

ADDL - Address List

This screen displays, in reverse chronological order, a history of addresses associated to a specific person in the system. If a "Y" is displayed in the DIR column, directions have been added on the address detail.

```
CAFSADDL                ADDRESS LIST                07/18/2016    11:50
USER ID : C81285                PAGE NO:      1
CAPS ID : 00001654    00    NAME: DOE, ANNETTE

TO SELECT, ENTER I=INQUIRE, M=MODIFY OR D=DELETE

      START
SEL  DATE    ACT TYP  ADDRESS                CITY                ST  DIR
-   05/01/16  Y   P   345 FARKLE RD        HELENA              MT
-   05/01/16  Y   R   754 RIVER ROCK DR   HELENA              MT

                                     PATH: _
```

ADDD - Address Detail

This screen is used to display, modify or add information about an address for a specific person in the system. Directions may also be added for residential addresses. FINALIST - Post office verification software, will verify all addresses. The screen will display the date and name of the worker that last updated the screen.

```
CAFSADDD                ADDRESS DETAIL                07/18/2016    11:48
USER ID : C81285        MODIFY
CAPS ID : 00001655     25        NAME: DOE, JANE

                        LAST UPDT: 06/30/2016 BY: C81285    SAYRE-BOX, JANE
ADDRESS TYPE  : R      RESIDENCE (PHYSICAL)
WHOSE ADDRESS : SLF    SELF
ADDRESS LINE1 : 754 RIVER ROCK DR
              LINE2 :
CITY          : HELENA
STATE        : MT     ZIP CODE : 59602 - 0240
FOREIGN ADDR :
COUNTRY      :
              CANADIAN PROV:
COUNTY      : 25    LEWIS & CLARK
TELEPHONE    : 406 444-4444

START DATE   : 05/01/2016    END DATE : 99/99/9999

DIRECTIONS   :
              :
              :

                                                    PATH:
```

ADOD - Adoption Detail

This screen is used to add, modify or display adoption placement information for a specific client. Central Office staff will also use the bottom portion of the screen to enter additional adoption details as well as adoption subsidy request information.

```
CAFSADOD                ADOPTION DETAIL                07/18/2016    11:57
USER ID : C81285        MODIFY
CAPS ID : 00001181      00      NAME: ALMOND, ADAM
PROVIDER NUMBER : 0001054 001 FINKLE FOSTER HOME
      ADDRESS : 345 FARKLE RD
CITY/STATE/ZIP : HELENA                MT 59601 -        PHONE: 406 443-1234
FOREIGN ADDRESS :
COUNTRY :
PLACEMENT DATE : 05/10/2012            CANADIAN PROVINCE:
FINALIZATION DATE: 05/10/2012
PARENT1 - REL BEFORE ADOPT: NTR NOT RELATED        FOSTER PRT: Y SINGLE PRT: N
PARENT2 - REL BEFORE ADOPT: NTR NOT RELATED        FOSTER PRT: Y
LGL RISK AGREE: Y DT: 05/10/2012 RSN: PAPER SIGNED
PLACE AGREE : Y DT: 05/10/2012 TITLE IV-E AGENCY INVOLVEMENT (Y/N): Y
SPECIAL NEEDS (Y/N): N PRIMARY BASIS SPECIAL NEEDS:
PLACED BY: 1 PUBLIC AGENCY        PLACED FROM: 1 WITHIN STATE OR TRIBAL
COMMENTS:

EXIT DATE: 99/99/9999 EXIT REASON:

MEDICAID (Y/N): N                NON-RECURRING (Y/N): N AMT:
FIN. SUBSIDY (Y/N): Y DAILY AMT: 250.00 STATE MED (Y/N): N AMT:

                                PATH:
```

CLID - Client Detail

This screen is used to display, add or modify detailed information about a specific client. This screen is required before any placements and services can be entered for the client. Required fields include CLNT CATEGORY, FINANCIAL CNTY, BIRTH DATE, ETHNICITY, and HSPNC ORGN. BIRTHMOTHER MARRIED AT TIME OF BIRTH, and PREVIOUSLY ADOPTED are also required for client category of CH (Child). Most of the information on this screen is display only, and is defaulted in from other screens.

```
CAFSCLID                CLIENT DETAIL                07/11/2016    11:58
USER ID : C74142SW MODIFY
CAPS ID : 00001654      00      NAME: DOE, ANNETTE

ADDRESS LINE1 : 345 FARKLE RD      OPEN FOR SERVICE (Y/N) : Y
ADDRESS LINE2 :                      EFFECTIVE DATE : 05/01/2016
CITY          : HELENA              CLOSURE DATE : 99/99/9999
STATE/ ZIP    : MT 59601 -          CLNT CATEGORY : CH CHILD
TELEPHONE    :                      FINANCIAL CNTY: 25 LEWIS & CLARK
WHOSE ADDRESS : PLP PLACEMENT PROVID PLACEMENT TYPE: OUT OF HOME CARE

HEIGHT       : 5 2      WEIGHT : 105      EMERGENCY CONTACT PHONE: 406 444-5678
HAIR         : BRN BROWN      NAME : NANCY DOE (AUNT)
EYES         : GRN GREEN      BIRTHMOTHER MARRIED AT TIME OF BIRTH: N
BIRTH DATE  : 05/25/2005 AGE : 11      PREVIOUSLY ADOPTED : N AGE :
ETHNICITY    : CA            PREGNANT - DUE DATE:
HSPNC ORGN  : N              SPECIAL NEEDS :      NUMBER SIBLINGS: 2
RELIGION     : LUT LUTHERAN      SSN : 987-98-7987
CITIZENSHIP : US U.S. CITIZEN
SCHOOL NAME  : CR ANDERSON MIDDLE SCHOOL      EXPECT TO GRAD. BY AGE 19:
CONTACT NAME : DANIEL WEBSTER
PHONE       : 406 443-1234      DATE ENTERED 08/27/15 - LEFT 06/03/16      GRADE : 6
                                           PATH: _
```

CPHL - Client Placement History List

This screen displays, in reverse chronological order, a history of all placements a client has been in. These placements could be foster care, adoption, guardianship, juvenile detention or juvenile corrections.

```
CAFSCPHL          CLIENT PLACEMENT HISTORY LIST          07/21/2016  12:55
USER ID : C81285                                     PAGE NO: 001
CAPS ID : 00001607      00      NAME: ELBOW, EDWARD

TO SELECT  ENTER I=INQUIRE, M=MODIFY                TO ADD=F11 + FASTPATH
                                                    EXIT
S  TYPE  FACILITY  FACILITY / PERSON NAME  START DATE  END DATE  RSN
-  FCARE 0001074 001 GRIFFIN FOSTER HOME      04/01/2016 04/02/2016 RTH
-  FCARE 0001054 001 FINKLE FOSTER HOME       12/30/2015 04/01/2016 PBD
-  FCARE 0001056 001 HINKLE FOSTER HOME       12/15/2015 12/30/2015 PBD
-  FCARE 0001071 001 GOLDEN FOSTER HOME     11/01/2015 12/15/2015 PBD

                                                    PATH: _
```

CREI - CPS Removal Eligibility Information

This screen is used to record the legal information regarding a court ordered or non-court ordered removal. Information includes contrary to welfare language, reasonable efforts and parental or youth agreement details.

```
CAFSCREI      CPS REMOVAL ELIGIBILITY INFORMATION      07/14/2016      10:18
USER ID: C71012IV MODIFY      PAGE NO: 001
CAPS ID: 00001654      00      NAME: DOE, ANNETTE

EFFECTIVE DATE: 05/01/2016
END DATE: 99/99/9999

LEGAL INFORMATION
DOES THE INITIAL COURT ORDER SANCTION THE REMOVAL OF THE CHILD FROM THE HOME?
(CHECK WITH "Y" OR "N")
Y      1) CONTAINS THE CONTRARY TO WELFARE LANGUAGE
      COURT ORDER EFFECTIVE DATE: 05/01/2016
WERE REASONABLE EFFORT REQUIREMENTS MET WITHIN 60 DAYS OF REMOVAL?
(CHECK THE OPTION THAT APPLIES WITH "Y" OR "N")
Y      2A) REASONABLE EFFORTS HAVE BEEN MADE TO PREVENT REMOVAL
      COURT ORDER EFFECTIVE DATE: 05/01/2016
      2B) NO REASONABLE EFFORTS WERE REQUIRED
      COURT ORDER EFFECTIVE DATE:

OR
VOLUNTARY INFORMATION
1) THERE IS A      -
      START DATE:      EXPIRATION DATE:

F11=ADD

PATH: _
```

CRTL - Court List

This screen displays, in reverse chronological order, a history of court reasons related to a specific client. The effective dates of each court order will display on the list.

```
CAFSCRTL          COURT LIST          07/14/2016   10:36
USER ID : C74142SW          PAGE NO: 001
CAPS ID : 00001181      00      NAME: ALMOND, ADAM

TO DISPLAY, ENTER X: X ACTIVE ONLY  _ ACTIVE AND DELETED  F11, ENTER TYPE:
START FROM:          COURT REASON:
TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE
SEL TYPE HEAR/FILE DT  REASON  DISPOSITION  STS  EFFECTIVE DATES
FROM  TO
-   MNE  05/10/2012
-   CTO  05/09/2012  AFD          AFD          A      05/10/2012  99/99/9999
-   PET  04/01/2012  LTC          A
-   CTO  12/01/2011  TLC          TLC          A      12/12/2011  99/99/9999

PATH: _
```

CRTD - Court Detail

This screen displays the details of specific court reasons that involve a specific client. Information entered on the screen contains details regarding court orders, petitions, motions/requests, court ordered treatment plans, orders scheduling a hearing and minute note entries.

```
CAFSCRTD                COURT DETAIL                07/14/2016    10:24
USER ID : C71012IV  MODIFY
CAPS ID : 00001654    00    NAME: DOE, ANNETTE
                                LAST UPDATED: 07/08/2016 BY: C81285
CAUSE NUMBER           : 98765
TYPE OF COURT DOCUMENT: CTO           EFFECTIVE DATES OF COURT ORDER
COURT REASON          : TLC           FROM : 05/01/2016 TO : 99/99/9999
HEARING/FILING DATE  : 04/28/2016
ADJUDICATION DATE    :
COURT DISPOSITION    : TLC           NEXT HEARING DATE :
DATE ORDER RECEIVED  : 04/29/2016
COURT JURISDICTION   : D07111
TRIBAL NOTIFICATION  :
COUNTY ATTORNEY ID  :
GUARD AD LITEM ID(1) :
GUARD AD LITEM ID(2) :

JUVENILE OFFICER ID  :
COMMITMENT TYPE      :    DOC COMMITMENT END DATE:

COMMENTS:

                                PATH:
```


EMPL - Employment History

This screen displays, in reverse chronological order, a history of employment for a specific person in the system. Provider information is automatically updated by the system when a licensing worker enters the person on PRPD (Provider Person Detail).

```
CAFSEMP      EMPLOYMENT HISTORY      07/11/2016   10:01
USER ID : C74142SW MODIFY                PAGE NO:   1
CAPS ID : 00001655   25   NAME: DOE, JANE

TO SELECT, A=ADD, M=MODIFY OR D=DELETE
SEL
- PROVIDER NUMBER :
  NAME : WALMART                                PHONE:
  ADDR1: 123 PROSPECT                          START DATE: 01/05/2016
  ADDR2:                                       END DATE: 99/99/9999
  CITY : HELENA                                STATE: MT   ZIP CODE: 56901 -
  OCC: CUSTOMER ASSOCIATE
  INCOME: 11.25/HR                             STATUS: FT  FULL-TIME
  HOURS PER MONTH: 40
- PROVIDER NUMBER :
  NAME :                                       PHONE:
  ADDR1:                                       START DATE:
  ADDR2:                                       END DATE:
  CITY :                                       STATE:     ZIP CODE:   -
  OCC:
  INCOME:                                       STATUS:
  HOURS PER MONTH:
```

PATH: _

EVEL - Event List

This screen displays, in reverse chronological order, a history of events that have taken place on behalf of a specific client. For events that show two dates, the date on the first line is the date the action took place; the date on the second line is the date the worker used on the screen.

```
CAFSEVEL                      EVENT LIST                      07/11/2016  10:04
USER ID : C74142SW                      PAGE: 1
CAPS ID : 00001654      00      NAME: DOE, ANNETTE

START FROM:                      EVENT CODE:

  DATE      EVENT CODE  SUB CODE  SCREEN NAME      DESCRIPTION:
07/08/2016  SRV          CRT      CRTD
  TLC OCCURED ON 04/28/2016, DISPOSITION WAS TLC.
06/30/2016  IVE          APP      FINS
  INI IV-E DETERMINATION APPROVED ON 06/30/2016.
06/30/2016  IVE          INI      DETL
  INI IV-E DETERMINATION INITIATED ON 06/30/2016.
06/29/2016  SRV          IND      SERL
  IN HOME SERVICE DELETED ON 06/30/2016
06/29/2016  SRV          INE      SERN
  IN HOME SERVICE ENDED ON 06/30/2016
06/29/2016  SRV          INA      SERN
  IN HOME SERVICE ADDED ON 06/01/2016 DUE TO PHA
06/29/2016  PLC          RML      PLAD
  PLCMT STARTED 05/01/2016 WHERE DRUG USE IN REMOVAL HOME IS N

                                     PATH: 
```

FALL - Facility Approval/Licensing List

This screen displays a history of all license types related to a specific facility. Facilities may be licensed for multiple types of licenses during the same time period. Renewal information for a license will not display until the renewal has been approved. A facility with a PRO (Provisional) license type cannot be paid with IVE funds.

```
CAFSFALL          FACILITY APPROVAL/LICENSING LIST    07/08/2016    15:57
USER ID : C81285          PAGE NO: 001
PROV NO : 0001054  001    PROV NAME: FINKLE FOSTER HOME
                           FACIL NAME: FINKLE FOSTER HOME

TO SELECT, ENTER I=INQUIRE, M=MODIFY,          START FROM:
D=DELETE, C=COPY OR S=SELECT  FACILITY TYPES:
  FAC STATUS
SEL TYP CUR  PREV APRV APPLICATN   ISSUED   EXPIRATION  RENEWAL  TERMINATION
-   YGH REG          Y   06/15/14   07/01/14   06/30/15
-   ADP APP          Y   12/15/11   01/01/12   12/31/15   01/01/15
-   YFH REG          Y   12/15/11   01/01/12   12/31/16   01/01/16
-   YFH REG          Y   12/15/10   01/01/11   12/31/11

                                           PATH: _
```

FALD - Facility Approval/Licensing Detail

This screen is used to display, modify or add the details related to a specific license for a facility. License approvals, denials, terminations and renewals are also entered on this screen.

```
CAFSFALD          FACILITY APPROVAL/LICENSING DETAIL    07/08/2016    15:55
USER ID : C81285  MODIFY
PROV NO : 0001057 001          PROV NAME: JESTER FOSTER HOME

LICENSE NAME      : JESTER FOSTER HOME
LICENSE TYPE      : YFH YOUTH FOSTER HO          OOS PLACEMENT TYPE:
APPROVAL STATUS   : REG REGULAR                  ORIENTATION COMPLETE: N
APPLICATION DATE  : 12/15/2010                   FAIR HEARING STATUS :
ISSUANCE DATE     : 01/01/2011                   KINSHIP INT OR NIN DATE:
MAX CAPACITY(M/F): 5 / 5 TOTAL: 5               FIRE SAFETY DATE    : 12/15/2010
LICENSED FOR AGES: 0 -                           LIAB INS. EXP. DATE :
RENEWAL DATE      : 01/01/2016                   CRIMINAL CHECK : N   PROT SERV CHECK: N
EXPIRATION DATE   : 12/31/2016                   DFS33 SENT DATES: 12/15/2010
NEXT REVIEW DATE  : 12/31/2016                   DFS33 RECEIVED : N   DFS33A RECEIVED:
DENIAL DATE :                                       REF LETTERS SENT: 12/15/2010
REASON:                                               RECEIVED DATE : 01/10/2011 01/10/2011
TERMNTN DATE:                                       NATIVE AMER PREF:
REASON:
LICENSED FOR:

----- APPROVALS -----
WORKER: C74145FS APPR: Y SUPERVISOR: A BY: C74145S DATE: 03/14/2016
APPROVAL REQUIRED : N R.A. : BY: DATE:
SHFT+F10=RENEWAL

PATH: _
```

GARD – Guardianship Detail

This screen is used to enter guardianship placement details for a specific client. This screen cannot be updated until the appropriate court disposition and foster care placement closure reason have been entered. The guardianship provider must also have an approved guardianship license.

```
CAFSGARD          GUARDIANSHIP DETAIL          07/08/2016    15:26
USER ID : C74142SW  MODIFY
CAPS ID : 00001658    00    NAME: DOE, SUZIE

PROVIDER/FACILITY : 0001062 001  VIRGINIA VIOLET
ADDRESS : 123 VOLTAGE DR
          HELENA                MT  59601 -          PHONE:

DATE PLACED WITH GUARDIAN:          06/01/2016
DATE PERMANENCY TEAM DETERMINED THAT GUARDIANSHIP IS THE MOST
APPROPRIATE PERMANENT PLACEMENT :    04/01/2016
DATE OF GUARDIANSHIP DECREE :        06/01/2016
DATE PETITION FOR GUARDIANSHIP FILED : 05/30/2016
COMMENTS:

EXIT DATE: 99/99/9999  EXIT REASON:

                                     PATH: _
```

IARL - Initial Assessment and Review List

This screen displays, in reverse chronological order, a history of assessments and reviews that have been completed for a specific client.

```
CAFSIARL          INITIAL ASSESSMENT AND REVIEW LIST      07/08/2016    13:26
USER ID : C81285                                     PAGE NO:    1
CAPS ID : 00001654    00    NAME: DOE, ANNETTE

TO DISPLAY, ENTER X: X ACTIVE ONLY    _  ACTIVE AND INACTIVE
START FROM:                                           REVIEW TYPE:
TO SELECT, ENTER I=INQUIRE OR M=MODIFY - IF F11(ADD), ENTER TYPE:
OR D=DELETE                                           APRV
SEL    DATE    TYP    DESCRIPTION    STAT    NEXT REVIEW    RVW
_    07/01/2016    FCR    FOSTER CARE BY F.C.R    01/01/2017    A
_    05/01/2016    INA    INITIAL REVIEW/ASSES

PATH: _
```

IARD - Initial Assessment and Review Detail

This screen is used to enter the details related to an assessment or review performed on a specific client. Some review information is automatically generated by the system. This screen is also used when closing a client's case. This screen should be updated if the permanency goals change, prior to running the D427 Foster Care Review.

```
CAFSIARD          INITIAL ASSESSMENT AND REVIEW DETAIL      07/08/2016    13:23
USER ID : C81285  MODIFY
CAPS ID : 00001654    00    NAME: DOE, ANNETTE

ASSESSMENT/REVIEW TYPE: INA  INITIAL REVIEW/ASSES
ASSESSMENT/REVIEW DATE: 05/01/2016
PERMANENCY GOAL A    : RTH  REUNIFICATION
DATE PERMANENCY GOAL A ESTABLISHED: 05/01/2016
PERMANENCY GOAL B    : PAR  PLANNED PERMANENT LIVING ARRANGEMENT - W
DATE PERMANENCY GOAL B ESTABLISHED: 05/01/2016
NEXT REVIEW          :

CLOSURE DATE        :          CLOSURE TYPE:
COMMENTS:

* * * * *
ENTERED BY: C74142SW DEE, TWEEDLE
APPROVAL:    BY:          DATE APPROVED:          APPROVER'S COMMENTS:

PATH: _
```

ICPL – Interstate Compact List

This screen displays, in reverse chronological order, a history of all interstate compact requests for a specific client.

```
CAFSICPL          INTERSTATE COMPACT LIST          07/08/2016   14:28
USER ID : C71315          PAGE NO: 001
CAPS ID : 00001528      00   NAME: PARKER, PENELOPE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, D=DELETE

      REQUEST          RECV      MT  INIT  APRV
SEL   DATE          STATE  CNTY  RPT   CD
  _  03/01/2015    FINKLE  025  RHS
                                     MT

SHFT+F10=CLRSSN                                     PATH: _
```

ICPD - Interstate Compact Detail

This screen is used to enter interstate compact request information for a specific client when the worker is requesting to place the child in an out-of-state placement. If the request is from another state for placement in Montana, Central Office will complete this screen.

```
CAFSICPD          INTERSTATE COMPACT DETAIL          07/08/2016  13:33
USER ID : C81285  MODIFY
CAPS ID : 00001528  00  NAME: PARKER, PENELOPE
PLCMT INITIATOR: PUB  PUBLIC AGENCY
SENDING STATE : WA  WASHINGTON          COUNTY IF MT: 00  OR CA:
RECEIVING STATE: MT  MONTANA          COUNTY IF MT: 25  OR CA:
PLANNING: CAPS ID:          OR PROV:          000
FINANCIAL RSP: CAPS ID:          OR PROV:          000
PLCMT PROV: 0001054 001  OR PERSON:          NAME: FINKLE FOSTER HOME
ADDRESS: 345 FARKLE RD
CITY, ST ZIP: HELENA          MT  59601 -          PHONE: 406 443-1234
TYPE OF CARE: FFC          IF REL OR OTHER:
IV-E (Y/N): N          IF ADOPTION, SS/RS:
FINANCIAL PLAN: FCP          IF FCP, DAILY AMT: $ 18.50
MEDICAL PLAN : NNR          ICPC LEGAL STATUS : SAC
SERVICES REQUESTED:
INITIAL REPORT : RHS          SUPERVISORY SERVICES: RSA
SUPERVISORY REPORTS: 0          IF OTHER: MONTHLY
RS SUPRV AGENCY: LEWIS & CLARK COUNTY CHILD AND FAMILY SERVICES
ENCLOSED: CO FM OT SH          OTHER: EDUCATION AND MEDICAL RECORDSQ
SENDING AGENCY: WASHINGTON DEPARTMENT OF CHILDREN'S SERVICES
DATE OF REQUEST: 03/01/2015
PATH: _
```

ICAD - Interstate Compact Action Detail

This screen displays the Interstate Compact response information for a specific client. Central Office staff will complete the approval/denial portion of the screen. Details such as placement request withdrawn, placement date, progress report received date and compact termination reason can be entered by the worker.

```
CAFSICAD          INTERSTATE COMPACT ACTION DETAIL          12/18/2007    10:43
USER ID : CB4142    MODIFY
CAPS ID : 000020B5    00    NAME: WASHINGTON, ABLE

REQUEST RECV DT: 11/01/2007    SENT DT: 11/10/2007    RESPONSE RECV DT: 12/18/2007

APPROVAL/DENIAL: A                      DATE: 12/18/2007
APPROVAL NAME  : KANDICE MORSE
REMARKS:

PLACEMENT REQUEST WITHDRAWN:             DATE:

PLACEMENT DATE:                          PROGRESS RPT RCVD DT:

COMPACT TERMINATION REASON:              DATE:
  IF LC, NAME:                            REL:
  IF AF, SS OR RS:
  OTHER:

PERSON SUPPLYING INFO: CB4142    PAULA HOLLING
COMMENTS:

                                     PATH: █
```

ICWD - ICWA Detail

This screen is used to display, modify or add detailed information on a specific Alaskan Native or American Indian child required for the Indian Child Welfare Act.

```
CAFSICWD                ICWA DETAIL                07/08/2016    14:32
USER ID : C71315    INQUIRE
CAPS ID : 00001318    00    NAME: WOLFWALKER, WARREN

TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE

  SEL  TRIB  TRIBE NAME  TRIBAL  ENROLLMENT  VERIF.SENT  TRIBAL
  ---  ---  -----  ---  ---  ---  ---
  _    CC  CHIPPEWA CREE  _      34567
  _
  _
  _

LEGAL DOMICILE : CC          NOTIFY MOTHER :
                               FATHER :

COMMENTS :
          :

SHFT+F10=CLRSSN

                                     PATH: _
```

MEDS - Medical Summary

This screen is used to record basic health care and medical insurance information for a specific person. Immunization records and health information records can be requested from this screen through the document generation process.

```
CAFSMEDS                MEDICAL SUMMARY                07/06/2016    11:28
USER ID : C74142SW MODIFY
CAPS ID : 00001214      00      NAME: PICKLE, PARKER

HEIGHT: 2 3      WEIGHT: 45      DISTINGUISHING FEATURES : N
HAIR : BLN      BLONDE      MEDICAL/MENTAL DETAIL (MMHD) : Y
EYES : BLU      BLUE      PRESCRIPTION MEDICATION (MDTD) : Y
BLOOD TYPE: A      ALLERGIES: N      MRM : N      MEDICAL CASE MGMT : N
PREGNANT - DUE :

PRIMARY PHYSICIAN: DR SPOCK
DATE OF LAST EPSDT SCREEN :
IMMUNIZATION RECORD REQUESTED :      PROVIDED :
HEALTH INFORMATION REQUESTED :      PROVIDED :

----- PAGE NO: 001
HEALTH CARE COVERAGE : 701      AETNA
POLICY NUMBER : 456789      GROUP CERTIFICATION #: 987654
POLICY HOLDER CAPS-ID: 00001215      POLICY HOLDER SSN: 685-23-6985
      NAME (L,F,M): PICKLE      PATRICIA
ISSUED DATE: 01/01/2013      END DATE: 12/31/2013      VERIFIED DATE: 01/02/2013
SHFT+F10=ADD ADDITIONAL INSURANCE
FS900018 UPDATE SUCCESSFUL      . PATH: _
```

MIHL – Medicaid Issuance History List

The MIHL screen displays the CHIMES ID and Medicaid issuance that is received from the CHIMES system. If the client received any Medicaid issuance on CHIMES a “Year” will display and the “Month” will be set to a “Y”. Medicaid issuance information will interface until the client’s 21st birthday and the screen will only display up to 10 years of issuance history.

```
CAFSMIHL          MEDICAID ISSUANCE HISTORY LIST          10/07/2009    16:02
USER ID   : CS4566
CAPS ID   : 00398495  00   NAME:
CHIMES ID :

Y INDICATES MEDICAID ISSUANCE FOR THE MONTH

YEAR      MONTH
          01  02  03  04  05  06  07  08  09  10  11  12
2009      Y  Y  Y  Y  Y  Y  Y  Y  Y
2008                                Y  Y

                                     PATH:
```


PADL - Provider/Facility Address List

This screen displays, in reverse chronological order, a history of addresses associated to a specific provider or facility. If a "Y" is displayed in the DIR column, directions have been added on the provider address detail.

```
CAFSPADL          PROVIDER/FACILITY ADDRESS LIST          06/30/2016    11:04
USER ID : C81285                                PAGE NO:    1
PROV NO : 0001056 000      PROV NAME: HINKLE FOSTER HOME
                           FACIL NAME: HINKLE FOSTER HOME

TO SELECT, ENTER I=INQUIRE, M=MODIFY, OR D=DELETE
START
SEL   DATE      TYP ACT   STREET ADDRESS      CITY/TOWN      ST  LOC  DIR
--   --
-    01/01/2012 W   Y    678 HAPPY ST        HELENA         MT   N    N
-    01/01/2012 R   Y    567 HAPPY ST        HELENA         MT  001  N

                                     -
                                     PATH:
```

PADD - Provider/Facility Address Detail

This screen is used to display, add or modify address information for a specific provider or facility. An address type is used to define each address. Contact and Director information is defaulted from the FACD (Facility Detail) screen. Directions may also be added for residential addresses. FINALIST - Post office verification software, will verify all addresses. The screen will display the date and name of the worker that last updated the screen.

```
CAFSPADD          PROVIDER/FACILITY ADDRESS DETAIL          06/30/2016    11:02
USER ID : C81285  MODIFY
PROV NO : 0001056 001      PROV NAME: HINKLE FOSTER HOME
                                FACIL NAME: HINKLE FOSTER HOME
                                LAST UPDT: 01/08/2013 BY: C81285  SAYRE-BOX, JANE
CONTACT NAME : 00001159 HINKLE, HANNAH
DIRECTOR NAME : 00001160 HINKLE, HARRY

ADDRESS TYPE : R RESIDENCE (PHYSICAL)
ADDRESS 1 : 567 HAPPY ST
ADDRESS 2 :
CITY : HELENA
STATE/ZIP : MT 59601 -
COUNTY : 25 LEWIS & CLARK
FOREIGN ADDR :
COUNTRY : CANADIAN PROVINCE:
TELEPHONE :
START DATE : 01/01/2012      END DATE : 99/99/9999

DIRECTIONS :
:
:

PATH: _
```

PASL - Provider Active Services List

This screen displays a list of clients that a specific provider/facility is currently providing services to. Information displayed includes the client's CAPS ID, the number of services being provided by the facility, and the name/phone number of the client's assigned worker. Workers can select a specific client to access the SERL (Services List) screen to identify the services that are being provided.

```
CAFSPASL          PROVIDER ACTIVE SERVICES LIST          06/30/2016    11:40
USER ID : C81285          PAGE NO: 1
PROV NO : 0001056 001    PROV NAME: HINKLE FOSTER HOME
                           FACIL NAME: HINKLE FOSTER HOME

TO SELECT, ENTER S=SELECT

SEL  CAPS          # OF          WORKER
CD   ID           SRVCS        WORKER NAME   PHONE
--  --           --          --
_   00001541     1  DEE, TWEEDLE  443-8638
_   00001623     1  DEE, TWEEDLE  443-8638
_   00001626     1  DEE, TWEEDLE  443-8638
_   00001633     1  DEE, TWEEDLE  443-8638
_   00001636     1  DEE, TWEEDLE  443-8638
_   00001637     1  DEE, TWEEDLE  443-8638
_   00001641     1  DEE, TWEEDLE  443-8638
_   00001645     1  DEE, TWEEDLE  443-8638

FS900001 NEW INFORMATION DISPLAYED          . PATH: _
```

PIGD – Provider Information (General) Detail

This screen displays general information about a specific provider/facility and is accessible by all CAPS workers. Information displayed includes the provider/facility name and address, if the provider is IV-E eligible, and a contact person for the facility. Also displayed will be the facilities current license status, the assigned licensing worker for each license type, and the services associated with each license type. Services highlighted in pink are not associated with any specific license type.

```
CAFSPIGD      PROVIDER INFORMATION (GENERAL) DETAIL      07/06/2016 09:28
USER ID: C74150A      PAGE: 001
PROV NO: 0001057 001      PROV NAME: JESTER FOSTER HOME
FACIL NAME: JESTER FOSTER HOME      ABRV NAME: JESTERFH
ADDRESS      LINE1: 890 JOLLY ST      PHONE #:
              LINE2:
              CITY : HELENA      STATE: MT      ZIP: 59601
PROVIDER CONTACT NAME: JESTER, JENNIFER
ACTIVE LICENSES      STS      ASSIGNED WORKER      AVAILABLE SERVICES
SCALL CLOTHING ALLOWANCE
SDALL DIAPER ALLOWANCE
SRESP RESPITE
STRNE TRANPORTATION FOR ED
STRNS TRANSPORTATION
STRNX TRANSPORTATION
YFH YOUTH FOSTER H      REG      C74145FS SMITHERS, SUSAN      PFRS1 FOSTER FAMILY-ROOM&B

HIGHLIGHTED SERVICES ARE NOT ASSOCIATED WITH A FACILITY TYPE
PATH: _
```

PLAD - Placement Detail

This screen is used to display, add or modify foster care placement information for a specific client. In order to add a placement, a removal service must first be entered on the SERN (Services Detail: Non-Payable) screen. The “child in placement due to” flag and associated provider license information is also required on all foster care placements.

```
CAFSPLAD                PLACEMENT DETAIL                07/21/2016    13:09
USER ID : C81285        MODIFY
CAPS ID : 00001654      00      NAME: DOE, ANNETTE

PROVIDER/FACILITY : 0001054 001 FINKLE FOSTER HOME
ADDRESS: 345 FARKLE RD
          HELENA                MT  59601 -          PHONE: 406 443-1234

PERMANENCY GOAL: RTH REUNIFICATION

PLACE START DATE: 05/01/2016          CHILD IN PLCMT DUE TO PARENTAL OR
PLACE EXIT DATE : 99/99/9999          CARETAKER DRUG USE FROM WHERE CHILD
IN CARE OVER 24 HRS:                  WAS REMOVED: N DRUGS:

LIC TYPE YFH STS: REG ASSOC DT: 05/01/2016
PROX TO HOME (Y/N): N          PROX CMT: NA
PROX TO SCHOOL(Y/N): N        PROX CMT: NA
COMMENTS:

PLC CHANGE/DISCHARGE?:          EXIT REASON :
PLACEMENT STATUS CD: AT ACTIVE PLACEM START DT: 05/01/2016 END DT: 99/99/9999
PLACING WORKER ID: C74142SW DEE, TWEEDLE
SHIFT + F1=PLSH  SHIFT + F2=LICH

                                     PATH: _
```

PLSH – Placement Status History

This screen is used to record placement status changes for a client during the course of a placement. Valid placement status codes are AT (Active Placement), ET (Extended Trial Home Visit), MH (Hospital for Medical Processes), PA (Pre-Adoptive Placement), PH (Hospital for Acute Psychiatric Care), RN (Runaway) and TH (Trial Home Visit). PLSH can be accessed from PLAD or from any other screen by typing PLSH in the PATH. If accessed from PLAD, PLSH will only display the placement status history for the placement on PLAD. If accessed from any other screen, PLSH will display the placement status history for all placements for the client.

```
CAFSPESH          PLACEMENT STATUS HISTORY          07/06/2016    09:46
USER ID : C74142SW MODIFY                          PAGE NO:    1
CAPS ID : 00001441    00    NAME: DOPPLER, DEBBIE

DISPLAY - CURRENT PLACEMENT: X OR ALL PLACEMENTS:

TO SELECT, ENTER M=MODIFY OR D=DELETE

SEL STS DESCRIPTION          PROVIDER    NAME          START DATE    END DATE
= TH TRIAL HOME VISIT        0001069 001 EGGBERT HOME FO 12/01/2014 99/99/9999
  AT ACTIVE PLACEMENT        0001069 001 EGGBERT HOME FO 09/30/2014 12/01/2014
  RN RUNAWAY                  0001069 001 EGGBERT HOME FO 09/15/2014 09/30/2014
  PA PRE-ADOPTIVE PLACEME    0001069 001 EGGBERT HOME FO 09/01/2014 09/15/2014
  AT ACTIVE PLACEMENT        0001069 001 EGGBERT HOME FO 09/01/2014 09/01/2014

PATH:
```

PRPL - Provider Person List

This screen displays a history of all individuals that have been associated to a specific provider/facility. The screen will show the relationship of the person to the facility, criminal and protective services history information and affiliation end date. The worker can select a specific person to access additional details about that person.

```
CAFSRPL          PROVIDER PERSON LIST          07/06/2016   10:53
USER ID : C74142FS          PAGE NO: 001
PROV NO : 0001057 001      PROV NAME: JESTER FOSTER HOME
                           FACIL NAME: JESTER FOSTER HOME

TO SELECT, ENTER I=INQUIRE, M=MODIFY, S=SELECT, OR D=DELETE
                           LIC
SEL CAPS-ID NO RLT LAST, FIRST, M.I.      33 33A CRC PSC AFFILIATION
_ 00001162 001 DIR JESTER, JOHN           99/99/9999
_ 00001161 002 CNT JESTER, JENNIFER      99/99/9999

                           PATH: _
```

PRPD - Provider Person Detail

This screen is used to display, add or modify detailed information about an individual who is part of an adoptive or foster family or who is an employee of a specific provider/facility.

```
CAFSRPD          PROVIDER PERSON DETAIL          07/06/2016    10:50
USER ID : C74142FS MODIFY
PROV NO : 0001054 001          PROV NAME: FINKLE FOSTER HOME
CCUBS PROV NO :              FACIL NAME: FINKLE FOSTER HOME

CAPS ID : 00001156          START DATE : 01/08/2013
LICENSEE NO : 001          END DATE   : 99/99/9999
RLNSHP : DIR DIRECTOR     DFS33 HLTH STMT REC:
FIRST NAME : FELICITY          TB :      IMMUNIZATION :
MIDDLE NAME :                DFS33A SENT :
LAST NAME  : FARMER          REC :
SSN       : 657-48-9321     CRIMINAL CHECK REC :
BIRTH DATE : 04/23/1968    PROT SERV CHECK REC:
BIRTH PLACE :                MARITAL STATUS: NM NEVER MARRIE
ETHNICITY  : AI AMERICAN INDIAN          DATE :
RELIGION   :                PLACE:
SEX        : F FEMALE       MAIDEN NM :
LAST GRADE COMPLETED :     PREVIOUS MARRIAGE :
CCUBS PERSON ID :          NAME:

EMPLOYER NAME:
PHONE   :                INCOME:                STATUS:

                                           PATH: _
```

PRPH - Provider Placement History

This screen displays, in reverse chronological order, a history of all clients that are currently placed or that have been placed with a specific provider/facility. The screen will display the type of placement, the CAPS ID, name, sex and date of birth of the client, the placement start and end dates, and the worker ID of the placing worker.

```
CAFSRPH          PROVIDER PLACEMENT HISTORY          07/14/2016      8:57
USER ID : C81285
PROV NO : 0001074 001      PROV NAME: GRIFFIN FOSTER HOME
                           FACIL NAME: GRIFFIN FOSTER HOME

PLC
CD CAPS ID  NAME                SEX AGE  -LICENSE-  -PLACE DATES-  PLC  ASSIGNE
           NAME                SEX AGE  TYPE STS   START   END   STS  WORKER
F 00001369 ELLISON, ELLEN           F  13   YFH REG   05/05/14 99/99/99 AT C74142SW
F 00001607 ELBOW, EDWARD           M  10   YFH REG   04/01/16 04/02/16 AT C74142SW
F 00001605 CARTER, CRAIG          M  11   YFH REG   01/10/16 04/01/16 AT C74142SW
F 00001267 COCONUT, CLARISSA        F   9   YFH REG   03/01/16 03/25/16 AT C74142SW
F 00001364 BROWN, BUNNIE           F  14   KIN INT   05/01/14 05/15/14 AT C74142SW

FS900001 NEW INFORMATION DISPLAYED          . PATH: _
```

RELL - Relationship List

This screen displays a list of persons who are associated with the primary person at the top of the screen and describe their relationship to that person. The CAPS ID of the persons on the list will also be displayed.

```
CAFSRELL                RELATIONSHIP LIST                06/30/2016    9:58
USER ID : C74142SW MODIFY                PAGE NO:    1
CAPS ID : 00001654    00    NAME: DOE, ANNETTE

TO SELECT, ENTER I=INQUIRE, M=MODIFY, C=COPY OR D=DELETE
REL                                --INDICATORS--
SEL TYP DESCRIPTION                NAME                HH PCLC FR SD CAPS ID
- BMR BIRTH MOTHER                DOE, JANE           S  N  N  N    00001655
- BRO BROTHER                      DOE, CARL           N  N  N    00001657
- SIS SISTER                      DOE, BRANDY        N  N  N    00001656

                                PATH: _
```

RELD - Relationship Detail

This screen is used to display, add or modify information about the relationship between the person being added and the primary person. Also displayed is physical and legal custody information and financial responsibility information.

```
CAFSRELD                RELATIONSHIP DETAIL                06/30/2016    9:54
USER ID : C74142SW MODIFY
CAPS ID : 00001654    00    NAME: DOE, ANNETTE

PRIMARY PERSON CAPS ID : 00001654 NAME : DOE, ANNETTE
                                ADDRESS: 345 FARKLE RD
                                HELENA                                MT 59601 -
-----
PERSON ASSOC W/PRIMARY : 00001655 NAME : DOE, JANE
HOUSEHOLD IND (O/S)   : S           ADDRESS: 754 RIVER ROCK DR
PHYSICAL CUSTODY     : N
LEGAL CUSTODY        : N           HELENA                                MT 59602 - 0240
FINANCIALLY RESPONSIBLE: N

RELATIONSHIP TYPE    : BMR  BIRTH MOTHER
SECURED DESCRIPTION  :

COMMENTS :

SHFT+F12=FILL

                                PATH: _
```

SERL - Services List

This screen displays, in reverse chronological order by service date, a history of all services (both paid and non-paid) provided to a specific client. Information displayed includes the service code and description, the facility providing the service and the approval status.

```
CAFSSERL                SERVICES LIST                07/21/2016    13:14
USER ID : C81285                PAGE NO: 001
CAPS ID : 00001654    00    NAME: DOE, ANNETTE

TO SELECT ENTER: I=INQUIRE, M=MODIFY, D=DELETE    TO ADD=F11 + FASTPATH
START FROM:                SERVICE CODE:

S RSN SERVC DESCRIPTION        FACILITY NAME    OPEN DATE    CLOSE DATE    APPRV S A C
- FP STRNX TRANSPORTATION    FINKLE FOSTER H 05/01/2016    99/99/9999    A
- FP PFRS1 FOSTER FAMILY-ROOM FINKLE FOSTER H 05/01/2016    99/99/9999    A
- FP SEMRM REMOVAL            LEWIS AND CLARK 05/01/2016    99/99/9999

                                PATH: _
```

SERN - Service Detail: Non-Payable

This screen is used to display, add or modify the details of all services provided to a specific client that were not paid through the CAPS system. By entering the services that were not paid through CAPS, workers are able to maintain a complete service history on the client.

```
CAFSSERN          SERVICE DETAIL: NON PAYABLE          06/29/2016   16:13
USER ID : C81285   MODIFY
CAPS ID : 00001654  00   NAME: DOE, ANNETTE

SERVICE CODE: SEMRM          REMOVAL
PROVIDER      : 0001002 000   LEWIS AND CLARK CPS
OPEN DATE    : 05/01/2016   CLOSE DATE: 99/99/9999
ABANDONED?   : N           REMOVED FROM: 00001655  DOE, JANE      REL: BMR
                                           REMOVED FROM:                                           REL:

REASON FOR SERVICE:          FP  FAMILY PRESERVATION
REASON FOR REMOVAL(PRIMARY):  CBP OTHERS:

COMMENTS:

SHIFT+F1=MORE DETAIL , SHIFT+F9=RELL

                                           PATH: _
```

SPND - Special Needs Detail

This screen is used to display, add or modify a specific client's special needs and disabilities for service and placement matching. A special need sub-code can be selected to further specify the selected code. For those special needs codes that require it, unless the "clinically diagnosed and documented" question can be answered with a "Y", that code cannot be added to the screen.

```
CAFSSPND                SPECIAL NEEDS DETAIL                03/31/2015    9:02
USER ID : C81285    MODIFY                PAGE NO:    1    MORE
CAPS ID : 00001485    00    NAME: WALTON, WENDY

HAS CHILD HAD A CLINICAL EXAM,
AND IF SO, WERE ANY DISABILITIES DIAGNOSED? 1 EXAM CONDUCTED; DIAGNOSED WITH
                                                CLINIC
TO SELECT, ENTER A=ADD, M=MODIFY OR D=DELETE  DIAG OR  DIAG/DOCM  RESOLVED
SEL CD  DESCRIPTION  SUB  DESCRIPTION  DOCMT?  DATE  DATE
-  AOB  ACTING OUT BEHA  ATP  HISTORY OF ASSAULT  Y  01/15/2015  99/99/9999
-  AOB  ACTING OUT BEHA  CRU  CHRONIC RUNAWAY HI
-  AOB  ACTING OUT BEHA  FIR  FIRE SETTING
-  AOB  ACTING OUT BEHA  HDP  HISTORY OF DESTRUC
-  AOB  ACTING OUT BEHA  HMA  HISTORY OF HOMICID
-  EDU  EDUCATION  Y  01/15/2015  99/99/9999
-  HAN  HISTORY OF ABUS  EDN  HISTORY OF EDUCATI
-  HAN  HISTORY OF ABUS  MDN  HISTORY OF MEDICAL
-  HAN  HISTORY OF ABUS  PHA  HISTORY OF PHYSICA
-  HAN  HISTORY OF ABUS  PHN  HISTORY OF PHYSICA
-  HAN  HISTORY OF ABUS  PSA  HISTORY OF PSYCHOL
-  HAN  HISTORY OF ABUS  PSN  HISTORY OF PSYCHOL
-  HAN  HISTORY OF ABUS  SEA  HISTORY OF SEXUAL

                                                PATH: _
```

SPTK - Supervisory Task List

This screen displays all supertasks given to individual workers in the state who are responsible for special functions not normally associated with a regular staff type. Workers can search by starting location or supertask code.

LOC	SUPERTASK		LVL	USER-ID	USER-NM	STF
CODE	CD	DESCRIPTION				TYP
RG3	CWA	CLIENT WRITE ACCESS	P	C74143RA	ADMINISTRATOR, REGIONAL	CAA
RG3	CWA	CLIENT WRITE ACCESS	S	C74149FA	WORKER, CFA	CFA
RG3	CWA	CLIENT WRITE ACCESS	S	C74149F2	WORKER, CFA	CFA
RG3	CWA	CLIENT WRITE ACCESS	S	C74149R3	WORKER, CFA	CFA
RG3	PAP	PAYMENT APPROVAL	P	C70303CA	ADMINISTRATOR, REGIONAL	CAA
RG3	PAP	PAYMENT APPROVAL	S	C74143RA	ADMINISTRATOR, REGIONAL	CAA
RG3	PAP	PAYMENT APPROVAL	S	C74143CS	SUPERVISOR, COUNTY	CAC
RG3	PAP	PAYMENT APPROVAL	S	C74143S	SUPERVISOR, FRS	CRA
RG3	PFA	PROVIDER FACILITY APP	P	C74143S	SUPERVISOR, FRS	CRA
RG3	TAP	TRIBAL PAYMENT APPROV	P	C70303TR	TRIBAL WORKER, CTR	CTR

-

PATH: