

St. Clair County Community Mental Health

OASIS Refresher Training

This form **MUST** be completed & forwarded to Denise Choiniere (dchoiniere@scccmh.org), 1 week prior to scheduled training.

Staff Name: _____

Date: _____

Staff Supervisor: _____

Hire Date: _____

Staff Program: _____

Staff Title: _____

Check the box of the following item(s) you would like to review/discuss at your upcoming OASIS Refresher Training. If an item is not listed below, please utilize the "Other" boxes to write a short summary of what you would like to review/discuss.

#	Check Box	Issue/Item	Expert	Document/Source
1	<input type="checkbox"/>	Coding/Billing	Amy Jacobs 810-966-4475 ajacobs@scccmh.org	Handouts – Coding Cheat Sheets (also available on ADP under <i>Resources, Forms Library</i>)
2	<input type="checkbox"/>	Waiver Cases (1915i only)	Kiera Jevens 810-583-4101 kjevens@scccmh.org	
3	<input type="checkbox"/>	Waiver Cases (HSW/HAB, SEDW, CWP)	Michelle Kilbourne 810-966-3521 mkilbourne@scccmh.org	
4	<input type="checkbox"/>	BH-TEDs	Char Lutz 810-966-7854 clutz@scccmh.org	
5	<input type="checkbox"/>	OASIS Calendar		OASIS Calendar Basics & Advanced Features - found on OASIS website, select <i>Help</i> button in top left corner, & located under "How-To Guides."
6	<input type="checkbox"/>	Collecting Signatures (i.e., electronically, hardcopy, etc.)	Denise Choiniere 810-966-3567 dchoiniere@scccmh.org	
7	<input type="checkbox"/>	Change/Delete Signed Document	OASIS Helpdesk	
8	<input type="checkbox"/>	Utilization Management Review for Claims Verification	Michelle Kilbourne 810-966-3521 mkilbourne@scccmh.org	
9	<input type="checkbox"/>	Documentation Completion Timeframe, Requirements, & Standards		Policy #03-002-0010 - Case Record Timeline
10	<input type="checkbox"/>	Verbal Signature Requirements	Verify with your program supervisor	
11	<input type="checkbox"/>	Demographics (i.e., update/review, current residential living arrangement, etc.)		Policy #08-002-0015 – Demographic Data Collection
12	<input type="checkbox"/>	Quick Links	Amy Kandell 810-966-3725 akandell@scccmh.org	
13	<input type="checkbox"/>	Authorizations	Amy Kandell 810-966-3725 akandell@scccmh.org	
14	<input type="checkbox"/>	Discharges (i.e., undone)	OASIS Helpdesk	
15	<input type="checkbox"/>	Shortcuts in Header (i.e., diagnosis, health status, etc.)	OASIS Helpdesk	
16	<input type="checkbox"/>	Review/Update Admissions & Assignments	OASIS Helpdesk	
17	<input type="checkbox"/>	Data Errors Change/Delete SAL & SAL Overlaps MEMO Code Use	Kiera Jevens 810-583-4101 kjevens@scccmh.org	
18	<input type="checkbox"/>	Other:		
19	<input type="checkbox"/>	Other:		