



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Behavioral Health System Part 1, Application Set-up and Manager Utilities

(AMH)

User Manual

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Preface

The Behavioral Health System (AMH) is a module of the Resource and Patient Management System (RPMS), designed specifically for recording and tracking patient care related to behavioral health. AMH v4.0 includes all functionality available in previous versions of the RPMS Behavioral Health software, along with multiple new features and enhancements to the Graphical User Interface (GUI) version.

1.0 Introduction

Many behavioral health providers who are co-located in a primary care setting at facilities that have implemented the RPMS Electronic Health Record (EHR) have transitioned to utilizing the EHR for documenting services and supporting integrated care. However, a number of behavioral health clinicians continue to practice at facilities where the EHR has not been adopted. For these providers, AMH v4.0 may be employed as a standard-alone, yet integrated, module within the RPMS suite of clinical and practice management applications.

AMH v4.0 offers opportunities for improving patient outcomes and continuity of care by providing:

- Standardized clinical documentation
- Tools to meet regulatory and accreditation standards
- Tools to meet reporting requirements
- Revenue enhancement
- Enable comprehensive report generation to support care management, program oversight, and use clinical data to inform prevention activities and advance both local and national health initiatives

While this package is integrated with other modules of RPMS, including the Patient Care Component (PCC), this package uses security keys and site-specific parameters to maintain the confidentiality of patient data. The **AMH** package is a key module within the system.

The AMH User Manual is divided into three separate documents:

- Part 1-AMH Application Set-up and Manager Utilities
- Part 2-AMH Data Entry
- Part 3-AMH Reports

This AMH User Manual Part 1 Section focuses on basic set-up activities that need to be completed prior to using the AMH application software. All **Manager Utilities** options are described including specific emphasis on the **AMH Site Parameters** and **AMH Exporting Functionality**.

1.1 Primary Menu

The **Primary Menu** option for this package is **IHS AMH (AMHMENU)** (Figure 1-1).

```

          **          IHS          **
*****
          Version 4.0 (Patch 13)

          DEMO INDIAN HOSPITAL

DE      Behavioral Health Data Entry Menu ...
RPTS    Reports Menu ...
MUTL    Manager Utilities ...

Select Behavioral Health Information System Option:
```

Figure 1-1: Options on the IHS AMH menu example

1.2 Preparations

It is recommended the Behavioral Health Program Manager consult with the Site Manager to set site-specific parameters related to visit sharing and the extent of data transfer to PCC.

In order for data to pass to PCC, the Site Manager will add Behavioral Health to the **PCC Master Control** file. In addition, each user of this package must have a FileMan access code of **M**.

1.3 Security Keys

Security keys listed in Table 1-1 must only be assigned to personnel who have authorized access to confidential behavioral health data. Program Managers should collaborate with Site Managers to determine appropriate security key assignments for personnel, ensuring access is granted only to those with the necessary privileges.

Table 1-1: Security Keys

Key	Permits Access To
AMHZMENU	Top-Level menu (AMHMENU)
AMHZMGR	Supervisory-Level/Manager options
AMHZ DATA ENTRY	Data Entry module
AMHZ RESET TRANS LOG	Reset the Export log
AMHZDECT	Data Entry Forms Count Menu option
AMHZHS	BHS Health Summary Component
AMHZRPT	Reports Module
AMHZ DV REPORTS	Screening Reports
AMHZ SUICIDE FORM ENTRY	Suicide Form Data Entry Menu
AMHZ SUICIDE FORM REPORTS	Suicide Form Reports Menu
AMHZ DELETE RECORD	Delete unsigned records
AMHZ DELETE SIGNED NOTE	Delete records containing signed notes
AMHZ UPDATE USER/LOCATIONS	Update the locations the user is permitted to access
AMHZ CODING REVIEW	Review records to ensure accurate coding

2.0 Orientation

The following provides information about navigating and using the **RPMS AMH Roll and Scroll** functionality.

2.1 Conventions (Roll and Scroll)

2.1.1 Caps Lock

Always work with the **Caps Lock** on.

2.1.2 Default Entries

Any time double slashes (//) follows a possible response, press **Enter** to accept the default entry displayed (Figure 2-1). If the default response is not desired, type a new response after the double slashes (//).

A screenshot of a terminal window with a light gray background. It displays a text prompt: "Do you want to display the health summary? N// (No Health Summary will be displayed.)". The text is in a monospaced font.

Figure 2-1: Example shows acceptance of a default entry

2.1.3 To Back Out

To generate the **caret** (^) symbol, press the **shift** key while holding down the number **6** key. This symbol is used to terminate the current operation and navigates one level up in the interface.

2.1.4 Exit

- Type **HALT** at a menu option prompt to exit from RPMS at any time.
- Type **RESTART** at a menu option prompt to exit out to the “Access Code:” prompt.
- Type **CONTINUE** at a menu option prompt to exit from RPMS, and then at the next RPMS sign-on, continue from the same menu.

2.1.5 Same Entries

For certain types of data fields—primarily those that use lists of possible entries (such as facilities, diagnoses, communities, patients, etc.)—press the **spacebar** key, then press **Enter** to repeat the last entry used at the prompt.

2.1.6 Lookup

Avoid misspellings. If you're unsure of the spelling of a name or entry, type only the first few letters. RPMS will display all matching options (Figure 2-2) that begin with those letters.

Example:

PATIENT NAME: DEMO	
1 DEMO, BARRY	M 05-05-1989 054270542 PIMC 101623
	SE 101624
2 DEMO, CHRIS Y	F 06-16-1954 001290012 PIMC 100039
	HID 100040
	SE 100041

Figure 2-2: Patient lookup screen example

2.1.7 Pause Indicator

The **angle bracket** (< >) symbols usually display when a multi-page report reaches the bottom of the display screen, indicating that additional pages are available. Press **Enter** to view the next page or type a **caret** (^) to exit the report.

2.1.8 Dates and Times

Users can enter dates and times in various formats. If the system prompts for a **date only**, the acceptable formats are as follows:

- T (today)
- 3/28
- 0328
- 3-28
- 3.28
- T-1 (yesterday)
- T-30 (a month ago)
- T+7 (a week from today)

Note: If the user does not enter the year, the system defaults to the current year.

If the system prompts for a time, any entry between **6:00 AM** and **6:00 PM** will be recorded correctly using either standard or military time. For times between **6:00 PM** and **6:00 AM**, use military time, or append the number with an **A** for **AM** or **P** for **PM**.

Example:

- 130 (1:30 PM)
- 130A (1:30 AM)

If the system prompts for both date and time, the acceptable formats are as follows.

Example:

- T@1 (Today at 1 PM)
- 4/3@830

2.1.9 Stop

To terminate a report during processing, or to perform an emergency exit, press **Ctrl-C** to immediately halt program execution.

2.1.10 Delete

Entering the **At (@)** symbol in a populated field will overwrite and remove all existing data contained in that field.

2.2 ListMan (Roll and Scroll)

The **AMH Reporting** program utilizes a screen interface known as **ListMan** for data entry and review. This interface presents information in a screen-style display with menu options for editing, displaying, or reviewing data located at the bottom section of the screen.

When accessing the system via a personal computer configures as an RPMS terminal, mouse functionality – such as pointing and clicking – is not supported for menu selection.

To access additional menu options related to data display, printing, or review, users may enter two **question marks (??)** at the “Select Option” prompt. Entering a corresponding symbol or letter mnemonic at the “Select Action” prompt initiates the associated action.

In the example provided in Figure 2-3, two **question marks (??)** are entered at the “Select Action” prompt to display the list of secondary options available.

GROUP ENTRY		Mar 03, 2026 13:59:56				Page:		1 of	1
Group Entry		* - Unsigned Group Note							
	Date	Group Name	Activity	Prg	Cln	Prov	TOC	POV	
1)	02/11/26	Group D	ASSESSMEN	M	MENTA	AFSHAR,M	OUT	F11.188	
2)	02/11/26	Group AKC	EDUCATION	M	MENTA	CHELICH,	OUT	A41.9 -	

```

Enter ?? for more actions

1    Add a New Group                6    Review/Edit Group Visits
2    Display Group Entry            7    Add No Show Visit
3    Duplicate Group                8    Edit Group Definition
4    Delete Group                   9    Sign Notes
5    Print Encounter Forms          Q    Quit

Select Action: +/-/?

The following actions are also available:
+    Next Screen                    FS    First Screen        SL    Search List
-    Previous Screen                LS    Last Screen          ADPL  Auto Display(On/Off)
UP   Up a Line                     GO    Go to Page           QU    Quit
DN   Down a Line                   RD    Re Display Screen
>    Shift View to Right           PS    Print Screen
<    Shift View to Left           PL    Print List

```

Figure 2-3: ListMan Secondary Options screen

At the “Select Action” prompt, users can do the following:

- To navigate through multi-page displays, enter the **Plus Sign (+)** to advance to the subsequent full screen, provided the current screen is not the final one.
- Enter the **Dash (-)** to navigate to the preceding screen, providing the current screen is not the initial one. This command is functional only if multiple screens have been previously accessed during the current session.
- Press the **up-arrow** key to scroll the display upward by one line.
- Press the **right-arrow** key to shift the display to the right.
- Press the **left-arrow** key to shift the display to the left.
- Enter **FS** in a multi-page display to navigate to the first screen.
- Enter **LS** in a multi-page display to navigate to the last screen.
- Enter **GO** followed by the page number to directly access the specified screen within a multi-screen display.
- Enter **RD** to redisplay the screen.
- Enter **PS** to print the current screen.
- Enter **PL** to print the entire display, whether it comprises a single screen or multiple screens (referred to as a list).
- Enter **SL** to initiate a search prompt and press **Enter** to navigate to the first occurrence of that term within the list. For example, to locate the patient’s age while viewing the **Face Sheet**, enter **SL**, type **Age**, and press **Enter** to jump to the relevant field.
- Enter **ADPL** to toggle the display of menu options located at the bottom of the screen.

- Enter **QU** to exit the current screen and return to the menu.

2.3 ScreenMan (Roll and Scroll)

2.3.1 Utilizing the ScreenMan Interface

When entering data using the **ScreenMan** interface (Figure 2-4), press **Enter** to confirm default values or to submit manually entered data within a field. Navigation between fields may be accomplished using the **tab** or **arrow** keys. These keys also allow users to skip fields where data entry is not required. During the initial data entry process, the system automatically populates various demographic fields when patient, program, and course of action information is specified. Additionally, if program specific defaults have been configured, the corresponding data will be displayed on the screen.

```

** UPDATE BH SITE PARAMETERS **           Site Name: ABERDEEN AO
=====
Update DEFAULT Values?  N
Update Hospital Location Defaults?  N
Default Health Summary Type:

Default response on form print:           Suppress Comment on Suppressed Form?
# of past POVs to display:                Exclude No Shows on last DX Display?
DSM-5 Implementation Date:
Update PCC Link Features?  N
Turn Off EHR to BH Link?
Turn on PCC Coding Queue?  NO             Update Provider Exceptions to E Sig?  N
Update those allowed to see all records?  N
Update those allowed to override delete?  N
Update those allowed to share visits?  N
Update those allowed to order Labs?  N
If you are using the RPMS Pharmacy System, enter the Division:

COMMAND:                                     Press <PF1>H for help      Insert

```

Figure 2-4: Using ScreenMan, example screen one

To apply modifications or add new entries within the form, press **Enter** to commit the change(s). A confirmation dialog may be displayed, prompting for additional input. In certain cases, a supplementary pop-up screen may be triggered to facilitate further data entry. For instance, in the scenario above, entering **Y** at the “Any Secondary Providers” prompt signifies the presence of a secondary provider. The user must then press **Enter** to initiate the dialog screen and input the relevant secondary provider details.

Upon completion of all required data entry, type **E** and press **Enter** to exit the screen.
To save any modifications made during the session, type **Y** when prompted.

2.3.2 Using the Pop-up Screen

To navigate between input fields within the pop-up screen (refer to Figure 2-5), press the **Enter** key. To shift focus to the “Command” prompt – that defaults to the **Close** option – press the **tab** key. Press the **Enter** key once more to execute the selected command and return to the primary data entry screen.

```

*****  ENTER/EDIT PROVIDERS OF SERVICE  *****

Encounter Date: MAR 27,2001          User: DEMO,DOROTHY K
Patient Name: DEMO,SALLY
-----

PROVIDER: DEMO,STEPHEN A      <TAB>    PRIMARY/SECONDARY: PRIMARY  <TAB>
PROVIDER: DEMO,GRETCHEN      <TAB>    PRIMARY/SECONDARY: SECONDARY <TAB>
PROVIDER:                    <TAB>    PRIMARY/SECONDARY:
PROVIDER:                    PRIMARY/SECONDARY:

Close      Refresh

Enter a command or '^' followed by a caption to jump to a specific field.

COMMAND: Close  [RET]          Press <PF1>H for help      Insert

```

Figure 2-5: Using ScreenMan, example screen two

Press **Enter** to open a text editor screen (see Figure 2-6).

```

+-----+
|          *****  Enter/Edit Clinical Data Items  *****          |
| Encounter Date: MAR 27,2001          User: DEMO, STANLEY K.          |
| Patient Name: DEMO,ARTHUR   DOB: 8/1/84   HR#: 101813              |
| CHIEF COMPLAINT: Alcohol Dependence                                |
| S/O/A/P: [RET]                                                       |
|                                                                       |
+-----+

```

Figure 2-6: Using ScreenMan, example screen three

2.4 Full-Screen Text Editor (Roll and Scroll)

While many data entry fields utilize coded selections from predefined tables, certain components—such as clinical documentation, treatment plans, intake forms—require extensive free text input. The RPMS provides two text editing interfaces to support this functionality—a line editor, and a full-screen editor. Most users prefer the Full Screen Text Editor due to its enhanced usability and word-processor-like features.

The Full-Screen Text Editor offers several familiar behaviors found in traditional word processing applications. Text automatically wraps at the end of each line, and standard navigation is supported via **arrow** keys (**up**, **down**, **right**, **left**). Both uppercase and lowercase characters may be entered as needed. However, it is important to note that some standard word-processor conventions do not apply. For example, the **delete** key is not functional within the RPMS full-screen editor. To remove text, position the cursor one space to the right of the character or word to be deleted, then use the **backspace** key to remove the unwanted content.

For extended narrative entries, users may find it more efficient to compose the text in a dedicated word processing program (e.g. Microsoft Word) and then paste the content into the RPMS full-screen editor.

Refer to Table 2-1 for a list of the most commonly used RPMS text editor commands.

Table 2-1: RPMS Text Editor Commands

Action Needed	Use These Keys
Delete a line (extra blank or text)	PF1(F1) followed by D
Join two lines (broken or too short)	PF1(F1) followed by J
Save without exiting	PF1(F1) followed by S
Exit and save	PF1(F1) followed by E
Quit without saving	PF1(F1) followed by Q
Top of text	PF1(F1) followed by T

Examples of Text Edit screens are shown in Figure 2-7 and Figure 2-8.

```

==[ WRAP ]==[ INSERT ]=====< S/O/A/P >===== [ <PF1>H=Help ]====
This is a demonstration of how to type and use the full screen editor.
When all relevant information has been entered, press [F1]E

<====T=====T=====T=====T=====T=====T=====T=====T=====T>=====T
Bottom of text                                PF1(F1) followed by B

```

Figure 2-7: Using Text Editor, example screen one

To view all available commands in the **RPMS Full-Screen Editor**, press **F1** and then type **H**. To exit the Help screens, type a **Caret (^)** symbol.

```

** UPDATE BH SITE PARAMETERS **           Site Name: ABERDEEN AO
=====
Update DEFAULT Values?  N
Update Hospital Location Defaults?  N
Default Health Summary Type:
Default response on form print:      Suppress Comment on Suppressed Form?

```

```
# of past POVs to display:          Exclude No Shows on last DX Display?
DSM-5 Implementation Date:
Update PCC Link Features?  N
Turn Off EHR to BH Link?
Turn on PCC Coding Queue?  NO      Update Provider Exceptions to E Sig?  N
Update those allowed to see all records?  N
Update those allowed to override delete?  N
Update those allowed to share visits?  N
Update those allowed to order Labs?  N
If you are using the RPMS Pharmacy System, enter the Division:

COMMAND:                                Press <PF1>H for help      Insert
```

Figure 2-8: Using Text Editor, example screen two

- If the cursor is positioned at the “COMMAND” prompt, type **E** followed by **S** to save and exit the data entry screen.
- If the cursor is not at the “COMMAND” prompt, press the **F1** key to access the COMMAND line, then type **E**.

In both cases, the entered data will be saved, and the data entry screen will close.

2.5 Word Processing Editors (Roll and Scroll)

If the interface shown in Figure 2-9 appears when accessing a word-processing field, this indicates that the default editor is set to the RPMS line editor.

```
1>
```

Figure 2-9: Default RPMS Line Editor interface

To access the full-screen text editor, follow these steps:

1. At any menu prompt, type **^TBOX** (see Figure 2-10). The **Tool Box** is a secondary menu accessible to all users, though it is not typically visible by default.

```
DE      Behavioral Health Data Entry Menu ...
RPTS    Reports Menu ...
MUTL    Manager Utilities ...

Select Behavioral Health Information System Option: TBOX  User's Toolbox

      Change my Division
      Display User Characteristics
      Edit User Characteristics
      Electronic Signature code Edit
      Menu Templates ...
      Spooler Menu ...
```

```
Switch UCI
TaskMan User
User Help

Select User's Toolbox Option: Edit User Characteristics
```

Figure 2-10: Accessing the Tool Box to change the Text Editor (Step 1)

2. At the “Select User’s Toolbox Option” prompt, enter **Edit User Characteristics**. The **Edit User Characteristics** screen appears.
3. Use the **down-arrow** key to navigate to the **Preferred Editor** field. To set the preferred editor to **Screen Editor**, type **SC**. Continue using the **down-arrow** key to move the cursor to the “Command” prompt.
4. At the “Command” prompt, type **S** and press **Enter** to exit the screen. Refer to Figure 2-11 for an illustration of the **Edit User Characteristics** screen and its fields.

```

                                EDIT USER CHARACTERISTICS
NAME: DEMO,SAMANTHA A                                PAGE 1 OF 1
-----
                                INITIAL: SAS
                                NICK NAME:
                                PHONE:
                                OFFICE PHONE:
                                VOICE PAGER:
                                DIGITAL PAGER:

ASK DEVICE TYPE AT SIGN-ON: DON'T ASK
                                AUTO MENU: YES, MENUS GENERATED
                                TYPE-AHEAD: ALLOWED
                                TEXT TERMINATOR:
                                PREFERRED EDITOR: SCREEN EDITOR - VA FILEMAN

Want to edit VERIFY CODE (Y/N):

Exit      Save      Refresh

Enter a command or '^' followed by a caption to jump to a specific field.

COMMAND: S      Press <PF1>H for help      Insert
E
```

Figure 2-11: Changing the Text Editor (Step 1-4)

Note: For additional information on using the Full-Screen Text Editor, refer to Section 2.4.

3.0 User Set-Up

3.1 Sensitive Patient Tracking

To enhance patient privacy and comply with data security standards, additional safeguards have been implemented for accessing records of patients flagged as **Sensitive**.

When a patient is marked as **Sensitive**, all access to that patient's record is monitored and logged.

If a staff member without the appropriate security permissions attempts to access a Sensitive patient's record, the system displays a warning message indicating the restricted nature of the data.

If the user proceeds with accessing the record despite the warning, the system automatically sends a bulletin to a designated mail group to report the access event.

For detailed procedures and policy information regarding **Sensitive Patient Tracking**, refer to the *Patient Information Management System (PIMS) – Sensitive Patient Tracking User Manual*.

If a patient is designated as **Sensitive** in the **Sensitive Patient Tracking** application, the word **SENSITIVE** appears in place of the **Social Security Number**, **Date of Birth**, and **Age** fields within the **Select Patient** dialog (see Figure 3-1).

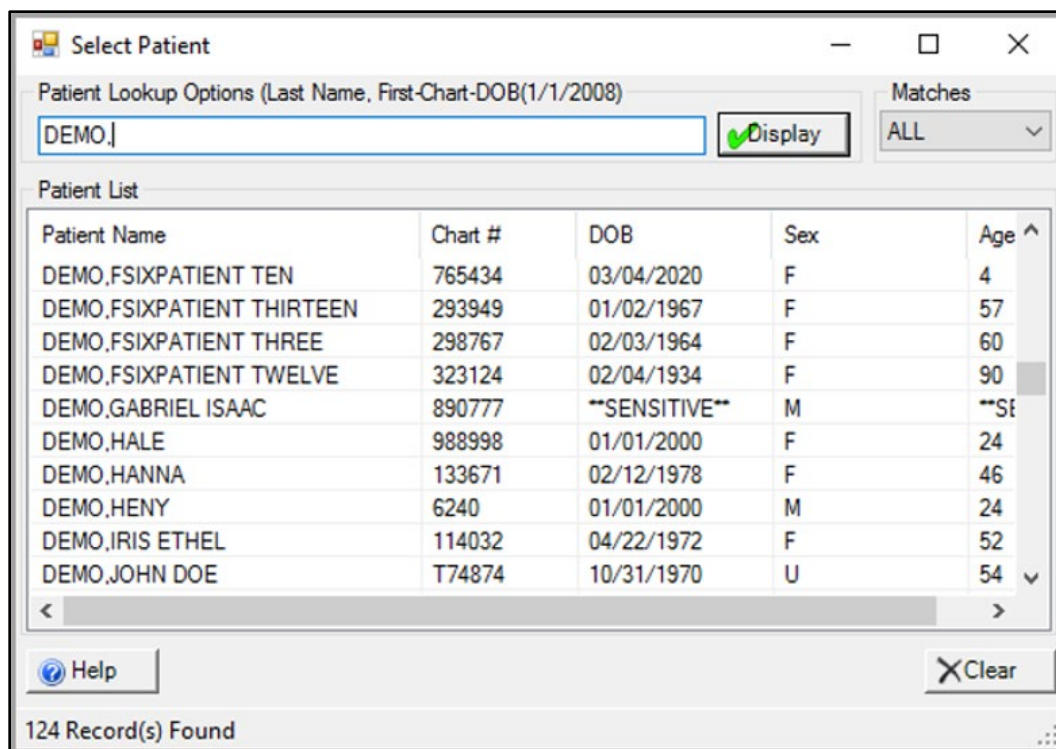


Figure 3-1: Select Patient dialog showing sensitive patient example

Figure 3-2 illustrates the warning message displayed to users within the GUI when attempting to access a sensitive patient record.



Figure 3-2: Warning Message displayed in GUI example

Click **Yes** to proceed with accessing the **patient's record**.

If **No** is selected, the user is returned to the **Select Patient** dialog without accessing the record.

Roll and Scroll Example

In the **Roll and Scroll** interface, two types of system messages may be presented when accessing a **Sensitive patient** record.

- The Restricted Record warning message is depicted in Figure 3-3.

```
*** WARNING ***  
*** RESTRICTED RECORD ***  
  
This record is protected by the Privacy Act of 1974 & Health Insurance  
Portability & Accountability Act of 1996. If you elect to proceed, you must  
provide you have a need to know. Access to this patient is tracked and your  
Security Officer will contact you for your justification.
```

Figure 3-3: Warning Message for Restricted Records in Roll and Scroll

- When attempting to access a restricted patient record, warning message illustrated in Figure 3-4 will be displayed.

```
*** WARNING ***  
*** RESTRICTED RECORD ***
```

Figure 3-4: Condensed Warning Message in Roll and Scroll

- Press **Enter** to proceed and access the patient's record.
- Type a **caret (^)** to cancel and exit without accessing the record.

3.2 Electronic Signature

This section provides guidance on the user and configuration of the electronic signature application to both the **Roll and Scroll** interface and the **Graphical User Interface (GUI)**. The electronic signature is required to authenticate the following types of documentation.

- Progress Notes
- Intake documents
- Update documents

3.3 Creating Your Electronic Signature

To create or update your electronic signature:

1. At the "Select TIU Maintenance Menu Option" prompt, type: **TBOX**.
2. From the **User's Toolbox** menu (Figure 3-5), select **Electronic Signature Code Edit**.

```
Select TIU Maintenance Menu Option: TBOX User's Toolbox

Change my Division
Display User Characteristics
Edit User Characteristics
Electronic Signature Code Edit
Menu Templates . . .
Spooler Menu . . .
Switch UCI
Taskman User
User Help
```

Figure 3-5: Options available in the TBOX User's Toolbox

Upon selection, prompts will guide the user through the electronic signature set up process (see Figure 3-6).

Important Note: When entering your **Signature Block Printed Name and Title**, do not include credentials (e.g., MD) in both fields. If credentials are entered in both fields, they will appear twice in the finalized signature.

Ensure that:

- The **Signature Block Printed Name** contains your full name, and if desired, professional credentials.
- The **Signature Block Title** contains your official title only, without repeating credentials unnecessarily.

```
INITIAL: MGH//
SIGNATURE BLOCK PRINTED NAME: MARY DEMO//MARY DEMO, RN
SIGNATURE BLOCK TITLE
OFFICE PHONE:
VOICE PAGER
DIGITAL PAGER
```

Figure 3-6: Initial Prompts Displayed during the Electronic Signature setup process

When the following prompt (Figure 3-7) appears within the RPMS, it indicates that an existing electronic signature code is already associated with the user account.

```
Enter your Current Signature Code:
```

Figure 3-7: Prompt to Enter Current Electronic Signature Code

3. When prompted, as shown in Figure 3-8, enter a new **electronic signature code** to update or replace the existing one.

Enter code:

Figure 3-8: Prompt to create a New Electronic Signature Code

Follow the on-screen instructions to establish a new, secure code. Ensure that the code meets all system security requirements.

4. Enter a new **electronic signature code**, using **6 and 20 characters**, with **Caps Lock** enabled.

While the code must be created using uppercase letters, it can be entered in lower case when signing documents (e.g., SOAP/Progress Notes).

Special characters are not permitted in the electronic signature code.

3.4 Logging into the GUI

When accessing the graphical user interface (GUI) for the first time, the **IHS Behavior Health System Login** dialog appears (see Figure 3-9).

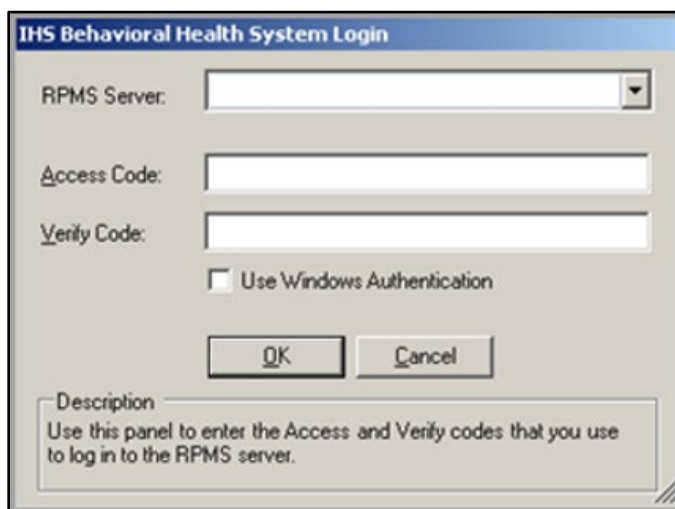


Figure 3-9: IHS AMH Login dialog example

1. In the **RPMS Server** field, click **Edit Connections**. This action opens the **RPMS Server Connection Management** dialog (Figure 3-10).

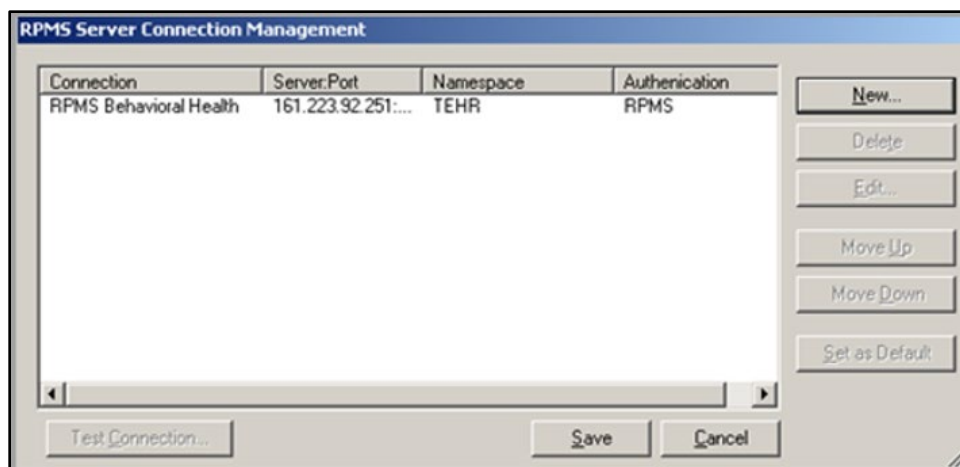


Figure 3-10: RPMS Server Connection Management dialog example

2. To configure a **connection**, do one of the following:

- Click **New** to create a new **RPMS server connection**.
- Or
- Select an **existing connection** and click **Edit** to modify it.

The application displays the **Edit RPMS Server Connection** dialog (Figure 3-11).

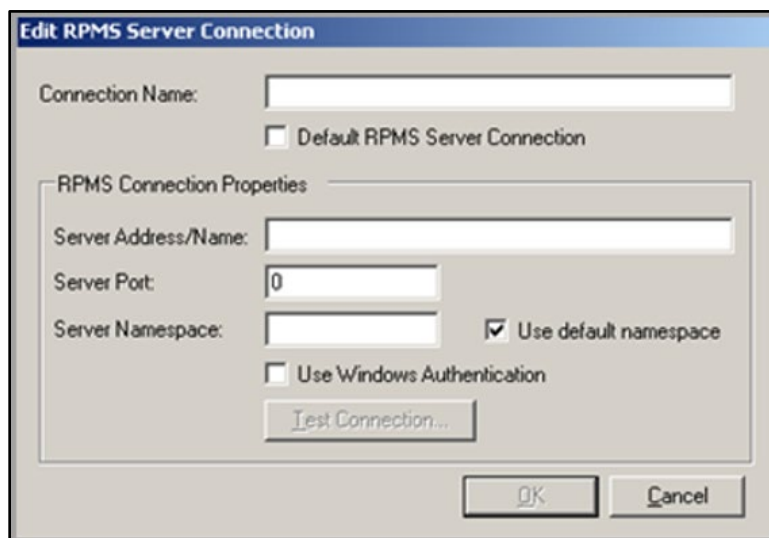


Figure 3-11: Edit RPMS Server Connection dialog example

Important: Do not select the **Default RPMS Server Connection** or **Use Windows Authentication** checkboxes.

3. In the **Connection Name** field, enter a **name** for the connection. This name can be any descriptive label of your choosing.

4. In the **Server Address/Name** field, enter the **server's IP address**, including all required punctuation.

Note: An IP address typically consists of four groups of two or three digits separated by periods (e.g., 161.223.99.999). Your Site Manager will provide the correct IP address for your configuration.

5. In the **Server Port** field, enter the designated **port number** for the server. This information will also be provided by your Site Manager.

6. In the **Server Namespace** field, proceed as follows:

If your site hosts multiple databases on a single server, you must specify the appropriate **namespace**. This is typically a text string (e.g., **DEVEH**).

7. In the **Use Default Namespace** field, select the checkbox only if the specified namespace is the default one used by your site.

Once all required fields are populated, the **Test Connection** button becomes active.

8. Click **Test Connection** to open the **Test Login** dialog.

- a. Enter your **Access Code** and **Verify Code**, then click **OK**.

If the connection is successful, the application displays a confirmation message: **RPMS login was successful**.

If the connection fails, the application displays an error message.

- b. Click **OK** to return to the **Test Login** dialog and re-enter your **credentials** or **connection information**, as needed.

9. Once all the required fields in the **Edit RPMS Server Connection** dialog are complete, click **OK** to save the configuration.

- Alternatively, click **Cancel** to exit without saving.
- Clicking **OK** will return you to the **RPMS Server Connection Management** dialog, where the new or updated connection will now be listed.

10. In the **RPMS Server Connection Management** dialog, click **Save** to confirm and store your changes.

- Alternatively, click **Cancel** to discard any modifications.

11. After clicking **Save**, the application will return to and display the **IHS AMH Login** dialog (Figure 3-12).

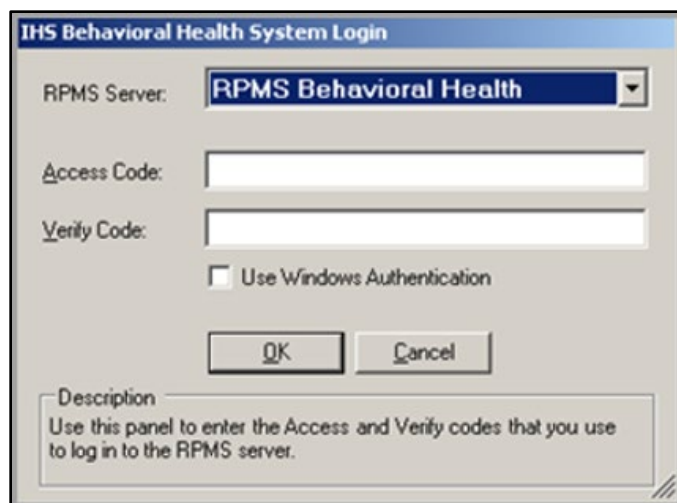


Figure 3-12: IHS AMH Login dialog example

- The selected server appears in the **RPMS Server** field.
12. In the appropriate fields, enter your **RPMS Access Code** and **Verify Code**.
- These credentials are the same ones used to access any RPMS session.
 - Do not enter data into the field accompanied by a checkbox.
13. Click **OK** to proceed and access the **RPMS AMH tree structure**.
- Alternatively, click **Cancel** to exit the login process.

4.0 Manager Utilities Module (Roll and Scroll)

The Manager Utilities module, shown in Figure 4-1, provides options for site managers and program supervisors to customize AMH to suit their site's needs. Options are also available for administrative functions, including the export of data to the area, resetting local flag fields, and verifying users who have edited particular patient records.

```
*****
**          IHS Behavioral Health System          **
**              Manager Utilities              **
*****
                        Version 4.0 (Patch 13)

                        DEMO INDIAN HOSPITAL

SITE    Update Site Parameters
EXPT    Export Utility Menu ...
RPFF    Re-Set Patient Options on the Manager Utilities Menu example Flag
Field Data
DLWE    Display Log of Who Edited Record
ELSS    Add/Edit Local Service Sites
EPHX    Add Personal History Factors to Table
COSG    Update Students and their Authorized CO-Signers
DRD     Delete BH General Retrieval Report Definitions
EEPC    Edit Other EHR Clinical Problem Code Crosswalk
UU      Update Locations a User can See

Select Manager Utilities Option:
```

Figure 4-1: Options on the Manager Utilities Menu example

This menu might be restricted to the site manager and the program manager or the designee. Use this menu for setting site-specific options related to security and program management.

4.1 Update Site Parameters (SITE)

Use the **SITE** option to modify the parameters in the **Behavioral Health** file. Individual sites use the **Site Parameters** file to set AMH to suit their program needs.

Below are the prompts:

- Select MHSS SITE PARAMETERS.
Specify the location where the program visits take place. If you use a new one, the application confirms that you are using the new one (use Y or N).

Figure 4-2 shows the **Update BH Site Parameters** screen.

```

** UPDATE BH SITE PARAMETERS **           Site Name: ABERDEEN AO           =====
=====
Update DEFAULT Values?  N
Update Hospital Location Defaults?  N
Default Health Summary Type:

Default response on form print:           Suppress Comment on Suppressed Form?
# of past POVs to display:               Exclude No Shows on last DX Display?
DSM-5 Implementation Date:
Update PCC Link Features?  N
Turn Off EHR to BH Link?
Turn on PCC Coding Queue?  NO           Update Provider Exceptions to E Sig?  N
Update those allowed to see all records?  N
Update those allowed to override delete?  N
Update those allowed to share visits?  N
Update those allowed to order Labs?  N
If you are using the RPMS Pharmacy System, enter the Division:

COMMAND:                                Press <PF1>H for help           Insert

```

Figure 4-2: Update BH Site Parameters screen example

Below are the fields on the screen:

- Update DEFAULT Values?

Use one of the following:

– Y (Yes)

Or

– N (No)

If you use Y, the application displays Figure 4-3. All default settings are moved to this separate pop-up screen.

```

**** Enter DEFAULT Values for each Data Item ****
MH Location: DEMO INDIAN HOSPITAL
MH Community: TAHLEQUAH           MH Clinic: MENTAL HEALTH
SS Location: DEMO INDIAN HOSPITAL
SS Community: TAHLEQUAH           SS Clinic: MEDICAL SOCIAL SERVI
Chemical Dependency Location: DEMO INDIAN HOSPITAL
Chemical Dependency Community: TAHLEQUAH
Chemical Dependency Clinic: BEHAVIORAL H
OTHER Location: DEMO INDIAN HOSPITAL
OTHER Community: TAHLEQUAH       OTHER Clinic: MENTAL HEAL

Default Type of Contact: OUTPATIENT
Default Appt/Walk In Response: APPOINTMENT
EHR Default Community: TAHLEQUAH

```

Figure 4-3: Pop-up for default values of BH site example

Below are the prompts on the pop-up:

- MH/SS/CD/OTHER Location: Specify the **name** of the **location** where the program visits take place.
- MH/SS/CD/OTHER Community: Specify the **name** of the **community** where the program visits occur.
- MH/SS/CD/OTHER Clinic: Specify the **name** of the **clinic** where the program visits occur.
- Default Type of Contact: Specify the **type** of **contact setting** or **code** (e.g., Administrative, Chart Review, etc.).
- Default Appt/Walk in Response: Specify the **type** of **visit** that occurred (e.g., appointment, walk in, or unspecified).
- EHR Default Community: Specify the **name** of the **default community** used in the EHR. In order to pass EHR behavioral health encounter records into the **AMH v4.0** files, a **Default Community of Service** field was created on the **AMH v4.0 Site Parameters'** menu. If the facility has opted to pass behavioral health encounter records created in EHR to AMH v4.0, the application will populate the **Community of Service** field with the value entered in the site parameter **EHR Default Community** or, if that field is blank, with the default *Mental Health Community* value. If the default Mental Health Community value is blank, the field will be populated with the default *Social Services Community* value; if that field is also blank, the field will be populated with the default *Chemical Dependency* value; and if that field is blank, the default *Other Community* value will be used.

Important: If none of the default community fields contains a value, no behavioral health record will be created.

Below are the fields on the update screen:

- Update Hospital Location Defaults?

Use one of the following:

– **Y** (Yes)

Or

– **N** (No)

If you use **Y**, the application displays Figure 4-4. All default settings are moved to this separate pop-up screen.

MENTAL HEALTH HOSPITAL LOCATION:
SOCIAL SERVICES HOSPITAL LOCATION:
CHEMICAL DEP/ALCOHOL HOSPITAL LOCATION:
OTHER PROGRAM HOSPITAL LOCATION

Figure 4-4: Pop-up for Update Hospital Location Defaults of BH site example

Below are the prompts on the pop-up:

- Mental Health Location: Specify the **name** of the **Mental Health Hospital Location** where the program visits take place. This depends on how it is set up in the Scheduling application and will populate the **Hospital Location** field in EHR.
- Social Services Hospital Location: Specify the **name** of the **Social Services Hospital Location** where the program visits take place. This depends on how it is set up in the Scheduling application and will populate the **Hospital Location** field in EHR.
- Chemical Dep/Alcohol Hospital Location: Specify the **name** of the **Chemical Dependence/Alcohol Health Hospital Location** where the program visits take place. This depends on how it is set up in the Scheduling application and will populate the **Hospital Location** field in EHR.
- Other Hospital Location: Specify the **name** of the **Other Health Hospital Location** where the program visits take place. This depends on how it is set up in the Scheduling application and will populate the **Hospital Location** field in EHR.
- Default HEALTH Summary Type: Specify the **type** of health summary printed from within the **AMH** package. Typically, the default value is the **Mental Health/Social Services** summary type. Refer to the Health Summary System Manuals for further information on the available types.
- Default Response on Form Print: Your response applies when you print a **Mental Health/Social Services** record.

Use one of the following:

- **B** (both)
- **F** (full)
- **S** (suppressed form)
- **T** (Suppressed–2 copies)
- **E** (Full–2 copies)
- The suppressed report does NOT display the following information:
 - Chief Complaint
 - SOAP Note
 - Measurement Data

– Screenings

A full encounter form prints all data for a patient encounter including the **SOAP** note. The suppressed version of the encounter form will not display the **SOAP** note for confidentiality reasons. It is important to note that the **SOAP** and **Chief Complaint** will be suppressed, but the comment/next appt, activity code, and POV will still appear on the printed encounter.

- Suppress Comment on Suppressed Form?

Use one of the following:

– **Y** (Yes)

Or

– **N** (No)

Select **Y** to suppress the provider's comments.

- Number of past POVs to display.

Specify the **number of past POVs** to be displayed on the **Patient Data Entry** screen. This response must be a whole number between zero and five.

- Exclude No Shows on last DX Display?

Use one of the following:

– **Y** (Yes)

Or

– **N** (No)

- DSM-5 – Implementation Date.

From the date listed forward, the application will use the DSM-5-TR Code Set. Appendix A: DSM-5-TR Copyright and Trademark provides additional information.

- Update PCC Link Features?

Use one of the following:

– **Y** (Yes)

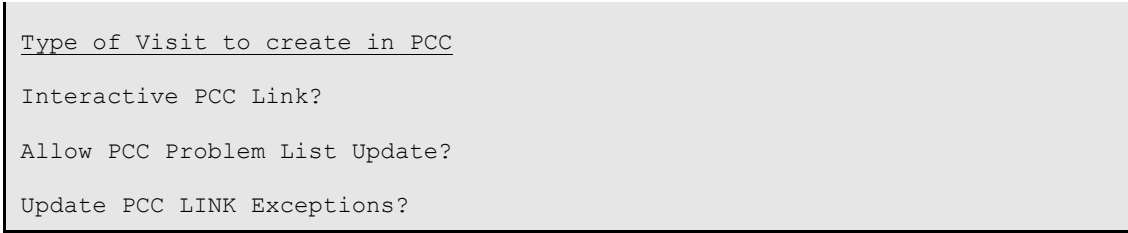
Or

– **N** (No)

If you use **Y**, the application displays the **Update PCC Link Feature Parameters** pop-up (Figure 4-5).

```
**** Update PCC Link Feature Parameters ****  
=====
```

Type of PCC Link



Type of Visit to create in PCC

Interactive PCC Link?

Allow PCC Problem List Update?

Update PCC LINK Exceptions?

Figure 4-5: Fields on the Update PCC Link Feature Parameters pop-up example

The underlined fields are required on the pop-up.

- **Type of PCC Link:**

What you use determines the type of data that passes from AMH to the PCC.

Use one of the following:

- **No Link Active.**

Use this option to have the data link between the two modules turned off. No data is passed to the **PCC visit** file from the AMH application (including the Health Summary). Therefore, because the **RPMS Third Party Billing Package** processes encounters in PCC, an alternative billing process will need to be established. If you leave this field blank, it is the same as choosing this option and no data will pass to PCC.

- **Pass STND Code and Narrative.**

Use this option to have all patient contacts in the Behavioral Health programs passed to the **PCC visit** file using the same **ICD-10** code and **Narrative**, as defined by the program. *This approach does not facilitate billing because all encounters will appear the same.* For example, if the code and narrative are entered in the site parameters as **Z71.9, Encounter**, all encounters will have the **ICD** code of **Z71.9** and narrative of **Encounter**.

- **Pass All Data as Entered (No Masking) [Recommended].**

Use this option to have all **DSM-5-TR** and **Problem Codes** passed as **ICD** codes as shown in the crosswalk along with the narrative as written by the provider. This link type is the one most preferred by billers and coders since the actual **ICD** code and narrative display in PCC.

- **Pass Codes and Canned Narrative.**

Use this option to have both **DSM-5-TR** and **Problem Codes** converted to **ICD** codes as shown in the crosswalk and passed with a single standard narrative, as defined by the program, for all contacts. This type of link facilitates billing by passing the POV entered in AMH as ICD codes although the standard narrative is not passed to the Health Summary.

For **Pass STND Code and Narrative** and **Pass Codes and Canned Narrative** options, the application displays the Standard Code to Use pop-up (Figure 4-6).

```
Standard ICD-10 [AC10.1]Code to Use (Option 2 and 5 ONLY): Z65.40  
Standard ICD-10 Code to Use (Option 2 and 5 ONLY): Z71.9  
Narrative for MH Program: MH/SS/SA COUNSELING  
Narrative for SS Program: SS VISIT
```

Figure 4-6: Standard Code to Use screen example

With each of these link types, standard data is passed to the PCC. You can specify those standards using the **Standard Code to Use** screen. The standard code, shown in the first line, will be passed if using **Pass STND Code and Narrative**. The narrative entered will be the only narrative passed if you have selected **Pass STND Code and Narrative** and **Pass Codes and Canned Narrative** options.

- Type of Visit to create in PCC:

What you use determines the type of visit created from the encounter record you enter into AMH. Use one of the following, depending on the classification of the BH programs at your facility.

- I (IHS)
- (Contract)
- (638 Program)
- (Tribal)
- O (Other)
- V (VA)
- P (Compacted Program)
- U (Urban Program)

- Interactive PCC Link?

Use one of the following:

- Y (Yes)

Or

- N (No)

The **AMH** site-parameters contain a question about an interactive PCC link to address an issue with the **PIMS Scheduling** package. Because it is possible to set up a clinic in the **Scheduling** package that initiates a PCC record at check in, some sites were creating two separate records for each individual patient encounter in the behavioral health clinics. Leaving the field blank is the same as using **N** (for this prompt) and the interactive link will not be turned on.

In the **Scheduling** package, if the clinic set-up response is **YES** to the question about creating an encounter at check in, then the Interactive PCC Link question in the **AMH** site-parameters must also be answered **YES**. If the clinic set up in the **Scheduling** package has a negative response, then the **Interactive Link** question in AMH should be set to **NO**.

Note: There should never be a mismatched response where one package has **YES** and the other **NO**.

- Allow PCC Problem List Update?

Use one of the following:

– **Y** (Yes)

Or

– **N** (No)

Use **Y** to allow the ability to update a patient's PCC problem list from within AMH.

- Update PCC LINK Exceptions? (Figure 4-7):

Use one of the following:

– **Y** (Yes)

Or

– **N** (No)

Use **Y** to determine if you want to set data passing parameters for individuals that are different from the program default.

Provider Name	Type of PCC Link for this Provider
DEMO, LORRAINE	NO LINK ACTIVE
DEMO, BILL	PASS CODE AND STND NARRATIVE
DEMO, GREG	PASS STND CODE AND NARRATIVE
DEMO, MARY	PASS ALL DATA AS ENTERED

Figure 4-7: Setting up PCC link exceptions example

Below are the fields on the update screen:

- Turn Off EHR to BH Link?

Use one of the following:

– **Y** (Yes)

Or

– **N** (No)

A site parameter was created to give sites the ability to opt out of the new **Electronic Health Record (EHR)** visit functionality. This functionality allows

BH providers to enter a visit into the EHR that passes first to PCC and then to the behavioral health database (AMH). These visits display in the EHR, as well as the **BH** applications, **AMH v4.0**, and the **RPMS AMH v4.0 GUI**.

The name of the site parameter is **Turn Off EHR to BH Link** and it is accessed via the **AMH v4.0 Manager Utilities** module **SITE menu** option. The default setting on this new site parameter is **NO**, and no action is required if sites are deploying EHR functionality. If sites will not be deploying the EHR visit functionality, then the site parameter should be changed to **YES**.

- Turn on PCC Coding Queue?

Use one of the following:

- **Y** (Yes)

Or

- **N** (No)

If you use **Y**, the visits will not be passed directly to the billing package. The visits will be marked as incomplete and must be reviewed by local data entry staff, billers, or coders.

If you use **N**, all visits will continue to pass to PCC as complete.

Because the visits entered in the AMH have always been marked as complete, the visits were going through PCC to the claims generator without review. With this version of the software, sites are given the option of transmission to the **Coding Queue** or continuing to send visits to PCC marked as complete.

In addition to establishing an option on the site parameters' menu to turn on the **Coding Queue**, an option that can be placed on data entry staff's **RPMS** menu has been created. Because the **SOAP/Progress Notes** related to visits created in AMH do not pass to PCC, the data entry staff, billers, and/or coders needed some method to access the notes for review. The option will allow them to review the specifics for a particular visit but will not give them full access to AMH. For example, they will not be able to view treatment plans, case status information, or the Suicide Reporting Forms.

Turning on the link to the **Coding Queue** in the AMH should not be done if the **PCC Coding Queue** has not been activated. However, if the **PCC Coding Queue** has been activated and the site wants the AMH generated visits to be reviewed, complete the following steps:

1. Log in to **AMH v4.0** and select the **Manager Utilities** menu.
2. Select the **Site Parameters** option and enter the **name** of the site you want to update.

3. On the **site parameters entry screen**, scroll down to the **Turn on PCC Coding Queue** field.
4. Type **Y** in this field.
5. Save the **changes** to the **site parameters**.

Once the coding queue option has been turned on and the changes to the site parameters are saved, any visits documented in **AMH v4.0** will be flagged as incomplete. Visits created the same day but before the site parameters were changed will still be marked as complete. The date and time the visit was entered in RPMS determines the flag to be applied, not the date and time of service.

- Update provider exceptions to E Sig?

Use one of the following:

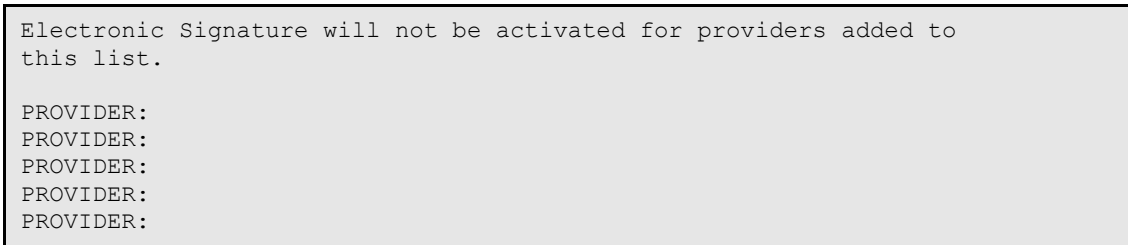
– **Y** (Yes)

Or

– **N** (No)

The electronic signature function is available on the **One Patient, All Patients, Intake**, and **Group entry** menus (in the GUI). Only those encounter records with signed **SOAP/Progress Notes** will pass to PCC.

If you use **Y**, Figure 4-8 displays.



Electronic Signature will not be activated for providers added to this list.

PROVIDER:
PROVIDER:
PROVIDER:
PROVIDER:
PROVIDER:

Figure 4-8: Place to List Provider Exceptions to Electronic Signature example

Populate the **PROVIDER** field with the name of provider with exception to electronic signature.

The ability to opt out of the electronic signature for a specific provider has been added to the site **parameters** menu. If a site determines that a particular provider should be exempted from the electronic signature, those visits will pass to PCC but show up as unsigned on the visit entry display.

- Update those allowed to see all records?

Use one of the following:

– **Y** (Yes)

Or

– N (No)

Use **Y** to determine if you want to update those allowed to see all records.

- If the user's name is added to this list, the user will be able to see all records entered into the system, whether the user was the provider of the visit or not, or whether the provider created the record or not.
- If the user's name is not added to this list, only those encounter records the user created or those on which the user was a provider will be visible to that user.

The "Help" prompt has been updated and provides the following information when the user types in a **question mark (?)**: If users need to see records other than their own, their names should be added to this list. Type a **Y** to update the list.

If you use **Y**, Figure 4-9 displays. You can add another user to the list. This new user will be able to see all visits when using the **one patient** or **all patient** GUI options.

```
Enter only those users who should be permitted to see all Visit and Intake
records for all patients whether they were the provider of record or the
user who entered the record or not. Users not entered on this list will see
only those Visits or Intake records that they entered or for which they
were the provider of record. This parameter applies to the all patients
option and all other options that display Visit and Intake information.
-----
+DEMO, SHIRLEY
DEMO, LISA M
DEMO, SUSAN P
DEMO, WENDY
```

Figure 4-9: List of names allowed to see all records example

- Update those allowed to override delete?

Use one of the following:

– Y (Yes)

Or

– N (No)

Use **Y** to determine if you want to update those allowed to override delete.

If you use **Y**, Figure 4-10 displays. You can add another name to the list.

Enter only those users who should be permitted to delete any Intake document, signed or unsigned, whether they are the user who entered the Intake document or the provider of record.

DEMO, MARK
DEMO, RONALD D SR
DEMO, KAREN

Figure 4-10: List of names allowed to delete any Intake document example

- Update those allowed to share visits?

Use one of the following:

– Y (Yes)

Or

– N (No)

Use Y to update those allowed to share visit information via RPMS mail message.

If you use Y, Figure 4-11 displays. Here you can add a new name to the “User allowed to share visits via mail” prompt. All users permitted to share visit information via RPMS mail messages should be entered here.

Entering users into this field will give them access to send a copy of a completed encounter form (either full or suppressed) to other RPMS users. Keep confidentiality issues in mind when deciding on who should be given this access.

User allowed to share visits via mail: DEMO, BJ
User allowed to share visits via mail: DEMO, WENDY
User allowed to share visits via mail: DEMO, RYAN
User allowed to share visits via mail:
User allowed to share visits via mail:
User allowed to share visits via mail:
User allowed to share visits via mail:
User allowed to share visits via mail:
User allowed to share visits via mail:
User allowed to share visits via mail:
User allowed to share visits via mail:

Figure 4-11: Pop-up to enter user-names allowed to share visits via mail example

- Update those allowed to order Labs?

Use one of the following:

– Y (Yes)

Or

– N (No)

Use Y to permit those allowed to order lab tests.

If you use **Y**, Figure 4-12 displays. Here you can add a new name at the “User Permitted to Order Labs” prompt. All users permitted to order lab tests should be entered here.

The users that you enter into this field will be given access to order LAB tests through the SEND PATIENT option.
If a user is not entered here he/she will not be granted access to the LAB SEND PATIENT option.

User Permitted to Order Labs:
User Permitted to Order Labs:
User Permitted to Order Labs:

Figure 4-12: Pop-up to enter user-names allowed to order labs example

If you are using the **RPMS Pharmacy System**, enter the **Division**.

Specify the **name** of the division for the **RPMS Pharmacy System**.

4.2 Export Utility Menu (EXPT)

Use the **EXPT** option to access the options on the **Export Utility Menu** (Figure 4-13).

DEMO INDIAN HOSPITAL

GEN	Generate BH Transactions for HQ
DISP	Display a Log Entry
PRNT	Print Export Log
RGEN	Re-generate Transactions
RSET	Re-set Data Export Log
CHK	Check Records Before Export
EDR	Re-Export BH Data in a Date Range
ERRS	Print Error List for Export
OUTP	Create OUTPUT File

Select Export Utility Menu Option:

Figure 4-13: Options on the Export Utility Menu example

Use the options on this menu to pass data from your facility to the **IHS National Data Warehouse (NDW)** office for statistical reporting purposes.

Warning: This set of utilities should only be accessed and used by the site manager, the BH program manager, or designee.

Note: Export previously generated via the SAE method must now be transmitted using the **IHS Communication Report (BCOM)** method. Site managers should refer to the BCOM manual for more details.

These options should be familiar to site managers and other RPMS staff who generate exports. The recommended sequence for their use follows those from **PCC- CHK, clean, GEN, DISP, ERRS**, and transmit. **RGEN, RSET, and OUTP** should be reserved for expert use as required.

4.2.1 Generate BH Transactions for HQ (GEN)

Use the **GEN** option to generate AMH transactions to be sent to **HQ**. The transactions are for records posted between a specified date range.

The transactions are for records posted since the last time you did an export up until yesterday. Both **BH** visit records and **Suicide** forms will be exported.

Type the **caret (^)** at any prompt and the application will ask you to confirm your entries prior to generating transactions. Figure 4-14 displays.

```
The inclusive dates for this run are DEC 28,2008 through APR 18,2009.  
The location for this run is DEMO INDIAN HOSPITAL.  
Do you want to continue? N//
```

Figure 4-14: Information Before Continuing example

- Do you want to continue?

Use one of the following:

– **Y** (Yes)

Or

– **N** (No)

If you use **Y**, the prompts continue. If you use **N**, you return to the **Export Utility** menu.

- Do you want to QUEUE this to run at a later time?

Use one of the following:

– **Y** (Yes)

Or

– **N** (No)

If you use **Y**, the generation will be put in the queue. If you use **N**, the generate process continues. The **BH export** generally takes less than five minutes to generate. It will still tie up your computer while doing the export (but it is quick). Figure 4-15 shows an example.

```
Enter beginning date for this run:  SEP 1, 2008

The inclusive dates for this run are  SEP 1, 2008  THROUGH  SEP 30,
2008
The location for this run is the _____HOSPITAL/CLINIC.

Do you want to continue (Y/N)  N// Y

Generating transactions.      Counting records      ( * 100*      )

*100* Transactions were generated.
Updating log entry.
Deleting cross reference entries (100)

RUN TIME  (H.M.S): 0.3.56
```

Figure 4-15: Information for generating the new log entry example

4.2.2 Display a Log Entry (DISP)

Use the **DISP** option to display the extract log information in a specified date range.

- Select **MHSS EXTRACT LOG BEGINNING DATE**.
 - Specify the **extract log beginning date**. (You can view the extract date by typing a **question mark [?]** at this prompt.)
- **DEVICE**
 - Select the **device** to output the log information.

Figure 4-16 shows the extract log information.

```
NUMBER: 2                      BEGINNING DATE:  SEP 1, 2008
ENDING DATE:  SEP 30, 2008@10:26:49
RUN STOP DATE/TIME:  OCT 2, 1994@10:30:51
COUNT OF ERRORS: 2          COUNT OF TRANSACTIONS: 98
COUNT OF RECORDS PROCESSED: 100      RUN LOCATION: _____
# ADDS: 97                      # MODS: 1
# DELETES: 0
TRANSMISSION STATUS:  SUCCESSFULLY COMPLETED
```

Figure 4-16: Extract log information example

4.2.3 Print Export Log (PRNT)

Use the **PRNT** option to display the export extract log report.

The application displays the previous selection beginning date.

- **START WITH BEGINNING DATE**
Press **Enter** to accept the default date. Otherwise, specify the first **beginning date** of the date range.
- **GO TO BEGINNING DATE**
Press **Enter** to accept the default date. Otherwise, specify the next **beginning date**.
- **DEVICE**
Specify the **device** to print/browse the log.

The application displays the Mental Health/Social Service Export Extract Log (Figure 4-17).

*****MENTAL HEALTH/SOCIAL SERVICES*****						
EXPORT EXTRACT LOG				PAGE:	1	
				REPORT DATE:	04/20/09	
	ADDS	DEL	MODS	TRANS	ERROR	RECORD
3	10/24/06	12/21/06		39	10	45
	10/24/06	12/21/06				
4	12/20/06	05/14/07		256	34	278
	12/20/06	05/14/07				
5	05/13/07	08/22/07		128	55	181
	05/13/07	08/22/07				
6	08/21/07	10/03/08		537	77	595
	08/21/07	10/03/08				
7	10/02/08	11/17/08		21	4	17
	10/02/08	11/17/08				
8	11/16/08	12/10/08		185	12	180
	11/16/08	12/10/08				
9	12/09/08	12/29/08		33	0	33
	12/09/08	12/29/08				
TOTAL	0	0	0	1199	192	1329

Figure 4-17: Export extract log example

4.2.4 Re-generate Transactions (RGEN)

Use the **RGEN** option to re-generate transactions between two dates.

Warning: Do not use this option if you are not an expert user.

The prompts are below:

- Select MHSS EXTRACT LOG BEGINNING DATE
Specify the **beginning date**.

If you specified an existing date, Figure 4-18 displays.

```
Log entry 6 was for date range MAR 2, 2007 through JUN 16, 2007
And generated 44 transactions from 67 records.

This routine will generate      transactions.

Do you want to regenerate the transactions for this run?  N//
```

Figure 4-18: Information About Re-Generate Transactions example

4.2.5 Re-Set Data Export Log (RSET)

Use the **RSET** option to reset the **BH Data Transmission Log**. You must be absolutely sure that you have corrected the underlying problem that caused the Transmission process to fail in the first place.

The **BH Data Transmission Log** entry you choose will be REMOVED from the **log** file and all **Utility** and **Data** global's associated with that run will be killed.

Warning: You must now select the **Log Entry** to be reset. <Select carefully>

4.2.6 Check Records Before Export (CHK)

Use the **CHK** option to review all records that posted to the BH database since the last export. It will review all records that were posted from the day after the last date of that run up until two days ago.

Figure 4-19 shows the BH Export Record Review report.

DEMO INDIAN HOSPITAL BH EXPORT RECORD REVIEW Record Posting Dates: APR 19, 2009 and APR 20, 2009						Page 1
RECORD DATE	PATIENT	HRN	PGM	TYPE	ACT	TYPE
APR 20, 2009@09:44 E023-NO AFFILIATION FOR PROVIDER	DEMO,CHELSEA MARIE	116431	S	OUTPATIENT	16	
APR 20, 2009@09:51 E023-NO AFFILIATION FOR PROVIDER	DEMO,EDWIN RAY	105321	S	OUTPATIENT	85	
APR 20, 2009@10:46 E023-NO AFFILIATION FOR PROVIDER	DEMO,EDWIN RAY	105321	S	OUTPATIENT	85	
APR 20, 2009@10:56 E023-NO AFFILIATION FOR PROVIDER	DEMO,SERGIO	206293	S	OUTPATIENT	15	
RUN TIME (H.M.S): 0.0.0 End of report. PRESS ENTER:						

Figure 4-19: Report about records before export example

4.2.7 Print Error List for Export (ERRS)

Use the **ERRS** option to print/browse the report that shows all records that have been posted to the database and are still in error AFTER the latest Export/Generation.

If the records are listed here, they are not passing to PCC and the billing package.

Below are the prompts:

- Select MHSS EXTRACT LOG BEGINNING DATE

Specify the extract log **beginning date**. (You can view the extract date by typing a **question mark (?)** at this prompt.)

Note: Use the **Check Records before Export** option to determine all errors before running the generation. Correct these remaining errors before the next export/generation.

- DEVICE

Specify the **device** to print/browse the report.

Figure 4-20 shows the MHSS Extract Log Error report.

MHSS EXTRACT LOG ERROR REPORT					APR 20, 2009 13:15	PAGE 1
VISIT DATE	PATIENT	HRN	PGM	TYPE		ACT TYPE

AUG 21, 2006 17:44	ALPHAAA, STEVEN ALLAN	165583	S	OUTPATIENT		31
ERROR: E021-NO PURPOSE OF VISIT						
68,1700						
ERROR: E023-NO AFFILIATION FOR PROVIDER						
Press ENTER to Continue:						

Figure 4-20: MHSS Extract Log Error Report example

4.2.8 Create OUTPUT File (OUTP)

Use the **OUTP** option to create an output file. Consult with the site manager on how to create an RPMS export.

4.2.9 Re-Set Patient Flag Field Data (RPFF)

Use the **RPFF** option to reset all patient flag fields to null. This should be done each time you want to flag patients for a different reason. You can reset one particular flag or all flags. You may use this reset option to reassign a particular flag, or all flags as needed.

Below are the prompts:

- Reset which flags:

Use one of the following:

- **A** (All flags)

Or

- **O** (One particular flag)

If you use **O**, other prompts will display.

- Are you sure you want to do this?

Use one of the following:

- **Y** (Yes)

Or

- **N** (No)

If you use **Y**, Figure 4-21 shows the information.

```
Hold on... resetting data..  
All done.
```

Figure 4-21: Information from the application about the reset process example

4.3 Display Log of Who Edited Record (DLWE)

Use the **DLWE** option to display a list of who edited a **BH** record.

Below are the prompts:

- Enter ENCOUNTER DATE
 - Specify the **date** of the encounter.
- Enter LOCATION OF ENCOUNTER
 - If known, specify the **location**. Otherwise, press **Enter**.
- Enter PATIENT
 - Specify the **name** of the patient.

Figure 4-22 shows the **Behavioral Health Visits** for the date specified. The following examples were visits with no location and no patient.

Behavioral Health visits for Dec 10, 2015									
#	PROVIDER	LOC	COMMUNITY	ACT	CONT	PATIENT	PROB	NARRATIVE	
1	BJB DEMO,	CHELSEA M	WW116431	60	16	F84.0	AUTISM SPECTRUM	DISORDER	

	2	BJB	DEMO,CHELSEA	M	WW116431	30	13	F10.24	ALCOHOL-INDUCED BIPOLAR AND
	3	BJB	DEMO,CHELSEA	M	WW116431	15	19	F42.	HOARDING DISORDER
*	4	JC	DEMO,CHELSEA	M	876543	60	13	F32.3	MAJOR DEPRESSIVE DISORDER, S
*	5	JC	DEMO,CHELSEA	M	876543	60	13	T43.205A	ANTIDEPRESSANT DISCONTINUATI
	6	DG	DEMO,CHELSEA	M	WW116431	11	22	F32.1	MAJOR DEPRESSIVE DISORDER, S
	7	DG	DEMO,CHELSEA	M	WW116431	20	15	F10.259	ALCOHOL-INDUCED PSYCHOTIC DI
	8	ST	DEMO,DOROTHY	ROS	WW9999999	1	99	97	ADMINISTRATIVE

Which record do you want to display: (1-7):

Figure 4-22: Behavioral Health Visits screen example

You can display the visit data for a particular record by responding the “Which record do you want to display?” prompt. Figure 4-23 shows the visit data.

MHSS RECORD LIST				APR 20,2009 11:31		PAGE 1
DATE						
CREATED	WHO ENTERED RECORD		LAST MOD	USER	LAST UPDATE	
	DATE/TIME EDITED		WHO EDITED			

04/10/09	DEMO,BJ		04/10/09	DEMO,BJ		
	APR 10,2009 12:01		DEMO,BJ			
End of report. Press enter:						

Figure 4-23: Report about visit data of a particular record example

4.4 Add/Edit Local Service Sites (ELSS)

Use the **ELSS** option to add/edit location service sites. If you add a new location service site, you give it a name and abbreviation. Counts of these visits can be recovered using the **GEN** option in **Encounter Reports** or **ACT** in the **Workload reports**.

The prompts are below:

- Select MHSS LOCAL SERVICE SITES

Specify a new or existing local service site. Specify a new service site using **3–30** characters.

If you specify a new service site, the application confirms that you are adding this new service site (use **Y** or **N**); if you use **N**, the above prompt repeats.

If you specify an existing factor, for example, **HEADSTART**, the application displays the following prompt:

- LOCAL SERVICE SITE: HEADSTART//

You can accept the existing service site by pressing **Enter**. Otherwise, you can give it a new service site name.

- **ABBREVIATION: HEAD**

You can accept the abbreviation of the existing service site by pressing **Enter**. Otherwise, you can give it another abbreviation.

4.5 Add Personal History Factors to Table (EPHX)

Use the **EPHX** option to add personal history factors to the four-item list initially identified for use in **BH** programs. Added items will be shown as items in the **Personal History** field in any place this option exists in a **Select or Print** field in the GEN reports.

The prompts are below:

- **Enter a PERSONAL HISTORY FACTOR**

Specify a new or existing personal history factor. If you use a new factor, using **3–30** characters, with no numeric or starting with punctuation.

If you specify a new factor, the application confirms that you are adding this new factor (use **Y** or **N**); if you use **N**, the above prompt repeats.

If you specify an existing factor, for example, **FAS**, the application displays the following prompt:

- **FACTOR: FAS//**

You can accept the existing factor by pressing **Enter**. Otherwise, you can give it a new factor name.

4.6 Update Students and Their Authorized Co-Signers (COSG)

Use the **COSG** option to add staff who require a co-signature for clinical documentation. This includes Behavioral Health student interns and non-credential staff who need clinical oversight and supervision.

Access the **COSG** option.

1. At the “Select Manager Utilities Option” prompt, type **COSG** and press **Enter**.
2. At the **prompt** to continue, type **Y** (YES) and press **Enter**.
3. The system displays the **View/Update Co-Signature Data List View** screen.

See Figure 4-24 for an example of this screen.

View/Update CO-Signature Data Mar 03, 2026 15:30:31	Page: 1 of 2
Providers/Students requiring Co-Signatures with their approved Co-Signers	

```
1) Name: WISDOM,WENDY (PHYSICIAN)
   Authorized Co-Signer: NEZ,MELINDA ()
   Authorized Co-Signer: AFSHAR,MAHNAZ ()
   Authorized Co-Signer: GUNDLURU,POOJITHA ()

2) Name: WILLIAMS,MARK A JR (PSYCHOLOGIST)
   Authorized Co-Signer: ACORD,ARLIS ()
   Authorized Co-Signer: CHELICH,ALEXIS ()
   Authorized Co-Signer: AFSHAR,MAHNAZ ()

+          ?? for more actions  + next screen  - prev screen

A    Add Student Needing Co Signature      X    Remove Student from the list
M    Modify Approved Co Signers           Q    Quit
Select Item(s): Next Screen//
```

Figure 4-24: Example of View/Edit Co-Signature Data List View screen example

Add a Student Requiring a Co-Signature

1. At the **View/Update Co-Signature Data List View** screen, type **A** and press **Enter** to select **Add Student Needing Co-Signature**.
2. Enter the **student's name** in the format: **LastName,FirstName** (no spaces).

Add an Authorized Co-Signer.

1. After adding the student, type **M** and press **Enter** to open the **Modify Approved Co-Signers** menu.
2. Type **A** to open the option to **Add an Authorized Co-Signer** and press **Enter**.
3. Enter the **co-signer's name** in the format: **LastName,FirstName** (no spaces).
 - To add another co-signer, repeat the previous steps.
 - To remove a co-signer, use the same menu and select **X** to use the **Remove Student from the list** option.
4. When finished, type **Q** and press **Enter** to return to the **MUTL** screen.

Review Co-Signature Assignments

The **View/Update Co-Signature Data** list view screen displays each student and their authorized co-signer(s). See Figure 4-24 as an example.

4.7 Delete BH General Retrieval Report Definitions (DRD)

Use the **DRD** option to delete a **PCC Visit** or **Patient General Retrieval** report definition. This option enables users to remove saved report definitions created using **GEN** or **PGEN**. For example, delete report definitions when a provider leaves the facility or when reports are no longer needed.

Prompts

- “REPORT NAME”

Enter the name of the report definition you want to delete. Enter a **question-mark (?)** at this prompt to view a list of existing definitions.

- “Are you sure you want to delete the [report name] definition?”

This prompt displays the report name you selected.

Enter one of the following:

- **Y (Yes)** – Deletes the report definition
- **N (No)** – Cancels the deletion

4.8 Edit Other EHR Clinical Problem Code Crosswalk (EEPC)

Use the **EEPC** option to update problem code groupings for entries in the **MHSS PROBLEM/DSM-5** table.

This option allows users to change codes assigned to the default grouping **99.9 OTHER EHR CLINICAL** to a more specific **MHSS PROBLEM CODE** grouping.

Background

In RPMS Behavioral Health applications:

- The **Purpose of Visit (POV)** is recorded using a **BH Problem Code** or a **DSM-5-TR** code.
- These codes are grouped into:
 - Problem Code Groupings (for reporting)
 - Problem Categories (higher-level groupings)

Example

- DSM-5-TR code: F32.0 Major Depressive Disorder, Single Episode, Mild.
- Problem Code Grouping: 14 Depressive Disorders.
- Problem Category: Psychosocial Problems.

In RPMS EHR

- POV entries use ICD-10 or SNOMED codes.
- These codes are mapped to ICD codes and then passed to AMH.
- DSM-5-TR codes are not directly used in EHR.

If a selected ICD code does not match a DSM-5-TR code

- The system automatically adds the code to the MHSS PROBLEM/DSM-5 table.
- The code becomes available in AMH.

However

- These new codes are not automatically assigned to a problem code grouping.
- Users must manually assign the correct grouping, so the code appears correctly in reports.

Note: This assignment only needs to be completed once per code.

Sample prompts

- CODE: V72.3
- ICD Narrative: GYNECOLOGIC EXAMINATION

4.9 Enter the Problem Code Grouping

Enter the appropriate **Problem Code Grouping** for the displayed **Code** and **ICD Narrative**.

- Enter the **grouping code** to assign the code correctly for reporting.
- Enter the **caret (^)** to exit without making changes.

4.10 Update Locations a User Can See (UU)

Use the **UU** option to define which locations a user can access in the **Behavioral Health** application.

Description

AMH v4.0 includes a **BH User** field that allows sites to restrict user-access by location.

- If a user is added to the **BH User** file, you must assign the locations they can access.
- If a user is not in this file, they can access all locations.

When to Use

Use this option when:

- The site has multiple divisions or facilities
- Restricted access to patients or visit data by location is needed.

Behavior

When a user is assigned specific locations:

- The user can only:
 - View patients with records at those locations
 - See those patients in lists and reports
 - Access visits for those locations
- The user cannot:
 - View patients or visits from other locations.

This restriction applies to all options that display or report visit data.

Prompts

Select BH USER NAME

- Enter the **name** of the user.
- This adds the user to the **BH User** file.
- A **ScreenMan** form displays.

ScreenMan Fields

- Location
 - Enter each location the user can access.
 - You may enter multiple locations.
 - Use additional Location fields as needed.

Figure 4-25 shows the **Update Visit Locations a User can See** screen.

```
**** Update Visit Locations a User can See ****
USER: DEMO,LORI

Location: DEMO INDIAN HOSPITAL
Location: SELLS HOSP
Location:
Location:
Location:
```

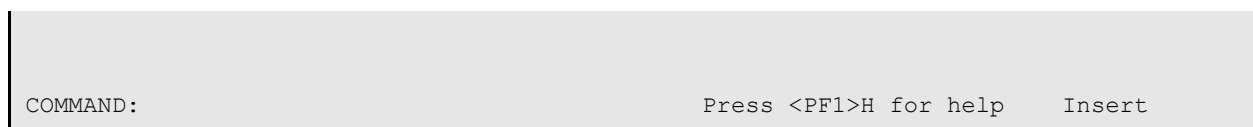


Figure 4-25: Update Visit Locations a User can see example

Result

- The user can only view visits from the two locations in the example.
- Visits from other facilities (for example, Phoenix Hospital) are not visible.

This restriction applies to all visit-related options, such as **Browse Visits**.

Appendix A DSM-5-TR Copyright and Trademark Information

A.1 Copyright

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Appendix B How to Configure a New Behavioral Health Provider in RPMS

B.1 Introduction

New Behavioral Health Providers need additional set up after the initial creation in RPMS as an RPMS user and provider. This document provides the steps necessary to give the new Behavioral Health provider the access they need to the application, including multiple divisions and secondary menu options.

B.2 Instructions

Once the provider is created in RPMS as a user and provider, the RPMS Administrator must assign secondary menu options to the employee and give the appropriate **AMH Security** keys.

1. Assign **Secondary Menus**.
 - a. Assign the following secondary menu options to each new provider:
 - i **AMHGRPC** with the synonym **AMHG**.
 - ii **BMXRPC** with the synonym **BMX**.
2. Assign the appropriate **AMH Security** keys to the **provider**.
3. Assign the appropriate **AMH Security** keys to the **employee** (Table B-1).

Those keys marked with an **asterisk (*)** are needed by all staff, at a minimum, to use the application. All other keys are **supervisor**, **manager**, or **site manager** keys.

The **Delete** and **Report** keys can be assigned to all staff at the discretion of the program manager.

The **AMHZ CODING REVIEW** key should not be assigned to Behavioral Health staff. It should be assigned only to staff using the **Coding Queue**.

Table B 1: List of AMH Security Keys and Their Descriptions

Key	Permits Access To
* AMHZMENU	Top-level menu (AMHMENU)
AMHZMGR	Supervisory level/manager options
* AMHZ DATA ENTRY	Data entry module
AMHZ RESET TRANS LOG	Reset the export log

Key	Permits Access To
AMHZDECT	Data Entry Forms Count Menu option
* AMHZHS	BHS Health Summary Component
AMHZRPT	Reports module
AMHZ DV REPORTS	Screening reports
* AMHZ SUICIDE FORM ENTRY	Suicide Form Data Entry Menu
AMHZ SUICIDE FORM REPORTS	Suicide Form Reports Menu
AMHZ DELETE RECORD	Delete unsigned records
AMHZ DELETE SIGNED NOTE	Delete records containing signed notes
AMHZ UPDATE USER/LOCATIONS	Update the locations the user is permitted to access
AMHZ CODING REVIEW	Review records to ensure accurate coding

- If the Facility or Program will not be using the Electronic Signature functionality, the RPMS Administrator must add the provider's name to the **BHS Site Parameter** option, **Update Provider Exceptions to E Sig**.
- If the Facility or Program is using the Electronic Signatures, the new provider will need to go into **TBOX** in **RPMS** and create one.
 - a. Open the menu **MUTL Manager Utilities**. (Figure B 1)
 - b. Open the menu **SITE Update Site Parameters**.

```

*****
**      IHS Behavioral Health System      **
*****
          Version 4.0 (patch 12)

          2021 DEMO HOSPITAL (INST)

DE  Behavioral Health Data Entry Menu ...
RPTS Reports Menu ...
MUTL Manager Utilities ...

*****
**      IHS Behavioral Health System      **
**      Manager Utilities                 **
*****
          Version 4.0 (patch 12)

          2021 DEMO HOSPITAL (INST)

SITE Update Site Parameters
EXPT Export Utility Menu ...
RPFF Re-Set Patient Flag Field Data
DLWE Display Log of Who Edited Record
ELSS Add/Edit Local Service Sites
EPHX Add Personal History Factors to Table

```

DRD	Delete BH General Retrieval Report Definitions
EEPC	Edit Other EHR Clinical Problem Code Crosswalk
UU	Update Locations a User can See

Figure B 1: Behavioral Health Manager Utilities menu

c. Change the **Update Provider Exceptions to E Sig** (Figure B 2).

- If the Facility or Program is using Electronic Signatures set the parameter to **Y** (Yes). Then add the **provider**.
- If the Facility or Program is **NOT** using Electronic Signatures, set the parameter to **N** (No).

```
Select Manager Utilities <TEST ACCOUNT> Option: SITE Update Site Parameters

Select MHSS SITE PARAMETERS: 2021 DEMO HOSPITAL (INST)    ALBUQUERQUE    A
LBUQUERQUE    01    HOSPITAL 8993I
...OK? Yes// (Yes)
** UPDATE BH SITE PARAMETERS **    Site Name: 2021 DEMO HOSPITAL (INST)
=====
Update DEFAULT Values? N
Update Hospital Location Defaults? N
Default Health Summary Type: BEHAVIORAL HEALTH

Default response on form print:    Suppress Comment on Suppressed Form? NO
# of past POVs to display: 5    Exclude No Shows on last DX Display? NO
DSM-5 Implementation Date: SEP 29,2014
Update PCC Link Features? N
Turn Off EHR to BH Link? NO
Turn on PCC Coding Queue? YES    Update Provider Exceptions to E Sig? N
Update those allowed to see all records? N
Update those allowed to override delete? N
Update those allowed to share visits? N
Update those allowed to order Labs? N
If you are using the RPMS Pharmacy System, enter the Division:

-----

** UPDATE BH SITE PARAMETERS **    Site Name: 2021 DEMO HOSPITAL (INST)
=====
Update DEFAULT Values? N
Update Hospital Location Defaults? N
Default Health Summary Type: BEHAVIORAL HEALTH

Default response on form print:    Suppress Comment on Suppressed Form? NO
# of past POVs to display: 5    Exclude No Shows on last DX Display? NO
DSM-5 Implementation Date: SEP 29,2014
Update PCC Link Features? N
Turn Off EHR to BH Link? NO
Turn on PCC Coding Queue? YES    Update Provider Exceptions to E Sig? Y >>>>>
Update those allowed to see all records? N
Update those allowed to override delete? N
Update those allowed to share visits? N
Update those allowed to order Labs? N
If you are using the RPMS Pharmacy System, enter the Division:
```

```
Electronic Signature will not be activated for providers added to |=====
|this list. |
| |
| PROVIDER: Demo,Doctor |
| PROVIDER: |
```

Figure B 2: Behavioral Health Site Parameters, Update Provider Exceptions parameter

- If the new provider needs to see all **BHS** records, and not just their own records, add the **provider's name** to the **BHS Site Parameter** option and update those allowed to see all records (Figure B 3). This not only applies to **BHS** records/visits, but it also applies to **BHS Reports** data or the **Coding Review** option for Coders.

```
** UPDATE BH SITE PARAMETERS **   Site Name: 2021 DEMO HOSPITAL (INST)
=====
Update DEFAULT Values? N
Update Hospital Location Defaults? N
Default Health Summary Type: BEHAVIORAL HEALTH

Default response on form print:      Suppress Comment on Suppressed Form? NO
# of past POVs to display: 5        Exclude No Shows on last DX Display? NO
DSM-5 Implementation Date: SEP 29,2014
Update PCC Link Features? N
Turn Off EHR to BH Link? NO
Turn on PCC Coding Queue? YES      Update Provider Exceptions to E Sig? Y
Update those allowed to see all records? Y
Update those allowed to override delete? N
Update those allowed to share visits? N
Update those allowed to order Labs? N
If you are using the RPMS Pharmacy System, enter the Division:

-----+
** UPDATE BH SITE PARAMETERS **   Site Name: 2021 DEMO HOSPITAL (INST)
+-----+
| Enter only those users who should be permitted to see all Visit and |
| Intake records for all patients whether they were the provider of record or |
| the user who entered the record or not. Users not entered on this list |
| will see only those Visits or Intake records that they entered or for |
| which they were the provider of record. This parameter applies to the SDE |
| menu option and all other options that display Visit and Intake information.|
| ----- |
| DEMO, DOCTOR |
| |
| |
| |
| |
+-----+
```

Figure B 3: BH Site Parameters Update those allowed to see all records

- If your RPMS database has divisions, the RPMS administrator can determine which BHS records from a specific division a provider can see. Add the provider's name to the **BHS Manager Utilities** option, **UU menu** option, update **Locations a User can see**. Assign the Division/Locations the provider has a need to know, to see those records. If you do not use this option, the provider will be able to see all BHS records from all divisions in this application.

Note: If you do not have Divisions in your database, disregard.

- Open the **UU menu**.
- Update **Locations a User can see** (Figure B 4).

```

*****
**      IHS Behavioral Health System      **
**      Manager Utilities                  **
*****
Version 4.0 (patch 12)

2021 DEMO HOSPITAL (INST)

SITE  Update Site Parameters
EXPT  Export Utility Menu ...
RPFF  Re-Set Patient Flag Field Data
DLWE  Display Log of Who Edited Record
ELSS  Add/Edit Local Service Sites
EPHX  Add Personal History Factors to Table
DRD   Delete BH General Retrieval Report Definitions
EEPC  Edit Other EHR Clinical Problem Code Crosswalk
UU    Update Locations a User can See

Select Manager Utilities <TEST ACCOUNT> Option: UU Update Locations a User
can See

Select BH USER NAME: DEMO,DO
1 DEMO,DOCTOR DD
2 DEMO,DOCTOR D DO DDD
CHOOSE 1-2: 1 DEMO,DOCTOR DD
Are you adding 'DEMO,DOCTOR' as a new BH USER (the 7TH)? No// Y (Yes)
**** Update Visit Locations a User can See ****
USER: DEMO,DOCTOR

Location: 2021 DEMO HOSPITAL (INST)
Location:
Location:
Location:
Location:

Exit  Save  Refresh

Enter a command or '^' followed by a caption to jump to a specific field.

```

Figure B 4: Managers Utilities, Update Locations a User can See

4. The first time the provider logs into **BHS GUI**, the RPMS Administrator will need to give them the instructions to configure the Connection (IP address, BMX Port, etc.). Once the provider successfully logs in, this connection information will be saved for future logins.

Appendix C Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is **FOR OFFICIAL USE ONLY**. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (ROB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS website:

<https://home.ihs.gov/security/index.cfm>.

Note: Users must be logged on to the IHS D1 Intranet to access these documents.

The ROB listed in the following sections are specific to RPMS.

C.1 All RPMS Users

In addition to these rules, each application may include additional ROB that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

C.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.
- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

C.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

C.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.

- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

C.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

C.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

C.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.
- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

C.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.

- Give a password out over the phone.

C.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

C.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

C.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

C.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.

- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

C.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

C.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption established for network, internet, and Web browser communications.

C.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

C.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.
- Shall follow industry best standards for systems they are assigned to and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

Glossary

Caret

The caret (^) symbol is obtained by pressing Shift-6.

Command

The instructions you give the computer to record a certain transaction. For example, selecting Payment or P at the command prompt tells the computer you are applying a payment to a chosen bill.

Database

A database is a collection of files containing information that may be used for many purposes. Storing information in the computer helps in reducing the user's paperwork load and enables quick access to a wealth of information. Databases are comprised of fields, records, and files.

Data Elements

Data fields that are used in filling out forms in BHS.

Default Response

Many of the prompts in the BHS program contain responses that can be activated simply by pressing the Enter key. For example: Do you really want to quit? No//. Pressing the Enter key tells the system you do not want to quit. No// is considered the default response.

Device

The name of the printer to use when printing information. Home means the computer screen.

Fields

Fields are a collection of related information that comprises a record. Fields on a display screen function like blanks on a form. For each field, the application displays a prompt requesting specific types of data.

FileMan

The database management system for RPMS.

Free-Text Field

This field type will accept numbers, letter, and most of the symbols on the keyboard. There may be restrictions on the number of characters that are allowed.

Frequency

The number of times a particular situation occurs in a given amount of time.

Full Screen Editor

A word processing system used by RPMS. The Full Screen Text Editor works like a traditional word processor, however, with limited functionality. The lines wrap automatically. The Up, Down, Right, and Left Arrows move the cursor around the screen, and a combination of upper- and lower-case letters can be used.

Interface

A boundary where two systems can communicate.

Line Editor

A word-processing editor that allows editing text line-by-line.

Menu

The menu is a list of different options from which to select at a given time. To choose a specific task, select one of the items from the list by entering the established abbreviation or synonym at the appropriate prompt.

Menu Tree/Tree Structure

A tree structure is a way of representing the hierarchical nature of a structure in a graphical form. It is named a tree structure because the classic representation resembles a tree, even though the chart is generally upside down compared to an actual tree, with the root at the top and the leaves at the bottom.

Prompt

A field displayed onscreen indicating that the system is waiting for input. Once the computer displays a prompt, it waits for entry of some specific information.

Roll-and-Scroll

The roll-and-scroll data entry format captures the same information as the graphical use interface (GUI) format but uses a series of keyboard prompts and commands for entering data into RPMS. This method of data entry is sometimes referred to as CHUI—Character User Interface.

Security Keys

Tools used to grant/restrict access to certain applications, application features, and menus.

Site Manager

The person in charge of setting up and maintaining the RPMS database(s) either at the site or Area-level.

Submenu

A menu that is accessed through another menu.

Suicide

The act of causing one's own death.

- Ideation with Intent and Plan—Serious thoughts of suicide or of taking action to take one's life with means and a specific plan
- Attempt—A non-fatal, self-inflicted destructive act with explicit or inferred intent to die.
- Completion—A fatal self-inflicted destructive act with explicit or inferred intent to die.

Terminal Emulator

A type of software that gives users the ability to make one computer terminal, typically a PC, appear to look like another so that a user can access programs originally written to communicate with the other terminal type. Terminal emulation is often used to give PC users the ability to log on and get direct access to legacy programs in a mainframe operating system. Examples of Terminal Emulators are Telnet, NetTerm, etc.

Text Editor

A word processing program that entering and editing text.

Word Processing Field

This is a field that allow users to write, edit, and format text for letters, MailMan messages, etc.

Acronym List

Acronym	Term Meaning
A/SA	Alcohol and Substance Abuse
BH	Behavioral Health
AMH	Behavioral Health System
CAC	Clinical Applications Coordinator. The CAC is a person at a medical facility assigned to coordinate the installation, maintenance, and upgrading of BHS and other software programs for the end users. The CAC is sometimes referred to as the application coordinator or a “super-user.”
CD	Chemical Dependency
EHR	Electronic Health Record
eSig	Electronic Signature
GPRA	Government Performance and Results Act; a federal law requiring federal agencies to demonstrate through annual reporting that they are using appropriated funds effectively to meet their Agency’s missions.
GUI	Graphic User Interface, a Windows-like interface with drop-down menus, text boxes icons, and other controls that supports data entry using a combination of the computer mouse and keyboard.
HRCN	Health Record Chart Number
IHS	Indian Health Service
MH	Mental Health
PCC	Patient Care Component
RPMS	Resource and Patient Management System

Contact Information

If you have any questions or comments regarding this distribution, please contact the IHS IT Service Desk.

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