5 - Design Document – Inquiry Document

# Inquiry Document

New Directions Northwest

Date 2/16/2015

Version 1.1

## System Design

The inquiry for New Directions will be based off the current Valley Inquiry. Only make the modifications listed below.

#### Client Information Tab

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#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Priority Level | Yes | Via dropdown selection   * IV and pregnant * IV * Pregnant * Urgent * Routine Medical * Routine Private Pay | Inquiry-Client Information- Priority level is required | None |
| Initial Contact | Yes | Via dropdown selection   * Walk-In * By Appointment * Phone * Other * Community Service Patrol * Email * State Agency Referral * Teleconference * Text Message | Inquiry – Client Information – Initial Contact is required | None |

#### Referral Resource

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#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Source of Referral | Yes, if Referral Date is answered | Via dropdown selection   * ADES * Advocacy Group * Aging and People with Disabilities * Attorney * Child Welfare (CW) * Coordinated Care Organization * Crisis/Helpline * Developmental Disabilities * Employment/EAP * Employment Services * Family/Friend * Jail * Juvenile Justice System/OYA * Police/Sherriff * Psychiatric Security review Board (PSRB) * School * Self * Vocational Rehabilitation * Unknown * Other * None * Circuit Court * Community Housing * Community Based MH or SA Provider * Federal Correctional Facility * Federal Court * Integrated Treatment Court * Justice Court * Local MH Authority/Community MH Provider * Municipal Court * Parole * Probation * Private Health Professional * State Correctional Facility * State Psychiatric Facility * Veterans Affairs (VA) | Inquiry – Referral Resource – source of referral is required | None | None |



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Facility | yes | Via dropdown   * NDN Behavioral Health & Wellness * Baker House * Elkhorn * Developmental Disabilities * Recovery Village * Other | Inquiry-Inquiry handled by- Facility is required | None | None |

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#### Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization |
| Injection Drug User | Yes | Via radio button selection   * Yes * No * Denies | Inquiry – Provisional Disability Designation – Injection Drug User is required | None |
| Pregnant | Yes | Via radio button selection   * Yes * No * Unknown * Not applicable * Not Collected | Inquiry – Provisional disability designation – pregnant is required | None |

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#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Select Facility | No | Via dropdown selection   * Waitlist Baker House * Waitlist Developmental Disabilities * Waitlist Elkhorn Adolescent * Waitlist New Directions Behavioral Health & Wellness * Waitlist Power River AIP * Waitlist Recovery Village * Incomplete * On Hold * Awaiting Call * Close | None | None | None |

#### Additional information Tab



#### Requirements

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Validation Message | Initial Creation Initialization | Document Creation Initialization |
| Limited English Proficiency | No | Via Radio Button   * Yes * No * Unknown | None | None | None |

#### Unresolved Items