00 PM - 12:00 AM
6/9/2019			
6/8/2019			
6/7/2019			
6/6/2019			
6/5/2019			
6/4/2019			
6/3/2019			
6/2/2019			
6/1/2019			
5/31/2019			
5/30/2019			
5/29/2019			
5/28/2019			
5/27/2019			
5/26/2019			
5/25/2019			
5/24/2019			
5/23/2019			
5/22/2019			
5/21/2019			
5/20/2019			

- This report is a reflection of time values entered in the Services section of the Note. The idea is that a supervisor can quickly look to see if all times values for a particular date have been accounted for. Missing time slots would indicate possible missing notes.

4. COMPREHENSIVE SUMMARY

File

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN Favorites Logout EZ-PRO DATABASE
Sunday, June 09, 2019 10:28 AM Version 2019 4.21


Internet Agency HOME People Served Human Resources Advanced HR MEDICAL ADMIN
Email E-Mail(18)

COMPREHENSIVE SUMMARY

Choose Person
(Double Click Date Field for Calendar)

Person BALL, LUCILLE

From 04/10/2019 To 06/09/2019

 Comprehensive Summary

Press one of the following buttons to change date range.
For Example: Pressing the 6 Months button will show last 6 months of data.

30 Days 60 Days 90 Days 120 Days 6 Months 1 Year

CLOSE

- Select the Person Served and your date range

EXAMPLE of “Comprehensive Summary” for 30 days

5. CONTACT ANALYSIS

E-COM SYSTEMS, LLC

internet
Email

Agency
E-Mail(18)

HOME

People Served

Human Resources

Advanced HR

MEDICAL

Welcome SANDIE MORGAN

Sunday, June 09, 2019 10:35 AM

Favorites

Logout


EZ-PRO DATABASE


Version 2019 4.2


ADMIN


Person Served Reports


CLOSE


 Case Management


 Communication Note Objectives Reports


 Community Living Note Reports


 Comprehensive Summary


 Contact Analysis


 Contact Facility Supervision Analysis


 Demographic Reports


 Event Reports


 Healthcare Information


 ICF Listing


 Leave Alone / Unattended

 Need Persons Picture

 People-Served Addresses Report

 Periodic Review Reports

 Person ID Badge

 People Served Analysis

CONTACTS ANALYSIS

Print Reports by Case Manager - OR - Type of Contact

CLOSE

From 05/01/2019 To 05/31/2019

Persons	BALL, LUCILLE	▼
CaseMgr	ALL	▼
Type Of Contact	ALL	▼



Contact Analysis

Staff Status

ALL

ACTIVE

INACTIVE

Staff Making Contact



Contacts Analysis (Staff)



Print An Individual Contact












Contacts Billable

Press one of the following buttons to change date range.
For Example: Pressing the 6 Months button will show last 6 months of data.

- Select the criteria you would like to see
 - Date range
 - Persons Served
 - Case Manager
 - Type of Contact
- Then select "Contact Analysis"

EXAMPLE of Contact Analysis with selected criteria: Page 1

File		Report Options							
						Export to PDF	Export to XML		
Print	Zoom	One Page	Two Pages	More Pages		Export to Word		Close Print Preview	
Print	Zoom					Export to Excel	Save AS	Close Preview	

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

For the Period 5/1/2019 to 5/31/2019










BALL, LUCILLE

05/22/2019	TypeOfContact: Medical Visit	Contact Nbr -144463	
	WhoContacted: EDGEFIELD, MICHAEL	Title Of Contact AGENCY STAFF	
	HowContacted DOCUMENTATION MED APPT	Location Of Contact MEDICAL SERVICES	
	Staff MORGAN, SANDIE DIRECTOR HR	Time Involved 5 Minutes	
Date/Time	Start Date Start Time	EndDate:	End Time
Annual check-up			

05/15/2019	TypeOfContact: Medical Visit	Contact Nbr -144464	
	WhoContacted: EDGEFIELD, MICHAEL	Title Of Contact AGENCY STAFF	
	HowContacted DOCUMENTATION MED APPT	Location Of Contact MEDICAL SERVICES	
	Staff MORGAN, SANDIE DIRECTOR HR	Time Involved 60 Minutes	
Date/Time	Start Date Start Time	EndDate:	End Time
annual check-up			
Teeth were cleaned and a follow-up cleaning in 6 mons was recommended			

Medical Visit

EXAMPLE of Contact Analysis with selected criteria: Page 2

File		Report Options							
						Export to PDF	Export to XML		
Print	Zoom	One Page	Two Pages	More Pages		Export to Word		Close Print Preview	
Print	Zoom					Export to Excel	Save AS	Close Preview	

E-COM SYSTEMS, LLC	
P.O. Box 911 Cleveland, TN Phone (423) 464-5555	
For the Period 5/1/2019 to 5/31/2019	
BALL, LUCILLE	
05/17/2019 TypeOfContact: NURSING RELATED-LPN WhoContacted: PERSON SERVED HowContacted: FACE-TO-FACE Staff: MORGAN, SANDIE DIRECTOR HR Date/Time: 05/17/2019 Start Time: 7:30 AM SEE COMMUNICATION NOTE	Contact Nbr: 1705998 Title Of Contact: PERSON SERVED Location Of Contact: HOME Time Involved: 60 Minutes EndDate: 05/17/2019 End Time: 8:30 AM
05/16/2019 TypeOfContact: NURSING RELATED-LPN WhoContacted: PERSON SERVED HowContacted: FACE-TO-FACE Staff: MORGAN, SANDIE DIRECTOR HR Date/Time: 05/16/2019 Start Time: 7:30 AM See Communication Note	Contact Nbr: 1706509 Title Of Contact: PERSON SERVED Location Of Contact: HOME Time Involved: 60 Minutes EndDate: 05/16/2019 End Time: 8:30 AM
05/15/2019 TypeOfContact: NURSING RELATED-LPN WhoContacted: PERSON SERVED HowContacted: FACE-TO-FACE	Contact Nbr: 1706510 Title Of Contact: PERSON SERVED Location Of Contact: HOME

Report Options for the bottom of the page: Same date range

- Select Staff

File

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Sunday, June 09, 2019 10:44 AM

Email E-Mail(18) HOME People Served Human Resources Advanced HR

CONTACTS ANALYSIS


Print Reports by Case Manager - OR - Type of Contact

From 05/01/2019 To 05/31/2019

Persons BALL, LUCILLE


CaseMgr ALL


Type Of Contact ALL


 Contact Analysis

Staff Status ALL ACTIVE INACTIVE

Staff Making Contact MORGAN, SANDIE

 Contacts Analysis (Staff)

 Print An Individual Contact

 Contacts Billable

Press one of the following buttons to change date range.
For Example: Pressing the 6 Months button will show last 6 months of data.

Then select either

- Contact Analysis (staff)
- Contacts Billable
- Print an Individual Contact

EXAMPLE of “Contacts Analysis (Staff)

File

Report Options

Print
 Zoom
 One Page
 Two Pages
 More Pages

Export to PDF
 Export to XML
 Close Print
 Preview

Print
 Zoom
 Save AS
 Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Medical Visit CONTACTS

For the Period 5/1/2019 to 5/31/2019

BALL, LUCILLE

05/22/2019	TypeOfContact: Medical Visit	Contact Nbr 144463
WhoContacted: EDGEFIELD, MICHAEL	Title Of Contact AGENCY STAFF	
HowContacted DOCUMENTATION MED APPT	Location Of Contact MEDICAL SERVICES	
Staff MORGAN, SANDIE DIRECTOR HR	Time Involved 5 Minutes	
Date / Time	Start Date	End Time

05/15/2019	TypeOfContact: Medical Visit	Contact Nbr 144464
WhoContacted: EDGEFIELD, MICHAEL	Title Of Contact AGENCY STAFF	
HowContacted DOCUMENTATION MED APPT	Location Of Contact MEDICAL SERVICES	
Staff MORGAN, SANDIE DIRECTOR HR	Time Involved 60 Minutes	
Date / Time	Start Date	End Time

NURSING RELATED-LPN CONTACTS

For the Period 5/1/2019 to 5/31/2019

BALL, LUCILLE

EXAMPLE of "Contacts Billable"

File

Print

Print

Report Options

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

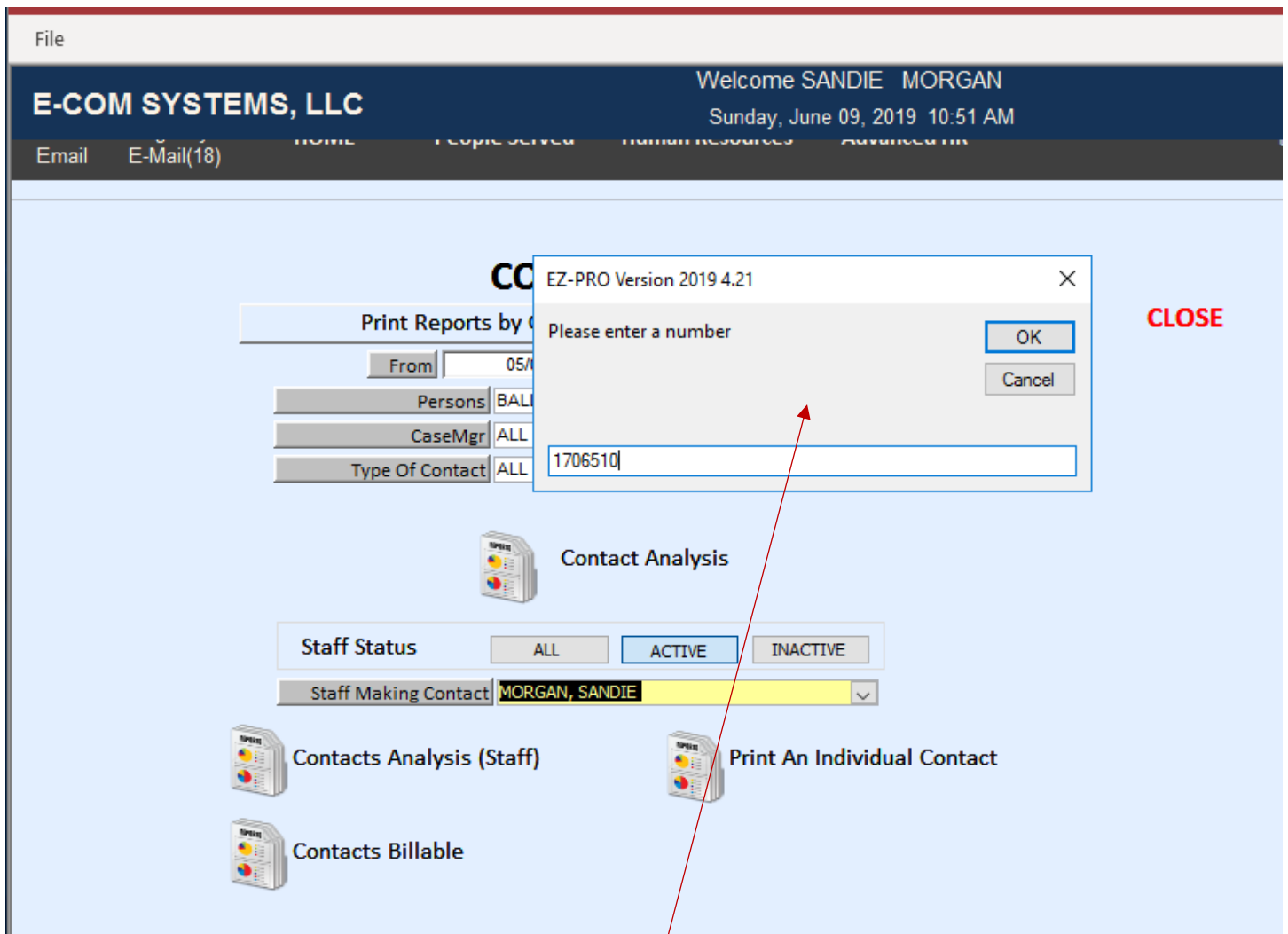
Export to Excel

Save AS

Close Print Preview

E-COM SYSTEMS, LLC			
P.O. Box 911 Cleveland, TN Phone (423) 464-5555			
BILLABLE CONTACTS FOR MORGAN, SANDIE DIRECTOR HR			
For the Period 05/01/2019 To 05/31/2019			
Person Making the Contact MORGAN, SANDIE DIRECTOR HR			
BALL, LUCILLE			
05/15/2019	TypeOfContact: NURSING RELATED-LPN	Contact Nbr	1706510
WhoContacted: PERSON SERVED		Title Of Contact	PERSON SERVED
HowContacted: FACE-TO-FACE		Location Of Contact	HOME
Staff MORGAN, SANDIE DIRECTOR HR		Time Involved	60 Minutes
Date / Time	Start Date 05/15/2019 Start Time 7:30 AM	End Date	05/15/2019 End Time 8:30 AM
See Communication Note			
05/16/2019	TypeOfContact: NURSING RELATED-LPN	Contact Nbr	1706509
WhoContacted: PERSON SERVED		Title Of Contact	PERSON SERVED
HowContacted: FACE-TO-FACE		Location Of Contact	HOME
Staff MORGAN, SANDIE DIRECTOR HR		Time Involved	60 Minutes
Date / Time	Start Date 05/16/2019 Start Time 7:30 AM	End Date	05/16/2019 End Time 8:30 AM
See Communication Note			
05/17/2019	TypeOfContact: NURSING RELATED-LPN	Contact Nbr	1705998
WhoContacted: PERSON SERVED		Title Of Contact	PERSON SERVED
HowContacted: FACE-TO-FACE		Location Of Contact	HOME
Staff MORGAN, SANDIE DIRECTOR HR		Time Involved	60 Minutes
Date / Time	Start Date 05/17/2019 Start Time 7:30 AM	End Date	05/17/2019 End Time 8:30 AM

EXAMPLE of "print an individual contact"





- This pop-up appears. Enter the contact number and select OK


EXAMPLE of the individual contact you selected


File


Report Options


 Print


 Zoom


 One Page


 Two Pages


 More Pages

 Export to PDF

 Export to XML

 Export to Word

 Export to Excel

 Close Print Preview

Print

Zoom

Save AS

Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

NURSING RELATED-LPN CONTACTS
For the period 5/1/2019 To 5/31/2019

BALL, LUCILLE

05/15/2019	TypeOfContact:	NURSING RELATED-LPN	Contact Nbr	1706510
	WhoContacted:	PERSON SERVED	Title Of Contact	PERSON SERVED
	HowContacted	FACE-TO-FACE	Location Of Contact	HOME
	Staff	MORGAN, SANDIE DIRECTOR HR	Time Involved	60 Minutes
		<div>See Communication Note</div>		
<input type="checkbox"/> Future Action Needed	Who Responds	Person Responsible		
Follow-up Request				
Follow-up Complete				
Follow-upTo Be Completed		Date Follow-up Completed		

NURSING RELATED-LPN Contacts for BALL, LUCILLE Records: 1

Total Records 1

REMEMBER, UNDER REPORT OPTIONS ON ANY SCREEN, YOU CAN PRINT/EXPORT AND OR EMAIL THESE REPORTS AS NEEDED.

6. CONTACTS FACILITY SUPERVISION ANALYSIS

E-COM SYSTEMS, LLC


Internet Email Agency E-Mail(18) HOME People Served Human Resources Advanced HR MEDICAL


Welcome SANDIE MORGAN
Sunday, June 09, 2019 10:57 AM


[Favorites](#) [Logout](#)


Person Served Reports


CLOSE


 Case Management


 Communication Note Objectives Reports


 Community Living Note Reports

 Comprehensive Summary


 Contact Analysis


 Contact Facility Supervision Analysis


 Demographic Reports


 Event Reports


 Healthcare Information

 ICF Listing


 Leave Alone / Unattended

 Need Persons Picture

 People-Served Addresses Report

 Periodic Review Reports

 Person ID Badge

 People Served Analysis

Supervision Contact Analysis

Choose the Address and/or Type of Contact,
and/or Staff making the contact.

From 05/01/2019 To 05/31/2019

Address

Type Of Contact ALL

Staff MORGAN, SANDIE DIRECTOR HR



Supervisory Contact Analysis

EXCEPTIONS REPORT

Will print ALL OPEN Contacts that need Future
Action



Supervisory Contact Exceptions
Analysis

Press one of the following buttons to change date range.

For Example: Pressing the 6 Months button will show last 6 months of data.

30 Days

60 Days

90 Days

120 Days

6 Months

1 Year

- Enter your criteria
 - Date Range
 - Address, or
 - Type of Contact, or
 - Staff
- Then select "Supervisory Contact Analysis"

For any visits that recorded necessary follow-up actions, you may select "Supervisory Contact Exceptions Analysis"

A. EXAMPLE of "Supervisory Contact Exceptions Analysis"

File		Report Options							
Print	Zoom	One Page	Two Pages	More Pages	Export to PDF	Export to XML			
Print	Zoom	One Page	Two Pages	More Pages	Export to Word	Export to Excel			
Print	Zoom	One Page	Two Pages	More Pages	Save AS	Close Print Preview			

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

LOCATION: 3036 J MACK CIRCLE SW		CONTACT TYPE: ADMIN	
05/27/2019	TypeOfContact: ADMIN	Contact Nbr	10
Staff Contacted	216	Title Of Contact	
HowContacted	FACE-TO-FACE	Location Of Contact	HOME
Created By	MORGAN, SANDIE DIRECTOR HR	Time Involved	60 Minutes
Date / Time	Start Date 05/27/2019 Start Time 8:00 AM	End Date	05/27/2019 End Time 9:00 AM
Detail Of Contact Stopped by the home for a home visit.			
Melvin Brooks was on duty.			
Refrigerator was checked for thermometer, food dates and cleanliness.			
The home appeared to be very clean and the SR's were all clean and dressed appropriately for the season.			
<input checked="" type="checkbox"/> Future Action Needed	Responsible	TEAM LEADER	Complete By
FollowUp Needed			DateCompleted:
FollowUp Required			

LOCATION: Hunt Place 911		CONTACT TYPE: UNANNOUNCED VISIT	
03/31/2016	TypeOfContact: UNANNOUNCED VISIT	Contact Nbr	3
Staff Contacted	Burke, Ezekiel B IT COMPUTER TECH	Title Of Contact	
HowContacted	FACE-TO-FACE	Location Of Contact	HOME
Created By	BROOKS, MELVIN L CDO	Time Involved	60 Minutes
Date / Time	Start Date 03/31/2016 Start Time 7:00 PM	End Date	03/31/2016 End Time 8:00 PM
Detail Of Contact Unannounced Admin Visit was conducted by BROOKS, MELVIN L at 7:00:00 PM on 3/31/2016. There were			

- If the visiting supervisor checked this box, the visit will show up in this report until the required actions is recorded on this visit.

7. DEMOGRAPHICS REPORT

E-COM SYSTEMS, LLC
Welcome SANDIE MORGAN
Sunday, June 09, 2019 11:09 AM

[Favorites](#)
[Logout](#)
EZ-PRO
Version

[Internet Email](#)
[Agency E-Mail\(18\)](#)
[HOME](#)
[People Served](#)
[Human Resources](#)
[Advanced HR](#)
[MEDICAL](#)

Person Served Reports

CLOSE

Case Management
 Communication Note Objectives Reports
 Community Living Note Reports
 Comprehensive Summary
 Contact Analysis
 Contact Facility Supervision Analysis

Demographic Reports
 Event Reports
 Healthcare Information
 ICF Listing
 Leave Alone / Unattended
 Need Persons Picture

People-Served Addresses Report
 Periodic Review Reports
 Person ID Badge
 People Served Analysis

OPTIONS FOR DEMOGRAPHICS REPORTS APPEAR:

E-COM SYSTEMS, LLC
Welcome SANDIE MORGAN
Sunday, June 09, 2019 11:10 AM

[Favorites](#)
[Logout](#)
EZ-PRO DATABASES
Version 2019 4.21
ADMIN

[Internet Email](#)
[Agency E-Mail\(18\)](#)
[HOME](#)
[People Served](#)
[Human Resources](#)
[Advanced HR](#)
[MEDICAL](#)

Person Served's Demographic Reports

CLOSE

Bank Account Numbers
 Guardians / Conservators
 Primary Contacts
 Insurance Report
 Name Residential Program, SSN, DOB

Name Address, Phone, DOB
 Name, Case Mgr, ISC, ISC Agency, DOB, _SSN
 Residential Listing
 SR Departments by SR Name
 SR Departments by Department Name

A. Bank Account Numbers

If you have the Personal Funds package, all Person Served Bank Account Numbers will appear in this report.

Example - Guardians/Conservators:

File
Report Options

Print
 Zoom
 One Page
 Two Pages
 More Pages ▾
 Zoom

Export to PDF Export to XML
 Export to Word
 Export to Excel
 Save AS

Close Print Preview
 Close Preview

E-COM SYSTEMS, LLC			
P.O. Box 911 Cleveland, TN Phone (423) 464-5555			
CONSERVATOR S			
PERSON SERVED	CONSERVATOR NAME / ADDRESS	TYPE	PHONE
JEFFERSON, GEORGE	MR WALTER HUNT 265 HUNT ROAD SE CLEVELAND TN 37310	COHSERVATOR	(623) 479-2841
JONES, David	MRS SHERRIE DORLENE STONE 265 MAIN ST BENTON TN 37027	LIMITED HEALTH	
MONROE, MARILYN	MRS EVELYN SMITH 199 MT. HARMON RD. NW CHARLESTON TN 37310	COHSERVATOR	(623) 556-2047

Sunday, June 9, 2019 TIMES Database OPT 1016 210.07 Page 1 of 1

B. Example - Primary Contacts

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

E-COM SYSTEMS, LLC

P.O. Box 511 Cleveland, TN Phone (423) 464-5555

PRIMARY CONTACT 8

PERSON SERVED	CONTACT NAME / ADDRESS	TYPE	PHONE
WILL, LUDLLE	MR KYLS WILL 1111 DUNBARLAND TRAIL CLEVELAND TN 37312	BROTHER	(623) 425-1211
CHARLIN, CHARLES	MR RONALD BLUNDETT 882 CHOCOT JV TRAIL CHATTANOOGA TN 37405	BROTHER	(623) 425-3236
DAVIS, BETTY	MRS DOWDWINNY 423 LAUREL BLUFF ROAD CLEVELAND TN 37311	FUN SERVED FROM	
JONES, David	MRS Rita Stone		
MONROE, MARLYN	MR RONALD SMITH 1760 BUNDR DR. 42 CLEVELAND TN 37322-7179	BROTHER	(623) 473-6679

Sunday, June 9, 2019

THUS Database 6/7/2019 2:12:07

Page 1 of 1

C. Example - Insurance Report

File
Report Options

Print
Zoom
One Page
Two Pages
More Pages

Export to PDF
Export to XML
Export to Word
Export to Excel
Save AS
Close Print Preview
Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

PERSON SERVED IN SURANCE INFORMATION

PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
BALL, LUCILLE	06401561003	MEDICARE	415341110C1	BLUE CARE	ZEOM12834379/770517
	MEDICARE ID NUMBER	MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
	XXXXXXXX	MEDCO	6855469398013		
PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
BROOKS, REBA					
	MEDICARE ID NUMBER	MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
CHAPLIN, CHARLES	97000210165	MEDICARE	408141210C3	BLUE CARE	ZEOM12858346/770517
	MEDICARE ID NUMBER	MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
		AARP MEDICARE RX PREF	0081018541		
PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
COUCH, JORDAN					
	MEDICARE ID NUMBER	MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
DAVIS, BETTY	97000950762	MEDICARE	415-08-0614-A	BLUE CARE	ZEOM13670856/770517
	MEDICARE ID NUMBER	MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
		HUMANA	H56415300		
PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
DOE, JOHN					
	MEDICARE ID NUMBER	MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
JEFFERSON, GEORGE	97000310014	MEDICARE	410522454C2	BLUE CARE	ZEOM12883765/125000
	MEDICARE ID NUMBER	MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
JONES, DAVID					
	MEDICARE ID NUMBER	MEDICARE	414465669C1	BLUE CARE	ZEOM13721691/125000
		MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
	414465669C1	AARP	0081048491/610097	GUIDANT MED DEVICE	PACEMAKER - 284-09-022
PERSON SERVED	MEDICARE ID NUMBER	PRIMARY INSURANCE	PRIMARY INSURANCE ID#	SECONDARY INSURANCE	SECONDARY INSURANCE ID#
MONROE, MARILYN	06401646009	MEDICARE	412289028C1	BLUE CARE	ZEOM12267115/770517 BL
	MEDICARE ID NUMBER	MEDICARE PART D	MEDICARE PART D ID#	OTHER INSURANCE	OTHER INSURANCE ID#
		CIGNA	13057066601		

Sunday, June 9, 2019
TIMAS Database
RPT_0908.03.00
Page 1 of 2

D. Example: Name, Residential Program, SSN, DOB Report

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Save AS

Close Print Preview

Close Preview

E-COM SYSTEMS, LLC				
P.O. Box 911 Cleveland, TN Phone (423) 464-5555				
CONFIDENTIAL PERSON SERVED LIST				
Name	Residential Program	SSN	CASE MANAGER	DOB
BELL, LUDLLE	Hunt Place #11	555-55-5077	KANARSKI, A	06/11/1948
BROOKS, REGG G	ICF	002-34-5814		
CHARLIN, CHARLES	client/curran/assental	555-55-1918	Brooks, K	12/08/1940
COUCH, JORDAN W		103-54-7885		
DAVIS, BETTY	client/curran/assental	555-55-0814	MCSPADEN, T	08/10/1943
DEE, JOHN	3310 NINE RIDGE TR. 146	555-55-5959	Burns, S	07/01/1980
JEFFERSON, G GEORGE	client/curran/assental	555-55-2955	KANARSKI, A	11/12/1932
JONES, DAVID	client/curran/assental	555-55-0129	Brooks, K	08/10/1932
MONROE, MARLYN	client/curran/assental	555-55-9783	MCSPADEN, T	08/02/1930
SEARS, MARVIN		458-46-4584		
WATSON, SCOTT		123-12-3123		

E. Example – Name, Address, Phone, DOB

File
Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Save AS

Close Preview

E-COM SYSTEMS, LLC P.O. Box 911 Cleveland, TN Phone (423) 464-5555

CONFIDENTIAL PERSON SERVED LIST

Name	Address	City	Phone	DOB
BALL, LUCILLE	911 Hunt Place	MIAMI, TN 37967		04/17/1949
BROOKS, REBA G	123 Jackson St	CHATTANOOGA, TN 3070		
CHAPLIN, CHARLES	911 Hunt Place	MIAMI, TN 37977		12/26/1940
COUCH, JORDAN W	456 WILD ROSE DR			
DAVIS, BETTY	1800 Pennsylvania Ave	MIAMI, TN 37996		06/14/1943
DOE, JOHN	168 SAVANNAH RIDGE TRAIL	CLEVELAND, TN 37312		07/04/1990
JEFFERSON, GEORGE	123 Jackson St	MIAMI, TN 37999		11/12/1932
JONES, DAVID	411 Washington St	MIAMI, TN 37998		09/14/1955
MONROE, MARILYN	1800 Pennsylvania Ave	MIAMI, TN 37997		08/03/1950
SEASE, MARVIN	112 CRUMP DR			
SYSTEMS, ECOM	1008 White Oak Rd			

F. Example – Name, Case Manager, ISC, ISC Agency, DOB, SSN

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF
 Export to XML
 Close Print
 Preview
 Save AS
 Close Preview



Client List Case Mgr

E-COM SYSTEMS, LLC					
P.O. Box 911 Cleveland, TN Phone (423) 464-5555					
PERSON SERVED LIST					
PERSON SERVED	SSN	CASE MANAGER	ISC PERSON	ISC AGENCY	DOB
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943
DALE, MICHAEL	333-53-2071	KAY, JAMES A	ISC 1616	ABC OF Livingston County	04-11-1943

G. Example – Residential Listing

Client Residential Listing - EZ-PRO

File

Print

Print

Report Options

Zoom

▼

One Page

Two Pages

More Pages ▼

Zoom

Export to PDF

Export to XML

Export to Word

Export to Excel

Save AS

X

Close Print Preview

Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Recipient Addresses As Of: 6/22/2019

Current Residential Program (Funded Data)

ECF		Residential Manager	31
ADKISSON DR NW 3745			
CLEVELAND TN 37311	(423) 479-5519	1 Service Recipients	
<hr/>			
BALL, LUCILLE			
<hr/>			
NORTH SIDE		Residential Manager	19
Old Chattanooga Pike 690			
CLEVELAND TN 37311	(423) 476-8559	1 Service Recipients	
<hr/>			
MONROE, MARILYN			
<hr/>			
OTHER AGENCY 36		Residential Manager	36
COUNTRY CLUB DR 110			
CLEVELAND TN 37311	(423) 559-9802	1 Service Recipients	
<hr/>			
BALL, LUCILLE			
<hr/>			
OTHER AGENCY 42		Residential Manager	42

H. Example – SR Departments by SR Name

File
Report Options

Print
Print

Zoom
One Page
Two Pages
More Pages

Export to PDF
Export to XML
Export to Word
Export to Excel
Save AS

Close Print Preview
Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555
Department Assigned to Service Recipients

BALL, LUCILLE	01	ADMINISTRATION	19	NORTH SIDE
BROOKS, REBA	26	DAY SERVICES		
CHAPLIN, CHARLES	01	ADMINISTRATION	20	M CO DIRECT
26 DAY SERVICES				
COUCH, JORDAN	35	WEST SIDE		
DAVIS, BETTY	01	ADMINISTRATION	26	DAY SERVICES
DOE, JOHN	01	ADMINISTRATION	19	NORTH SIDE
51 SOUTH SIDE				
JEFFERSON, GEORGE	01	ADMINISTRATION	26	DAY SERVICES

I. Example – SR Departments by Department Name

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to Word

Export to Excel

Export to XML

Close Print Preview

Print

Zoom

Save AS

Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555
Department Assigned to Service Recipients

01 ADMINISTRATION

DAVIS, BETTY

JONES, David

BALL, LUCILLE

DOE, JOHN

CHAPLIN, CHARLES

JEFFERSON, GEORGE

26 DAY SERVICES

DAVIS, BETTY

BROOKS, REBA

JEFFERSON, GEORGE

CHAPLIN, CHARLES

MONROE, MARILYN

31 ECF

JEFFERSON, GEORGE

20 MCO DIRECT

CHAPLIN, CHARLES

19 NORTH SIDE

JONES, David

BALL, LUCILLE

DOE, JOHN

51 SOUTH SIDE

DOE, JOHN

OF WEST SIDE

COLLEGE JORDANI

ΑΛΟΚΙΔΟΥ ΜΑΡΙΑΝΝΗ





8. EVENT REPORTS

File

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Sunday, June 09, 2019 11:44 AM Favorites Logout EZ-PRO DATABASES
Version 2019 4.21
ADMIN

Internet Email Agency E-Mail(18) HOME People Served Human Resources Advanced HR MEDICAL

Person Served Reports CLOSE

 Case Management	 Demographic Reports	 People-Served Addresses Report
 Communication Note Objectives Reports	 Event Reports	 Periodic Review Reports
 Community Living Note Reports	 Healthcare Information	 Person ID Badge
 Comprehensive Summary	 ICF Listing	 People Served Analysis
 Contact Analysis	 Leave Alone / Unattended	
 Contact Facility Supervision Analysis	 Need Persons Picture	


File


E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
 Sunday, June 09, 2019 11:45 AM


Internet Agency HOME People Served Human Resources Advanced HR
 Email E-Mail(18)


Event Analysis [CLOSE](#)


Choose Service Recipient's Name, then choose the report you want to print. (Double Click Date field for Calendar)



 Accidents



 Behaviors



 Seizures



 Accidents with Falls


 Med Errors


 Trackable Incidents


 Accidents with near Falls


 Med Refusals


 Accident Summary Reports

Reportable Events

Press one of the following buttons to change date range.
 For Example: Pressing the 6 Months button will show last 6 months of data.

- Select the criteria you wish to see

Then select the type of incidents you wish to see:

- Accidents
- Accidents with Falls
- Accidents with near Falls
- Behaviors
- Med Errors
- Med Refusals
- Seizures
- Trackable Incidents, or
- Accident Summary Reports

A. EXAMPLE of "Accidents" report

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555
CONFIDENTIAL ACCIDENT REPORT

Report for: **BALL, LUCILLE** For the period **05/14/2019 To 06/13/2019**

ACCIDENTS												
Event	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19
ACCIDENT	0	0	0	0	0	0	0	2	0	0	2	0

ACCIDENTS

Rec#	Staff Making the Report	Date/Time of Report	Address Of Incident	Location Of Incident
475858	MORGAN, SANDIE DIRECTOR HR	05/27/2019 11:19 AM	Hunt Place 911	IN COMMUNITY
Category Of Injury		Area of body Injured	Injury Sustained	Medical Interventions
SERIOUS INJURY		ARM	CUT/LACERATION	EMERGENCY ROOM
Description of Accident		Time Of Accident		
		10:55 AM		
Lucy was at the Sportsplex walking. She fell and landed on her right arm. It appeared to be fractured. Staff immediately took her to the local Emergency Room. An xray was completed which confirmed it was fractured. She was referred to the Bone and Joint Clinic to be set.				

Rec#	Staff Making the Report	Date/Time of Report	Address Of Incident	Location Of Incident
475854	MORGAN, SANDIE DIRECTOR HR	05/27/2019 10:54 AM	BLACKBURN RD. SE #38	BATHROOM-HOME
Category Of Injury		Area of body Injured	Injury Sustained	Medical Interventions
MINOR INJURY		KNEE	ABRASION/SCRAPE	FIRST AID
Description of Accident		Time Of Accident		
		9:00 AM	This Accident Involved a Fall	
Lucy went into bathroom to get a shower. Staff was following her with towel and toiletries. Lucy swung around to tell staff something and she tripped on the bath mat, falling onto her right knee. It was scratched and staff cleaned the abrasion and applied a bandaid.				

2 ACCIDENT RECORDS

All reports selected will appear in similar format. Use the "report options" to print/export/ and or close report.

AA. ACCIDENT SUMMARY REPORT

File

Database Switchboard

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Thursday, June 13, 2019 9:50 AM Favorites Logout EZ-f
Ve

Internet Agency
Email E-Mail(18) HOME People Served Human Resources Advanced HR MEDICAL


Event Analysis CLOSE


Choose Service Individual's Name, then choose the report you want to print. (Type in a date or choose it from the calendar)


ALL ACTIVE INACTIVE


BALL, LUCILLE


From 05/14/2019 To 06/13/2019


 Accidents


 Behaviors


 Seizures


 Accidents with Falls

 Med Errors

 Trackable Incidents

 Accidents with near Falls

 Med Refusals

 Accident Summary Reports

Press one of the following buttons to change date range.
For Example: Pressing the 6 Months button will show last 6 months of data.

30 Days 60 Days 90 Days 120 Days 6 Months 1 Year

ACCIDENT SUMMARY ANALYSIS

File

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Thursday, June 13, 2019 9:55 AM Favorites Logout


Internet Agency HOME People Served Human Resources Advanced HR MEDICAL
Email E-Mail(18)

ACCIDENT SUMMARY ANALYSIS

Choose Sort Method
Double Click Date Field for Calendar

Client

From 05/14/2019 To 06/13/2019

 **Preview the Report**

Press one of the following buttons to change date range.
For Example: Pressing the 6 Months button will show last 6 months of data.

30 Days 60 Days 90 Days 120 Days 6 Months 1 Year

[CLOSE](#)

- Enter the Method of Sort
 - Category of Incident
 - Client
 - Date of Injury
 - Injury Sustained
 - Location of Incident
 - Medical Intervention
 - Program
 - Sort Method
 - Staff
- Enter your date range and select "Preview the Report"

EXAMPLE of Accident Summary Analysis by Client:

File
Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF
Export to XML

Export to Word
Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

Report Date 8/19/2019 8:58:55 AM

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Page 1 of 1

Accident Report (Sorted by Client)

Incident	Date Of Incident	Time	Employee Making Incident Report	Address of Incident	Location Of Incident	Category Of Injury	Injury Sustained	Medical Interventions
SAUL, LUCILLE	08/21/2019		MORGAN, SANDIE DIRECTOR HR	SAUL/REUR/ RD 55 45E	BATHROOM/HOME	WIND FLAUNT	WIND ON SCRAPES	FIRST AID
	Description:							
SAUL, LUCILLE	08/21/2019		MORGAN, SANDIE DIRECTOR HR	Run Place 911	IN COMMUNITY	SERIOUS INJURY	OUTLACERATION	EMERGENCY ROOM
	Description:							

All reports will appear in similar format based on the criteria you selected.

9. HEALTHCARE INFORMATION

E-COM SYSTEMS, LLC

internet
Email

Agency
E-Mail(18)

HOME

People Served

Human Resources

Advanced HR

Welcome SANDIE MORGAN
Thursday, June 13, 2019 10:10 AM

Favorites
Logout

EZ-PRO DATABASE
Version 2019 4.22
ADMIN

Person Served Reports

CLOSE

Case Management

Communication Note Objectives Reports

Community Living Note Reports

Comprehensive Summary

Contact Analysis

Contact Facility Supervision Analysis

Demographic Reports

Event Reports

Healthcare Information

ICF Listing

Leave Alone / Unattended

Need Persons Picture

People-Served Addresses Report

Periodic Review Reports

Person ID Badge

People Served Analysis

This screen will appear:

E-COM SYSTEMS, LLC

internet
Email

Agency
E-Mail(18)

HOME

People Served

Human Resources

Advanced HR

Welcome SANDIE MORGAN
Thursday, June 13, 2019 10:12 AM

Favorites
Logout

MEDICAL

Healthcare Information / Bio Sheet

CLOSE

PERSON

BALL, LUCILLE

Healthcare Information

Personal Information Sheet

CASE MANAGER

KANARSKI, A

Healthcare Information by Case Managers

Personal Information Sheet by Case Managers

You have the option to pull this report by:

- Person Served
 - Healthcare Information
 - Personal Information Sheet
- Case Manger
 - Healthcare Information by Case Managers
 - Personal Information Sheet by Case Managers

A. EXAMPLE of report by Person Served/Healthcare Information – it may have several pages

- A pop-up box will appear giving you the option to sign the report, select no if you do not want your signature on the report, select yes and enter your password if you want your signature on the report.

File Report Options

Print

Zoom

Print

Zoom

One Page

Zoom

Two Pages

Zoom

More Pages

Zoom

PDF or XPS

Word

Export to Excel

Close Print Preview

Close Preview

Publish Health Passport

Publish

DNR

Healthcare Information		
PERSONAL INFORMATION		
Name: LUCILLE BELL Address: 8111 Hunt Place Phone: 555-555-1234 SSN: 555-55-5555 DOB: 01/01/1950 Height: 5' 8" Weight: 150 Blood Type: B+ Rh+	TYPE OF DISABILITY <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Mental COMMUNICATION <input type="checkbox"/> Cannot Hear <input type="checkbox"/> Cannot Speak <input type="checkbox"/> Can Hear <input checked="" type="checkbox"/> Can Speak MEDICAL HISTORY (CHECK ALL THAT APPLY) (HAS HAD IN 2005) NO REACTION, FINGERLICK, NOISE, LOST, ...	
MEDICAL HISTORY		
FAMILY EMERGENCY CONTACT		
PERSONAL INFORMATION		
MEDICAL HISTORY		
FAMILY EMERGENCY CONTACT		
PERSONAL INFORMATION		
PERSONAL INFORMATION		
MEDICAL HISTORY		
FAMILY EMERGENCY CONTACT		
PERSONAL INFORMATION		
PERSONAL INFORMATION		
MEDICAL HISTORY		
FAMILY EMERGENCY CONTACT		
PERSONAL INFORMATION		
PERSONAL INFORMATION		
MEDICAL HISTORY		
FAMILY EMERGENCY CONTACT		

DATE PRINTED: 09/13/2015

BY WHOM: JUDITH H. GILKIN

Page 1 of 1

122

- You will have the pop-up box giving you the option to put your signature on the report.

If you select these reports by Case Managers, all persons served by that Case Manager will appear for both reports.

10. ICF Listing

The screenshot displays the E-COM SYSTEMS, LLC web application interface. The top navigation bar includes a 'File' menu, a welcome message for SANDIE MORGAN, the date and time (Thursday, June 13, 2019 10:24 AM), and links for 'Favorites', 'Logout', and 'EZ-PRO DATABASES'. Below this, a secondary navigation bar lists various modules: 'internet Email', 'Agency E-Mail(18)', 'HOME', 'People Served', 'Human Resources', 'Advanced HR', 'MEDICAL', and 'ADMIN'. The main content area is titled 'Person Served Reports' and features a 'CLOSE' button in the top right corner. The reports are organized into three columns. The first column contains: Case Management, Communication Note Objectives Reports, Community Living Note Reports, Comprehensive Summary, Contact Analysis, and Contact Facility Supervision Analysis. The second column contains: Demographic Reports, Event Reports, Healthcare Information, ICF Listing (highlighted with a red arrow), Leave Alone / Unattended, and Need Persons Picture. The third column contains: People-Served Addresses Report, Periodic Review Reports, Person ID Badge, and People Served Analysis. Each report is represented by a circular icon with three horizontal lines, except for the 'ICF Listing' which has a report icon.

- If you have any ICF, a report will appear listing them

11.LEAVE ALONE/UNATTENDED

E-COM SYSTEMS, LLC
Internet Agency
Email E-Mail(18)

Welcome SANDIE MORGAN
Thursday, June 13, 2019 10:25 AM

Favorites Logout
EZ-PRO DATABASE
Version 2019 4.2
ADMIN

HOME People Served Human Resources Advanced HR MEDICAL

Person Served Reports

CLOSE

Case Management
 Communication Note Objectives Reports
 Community Living Note Reports
 Comprehensive Summary
 Contact Analysis
 Contact Facility Supervision Analysis

Demographic Reports
 Event Reports
 Healthcare Information
 ICF Listing
 Leave Alone / Unattended
 Need Persons Picture

People-Served Addresses Report
 Periodic Review Reports
 Person ID Badge
 People Served Analysis

A. EXAMPLE of Report – show who can and cannot be left alone and for what period of time

File Report Options

Print Zoom One Page Two Pages More Pages Export to PDF Export to XML Export to Word Export to Excel Close Print Preview Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

LEAVE ALONE / UNATTENDED				
SERVICE RECIPIENT	LEAVE ALONE?	ALONE HOW LONG?	UNATTENDED HOW LONG?	CASE MANAGER
BALL, LUCILLE	NO			KANARSKI, A
BROOKS, REBA G	NO			
CHAPLIN, CHARLES	NO			Brooks, K
COUCH, JORDAN W	NO			
DAVIS, BETTY	YES			MCSPADDEN, T
DOE, JOHN	NO	5 MINUTES	30 MINUTES	Burke, E
JEFFERSON, GEORGE	NO			KANARSKI, A
JONES, David	YES			Brooks, K
MONROE, MARILYN	NO			MCSPADDEN, T
Sease, Marvin	NO			
SYSTEMS, ECOM	NO			

12. NEEDS PERSON PICTURE

- If you have persons served that you have not yet put their picture in the file, this report will generate a list of those lacking pictures in their file.

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Thursday, June 13, 2019 10:29 AM

[Favorites](#)
[Logout](#)

[Internet Email](#)
[Agency E-Mail\(18\)](#)
[HOME](#)
[People Served](#)
[Human Resources](#)
[Advanced HR](#)
[MEDICAL](#)

Person Served Reports

Case Management

Communication Note Objectives Reports

Community Living Note Reports

Comprehensive Summary

Contact Analysis

Contact Facility Supervision Analysis

Demographic Reports

Event Reports

Healthcare Information

ICF Listing

Leave Alone / Unattended

Need Persons Picture

People-Served Addresses Report

Periodic Review Reports

Person ID Badge

People Served Analysis

CLOSE

A. Persons needing a picture in the database

<div> E-COM SYSTEMS, LLC P.O. Box 911 Cleveland, TN Phone (423) 464-5555 </div>	
SERVICE RECIPIENT PICTURES NOT IN THE DATABASE	
Service Recipient Name	
BROOKS, REBA	
COUCH, JORDAN	
SEASE, MARVIN	
SYSTEMS, ECOM	

13. PEOPLE SERVED ADDRESSES REPORT

E-COM SYSTEMS, LLC

Internet Email Agency E-Mail(18) HOME People Served Human Resources Advanced HR MEDICAL

Welcome SANDIE MORGAN

Thursday, June 13, 2019 10:32 AM

Favorites Logout EZ-PRO Version

Person Served Reports

CLOSE

Case Management

Communication Note Objectives Reports

Community Living Note Reports

Comprehensive Summary

Contact Analysis

Contact Facility Supervision Analysis

Demographic Reports

Event Reports

Healthcare Information

ICF Listing

Leave Alone / Unattended

Need Persons Picture

People-Served Addresses Report

Periodic Review Reports

Person ID Badge

People Served Analysis

When you select this, it will give you the option to include inactive addresses as well

This report may be several pages

File
Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF
Export to XML

Export to Word
Export to Excel

Close Print Preview

Print
Zoom
Save AS
Close Preview

People-Served Addresses

Address	Street Address	Facility Name	Phone	Dept.	
3036 J MACK CIRCLE SW	3036 J MACK CIRCLE SW	JONATHAN MILLS	(423) 790-0356	08	<input checked="" type="checkbox"/>
3350 Westside Dr	3350 Westside Dr Lot 50			66	<input checked="" type="checkbox"/>
4TH STREET 385 APT E	385 4TH STREET APT E				<input checked="" type="checkbox"/>
ADKISSON DR NW 3745	3745 ADKISSON DR NW	CATE HOUSE	(423) 479-5519	31	<input checked="" type="checkbox"/>
ADMIN	764 OLD CHATTANOOGA PIKE SW	MAIN OFFICE	(423) 472-5268	01	<input checked="" type="checkbox"/>
ALBERT LAWSON RD 201	201 ALBERT LAWSON RD			66	<input checked="" type="checkbox"/>
ANNEX	764 OLD CHATTANOOGA PIKE SW	MAIN FACILITY ANNEX	(423) 472-5268	99	<input checked="" type="checkbox"/>
BAUGH SPRINGS ROAD 658	658 BAUGH SPRINGS ROAD			99	<input checked="" type="checkbox"/>
BENWOOD DRIVE 6922	6922 BENWOOD DRIVE			66	<input checked="" type="checkbox"/>
BERRY STREET 991	991 BERRY STREET	RYAN PA	(423) 473-2245	77R	<input checked="" type="checkbox"/>
BLACKBURN RD 2807	2807 BLACKBURN RD SE		(423) 473-0337		<input checked="" type="checkbox"/>
BLACKBURN RD. SE #36	2360 BLACKBURN RD. SE #36				<input checked="" type="checkbox"/>
BLYTH RD 2626	2626 BLYTHE ROAD SE	COFFEY, M FB	(423) 614-4161	66C	<input checked="" type="checkbox"/>
BLYTHE FERRY RD 215	215 BLYTHE FERRY RD	HUGHES Family Base d		66U	<input checked="" type="checkbox"/>
BOWER LANE SE 2601	2601 BOWER LANE SE	LOCKHART	(423) 479-4976	68	<input checked="" type="checkbox"/>
BRADLEY MEMORIAL HOSPITAL	2305 CHAMBLISS AVE (BMH)		(423) 559-6000		<input checked="" type="checkbox"/>
BRADLEY ST 5101	5101 BRADLEY STREET	CHAPMAN/COOLEY/EMMONS	(423) 478-1163	40	<input checked="" type="checkbox"/>
BROWN AVE 873	873 BROWN AVE			77B	<input checked="" type="checkbox"/>
CANDIES CREEK RIDGE 6630	6630 CANDIES CREEK RIDGE RD			66	<input checked="" type="checkbox"/>

14. PERIODIC REVIEW REPORTS

INSTRUCTIONS FOR THIS REPORT ARE COVERED UNDER MONTHLY REVIEW – PAGE 67

E-COM SYSTEMS, LLC

internet
Email

Agency
E-Mail(18)

HOME

People Served

Human Resources

Advanced HR

MEDICAL

Welcome SANDIE MORGAN

Thursday, June 13, 2019 10:43 AM

Favorites Logout

Person Served Reports

CLOSE

 Case Management

 Communication Note Objectives Reports

 Community Living Note Reports

 Comprehensive Summary

 Contact Analysis

 Contact Facility Supervision Analysis

 Demographic Reports

 Event Reports

 Healthcare Information

 ICF Listing

 Leave Alone / Unattended

 Need Persons Picture

 People-Served Addresses Report

 Periodic Review Reports

 Person ID Badge

 People Served Analysis

15. PERSON ID BADGE

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Thursday, June 13, 2019 10:47 AM Favorites Logout

Internet Agency HOME People Served Human Resources Advanced HR MEDICAL
Email E-Mail(18)

Person Served Reports CLOSE


- Case Management
- Communication Note Objectives Reports
- Community Living Note Reports
- Comprehensive Summary
- Contact Analysis
- Contact Facility Supervision Analysis
- Demographic Reports
- Event Reports
- Healthcare Information
- ICF Listing
- Leave Alone / Unattended
- Need Persons Picture
- People-Served Addresses Report
- Periodic Review Reports
- Person ID Badge**
- People Served Analysis





B. MISSING PICTURE DATES


File


Report Options



Print
Print



Zoom
▼



One
Page



Two
Pages



More
Pages
▼


Export to PDF


Export to XML


Export to Word


Export to Excel


Close Print
Preview

Save AS

Close Preview

The Following Service Recipients do not have a Recorded Picture Date

REBA BROOKS
ECOM SYSTEMS

JORDAN COUCH

Marvin Sease

16. PEOPLE SERVED ANALYSIS

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN Thursday, June 13, 2019 10:57 AM Favorites Logout EZ-PRO DAT
Version 2019 4.22

internet Agency HOME People Served Human Resources Advanced HR MEDICAL ADI
Email E-Mail(18)

Person Served Reports

CLOSE

- Case Management
- Communication Note Objectives Reports
- Community Living Note Reports
- Comprehensive Summary
- Contact Analysis
- Contact Facility Supervision Analysis
- Demographic Reports
- Event Reports
- Healthcare Information
- ICF Listing
- Leave Alone / Unattended
- Need Persons Picture
- People-Served Addresses Report
- Periodic Review Reports
- Person ID Badge
- People Served Analysis

This screen will appear

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN Thursday, June 13, 2019 10:58 AM Favorites Logout EZ-PRO DATABASES
Version 2019 4.22

internet Agency HOME People Served Human Resources Advanced HR MEDICAL ADMIN
Email E-Mail(18)

Person Served Analysis

Program Code
Select a program by clicking on the Enrollment Code, or Select Multiple CODE's by Holding the Control Key (Ctrl) and clicking on the program(s).

DAY
EAST
MIDDLE
OTHER

FROM 05/01/2018 TO 5/31/2019

Person Served Analysis


CLOSE

Press one of the following buttons to change date range.
For Example: Pressing the 6 Months button will show last 6 months of


30 Days 60 Days 90 Days 120 Days 6 Months 1 Year


- Select Program
- Select date range
- Select Person Served Analysis


A. EXAMPLE of Person Served Analysis report



Print


Print



Zoom
▼



One
Page



Two
Pages



More
Pages ▼


 Export to PDF


 Export to XML


 Export to Word

 Export to Excel

 Save AS

 Close Print

 Preview

 Close Preview

E-COM SYSTEMS, LLC
 P.O. Box 911 Cleveland, TN Phone (423) 464-5555
PERSON SERVED ANALYSIS FOR THE PERIOD OF 06/01/2018 TO 06/13/2018
 This Report Reflects Individuals In ALL Programs

PEOPLE SERVED WHO WERE ACTIVE BETWEEN 06/01/2018 AND 06/13/2018		ACTIVE	7
PEOPLE SERVED PROGRAMS			
	CITYTN	4	57%
	MIDDLE TN	3	43%
	TOTAL	7	
People served who were enrolled between 06/01/2018 AND 06/13/2018			0
AGE RANGE OF PEOPLE BEING SERVED			
	28 to 30	1	14%
	31 to 35	1	14%
	36 or Over	5	71%
	TOTAL	7	
PEOPLE SERVED CARMANAGER ASSIGNMENT			
	Griffin, R	2	29%
	Griffin, C	1	14%
	KAMRAGH, A	2	29%
	McKINNON, T	2	29%
	TOTAL	7	
PEOPLE SERVED GENDER			
	MALE	4	57%
	FEMALE	3	43%
	TOTAL	7	
PEOPLE SERVED RACE			
	CAUCASIAN	1	14%
	WHITE	6	86%
	TOTAL	7	
PEOPLE DISCHARGED BETWEEN And 06/01/2018			0
		TOTAL	0
PEOPLE SERVED WITH A BEHAVIOR SUPPORT PLAN			4
		TOTAL	4

Thursday, June 13, 2019
ED-PRO Database RPT1006 20:06
Page 1 of 1

10. PERSON SERVED INFORMATION FILE

The screenshot displays the E-COM SYSTEMS, LLC web application interface. The top navigation bar includes the company name, a welcome message for SANDIE MORGAN, the date and time (Thursday, June 13, 2019 11:02 AM), and links for Favorites and Logout. The main navigation menu lists several categories: Internet Email, Agency E-Mail(18), HOME, People Served, Human Resources, Advanced HR, MEDICAL, and ADMIN. The 'People Served' category is currently selected, and a red arrow points to the 'Person-Served Information File' icon in the main content area. The main content area is divided into three columns of icons, each representing a different function. The first column includes Attendance Records, Enter Contacts, Enter Objectives, Event Data Entry, Community Living Note, and Facility Supervision Contacts. The second column includes Health Care Appointments, Health Care Reports, People-Served Reports, Person-Served Information File, Billing (Adjudicated), and Billing (Service Activities). The third column includes Periodic Review, ECF Periodic Review, Create Objectives, Medication Data Entry, E-MAR, and Person Centered Service Plan.

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Thursday, June 13, 2019 11:02 AM

Favorites Logout

EZ-PRO DATABASE
Version 2019 4.22

Internet Email Agency E-Mail(18) HOME People Served Human Resources Advanced HR MEDICAL ADMIN

Attendance Records

Enter Contacts

Enter Objectives

Event Data Entry

Community Living Note

Facility Supervision Contacts

Health Care Appointments

Health Care Reports

People-Served Reports

Person-Served Information File

Billing (Adjudicated)

Billing (Service Activities)

Periodic Review

ECF Periodic Review

Create Objectives

Medication Data Entry

E-MAR

Person Centered Service Plan

File

PERSON INFORMATION FILE

SEARCH: BALL, LUCILLE * REQUIRED

SSN: ***** Payroll ID: 900 ID# 21

Last/First/M: BALL LUCILLE Prefer: LUCY

Address: 911 HUNT PLACE

City/County: MIAMI ALASKA TN 37967

Phone:

ISC Person: Bill Murray

ISC Agency: ARC OF WASHINGTON COUNTY

D.O.B./State: 04/17/1949

Gender: FEMALE

Legal Status: COMPETENT

Marital Status:

Race: WHITE US Citizen? ☒

Ethnicity: NOT HISPANIC OR LATINO

Status: A

Case Manager: KANARSKI, A

DIDD Day: 0 SIS Index: 120

DIDD Res:

Region: District:

ICF ID#:

Information Packet ☐ Personal Info Sheet ☐

Picture Date: 3/10/2015

ALL ACTIVE INACTIVE WAITING

Eye Color: BLUE Hair Color: BROWN

Preferred Language: ENGLISH

Identifying Marks: RED HELMET

Actual Residential: HUNT PLACE 911

Funded Resid Prog: OTHER AGENCY 36

Current Day: DAY HAB:C

Leave Alone: NO How Long:

Unattended Time:


Program Code: MIDDLE

Referral Status: ACTIVE AGENCY

Initial Entry Date: 08/10/1982 36.84 Yrs.

Discharge Date:

Discharge Reason:

Picture: 

DNR

Created by: / Modified By: SANDIE MORGAN 6/9/2019 11:20:25 AM

You can search persons served by ALL/ACTIVE/INACTIVE or WAITING

Then use your pull-down menu "SEARCH" bar to select who you wish to see

File

PERSON INFORMATION FILE

SEARCH: BALL, LUCILLE * REQUIRED

SSN: ***** Payroll ID: 900 ID# 21

Last/First/M: BALL LUCILLE Prefer: LUCY

Address: 911 HUNT PLACE

City/County: MIAMI ALASKA TN 37967

Phone:

ISC Person: Bill Murray

ISC Agency: ARC OF WASHINGTON COUNTY

D.O.B./State: 04/17/1949

Gender: FEMALE

Legal Status: COMPETENT

Marital Status:

Race: WHITE US Citizen? ☒

Ethnicity: NOT HISPANIC OR LATINO

Status: A

Case Manager: KANARSKI, A

DIDD Day: 0 SIS Index: 120

DIDD Res:

Region: District:

ICF ID#:

Information Packet ☐ Personal Info Sheet ☐

Picture Date: 3/10/2015

ALL ACTIVE INACTIVE WAITING

Eye Color: BLUE Hair Color: BROWN

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Leave Alone: NO How Long:

Unattended Time:


Program Code: MIDDLE

Referral Status: ACTIVE AGENCY

Initial Entry Date: 08/10/1982 36.84 Yrs.

Discharge Date:

Discharge Reason:

Picture: 

DNR

Created by: / Modified By: SANDIE MORGAN 6/9/2019 11:20:25 AM

Use these buttons to move forward/backwards or go to the first and or last


Use >* to enter a new person served

Use these buttons to access the data shown below:

1. SERVICE PLANS

File




SERVICE PLAN

 **CLOSE**

Social Security Number	Medicaid ID Number	Medicare ID Number	Client Status
555-55-5077	06401561003	xxxxxxx	A
Last Name	First Name	Middle Initial	Date of Birth
BALL	LUCILLE		04/17/1949
U.S. Citizen	County	Region	District
Y	ALASKA		
Race	Gender	Marital Status	Eligibility
WHITE	F		
Class Member	Physical Date	Physician Number	
NO	11/25/2014	3170146	

Fiscal Year
2018-2019

Svc Cod	FundingType	Max Mo Unit	Svc Rate	Agency	Site #	Start Dat	End Date
517	CB DAY	23	68.93	ECOM	CP144	07/01/2018	06/30/2019
527	FB DAY - 3	23	53.44	ECOM	D004	07/01/2018	06/30/2019
682	FB DAY-6	23	144.66	E-COM SYSTEMS, LLC		08/01/2018	06/30/2019
661	IHD		56.69	ECOM, INC.	CP144	07/01/2018	06/30/2019
791	RES3-8+	31	68.84	ECOM	R010	07/01/2018	06/30/2019
816	SL3-3	31	199.62	E-COM SYSTEMS, LLC	SLY63	01/01/2019	06/30/2019
2364	UAUB	120	2.75	E-COM SYSTEMS, LLC		07/01/2018	06/30/2019

Record: 14    No Filter

2. GUARDIANS/CONTACTS

File

GUARDIANS & CONTACTS **CLOSE**

RECIPIENT NAME

6th Contact

7th Contact

Legal Representative

Instructions

Guard/Consv

2nd Guard/Consv

1st Contact

2nd Contact

3rd Contact

4th Contact

5th Contact

GUARDIAN / CONSERVATOR

Title

First Name

Last Name

N/A

Address

City, ST Zip

Type

LEGAL GUARDIAN

Phone

Cell Phone

Work Phone

Pager


E-Mail

Comments

Click on tab of information you wish to view

Information can be entered on these pages.

You also have option to preview/print a report of this information



Preview Report

3. INSURANCE

The screenshot shows the 'Insurance' form with the following fields and values:

Field	Value
Service Recipient	BALL, LUCILLE
Medicaid ID Number	06401561008
Medicare ID Number	XXXXXXXX
Medicare PartD Provider	MEDCO
Primary Insurance	MEDICARE
Secondary Insurance	BLUE CARE
Other Insurance	
Pharmacy Insurance	
Behavioral Insurance	TN BEHAVIORAL HEALTH

Annotations:

- A red box labeled 'CLOSE' is in the top right corner.
- A red arrow points from the 'CLOSE' button to a text box: 'You may enter information on this screen.'
- A red arrow points from the 'Print a Copy of the Insurance Cards' button to a text box: 'You may print/preview a copy of insurance cards from this page'
- A red arrow points from the 'Print a Copy of the Insurance Cards' button to the 'Print a Copy of the Insurance Cards' button.

4. PASSPORT S/U

The screenshot shows the 'Passport' form with the following fields and values:

Field	Value
Person	BALL, LUCILLE
Assistive Devices	
Communication	
Medical	
Physical Features	
Type of Disability	

Annotations:

- A red box labeled 'CLOSE' is in the bottom right corner.
- A red arrow points from the 'Communication' button to a text box: 'This is where you enter information on the person served for each of these areas'

A. ASSISTIVE DEVICES

File		
Assistive Devices		
Person	BALL, LUCILLE	Check Indicates YES
Bathing Devices	<input type="checkbox"/>	Other Devices
Bladder Nerve Stimulator	<input type="checkbox"/>	N/A
Braces	<input type="checkbox"/>	Special Instructions
Bridgework	<input type="checkbox"/>	
Contacts	<input type="checkbox"/>	
Cane	<input checked="" type="checkbox"/>	
Crutches	<input type="checkbox"/>	
Dentures	<input type="checkbox"/>	
Dining Equipment	<input type="checkbox"/>	
Gait Belt	<input checked="" type="checkbox"/>	
Glasses	<input checked="" type="checkbox"/>	
Grab Bars	<input type="checkbox"/>	
Helmet	<input checked="" type="checkbox"/>	
Hospital Bed	<input type="checkbox"/>	
Lift And Position Devices	<input type="checkbox"/>	
Orthopedic Shoes	<input type="checkbox"/>	
Padded Side Rails	<input type="checkbox"/>	
Prosthesis	<input type="checkbox"/>	
Shower Chair	<input checked="" type="checkbox"/>	
Speech Devices	<input type="checkbox"/>	
Splints	<input type="checkbox"/>	
Steps With Handles	<input type="checkbox"/>	
Transfer Devices	<input type="checkbox"/>	
Vagus Nerve Stimulator	<input checked="" type="checkbox"/>	
Walker	<input type="checkbox"/>	
Wheelchair	<input type="checkbox"/>	
Writing Devices	<input type="checkbox"/>	

B. COMMUNICATION

File

Communication

Name: BALL, LUCILLE Check Indicates YES CLOSE

Communication

<input checked="" type="checkbox"/> Can Hear	<input checked="" type="checkbox"/> Can Speak
<input type="checkbox"/> Hard of Hear	<input type="checkbox"/> Communication Difficulties / Uses Verbalization
<input type="checkbox"/> Cannot Hear - Deaf	<input type="checkbox"/> Communication Difficulties / Uses Gestures
<input type="text" value="N/A"/> Hearing Aid	<input type="checkbox"/> Communication Difficulties / Needs Familiar Staff
	<input type="checkbox"/> Sign Language
	<input type="checkbox"/> Cannot Speak

How I communicate when I'm not well

I normally can tell you

Symptoms that show you I'm not well

I cannot tell you or am unresponsive. Check all vitals and ask if something is hurting me, see medical attention.

Normally I cooperate well but if there are problems, you should

Try to find out what is bothering me. If I am unresponsive, seek medical attention or call 911

What an emergency looks like for me and what to do

I cannot talk or walk. I am lethargic or unresponsive. I am having behaviors I normally do not have. Check all vitals and ask if something is hurting me, seek medical attention.

Diet / Patterns / Preferences

Special Needs / Techniques for Dining / Nutrition

C. MEDICAL

File

Medical

Name BALL, LUCILLE CLOSE

Check indicates YES			Check indicates YES			Check indicates YES		
Client Family			Client Family			Client Family		
Measles	<input type="checkbox"/>	<input type="checkbox"/>	Cancer	<input type="checkbox"/>	<input type="checkbox"/>	HepatitisType	<input type="checkbox"/>	<input type="checkbox"/>
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Ovarian Cancer	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Encephalitis	<input type="checkbox"/>	<input type="checkbox"/>	Breast Cancer	<input type="checkbox"/>	<input type="checkbox"/>	PaceMaker	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Thyroid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	Smoker	<input type="checkbox"/>	<input type="checkbox"/>
TB	<input type="checkbox"/>	<input type="checkbox"/>	Huntingtn's Chorea	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Other Comments							<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Luanne also takes medication for Osteoporosis, Insomnia and Depression, Bladder spasms, Constipation. Luanne wears a helmet to protect her head when she is seizing.

Resuscitation
☒ DNR

If DNR, is comfort care addressed?
 ☐ Yes ☐ No

☐ Full Resuscitation
 ☐ Unknown

☐ Elimination
 ☐ Food Intake / I & O
 ☐ Sleep

Health Care Proxy
☒ No ☐ Yes

Name

Phone

Internal Device Other

Tobacco Use

Never Smoker

Alcohol Use

Sexuality Issues

Have you every had a positive skin test for tuberculosis?
 If yes, was any treatment given? Describe

Special Need
 Usual response to medical exams ☒ Cooperates ☐ Partial Cooperation ☐ Resistant ☐ Fearful

Sedation for clinical visits (explain) NO

Special positioning required for examination (explain) NO

How many staff are required for examination (explain) NO

Appointment
☒ Prefers early day appointment ☐ Prefers end of day appointment ☐ Limited waiting periods for exams

Special communication device/method/person (explain)

Pain Response
☒ Normal ☐ Unique (Explain)

Nursing Supports Available
☐ No ☐ In home ☐ In home 24 hour ☐ Nursing Coordination

☒ Access to NURSE ON CALL

D. PHYSICAL FEATURES

File

Physical Needs

Name:

Check Indicates YES **CLOSE**

Type of Disability / Physical Needs

☒ Mental Illness ☒ Developmental Disability

Other:

Scar Location:

☐ Tatto Location:

☐ Birthmark Location:

Vision

☐ Normal ☐ Low Vision ☐ Blind ☒ Glasses ☐ Contacts

Ambulation

☐ Independent (Unassisted) ☐ Steady ☐ Unsteady ☒ Needs Assistance

☒ 1 Person ☐ 2 People

☐ Ambulation Aids ☐ Walker ☒ Cane ☐ Crutches

☐ Wheelchair ☐ Non-Ambulatory

Transfer

How many staff needed to assist in Service Recipient Transfer?

☐ Does not need assistance ☐ 1 Person ☐ 2 People ☐ 3 People

Transferring needs

Must walk at all times with direct supervision. Staff use gait belt to help in steady ambulation.

Special care of personal equipment

Special instructions for administering medications

Oral Hygiene

☒ Independent ☐ Special Needs

Personal Hygiene

☐ Independent ☒ Special Needs

Dining / Eating

☒ Independent ☐ Dining Equip. ☐ Needs Assistance ☐ Totally Dependent ☐ Fed through a Tube ☐ Other

Supportive Devices

☐ Padded Side Rails ☐ Splints ☐ Braces ☒ Helmet ☐ Other

Toileting Ability

☐ Continent ☒ Needs Assistance ☐ Incontinent ☐ Catheterized ☐ Other

Medication Administration

☐ Independent / Self Medicates ☒ Medication administered by staff

Any Equipment Used

Cleaning Schedule

Repair/Replacement Schedule

☐ Head of Bed Elevated

E. TYPE OF DISABILITY

File

Type of Disability

Name BALL, LUCILLE

Check Indicates YES

[CLOSE](#)

Type of Disability

☒ M H ☒ D I ☒ PHYSICAL

Other

5. SPECIALISTS

- Enter and/or view Specialists information here

File

SPECIALISTS

[CLOSE](#)

Name BALL, LUCILLE

Primary Physician	KELLY, ALANA PA-C	
Behavior Analyst		Behavior Specialist
Dentist	MCBRIDE, ROYCE, DDS	DR. PATRICIA CONN, LPC-MHSP
Psychiatrist	GILSON, TROY MD	Optician
Other Specialist	KUNDU, SUBRUTO MD	FAERBER, BRUCE MD
Other Specialist	STRICKLER, JONATHON DR	Psychologist
Other Specialist	STONE, J. PATTERSON MD	
Other Specialist	BACHA, MACCHOUR MD	Other Specialist Type
Hospital	SKYRIDGE MEDICAL CENTER WEST	Neurologist
Crisis Information	Marcum, James, Cardiologist	Other Specialist Type
		Podiatrist
		orthopedist
		pulmonologist

6. ICD-10

- Enter/view ICD-10 information here

ICD-10 DATA ENTRY

ALL

ACTIVE

INACTIVE

CLOSE

Recipients NameBALL, LUCILLE

ICD Code:

		Date Entered:	Status:	Doctor:	Inactive Date:
002			Active		
B35.1	Tinea unguium		Active		
B35.3	Tinea pedis		Active		
F32.3	Major depressive disorder, single episode, severe with psychotic features		Active		
xxx	this is a test		Active		
			Active		

Past Surgeries and Procedures

POST HYSTERECTOMY(PARTIAL), STATUS POST ESOPHAGEAL DILATATION, VNS IMPLANT, S/P CHOLECYSTECTOMY,

Past Medical Problems:

HERPES, LOW POTASSIUM, CHRONIC HEADACHES, INSOMNIA, CHRONIC RASH, DISTAL ESOPHAGEAL STRICTURE, FX LEFT RADIUS/ULNA/HUMERUS-2010, COMPRESSION FX L-3, H-PYLORI-03/2012, 12/25/11-

Medical Tips

Med tips tes

Family History

Family history test.

Special Instructions

Alana to draw labs if available

7. DIETS

- Enter/view information here

File

PERSON INFORMATION FILE

ALL ACTIVE INACTIVE WAITING

SEARCH BALL, LUCILLE

Service Plans Last/Fi
Guard/Cons Ad
Insurance City/Ce
Passport S/U P
Specialists ISC Pe
ICD-10 D.O.B.
Diets Ge
Schedule Legal S
Documents Marital S
Training Eth
Dates S

Diets Date Entry

Diets

ALL ACTIVE INACTIVE

SEARCH BALL, LUCILLE
Person LUCILLE BALL

Last Updated By: JOHN T CRUMLEY 10/6/2015 11:49:06 AM

Diet	Texture	Start Date	End Date	Meds A
LOW FAT, LOW CHOLESTEROL, HIGH PROTEIN, HIGH FIBER, 6-8OZ GLASSES WATER/DAY	PUREED SMOOTH W/ NO LUMPS	10/06/2015		CRUSHED FOODS, OF
INCREASE CALORIES, LOW FAT, LOW CHOLESTEROL, HIGH PROTEIN, HIGH FIBER, 6-8OZ GLASSES WATER/DAY	PUREED SMOOTH W/ NO LUMPS	03/12/2015	10/06/2015	CRUSHED FOODS, OF
INCREASE CALORIES, LOW FAT, LOW CHOLESTEROL, HIGH PROTEIN, HIGH FIBER, 6-8OZ GLASSES WATER/DAY	PUREED SMOOTH W/ NO LUMPS	12/31/2014	03/11/2015	CRUSHED
INCREASE CALORIES, LOW FAT, LOW CHOLESTEROL, HIGH PROTEIN, HIGH FIBER, 6-8OZ GLASSES WATER/DAY	REGULAR (NO CHANGES)	11/25/2014	12/30/2014	

Information Packet
Personal Info Sheet

Picture Date 3/10/2015

DNR

Created by: / Modified By: SANDIE MORGAN 6/9/2019 11:20:25 AM

8. SCHEDULE:

File

MODIFY CLIENT SCHEDULE

Schedule Report Calendar Report

SEARCH BALL, LUCILLE

FROM 06/02/2019 TO 06/08/2019 Refresh Display Repeat Display for 1 Weeks

Date	Day	Start	Activity	Stop	Instructions	ScheduledBy	Date Schedu
06/02/2019	SUN	9:45 AM	CHURCH	12:00 PM	TAKE LUCY TC MORGAN, SAN		6/15/2019
06/03/2019	MON	8:45 AM	DENTIST	10:00 AM	ANNUAL DENT. MORGAN, SAN		6/15/2019
06/03/2019	MON	10:00 AM	FRIEND	2:00 PM	TAKE LUCY TC MORGAN, SAN		6/15/2019
06/03/2019	MON	2:00 PM	BEHAVIOR AN	4:00 PM	MEETING AT H MORGAN, SAN		6/15/2019
06/04/2019	TUE	8:45 AM	NEUROLOGIST	2:45 PM	TAKE LUCY TC MORGAN, SAN		6/15/2019
06/05/2019	WED	6:00 AM	FISHING TRIP	5:00 PM	ALL DAY FISHI MORGAN, SAN		6/15/2019
06/06/2019	THU	8:45 AM	READ MAGAZI	10:45 AM	LET LUCY REL MORGAN, SAN		6/15/2019
06/06/2019	THU	10:45 AM	SHOPPING	2:45 PM	TAKE LUCY TC MORGAN, SAN		6/15/2019
06/07/2019	FRI	8:45 AM	WENT TO PAR	2:45 PM	TAKE LUCY TC MORGAN, SAN		6/15/2019
06/08/2019	SAT	6:00 AM	OTHER	6:00 PM	LET LUCY REL MORGAN, SAN		6/15/2019

- Select Person Served and enter the weekly date range
- Enter Person Served Weekly schedule here.
- You may select to repeat the weekly schedule as many weeks as you need by entering the number of weeks and clicking on "Repeat Display for"
- To view/print your schedule by list format or calendar select these buttons. Example below

1. Schedule Report in List form:

E-COM SYSTEMS, LLC P.O. Box 911 Cleveland, TN Phone (423) 464-5555 Person Supported Schedule From 6/2/2019 And 6/8/2019					
BALL, LUCILLE					
Date	Start	Stop	Activity	Instructions	
Sun 06/02/2019	9:45 AM	12:00 PM	CHURCH	Take Lucy to the Sunday School and Church of her Choice	
Mon 06/03/2019	8:45 AM	10:00 AM	DENTIST	Annual dental appointment	
Mon 06/03/2019	10:00 AM	2:00 PM	FRIEND	Take Lucy to visit her best friend and have lunch together	
Mon 06/03/2019	2:00 PM	4:00 PM	BEHAVIOR ANALYST	Meeting at her home	
Tue 06/04/2019	8:45 AM	2:45 PM	NEUROLOGIST	Take Lucy to Nashville for Neuro appointment	
Wed 06/05/2019	6:00 AM	5:00 PM	FISHING TRIP	All day fishing trip at Reelfoot	
Thu 06/06/2019	8:45 AM	10:45 AM	READ MAGAZINE	Let Lucy relax and read a magazine	
Thu 06/06/2019	10:45 AM	2:45 PM	SHOPPING	Take Lucy to the Mall to shop	
Fri 06/07/2019	8:45 AM	2:45 PM	WENT TO PARK	Take Lucy to the Music Festival in the park	
Sat 06/08/2019	6:00 AM	6:00 PM	OTHER	Let Lucy relax at home and do activities of her choice	

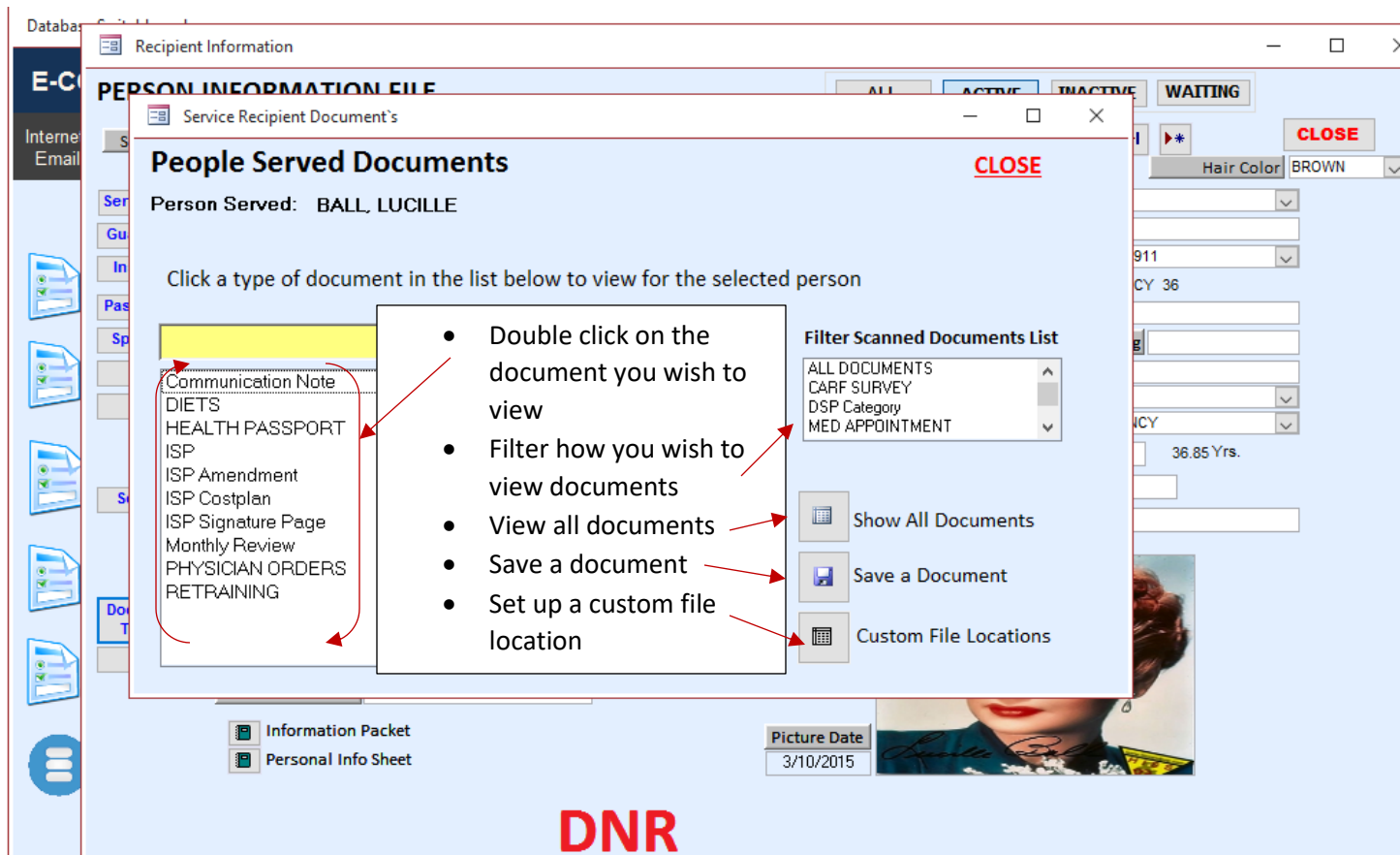
2. Schedule Report in Calendar form:

PERSON SUPPORTED CALENDAR FOR BALL, LUCILLE

For the month of June 2019

							1
2	3	4	5	6	7	8	
9:45A-12P : CHURCH	8:45A-10A : DENTIST 10A-2P : FRIEND 2P-4P : BEHAVIOR ANALYST	8:45A-2:45P : NEUROLOGIST	6A-5P : FISHING TRIP	8:45A-10:45A : READ MAGAZINE 10:45A-2:45P : SHOPPING	8:45A-2:45P : WENT TO PARK	6A-6P : OTHER	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	

9. DOCUMENTS/TRAINING



From this page, you can:

- View current documents filed on this person served
- You can Filter how you wish those documents to appear
- You can select “show all documents” and enter a date range and view/print historical documents
- You can save a scanned document to the person served file, and if you have access
- You can set up “custom file locations”

1. View all Documents

The screenshot displays a software application with a sidebar on the left containing icons for 'Database', 'E-Connect', 'Internet', and 'Email'. The main window is titled 'Client Documents' and features a date range filter with 'FROM' and 'TO' fields set to '06/01/2018' and '06/16/2019' respectively. A 'CLOSE' button is in the top right corner. Below the filter, there are column headers: 'Service Recipient', 'File Type', 'File Name', and 'File Date'. A central message box contains the text: 'Enter your date range and all documents will appear for that time span.' The background shows a 'Recipient Information' form with fields for 'Waiting', 'Hair Color', and 'Age'.

DNR

2. Save a Document

- Double click in the “select file” box and your computer screen will open for you to select where the document is located
- Use the pull-down menu and select the type of document you are filing
- Select the date of the document – you may add additional information after the date
- Click the blue box “Save file as”
- Click the window or select another document to save

The screenshot shows a 'Document Naming Form' window with the following fields and options:

- Document:** Monthly Review (pull-down menu)
- Person:** BALL, LUCILLE (pull-down menu)
- DATE:** (pull-down menu)
- Select File:** (button)
- Save File As ...** (blue button, highlighted with a black border, showing the filename: _DooleyI_0301.pdf)
- CLOSE:** (blue button)

Below the form, there are icons for 'Information Packet' and 'Personal Info Sheet'. A 'Picture Date' field shows '3/10/2015' next to a photo of a person.

Overlaid on the right is a 'Save a Document' dialog box with a 'CLOSE' button and a 'Custom File Locations' button.

3. Custom File Locations

Type of File	Folder Location of these Files	Prefix	Identifier	Sub Category
Communication Note	\\Ecom\c\$\DEMO\EZPRODOCS\CommNotes	CN	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
DIETS	\\Ecom\c\$\DEMO\EZPRODOCS\Diets	D	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
HEALTH PASSPORT	\\Ecom\c\$\DEMO\EZPRODOCS\HP	HP	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
ISP	\\Ecom\c\$\DEMO\EZPRODOCS\ISP	ISP	LN/FI/4SSN/Effective/End/L	<input type="checkbox"/>
ISP Amendment	\\Ecom\c\$\DEMO\EZPRODOCS\ISP	ISP-AD	LN/FI/4SSN/Effective/End/L	<input type="checkbox"/>
ISP Costplan	\\Ecom\c\$\DEMO\EZPRODOCS\ISP	CP	LN/FI/4SSN/Effective/End/L	<input type="checkbox"/>
ISP Signature Page	\\Ecom\c\$\DEMO\EZPRODOCS\ISP	SP	LN/FI/4SSN/Effective/End/L	<input type="checkbox"/>
Monthly Review	\\Ecom\c\$\DEMO\EZPRODOCS\MR	MR	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
PHYSICIAN ORDERS	\\Ecom\c\$\DEMO\EZPRODOCS\PHYSICIAN ORDERS	PO	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
RETRAINING	\\Ecom\c\$\DEMO\EZPRODOCS\RETRAINING	RT	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
*				<input checked="" type="checkbox"/>

Before you can save the document here, your database administrator must set up the folders on the Server:

- Enter the Name of your File on the blank line with the asterisk
- Double Click for your computer window to open and take you to where the documents are filed
- Assign the Prefix your agency has agreed upon
- The Identifier is the format that you want the document to be saved as, use the pull-down menu to select that format

10. DATES

Database: Recipient Information

PERSON INFORMATION FILE ALL ACTIVE INACTIVE WAITING CLOSE

Client Date History ALL ACTIVE INACTIVE CLOSE

SEARCH: BALL, LUCILLE

Medical Appointments REPORTS SANCTIONED YES NO

2350Date

* 777 in the Expiration Months means that the date does not expire

Client Date	Last Updated	Exp. Months	Filed	Comments
3/1/2000	1/7/2010	777		

From this box, you can view/enter dates by person served

You have the option to view these dates by Name or Provider Manual

You may view Medical Appointments from this screen

You may pull reports from this screen (instructions for pulling these reports are found under People Served/People Served Reports/Case Management/Person Dates)

Created by: / Modified By: SANDIE MORGAN 6/9/2019 11:20:25 AM

PERSON INFORMATION FILE

SEARCH: BALL, LUCILLE * REQUIRED

ALL ACTIVE INACTIVE WAITING

Eye Color: BLUE Hair Color: BROWN

SSN: ***** Payroll ID: 900 ID# 21

Service Plans: * Last/First/M: BALL LUCILLE Prefer: LUCY

Guard/Cons: * Address: 911 HUNT PLACE Map

Insurance: City/County: MIAMI ALASKA TN 37967

Passport S/U: Phone: ISC Person: Bill Murray

Specialists: ISC Agency: ARC OF WASHINGTON COUNTY

ICD-10: D.O.B./State: 04/17/1949

Diets: Gender: FEMALE Legal Status: COMPETENT Marital Status:

Schedule: Race: WHITE US Citizen? Ethnicity: NOT HISPANIC OR LATINO

Status: A Case Manager: KANARSKI, A

Documents Training: DIDD Day: 0 SIS Index: 120

Dates: DIDD Res: Region: District: ICF ID#:

Preferred Language: ENGLISH

Identifying Marks: RED HELMET

Actual Residential: HUNT PLACE 911

Funded Resid Prog: OTHER AGENCY 36

Current Day: DAY HAB:C

Leave Alone: NO How Long:

Unattended Time:

* Program Code: MIDDLE

Referral Status: ACTIVE AGENCY

Initial Entry Date: 08/10/1982 36.85 Yrs.

Discharge Date:

Discharge Reason:

Information Packet

Personal Info Sheet

Picture Date: 3/10/2015



- You may access the "Information Packet" and "Personal Info Sheet" from this page

DNR

1. Information Packet

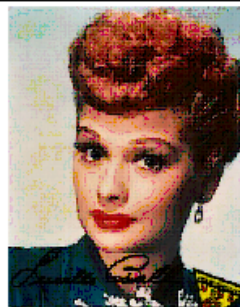
File Report Options

PERSONAL INFORMATION SHEET FOR BALL, LUCILLE

DNR

PERSONAL BIO

Recipient Name BALL, LUCILLE
 Client Address 911 HUNT PLACE
 MIAMI TN 37967
 Client Phone
 Date of Birth April 17, 1949
 Social Security Nbr 555-55-5077
 Entry Date 08/10/1982
 Medicaid ID Nbr 06401561003 ICF ID#
 Medicare ID Nbr xxxxxxxx
 Legal Status COMPETENT Sex F
 Eye Color BLUE Hair Color BROWN
 Height 5' 0" Weight 130
 Identifying Marks red helmet



Date of Picture 03/10/2015

- ☒ Scar SCARS ON CHEST A ☐ Tatto
☐ Birthmark

INDEPENDANT SUPPORT COORDINATOR

ISC Person BILL MURRAY
 ISC Agency ARC OF WASHINGTON COUNTY
 Address

Phone
 Emergency Phone

PRIMARY CARE PHYSICIAN

Primary Physician KELLY, ALANA PA-C
 Address
 Phone
 Behavior Analyst
 Behavior Specialist DR. PATRICIA CONN, LPC-MHSP
 S S Consultant KANARSKI, A

PROVIDER AGENCY INFORMATION

Agency E-COM SYSTEMS, LLC
 Address P.O. Box 911
 Cleveland, TN
 Phone (423) 464-5555 / Fax (866) 372-3508

MANAGED CARE ORGANIZATION (MCO) Primary Insurance

Primary Insurance MEDICARE
 Primary Insurance ID 415341110C1

BEHAVIORAL HEALTH ORGANIZATION (BHO) Secondary Insur.

Secondary Insurance BLUE CARE
 Secondary Insurance ID ZECM12834379/770317

OTHER INSURANCE PROVIDER

Other Insurance
 Other Insurance ID
 Medicare Part D MEDCO
 Medicare Part D ID 6853469398013
 TO Provider

2. Personal Info Sheet

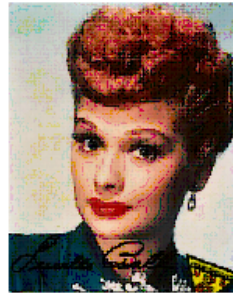
File		Report Options	
Print	Zoom	One Page	Two Pages
Print	Zoom	More Pages	
		Export to PDF	Export to XML
		Export to Word	
		Export to Excel	
		Save AS	
		Close Print Preview	
		Close Preview	

PERSONAL INFORMATION SHEET FOR LUCILLE BALL

DNR

PERSONAL BIO

Recipient Name BALL, LUCILLE
 Client Address 911 HUNT PLACE
 MIAMI TN 37967
 Client Phone
 Date of Birth April 17, 1949
 Social Security Nbr *****5077
 Entry Date 08/10/1982
 Medicaid ID Nbr 06401561003 ICF ID#
 Medicare ID Nbr xxxxxxx
 Legal Status COMPETENT Sex F
 Eye Color BLUE Hair Color BROWN
 Height 5' 0" Weight 130
 Identifying Marks red helmet



Date of Picture 03/10/2015

☒ Scar SCARS ON CHEST A ☐ Tatto
☐ Birthmark

INDEPENDENT SUPPORT COORDINATOR

ISC Person BILL MURRAY
 ISC Agency ARC OF WASHINGTON COUNTY
 Address

Phone
 Emergency Phone

PRIMARY CARE PHYSICIAN

Primary Physician KELLY, ALANA PA-C

PROVIDER AGENCY INFORMATION

Agency E-COM SYSTEMS, LLC
 Address P.O. Box 911
 Cleveland, TN
 Phone (423) 464-5555 / Fax (866) 372-3508

MANAGED CARE ORGANIZATION (MCO) Primary Insurance

Primary Insurance MEDICARE
 Primary Insurance ID 415341110C1

BEHAVIORAL HEALTH ORGANIZATION (BHO) Secondary Insur.

Secondary Insurance BLUE CARE
 Secondary Insurance ID 75014000407073017

PERSON SERVED PICTURE

PERSON INFORMATION FILE

SEARCH: BALL, LUCILLE * REQUIRED

SSN: ***** Payroll ID: 900 ID# 21

Last/First/M: BALL LUCILLE Prefer: LUCY

Guard/Cons: * Address: 911 HUNT PLACE

Insurance: City/Country: MIAMI ALASKA TN 37967 Map

Phone:

ISC Person: Bill Murray

ISC Agency: ARC OF WASHINGTON COUNTY

D.O.B./State: 04/17/1949

Gender: FEMALE

Legal Status: COMPETENT

Marital Status:

Race: WHITE US Citizen? ☒

Ethnicity: NOT HISPANIC OR LATINO

Status: A

Case Manager: KANARSKI, A

DIDD Day: 0 SIS Index: 120

DIDD Res:

Region: District:

ICF ID#:

Information Packet

Personal Info Sheet

ALL ACTIVE INACTIVE WAITING

Eye Color: BLUE Hair Color: BROWN

Preferred Language: ENGLISH

Identifying Marks: RED HELMET

Actual Residential: HUNT PLACE 911

Funded Resid Prog: OTHER AGENCY 36

Current Day: DAY HAB:C

Leave Alone: NO How Long:

Unattended Time:

* Program Code: MIDDLE

Referral Status: ACTIVE AGENCY

Initial Entry Date: 08/10/1982 36.85 Yrs.

Discharge Date:

Discharge Reason:

Picture Date: 3/10/2015

DNR

Created by: / Modified By: SANDIE MORGAN 6/9/2019 11:20:25 AM

- To enter/replace a picture, double click in/on the picture box and screen will open to your computer files for you to choose where the picture is filed.
- ALWAYS enter the date of the picture, original or revised

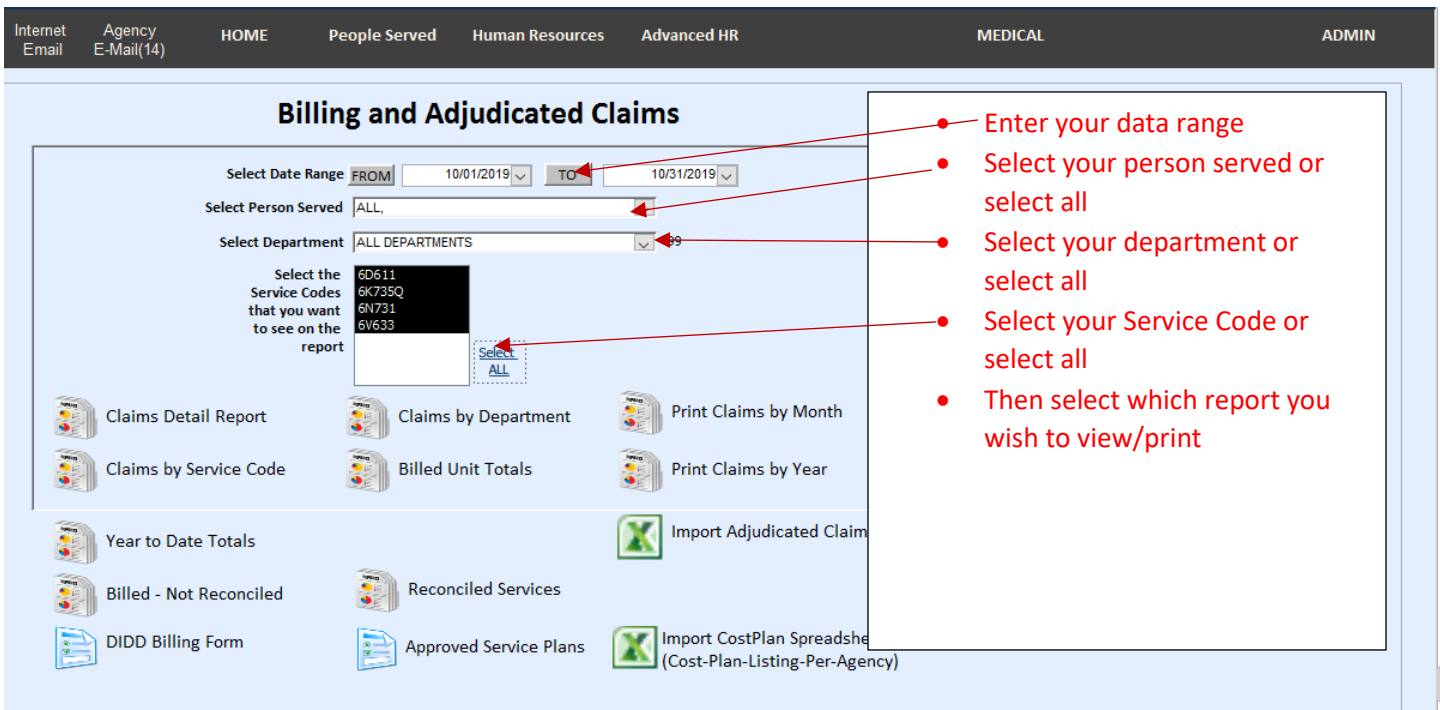
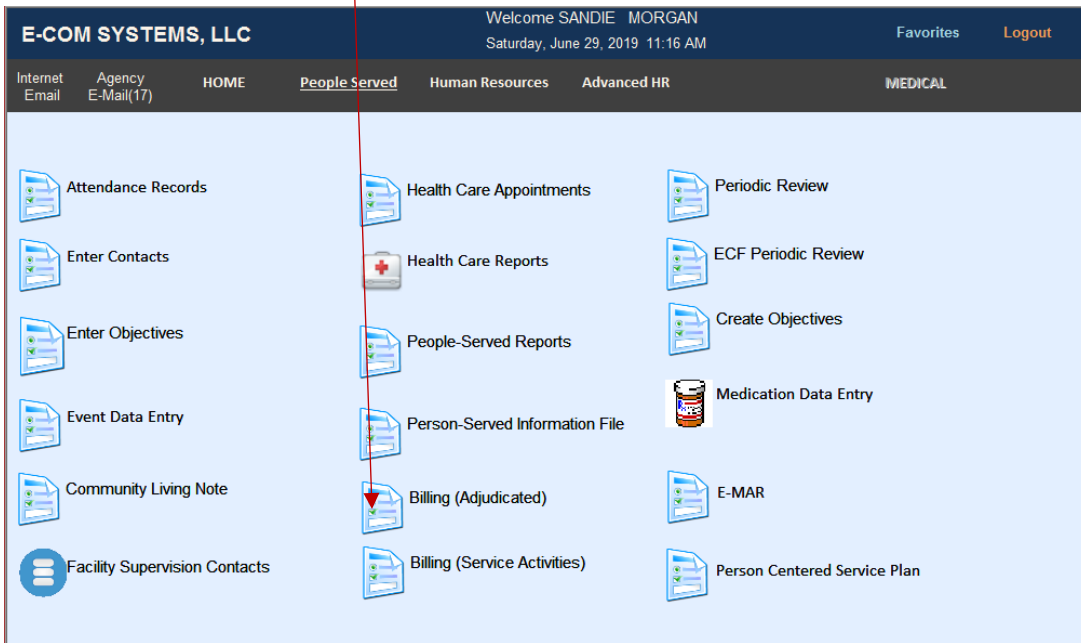
It is important that you/your Case Manager enter all the information and/or keep it updated in each data box on this page.

If you need to Discharge a person served, you must select ALL at the top of the screen and then it will allow you to change from Active "A" to Discharge "D".

Very Important for you to enter the Discharge Date and Discharge Reason. Historical Information is vital.

The Social Security Number is "starred" out for security reasons. In order to view this number, double click in the box and it will appear. When you tab out of the box, it will return to stars.

11. Billing Adjudicated



A. Claim Detail Report

Report Options										
File	Print	Zoom	One Page	Two Pages	More Pages	Export to PDF	Export to XML	Export to Word	Export to Excel	Close Print Preview
Print	Zoom	Save AS	Close Preview							

E-COM SYSTEMS, LLC										
P.O. Box 911 Cleveland, TN Phone (423) 464-5555										
TNCare Claims Detail Report										
For the period 11/1/2019 To 11/30/2019										
Service Recipient	Date	Svc Code	Rate	Units	Invoiced	Adj	Dept.	Paid	Due	Status
BALL, LUCILLE	11/01	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/02	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/03	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/04	6D611	\$68.93	1	\$68.93	0	26	\$68.93	\$0.00	Paid - Full
BALL, LUCILLE	11/04	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/05	6D611	\$68.93	1	\$68.93	0	26	\$68.93	\$0.00	Paid - Full
BALL, LUCILLE	11/05	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/06	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/07	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/08	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/09	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/10	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/11	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/12	6D611	\$68.93	1	\$68.93	0	26	\$68.93	\$0.00	Paid - Full
BALL, LUCILLE	11/12	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/13	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/14	6D611	\$68.93	1	\$68.93	0	26	\$68.93	\$0.00	Paid - Full
BALL, LUCILLE	11/14	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/15	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full
BALL, LUCILLE	11/16	6V633	\$247.62	1	\$247.62	0	32	\$247.62	\$0.00	Paid - Full

- This report can be several pages long
- If you view/print this report prior to adjudicated billing being imported, it will not show the claims as paid, and can be used as a journal entry for your General Ledger for Billed Services (Accounts Receivable) by exporting to Excel and sorting in any manner you desire

B. Claims by Service Code

Report Options										
File	Print	Zoom	One Page	Two Pages	More Pages	Export to PDF	Export to XML	Export to Word	Export to Excel	Close Print Preview
Print	Zoom	Save AS	Close Preview							

E-COM SYSTEMS, LLC										
P.O. Box 911 Cleveland, TN Phone (423) 464-5555										
TNCare Claims by Service Code										
For the period 11/1/2019 To 11/30/2019										
Service Recipient	Svc Code	Rate	Units	Invoiced	Adj/Denied	Dept.	Paid	Claim Status		
BALL, LUCILLE	6D611	\$68.93	8	\$551.44	0	26	\$551.44	Paid - Full		
BALL, LUCILLE	6V633	\$247.62	29	\$7,180.98	0	32	\$7,180.98	Paid - Full		
	BALL, LUCILLE		37	\$7,732.42	0		\$7,732.42	Due	\$0.00	
CHAPLIN, CHARLES	6D611	\$68.93	13	\$896.09	0	26	\$896.09	Paid - Full		
CHAPLIN, CHARLES	6K735Q	\$478.05	21	\$10,039.05	0	32	\$10,039.05	Paid - Full		
	CHAPLIN, CHARLES		34	\$10,935.14	0		\$10,935.14	Due	\$0.00	
JONES, David	6N731	\$5.99	91	\$545.09	0	31	\$545.09	Paid - Full		
JONES, David	6N731	\$5.99	0	(\$167.72)	0	31	(\$167.72)	Invalidated		
	JONES, David		91	\$377.37	0		\$377.37	Due	\$0.00	

- This report gives a summary of the time period you have selected by Service Code.
- It can also be several pages long
- Also exportable to Excel, etc. for sorting manipulation

C. Claims by Department

File
Report Options

Print
Zoom
Print

One Page
Two Pages
More Pages

Export to PDF
Export to Word
Export to Excel

Export to XML
Save AS

Close Print Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555
TNCare Claims by Department
 For the period 11/1/2019 To 11/30/2019

Service Recipient	Svc Code	Rate	Units	Invoiced	Adj/Denied	Paid	Claim Status
Department 26 DAY SERVICES							
BALL, LUCILLE	6D611	\$68.93	8	\$551.44	0	\$551.44	Paid - Full
CHAPLIN, CHARLES	6D611	\$68.93	13	\$896.09	0	\$896.09	Paid - Full
			26	21	\$1,447.53	0	\$1,447.53 Due \$0.00
Department 31 ECF							
JONES, David	6N731	\$5.99	91	\$545.09	0	\$545.09	Paid - Full
JONES, David	6N731	\$5.99	0	(\$167.72)	0	(\$167.72)	Invalidated
			31	91	\$377.37	0	\$377.37 Due \$0.00
Department 32 EAST SIDE							
BALL, LUCILLE	6V633	\$247.62	29	\$7,180.98	0	\$7,180.98	Paid - Full
CHAPLIN, CHARLES	6K735Q	\$478.05	21	\$10,039.05	0	\$10,039.05	Paid - Full
			32	50	\$17,220.03	0	\$17,220.03 Due \$0.00

- This report gives a summary of the time period you have selected by Department
- It can also be several pages long
- Also exportable to Excel, etc. for sorting manipulation

D. Billed Unit Total

INSERT REPORT HERE WHEN FIXED

E. Print Claims by Month

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

- This report gives a summary of the time period you have selected by Month
- It can also be several pages long
- Also exportable to Excel, etc. for sorting manipulation

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

TNCare Claims by Month

For the period 11/1/2019 To 11/30/2019

Mon	Service Recipient	Svc Code	Rate	Units	Invoiced	Adjusted	Denied	Paid	Due	Status
Nov	BALL, LUCILLE	6D611	\$68.93	8	\$551.44			\$551.44	\$0.00	Paid - Full
Nov	BALL, LUCILLE	6V633	\$247.62	29	\$7,180.98			\$7,180.98	\$0.00	Paid - Full
Nov	CHAPLIN, CHARLES	6D611	\$68.93	13	\$896.09			\$896.09	\$0.00	Paid - Full
Nov	CHAPLIN, CHARLES	6K735Q	\$478.05	21	\$10,039.05			\$10,039.05	\$0.00	Paid - Full
Nov	JONES, David	6N731	\$5.99	0	(\$167.72)			(\$167.72)	\$0.00	Invalidated
Nov	JONES, David	6N731	\$5.99	91	\$545.09			\$545.09	\$0.00	Paid - Full
					Invoiced	Adjusted	Denied	Paid	Due	
TOTAL:					\$19,044.93			\$19,044.93	\$0.00	

F. Print Claims by Year

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

Close Preview

- This will allow you to view/print a report of claims that you have billed for the year. This is an "example data base and therefore has limited data/billing entered.
- This report will have many pages if you are using this function

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

TNCare Claims by Year

For the period 1/1/2019 To 12/31/2019

Service Recipient	Svc Code	Rate	Units	Invoiced	Adj	Denied	Paid	Due	Status
BALL, LUCILLE	6D611	\$68.93	16	\$1,102.88			\$1,102.88	\$0.00	Paid - Full
BALL, LUCILLE	6V633	\$247.62	31	\$7,676.22			\$7,676.22	\$0.00	Paid - Full
CHAPLIN, CHARLES	6D611	\$68.93	26	\$1,792.18			\$1,792.18	\$0.00	Paid - Full
CHAPLIN, CHARLES	6K735Q	\$478.05	23	\$10,995.15			\$10,995.15	\$0.00	Paid - Full
JONES, David	6N731	\$5.99	0	(\$167.72)			(\$167.72)	\$0.00	Invalidated
JONES, David	6N731	\$5.99	95	\$569.05			\$569.05	\$0.00	Paid - Full
					Invoiced	Adjusted	Denied	Paid	Due
TOTAL:					\$21,967.76			\$21,967.76	\$0.00

G. Year to Date Totals

File

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Monday, January 06, 2020 9:16 AM Favorites Logout EZ-PRO DATABASE
Version 2019 4.575

Internet Email Agency E-Mail(14) HOME People Served Human Resources Advanced HR MEDICAL ADMIN

Billing and CLOSE

Select Date Range FROM

Select Person Served ALL

Select Department ALL DEPAR

Select the Service Codes that you want to see on the report

6D611
6K735Q
6N731
6V633

[Select ALL](#)

Cost plan year X

Please enter the year

2019

OK Cancel

Claims Detail Report Claims by Department Print Claims by Month

Claims by Service Code Billed Unit Totals Print Claims by Year

Year to Date Totals Import Adjudicated Claims

Billed - Not Reconciled Reconciled Services

DIDD Billing Form Approved Service Plans Import CostPlan Spreadsheet (Cost-Plan-Listing-Per-Agency)

- A pop up box will appear
- Enter your year
- Select ok

File Report Options

Print Zoom One Page Two Pages More Pages

Export to PDF Export to XML

Export to Word

Export to Excel

Close Print Preview

Close Preview

Save AS

Service Recipient Billable Days Left

Service Recipient	Svc Code	Service Name	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Total Days / Remaining
BALL LUOLLE	6D611	COMMUNITY											8	8	16 / 16 227
CHAPLIN, CHARLES	6D611	COMMUNITY										1	13	12	26 / 26 217

H. Billed Not Reconciled

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555
Services Billed but not Reconciled

For the period 8/18/2017 To 9/18/2019

Service Recipient	Date	Svc Code	Rate	Units	Invoiced	Dept.	Paid
BALL, LUCILLE	09/17	6D611	68.93	1	\$68.93	26	
BALL, LUCILLE	09/18	6D611	68.93	1	\$68.93	26	

I. DIDD Billing Form

Summary of Services Provided

From: 05/01/2019 To: 05/31/2019 Total Units: 11

SEARCH: BALL, LUCILLE

LAST NAME: BALL
 FIRST NAME: LUCILLE
 SSN No.:
 Age: 70

SiteCode: SLY63
 Start Date: 1/1/2019
 End Date: 6/30/2019
 Monthly Max: 31
 Annual Max: 365
 Standard Rate: \$199.62

ServiceCode: 6V633
 Service Name: SL3-3
 Service Desc: SL3-3
 Fiscal Year:
 ServiceRate: \$199.62

Total Units: 11

Include ☒ Weekends

This bill cycle for service code: 6V633 has been billed.

Wednesday May 01 2019 1
 Thursday May 02 2019 1
 Friday May 03 2019 1
 Saturday May 04 2019 1
 Sunday May 05 2019 1
 Monday May 06 2019 1
 Tuesday May 07 2019 1
 Wednesday May 08 2019 1
 Thursday May 09 2019 1
 Friday May 10 2019 1
 Saturday May 11 2019 0
 Sunday May 12 2019 0
 Monday May 13 2019 0
 Tuesday May 14 2019 0
 Wednesday May 15 2019 0
 Thursday May 16 2019 0
 Friday May 17 2019 0
 Saturday May 18 2019 0
 Sunday May 19 2019 0
 Monday May 20 2019 0
 Tuesday May 21 2019 1
 Wednesday May 22 2019 0
 Thursday May 23 2019 0
 Friday May 24 2019 0
 Saturday May 25 2019 0
 Sunday May 26 2019 0
 Monday May 27 2019 0

- Insert date range for billing period
- Select Person Served
- Select Service Code for Billing you wish to view
- Units that are billable will show by date on the right of screen

DIDD BILLING FORM – Continued

File

SEARCH
BALL, LUCILLE

LAST NAME: BALL
FIRST NAME: LUCILLE
SSN No.
Age: 70
SiteCode: SLY63

0 Total Community Hours for the Week

DATE: 05/07/2019 BALL, LUCILLE

View Plans Add New CLOSE

Service Plan Select an Activity or Enter Your Own Assistance Location Start Stop

RESIDENTIAL LEVEL 3 FOR AT HOME VERBAL AND PHYSICAL HOME 4:00 PM 11:59 PM

Where did you go? stayed at home
What did you do?
Who did you talk to?
What did they learn?
Were there any barriers?

Entered By: MORGAN, SANDIE 479 Minutes Modified

SUPPORTED LIVING LEVEL AT HOME HOME 4:00 PM 11:59 PM

Where did you go?
What did you do?
Who did you talk to?
What did they learn?
Were there any barriers?

Entered By: 479 Minutes Modified

Place Holder Service SELECT AN ACTIVITY

Where did you go?
What did you do?
Who did you talk to?
What did they learn?
Were there any barriers?

Entered By: MORGAN, SANDIE 0 Minutes Modified

6V633

6V633

Superv

T2021

TEMP

1148

This bill cycle for service code: 6V633 has been billed.

Save Billing

Saturday May 04 2019 1
Sunday May 05 2019 1
Monday May 06 2019 1
Tuesday May 07 2019 1
Wednesday May 08 2019 1
Thursday May 09 2019 1

Click on any date that has been billed and this pop-up window will appear showing the daily notes for that day.

SEARCH
BALL, LUCILLE

LAST NAME: BALL
FIRST NAME: LUCILLE
SSN No.
Age: 70
SiteCode: SLY63
Start Date: 1/1/2019
End Date: 6/30/2019
Monthly Max: 31
Annual Max: 365
Standard Rate: \$199.62

ServiceCode: 6V633
Service Name: SL3-3
Service Desc: SL3-3
Fiscal Year:
ServiceRate: \$199.62

Total Units 11

Include Weekends

This bill cycle for service code: 6V633 has been billed.

Save Billing

Saturday May 04 2019 1
Sunday May 05 2019 1
Monday May 06 2019 1
Tuesday May 07 2019 1
Wednesday May 08 2019 1
Thursday May 09 2019 1
Friday May 10 2019 1
Saturday May 11 2019 0
Sunday May 12 2019 0
Monday May 13 2019 0
Tuesday May 14 2019 0
Wednesday May 15 2019 0
Thursday May 16 2019 0
Friday May 17 2019 0
Saturday May 18 2019 0
Sunday May 19 2019 0
Monday May 20 2019 0
Tuesday May 21 2019 1
Wednesday May 22 2019 0
Thursday May 23 2019 0
Friday May 24 2019 0
Saturday May 25 2019 0
Sunday May 26 2019 0
Monday May 27 2019 0
Tuesday May 28 2019 0
Wednesday May 29 2019 0
Thursday May 30 2019 0

At the bottom middle of this screen you have a button to "Save Billing", you will need to do this at the end of your billing cycle so that you can use this data for adjudicated billing process.

You will need to do this with all Service Codes that are billable.

J. Reconciled Services

File **Report Options**

Print Zoom One Page Two Pages More Pages

Export to PDF Export to XML

Export to Word

Export to Excel

Save AS

Close Print Preview

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Reconciled Services

For the period 11/1/2019 To 11/30/2019

Service Recipient	Date	Svc Code	Rate	Units Invoiced	Dept.	Paid	
BALL LUCILLE	11/01	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/02	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/03	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/04	6D611	\$68.93	1	\$68.93	26	\$68.93
BALL LUCILLE	11/04	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/05	6D611	\$68.93	1	\$68.93	26	\$68.93
BALL LUCILLE	11/05	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/06	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/07	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/08	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/09	6V633	\$199.62	1	\$199.62	32	\$247.62
BALL LUCILLE	11/12	6D611	\$68.93	1	\$68.93	26	\$68.93
BALL LUCILLE	11/14	6D611	\$68.93	1	\$68.93	26	\$68.93
BALL LUCILLE	11/18	6D611	\$68.93	1	\$68.93	26	\$68.93
BALL LUCILLE	11/21	6D611	\$68.93	1	\$68.93	26	\$68.93
BALL LUCILLE	11/25	6D611	\$68.93	1	\$68.93	26	\$68.93
BALL LUCILLE	11/26	6D611	\$68.93	1	\$68.93	26	\$68.93

- Once you have imported your adjudicated claims report from TennCare, this report shows what has been paid and what has not been paid.
- This report also is exportable to Excel, etc. for sorting and manipulation.

K. Approved Service Plans

Service Plan Data Entry

LOOKUP: BALL, LUCILLE

Fiscal Year: 2018-2019

Import CostPlan Spreadsheet

ID#: 21

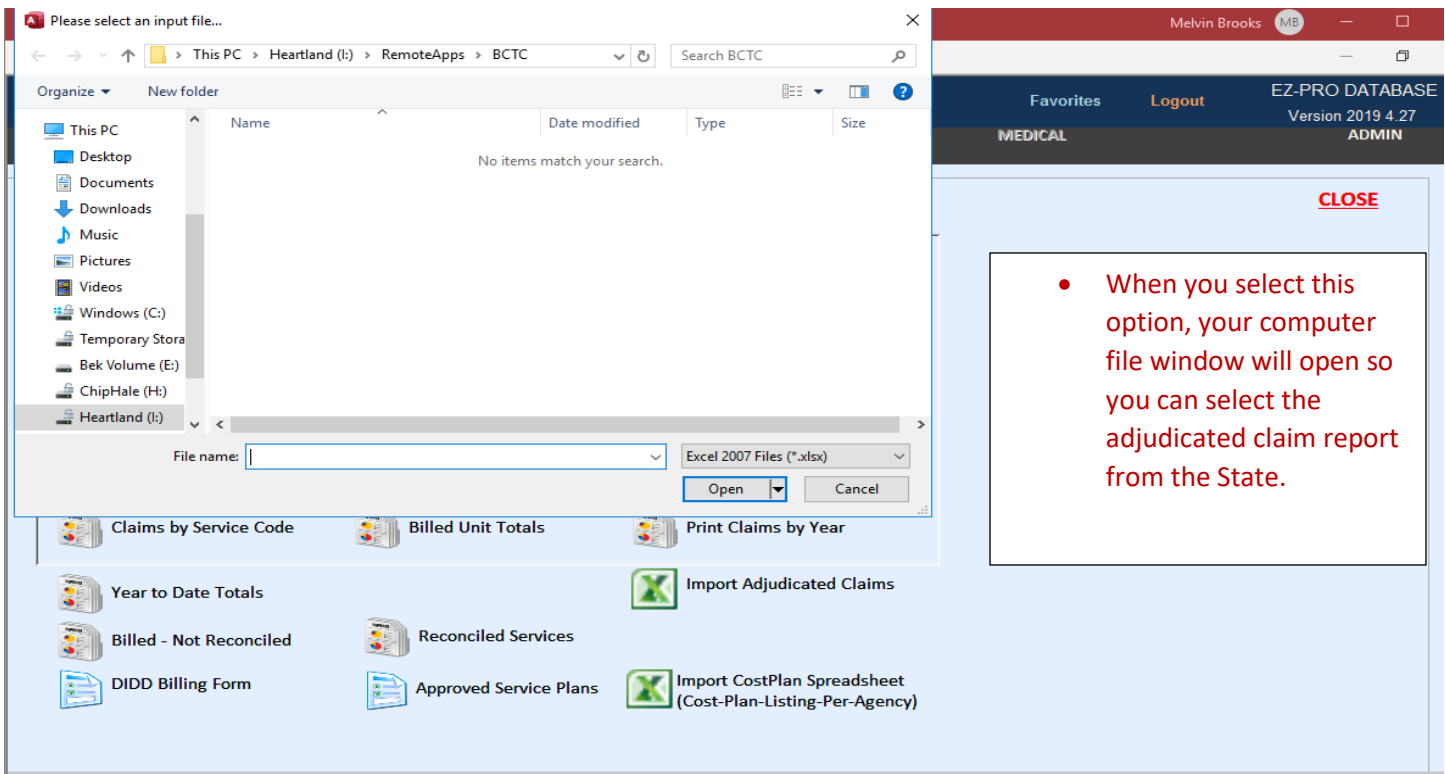
CLOSE

ALL ACTIVE INACTIVE

Service Code	Service Name	Funding Type	Service Rate	Effective Date	End Date	Department	Billing Unit	Site Code	Site	Agency	Max	Ma
6D611	COMMUNITY B/ CB DAY		68.93	07/01/2018	06/30/2019	DAY SERVICES	QUARTER HOUR	CP144		ECOM	23	243
6D713	FACILITY BASE FB DAY - 3		53.44	07/01/2018	06/30/2019	DAY SERVICES	DAILY	D004		ECOM	23	243
5D216	FACILITY BASE FB DAY-6		144.66	08/01/2018	06/30/2019	EAST SIDE	DAILY			E-COM SYSTEM	23	243
6D911	IN HOME DAY	IHD	56.69	07/01/2018	06/30/2019	EAST SIDE	QUARTER HOUR	CP144		ECOM, INC.		
6R683	RESIDENTIAL L	RES3-8+	68.84	07/01/2018	06/30/2019	ECF	ATTENDANCE	R010		ECOM	31	365
6V633	SUPPORTED LT	SL3-3	199.62	01/01/2019	06/30/2019	OTHER AGENCY	ATTENDANCE	SLY63		E-COM SYSTEM	31	365
T2021	UAUB	UAUB	2.75	07/01/2018	06/30/2019	ECF	DAILY			E-COM SYSTEM	120	900
*										E-COM SYSTEM		

- When this screen opens, select your Person Served and appropriate Fiscal Year. This will show all services that Person has approved during the fiscal year you have selected.

L. Import Adjudicated Claims



Please select an input file...

Organize New folder

This PC Desktop Documents Downloads Music Pictures Videos Windows (C:) Temporary Storage Bek Volume (E:) ChipHale (H:) Heartland (I:)

Name Date modified Type Size

No items match your search.

File name: Excel 2007 Files (*.xlsx) Open Cancel

Claims by Service Code Billed Unit Totals Print Claims by Year

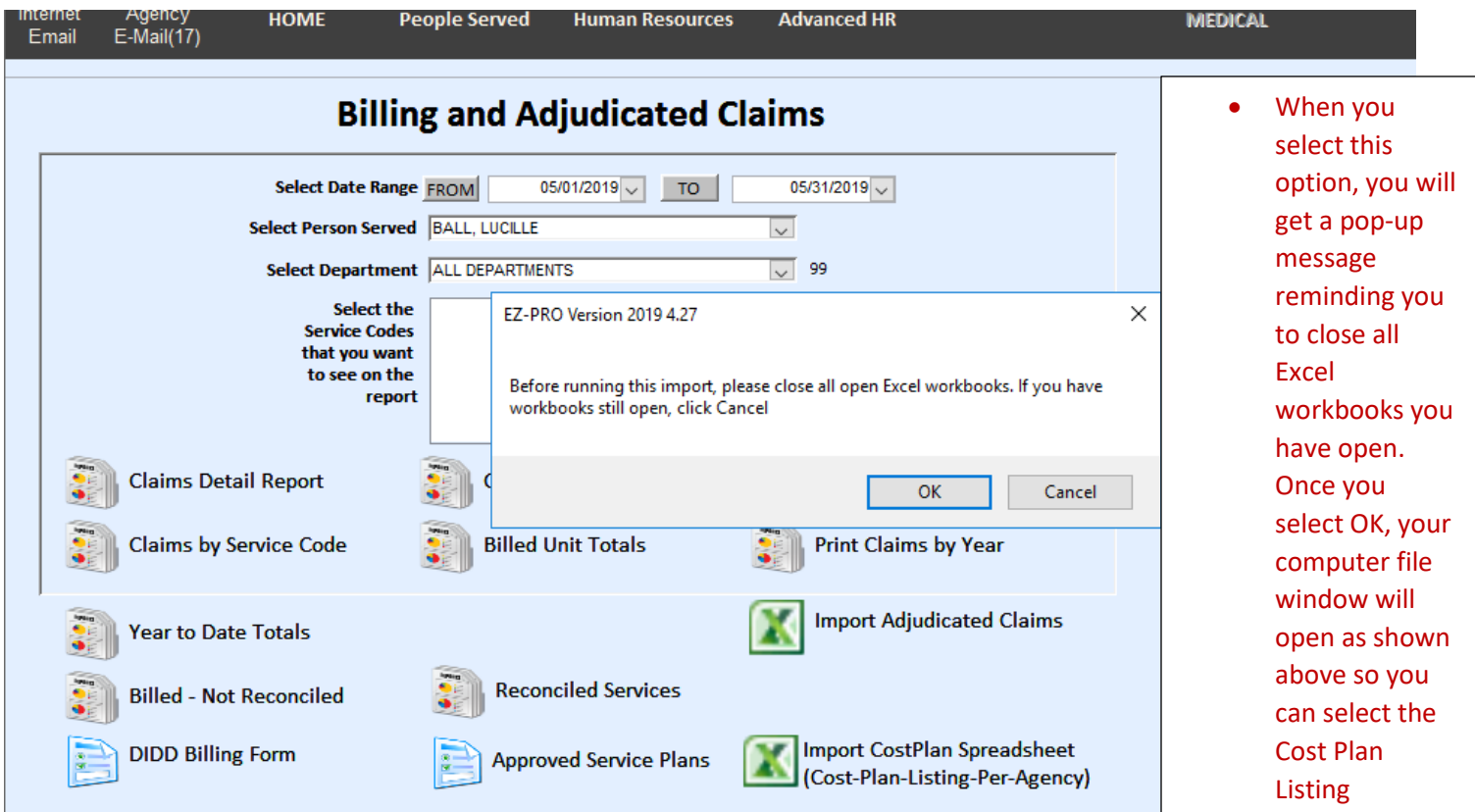
Year to Date Totals Import Adjudicated Claims

Billed - Not Reconciled Reconciled Services

DIDD Billing Form Approved Service Plans Import CostPlan Spreadsheet (Cost-Plan-Listing-Per-Agency)

When you select this option, your computer file window will open so you can select the adjudicated claim report from the State.

M. Import Cost Plan Spreadsheet (Cost-Plan-Listing-Per-Agency)



Internet Agency HOME People Served Human Resources Advanced HR MEDICAL
Email E-Mail(17)

Billing and Adjudicated Claims

Select Date Range FROM 05/01/2019 TO 05/31/2019

Select Person Served BALL, LUCILLE

Select Department ALL DEPARTMENTS 99

Select the Service Codes that you want to see on the report

Claims Detail Report Claims by Service Code Billed Unit Totals Print Claims by Year

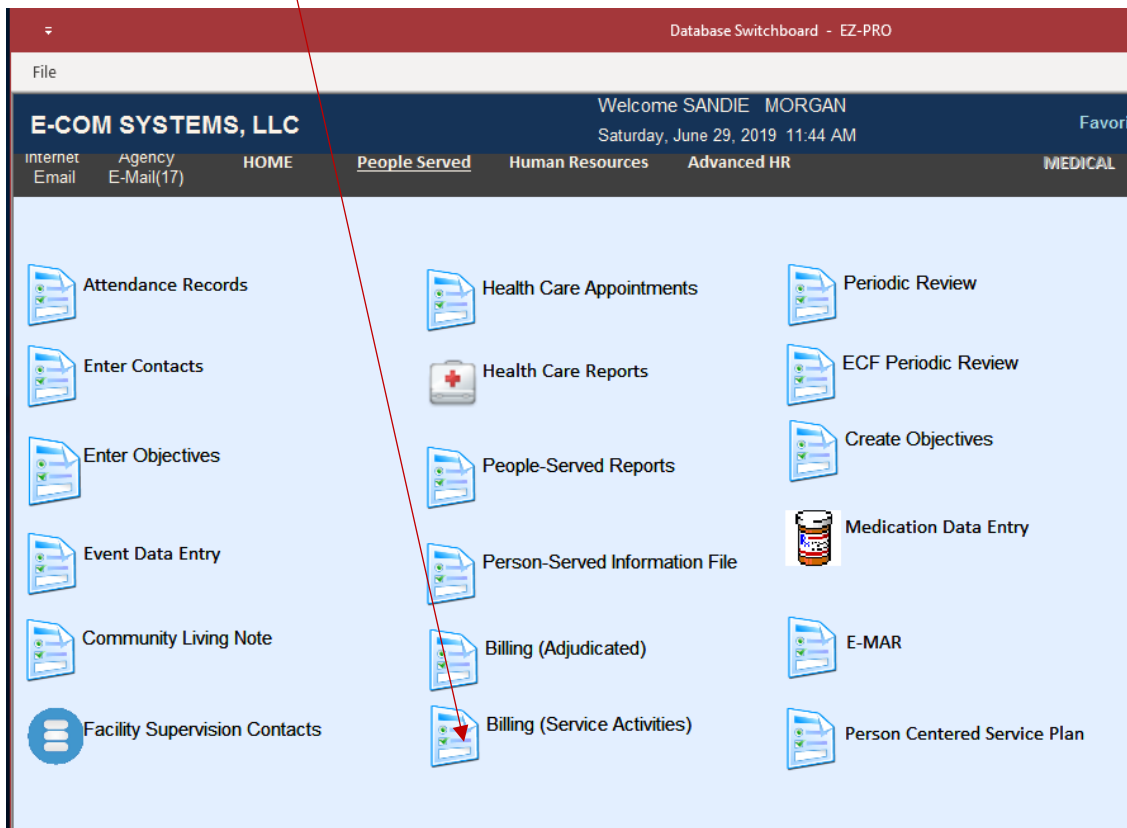
Year to Date Totals Import Adjudicated Claims

Billed - Not Reconciled Reconciled Services

DIDD Billing Form Approved Service Plans Import CostPlan Spreadsheet (Cost-Plan-Listing-Per-Agency)

When you select this option, you will get a pop-up message reminding you to close all Excel workbooks you have open. Once you select OK, your computer file window will open as shown above so you can select the Cost Plan Listing.

12. Billing Service Activities



Enter the date range for reports you wish to view, Select the Person Served or select ALL, Select Department(s), and select Services Codes you wish to view and Programs you want to see on the report.

File

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN

Saturday, June 29, 2019 11:48 AM

Favorites Logout EZ-PRO DATABASE

internet Agency HOME People Served Human Resources Advanced HR MEDICAL

Email E-Mail(17)

Version 2019 4.24

ADMIN

SERVICE ACTIVITY REPORTS [CLOSE](#)

Select Date Range FROM 05/01/2019 TO 05/31/2019

Select Person Served ALL

Select Department ALL DEPARTMENTS

Select the Service Codes that you want to see on the report

SD111 CB DAY
SD214 FB DAY-4
SD216 FB DAY-6
SP311 HOSP ATTND
SD611 CB DAY
SD618Q CB DAY-4
SD713 FB DAY - 3

Select the Programs that you want to see on the report

DAY
EAST
MIDDLE

Services Detail Report

Services by Department

Services by Service Code

Services by Program

Services Billing Report

Billing Report Spreadsheet


Billing Form Spreadsheet


Remember, these reports may have several pages and you always have the option to print or export to PDF, Word, Excel or XML


1. Services Detail Report


File


Report Options


 Print

 Zoom


 One Page


 Two Pages


 More Pages ▾

 Export to PDF

Export to XML

 Close Print Preview

 Export to Word

 Export to Excel

Save AS

Close Preview

Print

Zoom

Save AS

Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Service Activity Detail Report

For the period 5/1/2019 To 5/31/2019

Person Served	Date	Svc Code	Start	Stop	Hours	Rate	Units	Calculated	Dept.	Program							
BALL, LUCILLE	05/17	6D611	2:00 PM	4:00 PM	2.00	\$68.93	8	551.44	26	MIDDLE							
BALL, LUCILLE	05/17	TEMP			0.00	\$0.00	0	0	19	MIDDLE							
BALL, LUCILLE	05/20	6D611	8:00 PM	9:00 PM	1.00	\$68.93	0	0	26	MIDDLE							
BALL, LUCILLE	05/21	6D611	8:16 AM	10:30 AM	2.23	\$68.93	8	551.44	26	MIDDLE							
BALL, LUCILLE	05/21	TEMP			0.00	\$0.00	0	0	19	MIDDLE							
BALL, LUCILLE	05/21	6V633	4:00 PM	11:59 PM	7.98	\$199.62	1	199.62	36	MIDDLE							
BALL, LUCILLE	05/27	6D611	11:00 AM	1:30 PM	2.50	\$68.93	10	689.3	26	MIDDLE							
				BALL, LUCILLE	15.72		27	1991.8									
CHAPLIN, CHARLES	05/21	6D818	8:00 AM	10:00 PM	14.00	\$126.06	1	126.06	30	EAST							
				CHAPLIN, CHARLES	14.00		1	126.06									
Total Hours:					29.72	Total Units:					28	Total Dollars:					2117.86

2. Services by Service Code

E-COM SYSTEMS, LLC										
P.O. Box 911 Cleveland, TN Phone (423) 464-5555										
Service Activity Detail Report										
For the period 5/1/2019 To 5/31/2019										
Person Served	Date	Svc Code	Start	Stop	Hours	Rate	Units	Calculated	Dept.	Program
6D611 COMMUNITY BASED DAY SERVICES										
BALL, LUCILLE	05/17	6D611	2:00 PM	4:00 PM	2.00	\$68.93	8	551.44	26	MIDDLE
BALL, LUCILLE	05/20	6D611	8:00 PM	9:00 PM	1.00	\$68.93	0	0	26	MIDDLE
BALL, LUCILLE	05/21	6D611	8:16 AM	10:30 AM	2.23	\$68.93	8	551.44	26	MIDDLE
BALL, LUCILLE	05/27	6D611	11:00 AM	1:30 PM	2.50	\$68.93	10	689.3	26	MIDDLE
					7.73		26	1792.18		
		6D611			7.73		26	1792.18		
6D818 EMPLOYMENT SUPPORTS SPECIAL NEEDS										
CHAPLIN, CHARLES	05/21	6D818	8:00 AM	10:00 PM	14.00	\$126.06	1	126.06	30	EAST
					14.00		1	126.06		
		6D818			14.00		1	126.06		
TEMP Place Holder Service										
BALL, LUCILLE	05/17	TEMP			0.00	\$0.00	0	0	19	MIDDLE
BALL, LUCILLE	05/21	TEMP			0.00	\$0.00	0	0	19	MIDDLE

3. Services Billing Report

Report Options							
File	Print	Zoom	One Page	Two Pages	More Pages	Export to PDF	Export to XML
						Export to Word	
						Export to Excel	
						Close Print Preview	
						Save AS	Close Preview

E-COM SYSTEMS, LLC							
P.O. Box 911 Cleveland, TN Phone (423) 464-5555							
Service Activity Billing Report							
For the period 5/1/2019 To 5/31/2019							
Person Served	Date	Svc Code	Service Name	Rate	Units	Calculated	Dept.
BALL, LUCILLE	05/17	6D611	COMMUNITY BASED DAY SERVICES	\$68.93	8	\$551.44	26
BALL, LUCILLE	05/20	6D611	COMMUNITY BASED DAY SERVICES	\$68.93	0	\$0.00	26
BALL, LUCILLE	05/21	6D611	COMMUNITY BASED DAY SERVICES	\$68.93	8	\$551.44	26
BALL, LUCILLE	05/21	6V633	REPORTED LIVING LEVEL 3 FOR 3 PEOP	\$199.62	1	\$199.62	36
BALL, LUCILLE	05/27	6D611	COMMUNITY BASED DAY SERVICES	\$68.93	10	\$689.30	26
					27	\$1,991.80	
CHAPLIN, CHARLES	05/21	6D818	EMPLOYMENT SUPPORTS SPECIAL NEED	\$126.06	1	\$126.06	30
					1	\$126.06	
Total Units:				28	Total Dollars:	\$2,117.86	

4. Services by Department

Report Options										
File	Print	Zoom	One Page	Two Pages	More Pages	Export to PDF	Export to XML		Close Print Preview	
						Export to Word				
						Export to Excel				
						Save AS				Close Preview

E-COM SYSTEMS, LLC										
P.O. Box 911 Cleveland, TN Phone (423) 464-5555										
Service Activity Detail Report										
For the period 5/1/2019 To 5/31/2019										
Person Served	Date	Svc Code	Start	Stop	Hours	Rate	Units	Calculated	Dept.	Program
26	DAY SERVICES									
BALL, LUCILLE	05/17	6D611	2:00 PM	4:00 PM	2.00	\$68.93	8	551.44	26	MIDDLE
BALL, LUCILLE	05/20	6D611	8:00 PM	9:00 PM	1.00	\$68.93	0	0	26	MIDDLE
BALL, LUCILLE	05/21	6D611	8:16 AM	10:30 AM	2.23	\$68.93	8	551.44	26	MIDDLE
BALL, LUCILLE	05/27	6D611	11:00 AM	1:30 PM	2.50	\$68.93	10	689.3	26	MIDDLE
			BALL, LUCILLE		7.73		26	1792.18		
			DAY SERVICES		7.73		26	1792.18		

5. Services by Program

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Close Preview

Print

Zoom

Save AS

Close Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Service Activity Detail Report

For the period 5/1/2019 To 5/31/2019

Person Served	Date	Svc Code	Start	Stop	Hours	Rate	Units	Calculated	Dept.	Program
EAST										
CHAPLIN, CHARLES	05/21	6D818	8:00 AM	10:00 PM	14.00	\$126.06	1	126.06	30	EAST
					14.00		1	126.06		
					EAST	14.00	1	126.06		

6. Billing Report Spreadsheet

File

Report Options

Print Contacts Billable

Zoom

One Page

Two Pages

More Pages

PDF or XPS

Word

Export to Excel

Close Print Preview

Publish Contacts Billable

BillingContact

Zoom

Save As

Close Preview

Publish

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Saturday, June 29, 2019

BILLING REPORT SPREADSHEET

Page 1 of 1

For the period 5/1/2019 To 5/31/2019

LEGEND: 1 FOLLOW ALONG 2 INDIVIDUAL EMPLOYMENT 3 COMMUNITY BASED 4 GROUP EMPLOYMENT 5 FACILITY BASED 12 IN HOME DAY

BALL, LUCILLE

Age: 70

UNITS SERVED

PROGRAM: MIDDLE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TTL
Service	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	TTL
SL33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	
CB DAY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	8.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00	0.00	0.00	26.00	
Daily Totals																	8.00				9.00					10.00					27.00	

CHAPLIN, CHARLES

Age: 78

UNITS SERVED

PROGRAM: EAST

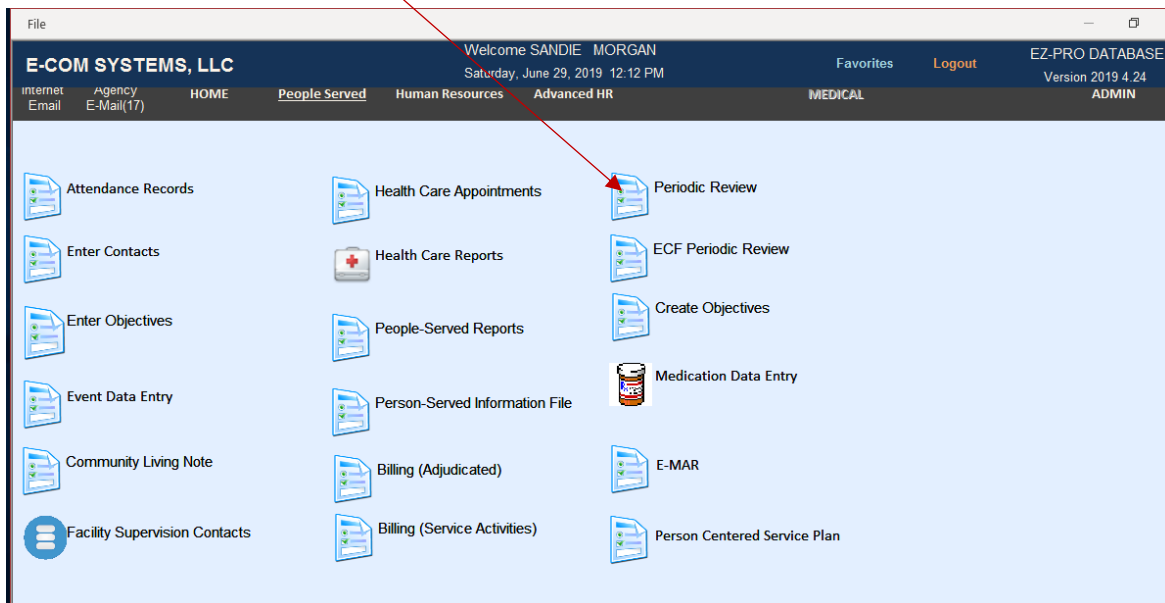
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TTL
Service	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	TTL
EVP - SN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	
Daily Totals																					1.00										1.00	

Service Provider Signature By

7. Billing Form Spreadsheet

File																																			
FROM		05/01/2019		TO		05/31/2019		Program		ALL		Person Served		ALL PERSONS		Refresh		Department		ALL DEPARTMENTS															
Person's Name	Service Code	Rate	Type Of Service	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
BALL, LUCILLE	6D611	68.93	CB DAY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	8	0	0	0	0	0	0	0	0	0	0	26
BALL, LUCILLE	6R683	68.84	RES3-8+	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
BALL, LUCILLE	6V633	199.62	SL3-3	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	11
BALL, LUCILLE	TEMP	0.00	Place Holder																																
CHAPLIN, CHARLES	6D818	126.06	EMP - SN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1

13. Periodic Review



- This is where the person designated, in your agency, will go to complete the periodic review form. In some agencies several different people contribute to this form. All data entered throughout the month will automatically show under the appropriate heading.

1. Attendance

ServicesBillingSpreadsheetForm - EZ-PRO

Melvin Brooks

File

FROM05/01/2019TO05/31/2019ProgramALLPerson ServedALL PERSONS

RefreshDepartmentALL DEPARTMENTS

Person's Name	Service Code	Rate	Type Of Service	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Units
BALL, LUCILLE	6D611	68.93	CB DAY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	8	0	0	0	0	0	10	0	0	0	0	26
BALL, LUCILLE	6R683	68.84	RES3-8+	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
BALL, LUCILLE	6V633	199.62	SL3-3	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	11
BALL, LUCILLE	TEMP	0.00	Place Holder																																
CHAPLIN, CHARLES	6D818	126.06	EMP - SN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1

- The attendance will automatically show here if you have documented the services as billable.

File

Find Person **BALL, LUCILLE** From **5/1/2019** To **5/31/2019** < Last Month Next Month> **Print** **CLOSE**

Person **LUCILLE BALL** Program Supervisor **KANARSKI, A** **View Completed Objectives**

ATTENDANCE EVENTS MEDICAL NURSING OBJECTIVES SOCIAL QUESTIONS

BALL, LUCILLE **HOURS SERVED**

Contact Type	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	TTL
CB DAY																																
SL3-3																																
Place Hold																																
Daily Totals																																
CB COMMUNITY BASED																																
EFA FOLLOW ALONG																																
EGM GROUP EMPLOYMENT																																
EI INDIVIDUAL EMPLOYMENT																																
FB FACILITY BASED																																
PA PERSONAL ASSISTANCE																																

LEGEND 1 FOLLOW ALONG 2 INDIVIDUAL EMPLOYMENT 3 COMMUNITY BASED 4 GROUP EMPLOYMENT 5 FACILITY BASED Ttl Days

Service Code Dept P L H TTL 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Did the person receive services from your agency in the amount and frequency as authorized in section C. of the ISP?

Type of Service	All Authorized Units Provided?	If No, What is the Reason for the Units Not Provided?
1. <input type="text"/>	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="text"/>
2. <input type="text"/>	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="text"/>
3. <input type="text"/>	<input type="checkbox"/> Yes. <input type="checkbox"/> No	<input type="text"/>

It is important to note lack of attendance and the reason, in this area

2. Events

File

Find Person **BALL, LUCILLE** From **5/1/2019** To **5/31/2019** < Last Month Next Month> **Print** **CLOSE**

Person **LUCILLE BALL** Program Supervisor **KANARSKI, A** **View Completed Objectives**

ATTENDANCE **EVENTS** MEDICAL NURSING OBJECTIVES SOCIAL QUESTIONS

EVENTS

SR Name **BALL, LUCILLE**

From **5/1/2019** To **05/31/2019**

Accidents (2) Behaviors (0) Incidents (1) Seizures (1)

The events tab will show you any events for the period you are reviewing.

If you click on the buttons (Accidents/Behaviors/Incidents/Seizures), it will bring up a preview of these, as shown below.

Accidents Review Pop-Up

Find Person BALL, LUCILLE
 Person LUCILLE BALL

From 5/1/2019 To 5/31/2019
 Program Supervisor KANARSKI, A

< Last Month Next Month >

Print CLOSE

View Completed Objects

ATTENDANCE EVENTS MEDICAL NURSING OBJECTIVES SOCIAL QUESTIONS

EVENTS

SR Name BALL, LUCILLE

From 5/1/2019 To 05/31/2019

Accidents
(2)

Behaviors
(0)

Incidents
(1)

Seizures
(1)

Accidents
X

Event: ACCIDENT for Recipient: BALL, LUCILLE
CLOSE

Date	Time	Address Of Event	Location Of Event	Staff	ID# 475856
05/27/2019		Hunt Place 911	IN COMMUNITY	MORGAN, SANDIE DIRECTOR HR	
Category Of Injury	Area of body Injured	Injury Sustained	Medical Interventions		
SERIOUS INJURY	ARM	CUT/LACERATION	EMERGENCY ROOM		

Comments Lucy was at the Sportsplex walking. She fell and landed on her right arm. It appeared to be fractured. Staff immediately took her to the local Emergency Room. An xray was completed which confirmed it was fractured. She was referred to the Bone and Joint Clinic to be set.

There may be several pages

Record: 1 of 2 Filtered Search

3. Medical

Find Person BALL, LUCILLE
 Person LUCILLE BALL

From 5/1/2019 To 5/31/2019
 Program Supervisor KANARSKI, A

< Last Month Next Month >

Print CLOSE

View Completed Objectives

ATTENDANCE EVENTS MEDICAL NURSING OBJECTIVES SOCIAL QUESTIONS

Contact#	Date	Type Of Contact	Staff	Time Involved	Follow Up Req
144463	5/22/2019	Medical Visit	MORGAN, SANDIE	5	<input checked="" type="checkbox"/>
Who Contacted	Title Of Contact Person	How Contacted	Location Of Contact		
EDGEFIELD, MICHAEL	AGENCY STAFF	DOCUMENTATION MED APPT	MEDICAL SERVICES		

Annual check-up

Record: 1 of 2 No Filter Search

If any medical or psychiatric consults, hospitalizations, or health-related issues or problems occurred during the review period, is there anything that we need to do, follow-up on, or change in how the person is supported?

☒ No action or change needed.

☐ Yes, these actions or changes are indicated:

4. Nursing

File

Find Person From To < Last Month Next Month >

Person Program Supervisor

ATTENDANCE EVENTS MEDICAL **NURSING** OBJECTIVES SOCIAL QUESTIONS

Contact#	Date	Type Of Contact	Staff	Time Involved	Follow Up Req
1705998	5/17/2019	NURSING RELATED-LPN	MORGAN, SANDIE	60	<input type="checkbox"/>
Who Contacted		Title Of Contact Person	How Contacted	Location Of Contact	
PERSON SERVED		PERSON SERVED	FACE-TO-FACE	HOME	
SEE COMMUNICATION NOTE					

Record: 14 1 of 3 No Filter Search

5. Objectives

File

Find Person From To < Last Month Next Month >

Person Program Supervisor

ATTENDANCE EVENTS MEDICAL **NURSING** **OBJECTIVES** SOCIAL QUESTIONS

Contact#	Date	Type Of Contact	Staff	Time Involved	Follow Up Req
1705998	5/17/2019	NURSING RELATED-LPN	MORGAN, SANDIE	60	<input type="checkbox"/>
Who Contacted		Title Of Contact Person	How Contacted	Location Of Contact	
PERSON SERVED		PERSON SERVED	FACE-TO-FACE	HOME	
SEE COMMUNICATION NOTE					

Record: 14 1 of 3 No Filter Search

Microsoft Access
-2147467259 Could not find stored procedure 'Objective_Percenrages'.

Record: 14 NOS

How are we doing with implementing Personal Outcomes and providing Supports for Daily Life as stated in the ISP?

What is the Personal Outcome or Support for Daily Life?	What was Tried and Learned?	Are There Any Barriers We Should Address or Changes Needed to the ISP? (If Yes, Describe)

6. Social

Find Person From To < Last Month Next Month >

Person Program Supervisor

ATTENDANCE EVENTS MEDICAL NURSING OBJECTIVES **SOCIAL** QUESTIONS

In this area, this is where the Case Manager or designated person would write a social summary for the month in review.

Record: 14 < > >> No Filter Search

7. Questions

Find Person From To < Last Month Next Month >

Person Program Supervisor

ATTENDANCE EVENTS MEDICAL NURSING OBJECTIVES **SOCIAL** **QUESTIONS**

Important for these questions to be answered by Case Manager or designated person monthly.

If changes are needed, the ISC should be contacted

Are Services and Supports being implemented as Documented in the Cost Plan and ISP? ☐ YES ☐ NO
If NO, Explain:

Are any Changes in Services Needed? ☐ YES ☐ NO
If YES, Explain:

Does the ISP Outcomes address all Funded Services? <input type="radio"/> YES <input type="radio"/> NO If NO, Explain: <input type="text"/>	Does an Outcome need to be Revised? <input type="radio"/> YES <input type="radio"/> NO If YES, Explain: <input type="text"/>
---	---

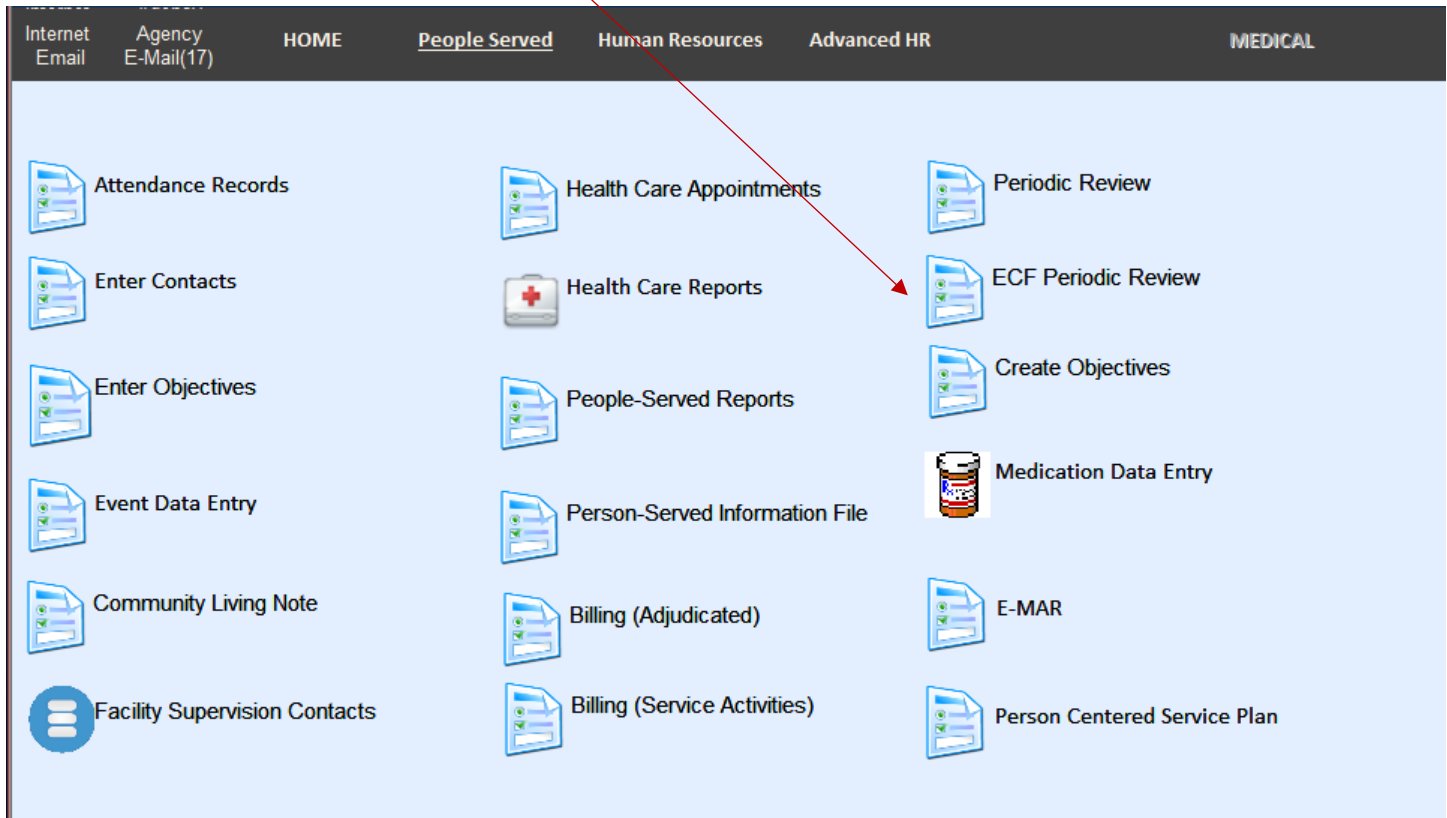
Dept Responsible

As a result of your agency's overall review and oversight activities this period, have we learned anything new or different about what is important to or important for this person, or what others need to know to support the person?

In reviewing the ISP, has anything been learned or discovered that changes or adds significantly to what is important to, or what is important for this person or what others need to know to support the person? Would this new or changed information make a difference in how the person is supported, or in whether he/she has a good or bad day? Consider information from learning logs, daily notes, incident reviews, high risk reviews, healthcare oversight, funds management, reviews of supports, interactions with the family or the conservator, etc.

☒ **No changes are needed to the ISP.**
☐ **Yes, we've learned or discovered some new or different information that could make a difference in how this person is supported and we propose updating the ISP as follows:**

14. ECF Periodic Review



File

EZ-PRO Melvin Brooks MB

Find Recipient **BALL, LUCILLE** on 2019 4.27 From 5/1/2019 To 5/31/2019 < Last Month Next Month > **CLOSE**

Recipient **LUCILLE BALL** Case Manager **KANARSKI, A**

EVENTS PCSP MEDICAL OUTCOMES QUESTIONS OTHER

EVENTS

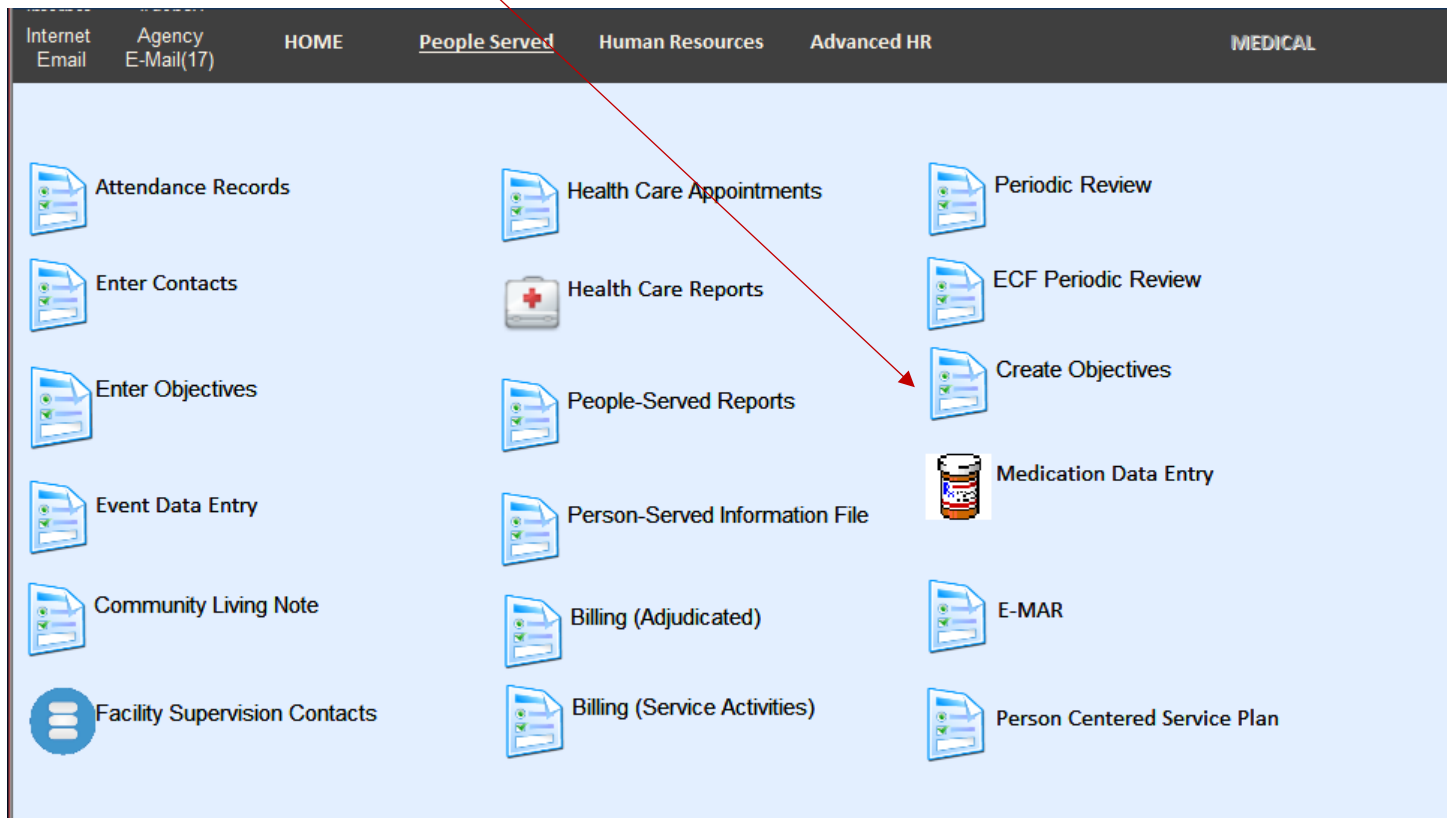
SR Name **BALL, LUCILLE**

From 5/1/2019 To 05/31/2019

Accidents (2) Behaviors (0) Incidents (1) Seizures (1) Med Variances (3)

- Enter Person Served Name and the month you are reviewing
- Tab through each Tab and enter Appropriate information.
- Refer to instructions noted on the Periodic Review Form

15. Create Objectives



Select the person served and other criteria listed

File

OBJECTIVES

Person: BALL, LUCILLE

Persons: ☐ ALL ☒ ACTIVE ☐ INACTIVE

Objectives: ☐ ALL ☒ ACTIVE ☐ INACTIVE

Print Current Print ALL

BALL, LUCILLE

Objective Number: 2019-1 Title: Total Records: 6

Add Duplicate First Previous Next Last CLOSE

Outcome: CLIENT Type Of Objective: Training Objective

Objective: Lucy wants to learn appropriate telephone skills

Start Date: 6/29/2019 Target Date: 06/28/2020 Date Achieved:

Expected Attempts Per Month: 8 Expected Attempts Per Year: 96

Staff Instructions: Assit Lucy making phone calls to friends and teach her appropriate social skills and conversation.

* Click here to Add Task Steps

Prompts/Data Collection: Level of Prompts (I=Independent, VP=Verbal Promp) Sunday

Schedule: ☐ Monday ☒ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☐ As Occurs ☐ Monthly

Number of times per day: 1 Time of Day: ANYTIME 18720

Location: Day Program

Responsible for training: Direct Support Staff

Responsible for review: AURELIA M KANARSKI

INACTIVE ☐

* Use the F7 key to spell check on any text box

2014-1
2015-7.6
2018-1
2019-1

CLIENT
CLIENT
Training Objective
Training
Training Objective

Use the > and < buttons to navigate through objectives

Use the >* button to set up a new objective

Click on the objectives listed in this box to go directly to that objective

Make Selected Inactive

To make an objective inactive, click "INACTIVE" box

To CREATE a new objective:

- Select you Person Served **Select >***
- Enter your objective Number (you may number these any way you wish, but most use the year first format and then number them consecutively (2019-1; 2019-2))
- Select Who is responsible for this outcome (use the pull down menu)
- Select Type of Objective
- Give a narrative of the actual objective
- Enter and start and target (end) date

File

OBJECTIVES

Person: BALL, LUCILLE

Persons: ☐ ALL ☒ ACTIVE ☐ INACTIVE

Objectives: ☐ ALL ☒ ACTIVE ☐ INACTIVE

Print Current Print ALL

BALL, LUCILLE

Objective Number: 2019-1 Title: Total Records: 6

Outcome: CLIENT Type Of Objective: Training Objective

Objective: Lucy wants to learn appropriate telephone skills

Start Date: 6/29/2019 Target Date: 06/28/2020 Date Achieved:

Expected Attempts Per Month: 8 Expected Attempts Per Year: 96

Staff Instructions: Assit Lucy making phone calls to friends and teach her appropriate social skills and conversation.

Click here to Add Task Steps

Prompts/Data Collection: Level of Prompts (I=Independent, VP=Verbal Promp) ☐ Sunday

Schedule: ☐ Monday ☒ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☐ As Occurs ☐ Monthly

Number of times per day: 1 Time of Day: ANYTIME

Location: Day Program

Responsible for training: Direct Support Staff

Responsible for review: AURELIA M KANARSKI

INACTIVE ☐

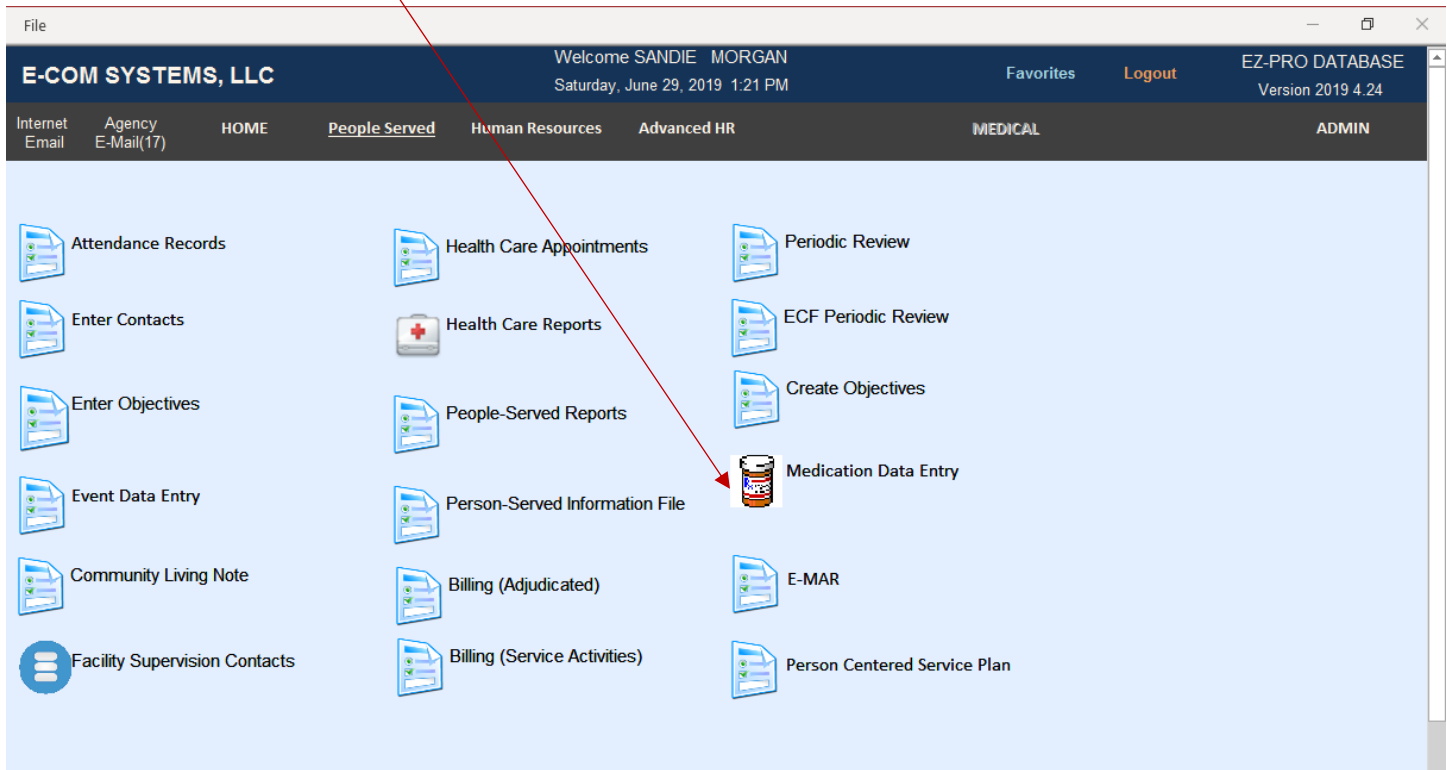
* Use the F7 key to spell check on any text box

2014-1	CLIENT
2015-7.6	CLIENT
2016-1	Training Objective
2019-1	Training Objective

- Enter expected attempts per month and per Year
- Add any staff instructions here and select "click here to add task steps" if any
- Select the level of prompts needed from the pull-down menu
- Select the days the person served should work on this objective

- Select how many times per day and what time of day
- Select the Program location from the pull-down menu
- Select who is responsible to train this objective
- Select who is responsible to review this objective

16. Medication Data Entry



Page 1 of 4 Medication Data Entry

MEDICINE DATA ENTRY

Recipient: BALL, LUCILLE | 555-55-5077 | BALL | LUCILLE

Display: ALL Meds | Current Meds | All Allergies | Current Allergies

Special Instructions | CLOSE | Pharmacy

Medicine	Strength	Dosage	Frequency	PRN	Psychotropic	Infection	Routes	Start	StartTime
A&B OTIC DROPS								02/02/2018	
ACETIC ACID								06/08/2018	
CHECK TEMP	NOTIFY HOSPIC	IF >100 DEGREES	PRN	Y			ORAL	02/11/2015	12:00 AM
CLEAN & DRY	AFTER EACH	INCONTINENCE	DOC Q SHIFT	T			TOPICAL	10/07/2014	12:00 AM
FLOAT HEELS	KEEP OF BED	AT ALL TIMES	DOC Q SHIFT	T			N/A	02/11/2015	12:00 AM
FLUID INTAKE	STAFF TO	ENCOURAGE	FLUIDS	T			ORAL	10/07/2014	12:00 AM
FOLEY CATHETER	USE LEG STRA	TO HOLD IN PLAC	18FR DOC QSHIFT	T			N/A	03/10/2015	12:00 AM
HEAD OF BED ELEVATED	TO 30 DEGREE		AT HS	T			N/A	10/07/2014	12:00 AM
HOLD FEEDING	&MEDS IF UNAWAKEN		PRN	Y			N/A	03/12/2015	12:00 AM
ORTAB	5/500MG	1/2TAB W/FOOD-H	Q 6 HRS ROUTINE	N			ORAL	03/08/2015	12:00 AM

Records: 1 of 25 | No Filter | Search

EffectiveDate	Allergies	AdverseReactions	InactiveDate
	CARBAMEZAPINE (GENERIC TEGRETOL ONLY)	WEIGHT LOSS	
	DARVOCET	HAS HAD IN 2002 W/O REACTION	
	PENICILLIN	NONE LISTED	

You may enter any allergies here

- From this page, you can view/display "All Meds", "Current Meds", "All Allergies", "Current Allergies", any "Special Instructions" and the "Pharmacy"
- You may enter new medications with all the detail regarding the meds
 - Medicine
 - Strength
 - Dosage
 - Frequency
 - PRN (yes or no)
 - Psychotropic (check box if this applies)
 - Infection (check box if this med is given for infection)
 - Routes of meds
 - Start date and start time

Page 2 of 4 Medication Data Entry

File

MEDICINE DATA ENTRY ALL ACTIVE INACTIVE Display ALL Meds Display All Allergies Special Instructions CLOSE

Recipient: BALL, LUCILLE 555-55-5077 BALL LUCILLE

Pharmacy

Medicine	Stop	StopTime	Recurrence	Blood	BloodLevelDat	ReasonMedGiven	ICD 10	C
A&B OTIC DROPS			DAILY. No Times Specified					
ACETIC ACID			On selected dates			FEVER	B35.4	
CHECK TEMP						INCONT.		
CLEAN & DRY						PREVENT SKIN BREAKDO		
FLOAT HEELS						NOT DRINKING FLUIDS		
FLUID INTAKE						URINARY RETENTION		
FOLEY CATHETER						HYPOXIA		
HEAD OF BED ELEVATED						N/A		
HOLD FEEDING						PAIN	023	
LORTAB			DAILY					

Record: 1 of 25 No Filter Search

EffectiveDate	Allergies	AdverseReactions	InactiveDate
	CARBAMEZAPINE (GENERIC TEGRETOL ONLY)	WEIGHT LOSS	
	DARVOCET	HAS HAD IN 2002 W/O REACTION	
	PENICILLIN	NONE LISTED	

- As you continue to scroll to the right of this screen
- Continuing with the detail of the medication you are entering:
 - Medicine
 - Stop date & Stop time
 - Recurrence
 - Blood Level and Blood Level Date
 - Reason Med Given
 - ICD 10

Page 3 of 4 Medication Data Entry

MEDICINE DATA ENTRY ALL ACTIVE INACTIVE Display ALL Meds Display All Allergies Special Instructions CLOSE

Recipient: BALL, LUCILLE 555-55-5077 BALL LUCILLE

Pharmacy

Medicine	CarePlan	Ordering Practitioner	SpecialInstructions	Generic	RXNumber	MARTime1	MARTime2	MARTime3	MARTime4
A&B OTIC DROPS	<input type="checkbox"/>	DR. FEEL BETTER		ANTIPYRINE/BE					
ACETIC ACID	<input checked="" type="checkbox"/>	DR. FEEL BETTER		ACETIC ACID	123	9:30A			
CHECK TEMP	<input type="checkbox"/>	HOSPICE OF CHATT	NOTIFY HOSPICE NURSE OF TEM	N/A		P	R	N	
CLEAN & DRY	<input type="checkbox"/>	BETTER, FEEL PA-C		CHECK EVERY		4:30A			
FLOAT HEELS	<input type="checkbox"/>	HOSPICE OF CHATT	HAVE HEELS HANGING OFF PILL	N/A		7 AM	12 N	5 PM	9 PM
FLUID INTAKE	<input type="checkbox"/>	BETTER, FEEL PA-C	STAFF MUST ENCOURAGE FLUID	N/A		7 AM	12 N	5 PM	9 PM
FOLEY CATHETER	<input type="checkbox"/>	HOSPICE OF CHATT	CLEAN TUBING WITH SOAP AND	N/A		7 AM	12 N	5 PM	9 PM
HEAD OF BED ELEVATED	<input type="checkbox"/>	BETTER, FEEL PA-C		N/A		7 AM	12 N	5 PM	9 PM
HOLD FEEDING	<input type="checkbox"/>	HOSPICE OF CHATT	HOLD ORAL MEDICATIONS AND F	N/A		P	R	N	
LORTAB	<input type="checkbox"/>	HOSPICE OF CHATT	MAY CRUSH. ADMINISTER EVER	HYDROCODONE		6AM	12 N	6PM	11:30P

Record: 1 of 25 No Filter Search

EffectiveDate	Allergies	AdverseReactions	InactiveDate
	CARBAMEZAPINE (GENERIC TEGRETOL ONLY)	WEIGHT LOSS	
	DARVOCET	HAS HAD IN 2002 W/O REACTION	
	PENICILLIN	NONE LISTED	

- Continuing to scroll to the right of screen
- Continuing with detail of medication you are entering
 - Care Plan
 - Ordering Practitioner
 - Special Instructions
 - Generic
 - RX Number
 - MAR Time 1 through 4

File

MEDICINE DATA ENTRY

ALL
ACTIVE
INACTIVE

Display
ALL Meds
Current Meds

Display
All Allergies
Current Allergies

Special Instructions

CLOSE

Recipient
BALL, LUCILLE
555-55-5077
BALL
LUCILLE

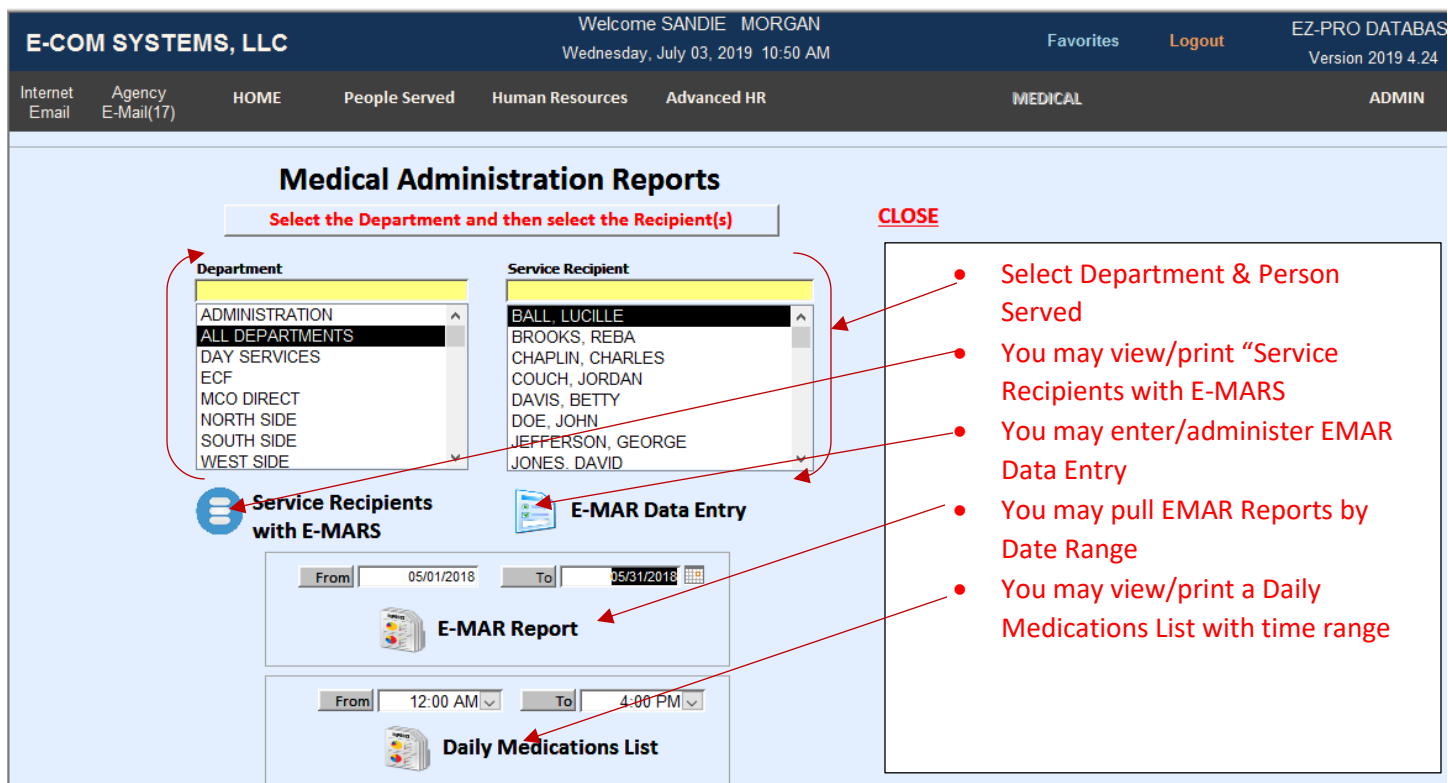
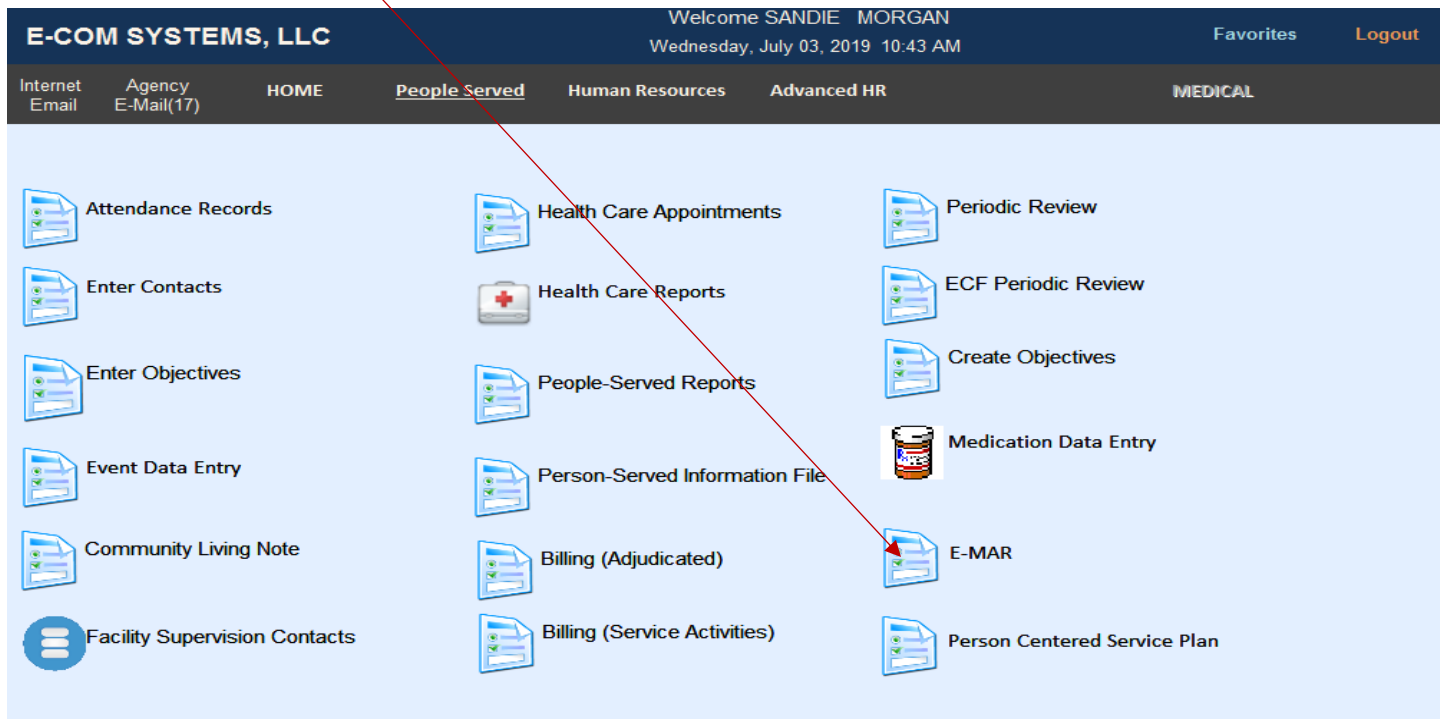
Medicine	RXNumber	MARTime1	MARTime2	MARTime3	MARTime4	CreatedBy	ModifiedBy	DrugType	NDC
ACETIC ACID	123	9:30A	R	N		KANARSKI, AU	BROOKS, MEL	ANTH-INFECTIVE	
CHECK TEMP							BROOKS, MEL	N/A	
CLEAN & DRY		4:30A					BROOKS, MEL	N/A	
FLOAT HEELS		7 AM	12 N	5 PM	9 PM	KANARSKI, AU	BROOKS, MEL	N/A	
FLUID INTAKE		7 AM	12 N	5 PM	9 PM		BROOKS, MEL	N/A	
FOLEY CATHETER		7 AM	12 N	5 PM	9 PM	KANARSKI, AU	BROOKS, MEL	N/A	
HEAD OF BED ELEVATED		7 AM	12 N	5 PM	9 PM		BROOKS, MEL	N/A	
HOLD FEEDING		P	R	N		KANARSKI, AU	BROOKS, MEL	N/A	
LORTAB		6AM	12 N	6PM	11:30P	KANARSKI, AU	BROOKS, MEL	ANALGESIC	
LOTION		7 AM	12 N	5 PM	9 PM		BROOKS, MEL	MOISTURIZER	

Record: 11 of 25
No Filter
Search

EffectiveDate	Allergies	AdverseReactions	InactiveDate
	CARBAMEZAPINE (GENERIC TEGRETOL ONLY)	WEIGHT LOSS	
	DARVOCET	HAS HAD IN 2002 W/O REACTION	
	PENICILLIN	NONE LISTED	

- Continuing to scroll to the right of the screen – last page
- Continuing to enter medication details
 - MARTime 1 through 4
 - Created By
 - Modified By
 - Drug Type
 - NDC

17. EMAR



1. Person Served with E-MARS

File

Clients With Completed MARS

Department: ALL From: 05/01/2018 To: 05/31/2018

cboClientID

BALL, LUCILLE

2. EMAR Data Entry

File

LUCILLE 'LUCY' BALL Add Med


7/3/2019 Change Date 18155

1st Shift 8A - 4P 2nd Shift 4P - 12A 3rd Shift 12A - 8A ALL

C	Medicine	Generic	Time
<input type="checkbox"/>	LORTAB	HYDROCODON	12:00 PM
<input checked="" type="checkbox"/>	REGLAN	METOCLOPRAM	02:00 PM
<input type="checkbox"/>	FLOAT HEELS	N/A	
<input type="checkbox"/>	FLUID INTAKE	N/A	
<input type="checkbox"/>	FOLEY CATHETER	N/A	
<input type="checkbox"/>	HEAD OF BED ELEVATED	N/A	
<input type="checkbox"/>	LOTION	N/A	
<input type="checkbox"/>	OXYGEN	N/A	
<input type="checkbox"/>	POSITION CHANGE	N/A	
<input type="checkbox"/>	CHECK TEMP	N/A	
<input type="checkbox"/>	HOLD FEEDING	N/A	
<input type="checkbox"/>	MILK OF MAGNESIA	FP MOM LIQUII	
<input type="checkbox"/>	NOTIFY HOSPOCE	N/A	
<input type="checkbox"/>	NUTRITIONAL SUPPLEMENT	N/A	
<input type="checkbox"/>	SENSICARE	N/A	
<input type="checkbox"/>	VAGUS NERVE STIMULATOR		

ALLERGIES: CARBAMEZAPINE (GENERIC TEGRETOL ONLY), DARVOCET, PENICILLIN, , ,

DIETS: LOW FAT, LOW CHOLESTEROL, HIGH PROTEIN, HIGH FIBER, 6-8OZ GLASSES WATER/DAY
 [TEXTURE: PUREED SMOOTH W/ NO LUMPS]
 [LIQUID TEXTURE: Pudding Thickened]
 MED ADMIN: CRUSHED IN SOFT FOODS, OR RECTALLY



LORTAB 7/3/2019 Given Administrator

Medicine	Time	Given	Administrator	Notes
6A, 6P, 11:30P, Noon		8:00 AM	S. MORGAN	Notes
REGLAN		8:00 AM	S. MORGAN	Notes
SENNA				

Generic: hydrocodone
 Strength: 5/500MG
 Dose Order: 1/2TAB W/FOOD-H
 Frequency: Q 6 HRS ROUTINE
 Reason: pain
 Drug Type: ANALGESIC
 Start: 03/08/2015 12:00 am
 Stop:
 Route: ORAL
 Last Admin: 4/10/2019 12:26:00 PM

Glucose Monitoring ADMINISTER SKIP CLOSE

Vital Signs

SPECIAL INSTRUCTIONS: MAY CRUSH. ADMINISTER EVERY 6 HRS ROUTINE.

- Make sure your date is correct
- Select the shift you are working
- Put a check in the box of the medication you are administering
- Select "ADMINISTER", a pop-up screen will ask for your password, once you enter this, it will show that you administered the med(s) in this box
- You may also enter Glucose Monitoring and Vital Signs from this screen

A. Glucose Monitoring

Blood Sugar Documentation

ALL ACTIVE INACTIVE CLOSE

Recipient: BALL, LUCILLE FROM: 06/03/2019 TO: 07/03/2019

Date	Time	Glucose Lvl	Injection Site	Type/Amount Insulin Given or other intervention		
*						

Record: 1 of 1 No Filter Search

Submit Glucose Readings

Date	Time	Glucose Lvl	Injection Site	Type/Amount Insulin Given or other interventio	Nurse's Signature	

B. Vital Signs

[illegible]

3. EMAR Reports

File Report Options

4. Daily Medications List

File **Report Options**

Print Zoom One Page Two Pages More Pages

Export to PDF Export to XML Close Print Preview Close Preview

Export to Word Save AS

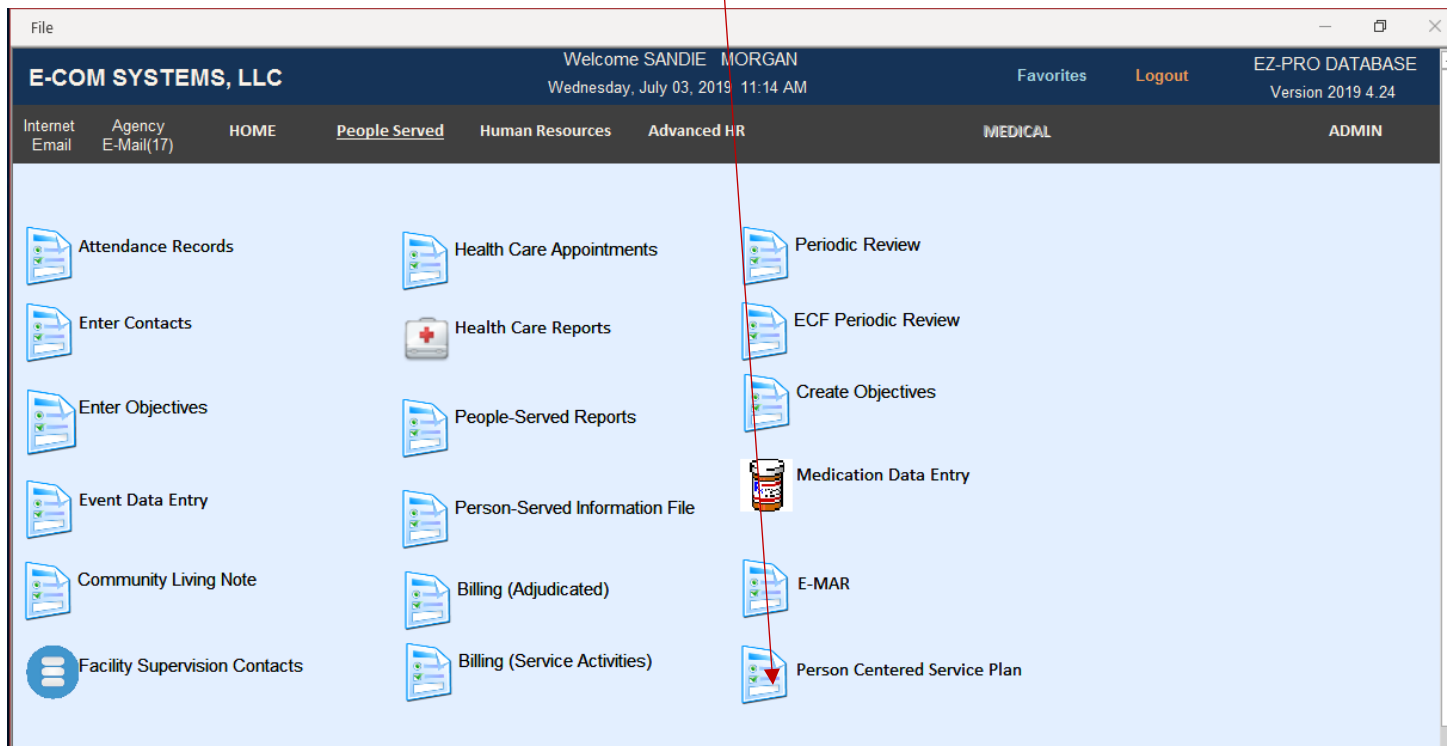
Export to Excel

E-COM SYSTEMS, LLC								
P.O. Box 911 Cleveland, TN Phone (423) 464-5555								
Current Shift Medications between 12:00 AM and 4:00 PM								
BALL, LUCILLE								
CURRENT MEDS								
Name / Medicine	Strength & Dosage	Frequency / Routes / Reason	Start / Stop	Administer				
HYDRO	1 TAB	QW	06:00AM	07:00 AM				
LORAN	20MG	1ST DENT DOCCO QW RAVIT OVAL PAIN	06:00AM	08:00 AM				
URICA	20MG	1 TID	06	OVAL SCABIES	06:00AM	07:00 AM		
MIRALAX	850 MG	1TID DOCCO QW	OVAL CLOSTRIDIUM	06:00AM	07:00 AM			
SINERGO	25MG	1 TID	06	OVAL HYPOHYPOTHESIS	06:00AM	07:00 AM		
REGULIN	18G	1TID DOCCO TO	OVAL DIAPYCNOSIS	06:00AM	08:00 AM			
ZONIA	RUG LOGIC 1 TID	06	OVAL CONSTITUTION	06:00AM	08:00 AM			
LORAN	20MG	1ST DENT DOCCO QW RAVIT OVAL PAIN	06:00AM	12:00 PM				
REGULIN	18G	1TID DOCCO TO	OVAL DIAPYCNOSIS	06:00AM	08:00 PM			
CURRENT TREATMENTS								
Name / Medicine	Strength & Dosage	Frequency / Routes / Reason	Start / Stop	Administer				
GLUCAGON	1 MG	DOCCO SHOT	06:00AM	04:30 AM				
FLUORIDE	1 TID	DOCCO SHOT	06:00AM	7 AM				
FLUID INTAKE	SHUT TO	DOCCO SHOT	06:00AM	7 AM				
FLUID OUTPUT	USELESS STRIP TO HOLDEN PLAS	DOCCO SHOT	06:00AM	7 AM				
HEAD OF BED ELEVATED	TO A DOCCO	DOCCO SHOT	06:00AM	7 AM				
LYNCH	SHUT TO	DOCCO SHOT	06:00AM	7 AM				
ORIGON	MANIC	DOCCO SHOT	06:00AM	7 AM				
POSITION CHANGING	FOR SHUT	DOCCO SHOT	06:00AM	7 AM				
FLUORIDE	1 TID	DOCCO SHOT	06:00AM	12 N				
FLUID INTAKE	SHUT TO	DOCCO SHOT	06:00AM	12 N				
FLUID OUTPUT	USELESS STRIP TO HOLDEN PLAS	DOCCO SHOT	06:00AM	12 N				
HEAD OF BED ELEVATED	TO A DOCCO	DOCCO SHOT	06:00AM	12 N				
LYNCH	SHUT TO	DOCCO SHOT	06:00AM	12 N				
ORIGON	MANIC	DOCCO SHOT	06:00AM	12 N				
POSITION CHANGING	FOR SHUT	DOCCO SHOT	06:00AM	12 N				
BALL, LUCILLE								
ADVERSE REACTIONS								
ADVERSE REACTION (SERIOUS REACTION - REPORT TO THE DRUG MONITORING CENTER)								
(ADVERSE REACTION) HAS BEEN IN USE WITH NO REACTION								
THANK YOU FOR YOUR REPORT								

Medication by July 2, 2019

Page 1 of 1

18. Person Centered Service Plans



1. Individual Support Plan (ISP) Page 1 of 5

- Enter Edition Type (Planning Draft, Initial, Annual Update, Amended)
- Enter ISP Effective Date and Date ISP Amended, if applies
- You may look up current or past ISP's
- You may duplicate this Plan
- Populate data on this face page

INDIVIDUAL SUPPORT PLAN

ISP Effective Date :

Date ISP Amended :

(Edition Type) **BALL, LUCILLE** (Person's Full Name)

[Duplicate this Plan](#) [Start New Record](#) [Report](#) [Lookup ISP](#) [CLOSE](#)

Face Sheet | Personal Focus | Current Situation | Services and Supports | Waiver Services

FACE SHEET

Person's Information: [Double-click to add person's address information](#)

Street Address:

City, State, Zip:

Phone:

Email:

ID Number: Date of Birth: Region:

HCBS Waiver: Waiver Enroll Date:

In this ISP, this person prefers to be call by this name:

Planning Meeting:

Date: Time:

Location:

For an amendment, amended sections are marked below:

☐ A. Person Focus ☐ C. Services and Supports

☐ B. Action Plan ☐ D. Behavior Support Plan

Conservator or Other Legal Representative:

Name:

Relationship:

Street Address:

City, State, Zip:

Phone:

Email:

This ISP Edition Prepared By:

Name:

Position:

Agency:

Phone:

Email:

Other Primary Contact:

Name:

Relationship:

Reason for Submission to DIDD:

Additional submission details, if needed:

Record: 14 | 1 of 1 | No Filter | Search

Page 2 of 5 Description of person's current life

File
34
21

Planning Draft
(Edition Type)
Duplicate this Plan

INDIVIDUAL SUPPORT PLAN
BALL, LUCILLE
(Person's Full Name)

ISP Effective Date :
Date ISP Ammended :

Start New Record
Report
Lookup ISP
CLOSE

Face Sheet
Personal Focus
Current Situation
Services and Supports
Waiver Services

A. PERSONAL FOCUS

PURPOSE: This section is written to ensure that the ISP is focused on the person. The information reflects what this person, his/her family and/or legal representative, and the persons they have chosen, have told the preparer of this ISP. Important information from the person's records also is included as desired by the person, family or his/her legal representative. The Personal Focus is completed prior to, and distributed to everyone invited to the planning meeting. This information provides the foundation around which supports, services, outcomes, goals, actions, etc. are planned and carried out for this person. If in this Personal Focus, the person or his/her legal representative and/or family indicate that anything needs to be different, changed, or ensured in the person's life, it will be addressed in the Action Plan of this ISP.

1. Description of the Person's Current Life:

Describe the Person's Current Situation and What is Important to the Person

What's important to and for LUCILLE BALL and what do others need to know to support LUCILLE BALL in these areas of daily life?

a. Home:

What do people like and admire about LUCILLE BALL ? What are the good things that others say about LUCILLE BALL ?

What is important to LUCILLE BALL ? What is important for LUCILLE BALL?

What supports does LUCILLE BALL need at home / what should supports look like for LUCILLE BALL

Page 3 of 5 Current Situation and what is important to them

File
34
21

Planning Draft
(Edition Type)
Duplicate this Plan

INDIVIDUAL SUPPORT PLAN
BALL, LUCILLE
(Person's Full Name)

ISP Effective Date :
Date ISP Ammended :

Start New Record
Report
Lookup ISP
CLOSE

Face Sheet
Personal Focus
Current Situation
Services and Supports
Waiver Services

Describe the Person's Current Situation and What is Important to the Person

What's important to and for LUCILLE BALL and what do others need to know to support LUCILLE BALL in these areas of daily life?

c. Relationships/Natural Supports/Community Membership:

What is important to LUCILLE BALL? What important for LUCILLE BALL ?

What supports does LUCILLE BALL need in order to develop and maintain relationships?

d. Medical Conditions: List chronic medical, psychiatric, and other health conditions.

What is important for LUCILLE BALL to be healthy and safe? What is important to LUCILLE BALL

e. Allergies: List food, drug and other allergies.

File

Planning Draft (Edition Type) **INDIVIDUAL SUPPORT PLAN** ISP Effective Date : 34 21
 Duplicate this Plan (Person's Full Name) BALL, LUCILLE Date ISP Amended :
 Start New Record Report
 Lookup ISP CLOSE

Face Sheet Personal Focus Current Situation Services and Supports Waiver Services

C. SERVICES AND SUPPORTS

PURPOSE : The purpose of section C is to identify the supports and services that are being used, or are required, to meet the needs of the person.

1. Medicaid State Plan and Other Available Supports _Services: Identified below are those non-HCBS waiver benefits, services and supports that are available or in place for meeting the person's needs identified in this ISP. Included should be any benefits provided through private resources; available under the Medicaid State Plan and TennCare, Medicare, and other government-mandated or eligibility-based programs. (check all that apply)

(Non-Medicaid HCBS Waiver) Programs, Services and Benefits Available for Supporting the Person

☐ **Private, Third-Party Health Insurance Plan:** (Non-Medicaid, Non-Medicare Health Plans)
 issuer/Plan Name:

☐ **Medicare Benefits Medicare Advantage Plan:** Type(s) of Medicare Coverage:
 Advantage Plan Name:

☐ **TennCare/Medicaid State Plan Services:** Name of MCO:
 Specify benefits to be coordinated:

☐ **Private Dental Insurance Benefits:** Name of Carrier / Plan:

☐ **Local Educational Services:** Specify Any Education-Related Services:

File

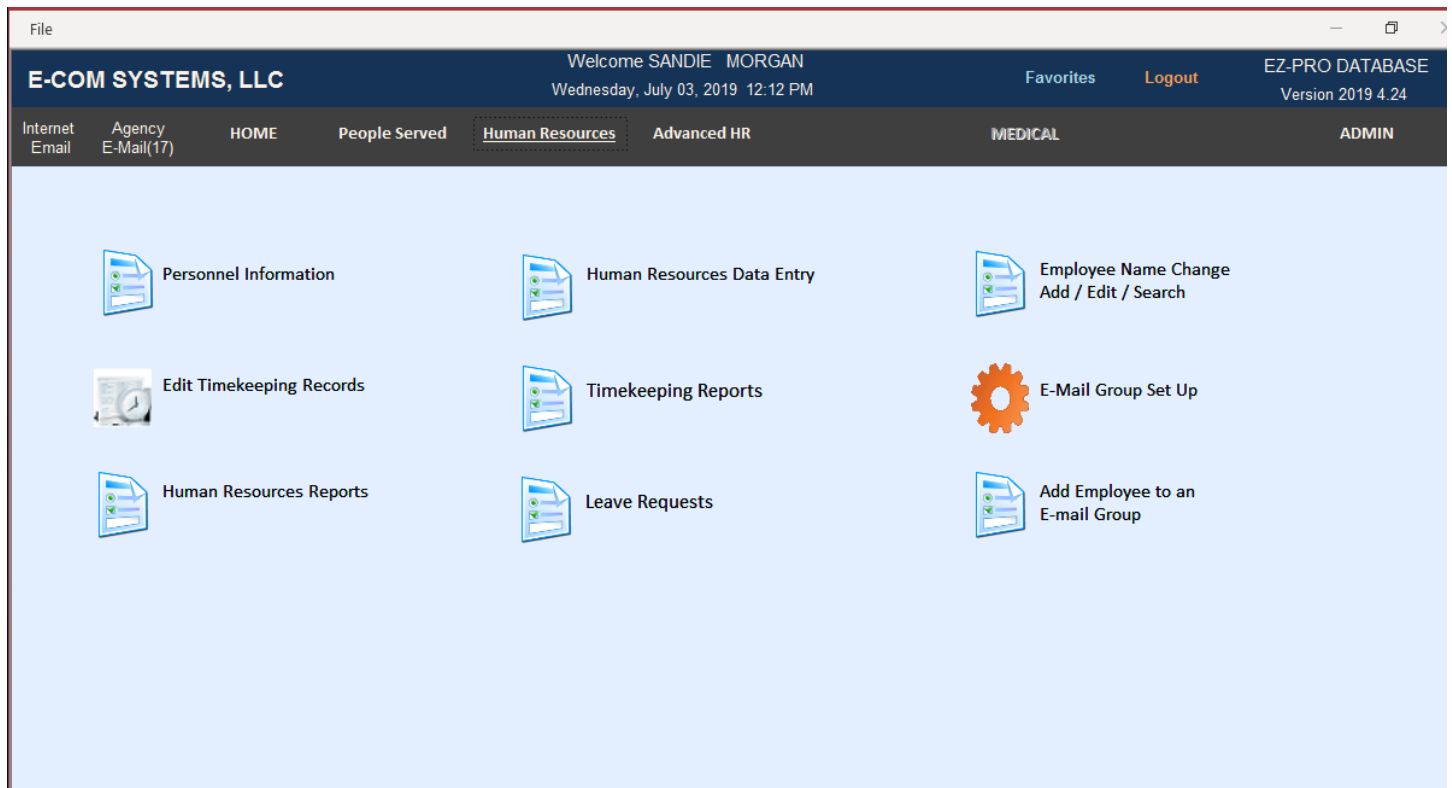
Planning Draft (Edition Type) **INDIVIDUAL SUPPORT PLAN** ISP Effective Date : 34 21
 Duplicate this Plan (Person's Full Name) BALL, LUCILLE Date ISP Amended :
 Start New Record Report
 Lookup ISP CLOSE

Face Sheet Personal Focus Current Situation Services and Supports Waiver Services

2. Medicaid HCBS Waiver Services: The needs, outcomes, goals and actions to be addressed by the Medicaid HCBS Waiver services requested below are reflected in the Action plan of this ISP. The providers approved below for these authorized services are responsible for carrying out this ISP and meeting the health and personal safety needs of this person.

A	B	C	D	E	F	G	(DIDD USE ONLY)		
Service Name and Type of Support	Service Code and Fund Source	Provider Name and Provider Code	Site Name and Site Code	Start Date and End Date	Unit Rate and Unit Type	Units of Svc and Cost of Svc	Approve	Deny	Deny and Partially Approve
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HUMAN RESOURCES



1. Personnel Information

The screenshot shows the 'Staff Information' form for SANDIE MORGAN. The form includes fields for personal and professional details, and a list of emergency contacts. Red arrows point from a callout box to specific fields and buttons.

Staff Information

SEARCH: MORGAN, SANDIE
Status: ACTIVE
Employee Name: MORGAN SANDIE
Street Address: 106 HELTON DRIVE
City: WAYNESBORO TN 38485
Phone:
Cell Phone: (931) 722-4560
Pager:
Position: DIRECTOR HR Status: ACTIVE
Department: 01 ADMINISTRATION
Date Of Birth: Jan 01

Emergency Contacts

Date Of Picture	Employee ID	Hire Date	Tenure
	SANDIE MORGAN	1/1/2015	4.5

Callout Box:

- You may search by All Employees/Active/Inactive
- You may search by last name or first name
- You may view
 - Address
 - Phone number(s)
 - Emergency Contacts
 - Date of hire

2. Edit Timekeeping Records

Edit Employee Timekeeping Records

Employee: Name: PR ID#:

Employee ID: Dept: Start Date: End Date:

Pay Scale:

Day

Date In

Time In

Date Out

Time Out

Dept

TypeOfPay

Exclusion

EmployeeID

Actual Time Clocked In

Actual Time Clocked Out

Saturday	06/08/2019	10:30 AM	06/08/2019	3:30 PM	ADMINISTRATION	REGULAR PAY WORKING		2370	6/8/2019 10:37:44 AM	6/12/2019 7:12:39 PM
Tuesday	06/04/2019	8:30 AM	06/04/2019	5:30 PM	ADMINISTRATION	REGULAR PAY WORKING		2370	6/4/2019 8:27:29 AM	6/8/2019 10:36:51 PM
*					ADMINISTRATION	REGULAR PAY WORKING		2370	7/3/2019 12:23:18 PM	

CHECK THE START AND END DATES!

- Select Employee and Start and End Date of Pay Period
- You can select a pay period calendar if you need to view a different pay period
- Select Print/Approve Time Sheet

1. Print/Approve Time Sheet

File

Report Options

E-COM SYSTEMS, LLC

SANDIE MORGAN

PRID# 0

Emp Condition FULL TIME

Jun 2019

EmployeeID 2370

DOH: 01/01/2015

Period Ending 06/15/2019

In Date

Time In

Time Out

Dept

Hrs Worked

Reg Hrs

OT Hrs

Total Hrs

Other

SO

EX

LE

Tue 06/04/2019	8:30 AM	5:30 PM	ADMINISTRATION	9.00	0.00	9.00	0.00				E
Sat 06/08/2019	10:30 AM	3:30 PM	ADMINISTRATION	5.00	0.00	5.00	0.00				E
Total Hours for the week				14.00	0.00	14.00	0.00				

Department	Scheduled Reg Hrs	OT Hrs	Sub TTL	Other	Total Hrs
01 ADMINISTRATION	14.00	0.00	14.00	0.00	14.00
Total Hours	14.00	0.00	14.00	0.00	14.00

Reg Hrs	OT Hrs	Leave Hrs	Total Hrs
0.00	0.00	0.00	0.00

Travel Exp Reimbursement

\$0.00

Holiday Hours

Edit Time Records

Edit Employee Timekeeping Records

Employee ALL, Name ALL, PR ID#: 383
Employee ID 217 Dept 113 Start Date 6/2/2019 End Date 6/15/2019
Pay Scale BWH

CHECK THE START AND END DATES!

Check for Errors

Pay Period Calendar
Print / Approve
Create Export
CLOSE

Day	Date In	Time In	Date Out	Time Out	Dept	TypeOfPay	Exclusion	EmployeeID	Actual
*						REGULAR PAY WORKING		217	7/3/2019 12:37:35 PM

- You may also select ALL Employees
- When you do, it will ask you questions as shown

Update Cross Over Entries

Do you wish to Check for Pay Period Cross-Over entries and Update them? This may take several minutes depending on the speed of your system.

Yes No Cancel

- If your agency has been set up to export your payroll to another program or 3rd party, you may export your payroll/time sheets here

Record: 1 of 1 No Filter Search

Edit Time Records

Edit Employee Timekeeping Records

Employee ALL, Name ALL, PR ID#: 383
Employee ID 217 Dept 113 Start Date 6/2/2019 End Date 6/15/2019
Pay Scale BWH

CHECK THE START AND END DATES!

Check for Errors

Pay Period Calendar
Print / Approve Time Sheet
CLOSE

Day	Date In	Time In	Date Out	Time Out	Dept	TypeOfPay	Exclusion	EmployeeID	Actual Time Clock	Actual Time Clock
*								217	7/3/2019 12:37:35 PM	

Manager Selection Form

Select Department Manager

Manager Name
Sort By Employee Name

Print Time Sheets
CLOSE

- It will then what sort order you wish to view them
- Manager Name, you may select a manager or select ALL
- Then sort by Employee, Dept Name, Dept Code or Payroll ID
- Then select "Print Time Sheets"

Edit Employee Timekeeping Records

Employee ALL, Name ALL, PR ID#: 383
 Employee ID 217 Dept 113 Start Date 6/2/2019 End Date 6/15/2019
 Pay Scale BWH

CHECK THE START AND END DATES!

Check for Errors

Pay Period Calendar

Print / Approve
Time Sheet

CLOSE

* Day	Date In	Time In	Date Out	Time Out	Dept	TypeOfPay	Exclusion	EmployeeID	Actual Time Clock	Actual Time Clock
						REGULAR PAY WORKING		217	7/3/2019 12:37:35 PM	

- Answer Y/N
- Then the time sheets will appear

EZ-PRO Version 2019 4.24

Would you like to prioritize the overtime by departments?

Yes No Cancel

File Report Options

Print Zoom One Page Two Pages More Pages PDF or XPS Word Close Print Preview Employee Approval Supervisor Approval Time Sheet Approval

- You will have several pages
- From this screen you may print/preview all time sheets
- Supervisors may also approve Employee Time Sheets from this page. Employees approve their time sheet from their home page

SCOM BY ITEM B, LLC EMPLOYEE TIME SHEET

WALT O HUNT Jun 2019 EmployeeID 2077

PR ID: 237 Dept 01 ADMINISTRATION DOH: 06/01/2019

Emp Condition FULL TIME Position: CEO Period Ending 06/15/2019

No	Date	Time In	Time Out	Line Marked	Reg Hrs	OT Hrs	Total Hrs	Other	SO	OT	LC
1	6/14/2019	6:55 PM	6:15 PM	ADMINISTRATION	0.25	0.00	0.25	0.00			
Total Hours for the week:					0.25	0.00	0.25	0.00			

Department	Scheduled Reg Hrs	OT Hrs	Sub TTL	Other	Total Hrs
01 ADMINISTRATION	0.25	0.00	0.25	0.00	0.25
Total Hours	0.25	0.00	0.25	0.00	0.25

Reg Hrs	OT Hrs	Sub Total	Total Hrs
0.00	0.00	0.00	0.00
Grand Total Hours: 00.00			

Signature: NOT APPROVED Date: 7/20/19

Signature: NOT APPROVED Date: 7/20/19

3. Human Resources Reports

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Wednesday, July 03, 2019 12:50 PM
Favorites Logout EZ-PRO DATABASE Version 2019 4.24
ADMIN

HUMAN RESOURCES REPORTS [CLOSE](#)

New Hire Dates Hire Date Missing

Anniversary/Birthday HR File Dates

Employee Analysis Licensure/Certification

Employee ID Badge

Employee List

Employee Notes Need Picture

Employee Status

Background Checks

Employee List

From To

New Employee List - State

New Employee List - Agency

Inactive Employee List

Terminated Employee List

Tenure 5 Years & Over

Employee Comprehensive Report

ALL ACTIVE INACTIVE

Employee

Manager

Employee Comprehensive Report

A. New Hire Dates

SSN	Last Name	First Name	MI	Hire Date	Employment'
123568000	CHRISTIAN	AMY		8/11/2016	ACTIVE
999125555	GILES	JASON		7/10/2016	ACTIVE
400000862	HUNT	DR. SONJIA	L	5/16/2017	ACTIVE
123000000	NEAL	ROBERT	D	5/14/2019	ACTIVE
654987000	QUEEN	TAMMY		8/11/2016	ACTIVE
555557595	WOOD	LAVEISHA	A	5/11/2015	ACTIVE

- When you select this report, a pop-up box will appear asking for a starting date and then another asking for an ending date.
- Your report will appear for that time frame



B. Hire Date Missing

File

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Tuesday, July 16, 2019 1:15 PM

Internet Agency HOME People Served Human Resources Advanced HR MEDICAL
Email E-Mail(17)

HUMAN RESOURCES REPORTS

 New Hire Dates  Hire Date Missing

- When you select this report, it will either give you a message that “No missing hire dates are detected” or a report listing who is missing a hire date

Employee List

From To

EZ-PRO Version 2019 4.27
NO Missing Hire Dates detected.
OK

Inactive Employee List

Terminated Employee List

Tenure 5 Years & Over

Employee Com
ALL A
Employee
Manager
Employee Report

C. Anniversary/Birthday

File

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Tuesday, July 16, 2019 1:17 PM



Favorites Logout EZ-PRO DATABASE
Version 2019 4.27
ADMIN

Internet Agency HOME People Served Human Resources Advanced HR MEDICAL
Email E-Mail(17)

Anniversary / Birthday

CLOSE

MONTH FEB

 Anniversaries
 Birthdays

- Select the month for which you wish to view
- Then select either “anniversaries” or “birthdays”
- The list showing staff to which this applies will appear

D. Employee Analysis

Employee Analysis

[CLOSE](#)

From 01/17/2019 To 07/16/2019



Employee Analysis

1 Month 2 Months 3 Months 4 Months 6 Months 1 Year

- This report will assist you with your EEOC Annual Report
- Select your date range, then select "Employee Analysis"

File

Report Options



Print



Zoom



One Page



Two Pages



More Pages



Export to PDF



Export to Word



Export to Excel



Export to XML



Close Print



Close Preview



Save AS



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EMPLOYEE ANALYSIS REPORT

EMPLOYEES ACTIVE BETWEEN 01/17/2019 AND 07/16/2019

Total Number of Employees that were Employed between 01/17/2019 AND 07/16/2019 33

EMPLOYEE CONDITION BETWEEN 01/17/2019 AND 07/16/2019

Condition	Nbr Emp	Percent
ADMINISTRATION FT	14	42%
ADMINISTRATION PT-1	3	9%
ADMINISTRATION CONTRACT	1	3%
OTHER FT	7	21%
OTHER PT-1	4	12%
OTHER CONTRACT	2	6%
OTHER PT-PRN	1	3%
OTHER	1	3%
Totals	33	

GENDER OF EMPLOYEES ACTIVE BETWEEN 01/17/2019 AND 07/16/2019

	Nbr Emp	Percent
FEMALE	18	55%
MALE	15	45%
TOTAL	33	

RACE OF EMPLOYEES ACTIVE BETWEEN 01/17/2019 AND 07/16/2019

	Nbr Emp	Percent
	6	18%
AFRICAN AMER	6	18%
ASIAN	2	6%
CAUCASIAN	17	52%
Hispanic	2	6%

E. Employee ID Badge

E-COM SYSTEMS, LLC

internet
Email

Agency
E-Mail(17)

HOME

People Served

Human Resources

Advanced HR

Welcome SANDIE MORGAN

Tuesday, July 16, 2019 1:22 PM

Favorites

Logout


EZ-PRO DATABASE


Version 2019 4.27

ADMIN

EMPLOYEE ID BADGE

Employee Name

 Print ID Badge

 Print "ALL" ID Badges

- Select Employee Name
- Select Print ID Badge
- You have the option to Print "ALL", if you choose

F. Employee List

E-COM SYSTEMS, LLC

internet
Email

Agency
E-Mail(17)

HOME

People Served

Human Resources

Advanced HR

Welcome SANDIE MORGAN

Tuesday, July 16, 2019 1:27 PM

Favorites

Logout

EZ-PRO DATABASE

Version 2019 4.27

ADMIN

Employee List


File


ALL

ACTIVE


INACTIVE


MANAGER


 Employee List By Manager


 Employee List with Pictures

DEPARTMENTS


 Employee List By Department


 Manager Tree


 Bank Account Nbrs


 Employee Addresses


MISCELLANEOUS REPORTS


 DL, DOB, DL#, Expire Date


 Rate Of Pay

 Education History

 FULL Time, Active Employees

 Physical / TB Skin Test Expires

 Signatures Needed By Manager

 Need Picture

CLOSE

- As you can see, you have many options for Employee Lists
- You have options to select by Manager or by Department. Use the Pull-Down menus to select these options.
- If the data is populated on your HR Date Entry Screen these reports will be very helpful to you and your management staff.

1. Employee List By Manager

File

Report Options

Print

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One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

Close Preview

Print

Zoom

Save AS

Close Preview

ACTIVE EMPLOYEE LIST

Employee Name	Title	Department	Condition
ADAMS, JARROD	EXECUTIVE DIRECTOR	02 RESIDENTIAL ADMINISTRATION	FT
		Phone	Cell Phone
BROOKS, MELVIN L	CDO	19 NORTH SIDE	FT
		Phone	Cell Phone (423) 464-0890
CHRISTIAN, AMY	DAY INSTRUCTOR	02 RESIDENTIAL ADMINISTRATION	PT-1
		Phone	Cell Phone
DeBord, Randy	ADM. ASST.	110 OTHER AGENCY 104	FT
		Phone	Cell Phone (423) 312-7070
KANARSKI, AURELIA M	DIR OF NURSING	03 MEDICAL SERVICES	FT
		Phone (423) 614-8898	Cell Phone (423) 478-5555
KIRBY, TRISH	PRN-DAY INSTRUCTOR	05 OTHER AGENCY 5	PT-PRN
		Phone	Cell Phone
MCSPADDEN, TAMMY D	CFO	01 ADMINISTRATION	FT
		Phone	Cell Phone (423) 421-4836
MORGAN, SANDIE	DIRECTOR HR	01 ADMINISTRATION	FT
		Phone	Cell Phone (931) 722-4560
QUEEN, LUCAS B	COO	01 ADMINISTRATION	FT
		Phone (423) 421-5992	Cell Phone (423) 421-5992
SCOTTON, CHRISTOPHER L	PROG COORD	02 RESIDENTIAL ADMINISTRATION	FT
		Phone (423) 584-0814	Cell Phone (423) 478-5555
TIMAS, FIVE	FACILITY MANAGER	101 OTHER AGENCY 101	FT
		Phone	Cell Phone (423) 754-4577
TIMAS, ONE	DAY INSTRUCTOR	05 OTHER AGENCY 5	FT
		Phone	Cell Phone
Wood, Laveisha A	QUALITY ASSURANCE/TR	26 DAY SERVICES	PT-1
		Phone	Cell Phone (423) 284-4827
Woods, TONYA	QUALITY ASSURANCE/TR	36 OTHER AGENCY 36	FT
		Phone	Cell Phone

Employees Listed: 44

2. Employee List with Picture

File

Report Options

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Export to Excel

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Close Preview

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EMPLOYEE LIST


<div>Name</div> <div>ADAMS, JARROD</div> <div>Employee Title</div> <div>EXECUTIVE DIRECTOR</div> <div>Department</div> <div>RESIDENTIAL ADMINISTRATION</div> <div>Manager Name</div> <div>QUEEN, LUCAS</div>	<div>No. Title</div> <div>Available</div>
<div>Name</div> <div>BROOKS, MELVIN L</div> <div>Employee Title</div> <div>CDO</div> <div>Department</div> <div>NORTH SIDE</div> <div>Manager Name</div> <div>QUEEN, LUCAS</div>	
<div>Name</div> <div>CHRISTIAN, AMY</div> <div>Employee Title</div> <div>DAY INSTRUCTOR</div> <div>Department</div> <div>RESIDENTIAL ADMINISTRATION</div> <div>Manager Name</div> <div>QUEEN, LUCAS</div>	
<div>Name</div> <div>DeBord, Randy</div> <div>Employee Title</div> <div>ADM. ASST.</div> <div>Department</div> <div>OTHER AGENCY 104</div> <div>Manager Name</div> <div>QUEEN, LUCAS</div>	
<div>Name</div> <div>KANARSKI, AURELIA M</div> <div>Employee Title</div> <div>DIR OF NURSING</div> <div>Department</div> <div>MEDICAL SERVICES</div> <div>Manager Name</div> <div>QUEEN, LUCAS</div>	

Tuesday, July 10, 2018


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3. Employee List by Department


File
Report Options




Print




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One Page




Two Pages




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Export to PDF




Export to Word




Export to Excel

Export to XML



Close Print

Preview



Close Preview

Print

Zoom

Save AS

E-COM SYSTEMS, LLC P.O. Box 911 Cleveland, TN Phone (423) 464-5555									
ACTIVE EMPLOYEE LIST									
Employee Name	DOB	Title	Location	Connection	Phone	Cell Phone	Pager		
ADAMS, JENNIFER	01/01/2018	EXECUTIVE DIRECTOR	02 RESIDENTIAL ADMINISTRATION	FF					
ADAMS, KATHY	01/01/2018	COMPUTER TECH	31 BOSTON SIDE	FF-1	(314) 479-8724	(314) 479-8741			
ADAMS, TAYLOR L	01/01/2010	COO	19 NORTH SIDE	FF			(423) 464-0390	(708) 210-2083	
ADAMS, EZEKIEL B	12/06/2000	COMPUTER TECH	28 DAY SERVICES	FF-1	(866) 866-6666	(818) 423-6195			
ADAMS, JONATHAN	12/01/1998	QUALITY ASSURANCE TECH	38 WEST SIDE	FF					
ADAMS, ALY	08/11/2010	DAY INSTRUCTOR	02 RESIDENTIAL ADMINISTRATION	FF-1					
ADAMS, JASON V	01/01/1983	DIRECTOR GEN	01 ADMINISTRATION	FF	(423) 335-0001	(423) 818-8338			
ADAMS, KIMBERLY	01/01/2018	ADMT ASST	110 OTHER ADMIN 104	FF		(423) 312-7070			
ADAMS, DEBRA	01/01/2018	ADMT ASST	31 BOP	FF					
ADAMS, JASON	07/02/2018	COMPUTER TECH	01 ADMINISTRATION	CONTRACT			(423) 898-7355		
ADAMS, ALANNA	08/01/1998	DIR OF NURSING	03 MEDICAL SERVICES	CONTRACT	(800) 800-0000	(800) 800-0000			
ADAMS, CHARLES E	08/01/1998	ADMT ASST	03 BUSINESS MANAGEMENT	CONTRACT	(505) 889-1111	(818) 861-8851			
ADAMS, DORIS L	08/08/2017	BEHAVIOR ANALYST	38 WEST SIDE	FF-1	(423) 421-8811	(423) 479-8541			
ADAMS, WALTER	08/01/1998	CEO	01 ADMINISTRATION	FF	(423) 421-8883	(423) 421-8883			
ADAMS, AURELIAM	07/07/2000	DIR OF NURSING	03 MEDICAL SERVICES	FF	(423) 814-8599	(423) 479-8555			
ADAMS, RICHARD	01/01/2018	PRNG DAY INSTRUCTOR	08 OTHER ADMIN 8	FF					
ADAMS, TAYLOR D	08/21/1999	COO	01 ADMINISTRATION	FF					
ADAMS, RANDI	01/01/2018	DIRECTOR GEN	01 ADMINISTRATION	FF		(423) 421-8838			
ADAMS, ROBERT D	08/14/2017	COMPUTER TECH	01 ADMINISTRATION	FF		(801) 722-4860			
ADAMS, CHERIE	07/04/2017	MEDICAL ASSISTANT	03 MEDICAL SERVICES	FF-1		(818) 866-2524			
ADAMS, JENNIFER	01/01/2003	PROGRAM COORDINATOR	08 BUSINESS RELATED	FF					
ADAMS, TAYLOR W	01/01/2003	Program Coordinator	01 ADMINISTRATION	FF	(423) 478-1234	(423) 421-8878			
ADAMS, SUMNER	01/01/2018	DIRECTOR REG. SVC	28 DAY SERVICES	FF					
ADAMS, LUCAS B	04/03/2000	COO	01 ADMINISTRATION	FF	(423) 421-8992	(423) 421-8992			
ADAMS, TAYLOR	08/11/2010	DIRECTOR GEN	01 ADMINISTRATION	FF-1		(423) 834-8813			
ADAMS, CHRISTOPHER L	01/01/2003	DIRECTOR GEN	02 RESIDENTIAL ADMINISTRATION	FF	(423) 884-0814	(423) 479-8880			
ADAMS, TAYLOR	01/01/2018	FACILITY MANAGER	101 OTHER ADMIN 101	FF		(423) 784-4877			
ADAMS, TAYLOR	01/01/2018	DAY INSTRUCTOR	02 OTHER ADMIN 2	FF					
ADAMS, TAYLOR	01/01/2018	COO	02 RESIDENTIAL ADMINISTRATION	FF					
ADAMS, LARSEN A	08/11/2018	QUALITY ASSURANCE TECH	28 DAY SERVICES	FF-1		(423) 284-4827			
ADAMS, TAYLOR	12/01/1998	QUALITY ASSURANCE TECH	38 OTHER ADMIN 38	FF					
Employees Listed 31									

Tuesday, July 16, 2019

Page 1 of 1

4. Manager Tree

File

Print

Print

Report Options

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Two Pages

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Export to Word

Export to Excel

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Close Preview

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Employees Under the Management of LUCAS B QUEEN

ADAMS, JARROO	RESIDENTIAL ADMINISTRATION
BROOKS, KEVIN	SOUTH SIDE
BROOKS, MELVIN	NORTH SIDE
BROOKS, KEVIN	SOUTH SIDE
CRUMLEY, JOHN	ADMINISTRATION
CHAPMAN, JONATHAN	WEST SIDE
EFRO, DEBVO	ECF
HANEY, ALANA	MEDICAL SERVICES
HANEY, CHARLES	BUSINESS MANAGEMENT
GILES, JASON	ADMINISTRATION
NAB, ROBERT	ADMINISTRATION
SCOTNEY, SUMNER	DAY SERVICES
TANAS, TROY	RESIDENTIAL ADMINISTRATION
CHAPMAN, JONATHAN	WEST SIDE
CHRISTIAN, AMY	RESIDENTIAL ADMINISTRATION
CRUMLEY, JOHN	ADMINISTRATION
CHAPMAN, JONATHAN	WEST SIDE
EFRO, DEBVO	ECF
HANEY, ALANA	MEDICAL SERVICES
HANEY, CHARLES	BUSINESS MANAGEMENT
DABO, RONNY	OTHER AGENCY 104
EFRO, DEBVO	ECF
GILES, JASON	ADMINISTRATION
HANEY, ALANA	MEDICAL SERVICES
HANEY, CHARLES	BUSINESS MANAGEMENT
HUNT, DR. SONJO	WEST SIDE
HUNT, WALT	ADMINISTRATION
HUNT, DR. SONJO	WEST SIDE
HUNT, WALT	ADMINISTRATION
HUNT, DR. SONJO	WEST SIDE
HUNT, WALT	ADMINISTRATION
HUNT, DR. SONJO	WEST SIDE
HUNT, WALT	ADMINISTRATION
HUNT, DR. SONJO	WEST SIDE
HUNT, WALT	ADMINISTRATION

Tuesday, July 14, 2015

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5. Bank Account Numbers

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

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Export to Word

Export to Excel

Close Print Preview

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E-COM SYSTEMS, LLC

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EMPLOYEE NAME	DATE	SSN
ADAMS, JERROD	01/01/2014	
ALL	01/01/2014	
BROOKS, KEVIN S	01/01/2014	
BROOKS, KEVIN S	01/01/2014	
BURKE, EMMEL S	12/24/2000	
CHAPMAN, JOHN TROY	12/01/1986	
CHRISTIAN, JEFF	06/11/2014	
CRUMLEY, JOHN T	01/07/1966	
DARBY, RANDY	01/01/2015	
DEBROS, DAVID	01/01/2015	
GILES, JASON	07/10/2014	
HANEY, LUCAS M	02/01/1986	
HANEY, CHARLES E	02/01/1986	
HUNT, DR. BENJAMIN	02/16/2017	
HUNT, WALT C	08/01/1979	
KUNISAW, LURELL M	07/17/2004	
KREBS, TRISH	01/01/2015	
MCCARDLE, TANNY D	08/21/1985	
MORGAN, ANDREW	01/01/2015	
NAIL, ROBERT D	02/10/2019	
ONE, CUSTONER	01/01/2015	
PATTERSON, TERRY D	01/01/2015	
ROSE, TROTHY W	01/01/2005	
ROBERT, LUCAS S	01/01/2015	
ROBERT, LUCAS S	04/04/2000	
ROBERT, TANNY	08/11/2019	
SCOTT, CHRIS TOPHER L	07/10/2004	
THOMAS, RYAN	01/01/2015	
THOMAS, ONE	01/01/2015	
THOMAS, TWO	01/01/2015	
WOOD, LAMAR A	02/11/2015	
WOOD, TONYA	12/01/1989	

Tuesday, July 16, 2019

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6. Employee Addresses

File

Report Options

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Two Pages

More Pages

Export to PDF

Export to Word

Export to Excel

Close Print Preview

Print

Zoom

Save AS

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EMPLOYEE ADDRESSES

EMPLOYEE	ADDRESS	CITY	STATE	ZIP	PHONE	CELL PHONE
ADAMS, JERROD		KNOXVILLE	TN			
BROOKS, KEVIN S	3750 W. WYOM	CHICAGO	IL	60614	(312) 476-2750	(312) 476-2750
BROOKS, KEVIN S	104 KOREAN BLVD	CHATTANOOGA	TN	37405	(423) 464-5555	
BURKE, EMMEL S	122 ANYWHERE STREET	MIAMI	FL	33131	(305) 464-5555	(305) 464-5555
CHAPMAN, JOHN TROY		CLEVELAND	TN			
CHRISTIAN, JEFF		CHATTANOOGA	TN	37412		
CRUMLEY, JOHN T	200 OGDON STREET NW	CLEVELAND	TN	37311	(615) 360-0001	(615) 360-0001
DARBY, RANDY		CHATTANOOGA	TN			
DEBROS, DAVID		CLEVELAND	TN			
GILES, JASON		CHATTANOOGA	TN			
HANEY, LUCAS M	1001 RICE BLVD	CLEVELAND	TN	37325	(615) 360-0001	(615) 360-0001
HANEY, CHARLES E	244 HUNT ROAD SE	CLEVELAND	TN	37325	(615) 360-0001	(615) 360-0001
HUNT, DR. BENJAMIN	244 HUNT ROAD SE	CLEVELAND	TN	37325	(615) 360-0001	(615) 360-0001
HUNT, WALT C	244 HUNT ROAD	CLEVELAND	TN	37325	(615) 360-0001	(615) 360-0001
KUNISAW, LURELL M	222 KOREAN BLVD	CLEVELAND	TN	37422	(615) 360-0001	(615) 360-0001
KREBS, TRISH		CLEVELAND	TN			
MCCARDLE, TANNY D	122 ANYWHERE STREET	CLEVELAND	TN	37325		
MORGAN, ANDREW	104 HILTON DRIVE	CHATTANOOGA	TN	37424	(615) 360-0001	(615) 360-0001
NAIL, ROBERT D	122 LAMAR BLVD	CHATTANOOGA	TN	37424	(615) 360-0001	(615) 360-0001
ONE, CUSTONER		CLEVELAND	TN			
PATTERSON, TERRY D		CLEVELAND	TN			
ROSE, TROTHY W	2420 SOUTHWEST CIRCLE NW	CLEVELAND	TN	37312	(615) 360-0001	(615) 360-0001
ROBERT, LUCAS S		CLEVELAND	TN			
ROBERT, LUCAS S	P.O. BOX 911	CLEVELAND	TN	37325	(615) 360-0001	(615) 360-0001
ROBERT, TANNY		CLEVELAND	TN			
SCOTT, CHRIS TOPHER L	111 QUEEN DRIVE	CLEVELAND	TN	37422	(615) 360-0001	(615) 360-0001
THOMAS, RYAN		CLEVELAND	TN			
THOMAS, ONE		CLEVELAND	TN			
THOMAS, TWO		CLEVELAND	TN			
WOOD, LAMAR A	375 CHERRY ST	CHATTANOOGA	TN	37424	(615) 360-0001	(615) 360-0001
WOOD, TONYA		CLEVELAND	TN			

7. DL/DOB/DL#/Expire Date

File

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E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

EMPLOYEE DRIVER LICENSE EXPIRATION DATE

EMPLOYEE	DRIVER LICENSE #	State	TYPE	VAN	DOB	EXPIRATION DATE	HIRE
ADAMS, JARROD					06/20/1972	01/01/2014	
BROOKS, KEVIN G					05/11/1956	01/01/2015	
BROOKS, MELVIN L					11/04/1952	01/01/2010	
BURKE, SERRILL S					12/05/1955	12/06/2000	
CHARMAN, JONATHAN					12/23/1972	12/01/1988	
CHRISTIAN, AUSTY					08/01/1989	08/11/2016	
CRUMLEY, JOHN T					01/02/1977	01/07/1983	
DEBORD, RANDY					01/01/1950	01/01/2015	
ESPINO, DEMO					01/01/1950	01/01/2015	
GILES, JASON					11/02/1952	07/10/2016	
HANEY, ALANA M					08/22/1972	08/01/1994	
HANEY, CHARLES S					12/10/1955	08/01/1994	
HUNT, DR. SONJA L					10/01/1949	08/16/2017	
HUNT, WALT C					12/15/1944	09/01/1979	
KANARSH, AURELIA M	101151409	TN	D		09/01/1955	09/01/2015	07/17/2004
KIRBY, TRISH					01/01/1950	01/01/2015	
MCSPADDEN, TAMMY D	80915455	TN	D		11/07/1955	11/07/2016	08/21/1992
MORGAN, SANDI					01/01/1950	01/01/2015	
NEAL, ROBERT D						05/14/2015	
ONE, CUSTOMER					07/14/1951	07/01/2012	
PATTERSON, WENDI					01/01/1950	01/01/2015	
ROSE, TIMOTHY W	72592321	TN	D		08/14/1959	08/14/2019	01/01/2003
ROBERT, SUMNER					01/01/1950	01/01/2015	
QUEEN, LUCAS B					04/05/1954	04/03/2002	
QUEEN, TAMMY					12/02/1954	08/11/2016	
SCOTTON, CHRISTOPHER L	57277515	TN	D		12/11/1955	12/11/2016	02/10/2004
TIMAS, FIVE					01/01/1950	01/01/2015	
TIMAS, ONE					01/01/1950	01/01/2015	
TIMAS, TWO					01/01/1950	01/01/2015	
WOOD, LAVISHA A					12/14/1951	08/11/2015	
WOODS, TONYA					12/25/1952	12/01/1988	

Employees Listed: 31

8. Education History

File

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E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

EMPLOYEE EDUCATION HISTORY

EMPLOYEE	TITLE	EDUCATION DEGREE	MAJOR CONCENTRATION	DATE
BROOKS, MELVIN L	CEO	BS	INFORMATION TECHNOLOGY	02/01/1999
BROOKS, MELVIN L	CEO	MS DIPLOMA		02/01/1979
CRUMLEY, JOHN T	DIRECTOR HR	BS	Special education	12/01/2007
CRUMLEY, JOHN T	DIRECTOR HR	MS	Special education	12/01/2005
HUNT, WALTER	CEO	MS Ed	PSYCHOLOGY	12/01/1992
HODGSON, TERRY S	CFO	BS		

9. Full-Time Active Employees

File		Report Options			Export to PDF		Export to XML		Close Print Preview	
Print	Zoom	One Page	Two Pages	More Pages	Export to Word	Export to Excel				
Print	Zoom	Zoom			Save AS				Close Preview	

E-COM SYSTEMS, LLC P.O. Box 911 Cleveland, TN Phone (423) 464-5555									
Full Time - Active - Employee List									
Employee	Job Title	Start Date	Dep.	Condition	Sex	Age	SSN	Supervisor	
ADAMS, JERROD	EXECUTIVE DIRECTOR	01/01/2014	03	FT	M	40	01011970	QUEEN, LUCAS	
BROOKS, MELVIN G	IT COMPUTER TECH	01/01/2012	31	FT	M	41	01111966	BROOKS, MELVIN	
BROOKS, MELVIN L	CEO	01/01/2012	16	FT	M	41	01111960	QUEEN, LUCAS	
BURNS, EDELL S	IT COMPUTER TECH	12/04/2002	26	FT	M	42	12121956	QUEEN, LUCAS	
CHAPMAN, JONATHAN	QUALITY ASSURANCE	12/01/1998	35	FT	M	42	12/011970	CRANLEY, JOHN	
CHRISTIAN, JIMMY	DEV INSTRUCTOR	08/11/2014	02	FT	M	42	08/111968	QUEEN, LUCAS	
CRANLEY, JOHN T	DIRECTOR HR	01/01/1989	01	FT	M	43	01/011977	BROOKS, MELVIN	
DeFord, Randy	ADM. ASST	01/01/2012	110	FT	M	43	01/011960	QUEEN, LUCAS	
DEPOT, DEMO	ADM. ASST	01/01/2012	31	FT	M	43	01/011960	CRANLEY, JOHN	
GLENN, JASON	IT COMPUTER TECH	07/10/2012	01	CONTRACT	M	43	07/101960	BROOKS, MELVIN	
HANEY, LUNA M	DR. OF NURSING	02/01/1994	03	CONTRACT	F	43	02/011972	CRANLEY, JOHN	
HANEY, CHARLES S	HR ASSISTANT	02/01/1994	13	CONTRACT	M	43	02/011966	CRANLEY, JOHN	
HUNT, DR. RONALD	SENIOR ANALYST	02/16/2017	32	FT	M	43	02/161968	HUNT, WALT C	
HUNT, WALT C	CEO	08/01/1976	01	FT	M	43	08/011964	HUNT, WALT C	
KUNZKE, JURELL M	DR. OF NURSING	07/17/2004	03	FT	M	43	07/171965	QUEEN, LUCAS	
KERRY, TRISH	HR/DEV INSTRU	01/01/2012	02	FT	M	43	01/011960	QUEEN, LUCAS	
MCSPIDEN, TOMMY D	CEO	08/01/1999	01	FT	M	43	08/011968	QUEEN, LUCAS	
MORGAN, ANDRE	DIRECTOR HR	01/01/2012	01	FT	M	43	01/011960	QUEEN, LUCAS	
NEAL, ROBERT D	IT COMPUTER TECH	02/16/2014	01	FT	M	43	02/161960	BROOKS, MELVIN	
ONE, CUSTOMER	MEDICAL SERVICES	07/01/2012	03	FT	M	43	07/011961	HUNT, WALT C	
PATTERSON, WENDI	FINANCIAL CLERK	01/01/2012	66	FT	F	43	01/011960	KUNZKE, JURELL	
POPE, TIMOTHY W	Program Coordinator	01/01/2009	01	FT	M	43	01/011969	QUEEN, LUCAS	
POPE, SUMMER	DIRECTOR RES. SV	01/01/2012	06	FT	F	43	01/011960	BROOKS, MELVIN	
QUEEN, LUCAS S	CEO	04/09/2002	01	FT	M	43	04/091960	QUEEN, LUCAS	
QUEEN, TAMI	DIRECTOR HR	08/11/2012	01	FT	M	43	08/111964	QUEEN, LUCAS	
SCOTTON, CHRISTOPHER L	REG. COORD	02/10/2004	03	FT	M	43	02/101966	QUEEN, LUCAS	
TRIGG, RIVE	QUALITY MANAGER	01/01/2012	101	FT	M	43	01/011960	QUEEN, LUCAS	
TRIGG, ONE	DEV INSTRUCTOR	01/01/2012	02	FT	M	43	01/011960	QUEEN, LUCAS	
TRIGG, TWO	COF COOR OFFICE	01/01/2012	02	FT	M	43	01/011960	BROOKS, MELVIN	
Wade, LAWRENCE S	QUALITY ASSURANCE	02/11/2012	26	FT	M	43	02/111961	QUEEN, LUCAS	
Wade, TONY	QUALITY ASSURANCE	12/01/1998	26	FT	M	43	12/011962	QUEEN, LUCAS	

Employees Displayed: 31

Tuesday, July 10, 2018 Page 1 of 1

10. Physical/TB Skin Test Expires

File		Report Options			Export to PDF		Export to XML		Close Print Preview	
Print	Zoom	One Page	Two Pages	More Pages	Export to Word	Export to Excel				
Print	Zoom	Zoom			Save AS				Close Preview	

E-COM SYSTEMS, LLC P.O. Box 911 Cleveland, TN Phone (423) 464-5555									
EMPLOYEE	PHYSICAL EXPIRES	TB SKIN TEST EXPIRES							
ADAMS, JERROD	RESIDENTIAL ADMINISTRATION	QUEEN, LUCAS							
BROOKS, MELVIN G	SOUTH SIDE	BROOKS, MELVIN							
BROOKS, MELVIN L	NORTH SIDE	QUEEN, LUCAS							
CHAPMAN, JONATHAN	WEST SIDE	CRANLEY, JOHN							
CHRISTIAN, JIMMY	RESIDENTIAL ADMINISTRATION	QUEEN, LUCAS							
CRANLEY, JOHN T	ADMINISTRATION	BROOKS, MELVIN							
DeFord, Randy	OTHER AGENCY 104	QUEEN, LUCAS							
DEPOT, DEMO	SCP	CRANLEY, JOHN							
GLENN, JASON	ADMINISTRATION	BROOKS, MELVIN							
HANEY, LUNA M	MEDICAL SERVICES	CRANLEY, JOHN							
HANEY, CHARLES S	BUSINESS MANAGEMENT	CRANLEY, JOHN							
HUNT, DR. RONALD	WEST SIDE	HUNT, WALT C							
HUNT, WALT C	ADMINISTRATION	HUNT, WALT C							
KUNZKE, JURELL M	MEDICAL SERVICES	QUEEN, LUCAS	11/01/2018 EXPIRED	12/29/2018 EXPIRED					
KERRY, TRISH	OTHER AGENCY 2	QUEEN, LUCAS	EXPIRED	EXPIRED					
MCSPIDEN, TOMMY D	ADMINISTRATION	QUEEN, LUCAS	04/12/2018 EXPIRED	04/12/2018 EXPIRED					
MORGAN, ANDRE	ADMINISTRATION	QUEEN, LUCAS	EXPIRED	EXPIRED					
PATTERSON, WENDI	NURSING RELATED	KUNZKE, JURELL	EXPIRED	EXPIRED					
POPE, SUMMER	ADMINISTRATION	BROOKS, MELVIN	EXPIRED	EXPIRED					
QUEEN, LUCAS S	ADMINISTRATION	QUEEN, LUCAS	EXPIRED	EXPIRED					
SCOTTON, CHRISTOPHER L	RESIDENTIAL ADMINISTRATION	QUEEN, LUCAS	08/24/2018 EXPIRED	EXPIRED					
TRIGG, RIVE	OTHER AGENCY 101	QUEEN, LUCAS	EXPIRED	EXPIRED					
TRIGG, ONE	OTHER AGENCY 2	QUEEN, LUCAS	EXPIRED	EXPIRED					
TRIGG, TWO	RESIDENTIAL ADMINISTRATION	BROOKS, MELVIN	EXPIRED	EXPIRED					
Wade, LAWRENCE S	DEV SERVICES	QUEEN, LUCAS	EXPIRED	EXPIRED					
Wade, TONY	OTHER AGENCY 34	QUEEN, LUCAS	EXPIRED	EXPIRED					

11. Signatures Needed by Manager

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E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Tuesday, July 16, 2019
Employee Signatures Needed

MANAGER **BROOKS, MELVIN**

ADMINISTRATION
DAY SERVICES
RESIDENTIAL ADMINISTRATION

CRUMLEY, JOHN T
GILES, JASON
POTEET, SUMMER
TIMAS, TWO

DIRECTOR HR
IT COMPUTER TECH
DIRECTOR RES. SVC
COP COOR/OFFICE MGR

12. Employee Picture Needed

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Close Print Preview
Close Preview

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Employee's Picture Not in Database

Last Name	First Name	Employee ID
ADAMS	JARROD	12345
BROOKS	KEVIN	0
CHAPMAN	JONATHAN	0
CHRISTIAN	AMY	7856
CRUMLEY	JOHN	007
DeBord	Randy	0
EZPRO	DEMO	0
GILES	JASON	2383
HANEY	ALANA	0
HANEY	CHARLES	0
Hunt	Dr. Sonjia	0
HUNT	WALT	2377
KANARSKI	AURELIA	1504
KIRBY	TRISH	0
MCSPADDEN	TAMMY	256
MORGAN	SANDIE	0
Neal	Robert	0

13. Rate of Pay

Print	Zoom	One Page	Two Pages	More Pages	Export to PDF	Export to XML	Close Print Preview
Print	Zoom	One Page	Two Pages	More Pages	Export to Word	Export to Excel	Close Preview
					Save AS		

E-COM SYSTEMS, LLC						
P.O. Box 911 Cleveland, TN Phone (423) 464-5555						
Employee Current Wages						
Employee	Position	Status	Payroll ID	Current Rate	Hourly	
ADAMS, JARROD	EXECUTIVE DIRECTOR	FT	BWS 12345	\$0.00	\$0.00	
BROOKS, MEL	CDO	FT	BWH 216	\$2,500.00	\$2,500.00	
BURKE, ZEKE	IT COMPUTER TECH	PT-1	BWH 2364	\$10.00	\$10.00	
CHAPMAN, JONATHON	QUALITY ASSURANCE/TR	FT	BWH 0	\$0.00	\$0.00	
CHRISTIAN, AMY	DAY INSTRUCTOR	PT-1	BWH 7856	\$0.00	\$0.00	
CRUMLEY, TYE	DIRECTOR HR	FT	MS 007	\$27.53	\$27.53	
DEBORD, RANDY	ADM. ASST.	FT	BWH 0	\$0.00	\$0.00	
EZPRO, DEMO	ADM. ASST.	FT	BWH 0	\$0.00	\$0.00	
GILES, JASON	IT COMPUTER TECH	CONTRACT	BWH 2383	\$0.00	\$0.00	
HANEY, BLONDIE	DIR OF NURSING	CONTRACT	BWH 0	\$200.00	\$200.00	
HANEY, CHARLES	HR ASSISTANT	CONTRACT	BWH 0	\$200.00	\$200.00	
HUNT, DR. SONJIA	BEHAVIOR ANALYST	PT-1	BWH 0	\$0.00	\$0.00	
HUNT, WALT	CEO	FT	BWH 2377	\$2,500.00	\$2,500.00	
KANARSKI, AURELIA	DIR OF NURSING	FT	BWH 1504	\$1,988.84	\$1,988.84	
KIRBY, TRISH	PRN-DAY INSTRUCTOR	PT-PRN	BWH 0	\$0.00	\$0.00	
MCSPADDEN, TAMMY	CFO	FT	BWS 256	\$2,500.00	\$31.25	
PATTERSON, WENDI	FINANCIAL CLERK	FT	BWH 0	\$0.00	\$0.00	
POPE, TIMOTHY	Program Coordinator - IT	FT	BWS 1264	\$1,769.00	\$22.11	
QUEEN, DR. LUKE	COO	FT	BWH 218	\$8.50	\$8.50	
QUEEN, TAMMY	DIRECTOR HR	PT-1	BWH 2383	\$0.00	\$0.00	

G. Employee Status

File Report Options

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Date: 7/16/2019 2:02:07 PM

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

STATUS RECORDS FOR THE PERIOD STARTING: 01/01/2019 AND ENDING: 07/16/2019

Employee Name	PR ID	Title	Start Date	End Date	Dept#	Rate	Reason	Hourly/ Salary	Condition	Record
Nes, Robert D	0	IT COMPUTER TECH	05/14/2019			0.00 New Hire		SALARY	PT-1	CURRENT

- This report will prompt you with a pop-up box for both a starting date and an ending date

H. Background Checks

This is the screen that you can run several of your required backgrounds checks from. It will literally save you hours of time. Always note that Easy Pro is at the mercy of these websites and if the report doesn't work for you, you need to do an immediate ticket to make us aware that we need to re-program to make the report work again. These websites change things without our knowledge which causes this problem.

I. HR File Dates

E-COM SYSTEMS, LLC								
P.O. Box 911 Cleveland, TN Phone (423) 464-5555								
Employee Expiration Dates								
Employee Name	Date of Hire	D/L Expires	Physical Expires	TB Test	Chest X-Ray	Hepatitis B	Manager	Department
ADAMS, JARROD	1/1/2014						QUEEN, LUCAS	02
BROOKS, KEVIN G	1/1/2015						BROOKS, MELVIN	51
BROOKS, MELVIN L	1/1/2010						QUEEN, LUCAS	19
CHAPMAN, JONATHON	12/1/1986						CRUMLEY, JOHN	35
CHRISTIAN, AMY	8/11/2016						QUEEN, LUCAS	02
CRUMLEY, JOHN T	1/7/1983						BROOKS, MELVIN	01
DeBord, Randy	1/1/2015						QUEEN, LUCAS	110
EZPRO, DEMO	1/1/2015						CRUMLEY, JOHN	31
GILES, JASON	7/10/2016						BROOKS, MELVIN	01
HANEY, ALANA M	5/1/1994						CRUMLEY, JOHN	03
HANEY, CHARLES E	5/1/1994						CRUMLEY, JOHN	12
Hunt, Dr. Sonjia L	5/16/2017						HUNT, WALT	35
HUNT, WALT C	9/1/1979						HUNT, WALT	01
KANARSKI, AURELIA M	7/17/2004	9/1/2015	11/21/2015	12/25/2018	7/8/2015		QUEEN, LUCAS	03
KIRBY, TRISH	1/1/2015						QUEEN, LUCAS	05
MCSPADDEN, TAMMY D	8/21/1993	11/7/2016	6/12/2015	6/13/2015			QUEEN, LUCAS	01
MORGAN, SANDIE	1/1/2015						QUEEN, LUCAS	01
Neal, Robert D	5/14/2019						BROOKS, MELVIN	01
ONE, CUSTOMER	7/1/2012						HUNT, WALT	03
PATTERSON, WENDI	1/1/2015						KANARSKI, AURELIA	69

J. Licensure/Certification

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E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Licensure / Certification

Licensure Certification RN

Employee	Position Title	Original Date	Expiration Date
HANEY, ALANA M	DIRECTOR OF NURSING	02/03/1995	02/02/2018

Bold Expiration Date indicates Licensure / Certification has Expired.

- Use the Pull-down menu to choose which Licensure/Certification you wish to view. Your report will appear, when select Licensure/Certification Expiration Dates

K. Need Picture

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E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Employee's Picture Not in Database

Last Name	First Name	Employee ID
ADAMS	JARROD	12345
BROOKS	KEVIN	0
CHAPMAN	JONATHON	0
CHRISTIAN	AMY	7856
CRUMLEY	JOHN	007
DeBord	Randy	0
EZPRO	DEMO	0
GILES	JASON	2383
HANEY	ALANA	0
HANEY	CHARLES	0
Hunt	Dr. Sonjia	0
HUNT	WALT	2377
KANARSKI	AURELIA	1504
KIRBY	TRISH	0
MCSPADDEN	TAMMY	256
MORGAN	SANDIE	0
Neal	Robert	0

L. Employee List by Date Range

Internet Email
Agency E-Mail(17)
HOME
People Served
Human Resources
Advanced HR
MEDICAL
ADMIN

HUMAN RESOURCES REPORTS
CLOSE

New Hire Dates
Hire Date Missing

Anniversary/Birthday
HR File Dates

Employee Analysis
Licensure/Certification

Employee ID Badge

Employee List

Employee Notes
Need Picture

Employee Status

Background Checks

Employee List
From To

New Employee List - State
New Employee List - Agency
Inactive Employee List
Terminated Employee List
Tenure 5 Years & Over

Employee Comprehensive Report
ALL ACTIVE INACTIVE
Employee
Manager
Employee Comprehensive Report

Enter your date range

a. New Employee List – State

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Agency: E-COM SYSTEM & LLC
Agency Training Contact Person:
Contact Person Phone Number:
Reporting Month/Year: July 2012

Employee Name	S.S.#	Hire Date
ADAMS, JARRICO	321-64-7777	01/01/2014
BROOKS, KEVIN	498-21-2106	01/01/2015
BROWN, TERRY	987-65-1234	07/01/2014
CHRISTIAN, AMY	123-56-8000	08/11/2016
DEBORD, RANDY	131-31-3131	01/01/2015
EZPRO, DEMO	111-11-1111	01/01/2015
FULLTIME4, TEST	999-99-9999	01/01/2015
FULLTIME6, TEST	101-01-0101	01/01/2015
GILES, JASON	999-12-5555	07/10/2016
HUNT, DR. SONJIA	400-00-0862	05/18/2017
KIRBY, TRISH	444-44-4444	01/01/2015
MORGAN, SANDIE	888-88-8888	01/01/2015
NEAL, DAVID	123-00-0000	08/14/2019
ONE, CUSTOMER	101-11-0011	07/01/2012
PARTTIME2, TEST	141-41-4141	01/01/2015
PATTERSON, WENDI	121-21-2121	01/01/2015
POTEST, SUMMER	333-33-3333	01/01/2015
QUEEN, TAMMY	654-98-7000	08/11/2016
TIMAS, FIVE	000-00-0000	01/01/2015
TIMAS, ONE	222-22-2222	01/01/2015
TIMAS, TWO	777-77-7777	01/01/2015
WOOD, LAUREN	555-55-7595	05/11/2015

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E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

New Employee List

For the Period Beginning 7/1/2012 and Ending 7/18/2018

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Employee Name	Hire Date	Dept Code	Department Name
ADAMS, JARROD	01/01/2014	02	RESIDENTIAL ADMINISTRATION
BROOKS, KEVIN	01/01/2015	51	SOUTH SIDE
BROWN, TERRY	07/01/2014	114	OTHER AGENCY 114
CHRISTIAN, AMY	09/11/2015	02	RESIDENTIAL ADMINISTRATION
DEBORD, RANDY	01/01/2015	110	OTHER AGENCY 104
EFPRO, DBMO	01/01/2015	31	EDF
FULLTIME4, TEST	01/01/2015	01	ADMINISTRATION
FULLTIME5, TEST	01/01/2015	02	RESIDENTIAL ADMINISTRATION
GILES, JASON	07/10/2016	01	ADMINISTRATION
HUNT, DR. SONJIA	05/18/2017	35	WEST SIDE
KREBY, TRISH	01/01/2015	05	OTHER AGENCY 5
MORGAN, SANDIE	01/01/2015	01	ADMINISTRATION
NEAL, DAVID	05/14/2019	01	ADMINISTRATION
ONE, CUSTOMER	07/01/2012	03	MEDICAL SERVICES
PARTTIME2, TEST	01/01/2015	110	OTHER AGENCY 104
PATTERSON, WENDI	01/01/2015	69	NURSING RELATED
POTTEET, SUMMER	01/01/2015	26	DAY SERVICES
QUEEN, TAMMY	09/11/2015	01	ADMINISTRATION
TIMAS, FIVE	01/01/2015	101	OTHER AGENCY 101
TIMAS, ONE	01/01/2015	05	OTHER AGENCY 5
TIMAS, TWO	01/01/2015	02	RESIDENTIAL ADMINISTRATION
WOOD, LAVESHA	05/11/2015	26	DAY SERVICES

22 Employees

File

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Zoom

Save AS

Close Print Preview

Close Preview

Export to PDF

Export to XML

Export to Word

Export to Excel

P.O. Box 911 Cleveland, IN Phone (423) 464-5555

INACTIVE EMPLOYEE LIST

FOR THE PERIOD STARTING 07/01/2012 AND ENDING 07/16/2019

TERMINATED

Employee Name	Term Date	Hire Date	Dept	Department Name	Exit Letter on File	Terminated	
BROWN, TERRY	08/31/2016	07/01/2014	114	OTHER AGENCY	114	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reason For Termination TERM-FALSIFYING DOCUMENTATION							
FULLTIME4, TEST	01/15/2017	01/01/2015	01	ADMINISTRATION		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reason For Termination QUIT-NO SHOW							
FULLTIME6, TEST	09/11/2016	01/01/2015	02	RESIDENTIAL ADMINISTRATION		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reason For Termination QUIT-PERSONAL							

TOTAL EMPLOYEE(S) LISTED = 3

d. Terminated Employee List

File

Report Options

Print

Print

Zoom

Zoom

One Page

One Page

Two Pages

Two Pages

More Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Word

Export to Excel

Export to Excel

Close Print Preview

Close Print Preview

Save AS

Save AS

TERMINATED EMPLOYEE LISTING

Employee Name	Position Title	Gender	National Origin	Date of Hire	Date of Discharge	Exit Letter on File	Terminated
BROWN, TERRY	ADM. ASST.	M	AFRICAN AMER	07/01/2014	08/31/2016	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reason For Termination: TERM-FALSIFYING DOCUMENTATION						Status: FT	
FULLTIME4, TEST	DAY SERVICE COORD	F	CAUCASIAN	01/01/2015	01/15/2017	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reason For Termination: QUIT-NO SHOW						Status: FT	
FULLTIME6, TEST	EMPLOYMENT SPEC	M	AFRICAN AMER	01/01/2015	09/11/2016	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Reason For Termination: QUIT-PERSONAL						Status: FT	
PARTTIME2, TEST	ADM. ASST.	F	AFRICAN AMER		06/22/2017	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reason For Termination:						Status: FT	
Employee's Listed:		4					

e. Tenure 5 Years & Over

Report Options									
File	Print	Zoom	One Page	Two Pages	More Pages	Export to PDF	Export to XML	Close Print Preview	
Print	Zoom	One Page	Two Pages	More Pages	Export to Word	Export to Excel	Save AS	Close Preview	

Employees With Five or More Years of Service as of 7/16/2019					
Employee	Department	Hired	Terminated	Yrs.	Category
CHAPMAN, JONATHON	WEST SIDE	12/1/1986		32.6	30 years
CRUMLEY, JOHN	ADMINISTRATION	1/7/1983		36.5	30 years
HUNT, WALT	ADMINISTRATION	9/1/1979		39.8	30 years
Woods, TONYA	OTHER AGENCY 36	12/1/1986		32.6	30 years
HANEY, ALANA	MEDICAL SERVICES	5/1/1994		25.2	25 years
HANEY, CHARLES	BUSINESS MANAGEMENT	5/1/1994			25 years
MCSPADDEN, TAMMY	ADMINISTRATION	8/21/1993		25.9	25 years
BURKE, EZEKIEL	DAY SERVICES	12/6/2000		18.6	15 years
KANARSKI, AURELIA	MEDICAL SERVICES	7/17/2004		15.0	15 years
POPE, TIMOTHY	ADMINISTRATION	1/1/2003		16.5	15 years
QUEEN, LUCAS	ADMINISTRATION	4/3/2002		17.3	15 years
SCOTTON, CHRISTOPHER	RESIDENTIAL ADMINISTRATION	2/10/2004		15.4	15 years
ADAMS, JARROD	RESIDENTIAL ADMINISTRATION	1/1/2014		5.5	5 years
BROOKS, MELVIN	NORTH SIDE	1/1/2010		9.5	5 years
ONE, CUSTOMER	MEDICAL SERVICES	7/1/2012		7.0	5 years

M. Employee Comprehensive Report

[Internet Email](#)
[Agency E-Mail\(17\)](#)
[HOME](#)
[People Served](#)
[Human Resources](#)
[Advanced HR](#)
[MEDICAL](#)

HUMAN RESOURCES REPORTS

[CLOSE](#)

New Hire Dates
 Hire Date Missing

Anniversary/Birthday
 HR File Dates

Employee Analysis
 Licensure/Certification

Employee ID Badge

Employee List

Employee Notes
 Need Picture

Employee Status

Background Checks

Employee List

From To

New Employee List - State
 New Employee List - Agency
 Inactive Employee List
 Terminated Employee List
 Tenure 5 Years & Over

Employee Comprehensive Report

[ALL](#)
[ACTIVE](#)
[INACTIVE](#)

Employee

Manager

Employee Comprehensive Report

- Select your Employee and your Manager
- Select "Employee Comprehensive Report"

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COMPREHENSIVE EMPLOYEE REPORT

Employee SSN	888-88-8888	Employee Title	
Name	MORGAN, SANDIE	DIRECTOR OF FINANCE	
Address	106 HELTON DRIVE	Date of Birth	
City St Zip	WAYNESBORO, TN 38485	01/01/1980	
Phone		Department	
Cell Phone	(931) 722-4560	ADMINISTRATION	
Pager		Manager's Name	
E-mail Address	smorgan@netease.net	QUEEN, LUCAS	
EmployeeID:	0	Hire Date	12/02/2014

No Picture Available

GENERAL INFORMATION

Application On File	<input checked="" type="checkbox"/> MR Defined On File	<input type="checkbox"/>	Physical Expiry Date	<input type="text"/>
References Verified	<input checked="" type="checkbox"/> Copy Of SS Card On File	<input checked="" type="checkbox"/>	TB Test Or Chest XRay Date	<input type="text"/>
Job Description On File	<input checked="" type="checkbox"/> Fingerprints On File	<input checked="" type="checkbox"/>	Health Insurance Effect Date	<input type="text"/>
First Aid Form On File	<input checked="" type="checkbox"/> Background Chk Received	<input checked="" type="checkbox"/>	Term Disability Effect Date	<input type="text"/>
Orientation Form On File	<input checked="" type="checkbox"/> Abuse Registry Checked	<input checked="" type="checkbox"/>	Retirement Benefit Eff Date	<input type="text"/>
W-4 On File	<input checked="" type="checkbox"/> License Verification Checked	<input checked="" type="checkbox"/>	Drivers License Nbr	000257884
I-9 On File	<input checked="" type="checkbox"/> TBI Background Received	<input checked="" type="checkbox"/>	D L Expiration Date	2/5/2025
Salary Scale On File	<input type="checkbox"/> Is Alien Regist Card Needed	<input type="checkbox"/>	Drivers License Type	Endorsement
Organization Chart On File	<input type="checkbox"/> Copy Alien Regist Card On File	<input type="text"/>	DL Endorsement/Date Rcvd.	<input type="text"/>
Norm Principle Review On File	<input type="checkbox"/> Alien Regist Expire Date	<input type="text"/>	Driver License State Issued	TN
			Copy Of Driver Lic On File	<input checked="" type="checkbox"/>

LICENSURE

4. Human Resources Data Entry

E-COM SYSTEMS, LLC

internet

Agency

Email

E-Mail(17)

HOME

People Served

Human Resources

Advanced HR

MEDICAL

Welcome SANDIE MORGAN

Tuesday, July 16, 2019 3:52 PM

Favorites

Logout

EZ-1

Va

Personnel Information

Human Resources Data Entry

Employee Name Change
Add / Edit / Search

Edit Timekeeping Records

Timekeeping Reports

E-Mail Group Set Up

Human Resources Reports

Leave Requests

Add Employee to an
E-mail Group

Data Entry Screen – Open Tab

From this screen:

- You can look up employee information from this screen
- You can enter and/or make changes on this screen
- You can enter emergency contacts
- You can scan documents to employee personnel file
- You can reset employee password
- You can search by first and/or last name
- You can review by All Employees/Active Employees/In-Active Employees

The screenshot shows the 'Employee Data Entry' form. Red arrows point from a callout box to several features: the photo area, the signature, the 'Emergency Contacts' button, the 'Scanned Documents' button, and the 'ADD' button. The callout box contains the following text:

- You can add employee picture and signature by double clicking in the area
- You can add a new employee
- You can move from one employee to another

The form includes the following fields and buttons:

- Employee:** BROOKS, MELVIN L (highlighted in yellow)
- Search by First Name:** ☐
- Total ACTIVE Employees:** 32
- Buttons:** All Employees, Active Employees, InActive Employees, CLOSE
- Form Fields:**
 - Name: BROOKS, MELVIN L
 - Address: 444 SOMEWHERE LANE
 - City: CHATSWORTH, GA 30705
 - Prefer: MEL
 - D.O.B: 11/04/1962
 - Title: CDO
 - Status: ACTIVE
 - SSN: *****
 - Department: 19
 - Gender: M
 - Supervisor: ☐
 - Nationality: NORTH SIDE
 - Pay Scale: BWH
 - Employee Mgr: QUEEN, LUCAS
- Hire Date:** 1/1/2010, **Tenure Yrs:** 9.5
- Buttons:** OPEN, Education/Licensure, General, Status Dates, Training, Notes
- CHIEF DEVELOPMENT OFFICER:** (Section header)
- Photo:** A photo of a man in a white t-shirt standing on a balcony.
- Contact Information:**
 - Phone:
 - CellPhone: (423) 464-0890
 - Cell Provider: VERIZON
 - Other: (706) 270-2063
 - E-mail: support@timas.us
- Signature:** A handwritten signature.
- Buttons:**
 - PREV, NEXT, ADD
 - Emergency Contacts
 - Search by SSN
 - Reset User Account
 - Scanned Documents
 - Web
- Employee Info:** MELVIN L BROOKS, 216, 07/05/2015
- Employee Name:** MELVIN L BROOKS
- Emp PR#:** 216
- Date of Picture:** 07/05/2015
- Hire Date:** 1/1/2010
- Database ID:** 216

Employee Data Entry – Education/Licensure Tab

Employee Data Entry Total ACTIVE Employees: 32

Employee: BROOKS, MELVIN L ☐ Search by First Name

Name: BROOKS MELVIN L Prefer: MEL SSN: ***** Nationality:
 Address: 444 SOMEWHERE LANE D.O.B.: 11/04/1962 Department: 19 NORTH SIDE
 City: CHATSWORTH GA 30705 Title: CDO Gender: M Pay Scale: BWH
 Status: ACTIVE Supervisor: Employee Mgr: QUEEN, LUCAS

Hire Date: 1/1/2010 Tenure Yrs: 9.5

OPEN Education/Licensure General Status Dates Training Notes

Degree	Major	Copy On File	Date of Graduation
HS DIPLOMA		<input type="checkbox"/>	05/01/1979
AS	INFORMATION TECHNOLOGY	<input type="checkbox"/>	05/01/1996
*		<input checked="" type="checkbox"/>	

Record: 1 of 2 No Filter Search

Licensure Certification	State Of Licensure	ID Numbe	Original Date	Expiration Date	Copy On File	DoNotRenew
*					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Record: 1 of 1 No Filter Search

- You can enter educational degrees or Licensure Certifications on this screen

Employee Data Entry – General Tab

Employee Data Entry Total ACTIVE Employees: 32

Employee: BROOKS, MELVIN L ☐ Search by First Name

Name: BROOKS MELVIN L Prefer: MEL SSN: ***** Nationality:
 Address: 444 SOMEWHERE LANE D.O.B.: 11/04/1962 Department: 19 NORTH SIDE
 City: CHATSWORTH GA 30705 Title: CDO Gender: M Pay Scale: BWH
 Status: ACTIVE Supervisor: Employee Mgr: QUEEN, LUCAS

Hire Date: 1/1/2010 Tenure Yrs: 9.5

OPEN Education/Licensure General Status Dates Training Notes

Application On File ☒ Is Alien Regist Card Needed ☐
 References Verified ☒ by Alien Regist Card On File ☐ Authorized Mileage 0
 Job Description On File ☒ Alien Regist Expire Date ☐ Physical Expiration Date ☐
 First Aid Form On File ☒ Bank Account Number ☐ TB Skin Test Expiration Date ☐
 Orientation Form On File ☒ Drivers License Nbr ☐ Chest X-Ray Expiration Date ☐
 W-4 On File ☒ D L Expiration Date ☐ Hepatitis B ☐
 I-9 On File ☒ DL Type ☐ TB Questionnaire Date ☐
 I-9 Expires DL Endorsement/Date Rcvd.
 Salary Scale On File ☒ Driver License State Issued ☐
 Organization Chart On File ☐ Copy Of Driver Lic On File ☐
 Form Principle Review On File ☐ Van Driver ☐
 MR Defined On File ☐ MVR Expiration PTO Benefit Date
 Copy Of SS Card On File ☒ Employee Signature ☒ On Workers Compensation ☒
 Fingerprints On File ☐ Exempt from Clockin Rule ☒
 Background Chk Received ☒
 Date Received
 Abuse Registry Checked ☒
 License Verification Checked ☐
 TBI Background Received ☒
 Date Received

- This screen helps you tracked many/all of the employee requirements and expiration dates

Employee Data Entry – Status Dates

Employee Data Entry Total ACTIVE Employees: 32

Employee: BROOKS, MELVIN L ☐ Search by First Name All Employees Active Employees InActive Employees CLOSE

Name: BROOKS MELVIN L Prefer: MEL SSN: ***** Nationality:
 Address: 444 SOMEWHERE LANE D.O.B.: 11/04/1962 Department: 19 NORTH SIDE
 City: CHATSWORTH GA 30705 Title: CDO Gender: M Pay Scale: BWH
 Status: ACTIVE Supervisor: Employee Mgr: QUEEN, LUCAS
 Hire Date: 1/1/2010 Tenure Yrs. 9.5

OPEN Education/Licensure General Status Dates Training Notes

HireDate	CSDDate	TerminationDate	Exit Letter On	Terminated/Fired	Reason	Eligible For F	ReferredBy
01/01/2010			<input type="checkbox"/>	<input type="checkbox"/>			
*			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Record: 1 of 1 No Filter Search

Employment Changes (History)

Date	Position	Job Title	Dept	Department	Rate of Pay	Reason	HourlySalary	F
1/1/2015	CDO		01	ADMINISTRATION	2,500.00	STATUS CHANGE	SALARY	FT
12/11/2012	PROG DIRECTOR		01	ADMINISTRATION	1,647.87	ANNUAL EVAL	SALARY	FT
3/16/2012	PROG DIRECTOR		01	ADMINISTRATION	1,631.55	PAY ADJUSTMENT	SALARY	FT
12/12/2011	PROG DIRECTOR		01	ADMINISTRATION	1,553.86	ANNUAL EVAL	SALARY	FT

Record: 3 of 6 No Filter Search

- This screen tracks dates of employee position changes and pay rate changes
- It also tracks hire dates/term dates/rehire dates

Employee Data Entry – Training

Employee Data Entry Total ACTIVE Employees: 32

Employee: BROOKS, MELVIN L ☐ Search by First Name All Employees Active Employees InActive Employees CLOSE

Name: BROOKS MELVIN L Prefer: MEL SSN: ***** Nationality:
 Address: 444 SOMEWHERE LANE D.O.B.: 11/04/1962 Department: 19 NORTH SIDE
 City: CHATSWORTH GA 30705 Title: CDO Gender: M Pay Scale: BWH
 Status: ACTIVE Supervisor: Employee Mgr: QUEEN, LUCAS
 Hire Date: 1/1/2010 Tenure Yrs. 9.5

OPEN Education/Licensure General Status Dates Training Notes

Date	Topic	ClientID	DescriptionOfTra	CategoryC
03/19/2015	R			
*				

Record: 1 of 1 No Filter Search

- You may enter training manually here or you may import employee training from Relias (on another HR screen, but once it's imported, it will show here)

Employee Data Entry – Notes

Employee Data Entry Total ACTIVE Employees: 32

Employee: BROOKS, MELVIN L ☐ Search by First Name All Employees Active Employees InActive Employees CLOSE

Name: BROOKS MELVIN L Prefer: MEL SSN: ***** Nationality:
 Address: 444 SOMEWHERE LANE D.O.B: 11/04/1962 Department: 19 NORTH SIDE
 City: CHATSWORTH GA 30705 Title: CDO Gender: M Pay Scale: BWH
 Status: ACTIVE Supervisor: Employee Mgr: QUEEN, LUCAS

Hire Date: 1/1/2010 Tenure Yrs: 9.5

OPEN Education/Licensure General Status Dates Training Notes

Note Date	Created BY	Notes	Add Group
05/25/2017	MCSPADDEN, TAMMY	Training Class: CPR - 2015/04/15 scheduled for 4/15/2015 4:00:00 PM changed to 4/30/2017 7:00:00	Add Group
* 07/16/2019			

Record: 14 of 1 No Filter Search

- You may enter notes here for an employee, i.e. winning awards, etc.
- Also, on the email form, if you check the box to add to the employees file, that email will appear here

Employee Data Entry – Open Tab -Scanned Documents

Employee Documents CURRENT ARCHIVED CLOSE

Applications: Drivers License SSN

Employee: ☐ Active ☐ ALL

Show All Documents
 Save a Document

When you select scanned documents from the Open Tab:

- You choose an employee
- You can select Show All Documents and this will then let you select and view/print the document you need
- You can save a document to the employee file that you have scanned
- You can open Employee File Locations
- You can rename a document
- You can Delete Selected Document

[Open Employee File Locations](#) [Rename Documents](#) [Delete Selected Document](#)

HR Data Entry – Open Tab – Scanned Documents

Employee Documents

☒ CURRENT
 ☐ ARCHIVED
 CLOSE

Employee
☒ Active
☐ ALL

MCSPADDEN, TAMMY D

Show All Documents

Save a Document

Applications
Drivers License
SSN

Document File Name
Last Modified

[Open Employee File Locations](#)
[Rename Documents](#)
[Delete Selected Document](#)

- You can set up as many folders as you need for your agency for HR File Forms, if these are set up, these folders will show up in this box
- Each folder you select may have several documents in it. The documents for the folder you selected will show in this box
- You may set up another folder at any time by selecting "Open Employee File Locations"

HR Data Entry – Open Tab – Scanned Documents – Open Employee File Locations

Employee Documents

☒ CURRENT
 ☐ ARCHIVED
 CLOSE

Applications
Drivers License
SSN

Document File Name
*

[Open Employee File Loc...](#)

Employee Document File Locations

Type of File	Folder Location of these Files	Prefix	Identifyer
Applications	L:\NetManagerDD\HRDocs	APP	Lastname/First Init./ Last 4 SSN
Drivers License	L:\NetManagerDD\HRDocs	DL	Lastname/First Init./ Last 4 SSN
SSN	L:\NetManagerDD\HRDocs	N	Lastname/First Init./ Last 4 SSN

Browse for Folder

This PC

Downloads
Desktop
Documents
Music
Videos
Pictures
Windows (C:)
Temporary Storage (D:)
Bek Volume (E:)
ChipHale (H:)

OK Cancel

Record: 14 3 of 3

No Filter Search

- You must create the folder on your computer/server first, so that when you add a folder here, you can open to that folder in the window shown

HR Data Entry – Open Tab – Scanned Documents – Save a Doc

Employee Documents

Applications
Drivers License
SSN

☒ CURRENT ☐ ARCHIVED

☒ Employee ☐ Active ☐ ALL

MORGAN, SANDIE

Show All Documents

Save a Document

Document Naming Form

Double-click document name to open. You MUST Close the document before saving it.

Document

Employee

DATE

Select File

Include Inactive employees

Save File As ...
_DooleyI_0301.pdf

CLOSE

- Select "Save a Document"
- Use the "Select File" button to locate the documents you have scanned to be saved
- Use the pull-down menu by "Document" to select the type of document you are saving
- Then use the pull-down menu to select the Employee name
- Use pull-down to enter the date of your documents, you may add additional information after the date if you choose.
- Select button "Save File As"
- Then you may close this screen or continue to locate and file other documents you have ready.

HR Data Entry – Open Tab – Reset User Account

Employee Data Entry

Employee: MORGAN, SANDIE

☐ Search by First Name

All Employees Active Employees InActive Employees

CLOSE

Name: MORGAN SANDIE

Address: 106 HELTON DRIVE

SSN: *****

Nationality: CAUCASIAN

Department: 01

ADMINISTRATION

Pay Scale: BWH

Employee Mgr: QUEEN, LUCAS

If an employee forgets their password, you may go to their screen and select "reset user account", this window will pop up and allow you to change. They will then need to change their password again from this format.

Contact Information

Phone

CellPhone: (931) 722-4560

Cell Provider: ATT

Other

E-mail: smorgan@netease.net

Emergency Contacts

Search by SSN

Reset User Account

Scanned Documents

EZ-PRO Version 2019 4.27

This will reset the username and password for SANDIE MORGAN to the original format.
Username: MORGANXXXX (Employee Last Name and last 4 digits of SSN)
Password: MMDDYYYY (Employee's 8 digit birthdate. Numbers only in the format Month, Day, Year.)
This will also delete any Bad Login records
Is this what you want to do?

Yes No

HR Data Entry – Open Tab – Emergency Contacts

EZ-PRO

Employee Data Entry

Employee: MORGAN, SANDIE
☐ Search by First Name

Name: MORGAN SANDIE

Address: 106 HELTON DRIVE

City: WAYNESBORO TN 38485

D.O.B.: 01/01/1980

Title: DIRECTOR HR

Status: ACTIVE

Hire Date: 1/1/2015 Tenure Yrs. 4.5

OPEN Education/Licensure General Status Dates Training Notes

DIRECTOR HUMAN RESOURCES

Phone:

CellPhone: (931) 722-

Cell Provider: ATT

Other:

E-mail: smorgan@

Employee: MORGAN, SANDIE

CLOSE

Contact Name (First, Last)	Relationship	Home Phone	Work Phone	Cell Phone	Address
WILLIAM MORGAN	HUSBAND			(931) 722-4143	106 Helton Dr
JORDAN KIDDY	SON			(931) 676-7159	65 Navajo Tre

- Select “emergency contacts” to open this box and enter employee’s emergency contacts

SANDIE MORGAN 0

Employee Name Emp PR# Date of Picture

Hire Date: 1/1/2015

Database ID 2370

PREV NEXT ADD

Emergency Contacts

Search by SSN

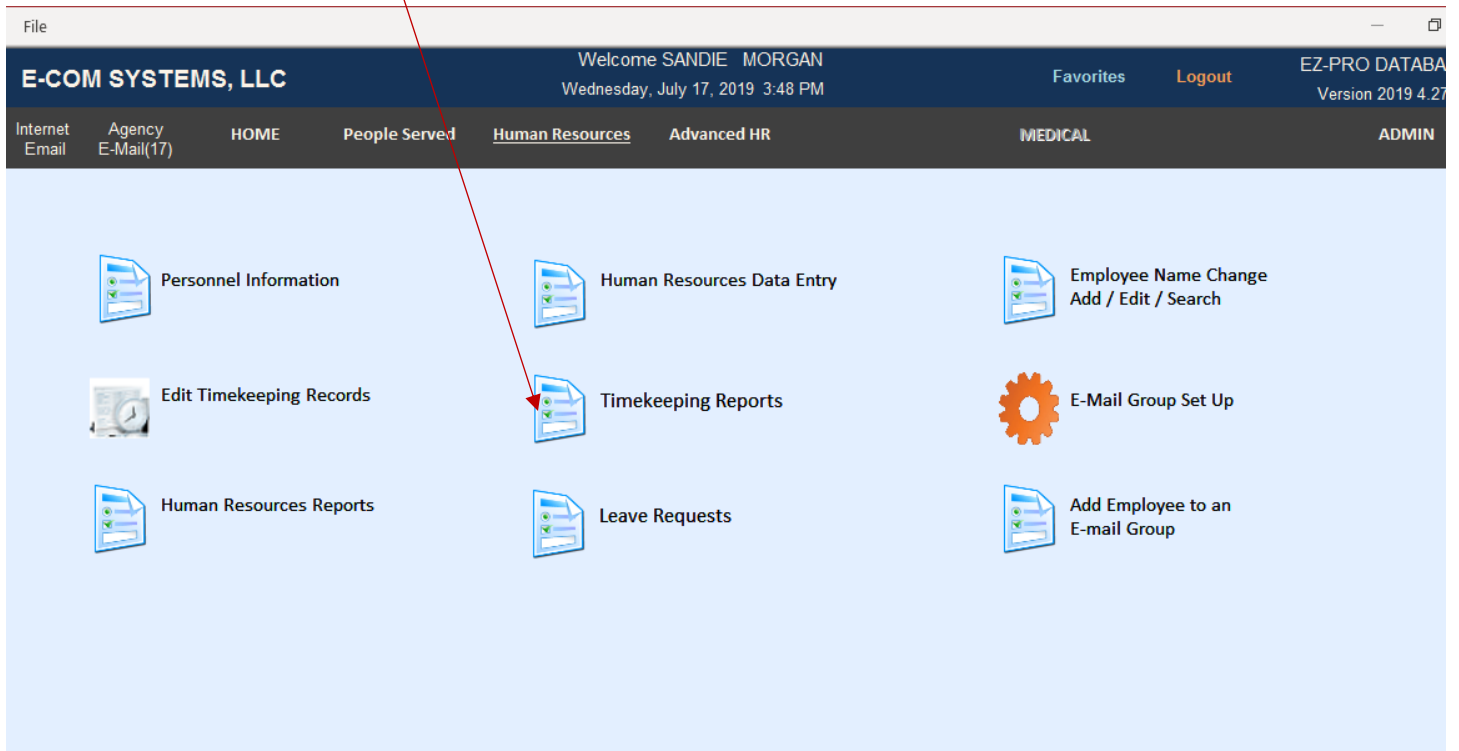
Reset User Account

Web

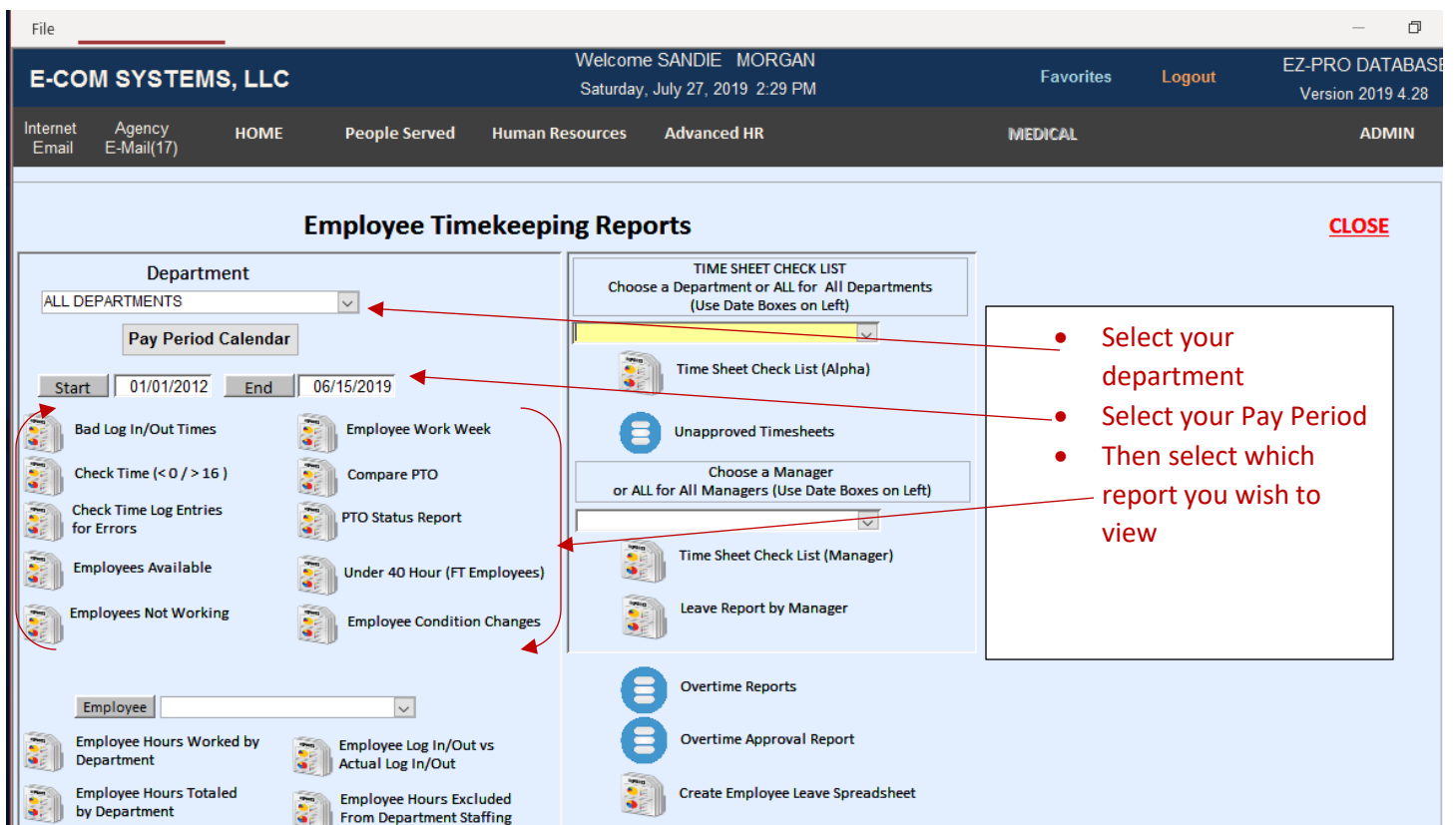
Scanned Documents

PREV NEXT

5. Timekeeping Reports



Employee Timekeeping Reports Menu



A. Bad Log In/Out Times

File Report Options

Print Zoom One Page Two Pages More Pages

Export to PDF Export to XML Close Print Preview

Export to Word Export to Excel Save AS Close Preview

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EMPLOYEE LOG IN/OUT RECORDS WITH PROBLEMS (MISSING DATES, TIMES, OR DEPARTMENTS)

EMPLOYEE	IN DATE	IN TIME	OUT DATE	OUT TIME	DEPARTMENT
MORGAN, SANDIE	6/7/2019	8:00 AM			ADMINISTRATION

- This report shows employees that have either not clocked in or not clocked out.

B. Check Time (<0/>16)

R0530 - EZ-PRO Melvin Brooks MB

File Report Options

Print Zoom One Page Two Pages More Pages

Export to PDF Export to XML Close Print Preview

Export to Word Export to Excel Save AS Close Preview

E-COM SYSTEMS, LLC
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EMPLOYEE HOURS WORKED LESS THAN 0 HOURS - OR - GREATER THAN 16 HOURS

EMPLOYEE NAME	HOURS	IN DATE	IN TIME	OUT DATE	OUT TIME	DEPARTMENT
SANDIE MORGAN	16.50	06/14/2019	7:00 AM	06/14/2019	11:30 P.M.	ADMINISTRATION
SANDIE MORGAN	21.00	06/15/2019	1:00 AM	06/15/2019	10:00 P.M.	ADMINISTRATION
SANDIE MORGAN	24.00	06/11/2019	12:00 AM	06/12/2019	12:00 AM	ADMINISTRATION

- This report shows employees that have worked less than 0 hours or greater than 16 hours.

C. Check Time Log Entries for Errors

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

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PAYROLL PROCESSING DISCREPANCIES

EMPLOYEE NAME	PROBLEM	SUPERVISOR	IN DATE	IN TIME	OUT DATE	OUT TIME
MORGAN, SANDIE	Missing EmployeeID	QUEEN, LUCAS	06/11/2019	12:00 AM	06/12/2019	12:00 AM
MORGAN, SANDIE	Out of Range Hours	QUEEN, LUCAS	06/14/2019	7:00 AM	06/14/2019	11:30 PM
MORGAN, SANDIE	Out of Range Hours	QUEEN, LUCAS	06/15/2019	1:00 AM	06/15/2019	10:00 PM
MORGAN, SANDIE	Overlapping Entries	QUEEN, LUCAS	06/07/2019	6:00 AM	06/07/2019	2:00 PM

- This report shows missing employee ID's, Out of Range Hours and Overlapping Hours.

D. Employees Available

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

Export to XML

Export to Word

Export to Excel

Close Print Preview

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FOR THE PERIOD STARTING 6/2/2019 AND ENDING 6/15/2019

Department	ADMINISTRATION	Status	Title	Phone Nbr	Cell Phone Nbr	Will Work Exits Hrs	Can Work With Class Members	Medication Certification	Diploma or GED on File	Hours Worked
Employee										
CRUMLEY, JOHN T	FT	DIRECTOR HR	(423) 230-0001	(423) 615-6638	NOT SHOWN	YES				0.0
Near, Robert D	PT-1	IT COMPUTER TECH	(423) 476-1234	(615) 852-6325	NOT SHOWN	YES				0.0
POPE, TIMOTHY W	FT	Program Coordinator -IT	(423) 476-1234	(423) 421-5678	NOT SHOWN	YES				0.0
GILES, JASON	NTRA	IT COMPUTER TECH	(423) 421-5992	(423) 895-7385	NOT SHOWN	YES				0.0
QUEEN, LUCAS B	FT	COO	(423) 421-5992	(423) 421-5992	NOT SHOWN	YES				0.0
QUEEN, TAMMY	PT-1	DIRECTOR HR	(423) 421-5992	(423) 834-6613	NOT SHOWN	YES				0.0
MICSPADDEN, TAMMY D	FT	OFO	(423) 421-5992	(423) 421-4838	CALL ME	YES				0.0
HUNT, KALYTO	FT	CEO	(423) 421-5992	(423) 421-5992	NOT SHOWN	YES				0.3
MORGAN, SANDIE	FT	DIRECTOR HR	(423) 421-5992	(831) 722-4660	NOT SHOWN	YES				13.0
Department	BUSINESS MANAGEMENT	Status	Title	Phone Nbr	Cell Phone Nbr	Will Work Exits Hrs	Can Work With Class Members	Medication Certification	Diploma or GED on File	Hours Worked
Employee										
HANEY, CHARLES E	NTRA	HR ASSISTANT	(000) 999-1111	(615) 967-6963	NOT SHOWN	YES				0.0
Department	DAY SERVICES	Status	Title	Phone Nbr	Cell Phone Nbr	Will Work Exits Hrs	Can Work With Class Members	Medication Certification	Diploma or GED on File	Hours Worked
Employee										
POTTEY, SUMMER	FT	DIRECTOR RES SVC	(423) 230-0001	(423) 234-4327	NOT SHOWN	YES				0.0
WOOD, LINDA A	PT-1	QUALITY ASSURANCE	(666) 666-6666	(615) 423-6195	NOT SHOWN	YES				0.0
BURKE, EZEKIEL B	PT-1	IT COMPUTER TECH	(666) 666-6666	(615) 423-6195	NOT SHOWN	YES				0.0
Department	ECF	Status	Title	Phone Nbr	Cell Phone Nbr	Will Work Exits Hrs	Can Work With Class Members	Medication Certification	Diploma or GED on File	Hours Worked
Employee										
BEPRO, DEMO	FT	ADM ASST			NOT SHOWN	YES				0.0
Department	MEDICAL SERVICES	Status	Title	Phone Nbr	Cell Phone Nbr	Will Work Exits Hrs	Can Work With Class Members	Medication Certification	Diploma or GED on File	Hours Worked
Employee										
HANEY, ALAN AM	NTRA	O R OF NURSING	(000) 000-0000	(000) 000-0000	NOT SHOWN	YES				0.0
ONE, CUSTOMER	FT	MEDICAL ASSISTANT	(423) 614-6698	(423) 476-5555	NOT SHOWN	YES				0.0
KANARSKI, AURELIAM	FT	O R OF NURSING	(423) 614-6698	(423) 476-5555	NOT SHOWN	YES				0.0
Department	NORTH SIDE	Status	Title	Phone Nbr	Cell Phone Nbr	Will Work Exits Hrs	Can Work With Class Members	Medication Certification	Diploma or GED on File	Hours Worked
Employee										

This report will show employees that are available to work

E. Employees Not Working

File

Report Options

Print

Zoom

One Page

Two Pages

More Pages

Export to PDF

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Export to XML

Close Print Preview

Close Preview

Print

Zoom

Save AS

• This report shows employees that have not worked during the pay period shown

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Employees Not Working from 6/2/2019 To 6/15/2019

Employee	Dept.	Payscale Reason	Employee	Dept.	Payscale Reason
ADAMS, JARROLD	02	BWS	BROOKS, KEVIN G	31	BWH
BROOKS, MELVIN L	19	BWH	BURKE, EZEKIEL B	26	BWH
CHAPMAN, JONATHAN	35	BWH	CHRISTIAN, AMY	02	BWH
CRUNKLEY, JOHN T	01	BWS	DEBORD, RANDY	110	BWH
ESPINO, DAVID	31	BWH	GLEB, JASON	01	BWH
HANEY, ALANA M	03	BWH	HANEY, CHARLES E	12	BWH
HUNT, Dr. Sonja L	35	BWH	KANARSKI, AURELIA	03	BWH
KIRBY, TRISH	05	BWH	MCSFADDEN, TAMM	01	BWS
PATTERSON, WENDI	49	BWH	POPE, TIMOTHY W	01	BWS
POTEST, SUMMER	26	BWH	QUEEN, LUCAS B	01	BWH
QUEEN, TAMMY	01	BWH	SCOTTION, CHRISTOP	02	BWS
TAMAS, RYE	101	BWH	TIMAS, ONE	05	BWH
TAMAS, TWO	02	BWH	WOOD, LONNIE A	26	BWH
WOODS, TONYA	36	BWH			

F. Employee Work Week

		E-COM SYSTEMS, LLC						
		P.O. Box 911 Cleveland, TN Phone (423) 464-5555						
		Employee Working Status						
Employee	Department	05/30	05/31	06/01	6/2/2019	06/03	06/04	06/05
CRAWLEY, JOHN T	ADMINISTRATION							
GILES, JASON	ADMINISTRATION							
HARVEY, CHARLES E	BUSINESS MANAGEMENT							
HUNT, WALT C	ADMINISTRATION							
MCCASPADDEN, TAMMY D	ADMINISTRATION							
MORGAN, SANDIE	ADMINISTRATION							
NESB, ROBERT D	ADMINISTRATION							
POPE, TIMOTHY W	ADMINISTRATION							
QUEEN, LUCAS B	ADMINISTRATION							
QUEEN, TAMMY	ADMINISTRATION							
BROOKS, KEVIN G	SOUTH SIDE							
CHAFFMAN, JONATHAN	WEST SIDE							
SEPRIO, DENVO	ECF							
HARVEY, ALANALAM	MEDICAL SERVICES							
HUNT, DR. SONJO L	WEST SIDE							
KANARSIO, AURELIA M	MEDICAL SERVICES							
KORBY, TRISH	OTHER AGENCY 3							
ONE, GUSTAVOER	MEDICAL SERVICES							
PATTERSON, WIENDI	NURSING RELATED							
TIMAS, ONE	OTHER AGENCY 3							
VIGGOS, TONYA	OTHER AGENCY 36							
ADAMS, SHARROD	RESIDENTIAL ADMINISTRATION							
BROOKS, MELVIN L	NORTH SIDE							
BURKE, BECK B	DAY SERVICES							
CHRISTIAN, AMY	RESIDENTIAL ADMINISTRATION							
DERRICK, RONOV	OTHER AGENCY 104							
FARTNIZED, TEST	OTHER AGENCY 104							
FOSTER, SUMMER	DAY SERVICES							
SCOTTION, CHRISTOPHER L	RESIDENTIAL ADMINISTRATION							
TIMAS, FIVE	OTHER AGENCY 101							
TIMAS, TWO	RESIDENTIAL ADMINISTRATION							
VIGGOS, LOWERSGA	DAY SERVICES							
REGULAR PAY								

G. PTO Status Report

PAID TIME OFF for the Period 6/2/2019 to 6/15/2019					
Employee	BBF	EARNED	Used	Balance	Department
BROOKS, MELVIN L	0.00			0.00	19
KANARSKI, AURELIA M	0.00			0.00	03
MCSPADDEN, TAMMY D	0.00			0.00	01
QUEEN, LUCAS B	0.00			0.00	01
SCOTTON, CHRISTOPHER L	-17.00			-17.00	02

H. Under 40 hours (FT Employees)

Week Ending: 6/14/2019					
Employee	Department	Regular	PTO	Sick	Total
HUNT, WALT C	ADMINISTRATION	0.25	0.00	0.00	0.25

- This report shows all FT employees who have not worked their 40 hours during this pay period.

I. Employee Condition Changes

File Report Options					
Print	Zoom	One Page	Two Pages	More Pages	
Print	Zoom	Zoom	Save AS	Close Print Preview	Close Preview

July 27, 2019					
E-COM SYSTEMS, LLC					
P.O. Box 911 Cleveland, TN Phone (423) 464-5555					
Employee Name	Date of Change	Department	Previous Condition	Change To	Reason for Change
ADAMS, JARROD	01/01/2014	01		FT	NewHire
BROOKS, MELVIN	03/16/2012	01	FT	FT	PAY ADJUSTMENT
BROOKS, MELVIN	12/11/2012	01	FT	FT	ANNUAL EVAL
BROOKS, MELVIN	01/01/2015	01	FT	FT	STATUS CHANGE
BROWN, TERRY	07/01/2014	05		FT	NewHire
BROWN, TERRY	05/25/2016	01	FT	FT	STATUS CHANGE
BURKE, EZEKIEL	01/01/2016	05	FT	PT-1	PAY ADJUSTMENT
CHRISTIAN, AMY	08/11/2016	02		PT-1	NewHire
DEBORD, RANDY	01/01/2015	110		FT	NewHire
EZPRO, DEMO	01/01/2015	02		FT	NewHire
FULLTIME4, TEST	01/01/2015	01		FT	NewHire
FULLTIME6, TEST	01/01/2015	02		FT	NewHire
GILES, JASON	07/10/2016	01		CONTRACT	NewHire
HUNT, DR. SONJIA	05/16/2017	35		PT-1	NewHire
KANARSKI, AURELIA	04/10/2012	03	FT	FT	PAY ADJUSTMENT
KANARSKI, AURELIA	07/17/2012	03	FT	FT	ANNUAL EVAL
KANARSKI, AURELIA	07/17/2013	03	FT	FT	ANNUAL EVAL
KIRBY, TRISH	01/01/2015	05		PT-PRN	NewHire
MCSPADDEN, TAMMY	03/12/2013	01	PT-PRN	PT-1	ANNUAL EVAL

- This report will list out every record from the HR status tab (for the date range entered). So any change in department, pay rate, FT/PT, etc. would create a record on this report.

J. Employee Hours Worked by Department

File Report Options						
Print	Zoom	One Page	Two Pages	More Pages		
Print	Zoom	Zoom	Save AS	Close Print Preview	Close Preview	

E-COM SYSTEMS, LLC						
P.O. Box 911 Cleveland, TN Phone (423) 464-5555						
Hours Worked Between 6/2/2019 And 6/15/2019						
Employee	Type of Pay	In Date	In Time	Out Date	Out Time	Hours Worked
ADMINISTRATION						
MORGAN, SANDIE	DIRECT REGULAR PAY	06/02/2019	8:00 AM	06/02/2019	4:00 PM	8.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/03/2019	8:00 AM	06/03/2019	12:00 PM	4.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/04/2019	8:30 AM	06/04/2019	5:30 PM	9.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/05/2019	9:00 AM	06/05/2019	1:00 PM	4.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/06/2019	4:00 PM	06/06/2019	11:30 PM	7.50
MORGAN, SANDIE	DIRECT REGULAR PAY	06/07/2019	6:00 AM	06/07/2019	2:00 PM	8.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/08/2019	10:30 AM	06/08/2019	3:30 PM	5.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/10/2019	4:00 AM	06/10/2019	6:00 PM	14.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/11/2019	12:00 AM	06/12/2019	12:00 AM	24.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/12/2019	8:00 AM	06/12/2019	12:00 PM	4.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/13/2019	2:00 AM	06/13/2019	10:00 AM	8.00
MORGAN, SANDIE	DIRECT REGULAR PAY	06/14/2019	7:00 AM	06/14/2019	11:30 PM	16.50
MORGAN, SANDIE	DIRECT REGULAR PAY	06/15/2019	1:00 AM	06/15/2019	10:00 PM	21.00
Total Hours for MORGAN, SANDIE DIRECTOR OF FINANCE						133.00
Hours for ADMINISTRATION						133.00
Total Hours						133.00

K. Employee Hours Totaled by Department

File

E-COM SYSTEMS, LLC					
P.O. Box 911 Cleveland, TN Phone (423) 464-5555					
EMPLOYEE HOURS WORKED					
For the period 6/2/2019 To 6/15/2019					
EMPLOYEE	DEPARTMENT	Last Hire Date: 12/2/2014		TYPE	Hours
MORGAN, SANDIE	01 ADMINISTRATION			ACTIVE REGULAR PA	132.00
MORGAN, SANDIE	DIRECTOR OF Home Dept: ADMINISTRATION			Total Hours:	132.00
					132.00

L. Total Employee Hours

File

Report Options

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E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Hours Worked Between 6/2/2019 And 6/15/2019

Employee	Type of Pay	In Date	Time	Out Date	Time	Worked	Benefits	Total
MORGAN, SANDIE	REGULAR PAY	06/02/2019	8:00 AM	06/02/2019	4:00 PM	8.00	0.00	8.00
MORGAN, SANDIE	REGULAR PAY	06/03/2019	8:00 AM	06/03/2019	12:00 PM	4.00	0.00	4.00
MORGAN, SANDIE	REGULAR PAY	06/04/2019	8:30 AM	06/04/2019	5:30 PM	9.00	0.00	9.00
MORGAN, SANDIE	REGULAR PAY	06/05/2019	9:00 AM	06/05/2019	1:00 PM	4.00	0.00	4.00
MORGAN, SANDIE	REGULAR PAY	06/06/2019	4:00 PM	06/06/2019	11:30 PM	7.50	0.00	7.50
MORGAN, SANDIE	REGULAR PAY	06/07/2019	6:00 AM	06/07/2019	2:00 PM	8.00	0.00	8.00
MORGAN, SANDIE	REGULAR PAY	06/08/2019	10:30 AM	06/08/2019	3:30 PM	5.00	0.00	5.00
MORGAN, SANDIE	REGULAR PAY	06/10/2019	4:00 AM	06/10/2019	6:00 PM	14.00	0.00	14.00
MORGAN, SANDIE	REGULAR PAY	06/11/2019	12:00 AM	06/12/2019	12:00 AM	24.00	0.00	24.00
MORGAN, SANDIE	REGULAR PAY	06/12/2019	8:00 AM	06/12/2019	12:00 PM	4.00	0.00	4.00
MORGAN, SANDIE	REGULAR PAY	06/13/2019	2:00 AM	06/13/2019	10:00 AM	8.00	0.00	8.00
MORGAN, SANDIE	REGULAR PAY	06/14/2019	7:00 AM	06/14/2019	11:30 PM	16.50	0.00	16.50
MORGAN, SANDIE	REGULAR PAY	06/15/2019	1:00 AM	06/15/2019	10:00 PM	21.00	0.00	21.00
MORGAN, SANDIE	ADMINISTRATION					133.00	0.00	133.00
TOTAL HOURS FOR MORGAN, SANDIE						133.00	0.00	133.00
Total Hours						133.00	0.00	133.00

*** Benefit Hours in this report only reflects Time Log entries. It does not include automated make up hours. ***

M. Employee Log in/out vs Actual Log in/out

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555
Actual vs Employee Time Log Entries

For the period 7/14/2019 To 7/27/2019

Employee	Dept.	Logged IN	Actual IN	Min.	Logged Out	Actual Out	Min.
MORGAN, SANDIE	01	07/27 11:00 AM	07/27 2:54 PM	234	07/27 4:30 PM	07/27 4:49 PM	-19
3.90 Hours					-0.32 Hours		

This report does not include salary personnel and only includes time log entries where the employee has created their own time log entry which resulted in clocking in more than 7 minutes after the stated time or clocking out more than 7 minutes before the stated time.

This report will not open unless the criteria above applies

N. Employee Hours Excluded from Department Staffing

E-COM SYSTEMS, LLC							
P.O. Box 911 Cleveland, TN Phone (423) 464-5555							
Hours Worked Between 7/14/2019 And 7/27/2019							
WORKING							
ADMINISTRATION							
Employee	Pay Type	In Date	In Time	Out Date	Out Time	Hours Worked	
MORGAN, SANDIE	DIRECTOR OF FI	PTO	07/26/2019	8:00 AM	07/26/2019	4:00 PM	8.00
Hours for ADMINISTRATION							8.00
TOTAL HOURS WORKING							8.00

- This report only generates when staff have other than regular pay (i.e. PTO, Training, etc.)

O. Time Log Hours

File		Report Options							
Print	Zoom	One Page	Two Pages	More Pages	Export to PDF	Export to XML	Close Print Preview		
Print	Zoom	Save AS			Export to Word	Export to Excel			Close Preview

E-COM SYSTEMS, LLC									
P.O. Box 911 Cleveland, TN Phone (423) 464-5555									
Timekeeping Hours Report									
For the period 6/2/2019 To 6/15/2019									
Pay Period Ending 2019/06/15									
Employee	Starting Date/Time	Ending Date/Time	Department	Pay Type	Hours				
MORGAN, SANDIE	6/2/2019 8:00 AM	6/2/2019 4:00 PM	ADMINISTRATION	REGULAR PAY	8				
MORGAN, SANDIE	6/3/2019 8:00 AM	6/3/2019 12:00 PM	ADMINISTRATION	REGULAR PAY	4				
MORGAN, SANDIE	6/4/2019 8:30 AM	6/4/2019 5:30 PM	ADMINISTRATION	REGULAR PAY	9				
MORGAN, SANDIE	6/5/2019 9:00 AM	6/5/2019 1:00 PM	ADMINISTRATION	REGULAR PAY	4				
MORGAN, SANDIE	6/6/2019 4:00 PM	6/6/2019 11:30 PM	ADMINISTRATION	REGULAR PAY	7.5				
MORGAN, SANDIE	6/7/2019 6:00 AM	6/7/2019 2:00 PM	ADMINISTRATION	REGULAR PAY	8				
MORGAN, SANDIE	6/8/2019 10:30 AM	6/8/2019 3:30 PM	ADMINISTRATION	REGULAR PAY	5				
MORGAN, SANDIE	6/10/2019 4:00 AM	6/10/2019 6:00 PM	ADMINISTRATION	REGULAR PAY	14				
MORGAN, SANDIE	6/11/2019 12:00 AM	6/12/2019 12:00 AM	ADMINISTRATION	REGULAR PAY	24				
MORGAN, SANDIE	6/12/2019 8:00 AM	6/12/2019 12:00 PM	ADMINISTRATION	REGULAR PAY	4				
MORGAN, SANDIE	6/13/2019 2:00 AM	6/13/2019 10:00 AM	ADMINISTRATION	REGULAR PAY	8				
MORGAN, SANDIE	6/14/2019 7:00 AM	6/14/2019 11:30 PM	ADMINISTRATION	REGULAR PAY	16.5				
MORGAN, SANDIE	6/15/2019 1:00 AM	6/15/2019 10:00 PM	ADMINISTRATION	REGULAR PAY	21				
	PTO	0	Other	0	Regular	133			
Period Totals:	PTO	0	Other	0	Regular	133			

P. Time Sheet Check List (Alpha)

E-COM SYSTEMS, LLC							
P.O. Box 911 Cleveland, TN Phone (423) 464-5555							
MANAGER(s) ALL MANAGERS							
Employee Name	Dept	D.O.B.	Term.	PR ID#	Status	Position	Hours Condition
BROOKS, KEVIN	51	01/01/2015		0	ACTIVE	IT COMPUTER TECH	PT-1
BROOKS, MEL	19	01/01/2010		216	ACTIVE	CDO	FT
QUEEN, DR. LUKE	01	04/03/2002		218	ACTIVE	COO	FT
TOTAL EMPLOYEES SHOWING 3							

Q. Unapproved Time Sheets

File

Report Options

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P.O. Box 911 Cleveland, TN Phone (423) 464-5555

Pay Period Ending 7/1/2017

HUNT, WALT

LastName:	FirstName:	Employee Approved	Supervisor Approved	Approved By
HUNT	WALT	N	N	

QUEEN, LUCAS

LastName:	FirstName:	Employee Approved	Supervisor Approved	Approved By
BROOKS	MELVIN	N	N	
SCOTTON	CHRISTOPHER	Y	N	

R. Time Sheet Check List (Manager)

File

Report Options

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Export to XML

Export to Word

Export to Excel

Close Print Preview

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

MANAGER(s) ALL MANAGERS

Employee Name	Dept	D.O.B.	Term	PR ID#	Status	Position	Hours	Condition
BROOKS, KEVIN	51	01/01/2015		0	ACTIVE	IT COMPUTER TECH		PT-1
BROOKS, MEL	19	01/01/2010		216	ACTIVE	COO		FT
QUEEN, DR. LUKE	01	04/03/2002		218	ACTIVE	COO		FT
TOTAL EMPLOYEES SHOWING							3	

S. Leave Report by Manager

- If you have employees who have requested leave during the pay period selected, the report will appear.

T. Overtime Reports

File

Employee Overtime

Categories

☒ All Employees
☐ Departments
☐ Managers
☐ Residential Departments

Departments / Managers

Select All

De-Select All

Select by Group

ADMINISTRATION

MEDICAL

RESIDENTIAL

Employee's

BURKE, ZEKE

CHAPMAN, JONATHON

CHRISTIAN, AMY

CRUMLEY, TYE

DEBORD, RANDY

EZPRO, DEMO

GILES, JASON

HANEY, BLONDIE

HANEY, CHARLES

HUNT, DR. SONJIA

HUNT, WALT

KANARSKI, AURELIA

KIRBY, TRISH

MCSPADDEN, TAMMY

MORGAN, SANDIE

NEAL, DAVID

ONE, CUSTOMER

PATTERSON, WENDI

POPE, TIMOTHY

POTEET, SUMMER

QUEEN, DR. LUKE

QUEEN, TAMMY

SCOTTON, LIONEL

TIMAS, FIVE

TIMAS, ONE

TIMAS, TWO

WOOD, LAVEISHA

WOODS, TONYA

Select All

De-Select All

[How To Generate the Report](#)

Pay Period Calendar

Start Date

End Date

06/02/2019

06/15/2019

Only Include Employees with

☒ Overtime

Show Report

Close

Overtime Approval Report

Overtime Stipends Report

- You can pull this report by all employees/departments/managers/residential departments
- You can select all or de-select all
- Enter your pay period – you cannot use a date in the future, your end date must not be greater than the date you pull report
- Overtime approval report – shows who has been approved for OT
- Select Show Report











File **Report Options**

Print Zoom One Page Two Pages More Pages
 Export to PDF Export to Word Export to Excel Export to XML Close Print Preview

Print Zoom Save AS Close Preview

E-COM SYSTEMS, LLC P.O. Box 911 Cleveland, TN Phone (423) 464-5555 EMPLOYEE OVERTIME REPORT For the period 06/02/2019 To 06/15/2019					
SANDIE MORGAN	FULL TIME	DIRECTOR OF FIN	01	ADMINISTRATION	QUEEN, LUCAS
	Reg Hours	OT Hrs	Ttl Work	Hdy Hrs	Total
	80.00	53.00	133.00	0.00	133.00
Department TOTALS		80.00	53.00	133.00	0.00
REPORT TOTALS		80.00	53.00	133.00	0.00
					133.00

U. Overtime Approval Reports

File		Report Options	
		 One Page	 Two Pages
Print	Zoom	More Pages	 More Pages
Print	Zoom	Save AS	Close Print Preview
		 Export to PDF	 Export to XML
		 Export to Word	 Export to Excel
			
		Close Print Preview	

E-COM SYSTEMS, LLC

P.O. Box 911 Cleveland, TN Phone (423) 464-5555

OVERTIME APPROVAL REPORT FOR 7/14/2019 TO 7/27/2019

Approving Supervisor **QUEEN, LUCAS B**

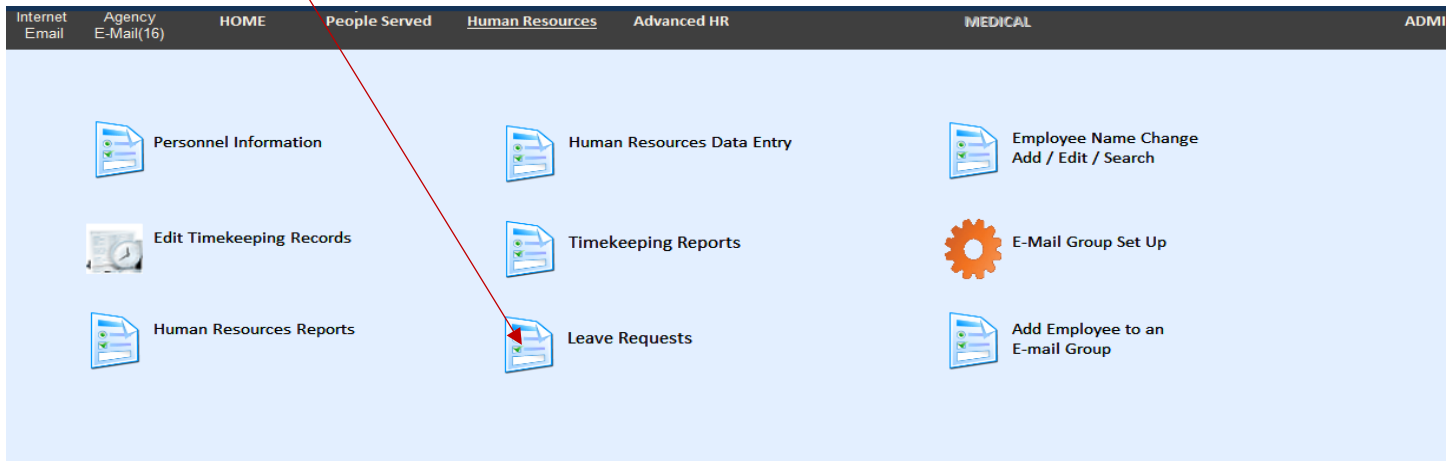
Employee MORGAN, SANDIE Date/Time of OT: 07/17/2019 04:04 PM Supervisor: QUEEN, LUCAS

Reason: Dept: ADMINISTRATION

V. Create Employee Leave Spreadsheet

Insert report when Mel gets this fixed

6. Leave Requests



A. Regular Leave Request

- For staff to submit a request for leave:
 - Select employee name, type of leave and check the “Fill in Required” box if you must have another staff to cover your shift(s).
 - Select the name of the staff that has agreed to cover your leave time. **THIS EMPLOYEE WILL AUTOMATICALLY RECEIVE AN EMAIL THAT YOU HAVE STATED THEY HAVE AGREED TO COVER THIS/THESE SHIFTS**
 - You may make notes in this area if you wish

EMPLOYEE LEAVE REQUEST Go To Employee Approved Open All Leave Request ID Displayed 7 Close

Employee MORGAN, SANDIE Find Request Requested 7/27/2019

Leave Type PAID TIME OFF

Fill In Required ☒ Check if YES

Who's Covering MCSPADDEN, TAMMY D

Will the leave be part of the Family Medical Leave Act (FMLA)? ☐ Have you obtained doctors signature on the form? ☐

Have you obtained FMLA paperwork from the Office? ☐ Have you returned FMLA paperwork to Office? ☐

If you are requesting Sick Leave, Complete the following: Sick Leave Type

Personal Ill.

Illness or Death in Immediate Family

Exposure to Contagious Disease

Notes Family Vacation

You may make note in this box also

Enter your start date/time and end date/time

Then select “Submit Request”

Add Record Print Request Submit Request

Start Date	Start Time	End Date	End Time	Supervisor Comments
08/05/2019	8:00 AM	08/09/2019	5:00 PM	

Date Approved Supervisor 45 Hours

Employees requesting leave will be expected to have their assigned responsibilities covered in their absences and any and all assignments up-to-date so as not to cause any undo hardships on the employees, who will be required to cover the responsibilities during their requested leave. Annual leave should be scheduled throughout the year to prevent short staff at the end of the year.

[Close](#)

EMPLOYEE LEAVE REQUEST

Go To Employee ☐ Approved ☒ Open ☐ All Leave Request ID Displayed 7

Employee MORGAN, SANDIE Find Request Requested 7/27/2019

Leave Type PAID TIME OFF

Fill In Required ☒ Check if YES

Who's Covering MCSPADDEN, TAMMY D

Will the leave be part of the Family Medical Leave Act (FMLA)? ☐ Have you obtained doctors signature on the form? ☐

Have you obtained FMLA paperwork from the Office? ☐ Have you returned FMLA paperwork to Office? ☐

If you are requesting Sick Leave, Complete the following: Sick Leave Type

Personal Ill. To care for my dependent child who will have major surgery

Illness or Death in Immediate Fam

Exposure to Contagious Disease

Notes

Add Record Print Request

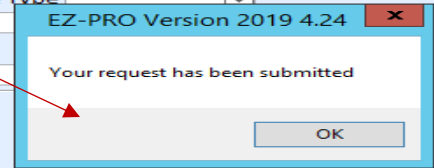
Submit Request

Start Date	Start Time	End Date	End Time	Supervisor Comments
08/05/2019	8:00 AM	08/09/2019	5:00 PM	

Date Approved Supervisor 45 Hours

Employees requesting leave will be expected to have their assigned responsibilities covered in their absences and any and all assignments up-to-date so as not to cause any undo hardships on the employees, who will be required to cover the responsibilities during their requested leave. Annual leave should be scheduled throughout the year to prevent short staff at the end of the year.

- When your leave request has been submitted, you will get a pop-up message on your screen as shown



B. Leave Request for extended sick leave and/or FMLA

[Close](#)

EMPLOYEE LEAVE REQUEST

Go To Employee ☐ Approved ☒ Open ☐ All Leave Request ID Displayed

Employee MORGAN, SANDIE Find Request Requested

Leave Type SICK LEAVE - PAID

Fill In Required ☐ Check if YES

Who's Covering

Will the leave be part of the Family Medical Leave Act (FMLA)? ☒ Have you obtained doctors signature on the form? ☒

Have you obtained FMLA paperwork from the Office? ☒ Have you returned FMLA paperwork to Office? ☒

If you are requesting Sick Leave, Complete the following: Sick Leave Type FAMILY

Personal Ill. To care for my dependent child who will have major surgery

Illness or Death in Immediate Fam

Exposure to Contagious Disease

Notes

Add Record Print Request

Submit Request

Start Date	Start Time	End Date	End Time	Supervisor Comments
07/29/2019	8:00 AM	08/02/2019	5:00 PM	

Date Approved Supervisor 45 Hours

Employees requesting leave will be expected to have their assigned responsibilities covered in their absences and any and all assignments up-to-date so as not to cause any undo hardships on the employees, who will be required to cover the responsibilities during their requested leave. Annual leave should be scheduled throughout the year to prevent short staff at the end of the year.

- Complete as noted before, but change the Leave Type to the appropriate type of leave
- Complete this section regarding FMLA
- Enter your start date/time and end date/time. On the end date you may have to estimate if FMLA and not sure
- Select "Submit Request"

C. Supervisor Look-up and/or approval

Close

EMPLOYEE LEAVE REQUEST

Go To Employee
Approved
☒ Open
☐ All
Leave Request ID Displayed

Employee
MORGAN, SANDIE
Find Request
Requested

Leave Type
SICK LEAVE - PAID

Fill In Required
☐ Check if YES

Who's Covering

Will the leave be part of the Family Medical Leave Act (FMLA)? ☒
Have you obtained doctors signature on the form? ☒

Have you obtained FMLA paperwork from the Office? ☒
Have you returned FMLA paperwork to Office? ☒

If you are requesting Sick Leave, Complete the following:
Sick Leave Type
FAMILY

Personal Ill.
To care for my dependent child who will have major surgery

Illness or Death in Immediate Fam

Exposure to Contagious Disease

Notes

Add Record
Print Request

Submit Request

Start Date
Start Time
End Date
End Time
Supervisor Comments

07/29/2019
8:00 AM
08/02/2019
5:00 PM

Date Approved
Supervisor
45 Hours

Employees requesting leave will be expected to have their assigned responsibilities covered in their absences and any and all assignments up-to-date so as not to cause any undo hardships on the employees, who will be required to cover the responsibilities during their requested leave. Annual leave should be scheduled throughout the year to prevent short staff at the end of the year.

- Use the “Go to Employee” button and select the employee you wish to view
- You may select only approved leaves, Open Leaves or All leaves
- You may enter the date you approve and enter your signature for approval
- You may make any comments in this area

7. Employee Name Change Add/Edit/Search

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Saturday, July 27, 2019 1:49 PM Favorites Logout EZ-PRO DATABASE
Version 2019 4.24

Internet Agency HOME People Served Human Resources Advanced HR MEDICAL ADMIN
Email E-Mail(16)

Personnel Information Human Resources Data Entry Employee Name Change Add / Edit / Search

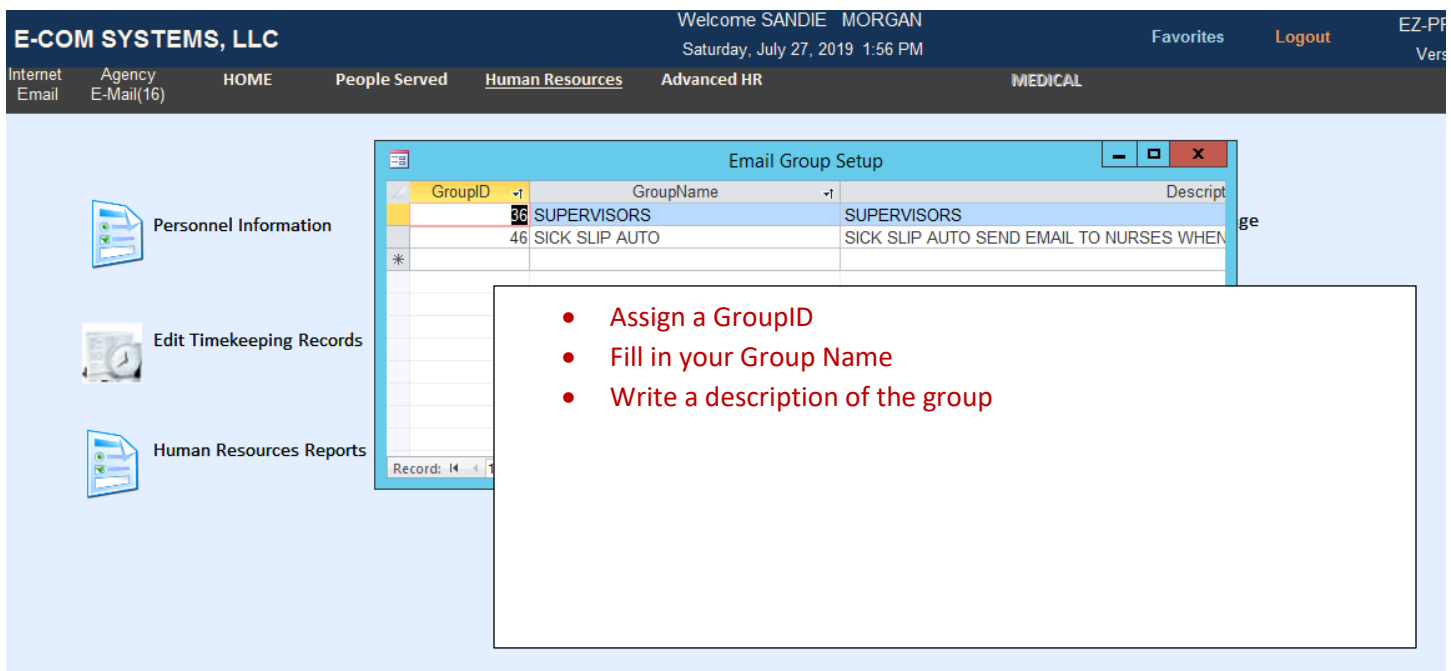
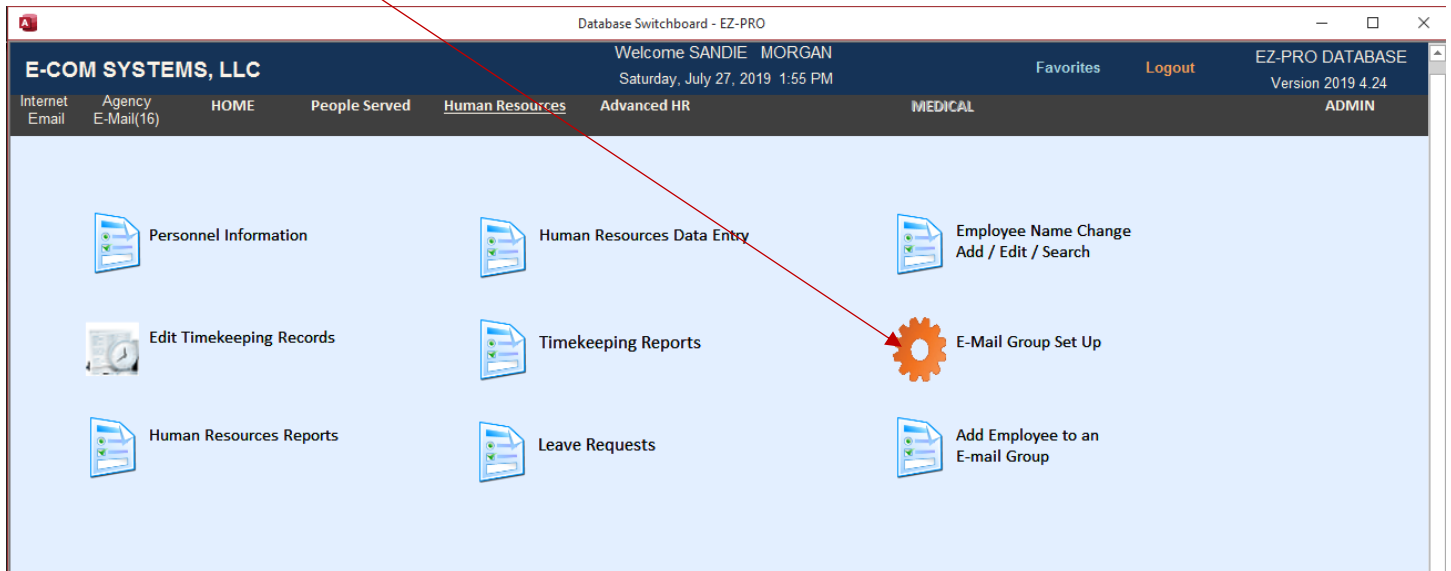
Edit Timekeeping Records Timekeeping Reports E-Mail Group Set Up

Human Resources Reports Leave Requests Add Employee to an E-mail Group

Employee	Alias Names (Last name, First name)
DeBord, Randy	FULLTIME8, TEST
Woods, TONYA	COPELAND, TONYA
*	

- Use this for staff who have had a name change so the database recognizes them as both names. (i.e. marriage/divorce/etc.)

8. Email Group Set Up



9. Add Employee to an E-mail Group

E-COM SYSTEMS, LLC

Internet
Email

Agency
E-Mail(17)

HOME

People Served

Human Resources

Advanced HR

MEDICAL

ADMIN

Welcome SANDIE MORGAN


Saturday, July 27, 2019 2:09 PM

Favorites


Logout

EZ-PRO DATABASE


Version 2019 4.28




Personnel Information




Human Resources Data Entry




Employee Name Change
Add / Edit / Search




Edit Timekeeping Records




Timekeeping Reports




E-Mail Group Set Up



Human Resources Reports



Leave Requests



Add Employee to an
E-mail Group

Add an Individual to an E-Mail Group

CLOSE

E-Mail Group: STAFF WORKING IN THE ADMINISTRATIVE COST CENTER
56 - Admin Department staff

Group Name: Admin Department staff

Add Entire Departments

Employee Name	User Name
BROOKS, MELVIN	brooks1019
MCSPADDEN, TAMMY	tmcspadden
HUNT, WALT	walthunt
QUEEN, LUCAS	lukequeen
*	

- Select the E-Mail Group you wish to add/edit in the pull-down menu
- Select the employee you wish to add by using this pull down
- If you need to delete an employee, place your cursor in the gray box, right click and select "Delete Record"

Record: 5 of 5 No Filter Search

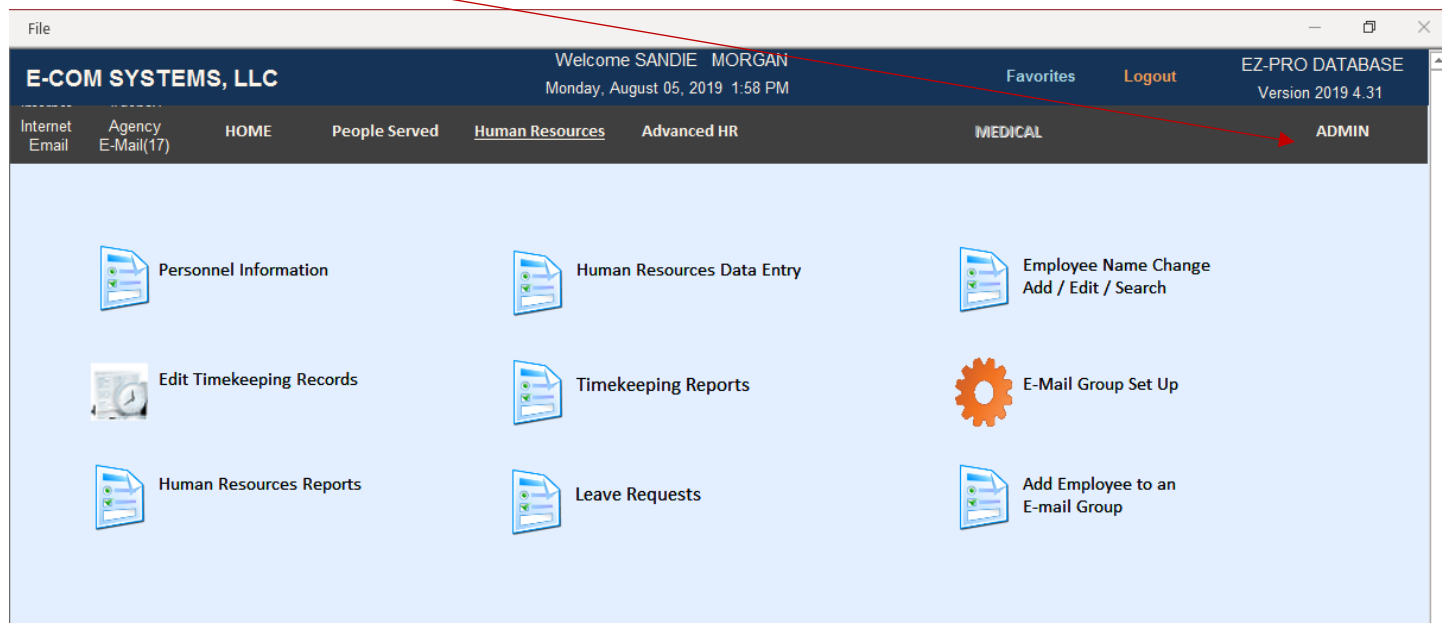
ADVANCE HR

Complete this area after you complete ADMIN

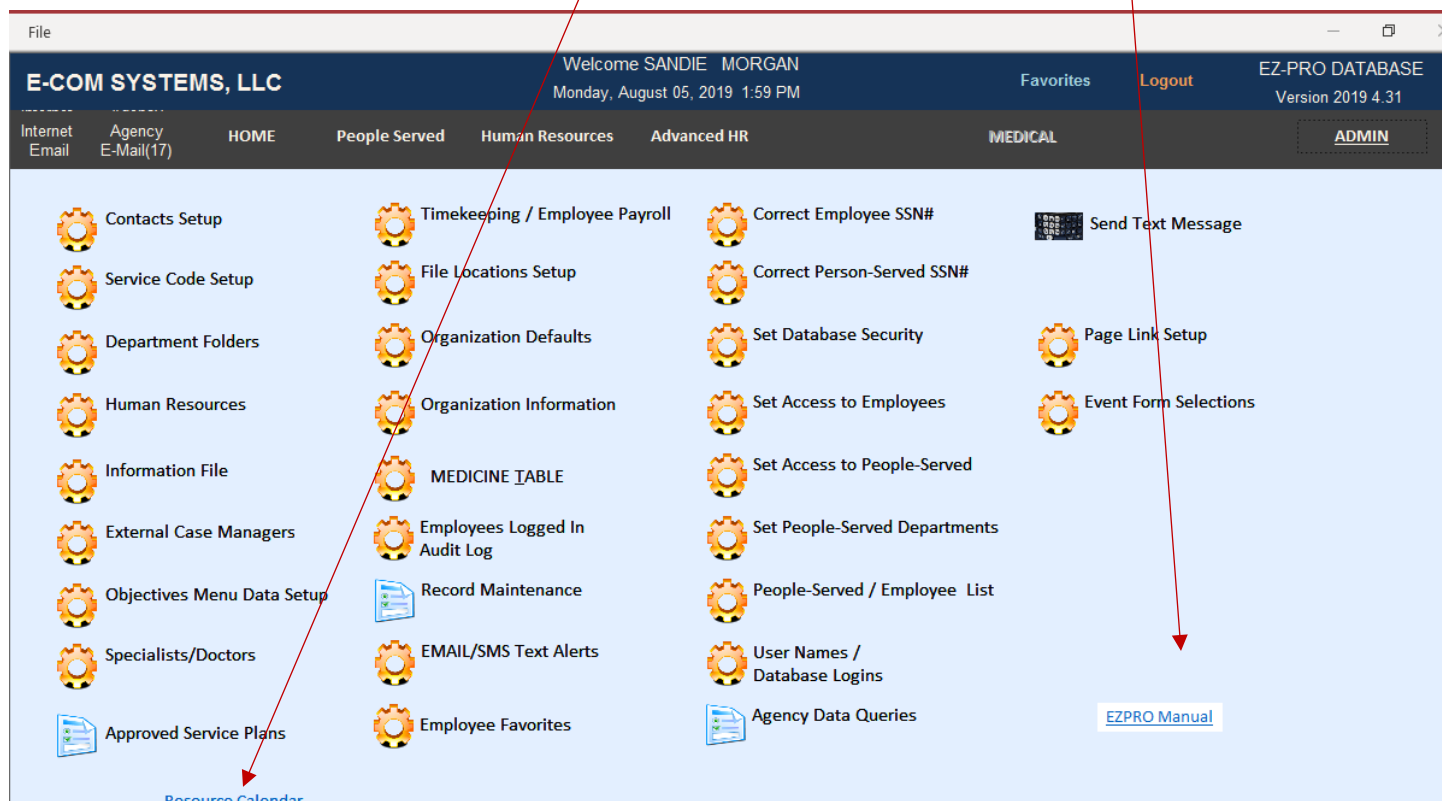
MEDICAL

Complete this area after you complete ADMIN

ADMIN



- On the ADMIN page you will always have access to the PDF Version of the EZPRO Manual – this is being updates ongoing
- This is an Outlook Live Agency Shared Calendar



1. Contacts Setup

E-COM SYSTEMS, LLC

Welcome SANDIE MORGAN
Monday, August 05, 2019 2:38 PM

FavoritesLogout

EZ-PRO DATABASE
Version 2019 4.31

Internet
Email

Agency
E-Mail(17)

HOME

People Served

Human Resources


Advanced HR


MEDICAL


ADMIN


Contacts Customization Setup


CLOSE


Contact Details


Contact Followup


Contact Grouping


Contact HOW


Contact Locations


Contact Titles


Contact Types

Contact Who

Specialty Types

Signature Types

Paste Documents for
Contact Details

Daily Note Setup

A. Contact Details

Supporting Tables Data

Detail Of Contact

(BLANK)

I made an unannounced supervisor visitation to . I observed recipient for

Individual able to learn job tasks easily and able to work with minimal supe

Individual appears satisfied with current job placement.

Individual appears to enjoy the challenges of competitive employment.

Individual is completing the job tasks in a timely, efficient manner.

Individual is working per ISP criteria on job site. Recipient states satisfactio

Meets all work requirements, no behavior or health problems

Recipient continues to work regular scheduled hours. The individual is in cc

Recipient meets all work requirements; no behavior or health problems; is

Recipient was enthusiastic about working today. Completed assignments in

Service Recipient has developed a significant natural support system/netw

Service Recipient is currently meeting all production

Supervisory contacts occur () times per month with recipient's employer/s

The recipient's current job placement is within the guidelines of their indiv

Transportation and follow along services continue to be provided by approp

Working regularly scheduled hours.

*

This is where you can enter customized responses for staff to select and enter into Contact Detail to save time.

You may edit any of these

You may enter a new response by starting on the line with the “*” and tab out when you have completed the entry.

B. Contact Follow-up

Contacts Customization Setup

Supporting Tables Data

Who Responds to Contact
ADMINISTRATION
BEHAVIOR ANALYST
BEHAVIOR SPECIALIST
CASE MANAGEMENT
CDC
CHILDRENS SERVICES
FAMILY
HOSPITAL SITTER
ISC
MAINTENANCE
MEDICAL SERVICES
OC
OCCUPATIONAL THERAPY
PHYSICAL THERAPY
RESIDENTIAL
RN SUPERVISION
SPEECH THERAPY
TEAM LEADER
THERAPEUTIC FOSTER CARE
*

- If the contact needs follow-up from someone to correct something, this is where you would customize this list for your agency as to who responds to Contact
- You may delete by right clicking in the gray box to the left and select "cut"
- You may add to these by typing in the line with the "*", tab out when you have completed your entry


C. Contact Grouping


Supporting Tables Data


Group Name
ATTENDANCE
BARRIER
COMMUNITY
EMPLOYMENT
EVENTS
EXIT SUMMARY
FUNDING
HOSPITAL
ICF
ISC MR
MEDICAL
NURSING-FUNDED
OTHER
OTHER ACTIVITIES MR
OUTCOMES
QUESTIONS MR
RESIDENTIAL
SOCIAL SERVICES
THERAPY
TRAINING PLAN
*

- This is where you can add/delete Group Names for the pull-down menu in Contacts Grouping.
- You may delete by right clicking in the gray box to the left and select "cut"
- You may add to these by typing in the line with the "*", tab out when you have completed your entry

D. Contact HOW

 **Contact Details**


 **Contact Types**


 Supporting Tables Data


How Contacted
DOCUMENTATION
EMAIL
FACE & DOCUMENTATION
FACE-TO-FACE
FAXED LETTER
MAILED LETTER
TELEPHONE
*

- You may customize this list for your agency
- You may delete by right clicking in the gray box to the left and select “cut”
- You may add additional responses by typing in the box with the “*” and tab out when complete

E. Contact Locations

 **Contact Details**

 **Contact Types**

 Supporting Tables Data

Location Of Contact
COMMUNITY
COS MEETING
DAY PROGRAM
DIALYSIS CLINIC
HOME
HOSPITAL
INDEPENDENT LIVING
MCDONALDS
PHYSICIANS OFFICE
RESIDENTIAL
SUPPORTED LIVING
VEHICLE
WAL-MART
WENDYS
*

- You may customize this list for your agency
- You may delete by right clicking in the gray box to the left and select “cut”
- You may add additional responses by typing in the box with the “*” and tab out when complete

F. Contact Titles

Supporting Tables Data			
Title Of Contact			
PHYSICAL THERAPIST			
PHYSICAL THERAPIST ASST			
PHYSICIAN			
PLANNING TEAM			
PODIATRIST			
PRIMARY CONTACT			
PROGRAM COORDINATOR			
PROGRAM DIRECTOR			
PSYCHIATRIST			
PSYCHOLOGIST			
PTA			
PULMONOLOGIST			
RADIOLOGIST			
RECORD			
REGIONAL NURSE			
REGISTERED DIETICIAN			
SECRETARY			
SISTER			
SPEECH THERAPIST			
SS CONSULTANT			
SURGEON			
UNCLE			
UROLOGIST			
UROLOGY			
*			

- You may customize this list for your agency
- You may delete by right clicking in the gray box to the left and select "cut"
- You may add additional responses by typing in the box with the "*" and tab out when complete

G. Contact Types

Types of Contacts			
TypeOfContact	BillCalCode	IncludeMR	Inclu
SOCIAL HISTORY UP-DATE		<input type="checkbox"/>	
SOCIAL SERVICES		<input checked="" type="checkbox"/>	
SPECIAL CLINIC SVCS		<input type="checkbox"/>	
SPEECH LANGUAGE ASSESS	SLHASMT	<input checked="" type="checkbox"/>	
SPEECH THERAPY	SLH	<input checked="" type="checkbox"/>	
STAFF		<input type="checkbox"/>	
SUPERVISOR		<input checked="" type="checkbox"/>	
SUPERVISOR DAY PROGRAM		<input checked="" type="checkbox"/>	
SUPPORTED LIVING		<input type="checkbox"/>	
SUPPORTED LIVING-SL2		<input type="checkbox"/>	
TESTING		<input type="checkbox"/>	
THERAPEUTIC FOSTER CARE		<input type="checkbox"/>	
THERAPIST SUPERVISORY VISIT		<input type="checkbox"/>	
THERAPY MONTHLY PROGRESS		<input checked="" type="checkbox"/>	
TRANS		<input type="checkbox"/>	
TREATMENT TEAM		<input checked="" type="checkbox"/>	
UNANNOUNCED VISIT		<input type="checkbox"/>	
UNANNOUNCED VISIT ADMIN		<input type="checkbox"/>	
*		<input checked="" type="checkbox"/>	

- These are listed alphabetically
- You may customize this list for your agency
- You may delete by right clicking in the gray box to the left and select "cut"
- You may add additional responses by typing in the box with the "*" and tab out when complete

H. Contact Who

Supporting Tables Data

Who Contacted

CHILDRENS PROGRAM
CIRCLE OF SUPPORT
COMMUNITY PARTICIPATION
FISCAL SERVICES
MEDICAL SERVICES
PERSON SERVED
PERSONAL ASSISTANCE
RECORD
SELF
TREATMENT TEAM
*

- You may customize this list for your agency
- You may delete by right clicking in the gray box to the left and select "cut"
- You may add additional responses by typing in the box with the "*" and tab out when complete

I. Specialty Types

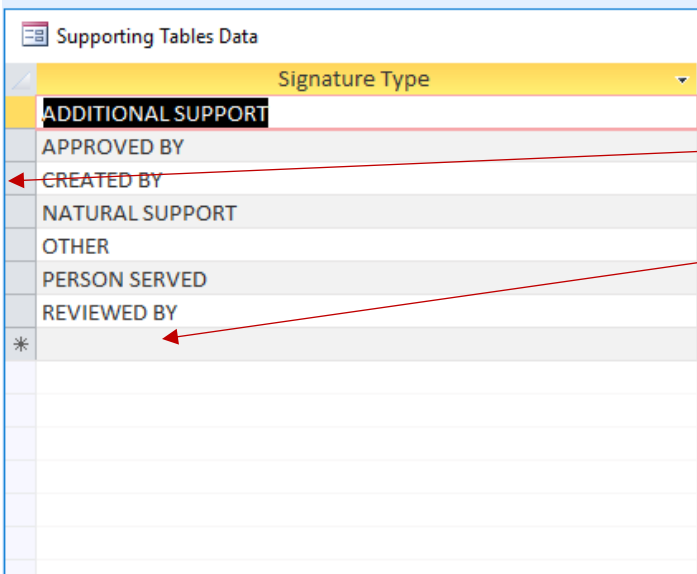
Supporting Tables Data

Med Referral Type

ALLERGIST
AUDIOLOGIST
BEHAVIOR ANALYST
CARDIOLOGIST
CHIROPRACTIC
COUNSELOR
DENTIST
DERMATOLOGIST
DIALYSIS
EAR NOSE AND THROAT
EMERGENCY ROOM
ENDOCRINOLOGIST
ENDODONTISTS
GASTROENTEROLOGIST
GENERAL
GENETICIST
GYNECOLOGIST
HEMATOLOGIST
HEPATOLOGIST
HOSPITAL STAY
ICF/MR
INFECTIOUS DISEASE

- These are listed alphabetically
- You may customize this list for your agency
- You may delete by right clicking in the gray box to the left and select "cut"
- You may add additional responses by typing in the box with the "*" at the end of the list and tab out when complete

J. Signature Types



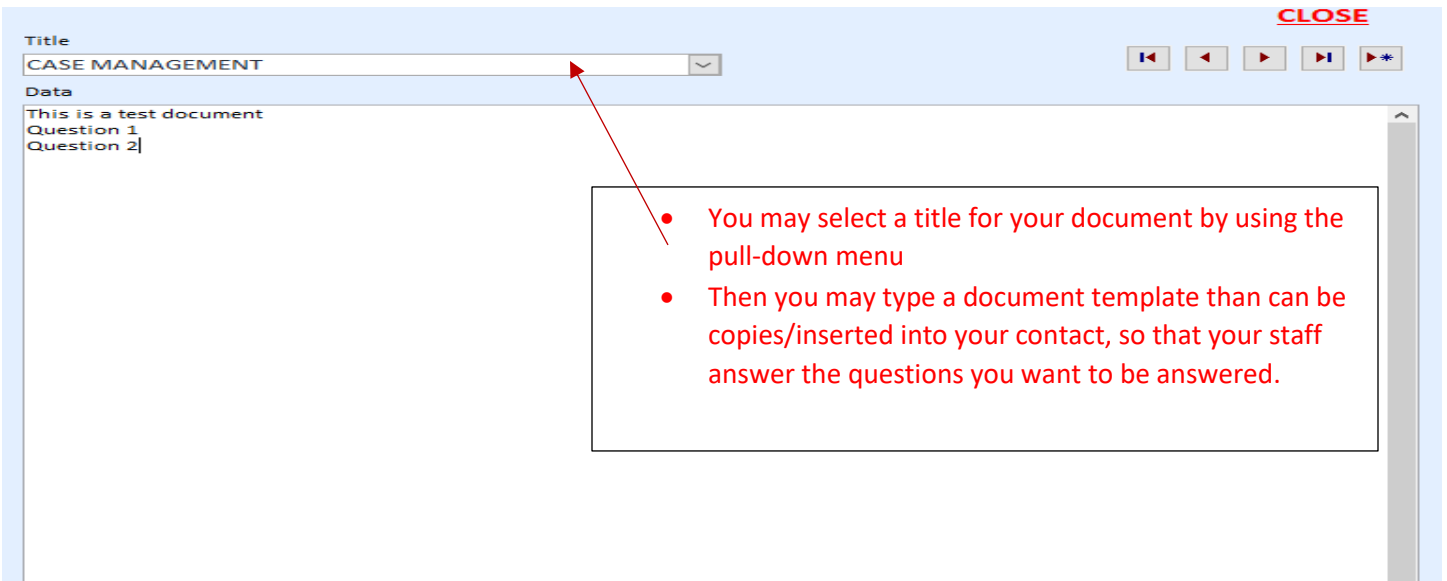
Supporting Tables Data

Signature Type

- ADDITIONAL SUPPORT
- APPROVED BY
- CREATED BY
- NATURAL SUPPORT
- OTHER
- PERSON SERVED
- REVIEWED BY
- *

- These are listed alphabetically
- You may customize this list for your agency
- You may delete by right clicking in the gray box to the left and select "cut"
- You may add additional responses by typing in the box with the "*" at the end of the list and tab out when complete

K. Paste Documents for Contact Details



Title

CASE MANAGEMENT

Close

Data

This is a test document
Question 1
Question 2

- You may select a title for your document by using the pull-down menu
- Then you may type a document template than can be copies/inserted into your contact, so that your staff answer the questions you want to be answered.

L. Daily Note Setup

Create Programs

Program	Auto
DAY PROGRAM	
ICF	
RESIDENTIAL	
ECF	

Record: 1 of 5

Create Categories

Category
Active Treatment List for ICF
ACTIVITY QUESTION
CAREER PATH
Demo Category

Record: 1 of 9

CLOSE

Create Tasks for DAY PROGRAM

ProgramID	Category	Task
DAY PROGRAM	ACTIVITY QUESTION	SHOP
DAY PROGRAM	OUTCOMES	ENTER OUTCOMES ON NEXT PAGE
RESIDENTIAL	ACTIVITY QUESTION	ENTER ACTIVITY AND ASSISTANCE FROM STA
RESIDENTIAL	ACTIVITY QUESTION	WAS PERSON SUPPORTED PRESENT AT 11PM
RESIDENTIAL	ACTIVITY QUESTION	ENTER (P,L,H,) IN ATTENDANCE SECTION
DAY PROGRAM	PERSONAL CARE	PREPARE MEAL
RESIDENTIAL	HOMEMAKER	DUSTING
RESIDENTIAL	HOMEMAKER	VACUUMING
RESIDENTIAL	HOMEMAKER	MOPPING
RESIDENTIAL	PERSONAL CARE	BATHING
RESIDENTIAL	PERSONAL CARE	DENTAL CARE
RESIDENTIAL	PERSONAL CARE	TOILETING
RESIDENTIAL	PERSONAL CARE	CHANGE BED LINEN
RESIDENTIAL	PERSONAL CARE	EXERCISES

Record: 1 of 92

- This is where you customize tasks for your daily notes by program
- Select the program you wish to edit/change
- Then create activity question and task as you desire

- These service codes/rates (DIDD) are imported into your database by staff from EZ-Pro, but you can also create your own service codes/rates for other Contractors (MCO's), should you need to.
- To do this, you would create and enter a Service Code on the line by the *, then enter the Service Name, the Funding Type, the billing unit and the Service Rate. (i.e., Cho-PA/Choices Personal Assistant/PA/Quarter Hour/\$5.50)

z2812	PHYSICAL THERAPY 2 - 46+ MILES	PT2	DAILY	\$25.22	
z2813	PHYSICAL THERAPY 3 - 76+ MILES	PT3	DAILY	\$28.25	
z2821	PHYSICAL THERAPY 1 ASSESSMENT	PT1ASMT	DAILY	\$302.70	
z2822	PHYSICAL THERAPY 2 ASSESSMENT - 46+ MILES	PT2ASMT	DAILY	\$402.59	
z2823	PHYSICAL THERAPY 3 ASSESSMENT - 76+ MILES	PT3ASMT	DAILY	\$452.53	
z2831	PHYSICAL THERAPY 1 EQUIPMENT ASSESSMENT/7	PT1ETASMT	DAILY	\$302.70	
z2832	PHYSICAL THERAPY 2 EQUIP ASSESS/TRAINING - 4	PT2ETASMT	DAILY	\$402.59	
z2833	PHYSICAL THERAPY 3 EQUIP ASSESS/TRAINING - 7	PT3ETASMT	DAILY	\$452.53	
z2834	PHYSICAL THERAPY 1 EQUIPMENT TRAINING	PT1ET	DAILY	\$18.91	
z2835	PHYSICAL THERAPY 2 EQUIP TRAINING - 46+ MILES	PT2ET	DAILY	\$25.22	
z2836	PHYSICAL THERAPY 3 EQUIP TRAINING - 76+ MILES	PT3ET	DAILY	\$28.25	
z2911	ORIENTATION & MOBILITY 1	OM1	DAILY	\$16.39	
z2912	ORIENTATION & MOBILITY 2 - 46+ MILES	OM2	DAILY	\$21.44	
z2913	ORIENTATION & MOBILITY 3 - 76+ MILES	OM3	DAILY	\$24.46	
z2921	ORIENTATION & MOBILITY 1 ASSESSMENT	OM1ASMT	DAILY	\$262.34	
z2922	ORIENTATION & MOBILITY 2 ASSESSMENT - 46+ MI	OM2ASMT	DAILY	\$343.06	
z2923	ORIENTATION & MOBILITY 3 ASSESSMENT - 76+ MI	OM3ASMT	DAILY	\$391.49	
ICF1	MCINTIRE ICF	MCINTIRE ICF	ATTENDANCE	\$699.46	
ICF2	EDGMON ICF	EDGMON ICF	ATTENDANCE	\$699.46	
PRVPA	PRIVATE PA SERVICES	PRIVATE PAY PA	DAILY	\$5.00	
Q1	Perspective	none	DAILY	\$0.00	
Q2	Practicum	none	DAILY	\$0.00	
Q3	Learning	none	DAILY	\$0.00	
QS1	Student Perspective	none	DAILY	\$0.00	
SuperV	Supervisor Note	NOne	N/A	\$0.00	

By selecting this option "Convert Cost Plans to Service Plans" this eliminates the need for the Contacts table for documenting and billing. This button is used only by agencies who previously imported cost plans and want to convert them to Service Plans.

- You may also set the billing priority (MEL, will need help with setting the billing priority)

[illegible]

- And finally, check the “Active” box to the far right of the screen
- Convert Cost Plans to Service Plans – This feature eliminates the need for the Contacts table for documenting and billing. This button is really only used by agencies who previously imported Cost Plans and wants to convert them to Service Plans which is what drives the Journal entries from the Service activities screen of the Community Living Note. Just click the button and when the process completes it should tell you how many cost plans were converted to service plans.

Convert Cost Plans to Service Plans												CLOSE	
Default	Effect	Default End T	MinimumMin	LimitHours	BillingPriority	Weekends	Exclusive Bil	Legend ID	ServiceDescr	Active			
	7/1/2017	6/30/2018	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	1/1/2018	6/30/2018	0	0	-1	<input type="checkbox"/>	<input type="checkbox"/>		PERSONAL AS	<input checked="" type="checkbox"/>			
	1/1/2018	6/30/2018	0	0	-1	<input type="checkbox"/>	<input type="checkbox"/>		PERSONAL AS	<input checked="" type="checkbox"/>			
	7/1/2011	6/30/2012	1440	24	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	1/1/2018	6/30/2018	0	24	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>		PA DAILY RATE	<input checked="" type="checkbox"/>			
	1/1/2018	6/30/2018	0	24	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>		PA DAILY RATE	<input checked="" type="checkbox"/>			
	1/1/2018	6/30/2018	0	24	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>		RESPITE	<input checked="" type="checkbox"/>			
	7/1/2011	6/30/2012	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>			
	7/1/2018	6/30/2019	0	0	0	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

3. Department Folders

Terminal Server Folder	Department	Extra Departments
Administrator	ADMINISTRATION	
	Time Zone Adjust 0	
blessed2	NORTH SIDE	
	Time Zone Adjust 0	
eburke	NORTH SIDE	ECF
	Time Zone Adjust 0	
kbrooks511	MCO DIRECT	
	Time Zone Adjust 0	
mbrooks	OTHER AGENCY 111	
	Time Zone Adjust 0	
mel.timas	NORTH SIDE	MCO DIRECT
	Time Zone Adjust 0	
TerryB	BUSINESS MANAGEMENT	
	Time Zone Adjust 0	
tpope	BUSINESS MANAGEMENT	

4. Human Resources

Internet Email
Agency E-Mail(17)
HOME
People Served
Human Resources
Advanced HR
MEDICAL
ADMIN

HUMAN RESOURCES CUSTOMIZATION SETUP

CLOSE

Assigned Assets
 Custom File Directory
 Organization Subgroups
 Departments
 Staffing Configuration
 Disciplinary Actions
 Education Concentration
 Education Degree
 Instructors

Insurance Carriers
 Licensure / Certification
 Manager Assignment
 Race / Nationality
 Reason for Pay Rate Change
 Rehire Status
 Reprimand Descriptions
 Staff Titles
 Status (FT / PT)

Termination Reasons
 Timekeeping / Emp Payroll
 Employee File Locations

A. Assigned Assets

Supporting Tables Data

Type	Description
ALL	
ATM CARD	
BACK SUPPORT BRACE	
EMPLOYEE ID BADGE	
FOOD STAMP CARD	
GAS CARD	
GENERAL KEY	
HOUSE KEY	
PAGER	
PHONE	
VEHICLE KEY	
VISA CARD	
WALMART CARD	
WRIST SUPPORT BRACE	
*	

- You may customize these Assigned Assets to your specific agency
- To do this, just enter the appropriate response in the line by the "*" and tab out.
- Each time you tab out, another line will appear for you to enter other responses as needed.
- To delete, place your cursor in the gray block, right click and select "delete record"

B. Custom File Directory

Custom File Locations

[Create Document Categories](#) **CLOSE**

Type of File	Folder Location of these Files	Prefix	Identifier	Sub Category
Applications	L:\NetManagerDD\HRDocs	APP	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
Drivers License	L:\NetManagerDD\HRDocs	DL	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
SSN	L:\NetManagerDD\HRDocs	SSN	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
*				<input type="checkbox"/>

- This is where you enter all of your HR file names and where they will be located
- Enter the name of your file
- Double Click in the Folder Location of these files, your computer file window will open as show below and you go to where the files will be saved
- Give the File a Prefix
- Use the pull-down menu to select an identifier

Record: 1 of 3 | Unfiltered | Search

[Create Document Categories](#) **CLOSE**

Type of File	Folder Location of these Files	Prefix	Identifier	Sub Category
Applications	L:\NetManagerDD\HRDocs	APP	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
Drivers License	Browse for Folder	DL	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
SSN		SSN	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
*				<input type="checkbox"/>

Title

- ▼ This PC
 - > Downloads
 - > Desktop
 - > Documents
 - > Music
 - > Videos
 - > Pictures
 - > Windows (C:)
 - > Temporary Storage (D:)

Custom File Locations

Create Document Categories

CLO

Type of File	Folder Location of these Files	Prefix	Identifier	Sub Cat
Applications	L:\NetManagerDD\HRDocs	APP	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
Drivers License		DL	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
SSN		SSN	Lastname/First Init./ Last 4 S	<input type="checkbox"/>
*				<input type="checkbox"/>

- On this same page, you may open the “Create Document Categories” and name your category (DSP/Medical/etc.), then select the files that will be needed to be shown in that category

Record: 1 of 3
Unfiltered
Search

Customize Scanned Document Categories

CLOSE

Create or Select a Category to Filter On

CategoryName

ALL DOCUMENTS
CARF SURVEY
DSP Category
MED APPOINTMENT
TEST

Assign Documents to the selected category

Document Name

Sort #

DIETS
ISP Amendment
PHYSICIAN ORDERS
*

0
0
0

- Create or select a Category Name here
- Then use the pull-down menu here to select any/all documents in that category

C. Organization Subgroups

The screenshot shows a web application titled "Dynamic Data Form". On the left is a vertical navigation menu with icons and labels: "Assessment", "Customer", "Organization", "Department", "Staffing", "Disability", "Education", "Employment", and "Institutional". The main area displays a table with six columns: "DivAdd", "DivCity", "GroupName", "DivFAX", "DivState", and "DivZip". The first row has a "*" symbol in the "DivAdd" column. Overlaid on the table is a white rectangular box with a black border containing a red bullet point:

- For larger organizations that have offices in multiple counties or states, you can create regional group names to group departments together when running HR and Timekeeping reports. The GroupName field in this table must correspond to the names used in the Grouping field of the Departments table.

The bottom status bar indicates "Record: 14 | 1 of 1" and includes search and filter controls.

D. Departments

- This is where you enter your specific agency Department names and Department Code. These names/codes should correspond with your payroll/general ledger accounts.
- You also check if this is a residential department, if outcomes will be worked on in this department, active and code the type of program it is, weekly goal and any grouping you want assigned to this department
- Weekly Goal are the total man hours expected per week for each department. In the Advanced HR module, there will be reports that calculate the timekeeping records for each department to see if each has met their goal, gone over the hours or came in under the goal hours.

DeptCode	DeptName	MgrNbr	Residential	Outcomes	Active	Type	WeeklyGoal	Grouping	Restr
01	ADMINISTRATION		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		255	ADMINISTRATI	
99	ALL DEPARTMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RES	0	ADMINISTRATI	
000	ALL RESIDENTIAL DEPARTMENTS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RES	0	ADMINISTRATI	
12	BUSINESS MANAGEMENT		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAY	320	ADMINISTRATI	
26	DAY SERVICES		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	166	RESIDENTIAL	
32	EAST SIDE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	770	MEDICAL	
31	ECF		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	756	MEDICAL	
30	EMPLOYMENT SERVICES		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	386	RESIDENTIAL	
07	INDEPENDENT LIVING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RES	39	RESIDENTIAL	
20	MCO DIRECT		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	37	RESIDENTIAL	
125	MED SVCS ALLOCATED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAY	61	MEDICAL	
120	MEDICAL RESIDENTIAL		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RES	40	MEDICAL	
03	MEDICAL SERVICES		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAY	43	MEDICAL	
19	NORTH SIDE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	79	RESIDENTIAL	
199	NURSE ON CALL		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAY		MEDICAL	
69	NURSING RELATED		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	DAY	221	MEDICAL	
111	OTHER AGENCY 111		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	42	RESIDENTIAL	
114	OTHER AGENCY 114		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	186	RESIDENTIAL	
36	OTHER AGENCY 36		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	384	MEDICAL	
40	OTHER AGENCY 40		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	235	MEDICAL	
42	OTHER AGENCY 42		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	386	MEDICAL	
53	OTHER AGENCY 53		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	DAY	386	MEDICAL	
75	OTHER AGENCY 75		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES	247	RESIDENTIAL	

E. Staffing Configuration

Department	Manager	Day of Week	8-8:30AM	8:30-9AM	9-9:30AM	9:30-10AM	10-10:30AM	10:30-11AM
RESIDENTIAL ADMINISTRATION		Sunday	2	2	2	2	2	2
MEDICAL SERVICES		Sunday	1	2	2	2	2	2
OTHER AGENCY 104		Sunday	2	2	2	2	3	3
OTHER AGENCY 111	KANARSKI, AURELIA	Sunday	2	2	2	2	3	3
EMPLOYMENT SERVICES		Sunday	3	3	3	3	3	3
WEST SIDE		Sunday	1	1	2	2	2	2
OTHER AGENCY 36		Sunday	3	3	3	3	3	3
SOUTH SIDE		Sunday	4	4	4	4	4	4
NURSING RELATED		Sunday	2	2	2	2	3	3
RESIDENTIAL ADMINISTRATION		Monday	1	2	2	2	2	2
OTHER AGENCY 5		Monday	2	2	2	2	2	2
OTHER AGENCY 101		Monday	0	0	0	0	0	0
OTHER AGENCY 104		Monday	2	2	0	0	0	0
OTHER AGENCY 114		Monday	1	1	0	0	0	0
EMPLOYMENT SERVICES		Monday	2	2	2	2	2	2
WEST SIDE		Monday	0	0	0	0	0	0
OTHER AGENCY 36		Monday	2	2	2	2	2	2
SOUTH SIDE		Monday						
NURSING RELATED		Monday						
RESIDENTIAL ADMINISTRATION		Tuesday						
OTHER AGENCY 5		Tuesday						
OTHER AGENCY 101		Tuesday						
OTHER AGENCY 104		Tuesday						
OTHER AGENCY 114		Tuesday						
NORTH SIDE	QUEEN, LUCAS	Tuesday						
EMPLOYMENT SERVICES	BROOKS, MELVIN	Tuesday						
WEST SIDE		Tuesday						
OTHER AGENCY 36		Tuesday						
SOUTH SIDE		Tuesday						
NURSING RELATED		Tuesday						
RESIDENTIAL ADMINISTRATION		Wednesday	1	1	1	1	1	1

- On this page, you can list by half hour increments, the number of staff that should be clocked in and working at that location.
- Then, in alerts, you can have an alert set up to notify appropriate management staff if that location(s) is over and/or under staffed.

F. Disciplinary Actions

Supporting Tables Data

Disciplinary Action	
<input type="checkbox"/>	AGENCY DECISION
<input type="checkbox"/>	COMMENDATION
<input type="checkbox"/>	CONSULTATION
<input type="checkbox"/>	COUNSELING
<input type="checkbox"/>	DOCUMENTATION
<input type="checkbox"/>	E-MAIL
<input type="checkbox"/>	FMLA
<input type="checkbox"/>	LIGHT DUTY
<input type="checkbox"/>	MEMO
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	PROBATION
<input type="checkbox"/>	REINSTATEMENT
<input type="checkbox"/>	SLOA (SPECIAL LEAVE OF ABSENCE)
<input type="checkbox"/>	STATEMENT OF UNDERSTANDING
<input type="checkbox"/>	SUPERVISORY CONFERENCE
<input type="checkbox"/>	SUSPENSION
<input type="checkbox"/>	TERMINATION
<input type="checkbox"/>	TIME EDIT
<input type="checkbox"/>	VERBAL DISCUSSION
<input type="checkbox"/>	VERBAL REPRIMAND
<input type="checkbox"/>	VERBAL WARNING
<input type="checkbox"/>	WRITTEN AGREEMENT
<input type="checkbox"/>	WRITTEN REPRIMAND
<input type="checkbox"/>	WRITTEN WARNING

- You can customize this Disciplinary Action Menu specific to your agency.
- If you wish to delete any actions, just place your cursor in the small gray box to the left and select "delete record"
- To add any disciplinary action, go to the * and add them

G. Education Concentration

Supporting Tables Data

Major Concentration	
<input type="checkbox"/>	GENERAL
<input type="checkbox"/>	NURSING
<input type="checkbox"/>	PSYCHOLOGY
<input type="checkbox"/>	*

- Add any Educational Concentration to this pull-down menu
- Just add it to the line where the * is and then tab out
- To delete, place cursor in the gray box to the left and select Delete Record

H. Education Degree

Supporting Tables Data

Education Degree

- AA
- AS
- BA
- BS
- CNA
- DMIN
- EDD
- GED
- HS DIPLOMA
- MA
- MACM
- MDIV
- MED
- MS
- MSSW
- NO HS/GED
- PhD
- PSYD

- Add any Educational Degree to this pull-down menu
- Just add it to the line where the * is and then tab out
- To delete, place cursor in the gray box to the left and select Delete Record

I. Instructors

Supporting Tables Data

Instructor Name

Luke Queen

Mel Brooks

Tammy McSpadden

Walter Hunt

*

- Customize to your agency
- To add an Instructor, use the line with the “*” and enter the name and then tab out.

As a note, you would not want to delete any Instructor Names that you have had prior, as it would affect a staff’s training file, if they had trained that staff.

J. Insurance Carriers

InsCarrier	Provider	Type	Code	Address1	Address2
PREMIER BEH	PREMIER BEH	BEHAVIOR	D614		
HUMANA RX DRUG PLAN	HUMANA RX DRUG PLAN	PHARMACY	D615		
TN CARE PHARMACY	TN CARE PHARMACY	PHARMACY	D616		
HEALTHSPRING MEDICARE RX	HEALTHSPRING MEDICARE R	PHARMACY	D617		
UNICARE MEDICARE RX	UNICARE MEDICARE TX	PHARMACY	D618		
AETNA MEDICARE RX	AETNA MEDICARE RX	PHARMACY	D619		
GUIDANT MED DEVICE	GUIDANT MED DEVICE	MEDSVCS	D620		
MEDCO HEALTH MEDICARE R	MEDCO HEALTH MEDICARE I	PHARMACY	D621		
JOHN DEERE HEALTH	JOHN DEERE HEALTH	MEDSVCS	D622		
TN BEHAVIORAL HEALTH	TN BEHAVIORAL HEALTH	BEHAVIOR	D623		
MED CO (GRP APWU)	MED CO (GRP APWU)	MEDSVCS	D625		
CARITEN	CARITEN	MEDSVCS	D626		
HICKORY SPRINGS	HICKORY SPRINGS	MEDSVCS	D627		
WELLCARE MEDICARE RX	WELLCARE MEDICARE RX	PHARMACY	D628		
CIGNA	CIGNA	MEDSVCS	D629		
AMERIHEALTH ADV RX	AMERIHEALTH ADV RX	PHARMACY	D630		
HEALTH NET ORANGE MEDICA	HEALTH NET ORANGE MEDIK	PHARMACY	D631		
CIGNA Medicare Rx (PDP)	CIGNA Medicare Rx (PDP)	PHARMACY	D632		
CIGNA	MAGELLAN	BEHAVIOR	D633		
AARP MEDICARE RX SAVER	AARP MEDICARE RX SAVER	PHARMACY	D634		
SILVERSCRIPT	SILVERSCRIPT		D635		
CareMark	CareMark	PHARMACY	D636		
AMERIGROUP	AMERIGROUP	MEDSVCS	D637		
WINDSOR	WINDSOR	PHARMACY	D638		
*					

- Customize to your agency
- To add a carrier, make entry on the line with the * then tab out

You should not delete a carrier that has been used in the past, as it will affect a Person Served and/or employee file.

K. Licensure/Certification

Supporting Tables Data

Licensure / Certification
APPRENTICE TEACHER
APPRENTICE TEACHING
APPROVED BEH. SPEC.
ARMED SECURITY GUARD/OFFICER
BEHAVIOR ANALYST
BEHAVIOR SPECIALIST
CDDN
CERT. SEX THERAPIST
CERTIFIED DIETICIAN
CNA
CPI INSTRUCTOR
CPR INSTRUCTOR
D.D.N.A.
DEPT OF EDUCATION
DEVELOPMENTAL DISABILITIES
DMRS APPROVED B A
DMRS APPROVED B S
DMRS PSYCHOLOIST SERVICE PROVIDER

- Customize to your agency
- To add a Licensure/Certification, make entry on the line with the * then tab out

You should not delete a Licensure/Certification that has been used in the past, as it will affect a Person Served and/or employee file.

L. Manager Assignment

Managers

Manager#	EmployeeID	Manager Name	CellPhone
99	217	ALL MANAGERS	
1	216	BROOKS, MELVIN	
5	2380	BROWN, TERRY	
9	2364	BURKE, EZEKIEL	
6	2379	CRUMLEY, JOHN	
4	2377	HUNT, WALT	
7	2363	KANARSKI, AURELIA	
3	34	MCSPADDEN, TAMMY	
8	2370	MORGAN, SANDIE	
2	218	QUEEN, LUCAS	
*			

Record: 7 of 10 Unfiltered Search

- Customize to your agency
- To add a Manager, make entry on the line with the * then tab out

You should not delete a Manager that has been used in the past, as it will affect a Person Served and/or employee file.

M. Race/Nationality

Supporting Tables Data

Race
AFRICAN AMER
ARAB
ASIAN
CAUCASIAN
HISPANIC
MIDDLE EAST
NOT SHOWN
*

- Customize to your agency
- To add a Race/Nationality, make entry on the line with the * then tab out

You should not delete a Race/Nationality that has been used in the past, as it will affect a Person Served and/or employee file.

N. Reason for Pay Rate Change

Supporting Tables Data

Reason
3 MOS EVAL
6 MOS EVAL
ANNUAL EVAL
ANNUAL INCREASE
ASST SHIFT LEADER ADJUSTMENT
NEW HIRE
NEW HIRE ADJUSTMENT
PAY ADJUSTMENT
PERFORMANCE INCREASE
POSITION CHANGE
SHIFT LEADER ADJUSTMENT
STATUS CHANGE
TRAIN THE TRAINER
*

- Customize to your agency
- To add a Reason, make entry on the line with the * then tab out

You should not delete a Reason that has been used in the past, as it will affect a Person Served and/or employee file.

O. Rehire Status

Supporting Tables Data

Reason	Rehire
QUIT - ANOTHER JOB / NOTICE WORKED	<input checked="" type="checkbox"/>
QUIT - HEALTH PROBLEMS / NOTICE WORKED	<input checked="" type="checkbox"/>
QUIT - MOVED / NOTICE WORKED	<input checked="" type="checkbox"/>
QUIT - NO REASON/NOTICE	<input type="checkbox"/>
QUIT - NO SHOW	<input type="checkbox"/>
QUIT - OTHER / NOTICE WORKED	<input checked="" type="checkbox"/>
QUIT - PERSONAL PROBLEMS / NOTICE WORKED	<input checked="" type="checkbox"/>
QUIT - SCHOOL / NOTICE WORKED	<input checked="" type="checkbox"/>
TERMINATED - MISCONDUCT	<input type="checkbox"/>
*	<input type="checkbox"/>

- Customize to your agency
- To add a Reason, make entry on the line with the * then tab out
- If the reason given is re-hirable, check the box under Rehire

You should not delete a Reason that has been used in the past, as it will affect a Person Served and/or employee file.

P. Reprimand Descriptions

Supporting Tables Data

	Description
	ABSENT W/O PERMISSION
	AGENCY POLICY VIOLATION
	CONFIDENTIALITY
	GOSSIPING, RUMORING, CREATING GENERAL UNREST
	JOB RESPONSIBILITIES
	MEDICATION ERROR
	SUPERVISORY CONFERENCE
*	

- Customize to your agency
- To add a Description, make entry on the line with the * then tab out

You should not delete a Description that has been used in the past, as it will affect a Person Served and/or employee file.

Q. Staff Titles

- Customize to your agency
- Add on line with *

Add / Edit Staff Titles

FieldName	Job Description	PositionTitle	Grouping	Db
MAINTENANCE		MAINTENANCE	MAINTENANCE	
MEDICAL ASSISTANT		MEDICAL ASSISTANT		
PERSONAL ASSISTANT		PERSONAL ASSISTANT		
PERSONAL CARE ATTEND		PERSONAL CARE ATTENDANT		
PRN-DAY INSTRUCTOR		PRN-DAY INSTRUCTOR		
PRN-SLC		PRN-SLC		
QUALITY ASSURANCE/TR		QUALITY ASSURANCE/TRAIN		
REGISTERED NURSE		REGISTERED NURSE		
RESIDENTIAL CARE MGR		RESIDENTIAL CARE MGR		
RESIDENTIAL SEC		RESIDENTIAL SECRETARY		
SLC		SLC		
SUPPORTED EMP SUPVR		SUPPORTED EMP SUPERVISOR		
TRAINING CORDINATOR		TRAINING CORDINATOR	OFFICE	
VAN DRIVER		VAN DRIVER		
WORKSHOP ASSEMBLER		WORKSHOP ASSEMBLER	MAINTENANCE	
*				

Record: 1 of 45 No Filter Search

- Continue to scroll to the right of the screen and you can see/set (for this title)
 - Grouping
 - Database Access
 - Employee Access
 - SR Access

Add / Edit Staff Titles

PositionTitle	Grouping	DbAccess	EmpAccess	SRAccess	EmailGroup	EmailGroup:	Ema
MAINTENANCE	MAINTENANCE	30	0	0			
MEDICAL ASSISTANT		1	0	0			
PERSONAL ASSISTANT		7	0	0			
PERSONAL CARE ATTENDANT		1	0	0			
PRN-DAY INSTRUCTOR		7	0	0			
PRN-SLC		2	0	0			
QUALITY ASSURANCE/TRAIN		7	0	0			
REGISTERED NURSE		6	0	5			
RESIDENTIAL CARE MGR		7	0	0			
RESIDENTIAL SECRETARY		7	0	0			
SLC		1	0	0			
SUPPORTED EMP SUPERVISOR		7	0	0			
TRAINING CORDINATOR	OFFICE	24	0	0			
VAN DRIVER		1	0	0			
WORKSHOP ASSEMBLER	MAINTENANCE	30	0	0			
*							

Record: 1 of 45 No Filter Search

R. Status (FT/PT)

Dynamic Data Form		
HoursUsedForCalculation	Description	Code
0	CONTRACT EMPLOYEES	CONTRACT
40	FULL TIME	FT
20	PART TIME, UP TO 20 HRS	PT-1
25	PART TIME, 21-30 HRS	PT-2
35	PART TIME, 31-39 HRS	PT-3
0	PART TIME AS NEEDED, NOT EL	PT-PRN
0	RETIRED	RETIRED
*		

- Customize to your agency
- To add a Description, make entry on the line with the * then tab out

You should not delete a Description that has been used in the past, as it will affect a Person Served and/or employee file.

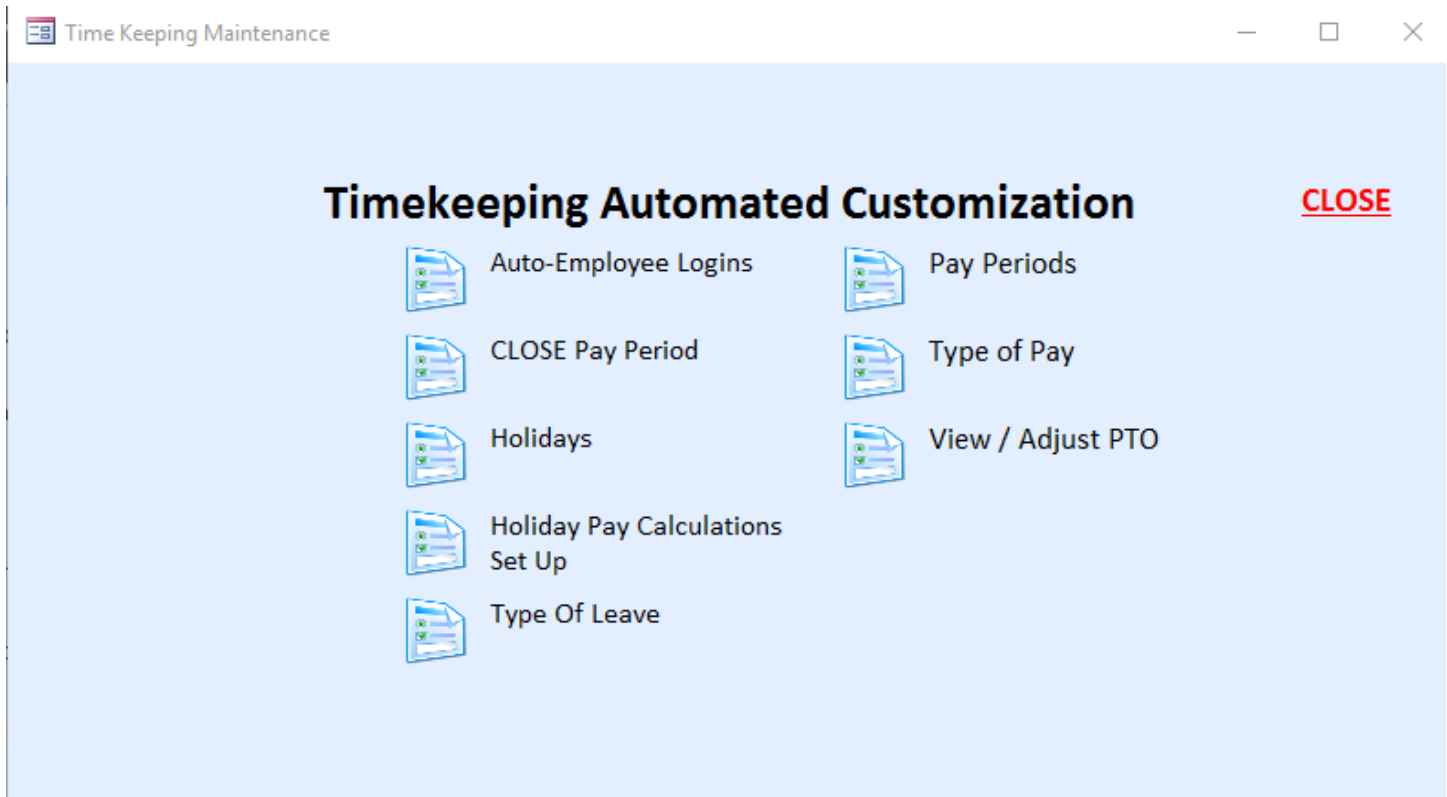
S. Termination Reasons

Supporting Tables Data	
Reason For Termination	
DECEASED	
LACK OF WORK	
QUIT-ANOTHER JOB	
QUIT-BACKGROUND CHECK	
QUIT-JOB RESPONSIBILITIES	
QUIT-MOVED	
QUIT-NO SHOW	
QUIT-PAY	
QUIT-PERSONAL	
QUIT-RETIRED	
QUIT-SCHEDULE	
QUIT-SCHOOL	
TERM-ASLEEP ON JOB	
TERM-FALSIFYING DOCUMENTATION	
TERM-JOB RESPONSIBILITIES	
TERM-NEGLECT	
TERM-POLICY VIOLATION	
TERM-POSITIVE DRUG SCREEN	
TERM-SUBSTANTIATED ABUSE/NEGLECT	
TERM-TRAINING INCOMPLETE	
TERM-UNFAVORABLE BACKGROUND CHECK	
*	

- Customize to your agency
- To add a Reason for Termination, make entry on the line with the * then tab out

You should not delete a Reason for Termination that has been used in the past, as it will affect a Person Served and/or employee file.

T. Timekeeping/Emp Payroll



1. Auto-Employee Logins

The screenshot shows a window titled "Configure Automatic Employee Clock-Ins". It contains a table with the following columns: Employee, Department, cboLogin, cboLogout, Monday, and Tuesday. The table lists five employees with their respective departments, login/logout times, and work days.

Employee	Department	cboLogin	cboLogout	Monday	Tuesday
MCSPADDEN, TA	BUSINESS MANAGEMENT	8:00 AM	4:00 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BROOKS, MELVIN L	ADMINISTRATION	9:00 AM	5:00 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
QUEEN, LUCAS B	ADMINISTRATION	8:00 AM	4:00 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
BROOKS, KEVIN G	BUSINESS MANAGEMENT	4:00 PM	12:00 AM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COTTON, CHRISTOPHER L	RESIDENTIAL ADMINISTRATI	3:00 PM	11:00 PM	<input type="checkbox"/>	<input type="checkbox"/>
*		8:00 AM	4:00 PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Below the table, there is a red text box with the following instruction:

- On this screen, you may enter staff that does not clock in/out and the times and days they normally work.

At the bottom of the window, there is a status bar showing "Record: 1 of 5", "No Filter", and a search field.

2. CLOSE Pay Period

Dynamic Data Form

TimeEntered	Computer	PED	ComputerLogin	UserID
5/21/2011	mel	5/21/2011	TIMASTS1	-2
* [Empty Row]				

Record: 1 of 1 | No Filter | Search

- The PED field is the Pay Period Ending Date. This data is entered automatically when you Close a pay period from the Timekeeping Edit screen. Closing the pay period locks the entries to prevent any further editing. If for some reason a timekeeping entry needs to be edited after closing the pay period, an authorized user can delete the most current record from this table that will include the pay period needing changed. Make the changes and then come back and re-insert those records to once again close the pay period

3. Holidays

Holidays

Holiday	Description	Day Prior	Day After	HolidayID
11/22/2012	Thanksgiving	<input type="checkbox"/>	<input type="checkbox"/>	Regular Holida
12/25/2012	Christmas	<input type="checkbox"/>	<input type="checkbox"/>	Regular Holida
1/1/2013	New Years	<input type="checkbox"/>	<input type="checkbox"/>	Regular Holida
* [Empty Row]		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Regular Holida

- Customize to your agency -payroll, calculation tables are generally configured for the customer by ECOM tech support
- List the Holidays that your agency takes
- If staff are required to attend the day before and/or the day after, check these boxes

4. Holiday Pay Calculations Set Up

- **Left Screen -This is the page you set up your Holidays and the work/hours criteria for them**
- Customize to your agency -payroll, calculation tables are generally configured for the customer by ECOM tech support

PPID	WorkedDayOf	PayType	Hours	FtPt	MinHc
MH	True	1	8	1	0
MH	True	1	0	2	8
MH	False	1	8	1	0
MS	True	1	8	1	0
MS	False	1	8	1	0
SMH	True	1	8	1	0
SMH	True	1	0	2	8
SMH	False	1	8	1	0
SMS	True	1	8	1	0
SMS	False	1	8	1	0
MH	True	2	0	1	0
MH	True	2	0	2	0
SMH	True	2	0	1	0
SMH	True	2	0	2	0
COM	True	1	0	1	25
COM	True	2	0	2	25
CON	True	1	0	1	25
CON	True	2	0	2	25
BWS	False	1	8	1	0
BWS	True	1	8	1	0
BWH	True	1	8	1	0
BWH	True	1	0	2	8
BWH	False	1	8	1	0

- Right of Screen – same description as above

Dynamic Data Form

MinHours	Stipend	HourlyRate	HolidayID
0	\$0.00	0	27
8	\$50.00	0	28
0	\$0.00	0	29
0	\$0.00	0	30
0	\$0.00	0	31
0	\$0.00	0	32
8	\$50.00	0	33
0	\$0.00	0	34
0	\$0.00	0	35
0	\$0.00	0	36
0	\$0.00	0.5	37
0	\$0.00	0.5	38
0	\$0.00	0.5	39
0	\$0.00	0.5	40
25	\$0.00	0	41
25	\$0.00	0	42
25	\$0.00	0	43
25	\$0.00	0	44
0	\$0.00	0	45
0	\$0.00	0	46
0	\$0.00	0	47
8	\$50.00	0	48
0	\$0.00	0	49

Record: 1 of 25 No Filter Search

5. Type of Leave

LeaveID	TypeOfLeave	Desc	Accumulate	MaxAllowec	StartDate	EmployeeSelection
1	R	REGULAR DAY OFF	<input type="checkbox"/>	0	1/1/2002	<input type="checkbox"/>
3	A	ANNUAL LEAVE - PAID	<input type="checkbox"/>	0	1/1/2002	<input type="checkbox"/>
4	S	SICK LEAVE - PAID	<input type="checkbox"/>	1440	1/1/2002	<input type="checkbox"/>
5	UE	UNEARNED LEAVE	<input type="checkbox"/>	0	1/1/2002	<input type="checkbox"/>
7	H	HOLIDAY- PAID	<input type="checkbox"/>	0	1/1/2002	<input type="checkbox"/>
8	L	LONGEVITY	<input type="checkbox"/>	0	1/1/2002	<input type="checkbox"/>
9	F	FLEX TIME	<input type="checkbox"/>	0	1/1/2002	<input type="checkbox"/>
10	BE	BEREAVEMENT	<input type="checkbox"/>	0	1/1/2002	<input type="checkbox"/>
11	BY	BIRTHDAY	<input type="checkbox"/>	0	1/1/2002	<input type="checkbox"/>
14	PTO	PAID TIME OFF	<input type="checkbox"/>	0	6/27/2008	<input type="checkbox"/>
*			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

- Customize to your agency -payroll, calculation tables are generally configured for the customer by ECOM tech support
- Add by using the line with the *

If Leave Type has ever been used, do not delete as it will affect historical documents

6. Pay Period

- **Customize to your agency's payrolls**, calculation tables are generally configured for the customer by ECOM tech support
- **Enter all the payroll types that you have**
- **If they earn overtime, the response is True, if not, False**
- **Continue to enter your date/criteria as shown on the far-right screen below**

Dynamic Data Form

PPName	Desc	PPID	CalcOT	StartDay	StartTime
WH	Weekly / Hourly	1	True	1	12:00:00 A
BWH	Bi-Weekly / Hourly	2	True	1	12:00:00 A
SMH	Semi-Monthly / Hourly	3	True	1	12:00:00 A
MH	Monthly / Hourly	4	True	1	12:00:00 A
SMS	Semi-Monthly Salary	5	False	1	12:00:00 A
MS	Monthly / Salary	6	False	1	12:00:00 A
CON	Contract	7	True	1	12:00:00 A
MC	Monthly / Contract	8	True	1	12:00:00 A
BWS	Bi-Weekly / Salary	9	True	1	12:00:00 A
SMC	Semi-Monthly / Contract	10	False	1	12:00:00 A
COM	Companion	11	False	1	12:00:00 A
CBH	Companion/Contactor Bi-Wee	12	False	1	12:00:00 A
*		(New)			

Dynamic Data Form

CalcOT	StartDay	StartTime	PPLength	EndingDate
True	1	12:00:00 AM	WEEKLY	12/31/2006
True	1	12:00:00 AM	TABLE	12/31/2006
True	1	12:00:00 AM	SEMI-MONTHLY	
True	1	12:00:00 AM	MONTHLY	
False	1	12:00:00 AM	SEMI-MONTHLY	
False	1	12:00:00 AM	TABLE	
True	1	12:00:00 AM	TABLE	
True	1	12:00:00 AM	MONTHLY	
True	1	12:00:00 AM	TABLE	12/31/2006
False	1	12:00:00 AM	SEMI-MONTHLY	
False	1	12:00:00 AM	SEMI-MONTHLY	
False	1	12:00:00 AM	TABLE	
*				

7. Type of Pay

- Customize to your agency -payroll, calculation tables are generally configured for the customer by ECOM tech support
- **The IncludeReg means that entries made with that pay type will be included in calculating 40-hour work weeks to determine overtime pay. You would want to check this box for types that reflect actual work hours like TRAINING, but most agencies will not include Sick, Vacation, Holiday, etc.**
- **The ED Column is for Earnings/Deduction codes for 3rd party payroll services like ADP, Millennium, Great Plains, etc. This is where you would input the pay code from that software or service that corresponds to the EZPRO pay type.**

TypeNbr	TypeOfPay	IncludeReg	ED		
1	REGULAR PAY	<input checked="" type="checkbox"/>	02		
2	OVERTIME	<input type="checkbox"/>	03		
3	ANNUAL LEAVE	<input type="checkbox"/>			
4	SICK LEAVE	<input type="checkbox"/>	04		
5	UNPAID LEAVE	<input type="checkbox"/>			
6	SLEEP OVER	<input type="checkbox"/>	20		
7	HOLIDAY	<input type="checkbox"/>	05		
8	LONGEVITY	<input type="checkbox"/>	19		
9	FLEX TIME	<input type="checkbox"/>			
10	BEREAVEMENT	<input type="checkbox"/>	33		
11	BIRTHDAY	<input type="checkbox"/>	09		
12	TRAINING	<input checked="" type="checkbox"/>	31		
13	STIPEND	<input type="checkbox"/>			
14	PTO	<input type="checkbox"/>	39		
15	JURY DUTY	<input checked="" type="checkbox"/>	02		
*	(New)	<input type="checkbox"/>			

8. View/Adjust PTO

Find Employee
Leave Type
CLOSE

Emp ID	PED	TypeOfLeave	Accrued	Applied ID	Taken ID
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(New)	<input type="text"/>

Hire Date
FT Status
Days
Accrued
Used
Available

Record: 1 of 1 | No Filter | Search

Applied ID	Date Used	Hrs Taken	Hrs Paid	Reason	Taken ID	RollOver
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(New)	<input type="text"/>

Record: 1 of 1 | No Filter | Search

Zero Out This Account

U. Employee File Locations

Employee Document File Locations
— □ ×
CLOSE

Type of File	Folder Location of these Files	Prefix	Identifier
Applications	L:\NetManagerDD\HRDocs	APP	Lastname/First Init./ Last 4 SSN
Drivers License		DL	Lastname/First Init./ Last 4 SSN
SSN		SSN	Lastname/First Init./ Last 4 SSN
*			

- Instructions for this screen are listed on page 251, Custom File Locations

Record: 1 of 3 | No Filter | Search

5. Information File

Internet Email Agency E-Mail(17) HOME People Served Human Resources Advanced HR MEDICAL ADMIN

Contacts Setup	Timekeeping / Employee Payroll	Correct Employee SSN#	Send Text Message
Service Code Setup	File Locations Setup	Correct Person-Served SSN#	
Department Folders	Organization Defaults	Set Database Security	Page Link Setup
Human Resources	Organization Information	Set Access to Employees	Event Form Selections
Information File	MEDICINE TABLE	Set Access to People-Served	
External Case Managers	Employees Logged In Audit Log	Set People-Served Departments	
Objectives Menu Data Setup	Record Maintenance	People-Served / Employee List	
Specialists/Doctors	EMAIL/SMS Text Alerts	User Names / Database Logins	
Approved Service Plans	Employee Favorites	Agency Data Queries	EZPRO Manual

[Resource Calendar](#)

People Information File Customization Setup CLOSE

Addresses	Guardianship Types	Referral Status
Case Managers	Legal Status	
Custom File Locations	Primary Language	People-Served Names
Health Care Dates	Program Codes	Race / Nationality
Cities	Counties	

A. Addresses

This is your agency's master facility address table

- **Address** -list the location address or Program Name here
- **Res Program** – check the box if this is a residential program
- **LandLordPhone 2** – self explanatory
- **Exclude Drill** – Marking this box with a -1 will exempt that address (department) from being alerted to Fire Drills that are due/past due
- **LandLord** - Include LandLord Name
- **DeptCode** - List your agency's department code for this address/location
- **AssistantSupv** - you may list the Asst. Sup name here
- **Street Address** – List the street address here
-

Facility Addresses							
Address	Is this a RES Prog	LandLordPhone2	ExcludeDrill	LandLord	DeptCode	AssistantSupv	
PRYOR RD 4412	<input checked="" type="checkbox"/>		2		40		wdwd
VEHICLE	<input type="checkbox"/>		0		99		VEHICLE
UNKNOWN	<input type="checkbox"/>		0		99		UNKNOWN
TFC	<input checked="" type="checkbox"/>		0				TFC
SUPPORTED EMPLOYMENT	<input type="checkbox"/>		0		79		SUPPORTED E
SPEECH THERAPY	<input checked="" type="checkbox"/>		0				SPEECH THER
SOCIAL SERVICES	<input type="checkbox"/>		0		99		SOCIAL SERVI
SCHOOL	<input type="checkbox"/>		0		99		SCHOOL
S/L SITE	<input type="checkbox"/>		0				S/L SITE
RT 2 BOX 257E	<input checked="" type="checkbox"/>		0				RT 2 BOX 257E
RT 2 BOX 186A	<input checked="" type="checkbox"/>		0				RT 2 BOX 186A
EMMETT AVE 1003	<input checked="" type="checkbox"/>		0				PO BOX 785
PO BOX 701	<input type="checkbox"/>		0		66		PO BOX 701
PO BOX 386	<input checked="" type="checkbox"/>		0				PO BOX 386
PO BOX 316	<input checked="" type="checkbox"/>		0		66		PO BOX 316
OAK GROVE RD POB 242	<input type="checkbox"/>		0				PO BOX 242 O
PHYSICAL THERAPY	<input checked="" type="checkbox"/>		0				PHYSICAL THE
OC	<input checked="" type="checkbox"/>		0				OLD CHATTAN
OCCUPATIONAL THERAPY	<input checked="" type="checkbox"/>		0				OCCUPATIONA
OAK GROVE RD	<input type="checkbox"/>		0				OAK GROVE R
NOT APPLICABLE	<input type="checkbox"/>		0				NOT APPLICAE
ISC	<input type="checkbox"/>		0				ISC
IN HOME COUNSELING	<input checked="" type="checkbox"/>		0				IN HOME COUN
FAMILY BASED	<input checked="" type="checkbox"/>		0		99		FAMILY BASED
DEER PARK	<input type="checkbox"/>		0		99		DEER PARK
COMMUNITY	<input checked="" type="checkbox"/>		0		99		COMMUNITY
ALL	<input type="checkbox"/>		0		99		All Addresses

- **Zip** – List zip code here
- **Autonumber** – the database will assign this number
- **Facility Name** – this is an optional field that you may or may not choose to use
- **Staff Ratio** –
- **LandLord Phone** – Primary phone number for Landlord
- **PhoneNbr** – Facility Phone Number
- **FaxNbr** – Facility Fax Number
- **Site Type** – Define per your agency

Facility Addresses

Zip	Autonumber	FacilityName	StaffRatio	LandLordPho	PhoneNbr	FaxNbr	SiteType
37312	248				(423) 479-3100		S/L
37311	370						OTHER
37311	369						OTHER
37311	368						TFC
37311	367						OPPORTUNITY CNTR
37311	366						SOCIAL SERVICES
37311	365						SOCIAL SERVICES
37311	364						OTHER
37311	363						SUPPORTED LIVING
37307	362						OTHER
37307	361						IHC
37310	360				(423) 336-5889		OTHER
37307	359						FAMILY
37322	358						TFC
37310	357						FAMILY
37307	356						OTHER
37311	355						SOCIAL SERVICES
37311	354						OTHER
37311	353						SOCIAL SERVICES
37307	352				(423) 338-5738		OTHER
37311	351						OTHER
37311	350						ISC
37311	349						IHC
37311	348						SUPPORTED LIVING
37311	347						OTHER
37311	346						OTHER
37311	345						All Addresses
37311	344						SET UP
37311	343						ISC

- Incident Category – self explanatory
- Active – check box if this is an active location
- ResProg - Ask Mel for further definition
- LandLord Add – self explanatory
- Outcomes Category – if outcomes are to be worked on at this location, check this box
- Supervisor – List supervisor name here
- City – Address City
- Grouping – What accounting group will this address fall under?

Facility Addresses

IncidentCategory	Active	ResProg	LandLordAdd	OutcomesCategory	Supervisor	City	Grouping
RESIDENTIAL	<input checked="" type="checkbox"/>	wd		<input checked="" type="checkbox"/>		CLEVELAND	NOT ASSIGNED
RESIDENTIAL	<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		CLEVELAND	OTHER
RESIDENTIAL	<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		CLEVELAND	OTHER
TFC	<input type="checkbox"/>	TFC		<input checked="" type="checkbox"/>		CLEVELAND	OTHER
DAY PROGRAMS	<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		CLEVELAND	DAY PROGRAM
DAY PROGRAMS	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		CLEVELAND	ADMIN
DAY PROGRAMS	<input checked="" type="checkbox"/>	SOCIAL SERVICES		<input checked="" type="checkbox"/>		CLEVELAND	ADMIN
DAY PROGRAMS	<input checked="" type="checkbox"/>	SCHOOL		<input checked="" type="checkbox"/>		CLEVELAND	OTHER
RESIDENTIAL	<input type="checkbox"/>	S/L SITE		<input checked="" type="checkbox"/>		CLEVELAND	SUPPORTED LIVING
OTHER	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		BENTON	OTHER
IHC	<input type="checkbox"/>	IHC		<input checked="" type="checkbox"/>		BENTON	NOT ASSIGNED
OTHER	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		CHARLESTON	OTHER
FAMILY	<input checked="" type="checkbox"/>	N/A		<input type="checkbox"/>		BENTON	OTHER
TFC	<input type="checkbox"/>	TFC		<input checked="" type="checkbox"/>		DECATUR	OTHER
FAMILY	<input checked="" type="checkbox"/>	N/A		<input type="checkbox"/>		CHARLESTON	OTHER
FAMILY	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		BENTON	OTHER
DAY PROGRAMS	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		CLEVELAND	ADMIN
OTHER	<input type="checkbox"/>	N/A		<input type="checkbox"/>		CLEVELAND	OTHER
DAY PROGRAMS	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		CLEVELAND	ADMIN
FAMILY	<input type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		BENTON	OTHER
OTHER	<input type="checkbox"/>	N/A		<input type="checkbox"/>		CLEVELAND	OTHER
DAY PROGRAMS	<input type="checkbox"/>	ISC		<input checked="" type="checkbox"/>		CLEVELAND	ADMIN
IHC	<input type="checkbox"/>	IHC		<input checked="" type="checkbox"/>		CLEVELAND	NOT ASSIGNED
RESIDENTIAL	<input checked="" type="checkbox"/>	FAMILY BASED		<input checked="" type="checkbox"/>		CLEVELAND	SUPPORTED LIVING
RESIDENTIAL	<input checked="" type="checkbox"/>	DEER PARK		<input checked="" type="checkbox"/>		CLEVELAND	OTHER
RESIDENTIAL	<input checked="" type="checkbox"/>	N/A		<input checked="" type="checkbox"/>		CLEVELAND	OTHER
ALL	<input checked="" type="checkbox"/>	ALL		<input checked="" type="checkbox"/>		CLEVELAND	NOT ASSIGNED
SETUP	<input type="checkbox"/>	N/A		<input type="checkbox"/>		CLEVELAND	NOT ASSIGNED

- **Cell Phone – self explanatory**

Facility Addresses							
LandLordAdd	OutcomesCategory	Supervisor	City	Grouping	Cellphone		
	<input checked="" type="checkbox"/>		CLEVELAND	NOT ASSIGNED			
	<input checked="" type="checkbox"/>		CLEVELAND	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	DAY PROGRAM			
	<input checked="" type="checkbox"/>		CLEVELAND	ADMIN			
	<input checked="" type="checkbox"/>		CLEVELAND	ADMIN			
	<input checked="" type="checkbox"/>		CLEVELAND	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	SUPPORTED LIVING			
	<input checked="" type="checkbox"/>		BENTON	OTHER			
	<input checked="" type="checkbox"/>		BENTON	NOT ASSIGNED			
	<input checked="" type="checkbox"/>		CHARLESTON	OTHER			
	<input type="checkbox"/>		BENTON	OTHER			
	<input checked="" type="checkbox"/>		DECATUR	OTHER			
	<input type="checkbox"/>		CHARLESTON	OTHER			
	<input checked="" type="checkbox"/>		BENTON	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	ADMIN			
	<input type="checkbox"/>		CLEVELAND	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	ADMIN			
	<input checked="" type="checkbox"/>		BENTON	OTHER			
	<input type="checkbox"/>		CLEVELAND	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	ADMIN			
	<input checked="" type="checkbox"/>		CLEVELAND	NOT ASSIGNED			
	<input checked="" type="checkbox"/>		CLEVELAND	SUPPORTED LIVING			
	<input checked="" type="checkbox"/>		CLEVELAND	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	OTHER			
	<input checked="" type="checkbox"/>		CLEVELAND	NOT ASSIGNED			
	<input type="checkbox"/>		CLEVELAND	NOT ASSIGNED			

B. Case Managers

a. This is where you list your agency's internal case managers. This corresponds to the pull down menu under People Served/People Served Information/Case Manager

Case Managers

Employee

ALL

Case Manager

ALL

Status

A

CMgr

ALL,

Full Name

ALL

BROOKS, KEVIN G

Brooks, K

A

Brooks, K

Kevin G Brooks

BURKE, EZEKIEL B

Burke, E

A

Burke, E

Ezekiel B Burke

CRUMLEY, JOHN T

crumley, j

A

crumley, j

john t crumley

KANARSKI, AURELIA M

KANARSKI, A

A

KANARSKI, A

AURELIA M KANARSKI

MCSPADDEN, TAMMY D

MCSPADDEN, T

A

MCSPADDEN, T

TAMMY D MCSPADDEN

MORGAN, SANDIE

MORGAN, S

A

MORGAN, S

MORGAN, SANDIE DIRECTOR HR

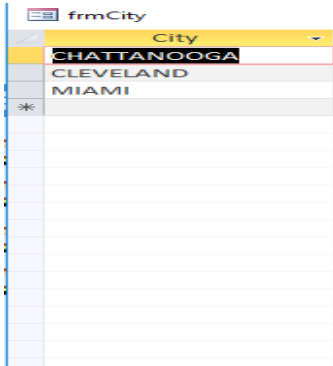
*

Record: 1 of 7

No Filter

Search

C. Cities



frmCity

City

CHATTANOOGA

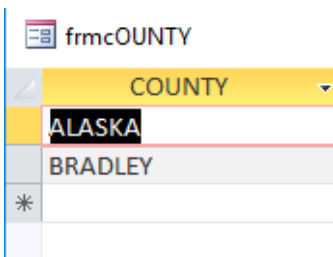
CLEVELAND

MIAMI

*

- List all cities that your staff and/or the people you serve may live in. This will populate the pull-down menus throughout the data base for this filed.

D. Counties



frmCOUNTY

COUNTY

ALASKA

BRADLEY

*

- Customize the pull-down menu for the counties in your agency's service area
- To add, click on the line "*" and add a County

E. Custom File Locations

Custom File Locations					Create Document Categories		CLOSE
Type of File	Folder Location of these Files	Prefix	Identifier	Sub Category			
Communication Note	\\ECOM2012-1\TIMAS\Netmanagerdd\CommNotes	CN	Lastname/First Init./ Last 4 S				
DIETS	\\ECOM2012-1\TIMAS\NetManagerDD\Diets	D	Lastname/First Init./ Last 4 S				
HEALTH PASSPORT	\\ECOM2012-1\TIMAS\NetManagerdd\HP	HP	Lastname/First Init./ Last 4 S				
ISP	\\ECOM2012-1\TIMAS\NetmanagerDD\ISP	ISP	LN/FI/4SSN/Effective/End/L				
ISP Amendment	\\ECOM2012-1\TIMAS\NetmanagerDD\ISP	ISP-AD	LN/FI/4SSN/Effective/End/L				
ISP Costplan	\\ECOM2012-1\TIMAS\Netmanagerdd\ISP	CP	LN/FI/4SSN/Effective/End/L				
ISP Signature Page	\\ECOM2012-1\TIMAS\Netmanagerdd\ISP	SP	LN/FI/4SSN/Effective/End/L				
Monthly Review	\\ECOM2012-1\TIMAS\Netmanagerdd\MR	MR	Lastname/First Init./ Last 4 S				
PHYSICIAN ORDERS	\\ECOM2012-1\TIMAS\NetManagerDD\PHYSICIAN C	PO	Lastname/First Init./ Last 4 S				

- Type of File – This is the name of the folder where you will file documents for the people you serve. This name must be exactly as the folder you have set up in your computer
- Folder Location of these files – double click in this field and your computer window will open. Go to the place you have created the folder and it will then list the path for these documents
- Prefix – Assign a prefix for these documents
- Identifier – Choose an identifier for these documents, your options are
 - Lastname/First Init./Last 4 SSN
 - LastName/First Name
 - SSN
 - LN/FN/4SSN/Effective/End/Level
- Sub Category - For a training to be automatically assigned to employees as a TSI training, the name of the Task in this form must match the name of a record in the File Type field of the Custom File Locations table above. If a record has been marked as having a Sub Category in the Custom File Locations table, then the first part of the Task name in the Tasks table must match the File Type field in the Custom File Locations table. You would then insert a dash and then the description of the subcategory.

F. Guardianship Types

frmGuardianship				
Guardianship	GDescription			
CONSERVATOR	OVER 18 YEARS OF AGE			
GUARDIAN	UNDER 18 YEARS OLD			
LEGAL GUARDIAN	COURT APPOINTED			
LIMITED FINANCIAL	LIMITED TO FINANCIAL ISSUES			
LIMITED HEALTH	LIMITED TO HEALTH ISSUES			
<ul style="list-style-type: none"> • List all guardianship Types in this area 				

G. Health Care Dates -Dates can only be added by ECOM support because they have to be added as new data fields to specific tables.

- Set up the dates you wish to show up under People Served/People Served Information File/Dates
- Date Name – Name your date
- Description – describe what this date is
- Exp. Mths. – list here when this date expires
- Sort Order - By default the Health Care dates are sorted alphabetically, however, if an agency wants to have the dates sorted in a different order, they can put numeric values in the Sort Order field. They will need to let ECOM support know if they are wanting the dates sorted numerically
- Sanctioned – If this Date Name is Sanctioned by your Contractor if not renewed by the Expired Date, place a check in this box

Date Name	Description	Exp. Mths.	SortOrder	Sanctioned
2350 Date	2350Date	777	195	<input checked="" type="checkbox"/>
2362 Date	2362Date	777	200	<input checked="" type="checkbox"/>
90 Day Note	90DAYNOTES	3	85	<input type="checkbox"/>
Annual Release Form	AnnualReleaseForm	12	210	<input type="checkbox"/>
Auditory Date	AuditoryDate	12	170	<input checked="" type="checkbox"/>
Breast Exam	BreastExam	0	90	<input type="checkbox"/>
BSP Date Effective	BSPDateEffective	12	70	<input checked="" type="checkbox"/>
BSP End Date	BSPEndDate	12	75	<input type="checkbox"/>
Cardiologist	Cardiologist	0	700	<input type="checkbox"/>

Record: 1 | No Filter | Search

H. Legal Status

frmLegalStatus

LegalStatus

COMPETENT

GUARDIAN

INCOMPETENT

LIMITED CONSERVATOR

MINOR

MINOR/INCOMPETENT

N/A

*

- List the Legal Status that applies to people served in your agency
- This populates the pull-down menu throughout the database

I. Primary Language

frmLanguage

PrimaryLanguage
ENGLISH
FRENCH
GERMAN
ITALIAN
OTHER
SIGN LANGUAGE
SPANISH
*

- Populate your Primary Language Pull-down menu here.
- To add, click on the line "*" and add a language.

J. Program Codes

Agency Programs

Program Code	Program Description	Chart BM
DAY	DAY PROGRAM	<input checked="" type="checkbox"/>
EAST	EAST TN	<input checked="" type="checkbox"/>
ICF	INTERMEDIATE CARE	<input checked="" type="checkbox"/>
MIDDLE	MIDDLE TN	<input checked="" type="checkbox"/>
PA	PERSONAL ASSISTANCE	<input checked="" type="checkbox"/>
RES	RESIDENTIAL	<input checked="" type="checkbox"/>
WEST	WEST TN	<input checked="" type="checkbox"/>
*		<input checked="" type="checkbox"/>

- Customize your agency's Program Code in this screen.
- To add, click on the line "*" and add a Program Code

K. Race/Nationality

frmRace

Race	CodeValue
AFRICAN AMER	
ARAB	
ASIAN	
CAUCASIAN	
HISPANIC	
MIDDLE EAST	
NOT SHOWN	
*	

- Customize the pull-down menu for race/nationality in your agency
- To add, click on the line "*" and add a race

L. Referral Status

frmReferralStatus

RefStatus	RefDesc
A	ACTIVE AGENCY
D	INELIGIBLE
R	REFERRAL LIST
W	WAITING LIST
*	

- Customize the pull-down menu for referral status in your agency
- To add, click on the line "*" and add a referral status and description

6. External Case Managers

Internet Email	Agency E-Mail(17)	HOME	People Served	Human Resources	Advanced HR	MEDICAL	ADMIN
-------------------	----------------------	------	---------------	-----------------	-------------	---------	-------

External Case Managers Data

CLOSE

External Case Manager Contact Data

External Case Manager Agencies

External Case Manager Communication Types

A. External Case Manager Contact Data

ISC's

SEARCH Jackie Hurley

ISC Person Jackie Hurley

ISC ID Nbr 1

EXIT

Last Name	HURLEY
First Name	JACKIE
ISC Agency	ARC OF Washington County
ISC Status	ACTIVE
ISC Address	
ISC City	
ISC Phone	
ISC Fax	
ISC Mobile	
ISC Pager	
ISC Emergency	
ISC Email	
ISC Home	

- Customize your Case Managers/ISC's to your agency
- Search
- Add a new Case Manager
- Find & Replace
- Got to first entry
- Go back
- Go forward
- Go to last entry
- Enter new case Manager (if you want the pull down menu to include all your case manager agencies, populate the "External Case Manager Agencies" screen first
- Select "Status" (active or inactive)
- Then enter all data

B. External Case Manager Agencies

Supporting Tables Data

ISC Agency
ALL
ARC Of Washington County
COMMUNITY CONNECTIONS
COMMUNITY NETWORK SERVICES
COMPASS COORDINATION INC
N/A
STATE CASE MANAGER
THE ADVOCACY GROUP
TNCSA
VISION COORDINATION SERVICES
Blue Cross Blue Shield
Amerigroup
United Healthcare
*

- Customize to your agency
- Add a case manager agency by typing in the line "*" and tab out when complete
- This populates the pull-down menu for ISC Agency in other screens in the data base.

C. External Case Manager Communication Types

Supporting Tables Data

Communication Type				
BEHAVIORS				
BURIAL POLICIES				
CHANGE IN SERVICES				
CONSERVATORSHIP/GUARDIANSHIP				
DENTAL				
FUNDING ISSUES				
INCIDENTS				
ISP AMMENDMENTS				
ISP CORRECTIONS				
ISP ISSUES				
MAMMOGRAM				
MEDICAL				
MEDICATION CHANGES				
OUTCOMES				
RECERTIFICATION				
SERVICE RECIPIENT DATES				
SPEND DOWNS				
THERAPY ISSUES				
VISUAL				
*				

- Customize the pull-down menu for your agency for Communication Type
- Add by typing in the "*" line and tabbing out when complete

7. Objectives Menu Data Setup

- All of these feed your fields in your daily notes

Objectives Customization Setup



Outcome



Type of Objective



Location



Responsible for Training



Responsible for Review

A. Outcome

Supporting Tables Data	
Goal_Objective	
AGENCY	
Choose and Use Environment	
Choose Daily Routine	
Choose Work	
CLIENT	
Continuity and Security	
Exercise Rights	
EXTERNAL SUPPORT	
Free from Abuse and Neglect	
Health	
Interact with Family and Friends	
Intimate Relationships	
ISC	
Participate and Interact in Community	
Personal Goals	
Privacy	
Respect	
Safety	
Services and Life Situations	
STAFF	
SUPPORT (DEFINED)	
*	

B. Type of Objective

Combo Control Data								
Number	Text	Sort Order						
2	Service Objective	2						
3	Training Objective	3						
*								

C. Location

	Number	Text	Sort Order
	0	Home	1
	0	Community	2
	0	Work	3
	0	Day Program	4
*			

D. Responsible for Training

Combo Control Data			
Number	Text	Sort Order	
0	Direct Support Staff	0	
0	Home Manager	0	
0	QIDP	0	
*			

E. Responsible for Review

Case Managers






Employee	Case Manager	Status	CMgr	Full Name
ALL	ALL	A	ALL,	ALL
BROOKS, KEVIN G	Brooks, K	A	Brooks, K	Kevin G Brooks
BURKE, EZEKIEL B	Burke, E	A	Burke, E	Ezekiel B Burke
CRUMLEY, JOHN T	crumley, j	A	crumley, j	john t crumley
KANARSKI, AURELIA M	KANARSKI, A	A	KANARSKI, A	AURELIA M KANARSKI
MCSPADDEN, TAMMY D	MCSPADDEN, T	A	MCSPADDEN, T	TAMMY D MCSPADDEN
MORGAN, SANDIE	MORGAN, S	A	MORGAN, S	MORGAN, SANDIE DIRECTOR HR
*				

Record: 1 of 7 No Filter Search

8. Specialists/Doctors

Specialists Customization Setup

CLOSE

-  Behavior Analysts
-  Behavior Specialists
-  Hospitals
-  Specialists
-  Specialty Types

A. Behavior Analysts

- Customize Behavior Analysts specific to your agency by completing the fields below
- To add a new Behavior Analyst enter on the line "*" and tab through to complete the information
- To make a Behavior Analyst inactive change the status field to "I" for inactive

Dynamic Data Form

EmployeeSS	Status	BehaviorAnalyst	State	BANbr	Address	City	Zip	PhoneNumt
	A	ALL		1				
	A	DR. SONJIA HUNT, LSPE-HSP		2				
	A	None		3				
	A	VIJAI P. SHARMA, PHD		4				
	A	WALTER C. HUNT, LPC-MHSP		5				
	A	NICHOLE HENRY, M ED		6				
	A	ERIKA ABERCROMBIE, BA		7				423-899-4747 E
*				(New)				

B. Behavior Specialists

- Customize Behavior Specialists to your agency by completing the table
- To add a new Behavior Specialist, enter on the line "*" and tab through to complete the information
- To make a Behavior Specialist inactive change the status field to "I" for inactive

Dynamic Data Form

EmployeeSSI	Status	BehaviorSpecialist	State	BSNbr	Address	City	Zip	PhoneNumt
	A	DAVID SCHOATE, M.ED.		10				
	A	DIANA L. JACKSON, LCSW		11				
	I	GAIL HUMPHREYS, M.ED.		12				
	A	GENE SHOLL, M.S.		13				
	A	JAIME TAYLOR, B.A.		14				
	A	JAMES TAYLOR, B.S.		15				
	I	KELLY MILLER, B.A.		16				
	I	LAURA MITCHELL		17				
	A	LENITA O'BOYLE		18				
	A	DR. LUCAS B. QUEEN, LPC-MH		19				
	A	MELANIE TUTTLE		20				
	A	MELODY HELMS		21				
	A	None		22				
	A	DR. PATRICIA CONN, LPC-MH		23				
	I	SCOTT ALFORD, B.S.		24				
	A	SHERRY FOWLER		25				
	I	SUSAN STANFIELD, A.S.		26				
	A	TIM DONOHOO, B.S.		27				
	A	WALTER C. HUNT, LPC-MHSP		28				
	A	HOWARD, CASSIE, B.A.		29				
	A	DR. SONJIA HUNT, LSPE		30				
*				(New)				

- Enter additional Hospitals by typing on the line "*" and tabbing through to complete the information

- To add, type on the line "*" and tab through completing applicable information

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Specialists - Screen to the right

Specialty	PrescribeMed	Internal	NPI	DEANum	ApptInterval	ApptStar	LastAppt	TBEligib	FAX	URL	UserName	Password
NURSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
OPHTHAMOLOGIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
OPHTHAMOLOGIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
ORTHOPEDIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
ORTHOPEDIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
ORTHOPEDIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
ORTHOPEDIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
ORTHOPEDIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
PHYSICIAN'S ASSISTANT	<input type="checkbox"/>	<input checked="" type="checkbox"/>		MK2040652	20	9:00 AM	4:00 PM	-1				
PHYSICIAN'S ASSISTANT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
PODIATRIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
PRIMARY CARE PHYSIC.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
PRIMARY CARE PHYSIC.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		BK9440176	20	9:00 AM	4:00 PM	-1				
PSYCHIATRIC	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	4:00 AM	10:00 PM	-1				
PULMONOLOGIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
PULMONOLOGIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
RADIOLOGIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
RADIOLOGIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
RADIOLOGIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
SURGEON	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
SURGEON	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
SURGEON	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
SURGEON	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
UROLOGIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>			20	9:00 AM	4:00 PM	-1				
*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										

E. Specialty Types

- Customize specific to your agency
- Add by typing on the line "*" and tabbing out

Supporting Tables Data	
Med Referral Type	
ORAL SURGEON	
ORTHODONTISTS	
ORTHOPEDIC	
OTOLARYNGOLOGY	
PALLIATIVE CARE	
PERIODONTISTS	
PHYSICAL THERAPY	
PHYSICIAN'S ASSISTANT	
PODIATRIST	
PRIMARY CARE PHYSICAN	
PSYCHIATRIC	
PSYCHOLOGISTS	
PULMONOLOGIST	
RADIOLOGIST	
REGISTERED DIETICIAN	
RHEUMATOLOGIST	
Rheumatologist	
SLEEP SPECIALIST	
SPEECH THERAPIST	
SURGEON	
UROLOGIST	
*	

9. Approved Services Plans

Service Plan Data Entry ID#: 21 [CLOSE](#)

LOOKUP: BALL, LUCILLE

Fiscal Year: 2018-2019

[Import CostPlan Spreadsheet](#) **ALL** **ACTIVE** **INACTIVE**

Service Code	Service Name	Funding Type	Service Rate	Effective Date	End Date	Department	Billing Unit	Site Code	Site	Agency	Max	Ma	Max D
6D611	COMMUNITY B/ CB DAY		68.93	07/01/2018	06/30/2019	DAY SERVICES	QUARTER HOUR CP144			ECOM	23	243	
6D713	FACILITY BASE FB DAY - 3		53.44	07/01/2018	06/30/2019	DAY SERVICES	DAILY D004			ECOM	23	243	
5D216	FACILITY BASE FB DAY-6		144.66	08/01/2018	06/30/2019	EAST SIDE	DAILY			E-COM SYSTEM	23	243	
6D911	IN HOME DAY IHD		56.69	07/01/2018	06/30/2019	EAST SIDE	QUARTER HOUR CP144			ECOM, INC.			
6R683	RESIDENTIAL L RES3-8+		68.84	07/01/2018	06/30/2019	ECF	ATTENDANCE R010			ECOM	31	365	
6V633	SUPPORTED LI SL3-3		199.62	01/01/2019	06/30/2019	OTHER AGENCY	ATTENDANCE SLY63			E-COM SYSTEM	31	365	
T2021	UAUB		2.75	07/01/2018	06/30/2019	ECF	DAILY			E-COM SYSTEM	120	900	

- Lookup your person served and select the fiscal year
- You have the option to view ALL/ACTIVE/or INACTIVE plans
- You can import the monthly CostPlan Spreadsheet from DIDD here

Approved Service Plans – Screen to the Right

Service Plan Data Entry ID#: 21 [CLOSE](#)

LOOKUP: BALL, LUCILLE

Fiscal Year: 2018-2019

[Import CostPlan Spreadsheet](#) **ALL** **ACTIVE** **INACTIVE**

Department	Billing Unit	Site Code	Site	Agency	Max	Ma	Max Daily Ur	Max Weekly	Weekends	MinimumMin	Limit Units	Legend ID
DAY SERVICES	QUARTER HOUR CP144			ECOM	23	243			<input checked="" type="checkbox"/>	120	20	UNITY BASED
DAY SERVICES	DAILY D004			ECOM	23	243			<input type="checkbox"/>	120	6	FACILITY
EAST SIDE	DAILY			E-COM SYSTEM	23	243			<input checked="" type="checkbox"/>	0	0	
EAST SIDE	QUARTER HOUR CP144			ECOM, INC.					<input checked="" type="checkbox"/>	120	6	IN HOME DAY
ECF	ATTENDANCE R010			ECOM	31	365			<input checked="" type="checkbox"/>	0	0	
OTHER AGENCY	ATTENDANCE SLY63			E-COM SYSTEM	31	365			<input checked="" type="checkbox"/>	0	0	
ECF	DAILY			E-COM SYSTEM	120	900			<input checked="" type="checkbox"/>	0	6	

10. Timekeeping/Employee Payroll

Internet Email Agency E-Mail(17)
HOME People Served Human Resources Advanced HR
MEDICAL
ADMIN

Timekeeping Automated Customization

Auto-Employee Logins

Pay Periods

CLOSE Pay Period

Type of Pay

Holidays

View / Adjust PTO

Holiday Pay Calculations Set Up

Type Of Leave

Instructions for these icons are located
ADMIN/Human
Resources/Timekeeping/Payroll on pages
noted below

Auto-Employee Logins - Page 265
Close Pay Period - Page 266
Holidays – Page 266
Holiday Page Calculations – Page 267
Type of Leave – Page 268
Pay Periods – Page 268
Type of Pay – Page 269
View/Adjust PTO – Page 270

11. File Locations Setup

File Locations
— □ ×

FileType	Location
TBF Attachments	\\ECOM2012-1\TIMAS\NetManagerDD\TransportationForms
Therapy	\\ECOM2012-1\TIMAS\NetManagerDD\Therapy
Training	\\ECOM2012-1\TIMAS\NetManagerDD\TrainingVideos
Trip Reimbursement	\\ECOM2012-1\TIMAS\NetManagerDD\TransportationForms\TRF_Template
TSI Files	\\ECOM2012-1\TIMAS\NetManagerDD\SpecificIndiv
Vehicle Maintenance Log	\\ECOM2012-1\TIMAS\NetManagerDD\Forms\2017 Vehicle Maintenance.p
*	

- File Type – must be the same name of the folder where these documents are stored on your server(s)
- Location – Double click I this box and your computer file screen will open and you go to the folder where these documents are stored. This will tell the database where to go when an employee clicks to open any of these files

12. Organizational Defaults

- The table is the data set used for making application and security configuration settings specific to an agency.
- For a setting to be enabled, the Org Code must be the agency's 3-character code assigned to your agency.
- There will be a separate document that will provide more detailed information about the settings in this table

Org Code	Object Name	Control Name	Property Name	Property Value	Description
sam	243Days	Use Calculation Method	Value	false	
ECM	Add On Module	Medical	enabled	true	
ECM	Application Updates	View	Name	EZproVersion	If this record is missing or has blank Prop Value then the system look
ECM	ARMFMSLabSubFrm_NEW	DueBy	Default	2	The number of days past the current date to set the default due by dat
ECM	ARMFMSsub	ReferredBy	Value	173	
ECM	AttendanceContacts_sub	cboDetail	Visible	False	
ECM	AttendanceContacts_sub	cmdCreate	Visible	216	Employee ids where the Create Contacts button is visible
ECM	AttendanceContacts_sub	LocationOfContact	Default	E-COM	
ECM	AttendanceContacts_sub	UnlockControls	Value	10, 376, 240, 245, 242, 377	Adding a security level to this record will unlock the controls in the RE
ECM	Background Check	SAM	Password	Dinner@6:30	A valid password for the SAM background check website Cambridge!
ECM	Background Check	SAM	User Name	Mach1pro	A valid password for the SAM background check website kodette888
ECM	Bowel Movements	Check Documentation	Clock Out	True	If this record exists and is true, then the database will check BM recor
ECM	CIF01	AddSRPictures	Value	216	Comma separated list of employee IDs Allowed to update the Service
ECM	CIF01	cboClassMember	Default	NO	
ECM	CIF01	cboReferral	Default	A	
ECM	CIF01	Combo143	Default	DAY	
ECM	Client Documents	Allow Delete	EmployeeID	216	This setting allows you to authorize specific employees to be able to c
ECM	ClientDatesHistory	LstDates	Value	2, 3, 4, 5	Set Access to Client Dates, add/modify
ECM	ClientEmpAssignFM	cmdReport	Enabled	216	Comma separated list of employees who can run the Client assigned
ECM	ClientsDSMSF	AllowDSMEditing	Value	216, 218, 34, 2363, 2377, 2223, 219	Comma separated list of employeeid numbers who can modify data i
ECM	CommNote	Days to Edit	value	180	This value lets you set the number of days back employees can edit th
ECM	CommNotes	Outcomes Form	Program	ICF	You can input a comma separated list of Communication Note progr
ECM	Commnotes	Paste Activities	Option	None	
ECM	Communication Note	Require Community Locat	Default	True	when set to True user is required to enter where the service recipient
ECM	Community Living Note	Attendance Question	TaskID	9,101	
ECM	ContactsMF	Hide Attendance Contacts	Value	True	Setting this value to True prevents Attendance Contacts from showing
ECM	CPDataSheets	AllowDeletes	Value	0	Comma separated list of employee IDs Allowed to Delete Costplan re
ECM	CPDataSheetSF	Agency	Default	E-COM SYSTEMS, LLC	When creating new cost plan records under Misc Tab - Compensation
ECM	Daily Notes	Show Signature Timestam	Daily Note	True	Setting this record to TRUE will display signature time on communica
ECM	DIDSBilling	AllowAccess	EmployeeID	216	This setting allows you to authorize specific employees to be able to u
ECM	DisciplinaryActions	Obsolete	Value	16, 17, 10, 1, 3, 13, 6, 21, 9	numeric values of disciplinary actions no longer selectable
ECM	DSM	Code	version	DSM5	
ECM	Emar	AllowSupervisorEditing	Employeeid	0	This setting allows you to authorize specific employees to be able to e
ECM	EMAR	HoursToEdit	value	3600	When administering medications using the E-MAR, this record determ

13. Organizational Information

- Complete this information for your specific agency. It is global information that feeds areas in your database.

ORGANIZATION INFORMATION

[CLOSE](#)

Name	E-COM SYSTEMS, LLC
Mailing Address	P.O. Box 911
City	Cleveland
State	TN
Zip	37364
Phone	(423) 464-5555
Fax	(866) 372-3508
Email Address	TimasSupport@gmail.com
Director	Walter Hunt
Federal Emp ID Nbr	
Physical St Address	395 Hunt Road
Physical Zip	37323
Training Contact	Dr. Luke Queen
Workers Comp Policy Nbr	
Workers Comp Carrier	
Workers Comp Address	
Workers Comp City	
Workers Comp State	
Workers Comp Zip	
ID Badge Expires	12/31/2020
Agency Provider Number	12345

14. MEDICINE TABLE

- This table comes pre-populated with over 3000 medications.
- Agency's can add to this list, if desired/needed

Medicine	Generic	DrugType	MedNumberType	Controlled	SearchPhrase
A&B OTIC DROPS	ANTIPYRINE/BENZOCAIN	ANESTHETIC/ANALGESIC		<input checked="" type="checkbox"/>	A&B
A&D OINTMENT	N/A	MOISTURE BARRIER		<input checked="" type="checkbox"/>	A&D
A/B OTIC DROPS	A/B OTIC DROPS	N/A		<input checked="" type="checkbox"/>	A/B
ABDOMINAL BINDER	N/A	N/A		<input checked="" type="checkbox"/>	ABDOMINAL
ABDOMINAL MASSAGE	ABD MASSAGE	N/A		<input checked="" type="checkbox"/>	ABDOMINAL
ABILIFY				<input checked="" type="checkbox"/>	ABILIFY
ABILIFY 8mg	ARIPIRAZOLE	ANTIPSYCHOTIC		<input checked="" type="checkbox"/>	abilify
ABSORBINE JR	N/A	N/A		<input checked="" type="checkbox"/>	ABSORBINE
ACCOLATE	ZAFIRLUKAST	MIS. RESPIRATORY		<input checked="" type="checkbox"/>	ACCOLATE
ACCUPRIL	QUINAPRIL HCL	ANTIHYPERTENSIVE		<input checked="" type="checkbox"/>	ACCUPRIL
ACUTANE	ISOTRETINOIN	ANTIACNE		<input checked="" type="checkbox"/>	ACUTANE
ACE BANDAGES	N/A	N/A		<input checked="" type="checkbox"/>	ACE
ACE WRAP	N/A	N/A		<input checked="" type="checkbox"/>	ACE
ACETAMINAPHEN/HYDROC				<input checked="" type="checkbox"/>	ACETAMINAPHEN/HYDROC
ACETIC ACID	ACETIC ACID	ANTI-INFECTIVE		<input checked="" type="checkbox"/>	ACETIC
ACETYL L-CARNITINE	ACETYL L-CARNITINE	NUTR. SUPPLEMENT		<input checked="" type="checkbox"/>	ACETYL
ACIDOPHILLUS	N/A	PROBIOTIC		<input checked="" type="checkbox"/>	ACIDOPHILLUS
ACIPHEX	RABEPRAZOLE SODIUM	ANTIULCER		<input checked="" type="checkbox"/>	ACIPHEX
ACLOVATE	ALCLOMETASONE	CORTICOSTEROID		<input checked="" type="checkbox"/>	ACLOVATE
ACNE CLEANSING PADS	N/A	CLEANSER		<input checked="" type="checkbox"/>	ACNE
ACNE WASH	ACNE WASH	ANTIACNE		<input checked="" type="checkbox"/>	ACNE
ACS VEST	N/A	N/A		<input checked="" type="checkbox"/>	ACS
ACTICOAT DRESSING	SILVER DRESSING	ANTIMICROBIAL		<input checked="" type="checkbox"/>	ACTICOAT
ACTIFER	DEFERASIROXIME	DECHLORINATION		<input checked="" type="checkbox"/>	ACTIFER

15. Employee Logged in Audit Log

- This is where employees with access can look to see who was logged into the database and for what period of time, they were logged in. You
- You have option of
 - Currently Logged In
 - All Logs in the Past 24 Hours
 - Or you can enter your date range from/To

E-COM SYSTEMS, LLC Welcome SANDIE MORGAN
Saturday, September 14, 2019 11:58 AM
Favorites Logout EZ-PRO DATABASE
Version 2019 4.38
ADMIN


Internet Agency HOME People Served Human Resources Advanced HR MEDICAL

Currently Logged In All Logs in Past 24 Hours CLOSE FROM 9/1/2019 TO 9/14/2019

View Audit Log Yellow indicates user logged in on previous day.

Computer Name	Log In Date / Time	Log Out Date / Time	User	Department	Title
LAPTOP-B6E60A5	9/14/2019 11:05:07 AM		SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
LAPTOP-B6E60A5	9/11/2019 12:33:47 PM	9/11/2019 1:00:03 PM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
LAPTOP-B6E60A5	9/11/2019 12:11:16 PM	9/11/2019 1:00:03 PM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
LAPTOP-B6E60A5	9/11/2019 9:23:29 AM	9/11/2019 1:00:03 PM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
LAPTOP-B6E60A5	9/10/2019 12:01:03 PM	9/11/2019 1:00:03 PM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
LAPTOP-B6E60A5	9/10/2019 10:30:52 AM	9/10/2019 10:58:20 AM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
LAPTOP-B6E60A5	9/10/2019 9:22:16 AM	9/10/2019 10:30:44 AM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
MELSXPS	9/6/2019 1:33:57 PM	9/6/2019 1:35:20 PM	MELVIN BROOKS	19 NORTH SIDE	CDO
	9/6/2019 1:27:29 PM	9/6/2019 1:28:49 PM	MELVIN BROOKS	19 NORTH SIDE	CDO
LAPTOP-B6E60A5	9/3/2019 10:40:12 AM	9/10/2019 10:30:44 AM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
LAPTOP-B6E60A5	9/3/2019 10:08:59 AM	9/10/2019 10:30:44 AM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE
LAPTOP-B6E60A5	9/3/2019 9:21:41 AM	9/10/2019 10:30:44 AM	SANDIE MORGAN	01 ADMINISTRATION	DIRECTOR OF FINANCE

- You may also view Audit Log of what screens this employee visited while logged in.

 View Who's Logged In Print Refresh CLOSE

Employee FROM 9/1/2019 TO 9/14/2019 12:02:53 PM Screen Action Record ID Person Served Computer Used Latitude

BROOKS, MELVIN L	9/6/2019 1:33:57 PM	Employee Login Form	LOGIN	0		MELSXPS	0
BROOKS, MELVIN L	9/6/2019 1:28:49 PM	Switchboard	LOGOUT	0		MELSXPS	0
BROOKS, MELVIN L	9/6/2019 1:27:29 PM	Employee Login Form	LOGIN	0			0
MORGAN, SANDIE	9/14/2019 11:27:45 AM	Recipient Information	VIEW	21	BALL, LUCILLE	LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/14/2019 11:18:50 AM	Recipient Information	VIEW	21	BALL, LUCILLE	LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/14/2019 11:05:07 AM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/11/2019 1:00:03 PM	Employee Login Form	LOGOUT	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/11/2019 12:33:47 PM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/11/2019 12:11:16 PM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/11/2019 10:00:00 AM	Recipient Information	VIEW	21	BALL, LUCILLE	LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/11/2019 9:23:29 AM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/10/2019 12:01:03 PM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/10/2019 10:58:20 AM	Employee Login Form	LOGOUT	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/10/2019 10:47:29 AM	Recipient Information	VIEW	21	BALL, LUCILLE	LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/10/2019 10:30:52 AM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/10/2019 10:30:44 AM	Employee Login Form	LOGOUT	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/10/2019 9:22:16 AM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/3/2019 10:40:12 AM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/3/2019 10:08:59 AM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0
MORGAN, SANDIE	9/3/2019 9:21:41 AM	Employee Login Form	LOGIN	0		LAPTOP-B6E60A5	0

16. Record Maintenance

- This is the area of the database where records can be deleted

Records Maintenance[CLOSE](#)

 Outcomes

 Person Centered Planning

 Svc Person Contacts
(Regular)

 View / Reinstate DELETED
P/S Contacts

 Rename Person Served
Scanned Documents

A. Outcomes

Delete Objective Records

Type in the Objective ID Number and press ENTER.

Objective ID Nbr

Client

Date

Person Implementing

Serial Number

Site/Location Resp

Type of OC Goal

Expected Goal

Expected Action Steps

Assistance

Category

DELETE RECORD

CLOSE

○ Should you need to delete an objective record;

- Enter the objective ID number
- The remainder of the data will appear

○ Always double check before you select “Delete Record” as is CANNOT BE RECOVERED

WARNING
Once DELETED, a record can not be recovered. Double check the record

B. Person Centered Planning

Delete Outcomes

Delete Person Centered Planning Records

Type in the PCP ID Number and press ENTER.

PCP Nbr

Client

ISP EffectiveDate

Edition Type

○ Should you need to delete a Person-Centered Planning Record;

○ Enter the PCP number

○ The remainder of the data will appear

Always double check before you select "Delete Record" as is CANNOT BE RECOVERED

DELETE RECORD

CLOSE

WARNING

Once DELETED, a record can not be recovered.

Double check the record number.

C. Svc Person Contacts (Regular)

DELETE / MODIFY Person Served Contacts

CLOSE

Contact Numb

Contact Number (New)

Person Served

Date Of Contact

Type Of Contact

Staff Making Contact

Who Contacted

Title Of Contact Per

How Contacted

Location Of Contact

Billable

Specific Date/Time

Time Involved

Start Date

Start Time

End Date

End Time

Press here to DELETE the CONTACT

Save Changes

Find Another

Detail Of Contact

○ Should you need to delete a Svc Person Contact;

○ Enter the Contact number

○ The remainder of the data will appear

Always double check before you select "Delete Record" as is CANNOT BE RECOVERED

Followup Required

Who Responds

FollowUpToBeCompleted

Date Created

Time Created

Computer

Log In

Last Modified By

Modified Date

Change Modified Data to curent user.

D. View/Reinstate DELETED P/S Contacts

View Deleted Contacts

Person

BALL, LUCILLE

SSN

555-55-5077

Name

BALL, LUCILLE

- Select the Person Served Name in the pull-down menu
- IF there are any deleted Contacts, a list will appear.
- You will have the option to view and/or reinstate

Record: |< < > >| No Filter Search

E. Rename Person Served Scanned Documents

Rename Scanned Documents

Select the starting folder to search for files.

Enter portion of file name to find eg. John, D1234

Enter phrase to replace in file name eg. Doe, J1234

Find And Rename

- Use this button to browse for the folder to search
- Follow the screen directions above each box
- Then select Find and Rename

17. EMAIL/SMS Text Alert

- Under this button, you will have the option to set up email and/or text alerts for both Persons Served and Employees

The screenshot displays the 'EMAIL/SMS Text Alert' configuration window. At the top, there is a 'Select Alert Type' dropdown menu currently set to 'SR TRIGGERED EMAIL MESSAGE'. To the right of this menu are the characters 'C' and '97', and a red 'CLOSE' button. Below the alert type menu is a 'Select the Email Message' dropdown menu, which is open, showing a list of events including 'Accident Event', 'Accident/Behavior requiring Medical Services', 'Address Change', 'Appointment Results', 'Behavior Event', 'BM Records not Charted', 'Change in Insurance', and 'Client Accounts over \$100'. To the left of this menu is a button labeled 'Exclude Employees'. Below the 'Select the Email Message' menu is a list of groups: 'All Employees assigned to SR by Department', 'Case Manager Supervisor', 'Case Manager Supervisor Hierarchy', 'Service Recipient Residential Supervisor Hierarchy', 'Service Recipient Residential Supervisor Manager', 'Service Recipient's Case Manager', 'Service Recipient's Residential Supervisor', and 'Specific Group'. Below this list is a button labeled 'Double-Click to Remove a Group from this Alert'. To the right of the group list is a text box containing the description: 'Email message sent out when an Accident is recorded in the Events form'. At the bottom of the window is a section titled 'Specific Employees' with a table listing individual employees: 'Employee BROOKS, MELVIN L', 'Employee QUEEN, LUCAS B', and an empty row with a '*' icon. Red arrows point from instructional text boxes to various elements: from the 'Exclude Employees' button to a text box explaining its function; from the 'Select Alert Type' dropdown to a text box explaining the selection process; from the 'Select the Email Message' dropdown to a text box explaining the selection process and the appearance of a description; from the group list to a text box explaining the selection process; and from the 'Specific Employees' table to a text box explaining the selection process.

Select Alert Type: SR TRIGGERED EMAIL MESSAGE

C 97 CLOSE

Select the Email Message

Accident Event
Accident/Behavior requiring Medical Services
Address Change
Appointment Results
Behavior Event
BM Records not Charted
Change in Insurance
Client Accounts over \$100

Exclude Employees

Double-Click to Assign a Group to this Alert

All Employees assigned to SR by Department
Case Manager Supervisor
Case Manager Supervisor Hierarchy
Service Recipient Residential Supervisor Hierarchy
Service Recipient Residential Supervisor Manager
Service Recipient's Case Manager
Service Recipient's Residential Supervisor
Specific Group

Double-Click to Remove a Group from this Alert

Service Recipient's Case Manager
Specified Employees

Description
Email message sent out when an Accident is recorded in the Events form

- Use the pull-down menu to select
 - SR Triggered Email Message
 - SR Triggered SMS Message
 - Employee Triggered Email Message
 - Employee Triggered SMS Message
- Then select the event from the Select the Email message box. A description will appear in this box
- Then select the group you wish to have this sent to by double clicking
- If you wish to remove a group, double click that group in this box

- If you wish to exclude an employee that would fall into the category, select this button and a box will open and you can list who to exclude

Specific Employees

Employee	BROOKS, MELVIN L	
Employee	QUEEN, LUCAS B	
* Employee		

Select Alert TypeEMPLOYEE TRIGGERED SMS MESSAGEM164CLOSE

Select the Email Message

Building Repair Request

Computer Repair Request

Equipment Repair Request

Miscellaneous Repair Request

Vehicle Repair Request

Exclude Employees

Double-Click to Assign a Group to this Alert

Specified Employees

Double-Click to Remove a Group from this Alert

Specified Employees

Description

Text message sent out to alert of new Building repair request

As you can see, the menu will change when the employee option is selected

Specific Employees

EmployeeBROOKS, MELVIN L

*Employee

304

18. Employee Favorites

- This button gives the option to add buttons to specific employees "Home Page" for either quick finding or where they otherwise may not have access to get to this button

MyPage User Buttons

Employee

BROOKS, MELVIN L

CLOSE

No.	Button Description	
1		
2	Agency Property -ON- frmMenuReports	
3		
4	Medication Variance Data Entry -ON- MenuMedVariance	
5	Person Centered Service Plan -ON- Switchboard	
6		
7	Person Information File -ON- switchboard	
8		▼
9		▼
10	E-MAR -ON- Switchboard	▼
11	ATTENDANCE FORMS -ON- MenuAttendance	▼
12		▼
13		▼
14	Medical -ON- SWITCHBOARD_X	▼
15		▼
16	Event Data Entry -ON- switchboard	▼
17	Event Data Entry -ON- switchboard	▼
*		▼

- Select Employee
- Then use the pull-down menu to find the button you need
- You may add by using the line with the "*"

19. Correct Employee SSN

Change Employee SSN

Change an Employee's SSN

Old SSN

Correct SSN

Employee Name

Warning!
Once the Employee's SSN has been changed, all records in the database that link to that SSN will be changed.

- If an employee's SSN has been entered incorrectly, this is the screen you make that change.
- Enter the old SSN
- Enter the new SSN
- Enter the Employee Name
- Select Change
- Pay close attention to the message here

20. Correct Person-Served SSN

Change Service Recipient SSN

Change a Person Served SSN

Old SSN

Correct SSN

Person's Name

Warning!
Once the Person's SSN has been changed, all records in the database that link to that SSN will be changed.

If you change the last 4 digits of a person's SSN, then any documents scanned in for that person will become inaccessible. You can rename the documents back to the EZPRO naming convention by using the form "Rename Person Served Scanned Documents" under ADMIN - Record Maintenance.

- Use instructions above under Change an employee's SSN
- Pay close attention to the note below

Database Security # 21-24 below

There are 4 basic levels of security that need to be initially set up. There are more than these, but these are the basics. They are:

1. **Set Database Security #21** - When setting up database security, you need to think in terms of what “tabs” and what “icons-buttons” on those tabs/pages does this employee or employees assigned to this level, need access to. Database Security is the first level you set up on employees.
2. **Set Access to Employees #22** – This is where you can give supervisors/employees access to see other employee’s information by specific team/cost center/department or by employee name. It gives you the ability to exclude certain employees on a team/cost center/department you have given access to or include certain employees on another team/cost center/department that you have not given them access to
3. **Set Access to People Served #23** – This is where you can give supervisor/employees access to only the People Served they need access to. Example: If you have several counties, you would only want the managers in their respective counties to have access to those People Served in that county.
4. **Set People Served Departments #24** – This is where you set access to People Served at each team/cost center/department they are provided services in. This is used so that when an employee clocks into that team/cost center/department, they will have access to the People Served supported at that setting/team/cost center/department. This also determines which People Served an employee has access to if their People Served Access level as described in item 3 above is set to a level other than 0 or 5.

To begin this process of setting security, we start with **# 21 –Set Database Security**

21. Set Database Security

The screenshot shows the 'Database Access Level / Group Name' configuration window. It includes fields for 'Access Level / Group Name' (set to 'Default'), 'Description' ('Most Restricted'), 'Day till Password Expires' (set to '3'), and a checkbox for 'Allow Email Attachments & Exporting reports to PDF'. A 'Lookup Employees' button is also present. Below these fields is a table titled 'These are the Employees Assigned' with columns 'SL' and 'EmployeeID'. The table is currently empty. Red arrows point from the table to the 'Access Level / Group Name' field and from the 'Day till Password Expires' field to the list of employees.

- This is the screen where you set the overall database security for employees
- You can select a pre-existing Access Level/Group Name or you can create a new one
- You can view under each Access Level/Group Name which employees are assigned to that group
- You can set for each group how many days before their password expires and must be changed
- You can allow email attachments to the Access Level/Group Name
- You can lookup each employee and see what database level they are assigned

- You then need to close out of the screen for it to save this new name/title
- I suggest that you now set your button security for each of these levels by doing the following There are many titles/positions already set up in your database. You may find that you can use one that is already set up and then “tweak” or “set” it to be the actual access you need for that employee(s). (tweak/set will be explained later)
- If you use the pull-down menu, you will be able to see what is already set up in the database
- If you find you need another/different name/title set up, click on the “greater than*” button shown. This will create a new number and you will be able to give it a name/title
-
- Visit each Tab and on each tab set the button security as shown/explained below. Right click on each page/icon and select “set database security”. The screen shown below will appear.

Internet Email Agency E-Mail(16) HOME People Served Human Resources Advanced HR MEDICAL

Select Button Security

Cancel Save Changes

Level	Unlocked/Disabled/Locked/Hidden	Group Name	Control Name	Form Name
1	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Default	cmdAdmin	Switch
2	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DSP	cmdAdmin	Switch
3	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Residential Supervisor	cmdAdmin	Switch
4	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Program Supervisor	cmdAdmin	Switch
5	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Program Directors	cmdAdmin	Switch
6	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nursing	cmdAdmin	Switch
7	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Assistant Shift Leader	cmdAdmin	Switch
8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
14	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
18	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
19	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
20	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
23	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

- Hover your mouse arrow over each icon on the page and right click
- The Security Level is shown and you have option to Unblock/Disable/Locked/Hidden for each page/icon on each page
- Then “Save Changes” Unlocked gives them access.
- Visit every tab and every icon to accomplish this

22. Set Access to Employees

Employee Access Level to Other Employees [CLOSE](#)

Employees assigned to level zero only have access to themselves. DO NOT MODIFY THIS LEVEL.

In These Departments

Dept
BUSINESS MANAGEMENT : 12
*

Record: 1 of 1

Assigned to these Managers

Manager
*

Record: 1 of 1

With these Titles

Title
*

Record: 1 of 1

Also Include These Employees

IncludeIndv
CRUMLEY, JOHN T
*

Record: 1 of 1

Exclude These Employees

ExcludeIndv
*

Record: 1 of 1

These are the Employees Assigned

SL	EmployeeID
0	BURKE, EZEKIEL B
0	DeBord, Randy
0	EZPRO, DEMO
0	HANEY, ALANA M
0	ONE, CUSTOMER
0	POPE, TIMOTHY W

Record: 1 of 7

- All employees that you only want them to be able to “see” their own info, you leave this level at “0” which is the default when you enter them, and you will not have to change this on most staff
- You will need to give access to supervisors so they can edit/approve time sheets. You may or may not want them to have access to the data entry screen, but you would set that access as noted above where you are setting the database level on each icon. This level is for setting exactly which **staff/employees** they have access to
- By default, a supervisor will automatically have access to the employees to whom they have been assigned as a manager in the Human Resources data entry screen. If a supervisor only needs access to the employees they directly supervise, they will have that through the default Employee Access level of zero without any need to configure access in this screen.
- For those staff/supervisors that need access to staff working under them, but who are not directly assign to the supervisor through the HR Edit screen you either set up a new level using the “greater than *” (>*) button or you use a level that is already set up in the database. Remember this level is only about **EMPLOYEE ACCESS**. So, when you set this up, they will be given access to icons that you have given them access to in the database security for only the teams/cost centers/employees that you set up on this screen
- You will need to create/add as many managers/supervisor’s levels you need to define which employees or cost centers that the employees work in, so that supervisors/managers only have access to the employees they supervise. You may have some managers and assistant managers that can have access to the same employees, in that event, you would only need one level for both of them in this screen

Set Access to Employees - Continue

Employee Access Level to Other Employees

Employees assigned to level zero only have access to themselves. DO NOT MODIFY THIS LEVEL.

In These Departments

Dept
BUSINESS MANAGEMENT : 12
*

Record: 1 of 1

Assigned to these Managers

Manager
*

Record: 1 of 1

With these Titles

Title
*

Record: 1 of 1

Also Include These Employees

IncludeIndv
CRUMLEY, JOHN T
*

Record: 1 of 1

Exclude These Employees

ExcludeIndv
*

Record: 1 of 1

These are the Employees Assigned

SL	EmployeeID
0	BURKE, EZEKIEL B
0	DeBord, Randy
0	EZPRO, DEMO
0	HANEY, ALANA M
0	ONE, CUSTOMER
0	POPE, TIMOTHY W

Record: 1 of 7

1. Example: A Program Director will only need access to employees of teams/homes/cost centers/departments that they supervise, so if you set this PD with a Level 6, you would then use the pull-down menu under "In these Departments" and select all that apply.
2. If they also supervise other program staff, not included in the Departments you selected, you would add those staff under the pull-down menu under "Also Include These Employees"
3. If there are employees in one of the homes/teams/cost centers that you have selected, yet an employee on that team is related to that supervisor and someone else supervises them for that reason, you would use the pull down menu under "Exclude These Employees" and they would not have access to that employee
4. List Supervisor or Supervisors under "Assigned to these Managers"
5. Or you may list the supervisors by title in "With these Titles", dependent upon how your agency is set up.

0

▶*

◀▶

E

Lookup Employees

CLOSE

ss to themselves. DO NOT MODIFY THIS LEVEL.

Assigned to these Managers

With these Titles

Edit Employee Security

Look UP

BROOKS, MELVIN L

User Name:

brooks1019

Employee ID

216

Title

CDO

Manager

2 QUEEN, LUCAS

Pay Scale

BWH

Dept

19 NORTH SIDE

Password Expires

2/8/2020

DB SL

5

Employee Access

5

SR Access

5

Modified by:

MELVIN L BROOKS

2/5/2019 2:33:03 PM

ExcludeIndv

SL

EmployeeID

0

BURKE, EZEKIEL B

- Now select Lookup Employees
- And, under Employee Access, use the pull-down menu to select the level that this employee should be assigned to

23. Set Access to People-Served

Depending on how your agency is set up, you will need to determine how you need to set this up so that staff needing access to SR information has it, but those that do not need access, does not have access.

Employee Access Level to the People Served * ◀ ▶ C **CLOSE**

Life Bridges

Employee Has Access to Service Recipients.....

In These Departments

Dept
DAY SERVICES : 26
EAST SIDE : 32
*

Record: 14 2 of 2 ▶▶▶ No Filter

Assigned to these Case Managers

Manager
*

Record: 14 1 of 1 ▶▶▶ No Filter

Assigned to these Programs

Title
*

Record: 14 1 of 1 ▶▶▶ No Filter

Also Include These Persons Served

IncludeIndv
*

Record: 14 1 of 1 ▶▶▶ No Filter

Exclude These Persons Served

Excl
*

Record: 14 1 of 1 ▶▶▶ No Filter

- In this screen, the Employee Access Level is set to 6-Life Bridges
- In the "In these Departments", the Day Services Team/Location and East Side Team/Location has been selected.
- This means that all staff that are assigned to those teams/locations on the HR Tab will have access to all Person Served that are assigned to those Team/Locations

24. Set People-Served Departments

On this screen, you would select the person served in the pull-down menu and then in the box, you would select the Dept Code for each department that this individual received services in. Therefore, when an employee clocked into that cost center/team/location, they would automatically have access to each Person Served in each of those departments.

Set Person Departments for User Access


Look UP


DeptCode	DeptName
01	ADMINISTRATION
19	NORTH SIDE
*	

[CLOSE](#)

- Look UP Person Served using the pull-down menu
- Then select each department that individual is served in. It could be one or several.
- You can add as many as needed by using the line with the "*" and selecting the appropriate Dept Code

Record: 1 of 2 | No Filter | Search

 SR Departments by SR Name

 SR Departments by Department Name

25. People Served/Employee List


- From this screen you have the option to view/print list of both People Served and Employees by the option listed.
- To see which list you need, select it and view


Internet Email | Agency E-Mail(16) | HOME | People Served | Human Resources | Advanced HR | MEDICAL | ADMIN


LISTING OF PERSONS SERVED AND EMPLOYEES

[CLOSE](#)


People Served Lists


 Person-Served List - ID Number


 Person-Served List - Name

 Person-Served List - SSN

Employee Lists

 Employee List - ID Number

 Employee List - Name

 Employee List - SSN

Example of a list of People Served by ID # below.

Thursday, October 10, 2019

E-COM SYSTEMS, LLC
P.O. Box 911 Cleveland, TN Phone (423) 464-5555

PERSON SERVED LIST						ID
SSN	PERSON	ID#	CASE MANAGER	RESIDENTIAL	STATUS	
555-55-0614	DAVIS, BETTY	16	MCSPADDEN, T	CLIENTCURRENTRESIDENTIAL	A	
555-55-5077	BALL, LUCILLE	21	KANARSKI, A	CLIENTCURRENTRESIDENTIAL	A	
555-55-2898	JEFFERSON, GEORGE	46	KANARSKI, A	CLIENTCURRENTRESIDENTIAL	A	
555-55-0129	JONES, DAVID	64	Brooks, K	CLIENTCURRENTRESIDENTIAL	A	
555-55-1916	CHAPLIN, CHARLES	84	Brooks, K	CLIENTCURRENTRESIDENTIAL	A	
555-55-9783	MONROE, MARILYN	90	MCSPADDEN, T	CLIENTCURRENTRESIDENTIAL	A	
555-55-5959	DOE, JOHN	147	Burke, E	SAVANNAH RIDGE TR 168	A	
564-13-9168	QUEEN, LUCAS B	149			D	
002-34-5674	BROOKS, REBA G	151		ICF	A	
103-54-7888	COUCH, JORDAN W	152			A	
123-12-3123	SYSTEMS, ECOM	154			A	
456-46-4564	SEASE, MARVIN	155			A	

26. User Names/Database Logins

From this screen you can view a user name, set when a user's password expires and also reset their password, if needed

User Name Password & Security Maintenance

[CLOSE](#)

Look UP:
Employee:

Employee ID:
DOB:
SSN:

Reset Password

Title:
Status:

Manager:
Pay Scale:

Dept:

EmployeeID	UserName	Expires	Sec Lev	Emp Acces	SR Access	ModifiedBy	LastModified
2370	sMorgan	12/27/2019	5	5	5	BROOKS, MEL	#####

Record: 1 of 1

Bad Logins

EmployeeID	LoginDate	LoginTime	Computer

27. Agency Data Queries

- The IT staff at ECOM will assist your agency to set up Query's you may need.

The 'Agency Data Queries' window displays a table with the following data:

Query Name	Created By	Date
Billing Hours		08/01/2017
Client Survey		01/10/2012
Document Views		01/01/2014
ECF-Choices QA		07/18/2017
Employee Survey		01/10/2012
MCO PCSP		08/29/2017
MyPage Non-Standard Buttons		10/27/2017
Reports Viewed		01/18/2015
TIMAS Messages		04/12/2017

Double-click to open a query

The 'Enter Starting Date' dialog box is open, showing the date '1/1/2019' in the input field. The 'Agency Data Queries' window is visible in the background, with 'TIMAS Messages' selected.

Instructions:

- Once you double click an option, it will ask for a starting date.
- Enter your starting date and select OK

Microsoft Access

Enter Ending Date

OK Cancel

It will then prompt you to enter an ending date

Enter the ending date and select OK

Date
08/01/2017
01/10/2012
01/01/2014
04/12/2017

Double-click to open a query

Customized User query

Employee	TimeStamp	Msg	Response	MessageID	AutoID
BROOKS, MELV	4/10/2019 10:42:11 PM	You have 1 Per	OK	1	2114
BROOKS, MELV	4/30/2019 12:50:39 PM	You have 1 TSI	OK	1	3114
BROOKS, MELV	5/8/2019 1:42:46 PM	You have 1 TSI	OK	1	3115
BROOKS, MELV	5/8/2019 3:24:26 PM	You have 1 TSI	OK	1	3116
BROOKS, MELV	5/14/2019 9:01:17 PM	You have 1 TSI	YES	2	3117
BROOKS, MELV	5/14/2019 9:09:26 PM	You have 1 TSI	NO	2	3118
BURKE, EZEKIEL	5/21/2019 12:24:14 PM	You have 2 TSI	YES	2	3119
BROOKS, MELV	6/22/2019 8:56:32 AM	You have 2 Per	YES	2	3120
BROOKS, MELV	6/24/2019 8:58:46 AM	You have 2 Per	OK	1	3121
BROOKS, MELV	9/6/2019 1:27:32 PM	You have 2 TSI	YES	2	3122
BROOKS, MELV	9/6/2019 1:34:01 PM	You have 2 TSI	YES	2	3123

- This is an example of the report for TIMAS messages for the date range of 1/1/2019 to 10/10/2019

28. Send Text Message

You are able to send staff text messages to communicate with them.

- In order to do this, on the HR Tab/HR Data Entry Screen you must have their cell phone number listed and the name of their cell provider

Send SMS Text Messages

Message Characters: 171 148 max.

We have snow predicted for tonight. Please be sure the home that you work in has sufficient medications and food to last at least 4 days in the event roads get really bad

CANCEL SEND

All Employees Active Employees InActive Employees

Employee	Send
BROOKS, KEVIN G	<input checked="" type="checkbox"/>
BROOKS, MELVIN L	<input type="checkbox"/>
BURKE, EZEKIEL B	<input type="checkbox"/>
DeBord, Randy	<input type="checkbox"/>
GILES, JASON	<input type="checkbox"/>
HANEY, CHARLES E	<input type="checkbox"/>
Hunt, Dr. Sonjia L	<input type="checkbox"/>
HUNT, WALT C	<input type="checkbox"/>
KANARSKI, AURELIA M	<input type="checkbox"/>

- Type your message in this box
- You can select all employees/active employees/inactive employees
- You can select ALL or Deselect ALL
- You can check only the names of employees you want to send the message to
- Then click Send

Select All Deselect All

29. Page Link Setup

This is the page/screen where you can set up Page Links to information/resources for your employees

You can have:

- 2 links on your clock in screen
- 3 links on your People Served screen
- 3 links on your Medical screen
- 3 links on your Human Resources screen
- 3 links on your Admin screen

To set this up,

- enter a link Name in the column "Link Name"
- Enter a Caption (the Document Name you want employees to see)
- Then double click in the file path, your computer file window will open, go to the file link and then select "Save Changes"


File					
				Cancel	Save Changes
	PageTab	Link Name	Caption	filePath	
<input type="checkbox"/>	Clock In	LbPolicy1	Fresh Desk	http://www.timas.freshdesk.com	
<input type="checkbox"/>	Clock In	LbPolicy2			
<input type="checkbox"/>	People Served	RecipientLink1			
<input type="checkbox"/>	People Served	RecipientLink2			
<input type="checkbox"/>	People Served	RecipientLink3			
<input type="checkbox"/>	Medical	MedicalLink1			
<input type="checkbox"/>	Medical	MedicalLink2			
<input type="checkbox"/>	Medical	MedicalLink3			
<input type="checkbox"/>	Human Resources	HRLink1			
<input type="checkbox"/>	Human Resources	HRLink2			
<input type="checkbox"/>	Human Resources	HRLink3			
<input type="checkbox"/>	Admin	AdminLink1	Resource Calendar	https://outlook.live.com/owa//calendar/0000000	
<input type="checkbox"/>	Admin	AdminLink2			
<input type="checkbox"/>	Admin	AdminLink3			
<input type="checkbox"/>					


30. Event Form Selections


In each of these icons, you have the ability to customize the response fields in your incident report forms to/for your specific agency.


A screen shot of example of each is listed below this screen


Event / Incident Automated Customization


 Antecedents


 Injury Location (Body)


 Behaviors

 Medical Interventions

 Consequences

 Nature of Injury


 Addresses

 Physical Locations

A. Antecedents


Add /Edit Antecedents						
Antecedent	AntecedentCode	SortNbr	Inactive			
ASKED TO DO SCHEDULED ACTIVITY	016	1				
ASKED TO ENGAGE IN TRAINING	005	2				
ASKED TO STOP ACTIVITY	006	3				
ASLEEP	250	4				
AURA NO	251	5				
AURA YES	252	6				
AWAKE	253	7				
BATHING	254	8				
CHANGING ACTIVITIES/LOCATION	014	9				
COULD NOT GET DESIRED ITEM	007	10				
EATING	255	11				
GRADUAL	256	12				
HYPERACTIVE	257	13				
INAPPROPRIATE BEHAVIOR INTERRUPTED	017	14				
LOUD/DISRUPTIVE ENVIRONMENT	002	15				
LYING DOWN	258	16				

B. Behaviors

 Add /Edit Behavior Codes

Incident#	Incident Description	Category	SortNbr	Inactive
SCP	SEIZURE - COMPLEX PARTIAL	00	9990	
SGA	SEIZURE - GENERALIZED/ABSENT	00	9991	
SGM	SEIZURE - GENERALIZED/MYOCLONIC	00	9992	
SGT	SEIZURE - GENERALIZED/TONIC-CLONIC	00	9993	
SSP	SEIZURE - SIMPLE PARTIAL	00	9994	
106	ASSAULT WITH AN OBJECT/WEAPON (SELF)	01A	106	
102	BITING (SELF)	01A	102	
111	CONSUMING HAZARDOUS ITEMS/SUBSTANCES (SELF)	01A	111	
105	HAIR-PULLING (SELF)	01A	105	
113	HEAD BANGING (SELF)	01A	113	
100	HITTING/SLAPPING (SELF)	01A	100	
101	KICKING (SELF)	01A	101	
110	OTHER ATTEMPTED PHYSICAL AGGRESSION (SELF)	01A	110	
114	OTHER SELF-INJURIOUS BEHAVIOR (SELF)	01A	114	
112	REPEATEDLY OPENING AN OLD WOUND (SELF)	01A	112	
108	RESTRAINING ANOTHER AGAINST THEIR WILL (SELF)	01A	108	

C. Consequences

 Add /Edit Behavior Consequences

Consequence	ConsequenceCode	Inactive	SortNbr
ABLE TO VERBALIZE NO	200		
ABLE TO VERBALIZE YES	201		
ALERT	202		
BLOCKED	054		
CONFUSED	203		
DISCOMFORT RELIEVED	057		
DROWSY	204		
EXCLUSIONARY TIME-OUT	205		
GIVEN BREAK	052		
HEADACHE	211		
HOLDING RESTRAINT	212		
IGNORE	050		
INJURIES FROM SEIZURE NO	206		
INJURIES FROM SEIZURE YES	207		
MECHANICAL RESTRAINT	208		
NON-VERBAL RECIPIENT	209		

D. Addresses

Facility Addresses								
Address	Is this a RES Proj	LandLordPhone2	ExcludeDrill	LandLord	DeptCode	AssistantSupv	StAd	
PRYOR RD 4412	<input checked="" type="checkbox"/>		2		40		wdwd	
VEHICLE	<input type="checkbox"/>		0		99		VEHICLE	
UNKNOWN	<input type="checkbox"/>		0		99		UNKNOWN	
TFC	<input checked="" type="checkbox"/>		0				TFC	
SUPPORTED EMPLOYMENT	<input type="checkbox"/>		0		79		SUPPORTED EMPLO	
SPEECH THERAPY	<input checked="" type="checkbox"/>		0				SPEECH THERAPY	
SOCIAL SERVICES	<input type="checkbox"/>		0		99		SOCIAL SERVICES	
SCHOOL	<input type="checkbox"/>		0		99		SCHOOL	
S/L SITE	<input type="checkbox"/>		0				S/L SITE	
RT 2 BOX 257E	<input checked="" type="checkbox"/>		0				RT 2 BOX 257E	
RT 2 BOX 186A	<input checked="" type="checkbox"/>		0				RT 2 BOX 186A	
EMMETT AVE 1003	<input checked="" type="checkbox"/>		0				PO BOX 785	
PO BOX 701	<input type="checkbox"/>		0		66		PO BOX 701	
PO BOX 386	<input checked="" type="checkbox"/>		0				PO BOX 386	
PO BOX 316	<input checked="" type="checkbox"/>		0		66		PO BOX 316	
OAK GROVE RD POB 242	<input type="checkbox"/>		0				PO BOX 242 OAK GRO	
PHYSICAL THERAPY	<input checked="" type="checkbox"/>		0				PHYSICAL THERAPY	
OC	<input checked="" type="checkbox"/>		0				OLD CHATTANOOGA	
OCCUPATIONAL THERAPY	<input checked="" type="checkbox"/>		0				OCCUPATIONAL THE	
OAK GROVE RD	<input type="checkbox"/>		0				OAK GROVE RD PO B	
NOT APPLICABLE	<input type="checkbox"/>		0				NOT APPLICABLE	
ISC	<input type="checkbox"/>		0				ISC	
IN HOME COUNSELING	<input checked="" type="checkbox"/>		0				IN HOME COUNSELIN	
FAMILY BASED	<input checked="" type="checkbox"/>		0		99		FAMILY BASED	

E. Injury Location (Body)

Add /Edit Injury Locations

InjuryLoc

ABDOMEN

ARM

BACK

BUTTOCKS

CHEST

EAR

EYE

FACE

FINGER

FOOT

GENITALS

HAND


HEAD

KNEE

LEG


MOUTH

F. Medical Interventions

 Add /Edit Medical Interventions

InterventionNbr	MedIntervention
1	EMERGENCY ROOM
2	FIRST AID
3	HOSPITALIZATION
4	NONE
5	PRN PSYCH MED
6	SOUGHT MED ATTENTION
7	VNS USED
8	DIAZEPAM
* (New)	

G. Nature of Injury

 Add /Edit Nature of Injury

InjuryNature
ABRASION/SCRAPE
BITE, HUMAN
BITE/STING NONHUMAN
BLISTER
BRUISE/CONTUSION
BUMP/KNOT/HEMATOMA
BURN
CRACKED/MISSING NAIL
CUT/LACERATION
MULTIPLE SERIOUS INJ
NOSE BLEED
OTHER
POSSIBLE DISLOCATION
POSSIBLE SEX INJURY
PRESSURE SORE
RASH/CHAFED/CHAPPED

H. Physical Locations

Add /Edit Physical Location of Incident

FieldName	LocCode	Inactive	SortOrder
HOME-INSIDE	000		
BEDROOM-HOME	075		
KITCHEN-DINING-HOME	076		
BATHROOM-HOME	077		
OUTSIDE-HOME	078		
LIVING ROOM-HOME	079		
OTHER-HOME	080		
VEHICLE	081		
DAY SERVICES	082		
WORK	083		
IN COMMUNITY	084		
SCHOOL	085		
ON LEAVE	086		
HOSPITAL	087		
UNKNOWN	088		
*			

31. Service Activity Edit

Activity Journal

Activity Journal

FROM 10/10/2019 TO 10/10/2019 BALL, LUCILLE

CLOSE

DATE Service Plan Select an Activity or Enter Your Own Assistance Location Start Stop View Plans

- This screen will display data entered in the Services Activities Journal that is launched from the Community Living Note. The form allows an authorized user to review and edit the times and type of services that were documented by the DSP without having to go into each note to review the information.

Resource Calendar

- This is a sample custom link. An agency can add their own hyperlinks to external resources. There are 2 links available on the Clock-In screen and 3 links available on each of the other tabs. This is configured from the Page Link Setup button on the Admin form.
- A user would check the box next to the link(s) they want to use or edit.
- Type a caption in for the link
- Either double click in the file path field to browse and select the file on the server to open or paste in the URL of an external web page for the link to go to
- Then click the Save Changes button
- The links will appear the next time you log into Ezpro

EZPRO Manual

- This is the link to the most updated EZPRO Manual
- This is a work in Progress and is subject to change
- If you find that the instructions are not clear, please send a request to Fresh Desk for additional help

