

# Alta Mira Specialized Family Services Family Living Daily Entries and Provider Statement

## Provider Smart Form Guide

### Introduction

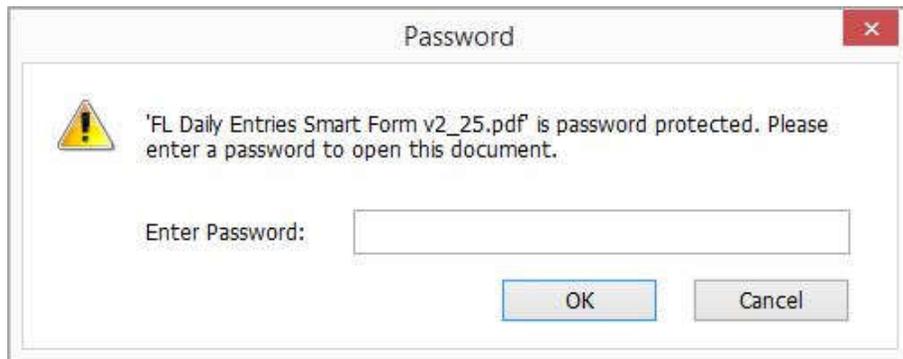
The computerized version, or “Smart” version, of this form has been designed to aid in facilitating the accuracy and comprehensiveness of your submissions. It is intended to provide you feedback so that all entries are properly completed *prior* to submitting it to Alta Mira via email. This guide will introduce you to the features and functions of the “Family Living Daily Entries Smart Form” so you know what to expect and how using this form benefits you and Alta Mira.

While this form has been tested and is known to work properly in Adobe Acrobat Reader DC version 2018.011.20055 and above, Alta Mira still recommends using FoxIt Reader version 9.1 and above for the best user experience on Microsoft Windows based computers. This form has been tested and known to work properly on Apple Mac Computers using Adobe Reader DC version 2018.011.20058 and above only. Due to the complexity of its functions and features, this form **DOES NOT work on iPad or Android devices, Chromebook, or in web browsers.**

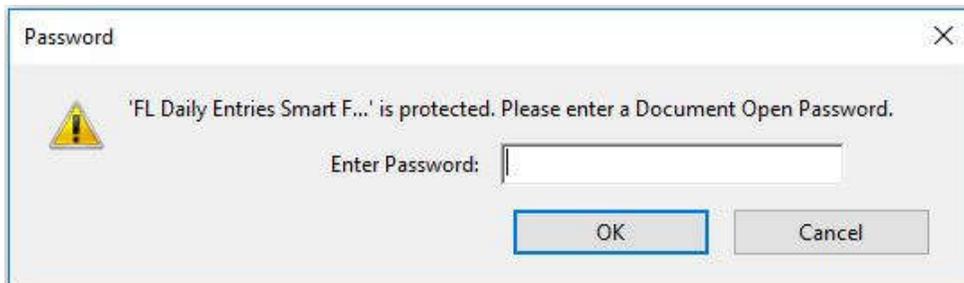
### Security

Because this form stores and transmits data of a potentially sensitive and private nature, the form has been encrypted using a 256-bit AES encryption algorithm. The use of an encryption algorithm basically translates into ***you will have to input a password each and every time you use the form.*** Therefore, when opening the form you will see a dialog similar to this:

In FoxIt Reader:



In Adobe Acrobat Reader DC:



Please input the following password to open and use the form:

**AM1&am2**

This password is permanently set and cannot be changed. This password is needed every time you use the form.

## Required Fields

One of the unique features of this form is letting you know when a particular piece of information is required. This is done using a feature called “Required Fields”. A required field will look similar to this:

In FoxIt Reader:			In Adobe Acrobat Reader DC:		
Participant: <input type="text"/>			Participant: <input type="text"/>		
Service Coordinator: <input type="text"/>			Service Coordinator: <input type="text"/>		
Date (m/d/yy): <input type="text"/>		Day Total Hours: 0.00	Date (m/d/yy): <input type="text"/>		Day Total Hours: 0.00
Period 1	Period 2	Period 3	Period 1	Period 2	Period 3
Time In:	Time In:	Time In:	Time In:	Time In:	Time In:
12:00 <input checked="" type="radio"/> am <input type="radio"/> pm	<input type="radio"/> am <input type="radio"/> pm		12:00 <input checked="" type="radio"/> am <input type="radio"/> pm	<input type="radio"/> am <input type="radio"/> pm	
Time Out:	Time Out:	Time Out:	Time Out:	Time Out:	Time Out:
<input type="text"/> <input type="radio"/> am	<input type="text"/> <input type="radio"/> am		<input type="text"/> <input type="radio"/> am	<input type="text"/> <input type="radio"/> am	

In FoxIt Reader, required fields are a darker violet while in Adobe Acrobat Reader DC they are outlined in red. Required fields are intended to let you know that information is needed in that field and will fail validation if left incomplete. You may complete required information at any time, however, if a required field is not completed when you attempt to validate the form, you will be prompted to complete any required fields that may have been missed. Typically, once a required field is completed, it will no longer be dark in FoxIt Reader, or have a red outline in Adobe Acrobat Reader DC. As you complete the form, additional fields will be marked as required in response to your input. For example:

In FoxIt Reader:	In Adobe Acrobat Reader DC:
Time In: 1:00 <input type="radio"/> am <input type="radio"/> pm	Time In: 1:00 <input type="radio"/> am <input type="radio"/> pm

By inputting “1:00” into the “Time In” field, the selection of “am” or “pm” is now required.

## Starting a New Month

At the start of every month, you will need to create a “working copy” of the form for that month. It is within the “working copy” that you will be inputting your daily entries for that month. The “working copy” is then submitted to Alta Mira via email at the conclusion of the month. You will then start the next month by creating a new “working copy” for that month. **DO NOT RESUSE A PREVIOUS MONTH’S “WORKING COPY”**. The name suggested by following these steps for creating your “working copy” helps to ensure that Alta Mira can properly identify your entries.

To create a “working copy” you need to begin by opening a blank form from the most current released version (currently 2.26) and completing three required fields on Page 1:

1. Participant
2. Family Living Provider
3. Date

The “Participant” field should be the participant’s first and last name as recognized by Alta Mira. Please do not use nicknames, abbreviated names, or initials. The “Family Living Provider” field should also be your full first and last name as recognized by Alta Mira. Again, please do not use nicknames, abbreviated names, or initials. The “Date” field should provide

you with a drop down of a calendar. Choose the 1<sup>st</sup> of the month you are creating the “working copy” for and click outside of the “Date” field when finished. (If a drop down calendar does not appear, simply type the date in the following format: m/d/yy.) At this point, the form is going to take a few moments to populate the “Date” fields on the following pages for every date in that month. This process could take several seconds causing the form to not be accessible, **PLEASE DO NOT INTERRUPT IT**. The form will become accessible again once this process is complete. The name you inputted for “Participant” and “Family Living Provider” will also automatically carry over to every page of your “working copy”. From this point forward, you will not need to input a date or the participant name or your name for the rest of the month. There are 31 entry pages in the form, but not all will have a date if that month has less than 31 days and can safely be ignored. The “Service Coordinator” name only appears on the first page and can be completed anytime, but is required.

After completing the three required fields detailed earlier:

Create Monthly Working File	July, 2018	Hospital Validated	0 Please Validate!	2018
Participant:	John Doe	Family Living Provider:	Jane Doe	
Service Coordinator:	Coordinator Joe	Validate	Invalidate	
Date (m/d/yy):	7/1/2018	Day Total Hours:	0.00	

The next step is to press the button that says:

Create Monthly Working File

After pressing the “Create Monthly Working File” button, a dialog box will appear instructing you to “Please copy the text below and use it as the file-name when prompted to ‘Save As’” and will look like this:

Please copy the text below and use it as the file-name when prompted to 'Save As':

Jane\_Doe\_JD\_July\_2018.pdf

OK Cancel

Use your mouse to highlight the entire name in the box like this:

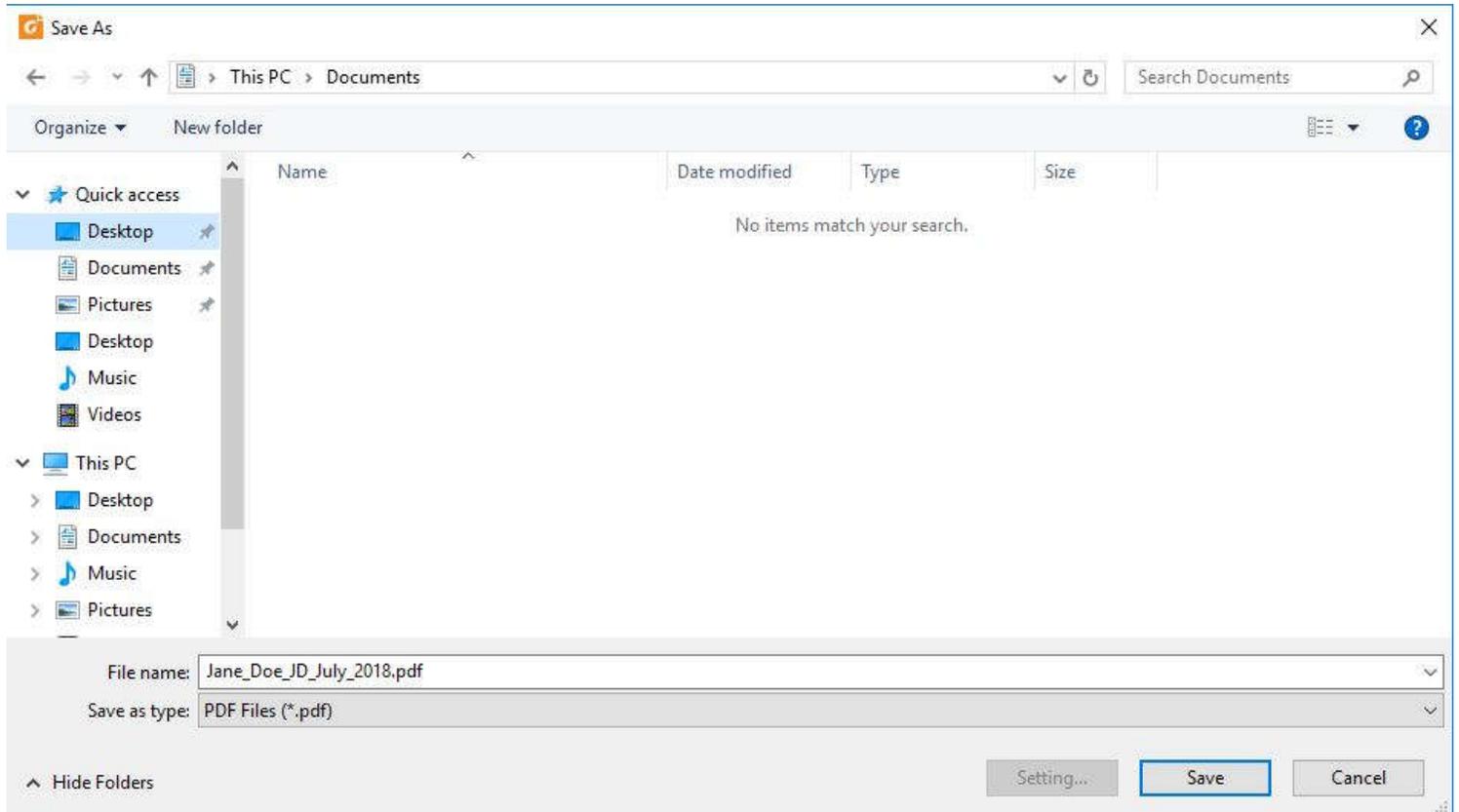
Please copy the text below and use it as the file-name when prompted to 'Save As':

Jane\_Doe\_JD\_July\_2018.pdf

OK Cancel

You can either use your mouse to right-click on the selection and then left click on ‘Copy’ or use the keyboard shortcut of Ctrl-C to copy the text as it appears. Then click on the ‘OK’ button.

After clicking 'OK', the 'Save As' dialog box will open as seen here:



Replace whatever may be in the 'File Name' field by either highlighting what is in there and either use your mouse to right-click your selection and then left click on 'Paste' or use the keyboard shortcut of Ctrl-V to paste the new file name into the 'File Name' field. You can choose wherever you want to save the file, just remember where it is because you will need to access it for the rest of the month. When you are ready to save it, click 'Save'. You should now be working in your new file. Do not forget to save it each and every time you make an entry.

## General Instructions

- 1) This form is a legal document, and should be filled out DAILY.
- 2) Each day of the month must be accounted for and the following information is still required by you for each day:
  - a. a Time In and Time Out entry for each time the Participant changes status, 6 periods are provided but you may not need to use all 6 each day;
  - b. a status indication noting if the Participant spent that period of time with a Substitute Care Provider, a Natural Support, or was participating in a Work or Day Program, Customized Community Support, alone, hospitalized or other if none of the preceding options apply;
  - c. your signature\*.  
\*Because this form is electronic, your typed name may act as your signature.\*
- 3) There is only one page per day and you must account for 24\*\* hours each day.
- 4) **Time In and Time Out** – **DO NOT use Military Time**
  - a. You **must** indicate "am" or "pm" for each time entered;
  - b. The first Time In of the day should be 12:00 am (Midnight), this is completed for you by default in Period 1;
  - c. The last Time Out of the day should be 11:59 pm.
  - d. The "Day Total Hours" found at the top of the entries will indicate the cumulative total number of hours for that day for all periods entered and should always equal something between 23.97 hours and 24 hours at the end of the day to be considered valid. The TimeIn for the next period will automatically populate with the TimeOut of the previous period unless the TimeOut is 11:59 pm indicating the end of that day.

Example: Participant was with you all night, went to work at 8:00 and came home at 2:00 in the afternoon. At 3:30, he went to spend time with his aunt. At 5:00 he went to a movie with his Substitute Care Provider and came back home at 9:00. He was home for the rest of the evening.

Date (m/d/yy): 7/1/2018		Day Total Hours: 23.98									
Period 1	Period 2	Period 3	Period 4	Period 5	Period 6						
Time In: 12:00 <input checked="" type="radio"/> am <input type="radio"/> pm	Time In: 8:00 <input checked="" type="radio"/> am <input type="radio"/> pm	Time In: 2:00 <input type="radio"/> am <input checked="" type="radio"/> pm	Time In: 3:30 <input type="radio"/> am <input checked="" type="radio"/> pm	Time In: 5:00 <input type="radio"/> am <input checked="" type="radio"/> pm	Time In: 9:00 <input type="radio"/> am <input checked="" type="radio"/> pm						
Time Out: 8:00 <input checked="" type="radio"/> am <input type="radio"/> pm	Time Out: 2:00 <input type="radio"/> am <input checked="" type="radio"/> pm	Time Out: 3:30 <input type="radio"/> am <input checked="" type="radio"/> pm	Time Out: 5:00 <input type="radio"/> am <input checked="" type="radio"/> pm	Time Out: 9:00 <input type="radio"/> am <input checked="" type="radio"/> pm	Time Out: 11:59 <input type="radio"/> am <input checked="" type="radio"/> pm						
Total: 8.00	Total: 6.00	Total: 1.50	Total: 1.50	Total: 4.00	Total: 2.98						
<input checked="" type="radio"/> In Family Living Provider's care	<input type="radio"/> In Family Living Provider's care	<input checked="" type="radio"/> In Family Living Provider's care	<input type="radio"/> In Family Living Provider's care	<input type="radio"/> In Family Living Provider's care	<input checked="" type="radio"/> In Family Living Provider's care						
<input type="radio"/> Work/ Day Program/ Other	<input checked="" type="radio"/> Work/ Day Program/ Other	<input type="radio"/> Work/ Day Program/ Other	<input type="radio"/> Work/ Day Program/ Other	<input type="radio"/> Work/ Day Program/ Other	<input type="radio"/> Work/ Day Program/ Other						
<input type="radio"/> With Substitute Care Provider:	<input checked="" type="radio"/> With Substitute Care Provider: Sample Name	<input type="radio"/> With Substitute Care Provider:									
<input type="radio"/> With Natural Support	<input type="radio"/> With Natural Support	<input type="radio"/> With Natural Support	<input checked="" type="radio"/> With Natural Support	<input type="radio"/> With Natural Support	<input type="radio"/> With Natural Support						
<input type="radio"/> Participant In Hospital											
<input type="radio"/> Customized Community Supports											
<input type="radio"/> Participant Alone Time											

- 5) **With Substitute Care Provider** – If the Participant is with a Substitute Care Provider, please type their name in the space provided.
- 6) **Activity Sections** - Please indicate how you “Assist” the Participant as the Provider.

Example:

<p>Morning Activities:</p> <p>I assisted John with his meds. I prepared breakfast for John. He went to work.</p>
<p>Afternoon Activities:</p> <p>John came home from work. John spent some time with his aunt from 3:30 - 5:00.</p>
<p>Evening Activities:</p> <p>After seeing a movie with his Substitute Care Provider. John helped fix dinner. I assisted John with evening meds, assisted John with evening routine including showering and getting ready for bed.</p>

Activity sections are limited in space and do not need to be too verbose. Please limit comments to the space provided.

- 7) Complete the “Information Update” page as applicable.

## Validating Completed Form

At the end of the month and before submitting the completed form to Alta Mira, please take a moment to ensure the form is completed by visually verifying that:

- a. Any required fields contain information (dark colored or red outlined fields do not exist);
- b. 24 hours are accounted for each day (the day total should equal anything between 23.97 and 24 hours; you will not be able to sign for that day if this condition is not met);
- c. Activities sections are completed as applicable.

When you determine that you have satisfied the above conditions you must validate the completed form by pressing the “Validate” button at the top of the form.

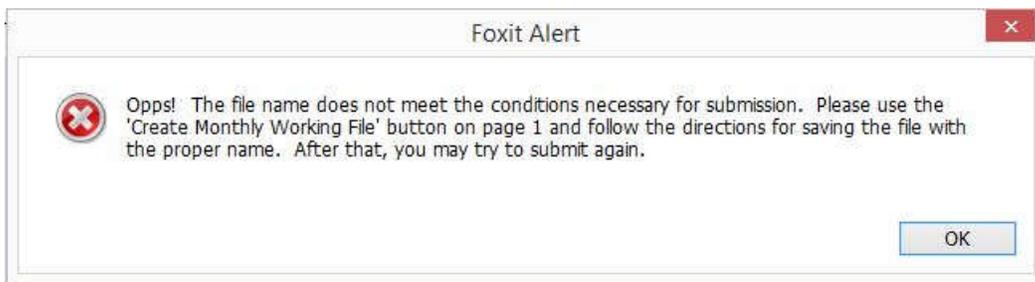
**Validate**

At this time, the *form* will determine if all of the required fields have been completed as well as determine if the “working file” name is correct for submission. This process could take several seconds or minutes depending upon the speed of your computer causing the form to not be accessible, **PLEASE DO NOT INTERRUPT IT**. If some required fields are missing, you may see a message similar to this:



This message indicates that the status for Day 4, Period 1 is missing and the name of the Substitute Care Provider on Day 22, Period 4 is missing. Go back and complete those fields and attempt to validate again.

If a “working file” was not created, or the file name does not match what is expected, you may see an error like this:



You can go back to the steps above detailing “Starting a New Month” and create the properly named “working file” as required. You should not lose any information entered if you perform this step later, but it is highly recommended to create the “working file” at the start of every month.

Finally, if all conditions are met for submission, you should see the following message:



**AFTER VALIDATION HAS COMPLETED, YOU WILL NOT BE ABLE TO MAKE ANY CHANGES TO YOUR ENTRIES.**

If you determine that you need to make a change after you have validated your form. Use the “Invalidate” button:

**Invalidate**

Again, this process could take several seconds or minutes depending upon the speed of your computer causing the form to not be accessible, **PLEASE DO NOT INTERRUPT IT**. After the invalidate process completes, you should be able to make changes to the form. After completing any changes, use the “Validate” button to validate your entries once again before submitting to Alta Mira via email.

### **Submitting Completed Form**

After you have successfully validated your entries, please submit the form to Alta Mira via email to the following email address:

[fl@altamiranm.org](mailto:fl@altamiranm.org)

**PLEASE DO NOT SEND COMPLETED FORMS TO YOUR SERVICE COORDINATOR.**

**This form cannot possibly predict all situations and circumstances, however, so while the form will attempt to ensure that your entries are complete and minimize mathematical and other errors and omissions, forms can still be returned to you for other reasons.**

**Monthly paperwork is due on the 1<sup>st</sup> of every month.**

**Late submission may delay your payment.**