Watson Care Manager

September 2022 documentation updates

Note

Before using this information and the product it supports, read the information in "Notices" on page 377

Edition

This edition applies to Watson™ Care Manager.

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Chapter 1. Administering security

Security administrators must ensure the security of the application. To secure clients' protected health information (PHI), choose your data access policies to determine which users can access PHI. For security purposes, only certain file types can be uploaded to IBM Watson® Care Manager.

Securing protected health information

IBM Watson Care Manager has data access options to provide your organization's required level of security for clients' protected health information (PHI). You can modify the data access for your organization, as needed.

About this task

Note: Security administrators can obtain reports that show which users have accessed a client's PHI. You can request an audit report by submitting a case on the **Watson Health Support Portal**.

Note: As a security administrator, your updates are not fully implemented until the user logs out.

Data access options

Access to protected health information (PHI) is determined by the data access option that is configured for your organization. By default, IBM Watson Care Manager uses the Restricted Access option which prevents unauthorized users from accessing client information. When access is restricted, you can enable temporary access periods and maintain data access groups.

The following table describes the data access options.

Table 1. Data access options	
Data access option	**Description**
Restricted Access	A data access level where only a client's care team members, or users in a data access group that includes the client, can access the client's PHI. Care team members, and users in a group, can view and update client information and add care team members.
Open Access	A data access level where any users with a care team workspace access can access all clients and their PHI. The users can view and update client information and add care team members.

When access is restricted, you can enable temporary access periods.

The following table describes the temporary access periods.

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Table 2. Temporary access periods	
Temporary access period	**Description**
Registration access	A type of access where a user who manually registers a client is given temporary access to the client's PHI to view and update client information and to add care team members. By default, the access period is 12 hours and users must complete their work within 12 hours. To extend their access, users must add themselves to the client's care team. If their access period expires, users can request emergency access to the client in a critical situation, if configured.
Emergency access	A type of access where a user who doesn't have registration access, isn't on the client's care team, and isn't in a data access group that includes the client, is given temporary access to a client's PHI in a critical situation. The initial access period is 2 hours. Users must access the client within this period before their access expires. Users can access the client for up to 12 hours provided they continue to access the client every 2 hours. Accessing clients means viewing or updating client information, including viewing information in search results. To extend their access, users must add themselves as a member of the client's care team.

Modifying data access

You can modify your organization's data access options. When access to clients is restricted, you can configure temporary access periods for users who are not members of a client's care team, and are not in a group that includes the client, by giving them registration access or emergency access.

Before you begin

Important: Ensure that you are aware of the consequences of modifying your organization's data access rules. Familiarize yourself with the access options and how they control access to PHI.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Data Access**.
3. Click **Data Access Settings**.

   The **Access Settings** page opens. You see the current access settings for your organization.
4. Click **Edit**.

   The **Edit Access Settings** page opens.
5. Select a data access option.
6. For restricted access, you must configure the temporary access periods.

   • Duration (Days) - Select how long a user who manually registers a client can access the client before their registration access expires.

   • Duration (Hours) - Select how long a user who manually registers a client can access the client before their registration access expires. By default, the value is 12.

- Allow Emergency Access - Select whether a user who is not a member of the client's care team, is not in a group that contains the client, and does not have registration access can request emergency access to the client. If you enable emergency access, users can access the client for up to 12 hours provided they access the client every 2 hours. After 2 hours, their access will expire if they do not access the client in this period. The 12 and 2 hour emergency access periods are not configurable. By default, emergency access is allowed.
- Maximum Concurrent Clients - Enter the maximum number of clients that a user can have emergency access to at a time. By default, this number is 5. The maximum number that you can specify is 20.

   Restriction: When the maximum number of clients is reached, a user cannot request emergency access to another client until a current emergency access expires.

7. Click **Save** to apply your updates.

Configuring data access groups

You can give a group of users access to a group of clients. Maintain data access groups and users in the group. Depending on the business needs of your organization, a group can contain both clients who are automatically added to the group and clients who you manually add to the group.

About this task

You can give a group of users access to a care team member's clients when none of the users are on the client's care team. For example, you might want to give a group of care professionals who work with a physician access to a client when they are not members of the client's care team.

You might also want to give a certain group of users access to clients when specific data exists on the clients' records. For example, all clients with a **Food** allergy.

By adding configured data access groups to a group, you can create a hierarchy of groups that reflect your organization structure. This enables users in different parts of your organization to view client information. For example, specific individuals in your organization might need to access all clients whose needs are met by care professionals who work in different departments of your organization.

Creating data access groups

Create a data access group, then define the clients and users in the group. Depending on the needs of your organization, a group can consist of criteria that automatically adds clients to the group, and clients who you manually add to the group.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.
2. Click **Data Access** > **Data Access Groups**.

   The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click **New**.

   The **Create Data Access Group** page opens.
4. Enter a unique name for the group of up to 150 characters.
5. Choose the group status from the **Status** field. By default, the status is **Active** to indicate that users in the group can access clients in the group. Select **Inactive** to prevent users in this group from accessing clients in the group. If you do not want to activate a new group immediately, you can change its status to Inactive and activate later. For example, you might want to wait until you have configured the group's criteria and users before you activate it.
6. Click **Save** to create the data access group.

Automatically adding clients to data access groups

Automatically add clients to data access groups based on criteria that you specify. You can specify that clients are added to a group if they are a particular care team member's clients or if specific client data is recorded on their records. In addition, you can specify criteria to add a previously configured group to a data access group. All users in the parent group can access all clients in any child groups that you add.

Before you begin

Client data is information that is captured in respect of client data types that are configured by your administrator, and non-configurable client data types that are included in Watson Care Manager.

To add clients based on client data, you must be familiar with the configured attributes for client data types, and the values that may be captured for that data in the Care Team application. For example, the attribute `conditionName` is the technical name for the **Condition Name** field on a condition record. The care team may enter a value of `Diabetes` in the **Condition Name** field in the Care Team application.

Important: If you add clients based on client data, you must enter the exact value that the care team must enter for clients to be added to the group. If the value is a date, you must enter the date in the format **YYYYMMDD**. For example, if you want to add all clients to a data access group based on a condition start date of 19 February 2014, you must add the `startDate` attribute for the **Condition Client Data Type** to the criteria, and enter an attribute value of 20140219.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.
2. Click **Data Access** > **Data Access Groups**.

   The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name. The data access group home page opens.
4. Select the **Criteria** tab. Existing criteria are displayed.
5. Click **Add**.

   The **Add Criteria** page opens.
6. Enter a name of up to 100 characters for the criteria.
7. Select the type of criteria.

Type	Description	Steps
Care Team	The **Care Team** criteria type adds a care team member's clients to the group. When the care team member is added to a client's care team, the client is automatically added to the group. When the care team member is removed, the client is automatically removed from the group. For example, Dr Smith leads a care team. You can create a group called `Dr. Smith's Clients` and automatically add all Dr. Smith's clients to the group. All clients with Dr. Smith as a care team member are added to the group, and all users in the group can access the client's information. When Dr. Smith is added to a client's care team, the client is automatically added to Dr. Smith's group. When Dr. Smith is removed from a client's care team, the client is removed from the group, and users in the group can no longer access the client's information.	a. Select **Care Team**. b. Enter a description of the criteria of up to 500 characters. c. Click **Next** to add the care team member. d. In the **Care Team Member** field, click the search icon. e. Specify a care team member name, or role, and click **Search**. f. Select the care team member's name and click **Add**.

Type	Description	Steps
Client Data	The **Client Data** type adds clients to the group when specific data exists on their record. For example, you can add all clients with a `Diabetes` condition. If the `Diabetes` condition data exists or is added to the client's record, the client is automatically added to the group. If the condition data is deleted from the client's record, the client is removed from the group.	a. Select **Client Data**. b. Enter a description of the criteria of up to 500 characters. c. Click **Next** to add the group. d. In the **Attribute** field, click the search icon to search for the attribute that must be populated for clients to be added to the group. e. To narrow your search, you can enter some of the attribute name. The search supports partial matches. Optionally, select the category to which the data type that displays the attribute belongs. f. Click **Search**. g. Select the name of the attribute and click **Add**. h. In the **Attribute Value** field, enter the exact name of the value that the attribute must have for clients to be added to the group, in free form text. For example, `Diabetes`. The value can be up to 100 characters. **Important:** If the value you enter has spelling mistakes, the clients will not be added to the group. In addition, the attribute value is case-sensitive. When the care team enters the value for the data, the case must exactly match the attribute value that you specify, otherwise the clients will not be added to the group. **Note:** If the value is a date, you must enter the date in the format **YYYYMMDD**.

Type	Description	Steps
Group	The **Group** criteria type adds a previously configured group to the data access group. For example, you can create a group called Hospital and add child groups to it where each group represents a department in the hospital. The clients and users in each group are automatically added to the Hospital group using the **Group** criteria type. When you add a user to the parent Hospital group, the user can access all clients in its child groups. If you update a data access group that associated with the Hospital group, your changes are automatically reflected in the Hospital group.	a. Select **Group**. b. Enter a description of the criteria of up to 500 characters. c. Click **Next** to add the group. d. In the **Group** field, click the search icon. e. Specify a group name, and optionally, its status, and click **Search**. f. Select the group name and click **Add**.

8. Click **Save** to add the criteria to the group.

Results

Depending on the type you specified, the care team member's clients, clients with the data you specified, or the data access group is automatically added to the group.

Note: Your changes may take might take a few minutes to complete and be reflected in the group. If the member is added or removed from a client's care team or the client data you specified is added or removed from a client's record, the criteria might take a few minutes to add or remove the client from the group.

If you add a group to a data access group, the criteria might take a few minutes to add the group. If you delete a group that is associated with a data access group, the criteria might take a few minutes to remove the group from its parent group.

Deleting data access group criteria

You can delete data access group criteria if it is no longer valid. When you delete a data access group criteria, any clients who were automatically added to the group by the criteria are removed from the group. Deleting criteria prevents users in the group from accessing the clients who were added to the group by the criteria.

About this task

Note: When you delete criteria, your changes might take a few minutes to complete and be reflected for all users in the group.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.
2. Click **Data Access** > **Data Access Groups**.

   The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name.

   The data access group home page opens.
4. Select the **Criteria** tab. Existing group criteria is displayed.

5. Click the **Actions** menu of the criteria, and click **Delete**.

   The **Delete Criteria** page opens.
6. Click **Yes** to confirm that you want to delete the criteria.

Manually adding clients to data access groups

Clients in a data access group are automatically added by group criteria, if specified. You can also manually add clients to the group, if needed. For example, a client who was not automatically added by group criteria might later give consent for users to access their information.

About this task

Note: Your changes may take might take a few minutes to complete and be reflected in the group.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.
2. Click **Data Access** > **Data Access Groups**.

   The **Data Access Groups** page opens. Existing data access groups are displayed.
3. Click the data access group name. The data access group home page opens.
4. Select the **Selected Clients** tab.

   Existing clients who were manually included and excluded from the group are displayed.
5. Click **Include**.

   The **Include Client** page opens.
6. Enter your search criteria for the client and click **Search**. You can search by using any of the following criteria:

   • Name

   • Date of Birth

   • Gender

   • Identification - Select the appropriate identification type, and enter the client's unique identifier.
7. If the client is found when you search, select the client and click **Save** to include the client in the group.

Excluding clients from data access groups

You can exclude a client from a group to prevent users in the group from accessing the client's protected health information. For example, a client in a group might revoke consent for users to access their information. If a client was automatically added or manually added to the group, excluding the client prevents users in the group from accessing their information.

About this task

Note: When you exclude clients, your changes might take a few minutes to complete and be reflected for all users in the group.

Note: If an excluded client belongs to another group, users in that group will still be able to access the client's information. To ensure users can no longer access a particular client's information, review existing data access groups and exclude the clients from those groups, as needed.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.

2. Click **Data Access** > **Data Access Groups**.

    The **Data Access Groups** page opens. Existing data access groups are displayed.

3. Click the data access group name. The data access group home page opens.

4. Select the **Selected Clients** tab.

    Existing clients who were manually included and excluded from the group are displayed.

5. Click **Exclude**.

    The **Exclude Client** page opens.

6. Enter your search criteria for the client and click **Search**. You can search by using any of the following criteria:

    • Name

    • Date of Birth

    • Gender

    • Identification - Select the appropriate identification type, and enter the client's unique identifier.

7. If the client is found when you search, select the client and click **Save** to exclude the client from the group.

Adding users to data access groups

Add users to data access groups so that they can access the protected health information of clients in the group.

Procedure

1. Sign in with your security administrator credentials.

    Your home page opens.

2. Click **Data Access** > **Data Access Groups**.

    The **Data Access Groups** page opens. Existing data access groups are displayed.

3. Click the data access group name. The data access group home page opens.

4. Select the **Users** tab.

    Existing users in the group are displayed.

5. Click **Add**.

    The **Add User** page opens.

6. Enter the following search criteria and click **Search**.

    • Name

    • Workspaces: The search results show only active users by default. You can search for closed user accounts by setting the Workspace criteria to **Inactive**.

7. Select the user.

8. Click **Add** to add the user to the group.

Removing users from data access groups

You can remove users from a data access group if you no longer want them to access the protected health information of clients in the group.

About this task

Note: When you remove users, your changes might take a few minutes to complete and prevent the users from accessing the clients.

Note: If you remove a user from a group, and the user also belongs to another group that includes the client, they will still be able to access the client's information. To ensure users can no longer access particular clients, review existing data access groups and remove the users from those groups, as needed.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.

2. Click **Data Access** > **Data Access Groups**.

   The **Data Access Groups** page opens. Existing data access groups are displayed.

3. Click the data access group name. The data access group home page opens.

4. Select the **Users** tab.

   Existing users in the group are displayed.

5. Click the **Actions** menu of a user, and click **Remove**.

   The **Remove User** page opens.

6. Click **Yes** to confirm that you want to remove the user.

Modifying data access groups

You can edit the name, status, and description of a data access group.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.

2. Click **Data Access** > **Data Access Groups**.

   The **Data Access Groups** page opens. Existing data access groups are displayed.

3. Click the data access group name.

   The data access group home page opens.

4. Click **Edit**.

   The **Edit Data Access Group** page opens.

5. Modify the name, status, and description.

6. Click **Save**.

Deleting data access groups

You can delete a data access group if it is no longer valid. When you delete a data access group, users in the group can no longer access clients in the group.

About this task

Note: You changes might take a few minutes to complete and prevent users from accessing clients via the deleted group.

Note: If users in a deleted group also belong to another group that includes the client, they will still be able to access the client's information. To ensure users cannot access particular clients, review existing data access groups and remove the users from those groups, or delete the groups, as needed.

Procedure

1. Sign in with your security administrator credentials.

   Your home page opens.

2. Click **Data Access** > **Data Access Groups**.

   The **Data Access Groups** page opens. Existing data access groups are displayed.

3. Click the data access group name.

   The data access group home page opens.

4. Click the **Actions** menu of the data access group, and click **Delete**.

The **Delete Data Access Group** page opens.

5. Click **Yes** to confirm that you want to delete the data access group.

Configuring security roles and permissions

You can manage a library of security roles and resource permissions so that you can control a Care Team member's access to specific resources.

About this task

A security role defines which resources are available to a user in the Care Team workspace. A resource is a page or action that users can access. You can add and modify security roles.

Note: Any updates made to a security role will take full effect from the users next log in. If a user is logged in while the permissions of their roles are updated, the effects of these new permissions may not fully take effect until the user's current session ends and they log into the system again.

Care Team Standard Access security role

A Care Team Standard Access security role is provided by default, which gives users access to standard care team workspace functions.

You can assign the Care Team Standard Access role to new users, if needed. You cannot edit or delete the name of the Care Team Standard Access security role, or allow or deny access to its resources.

Care Team Standard Access grants permission to the following resources: Activate Client, Deactivate Client, Delete Client, Emergency Access, Register Client, Unassigned Clients, Unassigned Referrals.

Care Team Standard Access denies permission to the following resources: Delete Notes, Sensitive Notes.

For more information about deleting notes, see "Deleting notes" on page 103 or "Deleting touchpoints" on page 251.

For more information about accessing sensitive notes, see Access to Notes.

To deny a user with the Care Team Standard Access role access to a resource, you can create a new security role, set the access level to No Access for the relevant resource and assign the new security role to the user. You must also remove the Care Team Standard Access Security Role from the user to deny the user access to the resource.

Creating security roles

You can add a security role so that so you can control which resources are available to users who are assigned the security role.

About this task

A resource is a page or action that users can access and use. You can create a security role and assign it to a user so that they can access only resources that are appropriate to their role in the organization.

Name the security role and select one or more resources to make available to users with the security role. Select from the following resources in the Care Team workspace: Activate Client, Deactivate Client, Delete Client, Delete Notes, Register Client, Request Emergency Access, Unassigned Clients, Unassigned Referrals, Sensitive Notes.

If you do not select a resource, users with the security role cannot access or use that resource.

Procedure

1. Sign in with your security administrator credentials. Your home page opens.
2. Click **Users** > **Security Roles and Permissions**. The **Security Roles and Permissions** page opens.
3. Click **New**.

The **New Security Role** modal opens.

4. Enter a security role name to a maximum length of 100 characters.
5. Select **Allow Access To** to grant resources to a user.

   You can select more than one resource, or none.
6. Click **Save**.

   The security role is displayed on the **Security Roles and Permissions** page.

Modifying security roles

You can edit a security role name in the library so you can give the role an appropriate title.

About this task

You can edit only security role names that you created. You cannot edit the default Care Team Standard Access security role that gives users access to standard care team workspace functions.

Procedure

1. Sign in with your security administrator credentials. Your home page opens.
2. Click **Users** > **Security Roles and Permissions**. The **Security Roles and Permissions** page opens.
3. In the **Actions** menu of a security role, click **Edit**.

   The **Edit Security Role** modal opens.
4. Update the security role name to a maximum length of 100 characters.
5. Click **Save**.

   The selected security role is displayed with the new name.

Deleting security roles

If a configured security role is incorrect or obsolete, you can delete it.

About this task

You can delete only security roles that you created. You cannot delete security roles that are assigned to users. You cannot delete the Care Team Standard Access security role, which is provided by default and gives users access to standard care team workspace functions.

Procedure

1. Sign in with your security administrator credentials. Your home page opens.
2. Click **Users** > **Security Roles and Permissions**. The **Security Roles and Permissions** page opens.
3. In the **Actions** menu of a security role that you want to delete, click **Delete**.

   The **Delete Security Role** modal opens.
4. Click **Delete**.

   The selected security role is removed from the **Security Roles and Permissions** page.

Modifying permissions

You can control access to resources for users who are assigned a security role.

About this task

If you allow access to a resource, all Active users who are assigned the security role can access the resource to manage their workflow.

Procedure

1. Sign in with your security administrator credentials. Your home page opens.
2. Click **Users** > **Security Roles and Permissions**. The **Security Roles and Permissions** page opens.
3. Click the security role for which you want to change permission.

   The Resources associated with the security role are displayed with their current permission status.
4. From the **Actions** menu, use the **Access** and **No Access** actions to grant or deny the user permission to the resource. Choose the appropriate option:

   - To grant permission to the resource, click **Access** and click **Confirm**.
   - To deny permission to the resource, click **No Access** and click **Confirm**.

   The selected resource is displayed on the **Security Roles and Permissions** page with the updated permission status.

File type restrictions

A care team can attach consent forms and assessment documentation that relate to a client's care management. The types of files that they can upload or attach is restricted to ensure that viruses and malware do not enter the system by mistake. IBM Support can modify the list of permitted file types, according to the security policy of your organization.

By default, the care team can upload and attach the following types of files. By default, the maximum file size is 25 MB.

- .bmp
- .csv
- .dicom
- .doc
- .docx
- .dot
- .gif
- .jpeg
- .jpg
- .ods
- .pdf
- .png
- .rtf
- .tif
- .tiff
- .txt
- .xls
- .xlsx

Chapter 2. Care management

As a care manager, use IBM Watson Care Manager to plan personalized care for your clients. Watson Care Manager can help you to assess your client's needs, and to develop, implement, and monitor a care plan to address the identified needs.

Managing your Watson Care Manager account

You can sign in to your account. When you sign in, you can review and update your personal profile and preferences.

About this task

IBM Watson Care Manager provides role-based access through user accounts. When you sign in, only the features and actions that are appropriate to your role are displayed.

If you are a standard user, you can reset your password from the sign in page. If you have single sign-on (SSO) access, you can sign in to Watson Care Manager applications once without having to enter your credentials each time.

Note: By default, if you are inactive for 30 minutes, you will be signed out of your account. However, this period might be different for your organization. In addition, for security purposes, you will be signed out of your account after 12 hours of working. You can click **Log in** to sign in again and continue working.

Related concepts
IBM Watson Care Manager user types

Signing in to your account

Your sign in workflow depends on the identity provider that verifies your access to Watson Care Manager. By default, the IBM App ID service verifies your access and you can sign in when you complete the instructions that you receive by email to set up your account and password. If an identity provider external to IBM verifies your access, see Signing into your account with SSO.

About this task

If you are signing in for the first time, follow the instructions in the email and the on-screen prompts to set your password. The email contains a link to set your password which expires after 24 hours. If the link expires, click **Forgot password?** on the IBM Watson Health sign in page to set your password.

Important: You password must be at least 8 characters, and include at least 1 lowercase letter, 1 uppercase letter, 1 number, and 1 of the following special characters: `\s!"#$%&'()*+,-./:;<=>?@[\]^_`{|}~`.

After you set your password, sign in to Watson Care Manager applications by entering your email address and password. Your email address is not case-sensitive. For example, if your address is `John.Smith@[name of organization].com`, you can enter `John.Smith@[name of organization].com` or `john.smith@[name of organization].com`. The password that you enter must be an exact match of the password that you set when you received your account details.

Important: If you incorrectly enter your one-time passcode more than 3 times when signing in, you are locked out of your account for 30 minutes. You can try again after 30 minutes. By default, if you incorrectly enter your password more than 3 times when signing in, you will be locked out of your account for 15 minutes. However, this might be different for your organization. You can try again after 15 minutes.

Procedure

1. Open the URL that is associated with your account details. The IBM Watson Health sign in page opens.

2. Enter your email address and password.
3. If you are prompted to enter a one-time passcode, you will be sent an email with a code.
4. Enter the code. **Note:** The code expires after 15 minutes. If the code expires, click **Resend Code** to request another email with a new code.
5. Click **Continue** to sign in. **Note:** If you are not prompted to enter a one-time passcode, after you enter your username and password, click **Sign in**. Your home page opens.

Signing in to your account with SSO

With single sign-on (SSO), you can sign in to Watson Care Manager applications once with a single username and password in a session. This means that you don't have to sign in separately to each application.

About this task

If SSO is enabled for your organization by the default IBM App ID service, you can SSO to your Watson Care Manager applications. When you sign in to Watson Care Manager and then open the URL for another Watson Care Manager application, for example, Watson Care Manager Reporting, you are automatically signed into the second application. You do not need to reenter your credentials.

If your access is verified by an identity provider external to IBM that supports SSO such as KeyCloak, you can also SSO to your Watson Care Manager applications. **Note**: In this particular setup, SSO between Watson Care Manager applications and the Connect applications is not supported.

Follow the procedure to sign in with SSO when an external identity provider verifies your access.

Procedure

1. Choose an option.

   - Sign in to Watson Care Manager with SSO.

     a. Open the URL that is associated with your Watson Care Manager application. If you are already signed into your organization's identity provider, you are automatically signed in to Watson Care Manager.

     b. If you are not already signed in, you are redirected to the sign-in page for your organization's identity provider.

   - Sign in to Watson Care Manager Reporting with SSO.

     a. Open the URL that is associated with your Reporting application. The IBM Watson Health sign-in page opens. If you are already signed in to your organization's identity provider, click **Login with identity provider**. You are automatically signed in to the Reporting application.

     b. If you are not already signed in, ignore the prompt to enter your username and password. Click **Login with identity provider**. You are redirected to the sign-in page for your organization's identity provider.

   Note: A **Forgot password?** link is displayed on the IBM Watson Health sign-in page. Ignore this link as it applies only when your access is managed by the IBM App ID service. Your identity provider verifies your credentials and manages the process for resetting your password not the IBM App ID service.

2. Enter the username and password for your identity provider. Depending on the application that you are signing into, either your Watson Care Manager home page or your Watson Care Manager Reporting home page opens.

   Note: When you sign in to Watson Care Manager for the first time with your identity provider, the IBM copyright notice is displayed. To dismiss the notice, you can manually close it at any time. The copyright notice is automatically displayed every 30 days.

Related concepts
IBM Watson Care Manager user types

Managing your user profile

Your user profile contains information about you, such as your name, skills, roles, and contact details. You can add or remove a photo from your user profile. If your access to Watson Care Manager is verified by the IBM App ID service by default, you can request to change your user password.

About this task

If your access to Watson Care Manager is verified by a third-party identity provider, the option to reset your password is not available because your password reset process is managed by your organization's identity provider, not Watson Care Manager.

Adding or removing a photo from your user profile refreshes your workspace and clears your list of recently visited pages.

Procedure

1. Open the URL that is associated with your account details.

   The Watson Care Manager sign in page opens.

2. Sign in to your account.

   Your **Home** page opens.

3. From the menu next to your name on the menu bar, select **Profile**.

4. Complete the following steps to choose a photo or request a new password.

Task	Action
Upload a photo	a. Click **Upload Photo**. Only you can upload your photo. b. In the **Upload Photo** window, click **Browse** to select a file to upload, and click **Save**. **Restriction:** You can upload only .JPEG, or .JPG files that do not exceed 500 KB.
Remove your photo	a. Click **Remove Photo**. Only you can remove your photo. b. In the **Remove Photo** window, click **Yes** to remove the photo.
Change your user password	a. Select the link to request a password change. A password set or reset email is sent to your email address. b. To complete changing your user password, follow the instructions in the email that you receive. **Note:** This option is available only when your access to Watson Care Manager is verified by IBM App ID.

Setting your preferences

You can select your preferred time zone to ensure that your time is displayed in all contexts. If you have access to more than one workspace, you can change the default workspace that opens each time you sign in to Watson Care Manager.

About this task

Your preferred time zone is used to time stamp items, for example, notes, attachments, and assessments.

If you use a particular workspace more frequently than the one that opens when you sign in, you can make it your default workspace. Your preferences are applied immediately to your current open workspace.

Note: The option to select a default workspace is available only when you have more than one workspace.

Procedure

1. Open the URL that is associated with your account details.

   The Watson Care Manager sign in page opens.
2. Sign in to your account.

   Your home page opens.
3. From the list next to your name on the menu bar, select **Preferences**.
4. From the **My Time Zone** list, select the time zone that you want to use.
5. From the **Default Workspace** list of available workspaces, select a workspace to open by default when you sign in.
6. Click **Save** to update your preferences.

Applying a workspace

If you have access to more than one workspace, you can switch between them without having to sign in again to each.

About this task

You cannot apply a workspace if you have access to only one workspace. Applying a workspace immediately replaces your current open workspace with your chosen workspace.

Note: The workspace that opens by default each time you sign in to Watson Care Manager is unaffected when you apply a workspace. You can change your default workspace in your preferences, if needed.

Procedure

1. Open the URL that is associated with your account details.

   The Watson Care Manager sign in page opens.
2. Sign in to your account.

   Your **Home** page opens.
3. From the menu next to your name on the menu bar, select **Workspaces**.

   Your available workspaces are displayed.
4. Select a workspace to apply.
5. Click **Apply** to apply to the workspace.

Resetting your password

If you are a standard user whose access to Watson Care Manager is verified by the IBM App ID service by default and you forget your password, you can reset it directly from the sign in page.

About this task
You can reset your password once per hour. If you attempt to reset it more than once an hour, an error message is displayed. Wait for the time indicated in the message, then try to reset again.

Important: If your access to Watson Care Manager is managed by a third-party identity provider, this procedure does not apply to you. Your password reset process and password rules are determined by your identity provider.

Important: You password must be at least 8 characters, and include at least 1 lowercase letter, 1 uppercase letter, 1 number, and 1 of the following special characters: \s!"#$%&'()*+,-./:;<=>? @[\]^_`{|}~.

Procedure

1. Open the URL that is associated with your account details. The sign in page opens.

2. Click the **Forgot password?** to reset your password.

3. Enter the email address that is associated with your account.

4. Click **Reset password**.

5. A password reset email is sent to your email address.

6. To complete resetting your user password, follow the instructions in the email that you receive. The email subject is Your password has been changed. The email provides a link to set a new password. The link is valid for 24 hours only. However, this period might be different for your organization.

Care Team Workspace

Use the Care Team Workspace to see the work that you need to do today, and access summary information about your clients. Use the side navigation menu to access a full list of your clients, and complete common actions such as registering clients, reviewing referrals, and monitoring tasks.

If you have access to a client's protected health information (PHI), you can click a client name in the cards on the workspace to open the client's Summary View. If you do not have access to a client's PHI, the link to the client's Summary View is not available.

The following cards are displayed.

Calendar

A calendar view that shows open tasks for active clients, which you can manage from the calendar. You can toggle between a day, week, or month view to see your upcoming tasks. You can see priority tasks for which a completion date and time is set. You can drill down to detailed task information by clicking the name of the task. You can also manage your tasks from the calendar view.

- For the day view, a **Due Tasks** pane, rather than the calendar, shows any tasks that you are expected to complete today that have no set times for completion. The red line shows the current time. A **Due Actions** pane shows any actions that you are expected to complete today.

- The week view shows the total number of tasks for each day of the week, for example, 10 tasks.

- The month view shows the total number of tasks for each day of the month.

Work List

A central view of the work that you need to do today for active clients.

Alerts

Alerts that you were notified about.

Today's Clients

Clients with tasks or actions that are scheduled for today. You can mouse over the client's name to view and link to the detailed task or action information.

Overdue Tasks

Overdue tasks for clients, which are sorted by the longest overdue.

Overdue Actions

Overdue actions for clients, which are sorted by the longest overdue.

Unscheduled

Unscheduled tasks for clients.

My Referrals

Clients who are referred to your organization unit for care management and assigned to you by your supervisor. This list is only populated if you fulfill the primary role on the care team, typically a care manager.

Tasks are color coded with navy blue for high priority, yellow for medium priority, green for low priority, and grey for priority not set.
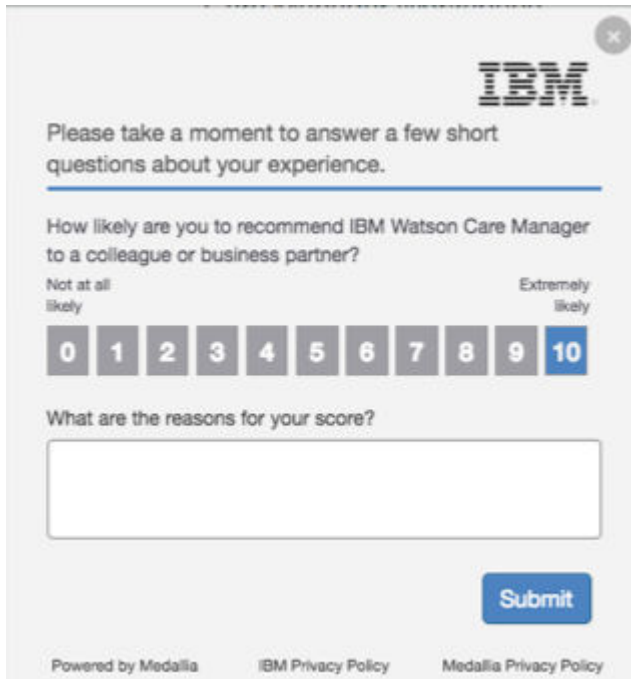
NPS survey

A two-question Net Promoter Score (NPS) survey will pop up in the care team application on the **Care Team Workspace**. You can complete the survey or close it without completing. Your survey responses help IBM make updates to Watson Care Manager based on the voice of our customer.

Select customers will begin seeing the survey around 1 March 2018, following the February 2018 release. Others will begin seeing the survey later in 2018. The survey is voluntary and displays approximately every 3 months to capture ongoing feedback. For more information, contact your client executive.

NPS is an established industry method for measuring customer satisfaction. IBM aims to satisfy all of our customers and make them promoters. On an NPS scale from 0-10: 0-6 is considered a detractor, 7-8 is neutral, and 9-10 is a promoter.

An example of how the NPS survey appears on your workspace.

Summary

You can see a summary of the most important information about a client in Watson Care Manager, and configure the display to show the most relevant information. You can download a PDF summary of the care plan to share with the client or care team members. If your organization is subscribed to Share Care Plan API web hook notifications, you can send the PDF to an external party.

Client summary cards display horizontally across the client's Summary page and wrap the page as required. The default library of client summary cards is as follows: Goals, Actions, Care team, Programs, Assessments, Latest Touchpoint, Latest Note, Conditions, Barriers, Risks, Social Background, Health Background, Personal Background, Notes Highlights, Current Actions, Planned Actions, Latest Private Note, Current Medications and Services.

By default, the Summary page and cards that are configured for your assigned care team role are displayed. If you have no assigned roles or you are not a member of the client's care team, the default Summary view displays which is not specific to any role. If you serve a client in multiple roles, you can generate a customized client Summary page with role-specific cards. The view of the client Summary page will update to show only the summary cards that are relevant to the selected role.

Each client summary card presents priority information relating to the client's care, from which you can go to more detailed information. You can complete many common actions directly from the summary, and

go to more actions from cards or from the menus. The latest client data records that you can see on a summary card depends on the number of records that are configured to display.

If the client's address type is Homeless, this will be displayed with the address in the *context pane.*

When a date of death for a client whose care is being actively managed in Watson Care Manager is either manually recorded or received from an external system, a message on the **Summary** page alerts you that the records indicate that the client has died. You can follow your organizations workflow for deceased clients, and for example, confirm that the client has died and deactivate the client in Watson Care Manager.

When you view the Summary page for a deactivated and deceased client, the message tells you that the client is deceased and the recorded date of death.

By default, the following cards are available to be shown on the **Summary**:

Care team
A central view of Active primary care team members (sorted alphabetically) followed by core team members who were most recently assigned to the client's care (sorted alphabetically). A primary care team member is responsible for the client's care plan and programs. Core care team members are considered key to the delivery of care for a client and typically interact with the client regularly. By default, up to five care team members are listed by the dates that they were added to the care team. However, your administrator may have configured the card to display more than five records.

Actions
The numbers of client actions and care team actions on the client's care plan, showing how many actions are open or completed.

Programs
The most recent programs that the client was assigned to or enrolled in. By default, up to five programs are listed by status dates. However, your administrator may have configured the card to display more than five records. Programs that were most recently assigned to the client are listed first, and then programs that the client was most recently enrolled in.

Assessments
The most recent assessments and their scores. By default, up to five assessments are listed by the dates that the assessments were ran. However, your administrator may have configured the card to display more than five records.

Goals
A summary of the most recent goals added to the client's care plan. By default, up to five goals are listed by the dates that they were added to the care plan. However, your administrator may have configured the card to display more than five records.

Barriers
The most recent barriers on the client's care plan. Barriers are issues that can prevent a client from achieving their care plan goals or actions, or from using services. By default, up to five barriers are listed by the dates they were added to the care plan. Active barriers are listed first, and then resolved barriers. However, your administrator may have configured the card to display more than five records.

Risks
A summary of risks on the client's care plan and their most recent scores. By default, up to five risks are listed by alphabetical order. However, your administrator may have configured the card to display more than five records. For risks with multiple scores recorded, the most recent score is displayed.

Conditions
The most recent conditions on the client's care plan. Conditions might be classified as primary or secondary to indicate their level of importance or priority to address. By default, up to five conditions are listed by start dates. However, your administrator may have configured the card to display more than five records.

Latest Note
An excerpt from the most recently modified client note in its most recent state: Draft, Ready for review, or Final.

Latest Touchpoint

An excerpt from the most recent client touchpoint in its most recent state: Draft, Ready for review, or Final. A touchpoint is a contact between the care team and the client or someone in relation to the client.

Health Background

The most recently recorded health background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Current Medications

The most recently recorded current medications information about a client. By default, up to five records are listed by medication name, the medication strength and the recommended frequency that the medication is taken. However, your administrator may have configured the card to display more than five records.

Personal Background

The most recently recorded personal background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Social Background

The most recently recorded social background information about a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Tags

The most recently recorded tags for a client. By default, up to five records are listed by the dates they were added or updated along with the name of the person who recorded or last updated the information. However, your administrator may have configured the card to display more than five records.

Depending on your organization, custom cards might be displayed:

Custom summary cards

Custom cards can be configured to display specific client data.

Customizing the Summary view

You can generate a customized client Summary page with role-specific cards. The view of the client Summary page will update to show only the summary cards that are relevant to the selected role.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Select a client from the list of clients. The client's **Summary** view opens.
4. Select **Customize Summary**.
5. From the list of configured care team member roles that apply to you, select the role for which you want to generate a customized client Summary page view and click **Apply Role**.

   If you serve a client in multiple roles, the Care Team Role list defaults to an alphabetical display of your roles (order A-Z). If you have no assigned roles or you are not a member of the client's care team, the default Summary view displays which is not specific to any role.

Results

The Summary view that is configured for the selected role displays.

Summary view

The Summary view opens when you focus on a client in Watson Care Manager. You can select any of the more detailed views for more information and actions.

1. Select **Summary** to see important summary information.
2. Select **Plan** to work with the plan, and with goals, actions, or barriers.
3. Select **Programs** to work with programs, questionnaires, or assessments.
4. Select **Data** to work with the client data.
5. Select **History** to work with notes, alerts, attachments, consent, and status.
6. Select **Team** to work with care team members and their tasks.
7. The *context pane* is always shown when a client is in focus. It shows priority information and provides a context actions menu that provides quick access to the most important actions that you need. If Watson Care Manager is integrated with another system, the *context pane* might contain a link to client information that is available in the other system. This means that you can see the client's full information in Watson Care Manager and the other system to help you to make decisions about their care.

Related tasks

Viewing the Virtual Client Record

If Watson Care Manager is integrated with an external application, you can view information about clients that is available in that application, but might not be available in Watson Care Manager.

Managing clients

You can register new clients, search for existing clients, and request emergency access to clients. You can deactivate clients and reactivate them again whenever they need care management. You can resolve duplicate registrations if a client is registered more than once.

Registering clients

All clients must be registered in the application. To avoid duplicate registrations, ensure that you search for existing clients before you register a client. If organization units are enabled for your organization, you can register a new client with a referral to the correct organization unit to meet their needs.

Before you begin

If Watson Care Manager is integrated with an external application that utilizes the Virtual Client Record, the registration process is different for your organization. For more information, see Verifying clients are not already registered.

When you register a client, complete the registration before your access to the client's protected health information (PHI) expires.

Your organization's data access policy determines whether you have access to a client's PHI after registration. If your access is restricted, you might only have temporary client registration access to the client's PHI to view and update the information and add care team members. Your access period is 12 hours by default. However, this period might be different for your organization. To extend your registration access, add yourself to the client's care team before your access period expires. If your access period expires, you can request temporary emergency access to the client in a critical situation, if configured by your organization.

About this task

Note: If you are not assigned a security role which grants access to the register client resource, you cannot register the client.

When you register a client, Watson Care Manager requests the client's clinical and vitals information from other systems. Ensure that you uniquely identify the client by entering as many details as possible during registration.

To manually register a client, you must have at least the client's full name, date of birth, and gender. You can also provide additional information such as an identification type and number, an address, address type and contact details. The default name display format is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display.

If configured to be shown, you can select the source of the client (mandatory) and the name of the original source system where the client (optional) originated. The Source value represents the platform that is sharing data, for example, Watson Care Manager. The Original Source System is the name of the system where the data was entered for the very first time.

All of the types of identification that are configured for the care team to associate with clients are available to select. For example, if an Employee ID type is configured, you are able to specify those identification details. One identification type, Reference Number, is automatically assigned to a client when the client is registered. The Reference Number identification type cannot be modified or deleted. However, you can specify a different identification to be the client's preferred identification data later by adding new identification data from the **Data** page.

Note: Clinical and vitals data from other systems refreshes overnight in Watson Care Manager. When the first data record is available, the primary care manager who is associated with the client is alerted.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation menu**, select **Clients** > **Register**.

   The **Register Client** wizard opens.

Register Client Wizard	Steps
(Page 1 of 4) Search for client	a. Search for the client to verify whether they are already registered for care management. b. If the client is not already registered, click **Next**. **Note:** PHI that you are not authorized to see, such as address and status, is indicated by asterisks in the **Search Results** pane. In addition, the link to the client's **Summary View** in the results is not available.

(Page 2 of 4) Add client demographic information	a. Enter the client's details, residential address, phone number, and email address. If configured, The following fields are mandatory:
	
	  • **Name**. Enter a birth last name only if it is different than the client's last name.
	
	  • **Date of Birth**
	
	  • **Gender**
	
	  • **Registration Date**. By default, the registration date is the current date. You can set an earlier registration date but not a future registration date.
	
	  • **Source** You must select one of the configured values that indicate the source of the client's registration information.
	
	b. **Original Source System**. If applicable, you can select one of the configured values to indicate where the client's registration information originated.
	
	c. Select the appropriate identification type, and enter the client's identification number.
	
	d. Ensure that the address information that you enter is as accurate as possible for a more precise location. When you enter an address, a default map location is automatically assigned to the address based on the address information. Confirm the location of the address before saving. Clicking 'Confirm Location' opens the map at the default location of the address. Drag the map to change the location of the address. You can reset the map to the default location if needed. If you do not change the location, the default location is saved.
	
	e. Click **Save** to register the client in the application, or **Next** to proceed to the next page of the wizard. You can capture consent records and referrals if the registration workflow is configured to include capturing consent records and referrals.
	
	Note: The **Source** and **Original Source System** that is captured during registration are replicated to the relevant data types when saved. The demographic data types are Birth and Death, Gender, Identification, Marital Status, Name. The contact data types are Address, Email, Phone Number. If needed, these values can be changed for each data type after the client is registered.

Register Client Wizard	Steps
(Page 3 of 4) Capture Consent Records	This page in the wizard displays only if the **Capture Consent Records** page is configured for your organization's client registration workflow to allow you to specify the types of consent to associate with a client's consent records.

Consent types are configured in the application to enable you to capture consent records for clients by their information category, for example, Medical Records. Your administrator might configure data sharing of specific consent types across organization units (if enabled) and they can make it optional or mandatory for you to capture types of consent records during a client's registration process. The elements of this page display dynamically according to the configuration in the application.

a. If the Share with Organization section displays, you see all consent types that are configured to be shared across organization units.

  • For each listed consent type, select **Consents to Share** to record the client's agreement to share their consent records of that type. This step is optional or mandatory depending on the configuration in the application.

b. In the Consent Records section, you see all consent types that are configured as Not Shared in the application.

  • Select from the configured consent types to capture a client's consent records of that type. This step is optional or mandatory depending on the configuration in the application.

c. Depending on the configuration, click **Save** to register the client in the application with the consent records, or click **Next** to proceed to the next page of the wizard. You can create referrals only if organization units are enabled for your organization or the registration work flow is configured to include capturing referrals. |

Register Client Wizard	Steps
(Page 4 of 4) New Referral	This page in the wizard displays only if the **New Referral** page is configured for your organization's client registration workflow to allow you to create a referral for the client that you are registering. Your administrator might make it optional or mandatory for you to create a referral for a client during a client's registration process. The elements of this page displays dynamically according to the configuration in the application. a. If client referrals are configured as optional, select **Yes** to create a referral for the client or **No** to proceed with the client registration without creating a referral. The Referral Details section displays with a Yes response. If organization units are enabled for your organization, you are required to create a referral and complete the referral details. b. Enter the client referral details. • **Client Referral Reasons** - Select a reason for referring the client. • **Other Referral Reasons** - Enter a Referral Reason that is not displayed on the Client Referral Reasons list, to a maximum of 200 characters. Conditionally displayed if you select Other in the Client Referral Reasons field. • **Source** - If configured, you must select one of the configured values that indicate the source of the referral. • **Original Source System** - If applicable, you can select one of the configured values to indicate where the referral originated external to Watson Care Manager. • **Referred On** - Enter the date of the referral. • **Referred To** - Assuming that organization units are enabled for your organization, the current organization unit is displayed by default. If more than one organization unit is configured in the application, you can search for and select another organization for the client referral. • **External Referral To** - If configured you can select an external recipient to send the referral to. The referral is routed to an external system for management and can no longer be managed in Watson Care Manager. • **Priority** - Select the priority level that indicates how urgently the client requires care management, for example, High priority. • **Comments** - Enter more notes about the client referral if necessary. c. Click **Save** to register the client in the application with or without the referral. If you created a client referral, the referral is routed to the Supervisor's **Unassigned Open Referrals** list page and the Referrals list page in the Care Manager Workspace.

Related concepts

Understanding your search results
The client information that you can see and access from the search results depends on which application the client is found in, and whether you have access to the client's protected health information (PHI).

Related tasks

Managing client referrals
Resolving duplicate client registrations

Each client must have a unique registration in IBM Watson Care Manager. If a client is registered more than once, you must resolve the duplicate client registration. If clients were manually registered, then you can deactivate the duplicate registration. If clients were automatically registered by an integrated referral system, for example, by referral from a cohort, the referring system can also detect duplicate registrations. The referring system automatically merges data into both client registrations and you are alerted to choose a registration.

Searching for clients

You can search all of the clients who are registered and active in the application.

About this task

If Watson Care Manager is integrated with an external application that uses the Virtual Client Record, the search workflow is different for your organization. For more information, see "Searching for clients in Watson Care Manager and other applications" on page 46

You must enter some search criteria. Search supports partial matching. For example, a search for **First Name** Al and **Last Name** Smi can return matches for active clients **Alison Smith** and **Alan Smith-Baker**. Searches for a client's first name, address, or gender need extra search criteria to uniquely identify a client. You can search for a record by identification number without any other search criteria.

All of the types of identification that are configured for the care team to associate with clients are displayed. For example, if an Employee ID type is configured, you are able to search for the client by entering those specific identification details. Only one identification type, Medical Record Number, comes with the product and is available to use by default. A Medical Record Number is a unique alphanumeric value that your organization can assign to each client.

Protected health information (PHI) that you are not authorized to see, such as a client's address and status, is indicated by six asterisks '******' in the **Search Results** pane. In addition, the link to the client's **Summary View** is not available. If you need access to this information, ensure that you are a member of the client's care team or you can request emergency access to the client in critical circumstances only, if configured by your organization.

Procedure

1. Sign in to your account.

   Your home page opens.
2. Choose from one of the following steps to search for a client.
   a) If you are using a tablet or mobile device, from the **Side Navigation Menu**, select **Clients** > **Search**.
   b) If you are using a desktop computer or laptop, click the **Search Client** icon on the application menu bar.

   The **Search Client** page opens.
3. Enter your search criteria for the client. Search by using any of the following criteria:
   - Name - The default display format in client search pages is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display.
   - Date of Birth
   - Gender
   - Identification type and number - Select the appropriate identification type, and enter the client's unique identifier.
4. Click **Search**.

   In the **Search Results** pane, you can see whether the client is actively receiving care management.
5. Click the client name.

   Their **Summary View** opens. If the client is not actively receiving care management, their status is set to **Inactive** in the **Client Context** pane.

Client name search results by example

More than one name may be recorded for a client in the application, for example, a client's registered name and possibly a preferred name, alias name, maiden name, stage name, or old name.

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For illustrative purposes, let's suppose that these assumptions are true.

- Multiple names are recorded for a registered client, Elizabeth-Ann O'Neill, in Watson Care Manager.
- The format of the client name display, which is based on administrator configuration in Watson Care Manager, is set to reflect a First Name Last Name display in Client Search results and list pages.

Name Types	Recorded Client Name
Registered name	Elizabeth-Ann O'Neill
Preferred name	Liz O'Neill
Alias name1	Beth O'Neill
Alias name 2	Betty O'Neill
Stage name	Lily O'Neill
Maiden name	Elizabeth Jones
Old name	Elizabeth Jones

A single record is returned in the search results even when the search criteria matches with multiple Name records for the client. Explore the following examples.

Example: Search for a client's preferred name

If a client has a preferred name (Liz O'Neill) when you search for a preferred name (Liz O'Neill), the search results returns the name that exactly matches your search criteria. Search results: Liz O'Neill.

Search Criteria		Search Result
First Name	Last Name	
Liz	O'Neill	Liz O'Neill

In the Search Results expanded view (if available), any other names that are recorded for the client are displayed in first name alphabetical order: Beth O'Neil, Betty O'Neill, Elizabeth-Ann O'Neill, Elizabeth Jones, Lily O'Neill,

Example: Search for a client's name other than their preferred name

If a client has a preferred name (Liz O'Neill) when you search for any other recorded name types (example, Elizabeth-Ann O'Neill), the search results returns the name that matches your search criteria followed by the client's preferred name in brackets. Search results: Elizabeth-Ann O'Neill (Liz O'Neill).

Search Criteria		Search Result	Comment
First Name	Last Name		
Elizabeth-Ann	O'Neill	Elizabeth-Ann O'Neill (Liz O'Neill)	Registered name (Preferred name)

In the Search Results expanded view (if available), any other names that are recorded for the client are displayed in first name alphabetical order: Beth O'Neil, Betty O'Neill, Elizabeth Jones, Lily O'Neill.

Example: Partial search for a client's name

If you do not know the exact details to search for, you can complete a partial search by entering one or more starting characters of the client's first name and/or last name. Examples:

- If a client has a preferred name (Liz O'Neill) when you search for only their last name (O'Neill), the search results returns the client's preferred name.
- If a client has a preferred name (Liz O'Neill) when you do a partial search of their first name, last name as follows (Eliz, O'Neill), the search results returns the client's registered name followed by the client's preferred name in brackets. Search results: Elizabeth-Ann O'Neill (Liz O'Neill).
- If a client has a preferred name (Liz O'Neill) when you do a partial search of only their first name (Eliz) and their date of birth, the search results returns the client's registered name followed by the client's preferred name in brackets. A registered name takes precedence in the search results over a client's maiden/old name (Elizabeth Jones). Search results: Elizabeth-Ann O'Neill (Liz O'Neill).

Search Criteria		Search Result	Comment
First Name	Last Name		
	O'Neill	Liz O'Neill	Preferred name
Eliz	O'Neill	Elizabeth-Ann O'Neill (Liz O'Neill)	Registered name (Preferred name)
Eliz		Elizabeth-Ann O'Neill (Liz O'Neill)	You cannot search by a client's First Name alone but you can do a partial search by First Name and any other attribute, for example, the client's date of birth. The client's registered name, Elizabeth-Ann O'Neill, is returned and reflects the order of precedence: Registered, Alias, Maiden, Stage, Old.

In the Search Results expanded view (if available), any other names that are recorded for the client are displayed in first name alphabetical order: Beth O'Neil, Betty O'Neill, Elizabeth Jones, Lily O'Neill.

Example: Partial search for a client name type that has multiple matches within a type

A client can have more than one recorded alias, stage, maiden, or old names. When multiple client names are recorded within a type, the name that is returned in the search results is the latest name of the type that was recorded for a client. For example, if a client has a preferred name (Liz O'Neill) when you do a partial search for Bet O'Neill, the search results returns the latest alias 2 name that was recorded for the client (Betty O'Neill) followed by the client's preferred name in brackets. Search results: Betty O'Neill (Liz O'Neill).

Search Criteria		Search Result	Comment
First Name	Last Name		
Bet	O'Neill	Betty O'Neill (Liz O'Neill)	Alias name 2 (Preferred name) Alias name 2 is the latest updated alias for the client.

In the Search Results expanded view (if available), any other names that are recorded for the client are displayed in first name alphabetical order: Beth O'Neill, Elizabeth-Ann O'Neill, Elizabeth Jones, Lily O'Neill.

Searching for your clients

You can search for and review all of the clients who you care manage as a member of their care team. You can filter your client list view to display only the clients that you want to see.

About this task

By changing the filters on the page, you can change your client list view. For example you can apply a filter to view only your High Priority clients.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Clients** > **My Clients** > .

   The **My Clients** page opens.

3. Optionally filter the My Clients list view based on specific search criteria.

   - Click the filter icon to open the **Filter** page.

   - Select one or more check boxes that correspond to your search criteria. You can search for your High Priority clients, or your clients who are not assigned to a program, or your clients who you have not interacted with over several days (no Touchpoint in last 7, 14, 30, 30+ days).

   - Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Name, Date of Birth, Priority, Program, or Phone Number. Enter the details for your filter selection. You can add only one new filter to each column.

   - Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.

   Note: When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered.

4. To go to the Summary view of any listed client, click their name hyperlink.

Requesting emergency access to clients

If you are not on a client's care team, do not have client registration access, and do not belong to a configured data access group, you can request temporary access to a client's information in critical

circumstances, if configured by your organization. With emergency access, you can view and update the client's information, or care team members.

About this task

Note: If you are not assigned a security role which grants access to the emergency access resource, you cannot request emergency access to the client.

The most clients that you can have emergency access to at a time is 5. Your initial access period is 2 hours but you can access the client for up to 12 hours provided you access the client every 2 hours. Accessing the client means viewing or editing client information, including viewing information in search results. If you need extended access, add yourself to the client's care team before your access period expires.

Procedure

1. Sign in to your account.

   Your home page opens.

2. Choose from one of the following steps to search for a client.

   a) If you are using a tablet or mobile device, from the **Side Navigation Menu**, select **Clients** > **Search**.

   b) If you are using a desktop computer or laptop, click the **Search Client** icon on the application menu bar.

   The **Search Client** page opens.

3. Click **Request Emergency Access**.

   The **Request Emergency Access to Client** page opens. You see a list of clients that you currently have emergency access to. For each client, you can see the date and time on which your access expires. The list is ordered, with the Emergency access requests with the least time remaining before they expire shown first.

4. Enter your search criteria for the client. You can search by using any of the following criteria:

   • Name - The default display format in client search pages is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display.

   • Date of Birth

   • Gender

   • Identification type and number - Select the appropriate identification type, and enter the client's unique identifier.

5. Select the check box to acknowledge the terms of use.

6. Click **Search**.

7. In the **Search Results** pane, select the client that you need emergency access to.

   Note: Any protected health information that you are not authorized to see, such as address and status is indicated by asterisks '********' in the **Search Results** pane.

8. Click **Request** to get emergency access to the client. The client's **Summary View** opens.

Deactivating clients

If a client no longer needs care management, you can deactivate the client. Also, if a client was manually registered more than once, you must deactivate the duplicate registration.

Before you begin
If you are using Watson Care Manager Community Service Payment, you should ensure all payments are complete before you deactivate the client.

About this task

Note: If you are not assigned a security role which grants access to the deactivate resource, you cannot deactivate the client.

You might need to deactivate a client if, for example, the client is deceased, moved location, or declines further care management. When you are deactivating the client, you can remove care team members from the client's care team. For your clients, the system removes the client from your list of clients and automatically updates your workload capacity.

When you deactivate a client, the client's status is set to inactive. However, any open alerts, tasks, actions, services, inquiries, budgets, goals, barriers, or programs for that client are not closed or reassigned. If the client has a IBM Watson Care Manager Connect Individuals account, you can choose to close it. A deactivated client cannot access Connect. If the messaging feature is enabled, messages between the client and the care team remain visible in Watson Care Manager. However, you cannot send new messages to a deactivated client because they cannot respond as they can no longer access Connect.

You can reinstate access by reactivating the client. If you are not going to reactivate the client in the next 12 months, you should close the account.

If the client has an active billing agreement, and you close the client's Connect account, then deactivating the client sets the billing agreement to inactive so that no contributions from the client are processed.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. From the **Actions** menu in the **Context** pane, select **Deactivate**.

   The **Deactivate** window opens. All open items and care team members that are associated with the client are displayed.

5. Review the list of open items, and optionally close them. You can determine whether to accept or reject any incomplete assigned referrals. If there are ongoing payments, close the services to end the payments. Do not deactivate the client until the payments are complete.

6. Optionally, close the client's Connect Individuals account.

7. Select the care team members to remove from the client's care team when they are deactivated.

8. Select a reason. If none of the provided reasons for deactivating the client is suitable, you can enter a reason of up to 50 characters.

9. Note any other comments, and click **Deactivate**.

   The client's status is set to inactive.

Related tasks

Resolving duplicate client registrations

Each client must have a unique registration in IBM Watson Care Manager. If a client is registered more than once, you must resolve the duplicate client registration. If clients were manually registered, then you can deactivate the duplicate registration. If clients were automatically registered by an integrated referral system, for example, by referral from a cohort, the referring system can also detect duplicate registrations. The referring system automatically merges data into both client registrations and you are alerted to choose a registration.

Reactivating clients

You can reactivate clients who are inactive in the application whenever they require care management. When you reactivate a client, you must review and manage any open alerts, tasks, actions, or programs that are associated with the client.

About this task

Note: If you are not assigned a security role which grants access to the activate resource, you cannot reactivate the client. If your Administrator added additional program content, for example, modules, tasks, assessments, or questionnaires since the client was deactivated, on reactivation, the client's programs (assigned, enrolled, and pending) are refreshed to include the new content.

If users who are no longer on the care team have open items for the client, manage these items to ensure continuity of care. To manage the items, complete the following actions:

- Notify another care team member of any open alerts or close them.
- Assign open tasks to another care team member or to another user, or close them.
- Assign open actions to another care team member or complete them.

Procedure

1. Sign in to your account.
   Your home page opens.
2. From the **Side Navigation Menu**, select **Clients** > **Search**.
   The **Search Clients** page opens.
3. Search for the client who you want to reactivate, and in the **Results** list, click the name of the client.
   Their **Summary View** opens.
4. From the **Actions** menu in the **Context** pane, select **Activate**.
   The **Activate** window opens. All open items that are associated with the client are displayed.
5. If you do not select one of the provided reasons, enter a reason for reactivating the client.
   The reason cannot be longer than 50 characters.
6. Note extra comments, if any, and click **Activate**.

Managing the deletion of a client

You might be required to delete a client's personal data from Watson Care Manager, for example, if a client requests that their data is removed from the system under data privacy regulations, or if your organization has work flows that require the removal of personal data. You must close a client's open items before you delete the client. In addition, if you've shared the client's personal data with third parties, inform them that the client's information is being deleted from Watson Care Manager.

Informing third party organizations when a client requests deletion

If the data of a client who has requested deletion is shared with third parties, you must inform the client that the data has been shared with the third parties. You must also inform the third party that the client has requested deletion. You should use these steps as a guide to identifying the third parties.

Procedure

Service providers of planned services for the client should be informed that the client has requested to be deleted which means that the services that were planned for that client will no longer be processed in Watson Care Manager. To identify the providers,

a) Select **Plan** > **Services**.

b) For each open service on the list, identify the provider.

c) Provide the list of providers to the client.

d) Contact each provider and inform them that the client has requested to be deleted.

Actions to take before deleting a client

Before you delete a client from Watson Care Manager, close the client's open inquiries, open services, budgets, and Connect account. Ensure that all payments for the client's services have been made before you delete the client. This means that you should wait to delete the client until all payments are completed.

About this task

Procedure

1. Sign in to your account.

   Your home page opens.

2. To find the client that is to be deleted, from the **Side Navigation Menu**, select **Clients** > **My Clients**. Click the client's name to open the **Summary** view.

3. If you use IBM Watson Care Manager Community Service Referral, you must remove supporting information files from all inquiries and close any open inquiries.

   a) Select **Plan** > **Inquiries**.

   b) Expand the sent inquiries list and select an inquiry.

   c) If the inquiry has a Supporting Information file attached, click **Remove Supporting Information** from the **Actions** menu of the inquiry.

   d) If the inquiry is open, click **Close** from the **Actions** menu of the inquiry.

   e) Select a closure reason and optionally, enter a comment and **Close**.

   f) Repeat for all of the client's inquiries.

4. Close the client's planned services as follows:

   a) Select **Plan** > **Services**.

   b) Select **Close** from the row menu of an open service. The **Close Service** page opens.

   c) Enter the closure details and **Save**.

      If you use Watson Care Manager Community Service Payment and the client has services with payments authorized, enter a end date for the service that both ensures the provider is paid as required and that the client can be deleted in your organization's compliance time frame.

5. If you use Watson Care Manager Community Service Payment, there might an approved budget that is associated with the client, in additions there might be draft, pending approval, or reopened budgets that are associated with the client. You must close the client's pending approval, approved, and reopened budgets and delete the client's draft budgets as follows.

Note: any service that has costs associated with it must be closed or deleted before you close or delete the budget.

   a) Select **Plan** > **Budget**.

   b) Delete any draft budgets.

   c) Reject and delete any budgets that are pending approval.

   d) Close an approved budget by selecting **Close** from the **Actions** menu of the budget and entering the closure details.

   e) Submit reopened budgets and approve them. Then, close the approved budget.

6. To close the client's Connect, select **History** > **Connect** > **Close Account**.

   When the client's account is closed, the client cannot sign in to the Connect. If the client tries to sign in, an error message displays.

Related tasks
"Closing services on plans" on page 134
You can close services when clients finish or no longer need them. You must specify the outcome of the service, and the date that the service is closing.

Deleting a client from Watson Care Manager

You can delete a client from Watson Care Manager, after which the application can no longer access any underlying records relating to the client in the data store (virtual deletion). When a client is deleted, to ensure that their details are no longer accessible, the client's Summary view closes and the you are navigated to the **Care Team workspace**.

Before you begin
Ensure you have completed the prerequisite actions and that all the client's service payments are completed.

About this task

If the client had an active billing agreement so that budget contributions could be processed, the billing agreement is canceled. If the client's information was shared with any provider on the Connect Providers application, the provider will no longer see the information. An information message will display to inform the provider that the client's personal information has been deleted. Only a supervisor can reverse the client deletion.

Note: If you are not assigned a security role that grants access to the delete resource, you cannot delete the client.

Procedure

1. Sign in to your account.
   Your home page opens.
2. To find the client that is to be deleted, from the **Side Navigation Menu**, select **Clients** > **My Clients**. Click the client's name to open the **Summary** view.
3. To check that all payments for the client's services are complete, select **Plan** > **Payments**, and verify that all payments are in the status *Final Payment Made*.
   If there are still payments due, wait until after the final payment due date to delete the client.
4. From the **Actions** menu in the Context pane, select **Delete Client**.

Results
The client's details are no longer accessible. If the client had an active billing agreement so that budget contributions could be processed, the billing agreement is canceled. If the client's information was shared with any provider on the Connect Providers application, the provider will no longer see the information.

An information message will display to inform the provider that the client's personal information has been deleted. If the client has a Connect Individuals account, the client's account is automatically closed and the client will no longer be able to access Connect.

Related tasks

Reversing the deletion of a client

Resetting the health pass for a client

Reset a client's health pass to they can resubmit it in an external system.

About this task

You can reset a client's health pass status to neutral so that they can resubmit it in an external system, such as IBM Return to Campus Advisor. Resetting a client's health pass status to neutral shares it with the external system so that the client can complete their health check again in that system

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, select **Clients** > **Search**.

   The **Search Clients** page opens.
3. Search for the client whose health pass you want to reset, and in the **Results** list, click the name of the client.

   Their **Summary View** opens.
4. From the **Actions** menu in the Context pane, select **Reset Health Pass**.

   The **Reset Health Pass** page opens.
5. Click **Reset Health Pass** to reset the client's health pass.

Resolving duplicate client registrations

Each client must have a unique registration in IBM Watson Care Manager. If a client is registered more than once, you must resolve the duplicate client registration. If clients were manually registered, then you can deactivate the duplicate registration. If clients were automatically registered by an integrated referral system, for example, by referral from a cohort, the referring system can also detect duplicate registrations. The referring system automatically merges data into both client registrations and you are alerted to choose a registration.

About this task

When duplicate client registrations were manually registered, you must choose a client registration, make any required updates, and deactivate the duplicate client registration.

When a duplicate registration is detected by an integrated referring system, data in the registrations are automatically merged and the primary care manager who is associated with each client registration is alerted. If you are a primary care manager for one of the clients, you must choose a client registration, typically the one with the most complete information, and make any required updates.

Related tasks

Deactivating clients

If a client no longer needs care management, you can deactivate the client. Also, if a client was manually registered more than once, you must deactivate the duplicate registration.

Duplicate registrations from integrated referral systems

When a duplicate registration is detected in an integrated referral system, the primary care managers who are associated with the clients are alerted.

Duplicate registrations can be resolved only by a care team member who has a primary care manager role for at least one of the clients, and is a member of the other client's care team. The primary care manager must review the duplicate registrations and determine which one to retain and which to close.

For example, suppose that Laurie is the client and she has duplicate registrations: Laurie and Lauren. If Susan is the primary care manager for the Laurie registration and is a member of Lauren's care team, and Jane is the primary care manager for the Lauren registration and is a member of Laurie's care team, both Susan and Jane receive alerts. Either Jane or Susan can resolve the duplicate after which no other user can do it again for either registration.

Typically, the primary care manager chooses to close the registration with less associated care management data. If the retained registration is in an Inactive state in the application, it is reactivated. By selecting one registration to be used for future interactions with the client, the primary care manager causes the other registration to be automatically deactivated. Any referrals are transferred to the selected registration before the duplicate registration is permanently closed. Other information that is associated with the duplicate, such as care plans or client notes, is not moved.

Resolving duplicate registration from alerts

Duplicate registrations alerts require the attention of the primary care managers who are associated with the clients to resolve the duplication.

About this task

Resolving duplicate registrations requires you to decide which registration to retain and which one to permanently close. To inform your decision, you can branch from the page in the application where you resolve the duplicate and go to each client's **Summary View** for their details. From either **Summary View**, you can return to the page where you resolve the duplicate.

Procedure

1. Sign in to your account.

   Your home page opens.
2. In your Work List card, expand **Alert Notifications**.

   Any alerts about duplicate client registrations are listed.
3. Click the name of the client who is identified as a duplicate registration.

   Their Summary View opens.
4. From the **Context** pane, select **Alerts**.

   The **Alerts** page opens, and includes the alert about the registrations who refer to the same client.
5. Click **History** > **Status** to access more information.

   The **Status** page for the client opens.
6. Expand the **Duplicate Registrations** section and decide which registration to keep.

   a. Review the information for each registration by clicking either client name to go to their **Summary View**.

   b. Return to the **Status** page by clicking **History** > **Status** in either client's **Summary View**.
7. Click **Resolve Duplicate**.

   The **Resolve Duplicate Registrations** wizard opens.

   a. Select the client registration to keep based on your previous review of both clients.

b. Click **Next,** and click **Confirm** to resolve the duplicate.

> **Remember:** When you confirm that you want to keep one registration, any referrals are transferred to the selected registration before the duplicate registration is permanently closed. You cannot undo the action. Other information that is associated with the duplicate, such as care plans or client notes, is not moved to the selected registration.

c. Click **Finish**.

8. Review the care plan for the selected registration and make any necessary changes.

9. Optional: To verify the status of the alert, from the **Context** pane, select **Alerts**.

The **Alerts** page opens. Expand the alert to see a comment about whether the registration was retained or closed, and by whom on the care team.

Managing clients between Watson Care Manager and other applications

If Watson Care Manager is integrated with an external application, like an EMR system or IBM Health and Human Services Connect 360, you can manage clients between both applications.

About this task

If your organization has a requirement for care teams to be able to view client records that are available in an external application that is integrated with Watson Care Manager, you can request that the Virtual Client Record feature be enabled. To do this, you must contact your IBM client executive. Customers must then work with their IBM client executive to integrate the Virtual Client Record feature with the external application data.

Note: These topics apply only to care teams whose Watson Care Manager application is integrated with an external application and the integration utilizes the Virtual Client Record.

You can register clients in Watson Care Manager so that you can manage their care.

Review the **Virtual Client Record** to see extra client information that is available in the external application, but might not be recorded in Watson Care Manager.

From Watson Care Manager, you can search for clients in both applications to verify that you are dealing the correct person based on the available information in Watson Care Manager and the external application.

Related tasks
Managing client referrals
If an existing client has care needs, you can manually refer the client for care management. You can create a referral for any client who is active or inactive in the application, and assuming that organization units are enabled for your organization, you can route the referral to the correct organization unit. You can review and disposition open client referrals. Clients that are received from an external system via an API or via a cohort can be managed in the same way.

Registering clients

All clients must be registered in Watson Care Manager so that you can manage their care needs. Before you register clients, verify that they are not already registered first by searching for them. You can manually register clients who are not already registered. If clients are registered only in another application external to Watson Care Manager, you can automatically register them with limited information from the other application.

Verifying clients are not already registered

To avoid duplicate registrations, ensure that you search for existing clients before you register a client. You can search only Watson Care Manager for clients or you can extend your search to an external application that is integrated with Watson Care Manager. By searching both applications, you can find

clients who are registered only in the external application who may need to be registered for care management in Watson Care Manager.

About this task

The default display format in client search pages is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display

Searches for a client's gender or date of birth need extra search criteria to uniquely identify the client. You can search for a client by identification type and number, email, phone number, or the last four digits of their social security number without any other search criteria.

Important: When searching both applications for clients by identification type and number, only searches by Reference Number identification type, and configured identification types that apply to the external application will find clients who are registered in that application.

If you search for clients who are registered only in Watson Care Manager, you can search by all of the types of identification that are configured by your organization. For example, if a Passport identification type is configured, you are able to search for the client by entering those specific identification details.

Procedure

1. From the **Side Navigation menu**, select **Clients** > **Register**.

   The **Register Client** wizard (**Page 1**) opens.
2. Enter your search criteria to verify that the client is not already registered in Watson Care Manager.
3. Choose a **Search Type**.

   - **All** (Default) - Searches for clients in Watson Care Manager and an application external to Watson Care Manager.
   - **Watson Care Manager** - Searches for clients who are registered in Watson Care Manager only.
4. In the Search Results pane, the **Registered** column indicates whether the client is already registered in Watson Care Manager. **Yes** means the client already registered. **No** means the client is not already registered.

   Note: PHI that you are not authorized to see, such as address and status is indicated by asterisks in the **Search Results** pane. In addition, the link to the client's **Summary View** in the results is not available when the client is not registered in Watson Care Manager.

   For more information on the search results, see "Understanding your search results" on page 48.
5. Choose an option.

   - If the client is not already registered in Watson Care Manager or the other application, click **Next** and complete the steps in "Manually registering clients" on page 40.
   - If the client is registered in the other application only, you can automatically register the client.

     a. In the **Search Results** pane, click the **Actions** menu for the client that you want to register.

     b. Click **Register Client**.

     c. Complete the steps in "Automatically registering clients" on page 44.

Manually registering clients

Manually register a client who is not already registered so that their care needs can be managed in Watson Care Manager.

Before you begin

Before you manually register a client, ensure you follow the steps in "Verifying clients are not already registered" on page 39 to verify whether they are already registered.

About this task

To register a client, you must have at least the client's full name, date of birth, and gender. You can also provide additional information such as an identification type and number, an address, address type and contact details.

When you register a client, complete the registration before your access to the client's protected health information (PHI) expires. If organization units are enabled for your organization, you can register a new client with a referral to the correct organization unit to meet their needs.

Your organization's data access policy determines whether you have access to a client's PHI after registration. If your access is restricted, you might only have temporary client registration access to the client's PHI to view and update the information and add care team members. Your access period is 12 hours by default. However, this period might be different for your organization. To extend your registration access, add yourself to the client's care team before your access period expires. If your access period expires, you can request temporary emergency access to the client in a critical situation, if configured by your organization.

Procedure

1. When you click **Next** on the Register Client wizard. **Page 2** of the wizard opens.
2. Complete the pages in the Register Client wizard to add the client information. Follow the steps from **(Page 2 of 4)**.

Register Client Wizard	Steps
(Page 2 of 4) Add client demographic information	a. Enter the client's details, residential address, phone number, and email address. If configured, The following fields are mandatory: • **Name**. Enter a birth last name only if it is different than the client's last name. • **Date of Birth** • **Gender** • **Registration Date**. By default, the registration date is the current date. You can set an earlier registration date but not a future registration date. • **Source** You must select one of the configured values that indicate the source of the client's registration information. b. **Original Source System**. If applicable, you can select one of the configured values to indicate where the client's registration information originated. c. Select the appropriate identification type, and enter the client's identification number. d. Ensure that the address information that you enter is as accurate as possible for a more precise location. When you enter an address, a default map location is automatically assigned to the address based on the address information. Confirm the location of the address before saving. Clicking 'Confirm Location' opens the map at the default location of the address. Drag the map to change the location of the address. You can reset the map to the default location if needed. If you do not change the location, the default location is saved. e. Click **Save** to register the client in the application, or **Next** to proceed to the next page of the wizard. You can capture consent records and referrals if the registration workflow is configured to include capturing consent records and referrals. **Note:** The **Source** and **Original Source System** that is captured during registration are replicated to the relevant data types when saved. The demographic data types are Birth and Death, Gender, Identification, Marital Status, Name. The contact data types are Address, Email, Phone Number. If needed, these values can be changed for each data type after the client is registered.

Register Client Wizard	Steps

(Page 3 of 4) Capture Consent Records	This page in the wizard displays only if the **Capture Consent Records** page is configured for your organization's client registration workflow to allow you to specify the types of consent to associate with a client's consent records.
	
	Consent types are configured in the application to enable you to capture consent records for clients by their information category, for example, Medical Records. Your administrator might configure data sharing of specific consent types across organization units (if enabled) and they can make it optional or mandatory for you to capture types of consent records during a client's registration process. The elements of this page display dynamically according to the configuration in the application.
	
	  a. If the Share with Organization section displays, you see all consent types that are configured to be shared across organization units.
	
	    • For each listed consent type, select **Consents to Share** to record the client's agreement to share their consent records of that type. This step is optional or mandatory depending on the configuration in the application.
	
	  b. In the Consent Records section, you see all consent types that are configured as Not Shared in the application.
	
	    • Select from the configured consent types to capture a client's consent records of that type. This step is optional or mandatory depending on the configuration in the application.
	
	  c. Depending on the configuration, click **Save** to register the client in the application with the consent records, or click **Next** to proceed to the next page of the wizard. You can create referrals only if organization units are enabled for your organization or the registration work flow is configured to include capturing referrals.

Register Client Wizard	Steps

(Page 4 of 4) New Referral	This page in the wizard displays only if the **New Referral** page is configured for your organization's client registration workflow to allow you to create a referral for the client that you are registering.
	
	Your administrator might make it optional or mandatory for you to create a referral for a client during a client's registration process. The elements of this page displays dynamically according to the configuration in the application.
	
	a. If client referrals are configured as optional, select **Yes** to create a referral for the client or **No** to proceed with the client registration without creating a referral. The Referral Details section displays with a Yes response. If organization units are enabled for your organization, you are required to create a referral and complete the referral details.
	
	b. Enter the client referral details.
	
	   • **Referral Reason** - Enter a reason for referring the client to a maximum of 200 characters.
	   • **Source** - If configured, you must select one of the configured values that indicate the source of the referral.
	   • **Original Source System** - If applicable, you can select one of the configured values to indicate where the referral originated external to Watson Care Manager.
	   • **Referred On** - Enter the date of the referral.
	   • **Referred To** - Assuming that organization units are enabled for your organization, the current organization unit is displayed by default. If more than one organization unit is configured in the application, you can search for and select another organization for the client referral.
	   • **External Referral To** - If configured you can select an external recipient to send the referral to. The referral is routed to an external system for management and can no longer be managed in Watson Care Manager.
	   • **Priority** - Select the priority level that indicates how urgently the client requires care management, for example, High priority.
	   • **Comments** - Enter more notes about the client referral if necessary.
	
	c. Click **Save** to register the client in the application with or without the referral. If you created a client referral, the referral is routed to the Supervisor's **Unassigned Open Referrals** list page and the Referrals list page in the Care Manager Workspace.

Automatically registering clients

You can automatically register clients who are currently only registered in an application external to Watson Care Manager so that you do not need to manually enter their registration information.

Before you begin

Before you automatically register clients, ensure you follow the steps in "Verifying clients are not already registered" on page 39 to ensure that they are not already registered.

About this task

During the automatic registration process, Watson Care Manager registers the client with the following information from the other application (if available):

- First Name
- Last Name
- Date of Birth
- Gender
- Address
- Phone Number
- Email Address

Note: If the client's date of birth or gender is not available in the other application, a message displays. If you know this information, you must manually register the client.

Important: The registration process takes up to 15 minutes to complete. The client becomes available in Watson Care Manager when the registration process is fully complete. If you or another user tries to automatically register the client again before 15 minutes elapse, a message displays and the **Register** action is disabled.

A client may also be automatically registered in Watson Care Manager from an external application via the referrals process. After client registration, no updates to the client's information are received from the other application. However, if you add, modify, or delete demographics or contact data for the client, your updates are shared with the other application so that the latest client information is available in both systems.

Procedure

1. When you click **Register Client** from the **Actions** menu for the relevant client in the **Search Results** pane, the Register Client page opens.
2. Click **Register**.

   The client is automatically registered and their Summary page opens.

What to do next

Viewing the Virtual Client Record

If Watson Care Manager is integrated with an external application, you can view information about clients that is available in that application, but might not be available in Watson Care Manager.

About this task

Assuming Watson Care Manager is integrated with an external system, and the Virtual Client Record is enabled for your integration, you can see client information that is captured in the external application.

Depending on the external application and your organization's requirements, the Virtual Client Record can display information is retrieved from multiple systems or from one application to give a complete view of the client and their needs.

Important: The Virtual Client Record displays only client information that you are permitted to view, based on your configured role in your organization. The client information that displays in the Virtual Client Record is read-only and cannot be modified in Watson Care Manager. You can switch between a client's **Summary View** and their **Virtual Client Record** to see their full information and make decisions about their care.

The information that you see in the Virtual Client Record is grouped into categories that describe the nature of the information. For example, you might see a category called **Extended Demographics** that

contains extra demographics information for a client that is not available in Watson Care Manager. The **Virtual Client Record** refreshes automatically based on the available information. If no information is available for a category, only the category name displays.

Some categories might contain further subcategories of information. For example, a category called **Demographics** might contain a subcategory called **Phone** that contains multiple phone number records for the client. In addition, some data might display in a table so that you can quickly identify related information. If the information in a table cell exceeds 270 characters, an ellipsis (...) displays in the cell. Click the cell to see the full information.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Choose an option.

   - View a client's Virtual Client Record from your My Clients list.

     a. Click a client name. Their **Summary View** opens.

     b. In the **Context** pane, click **Virtual Client Record**. The client's **Virtual Client Record** opens.

   - Search for a client.

     a. Enter your search criteria for the client.

     b. In the **Search Type** list, select **All** to search for the client in an external application and Watson Care Manager.

     c. Click **Search**.

     d. In the **Search Results** pane, you can see whether the client is actively receiving care management in Watson Care Manager. If the client is not actively receiving care management, their status is set to **Inactive** in the client's Context pane.

     e. Click the **Actions** menu for the client.

     f. Select **Virtual Client Record**. The client's **Virtual Client Record** opens.

4. Expand a category to see its information.

5. If available, expand a subcategory to see more information.

Searching for clients in Watson Care Manager and other applications

Search for clients in Watson Care Manager and an application external to Watson Care Manager. By searching both applications, you can find clients who are registered only in the external application and may need to be registered in Watson Care Manager for care management.

About this task

By default, your search returns clients who are registered in:

- Watson Care Manager and an external application.

- An external application only.

- Watson Care Manager only.

You can narrow your search to only return clients who are registered in Watson Care Manager if you prefer.

You must enter some search criteria. If you search for clients by name, you must enter their **First Name** and **Last Name**. Search supports partial matching. For example, a search for **First Name** Al and **Last Name** Smi can return matches for active clients **Alison Smith** and **Alan Smith-Baker**.

Searches for a client's gender or date of birth need extra search criteria to uniquely identify the client. You can search for a client by identification type and number, email, phone number, or the last four digits of their social security number without any other search criteria.

Important: When searching Watson Care Manager and an external application for clients by their identification type and number, only searches by Reference Number identification type, and configured identification types that are specific to the external application will find clients who are registered in that application.

If you search for clients who are registered only in Watson Care Manager, you can search by all of the types of identification that are configured by your organization. For example, if a Passport identification type is configured, you are able to search for the client by entering those specific identification details.

Protected health information (PHI) that you are not authorized to see, such as a client's address and status, is indicated by asterisks '********' in the **Search Results** pane. In addition, the link to the client's **Summary View** is not available. If you need access to this information, ensure that you are a member of the client's care team or you can request emergency access to the client in critical circumstances only, if configured by your organization.

Procedure

1. Sign in to your account.

   Your home page opens.

2. Choose from one of the following steps to search for a client.

   a) If you are using a tablet or mobile device, from the **Side Navigation Menu**, select **Clients** > **Search**.

   b) If you are using a desktop computer or laptop, click the **Search Client** icon on the application menu bar.

   The **Search Client** page opens.

3. Enter your search criteria for the client. Search by using any of the following criteria:

   • Name - The default display format in client search pages is: Last Name, First Name. The display format might be configured to reflect a First Name Last Name display.

   • Date of Birth

   • Gender

   • Identification type and number - Select the appropriate identification type, and enter the client's unique identifier.

   • Phone

   • Email

   • SSN (Last four digits) - Enter the last four digits of the client's social security number.

4. Choose a **Search Type** and click **Search**.

   • **All** (Default) - Searches for clients in Watson Care Manager and an external application.

   • **Watson Care Manager** - Searches for clients who are registered only in Watson Care Manager.

Results

In the Search Results pane, you can see clients who match the criteria entered. For more information, see "Understanding your search results" on page 48.

What to do next

Choose an option.

• If the client is not already registered in Watson Care Manager or another application, you can manually register the client.

• If the client is registered in an external application but not in Watson Care Manager, you can automatically register the client with limited information from the other application.

- If the client is registered in Watson Care Manager, you can click their name and manage their care from their Summary view. For example, you can refer the client for care management, by following the referrals process.

Understanding your search results

The client information that you can see and access from the search results depends on which application the client is found in, and whether you have access to the client's protected health information (PHI).

In the examples that follow, let's suppose the following assumptions are true:

- The format of the client name display, which is based on an administrator configuration in Watson Care Manager, is set to reflect a **First Name Last Name** display in **Client Search** results and list pages.
- One name only is recorded for each client who is registered in Watson Care Manager.

Remember: A client may be registered in:

- Watson Care Manager and another application (external to Watson Care Manager) .
- An external application only.
- Watson Care Manager only.

Example 1: Laurie Thompson (registered in Watson Care Manager and an external application)

Let's suppose you search for a client by **Name** Laurie Thompson and **Date of Birth** 12/12/1940.

- Laurie is registered in both Watson Care Manager and an external application.
- You are authorized to see Laurie's PHI in Watson Care Manager.

You see the following search results.

1. A link to Laurie's Summary view is available. Click Laurie's name to see her Summary view.
2. **Yes** displays in the **Registered** column because Laurie is registered in Watson Care Manager.
3. Because you are authorized to see Laurie's PHI, you see her address, date of birth, phone number (if available) and consent (Yes or No).
4. Click the virtual client record icon to see Laurie's information that is captured in the other application. To capture consent for Laurie, a configurable action link called **Update Consent** is available. You must log a support ticket to configure a display name for the action link and the corresponding URL that the link directs the user to.

Example 2: Todd Mitchell (registered only in an external application)

Let's suppose you search for a client by **Name** Todd Mitchell and **Phone Number** 303555555.

Todd is registered in an external application, but not in Watson Care Manager.

You see the following search results.

1. Todd is not registered in Watson Care Manager so a link to Todd's Summary view is not available.

2. **No** displays in the **Registered** column because Todd is not registered in Watson Care Manager.

3. You see Todd's address, date of birth, and phone number (if available in the other application).

4. Todd does not have consent on file in Connect 360, so No is displayed.

5. To automatically register Todd in Watson Care Manager, click the **Actions** menu and select **Register Client**.

6. To see more information for Todd, (if available in the other application), click the **Actions** menu and select **Virtual Client Record**

7. To capture consent for Todd, a configurable action link called **Update Consent** is available. You must log a support ticket to configure a display name for the action link and the corresponding URL that the link directs the user to.

Example 3: Mitch Delaney (registered only in Watson Care Manager)

Let's suppose you search for a client by **Name** `Mitch Delaney` and **Date of Birth** 06/08/1952.

• Mitch is registered in Watson Care Manager, but not in an external application.

• You are not authorized to see Mitch's PHI in Watson Care Manager.

You see the following search results.

1. You are not authorized to see Mitch's PHI so a link to Mitch's Summary view is not available.

2. **Yes** displays in the **Registered** column because Mitch is registered in Watson Care Manager.

3. Because you are not authorized to see Mitch's PHI, his address and phone number information is indicated by asterisks.

   Tip: To see Mitch's PHI, add yourself to his care team, or you can request temporary emergency access to the client in a critical situation, if configured by your organization.

4. Mitch does not have consent on file, so **No** is displayed.

5. Mitch is not registered in the external application. If you click the virtual client record icon and expand a category, no information is available.

Note: If more than one name is recorded for a client who is registered in Watson Care Manager, a single record is returned in the search results even when the search criteria matches multiple name records. For more information, explore the examples in "Client name search results by example" on page 29.

Example 4: Jane Kelly (registered in an external application and deleted in Watson Care Manager)

Let's suppose a client, Jane Kelly, is registered in Watson Care Manager and Jane's record also exists in an external application that is integrated with Watson Care Manager. Jane requests that her data be removed from Watson Care Manager under data privacy regulations so a care team member deletes Jane's record in Watson Care Manager.

You search Watson Care Manager and the external application for Jane by **Name** Jane Kelly and **Date of Birth** 6/19/1966. You see the following search results.

1. Jane is deleted from Watson Care Manager so a link to Jane's Summary view is not available.
2. **Yes** displays in the **Registered** column because Jane is registered in Watson Care Manager, however her Watson Care Manager record is not available to view because it is deleted.
3. You see Jane's address, date of birth, phone number as recorded in the external application.
4. Jane does not have consent on file in the external application, so **No** displays.
5. You can click the virtual client record icon to see Jane's available information in the external application.

Important: Because Jane's record is deleted in Watson Care Manager, the action to automatically register Jane with her available information from the external application is not available. To avoid manually registering a deleted client, contact your supervisor to confirm that the client is deleted and should not be re-registered.

Note: If more than one name is recorded for a client who is registered in Watson Care Manager, a single record is returned in the search results even when the search criteria matches multiple name records. For more information, explore the examples in "Client name search results by example" on page 29.

Related concepts
Summary view
Related tasks
Viewing the Virtual Client Record
If Watson Care Manager is integrated with an external application, you can view information about clients that is available in that application, but might not be available in Watson Care Manager.

Managing client referrals

If an existing client has care needs, you can manually refer the client for care management. You can create a referral for any client who is active or inactive in the application, and assuming that organization units are enabled for your organization, you can route the referral to the correct organization unit. You can review and disposition open client referrals. Clients that are received from an external system via an API or via a cohort can be managed in the same way.

About this task

Note: If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

Creating referrals for existing clients

You can refer an existing client to the correct organization unit that will meet their care management needs. You can refer the client to a different organization unit only if multiple units are configured in the application. If configured, you can refer the client to an external recipient for management in a system external to Watson Care Manger.

About this task

If a referral is routed to an organization unit by mistake, the care team in that organization unit can manually reject the referral but cannot redirect the referral to another organization unit.

Note: If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the Side Navigation Menu, select **Referrals** > **New Referral**.

   The **New Referral** page opens.
3. Search for and select the registered client who needs care management.

   If you are not on the client's care team and do not have access to the client's information, you can request emergency access.
4. Enter the following information for the referred client.

   - **Referral Reason** - Select a reason for referring the client.
   - **Other Referral Reason** - Enter a Referral Reason that is not displayed on the Referral Reason list, to a maximum of 200 characters. Conditionally displayed if you select Other in the Referral Reason field.
   - **External Referral To** - If configured you can select an external recipient to send the referral to. The referral is routed to an external system for management and can no longer be managed in Watson Care Manager.
   - **Source** - If configured, you must select one of the configured values that indicate the source of the referral.
   - **Original Source System** - If applicable, you can select one of the configured values to indicate where the referral originated external to Watson Care Manager.
   - **Referred On** - Enter the date of the referral.
   - **Referred To** - If more than one organization unit is configured in the application, you can search for and select another organization for the client referral.
   - **Priority** - Select the priority level that indicates how urgently the client requires care management, for example, High priority.
   - **Comments** - Enter more notes about the client referral if necessary.
5. Click **Save**. Assuming that you did not sent the client referral to an external recipient for management, the referral is routed to the Supervisor's **Open Unassigned Referrals** list page and the **Open Unassigned Referrals** list page in the Care Manager Workspace. If you sent the referral to an external recipient, the referral is visible in the client's **Referral History** on their **Referrals** list page.

Related tasks

Requesting emergency access to clients

Assigning client referrals

If you have the skills and capacity to improve the client's care, you can take ownership of a client referral by assigning the referral to yourself. Otherwise, assuming that organization units are enabled for your organization, assign the client referral to another care team member in your organization unit based on the their roles, skills, and capacity.

Before you begin

Note: If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

- The **Open Unassigned Referrals** page must be configured to display to the care team. Otherwise, you cannot access the page in the application.
- You cannot assign a referral that is already assigned, rejected, or deleted in the application.

Note: When one or more referrals are assigned to you, you must complete each referral by accepting it for care management or you can choose to dispose the referral in a different way. For more information, see "Completing your open client referrals" on page 54.

About this task

Referrals (25 max) can be assigned to you or any active care team member who has at least one care team role assigned. If you are using organization units, the care team member who receives the referral assignment must be in your organizational unit. When Inactive clients are among the selected referrals for assignment, you are guided through a 2-step wizard. Otherwise, the second step that follows is the only step.

1. [Wizard page 1 - Activate and Assign]. The Inactive Client Referrals list and the Activation Reason cluster are displayed conditionally. You can reactivate listed inactive clients as you assign them to you or another care team member. You must specify a reason for doing so, which is applied to all selected Inactive clients.

2. [Wizard page 2 - Assign] You proceed to assign the client referrals to you or one of the listed care team members who has the capacity to take on more work. In the process, you can assign the clients who are being referred to one of the listed programs that suits their needs. Further, you can designate yourself or the care team member to be the primary care team member with a lead or management role in the team. When you assign the client referrals, you or the selected care team member is automatically added to the client's care team in the selected role(s).

The options to select Source and Original Source are displayed only when you select a program and if configured to be shown by your administrator. If configured to be shown, you can select the source of the program (mandatory) and the name of the original source system where the program (optional) originated. The Source value represents the configured platform that is sharing data, for example, Watson Care Manager. The Original Source System is the name of the system where the data was entered for the very first time.

The option to select Care Team Groups is displayed only if care team groups are configured by your administrator. When the referral is accepted by the referral assignee, all members of the care team group(s) are added as additional members of each referred client's care team.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Referrals** > **Unassigned Referrals**.

   The **Open Unassigned Referrals** page opens.

3. Review each unassigned client referral by their name, date of referral, priority, and if available, the name of the cohort that referred the client, and the reason that they were referred. Expand the client view to see risks associated with the client. When a referral is received from an external system, you

can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral. You can add only one new filter to each column.

By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only referral priority (High, Medium, Low, Not Set), unassigned referral day ranges, or client status (Active, Inactive). You can further refine your list view as follows.

a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected. You can further refine your list view by Name, Referred On date, Priority, Cohort, Referral Reason, Other Referral Reason, Client Status, Risk Name, Source, Original Source System, Suggested Program, Risk Category, Date of Birth, Tag or Address. Filters are only available for a configured attribute, where it is displayed as a column or in the expanded view. Enter the details for your filter selection. You can add only one new filter to each column.

b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.

c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Referrals** list page refreshes to show only the client referrals who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Assign a single client referral to yourself or another a care team member, or assign up to 25 referrals at a time in a bulk assignment. Do one of the following:

   • To assign a single referral, click the **Actions** menu of the referral, and click **Assign**.

   • To process up to 25 client referral assignments in one step, select more than one individual client referral or to assign all listed referrals, select the checkbox adjacent to the Name column. Click **Assign**.

   If Inactive clients are among the selected referrals for assignment, you complete the next step. Otherwise, you go directly to step 6.

5. In the **Activate and Assign** modal, (page 1 of wizard), complete the following steps.

   a) In the **Activation Reason** section, give a reason for reactivating the client(s) in the application. Select a reason from the list or enter another reason, and provide additional comments if needed.

   b) Click **Next** to reactivate the Inactive client(s) in the application as you assign their referral(s) to a care team member.

   The **Assign** page opens (page 2 of wizard).

6. In the **Assign** page, toggle between these actions as needed.

   • **Assign to Me**

   • **Assign to Another User**. Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, select a care team member to manage the care of the client(s). You can use the Quick Filters to narrow the list view.

7. Optionally, by selecting **Assign as Primary**, you can designate yourself or the selected care team member to be the primary care team member.

   Primary care team members are responsible for the client's care plan and programs.

8. If you or the selected care team member has more than one assigned Role (see the **Role(s)** list), select the role(s) that you or they do that is relevant to the assignment.

9. Optionally, from the **Programs** list, select one of the configured programs to assign to the client(s) in the referral assignment.

10. Enter the program assignment date.

11. If the **Source Systems** section is configured to display, do one or more of the following steps:

    • From the **Source** list, you must select one of the configured values that indicate the source of the program.

- From the **Original Source System** list, you can select one of the configured values to indicate where the program originated.

12. Optionally, from the **Care Team Groups** list, you can select one or more care team groups to add to each referred client's care team when the referral is accepted.

   Care team groups and their members are predefined by your administrator.

13. Do one of the following to complete the referral assignment. The action that you can take depends on whether the referral assignment contains Active and/or Inactive clients.

   - Click **Assign** (conditional display, for Active referrals)
   - Click **Activate and Assign** (conditional display, for Inactive referrals)

Completing your open client referrals

You can review your open client referrals who are assigned to your organization unit for care management in an Open state. You can accept the referral for care management or assign a referred client to a program. By assigning the client to a program, you automatically accept the referral. If the client referral is invalid or incorrectly assigned, you can reject the referral or reassign it to the Supervisor of your organization unit.

About this task

You can see which referred clients are already enrolled on programs and based on that information and the referral reason, you can determine whether to assign them to a new program.

Note: If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

If one or more care team groups were added to the referral when it was assigned, all members of the group(s) are automatically added to each referred client's care team when you accept the referral.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Referrals** > **My Referrals**.

   The **My Open Referrals** page opens.

3. Review your open client referrals by their name, date of referral, cohort, priority status, reason for their referral, and existing program enrollments.

   Expand the client view to see more information. When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral. By applying page filters, you can change your My Open Referrals list view based on specific search criteria.

   a. Click the filter icon to open the **Filter** page.

   b. Select one or more check boxes that correspond to your search criteria. You can search for client referrals based on their priority (High), or client referrals within the last 30 days.

   c. Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can filter your list view by Name, Referred On date, Priority, Cohort, Referral Reason, Other Referral Reason, Source, Original Source System, Suggested Program, Program, Date of Birth, Tag or Address. Filters are only available for a configured attribute, where it is displayed as a column or in the expanded view. Enter the details for your filter selection. You can add only one new filter to each column.

   d. Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.

4. Click the **Actions** menu of a client referral and dispose of the referral in one of the following ways.

- **Accept and Assign Program** - Assigns the referred client to a program. The client referral is automatically accepted by you. If the client referral includes one or more care team groups, all members of the group(s) are automatically added to the client's care team.
- **Accept** - Accepts the referral that is assigned to you for care management. If the client referral includes one or more care team groups, all members of the group(s) are automatically added to the client's care team.
- **Reject** - Rejects the referral as invalid, and removes the referral from care management work lists. If you reject a referral as invalid, select a reason.
- **Unassign** - Reassigns the referral to the Supervisor of your organization unit. When you click **Unassign**, the referral is listed on the **Open Unassigned Referral** list in the Care Manager workspace and the Supervisor workspace. If the client referral includes one or more care team groups, they are automatically removed from the referral when you reassign it.

Completing a client's open referrals

You can review all of the client's open referrals since they were first registered in the application and check the detail of the client's referral history. Then you can take actions to disposition unassigned client referrals and referrals that are specifically assigned to you.

About this task

If organization units are enabled for your organization, you can verify whether a client has been referred across different organization units for the same referral reason or whether previous referrals of the client were rejected.

To complete actions on a client's referrals, the referral must be assigned to your organization unit and you must be a care team member that has at least one assigned care team role.

- For unassigned client referrals, you can assign the referral to your care or to another primary care team member (if an active client), or you can reactivate the client in the application and assign the referral to you or to another primary care team member (if an inactive client).
- For client referrals that are specifically assigned to you, you can accept the referral for care management or assign the referred client to a program. By assigning the client to a program, you automatically accept the referral.
- For client referrals that are incorrect or incorrectly assigned, you can reject the referral.

Note: If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

You cannot action client referrals that care teams send to external recipients for management. These referrals are managed in a system external to Watson Care Manager and are displayed in the client's **Referral History** with a status of Requested.

If one or more care team groups were added to the referral when it was assigned, all members of the group(s) are automatically added to the client's care team when you or another primary care team member accepts the referral.

Procedure

1. Sign in to your account.
   Your home page opens.
2. To see your clients, from the Side Navigation Menu, select **Clients** > **My Clients**.
   The **My Clients** page opens.
3. Review your list of clients by their name, priority, date of birth, and phone number.
   By applying page filters, you can change your client list view based on specific search criteria.
   a. Click the filter icon to open the **Filter** page.

b. Select one or more check boxes that correspond to your search criteria. You can search for client referrals based on their priority (High), those with no program assignment, or those with no touchpoint encounters in the last 7, 14, 30, or more days.

c. Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Name, Date of Birth, Priority, Program, or Phone Number. Enter the details for your filter selection. You can add only one new filter to each column.

Restriction: To filter by Name, enter the first name of the client followed by their last name. No client records are returned if you search for their last name followed by first name.

d. Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.

4. Click a client name.

Their **Summary View** opens.

5. Click **History** > **Referrals**.

The client's **Referrals** page opens.

6. Do one or more of the following actions:

- Expand the **Open Referrals** cluster to see the date the client was referred and sent as a cohort, what they were referred for, and the referral priority and who the referral is assigned to.

- Expand the client's **Referral History** cluster to see a record of their previous referrals to your organization unit and whether previous referrals were accepted or rejected.

You can see who created or updated a referral by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Note: When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral.

7. Manage an unassigned client's open referrals in one of the following ways. Click the **Actions** menu of the unassigned referral and, depending on whether the referral is for a client who is active or inactive in the application, choose one of the following actions.

- **Assign** - Displays only for active clients. Assigns the client referral to you as the care team member who is currently logged into the application, or to another care team member. The **Assign** page opens.

  a. Toggle between actions to **Assign to Me** and **Assign to Another User**.

  – Choose **Assign to Me** and confirm the self assignment.

  – Choose **Assign to Another User** to review a list of care team members in your organization unit who have the capacity to manage another client's care. You can assign a referral to only one care team member, who is automatically added to the client's care team.

  b. If you or the selected care team member has one or more assigned role (see the **Role(s)** list), select the role(s) that you or they do that is relevant to the assignment.

  c. Optionally, by selecting **Assign as Primary**, you can designate yourself or the selected care team member to be the primary care team member. Primary care team members are responsible for the client's care plan and programs.

  d. Optionally, from the **Programs** list, select one of the configured programs to assign to the client(s) in the referral assignment.

  e. Enter the program assignment date.

  f. If configured, from the **Source** list, you must select one of the configured values that indicate the source of the program.

  g. If configured, from the **Original Source System** list, you can select one of the configured values to indicate where the program originated.

h. If configured, from the **Care Team Groups** list, you can select one or more care team groups to add to each referred client's care team when the referral is accepted. Care team groups and their members are predefined by your administrator.

i. Click **Assign** to assign a client referral to you or to a selected care team member in your organization unit.

- **Activate and Assign** - Displays only for inactive clients. Reactivates inactive clients in the application and assigns the client referral to you as the care team member who is currently logged into the application, or to another care team member. The **Activate and Assign** page opens.

    a. In the Activation Reason section, give a reason for reactivating the client in the application. Select a reason from the list or enter another reason, and provide additional comments if needed, and click **Next**.

    b. Complete steps **a - g** in **step 7** as these steps are common to this procedure.

    c. Click **Activate and Assign** to automatically activate the client and assign the referral to you or to the selected care team member.

- **Reject** - Rejects the unassigned client's open referral as invalid. When an unassigned referral is rejected, the referral is removed from care management work lists. If you reject a referral as invalid, select a reason.

8. Manage open client referrals that are assigned to you in one of the following ways. Click the **Actions** menu of the assigned referral and choose one of the following actions.

- **Accept and Assign Program** - Assigns the referred client to a program. The client referral is automatically accepted by you for care management. If the client referral includes one or more care team groups, all members of the group(s) are automatically added to the client's care team.

- **Accept** - Accepts the referral that is assigned to you for care management. If the client referral includes one or more care team groups, all members of the group(s) are automatically added to the client's care team.

- **Reject** - Rejects the client's open referral as invalid. When an assigned referral is rejected, the referral is removed from care management work lists. If you reject a referral as invalid, select a reason.

- **Unassign** - Reassigns the referral to the Supervisor of your organization unit. When you click **Unassign**, the referral is listed on the **Open Unassigned Referral** list in the Care Manager workspace and the Supervisor workspace. If the client referral includes one or more care team groups, they are automatically removed from the referral when you reassign it.

Related tasks

Assigning programs to clients
You must assign a program to a client before you can enroll them in the program. You can then get consent or gather any required information to decide if you can proceed to enroll the client.

Rejecting client referrals

Assuming that organization units are enabled for your organization, you can reject referrals of active or inactive clients who are manually referred to your organization unit or are received from an external system via an API or via a cohort.

Before you begin

- The **Open Unassigned Referrals** page must be configured to display to the care team. Otherwise, you cannot access the page in the application.

- You cannot reject a referral that is already assigned or deleted in the application.

About this task
Review the client referrals who are not yet assigned to a care manager in your organization unit. Manage such client referrals by rejecting the referrals (either singly or as a bulk rejection) and provide a reason

for doing so. You might reject a client referral if, for example, the client declined to avail of further care management, is deceased, or was added to a cohort in error.

Note: If you are not assigned a security role which grants access to the unassigned referrals resource, you cannot access the unassigned referrals page.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Referrals** > **Unassigned Referrals**.

   The **Open Unassigned Referrals** page opens.

3. Review each unassigned client referral by their name, date of referral, priority, and if available, the name of the cohort that referred the client, and the reason that they were referred. Expand the client view to see risks associated with the client. When a referral is received from an external system, you can see the source of the referral (mandatory) and the name of the original source system where the referral originated (optional). This information might also be available if a care team member manually recorded the Source and Original Source System when they created a referral.

   By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only referral priority (High, Medium, Low, Not Set), unassigned referral day ranges, or client status (Active, Inactive). You can further refine your list view as follows.

   a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected. You can further refine your list view by Name, Referred On date, Priority, Cohort, Referral Reason, Client Status, Risk Name, Source, Original Source System, Suggested Program, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.

   b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.

   c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

   The **Unassigned Referrals** list page refreshes to show only the client referrals who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Reject a single client referral, or reject up to 25 referrals at a time in a bulk assignment. Do one of the following:

   • To reject a single referral, click the **Actions** menu of the referral, and click **Reject**.

   • To process up to 25 referral rejections in one step, select more than one individual client referral or to reject all listed referrals, select the checkbox adjacent to the Name column. Click **Reject**.

   The **Reject Referral** page opens.

5. In the **Rejection Details** section, give a reason for rejecting the client referral(s) in the application.

   Select a reason from the list or enter another reason, and provide additional comments if needed.

6. Click **Reject** to reject the referral(s).

   When an unassigned client referral is rejected, the referral is removed from care management work lists.

Managing unassigned clients

If organization units are enabled, you can monitor clients who are not being actively care managed in your organization unit and who have no open referral. You can assign a client to your care, to another member

of the care team and/or to a group of care team members (if configured). In addition, you can deactivate the client in the application.

About this task

Note: If you are not assigned a security role which grants access to the unassigned clients resource, you cannot access the unassigned clients page.

Unassigned clients can occur in the application in these instances:

- When a client, who is manually registered, is not assigned a care team member (primary or non-primary)
- When a referral is rejected for the client, and the client is not assigned a care team member (primary or non-primary)
- When an inactive client, who has no open referrals and who is not assigned a care team member (primary or non-primary), is reactivated

Assigning clients to you or other care team members

Unassigned clients are clients who do not have any care team member assigned to manage their care. Assuming that organization units are enabled for your organization, you can assign clients to you, to or another care team member with the roles, skills, and capacity to manage the client's care, and/or to a predefined group of care team members.

Before you begin

- The **Unassigned Clients** page must be configured to display to the care team. Otherwise, you cannot access the page in the application.
- You cannot assign a client that is already assigned, deactivated, or deleted in the application.
- You can assign a client to you, another selected care team member, a care team group, or a combination of all three.

Note: If you are not assigned a security role which grants access to the unassigned clients resource, you cannot access the unassigned clients page.

About this task

Care team members can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. Non-primary care team members have other care team roles that are associated with users with that specific responsibility, for example, a Physician role. You can assign a client only to an active care team user who has at least one assigned care team role.

The option to select Care Team Groups, is only displayed if one or more care team groups are configured by your administrator.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Clients** > **Unassigned Clients**.

   The **Unassigned Clients** page opens.

3. Review each unassigned client by their name, priority, and date of birth.

   By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only high priority unassigned clients, clients for whom referrals were accepted within the past 30 days, or clients who have open programs or no associated programs. You can further refine your list view as follows.

a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected. You can further refine your list view by Name, Date of Birth, Priority, Risk Name, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.

b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.

c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

The **Unassigned Clients** list page refreshes to show only the clients who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.

4. Assign a single client to you, to another a care team member, and/or to a group of care team members. Alternatively, assign up to 25 clients at a time in a bulk assignment. Do one of the following:

- To assign a single client, click the **Actions** menu of the client, and click **Assign**.

- To process up to 25 client assignments in one step, select more than one individual client or to assign all listed clients, select the checkbox adjacent to the Name column. Click **Assign**.

5. In the **Assign** page, use the following options to assign the client(s) to you, another care team member based on their capacity, roles, and skills, and/or one or more care team groups.

- **Assign to Me**
- **Assign Care Team Groups**. If configured, you can select to assign the client(s) to one or more care team groups. All members of the selected group(s) are added to each client's care team. Care team groups and their members are predefined by your administrator.
- **Assign to Another User**. Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, select a care team member to manage the care of the client(s). You can use the Quick Filters to narrow the list view.

6. Optionally, by selecting **Assign as Primary**, you can designate yourself or the selected care team member to be the primary care team member.

7. If you have more than one assigned care team role (see the **Role(s)** list), select the role(s) that you do that is relevant to the assignment.

8. If the selected care team member has more than one assigned care team role (see the **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.

9. Click **Assign** to assign the client(s) to you, the selected care team group(s), and/or the selected care team member in your organization unit.

When you assign a client, you, a selected care team member, and/or the selected care team group(s) are automatically added to the client's care team.

Related tasks
Configuring care team groups

Deactivating unassigned clients

Assuming that organization units are enabled for your organization, you can deactivate Active clients who do not have an assigned care team member. You might deactivate a client if, for example, the client declined to avail of further care management, is deceased, or was added to a cohort in error.

Before you begin
When you are selecting clients to deactivate, note the following caveats:

- The **Unassigned Clients** page must be configured to display to the care team. Otherwise, you cannot access the page in the application.
- You cannot deactivate a client that is already assigned or deleted in the application.
- You cannot deactivate any clients who are associated with ongoing payments for services in Watson Care Manager.

- When you deactivate a client, the client's status is set to Inactive. However, any open alerts, tasks, actions, inquiries, budgets, goals, barriers, or programs for that client are not closed or reassigned. If the client has a Connect Individuals account, you can choose to close it. If the client has an active billing agreement, and you close the client's Connect account, then deactivating the client sets the billing agreement to inactive so that no contributions from the client are processed. A deactivated client cannot access Connect. You can reinstate access by reactivating the client (another onboarding request will be required for the client to access Connect). If you are not going to reactivate the client in the next 12 months, you should close the account.

Note: If you are not assigned a security role which grants access to the unassigned clients resource, you cannot access the unassigned clients page.

About this task
Review the clients who are not yet assigned to a care manager in your organization unit. Deactivate clients singly or in bulk (25 max) and provide a reason for doing so.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, select **Clients** > **Unassigned Clients**.

   The **Unassigned Clients** page opens.
3. Review each unassigned client by their name, priority, and date of birth.

   By clicking the filter icon and selecting from the Quick Filters on the page, you can narrow your list view based on specific criteria. For example, you can choose to view only high priority unassigned clients, clients for whom referrals were accepted within the past 30 days, or clients who have open programs or no associated programs. You can further refine your list view as follows.

   a. Optionally click **Add Filter** to add another filter to the Quick Filters that you already selected. You can further refine your list view by Name, Date of Birth, Priority, Risk Name, or Risk Category. Enter the details for your filter selection. You can add only one new filter to each column.

   b. Click **Add** to apply the additional filter. You can remove a filter by clicking **Clear**. The predefined Quick Filters are retained.

   c. Click **Apply** to apply the filters that you selected. You can remove page filters by clicking **Reset**.

   The **Unassigned Clients** list page refreshes to show only the clients who correspond to the filters that you applied. You can further change your filter selection on the list page by checking or clearing the check boxes to suit your needs.
4. Deactivate a single client, or deactivate up to 25 clients at a time. Do one of the following:

   - To deactivate a single client, click the **Actions** menu of the client, and click **Deactivate**.
   - To deactivate up to 25 clients in one step, select more than one client or check the select all **Name** check box. Click **Deactivate**.

   The **Deactivate Clients** page opens.
5. Clients with ongoing service payments cannot be deactivated, so if you have selected clients with ongoing payments and/or services, make a note of these clients. Then click **Next** to proceed with deactivating the selected clients that can be deactivated.
6. Note any listed clients who are associated with Connect accounts and optionally select to close the client accounts.
7. To proceed, in the **Deactivation Reason** section, select a deactivation reason.

   Select a reason from the list or enter another reason, and provide additional comments if needed.
8. Click **Deactivate** to deactivate the client(s).

   When an unassigned client is deactivated, their status remains as Inactive in the application.

Enrolling clients in programs

You can select the appropriate programs for clients, and assign, enroll, or disenroll clients in the program. When a program's goals are achieved, you can complete the program for the client.

Program lifecycle

A program is a care delivery strategy that is designed to deliver a specific client outcome. An organization can build up a library of programs to meet the needs of their clients. The status of a program changes based on the decisions and actions that are taken during the program lifecycle.

You use the **Programs** list to monitor and manage a client's programs. The **Programs** list also shows all of a client's programs by status. You can also see each program's goals and a history for each program.

Note: If program content changes, the changes are not immediately reflected in programs for existing clients. To take advantage of updates to program modules, assessments, and questionnaires, you must compete the program and re-enroll the client. The progress through the program is maintained, any assessments and questionnaires that were run in the previous version are preserved.

The program status reflects its stage in the program lifecycle, which is shown in this diagram:
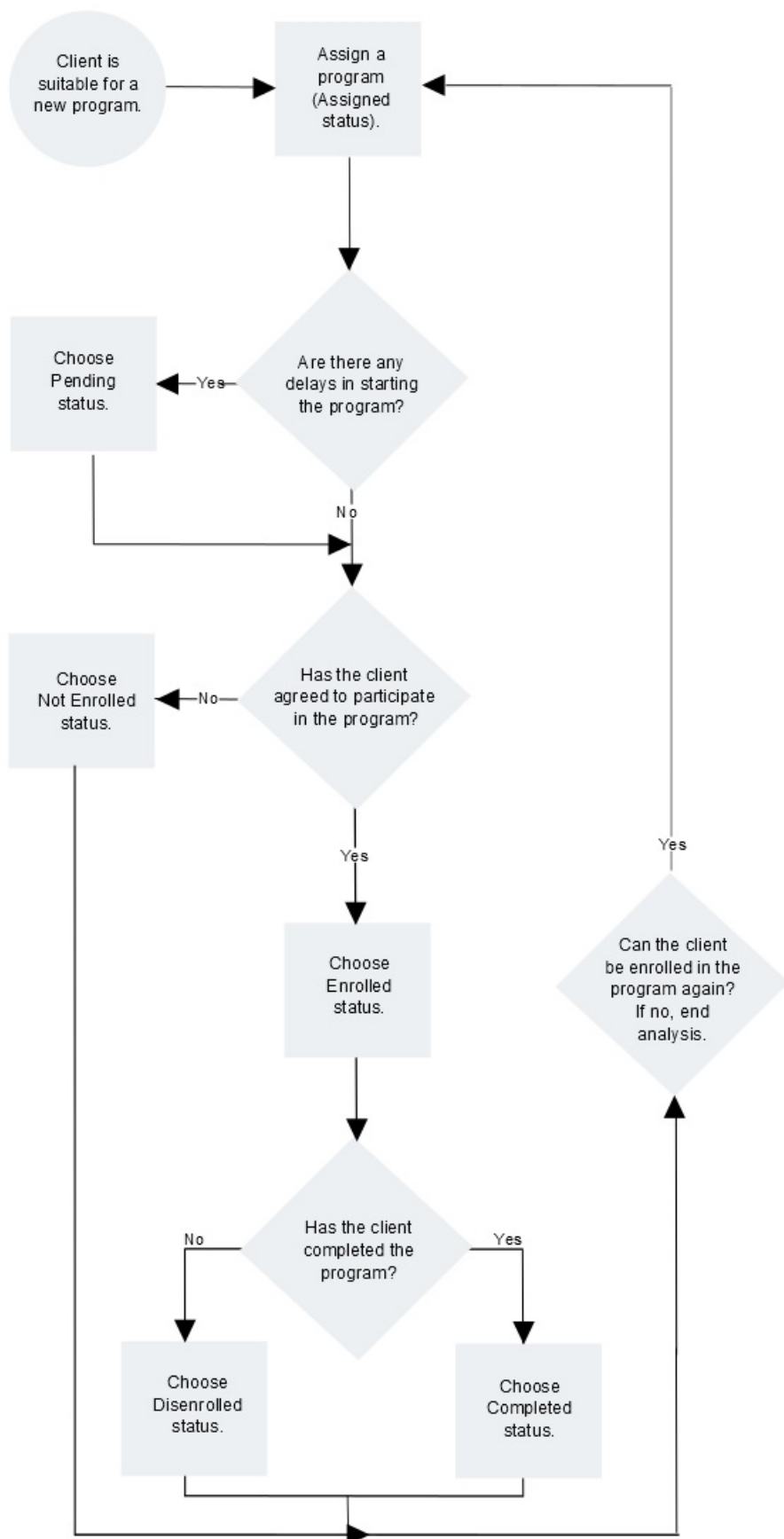
```
                                    ┌──────────────┐
  ╭──────────╮                      │  Assign a    │◄─────────────────────┐
 ╱ Client is  ╲                     │  program     │                      │
│  suitable for │───────────────────►│ (Assigned   │                      │
│ a new program.│                    │  status).    │                      │
 ╲            ╱                      └──────┬───────┘                      │
  ╰──────────╯                              │                              │
                                            ▼                              │
  ┌──────────┐            ◇───────────────────────◇                       │
  │ Choose   │           ╱   Are there any         ╲                      │
  │ Pending  │◄──Yes──── │  delays in starting      │                     │
  │ status.  │           ╲   the program?          ╱                      │
  └────┬─────┘            ◇───────────────────────◇                       │
       │                              │                                   │
       │                              No                                  │
       └──────────────────►──────────┘                                    │
                                    ▼                                      │
  ┌──────────┐            ◇───────────────────────◇                       │
  │ Choose   │           ╱   Has the client        ╲                      │
  │ Not      │◄──No───── │ agreed to participate    │                     │
  │ Enrolled │           ╲   in the program?       ╱                      │
  │ status.  │            ◇───────────────────────◇                       │
  └────┬─────┘                        │                                   │
       │                             Yes                                  │
       │                              ▼                              Yes  │
       │                        ┌──────────┐          ◇─────────────────◇ │
       │                        │ Choose   │         ╱ Can the client    ╲│
       │                        │ Enrolled │        │ be enrolled in the  │
       │                        │ status.  │        │ program again?      │
       │                        └────┬─────┘        │ If no, end          │
       │                             │              ╲ analysis.          ╱
       │                             ▼               ◇─────────────────◇
       │                  ◇───────────────────◇              ▲
       │                 ╱  Has the client      ╲             │
       │          No────│   completed the        │──Yes──┐    │
       │          │      ╲   program?            ╱       │    │
       │          │       ◇───────────────────◇         │    │
       │          ▼                                      ▼    │
       │    ┌──────────┐                          ┌──────────┐│
       │    │ Choose   │                          │ Choose   ││
       │    │Disenrolled│                         │ Completed││
       │    │ status.  │                          │ status.  ││
       │    └────┬─────┘                          └────┬─────┘│
       │         │                                     │      │
       │         └──────────────┬──────────────────────┘      │
       └────────────────────────┴─────────────────────────────┘
```

Note: If program content changes, the changes are not immediately reflected in programs for existing clients. To take advantage of updates to program modules, assessments, and questionnaires, you must compete the program and re-enroll the client. The progress through the program is maintained, any assessments and questionnaires that were run in the previous version are preserved.

Assigning programs to clients

You must assign a program to a client before you can enroll them in the program. You can then get consent or gather any required information to decide if you can proceed to enroll the client.

About this task

The options to select Source and Original Source are displayed only when you select a program and if configured to be shown by your administrator. If configured to be shown, you can select the source of the program (mandatory) and the name of the original source system where the program (optional) originated. The Source value represents the configured platform that is sharing data, for example, Watson Care Manager. The Original Source System is the name of the system where the data was entered for the very first time.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Programs** > **Programs** from the navigation menu.

   The **Programs** list opens.

5. Click **Assign**.

   The **Assign Program** page opens.

6. Select a program from the list.

7. Enter the program assignment date.

8. Optional: Enter a comment.

9. If the **Source Systems** section is configured to display, do one or more of the following steps:

   - From the **Source** list, you must select one of the configured values that indicate the source of the program.

   - From the **Original Source System** list, you can select one of the configured values to indicate where the program originated.

10. Click **Save**.

    The program is assigned.

11. Review any tasks that program assignment has generated for the care team. Complete tasks, as needed.

12. Add goals that the program suggests for the care plan. Review the actions that might be associated with such goals
13. If the program stays in **Assigned** status longer than is typical for your organization, you can change the program status to **Pending**.

Related tasks

Completing a client's open referrals

You can review all of the client's open referrals since they were first registered in the application and check the detail of the client's referral history. Then you can take actions to disposition unassigned client referrals and referrals that are specifically assigned to you.

Enrolling clients in programs

After a program is assigned to a client, you gather information to decide whether to enroll, or not enroll, the client in the program. Enrollment means that the client has agreed to participate in the program and begin the activities of the care plan.

About this task

After you assign a program to a client, all program questionnaires and assessments become available.

You can use the Care Team and Other Items clusters to quickly remove care team members and their open assigned/unassigned items when updating a client's program status to Not Enrolled. The Care Team and Other Items clusters are conditionally displayed depending on the selection in the New Status field. The Care Team cluster displays when at least one active care team member is on the care team list. The Other Items cluster displays if there is at least one open unassigned active referral or open tasks that are assigned to a role or assigned to other users who are not on the care team, or open care team actions that are assigned to a role or assigned to other users who are not on the care team.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Programs** > **Programs** in the navigation menu.

   The **Programs** list is displayed.

5. Click **Update Status** in the **Actions** menu for a program.

   The **Update Program Status** dialog box is displayed.

6. When you update the status of a program, you can select a reason from the configured list of program status change reasons that are specific to the status selected.

   a) Select **Enrolled** or **Not Enrolled** .

   b) Enter the date and time of this update.

The current date and time is entered by default. You can enter a prior date and time if the status change happened earlier.

    c) If you update the status of the program to **Not Enrolled**, you must select a **Reason** for not enrolling the client in the program.

    d) If you re-enroll a client in a program which is previously completed or disenrolled, you must select a reason.

    e) If you select **Other** as a reason, **Other Reason** is displayed and you must enter a reason.

    f) Add comments, as needed.

7. When changing a client's status, check the boxes beside one or more care team members' names from the **Care Team** cluster to remove them from the client's care team.

    When a care team member is selected to be removed, the care team member is removed and -

    • All assigned tasks are closed with the closure reason, Did not enroll in program.

    • All assigned referrals are rejected with the reason, Did not enroll in program.

    • All care team actions are completed with the outcome, Did not enroll in program.

    • The selected care team members will no longer be subscribed to the client's Alerts.

8. When changing a client's status, check one or more boxes in the **Other Items** cluster so items such as Unassigned Referrals, Open Tasks and Open Care Team Actions are no longer associated with the client.

9. Click **Save**.

10. Review any tasks that program enrollment has generated for the care team. Complete tasks, as needed.

11. Add goals that the program suggests for the care plan. Review the actions that might be associated with such goals.

Disenrolling clients from programs

You can disenroll a client from a program when work on the program has stopped, and goals and actions for the program are closed.

About this task

You can apply this action to active clients and to inactive clients who are already enrolled in programs. Only for active clients, you can change a **Disenrolled** program status to **Enrolled**.

You can use the Care Team and Other Items clusters to quickly remove care team members and their open assigned/unassigned items when updating a client's program status to Disenrolled. The Care Team and Other Items clusters are conditionally displayed depending on the selection in the New Status field. The Care Team cluster displays when at least one active care team member is on the care team list. The Other Items cluster displays if there is at least one open unassigned active referral or open tasks that are assigned to a role or assigned to other users who are not on the care team, or open care team actions that are assigned to a role or assigned to other users who are not on the care team.

Procedure

1. Sign in to your account.

    Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

    By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial

search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Programs** > **Programs** in the navigation menu.

   The **Programs** list is displayed.

5. Click **Update Status** in the **Actions** menu for a program.

   The **Update Program Status** dialog box is displayed.

6. Update the status of the program.

   a) Select **Disenrolled**.

      Prior to disenrollment, any goals that are associated with this program must be removed, as in these examples:

      - You can remove the program's association with a goal if the goal continues to be associated with another program.

      - You can complete the goals associated with a program.

   b) Enter the date and time of this update.

      The current date and time is entered by default. You can enter a prior date and time if the status change happened earlier.

   c) If you update the status of program to **Disenrolled**, you must select a **Reason** for disenrolling the client from the program.

   d) If you select **Other** as a reason, **Other Reason** is displayed and you must enter a reason.

   e) Add comments, as needed.

7. When changing a client's status, check the boxes beside one or more care team members' names from the **Care Team** cluster to remove them from the client's care team.

   When a care team member is selected to be removed, the care team member is removed and -

   - All assigned tasks are closed with the closure reason, Disenrolled from program.

   - All assigned referrals are rejected with the reason, Disenrolled from program.

   - All care team actions are completed with the outcome, Disenrolled from program.

   - The selected care team members will no longer be subscribed to the client's Alerts.

8. When changing a client's status, check one or more boxes in the **Other Items** cluster so items such as Unassigned Referrals, Open Tasks and Open Care Team Actions are no longer associated with the client.

9. Click **Save** to disenroll the client from the program.

10. Review any tasks that program disenrollment has generated for the care team. Complete tasks, as needed.

Completing programs for clients

You can complete a program for active clients, and for inactive clients who are already enrolled in a program.

About this task

If program graduation is configured to apply to a program, you can graduate individuals from programs when they complete certain parts of the program. Program graduation does not necessarily coincide with an individual completing the entire program. Individuals can graduate from a program when their

participation in the program is complete, even if that occurs before the care team finalize actions and tasks to complete the program.

After a program is completed for a client, you can enroll them in the program again, as long as the client is active.

You can use the Care Team and Other Items clusters to quickly remove care team members and their open assigned/unassigned items when updating a client's program status to Completed. The Care Team and Other Items clusters are conditionally displayed depending on the selection in the New Status field. The Care Team cluster displays when at least one active care team member is on the care team list. The Other Items cluster displays if there is at least one open unassigned active referral or open tasks that are assigned to a role or assigned to other users who are not on the care team, or open care team actions that are assigned to a role or assigned to other users who are not on the care team.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Programs** > **Programs**.

   The **Programs** list is displayed.

5. Click **Update Status** in the **Actions** menu for a program.

   The **Update Program Status** page opens.

6. Update the status of the program.

   a) Select the **Completed** status, and specify the **Reason** for the program completion.

   b) Enter the date and time of this program status update.

      The current date and time is set by default. You can set a prior date and time if the status change happened earlier.

   c) If graduation applies to the program, you can set the date on which the client graduated to indicate when the client's activities on the program were completed.

   d) Add comments, as needed.

7. When changing a client's status, check the boxes beside one or more care team members' names from the **Care Team** cluster to remove them from the client's care team.

   When a care team member is selected to be removed, the care team member is removed and -

   • All assigned tasks are closed with the closure reason, Completed program.

   • All assigned referrals are rejected with the reason, Completed program.

   • All care team actions are completed with the outcome, Completed program.

   • The selected care team members will no longer be subscribed to the client's Alerts.

8. When changing a client's status, check one or more boxes in the **Other Items** cluster so items such as Unassigned Referrals, Open Tasks and Open Care Team Actions are no longer associated with the client.
9. Click **Save** to complete the client's participation in the program.
10. Review any tasks that program completion has generated for the care team. Complete tasks, as needed.

Modifying program status details

Depending on the status of the program, you can modify comments or reason for a change in program status. If program graduation is configured to apply to a program, you can update when the client graduated from the program.

About this task

You can modify comments for programs in any status. If the program status is not **Not Enrolled** or **Disenrolled**, you can also modify the reason for not enrolling or disenrolling the client from the program.

Program graduation does not necessarily coincide with a client completing the entire program. Individuals can graduate from a program when their participation in the program is complete, even if that occurs before the care team finalize actions and tasks to complete the program.

If configured to be shown, you can select the source of the program (mandatory) and the name of the original source system where the program (optional) originated. The Source value represents the configured platform that is sharing data, for example, Watson Care Manager. The Original Source System is the name of the system where the data was entered for the very first time.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Programs** > **Programs** in the navigation menu.

   The **Programs** list is displayed.
5. Select **Edit** in the row **Actions** menu for a program.

   The **Edit Status Details** page opens.
6. Edit the program status details.

   For example, you can:

   - modify comments for an assigned program.
   - update the reason for the client completing a program.
   - if graduation applies to the program, update the date on which the client graduated to indicate when the client's activities on the program were completed.
   - if the **Source Systems** section is configured to display, select from the configured values to indicate the source of the program (mandatory) and the original source system where the program originated (optional).
7. Click **Save**.

Running assessments and questionnaires

You can choose appropriate assessments and questionnaires to help you to create and maintain a care plan.

Program

You can see the contents of a program and how the program is progressing. You can run the program questionnaires and assessments with clients, and repeat them if needed. The date when an assessment or questionnaire was started or completed is displayed.

< Back   Wellness Program

Health Eating - 5/14/2016   Repeat   Details   Download

General   **1**   0 of 2

Health History   0 of 3

Medications   0 of 3

Health Behaviors   ✓

    Health Eating   **3**   ✓ 2

    Being Active   **2**   ✓

    Smoking and Substance Abuse   ✓ 2

Psychosocial and Functional   0 of 4

Questionnaires   0 of 4

Are you a diet prescribed by your physician?

✓

Are you on a low sodium diet?

✓

Do you use nutritional supplements sush as Boost, Glucerna, or Ensure?

✓

Complete   Save

4

5

1. Related questionnaires and assessments are grouped into modules. You can see the number of questionnaires or assessments in each module and how many are complete. The modules, assessments, and questionnaires automatically refresh to show the latest content that is configured for the program by your Administrator. You are notified when new program content is available.

2. To display a questionnaire or assessment on the page, click the name in the navigation menu.

3. When you complete a questionnaire or assessment, it is marked as complete with a check mark. Completed questionnaires and assessments are saved as read-only. To update information, repeat the questionnaire or assessment.

4. When you repeat a questionnaire or assessment, to improve efficiency, some or all of the answers to the questions might be prefilled with the responses given by the client the last time the assessment was completed (if configured by your Administrator). An information message is shown when some or all of the answers are prefilled.

   Note: If the assessment or questionnaire contains prefilled answers to conditional questions and you change an answer so that the conditional question is hidden, and then change the answer again to show the question, the original prefilled answer to the conditional question is cleared. Before you complete the assessment or questionnaire, you can refresh the page to see all prefilled answers again.

5. When you repeat a questionnaire or assessment, another record is created and a counter is updated. To see a previous record, click the counter, and select the record by completion date.

6. If you complete an assessment or questionnaire and then reassign the program or assign a new program, the newly assigned program is updated with historical completed instances of the assessments or questionnaires (if configured by your Administrator). You can repeat the assessments and questionnaires for each newly assigned program. **Note:** Depending on the configuration that is set by your Administrator, for some assessments and questionnaires, you might only see historical versions when you complete the assessment or questionnaire for the first time on the program.

7. The fields of a completed questionnaire or assessment are read-only. When the status of a program is **Not Enrolled**, **Disenrolled**, or **Completed** the program's questionnaires and assessments are read only.

Note: If Watson Care Manager is integrated with an external application, the Program page also displays completed assessments and questionnaires for the client that come from the other application. For more information, see Assessments data and Questionnaires data.

Running a questionnaire

You can run a questionnaire to gather information about a client.

About this task

If configured to be shown, you can select the source of the questionnaire (mandatory) and the name of the original source system where the questionnaire originated (optional).

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Access the Program page by using one of the following options.

   - In the **Programs** card on the **Summary** page, click the name of the program.
   - On the **Programs** page, click the name of the program.

   The Program page is displayed, including a list of all modules for the program.

5. Identify the modules that you want to work with.

   Expand modules to find questionnaires.

6. Click the questionnaire that you want to run.

   The questions of the questionnaire are displayed. Color might be configured to let you emphasize the importance of certain questions or information with clients. Hyperlinks to external websites might be configured to let you direct clients to supplementary reference information.

   • The first time that you run the questionnaire, it is blank and ready to run.

   • If the questionnaire was run previously, previous answers are displayed for your reference. Click **Repeat** to start a new instance of a completed questionnaire.

7. From the **Source** menu, if applicable, select one of the configured values that indicate the source of the questionnaire.

8. From the **Original Source System** menu, if applicable, select one of the configured values that indicate where the questionnaire originated.

9. Enter the client's answers to the questions. If you are entering a multiple-line answer type, the character limit is 4,000.

10. Click **Save**.

    The answers are saved on the questionnaire, and you can return later to complete it.

11. Click **Complete** to finalize the questionnaire.

Assessments

An assessment is a custom or industry-standard set of questions which produces a result that can be used to assess a client's needs. You can run an assessment by completing questions. If an assessment was conducted on paper or does not have questions configured in Watson Care Manager, you can capture a score only for the assessment.

Assessments can be configured to make suggestions for goals or actions based on the assessment results. Assessment results and suggestions can help you to plan the optimum care for your clients. You can repeat assessments to capture updated information. You can also review assessment results, including previous results, to monitor a client's progress.

You can add notes and attachments to an assessment. These items are displayed on the home page for each assessment, which includes a history of all assessments that are run. In addition to manually running assessments, assessments can be received by Watson Care Manager from other applications. For more information, see Assessments data.

Running an assessment on the Program page
Complete the following steps to run an assessment from the Program page.

About this task
If configured to be shown, you can also capture the source of the assessment and the name of the system where the assessment originated.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Open the Program page:

   • In the **Programs** card on the **Summary** page, click the name of the program.

- On the **Programs** page, click the name of the program.

   The Program is displayed, including a list of all modules for the program.
5. Identify the modules that you want to work with.

   Expand modules to find mandatory assessments.
6. Click the assessment that you want to run.

   If the assessment type is **Script**, the assessment questions are displayed. If the assessment type is **Score Only**, you capture the assessment score only and generate the assessment result by entering a score for each measure that is assessed.

   - The first time that you run the assessment, it is blank and ready to run.
   - If the assessment was run previously, prior results are displayed for your reference. Click **Repeat** to start a new instance of a completed assessment.

   Color might be configured to let you emphasize the importance of certain questions or information with clients. Hyperlinks to external websites might be configured to let you direct clients to supplementary reference information.
7. From the **Source** menu, if applicable, select one of the configured values that indicate the source of the assessment.
8. From the **Original Source System** menu, if applicable, select one of the configured values that indicate where the assessment originated.
9. Click **Save** to save the assessment.

   You can return to a saved assessment later and complete it, or you can complete it immediately.
10. Click **Complete** to calculate results and generate suggestions.

   The results are displayed on the page. You can see the suggestions generated for an assessment on the Plan page.
11. To see the suggestions:

   a) Go to the Plan page by clicking **Plan** > **Plan** in the navigation menu.
   b) The suggested goals and actions are displayed on the Plan page.

Related tasks
Searching for clients
You can search all of the clients who are registered and active in the application.

Running an assessment on the Assessments page
Complete the following steps to run an assessment from the Assessments page. Complete the assessment questions to generate the assessment score and results.

About this task
If configured to be shown, you can also capture the source of the assessment and the name of the system where the assessment originated.

Procedure
1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Programs** > **Assessments**.
5. Click **New Assessment**.

   The **New Assessment** page opens.

Tip: When completed assessments exist for the client, you can select the **Actions** > **Repeat** action in the row of any assessment to run a new instance of the assessment.

6. Select an assessment from the list and click **Start**.

   The questions are displayed.

   Color might be configured to let you emphasize the importance of certain questions or information with clients. Hyperlinks to external websites might be configured to let you direct clients to supplementary reference information.

7. From the **Source** menu, if applicable, select one of the configured values that indicate the source of the assessment.

8. From the **Original Source System** menu, if applicable, select one of the configured values that indicate where the assessment originated.

9. Enter the answers to the questions. If you are entering a multiple-line answer type, the character limit is 4,000.

10. Click **Save** to save the assessment.

    A saved assessment has the **In Progress** status.

11. Optional: Click **Cancel** to close the assessment without saving.

12. Optional: Click **Back** to return to the previous page.

13. Optional: To resume an in-progress assessment:

    a) Go to the Assessments page by clicking **Programs** > **Assessments** in the navigation menu.

    b) Click **Resume** in the row **Actions** menu for the assessment to return to the **assessment** page and complete the assessment.

14. Optional: To delete an in-progress assessment:

    a) Go to the Assessments page by clicking **Programs** > **Assessments** in the navigation menu.

    b) Click **Delete Current** in the row **Actions** menu for the assessment, then click **Yes** to confirm the deletion of the assessment.

15. Click **Complete** to calculate results and generate suggestions.

    The results are displayed on the page. You can see the suggestions that are generated for an assessment on the Plan page.

16. To see the suggestions:

    a) Go to the Plan page by clicking **Plan** > **Plan** in the navigation menu.

    b) The suggested goals and actions are displayed on the Plan page.

Capturing assessment scores only

Complete the following steps to capture an assessment score only. Enter a score for each measure that is assessed to generate the overall assessment score and results.

About this task

If configured to be shown, you can also capture the source of the assessment score and the name of the system where the assessment score originated. When you capture a score for an assessment only, the assessment is completed when you save. You can repeat a completed assessment. You cannot resume completed assessments.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click **Programs** > **Assessments**.
5. Click **New Assessment Score**.

   The **New Assessment Score** page opens.

   Tip: When completed assessments exist for the client, you can select the **Actions** > **Repeat** action in the row of any assessment to run a new instance of the assessment.

6. Select an assessment from the list and click **Next**.

   The assessment opens.

7. Enter the date when the assessment was conducted.
8. From the **Source** menu, if applicable, select one of the configured values that indicate where the assessment was obtained from.
9. From the **Original Source System** menu, if applicable, select one of the configured values that indicate where the assessment originated.
10. For each measure that was assessed, enter the score that was achieved by the client when the assessment was conducted.
11. Click **Save** to generate results and suggestions.

    The results are displayed on the page. You can see the suggestions generated for an assessment on the Plan page.

12. Optional: Click **Cancel** to close the assessment without saving.
13. Optional: Click **Back** to return to the previous page.
14. To see the suggestions:

    a) Go to the Plan page by clicking **Plan** > **Plan** in the navigation menu.

    b) The suggested goals and actions are displayed on the Plan page.

Reviewing completed questionnaires or assessments

You can review a completed assessment and questionnaire to better understand the client's condition and needs.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.

4. Review completed questionnaires or assessments by completing either of the following sets of steps.

   • For both questionnaires and assessments.

      a. Select **Programs** > **Programs**. The list of programs is displayed.

      b. Click the name of the program whose questionnaires or assessments you want to review. You see a list of the program's modules, which are containers that can include questionnaires and assessments.

      c. Expand a module, and open the questionnaire or assessment that you want to review.

         – Click the name to see the most recent version.

         – If configured to be shown, you can also see the source of the questionnaire or assessment and the name of the system where the questionnaire or assessment originated.

         – Click and hold the counter icon to select prior versions, which are labeled by date of completion.

- For assessments only.

    a. Select **Programs** > **Assessments**. The list of assessments is displayed.

    b. Click the name of the assessment that you want to review. The assessment home page is displayed.

    c. Review the most current version which is displayed first, and go to the **History** section to review prior versions.

    d. Expand the row for any assessment to see details about the most recent assessment. Details include start and completion date, status, measure, classification, and score. If configured to be shown, you can also see the source of the assessment and the name of the system where the assessment originated.

    e. Enter notes and comments.

    Note: Deletion of a note prevents further commenting, but the note and comments continue to be visible.

Sharing assessments or questionnaires with others

You can download a client's completed or saved assessment or questionnaire in PDF format to share with the client or others.

About this task

To include the client's answers to questions in the PDF file, ensure you save the assessment or questionnaire. Otherwise, the most recently saved version is downloaded.

To accurately identify the client, you can include the client's contact and demographics information in the header section of the file when you download. In addition to the assessment or questionnaire details, the following information is included:

- Name: The client's preferred name. If no preferred name is entered, then the registered name is displayed.
- Client ID: The client's preferred identification (if available). Otherwise the client's reference number..
- Gender: The client's gender.
- Date of Birth: The client's date of birth and age.
- Address: The client's physical visit address.
- Phone Number: The client's phone number.

By default, the file includes a footer section which displays on every page. The footer section displays the following information:

- Prepared By: The organization name.
- Downloaded By: The care team member that downloaded the assessment or questionnaire and the date and time it was downloaded.
- Disclaimer
- Page number in the format: X of X, for example 1 of 3.

The downloaded file is named *Assessment/Questionnaire Name_ClientID_Date_Time*.pdf. *Assessment/Questionnaire Name* is the name of the assessment or questionnaire, *ClientID* is the client's primary identifier, and *Date_Time* is the date and time of the download.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **Programs** > **Programs**. The list of programs is displayed.

5. Click the name of the program whose questionnaires or assessments you want to download. You see a list of the program's modules, which are containers that can include questionnaires and assessments.

6. Expand a module to open the questionnaire or assessment you want to download.

   • Click the name to see the most recent version.

   • Click and hold the counter icon to select prior versions, which are labeled by date of completion.

7. Click **Download**.

8. Optional: Select **Include contact and demographics information for <client's name>** to indicate that you want to include the client's name, client ID, gender, date of birth, address, and phone number in the PDF.

9. Browse to where you want to store the PDF and save the document.

10. Distribute the document to the relevant parties.

Capturing consent and documents

Client consent represents a client's permission for their data to be captured and used to improve their care. Note that you are only maintaining consent records in the application and are not enforcing client consent in any way.

Capturing client consent

To support a client's consent status, you can create consent records in IBM Watson Care Manager and capture supporting documentation that they provide you. Note, however, that you are only maintaining consent records in the application and are not enforcing client consent in any way.

About this task
You can add, edit, and delete consent records and you can delete file attachments from consent records. Except for the Community Consent type (if configured), you can record when a client withdraws their consent agreement.

Adding consent records

You can create a new consent record to capture different types of consent documents that clients provide you. If a client in incapable of providing consent themselves, you can select a representative on their care team to give consent on their behalf. Note that you are only maintaining consent records in the application and are not enforcing client consent in any way.

About this task
Attaching documents to a consent record is optional. You can attach multiple signed consent forms to record a client's agreement to share their personal health information (PHI) in line with your organization's consent policies. When a client confirms their consent in writing, you must attach a copy of the consent document that is signed by the client.

Restriction: Most common file attachment types are supported, but for security reasons, you cannot attach certain file types. Only IBM can grant more file type extensions. If you need support for another file type, contact IBM Support.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **History** > **Consent Records**.

   All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.

5. Click **Add Consent Record**.

   The **Add Consent Record** window opens.

6. From the **Type** menu, select from a list of configured consent types that categorize the different types of consent documents that clients can provide.

7. From the **Share with Organization** menu, select **Consents to Share** to indicate the client's agreement to share their consent records (of the selected Type) across organization units.

   This option is available only when organization units are enabled and the selected consent type is configured to be shared.

8. Select the date on which the organization receives the client consent in writing.

   You can also select an expiry date for the consent document.

   Tip: The consent received date must be on or before the current date, and the consent expiry date must be after the current date.

9. Next to the **Received By** field, you can search for and select another user by their name or role on the care team.

   The user who is currently signed into the application is shown by default.

10. From the **Consent Records Covered** menu, do one of the following steps.

    - Select one or more configured values that describe the nature of the consent documents that the client provides. For example, Lab results or Mental health information.

    - Select **All** to indicate that the client is providing all of the types of consent records that are configured in the application, which will display on the client's Consent Records list page after you save the page. If you select **All**, you cannot select individual items in the Consent Records Covered list.

11. From the **Representative** menu, select from a list of members on the client's care team who can provide consent on behalf of a client who is incapable of giving consent themselves, for example, due to mental health issues.

12. Click **Browse** to open the window where you can select one or more signed consent documents to upload.

    If you upload a file, file names must not exceed 64 characters. Files cannot have the same file name as an existing attachment.

13. Click **Save**.

    The client's consent status indicates that the consent is Received on the **Consent Records** list page.

14. To view the detail of the client's consent document, in the **Attachments** section, click the Name hyperlink.

Updating consent records

You can update a consent record that is incorrect or superseded. If a client in incapable of providing consent themselves, you can select a representative on their care team to give consent on their behalf.

Note that you are only maintaining consent records in the application and are not enforcing client consent in any way.

About this task

Attaching documents to a consent record is optional. You can attach multiple signed consent forms to a client consent record for the type of consent that the client is agreeing to. To change a consent document that is attached to a consent record, delete the attachment and upload a new one. For example, you can replace a consent document that is about to expire or is already expired, or you can replace an old version with a new version that your organization requires.

Restriction: Most common file types are supported, but for security reasons, you cannot attach certain file types. Only IBM can grant more file type extensions. If you need support for another file type, contact IBM Support.

Procedure

1. Sign in to your account.

    Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

    Their **Summary View** opens.

4. Click **History** > **Consent Records**.

    All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.

5. Click the **Actions** menu of a consent record, and click **Edit**.

6. From the **Type** menu, select from a list of configured consent types that categorize the different types of consent documents that clients can provide.

7. From the **Share with Organization** menu, select **Consents to Share** to indicate the client's agreement to share their consent records (of the selected Type) across organization units.

    This option is available only when organization units are enabled and the selected consent type is configured to be shared.

8. Select the date on which the organization receives the client consent in writing.

    You can also select an expiry date for the consent document.

    Tip: The consent received date must be on or before the current date, and the consent expiry date must be after the current date.

9. Next to the **Received By** field, you can search for and select another user by their name or role on the care team.

    The user who is currently signed into the application is shown by default.

10. From the **Consent Records Covered** menu, do one of the following steps.

    - Select one or more configured values that describe the nature of the consent documents that the client provides. For example, Lab results or Mental health information.

    - Select **All** to indicate that the client is providing all of the types of consent records that are configured in the application, which will display on the client's Consent Records list page after you save the page. If you select **All**, you cannot select individual items in the Consent Records Covered list.

11. From the **Representative** menu, select from a list of members on the client's care team who can provide consent on behalf of a client who is incapable of giving consent themselves, for example, due to mental health issues.

12. Update the consent record description if needed.

13. Click **Save**.

The client's consent status indicates that the consent is Received on the **Consent Records** list page.

Deleting consent records

You can delete consent records that are no longer relevant to a client. You can delete the last consent record that is in a Received state, or a consent record that is in a Withdrawn state.

About this task

When you delete a consent record, the record is marked as Canceled in the application but it is still listed for auditing purposes.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **History** > **Consent Records**.

   All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.
5. Click the **Actions** menu for the consent record, and click **Delete**.
6. Confirm that you want to delete the consent record by clicking **Yes**.

   The status of a deleted consent record changes to **Canceled** and the consent details are retained for auditing purposes.

Adding file attachments to consent records

Attaching documents to a consent record is optional. You can attach multiple signed consent forms to a client's consent record. Signed consent documents record a client's agreement to share their personal health information (PHI) in line with your organization's consent policies.

About this task

Restriction: Most common file attachment types are supported, but for security reasons, you cannot attach certain file types. Only IBM can grant more file type extensions. If you need support for another file type, contact IBM Support.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **History** > **Consent Records**.

   All the consent records for the client are listed, starting with the most recent updates. You can see who created or updated a consent record by clicking the tooltip on a user name.
5. To attach one or more signed client consent documents, from the **Actions** menu of the consent record, select **Add Attachment** and browse to the documents to upload.

Deleting file attachments from consent records

You can delete a consent document that is attached to a consent record if, for example, the document is incorrect or a later version supersedes it.

About this task
Deleted file attachments are marked as Canceled in the application but are still listed for auditing purposes.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **History** > **Consent Records**.

   All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.
5. Click the **Actions** menu for a file attachment in a consent record, and click **Delete**.
6. Confirm that you want to delete the file attachment by clicking **Yes**.

   The status of a deleted file attachment changes to **Canceled** and the consent details are retained for auditing purposes.

Recording withdrawn client consent

Community Consent confirms that a client agrees to share their personal health information (PHI) in line with your organization's consent policies. For all other consent types except Community Consent (if configured in the application), clients can request in writing to withdraw their consent. You can record when a client withdraws their consent agreement by attaching a copy of the consent document that is signed by the client.

About this task

Restriction: Most common file attachment types are supported, but for security reasons, you cannot attach certain file types. Only IBM can grant more file type extensions. If you need support for another file type, contact IBM Support.

Consent records that exist in previous product releases might be upgraded in Watson Care Manager to be consistent with the format of new records. For upgraded consent records, you can record withdrawn consent only for the last consent record in a Received state.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **History** > **Consent Records**.

All the consent records for the client are listed, starting with the most recent updates. If a client's consent is not yet received, a **No Records** status is displayed. You can see who created or updated a consent record by clicking the tooltip on a user name.

5. Assuming that you are selecting a consent record in a Received state, click **Record Withdrawn Consent**.

   The **Record Withdrawn Consent** window opens.

6. Select the date on which the organization receives the client's withdrawal of consent in writing.

   This date must be on or before the current date.

7. If not you, search for and select the member of the care team who received the consent withdrawal document.

8. Click **Browse** to open the window where you can select one or more signed consent documents to upload.

   Tip: File names must not exceed 250 characters. Files cannot have the same file name as an existing attachment.

9. Click **Save**.

   The client's consent status indicates that the consent is Withdrawn.

10. To view the client's consent withdrawal, select the file attachment hyperlink on the **Consent Records** list page.

Capturing client documents

You can attach documents that relate to a client in different places in the application to address different aspects of client care. You can add attachments, edit the attachment description, and with the exception of attachments that are uploaded from messages, you can delete attachments. You can see the details of each attachment and the context in which the attachment was uploaded.

Attachment restrictions

The types of files that you can upload or attach is restricted to ensure that viruses and malware do not enter the system by mistake.

File names must not exceed 250 characters. Files cannot have the same file name as an existing attachment.

By default, the maximum file size is 25 MB.

By default, the care team can upload and attach the following types of files. IBM Support can modify the list of permitted file types, according to the security policy of your organization. Talk to your organization's security administrator if you require any changes.

- .bmp
- .csv
- .dicom
- .doc
- .docx
- .dot
- .gif
- .jpeg
- .jpg
- .ods
- .pdf
- .png
- .rtf

- .tif
- .tiff
- .txt
- .xls
- .xlsx

Adding attachments

You can attach documents to client records.

About this task

Restriction: Most common file types are supported, but for security reasons, you cannot attach certain file types. Only IBM can grant more file type extensions. If you need support for another file type, contact IBM Support.

By default, the maximum file size is 25 MB

The **Attachments** list view provides context information so that you know the place in the application where the document was added. For example, the context is displayed as **Assessment** if a document is added during a client's assessment. The context is displayed as **Message** if an attachment is uploaded from a message. Otherwise, the context is displayed as **General**.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **History** > **Attachments**.

   Starting with the most recent attachments, the list displays all the documents that are recorded for the client and the place in the application where the attachment was uploaded.
5. Click **New Attachment**.

   The **New Attachment** window opens.
6. Click **Browse** to open the window where you can select the document to upload.

   Tip: File names must not exceed 250 characters.
7. Describe the attachment, as needed.
8. Click **Save**.
9. To view an attachment, select the file hyperlink in the **Name** column. To read a description of the attachment, expand the attachment in the list view.

Modifying attachments

You can modify the description of documents that are attached to client records.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

Their **Summary View** opens.

4. Click **History** > **Attachments**.

   Starting with the most recent attachments, the list displays all the documents that are recorded for the client and the place in the application where the attachment was uploaded.

5. Click the **Actions** menu for the attachment, and click **Edit**.

6. Update the description of the attachment, and click **Save**.

7. To view an attachment, select the file hyperlink in the **Name** column. To read a description of the attachment, expand the attachment in the list view.

Deleting attachments

If a document that is attached to a client record is incorrect or obsolete, you can delete it.

About this task

You cannot delete attachments that are automatically uploaded by Watson Care Manager from messages that are sent between the care team and clients.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **History** > **Attachments**.

   Starting with the most recent attachments, the list displays all the documents that are recorded for the client and the place in the application where the attachment was uploaded.

5. Click the **Actions** menu for the attachment, and click **Delete**.

6. Confirm that you want to delete the attachment by clicking **Yes**.

   The deleted attachment is removed from the list view.

Updating client photos

You can upload a photo of a client so that you can recognize the client in the Context pane. You can replace an existing photo directly, by uploading a new one. You can remove a client's photo at any time so that it does not display.

About this task

Restriction: You can upload only .JPEG, or .JPG files that do not exceed 500MB. The photo must be square and the image resolution must be a minimum of 216 x 216 pixels or greater. The photo should be a full frontal close-up of the client's face. Although you can upload a photo greater than 216 x 216 pixels, it shouldn't exceed these dimensions by too much to ensure the client's profile is properly aligned in the center of the viewing area.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. From the **Actions** menu in the **Context** pane, select **Update Photo**.

   The **Update Photo** window opens.

5. Click **Browse** to open the window where you can select a file to upload, and click **Save**.

   The client's photo is displayed in the **Context** pane.

6. Remove an existing client photo by selecting **Remove Current Photo**.

   The client's photo is removed from the **Context** pane.

Capturing client data

Client data is the set of information that your organization can record and maintain for a client, such as contact details or clinical information. The data conforms with standard coding systems for clinical data. Data can be entered manually in IBM Watson Care Manager or it might come from other systems, such as a hospital electronic medical record (EMR) system.

About this task

Important: You can add, modify, or delete most manually added client data. Clinical and vitals data that comes from other systems is read-only. You can modify most client demographics and contact data that comes from other systems.

When you add, modify, or delete demographics or contact data, your updates are shared with other IBM products that are integrated with your Watson Care Manager application. Demographics and contact data is **Name**, Gender, **Birth and Death, Marital Status**, Identification **Address**, **Phone Number**, and **Email Address** information.

Related concepts
Watson Care Manager data and integrated systems
The information that is recorded and maintained for a client in Watson Care Manager can be manually captured or it might come from integrated systems through APIs.

Data

You can view and manage all the data about a client from a single location. You can filter the data to show only the most recent updates and see a full history of changes. Some read-only data might come from other systems, such as a hospital electronic medical record (EMR) system.

Note: Coverage and **Observation** data is visible only if is received from other systems. This data is read-only and cannot be manually added or modified. Updates to clinical and vitals records from other systems are applied overnight by IBM Watson Care Manager.
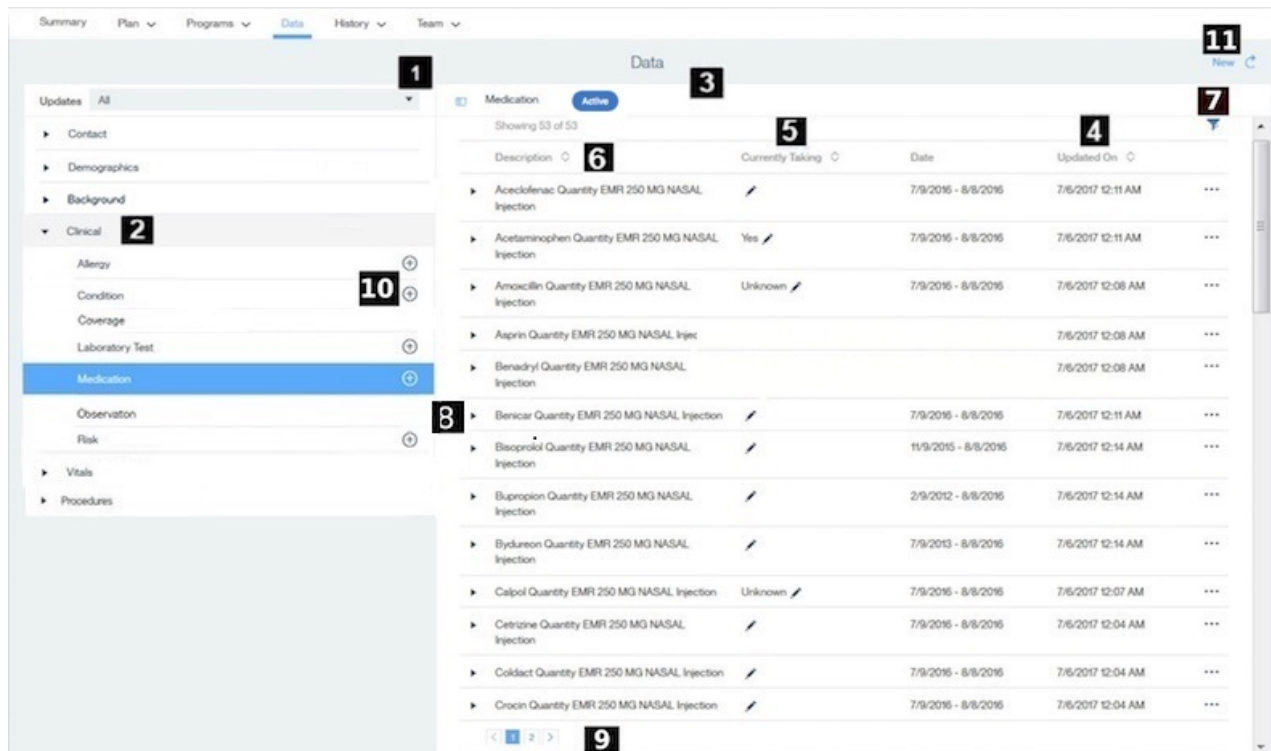
1. You can filter the data to show updates that were made during a specific number of days, for example, in the last 30 days.

2. You can click a general category (**Contact**, **Demographics**, **Background**, **Clinical**, or **Vitals**) to view the details. For each category, the most recently updated records are listed first.

   Your organization can configure custom data types for example, **Procedures** or **Contact Tracing**, which can be grouped into one of the general categories or listed after the categories.

3. You can see the details of each record. For example, for a medication you see dosage, strength, route, start date, and date of the most recent update.

4. For most data types, you can sort the data list view by **Description**, **Date**, and **Updated On**. You cannot sort the Vitals data list view by **Description**. The records sort in ascending or descending order based on your selection. To sort the laboratory tests data by date, only use the start date.

5. For medication data, you can sort the values entered in the **Currently Taking** column to identify which medications the client is taking. The values are sorted in the following order: **Yes**, **No**, **Unknown**, blank.

6. By default, the list of medications displays active records in alphabetical order. Active medications are medications with an active status with an end date in the future or today. If more than one medication records exist with the same name, the list displays the record with the most recent date first.

7. For Clinical and Vitals data, you can filter a client's records to display only information that you want to see. By default, preselected filters are applied to the following data types. Click the filter icon and clear the filter to show all items, or apply other filters.

   - **Allergy** - **Active Allergy** (Default display)
   - **Medication** - **Active** (Default display)
   - **Blood Pressure** - **Status is Completed** (Default display)
   - **Body Mass Index** - **Status is Completed** (Default display)
   - **Body Temperature** - **Status is Completed** (Default display)
   - **Heart Rate** - **Status is Completed** (Default display)
   - **Height** - **Status is Completed** (Default display)

- **Oxygen Saturation** - **Status is Completed** (Default display)
- **Respiratory Rate** - **Status is Completed** (Default display)
- **Waist Circumference** - **Status is Completed** (Default display)
- **Waist-toHeight Ratio** - **Status is Completed** (Default display)
- **Weight** - **Status is Completed** (Default display)

8. You can expand each record to see full details, including the change history. The date displayed is either the start date of the record or, if the start date is not available, the creation date of the record.

   Note: For medication data, if the start date of the medication is not available, the **Date** field displays an appropriate date based on which date is entered in the record. In the following order, the date might be the medication start date, ordered date, prescribed date, fill date, or last refill date, depending on which date is entered. If no date is available, the date is the record creation date.

9. The data list view applies pagination when more than 50 data records are available for a data type. You can scroll and click the page number links to view the records.

10. You can click the **Add** icon for a particular data type to add a data record.

11. You can use the **New** action to add a record from the list of data types.

Related concepts

Default non-configurable client data types in Watson Care Manager
Watson Care Manager data and integrated systems
The information that is recorded and maintained for a client in Watson Care Manager can be manually captured or it might come from integrated systems through APIs.

Filtering the client data list view

You can filter the data list view to display only data that you want to see. For example, you can filter the **Allergy** list to display only a client's active drug allergies. For some data types, you can further filter the list view based on specific search criteria.

About this task

You can filter the list view for all **Clinical** and **Vitals** data based on specific search criteria, with the exception of **Coverage** data. You can choose from one or more predefined filters and add custom filters. For example, you can use predefined filters to search for only active medications and medications that a client is currently taking. Predefined filters are available for all **Clinical** and **Vitals** data, with the exception of **Observation**, **Coverage**, and **Risk**.

When you add a custom filter, you can filter by dates, lists of values, or text, depending on the filter options that are available for the data. For example, you can filter the **Blood Pressure** list by date to display only blood pressure records with a measurement date between 9/5/2016 and 9/18/2016 (inclusive of those dates). You can filter by lists of values. For example, you can filter the **Allergy** list by **Type** to display only food allergy records. You can search for certain data (**Laboratory Test**, **Medication**, and **Risk),** by name or class of medication. For example, you can search for laboratory tests with the name Hemoglobin A1c. You can search for medications with the name Ventolin or class of Beta Blocker. When you add the filter, you must enter some of the name or medication class as search criteria.

Tip: If you want to add a filter to search for any term that contains special characters, for example, - ' " * , use the **Contains** option in the **Where** list to find matches.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click **Data**.

   The **Data** page opens.

5. Expand the data category for the appropriate client data type.

6. Click the client data type to see the list view of data records for the data type.

   For Clinical and Vitals data, the following preselected filters are applied by default.

   - **Allergy** - **Active Allergy** (Default display)
   - **Medication** - **Active** (Default display)
   - **Blood Pressure** - **Status is Completed** (Default display)
   - **Body Mass Index** - **Status is Completed** (Default display)
   - **Body Temperature** - **Status is Completed** (Default display)
   - **Heart Rate** - **Status is Completed** (Default display)
   - **Height** - **Status is Completed** (Default display)
   - **Oxygen Saturation** - **Status is Completed** (Default display)
   - **Respiratory Rate** - **Status is Completed** (Default display)
   - **Waist Circumference** - **Status is Completed** (Default display)
   - **Waist-toHeight Ratio** - **Status is Completed** (Default display)
   - **Weight** - **Status is Completed** (Default display)

7. Choose from the following options to filter a client's records to display only information that you want to see.

   - To filter the data list view to show updates that were made during a specific number of days, choose the appropriate option in the **Updates** menu.

   - Clear a preselected filter to show all items, or apply other filters. You can remove the page filters by clicking **Reset** at any time.

   - To filter the data list view based on specific search criteria, complete the following steps:

     a. Click the filter icon to open the **Filter** page.

     b. Select one or more check boxes that correspond to your search criteria.

     c. Optionally, click Add Filter to add a custom filter. You can combine custom filters with predefined filters, if needed. Enter the details for your filter selection.

     d. Click **Apply** to apply the filter.

Viewing client data

As a Care Manager, you can view manually created client data records and records from other systems, from the **Data** page in the Care Team application.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return

multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Expand the appropriate data category to see the types of data in the category. For example, expand **Clinical** to see a client's **Allergy** data.

5. Click the appropriate data type to see the list of records. The list displays both manually created records and records from other systems.

6. Expand a record to see the details.

Adding client data

The information that you can capture and maintain about clients is defined by the data types that are configured for your organization in IBM Watson Care Manager. For example, you can capture clinical data and contact information.

Before you begin

Where data types have only one possible value, you must edit them rather than adding records. For example, Birth and Death details.

To add an Allergy, Condition, or Medication data type, you must first search for it by name, then enter the details. If the name that you are looking for is not available in the search, you can manually record the data by using the **Record other** option. When your search returns more than one result, this is the last option you see in the results. Allergies, conditions, and medications that you record using this option are not added to the search, or available for other clients.

About this task

A data type is a logical group of related attributes that is configured in the application for you to record data about an individual. The data types conform with standard coding systems for clinical data.

You can specify which identification is the client's preferred identification information if they have multiple identifications. If you do not specify a preferred identification, the preferred identification type that is configured by your Administrator for all clients is used (if set). The preferred identification is shown in the client's Context pane and downloaded care plan, assessment, and questionnaire PDFs.

When you add Address, Phone Number, Email Address data, you can specify which data is the client's preferred contact information if multiple types of each contact method exist. For example, a client might have more than one address. You can also specify whether a client opts out of you contacting them using a particular address, phone number, or email address.

A client's preferred phone number is shown by default in the Context pane, search results, and My Clients list.

If you specify a physical address for a client, this address is shown in the Context pane, search results, and My Clients list. If no physical visit address is entered, then an appropriate address is displayed based on the active address types in this order: residential, mailing, work, temporary, old, other.

When you add an address, a default location is automatically assigned to the address based on the address information. You can confirm the map location of the address before saving. Clicking 'Confirm Location' opens the map at the previously set or default location of the address. Drag the map to change the location of the address. You can reset the map to the originally opened location if needed. If you do not change the location, the previously set or default location is saved.

If configured, you can add related person data to the Related Persons cluster in a custom client data type. You can search for and add the related person's name, the relationship to the client and the start date and end date of the relationship.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Data**.

   The **Data** page opens.

5. Expand the general category that contains the data type that you want to add.

6. Click the **Add** icon for the data type. For data types with search complete the following steps:

   a) Search for the data by name by entering a minimum of 3 characters. Partial matches are supported.

   b) Select the appropriate name. If the name that you are looking for is not available, select the Record other option to manually record the data.

   c) Click **Next**.

7. Enter the information for the selected data type and click **Save**.

Modifying client data

You can update manually entered client data with new information or to correct mistakes. You can edit some data that was received from other systems.

About this task

The date of any update is recorded in the system so that the care team can see when the update occurred, who updated the data, and the original value.

You can specify which identification is the client's preferred identification information if they have multiple identifications. If you do not specify a preferred identification, the preferred identification type that is configured by your Administrator for all clients is used (if set). The preferred identification is shown in the client's Context pane and downloaded care plan, assessment, and questionnaire PDFs.

When you update Address, Phone Number, Email Address data types, you can specify which data is the client's preferred contact information if multiple types of each contact method exist. For example, a client might have more than one address. You can also specify whether a client opts out of you contacting them using a particular address, phone number, or email address.

A client's preferred phone number is shown by default in the Context pane, search results, and My Clients list. If you specify a physical address for a client, this address is shown in the Context pane, search results, and My Clients list. If no physical visit address is entered, then an appropriate address is displayed based on the active address types in this order: residential, mailing, work, temporary, old, other.

When you update an address, a default location is automatically assigned to the address based on the address information. If a location for an address was previously confirmed, this location is retained for the updated address unless you manually change it. Clicking 'Confirm Location' opens the map at the previously confirmed or default location of the address. Drag the map to change the location of the

address. You can reset the map to the originally opened location if needed. If you do not change the location, the previously confirmed or default location is saved.

If configured, you can edit related person data in the Related Persons cluster in a custom client data type. You can search for and add the related person's name. You can add the relationship to the client and the start date and end date of the relationship.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Data**.

   The **Data** page opens.

5. Expand the general category that contains the data type that you want to modify.

6. Select the data type to see the list of records.

7. Click **Edit** in the **Actions** menu of a record.

   The **Edit Client Data** page opens.

8. Update the data and click **Save**.

Deleting client data

You can delete only client data that was manually entered in the application, with the exception of notes data. Data that was received from other systems is read-only.

About this task

Restriction:

You cannot delete the following client data from the system:

- Registered name
- Gender
- Birth and Death
- Social Network Contact (primary contact)
- Address and Identification information, only where a single record exists. If multiple records exist, you can delete Address and Identification data.

Procedure

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Data**.

   The **Data** page opens.

5. Expand the general category that contains the data type that you want to delete.

6. Select the data type to see the list of records.

7. Click **Edit** in the **Actions** menu of a record.

   The **Delete Client Data** page opens.

8. Confirm that you want to delete the data by clicking **Delete**.

Classifying clients' conditions

You can classify a client's conditions to indicate if they are primary or secondary conditions. For example, a secondary condition might be less important for the care team and client to address than a primary condition.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Data**.

   The **Data** page opens.

5. Expand the **Clinical** general category to see the clinical data types.

6. Click **Condition** to see the list of conditions.

   You can expand each condition to see the full details of the condition and a history of changes.

7. Click **Classify Condition** in the **Actions** menu of a condition.

   - If you are classifying a condition for the first time, the **New Classification** page opens.
   - If you are updating the classification for a condition, the **Edit Classification** page opens.

8. Select a classification.

9. Click **Save**.

Reviewing clients' current medications

You can indicate whether a client currently takes a particular medication to indicate which medications are in use. Typically, a client might confirm that they currently take a medication in a review with the care team. To easily find a client's current medications, you can sort the **Medication** list to display the currently taken medications at the top of the list.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Data**.

   The **Data** page opens.

5. Expand the **Clinical** data category.

6. Click **Medication** to see the list of the client's medication records.

7. Click the pencil icon or the current value, if available, for a particular medication record.

   The **Currently Taking Medication** page opens.

8. Select the appropriate option.

9. Click **Save**.

10. You can click the **Currently Taking** column to display the medications that a client currently takes at the top of the **Medication** list.

Reviewing clients' current allergies

You can indicate whether a client has explicitly confirmed that an allergy is currently active. Typically, a client might confirm that an allergy is currently active in a review with the care team. To easily find a client's currently active allergies, you can sort the allergy list to display currently active allergies at the top of the list.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Data**.

   The **Data** page opens.

5. Expand the **Clinical** data category.

6. Click **Allergy** to see the list of the client's allergy records.

7. Click the pencil icon or the current value, if available, for a particular allergy record.

   The **Currently Active Allergy** page opens.

8. Select an appropriate option.

   - Select **Yes** to confirm that the allergy is currently active.

   - Select **No** to confirm that the allergy is not currently active.

   - Select **Unknown** to confirm that the current status of the allergy is unknown.

9. Click **Save**.

10. You can click the **Currently Active** column to display currently active allergies at the top of the **Allergy** list.

Flagging observation client data

Observation data comes from integrated systems and is read-only. A client might have many observation records. To make the records easier to find, you can flag and sort observations that you are most interested in.

About this task

When Watson Care Manager receives an observation record from an integrated system, it maps the data to an appropriate data type, typically a **Laboratory Test** or a **Vital** type. For example, if Watson Care Manager receives blood pressure data that was classified as a vital in the integrated system, Watson Care Manager creates a **Blood Pressure** record in the **Vitals** data category. If the data is not classified in the integrated system, and cannot be mapped by Watson Care Manager, an **Observation** record is created. An observation might be vitals data, laboratory test data, or other data that could not be mapped to a Watson Care Manager data type.

Note: The observation data that you see matches the data that was received from the external system. In the **Description** column on the **Observation** list, you see the observation name and value, if available. If a unit of measurement applies to the observation, the value also includes the unit, if available. For example, for a laboratory test observation record that measures a client's Hemoglobin A1c, you might see a value of 6, 6%, or < 6%, depending on the data that is received from the external system.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

    Their **Summary View** opens.
4. Expand the **Clinical** general category to see the clinical data types.
5. Click **Observations** to see the list of the client's observations.
6. Click the star icon or the current flagged value, if available, for a particular observation record.

    The **Flag Observation** page opens.
7. Click **Yes** to flag the observation.
8. Click **Save**.
9. You can click the **Flagged** column to display flagged observations at the top of the **Observation** list.

Capturing notes

You can capture quick notes, notes in general, or in specific contexts, such as in relation to an assessment, or notes might come from an integrated system. You can comment on notes as needed, and delete notes that are no longer relevant.

Related tasks

Monitoring notes highlights

Notes access

When you add a note, if configured, you can specify options to control who sees the note. You can indicate that the note is Private, Private to Role, or Sensitive.

Table 3. Options for notes access

Option	Description
Private	The note is visible only to the author of the note. You can create a Private note by selecting the Private note type when you add a note.
Private to Role	The note is visible to users with the same care team role as the author of the note. You can create a Private to Role note by selecting the Private to Role note type when you add a note.
Sensitive	The note is visible to users who are assigned a security role with access to sensitive notes. You can write a note containing sensitive content such as substance abuse information. You can create a sensitive note by clicking the Add Sensitive Note link when you add a note.

Related tasks

Configuring note types

Adding quick notes

You can add quick notes about a client. If you go to different places in the application, your quick note stays open and retains your information so that you can add to it without losing context.

About this task

You can minimize a quick note at any time and return to it later. Saving completes your quick note and displays it on the client's Notes list. From the Notes list, you can edit or delete a quick note in the same way that you manage other notes that you add in different parts of the application.

Tip: To avoid losing a quick note, ensure you save it. Any unsaved quick notes for a client are not retained if you visit more than five application pages while you draft your notes. In addition, unsaved quick notes are not retained if you sign out, or you are automatically signed out due to inactivity.

Important: A warning message displays if you navigate away from a client's context without saving a quick note. For example, if you view a different client's information, a warning message displays to remind you about the unsaved quick note for the previous client. Click **View** in the warning message to review the quick note, and save as needed.

If you are assigned a security role with access to the Sensitive Notes resource, you can indicate a note is sensitive to make it only visible to other users with access to sensitive notes.

You cannot mark a private or private to role note as sensitive.

If note types are configured to be editable by the care team, you can save a quick note that you want to return to later as a draft or ready for review version, or as the final version.

- Draft version - adds the note with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the note with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a note with a **Final** status, which prevents you further editing the note.

Note: To allow you to record a contact with a client, Touchpoint note type fields display conditionally by default. A *touchpoint* is an inbound or outbound contact or attempted contact between the care team and either the client or another individual in relation to a client. If your note does not relate to a client contact, select one of the other available note types.

The available note types let you categorize the note by client activity as follows: Access and Continuity, Assessment, Care Management, Care Plan Update, Chart Review, Comprehensive Assessment, Comprehensiveness, and Coordination, Educational Information, General, Letters, Population Health, Private, Private to Role, Quality Review, Touchpoint, Wellness.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click the pen icon.
5. Choose one of the following options.

   - If the note type is a touchpoint (default), enter the following details about the touchpoint. If you are assigned a security role that grants access to sensitive notes, you can indicate that a note is sensitive. :

     – **Note** - Enter the note text.

- **Sensitive** Click to indicate that the note is sensitive and only users that are assigned a security role with access to the Sensitive Notes resource can view it.
- **Type** - Select the category that best describes the nature of the note.
- **Subject** - Enter a subject. The touchpoint subject cannot be longer than 120 characters.
- **Contact With** - Select who you contacted in the touchpoint. You can select one or more people.
- **Method** - Select the method of communication, such as telephone.
- **Direction** - Specify the direction of communication.
- **Outcome** - Select whether the contact attempt was successful or unsuccessful.
- **Contact Date** - Enter the date of the touchpoint.
- **Duration** - You can specify the touchpoint duration in minutes.
- **Programs** - You can select relevant programs from any programs that the client is assigned to or enrolled in. The list also displays programs that were completed in the last 30 days.
- **Validated Identity** - You can select the check box to indicate that you validated the identity of person that you contacted.
- **Source** - If configured, you must select one of the configured values that indicate the source of the touchpoint.
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the touchpoint originated.

- For all other note types, enter the following details about the note. If you are assigned a security role that grants access to sensitive notes, you can also indicate that a note is sensitive.

- **Note** - Enter the note text.
- **Sensitive** - Click to indicate that the note is sensitive and only users that are assigned a security role with access to the Sensitive Notes resource can view it.
- **Type** - Select the category that best describes the nature of the note.
- **Subject** - Enter a subject. The note subject cannot be longer than 120 characters.
- **Creation Date** - Enter the date of the quick note.
- **Duration** - You can specify the note duration in minutes.
- **Source** - If configured, you must select one of the configured values that indicate the source of the note
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the note originated.
- Optionally, if configured to display, you can specify note sharing options. From the **Share** list, select **Yes**.
- From the **Share With** list, select one or more options from the list of configured external systems.

6. Optional: If configured to be editable, set the appropriate **Save As** status for the note: Draft, Ready for review, Final.

   Restriction: You cannot set note types of Private and Private to Role to Ready for Review status because such notes are visible only to the author of the note, or the author and any user with the same care team role who has access to the client.

   Note: You can minimize an unsaved quick note by clicking the pen icon. A red dot displays to indicate that the quick note is unsaved or no note information is recorded. To reopen your quick note, click the pen icon again.

7. Click **Save** to complete your quick note.

8. Select **History** > **Notes** to view the latest quick note and prior notes.

   The change history on the Notes page indicates who added the quick note and when. To identify a user who created or updated a note, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Adding notes

You can add standard notes about clients in different places in the application to address different aspects of client care.

Before you begin

With the exception of Private and Private to Role types, note types can be configured to be shared with integrated systems.

About this task

If you have access to sensitive notes for the client, you can add a sensitive note to make it visible to any user that is assigned a security role with access to the Sensitive Notes resource.

If you create a note and a sensitive note, two separate notes are saved. You can use one for sensitive content and the other one for non-sensitive content. If you create a sensitive note, the shared details, for example, Type, Subject and Duration are common to both notes. A private or private to role cannot be sensitive.

If note types are configured to be editable by the care team, you can save a note that you want to return to later as a draft or ready for review version, or as the final version.

- Draft version - adds the note with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the note with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a note with a **Final** status, which prevents you further editing the note.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **History** > **Notes**.

   The **Notes** list opens. You can see the type of note that was added and its current status, details of each note, and any comments on the note. If there are comments, a comments icon and counter are displayed in the Subject field. Starting with the most recent notes, all the notes that are recorded for the client are displayed. To identify a user who created or updated a note, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).
5. Click **New Note**.

   The **New Note** page opens.
6. Enter a subject and your note.

   Tip: The subject cannot be longer than 120 characters, and the note cannot be longer than 30,720 characters.
7. If you are assigned a security role that grants access to sensitive notes, you can also add a note that is sensitive:

   - **Add Sensitive Note** - Click to create a sensitive note and only users that are assigned a security role with access to the Sensitive Notes resource can view it.
   - **Sensitive Note** - Enter the note text.
   - **Remove Sensitive Note** - Click to remove the sensitive note.

8. From the **Type** list, select the client activity category that best describes the nature of the note. The categories that you can choose include Access and Continuity, Assessment, Care Management, and many more.

    Note: To enable you to quickly create a private note, when you launch the **New Note** page from the Latest Private Note card on the client's Summary view, the note **Type** defaults to **Private**.
9. In the **Creation Date** field, enter the date of the note.
10. In the **Duration** field, enter how many minutes the client activity took to complete.
11. Optional: If configured to display, set these note sharing options:

    a) From the **Share** list, select **Yes**.

       You must select **Yes** to specify the Share With options.

    b) From the **Share With** list, select one or more options from the list of configured external systems.
12. If configured to be shown, select the source of the note (mandatory) and the name of the original source system where the note originated (optional).
13. Optional: If configured to be editable, set the appropriate **Save As** status for the note: Draft, Ready for review, Final.

    Restriction: You cannot set note types of Private and Private to Role to Ready for Review status because such notes are visible only to the author of the note, or the author and any user with the same care team role who has access to the client's file.
14. Click **Save**.

    The **Notes** list updates to provide context information so that you know the type of note that was captured. For each listed note, you can see who added the note and when, the note type, and its current status. For example, the note type is displayed as **General** if you add a general client note, or as **Assessment** if you add a note relating to a client's assessment.

Filtering your notes list view

By applying one of the predefined page filters or by adding a new one, you can filter the Notes list to display only those notes that you want to see. For example, you can filter the list to display only notes that you last updated.

About this task

Notes about clients can originate in different places in the application to address different aspects of client care. For example, a care team member might record a general client note while capturing barriers or alerts in the application, or a note that relates to a client assessment. The **Notes** list provides context information so that you know the type of note that was captured.

Note types are categorized by activity as follows: Access and Continuity, Assessment, Care Management, Care Plan Update, Chart Review, Comprehensive Assessment, Comprehensiveness and Coordination, Educational Information, General, Letters, Population Health, Private, Private to Role, Quality Review, Touchpoint, or Wellness.

Restriction: All notes are available to view by any care team member who has access to the client's file, except the following:

- Notes of type Private are visible only to the author of the note.
- Note of type Private to Role are visible to the author and any user with the same care team role who has access to the client's file.
- Sensitive notes are visible to users with access to the client's file and who are assigned a security role with access to the Sensitive Notes resource.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **History** > **Notes**.

   The **Notes** list opens. Starting with the most recent notes, all the notes that are recorded for the client are displayed. For each listed note, you can see the note type and its current status: Draft, Ready for review, Final, Canceled. You can view the detail of a note, or comments on the note, by expanding the note in the list.

5. Filter your Notes list view based on your specific search criteria.

   a) Click the filter icon to open the **Filter** page.

   b) Select one or more check boxes that correspond to your search criteria. You can search for notes of a particular type (Touchpoints, Barriers, Alerts, Private, Private to Role), notes that are in a **Final** state, or notes that you were the last user to update.

   c) Optionally click **Add Filter** to add another filter to the predefined filters that you already selected. You can further refine your list view by Notes, Subject, Type, Latest Update, Status, Source, or Original Source System. Enter the details for your filter selection. You can add only one new filter to each column.

   d) Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Editing notes

You can update a client note to change the note subject, note body, note type, and the duration of the client activity, provided the note was manually added. If configured, you can update the current note status and note sharing options for manually added notes. Notes from integrated systems cannot be modified. If the original note record is modified in the integrated system, the corresponding Watson Care Manager record is updated.

Before you begin
With the exception of Private and Private to Role types, note types can be configured to be shared with integrated systems.

About this task
If note types are configured to be editable, you can save a note that you want to return to later as a draft or ready for review version, or as the final version.

- Draft version - adds the note with a **Draft** status, which allows you to edit the note.

- Ready for review version - adds the note with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.

- Final version - adds a note with a **Final** status, which prevents you further editing the note.

You can add comments to manually added notes and notes that came from integrated systems at any time.

If you have access to sensitive client notes, you can update a note to indicate that it is sensitive or non-sensitive. If you indicate that the note is sensitive, it is only visible to users who are assigned a security role with access to the Sensitive Notes resource.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **History** > **Notes**.

   The **Notes** list opens. Starting with the most recent notes, all the notes that are recorded for the client are displayed. To identify a user who created or updated a note, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Assuming that the note that you want to update is configured as an editable note type, select the **Actions** menu of the note, and click **Edit**. The **Edit Note** page is displayed.

   a) In the **Subject** field, enter the note title.

   b) From the **Type** list, select the category that best describes the nature of the note.

      You can categorize the note by client activity as follows: Access and Continuity, Assessment, Care Management, Care Plan Update, Chart Review, Comprehensive Assessment, Comprehensiveness and Coordination, Educational Information, General, Letters, Population Health, Private, Private to Role, Quality Review, Wellness.

   c) In the **Note** field, enter the note text.

   d) If you have access to sensitive client notes, click the Sensitive check box to indicate that this note is sensitive. Only users with sensitive notes access for the client can view it.

   e) In the **Creation Date** field, enter the date of the note.

   f) In the **Duration** field, enter how many minutes the client activity took to complete.

   g) If configured to display, set these note sharing options:

      i) From the **Share** list, select **Yes**. You must select **Yes** to specify the Share With options.

      ii) From the **Share With** list, select one or more options from the list of configured external systems.

   h) If configured to be shown, select the source of the note (mandatory) and the name of the original source system where the note originated (optional).

   i) If configured to be editable, set the appropriate **Save As** status for the note: Draft, Ready for review, Final.

      Restriction: You cannot set note types of Private and Private to Role to Ready for Review status because such notes are visible only to the author of the note, or the author and any user with the same care team role who has access to the client's file.

   j) Click **Save**.

      The **Notes** list updates to provide context information so that you know the type of note that was captured. For example, the note type is displayed as **General** if you add a general client note, or as **Assessment** if you add a note relating to a client's assessment.

      If you edit the note **Type** or note **Status**, the **History** section of the **Notes** list records the type or status change, and the user who updated the note.

6. For any note that you want to comment on except for a previously deleted note in a **Canceled** state, select the **Actions** menu of the note, and click **Comment**.

   • Add your comment and click **Save**. The change history on the **Notes** list displays the last comment in the comment section of the note, and indicates who added the comment and when.

Deleting notes

Except for alert-related note types, you can delete Draft, Ready for review, or Final versions of notes from a client's record.

About this task

Deleting a note has a different result depending on whether or not you have access to the Delete notes resource, and the status of the note:

If you do not have access to the delete notes resource:

- When you delete a note with a status of Draft or Ready for review, the note is set to Discarded and is no longer displayed in the client's plan.
- When you delete a note with a status of Final, the note is set to Canceled and it is still visible. The **History** section of the **Notes** view records the status change and confirms that the note was a final version that was subsequently deleted.
- You cannot delete a canceled note.

If you have access to the delete notes resource:

- When you delete a note with a status of Draft or Ready for review, the note is set to Discarded and is no longer displayed in the client's plan.
- When you delete a note with a status of Final, the note is set to Discarded and it is no longer displayed in the client's plan.
- You can delete a note with a status of Canceled. The note is set to Discarded and it is no longer displayed in the client's plan.

Notes can come from integrated systems. If the original note record is deleted in the integrated system, the note status of the corresponding record in Watson Care Manager is set to Canceled.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, click **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Notes**.

   The **Notes** view opens.

   Note: All the notes that are recorded for the client are displayed. By default, they are presented in order of most recent note first. Details of each note include Subject, Interaction, Participants, Type, and Last Update. To maintain privacy, notes of type Private are displayed only if the current user is the author of the note. Notes of type Private to Role are displayed only if the current user has the same care team role as the author of the note. You can view the detail of a note, or comments on the note, by expanding the note in the list.

   Note: If you do not have access to sensitive notes, any sensitive notes associated with the client are not displayed. If you cannot see the note that you need to delete, you may not have the required security access. Contact a security administrator to request assistance.
5. In the **Actions** menu of the note you want to delete, click **Delete**.

   The **Delete Note** modal appears.
6. From the list of configured reasons, select a reason for deleting the client note.
7. Add a comment to explain the reason for deleting the note.
8. Click **Yes** to confirm.

- If you do not have access to the delete notes resource, the note is either removed from the client's plan or set to Canceled, depending on the status of the note.
- If you have access to the delete notes resource, the note is removed from the client's plan.

Notes Highlights

IBM Watson Care Manager Notes Highlights can help you, as a care team member, to more quickly access information that is scattered across multiple notes. *Notes highlights* are a ranked list of relevant words and phrases that are extracted from a client's notes. You can quickly scan notes highlights, filter them by time and category, see all references for a particular highlight, and read an excerpt or the full note text for the highlight.

Watson Care Manager Notes Highlights uses natural language processing and cognitive computing to identify, categorize, and rank notes highlights. Notes highlights are generated from the last year of unstructured notes and their associated comments, and are updated as new notes or comments are added. Your private notes, sensitive notes and notes that are draft, ready for review, or deleted, are not included.

Notes highlights scenario

Susan is Laurie's care manager and opens Laurie's summary view to see her progress over the last month. Before Susan reads Laurie's recent notes, she looks at the highest ranking notes highlights for Laurie, which are ranked by overall relevance to Laurie.
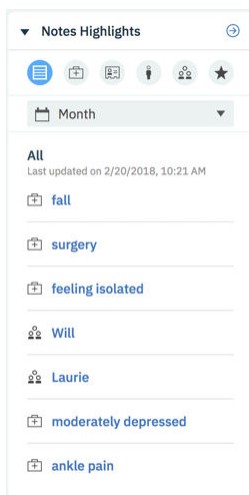
Figure 1. The Notes Highlights card on Laurie's Summary View

Susan can quickly see that Laurie fell and has a fracture, and other relevant information about Laurie. Susan wants to find out more about the fall, so she clicks *fall* to see all notes that mention *fall*, and expands the excerpt to see the full note.

Figure 2. Notes mentioning fall

Susan wants to monitor information about Laurie's fall, so she stars *fall* to indicate that this is a key word that she is interested in at this time. Starring a highlight moves that highlight to the **Starred** category. The highlight is also shown on Laurie's Notes Highlights summary card, to remind Susan to follow up.

Susan checks the other highlights and clicks *Will*, it is not a name, so she dismisses the highlight.
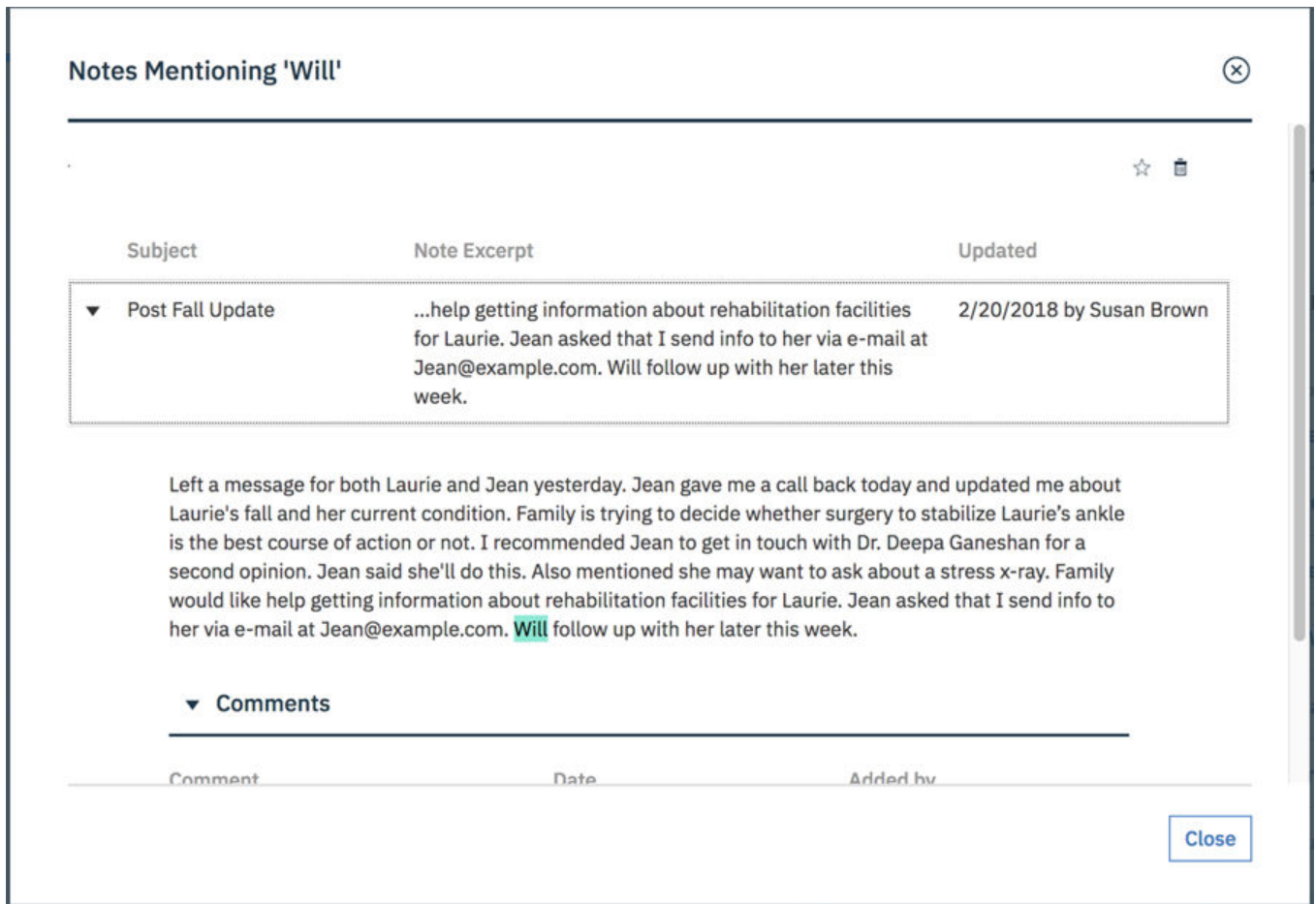
Figure 3. Notes mentioning Will

Susan then opens the Notes Highlights list to see all of Laurie's highlights. The highlights are organized into the following categories and ranked by relevance in the category.

Starred
Highlights that Susan stars for monitoring and quick access are displayed here. The category was empty until Susan starred *fall*.

Clinical
Clinical information is highlighted, such as *fall* and *surgery*.

Contacts and Places
Contact details, such as telephone numbers, and geographical places, such as the names of hospitals or care centers, are highlighted.

Social
Social highlights include activities of daily living, such as eating, dressing, or bathing.

People
People's names are highlighted.

Dismissed
Highlights that Susan dismisses are displayed here for Susan to review or restore them at any time. The category was empty until Susan dismissed *Will*.

Figure 4. Laurie's updated highlights

Notes Highlights is constantly learning from what Susan does. In this brief scenario, it has learned that *fall* is particularly relevant to Laurie, and that care managers might find words like fall interesting. It uses this learning to present Susan, and others, with the highlights that are most likely to be relevant to them, and display them more prominently, in highlights lists, and on the client's summary page.

Reviewing notes highlights

Use notes highlights on the client summary to quickly scan for relevant issues from the last year before you read a client's detailed notes. You can quickly open a summary of notes that mention a particular highlight. Star relevant highlights to add them to your own personal shortlist as a reminder and for quick access. Dismiss highlights that are not relevant to the client or are not generally useful.

About this task

You can star highlights to get quick access to any new notes that contain that highlight. The highlights are added to your **Starred** category on the client's **Notes Highlights** page. The seven highest ranking highlights are shown on the **Notes Highlights** card on the client's **Summary**.

You can dismiss highlights to focus on relevant highlights only. The highlights are moved to the **Dismissed** category.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Review the seven highest ranking highlights for the client in the **Notes Highlights** card on the client's **Summary** view.

You can filter the highlights by category or by time.

5. Click a highlight to see the full list of notes that mention that highlight.

    The list of relevant notes opens.

6. To star a highlight, click the **Star** icon and click **Ok**. The highlight is added to your **Starred** category for that client.

7. To dismiss a highlight, click the **Dismiss** icon and click **Ok**. Dismissed highlights are not deleted, but moved to the **Dismissed** category for that client.

8. To see all of the highlights in more detail, from the **Note Highlights** card, click the **View All** icon.

    The **Notes Highlights** page opens.

Monitoring notes highlights

Check notes highlights on a client's summary to remind yourself of the issues that you are tracking, and to see new notes that mention your highlights. Highlights are generated from the client's notes for the last year, you can further filter the highlights to the period you are interested in, for example, highlights for the last month. When you no longer need to track a highlight, you can unstar the highlight.

About this task

The **Notes Highlights** card shows the seven highest ranking highlights, with starred highlights shown first. The **Notes Highlights** page shows the full list of highlights.

You can restore a highlight that you dismissed by mistake.

Procedure

1. Check your highlights in the **Notes Highlights** card on the client's **Summary** view.

    You can filter the highlights by category or by time.

2. Click a highlight to see all notes that mention that highlight.

    The list of relevant notes opens.

3. Click the **View All** icon on the **Note Highlights** card to see the full list of highlights.

    The **Notes Highlights** page opens.

4. To unstar a highlight, click the **Unstar** icon on the highlight and click **Ok**.

    The highlight is removed from the **Starred** category for that client.

5. To restore a highlight from the **Dismissed** category, click the **Restore** icon on the highlight and click **Ok**.

    Restored highlights are returned to their original category.

Feedback from your interactions

By just doing your job in the care team, looking at highlights of interest, starring important highlights, and dismissing irrelevant ones, you help the system to learn what type of highlights are relevant to you and your peers. The system learns from your interactions with highlights and adjusts the ranking of highlights accordingly.

When you star highlights, it indicates that they are relevant to a client. The system learns what is potentially relevant to people like you, that is, people with the same care team role. For example, if many of the doctors in an organization star *surgery*, then *surgery* is ranked higher for other doctors in the organization.

Occasionally, highlights are identified that are not useful or relevant to a client. For example, *fall* might be highlighted in a sentence that says "...did not fall...". If you do not want to see that highlight for a client, you can dismiss it and it is moved to dismissed for you only. For other care team members, the highlight is still shown, although its rank might decrease. When you dismiss highlights, you indicate that they are not relevant to that client or to you. As a result, highlights that are not useful become less visible over time.

Note: Notes highlights are not a substitute for reading detailed notes. Watson Care Manager can learn to identify information that is important to care managers, but is not expected to identify all information that a diverse group of care managers would find important. You still need to read the notes to ensure that important information is not missed, based on your own expertise, knowledge, and intuition.

Creating care plans

A client's care plan consists of goals, client actions, care team actions, services, and barriers. Care plan goals and activities can be suggested or automatically added from programs that the client is enrolled in or questionnaires or assessments that the client completes. Start by reviewing the existing plan, and then add any items that the client needs.

Related tasks

Configuring goals

Configuring actions

Configuring barriers

Configuring services

Plan

From the plan, you can view and manage all goals, activities, and barriers for a client. You have access to all menu actions that you need for planning.

To plan goals and activities, review any suggested goals or activities, search the libraries for goals or activities to add, or create your own goals and activities specifically for the client. You can associate barriers with the client, and with specific goals or activities.

The plan has a navigation pane and a content pane. The navigation pane contains the **Activities** bar, the **Goals** list, and the **Barriers** bar. The content pane shows more information about your selections. You can hide the navigation pane to show more content. To identify a user who created or updated an activity,

a goal, or a barrier, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

1. Select the **Activities** bar to see and work with all of the services, client actions, and care team actions on the plan in the content pane. You can see how many activities are open, their status and progress, and for care team actions, who they are assigned to. If there are open barriers associated with an activity, you can hover over the Barriers icon to see the detail of the barriers.

2. The **Goals** list shows all of the open goals on the plan, and the number of open client actions, care team actions, services, or barriers that are associated with each goal. Select a goal to see the goal details and to work with the goal in the content pane. You can show completed goals if needed. If there are open barriers associated with a goal, you can hover over the barriers icon to see the detail of the barriers. If there are open activities associated with a goal, you can hover over the Activities icons to see the detail of the activities.

3. Click the suggestions icon for activities or goals to see any suggested activities or goals that are not on the plan. If configured, the current number of suggested actions, services, and service categories, or of suggested goals, are shown.

4. Click the **Add Activity**, **Add Goal**, or **Add Barriers** icons to open the activity, goal, or barrier library searches. Type in the search field to find goals, services, client actions, care team actions, or barriers in the libraries. If you cannot find what you need, create your own ad hoc goals, actions, or barriers specifically for the selected client.

5. Select the **Barriers** bar to see and work with the barriers on the plan.

6. The content pane shows more information about your selection in the navigation pane:

   • When you select a goal, it shows the goal details and all activities that are associated with the goal. You can show or hide the goal details and expand activities to see more details. You have access to all of the menu actions for a goal, such as edit, update progress, or complete.

   • When you select **Activities**, it shows all open activities on the plan. You have access to all of the menu actions for an activity, such as edit, update progress, or complete. The available actions can vary depending on your organization's configuration and optional add-on components.

   • When you select **Barriers**, it shows all open barriers on the plan. You have access to all of the menu actions for barriers, such as edit, associate with goals or activities, or resolve. You can view the details of each barrier, including the goals, services, client actions, and care team actions associated with it.

7. By default, only open goals, activities, and barriers are shown on the plan but you can filter what is shown. Clear the filter to show all items, or apply one of the following filters:

   • **Show Open** (Default selection)
   • **Assigned to me** (Care team actions only)
   • **Due to End in 7 Days** (Activities only)
   • **Due to Start in 7 Days** (Activities only)
   • **Overdue** (Activities only)
   • **Show Completed** (Client and care team actions only)
   • **Show Resolved** (Barriers only)
   • **Show Closed** (Services only)

8. Click any activity to see more details. The activity home page opens over the plan. Click **Back** to return to the plan. If providers are enabled, you can see the provider for each service.

9. Actions menu contain all of the actions for plan items. Some actions might be unavailable depending on the status of the item.

10. If providers are enabled, the service provider is shown.

11. If your organization uses the IBM Watson Care Manager Community Service Payment add-on component, the payment status is shown.

12. If your organization uses the IBM Watson Care Manager Community Service Payment add-on component, the budget planning bar is displayed on the plan when you are planning services. For more information, see "The budget planning bar" on page 157.

13. If your organization uses the IBM Watson Care Manager Community Service Payment add-on component, the **New Budget** action is available to create a draft budget when no draft budget exists.

14. If providers are enabled, you can click the shortlist icon (⊓) to access a service provider shortlist from the plan. For more information, see "The service provider shortlist" on page 185.

Planning goals

A goal is a measurable target that a client can achieve. You can set and manage the goals for clients on their care plan.

About this task

A goal can have multiple actions. A program can have multiple goals and a goal can be used in multiple programs.

Automatically added goals

Goals can be configured by your administrator to be automatically added to plans if certain conditions are met, for example when a client is enrolled in a program. In addition, when care team actions are received from other systems, a **General** goal is generated and associated with the received care team actions.

When a goal is automatically added to the client, if there is an existing goal with the same name for the client in an **In Progress** state, it is reused and the new goal is not automatically added. If you need to associate new focus areas and programs to the goal, you must manually add these.

When Watson Care Manager receives an action from another system, it creates a goal called **General** and associates the action with that goal. If the other system sends more actions relating to the same client, Watson Care Manager associates each new action with the **General** goal.

You can remove care team actions from the **General** goal. However, you must first associate the care team action with another goal on the care plan. If all care team actions are removed from the **General** goal, you can delete the goal if you wish.

You cannot edit the **General** goal, update client progress for the goal, or associate the **General** goal with programs, actions, services, or barriers.

Adding goals to plans

You can add a goal to the client's plan. You can add a suggested goal, add a goal from the library, or create an ad hoc goal.

About this task

Use existing goals where possible, but if a suitable goal does not exist, you can create an ad hoc goal. Ad hoc goals are specific to a client and are not available for care team members to add for other clients. You can add a goal that was previously added to the plan, if the previous goal was completed and the time frames for the goals do not overlap.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Choose one of the following steps to add a goal:

   a) Click the **Suggested Goals** icon under Goals to see all suggested goals and click the **Add Suggestion** icon to add a suggested goal.

      The add goal window opens.

   b) Click the **Add Goal** icon under Goals.

      The goal search opens. Choose one of the following options:

      - Type a goal name to find a goal in the library and select a goal. The add goal window opens.
      - To add an ad hoc goal, select the **New Goal** menu option. The **New Goal** window opens.

6. Enter the goal details:

   - **Name** - For a new goal only, enter the goal name.
   - **Programs** - Choose a program to associate with the goal. If the client is assigned to one program, that program is selected by default. When the client is enrolled in multiple programs, you can select one or more programs to associate with the goal.
   - **Source** - If configured, you must select one of the configured values that indicate the source of the goal.
   - **Original Source System** - If applicable, you can select one of the configured values to indicate where the goal originated.
   - **Focus Areas** - You can associate the goal with one or more focus areas, which are categories for reporting and evaluation purposes.
   - **Type** - You can indicate whether the goal is a long-term or short-term goal.
   - **Start Date** - You can set the start date in the past, present, or future or accept the default value.
   - **Target Value** - You can enter a value that represents achievement of the goal.
   - **Target Date** - You can set the target completion date, which must be later than the start date.
   - **Stage of Change** - You can select a value to indicate the client's readiness or motivation.
   - **Confidence** - You can indicate the client's confidence about the goal, on a scale of 1 (low) to 10 (high).
   - **Importance** - You can indicate the importance of the goal to the client, on a scale of 1 (low) to 10 (high).
   - **Reason** - You can enter a reason for the goal.

7. Click **Save**.

   The goal is added to the plan.

8. Click any goal name to see the goal details.

   If hyperlinks are configured for the goal in the goal **Details** section, you can click the links to the external websites to review more reference information.

Filtering the goals list view

You can review the list of goals assigned to a client. The list can include open and completed goals.

About this task

By applying one or more of the predefined page filters, you can further filter the list to display only those goals that you want to see. For example, you can filter the list to display only goals that were created by you.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Goals**

   The **Goals** list opens. The page opens with the predefined **Show Open** filter applied by default.
5. Optionally change or further filter the Goals list based on specific search criteria.

   a) Click the filter icon to open the **Filter** page.

   b) Refine the Goals list view by selecting one or more of the following check boxes that correspond to your search criteria:

   - **Show Open** (All goals that the client has not yet completed).
   - **Created By Me** (All goals created by you).
   - **Show Short-Term** (All goals with Type set to Short-Term).
   - **Show Long-Term** (All goals with Type set to Long-Term).
   - **Show Completed** (All completed goals).

   c) Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Modifying goals

You can modify a goal on a client's plan.

About this task

Note: You cannot modify the **General** goal that is created and associated with care team actions that are received from third-party applications.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select a goal and select **Edit Goal** from the **Action Menu**.

   The **Edit Goal** page opens.
6. Modify the following goal details:

   - Name - You can rename ad hoc goals but not library goals.
   - Source - If configured, you must select one of the configured values that indicate the source of the goal.
   - Original Source System - If applicable, you can select one of the configured values to indicate where the goal originated.
   - Focus Areas - You can associate the goal with one or more focus areas, which are categories for reporting and evaluation purposes.
   - Type - You can indicate whether the goal is a long-term or short-term goal.
   - Start Date - You can set the start date in the past, present, or future or accept the default value.
   - Target Value - You can enter a value that represents achievement of the goal.
   - Target Date - You can set the target completion date, which must be later than the start date.

- Stage of Change - You can select a value to indicate the client's readiness or motivation.
- Confidence - You can indicate the client's confidence about the goal, on a scale of 1 (low) to 10 (high).
- Importance - You can indicate the importance of the goal to the client, on a scale of 1 (low) to 10 (high).
- Reason - You can enter a reason for the goal.

7. Click **Save**.

   The goal is updated.

8. Click any goal name to see the goal details.

   If hyperlinks are configured for the goal in the goal **Details** section, you can click the links to the external websites to review more reference information.

Updating progress for goals

You can update progress for a goal. The updated progress is displayed on the Summary page and the Plan page.

About this task

Your changes are stored as update records. If required, you can edit or delete an active progress record.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Select a goal and select **Update Progress** from the **Action Menu** to update a client's progress.

   The **Add Progress** page is displayed.

   a) Select the appropriate value in the **Progress** menu, and add a comment.

   b) Click **Save**.

6. To delete an edit or delete a progress record, go to the **Goals** card on the **Summary** page, and click the View All icon.

   The **Goals** page is displayed.

7. Select a goal.

   The **Goal** page is displayed.

8. Go to the **Progress** section, and select an option in the **Actions** menu of a progress record.

   - Click **Edit** to update the **Progress** value and comment, as needed. Then, click **Save**.
   - Click **Delete** to delete the record. Then, click **Yes** to confirm.

Removing actions from goals

You can remove an action that is associated with a goal. The action is not removed from the care plan, but it is no longer associated with the goal. You cannot remove an action that is complete or in progress.

About this task

An action must be associated with at least one goal on a care plan. If an action is only associated with one goal, you cannot remove the action.

If you cannot remove the action, you can choose to associate the action with another goal if applicable, or compete the action with an appropriate status, for example, abandoned.

Note: You can remove care team actions from the **General** goal that is created and associated with care team actions that are received from third-party applications. However, you must first associate the care team action with another goal on the care plan.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select a goal and expand the client or care team actions that are associated with the goal.
6. From the **Actions** menu of an action, click **Remove**.

   The **Remove Action** page opens.
7. Click **Yes** to remove the action.

Associating goals with programs

A goal can be relevant to more than one of a client's programs. You can associate one goal with multiple programs.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select a goal and click **Add Programs** from the **Action Menu**.
6. Select the programs that you want to associate and click **Save**. The goal is now associated with the other programs.

Removing associations between programs and goals

You can remove an association between a program and an open goal when the association is no longer relevant. You cannot remove the association for a completed goal. This change applies for the currently selected client only. Goals on the client's plan are not affected.

About this task

You can remove the association while the client is still assigned to or enrolled in the program. You cannot remove the association after they complete the program or are disenrolled from the program.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Goals**.

   The goals list is displayed.
5. Select a goal.

   The goal home page is displayed.
6. In the **Programs** section, select **Remove** from the **Actions** menu of the program.

Completing goals

When goals no longer apply to a client, you can complete the goal. After a goal is completed, you can amend the completion details.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select a goal:

   - Complete a goal by completing the following steps:

     a. Click **Complete** from the **Action Menu**. The **Complete Goal** page is displayed.

     b. Select the appropriate values for outcome and date of completion.

     c. You can add a comment.

     d. Click **Save**.

   - Update the completion details by completing the following steps:

     a. Click **Update Completion Details** from the **Action Menu**. The completion page is displayed.

     b. You can update the values for outcome and date of completion.

     c. You can update the comment.

     d. Click **Save**.

Deleting goals from plans

You can delete open goals from the client's plan. You cannot delete a completed goal, or goals that have progress updates. You cannot delete a goal that has an associated action without closing or removing the action.

About this task

Note: To delete a **General** goal that is created and associated with care team actions that are received from third-party applications, you must first remove or close the associated care team actions.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Select a goal and select **Delete** from **Action Menu** menu. The goal is removed from the client's care plan.

Planning actions

Client actions are care plan activities that clients can complete to help them to achieve a goal. Client actions must be associated with one or more goals. You can view and manage client actions on the care plan and associate them with the appropriate goals.

About this task

Actions must be associated with at least one goal. You can associate multiple actions with a goal and multiple goals with an action.

Actions can be configured to be automatically associated with a goal as a result of completing an assessment or questionnaire on a program.

Actions can be configured to be added to the plan as completed when a care team member completes the action by completing the assessment or questionnaire. For example, a completed action of `Call client to discuss care plan` can be added when a care team member completes an outreach questionnaire.

Adding client actions to plans

You can add a client action to a plan. You can add a suggested action, add an action from the library, or create an ad hoc action.

Before you begin

Actions must be associated with goals, so at least one open goal must be on the plan before you can add a care team action.

About this task

Use existing library actions where possible, but if a suitable action does not exist, you can create an ad hoc action. Ad hoc actions are specific to a client and are not available for care team members to add for other clients. You can add an action that was previously added to the plan, if the previous action was completed or the time frame for the actions do not overlap.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Add a client action by selecting one of the following options:

   a) Click the **Suggested Activities** icon on the **Activities** bar to see any suggested client actions. Click the **Add Suggested Client Action** icon to add a suggested client action.

   The add client action window opens.

b) Click the **Add Activity** icon on the **Activities** bar.

The activities library search opens. Choose one of the following options:

- Type a client action name to find a client action in the library and click the client action. The add client action window opens.
- To add an ad hoc action, select **New Client Action**. The **New Client Action** window opens.

6. Complete the following details:

- **Name** You must enter a name for new client actions only.
- **Assigned To:** For client actions, the action is assigned to the client by default.
- **Start Date:** An action must have a start date, by default the current date. Enter a start date for the action.
- **Expected End Date:** You can enter an end date for the action.
- **Category:** You can select one of the configured action categories for reporting purposes.
- **Associate Goals:** An action must be associated with at least one goal. Select one or more goals to associate with the action.
- **Reason:** Enter a reason for the action.

7. Click **Save**.

Filtering the client actions list view

You can review the list of client actions assigned to a client. The list can include open client actions, overdue client actions, client actions due to start in the future, and completed client actions.

About this task

By applying one or more of the predefined page filters, you can further filter the list to display only those client actions that you want to see. For example, you can filter the list to display only client actions that are overdue.

Procedure

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click **Plan** > **Client Actions**

The **Client Actions** list opens. The page opens with the predefined **Show Open** filter applied by default.

5. Optionally, change or further filter the Client Actions list based on specific search criteria.

a) Click the filter icon to open the **Filter** page.

b) Refine the Client Actions list view by selecting one or more of the following check boxes that correspond to your search criteria:

- **Show Open** (All client actions that the client has not yet completed).
- **Due to Start in 7 days** (All client actions with a start date 7 days from the current date).
- **Due to End in 7 days** (All client actions with an expected end date 7 days from the current date).
- **Overdue** (All client actions that are overdue).
- **Show Completed** (All completed client actions).

c) Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Modifying client actions

You can modify a client action in the care plan.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select **Edit** from the **Actions** menu of the client action.
6. Modify the following client action details, as needed.

   - **Name:** You can rename ad hoc actions but not library actions.
   - **Assign To:** Client actions are assigned to the client by default.
   - **Start Date:** Update the start date for the action.
   - **Expected End Date:** Update the expected end date for the action.
   - **Category:** Select one of the configured action categories for reporting purposes.
   - **Reason:** Update the reason for the action.
7. Click **Save**.

Updating progress for client actions

You can add a progress update for a client action. A progress record is created, which you can modify or delete.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that

searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Choose from the following options.

   - Add a progress update by completing the following steps:

     a. Select **Edit** from the **Actions** menu of the client action.

     b. Select one of the configured values in the **Progress** menu, add a comment, and click **Save**.

   - Modify a progress update by completing the following steps:

     a. Click a client action. The client action page opens.

     b. Go to the **Progress** section.

     c. Select **Edit** from the **Actions** menu of the client action.

     d. Update the progress or comment and click **Save**.

   - Delete a progress update by completing the following steps:

     a. Click a client action. The client action page opens.

     b. Go to the **Progress** section.

     c. Select **Delete** from the **Actions** menu of the client action and click **Yes**.

Associating client actions with goals

Client actions can be relevant to more than one goal. You can associate actions with other goals on the care plan by adding the goals to the action.

Before you begin

At least one goal that is not associated with the action must be on the plan.

About this task

An action must be associated with at least one goal.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Select **Add Goals** from the **Actions** menu of a client action.

   The **Add Goals** page opens showing only the goals that are available to select.
6. Select the goals that you want to add and click **Save**.

   The action is associated with the goals and is shown in the care plan under each goal.

Removing associated goals from client actions

You can remove the association between a goal and a client action. The goal is not removed from the care plan, but it is no longer associated with the action.

About this task
An action must be associated with at least one goal on a care plan. If an action is only associated with one goal, you cannot remove that goal.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Click a client action.

   The client action page opens.
6. Go to the **Goals** section to see any goals that are currently associated with the action.
7. Select **Remove** from the **Actions** menu of a goal and click **Yes**.

Completing client actions

When individuals complete, or no longer need, an action, you can complete the action. After an action is completed, you can update the completion details.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Choose the appropriate option:

- Complete a client action by completing the following steps:

  a. Select **Complete** from the **Actions** menu of a client action. The **Complete Action** page is displayed.

  b. Select an outcome, a date of completion, add a comment if needed, and click **Save**.

- Update the completion details by completing the following steps. By default, completed activities are hidden.

  a. Expand actions and select the filter icon to open the client actions filter.

  b. Select the **Show Completed** check box and click **Apply**.

  c. Select **Update Completion Details** from the **Actions** menu of a completed action. The **Update Completion Details** page is displayed.

  d. Update the outcome, the date of completion, or the comment, and click **Save**.

Deleting client actions from plans

You can delete a pending client action from the care plan. You cannot delete actions that are complete or in progress.

Before you begin

If you no longer need an in-progress action, you can complete the action with a status of abandoned, and add a comment with an explanation.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Select **Delete** from the **Actions** menu of the client action and click **Yes**.

Planning care team actions

Care team actions are care plan activities that care team members can complete to help a client to achieve a goal. Care team actions must be associated with one or more goals. You can view and manage care team actions on the plan. To track care team work that is not directly related to specific goals, use tasks.

About this task

Actions must be associated with at least one goal. You can associate multiple actions with a goal and multiple goals with an action.

Actions can be configured to be automatically associated with a goal as a result of completing an assessment or questionnaire on a program.

Actions can be configured to be added to the plan as completed when a care team member completes the action by completing the assessment or questionnaire. For example, a completed action of `Call client to discuss care plan` can be added when a care team member completes an outreach questionnaire.

Managing care team actions

A Quick View is available in the application where you can view and manage all open care team actions for active clients. You or other members of the care team must take responsibility for listed actions.

About this task

In the **My Actions** section, you can edit, add progress, and complete actions that are currently assigned to you. The **My Actions** list shows all actions for active clients where you are a current member of their care team. Actions for inactive clients are not listed.

In the **Unassigned** section, you can view care team actions associated with your care team role, which are not yet assigned and you are potentially responsible for. The **Unassigned** list shows all unassigned actions for active clients. Actions for inactive clients are not listed. You can assign a care team action to yourself or to another care team member, or you can edit, add progress, and complete unassigned actions.

Procedure

1. Sign in to your account.

   Your home page opens.
2. Select **Actions** from the **Side Navigation menu**.

   The **Actions** page opens.
3. For any action in the **My Actions** section or **Unassigned** section, choose from the following tasks.

   - Select **Actions** > **Edit** to modify the details of the care team action.
   - Select **Actions** > **Add Progress** to add a progress update.
   - Select **Actions** > **Complete** to complete an action. The action is removed from the **My Actions** or **Unassigned** lists.
4. To review the details of an action, click an action name.

   The **Care Team Actions** page for the associated client opens.

Assigning unassigned actions

Assuming that organization units are enabled for your organization, you can assign actions to either a specific care team member or to a care team role in your organization unit.

About this task

If an action is assigned to a care team role, and you have that role on the client's team, you can assign the action to yourself to do. Otherwise, reassign the action to another care team member or care team role in your organization unit.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, select **Actions**.
3. In the My Actions section, review actions that are currently assigned to you. In the Unassigned section, review care team actions that users in your organization unit created for care team member roles in your organization to do.

4. In the **Unassigned** section, click the **Actions** menu of an action, and click **Assign**.

   The **Assign Action** page open, with the name of the user who is currently signed into the application as the owner of the action.

5. If you do not want to own the action, choose to assign the action to either a specific care team member or to a care team role.

   • Assign To - Select another care team member who is active on the client's team to reassign the action to.

   • Assign To Role - Select a role from the list of active care team roles in your organization unit that are qualified to complete the action.

6. Click **Save**.

Adding care team actions to plans

Assuming that organization units are enabled for your organization, you can add a care team action to a plan and assign the action to either a specific care team member or to a care team role in your organization unit.

Before you begin
You can add a suggested action or add an action from the library, or you can create an action. Actions must be associated with goals, so at least one open goal must be on the plan before you can add a care team action.

About this task
Use existing actions where possible, but if a suitable action does not exist, you can create an action.

Actions that you create are specific to a client and are not available for care team members to add for other clients. You can add an action that was previously added to the plan, if the previous action was completed or the time frame for the actions do not overlap.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Add a care team action by selecting one of the following options.

   a) Click the **Suggested Activities** icon on the **Activities** bar to see any suggested care team actions. Click the **Add** icon to add a suggested care team action.

      The add care team action window opens.

   b) Click the **Add Activity** icon on the **Activities** bar.

      The activities library search opens. Choose one of the following options:

      • Type a care team action name to find a care team action in the library and click the care team action. The add care team action window opens.

      • Select **New Care Team Action**. The **New Care Team Action** window opens.

6. Complete the following details:

   • **Name:** You must enter a name for new care team actions only.

   • **Source** - If configured, you must select one of the configured values that indicate the source of the action.

- **Original Source System** - If applicable, you can select one of the configured values to indicate where the action originated.
- **Assign To:** Select the care team member to assign the action to.
- **Assign To Role:** Select a role from the list of active care team roles that are qualified to complete the action. Only roles that are associated with users in the organization unit are shown.
- **Start Date:** An action must have a start date, by default the current date. Enter a start date for the action.
- **Expected End Date:** You can enter an end date for the action.
- **Category:** You can select one of the configured action categories for reporting purposes.
- **Associate Goals:** An action must be associated with at least one goal. Select one or more goals to associate with the action.
- **Reason:** Enter a reason for the action.

7. Click **Save**.

Filtering the care team actions list view

You can review the list of care team actions assigned to a client. The list can include open care team actions, overdue care team actions, care team actions that are due to start in the future and care team actions that are completed.

About this task

By applying one or more of the predefined page filters, you can further filter the list to display only those care team actions that you want to see. For example, you can filter the list to display only care team actions that are assigned to you.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Care Team Actions**

   The **Care Team Actions** list opens. The page opens with the predefined **Show Open** filter applied by default.
5. Optionally, change or further filter the Care Team Actions list based on specific search criteria.

   a) Click the filter icon to open the **Filter** page.

   b) Refine the Care Team Actions list view by selecting one or more of the following check boxes that correspond to your search criteria:

   - **Show Open** (All care team actions that are not yet completed).
   - **Assigned To Me** (All care team actions assigned to you).
   - **Due to Start in 7 days** (All care team actions with a Start Date 7 days from the current date).
   - **Due to End in 7 days** (All care team actions with an expected end date 7 days from the current date).
   - **Overdue** (All care team actions which have an expected end date in the past when compared to the current date).
   - **Show Completed** (All completed care team actions).

   c) Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Modifying care team actions

You can modify any care team action in the care plan. Assuming that organization units are enabled for your organization, you can assign the action to either a specific care team member or to a care team role in your organization unit.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select **Edit** from the **Actions** menu of the care team action.
6. Modify the following care team action details, as needed.

   - **Name:** You can rename actions that you create but not library actions.
   - **Source** - If configured, you must select one of the configured values that indicate the source of the action.
   - **Original Source System** - If applicable, you can select one of the configured values to indicate where the action originated.
   - **Assign To:** Select a care team member to assign the action to.
   - **Assign To Role:** Select a role from the list of active care team roles that are qualified to complete the action. Only roles that are associated with users in the organization unit are shown.
   - **Start Date:** Update the start date for the action.
   - **Expected End Date:** Update the expected end date for the action.
   - **Category:** Select one of the configured action categories for reporting purposes.
   - **Reason:** Update the reason for the action.
7. Click **Save**.

Updating progress for care team actions

You can update progress for a care team action. Your changes are stored as update records.

About this task

You can add progress to care team actions regardless of whether the action is assigned to you or another care team member or role. Even when an action is assigned to a care team role, rather than a specific care team member, you can add progress for the action on the Care Team Actions list.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Choose from the following options:

   - Add a progress update by completing the following steps:

a. Select **Add Progress** from the **Actions** menu of the care team action.

b. Select one of the configured values for **Progress**, add a comment, and click **Save**.

- Modify a progress update by completing the following steps:

    a. Click a care team action. The care team action page opens.

    b. Go to the **Progress** section.

    c. Select **Edit** from the **Actions** menu of the care team action.

    d. Update the progress or comment and click **Save**.

- Delete a progress update by completing the following steps:

    a. Click a care team action. The care action page opens.

    b. Go to the **Progress** section.

    c. Select **Delete** from the **Actions** menu of the care team action and click **Yes**.

Associating care team actions with goals

Care team actions can be relevant to more than one goal and must be associated with at least one goal. You can associate actions with other goals on the care plan by adding the goals to the action.

Before you begin

At least one goal that is not associated with the action must be on the plan.

About this task

You can add goals to care team actions regardless of whether the action is assigned to you or another care team member or role. Even when an action is assigned to a care team role, rather than a specific care team member, you can associate goals with the action on the Care Team Actions list.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select **Add Goals** from the **Actions** menu of a care team action.

   The **Add Goals** page opens showing only the goals that are available to select.
6. Select the goals that you want to add and click **Save**.

   The action is associated with the goals and is shown in the care plan under each goal.

Removing associated goals from care team actions

You can remove a goal that is associated with a care team action. The goal is not removed from the care plan, but it is no longer associated with the action.

About this task

An action must be associated with at least one goal on a care plan. If an action is only associated with one goal, you cannot remove that goal.

Note: You can remove the **General** goal that is created and associated with care team actions that are received from third-party applications from a care team action. However, you must first associate the care team action with another goal on the care plan.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Click a care team action.

   The care team action page opens.

6. Go to the **Goals** section to see any goals that are currently associated with the action.

7. Select **Remove** from the **Actions** menu of a goal and click **Yes**.

Completing care team actions

When care teams complete, or the individual no longer needs, a care team action, you can complete the action. After a care team action is completed, you can update the completion details. By default, completed care team actions are hidden.

About this task

You can complete care team actions regardless of whether the action is assigned to you or another care team member or role. Even when an action is assigned to a care team role, rather than a specific care team member, you can complete the action on the Care Team Actions list.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Care Team Actions**.

   Care team actions for the individual are displayed.

5. Click **Plan** > **Plan**.

6. Choose the appropriate option:

   - Complete a care team action by completing the following steps:

     a. Select **Complete** from the **Actions** menu of a care team action. The **Complete Action** page is displayed.

     b. Select an outcome, a date of completion, add a comment if needed, and click **Save**.

   - Update the completion details by completing the following steps. By default, completed activities are hidden.

     a. Expand actions and select the filter icon to open the care team actions filter.

     b. Select the **Show Completed** check box and click **Apply**.

     c. Select **Update Completion Details** from the **Actions** menu of a completed action. The **Update Completion Details** page is displayed.

     d. Update the outcome, the date of completion, or the comment, and click **Save**.

Deleting care team actions from plans

You can delete a pending care team action from the care plan. You cannot delete actions that are complete or in progress.

Before you begin

If you no longer need an in-progress action, you can complete the action with a status of abandoned, and add a comment with an explanation.

About this task

You can delete care team actions regardless of whether the action is assigned to you or another care team member or role. Even when an action is assigned to a care team role, rather than a specific care team member, you can delete the action on the Care Team Actions list.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select **Delete** from the **Actions** menu of the care team action and click **Yes**.

Planning services

By default in IBM Watson Care Manager, you can view and manage services on the plan. You can plan services and associate them with goals on the plan.
Related tasks
Configuring services

Services

Services are care plan activities that can help a client achieve a goal. In addition to the standard workflow for planning services, optional add-on components give IBM Watson Care Manager the capability to support enhanced workflows for services and providers.

A service is typically delivered by a provider at a cost per unit. For example, a home care agency can deliver 2 hours of care at an hourly rate, or an equipment provider can deliver a hearing aid at a specified price.

Adding services

You can add services to the plan. You can choose a suggested service, or search the library of existing services.

About this task

Set the start and expected end dates for the service and the frequency of the service. Set the number of units of the service that the client needs and the units in which the service is delivered. If the service can help a client to achieve a goal, associate the service with one or more goals.

Procedure

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Add a service by selecting one of the following options:

   a) Click the **Suggested Activities** icon on the **Activities** bar to see any suggested services or service categories. Click the **View All** icon to see the suggested services in a category. Click the **Add** icon to add a suggested service.

   The add service window opens.

   b) Click the **Add** icon on the **Activities** bar.

   The activities library search opens. Type a service or service category name to find a service in the library and select a service. The add service window opens.

6. Enter the service details:

   - **Start Date:** Enter the start date.
   - **Expected End Date:** You can enter an expected end date.
   - **Frequency:** Select the frequency of the service.
   - **Units:** Enter the number of units of the service that the client needs and select the unit in which the service is delivered.
   - **Associate Goals:** Select one or more goals to associate with the service.

7. Click **Save** to add the service to the plan.

Related tasks

Adding services and providers from the Plan page
You can choose to add a suggested service, or a service from a suggested service category, or to search the library of existing services. You can choose to select the provider when you add the service, or to add the provider later.

Filtering the services list view

You can review the list of services assigned to a client. The list can include open and closed services.

About this task

By applying one or more of the predefined page filters, you can further filter the list to display only those services that you want to see. For example, you can filter the list to display all open services.

Procedure

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click **Plan** > **Services**

The **Services** list opens. The page opens with the predefined **Show Open** filter applied by default.

5. Optionally, change or further filter the Services list based on specific search criteria.

   a) Click the filter icon to open the **Filter** page.

b) Refine the Services list view by selecting one or more of the following check boxes that correspond to your search criteria:

- **Show Open** (All active services).
- **Due to Start in 7 days** (All services due to start date in 7 days time).
- **Due to End in 7 days** (All services due to end in 7 days time).
- **Overdue** (All services with an expected end date in the past).
- **Show Closed** (All closed services).

c) Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Modifying services

You can edit the start and expected end dates for the service and the frequency of the service. You can edit the units in which the service is delivered and number of units the client needs.

Before you begin

If budgets are used, you must have a draft or reopened budget to modify services with costs. Values for frequency, units, and cost per unit are needed for the service to be included in budget calculations. To avoid affecting previous budgets, you cannot edit the cost of a service that was included in a previously approved budget. To edit the cost, close the service with an appropriate date and create the service again with the new cost.

If payments are used, you can modify the expected end date of the service only after payment for the service is authorized, so that an accurate payment history for the service is maintained.

About this task

If Providers are enabled and a provider is associated with the service, you can update the cost per unit.

If payments are used and payment is authorized for the service, you can edit only the expected end date.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select **Edit** from the **Actions** menu of a service.

   The **Edit Services** page is displayed.
6. Modify the following service details, as needed.

   - **Start Date:** Update the start date.
   - **Expected End Date:** Update the expected end date.
   - **Frequency:** Update the frequency of the service.
   - **Units:** Update the unit in which the service is delivered or the number of units of the service that the client needs.
   - **Cost per Unit:** Update the cost per unit for the service. This option is available only if a provider is associated with the service.
7. Click **Save**.

Updating services with notes and comments

Add notes or comments to services to capture information about services.

About this task

You can add one or more notes to a service, and can then add comments to the note to provide further continuous updates.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, click **Clients** > **My Clients**, or search for other clients.
3. Click **Plan** > **Plan**. The plan opens.
4. Select **Services**.

   The client's services are shown.
5. From the **Actions** menu of a service, click **Add Note**, enter a note, and click **Save**.

   A note is appended to the service.
6. Click **Add Sensitive Note** to add a sensitive note. Only users that have access to the client and are assigned a security role with access to the Sensitive Notes resource can add a sensitive note.
7. Assuming that the note type is configured as editable, select to save the note as a draft version, ready for review, or final version. When you mark a note as the final version, you can no longer edit it.
8. If configured, you must select one of the configured values that indicate the source of the note.
9. Optional: If applicable, you can select one of the configured values to indicate where the note originated.
10. For a service with an existing note, from the **Actions** menu, click **Comment**, enter a comment, and click **Save**.

    The comment is appended to the note.
11. Optional: Click **History** > **Notes** to see notes about services.

Modifying service notes

You can edit a note that is associated with a service.

About this task

The note can be edited only if the note that is recorded for the service has a status of either Draft or Ready for Review.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, click **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**. The plan opens.
5. Click **Services**.

   The client's services are shown.
6. Expand a service, then click **Edit** from the **Actions** menu of the service note.

7. Update the service note.
8. Assuming that the note type is configured as editable, select to save the note as a draft version, ready for review, or final version. When you mark a note as the final version, you can no longer edit it.
9. If configured, you must select one of the configured values that indicate the source of the note.
10. Optional: If applicable, you can select one of the configured values to indicate where the note originated.
11. Click **Save**.

   The service note is updated.

Associating services with goals

You can associate services with one or more goals on a plan by adding goals to the service. Goals must be open and not previously associated with the service.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Expand **Activities** > **Services** and select **Add Goals** from the **Actions** menu of the service.

   The **Add Goals** page opens and displays the available goals.
6. Select the goals that you want to add and click **Save**.

   The service is associated with the selected goals.

Removing associated services from goals

You can remove the association of a service with a goal. The service is not removed from the care plan, but is no longer associated with the goal.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select a service.

   The service page opens.
6. Expand **Activities** > **Services** and select **Remove** from the **Actions** menu of the service.
7. Click **Remove** to remove the goal from the service.

Closing services on plans

You can close services when clients finish or no longer need them. You must specify the outcome of the service, and the date that the service is closing.

About this task

If budgets are used, closing services with costs can affect the budget. The expected end date is used in budget calculations. Entering a closure date that is later than the expected end date might cause the service to go over budget. In addition, the following restrictions apply:

- A service with a cost cannot be closed or the end date modified while a newer budget is pending approval. Cancel the budget approval request, close the service or update the end date, and submit the budget again.
- When a closed budget is the most recent budget on the plan, the service closure date cannot be later than the budget closure date.

If you use payments, closing a service ends payments to the provider of the service. If you are closing the service with a start date before the first payment due date of the service, you can choose to cancel the payment.

Payments to providers are made weekly on a Monday in arrears. For services with a frequency of 4 weekly, the weekly payment to the provider is a quarter of the 4-weekly payment and for services with a 2-weekly frequency, the weekly payment is half of the 2-weekly payment. So if you are using payments, enter a closing date for the service that ensures that the full final payment is made to the provider.

For example, a service with a 4-weekly frequency, that finishes delivery on the 30th April 2018, the payments due dates for the final service delivered on the 30th April are the 7th May, 14th May, 21st May, and 28th May. You should set the end date of the service to Sunday 27th May 2018 when closing the service to ensure that the provider receives full payment for the final service delivery.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Expand **Activities** > **Services** and complete the following steps to close a service.

   a) Select **Close** from the **Actions** menu of an open service.

      The **Close Service** window opens, or if payments are used, the **Close Service** wizard opens.

   b) Enter the closure details:

      - **Outcome:** Select an outcome from the list of available options.
      - **End Date:** Enter a closing date. By default, the closure date is the current date.

   c) Click **Save** to close the service, or if payments are enabled, click **Next**.

   d) If you are closing the service with an end date that is before the first payment due date, you can choose to cancel the payment to the provider.

      The payments summary shows the end date, and details of the most recent payment and the final payment.

      - Most recent payment:
        - Date
        - Period

- – Amount
- • Final payment:
  - – Due Date
  - – Period
  - – Amount

For once-off services, the once- off payment summary shows the end date. the payment date and the payment amount.

Related tasks

Authorizing payment for services

If the IBM Watson Care Manager Community Service Payment add-on component is licensed, you can authorize payments to a provider for a service. The provider is paid from the later of the service start date or the start date of the earliest approved budget for the service until the service is closed. Payments are made weekly in arrears. After payment is authorized, a service cannot be modified. To end payments, close the service.

Updating closed services

After a service is closed, you can update the closure details if needed, for example, if the service was provided for longer than was originally recorded. You can view a history of changes to closed services on the **Service** homepage.

About this task

If you use budgets, you cannot update the closure details while the budget is pending approval.

You can update the closure details when the most recent budget is closed. You can update the outcome or move the end date back, but you cannot extend the end date. To avoid potential budget overspend, if a service was ended before the end date of a closed budget, you cannot update the service end date to a later end date. To update the closure details while the budget is pending approval, cancel the budget approval request, change the closure date, and submit the budget again.

If you are using payments, the following applies when you update the closure details:

- • If the payments are authorized for the service and the payment authorization status is Final Payment Authorized, when you update the closure date the final payment period, final payment date, and final payment amount is recalculated and payment is made based on the updated information. If the updated end date is before the most recent payment date then no further payments are made.

- • If payments are authorized for the service and the final payment has been made, updating the service closure details will not result in additional payments to the provider.

- • If the service was closed before the first payment was made and the payment was canceled, changing the date will not trigger any payment.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Services**.

5. Expand **Activities** > **Services** and complete the following steps to update the closure details for a closed service.

   You may need to change the active filter so that closed services are displayed.

6. Select **Update Closure Details** from the **Actions** menu of a closed service.

The **Update Closure Details** page opens.

7. Enter the closure details:

   - **Outcome:** Select an outcome from the list of available options.
   - **End Date:** Enter a closing date. By default, the closure date is the current date.

8. Click **Save**.

Results

The service closure details are updated with the changes that you have made. Check the Service homepage to view a history of updates to the service closure, for example, so that you can check which end date was in effect when the final payment for the service was made,

Deleting services from plans

You can delete services from plans.

Before you begin

If payments are used, you can only delete a service for which payment is authorized if you first close the service and cancel payment before the first payment is made.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Expand **Activities** > **Services**, select **Delete** from the **Actions** menu of a service, and click **Delete**. The service is removed from the plan.

Planning provider services

As a care manager, you can manage services and service providers in IBM Watson Care Manager if the Providers feature is enabled. If you use IBM Watson Care Manager add-on components, you can also manage services within a client's weekly budget, make payments for services, and manage inquiries to providers who use the IBM Watson Care Manager Connect Providers application. You can also collaborate with clients who use the IBM Watson Care Manager Connect Individuals application. If you are using an external provider registry, you can create a provider service inquiry for a client in Watson Care Manager if external inquiries is enabled.

The external inquiry can be retrieved (via API) by an external system which is interested in viewing, managing and responding to the provider service inquiry for the client. If the external system responds to the inquiry, the response will be updated on the inquiries list page. Customers can either use the Connect Providers inquiries flow or the external registry inquiries flow but not both.

If the Providers feature is enabled in the care team workspace, you see extra provider-related pages, fields, columns, and actions when you work with services. For example, the **Community Resources** search page is shown and you can add and remove providers for services. If add-on components are licensed, other enhanced services workflows are available.

Services

Services are care plan activities that can help a client achieve a goal. In addition to the standard workflow for planning services, optional add-on components give IBM Watson Care Manager the capability to support enhanced workflows for services and providers.

A service is typically delivered by a provider at a cost per unit. For example, a home care agency can deliver 2 hours of care at an hourly rate, or an equipment provider can deliver a hearing aid at a specified price.

Example provider service scenarios

Optional IBM Watson Care Manager add-on components provide more capabilities and enhanced workflows for services and providers. Use the following scenarios to understand the enhanced workflows that are provided by add-on components.

Related concepts

Basic scenarios for planning with budgets and payments
Here are some basic scenarios to introduce you to budgets and payments. The first scenario covers the initial planning of provider services within a budget, the approval of the budget and provider services, and the authorization of payments to service providers. The second scenario covers reopening an approved budget to replan services and providers within the approved budget. The third scenario covers replanning services and providers with a new budget which includes contributions from the client and the care organization and which replaces the previous budget.

Basic scenario for planning with inquiries
Here's a basic scenario to introduce you to planning with inquiries. The scenario covers choosing services for a client, sending inquiries to service providers, accepting the preferred provider offers, and adding the services to the plan.

Basic scenario for services planning with add-on components

Here is a basic scenario to introduce you to planning with budgets, payments, and inquiries. The scenario covers creating a budget, choosing services, sending inquiries to service providers, adding the services to the plan, and submitting the budget for approval. After the budget is approved, provider offers can be accepted and payment authorized for the services.

The scenario assumes that the following add-on components are licensed and that an administrator has enabled Providers for the care team application.

- IBM Watson Care Manager Community Service Payment

- IBM Watson Care Manager Community Service Referral

- IBM Watson Care Manager Connect Providers

Plan services with budgets, payments, and inquiries
Susan Brown is Liam Smyth's care manager and is creating his care plan. Liam was assessed and qualifies for a budget of £100 per week. This budget consists of a social fund contribution of £100. Susan must find community service providers and send inquiries to them on Liam's behalf to see whether they can provide the home care that Liam needs.

Liam's assessment indicated that he might benefit from 4 - 6 hours per week of home care to help him manage his diabetes. Also, Liam might benefit from a mobility aid and three swimming classes a week to help with his mobility.

From the **Budget** page, Susan creates a budget with a single contributor, **Social Fund**, and the reason **New Budget**. Susan sets the start date to 9th April 2018, as budgets must start on a Monday, the financial start day of the week. The budget planning bar is shown to help Susan stay within budget and the **New Budget** action is disabled.

From the **Community Resources** page, Susan searches for **Home Care**, **Mobility Aid**, and **Swimming** services.

Susan finds a number of providers for the **Home Care** service and the other services. As she browses, she adds potential providers to a shortlist.

When Susan is ready, she opens the shortlist, creates an inquiry for each service, and selects the service providers that she wants send inquiries to. She adds a response required by date so that providers can know how soon they need to make an offer.

Solomon is the IBM Watson Care Manager Connect Providers user for the community service provider **Care Provider A**. When he opens the Connect, he sees the inquiry. He has a question and requests more information about the inquiry.

Home Care   16:58
6 Hour · Weekly
Expected start date Apr 13, 2018

[New]   Ref: 2826 • Sent by Susan Brown • Respond by Feb 20, 2018

SA   Solomon Akarele 16:58
Do you need the care on any particular days?

SA   Offer   Decline   Request more information

Susan sees Solomon's comment requesting more information on the **Inquiries** page, and responds with a comment at the inquiry level. All providers who received the inquiry can see the additional information. If Susan wants to reply directly to a provider only, she can add a comment to the provider's offer. Only the specific provider will see this comment.

A number of providers, including **Care Provider A**, send offers to deliver the **Home Care** service and the other services. Susan reviews all provider offers received, looks at the details such as rates and availability, and determines that **Care Provider A** is the most suitable provider to deliver the home care service for Liam. Susan adds the services that Liam's needs to the plan:

- Susan chooses **Care Provider A** to provide the **Home Care** service and adds the service to the plan, starting on the 13th April 2018, the Friday after the budget starts. They charge £10 per hour and can provide 6 hours weekly. The weekly cost of this service is £60.

  The service is delivered for only 3 days during the week of the 9th April, as the service only starts on Friday 13th April. This means that the cost of first week of this service will be prorated as follows:

  Weekly cost =Number of hours*Cost per hour = 6 hours*£10=£60 per week

  Cost for 1 day = Weekly cost/7 = £8.57

  Cost for 3 days = £8.57*3 = £25.71

  Cost of the first week is £25.71

  Note: During the first and last weeks of a service, adjust your service start or end dates based on whether the provider will deliver a full or partial service that week. If the provider will deliver a full service in the first week, set the start date of the budget to the Monday of the week to ensure that the full weekly cost of the service is calculated in the budget and that the cost is not prorated, For example, where a service is being delivered as a single weekly class and the provider has confirmed that the class is delivered on a Wednesday, start the service on the Monday of the week to include the full weekly cost In the budget and to ensure that the provider is paid in full for that week.

  The budget visual shows that Liam's highest weekly spend is £60 starting 16th April 2018 as this week includes the full weekly cost of the Home Care service.

Budget

New Budget

Budget £100.00   Spend: £60.00   Remainder: £40.00

£100.00 per week
09/04/2018 – No end date

...son **New Budget**

Highest Weekly Spend ⊗

The highest weekly budget spend is £60.00, starting from 16/04/2018 on the following services:

Home Care
Care Provider A
£60.00

- Susan reviews the offers and chooses **Mobility Services A** to provide a mobility aid for Liam at £100:00. Once-off services are not included in budget calculations so this service is not reflected in the visual. However, once-off services are approved as part of the budget.
- Susan reviews the offers and chooses the local swimming club, **Swimming Instructors A**, to provide the **Swimming** service starting on Monday 30th April 2018. They offer sessions for older members for swimming at £12:50 per class, so Susan adds three classes per week.

Weekly cost of Swimming =Number of units *Cost per unit = 3*£12.50= £37.50

Liam's total spend per week = £60 per week on Home Care + £37.50 on Swimming = £97.50

The budget visual shows that Liam's highest weekly spend is £97.50 per week, which means that his services are under budget for each week in the budget. As you can see, the highest weekly spend is now the week starting 30th April 2018, as the spend this week includes the swimming and the Home Care Service.

Summary   Plan ∨   Programs ∨   Data   History ∨   Team ∨

Plan

Budget £100.00   Spend: £97.50   Remainder: £2.50

Activities	💡 0
Goals	💡 0
Barriers	

Highest Weekly Spend ⊗

The highest weekly budget spend is £97.50, starting from 30/04/2018 on the following services:

Home Care
Care Provider A
£60.00

Swimming Lessons
Swimming Instructors A
£37.50

Status

...   Starts on ...   ...

...   Starts on ...   ...

..   Starts on ...   ...

▶   Actions for Liam   0 open

▶   Care Team Actions   0 open

Susan submits the budget for approval and it is approved by a team member with the budget approval role. The budget planning bar is hidden. The status history is updated, and the **New Budget** action is enabled again.

Summary	Plan ⌄	Programs ⌄	Data	History ⌄	Team ⌄

Budget

New Budget ↻ ⑦

£100.00 per week
09/04/2018 – No end date   Approved

£100.00 per week

Start Date **09/04/2018**   Status **Approved**

Reason **New Budget**   ...

Added on 26/01/2018 by Susan Brown

Contributions

Contributor	Contribution
Social Fund	£100.00
Client	

Status History

Updated	Status	Comment	
26/01/2018 by Susan Brown	Approved	Approved, thanks	...
26/01/2018 by Susan Brown	Pending Approval	Ready for approval.	...
26/01/2018 by Susan Brown	Draft		...

Now that the budget is approved, Susan can accept Solomon's offer.

When Solomon signs in to the Connect, he sees that his offer is accepted, and can see Liam's contact details.

Susan closes the inquiry as it is no longer needed.

Susan opens Liam's plan and authorizes payment for each of his services.

For more information about the tasks in this scenario, see the following links:

• "Creating a weekly budget" on page 172

Planning services with personal budgets and payments

Your organization might use budgets when planning a clients care. The budget is the amount of money required to pay for services to address the client's needs. As a care manager or care team member, you can assess the needs of the client and determine the weekly budget required to meet those needs. If your organization requires the client to contribute to the cost of their services, you can include this contribution in the budget calculations.

About this task

If your organization licenses the IBM Watson Care Manager Community Service Payment add-on component, you can set a weekly personal budget for a client's services. As you plan services, any services with costs are associated with the budget. The budget allows care teams to plan providers' services with costs and ensure that they are within the client's allocated budget. Budgets consist of one or more contributions, which can be configured for your organization in the administrator application. Depending on how your organization works. clients might contribute to their own budgets. When the budget is approved, you can authorize payments to the provider. When service payments are authorized, if the client is contributing to the cost of their care, then the client's weekly contribution can be automatically processed.All payments are made weekly, in arrears on a Monday.

Basic scenarios for planning with budgets and payments

Here are some basic scenarios to introduce you to budgets and payments. The first scenario covers the initial planning of provider services within a budget, the approval of the budget and provider services, and the authorization of payments to service providers. The second scenario covers reopening an approved budget to replan services and providers within the approved budget. The third scenario covers replanning services and providers with a new budget which includes contributions from the client and the care organization and which replaces the previous budget.

The scenarios assume that the budget, budget contributors, services, providers, the billing agreement, and permissions to receive client contributions are already configured in the administrator application, and that manual approvals are configured for each of the scenarios.

Related concepts
Example provider service scenarios
Optional IBM Watson Care Manager add-on components provide more capabilities and enhanced workflows for services and providers. Use the following scenarios to understand the enhanced workflows that are provided by add-on components.

Plan services within a budget
Susan Brown is Liam Smyth's care manager and is creating his care plan. Liam was assessed and qualifies for a budget of £100 per week. This budget consists of a social fund contribution of £100.

Liam's assessment indicated that he might benefit from 4 - 6 hours per week of home care to help him manage his diabetes. Also, Liam might benefit from a mobility aid and 3 swimming classes a week to help with his mobility.

From the **Budget** page, Susan creates a budget with a single contributor, **Social Fund**, and the reason **New Budget**. Susan sets the start date to 9th April 2018, as budgets must start on a Monday, the financial start day of the week. The budget planning bar is shown to help Susan stay within budget and the **New Budget** action is disabled.

From the **Community Resources** page, Susan searches for **Home Care** and **Swimming** services and reviews the provider's availability and pricing. Susan adds the services that meet Liam's needs to the plan:

- Susan chooses **Care Provider A** to provide the **Home Care** service starting on the 13th April 2018, the Friday after the budget starts. They charge £10 per hour and can provide 6 hours weekly. The weekly cost of this service is £60.

  The service is delivered for only 3 days during the week of the 9th April, as the service only starts on Friday 13th April. This means that the cost of first week of this service will be prorated as follows:

  Weekly cost =Number of hours*Cost per hour = 6 hours*£10=£60 per week

  Cost for 1 day = Weekly cost/7 = £8.57

  Cost for 3 days = £8.57*3 = £25.71

  Cost of the first week is £25.71

  Note: During the first and last weeks of a service, adjust your service start or end dates based on whether the provider will deliver a full or partial service that week. If the provider will deliver a full service in the first week, set the start date of the budget to the Monday of the week to ensure that the full weekly cost of the service is calculated in the budget and that the cost is not prorated, For example, where a service is being delivered as a single weekly class and the provider has confirmed that the class is delivered on a Wednesday, start the service on the Monday of the week to include the full weekly cost In the budget and to ensure that the provider is paid in full for that week.

  The budget visual shows that Liam's highest weekly spend is £60 starting 16th April 2018 as this week includes the full weekly cost of the Home Care service.

- Susan selects Mobility Services A to provide a mobility aid for Liam at £100:00. Once-off services are not included in budget calculations so this service is not reflected in the visual. However, once-off services are approved as part of the budget.

- Susan chooses the local swimming club, **Swimming Instructors A**, to provide the **Swimming** service starting on Monday 30th April 2018. They offer sessions for older members for swimming at £12:50 per class, so Susan adds 3 classes per week.

Weekly cost of Swimming =Number of units *Cost per unit = 3*£12.50= £37.50

Liam's total spend per week = £60 per week on Home Care + £37.50 on Swimming = £97.50

The budget visual shows that Liam's highest weekly spend is £97.50 per week, which means that his services are under budget for each week in the budget. As you can see, the highest weekly spend is now the week starting 30th April 2018, as the spend this week includes the swimming and the Home Care Service.

Susan submits the budget for approval and it is approved by a team member with the budget approval role. The budget planning bar is hidden. The status history is updated, and the **New Budget** action is enabled again.

| Summary | Plan ∨ | Programs ∨ | Data | History ∨ | Team ∨ |

Budget   New Budget ↻ ⊙

| £100.00 per week | |
| 09/04/2018 – No end date | Approved |

£100.00 per week   ▣

Start Date **09/04/2018**   Status **Approved**

Reason **New Budget**   ...

Added on 26/01/2018 by Susan Brown

Contributions

Contributor	Contribution
Social Fund	£100.00
Client	

Status History

Updated	Status	Comment	
26/01/2018 by Susan Brown	Approved	Approved, thanks	...
26/01/2018 by Susan Brown	Pending Approval	Ready for approval.	...
26/01/2018 by Susan Brown	Draft		...

Susan opens Liam's plan and authorizes payment for each of his services. To see when the first payments will be made, she checks the Payments page. Once the first payment is made, payments to the providers will continue weekly until the services are closed.

For more information about the tasks in this scenario, see the following links:

- "Creating a weekly budget" on page 172
- "Adding services and providers from search results" on page 205
- "Submitting budgets for approval" on page 174
- "Approving budgets" on page 175
- "Authorizing payment for services" on page 176

Reopen a budget and replan services
Before the swimming classes start, the swimming club contacts Susan to say that they cannot provide 3 swimming classes per week. They no longer have an instructor for Tuesdays.

Susan must update the plan to reflect this change so she reopens the approved budget from the Budget page. The budget planning bar is shown again to help Susan stay within budget.

Note: You can make a number of changes on reopened budgets if the cost of the change does not exceed the budget. In addition to adding and closing services, change a start date if a provider can't start on time, or change service costs, units, or frequency. You can also edit services that are not associated with the previous budget.

Susan makes the following changes to the plan:

• As the swimming class service is not associated with a previous budget, Susan can edit the service on the plan to update the units from 3 per week at £12.50 per class to 2 per week, leaving the start date at 30th April 2018.

The weekly cost of the swimming lessons is now = 2*12.50 = £25

The budget visual shows the highest weekly spend of £85 (consisting of £60 home care and £25 swimming lessons) with £15 remaining for the week of the 30th April 2018.

Plan   ↻ ⑦

6 Budget £100.00   Spend: £85.00   ▬▬▬▬▬▬▬▬   Remainder: £15.00   •••

📈 **Activities**	💡 0
◎ Goals	💡 0
🅰 Barriers	

Highest Weekly Spend   ⊗

The highest weekly budget spend is £85.00, starting from 30/04/2018 on the following services:

Home Care
Care Provider A
£60.00

Swimming Lessons
Swimming Instructors A
£25.00

	Status
...	Starts on ... •••
...	Starts on ... •••
...	Starts on ... •••
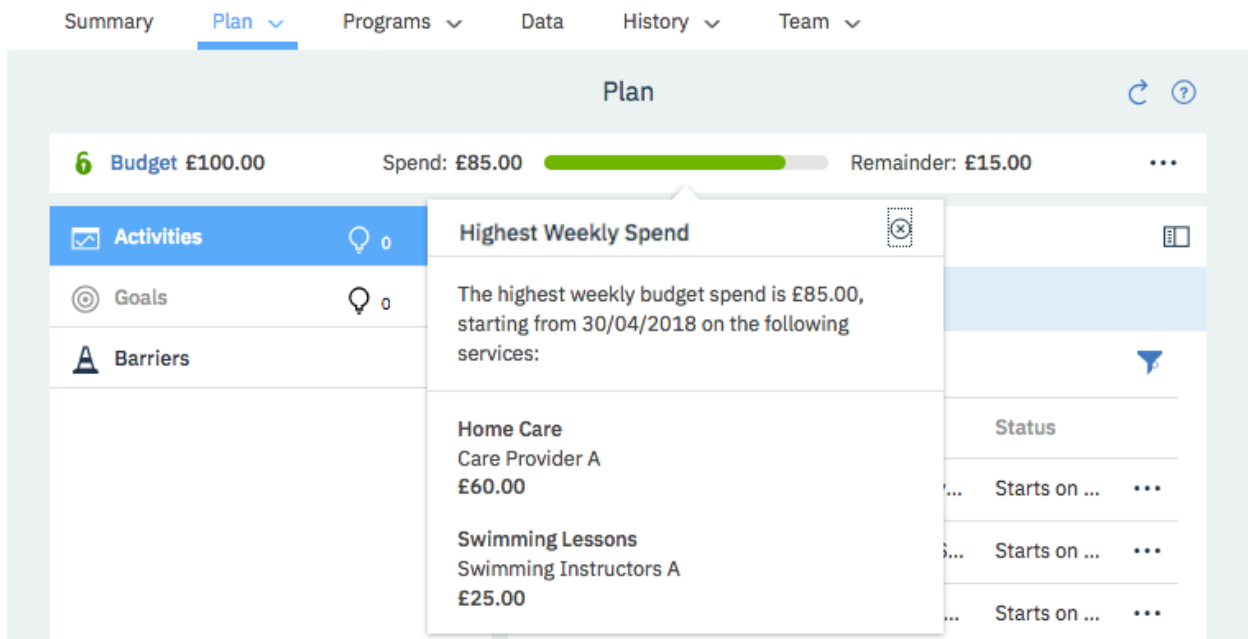
- From the **Community Resources** page, Susan searches for other swimming classes in the vicinity that match Liam's needs. Susan finds a swimming class run by **Swimming Instructors 2** that is suitable and adds this service and provider to the plan starting the same week as the other swimming classes.

The class costs £15 and Liam can attend 1 class per week.

The weekly cost of the swimming lessons is now = 1*15 = £15

The budget visual shows the highest weekly spend for Liam is now £100 for the week of the 30th April 2018.

Budget   New Budget ↻ ⑦

6 Budget £100.00   Spend: £100.00   ▬▬▬▬▬▬▬▬▬▬   Remainder: £0.00   •••

£100.00 per week
09/04/2018 – No end date   Reop...

Highest Weekly Spend   ⊗

The highest weekly budget spend is £100.00, starting from 30/04/2018 on the following services:

Home Care
Care Provider A
£60.00

Swimming Lessons
Swimming Instructors A
£25.00

Swimming Lessons
Swimming Instructors B
£15.00
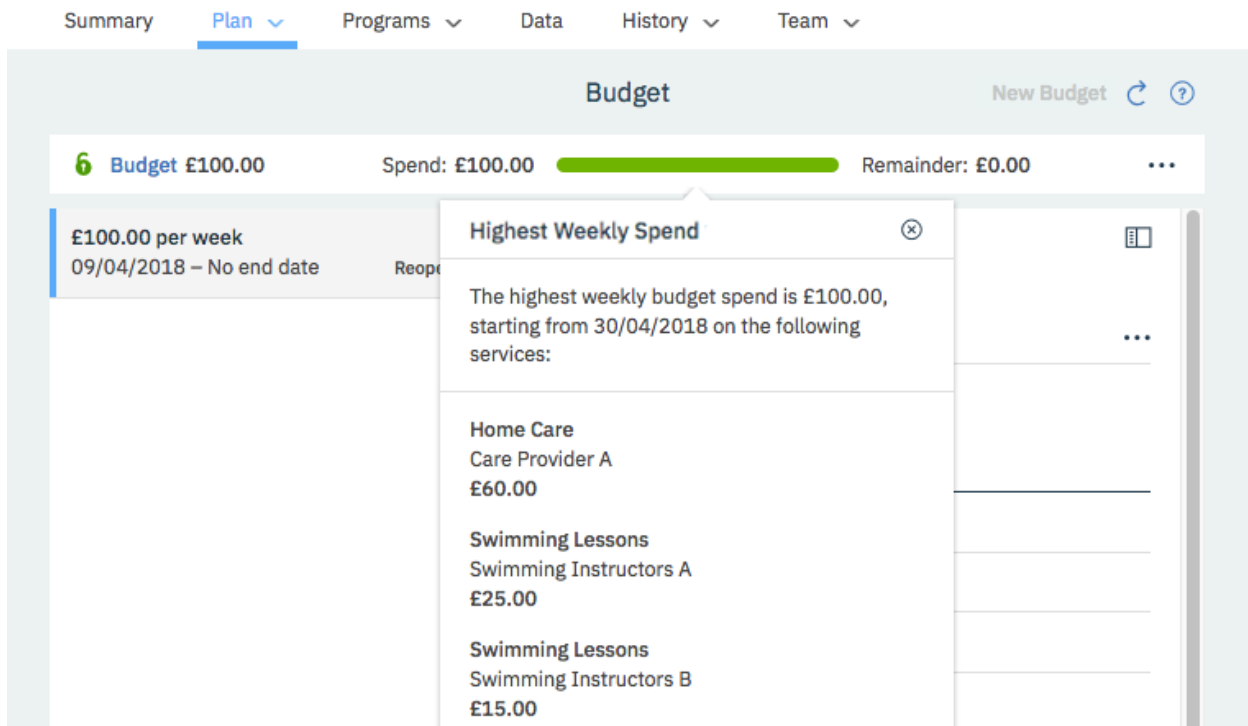
When Susan submits the budget for approval, it is automatically approved as the cost of services does not exceed the previously approved budget. The budget planning bar is hidden.

Susan opens Liam's plan and authorizes payment for the new swimming lessons service from **Swimming Instructors 2**.

For more information about the tasks in this scenario, see the following links:

- "Reopening approved budgets" on page 180
- "Modifying services" on page 131
- "Adding services and providers from search results" on page 205
- "Submitting budgets for approval" on page 174"Authorizing payment for services" on page 176

Replan with a new budget
After a number of months, Liam gets some extra income and reports this change of circumstances to the organization. After a reassessment, it is found that Liam can now contribute £30 per week to his budget, so the social fund contribution can decrease to £80. Liam's reassessment also show that his needs have changed.

So that Liam's contribution to his budget can be processed through PayPal, he signs up to make payments in the Connect Individuals application.

Liam can still benefit from Home care but at a reduced level of 4 hours per week. Another type of exercise, such as Yoga, might be more beneficial for his mobility. Cooking lessons are suggested to help him learn how to manage his diabetes.

Susan creates a draft budget with a start date of the 8th August 2018 with two contributors, **Social Fund** with a contribution of £80, and **Client** with a contribution of £30. The budget planning bar is shown.
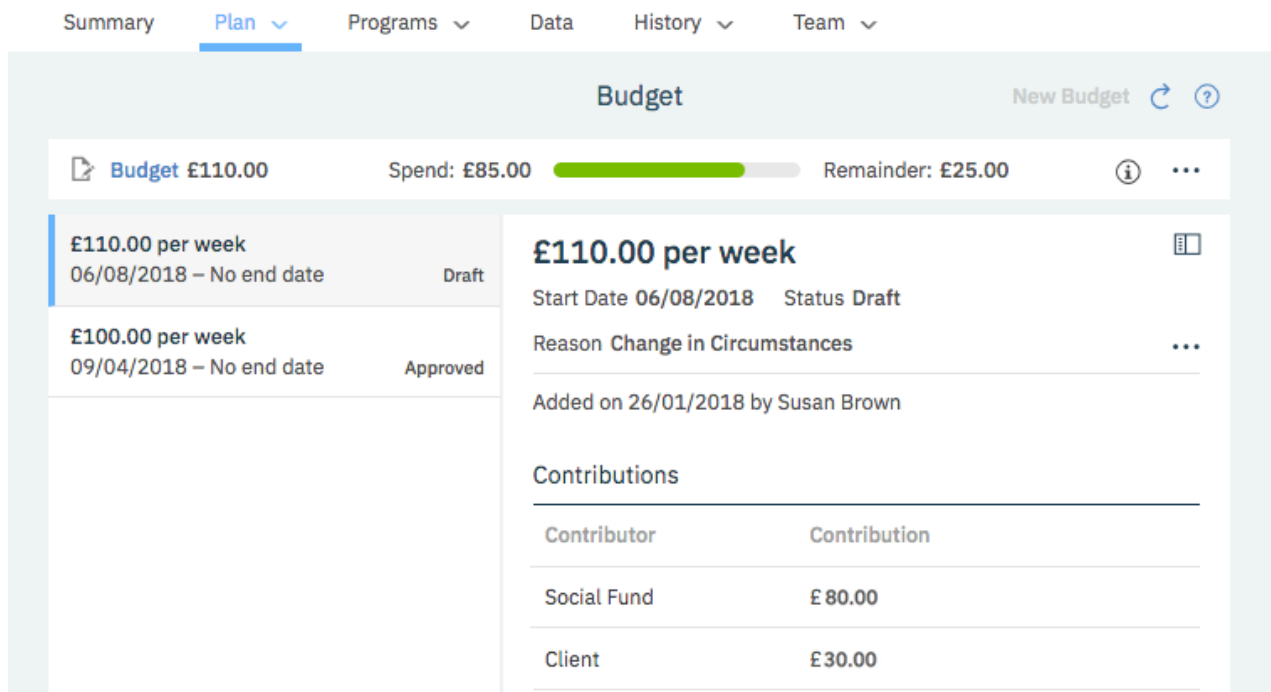
- Susan looks at the **Home Care** service. She wants to stay with **Care Provider A**, but the service cannot be edited without affecting the previous budget. To make the changes required, she must close the service that provides 6 units a week on a date before the new draft budget start date, for example on the 5th August 2018, and open a new service that provides 4 units a week starting on 6th August 2108.

  The Weekly cost for the re-planned Home Care service = 4*£10= £40 per week

  The budget visual shows a highest weekly spend of £80, consisting of £40 on home care, and £25 + £15 on swimming lessons that are still ongoing.

- Susan searches for local Yoga providers to provide 1 session per week. She finds a suitable provider, **Yoga Provider A**, and adds them to the plan to provide 4 sessions on a 4 weekly basis at a cost of £20 per session starting on 6th August 2018.

  The Weekly cost for the Yoga sessions= (4*20)/4= £20

  The budget visual shows a highest weekly spend for the week of the 6th August 2018 of £100, consisting of £40 on home care, £25 + £15 on swimming lessons, and £20 on Yoga.

Budget   New Budget ↻ ⑦

📝 Budget £110.00   Spend: £85.00 � Remainder: £25.00   ⓘ •••

£110.00 per week 06/08/2018 – No end date Draft	£110.00 per week 📖
£100.00 per week 09/04/2018 – No end date Approved	Start Date 06/08/2018 Status Draft
	Reason Change in Circumstances •••
	Added on 26/01/2018 by Susan Brown
	Contributions
	Contributor Contribution
	Social Fund £ 80.00
	Client £ 30.00
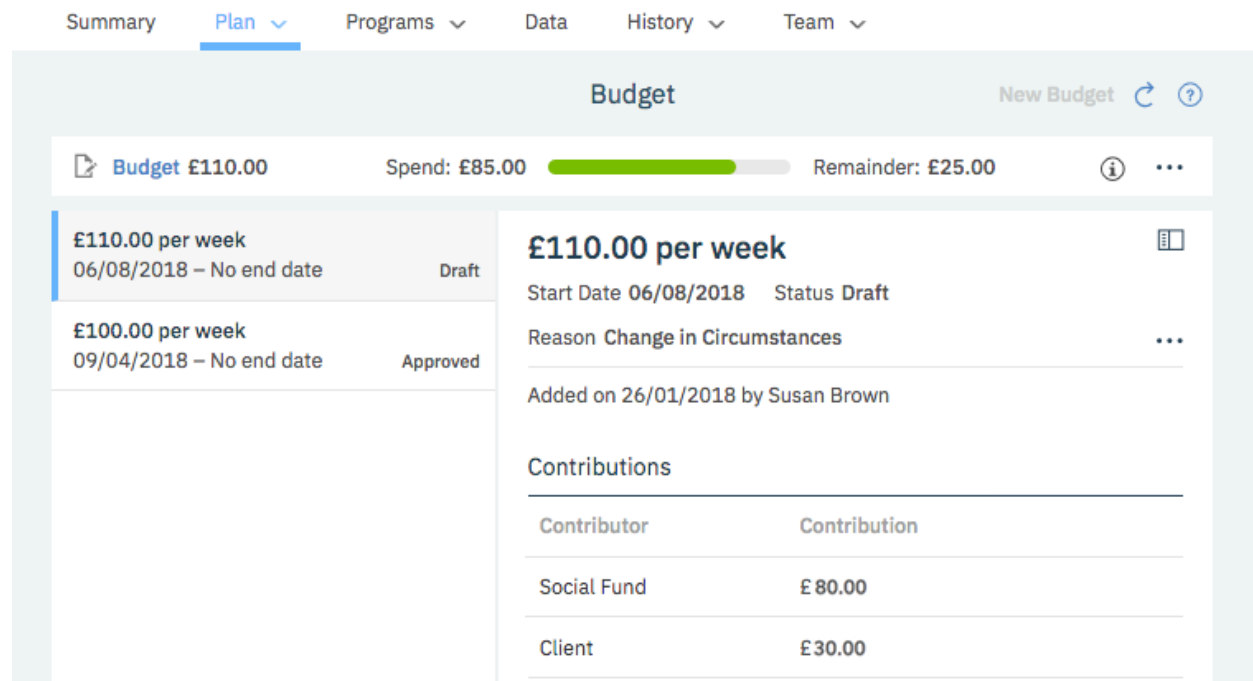
- Liam no longer wants to attend swimming lessons at **Swimming Instructors B** as he is now doing Yoga, so Susan closes the service with a future end date, the 6th August 2018 which is the day before Yoga service starts.

  The budget visual now shows a total spend of £85, £40 on home care, £25 on swimming lessons, and £20 on Yoga for the week starting 6th August 2018.
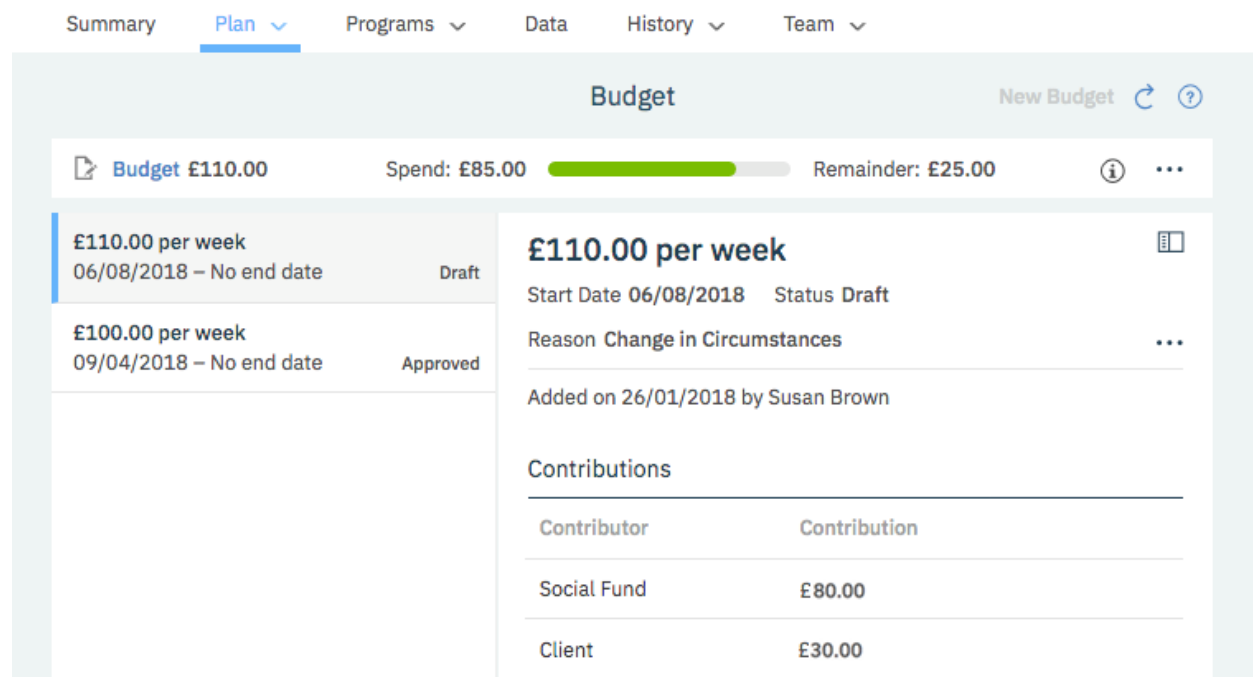
- Susan searches for cooking lessons for Liam and adds the **Cooking Lessons** service from the **Cooking School A** provider to the plan. She adds 2 classes a week, starting 6th September 2018, at a cost of £50 per class.

Weekly cost of **Cooking Lessons** = 2 *£50 = £100 per week

The cost for the first week of **Cooking Lessons** is prorated as the lessons start on a Thursday.

The cost of the first week of **Cooking Lessons** = (100/7) *4= £57.14

The budget visual shows a total spend of £185 for the week starting 10th September 2018, consisting of £40 on home care, £25 on swimming lessons, £20 on Yoga, and £100 per week on cooking lessons.
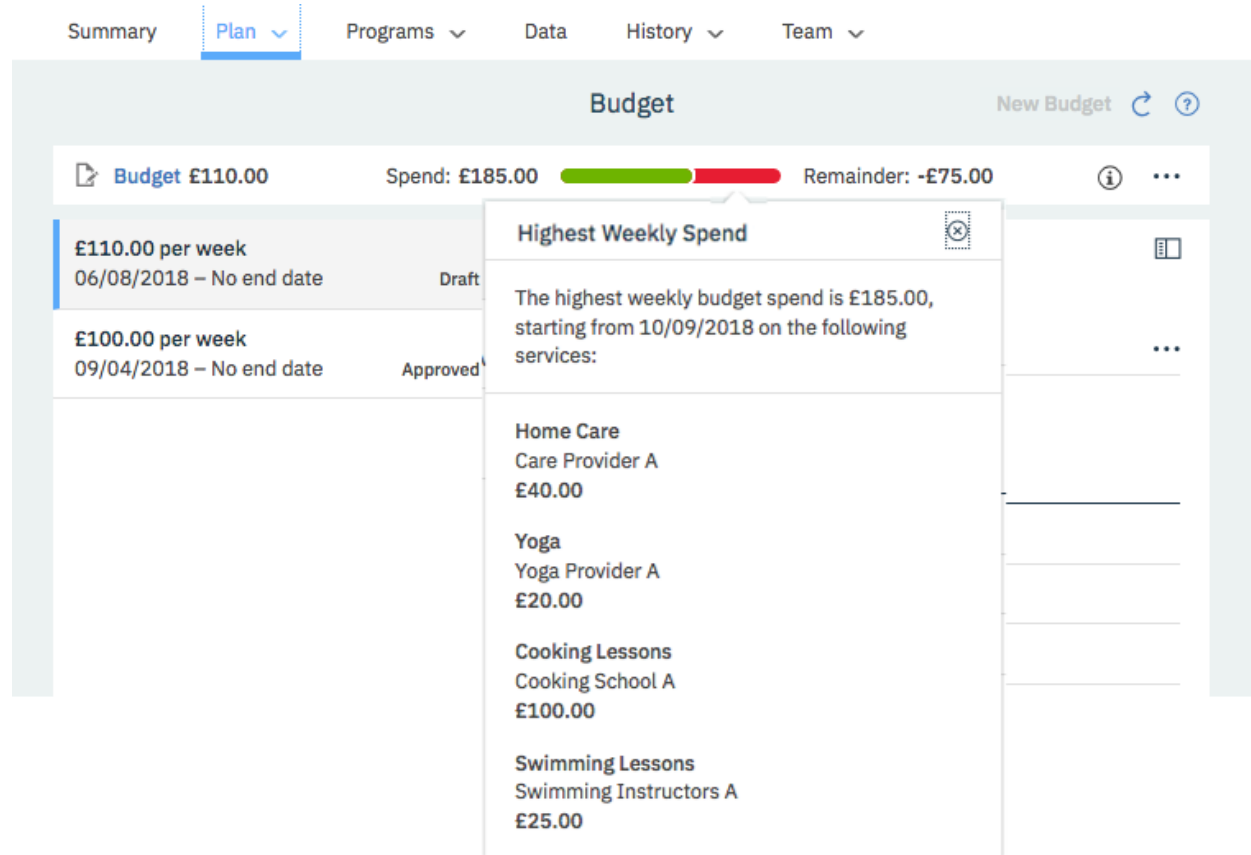
- As this cost pushes the plan over budget, Susan removes the **Cooking School A** provider from the plan and searches for another provider. She finds the **Cooking School B** provider with a cost per class of £40 and adds them to the plan starting 6th September 2018 for 1 class every 2 weeks.

Weekly cost of **Cooking Lessons** = 1 *£40 /2 = £20 per week

The cost for the first week of **Cooking Lessons** is prorated as the lessons start on a Thursday.

The cost of the first week of **Cooking Lessons** = (20/7) *4= £11.42

Now, the budget visual shows a total spend of £105 for the week starting 10th September 2018, consisting of £25 on swimming lessons, £40 on home care, £20 on Yoga, and £20 per week on cooking lessons.

Budget

New Budget ↻ ⑦

📝 **Budget £110.00**   Spend: **£105.00** ▐████████████▌ Remainder: **£5.00**   ⓘ   •••

£110.00 per week
06/08/2018 – No end date

£100.00 per week
09/04/2018 – No end date   Ap

Highest Weekly Spend   ⊗

The highest weekly budget spend is £105.00,
starting from 06/08/2018 on the following
services:

Swimming Lessons
Swimming Instructors A
£25.00

Home Care
Care Provider A
£40.00

Yoga
Yoga Provider A
£20.00

Cooking Lessons
Cooking School B
£20.00

Susan sets the closure date of the existing budget to 5th August 2018, the closure date must be on a Sunday and there must be no gaps between budgets as services are being delivered continuously across the two budgets, for example the Swimming Lessons provided by Swimming Instructor A started in the original budget that started on the 9th April and continues to be delivered in the new budget starting on the 6th August 2018. She submits the new budget for approval. It is approved by a team member with the budget approval role. When the budget is approved, the budget visual is hidden.

Budget   New Budget ↻ ⑦

| £110.00 per week 06/08/2018 – No end date | Approved |
| £100.00 per week 09/04/2018 – 05/08/2018 | Closed |

£110.00 per week

Start Date **06/08/2018**   Status **Approved**

Reason **Change in Circumstances**   ...

Added on 26/01/2018 by Susan Brown

Contributions

Contributor	Contribution
Social Fund	£ 80.00
Client	£30.00

Status History

Updated	Status	Comment	
26/01/2018 by Susan Brown	Approved	Approved, thanks	...
26/01/2018 by Susan Brown	Pending Approval	Revised budget for approval.	...
26/01/2018 by Susan Brown	Draft		...

Susan opens Liam's plan and authorizes payment for each of the new services on the plan.

Liam's first client contribution is processed (in arrears) on 13th August. The full client contribution is processed as Liam's service payments for the period are greater than his client contribution amount.

Once Liam's weekly contribution is received, his weekly service payments are processed. His contributions and the service payments continue weekly. Susan can view them on the **Payments** page.

For more information about the tasks in this scenario, see the following links:

- Collaborating with your care team
- "Creating a weekly budget" on page 172
- "Closing services on plans" on page 134
- "Adding services and providers from search results" on page 205
- "Removing providers from services" on page 208
- "Adding providers for services" on page 207
- "Submitting budgets for approval" on page 174
- "Authorizing payment for services" on page 176

The Budget page

Use the **Budget** page to manage a client's budget. Budgets that were added for the client are listed along with their status, and you can select a budget to see more details about the budget.

Only services with costs are associated with budgets. The service cost is derived from the number of service units, the frequency, and the cost per unit. If any of these values are omitted, the service cost cannot be calculated. Any open services are automatically associated with a new draft budget.

1. You can have only one draft budget at a time. When a draft budget exists, the **New Budget** action is unavailable.

2. When the budget is in a planning or replanning status, that is in draft, pending approval or reopened, the budget planning bar is shown. For more information, see "The budget planning bar" on page 157

3. Select a budget to see the budget details.

4. The actions menu shows the budget actions. Actions are available or unavailable depending on the status of the selected budget and the role of the user. For example, when manual approvals are configured, only care team members with the budget approvals role can see the **Approve** or **Reject** actions. For more information, see "The budget lifecycle" on page 155.

5. All of the available budget contributors are listed, and the contributions for each of the contributors to this budget are shown.

6. The status history shows you all changes to the budget status and any associated comments.

7. The change history shows you all changes to the budget amount and any associated comments.

Note: To identify a user who created or updated a budget, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

The budget lifecycle

Create a draft budget, add services with costs to the plan, and submit the budget and services for approval. Reopen an approved budget to switch services or providers within the approved budget amount.

To replan with a changed budget or service costs, create a new draft budget and add, close, or edit services on the plan. Close the previous budget, and submit the new budget.

Figure 5. The budget lifecycle
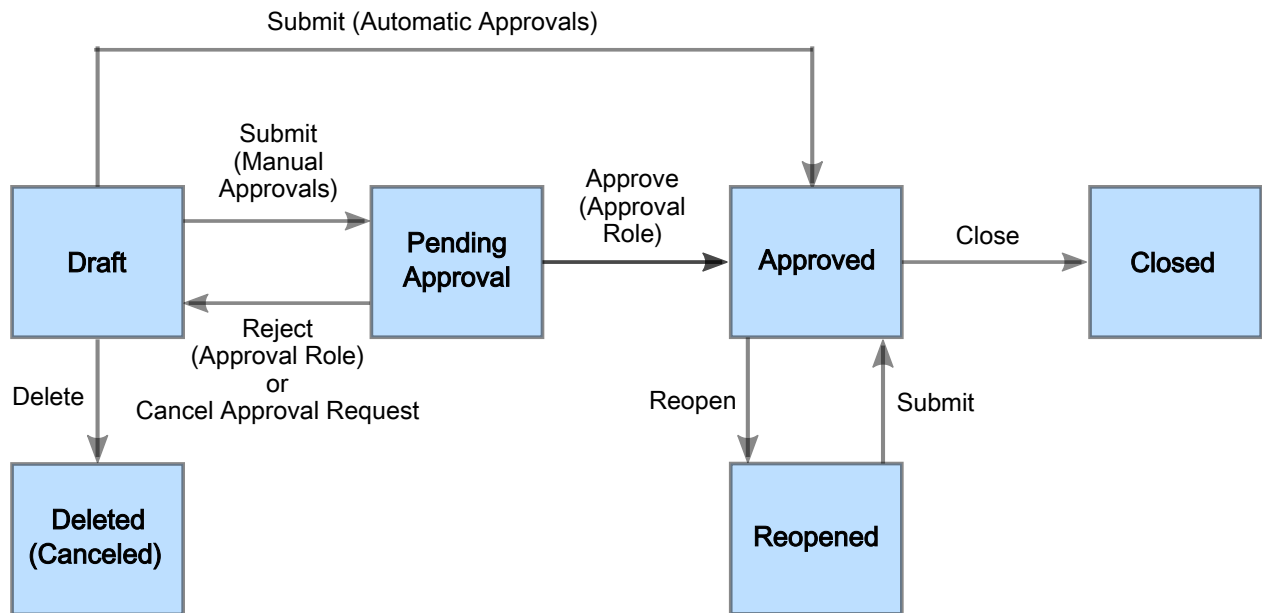
Budgets can be configured to be approved automatically or manually, according to your organization's requirements. For manual approvals, submit your budget so that a user with a budget approval role can approve it. If you have the budget approval role, you can approve or reject submitted budgets. For automatic approvals, budgets are approved on submission.

To prevent changes to previously approved budgets, budgets introduce some restrictions on adding, editing, closing, or deleting services, and adding or removing providers. These restrictions apply only to services with costs and not to free services.

Draft
You can have one draft budget at a time. You can add providers' services with costs to the plan and edit the budget. Note: Once off services with costs are not included in the budget. When you create a draft budget, any ongoing providers' services with costs are automatically included in the draft budget.

Pending Approval
Pending approval applies only when you have manual approvals. Approvers must review both the budget amount and the planned services, so you cannot add services with costs, or providers for services with costs, to the plan while the budget is pending approval. You cannot edit budgets that are pending approval, and you cannot delete services or modify the cost of planned services.

Approved
You can have only one approved budget at a time and you cannot edit approved budgets. You cannot change or edit services with costs, or providers for services with costs, on the plan. You can reopen an approved budget to switch planned services or providers within the approved budget amount. When a budget is approved, payments can be authorized to providers for the planned services.

Reopened
After a budget is approved, you can reopen an approved budget to modify services or providers within the approved budget amount. However, to change the budget amount, you must create a new draft budget. You can edit the cost of services, except where those services were associated with previous budgets to prevent changes to previously approved budgets. When you submit a reopened budget, it is approved automatically for both automatic and manual approvals.

Closed

Services or providers cannot be added, edited, or deleted on closed budgets. You cannot edit closed budgets, but you can update the closure date. To avoid affecting subsequent approved budgets, you can update the closure date only where the closed budget is the only budget, or when the subsequent budget is still draft or pending approval.

Deleted

A draft budget can be deleted.

The budget planning bar

When a budget is draft, pending approval, or reopened, the budget planning bar is shown to help you keep the planned services within budget. You can see summary information about the budget, and a visual indicator of the spend or overspend for the most expensive week in the planned budget. By focusing on the most expensive weeks in turn, you can balance the budget.

Figure 6. The Budget Planning Bar

It is shown on the **Budget**, **Inquiries**, and **Plan** pages.

The weekly cost of planned services can be calculated only for services that specify frequency, units, and the cost per unit. Also, services must be open, or closed with future closure dates within the budget period. Otherwise, the services are not included in the budget calculations or reflected in the budget visual.

Once off services are not included in the budget calculations.

The budget planning bar shows the following information about the budget.

Draft

Pending approval

Reopened

Budget

The full budget amount is the sum of all the budget contributions. You can click **Budget** on the bar to go to the **Budget** page.

Weekly Budget Contributions

Hover over the budget amount to see the budget contributors and their contributions.
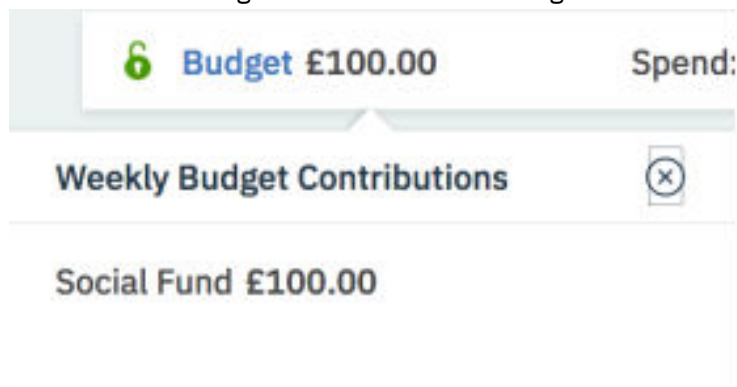
Spend

The spend for the most expensive week is calculated by using the financial week start day, which is on a Monday. Budgets must start on a Monday and end on a Sunday. If services start or end on different days, the cost is prorated by the daily cost of the service. If a service starts before the budget, only the cost for the portion of the service that overlaps the budget is included in the budget.

Note: During the first and last weeks of a service, adjust your service start or end dates based on whether the provider will deliver a full or partial service that week. If the provider will deliver a full service in the first week, set the start date of the budget to the Monday of the week to ensure that the full weekly cost of the service is calculated in the budget and that the cost is not prorated, For example, where a service is being delivered as a single weekly class and the provider has confirmed that the class is delivered on a Wednesday, start the service on the Monday of the week to include the full weekly cost In the budget and to ensure that the provider is paid in full for that week.

Budget calculations use the following values:

- Start and end dates for the budget. Ensure that a budget has a start date. Where the budget start date is not set, the nearest financial week start date is used.
- Start and expected end dates for open services and start and end date for closed services. or closed with future closure dates within the budget period. Ensure that all planned services have a start date where known. Where a start or end date is not set, the full weekly cost of the service is included.
- The weekly cost of planned services can be calculated only for services that specify the service frequency, units, and the cost per unit. If any of these values are not available, the service is not included in the budget calculations or reflected in the budget visual.
- Once off services are not included in the budget calculations.

Visual indicator
A proportional representation of the most expensive week in the budget period by percentage. The spend is indicated in green, the remainder in gray, and any overrun in red. For example, if the budget is 100 and the spend is 200, the indicator is 50% red to represent an overrun of 100%.

Highest Weekly Spend
Hover over the visual to see a summary of the highest weekly spend. You can see the spend, the start date, and each of the services that are associated with that week together with their provider and cost. Once off services are not shown.

Remainder
The amount that is left to spend on services, that is, the budget amount less the spend.

Existing Budget
While you are working with draft, pending approval, or reopened budgets, an information icon is shown when an existing approved budget applies to the current period, including a budget that was closed with a future closing date. Hover over the Information ⓘ icon to see details of the existing budget that applies to the current period.
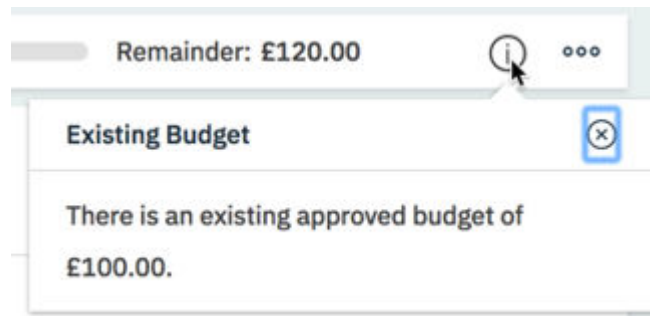
For draft budgets, you can access some budget actions from the budget bar.

Edit
> Edits a draft budget. You can make corrections to the budget and increase or decrease the budget.

Submit
> Submits a draft budget.

The Payments page

Use the **Payments** page to view payments to service providers for services that they provide to clients. If your organization requires clients to contribute to the cost of their services, you can view details of the contributions that the client has made.

When the client's budget is approved and the payment for a service is authorized then payments to providers begin based on the service start date or the start date of the earliest approved budget for the service, whichever is later. If the client is required to make contributions to the service costs, the budgeted client contribution payment from the client is also processed when the client's budget is approved and the payment for a service is authorized.

All payments are made weekly in arrears. The payments are made early on Monday morning before the start of business. There must be one or more approved budgets (a budget in a status of Approved, Reopened or Closed) to cover the entire payment period. No client contributions or service payments will be processed for the client if there is a draft or pending approval budget overlapping with any of the contribution cover periods where contribution is due.

If there are gaps in approved budgets for the payment period, then the payment will not be processed, that is if there is a time during the payment period where an approved budget is closed, and the new budget for the period is not yet approved, then payments will not be processed until the new budget is approved. Client contributions are processed before payments to the providers. If a client contribution is not successfully received then the provider payment will be not be made. Provider payments will be delayed until the client's contribution is made or canceled.

To identify a user who created or updated a payment, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Client contribution information

Client Contribution information displays if your organization requires clients to contribute to the weekly cost of their services. It displays the contributions that the client is due to pay and a list of the past contributions received so that you can manage any queries that arise in relation to the payments. This section is expanded by default. However, if your administrator has not configured a client budget contributor, then this section does not display.

Clients are not required to make contributions towards payments for once-off services.

The title that displays on the detailed client contribution information is the configured name of the budget contributor that is selected as the client budget contributor by your administrator.

The status of the client's billing agreement displays as follows:

- **Active** - if the client has a billing agreement already set up.
- **Inactive** - if the client has canceled or removed their billing agreement.
- If there is no billing agreement status displayed this means that the client had no billing agreement in place. Work with your client to set up an agreement.

  Note: If your client cancels their billing agreement by removing their PayPal account details from the Connect application, then provider payments that require the contribution will not be attempted.

The content displayed when you open the **Client Contribution** can vary as follows.

- If the client does not have an approved budget contribution to make or if the client has an approved budget contribution but the service payments have not been authorized, then a message displays telling you that you must authorize payments before the client contributions will be processed.
- If the client has an approved budget contribution and the service payments are authorized but the first contribution has not been made, then the **First Contribution Details** display. If the first contribution is backdated over a number of weeks, the contribution for each backdated week displays.
- After the first contribution is made, you can see the **Next Contribution Details**, which shows details of the next contribution due. If the next contribution covers more than one week, the contribution for each week displays.

  If the client is not required to make any further contributions, a message displays to let you know that there are no contributions due. The next contribution will display if the client has an approved budget with a client contribution and weekly payments for services have been authorized.

The **Contribution History** shows the history of the client's contributions. By default, it is sorted by due date, with the most recent record displayed first. When Watson Care Manager processes the weekly contribution, a contribution record is created. The contribution record indicates the status of the contribution. The Contribution status can be Pending, Successful, Unsuccessful, or Canceled. Where

a client had to make backdated payments, a separate contribution record displays for each backdated week.

So that you can view a record of unsuccessful attempts for a contribution record, a transaction history is displayed, along with the error information returned from PayPal. The transaction history is displayed for any unsuccessful contribution that have been retried or canceled from Watson Care Manager

Pending
> For each contribution due in the weekly processing of contributions, a contribution record is created with a status of Pending. Expand a contribution in a Pending status to view the **Contribution Status Updated** date.
>
> Usually, a contribution will not stay in the Pending status for very long, but sometimes it might if, for example, there are technical issues connecting to PayPal or if PayPal delays the payments. The status is checked for updates daily until the status changes from Pending to Successful or Unsuccessful.
>
> In case the status has changed since it was last checked with PayPal, for payments in a Pending status you can use the **Check Status** row action to request the latest status from PayPal.

Successful
> The contribution amount was transferred successfully into the organization's account. Expand a contribution in a Successful status to view the **Contribution Transaction ID**, the **Contribution Received Date**, and the **Contribution Status Updated** date.

Unsuccessful
> The contribution was not successful due to a PayPal issue. For example, the client might not have had funds available, have canceled the billing agreement, or there might be an issue with the receiving account. Expand a contribution in an unsuccessful status to view the **PayPal Error**, the **Error Description**, and the **PayPal Debug ID**. The date and time that the status updated is also displayed.
>
> To troubleshoot an unsuccessful contribution, you can contact PayPal support and they can use the **PayPal Debug ID** information to identify the problem.
>
> When the problem is resolved, you can make the contribution manually. For more information see .
>
> If configured by your administrator, a task generates when a client contribution fails so that the care team is notified to take appropriate action to resolve any issues.

Canceled
> A member of the care team canceled the contribution, for example, if the client cannot or would not make contribution using PayPal. The reason why the contribution was canceled is displayed, for example, the client could not afford to make the payment or the client no longer wants to receive the service. Any comments added by the care team member that canceled the contribution are also displayed.

Ongoing service payments and completed service payments to providers

Expanding **Ongoing Service Payments** displays a list of open services and services with a future closing date for which payments are authorized and ongoing. Expand the list and select a service to see more details. Expanding **Completed Service Payments** displays a list of closed services for which payments were authorized and for which there are no further payments due. Expand the list and select a service to see more details.

When you select a service, you see its details. For recurring services, you see the following:

- Before the first payment is made for the service, you can see the **First Payment Details**.

- After the first payment is made, you can see the **Next Payment Details**, which shows details of the next payment due.

- If the next payment due is the final payment for the service or if the final payment for the service is made, the **Final Payment Details** displays.

For once- off payments, you can see the **Payment Details**, which shows the details of the one payment that is due for the service.

The weekly payment due = cost per unit * number of units/ frequency. For more information and examples on how the due date and the amount due is calculated for first payments, ongoing weekly payments and final payments, see "Payment periods and payments calculations for service provider payments" on page 170

The payment history shows the history of payments for the service. You can filter the list so that you can see the transactions that you are interested in. When Watson Care Manager processes the weekly payments, a payment record is created for each service that has payments due. The payment record indicates the status of the payment. The Payment status can be Pending, Successful, or Unsuccessful, Not Attempted, or Scheduled. So that you can view a record of unsuccessful attempts for a payment record, the **Payment Status History** displays, along with the error information returned from PayPal. The **Payment Status History** is displayed for any unsuccessful payments that have been retried from Watson Care Manager.

Pending

For each service with a payment due in the weekly payment run, a payment record is created with a payment status of pending.

Expand a payment in a pending status to view the **PayPal Status** and the **Debug ID**. If the transaction remains in a Pending status, you can contact PayPal support and they can use the **Debug ID** information to troubleshoot the problem.

In case the status has changed since it was last checked with PayPal, for payments in a Pending status you can use the **Check Status** row action to request the latest status from PayPal.

Successful

When Watson Care Manager receives confirmation from PayPal that the payment is in the Provider's account, the payment status updates to successful. Expand a payment in a successful status to view the **Provider Transaction ID** and the **Actual Payment Date**.

Unsuccessful

If the payment fails, the payment status updates to unsuccessful.

You can expand a payment in an unsuccessful status to view the **PayPal Error**, the **Error Description**, and the **PayPal Debug ID**.

To troubleshoot an unsuccessful payment, you can contact PayPal support and they can use the **PayPal Debug ID** information to identify the problem.

When the problem is resolved, you can make the payment manually. For more information see "Retrying unsuccessful payments" on page 178

Not Attempted
If the client is required to contribute to the cost of their service and if the associated client contribution record has a status of **Pending** or **Unsuccessful** when the weekly payments process runs, the payment is not attempted and the payment record displays as **Not Attempted**. Expand to see the reason why the payment was not attempted.

Scheduled
If the client is required to contribute to the cost of their service and if the associated client contribution record updates from **Pending** or **Unsuccessful** to **Successful** or **Canceled**, then the payment record goes into a **Scheduled** status, and will be processed during the next payment process.

Note:

If a payment is unsuccessful and you see an error message, PayPal may have declined the payment or there might be an issue with your organization's PayPal account, or an issue with the provider's PayPal account.

The provider can check their Connect and PayPal accounts for any issue that would prevent payments from being received. For example, if consent for IBM Watson Care Manager to make payments was removed.

Your organization might also need to check their PayPal account, for example to see if the backup funding source may have been removed

You can contact PayPal support at: https://www.paypal.com/uk/selfhelp/home

Related concepts

"Payment periods and payments calculations for service provider payments" on page 170
Payments are calculated based on the frequency, the cost per unit, and the number of units. When a service has payments authorized, the periods for which payments are due is calculated based on the start and end dates of the service and the start date of the earliest approved budget for the service. Closing a service ends payments to a provider.

Client contributions

Your organization might require clients to contribute to the cost of their services. Using Watson Care Manager, you can automatically process contributions from clients so that you can keep within budget and pay providers for the services that they deliver. Your organization's processes will determine the contribution amount for each individual client, for example, the amount required might be based on an assessment of the client's means. Then, when a budget is created for services that are being planned for the client, the client is added to it as a contributor and the required contribution amount its added.

If the client is not required to contribute, then no contributions are processed.

If there are backdated contributions to be processed in one week, the contribution for each of the backdated weeks is processed separately, starting with the earliest first. If a contribution fails, service payments are withheld until the client contribution is successful.

Retrospective budgets with updated client contribution amount are not permitted if the budget overlaps with a previous client contribution or service payment cover period.

Processing of client contributions
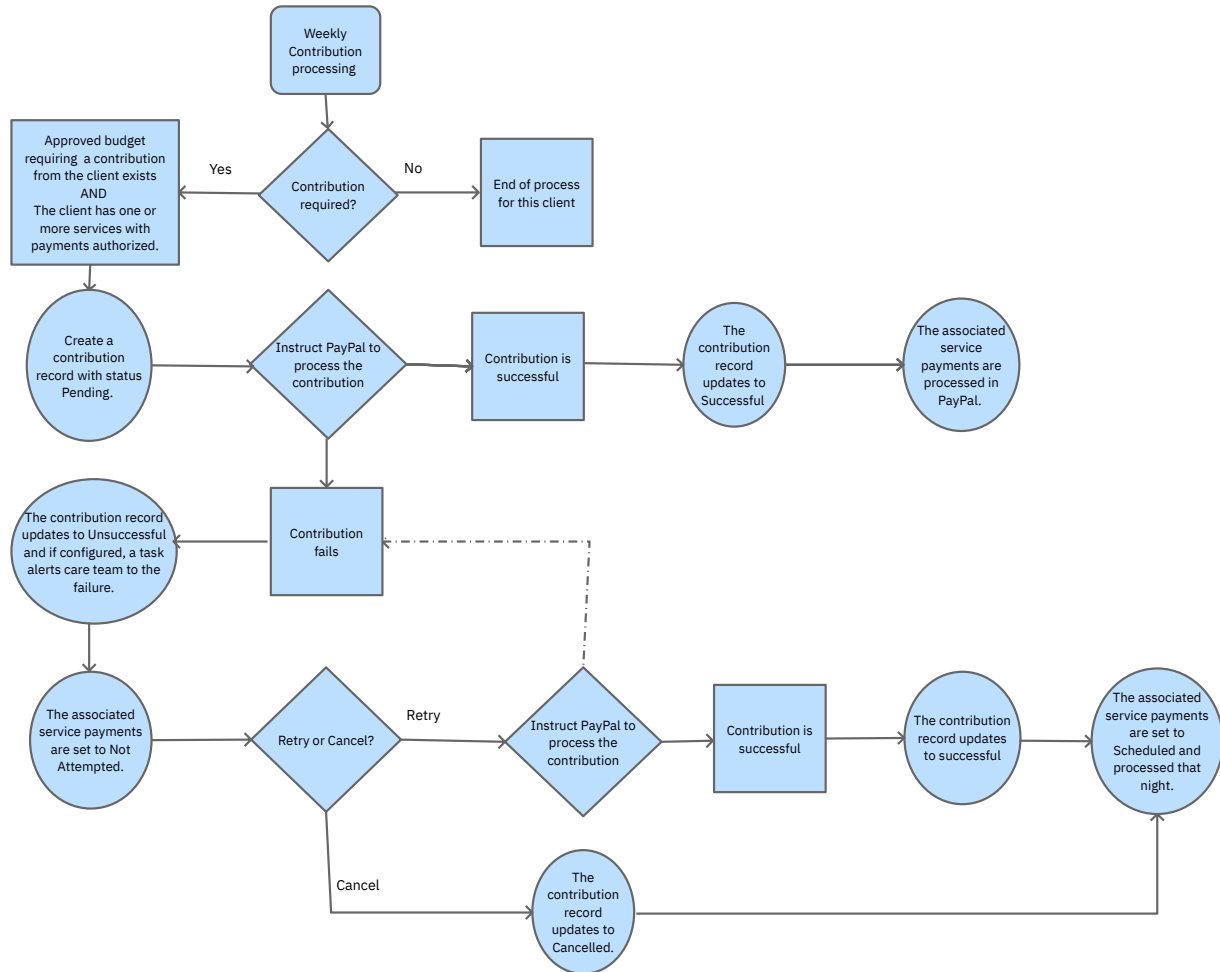
Client contribution calculations

Client contributions are processed weekly on a Monday before business hours begin. A clients first contribution is processed when a budget requiring the client's contribution is approved and payments are authorized for the clients services and there is payment due. Ongoing contributions are processed as long as the client has an approved budget with a client contribution, and have a payment for a service due, or who have backdated service payments due for previous weeks based on the approved budget.

If the client is not required to contribute, then no contributions are processed.

Note: An approved budget is a budget with a status of **Approved**, **Reopened**, or **Closed**, as both **Reopened** and **Closed** budgets are approved. Therefore any client contributions due based on budgets in these statuses are processed.

Note: Once-off services are not included in the budget and the client does not contribute towards them. This means that the dates and costs of once-off services are not taken into account when client contribution due dates and amounts due are calculated.

Example contribution scenario 1: Contributions for services with payments authorized and different start dates

Client contributions are processed weekly in arrears on Mondays. Before a client's contribution is processed the system checks if the client has the following:

• at least one authorized service that has payments due

• an approved budget that requires the client's contribution and covers the service payment period

If both of these conditions are met, then the contribution is processed. The client contributes either their budgeted contribution or the total cost of authorized services on the plan, whichever is lower.

Diane Johnson is a client who is receiving care from the HHS Agency. When planning the services that Diane requires to achieve her care goals, her care manager, Vina Harris, assessed Diane's means and has determined that she can contribute $120 per week towards the cost of her care services. The HHS Agency will contribute $10 per week to Diane's care. This means that the total weekly budget for Diane's services is $130.

Table 4. Diane's budget		
Budget	**Amount**	**Budget start date**
Diane	$120	Monday 8th October
HHS Agency	$10	

Vina plans two services for Diane and submits the budget for approval. The budget is approved on Friday 12th October and Vina authorizes payment for Diane's services on the same day.

Service name	**Start Date**	**Cost per week**	**Payment authorized**
Befriending service	Monday 15th October	$50	Friday 12th October
Home help service	Monday 8th October	$80	Friday 12th October

Diane's first contribution

Diane's first contribution is processed on Monday 15th October as she has an approved budget and a service with payment due. If the cost of services for a week is less than the client's full budget contribution then the client is required to contribute the cost of the services. In this scenario, only Diane's home help service has started and has a payment due for this period. Therefore, Diane's first contribution amount is $80.

Date: Monday 15th October

Payment period: 8th October- 14th October

Service Payment Due: $80

As the Payment due is less than Diane's full contribution, her first contribution= weekly cost of the home help service= $80

Diane's second and ongoing weekly contributions

Diane's second contribution is processed on Monday 22nd October. As her befriending service started the previous Monday, there is payment due for both services this week. This means that Diane must contribute the full budget contribution this week. Diane's contributions will continue weekly at this level as long as her services are ongoing and her budget is not closed.

Date: Monday 22th October

Payment period: 15th October- 21st October

Service Payment Due: $80+$50= $130

As the Payment due is more than Diane's full contribution, her second contribution= her full budget contribution= $120

Example contribution scenario 2: Backdating contributions for services that have started but are not authorized for payment

Clients' payments can be backdated where the budget and service payments are backdated, this means that if the clients budget is approved with a start date in the past and services for the client have payments authorized for weeks previous to this week then the contributions will be processed this week.

Laurie Thompson is a client who is receiving care from the HHS Agency. When planning the services that Laurie requires to achieve her care goals, Vina assesses her means and has determined that she can contribute $50 per week towards the cost of her care services. The HHS Agency will contribute $50 per week to Laurie's care. This means that the total weekly budget for Laurie's services is $100.

Table 5. Laurie's budget		
Budget contributors	**Amount**	**Budget start date**
Laurie	$50	Monday 8th October
HHS Agency	$50	

Vina plans two services for Laurie and submits the budget for approval. The budget is approved on Friday 12th October. However, due to delays, the services are not authorized for payments until October 30th.

Table 6. Laurie's planned services			
Service name	**Start date**	**Cost per week**	**Payment authorized date**
Home help service	Monday 8th October	$50	30th October
Befriending service	Monday 15th October	$50	30th October

Laurie's first contribution

Laurie's first contribution is processed on Monday 5th November as she has an approved budget and a service with payment authorized with payments due. Payment is owed for the previous week's service plus 3 weeks backdated service delivery. As the cost of services for a week is more than the client's full budget contribution then the client is required to contribute the full budgeted amount. As her contributions were not processed in for the backdated weeks, they can be processed now.

Date: Monday 5th November

Payment period: 8th October- 4th November

Service Payment Due= $350, which can be broken down as follows:

- for the home help service the previous week plus 3 weeks backdated payments= $50+$50+$50+ $50= $200
- for the befriending service, the previous week plus 2 backdated weeks= $50+$50+$50= $150

Laurie's contribution= her full weekly contribution plus the 3 week's backdated contribution= $50+ $50+$50+$50=$200

Note: So that you have a clear view of the amount contributed by the client for each week, the backdated transactions are displayed as individual contribution records on Laurie's **Contribution History** on the **Payments** page after the contributions are processed.

Laurie's second and ongoing weekly contributions

Laurie's second contribution is processed on Monday 12th November. There is payment due for both her services. This means that Laurie must contribute the full budget contribution this week. Laurie's contributions will continue weekly at this level as long as her services are ongoing and her budget is not closed.

Date: Monday 12th November

Payment period: 5th November- 11th November

Service Payment Due: $50+$50= $100

Laurie's second and ongoing contribution= her full budget contribution= $50

Example contribution scenario 2a: Updating the budget before the first contribution is made

Supposing Vina has set up Laurie's initial budget and services as in scenario 2, but before the first contribution is processed, Laurie's required contribution is reduced. The existing budget is closed on the Sunday 28th October and the new budget is approved from Monday 29th October.

Table 7. Laurie's new budget		
Budget contributors	**Amount**	**Budget start date**
Laurie	$10	Monday 29th October
HHS Agency	$90	

Vina authorizes payments on October 30th.

Table 8. Laurie's planned services			
Service name	**Start Date**	**Cost per week**	**Payment authorized date**
Home help service	Monday 8th October	$50	30th October
Befriending service	Monday 15th October	$50	30th October

Laurie's first contribution

Laurie's first contribution is processed on Monday 5th November as she has an approved budget and a service with payment authorized with payments due. Contributions are due for the previous week's service plus 3 weeks backdated service delivery.

The contribution for the 3 backdated weeks is based on the original budget which is now closed. So Laurie contributes $50 for each of these weeks. The contribution for the previous week is based on the new budget and Laurie contributed $10.

As the cost of services for a week is more than the client's full budget contribution then the client is required to contribute the full budgeted amount. As her contributions were not processed in for the backdated weeks, they can be processed now.

Date: Monday 5th November

Payment period: 8th October- 4th November

Service Payment Due, the previous week plus 3 weeks backdated payments: $350

Laurie's contribution= her full weekly contribution for the new budget plus the 3 week's backdated contribution based on the closed budget = $50+$50+$50+$10= $110

Note: So that you have a clear view of the amount contributed by the client for each week, the backdated transactions are displayed as individual contribution records on Laurie's **Contribution History** on the **Payments** page after the contributions are processed.

Laurie's second and ongoing weekly contributions

Laurie's second contribution is processed on Monday 12th November. There is payment due for both her services. This means that Laurie must contribute the full budget contribution this week. Laurie's contributions will continue weekly at this level as long as her services are ongoing and her budget is not closed.

Date: Monday 12th November

Payment period: 5th November- 11th November

Service Payment Due: $50+$50= $100

Laurie's second and ongoing contribution= her full budget contribution= $10

Example contribution scenario 3: Contributions when there are a mix of authorized and unauthorized services on the plan

Client contributions that have been processed are not recalculated when there are retrospective changes to the total cost of authorized services on the plan that overlap with the paid contribution, for example if a service is added to the clients plan with a start date in the past and is authorized for weeks in which a client contribution has already been processed.

Todd Mitchell is another of Vina's clients receiving care from the HHS Agency. When planning the services that Vina requires to achieve her care goals, Vina assessed his means and has determined that he can contribute $100 per week towards the cost of his care services. The HHS Agency will contribute $50 per week. This means that the total weekly budget for Todd's services is $150.

Table 9. Todd's budget		
Budget contributors	**Amount**	**Budget start date**
Todd	$100	Monday 8th October
HHS Agency	$50	

Vina plans two services for Todd and submits the budget for approval. The budget is approved on Friday 12th October and Vina authorizes payment for only one of Todd's services on the same day.

Table 10. Todd's planned services			
Service Name	**Start Date**	**Cost per week**	**Payment authorized**
Meals service	Monday 8th October	$50	Friday 12th October
Transport service	Monday 8th October	$100	Friday 19th October

Todd's first contribution

Todd's first contribution is processed on Monday 15th October as he has an approved budget and a service with payment due. If the cost of services for a week is less than the client's full budget contribution then the client is required to contribute the cost of the services. In this scenario, although both of Todd's services have started, only his meal service has payments authorized. Therefore, his first contribution amount is $50.

Date: Monday 15th October

Payment period: 8th October- 14th October

Service Payment Due: $50

As the Payment due is less than Todd's full contribution, hi first contribution= weekly cost of the home help service= $50

Todd's second contribution

Todd's second contribution is processed on Monday 22nd October. In addition to the payment due for the meals service, as Vina has now authorized the Transport service, there are now two weeks of payments due for this service. The contribution from Todd was not processed for the first week of the Transport service delivery as the service payment was not authorized, so the HHS agency will have to cover the contribution to this payment and, if the organization's processes require it, Vina can work offline with Todd to reconcile the contributions.

Note:

To avoid a scenario where the client does not have their required level of contribution processed due to having a mix of authorized and unauthorized services on their care plan, care team members should authorize all services when the budget is approved.

Todd must contribute the full budget contribution this week as the service costs are more than his budgeted contribution.

Date: Monday 22th October

Payment period: 15th October- 21st October

Service Payment Due: $50+$100+$100= $250

As the Payment due is more than Todd's full contribution, his second contribution= his full budget contribution= $100

Todd's third and ongoing payments

Todd's third contribution is processed on Monday 29th October. As all his services are authorized and have payments due this week, Todd must contribute the full budget contribution this week. Todd's contributions will continue weekly at this level as long as his services are ongoing and his budget is not closed.

Date: Monday 22th October

Payment period: 22nd October- 28th October

Service Payment Due: $50+$100= $150

As the Payment due is more than Todd's full contribution, his third and ongoing weekly contribution= his full budget contribution= $100

The payments authorization lifecycle

The payment authorization status helps you understand whether payments for a service are ongoing, cancelled, due to complete, or completed.

Figure 7. The payments authorization lifecycle
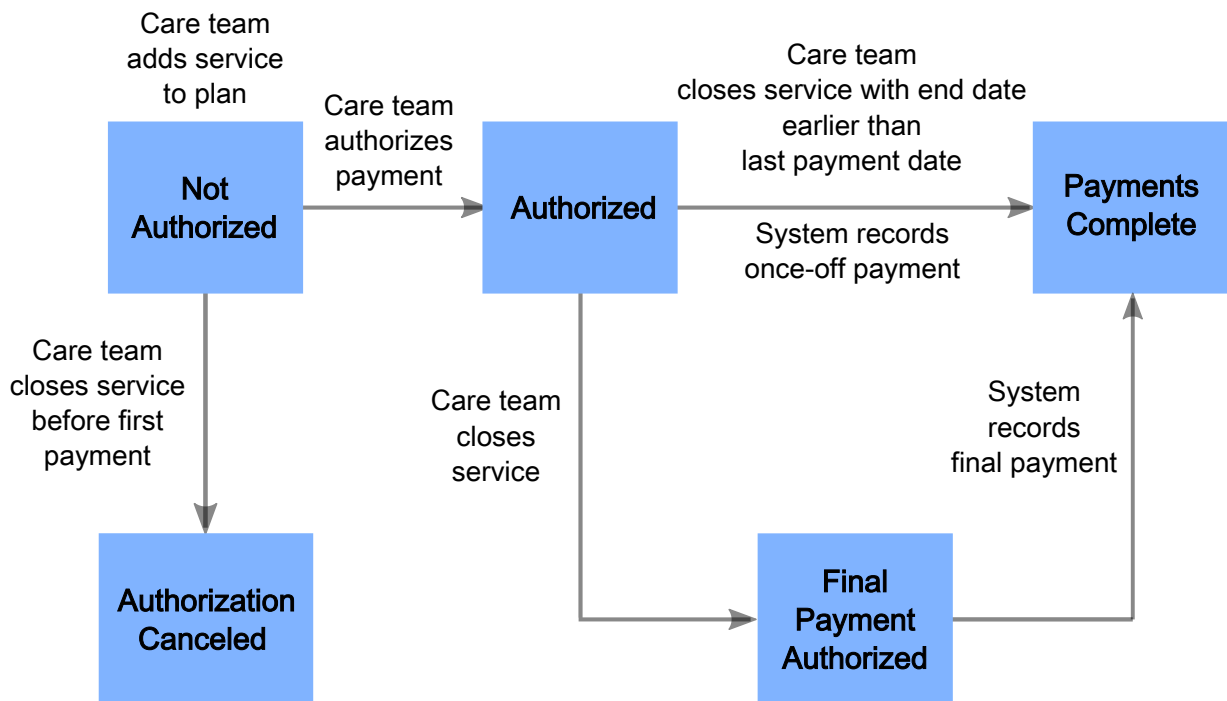
The payment authorization statuses for services are as follows:

Not Authorized
By default, services are added to the plan as not authorized and care teams must authorize payment for each service. There must be an approved budget in place before payment for a service can be authorized.

Authorization Canceled

Care teams can cancel a payment only if they close services before the first payment is made.

Authorized

Care teams authorize payment for services and the system can start paying providers:

Final Payment Authorized

When care teams close a service or when the system records that the next payment for a service is the final payment the status is set to Final Payment Authorized.

Payments Complete

Payment for services are set to Payments Complete when the system records that the final payment for a service based on its end dates has been made, or when the system records a once-off payment for services, or when the care team closes services with an end date that is earlier than the most recent payment date.

Payment periods and payments calculations for service provider payments

Payments are calculated based on the frequency, the cost per unit, and the number of units. When a service has payments authorized, the periods for which payments are due is calculated based on the start and end dates of the service and the start date of the earliest approved budget for the service. Closing a service ends payments to a provider.

Payments for once-off services

The payment due for a once-off service is = cost per unit * number of units. Payment for a once-off service is due the first Monday after the start date of the service. For once-off services that were delivered either before or during the current week, the payment due date is next Monday. For once-off services with a start date in the future, the payment will be due the Monday after the start date.

You can choose to cancel payment for a once-off service if you close it before its payment due date.

Once off services are not included in the budget and the client does not contribute towards them.

Payments for recurring services
First payments

When the budget is approved and the payment for a service is authorized, payments begin based on the service start date or the start date of the earliest approved budget for the service, whichever is later. Payments to providers are made weekly in arrears on a Monday. There must be one or more approved budgets (a budget in a status of Approved, Reopened or Closed) to cover the entire payment period. If there are gaps in approved budgets for the payment period, then the payment will not be processed, that is if there is a time during the payment period where an approved budget is closed, and the new budget for the period is not yet approved, then payments will not be processed until the new budget is approved.

The payment due to a provider for the first week of the service might be prorated. Prorating occurs if a full week's service was not delivered in those weeks or if the service started more than one week ago.

If the provider is due a full weeks payment for the first week of the service, set the start date of the service to the Monday of the week that the service starts.

Example: Prorating of the first payment to a provider

A Home care service is being planned to a client as follows:

- Budget Start Date: 9 July 2018, the budget is approved
- Service Start Date: 10 July 2018
- Cost per unit = £10
- Number of units = 14
- Frequency= Weekly
- Weekly cost of the service = £140

Payment is authorized for the service on the 9 July 2018. As the Service Start Date is after the Budget Start Date, the first day of the first payment period is the Start Date. The first payment due date is 16 July, which is the first Monday after the payments. Payment is due for 6 days of service so the first payment amount is £120.

Weekly payments for recurring services

Once the first payment is made for a recurring service, weekly payments are made every Monday until the service closes.

The next payment due date is the Monday after the most recent payment for the service.

Unless the next payment is the final payment, the payment period is one week.

The weekly payment amount for services with a frequency of weekly, 2-weekly, or 4-weekly is calculated as follows:

Services with a weekly frequency
   If the service frequency is weekly, the weekly payment due = cost per unit * number of units.

Services with a 2-weekly frequency
   Payments for services with a 2-weekly frequency are split into weekly payments. The weekly payment is half of the 2-weekly payment. That is, payment is split over 2 weeks in arrears.

   If the service frequency is 2-weekly, the weekly payment due = cost per unit * number of units/2.

Services with a 4-weekly frequency
   Payments for services with a 4-weekly frequency are split into weekly payments. The weekly payment is a quarter of the 4-weekly payment. That is, payment is split over 4 weeks in arrears.

   If the service frequency is 4-weekly, the weekly payment due = cost per unit * number of units/4.

   For example, for a 4-weekly service with a start date of Monday 5 March that is authorized on the 5 March, payments are made weekly. The payment dates for the service are the 12 March, 19 March, 26 March, and the 2 April.

Example: Ongoing weekly payments to the provider

Once the first payment was made on 16 July, payments for the Home care service continue as follows:

Table 11. Payment schedule for Home care service

Payment Due	Payment Amount
16 July 2018	£120 (first payment)
23 July 2018	£140
30 July 2018	£140
6 August 2018	£140
13 August 2018	£140

Payment is authorized for the service on the 9 July 2018. As the Service Start Date is after the Budget Start Date, the first day of the first payment period is the Start Date. The first payment due date is 16 July, which is the first Monday after the payments

Closing services and ending payments

Payments to a provider are ended by closing the service on the plan. When you close the service, you enter an end date. The end date that you enter is used to calculate the final payment amount due to the provider, and when it is due. You can close a service with an end date in the past, that is before the financial start date of the current week, in the current financial week, or in the future, that is after the current financial week. If the service is closed with a future end date, Watson Care Managerwill continue to pay the weekly amount to the provider, up until the final payment is made to that provider.

If you close a service with an end date before the first payment due date, you can choose to cancel any payment to the provider.

The final payment might be pro-rated if it is not for a full week of service. To ensure that the provider is paid for a full week of service, close the service on a Sunday.

The final payment period start date and the final payment due date are determined as follows:

- If service end date is before the previous payment cover period end date, then there is no further payment due. No further payments are made for this service.
- If service end date is on the previous payment period end date. Then there is no further payment due, the provider was fully paid for the previous week. Payments are complete, with the final payment occurring on the most recent payment due date.
- If service delivery end date is in the week that the user is closing it, then the final payment cover period start date is the day after the end date of the previous payment period. The final payment due date is the following Monday.
- If service delivery end date is on or after the next payment due date, then final payment cover period start date is the Monday of the week in which the service closes and the final payment due date is the Monday of the following week.

The final payment period end date is the end date of the service.

The final payment amount due is the weekly cost/7*number of days the service is delivered in the final week.

Note: Closing payments for 2-weekly and 4-weekly services

When you close a 2-weekly or 4-weekly service, you must set an end date that ensures that the full final payment is made to the provider. For example, for a service with a 4-weekly frequency, that finishes delivery on the 30 April 2018, the payments due dates for the final service that is delivered on the 30 April are the 7 May, 14 May, 21 May, and 28 May. Set the end date of the service to Sunday 27 May 2018 when you close the service to ensure that the provider receives full payment for the final service delivery.

Example: Prorating of the final payment to a provider

A is being delivered to a client as follows:

The client no longer requires the Home care service, so the care team member closes it on 17 August 2018, setting the end date of the service to a Friday this means that the final payment to the provider would be pro-rated as follows:

The final payment is due on 20 August 2018, the Monday following the service end date.

Weekly cost/7*number of days the service is delivered in the last week = £140/7*5 = £100. So the final payment to the provider is £100.

Creating a weekly budget

You must create a weekly budget before you can add providers' services with costs to the care plan. Budgets are created as draft budgets, and you can have one draft budget at a time.

Before you begin

Services with costs must be associated with a budget. There cannot be a gap between budgets if there are ongoing services with costs on the plan. A new budget must start the day after the previous budget ends so that the cost of ongoing services continues to be covered by a budget. Alternatively, you must close ongoing services if there is a gap in the budgets.

The service cost is derived from the service units, the service frequency, and the cost per unit for the service from the selected provider.

About this task

After you create the budget, you can add providers' services with costs to the plan and edit the budget. When you create a draft budget, any ongoing providers' services with costs that were previously added to the plan are automatically included in the draft budget.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Budget**.
5. Create a budget by selecting **New Budget**.

   This action is available only when no budget exists or existing budgets are approved or closed, and when one or more contributors are configured for the budget.

   a) Enter an amount for each contributor to the clients budget. You must enter at least one amount. Leave the contribution blank for non-contributors.

   b) Enter the remaining budget information:

   - **Start Date:** Enter a start date, which must be on a Monday, the financial week start day. Budgets cannot be approved without a start date.

     Where a previous budget is closed, the start date must be after the previous budget closure date. Where a previous budget exists, the start date must be after the previous budget start date.

   - **Reason:** Enter a reason for the budget.

   - **Comments:** Enter comments as needed.

   c) Click **Save**.

Modifying draft budgets
You can edit a draft budget to update the contributor amounts, the start date, or the reason. You can edit draft budgets only.

About this task

Services with costs must be associated with a budget. Services that were not approved with the previous budget must start after the new budget start date.

A maximum of 10 budget contributors is supported. Changes to the budget contributors over time might result in the configuration of more than 10 contributors, some active, and some that were removed over time. In this case, you are prompted to create a new budget when you edit a budget so you can choose from the full list of active contributors.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Budget**.
5. Edit a draft budget by selecting **Edit** from the **Actions** menu of the budget.

Only draft budgets can be edited.

  a) Update the contributor amounts.

  b) Update the budget details:

- **Start Date:** Enter a start date, which must be on a Monday, the financial week start day. Budgets cannot be approved without a start date.

  Where a previous budget is closed, the start date must be after the previous budget closure date. Where a previous budget is open, the start date must be after the previous budget start date.

- **Reason:** Enter a reason for the budget.

- **Comments:** Enter comments as needed.

  c) Click **Save**.

Submitting budgets for approval

You can submit draft or reopened budgets for approval. Ensure that the cost of your planned services does not exceed the budget before you submit. If your organization has manual approvals, someone with the budget approval role must approve the budget. For automatic approvals, or for reopened budgets where the costs do not exceed the budget, your budget is approved on submission.

Before you begin

A start date is needed before a draft budget can be approved. Where a previous budget exists, the start date must be after the previous budget start date. For automatic approvals, if an approved budget exists, you must close it before you submit the new draft budget.

All services with costs must be associated with a budget. If a gap exists between the start of the new budget and the end of the previous budget, you must close all services with costs for this period.

If the client is required to contribute to the budget, ensure that the client has an active billing agreement. If there is no billing agreement, the client's contribution cannot be processed and provider payments will not be made.

If the client is required to contribute to the budget, you cannot make retrospective updates to the amount that the client contributes when client contributions have started or if recurring, that is weekly/2weekl/ 4weekly, service payments are ongoing. Backdated client contributions are only supported for clients that have not contributed already, or where there has been a gap in client contributions or service payments, or if the only service payments made are for once off services.

About this task

You can submit budgets with a service that is no longer offered, for example, where a provider accepted the client but has since closed the service to new clients. However, if you are notified on submission that a service is no longer offered, check the service availability before you submit the budget.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Budget**.

5. Submit the budget by selecting **Submit** from the **Actions** menu of the budget and clicking **Submit**.

Canceling approval requests for budgets

If you need to make further changes to a budget, services, or providers while the budget is pending approval, you can cancel the approval request. The budget reverts to draft to allow further updates.

Before you begin

If the budget approval role is your only role on the team, you can approve or reject an approval request, but cannot cancel a request.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Budget**.

5. Cancel the budget approval request by selecting **Cancel Approval Request** from the **Actions** menu of the budget and clicking **Save**.

Approving budgets

If you have the budget approval role, you can approve a budget that is pending approval. The status history is updated. This action is available only if manual approvals are needed and you have the budget approvals role.

Before you begin

If the client is required to contribute to the budget, ensure that the client has an active billing agreement. If there is no billing agreement, the client's contribution cannot be processed and provider payments will not be made.

If the client is required to contribute to the budget, you cannot make retrospective updates to the amount that the client contributes when client contributions have started or if recurring, that is weekly/2weekl/ 4weekly, service payments are ongoing. Backdated client contributions are only supported for clients that have not contributed already, or where there has been a gap in client contributions or service payments, or if the only service payments made are for once off services.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Budget**.

5. Approve a budget by selecting **Approve** from the **Actions** menu of the budget, entering a comment, and clicking **Approve**.

What to do next

If your organization requires clients to contribute to the costs of their services, to avoid a scenario in which the client does not have their required level of contribution processed due to having a mix of authorized and unauthorized services on their care plan, care team members should authorize all services on the client's plan when the budget is approved.

Authorizing payment for services

If the IBM Watson Care Manager Community Service Payment add-on component is licensed, you can authorize payments to a provider for a service. The provider is paid from the later of the service start date or the start date of the earliest approved budget for the service until the service is closed. Payments are made weekly in arrears. After payment is authorized, a service cannot be modified. To end payments, close the service.

Before you begin

If budgets are used, the client must have an approved budget before you can authorize payment for the service. If the client is required to contribute to the cost of their services, they must have set up payments in the Connect application. If they do not have their account set up, their contribution will fail and provider payments will not be processed.

To authorize payments to a provider, your administrator must have created an active PayPal billing agreement. Also, the provider must have signed up, added their PayPal details, and consented to be paid through PayPal in the Connect application. The provider must have a currently active PayPay account.

For services that started before the current week, payments will be backdated to the later of the service start date or the start date of the earliest approved budget for the service.

Note: If your organization requires clients to contribute to the costs of their services, to avoid a scenario in which the client does not have their required level of contribution processed due to having a mix of authorized and unauthorized services on their care plan, care team members should authorize all services on the client's plan when the budget is approved.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Authorize payment to a provider by selecting **Authorize Payments** from the **Actions menu** of the service, and clicking **Authorize**.

Related tasks

Closing services on plans
You can close services when clients finish or no longer need them. You must specify the outcome of the service, and the date that the service is closing.

Retrying unsuccessful client contributions

If a client's contribution fails, for example, if the client cancels their billing agreement by removing their PayPal account details from the Connect application, the contribution status in Watson Care Manager updates to unsuccessful. Once the problem that caused the contribution to fail is resolved, you can make the payment manually. Only unsuccessful contributions can be retried. Payments to providers that require the unsuccessful contribution will not be attempted until the contribution is successful or cancelled.

Before you begin

On the **Payment History** pane of the **Payments** page, expand an unsuccessful payment to view the transaction history including the **PayPal Error**, the **Error Description**, and the **Debug ID**. The **Debug ID** is a comma separated list of the debug IDs received from PayPal. To troubleshoot the payment, you can contact PayPal support and they can use the **Debug ID** information to identify the problem. When the problem is resolved, you can make the payment manually.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. To see the client's contributions, click **Plan** > **Payments**, expand the **Client Contribution** details.
5. To retry a contribution, click the **Retry** row action for an unsuccessful contribution.

   Note: the **Retry Client Contribution** window stays open until the operation completes.

Results

If the contribution is completed successfully, PayPal will update Watson Care Manager with the Contribution Status of successful. If the contribution fails again, you can retry the contribution again once you have resolved the issue. If the contribution remains in a pending status, you can check the status manually.

Canceling client contributions

A client's contribution can fail because the client either cannot or will not make the payment via PayPal, for example, the client might pay the contribution for this period offline, the client might not be able to afford a contribution for a specific week, or the client might not wish to receive services anymore. If a client's contribution fails, the contribution status in Watson Care Manager updates to unsuccessful. You have the option to cancel the unsuccessful payment.

About this task

Canceling the contribution only cancels this specific contribution and does not remove the requirement for the client to make other planned contributions. Other planned contributions will be attempted as scheduled. To change or remove the requirement for the client to contribute toward the cost of their services, replan the client's budget. When the client's contribution is cancelled, the provider payments for this period are updated to Scheduled and will be processed tonight.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. To see the client's contributions, click **Plan** > **Payments**, expand the **Client Contribution** details.
5. To cancel a contribution, click the **Cancel** row action for the contribution. Record the reason for the cancellation.

Results

The contribution is cancelled. The provider payments for this period update to Scheduled and will be processed tonight.

Checking the status of pending client contributions

Watson Care Manager automatically checks with PayPal from time to time to see if the status of pending client contributions has updated, that is, to see if pending contributions are now successfully completed or if they were unsuccessful. You can also manually check the status of a contribution. You might want to do this in the scenario where an automated contribution failed in PayPal and you retried the contribution

manually. If, after the retry, the contribution remains in a Pending status, you can request the latest status from PayPal.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. To see the client's contributions, click **Plan** > **Payments**.

5. To check the contribution status, click the **Check Status** row action for a contribution in a pending status.

   Note: the **Check Status** window stays open until the operation completes.

Results

The **Payments** page refreshes with the latest contribution status for this contribution transaction that is received from PayPal.

- If PayPal returns a successful status, the contribution record status updates to Successful.

- If PayPal returns a failed status, the contribution record status updates to Unsuccessful. You can retry the contribution.

- If PayPal does not return a status, the contribution record remains in the pending status.

Retrying unsuccessful payments

If a payment to a provider fails in PayPal, the payment status in Watson Care Manager updates to unsuccessful. Once the problem that caused the payment to fail is resolved, you can make the payment manually. Only unsuccessful payments can be retried.

Before you begin

On the **Payment History** pane of the **Payments** page, expand an unsuccessful payment to view the **PayPal Error**, the **Error Description**, and the **Debug ID**. The **Debug ID** is a comma separated list of the debug IDs received from PayPal. To troubleshoot the payment, you can contact PayPal support and they can use the **Debug ID** information to identify the problem. When the problem is resolved, you can make the payment manually.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. To see the client's payments for a service, click **Plan** > **Payments**, and click on the service that you are interested in to see the details of the payments for that service.

5. To retry a payment, click the **Retry** row action for an unsuccessful payment.

   Note: the **Retry Payment** window stays open until the operation completes.

Results

If the payment is completed successfully, PayPal will update Watson Care Manager with the Payment Status of successful. If the payment fails again, you can retry the payment again once you have resolved the issue. If the Payment remains in a pending status, you can check the status manually.

Checking the status of pending payments

Watson Care Manager automatically checks with PayPal from time to time to see if the status of pending payments has updated, that is, to see if pending payments are now successfully completed or if they were unsuccessful. You can also manually check the status of a payment. You might want to do this in the scenario where an automated payment to a provider failed in PayPal and you retried the payment manually. If, after the retry, the payment remains in a Pending status, you can request the latest status from PayPal.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. To see the client's payments for a service, click **Plan** > **Payments**, and click on the service that you are interested in to see the details of the payments for that service.

5. To check the payment status, click the **Check Status** row action for a payment in a pending status.

   Note: the **Check Status** window stays open until the operation completes.

Results

The **Payments** page refreshes with the latest payment status for this payment transaction received from PayPal.

- If PayPal returns a successful status, the payment record status updates to Successful.
- If PayPal returns a failed status, the payment record status updates to Unsuccessful. You can retry the payment.
- If PayPal does not return a status, the payment record remains in the pending status.

Rejecting budgets

If you have the budget approval role, you can reject a budget that is pending approval. The status history is updated and the budget goes back to draft status. This action is available only if manual approvals are needed and you have the budget approvals role.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Budget**.

5. Reject a budget by selecting **Reject** from the **Actions** menu of the budget, entering a comment, and clicking **Reject**.

Reopening approved budgets

You can reopen approved budgets to change services or providers within the approved budget amount or to edit their costs. You cannot exceed the approved budget amount. While the changes do not exceed the approved budget amount, the budget is automatically approved on submission.

Before you begin

You can change providers for services, and add, edit, or close services that are associated with the budget, except where those services are associated with previous budgets. To change the cost of a service that is associated with a previous budget, close the service with an appropriate date and create the service again with the new cost.

If the client is required to contribute to the budget, you cannot make retrospective updates to the amount that the client contributes when client contributions have started or if recurring, that is weekly/2weekl/4weekly, service payments are ongoing. Backdated client contributions are only supported for clients that have not contributed already, or where there has been a gap in client contributions or service payments, or if the only service payments made are for once off services.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Budget**.
5. Reopen a budget by selecting **Reopen** from the **Actions** menu of an approved budget and clicking **Submit**.

   This action is not available where a draft budget exists.

Closing approved budgets

You can close budgets when they are no longer needed. When you are replanning and an approved budget exists, you must close the approved budget before you can submit the new draft budget.

Before you begin

When you close a budget, you must ensure that all planned services with costs remain associated with a budget. Where a draft budget exists, all open services are automatically associated with the draft budget. In the following cases, you must ensure that any open services with costs are closed before you can close the budget:

- Where a draft budget does not exist.
- Where a gap exists between the start of the new draft budget and the closure date of the budget.

About this task

If your organization has licensed Watson Care Manager Community Service Payment and there are ongoing payments to providers for the client's services and optionally, client contributions towards the cost of the services, you should ensure that a new budget is approved so that the payments continue.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Budget**.

5. Close an approved budget by selecting **Close** from the **Actions** menu of the budget and entering the closure details:

   - **End Date** The financial week start date is Monday so the end date must be on a Sunday.

   - **Comments** Enter a comment.

6. Click **Close**.

Updating budget closure details

You can update the end date and comment for the most recently closed budget. For example, when the approval of a new budget is taking longer than expected. Depending on the dates of planned services, changing the end date might affect the cost of the plan.

Before you begin

Depending on the dates of planned services, changing the end date might affect the cost of the plan. To avoid affecting subsequent approved budgets, you can update the end date only where the closed budget is the only budget, or when the subsequent budget is still draft or pending approval.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Budget**.

5. Update the end date of a closed budget by selecting **Update Closure Details** from the **Actions** menu of the budget:

   - **End Date** Update the end date. The financial week start date is Monday so the end date must be on a Sunday.

   - **Comment** Enter a comment.

Amending budget change history comments

You can edit comments in the budget change history to add information or correct errors. The previous comment is replaced.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Budget**.

5. Select a budget.

6. Amend a comment in the change history by selecting **Edit Comment** from the **Actions** menu of the change history record, amending the comment, and clicking **Save**.

Deleting draft budgets

You can delete an unwanted draft budget. If any services with costs are unique to the draft budget, you must close them before you can delete the budget.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Budget**.

5. Delete a draft budget by selecting **Delete** from the **Actions** menu of the budget and clicking **Delete**.

   This action is available only for draft budgets.

Service and provider search (Community Resources)

Use the **Community Resources** page to search for active services and their providers in the provider registry. You can find services to add to a client's care plan and find providers for services that are already on their plan. The **Community Resources** page is available only if Providers are enabled in the care team application.

If the Resource Management feature is enabled and you search the resource management fields, the search results only display provider/service offerings that were created by your administrator or Connect P user. Externally registered provider/service offerings do not display.
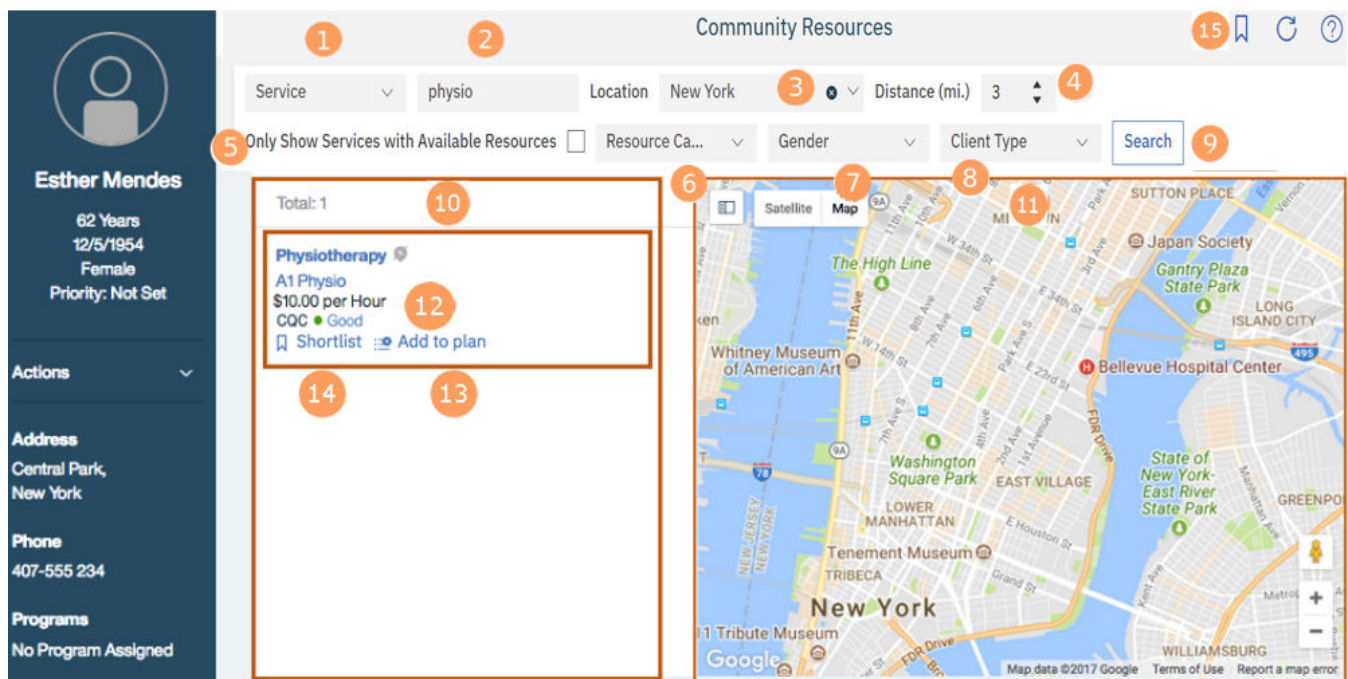
1. If you are selecting a provider for a service, the service is preselected. Otherwise, you can search for providers for any open services on the plan with no associated provider. Providers that provide all of the selected services, and any entered keywords, are returned.

2. You can search by one or more keywords. You must enter at least 3 characters to search and you can enter up to 7 keywords. Keywords are not case-sensitive. Provider services that match all of the keywords, and any selected services, are returned.

   Depending on how search is configured for your organization, you might need to enter a second keyword if you are searching on keywords alone.

   Keyword searches look for full or partial word matches in the provider name and description, service name and description, and the provider's service description across the provider registry and service library. For example, the keyword *care* would match the words *care, carer, caregiver,* and so on. A score is applied for keywords based on the full or partial matches and the keyword search results for provider's services are ranked based on that score.

3. Filter your service and keyword searches by location and distance. You can select a client address, manually enter another address, or select your current location to see all provider services within the selected distance of the location. Clear the location if location is not relevant for your search. You cannot search by location and distance alone, you must enter a service or keyword.

   The location defaults to the client's address in order of priority:
   - Physical visit
   - Residential
   - Mailing
   - Work

   The current location takes you to your browser location on the map. Your browser location is also the default location if an address is not recorded for the client.

4. Select the distance from the location for your search. By default, the distance is 3 miles, and you can change it within a range of 0 to 50 miles. No distance limitation applies to the actual addresses themselves, you can enter addresses more than 50 miles away. The distance is ignored if you clear the location.

5. Optionally, if configured, select the **Only Show Services with Available Resources** check box to return provider services that have at least one resource group with one or more resources marked as **Available** by the provider.

6. Optionally, if configured, select **Resource Category** to filter your search by one or more **Resource Categories, up to a maximum of five categories. For instance if you select a single value, for example, Beds, provider services are displayed that have at least one resource group associated with Beds.**

7. Optionally, if configured, select **Gender** to filter your search by one or more genders. For example, if you select **Female**, provider services are displayed that have at least one resource group associated with Female.

8. Optionally, if configured, select **Client Type** to filter your search by one or more client types up to a maximum of five client types. For example, if you select **Adult**, provider services are displayed that have at least one resource group associated with Adult.

9. Click **Search** when you enter your search criteria.

10. The search results list the provider's services that match all of your search criteria. Each service is listed once in the search results, but if it is available in multiple locations, the multiple locations are shown on the map. If a service has an address, the location icon is blue. If a service does not have an address, the address icon is gray. The number of available resources are shown or the search result indicates that there are no available resources.

11. The details pane shows more information about selected items. A triangle icon indicates the client's address.
    - The locations of services that are returned in the search results are shown on a map after a search.
    - The service locations for a specific provider are marked on the map when you select a search result. If a provider's service has multiple locations within the selected distance, the multiple locations are marked. If a service has no address, no marker is shown.

- The service details are shown when you select a service name. The service page shows the provider service's location, rates, available resources, description, contact details for the service contacts, and any other services offered by the provider. In the UK only, the Care Quality Commission (CQC) rating for that service location is shown where available. You can add the service to the shortlist or remove it from the shortlist from the service detail view.
- The provider profile is shown when you select a provider name. The provider profile shows the provider's description, location, contact details for both the provider and the provider's contacts, and all of the provider's active services.
- Resource information is displayed for provider services that have a resource category configured. The resource information displayed varies depending on whether the provider has entered resource information in the Connect P application for the service, and whether the provider has available resources.

12. In the UK only, the Care Quality Commission (CQC) rating for that service location is shown where available.
    - Outstanding
    - Good
    - Inadequate
    - Requires Improvement

13. You can add a service and provider to the plan. If the service is already on the plan, the provider is associated with the service.

14. You can shortlist provider services from your search results. The icon indicates whether a service is on the shortlist.

15. Click the shortlist (⎁) icon to see the service provider shortlist. For more information, see "The service provider shortlist" on page 185.

16. Click the download (⤓) icon to download the service provider shortlist.

Searches are ranked as follows:

- Searches that include a keyword are ranked with the best match with the keyword first.
- Searches that include service, location, and distance, but no keywords, are ranked with the nearest first.
- Searches that include only a service are ranked alphabetically by provider name.

Searching for services and providers
You can search all of the active services and providers that are registered in your organization's provider registry from the **Community Resources** page. From your results, you can look at the service information and the provider profile and work with the provider services.

About this task
You can search by services and keywords, and refine your search to see all services within a specified distance from a location. Only results that match all of your search criteria are returned. You can search community services for providers with available resources, so that you know which providers have availability before you contact them to secure the service for your client. You can filter the search on resource category, availability, resource gender & client type. Information about resource availability for a service is added to the search results and to the Service page.

Procedure
1. Sign in to your account.
   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

Their **Summary View** opens.

4. Select **Plan** > **Community Resources**.

   The **Community Resources** page opens.

5. Search services and providers by entering one or more keywords.

   You must enter at least 3 characters and you can enter up to 7 keywords. Partial matching is supported.

6. Optionally, if configured, select **Resource Category** to filter your search by one or more configured **Resource Categories, up to a maximum of five categories. For instance if you select a single value, for example, Beds, provider services are displayed that have at least one resource group associated with Beds.**

7. Optionally, if configured, select **Gender** to filter your search by one or more genders. For example, if you select **Female**, provider services are displayed that have at least one resource group associated with Female.

8. Optionally, if configured, select **Client Type** to filter your search by one or more client types up to a maximum of five client types. For example, if you select **Adult**, provider services are displayed that have at least one resource group associated with Adult.

9. Optional: Refine your search by location and distance, or clear the location selection.

   Provider services within the selected distance from the selected location are shown.

   By default, the client's address is selected. If the client has no address, your current location is shown if you agree to share your location. You can select another client address, enter an address, or select your current location, and select a distance.

10. Click **Search**.

    Services that match all of the keywords, and any specified location and distance information, are returned.

11. Optional: Sort your results by provider, service, distance, best match, or lowest rate.

12. Select any service in your results to see its location on the map. Click a service name to see its details, or click a provider name to see the provider profile.

The service provider shortlist

The care team and client can shortlist potential providers for services. Shortlisted providers are grouped first by service, then by the person who shortlisted them.

If Connect Providers is enabled

Open the shortlist by clicking the shortlist icon ⏣ on the **Plan**, **Community Resources**, or **Inquiries** pages.

Figure 8. An opened shortlist

1. The shortlisted services and providers are listed by service.

2. Expand a service to see the shortlisted providers. You can see who shortlisted the service and provider.

3. You can add a shortlisted service and provider to the plan.

4. You can remove services and providers from the shortlist.

5. If inquiries are used, you can create an inquiry for the service.

   Note: The **Create Inquiry** action is disabled in the Shortlist for all service offerings that are offered by an externally registered provider as these providers do not have access to the Connect Providers application.

6. You can download a PDF of the shortlisted service providers.

Shortlisting providers

Care team members and clients can shortlist providers for a service. Shortlisted providers are listed first by service, and then by the client or care team member who shortlisted them. From the shortlist, you can create an inquiry for a service that includes each of the providers in the shortlist for that service.

About this task

Note: When external inquiries is enabled, you can create an inquiry for a service that includes a single service and provider in the shortlist for that service.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.
4. Select **Plan** > **Community Resources**.
5. Search for services or providers and, from a service in your search results, click **Shortlist**.

   The provider of the service is shortlisted.

Removing providers from shortlists

Care team members can remove providers who are shortlisted by the care team, but not providers who are shortlisted by the client.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Choose an option:

   - Select **Plan** > **Plan**.
   - Select **Plan** > **Community Resources**.
   - Select **Plan** > **Inquiries**.
5. Click the **Shortlist** icon to open the shortlist.
6. Select the **Remove** icon for a provider and confirm removal by clicking Remove.

   The provider is removed from the shortlist. The **Remove** icon is available only for providers who are shortlisted by care team members.

Planning services with provider inquiries

As a care manager, you can send inquiries to service providers, manage responses and offers, and accept or decline offers by using the IBM Watson Care Manager Community Service Referral and IBM Watson Care Manager Connect Providers add-on components. Providers can view and respond to inquiries and make offers to provide services in the Connect application.

Basic scenario for planning with inquiries

Here's a basic scenario to introduce you to planning with inquiries. The scenario covers choosing services for a client, sending inquiries to service providers, accepting the preferred provider offers, and adding the services to the plan.

The scenario assumes that the following add-on components are licensed and that an administrator has enabled Providers for the care team application.

- IBM Watson Care Manager Community Service Referral
- IBM Watson Care Manager Connect Providers

Related concepts
Example provider service scenarios

Optional IBM Watson Care Manager add-on components provide more capabilities and enhanced workflows for services and providers. Use the following scenarios to understand the enhanced workflows that are provided by add-on components.

Plan services with inquiries

Susan Brown is Liam Smyth's care manager and is creating his care plan. Liam was assessed and requires home care. Susan must find home care providers and send inquiries to them on Liam's behalf to see whether they can provide the home care that Liam needs.

From the **Community Resources** page, Susan searches for Home Care services.

Susan finds a number of providers for the **Home Care** service. As she browses, she adds potential providers to a shortlist.

When Susan is ready, she opens the shortlist, creates an inquiry, and selects the service providers that she wants to send inquiries to. She adds a response required by date so that providers can know how soon they need to make an offer.

Solomon is the IBM Watson Care Manager Connect Providers user for the community service provider **Care Provider A**. When he opens the Connect, he sees the inquiry. He has a question and requests more information about the inquiry.

Susan sees Solomon's comment requesting more information on the **Inquiries** page, and responds with a comment at the inquiry level. All providers who received the inquiry can see the additional information. If Susan wants to reply directly to the provider only, she can add a comment to the provider's offer. Only the specific provider will see this comment.

A number of providers, including **Care Provider A**, send offers to deliver the service. Susan reviews all provider offers received, looks at the details such as rates and availability, and determines that **Care Provider A** is the most suitable provider to deliver the home care service for Liam.

Susan selects accept and add to plan on the offer from **Care Provider A**. The service and provider is added to the plan and **Care Provider A** is notified that they have been accepted to deliver the **Home Care** service for Liam.

When Solomon signs in to the Connect, he sees that his offer is accepted, and can see Liam's contact details.

Susan closes the inquiry as it is no longer needed. Any provider who has made an offer that has not already been accepted or rejected is automatically rejected when the inquiry is closed.

For more information about the tasks in this scenario, see the following links:

The inquiries lifecycle

Care team members can create inquiries for services in IBM Watson Care Manager and sent them to one or more providers. In the IBM Watson Care Manager Connect Providers application, Providers can view and respond to inquiries and can make offers to provide services.

Figure 9. The inquiries lifecycle
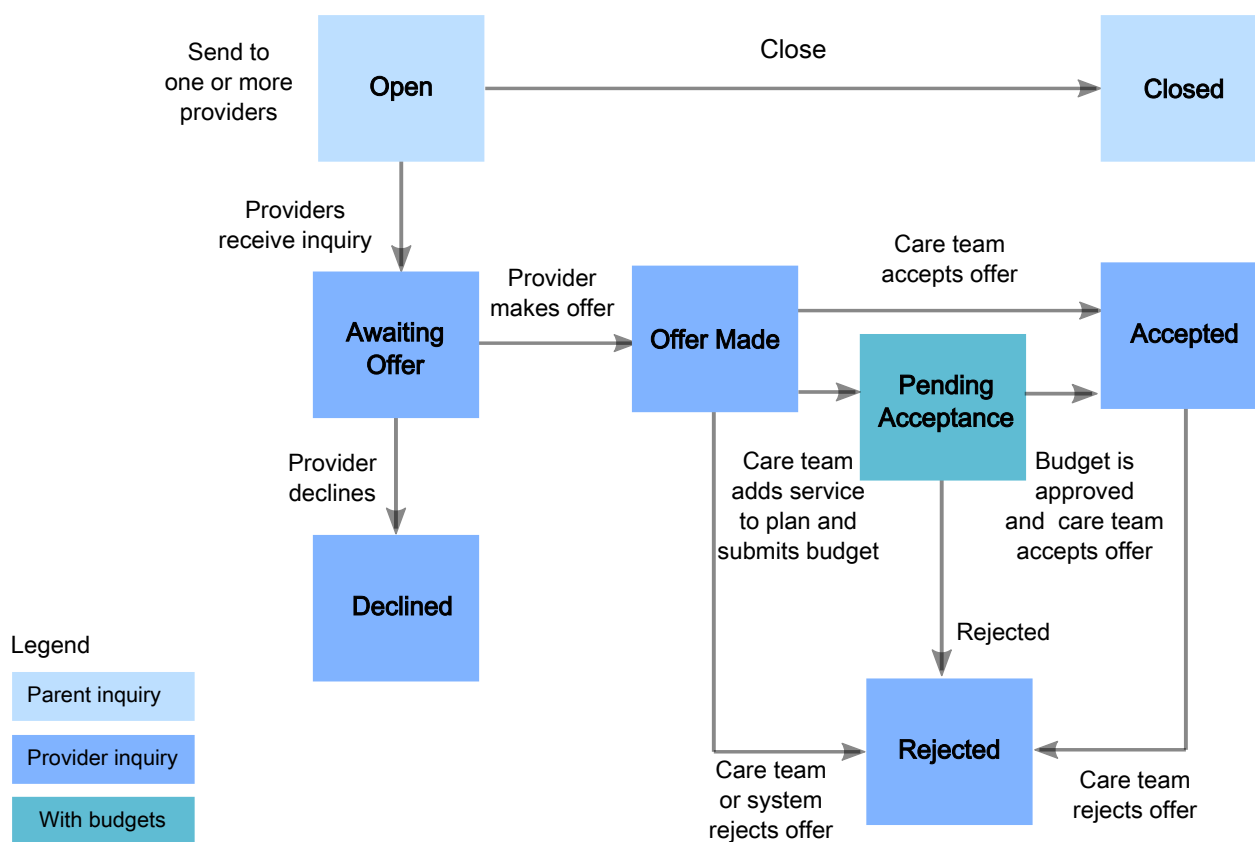
Open

Select a service and create an inquiry to send to service providers. While the inquiry is open and awaiting offers from providers, you can add comments to the inquiry and all providers who received the inquiry can see your comments. You can close an open inquiry, and for reporting purposes, you can choose one of the following closure reasons and enter a closure comment.

Table 12. Closure reasons	
Watson Care Manager	**Connect**
Offer Accepted	Inquiry withdrawn
Offer Withdrawn	Offer Withdrawn

Table 12. Closure reasons (continued)	
Watson Care Manager	**Connect**
Other	The inquiry has been closed

Providers can see the closure reason, but not your closure comment.

Deleted

You can delete a draft inquiry only. You cannot delete an inquiry after it is sent.

The following list shows the IBM Watson Care Manager status followed by IBM Watson Care Manager Connect Providers status in parentheses.

Closed (Closed)

No further action can be taken on closed inquiries.

Awaiting Offer (New)

Providers receive the inquiry in IBM Watson Care Manager Connect Providers, and can make an offer to provide the service or decline to make an offer. Providers can request more information about an inquiry without making an offer.

Offer Made (Offer sent)

After providers make an offer, you cannot edit the offer

A provider can withdraw an offer and reset the status to awaiting offer so that care team members or providers can add more information in comments.

A care team member can accept the offer. The service and provider are added to the plan. When the care team member accepts an offer, they can manually close the parent inquiry, which automatically rejects all offers with an offer made or pending acceptance status.

A care team member can reject an offer and add an optional comment. The provider is notified of the rejection and can see the rejection comment.

If the client has a budget, the care team adds the service and provider to the plan and submits the budget for approval. When the budget is approved, the care team member accepts the offer.

Pending Acceptance (Offer sent)

A care team member can accepts the offer where the budget is approved or reject the offer where the budget is not approved.

Accepted (Accepted)

A care team member can reject an accepted offer. For example, if the provider is no longer able to fulfill the request.

Declined (Declined)

A provider can decline to make an offer for a service. After an inquiry is declined, no more actions can be taken on that inquiry and no more comments can be added by the provider.

Rejected (Offer unsuccessful)

Care team member or providers can no longer add comments or take any action on rejected offers.

The Inquiries page

Use the **Inquiries** page to manage a client's service provider inquiries. The **Inquiries** page is available only if your organization licenses the IBM Watson Care Manager Community Service Referral add-on component.

To identify a user who created or updated a payment, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

1. Add potential service providers to a shortlist, from which you can create inquiries to send to multiple service providers. For more information about the shortlist (⊓), see #unique_243.

2. You can see existing inquiries, categorized by sent or closed inquiries. Select a category to see the inquiries.

3. When you select an inquiry, you can see the inquiry status and details, and a list of the providers that the inquiry was sent to. Expand the inquiry to see more details and a link to download the file containing additional supporting information, if a file is attached to the inquiry. **Resource Category** is displayed only when there is at least one resource category selected for the service. If you select an inquiry where an offer was made, you can see the following information:

   Resource Category
   The resource category. Displays only when a provider has reserved resource(s) when making an offer.

   Resource
   Description of the resource. Displays only when a provider has reserved resource(s) when making an offer.

   Number of Resources
   Displays only when a provider has reserved resource(s) when making an offer.

   Location
   Displays only when a provider has reserved resource(s) when making an offer.

   Units
   The number of units and the unit type.

   Frequency
   The service frequency.

   Offered Rate
   The offered rate.

   Start Date
   The start date.

4. From the **Actions** menu of the inquiry, you can access available actions such as adding a comment. You can add, update, or remove the file of supporting information attached to the inquiry. The available actions vary based on the status of the inquiry.

5. From the **Actions** menu of a provider's inquiry, you can access available actions such as accepting or rejecting offers. The available actions vary based on the status of the provider's inquiry. For example, whether the provider has made an offer or not.

6. Expand a provider's inquiry to see more information. You can see any status changes on the inquiry and any comments or questions that the provider has added.

7. If your organization has licensed the IBM Watson Care Manager Community Service Payment add-on component, the budget planning bar is shown depending on the budget status. For more information, see "The budget planning bar" on page 157.

Creating internal service inquiries

From the providers shortlist, you can create an inquiry for a service and send the inquiry to multiple providers of the service. By default, only shortlisted providers with an active Connect P account for the service are included. The inquiry is sent to the email addresses that are held for the providers' Connect users. You can include additional information as an attachment to the inquiry so that providers have enough information to assess the offer and respond to it quickly.

About this task

Only one attachment of additional information can be saved per inquiry. Any updates to this file overwrite the file that was previously uploaded.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Choose an option:

   - Select **Plan** > **Plan**.
   - Select **Plan** > **Community Resources**.
   - Select **Plan** > **Inquiries**.

5. Select the shortlist icon ⌑ to open the shortlist.

6. Select **Create Inquiry** from a shortlisted service.

7. Enter the inquiry details.

   - **Service:** The read-only name of the service.
   - **Shortlisted Providers:** By default, only shortlisted providers with an active Connect P account for the service are included. Review the providers and clear the check box for any providers that you want to exclude.
   - **Response Required By:** You can enter a date by which a response is required. You can enter a time by which a response is required.
   - **Units Required:** Enter the number of units that are needed and select the unit. Decimal values are supported.
   - **Frequency:** Enter the required frequency for the service.
   - **Days:** You can select which days of the week the service is required.
   - **Expected Start Date:** Enter the expected start date, which must be on or after the response required by date.
   - **Expected End Date:** Enter the expected end date.
   - **Supporting Information:** Browse for and select a file containing additional information to upload and attach to the inquiry. The maximum file name size is 250 characters and the maximum file size is 2 MB. If your organization or your providers require that the supporting information file is accessible to screen readers, you should take steps to ensure that the file meets this requirement.

- **Comment:** You can enter a comment for the inquiry. Do not include any of the client's personal health information (PHI) in the comments.

So that you are not delayed authorizing payments for services, an information message will let you know if one or more of the selected providers have not completed their PayPal sign up. You can remind them to complete sign up.

8. Click **Send**.

Commenting on service inquiries

You can add more information to inquiries by commenting on the parent inquiry. All providers who received the inquiry can see the comment, except providers who have declined the inquiry. If you want to reply directly to a provider only, you can add a comment to the provider's offer. Only the specific provider will see this comment.

About this task

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **Plan** > **Inquiries**.

5. Expand the sent inquiries and select an inquiry.

6. Select **Comment** from the **Actions** menu of the inquiry, enter your comment, and click **Save**.

Updating supporting information

So that you can ensure that the provider has the most up to date and relevant information when they review your inquiry, you can update the inquiry by adding a new file of additional information. The new file overwrites the existing file of supporting information.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **Plan** > **Inquiries**.

5. Expand the sent inquiries and select an inquiry.

6. Select **Update Supporting information** from the **Actions** menu of the inquiry, browse for and select a file containing additional information to upload and attach to the inquiry and click **Update**.

   The maximum file name size is 250 characters and the maximum file size is 2 MB. If your organization or your providers require that the supporting information file is accessible to screen readers, you should take steps to ensure that the file meets this requirement.

Removing supporting information from an inquiry

You can remove a file of supporting information from an inquiry if the information is no longer required, or if the client is being deleted from Watson Care Manager.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **Plan** > **Inquiries**.
5. Expand the sent inquiries and select an inquiry.
6. Select **Remove Supporting information** from the **Actions** menu of the inquiry.

Results

The supporting information file is removed from the inquiry.

Accepting provider offers and adding services to plans

You can accept a provider's offer and add the provider's service to the plan. Providers can then see the client's name, phone number, and address in the IBM Watson Care Manager Connect Providers application when they sign in to Connect. In addition, an email that accepts the offer is sent to the Connect user email address that is held for the provider.

About this task

The service and provider are added to the plan. Set the expected end date for the service. If the service can help a client to achieve goals, you can associate the service with one or more goals.

If budgets are used, two steps are needed. Add the service to the plan pending budget approval and, when the budget is approved, accept the service. The service must be on the plan before you can accept the provider offer.

Note: During the last weeks of a budget, adjust your service end dates if you know that the service can be fully delivered in a partial week based on its frequency. In this case, record the service dates to span the full service frequency to ensure that the weekly cost is not prorated unnecessarily. For example, where a service has a frequency of two classes per week that are delivered on Wednesday and Friday, end the service on Sunday to include the full weekly cost in the budget.

If payments are used, payments to providers are made weekly on a Monday in arrears. Payments for services with a 2-weekly or 4-weekly frequency are split into weekly payments. For 2-weekly and 4-weekly services, set the start date of the service to the Monday of the week that the service starts to ensure that the first weekly payment is not prorated and that the provider is paid the full weekly amount.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **Plan** > **Inquiries**.
5. Expand the sent inquiries and select an inquiry where an offer was made.

6. Choose one of the following options based on whether the client has a budget, and enter the service details if available.

   a) If the client has a budget, select **Add to Plan** from the **Actions** menu of the service to add the service to the plan pending budget approval.

   b) If the client doesn't have a budget, select **Accept and Add to Plan** from the **Actions** menu of the service to accept the offer and add the service to the plan.

   - **Provider** - The provider name.
   - **Service** - The service name.
   - **Resource Category** - The resource category. Displays only when a provider has reserved resource(s) when making an offer.
   - **Resource** - Description of the resource. Displays only when a provider has reserved resource(s) when making an offer.
   - **Number of Resources** - Displays only when a provider has reserved resource(s) when making an offer.
   - **Location** - Displays only when a provider has reserved resource(s) when making an offer.
   - **Units** - The number of units and the unit type.
   - **Frequency** - The service frequency.
   - **Offered Rate** - The offered rate.
   - **Start Date** - The start date.
   - **Expected End Date** - You can enter an expected end date for the service.
   - **Associate Goals** - You can select one or more goals to associate the service with.

7. After the client's budget is approved, select **Accept** from the **Actions** menu of the service to accept the offer.

   The budget that the service is associated with must be approved before you can accept the budget.

Rejecting provider offers

Reject the providers offer and optionally enter a comment for the provider and care team. You can reject an offer at the offer made or accepted status. To protect client's privacy, ensure that you don't enter personal information about clients in the comments.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **Plan** > **Inquiries**.

5. Expand the sent inquiries and select an inquiry where an offer was made.

6. Click **Reject** from the **Actions** menu of the offer.

Closing service inquiries

Close an inquiry that is no longer needed. You must select a reason, and can enter a comment if needed.

Before you begin

Before you close an inquiry, you are told if a provider who made an offer for a service is no longer providing the service. You can then decide if you want to keep the inquiry open to find another provider.

About this task

When you close an inquiry, if the inquiry was accepted, the reason defaults to Offer Accepted. Offers that are Offer Made, and if you are using budgets, offers that are Pending Acceptance, are updated to a status of Rejected. Otherwise, the offer status is unchanged when the inquiry closes. No actions are available on closed inquiries, and providers cannot respond to a closed inquiry.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **Plan** > **Inquiries**.
5. Expand the sent inquiries and select an inquiry.
6. Click **Close** from the **Actions** menu of the inquiry.
7. Select a closure reason. If the inquiry was accepted, the reason defaults to **Offer Accepted**.
8. Optional: Enter a comment. Your comments are not shown to providers.
9. Click **Close**.

Sharing service providers shortlist with others

You can download a client's service providers shortlist in PDF format to share with the client or others.

About this task

You can download a client's shortlisted providers in PDF format to share with your client or others. The PDF contains client contact and demographics information in the header section to accurately identify the client the providers have been shortlisted for. The following information is included:

- Name: The client's preferred name. If no preferred name is entered, then the registered name is displayed.
- Client ID: The client's primary identifier.
- Gender: The client's gender.
- Date of Birth: The client's date of birth and age.
- Phone Number: The client's phone number.

  The file includes the following information about providers:

  – Service name: Name of the service. The count of the providers that are shortlisted for the service is displayed in brackets after the service name.
  – Categories: Displays one or more categories the provider service is assigned to.
  – Provider Name: Displays the shortlisted provider name for the service.
  – Phone: Display the phone number recorded for the provider during registration.
  – Email: Displays the email for the provider if recorded during registration.
  – Website: Displays the website for the provider if recorded during registration.
  – Addresses: Displays the addresses that are recorded for the provider services.
  – Contacts: Displays the name, phone, and email contacts for the provider services, if recorded.

  By default, the file includes a footer section, which is displayed on every page. The footer section displays the following information:

  – Prepared By: The organization name.

- Downloaded By: The care team member that downloaded the services and providers shortlist and the date and time it was downloaded.
- Disclaimer
- Page number in the format: X of X, for example 1 of 3.

The downloaded file is named *Shortlist Name_ClientID_Date_Time*.pdf. *Shortlist Name* is the name of the service provider, *ClientID* is the client's primary identifier, and *Date_Time* is the date and time of the download.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **Plan** > **Community Resources**. The service providers shortlist is displayed. This can only be accessed from the Plan and Inquiries page.
5. Click the name of the service provider whose shortlist you want to download. You see a list of the shortlist's modules, which are containers that can include service providers.
6. Expand a module to open the service provider you want to download.

   - Click the name to see the most recent version.
   - Click and hold the counter icon to select prior versions, which are labeled by date of completion.
7. Click **Download**.
8. Browse to where you want to store the PDF and save the document.
9. Distribute the document to the relevant parties.

Planning services with external provider inquiries

As a care manager, you can send inquiries to service providers by using the external registry inquiries flow. This inquiry can be retrieved (via API) by an external system which is interested in viewing, managing and responding to the provider service inquiry for the client. If the external system responds to the inquiry, the response will be updated on the inquiries list page.

The external service provider shortlist

The care team and client can shortlist a potential providers for a service if external inquiries is enabled.

Open the shortlist by clicking the shortlist icon ⎙ on the **Plan**, **Community Resources**, or **Inquiries** pages.

1. The shortlisted services and providers are listed by service.
2. Expand a service to see the shortlisted providers. You can see who shortlisted the service and provider.
3. You can add a shortlisted service and provider to the plan.
4. You can remove services and providers from the shortlist.
5. If inquiries are used, you can create an inquiry for the service.
6. You can download a PDF of the shortlisted service providers.

Plan services with external inquiries

Here's a basic scenario to introduce you to planning with inquiries. The scenario covers choosing services for a client, sending inquiries to service providers, viewing provider response, adding the services to the plan and closing the inquiry.

Susan Brown is a care manager and is creating a care plan. Susan wants to find home care providers and send inquiries to them.

From the **Community Resources** page, Susan searches for Home Care services.

Susan finds a number of providers for the **Home Care** service. As she browses, she adds potential providers to a shortlist.
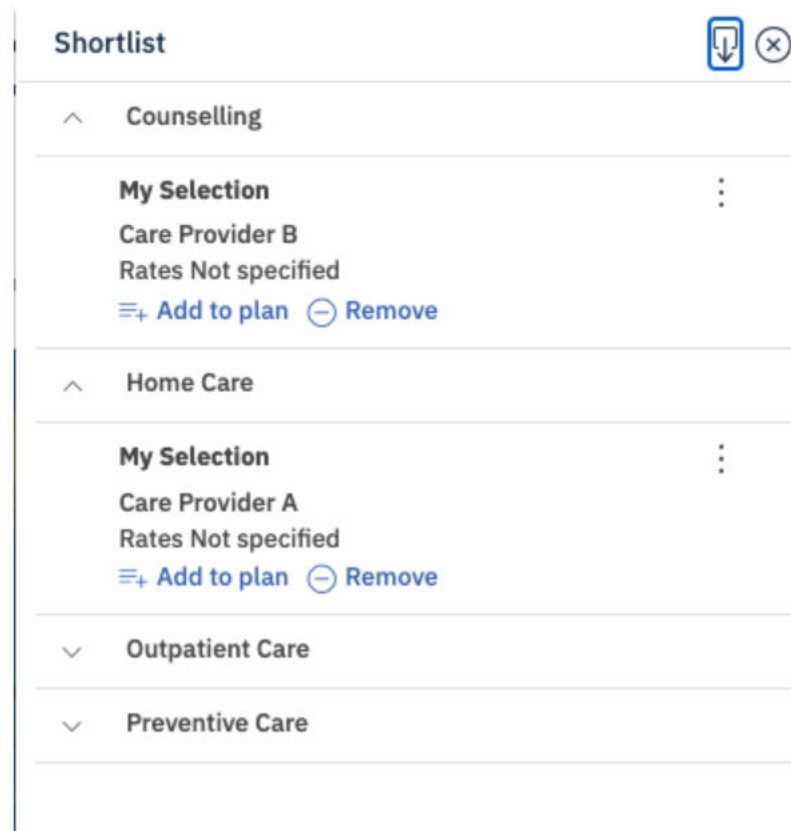
When Susan is ready, she opens the shortlist and creates an inquiry.

Create Inquiry

(?) ✕

Service	Adult Home Care
Provider	Care Provider B
Expected Start Date *	07 / 20 / 2021 📅
Add To Plan	☐
Comment	Remember, do not enter any of the client's personal information here.

Send   Cancel

Susan can view the details of the inquiry on the Inquiry list page and see if the provider has responded.

She can also view the history of the inquiry in the expanded view.

Susan can add the Provider Service information to the client's plan from the inquiries list page.

Susan closes the inquiry as it is no longer needed.

For more information about the tasks in this scenario, see the following links:

- The external service provider shortlist
- Creating external service inquiries
- The external inquiries page
- Adding services to plans
- "Accepting provider offers and adding services to plans" on page 195

- [Closing external service inquiries](#)

The external Inquiries page

Use the **Inquiries** page to manage a client's service provider external inquiries. The **Inquiries** page is available only if your organization licenses the IBM Watson Care Manager Community Service Referral add-on component.

To enable Provider Inquiries APIs for your organization, a ticket must be submitted to IBM Ops.

1. Add potential service providers to a shortlist, from which you can create inquiries to send to a provider.

   For more information about the shortlist (⊓), see [The external service provider shortlist](#).

2. When you select an inquiry, you can see the inquiry status and details.

3. From the **Actions** menu of the inquiry, you can access available actions such as adding the provider and service information to the client's plan or closing the inquiry.

4. Expand a provider's inquiry to see more information. You can see any status changes on the inquiry and any comments or questions that the provider has added.

Creating external service inquiries

From the providers shortlist, you can create an inquiry for a service and send the inquiry to an external provider of the service. The inquiry is sent to an external provider registry using an API. You can include additional information in the comments on the inquiry so the provider has enough information to assess the offer and respond to it quickly.

About this task

You can send an inquiry for a service to a provider of the service. Organizations who have subscribed to receive inquiry notifications are notified of the inquiry and can call back to retrieve the details, if interested.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, click **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   The client's summary view opens.

4. Choose one of the following options:

   - Select **Plan** > **Plan**.

   - Select **Plan** > **Community Resources**.

   - Select **Plan** > **Inquiries**.

5. Click the shortlist icon ⬚ to open the shortlist.

6. From the shortlisted service, select **Create Inquiry**.

7. Enter the inquiry details.

   Service
   > The read-only name of the service.

   Provider
   > Displays the provider from the shortlist.

   Expected Start Date
   > Enter the expected start date, which must be on or after the response required by date. By default, is set to current date.

   Comment
   > You can enter a comment for the inquiry. Do not include any of the client's personal health information (PHI) in the comments.

   Source
   > If configured, you can select a value. By default, the first option is selected.

   Original Source System
   > If configured, you can select a value. By default, the first option is selected.

8. Click **Send**.

Adding services to plans

You can add the provider's service to the plan. The provider sends the response using an API.

About this task

The service and provider are added to the plan. If the service can help a client to achieve goals, you can associate the service with one or more goals.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **Plan** > **Inquiries**.

5. Expand the sent inquiries. Select the action menu to add the provider and service information to the client's plan.

6. Select from one or more attributes -

   Provider
   > The provider name.

Service
> The service name.

Start Date
> You can enter an expected start date for the service.

Expected End Date
> You can enter an expected end date for the service.

Units
> The number of units and the units type.

Frequency
> The service frequency.

Associate Goals
> You can select one or more goals to associate the service with.

Closing external service inquiries

Close an inquiry that is no longer needed. You can enter a comment if needed.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **Plan** > **Inquiries**.
5. Expand the sent inquiries and select an inquiry.
6. Click **Close** from the **Actions** menu of the inquiry.
7. Optional: Enter a comment. Your comments are not shown to providers.
8. Click **Close**.

Adding services and providers

If Providers are enabled in the care team application, you can add services and their providers to the plan.

Before you begin

If budgets are used, the most recent budget must be draft or reopened to add services with costs to the plan, or to add providers for services with costs to the plan. The service cost is derived from the number of service units, the frequency, and the cost per unit. If any of these values are omitted, the service cost cannot be calculated.

Note: During the first and last weeks of a service, adjust your service start or end dates based on whether the provider will deliver a full or partial service that week. If the provider will deliver a full service in the first week, set the start date of the budget to the Monday of the week to ensure that the full weekly cost of the service is calculated in the budget and that the cost is not prorated, For example, where a service is being delivered as a single weekly class and the provider has confirmed that the class is delivered on a Wednesday, start the service on the Monday of the week to include the full weekly cost In the budget and to ensure that the provider is paid in full for that week.

If payments are used, payments to providers are made weekly on a Monday in arrears. Payments for services with a 2-weekly or 4-weekly frequency are split into weekly payments. For 2-weekly and 4-weekly services, set the start date of the service to the Monday of the week that the service starts, to ensure that the first weekly payment is not prorated and that the provider is paid the full weekly amount.

Adding services and providers from search results

You can search all of the active services and providers that are registered in your organization's provider registry from the **Community Resources** page. From your results, you can look at the service information and the provider profile, and add services and providers to the plan.

About this task

If the service is already on the plan, the provider is associated with the service. Set the start and expected end dates for the service and the frequency of the service. Set the cost per unit, the unit type, and the number of units of the service that the client needs. If the service can help a client to achieve goals, you can associate the service with one or more goals.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **Plan** > **Community Resources**.

   The **Community Resources** page opens.
5. Search services and providers by entering one or more keywords and clicking **Search**.

   Services that match all of the keywords, and any specified location and distance information, are returned.
6. Click **Add to plan** on a service.
7. Optional: Enter the service details now or later:

   - **Start Date** - Enter a start date for the service.
   - **Expected End Date** - Enter an expected end date for the service.
   - **Frequency** - Select a frequency for the service.
   - **Cost per Unit** - Select from the active provider rates. If you want set a different cost per unit, select **Other**.
   - **If other, please specify** - Update the cost per unit. This option is available only if you select **Other** for **Cost per Unit**.
   - **Number of Units** - Enter how many units of the service that the client needs.
   - **Associate Goals** - Select one or more goals to associate the service with.
8. Click **Save** to add the service to the plan.

Adding services and providers from shortlists

You can add services and providers to the plan from the shortlist.

About this task

Add a service and provider to the plan. If the service is already on the plan, the provider is associated with the service. Set the start and expected end dates for the service and the frequency of the service. You can set the cost per unit, the unit type, and the number of units of the service that the client needs. If the service can help a client to achieve goals, you can associate the service with one or more goals.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Choose an option:

   a) Select **Plan** > **Plan**

   b) Select **Plan** > **Community Resources**

   c) Select **Plan** > **Inquiries**

5. Click the Shortlist (🔖) icon.

6. Click **Add to plan** on a service.

7. Optional: Enter the service details now or later:

   • **Start Date** - Enter a start date for the service.

   • **Expected End Date** - Enter an expected end date for the service.

   • **Frequency** - Select a frequency for the service.

   • **Cost per Unit** - Select from the active provider rates. If you want set a different cost per unit, select **Other**.

   • **If other, specify** - Update the cost per unit. This option is available only if you select **Other** for **Cost per Unit**.

   • **Number of Units** - Enter how many units of the service that the client needs.

   • **Associate Goals** - Select one or more goals to associate the service with.

8. Click **Save** to add the service to the plan.

Adding services and providers from the Plan page

You can choose to add a suggested service, or a service from a suggested service category, or to search the library of existing services. You can choose to select the provider when you add the service, or to add the provider later.

About this task

You can set start and expected end dates for the service and the frequency of the service. You can set the unit type, and the number of units of the service that the client needs. If the service can help a client to achieve goals, you can associate the service with one or more goals.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Add a service by selecting one of the following options:

   a) Click the **Suggested Activities** icon on the **Activities** bar to see any suggested services or service categories. Click the **View All** icon to see the suggested services in a category. Click the **Add** icon to add a suggested service.

   The add service window opens.

   b) Click the **Add** icon on the **Activities** bar.

   The activities library search opens. Type a service or service category name to find a service in the library and select a service. The add service window opens.

6. Enter the service details:

- **Start Date:** Enter a start date for the service.
- **Expected End Date:** Enter an expected end date for the service.
- **Frequency:** Select the frequency of the service.
- **Units:** Enter the number of units the client needs and select the unit.
- **Associate Goals:** Select one or more goals to associate with the service.

7. Add a provider now or add the service and add a provider later:

- To add the service now and add a provider later, click **Save**. The service is added to the plan. You can select **Add Provider** to add a provider for the service at any time.
- To add a provider for the service, click **Save and Select Provider**. The community resources page opens and shows all of the providers that are associated with that service.

8. Optional: Refine the search by entering one or more keywords and clicking **Search**.

   You must enter at least 3 characters in the keyword search and you can enter up to 7 keywords. Partial matching is supported in keyword searches.

9. Optional: Refine your search by location and distance, or clear the location selection.

   Services and providers within the selected distance from the selected location are shown. The distance is ignored if you clear the location.

   By default, the client's address is selected. If the client has no address, your current location is shown if you agree to share your location. You can select another client address, enter an address, or select your current location, and select a distance.

10. Optional: Sort your results by provider, service, distance, best match, or lowest rate.
11. Click **Add to plan** on a service.
12. Optional: Confirm or update the service details, including the cost per unit.

- **Start Date** - Enter a start date for the service.
- **Expected End Date** - Enter an expected end date for the service.
- **Frequency** - Select a frequency for the service.
- **Cost per Unit** - Select from the active provider rates. If you want set a different cost per unit, select **Other**.
- **If other, please specify** - Update the cost per unit. This option is available only if you select **Other** for **Cost per Unit**.
- **Number of Units** - Enter how many units of the service that the client needs.
- **Associate Goals** - Select one or more goals to associate the service with.

13. Click **Save** to add the provider for the service.

Adding providers for services

Add a provider for a service that is already on the plan. You can search by service or keyword or both, and refine your search to see all services within a specified distance from a location. From your results, you can look at the service information and the provider profile and add the provider to the service on the plan.

Before you begin

If budgets are licensed, you must have a draft or reopened budget to add a provider for a service with costs to the plan.

About this task

All open services on the plan with no associated provider are available to select.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Community Resources.**

5. Select **Add Provider** from the **Actions** menu of the service.

   The **Community Resources** page opens and shows all of the provider services that are associated with that service.

6. Optional: On the **Community Resources** page, refine the search by entering one or more keywords and clicking **Search**.

   You must enter at least 3 characters in the keyword search and you can enter up to 7 keywords. Partial matching is supported in keyword searches.

7. Optional: Refine your search by location and distance, or clear the location selection.

   Provider services within the selected distance from the selected location are shown. The distance is ignored if you clear the location.

   By default, the client's address is selected. If the client has no address, your current location is shown if you agree to share your location. You can select another client address, enter an address, or select your current location, and select a distance.

8. Optional: Sort your results by provider, service, distance, best match, or lowest rate.

9. Click **Add to plan**.

10. Optional: Enter the service details now or later:

    - **Start Date** - Enter a start date for the service.
    - **Expected End Date** - Enter an expected end date for the service.
    - **Frequency** - Select a frequency for the service.
    - **Cost per Unit** - Select from the active provider rates. If you want set a different cost per unit, select **Other**.
    - **If other, please specify** - Update the cost per unit. This option is available only if you select **Other** for **Cost per Unit**.
    - **Number of Units** - Enter how many units of the service that the client needs.
    - **Associate Goals** - Select one or more goals to associate the service with.

11. Click **Save** to add the provider for the service.

Removing providers from services

You can remove the provider from services on the plan. Because the service cost is associated with the provider, removing providers from services removes the cost per unit from the services. The cost per unit is no longer displayed for the service. You can then add another provider for the service.

Before you begin

If budgets are licensed, you must have a draft or reopened budget to remove a provider from services with costs on the plan.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Select **Remove Provider** from the **Actions** menu of the service.

6. Click **Remove**.

   The provider is removed from the service.

Modifying services

You can edit the start and expected end dates for the service and the frequency of the service. You can edit the units in which the service is delivered and number of units the client needs.

Before you begin

If budgets are used, you must have a draft or reopened budget to modify services with costs. Values for frequency, units, and cost per unit are needed for the service to be included in budget calculations. To avoid affecting previous budgets, you cannot edit the cost of a service that was included in a previously approved budget. To edit the cost, close the service with an appropriate date and create the service again with the new cost.

If payments are used, you can modify the expected end date of the service only after payment for the service is authorized, so that an accurate payment history for the service is maintained.

About this task

If Providers are enabled and a provider is associated with the service, you can update the cost per unit.

If payments are used and payment is authorized for the service, you can edit only the expected end date.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Select **Edit** from the **Actions** menu of a service.

   The **Edit Services** page is displayed.

6. Modify the following service details, as needed.

   - **Start Date:** Update the start date.
   - **Expected End Date:** Update the expected end date.
   - **Frequency:** Update the frequency of the service.
   - **Units:** Update the unit in which the service is delivered or the number of units of the service that the client needs.
   - **Cost per Unit:** Update the cost per unit for the service. This option is available only if a provider is associated with the service.

7. Click **Save**.

Associating services with goals

You can associate services with one or more goals on a plan by adding goals to the service. Goals must be open and not previously associated with the service.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Expand **Activities** > **Services** and select **Add Goals** from the **Actions** menu of the service.

   The **Add Goals** page opens and displays the available goals.
6. Select the goals that you want to add and click **Save**.

   The service is associated with the selected goals.

Removing associated services from goals

You can remove the association of a service with a goal. The service is not removed from the care plan, but is no longer associated with the goal.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Select a service.

   The service page opens.
6. Expand **Activities** > **Services** and select **Remove** from the **Actions** menu of the service.
7. Click **Remove** to remove the goal from the service.

Closing services on plans

You can close services when clients finish or no longer need them. You must specify the outcome of the service, and the date that the service is closing.

About this task

If budgets are used, closing services with costs can affect the budget. The expected end date is used in budget calculations. Entering a closure date that is later than the expected end date might cause the service to go over budget. In addition, the following restrictions apply:

- A service with a cost cannot be closed or the end date modified while a newer budget is pending approval. Cancel the budget approval request, close the service or update the end date, and submit the budget again.
- When a closed budget is the most recent budget on the plan, the service closure date cannot be later than the budget closure date.

If you use payments, closing a service ends payments to the provider of the service. If you are closing the service with a start date before the first payment due date of the service, you can choose to cancel the payment.

Payments to providers are made weekly on a Monday in arrears. For services with a frequency of 4 weekly, the weekly payment to the provider is a quarter of the 4-weekly payment and for services with a 2-weekly frequency, the weekly payment is half of the 2-weekly payment. So if you are using payments, enter a closing date for the service that ensures that the full final payment is made to the provider.

For example, a service with a 4-weekly frequency, that finishes delivery on the 30th April 2018, the payments due dates for the final service delivered on the 30th April are the 7th May, 14th May, 21st May, and 28th May. You should set the end date of the service to Sunday 27th May 2018 when closing the service to ensure that the provider receives full payment for the final service delivery.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**.

5. Expand **Activities** > **Services** and complete the following steps to close a service.

   a) Select **Close** from the **Actions** menu of an open service.

      The **Close Service** window opens, or if payments are used, the **Close Service** wizard opens.

   b) Enter the closure details:

      - **Outcome:** Select an outcome from the list of available options.

      - **End Date:** Enter a closing date. By default, the closure date is the current date.

   c) Click **Save** to close the service, or if payments are enabled, click **Next**.

   d) If you are closing the service with an end date that is before the first payment due date, you can choose to cancel the payment to the provider.

      The payments summary shows the end date, and details of the most recent payment and the final payment.

      - Most recent payment:

        – Date

        – Period

        – Amount

      - Final payment:

        – Due Date

        – Period

        – Amount

      For once-off services, the once- off payment summary shows the end date. the payment date and the payment amount.

Deleting services from plans

You can delete services from plans.

Before you begin

If payments are used, you can only delete a service for which payment is authorized if you first close the service and cancel payment before the first payment is made.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**.
5. Expand **Activities** > **Services**, select **Delete** from the **Actions** menu of a service, and click **Delete**. The service is removed from the plan.

Planning for clients' barriers

Barriers are issues that affect clients, and that can hinder or prevent clients from achieving their goals, completing actions, or from using services. For example, you must consider how clients without transportation can access the required locations when you are assessing and managing their care plans. You can add, edit, resolve, and delete barriers, and associate barriers with goals, actions, or services.

Adding barriers

You can associate barriers with a client. You can select an existing barrier, or create an ad hoc barrier that is specific to the client.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**. The plan opens.
5. Add a barrier by clicking the **Add Barrier** icon.

   The barrier search opens. Choose one of the following options:

   • Type a barrier name to find a barrier in the library and select a barrier. The add barrier window opens.

   • Select **New Barrier**. The **New Barrier** window opens.
6. From the **Category** list, select the barrier category that best describes the nature of the barrier.
7. Enter a note about the barrier.

   A general note is created and associated with the barrier.
8. Click **Save**.

   An open barrier is associated with the client.
9. Optional: Select **History** > **Notes** to see notes about barriers.

Filtering the barriers list view

You can review the list of barriers associated with a client. The list can include both open and resolved barriers.

About this task

By applying one or more of the predefined page filters, you can further filter the list to display only those barriers that you want to see. For example, you can filter the list to display only open barriers.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Barriers**

   The **Barriers** list opens. The page opens with the predefined **Show Open** filter applied by default.

5. Optionally change or further filter the Barriers list based on specific search criteria.

   a) Click the filter icon to open the **Filter** page.

   b) Refine the Barriers list view by selecting one or more of the following check boxes that correspond to your search criteria:

   - **Show Open** (All unresolved barriers).
   - **Show Resolved** (All resolved barriers).

   c) Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time.

Editing barriers

You can edit the barrier category and you can edit the barrier name for ad hoc barriers.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**. The plan opens.

5. Select **Barriers**.

   The client's barriers are shown.

6. Select **Edit** from the **Actions** menu of a barrier.

7. Update the barrier name for ad hoc barriers only, or select another category to best describe the nature of the barrier.

8. Click **Save**.

   The barrier is updated.

9. Optional: Select **History** > **Notes** to see notes about barriers.

Updating barriers with notes and comments

Add notes or comments to barriers to capture information about barriers.

About this task

You can add one or more notes to a barrier, and can then add comments to the note to provide further continuous updates.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**. The plan opens.
5. Select **Barriers**.

   The client's barriers are shown.
6. From the **Actions** menu of a barrier, select **Add Note**, enter a note and click **Save**.

   A general note is appended to the barrier.
7. Click **Add Sensitive Note** to add a sensitive note. Only users that have access to the client and are assigned a security role with access to the Sensitive Notes resource can add a sensitive note.
8. Assuming that the note type is configured as editable, select to save the note as a draft version, ready for review version, or final version. When you mark a note as the final version, you can no longer edit it.
9. If configured, you must select one of the configured values that indicate the source of the note.
10. If applicable, you can select one of the configured values to indicate where the note originated.
11. For a barrier with an existing note, from the **Actions** menu, select **Comment**, enter a comment and click **Save**.

    The comment is appended to the note.
12. Optional: Select **History** > **Notes** to see notes about barriers.

Editing barrier notes

You can edit a barrier note that is associated with a barrier.

About this task

The note can be edited only if the note that is recorded for the barrier has a status of either Draft or Ready for Review.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, click **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**. The plan opens.
5. Select **Barriers**.

The client's barriers are shown.

6. Expand a barrier, then click **Edit** from the **Actions** menu of the barrier.

7. Update the note.

8. Assuming that the note type is configured as editable, select to save the note as a **Draft, Ready for Review,** or **Final** version. When you mark a note as the final version, you can no longer edit it.

9. If configured, in the **Source** field, you must select one of the configured values that indicate the source of the note.

10. If applicable, in the **Original Source System** field, you can select one of the configured values to indicate where the note originated.

11. Click **Save**.

The barrier note is updated.

Associating barriers with goals

A barrier can hinder or prevent a client from achieving a goal. You can associate open barriers with goals on the care plan by adding the goal to the barrier.

Procedure

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click **Plan** > **Plan**. The plan opens.

5. Select **Barriers**.

The client's barriers are shown.

6. From the **Actions** menu of a barrier, select **Add Goals**.

The **Add Goals** page shows active goals on the client's care plan.

7. Select one or more goals to associate with the barrier, and click **Save**.

The barrier is associated with the selected goals, but not with any actions that are associated with those goals.

Removing associated barriers from goals

You can remove a barrier that is associated with a goal when the barrier is no longer relevant. The barrier is no longer associated with the goal, or any actions that are associated with that goal.

Procedure

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

Their **Summary View** opens.

4. Click **Plan** > **Plan**. The plan opens.

5. Select **Barriers**.

The client's barriers are shown.

6. Select a barrier to view the details.

7. From the **Goals** list, select **Remove** from the **Actions** menu of a goal, and click **Remove**.

Associating barriers with actions

A barrier can hinder or prevent a client or care team member from completing an action. You can associate open barriers with client or care team actions on the care plan by adding the action to the barrier.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**. The plan opens.
5. Select **Barriers**.

   The client's barriers are shown.
6. Complete the following steps to associate client actions with the barrier.

   a. From the **Actions** menu of a barrier, select **Add Client Actions**. Client actions on the plan are displayed.

   b. Select one or more client actions to associate with the barrier, and click **Save**. The barrier is associated with the selected client actions, and with the parent goal of those actions.
7. Complete the following steps to associate care team actions with the barrier.

   a. From the **Actions** menu of a barrier, select **Add Care Team Actions**. Client actions on the plan are displayed.

   b. Select one or more care team actions to associate with the barrier, and click **Save**. The barrier is associated with the selected care team actions, and with the parent goal of those actions.

Removing associated barriers from actions

You can remove a barrier that is associated with a client or care team action when the barrier is no longer relevant. The barrier is no longer associated with the action, but any association with the parent goal of the action is not removed.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**. The plan opens.
5. Select **Barriers**.

   The client's barriers are shown.
6. Select a barrier to view the details.
7. Complete the following steps to remove the association between the barrier and client actions.

   a. From the **Client Actions** list, select **Remove** from the **Actions** menu of a client action.

   b. Confirm that you want to remove the client action from the barrier by clicking **Remove**.

The association between the barrier and the client action is removed, but not the association with its parent goal.

8. Complete the following steps to remove the association between the barrier and care team actions.

   a. From the **Care Team Actions** list, select **Remove** from the **Actions** menu of a care team action.

   b. Confirm that you want to remove the care team action from the barrier by clicking **Remove**.

   The association between the barrier and the care team action is removed, but not the association with its parent goal.

Associating barriers with services

A barrier can hinder or prevent a client from using services. You can associate open barriers with services on the care plan by adding the barrier to the service.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**. The plan opens.

5. Select **Barriers**.

   The client's barriers are shown.

6. From the **Actions** menu of a barrier, select **Add Services**.

   Open services on the plan are displayed.

7. Select one or more services to associate with the barrier, and click **Save**.

   The barrier is associated with the selected services.

Removing associated barriers from services

You can remove a barrier that is associated with a service when the barrier is no longer relevant. The barrier is not removed from the care plan, but it is no longer associated with the service.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Plan** > **Plan**. The plan opens.

5. Select **Barriers**.

   The client's barriers are shown.

6. Select a service to view the details.

7. From the **Barriers** list, select **Remove** from the **Actions** menu of a barrier and click **Remove**.

Resolving barriers

You can resolve barriers that are no longer an issue. After you resolve a barrier, you can no longer edit the barrier details.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**. The plan opens.
5. Select **Barriers**.

   The client's barriers are shown.
6. Select **Resolve** from the **Actions** menu of a barrier.

   The **Resolve Barrier** page opens.
7. Enter a comment to describe how the barrier is resolved, and click **Save**.

   If the barrier does not have a note, a note is created with your comment. If the barrier already has a note, your comment is appended to the note.
8. Click **Add Sensitive Note** to add a sensitive note. Only users that have access to the client and are assigned a security role with access to the Sensitive Notes resource can add a sensitive note.
9. Assuming that the note type is configured as editable, select to save the note as a draft version, ready for review version, or final version. When you mark a note as the final version, you can no longer edit it.
10. If configured, you must select one of the configured values that indicate the source of the note.
11. If applicable, you can select one of the configured values to indicate where the note originated.
12. If you entered a comment about the barrier, you can select **History** > **Notes** to view the most recent note about the barrier.

Deleting barriers

You can delete barriers that are obsolete or incorrect. All existing instances of the barrier are removed and are no longer associated with the client, or with their goals, actions, or services. Deleted barriers are no longer available for use.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Plan** > **Plan**. The plan opens.
5. Select **Barriers**.

   The client's barriers are shown.
6. Select **Delete** from the **Actions** menu of a barrier, and click **Delete** to confirm.

   The barrier status is set to Canceled and the barrier cannot be reactivated. If the barrier has a note, the note is canceled and a comment appended to say that the barrier was deleted.

Sharing care plans with others

You can download a client's care plan in PDF format to manually share with your client or others. If your organization is subscribed to notifications about Share Care Plan updates, you can send the PDF to an external party, to your client or to a registered care team member who does not have access to Watson Care Manager. The Share Care Plan report includes the demographic, core care team, programs, goals, care team actions, and client actions information. In addition, the client's current medications, allergies, assessments, and conditions are included. You can use the information to assess the progress of the plan and make informed decisions about the client's care.

About this task

You can download or send the default Share Care Plan report template or a different report template, if configured. The options to download or send a Share Care Plan report are displayed only when you select a template name.

A history of all client-related care plan reports sent from Watson Care Manager to an external party is maintained. You can see a complete history of dates and times when a report was sent, the intended recipients, and any notes that were documented relating to the client. This information can help you to determine when an external party was most recently updated about a client and whether it is necessary to send them another report.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **Summary** for a snapshot of the most important information about the client.
5. To generate the Share Care Plan report, select **Share Care Plan**.

   The **Share Care Plan** page opens.
6. Select a report template.
7. Choose one of the following options:

   - Download the Share Care Plan report.

     a. Select the **Download** action and then click **Download** button.

     b. Browse to where you want to store the PDF on your computer, and save the document.

     c. Distribute the care plan to relevant parties.

   - Send the Share Care Plan report to an external party.

     a. Select the **Send** action.

     b. Optional: From the **Share With** list, select one or more external parties to receive the Share Care Plan report. The Share With options are configured by your administrator. If no values are configured or the list is configured to be hidden, the Share With list does not display and the Share Care Plan report is sent to a relevant external party as configured by your organization.

     c. Optional: Enter additional notes for the recipient that relate to the reason you are sending them the Share Care Plan report. You can enter a note of up to 2000 characters.

     d. Click **Send** to send the details that you entered and the Share Care Plan report in PDF format.

        Note: The Send option is only available if your organization is subscribed to notifications about updates to Share Care Plan updates via webhooks.
8. Select **Include Sensitive Notes** check box to include any sensitive notes in the PDF. By default, the check box is unselected.

The **Include Sensitive Notes** field is only displayed if configured and if you are a granted a security role with access to sensitive notes.

Related tasks

Using webhooks notifications to retrieve data
Webhooks extends the REST API infrastructure to enable you to further integrate your applications with Watson Care Manager. Watson Care Manager uses webhooks to send notifications in real-time when data updates occur in Watson Care Manager so that you can retrieve the latest version of the data.

The Share Care Plan PDF

The application generates a Share Care Plan in a PDF file format that you can download to share with others. If configured, the organization name or a different display name for the organization is published in the report.

Share Care Plan

The downloaded file is named `CarePlanSummary_ClientID_date.pdf` where *ClientID* is the client's preferred identification (if available) or the client's reference number and the *date* is the date that the Share Care Plan was downloaded.

Note: The count of the items in each section is displayed in brackets after the section name.

Table 13. Fields on the Share Care Plan			
Section	**Field names**	**Displays**	**Sorting**
Header section	• Name: Displays the client's name and preferred name. If no preferred name is entered, then the registered name is displayed. • Client ID: The client's preferred identification. Otherwise, the client's reference number. • Gender: The client's gender. • Date of Birth: The client's date of birth and age. • Phone Number: The client's phone number.	Displays on every page.	Not applicable
Conditions	• Condition: Displays the full name of the condition. • Source: Where the information about the condition originates: Chart, Encounter, Lab, Self reported and EMR • Status: Displays the status of the condition, Active or Resolved. • Classification: Displays the Condition classification: Primary,Secondary, Unknown.	The Conditions section contains a list of all Active and Resolved conditions.	Primary: Displays Active conditions at the top, followed by Resolved. Secondary: For Active and Resolved Conditions, displays Primary at the top followed by Secondary.

Table 13. Fields on the Share Care Plan (continued)			
Section	**Field names**	**Displays**	**Sorting**
Goals	• Goal: Displays the full goal name. • Status: Displays the current status for the goal. • Start: Displays the start date for the goal. • Target: Displays the latest target date for the goal. Note: The most recent target date for the goal is displayed. • Description: displays a description of the goal. Displayed only if a value is specified. • Progress: Displays the progress of the goal. Displayed only if a value is specified. • Latest Progress Note: Displays latest progress note for the goal. Displayed only if a value is specified.	This section lists all goals.	Goals are displayed in the following order: 1. Active goal 2. Completed goals The list is sorted by the goal start date with the most recent start date displayed first. Goals that have the same status and start date are listed alphabetically.

Table 13. Fields on the Share Care Plan (continued)			
Section	**Field names**	**Displays**	**Sorting**
Client Actions	• Action: Displays the full name of the action. • Status: Displays the current status for the action. • Start: Displays the start date for the action. • Target: Display the latest target date for the action. • Description: displays a description of the Client Action. Displayed only if a value is specified. • Reason: displays a reason for the Client Action. Displayed only if a value is specified. • Progress: Displays the progress of the goal. Displayed only if a value is specified. • Latest Progress Note: Displays progress note for the goal. Displayed only if a value is specified. • Associated Goals: displays associated goals. Only displayed if Client Actions are Shown As = Separate Section and if a value is specified.	This section displays the following: • Actions in Goals that are set to be shown within associated Goals. • If a client action is associated with multiple goals, the action is listed under all associated goals. • Client Actions are displayed separately if Client Actions are Shown As = Separate Section. If no Actions are associated with the goal, this section does not display.	Actions are listed in the following order: 1. Overdue actions by start date with the most recent date first. Actions with the same status and start date display alphabetically. 2. Active actions by start date with the most recent date first. Actions with the same status and start date display alphabetically. 3. Planned actions by start date with the most recent date first. Actions with the same status and start date display alphabetically. 4. Completed actions by start date with the most recent date first. Actions with the same status and start date display alphabetically.

Table 13. Fields on the Share Care Plan (continued)			
Section	**Field names**	**Displays**	**Sorting**
Care Team Actions	• Action: Displays the full name of the action. • Assigned to: Displays the full name of the assigned care team member. • Status: Displays the current status for the action. • Start: Displays the start date for the action. • Target: Display the latest target date for the action. • Description: Displays a description of the Care Team Action. Displayed only if a value is specified. • Reason: Displays a reason for the Care Team Action. Displayed only if a value is specified. • Progress Value: Displays the progress value of the care team actions. Displayed only if a value is specified. • Latest Progress Note: Displays progress note for the care team actions. Displayed only if a value is specified. • Associated Goals: displays associated goals. Only displayed if Care Team Actions are Shown As = Separate Section and if a value is specified.	This section displays Actions in Goals that are set to be shown within associated Goals. If no Actions are associated with the goal, this section does not display. Care Team Actions are displayed separately if Client Actions are Shown As = Separate Section.	Actions are listed in the following order: 1. Overdue actions by start date with the most recent date first. Actions with the same status and start date display alphabetically. 2. Active actions by start date with the most recent date first. Actions with the same status and start date display alphabetically. 3. Planned actions by start date with the most recent date first. Actions with the same status and start date display alphabetically. 4. Completed actions by start date with the most recent date first. Actions with the same status and status date display alphabetically.

Table 13. Fields on the Share Care Plan (continued)			
Section	**Field names**	**Displays**	**Sorting**
Services	• Service: Displays the full name of the service. • Provider: Displays the provider name if available, and the provider phone number if available. • Start: Displays the start date for the service. • Expected End: Displays the date when the service is expected to end. • Status: Displays the service status, Open or Closed. • Description: Displays the description of the service. Displayed only if a value is specified. • Associated Goals: Displays the goal(s) associated with the service. Display only if goals are associated with a service. • Note: Displays the note(s) associated with the service. Displayed only if enabled by your organization. • Comments: Displays the comment(s) associated with the service.	This section displays open and closed services by default.	Services are listed in the following order: 1. Primary Sort Order: Services with an Open status, followed by services with a Closed status. 2. Secondary Sort Order: Services are sorted alphabetically by Service name.
Barriers	• Barrier: Displays the full barrier name. • Note: Displays note associated with the barrier. • Comments: If configured, displays any comments. • Status: Displays the current status for the barrier. Status Date is displayed in brackets.	This section displays Active and Resolved barriers by default.	Barriers are listed in the following order: 1. Primary sort order: Displays Active barriers at the top, followed by Resolved. 2. Secondary sort order: Displays by barrier name alphabetically a-z (case - insensitive)
Care Team	• Name/Roles: Displays the care team member's full name and their roles. • Primary: Displays Yes or No. • Core: Displays Yes or No. • Phone number: Displays the care team member's phone number if available.	This section lists the primary,core care team members on the client's care team.	Sort by first name, alphabetically a- z (case - insensitive).

Section	Field names	Displays	Sorting
Table 13. Fields on the Share Care Plan (continued)			
Social Network Contact	• Name: Displays the name of the social network contact. • Role/Relationship to client: Displays the role the social network contact plays in the client's care, for example care giver; and how the social network contact is related to the client, for example, parent, child, neighbor. • Phone: Displays the social network contact's phone number • Primary Contact: Displays Yes or No.	This section lists primary and non-primary social network contacts.	Sort by primary, followed by secondary.
Programs	• Program: Displays the full program name. • Status: Displays the current status for the named program. Status Date is displayed in brackets. • Assigned On: Displays the date on which the program was assigned.	This section displays programs. Current status can be Assigned, Enrolled, Dis-enrolled, Completed, Pending and Not Enrolled. Only the last status of each instance of a program is displayed. Any programs that have other statuses will not display. If no programs with these statuses exist, this section does not display.	Programs that the client is enrolled in are listed first, followed by assigned programs. The list is sorted by Assigned On date with the most recent assigned on dates displaying first.
Assessments	• Assessment: Displays the full name of the assessment. • Outcome/Score: Displays the outcome/score of the assessment. • Completed By: The full name of the care team member who completed the assessment. Assessment date is displayed in brackets.	This section lists all complete assessments.	Assessments are sorted by name, alphabetically a- z (case - insensitive).

Section	Field names	Displays	Sorting
	Table 13. Fields on the Share Care Plan (continued)		
Allergies	• Allergy: The full name of the allergy. • Reaction/Severity: Displays the reaction and severity. • Source: Where the information about the medication originates: Chart, Encounter, Lab, Self Reported and EMR. • Status: Displays the status of the allergy, Current, Resolved or Unknown.	Displays all allergies that satisfy the display criteria. If no allergies exist, this section does not display.	Allergies are sorted by name, alphabetically a- z (case - insensitive).
Medications	• Medication: The full name of the medication. • SIG: The SIG code for the medication. There are two SIG code fields depending upon the data source, one that comes in with integration (SIG code EMR) and other one is calculated when the medication is manually input (SIG code). As this field is not mandatory in Watson Care Manager, it may be blank. • Source: Where the information about the medication originates: Chart, Encounter, Lab, Self Reported and EMR. • Start: The date that the client started the medication was started. If this date was not captured in Watson Care Manager, a - displays. • Current: Displays Yes, No or Unknown values. If value is not entered, then No is displayed. • Status: Displays the status of the medication, Active or Unknown.	Displays all medications that satisfy the applied criteria. If no client medications exist in Watson Care Manager, this section does not display.	Medications are sorted alphabetically by name, alphabetically a- z (case - insensitive)
Recent Vital	• Recent Vital: The full name of the vital measure, for example, Heart Rate or Blood Pressure. The Recent Vital's corresponding value is displayed in brackets. • Source: Where the information about the vital originates: Chart, Encounter, Lab, Self reported and EMR. • Measured on: The date and time that an EMR is received in Watson Care Manager, or the date and time that a user entered in the application.	Displays only the latest record of each client vital. For example, if eight records of a client's Heart Rate exists, only the latest record displays. If no vital records exist, this section does not display.	Vitals are sorted by Measurement Date, from the most recent record to the oldest.

Table 13. Fields on the Share Care Plan (continued)			
Section	**Field names**	**Displays**	**Sorting**
Notes	• Notes: The full name of the section. The notes count is displayed in brackets. • Subject: Displays the subject of the note. If the note is sensitive, this is indicated in brackets. • Type: Displays the note type. • Source: Displays the source of the note. • Status: Displays the status of the note, Ready for Review, Draft and Final. • Created: Displays the creation date of the note and the name of the care team member who created the note in brackets. • Updated: Displays the updated date of the note and the name of the user that updated the note in brackets. • Note: Displays the note. • Comment: Displays any comments.	Private note types are not displayed. Sensitive notes are displayed if configured and if the user is granted a security role with access to sensitive notes.	Notes are sorted by the latest updated note displaying first. If the note was not updated, then the latest created note displays first.

Table 13. Fields on the Share Care Plan (continued)			
Section	**Field names**	**Displays**	**Sorting**
Touchpoints	• Touchpoints: The full name of the section. The touchpoints count is displayed in brackets. • Subject: Displays the subject of the touchpoint. If the note is sensitive, this is indicated in brackets. • Source: Displays the source of the touchpoint. • Status: Displays the touchpoint status, Ready for Review, Draft and Final. • Outcome: Displays the touchpoint outcome, Successful and Unsuccessful. • Created: Displays the creation date of the touchpoint and the name of the care team member who created the touchpoint in brackets. • Updated: Displays the updated date of the touchpoint and the name of the user that updated the note in brackets. • Contact With: Displays contact(s) selected for the touchpoint. • Method: Displays the touchpoint method • Direction: Displays the directions of the touchpoint, inbound or outbound. • Duration: Displays the duration of the touchpoint in minutes. • Programs: Displays the program(s) selected for the touchpoint. • Validated Identity: Displays Yes or No if the identity was validated. • Note: Displays the added note for the touchpoint. • Comment: Displays any comments.	Sensitive notes are displayed if configured and if the user is granted a security role with access to sensitive notes.	Touchpoints are sorted by the latest updated touchpoint displaying first. If the touchpoint was not updated, then the latest created touchpoint displays first.

Table 13. Fields on the Share Care Plan *(continued)*			
Section	**Field names**	**Displays**	**Sorting**
Custom Client Data Type	Attributes in the Share Care Plan PDF are configured by the client.	The attributes displayed are those configured for each custom client data type that is set to be shown in the share care plan. The maximum number of records displayed is 20 per custom client data type that is printed on the share care plan. The version of the share care plan that is the printed is the one that is the client is working on and is set to Shown. The Updated Date record is added for each record. All relevant configurable client data details are ordered alphabetically after the general sections details in the Share Care Plan PDF.	Custom Client Data Types are sorted by date, from the most recent to the oldest.
Footer section	• Prepared by: Displays the organization name. • Created by: The care team member that downloaded the summary and the date and time it was downloaded. • Disclaimer • Page number in the format: *X* of *X*, for example 1 of 3.	Displays on all pages of the summary.	Not applicable

Managing care teams

You can create and manage a care team to ensure that all the needs of an individual are met.

Care teams

Care teams are care professionals in an organization who are involved in the care of a client. A care team member might or might not fulfill a specific role in a client's care and has access to the client. Care team members can change over time according to client needs.

Primary and non-primary care team members

Care team members can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. More than one care team member can be assigned as Primary if a client has **multiple** care needs. For example, if a client's care management needs to be transitioned from one health care setting to another and that client also has geriatric needs, two Care Managers could be designated as Primary care team members with one responsible for the client's transition of care and the other responsible for the client's geriatric care. A member of the client's care team can designate themselves or any other care team member as the primary care team member (within the organization unit if organization units are enabled for the organization). Supervisors in your organization can assign a client only to an active care team member who has at least one assigned care team role.

Non-primary care team members have other care team roles that you create and associate with users with that specific responsibility. For example, you can create the Physician role and apply it to users who are qualified physicians.

Core care team members

Core care team members are considered key to the delivery of care for an individual and typically interact with the individual regularly, for example, the client's family physician.

Other care team members

The care team can optionally include care team members who are not members of the core team. Non-core care team members provide important skills and services for an individual on an intermittent basis for example, a housing specialist might advise a client from time to time.

Registered care team members

Care team members do not have to be Watson Care Manager users. Care professionals that are not Watson Care Manager users can be registered as a member of a client's care team. If registered care team members are very involved in the client's care, they can be added to the core team, but as they have no access to Watson Care Manager, it is not possible to assign them tasks, actions, or alerts. Registered care team members can also be designated by any user (within the organization unit if organization units are enabled for the organization) as the primary care team member with responsibility for a client's care plan and programs.

A history of all care team changes is maintained. In the History cluster, you can see the history of care provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

Registering care team members for a specific client

You can register care team members for a specific client. You must register care team members who do not have an IBM Watson Care Manager account so that they can be added to care teams. To avoid duplicate registrations, ensure that you search for existing care team members before registration.

Before you begin

Care team members either have IBM Watson Care Manager accounts or are registered care team members. Registered care team members do not have access to the IBM Watson Care Manager application. To register a care team member, you must know at least their name and role.

You search for a care team member to add to the care team by entering some search criteria. Full and partial matches are returned and special characters are supported, for example, you can add a care team member with a last name of O'Neill. However, note that searching for O'Neill will not return O Neill or ONeill in the search results and vice versa.

If your search results do not list the care team member, you can register them in the application.

Procedure

1. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
2. Click a client name.

   Their **Summary View** opens.
3. Select **Team** > **Care Team** and then click **Add**.

   The **Add Care Team Member** wizard opens.
4. To avoid duplicate registrations, search for the care team member to ensure that they are not already registered. If they are already registered, select the care team member and click **Add Selected** to add them to the care team.

   If the care team member is not already registered, click **Register New**.
5. Enter the care team member details:

   - **Title**
   - **Name** (mandatory)
   - **Suffixes** - Choose one or more suffixes to append to a care team member's name to reflect that person's position, educational degree, accreditation, office, or honor.
   - **Gender**
   - **Roles** (Mandatory) - Choose one or more care team roles to add for the care team member.
   - **Add as Primary**- Select to associate the care team member with the primary or lead role in a client's care management.
   - **Add as Core** - Select to add the care team member to the core care team. Core care team members are considered key to the delivery of an individual's care and typically interact regularly with the individual.
   - **Relationship** - Select the relationship between the registered team member and the individual. For example, a caregiver might be a friend or a family member.
   - **Skill** - Search for and select a skill to add for the care team member.
   - **Phone Numbers**
   - **Email Address**
   - **Frequency** - Choose from listed frequency values that represent the number of visits or meetings the care team member has with an individual.
   - **Consent Records** - Either select **All**, or choose one or more listed consent records that represent the personal health information an individual is willing to share with the care team member. You cannot do both. The **All** option indicates that the client is providing all of the types of consent records that are configured in the application.
   - **Distance** - Enter the distance between the location of the care team member and individual, in miles or kilometers.
   - **Address**
6. Click **Save** to register the care team member.

Registering care team members

You must register care team members who do not have an IBM Watson Care Manager account so that they can be added to care teams. To avoid duplicate registrations, ensure that you search for existing care team members before registration.

Before you begin

Care team members either have IBM Watson Care Manager accounts or are registered care team members. Registered care team members do not have access to the IBM Watson Care Manager application. To register a care team member, you must know at least their name and role.

About this task

In the first page of a two-page wizard, you search for a care team member to verify whether they are already registered. You must enter some search criteria. Full and partial matches are returned and special characters are supported, for example, you can add a care team member with a last name of O'Neill. However, note that searching for O'Neill will not return O Neill or ONeill in the search results and vice versa.

If your search results do not list the care team member, use the next page of the wizard to register them in the application.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation menu**, select **Care Team** > **Register**.

   The **Register Care Team Member** wizard opens.

3. To avoid duplicate registrations, search for the care team member to ensure that they are not already registered.

   If the care team member is not already registered, click **Next**.

4. Enter the care team member details:

   - **Title**
   - **Name** (mandatory)
   - **Suffixes** - Choose one or more suffixes to append to a care team member's name to reflect that person's position, educational degree, accreditation, office, or honor.
   - **Gender**
   - **Roles** (Mandatory) - Choose one or more care team roles to add for the care team member.
   - **Skill** - Search for and select a skill to add for the care team member.
   - **Phone numbers**
   - **Email address**
   - **Address**

5. Click **Save** to register the care team member.

Adding care team members individually

You can add an individual care team member who has a required role or skills to a client's care team. If organization units are enabled for your organization, the care team member must belong to your organization unit.

About this task

Search for a care team member to add to the care team by entering some search criteria. Full and partial matches are returned and special characters are supported, for example, you can add a care team member with a last name of O'Neill. However, note that searching for O'Neill will not return O Neill or ONeill in the search results and vice versa.

You can record the specific attributes of their relationship with a client. For example, you can set the frequency of client visits and the physical distance between the care team member and the client.

If your search results do not list the care team member, you can register them in the application.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Team** > **Care Team**.

   The **Care Team** page opens.

5. Click **Add Care Team Member**.

   The **Add Care Team Member** page opens.

6. Specify a name, role, or skill and click **Search**.

   - If the care team member is found when you search, the search results indicates whether the team member can access IBM Watson Care Manager. Select the name and click **Add Selected** to open the next page in the wizard. Record details of the relationship between the care team member and a client.

     a. **Add as Primary**: Select to associate the care team member with the primary or lead role in a client's care management.

     b. **Add as Core**: Select to add the care team member to the core care team. Core care team members are considered key to the delivery of an individual's care and typically interact regularly with the individual.

     c. **Distance**: Enter the distance to the client, in miles or kilometers.

     d. **Frequency**: Choose from frequency values that represent the number of visits or meetings the care team member has with the client.

   - If the care team member is not found when you search, click **Register New** to register the user.

     A history of all care team changes is maintained. In the Previous cluster on the **Care Team** page, you can see the history of care provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

Related concepts

"Care teams" on page 230

Care teams are care professionals in an organization who are involved in the care of a client. A care team member might or might not fulfill a specific role in a client's care and has access to the client. Care team members can change over time according to client needs.

Related tasks

"Registering care team members for a specific client" on page 230

You can register care team members for a specific client. You must register care team members who do not have an IBM Watson Care Manager account so that they can be added to care teams. To avoid duplicate registrations, ensure that you search for existing care team members before registration.

Adding groups of care team members

To save time, instead of adding care team members individually, you can add one or more groups of care team members to a care team, if configured. When you add a care team group, all members of the group are added to the client's care team.

About this task

Care team groups are configured by your administrator. Your administrator adds members to each configured group based on their required roles and skills. All care team group members can access IBM Watson Care Manager.

You can add more members individually or remove members if needed.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Team** > **Care Team**.

   The **Care Team** page opens.
5. Click **Add Care Team Groups**.

   The **Add Care Team Groups** page opens.
6. Select one or more care team groups from the list of preconfigured groups (if available).
7. Click **Save**.

Removing care team members

You can remove care team members from a care team.

Before you begin
Before you remove any care team member, reassign any open actions, tasks, or alert notifications for the care team member to a current or new care team member. If a care team member fulfills multiple roles on the team, and any of those roles are still required, do not remove the care team member.

About this task

When you reassign open items to another care team member, former care team members can still see open tasks for inactive individuals on their **My Tasks** list. Care team members can no longer see open items for active individuals on their **My Actions**, **Work List,** or **My Tasks** lists.

If you remove a care team member with a primary role from the care team, and that team member has a client with pending referrals but no open tasks, actions, or alerts, the client is added to the Unassigned Referrals list with the referral details retained (Referred On, Priority, Cohort, Referral Reason). You can remove care managers whose user accounts are closed or suspended from the care team at any time.

If you remove a care team member and they have a client with a Connect Individuals account, the former care team member can no longer see the client's Messages list (if confgured). In addition, they no longer receive notifications about unread messages from the client.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click **Team** > **Care Team**.

   The **Care Team** list shows the current care team members by role.
5. Select the **Actions** menu of a care team member, and click **Remove**.

   The **Remove Care Team Member** page opens.
6. To remove the care team member, choose one of the following options.

- For a care team member who has no open items, or who has open items for an inactive individual, click **Remove**.
- For a care team member who has open items for an active individual:

    a. Review the list of open items that are shown on the page.

    b. Choose one of the following options:
      - Select a current care team member.
      - Add and select a new care team member. Click **Search**, specify a name, role, or skill and click **Search**. Select a user in the search results and click **Select**.

    c. Click **Remove** to remove the care team member and to reassign the open items to the selected care team member.

    A history of all care team changes is maintained. In the Previous cluster on the **Care Team** page, you can see the history of care provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

Modifying care team members' details

You can update the details of care team members, including their care team roles and membership of the core care team. For registered care team members only, you can add skills, specify their relationship with the individual, and update their demographic information.

Before you begin

Care team members either have IBM Watson Care Manager accounts or are registered care team members. Registered care team members do not have access to the IBM Watson Care Manager application. To update demographic information or skills for care team members with IBM Watson Care Manager accounts, you must contact your administrator.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **Team** > **Care Team**.
5. From the **Actions** menu for a care team member, select **Edit**.

   For registered care team members, you can update the following information:

   - **Title**
   - **Name** (Mandatory)
   - **Suffixes** - Choose one or more suffixes to append to a care team member's name to reflect that person's position, educational degree, accreditation, office, or honor.
   - **Gender**
   - **Roles** - Choose one or more care team roles to add for the care team member.
   - **Add as Primary**- Select to associate the care team member who is responsible for the client's care plan and programs.
   - **Add as Core**: Select to add the care team member to the core care team. Core care team members are considered key to the delivery of an individual's care and typically interact regularly with the individual.

- **Relationship** - Select the relationship between a registered team member and an individual. For example, a caregiver might be a friend or a family member.
- **Skill** - Search for and select a care team skill to add to the care team member.
- **Phone Numbers**
- **Email Address**
- **Frequency** - Choose from listed frequency values that represent the number of visits or meetings the care team member has with an individual.
- **Consent Records Covered** - Either select **All**, or choose one or more listed consent records that represent the personal health information an individual is willing to share with the care team member. You cannot do both. The **All** option indicates that the client is providing all of the types of consent records that are configured in the application.
- **Distance** - Enter the distance between the location of the care team member and individual, in miles or kilometers.
- **Address**

For care team members with IBM Watson Care Manager accounts, you can update the following information.

- **Roles**- Select additional care team roles for the care team member to fulfill on the team from the care team member's available roles.
- **Add as Primary**- Select to associate the care team member who is responsible for the client's care plan and programs.
- **Add as Core**- By default, care team members with IBM Watson Care Manager accounts are on the core care team. Clear the check box to remove care team members from the core care team or select the check box to add them.
- **Distance** - Enter the distance between the location of the care team member and individual, in miles or kilometers.
- **Frequency** - Choose from listed frequency values that represent the number of visits or meetings the care team member has with an individual.
- **Consent Records Covered** - Either select **All**, or choose one or more listed consent records that represent the personal health information an individual is willing to share with the care team member. You cannot do both. The **All** option indicates that the client is providing all of the types of consent records that are configured in the application.

6. Click **Save**.

A history of all care team changes is maintained. In the Previous cluster on the **Care Team** page, you can see the history of care provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

Related concepts
"Care teams" on page 230
Care teams are care professionals in an organization who are involved in the care of a client. A care team member might or might not fulfill a specific role in a client's care and has access to the client. Care team members can change over time according to client needs.

Related tasks
"Registering care team members for a specific client" on page 230
You can register care team members for a specific client. You must register care team members who do not have an IBM Watson Care Manager account so that they can be added to care teams. To avoid duplicate registrations, ensure that you search for existing care team members before registration.

Reviewing current and past members of a care team

You can view and maintain the core team members who are currently involved in the care of an individual and determine who has a primary or lead role in a client's care management. You can also see the history

of care that is provided by past team members and if needed, you can reinstate those members on the team to keep the client's relationship with the care team they had previously.

About this task

You can manage an individual's care team. Care team members must either have IBM Watson Care Manager accounts or be registered care team members. Registered care team members do not have access to the IBM Watson Care Manager application.

Procedure

1. Sign in to your account.
2. Your home page opens.
3. To see the care team members, click **Client** > **Team** > **Care Team** > **.**
4. In the Current cluster and Previous cluster, you can expand the **Details** section for care team member specifics. For example, care team members who have a Watson Care Manager account can see the organization unit that users belong to assuming that organization units are enabled for the organization. In the Current cluster, you can view and maintain the core team members who are currently involved in the care of an individual and determine who has a primary or lead role in a client's care management.
5. From the **Actions** menu for a care team member, select **Edit** to edit a care team member's details, such as add more roles, add as primary or add as core.
6. In the Current cluster and Previous cluster, you can expand the **Change History** section to see when a member was added to the care team, or updated, or removed from the team.

   A change history record is created when a care team member is added, any subsequent updates made and when the care team member is removed. Removed care team members are listed under the Previous cluster. If a member who was previously removed is added back to the team, he is displayed under the Current cluster, along with the history of when he was previously removed and then added back in.

Searching for care team members

Search for care team members who either have IBM Watson Care Manager accounts or are registered care team members. Registered care team members do not have access to the IBM Watson Care Manager application.

About this task

You must enter some search criteria such as the care team member's name, role, and skill.

Status values available are based on IBM Watson Care Manager access settings.

Select if a care team member has access to IBM Watson Care Manager in your search. Full and partial matches are returned. For example, a search for **First Name** Al and **Last Name** Smi can return matches for active clients **Alison Smith** and **Alan Smith-Baker**.

You can enter special characters in names searches, for example you can search for the last name of O'Neil with an active status. However, note that searching for O'Neill will not return O Neill or ONeill in the search results and vice versa.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, select **Care Team** > **Search**.

   The **Search Care Team Members** page opens.
3. Enter your search criteria and click **Search**.

4. In the search results, click the team member's name to open their profile.

Assigning a care team member's clients to you or other care team members

Assign a selected care team member's clients (single or bulk selection) to you, another care team member based on their capacity, roles, and skills, and if configured, one or more care team groups (if configured).

About this task

Care team members can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. Non-primary care team members have other care team roles that are associated with users with that specific responsibility, for example, a Physician role. You can assign a care team member's client(s) only to an active care team user who has at least one assigned care team role.

The option to select Care Team Groups, is only displayed if one or more care team groups are configured by your administrator.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, select **Care Team** > **Search**.

   The **Search Care Team Members** page opens.
3. Select care team member.

   The care team member's page opens.
4. Click the **Clients** tab.

   A list of the care team member's clients opens.
5. Assign a single client to you, to another care team member, and/or to a group of care team members. Alternatively, assign up to 25 clients at a time in a bulk assignment. Do one of the following:

   • To assign a single client, click the **Actions** menu of the client, and click **Assign**.

   • To process up to 25 client assignments in one step, select more than one individual client or to assign all listed clients, select the checkbox adjacent to the Name column. Click **Assign**.
6. In the **Assign** page, use the following options to assign the client(s) to you, another care team member based on their capacity, roles, and skills, and/or one or more care team groups.

   • **Assign to Me**

   • **Assign Care Team Groups**. If configured, you can select to assign the client(s) to one or more care team groups. All members of the selected group(s) are added to each client's care team. Care team groups and their members are predefined by your administrator.

   • **Assign to Another User**. Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, select a care team member to manage the care of the client(s).
7. Expand the **Filter** icon and use the **Quick Filters** on the page to refine the list by, for example, a care team member's name, role, or skills.
8. Optionally, by selecting **Assign as Primary**, you can designate yourself or the selected care team member to be the primary care team member.
9. If you have more than one assigned care team role (see the **Role(s)** list), select the role(s) that you do that is relevant to the assignment.
10. If the selected care team member has more than one assigned care team role (see the **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.
11. Click **Assign** to assign the client(s) to you, the selected care team group(s), and/or the selected care team member in your organization unit.

When you assign a client, you, a selected care team member, and/or the selected care team group(s) are automatically added to the client's care team.

Reassigning a care team member's clients to you or other care team members

Reassign a selected care team member's clients (single or bulk selection) to you or another care team member based on their capacity, roles, and skills.

About this task

Care team members can be primary or non-primary. The primary care team member is responsible for the client's care plan and programs. Non-primary care team members have other care team roles that are associated with users with that specific responsibility, for example, a Physician role. You can reassign a care team member's client(s) only to an active care team user who has at least one assigned care team role.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Care Team** > **Search**.

   The **Search Care Team Members** page opens.

3. Select care team member.

   The care team member's page opens.

4. Click the **Clients** tab.

   A list of the care team member's clients opens.

5. Reassign a single client to you or another care team member. Alternatively, assign up to 25 clients at a time in a bulk assignment. Do one of the following:

   - To assign a single client, click the **Actions** menu of the client, and click **Reassign**.

   - To process up to 25 client assignments in one step, select more than one individual client or to assign all listed clients, select the checkbox adjacent to the Name column. Click **Reassign**.

6. In the **Reassign** page, use the following options to assign the client(s) to you or another care team member based on their capacity, roles, and skills. The reassign action removes the care team member from the care team and all their open items are assigned to the selected care team member.

   - **Reassign to Me**

   - **Reassign to Another User**. Review a list of care team members who belong to your organization unit and have at least one assigned role. Based on their current capacity, select a care team member to manage the care of the client(s).

7. Expand the **Filter** icon and use the **Quick Filters** on the page to refine the list by, for example, a care team member's name, role, or skills.

8. Optionally, by selecting **Reassign as Primary**, you can designate yourself or the selected care team member to be the primary care team member.

9. If you have more than one assigned care team role (see the **Role(s)** list), select the role(s) that you do that is relevant to the assignment.

10. If the selected care team member has more than one assigned care team role (see the **Care Team Role(s)** list), select the role(s) that they do that is relevant to the assignment.

11. Click **Reassign** to assign the client(s) to you or a selected care team member.

    The **Reassign** action removes the care team member from the selected client's care team and reassigns their open items (care teams actions, tasks, alerts), and referrals to the selected care team member.

Planning care team tasks

Tasks are work activities that can relate to an individual or to general work that must be done by the care team. Tasks can be assigned to a supervisor or a care team member. Tasks are not directly associated with a client's goals or the care plan. You can add, modify, and delete tasks for the care team. For care team plan activities that are directly related to achieving a goal, use care team actions.

Filtering the care team tasks list view

You can review tasks that are assigned to you, your care team role, or any other care team user or care team role. All open and closed tasks that are associated with a client are displayed by task name, priority, assigned care team member or role, category, status, and due date.

About this task

By applying one of the predefined page filters or by adding a new one, you can change or further filter your Tasks list. For example, you might apply a filter to display only your overdue tasks.

Tasks are categorized by activity as follows: Admin, Care Opportunity, Clinical Discharge Follow Up, Documentation, Follow Up, Other, Physical Contact, or Referral. The **Tasks** list provides context information so that you know the task category.

You can see who created or updated a task by clicking the tooltip on a user name.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click **Team** > **Tasks**.

   The **Team Tasks** list opens. The page opens with these predefined filters applied by default: My Open Tasks, Open Tasks Assigned to my Role.

5. Change or further filter your Tasks list view based on specific search criteria.

   - Click the filter icon to open the **Filter** page.

   - Select one or more check boxes that correspond to your search criteria. You can search for only your tasks in a specific state (Open, Closed, Overdue), or tasks that are assigned to your role in a specific state (Open, Closed, Overdue), or all tasks in a specific state (Open, Closed, Unscheduled).

   - Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Assigned To, Category, Due Date, Priority, or Status. Enter the details for your filter selection. You can add only one new filter to each column.

   - Click **Apply** to apply the filter. You can remove page filters by clicking **Reset**. The predefined filters are retained.

6. To identify a user who created or updated a task, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Assigning unassigned tasks

Assuming that organization units are enabled for your organization, you can assign tasks to either a specific user or to a care team role in your organization unit.

About this task

If a task is assigned to a care team role, and you have that role on the client's team, you can assign the task to yourself to do. Otherwise, reassign the task to another care team member or care team role in your organization unit.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

   The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Apply the Open Unassigned Tasks filter to retrieve the list of tasks.

   a. Click the filter icon to open the **Filter** page.

   b. Select Open Unassigned Tasks.

   c. Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time. You can add only one new filter to each column.

4. Click the **Actions** menu of a task, and click **Assign**.

   The **Assign Task** page opens, with the name of the user who is currently signed into the application as the owner of the task.

5. If you do not want to own the task, choose to assign the task to either a specific user or to a care team role.

   - Assign To - Search for another user in your organization unit to reassign the task.
   - Assign To Role - Select a role from the list of active care team roles in your organization unit that are qualified to complete the task.

6. Click **Save**.

Creating tasks

Assuming that organization units are enabled for your organization, you can create general tasks or tasks that relate to a client in your organization unit. You can reassign a task to another user or a care team role in your organization unit if you are not best placed to complete it.

About this task

Assign the task to a specific user or to a care team role in a pool of qualified people or qualified roles. You can select a user or a care team role in your organization unit but not both.

A task status is **Open** when the task is created with a due date that is on or after the current date. A task status is **Overdue** when the task due date is before the current date. If you change the task due date to a future date, the status of the overdue task changes to **Open**. Completed tasks with a **Closed** status cannot be modified.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Click **New**.

   The **New Task** page opens.

4. Enter the following task details.

   - Name - Enter a task name.
   - Assign To - By default, the task is assigned to you as the team member who is currently signed into the application. You can reassign the task to another user in the same organization unit.
   - Assign To Role - Select a role from the list of active care team roles in your organization unit that are qualified to complete the task.
   - Category - You can select a task category.
   - Priority - You can select a priority for the task.
   - Due date - You can enter a due date and time.
   - Duration - You can enter a duration in minutes.
   - Client - The name of the client to whom this task relates might be automatically shown. Otherwise, you can search for a client to associate with the task. To protect client information, you must select a client if you want to enter client-specific information in the description.
   - Related Programs - You can select a program to associate with the task.
   - Description - You can enter a description for the task.

5. Click **Save**.

   Depending on the information that you entered, the task status in your task list might be **Open** or **Overdue**.

Modifying tasks

Assuming that organization units are enabled for your organization, you can update a task that is already associated with a client in your organization unit. You can reassign the task to another user or a care team role in your organization unit if you are not best placed to complete it.

About this task

Assign the task to a specific user or to a care team role in a pool of qualified people or qualified roles. You can select a user or a care team role in your organization unit but not both.

A task status is **Open** when the task is created with a due date that is on or after the current date. A task status is **Overdue** when the task due date is before the current date. If you change the task due date to a future date, the status of the overdue task changes to **Open**. Completed tasks with a **Closed** status cannot be modified.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

   The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Click the **Actions** menu of the task, and click **Edit**.

   The **Edit Task** page opens.

4. Edit the following task details.

   - Name - Enter a task name.
   - Assign To - By default, the task is assigned to you as the team member who is currently signed into the application. You can reassign the task to another user in the same organization unit.

- Assign To Role - Select a role from the list of active care team roles in your organization unit that are qualified to complete the task.
- Category - You can select a task category.
- Priority - You can select a priority for the task.
- Due date - You can enter a due date and time.
- Duration - You can enter a duration in minutes.
- Client - You can select the client that the task relates to. You must select a client if you enter client-specific information in the description.

  Tip: If the task relates to a specific client, the client's name is automatically populated as read-only.
- Related Programs - You can select a program to associate with the task.
- Description - To protect client information, if you enter information about a client, you must select a client.

5. Click **Save**.

   Depending on the information that you entered, the task status in your task list might be **Open** or **Overdue**.

Closing tasks

You can close an open or overdue task that is already associated with a client, or a general work item, when it is completed. For tasks that are associated with clients, you can close the task in the care plan regardless of whether it is assigned to you or another care team member or role.

About this task
When a task status is set to **Closed**, you cannot reopen the task.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, select **Tasks**.

   The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.
3. Click the **Actions** menu of the task, and click **Close**.

   The **Close Task** page opens.
4. Specify whether or not the task was successfully completed, and note your reason for closing the task. You can choose from the list of out of the box reasons for closing the task, for example, Successful or Unsuccessful. If configured, you can also choose other closure reasons.
5. Click **Save**.

Deleting tasks

You can delete an incorrect or obsolete task that is already associated with a client, or a general work item. For unwanted tasks that are associated with clients, you can delete the task in the care plan regardless of whether it is assigned to you or another care team member or role.

About this task
You cannot delete tasks that are in a **Closed** status. When you delete a task and set its task status to **Canceled**, you cannot reopen the task.

Procedure

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

The **Tasks** list opens. By default, the Tasks list view shows your Open tasks that are assigned to you alone.

3. Click the **Actions** menu of the task, and click **Delete**.

The **Delete Task** page opens.

4. Click **Yes** to confirm that you want to delete the task.

5. Click **Save**.

Monitoring

You can monitor your clients, respond to alerts, and continually update their information and status. You can track your work and update your planned work according to any changes.

Monitoring my alerts

You can see a list of all alerts that you were notified about on the Care Manager Workspace. You can edit, close, or comment on the alerts.

Procedure

1. Sign in to your account.

Your home page opens.

2. From the **Side Navigation Menu**, select **Alert Notifications**.

The **My Alert Notifications** page opens.

3. Use the **Actions** menu of an alert to access the following options.

- Select **Edit** to modify the alert.

- Select **Comment** to add a comment.

- Select **Close** to close the alert.

4. Click the name of any client's alert to access the **Summary View** for that client.

Capturing alerts

You can create, modify, and close alerts, which alert care team members to something that needs action or attention from the care team. Alerts are shown in the **context pane**, and alert notifications, which display the open alerts that you have been notified of, are shown on the Care Manager Workspace.

Adding alerts

You can associate an alert with a client by adding the alert from the library of configured alerts. Create an alert to highlight some aspect of a client's care that needs action or attention from the care team, for example, a Blood Pressure alert.

About this task

If configured to be shown, you can select the source of the alert (mandatory) and the name of the original source system where the alert originated (optional). You can select one or more members of the care team to be notified of the alert.

Procedure

1. Sign in to your account.

Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **History** > **Alerts**. Existing client alerts are displayed.

   You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Click **New**.

   The **New Alert** page opens.

6. Select a name and priority for the alert.

7. From the **Source** menu, select one of the configured values that indicate the source of the alert.

8. From the **Original Source System** menu, if applicable, select one of the configured values to indicate where the alert originated.

9. Enter a note about the alert.

   To see alert notes in the context of all notes for the care plan, select **History** > **Notes**.

10. Select any care team members that you want to notify of the alert.

    The alert is displayed in the **Alerts** section of that team member's **Work List**.

Modifying alerts

You can update an alert that is associated with a client.

About this task

When an alert is received from an integrated system, the alert priority is read-only. You cannot modify closed alerts.

If configured to be shown, you can select the source of the alert (mandatory) and the name of the original source system where the alert originated (optional). You can select one or more members of the care team to be notified of the alert.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **History** > **Alerts**. Existing client alerts are displayed.

   You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Click the **Actions** menu of the alert, and click **Edit**.

   The **Edit Alert** page opens.

6. Modify the priority, as needed.

7. From the **Source** menu, select one of the configured values that indicate the source of the alert.

8. From the **Original Source System** menu, if applicable, select one of the configured values to indicate where the alert originated.

9. Optional: Select any care team members that you want to notify of the alert update. Unselect members of the care team to remove them from the notifications list.

   The **Notified** list identifies which care team members received the alert already.

10. Click **Save**.

Updating alerts with comments

You can continually add comments to existing client alerts.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **History** > **Alerts**. Existing client alerts are displayed.

   You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).
5. Click the **Actions** menu of the alert, and click **Comment**.

   The **Comment** page opens.
6. Enter a comment, and click **Save**.
7. Optional: To see alert notes and comments in the context of all comments for the care plan, select **History** > **Notes**.

Closing alerts

If no further action is required to address a client alert, you can close the alert.

About this task

You must enter a comment when you close an alert.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **History** > **Alerts**. Existing client alerts are displayed.

   You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).
5. Click the **Actions** menu of the alert, and click **Close**.

   The **Close Alert** page opens.
6. Enter a comment, and click **Save**.

   When you close an alert, the alert goes to the **Closed** status and is no longer displayed in these places in the application:

   • Context pane for a client
   • **Work List** of the Care Manager Workspace

Updating clients' priority

Client priority indicates the level of importance of a client's care. For example, High, Medium, Low, or Not Set. You can update a client's priority at any time if their care needs increase or decrease.

About this task

The priority of a client is set when the client is registered in the application, either manually or automatically from a cohort. By default, the priority is **Not Set** if the client is manually registered. or if no priority is available for that client during automatic registration.

If a client enters the application multiple times through multiple cohorts and a priority is available, only the highest priority is displayed. If you update the priority of a client, the updated priority supersedes the latest priority available for that client.

The updated priority is shown on the **Context** pane, on a care manager's Referrals page and Work List if populated with the client's referral details, and on the My Clients page. For supervisors, the updated priority is shown on the Unassigned Clients page, if populated with the client's details.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. From the **Actions** menu in the **Context** pane, select **Update Priority**.

   The **Update Priority** window opens.

5. Select the appropriate value in the **Priority** menu.

6. Click **Save**.

   The client's priority is updated.

Monitoring tasks that apply to clients

If organization units are enabled for your organization, you can view a list of tasks that users of your organization unit created. Tasks can also be automatically generated from a program, assessment, or questionnaire. By default, the Tasks list page shows your open tasks.

About this task

The Tasks list can change dynamically to show only the tasks that you clicked to see on the Care Manager workspace, for example, only the tasks that you must complete today or for a selected calendar date, only your overdue tasks, or only your unscheduled tasks.

By applying one of the predefined page filters or by adding a new one, you can change or further filter your Tasks list. For example, you might apply a filter to display only open tasks that are assigned to your role.

Tasks are categorized by activity as follows: Admin, Care Opportunity, Clinical Discharge Follow Up, Documentation, Follow Up, Other, Physical Contact, or Referral. The **Tasks** list provides context information so that you know the task category.

You can see who created or updated a task by clicking the tooltip on a user name.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

   The **Tasks** page opens.

3. Review each task by name, priority, associated client, category, the user that the task is assigned to, and its due date.

4. To identify a user who created or updated a task, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Change or further filter your Tasks list view based on specific search criteria.

   - Click the filter icon to open the **Filter** page.

   - Select one or more check boxes that correspond to your search criteria. You can search for only your tasks in a specific state (Open, Closed, Overdue, Unscheduled), or tasks that are assigned to your role in a specific state (Open, Closed, Overdue), or all tasks in a specific state (Open, Closed, Created by Me).

   - Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Assigned To, Category, Due Date, Priority, or Status. Enter the details for your filter selection. You can add only one new filter to each column.

   - Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time. If you clear applied filters, the task list reverts to show a complete list of open and closed tasks that you and other users of your organization unit created.

6. Click a client's name.

   Where tasks relate to a client, the individual's name is displayed. If you have access to their protected health information, you can click a name to access the client's Summary View. Otherwise, the link to the Summary View is not available. If you need access to the information, you must be added to the client's care team. Alternatively, if configured by your organization, you can request emergency access to that individual in critical circumstances. If a member is removed from the care team, any outstanding tasks for the client that are currently assigned to the care team member must be reassigned to another care team member.

Viewing clients with appointments

For clients where you are a member of their care team, you can see which clients have appointments so that you can prepare for upcoming appointments with your care team.

About this task

You can search for clients with actions in their care plan that are categorized as appointments. Only clients where you are a member of their care team are displayed in the search results.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Clients** > **Appointments**.

   The **Client Appointments** page opens.

3. Enter the date on which the action is due to start.

4. Select the name of the action from the list and click **Search**.

   The list displays actions that are categorized as appointments. A list of all clients who have that appointment scheduled for the date that you entered is displayed.

5. Click a client name in the **Results** area.

   Their **Summary View** opens.

Recording touchpoints

You can record all contacts with a client. A *touchpoint* is an inbound or outbound contact or attempted contact between the care team and either the client or another individual in relation to a client. You can edit and delete manually added touchpoints. You can delete touchpoints that come from integrated systems, but they cannot be edited.

Adding touchpoints

You can record a direct touchpoint with a client, or a touchpoint with others about the client.

About this task

If touchpoints are configured to be editable by the care team, you can save a touchpoint that you want to return to later as a draft or ready for review version, or as the final version.

If you have access to sensitive client notes, you can indicate that the note is sensitive to make it visible to you and other users with access to the client's sensitive notes.

If you create touchpoint and a sensitive note, the shared details, for example, Type, Subject and Duration are common to both notes. You cannot mark a private or private to role note as sensitive.

- Draft version - adds the touchpoint with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the touchpoint with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a touchpoint with a **Final** status, which prevents you further editing the touchpoint.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Click the plus-sign icon (+) on the **Latest Touchpoint** card.

   The **New Touchpoint** page is displayed.

5. You can enter the following details about the touchpoint. If you have access to client sensitive notes, you can indicate that the note is sensitive.

   - **Sensitive** - Select to indicate that this note is sensitive and only users with sensitive notes access for the client can view it.
   - **Subject** - Enter a subject.
   - **Contact With** - Select who you contacted in the touchpoint. You can select one or more people.
   - **Method** - Select the method of communication, such as telephone.
   - **Direction** - Specify the direction of communication.
   - **Outcome** - Select whether the contact attempt was successful or unsuccessful.
   - **Contact Date** - Enter the date of the touchpoint.

- **Duration** - You can specify the touchpoint duration in minutes.
- **Programs** - You can select relevant programs from any programs that the client is assigned to or enrolled in. The list also displays programs that were completed in the last 30 days.
- **Validated Identity** - You can select the check box to indicate that you validated the identity of person that you contacted.
- **Source** - If configured, you must select one of the configured values that indicate the source of the touchpoint.
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the touchpoint originated.
- Save As - If configured to be editable, you can set the appropriate status for the touchpoint: Draft, Ready for review, Final.
- Note - Enter a note. Your note is saved without overwriting prior notes.
- Click **Save**.

6. Select **History** > **Notes** to view the latest touchpoint and prior touchpoints.

   The change history on the Notes page indicates who added the touchpoint and when. To identify a user who created or updated a touchpoint, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Editing touchpoints

You can update a direct touchpoint with a client, or a touchpoint with others about the client, provided the touchpoint was manually added. Touchpoints from integrated systems cannot be edited. If the original touchpoint record is modified in the integrated system, the corresponding Watson Care Manager record is updated.

About this task

- Draft version - adds the touchpoint with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the touchpoint with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a touchpoint with a **Final** status, which prevents you further editing the touchpoint.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click the arrow icon on the **Latest Touchpoint** card.

   The **Notes** list opens. Starting with the most recent notes, all the notes that are recorded for the client are displayed.
5. Assuming that a touchpoint is configured as an editable note type, select the **Actions** menu of a touchpoint, and click **Edit**.

   The **Edit Touchpoint** page is displayed.
6. Edit the following details about the touchpoint:

   - **Note** - Enter a note. Your note is saved without overwriting prior notes.
   - **Subject** - Enter a subject.
   - **Contact With** - Select who you contacted in the touchpoint. You can select one or more people.
   - **Method** - Select the method of communication, such as telephone.

- **Direction** - Specify the direction of communication.
- **Outcome** - Select whether the contact attempt was successful or unsuccessful.
- **Contact Date** - Enter the date of the touchpoint.
- **Duration** - You can specify the touchpoint duration in minutes.
- **Programs** - You can select relevant programs from any programs that the client is assigned to or enrolled in. The list also displays programs that were completed in the last 30 days.
- **Validated Identity** - You can select the check box to indicate that you validated the identity of person that you contacted.
- **Source** - If configured, you must select one of the configured values that indicate the source of the touchpoint.
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the touchpoint originated.
- **Save As** - If configured to be editable, you can set the appropriate status for the touchpoint: Draft, Ready for review, Final.
- **Note** - Enter a note. Your note is saved without overwriting prior notes.
- Click **Save**. The **Notes** list updates to provide context information about the touchpoint update. If you edit the touchpoint **Status**, the **History** section of the **Notes** list records the status change, and the user who updated the touchpoint.

7. Enter a new comment about a touchpoint by completing the following steps:

- Select the **Actions** menu of a touchpoint, and click **Comment**. The **Comment** page is displayed.
- Enter a comment, and click **Save**. Your comment is saved without overwriting prior comments. The change history on the touchpoint displays the last comment in the comment section of the touchpoint, and indicates who added the comment and when. To identify a user who created or updated a touchpoint, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Deleting touchpoints

You can delete Draft, Ready for review, or Final versions of touchpoints from a client's record.

About this task

Deleting a touchpoint has a different result depending on whether or not you have access to the delete notes resource, and the status of the touchpoint:

If you do not have access to the delete notes resource:

- When you delete a touchpoint with a status of Draft or Ready for review, the touchpoint is set to Discarded and is no longer displayed in the client's plan.
- When you delete a touchpoint with a status of Final, the touchpoint is set to Canceled and it is still visible. The **History** section of the **Notes** view records the status change and confirms that the touchpoint was a final version that was subsequently deleted.
- You cannot delete a canceled touchpoint.

If you have access to the delete notes resource:

- When you delete a touchpoint with a status of Draft or Ready for review, the touchpoint is set to Discarded and is no longer displayed in the client's plan.
- When you delete a touchpoint with a status of Final, the touchpoint is set to Discarded and it is no longer displayed in the client's plan.
- You can delete a touchpoint with a status of Canceled. The touchpoint is set to Discarded and it is no longer displayed in the client's plan.

Touchpoints can come from integrated systems. If the original touchpoint record is deleted in the integrated system, the touchpoint status of the corresponding record in Watson Care Manager is set to **Canceled**.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, click **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click the arrow icon on the **Latest Touchpoint** card.

   The **Notes** page opens.

   Note: Starting with the most recent notes, all the notes that are recorded for the client are displayed and the type of note. You can view the detail of a touchpoint, or comments on the touchpoint, by expanding the touchpoint in the list.
5. In the **Actions** menu of the note you want to delete, click **Delete**.

   The **Delete Touchpoint** modal appears.
6. Add a comment to explain the reason for deleting the touchpoint.
7. Click **Yes** to confirm.
   - If you do not have access to the delete notes resource, the touchpoint is either removed from the client's plan or set to Canceled, depending on the status of the touchpoint. Additionally, the change history on the touchpoint displays the last comment in the comment section of the touchpoint, and indicates who added the comment and when.
   - If you have access to the delete notes resource, the touchpoint is removed from the client's plan.

Recording utilization

Utilization is the measure of a client's use of the clinical services that are available to them. You can record a client's use of clinical services, such as hospital encounters or specialist visits. Your organization can then use this information to understand the usage and outcome patterns for services to drive improvements. You can add, edit, and delete utilization records, and update a utilization record with notes and comments.

Adding utilization

You can create a utilization to record the client's use of a clinical service.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **History** > **Utilization**.

   Existing utilization is displayed.
5. Click **New**.

   The **New Utilization** page opens.
6. Enter the following utilization details.

- Type - Select the type of service utilization, such as a hospital admission. The Type list also contains a value of Other.
- Other Type - If you selected Other as the type, record the specific service type.
- Location - Select the name of the facility where a client availed of health services, for example, the name of a hospital, hospice, or rehabilitation center.
- Other Location - If you selected Other as the location, record the facility name where the client received health services.
- Visit/Admit Date - You can select the date on which the client was admitted to a service, or completed their visit.
- Admitted - You can select the check box to confirm that the client was admitted.
- Discharge Date - If the service lasted longer than one day, you can indicate the discharge or end date.
- Disposition - Select the outcome of a utilization, for example, a successful discharge from hospital. The Disposition type list also contains a value of Other.
- Other Disposition - If you selected Other as the disposition type, record the specific disposition.
- Program - If the service is associated with any existing program that the client is assigned, enrolled or completed in last 30 days, you can select the relevant program.
- Source - Select the source of the information about a utilization. For example, your organization might receive information from the client, a caregiver, or a hospital. The source type list also contains a value of Other.
- Other Source - If you selected Other as the source type, record the specific source.
- Note - You can enter a note about the utilization.

7. Click **Save**.

Editing utilization

You can edit a utilization to update the clinical services that a client used.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **History** > **Utilization**.

   Existing utilization is displayed.
5. Click the **Actions** menu of the utilization, and click **Edit**.

   The **Edit Utilization** page opens.
6. Update the following utilization details.

   - Type - Select the type of service utilization, such as a hospital admission. The Type list also contains a value of Other.
   - Location - Select the name of the facility where a client availed of health services, for example, the name of a hospital, hospice, or rehabilitation center.
   - Other Location - If you selected Other as the location, record the facility name where the client received health services.
   - Visit/Admit Date - You can select the date on which the client was admitted to a service, or completed their visit.
   - Admitted - You can select the check box to confirm that the client was admitted.

- Discharge Date - If the service lasted longer than one day, you can indicate the discharge or end date.
- Disposition - Select the outcome of a utilization, for example, a successful discharge from hospital. The Disposition type list also contains a value of Other.
- Other Disposition - If you selected Other as the disposition type, record the specific disposition.
- Program - If the service is associated with any existing program that the client is assigned, enrolled or completed in last 30 days, you can select the relevant program.
- Source - Select the source of the information about a utilization. For example, your organization might receive information from the client, a caregiver, or a hospital. The source type list also contains a value of Other.
- Other Source - If you selected Other as the source type, record the specific source.
- Note - You cannot edit previous notes. If a note is already associated with the utilization, enter comments to append to the existing note. Otherwise, a new note is added to the utilization.

7. Click **Save**.

Adding utilization notes and comments

You can add a note to a utilization record to capture information, and amend the note with comments.

About this task

You can add a single note per utilization. You can continually amend the note with any number of comments.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **History** > **Utilization**.

   Existing utilization is displayed.
5. From the **Actions** menu of a utilization, select **Add Note**.

   The **Add Note** page opens.
6. Enter the note about the utilization, and click **Save**.

   The note is appended to the utilization record on the Utilization page.
7. For any utilization that has an existing note, from the **Actions** menu, select **Comment**.

   The **Comment** page opens.
8. Enter more comments about the utilization, and click **Save**.

   The comments are appended to an existing note in the utilization record on the Utilization page.

Chapter 3. Configuring subscribers and managing subscriptions

Configure subscribers and manage their subscriptions so that external systems can receive notifications when data updates occur in Watson Care Manager. A subscriber represents an external system that Watson Care Manager notifies when the care team updates a client's information.

Before you begin

To see the option to configure subscribers, webhooks notifications must be turned on for your organization by Watson Care Manager. You must work with your IBM client executive to ensure that notifications are turned on. In addition, to receive notifications, certain information is required by Watson Care Manager to enable outbound flow of data to your external system. For more information, see "Required information for API flows" on page 343.

About this task

When the care team updates a client's program status and an external system is subscribed to notifications for the Program data type, Watson Care Manager sends a notification to the external system about the update. Then, assuming the you can retrieve the latest version of the data so that users of the external system can view the updated program status.

After receiving a notification, you must retrieve the updates via a suitable API in the REST API catalog so that external system users who do not have access to Watson Care Manager, but are involved in the client's care, can see the latest information.

Configuring subscribers

Configure a subscriber to register an external system for notifications. You can configure a library of subscribers. You can create, modify, and delete subscribers and create, modify, and delete their authentication details.

Creating subscribers

You must create a subscriber so that Watson Care Manager can identify the external system to send notifications to.

About this task

Watson Care Manager combines the protocol, host, port and path values and uses them to generate the endpoint URL for the external system that receives the notifications.

Sleep window, error count window, and maximum error count values enable the circuit breaker system. Watson Care Manager initiates the circuit breaker if notifications fail because the external system is unavailable. If the number of notifications that you enter in the Maximum Error Count field fail in the number of milliseconds that you enter in the Error Count Window field, Watson Care Manager stops sending notifications. Watson Care Manager pauses communication with the external system for the number of milliseconds that you enter in the Sleep Window field.

Note: In addition to you configuring the external system host and port values, your IBM client executive must also provide these values to Watson Care Manager for allowlist purposes. Otherwise, notifications will not be sent. For more information, see Required information.

Procedure

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Integration** > **Subscribers**.

Existing subscribers are displayed.

3. Click **New**.

The **New Subscriber** page opens.

4. Enter the subscriber endpoint details.

- **Name** - Optional: Enter a name to easily identify the subscriber in Administration. For example, you might record a nickname for the subscriber.
- **Protocol** - Select the protocol that is used by the subscriber.
- **Host** - Enter the hostname of up to 200 characters.
- **Path**- Enter the path of up to 200 characters.
- **Port** - Enter the port number of up to 200 characters.
- **Sleep Window** - Enter the number of milliseconds that Watson Care Manager must wait before attempting to reconnect connect to the external system after the circuit breaker is initiated. You can enter up to 604800000 milliseconds (7 days). The recommended value range is 1800000 - 3600000 (30 - 60 minutes).
- **Error Count Window** - Enter the number of milliseconds during which notification failures can occur before Watson Care Manager determines that the external system is unavailable. You can enter up to 604800000 milliseconds (7 days) . The recommended value range is 600000 - 1200000 (10 - 20 minutes).
- **Maximum Error Count** - Enter the maximum number of consecutive notification failures that must occur within the milliseconds you enter in the Error Count Window before Watson Care Manager initiates the circuit breaker. You can enter up to 1000. The recommended value range is 3 - 5.
- **URI Headers** - Optional: Enter a comma-separated list of URI headers of up to 1000 characters.
- **URI Header Values** - Optional: Enter a comma-separated list of values for the URI headers of up to 1000 characters.

5. Click **Save**.

Creating subscriber authentications

Add a subscriber's authentication details so that Watson Care Manager can authenticate with the external system when sending notifications in respect of its subscriptions.

About this task

Adding the subscriber authentication details enables Watson Care Manager to access the external system.

You can add only one authentication record for each subscriber.

If the subscriber's authentication type is OAuth (Open Authentication) 2, you must enter values for protocol, host, port, and path. If the subscriber's authentication type is Basic Authentication, these values are not required.

Note: If you choose the OAuth 2 authentication type, your IBM client executive must also provide the external system host and port values to Watson Care Manager for allowlist purposes. Otherwise, notifications will not be sent. For more information, see Required information.

Procedure

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Integration** > **Subscribers**.

Existing subscribers are displayed.

3. Click a subscriber hostname.

   The subscriber **Home** page opens.

4. Select **Add Subscriber Authentication** in the **Actions** menu.

   The **Add Subscriber Authentication** page opens.

5. Add the subscriber authentication details.

   - **Client Identifier** - Enter the external system's client identifier of up to 200 characters. The client identifier is the username that Watson Care Manager must use to authenticate with the external system.

   - **Client Secret** - Enter the external system's client secret of up to 200 characters. The client secret is the password that Watson Care Manager must use to authenticate with the external system.

   - **Authentication Type** - Select the authentication type that the external system uses. **Basic Authentication** type means that the external system requires a valid username and password to access it. **OAuth 2** means that the external system requires a valid username and password, and Watson Care Manager must access the external system authentication server to obtain a token. If the authentication type is OAuth 2, you must enter the external system authentication server details (protocol, host, path, and port).

   - **Protocol** - Select the protocol that the external system authentication server uses.

   - **Host** - Enter the hostname of the external system authentication server, of up to 200 characters.

   - **Path** - Enter the path of the external system authentication server.

   - **Port** - Enter the port number of the external system authentication server, of up to 200 characters.

6. Click **Save**.

Modifying subscribers

If a subscriber's endpoint details change, you can update the subscriber. When you update a subscriber, Watson Care Manager sends notifications to the updated endpoint details.

About this task

Watson Care Manager combines the protocol, host, port and path values and uses them to generate the endpoint URL for the external system that receives the notifications.

Sleep window, error count window, and maximum error count values enable the circuit breaker system. Watson Care Manager initiates the circuit breaker if notifications fail because the external system is unavailable. If the number of notifications that you enter in the Maximum Error Count field fail within the number of milliseconds that you enter in the Error Count Window field, Watson Care Manager stops sending notifications. If this occurs, Watson Care Manager pauses communication with the external system for the number of milliseconds that you enter in the Sleep Window field.

Note: If you modify the subscriber host or port values, your IBM client executive must also provide the updated values to Watson Care Manager for allowlist purposes. Otherwise, notifications will no longer be sent. For more information, see Required information.

Procedure

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Integration** > **Subscribers**.

   Existing subscribers are displayed.

3. Click a subscriber hostname.

   The subscriber Home page opens.

4. Select **Edit Details** in the **Actions** menu.

   The **Edit Subscriber** page opens.

5. Update the subscriber endpoint details.

- **Name** - Optional: Enter a name to easily identify the subscriber in Administration. For example, you might record a nickname for the subscriber.
- **Protocol** - Select the protocol that is used by the subscriber.
- **Host** - Enter the hostname of up to 200 characters.
- **Path** - Enter the path of up to 200 characters.
- **Port** - Enter the port number of up to 200 characters.
- **Sleep Window** - Enter the number of milliseconds that Watson Care Manager must wait before attempting to reconnect connect to the external system after the circuit breaker is initiated. You can enter up to 604800000 milliseconds (7 days). The recommended value range is 1800000 - 3600000 (30 - 60 minutes).
- **Error Count Window** - Enter the number of milliseconds during which notification failures can occur before Watson Care Manager determines that the external system is unavailable. You can enter up to 604800000 milliseconds (7 days). The recommended value range is 600000 - 1200000 (10 - 20 minutes).
- **Maximum Error Count** - Enter the maximum number of consecutive notification failures that must occur within the milliseconds you enter in the Error Count Window before Watson Care Manager initiates the circuit breaker. You can enter up to 1000. The recommended value range is 3 - 5.
- **URI Headers** - Optional: Enter a comma-separated list of URI headers of up to 1000 characters.
- **URI Header Values** - Optional: Enter a comma-separated list of values for the URI headers of up to 1000 characters.

6. Click **Save**.

Modifying subscriber authentications

You can update the subscriber's authentication details if the subscriber client identifier or authentication type changes.

About this task

If the subscriber's authentication type is OAuth (Open Authentication) 2, you must enter values for protocol, host, port, and path. If the subscriber's authentication type is Basic Authentication, these values are not required.

Note: If you update the external system authentication server host or port values, your IBM client executive must also provide the updated values to Watson Care Manager for allowlist purposes. Otherwise, notifications will no longer be sent. For more information, see Required information.

Procedure

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Integration** > **Subscribers**.

   Existing subscribers are displayed.
3. Click a subscriber hostname.

   The subscriber **Home** page opens.
4. From the row **Actions** menu for an authentication, click **Edit**.

   The **Modify Authentication** page opens.
5. Add the subscriber authentication details.

- **Client Identifier** - Enter the external system's client identifier of up to 200 characters. The client identifier is the username that Watson Care Manager must use to authenticate with the external system.

- **Authentication Type** - Select the authentication type that the external system uses. **Basic Authentication** means that the external system requires a valid username and password to access it. **OAuth 2** means that the external system requires a valid username and password, and Watson Care Manager must access the external system authentication server to obtain a token. If the authentication type is OAuth 2, you must enter the external system authentication server details (protocol, host, path, and port).
  - **Protocol** - Select the protocol that the external system authentication server uses.
  - **Host** - Enter the hostname of the external system authentication server, of up to 200 characters.
  - **Path** - Enter the path of the external system authentication server.
  - **Port** - Enter the port number of the external system authentication server, of up to 200 characters.

6. Click **Save**.

Modifying subscriber client secrets

If a subscriber's client secret changes, you can update it so that Watson Care Manager uses a valid client secret when accessing the external system.

Procedure

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Integration** > **Subscribers**.

   Existing subscribers are displayed.
3. Click a subscriber hostname.

   The subscriber **Home** page opens.
4. From the row **Actions** menu for an authentication, click **Update Client Secret**.

   The **Update Client Secret** page opens.
5. Enter the external system's client secret of up to 200 characters.
6. Click **Save**.

Deleting subscribers

If a subscriber is obsolete or was created in error, you can delete it. When you delete a subscriber, Watson Care Manager stops sending notifications to the subscriber in respect of their subscriptions (if configured).

About this task

Deleting a subscriber deletes the subscriber, their authentications, and unsubscribes them from notifications relating to their active subscriptions.

Procedure

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Integration** > **Subscribers**.

   Existing subscribers are displayed.
3. From the row **Actions** menu for a subscriber, click **Delete**.

   The **Delete Subscriber** page opens.
4. Confirm that you want to delete the subscriber by clicking **Delete**.

Deleting subscriber authentications

If a subscriber authentication is obsolete or was created in error, you can delete it.

Procedure

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Integration** > **Subscribers**.

   Existing subscribers are displayed.
3. Click a subscriber hostname.

   The subscriber Home page opens.
4. From the row **Actions** menu for a subscriber authentication, click **Delete**.

   The **Delete Subscriber Authentication** page opens.
5. Confirm that you want to delete the subscriber authentication by clicking **Delete**.

Managing subscriptions

Manage subscriptions so that a subscriber can receive notifications about updates to specific data types. You can subscribe and unsubscribe from notifications.

Subscribing to notifications

Subscribe to notifications about data type updates when they occur in Watson Care Manager.

About this task

You can add multiple subscriptions for a subscriber. However, for each subscriber, you can add only one subscription per data type. The option to select an external system reference is displayed only when you choose a client data subscription.

Note: Under data privacy regulations, you are automatically subscribed to client status data notifications in Watson Care Manager when you create a subscriber. This subscription notifies you about client deletions in Watson Care Manager, so that you can take any required actions to delete the client from other systems. You cannot unsubscribe from client status data notifications.

You can subscribe to notifications for configurable client data types only. An example is a custom Family History client data type that your organization configures to capture a client's family history information. You cannot subscribe to notifications about updates to non-configurable client data types, for example, Address, Phone Number, and Email Address.

Procedure

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Integration** > **Subscribers**.

   Existing subscribers are displayed.
3. Click a subscriber hostname.

   The subscriber **Home** page opens.
4. Select **Add Subscription** in the **Actions** menu.

   The **Add Subscription** page opens.
5. Choose which data type you want receive notifications about.
6. If you selected **Client Data**, select the external system reference that uniquely identifies a specific configurable client data type.

7. Click **Save**.

What to do next

When the care team creates, updates, or deletes client information in respect of the data type, Watson Care Manager sends a notification to the subscriber. Review the notification message to determine whether to retrieve the data updates by using a suitable API in the Watson Care Manager REST API catalog.

Unsubscribing from notifications

If you want Watson Care Manager to stop sending notifications in respect of data type updates, you can unsubscribe from the notifications.

About this task

By unsubscribing, Watson Care Manager cancels the subscription and no longer sends notifications when the care team updates client information in respect of the data type.

When you create a subscriber, Watson Care Manager automatically subscribes the external system to notifications when a client is deleted in Watson Care Manager. You cannot unsubscribe from client deletion notifications.

Procedure

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Integration** > **Subscribers**.

   Existing subscribers are displayed.
3. Click a subscriber hostname.

   The subscriber **Home** page opens. Existing subscriptions are displayed.
4. From the row **Actions** menu for a subscription, click **Unsubscribe** for the relevant data type.

   The **Unsubscribe** page opens.
5. Click **Confirm** to confirm that you want to unsubscribe from notifications for the data type.

Chapter 4. Monitoring

You can monitor your clients, respond to alerts, and continually update their information and status. You can track your work and update your planned work according to any changes.

Monitoring my alerts

You can see a list of all alerts that you were notified about on the Care Manager Workspace. You can edit, close, or comment on the alerts.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, select **Alert Notifications**.

   The **My Alert Notifications** page opens.
3. Use the **Actions** menu of an alert to access the following options.

   - Select **Edit** to modify the alert.
   - Select **Comment** to add a comment.
   - Select **Close** to close the alert.
4. Click the name of any client's alert to access the **Summary View** for that client.

Capturing alerts

You can create, modify, and close alerts, which alert care team members to something that needs action or attention from the care team. Alerts are shown in the **context pane**, and alert notifications, which display the open alerts that you have been notified of, are shown on the Care Manager Workspace.

Adding alerts

You can associate an alert with a client by adding the alert from the library of configured alerts. Create an alert to highlight some aspect of a client's care that needs action or attention from the care team, for example, a Blood Pressure alert.

About this task

If configured to be shown, you can select the source of the alert (mandatory) and the name of the original source system where the alert originated (optional). You can select one or more members of the care team to be notified of the alert.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **History** > **Alerts**. Existing client alerts are displayed.

   You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).
5. Click **New**.

The **New Alert** page opens.

6. Select a name and priority for the alert.
7. From the **Source** menu, select one of the configured values that indicate the source of the alert.
8. From the **Original Source System** menu, if applicable, select one of the configured values to indicate where the alert originated.

9. Enter a note about the alert.

   To see alert notes in the context of all notes for the care plan, select **History** > **Notes**.
10. Select any care team members that you want to notify of the alert.

    The alert is displayed in the **Alerts** section of that team member's **Work List**.

Modifying alerts

You can update an alert that is associated with a client.

About this task

When an alert is received from an integrated system, the alert priority is read-only. You cannot modify closed alerts.

If configured to be shown, you can select the source of the alert (mandatory) and the name of the original source system where the alert originated (optional). You can select one or more members of the care team to be notified of the alert.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **History** > **Alerts**. Existing client alerts are displayed.

   You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).
5. Click the **Actions** menu of the alert, and click **Edit**.

   The **Edit Alert** page opens.
6. Modify the priority, as needed.
7. From the **Source** menu, select one of the configured values that indicate the source of the alert.
8. From the **Original Source System** menu, if applicable, select one of the configured values to indicate where the alert originated.

9. Optional: Select any care team members that you want to notify of the alert update. Unselect members of the care team to remove them from the notifications list.

   The **Notified** list identifies which care team members received the alert already.
10. Click **Save**.

Updating alerts with comments

You can continually add comments to existing client alerts.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **History** > **Alerts**. Existing client alerts are displayed.

   You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Click the **Actions** menu of the alert, and click **Comment**.

   The **Comment** page opens.

6. Enter a comment, and click **Save**.

7. Optional: To see alert notes and comments in the context of all comments for the care plan, select **History** > **Notes**.

Closing alerts

If no further action is required to address a client alert, you can close the alert.

About this task

You must enter a comment when you close an alert.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **History** > **Alerts**. Existing client alerts are displayed.

   You can see who created or updated an alert by clicking the tooltip on a user name. Review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Click the **Actions** menu of the alert, and click **Close**.

   The **Close Alert** page opens.

6. Enter a comment, and click **Save**.

   When you close an alert, the alert goes to the **Closed** status and is no longer displayed in these places in the application:

   • Context pane for a client
   • **Work List** of the Care Manager Workspace

Updating clients' priority

Client priority indicates the level of importance of a client's care. For example, High, Medium, Low, or Not Set. You can update a client's priority at any time if their care needs increase or decrease.

About this task

The priority of a client is set when the client is registered in the application, either manually or automatically from a cohort. By default, the priority is **Not Set** if the client is manually registered. or if no priority is available for that client during automatic registration.

If a client enters the application multiple times through multiple cohorts and a priority is available, only the highest priority is displayed. If you update the priority of a client, the updated priority supersedes the latest priority available for that client.

The updated priority is shown on the **Context** pane, on a care manager's Referrals page and Work List if populated with the client's referral details, and on the My Clients page. For supervisors, the updated priority is shown on the Unassigned Clients page, if populated with the client's details.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

   By changing the filters on **My Clients** page, you can change your client list view. For example you can apply a filter to view only your High Priority clients. Click **Add Filter** to add a filter and further refine your client list view by Name, Date of Birth, Priority, Programs, or Phone Number. When you filter by Name, you can search by Last Name, First Name to return a client record that exactly matches that name. If you do not know the exact details to search for, you can complete a partial search by entering one or more characters in the client's name. In this case, the search results might return multiple name records that contains the partial string or character that you entered. Special characters are supported in name searching, for example, you can search for the last name of O'Neill. Note that searching for ONeill will return O'Neill name records but a search for O' Neill (with a space) will not return O'Neill name records.

3. Click a client name.

   Their **Summary View** opens.

4. From the **Actions** menu in the **Context** pane, select **Update Priority**.

   The **Update Priority** window opens.

5. Select the appropriate value in the **Priority** menu.

6. Click **Save**.

   The client's priority is updated.

Monitoring tasks that apply to clients

If organization units are enabled for your organization, you can view a list of tasks that users of your organization unit created. Tasks can also be automatically generated from a program, assessment, or questionnaire. By default, the Tasks list page shows your open tasks.

About this task

The Tasks list can change dynamically to show only the tasks that you clicked to see on the Care Manager workspace, for example, only the tasks that you must complete today or for a selected calendar date, only your overdue tasks, or only your unscheduled tasks.

By applying one of the predefined page filters or by adding a new one, you can change or further filter your Tasks list. For example, you might apply a filter to display only open tasks that are assigned to your role.

Tasks are categorized by activity as follows: Admin, Care Opportunity, Clinical Discharge Follow Up, Documentation, Follow Up, Other, Physical Contact, or Referral. The **Tasks** list provides context information so that you know the task category.

You can see who created or updated a task by clicking the tooltip on a user name.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Tasks**.

   The **Tasks** page opens.

3. Review each task by name, priority, associated client, category, the user that the task is assigned to, and its due date.

4. To identify a user who created or updated a task, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

5. Change or further filter your Tasks list view based on specific search criteria.

   • Click the filter icon to open the **Filter** page.

   • Select one or more check boxes that correspond to your search criteria. You can search for only your tasks in a specific state (Open, Closed, Overdue, Unscheduled), or tasks that are assigned to your role in a specific state (Open, Closed, Overdue), or all tasks in a specific state (Open, Closed, Created by Me).

   • Optionally click **Add Filter** to add another filter to the predefined filters that you already selected or independently of predefined filters. You can further refine your list view by Assigned To, Category, Due Date, Priority, or Status. Enter the details for your filter selection. You can add only one new filter to each column.

   • Click **Apply** to apply the filter. You can remove the page filters by clicking **Reset** at any time. If you clear applied filters, the task list reverts to show a complete list of open and closed tasks that you and other users of your organization unit created.

6. Click a client's name.

   Where tasks relate to a client, the individual's name is displayed. If you have access to their protected health information, you can click a name to access the client's Summary View. Otherwise, the link to the Summary View is not available. If you need access to the information, you must be added to the client's care team. Alternatively, if configured by your organization, you can request emergency access to that individual in critical circumstances. If a member is removed from the care team, any outstanding tasks for the client that are currently assigned to the care team member must be reassigned to another care team member.

Viewing clients with appointments

For clients where you are a member of their care team, you can see which clients have appointments so that you can prepare for upcoming appointments with your care team.

About this task

You can search for clients with actions in their care plan that are categorized as appointments. Only clients where you are a member of their care team are displayed in the search results.

Procedure

1. Sign in to your account.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Clients** > **Appointments**.

   The **Client Appointments** page opens.

3. Enter the date on which the action is due to start.

4. Select the name of the action from the list and click **Search**.

   The list displays actions that are categorized as appointments. A list of all clients who have that appointment scheduled for the date that you entered is displayed.

5. Click a client name in the **Results** area.

   Their **Summary View** opens.

Recording touchpoints

You can record all contacts with a client. A *touchpoint* is an inbound or outbound contact or attempted contact between the care team and either the client or another individual in relation to a client. You

can edit and delete manually added touchpoints. You can delete touchpoints that come from integrated systems, but they cannot be edited.

Adding touchpoints

You can record a direct touchpoint with a client, or a touchpoint with others about the client.

About this task

If touchpoints are configured to be editable by the care team, you can save a touchpoint that you want to return to later as a draft or ready for review version, or as the final version.

If you have access to sensitive client notes, you can indicate that the note is sensitive to make it visible to you and other users with access to the client's sensitive notes.

If you create touchpoint and a sensitive note, the shared details, for example, Type, Subject and Duration are common to both notes. You cannot mark a private or private to role note as sensitive.

- Draft version - adds the touchpoint with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the touchpoint with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a touchpoint with a **Final** status, which prevents you further editing the touchpoint.

Procedure

1. Sign in to your account.

    Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

    Their **Summary View** opens.
4. Click the plus-sign icon (+) on the **Latest Touchpoint** card.

    The **New Touchpoint** page is displayed.
5. You can enter the following details about the touchpoint. If you have access to client sensitive notes, you can indicate that the note is sensitive.

    - **Sensitive** - Select to indicate that this note is sensitive and only users with sensitive notes access for the client can view it.
    - **Subject** - Enter a subject.
    - **Contact With** - Select who you contacted in the touchpoint. You can select one or more people.
    - **Method** - Select the method of communication, such as telephone.
    - **Direction** - Specify the direction of communication.
    - **Outcome** - Select whether the contact attempt was successful or unsuccessful.
    - **Contact Date** - Enter the date of the touchpoint.
    - **Duration** - You can specify the touchpoint duration in minutes.
    - **Programs** - You can select relevant programs from any programs that the client is assigned to or enrolled in. The list also displays programs that were completed in the last 30 days.
    - **Validated Identity** - You can select the check box to indicate that you validated the identity of person that you contacted.
    - **Source** - If configured, you must select one of the configured values that indicate the source of the touchpoint.
    - **Original Source System** - If applicable, you can select one of the configured values to indicate where the touchpoint originated.

- Save As - If configured to be editable, you can set the appropriate status for the touchpoint: Draft, Ready for review, Final.
- Note - Enter a note. Your note is saved without overwriting prior notes.
- Click **Save**.

6. Select **History** > **Notes** to view the latest touchpoint and prior touchpoints.

   The change history on the Notes page indicates who added the touchpoint and when. To identify a user who created or updated a touchpoint, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Editing touchpoints

You can update a direct touchpoint with a client, or a touchpoint with others about the client, provided the touchpoint was manually added. Touchpoints from integrated systems cannot be edited. If the original touchpoint record is modified in the integrated system, the corresponding Watson Care Manager record is updated.

About this task

- Draft version - adds the touchpoint with a **Draft** status, which allows you to edit the note.
- Ready for review version - adds the touchpoint with a **Ready for review** status, which allows you to edit the note to incorporate the review outcome.
- Final version - adds a touchpoint with a **Final** status, which prevents you further editing the touchpoint.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Click the arrow icon on the **Latest Touchpoint** card.

   The **Notes** list opens. Starting with the most recent notes, all the notes that are recorded for the client are displayed.
5. Assuming that a touchpoint is configured as an editable note type, select the **Actions** menu of a touchpoint, and click **Edit**.

   The **Edit Touchpoint** page is displayed.
6. Edit the following details about the touchpoint:

   - **Note** - Enter a note. Your note is saved without overwriting prior notes.
   - **Subject** - Enter a subject.
   - **Contact With** - Select who you contacted in the touchpoint. You can select one or more people.
   - **Method** - Select the method of communication, such as telephone.
   - **Direction** - Specify the direction of communication.
   - **Outcome** - Select whether the contact attempt was successful or unsuccessful.
   - **Contact Date** - Enter the date of the touchpoint.
   - **Duration** - You can specify the touchpoint duration in minutes.
   - **Programs** - You can select relevant programs from any programs that the client is assigned to or enrolled in. The list also displays programs that were completed in the last 30 days.
   - **Validated Identity** - You can select the check box to indicate that you validated the identity of person that you contacted.

- **Source** - If configured, you must select one of the configured values that indicate the source of the touchpoint.
- **Original Source System** - If applicable, you can select one of the configured values to indicate where the touchpoint originated.
- **Save As** - If configured to be editable, you can set the appropriate status for the touchpoint: Draft, Ready for review, Final.
- **Note** - Enter a note. Your note is saved without overwriting prior notes.
- Click **Save**. The **Notes** list updates to provide context information about the touchpoint update. If you edit the touchpoint **Status**, the **History** section of the **Notes** list records the status change, and the user who updated the touchpoint.

7. Enter a new comment about a touchpoint by completing the following steps:

- Select the **Actions** menu of a touchpoint, and click **Comment**. The **Comment** page is displayed.
- Enter a comment, and click **Save**. Your comment is saved without overwriting prior comments. The change history on the touchpoint displays the last comment in the comment section of the touchpoint, and indicates who added the comment and when. To identify a user who created or updated a touchpoint, click the tooltip on the user name and review the care team member's profile and contact details, assigned roles, and organization unit (if enabled).

Deleting touchpoints

You can delete Draft, Ready for review, or Final versions of touchpoints from a client's record.

About this task

Deleting a touchpoint has a different result depending on whether or not you have access to the delete notes resource, and the status of the touchpoint:

If you do not have access to the delete notes resource:

- When you delete a touchpoint with a status of Draft or Ready for review, the touchpoint is set to Discarded and is no longer displayed in the client's plan.
- When you delete a touchpoint with a status of Final, the touchpoint is set to Canceled and it is still visible. The **History** section of the **Notes** view records the status change and confirms that the touchpoint was a final version that was subsequently deleted.
- You cannot delete a canceled touchpoint.

If you have access to the delete notes resource:

- When you delete a touchpoint with a status of Draft or Ready for review, the touchpoint is set to Discarded and is no longer displayed in the client's plan.
- When you delete a touchpoint with a status of Final, the touchpoint is set to Discarded and it is no longer displayed in the client's plan.
- You can delete a touchpoint with a status of Canceled. The touchpoint is set to Discarded and it is no longer displayed in the client's plan.

Touchpoints can come from integrated systems. If the original touchpoint record is deleted in the integrated system, the touchpoint status of the corresponding record in Watson Care Manager is set to **Canceled**.

Procedure

1. Sign in to your account.

   Your home page opens.
2. From the **Side Navigation Menu**, click **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.

4. Click the arrow icon on the **Latest Touchpoint** card.

   The **Notes** page opens.

   Note: Starting with the most recent notes, all the notes that are recorded for the client are displayed and the type of note. You can view the detail of a touchpoint, or comments on the touchpoint, by expanding the touchpoint in the list.

5. In the **Actions** menu of the note you want to delete, click **Delete**.

   The **Delete Touchpoint** modal appears.

6. Add a comment to explain the reason for deleting the touchpoint.

7. Click **Yes** to confirm.

   - If you do not have access to the delete notes resource, the touchpoint is either removed from the client's plan or set to Canceled, depending on the status of the touchpoint. Additionally, the change history on the touchpoint displays the last comment in the comment section of the touchpoint, and indicates who added the comment and when.

   - If you have access to the delete notes resource, the touchpoint is removed from the client's plan.

Recording utilization

Utilization is the measure of a client's use of the clinical services that are available to them. You can record a client's use of clinical services, such as hospital encounters or specialist visits. Your organization can then use this information to understand the usage and outcome patterns for services to drive improvements. You can add, edit, and delete utilization records, and update a utilization record with notes and comments.

Adding utilization

You can create a utilization to record the client's use of a clinical service.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **History** > **Utilization**.

   Existing utilization is displayed.

5. Click **New**.

   The **New Utilization** page opens.

6. Enter the following utilization details.

   - Type - Select the type of service utilization, such as a hospital admission. The Type list also contains a value of Other.

   - Other Type - If you selected Other as the type, record the specific service type.

   - Location - Select the name of the facility where a client availed of health services, for example, the name of a hospital, hospice, or rehabilitation center.

   - Other Location - If you selected Other as the location, record the facility name where the client received health services.

   - Visit/Admit Date - You can select the date on which the client was admitted to a service, or completed their visit.

   - Admitted - You can select the check box to confirm that the client was admitted.

- Discharge Date - If the service lasted longer than one day, you can indicate the discharge or end date.
- Disposition - Select the outcome of a utilization, for example, a successful discharge from hospital. The Disposition type list also contains a value of Other.
- Other Disposition - If you selected Other as the disposition type, record the specific disposition.
- Program - If the service is associated with any existing program that the client is assigned, enrolled or completed in last 30 days, you can select the relevant program.
- Source - Select the source of the information about a utilization. For example, your organization might receive information from the client, a caregiver, or a hospital. The source type list also contains a value of Other.
- Other Source - If you selected Other as the source type, record the specific source.
- Note - You can enter a note about the utilization.

7. Click **Save**.

Editing utilization

You can edit a utilization to update the clinical services that a client used.

Procedure

1. Sign in to your account.

   Your home page opens.

2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.

3. Click a client name.

   Their **Summary View** opens.

4. Select **History** > **Utilization**.

   Existing utilization is displayed.

5. Click the **Actions** menu of the utilization, and click **Edit**.

   The **Edit Utilization** page opens.

6. Update the following utilization details.

   - Type - Select the type of service utilization, such as a hospital admission. The Type list also contains a value of Other.
   - Location - Select the name of the facility where a client availed of health services, for example, the name of a hospital, hospice, or rehabilitation center.
   - Other Location - If you selected Other as the location, record the facility name where the client received health services.
   - Visit/Admit Date - You can select the date on which the client was admitted to a service, or completed their visit.
   - Admitted - You can select the check box to confirm that the client was admitted.
   - Discharge Date - If the service lasted longer than one day, you can indicate the discharge or end date.
   - Disposition - Select the outcome of a utilization, for example, a successful discharge from hospital. The Disposition type list also contains a value of Other.
   - Other Disposition - If you selected Other as the disposition type, record the specific disposition.
   - Program - If the service is associated with any existing program that the client is assigned, enrolled or completed in last 30 days, you can select the relevant program.
   - Source - Select the source of the information about a utilization. For example, your organization might receive information from the client, a caregiver, or a hospital. The source type list also contains a value of Other.

- Other Source - If you selected Other as the source type, record the specific source.
- Note - You cannot edit previous notes. If a note is already associated with the utilization, enter comments to append to the existing note. Otherwise, a new note is added to the utilization.

7. Click **Save**.

Adding utilization notes and comments

You can add a note to a utilization record to capture information, and amend the note with comments.

About this task

You can add a single note per utilization. You can continually amend the note with any number of comments.

Procedure

1. Sign in to your account.

   Your home page opens.
2. To see your clients, from the **Side Navigation Menu**, select **Clients** > **My Clients**, or search for other clients.
3. Click a client name.

   Their **Summary View** opens.
4. Select **History** > **Utilization**.

   Existing utilization is displayed.
5. From the **Actions** menu of a utilization, select **Add Note**.

   The **Add Note** page opens.
6. Enter the note about the utilization, and click **Save**.

   The note is appended to the utilization record on the Utilization page.
7. For any utilization that has an existing note, from the **Actions** menu, select **Comment**.

   The **Comment** page opens.
8. Enter more comments about the utilization, and click **Save**.

   The comments are appended to an existing note in the utilization record on the Utilization page.

Chapter 5. Integrating

As an integrator, use the Watson Care Manager REST APIs to integrate third-party applications with Watson Care Manager so that data can be shared between the applications. For security and user authentication purposes, if an identity provider external to IBM stores your organization's user accounts, you can request that Watson Care Manager integrate with that identity provider.

About this task

You can integrate Watson Care Manager with other IBM systems, or third-party applications, such as an electronic medical record (EMR) application through REST APIs. When Watson Care Manager is integrated with other applications, Watson Care Manager can receive data from those applications through APIs. For example, Watson Care Manager can receive client data that is captured in another application so that the latest client information is available in all applications.

Note: The option to integrate Watson Care Manager with your organization's identity provider optionally involves the use of REST APIs. Third-party identity provider integration relates to the authentication of users when they access Watson Care Manager.

Watson Care Manager data and integrated systems

The information that is recorded and maintained for a client in Watson Care Manager can be manually captured or it might come from integrated systems through APIs.

Remember: Watson Care Manager data can be received from other IBM systems, such as IBM Phytel applications or third-party applications, such as an EMR system.

Client referrals can be manually created or received from integrated systems. Client contact, demographics, clinical, and vitals data can be manually created, or it can be received from integrated systems when clients are registered. Notes and alerts can be manually added, or they can come from third-party applications. Assessments can be manually run for registered clients, or they can come from third-party applications.

Note: All date/time attributes received by the API process are stored in the GMT timezone. An offset timezone is applied based on the care team member's preference when the date/time attributes display in Watson Care Manager.

Data summary

The table summarizes the data that can be manually captured in Watson Care Manager, and which integrated systems can send and update each type of data.

For Clinical and Vitals data, you can see whether manual data capture is supported by a terminology search or a drop-down coded list of values that you select from. With terminology search, when you search for the data by name, Watson Care Manager searches a coded list of values and you select from your results. When capturing other data, you select from a drop-down list of coded values without searching

Note: Coded lists are preconfigured by Watson Care Manager and cannot be configured by Administrators.

Where data capture is supported by a terminology search or a drop-down coded list, the table shows the coding system that Watson Care Manager uses.

Category	Data	Manual data capture	Received	Updated	Terminology search/drop-down coded list
Contact	Address	✓	Phytel, third-party applications	Third-party applications	Not applicable
	Contact Preferences	✓	✗	✗	Not applicable
	Email Address	✓	Phytel, third-party applications	Third-party applications	Not applicable
	Phone Number	✓	Phytel, third-party applications	Third-party applications	Not applicable
	Social Network Contact	✓	✗	✗	Not applicable
Demographics	Birth and Death	✓	Phytel, third-party applications	Third-party applications	Not applicable
	Marital Status	✓	Third-party applications	Third-party applications	
	Gender	✓	Phytel, third-party applications	Third-party applications	Not applicable
	Identification	✓	Phytel, third-party applications	Third-party applications	Not applicable
	Marital Status	✓	Phytel, third-party applications	Third-party applications	Not applicable
	Name	✓	Phytel, third-party applications	Third-party applications	Not applicable
	Tag	✓	Third-party applications	Third-party applications	Not applicable
Background	Health Background	✓	✗	✗	Not applicable
	Personal Background	✓	✗	✗	Not applicable
	Social Background	✓	✗	✗	Not applicable
Clinical	Allergy	✓	Phytel	Phytel	Terminology search (SNOMED)

Category	Data	Manual data capture	Received	Updated	Terminology search/drop-down coded list
	Condition	✓	Phytel	Phytel	Terminology search (SNOMED)
	Coverage	✗			Not applicable
	Laboratory Test	✓	Phytel	Phytel	Preconfigured list (LOINC)
	Medication	✓	Phytel	Phytel	Terminology search (NDC-11 digit)
	Observation	✗	Phytel	Phytel	Not applicable
	Risk	✓	✗	✗	Not applicable
Vitals	Blood Pressure	✓	Phytel	Phytel	Not applicable
	Body Mass Index	✓	Phytel	Phytel	Not applicable
	Body Temperature	✓	Phytel	Phytel	Not applicable
	Heart Rate	✓	Phytel	Phytel	Not applicable
	Height	✓	Phytel	Phytel	Not applicable
	Oxygen Saturation	✓	Phytel	Phytel	Not applicable
	Respiratory Rate	✓	Phytel	Phytel	Not applicable
	Waist Circumference	✓	Phytel	Phytel	Not applicable
	Waist-to-Height Ratio	✓	Phytel	Phytel	Not applicable
	Weight	✓	Phytel	Phytel	Not applicable
Configurable data category	Configurable client data type	✓	Third-party applications	Third-party applications	Not applicable
Care Team Actions	Care Team Actions	✓	Third-party applications	Third-party applications	Not applicable
Programs	Assessments	✓	Third-party applications (Completed assessments,	✗	Not applicable

Category	Data	Manual data capture	Received	Updated	Terminology search/drop-down coded list
			script and score only)		
	Questionnaires	✓	Third-party applications (Completed questionnaires)	✗	Not applicable
History	Notes	✓	Third-party applications	✗	Not applicable
	Alerts	✓	Third-party applications	Third-party applications	Not applicable
	Referrals	✓	Phytel, third-party applications	Third-party applications	Not applicable

Fields displayed on all client data types

Certain fields are displayed on all client data types that you access from the **Data** page. The fields are common to both manually created records and records from integrated systems. Some of these fields are automatically populated by Watson Care Manager.

Field	Mandatory	When manually created	When received from integrated systems
Updated On	Not applicable.	This field is automatically populated by Watson Care Manager. Displays the date and time that the record was created or last updated in Watson Care Manager	Not applicable. This field is automatically populated by Watson Care Manager. Displays the date and time that the record was created or last updated in Watson Care Manager.
Updated By	Not applicable.	This field is automatically populated by Watson Care Manager. Displays the name of the user who created or last updated the record in the system	Not applicable. This field is automatically populated by Watson Care Manager. Depending on how your Watson Care Manager application is integrated, this field displays one of the following values: • **Health Data User** • **System User**

Field	Mandatory	When manually created	When received from integrated systems
			By default, Watson Care Manager populates the Updated By field with **System User** when data is received from third-party applications. This value might be different for your organization.
Comments	No	Displays comments that were manually added to the record.	Comments for some data types are received from integrated systems if they are sent to Watson Care Manager.

Contact data

Contact data includes address, email address, and phone number data. The table for each data type shows the available data, whether the data is mandatory, and the differences in the data when it is manually created or received from integrated systems.

Common patterns for contact data

You can manually add contact data when you register a client. Contact data is also received from integrated systems when a client is automatically registered.

Important: You can manually modify most contact data. In general, if a client's contact data is modified or deleted in an integrated system, their corresponding contact record in Watson Care Manager updates. However, if you modify contact data that was received from an integrated system, Watson Care Manager becomes the system of record for the data, and Watson Care Manager no longer receives updates to the record from the integrated system. For exceptions to these patterns, see the relevant section for each data type.

If a client's contact data is modified or deleted by a third-party application that is integrated with Watson Care Manager, their corresponding contact record in Watson Care Manager updates, provided the client's status is Active. For exceptions to these patterns, see the relevant section for each data type.

Note: Watson Care Manager receives contact data updates for active and inactive clients. Watson Care Manager does not receive updates for deleted clients.

Address data

You can add, modify and delete client address data. In addition, address records can be created, updated and deleted by integrated systems. When a client is manually registered, you can optionally choose an address type.

Restriction: You can modify all address data, with the exception of the address type. If you want to specify a different address type for a client, you must create new address data.

The table lists the fields that are displayed on an address record.

Field	Mandatory	When manually created	When received from integrated systems
Type	Yes	Displays one of the following types:	As per manually created records. Displays one of the following types,

Field	Mandatory	When manually created	When received from integrated systems
		• **Residential** • **Mailing** • **Work** • **Temporary** • **Old** • **Other** If no type is entered, displays a blank value.	depending on the type that is received: • **Residential** • **Mailing** • **Work** • **Temporary** • **Old** • **Other** If no type is received, displays a blank value.
Start Date	Yes	Displays the start date that was entered when the record was created.	If no Start Date is received from an integrated system, Watson Care Manager automatically populates this field with the date the record was created.
End Date	No		
Physical Visit Address	No	Indicates that this is the client's address for physical visits. If you specify a physical address for a client, this address is shown in the Context pane, search results, and My Clients list. Otherwise, the client's preferred address is shown, if specified.	Not applicable You must edit the record to indicate whether this is the client's physical visit address.
Preference	No	Displays one of the following preferences: • **blank** • **Preferred** • **Opt out**	Not applicable. You must edit the address record to indicate the client's preference for communications to this address.
Apt/Suite	No		
Street 1	No		
Street 2	No		
City	No		
State	No		
Zip	No		

Field	Mandatory	When manually created	When received from integrated systems
Comments			Not applicable Comments are not received from integrated systems. You must edit the address record to add a comment to the record.
Source	Yes	Displays the source of the address that was selected from a configured list.	Displays the source of the address as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the address originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the address originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Email address data

You can add, modify and delete client email address data. In addition, email address records can be created, updated and deleted by integrated systems.

The table lists the fields that are displayed on an email address record.

Field	Mandatory	When manually created	When received from integrated systems
Email Address	Yes		
Type	No	Displays one of the following types: • **Personal** • **Business** • **Other** • **Temporary** • **Old** **Note:** When a client is manually registered, Watson Care Manager automatically sets the	As per manually created records. Displays Personal, Business, Other, Temporary, or Old, depending on the type that is received. By default, displays **Personal** if no type is received.

Field	Mandatory	When manually created	When received from integrated systems
		client's email address type to **Personal**.	
Preference	No	Displays one of the following preferences: • **blank** • **Preferred** • **Opt out**	Not applicable You must manually edit the email address record to indicate the client's preference for communications to this email address.
Comments	No	Not applicable Comments are not received from integrated systems. You must edit the email address record to add a comment to the record.	Not applicable Comments are not received from integrated systems. You must manually edit the email address record to add a comment to the record.
Source	Yes	Displays the source of the email address that was selected from a configured list.	Displays the source of the email address as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the email address originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the email address originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Phone number data

You can add, modify and delete client phone number data. In addition, phone number records can be created, updated and deleted by integrated systems.

The table lists the fields that are displayed on a phone number record.

Field	Mandatory	When manually created	When received from integrated systems
Country Code	No		Only populated if Watson Care Manager receives a phone

Field	Mandatory	When manually created	When received from integrated systems
			number record from another IBM product and that record contains a country code. If Watson Care Manager receives a phone number record with a country code from a third-party application, this value prefixes the phone number shown in the Phone Number field.
Area Code	No		Only populated if Watson Care Manager receives a phone number record from another IBM product and that record contains an area code. If Watson Care Manager receives a phone number record with an area code from a third-party application, this value prefixes the phone number shown in the Phone Number field.
Phone Number	Yes	Displays the phone number that was manually entered.	Displays the phone number that was received from the integrated system.
Extension	No		Only populated if Watson Care Manager receives a phone number record from another IBM product and that record contains an extension. If Watson Care Manager receives a phone number record with an extension from a third-party application, this value prefixes the phone number displayed in the Phone Number field.
Phone Type	Yes (For manually created phone numbers)	Displays one of the following types: • **Home**	As per manually created records. Displays Home, Mobile, Work, Other, Temporary, or Old,

Field	Mandatory	When manually created	When received from integrated systems
		• **Mobile** • **Work** • **Other** • **Temporary** • **Old**	depending on the type that is received. By default, displays **Home** if no type is received.
Start Date	Yes (Manually created records only)	Displays the start date of the record that was entered.	If no Start Date is received from an integrated system, Watson Care Manager automatically populates this field with the date the record was created.
End Date	No		
Preference for Calls	No		Not applicable A client's preference for calls is not received from integrated systems. You must edit the phone number record to indicate the client's preference for calls.
Preference for Texts	No		Not applicable A client's preference for texts is not received from integrated systems. You must edit the phone number record to indicate the client's preference for texts.
Comments	No		Not applicable Comments are not received from integrated systems. You must edit the phone number record to add a comment to the record.
Source	Yes	Displays the source of the phone number data that was selected from a configured list.	Displays the source of the phone number as received from the integrated system. The integrated system identifies the source by its external system reference.

Field	Mandatory	When manually created	When received from integrated systems
Original Source System	No	Displays the original source system where the phone number originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the phone number originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Clinical data

Clinical data includes allergy, condition, laboratory test, medication data, observation, and risk data. The tables show the available data, whether the data is mandatory, and the differences when the data is manually created or received from integrated systems.

Clinical data conforms with standard coding systems for clinical data. Clinical data codes are displayed in the Reporting application for the purposes of creating reports when received from integrated systems. However, clinical data codes are not displayed in the Care Team application.

After a client is registered, you can add new Clinical data, with the exception of Coverage and Observation data.

Important: Clinical data from integrated systems refreshes overnight in Watson Care Manager and cannot be modified.

Allergy data

Allergy data conforms with standard coding systems for allergy data. Manual data entry for the allergy name is supported by a terminology search (SNOMED). Allergy data from integrated systems might be associated with different coding systems than manually created allergy records.

The table lists the fields that are displayed on an allergy record.

Field	Mandatory	When manually created	When received from integrated systems
Allergy Name	Yes	Displays the allergy name that was selected by using the terminology search (SNOMED). If the allergy name was manually recorded by using the **Record other allergy** option, this field displays the name that was entered.	Displays the allergy name that was received from the integrated system. When the record is received electronically, the allergy name that is displayed might be different to the names of manually created allergy records
Status	Yes	Displays one of the following statuses:	As per manually created records. Displays Active,

Field	Mandatory	When manually created	When received from integrated systems
		• **Active** • **Inactive** • **Duplicate** • **Invalid** • **Unknown**	Inactive, Duplicate, Invalid, or Unknown, depending on the status that is received from the integrated system.
Allergy Type	No	Displays the allergy type that was selected from a preconfigured coded list when the record was manually created.	Displays the allergy type that was received from the integrated system.
Start Date	No		
End Date	No		
Reactions/Severities	No	Up to three symptoms of the allergic reaction and the severity of each symptom are displayed in a comma-separated list. Each symptom and severity can be selected from a preconfigured coded list when the record is manually created.	As per manually created records. When the record is received electronically, the reactions and severities that are displayed might be different to those of manually created allergy records. The text **(Unknown)**, is appended to each reaction that does not have an associated severity value.
Currently Active		Displays **Yes**, **No**, **Unknown**, or is blank.	Not applicable. A client's confirmed allergy status is not received from integrated systems. You can manually specify whether a client has explicitly confirmed that an allergy is currently active, if needed.
Comments	No		
Source	Yes	Displays the source of the allergy data that was selected from a configured list. The following default sources are available for selection: • **Chart**	Not applicable. Displays **EMR** to indicate that the record came from an integrated system. This field is automatically populated by Watson Care Manager.

Field	Mandatory	When manually created	When received from integrated systems
		• **Encounter** • **Lab** • **Self Reported**	
Original Source System	No	Displays the original source system where the allergy data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Not applicable.

Condition data

Condition data conforms with standard coding systems for condition data. Manual data entry for the condition name is supported by a terminology search (SNOMED). Condition data from integrated systems might be associated with different coding systems than manually created condition records. Condition codes from integrated systems are not displayed.

Note: Problem List records in the IBM Explorys EPM Registry display as Condition records in Watson Care Manager.

If a condition is associated with more than one coding system in IBM Explorys EPM Registry, a separate condition record is displayed in Watson Care Manager for each coding system that the condition is associated with.

The table lists the fields that are displayed on a condition record.

Field	Mandatory	When manually created	When received from integrated systems
Condition Name	Yes	Displays the condition name that was selected by using the terminology search (SNOMED). If the condition name was manually recorded by using the **Record other condition** option, this field displays the name that was entered.	Displays the condition name that was received from the integrated system. When a record is received electronically, the condition name that is displayed might be different to the name for manually created condition records.
Status	Yes	Displays one of the following statuses: • **Active** • **Inactive** • **Resolved**	Displays one of the following statuses: • **Active** • **Inactive** • **Resolved**

Field	Mandatory	When manually created	When received from integrated systems
		• **Duplicate** • **Invalid**	• **Invalid** • **Unknown** If the integrated system has different statuses, Watson Care Manager maps each status to one of the above statuses.
Start Date	No		
End Date	No		
Classification	No	Displays **Primary**, **Secondary**, or is blank.	Not applicable. Condition classifications are not received from integrated systems. You can manually classify conditions from integrated systems, if needed.
Comments	No		
Source	Yes	Displays the source of the condition data that was selected from a configured list. The following default values are available for selection: • **Self-Reported** • **Chart** • **Encounter** • **Lab**	Not applicable. Displays **EMR** to indicate that the record came from an integrated system. This field is automatically populated by Watson Care Manager.
Original Source System	No	Displays the original source system where the condition data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Not applicable

Coverage data

Coverage data is received from IBM Explorys products and is read-only. Coverage data cannot be manually created or modified. Coverage data conforms to the Fast Healthcare Interoperability Resources

(FHIR) standard. The coverage data type is visible in the **Clinical** data category on the **Data** page when one or more records are received from the integrated system.

The table lists the fields that are displayed on a coverage record.

Field	Mandatory	When manually created	When received from integrated systems
Group	No	Not applicable	Displays the name of the group that includes the medical or insurance plan.
Plan	Yes	Not applicable	Displays the name of the medical or insurance plan.
Type	No	Not applicable	Not applicable A type is not received from integrated systems.
Subgroup	No	Not applicable	Displays the name of the sub group or subsection of the plan.
Precedence	No	Not applicable	Not applicable A precedence is not received from integrated systems.
Status	No	Not applicable	Displays one of the following statuses: • **Active** • **Canceled** • **Entered in error** • **Draft**
Start Date	No	Not applicable	
End Date	No	Not applicable	
Comments	No	Not applicable	
Source	No	Not applicable	Not applicable This field is automatically populated by Watson Care Manager. Displays **Eligibility System** to indicate that the record came from an integrated system.
Original Source System	Yes	Not applicable	Not applicable.

Laboratory test data

Laboratory test data conforms to the Fast Healthcare Interoperability Resources (FHIR) standard. Manual data entry for the laboratory test name is supported by a coded list of laboratory tests (LOINC). Laboratory test data from integrated systems might be associated with different coding systems than manually created laboratory test records.

When Watson Care Manager receives laboratory test data from the IBM Explorys EPM Registry, there is a two-step mapping process.

1. Watson Care Manager checks that the data contains a LOINC code, based on an internal reference list.
2. If the LOINC code maps to a code on the list, a laboratory test record is created by Watson Care Manager. If the data contains no LOINC code, or if the LOINC code received does not match a code in the list, an observation record is created.

When Watson Care Manager receives laboratory test data from IBM Phytel products, the following mapping steps occur.

1. Watson Care Manager checks that the data is classified as a `laboratory` test.
2. Watson Care Manager creates a laboratory test record. Otherwise, an observation is record is created.

Note: Laboratory tests that are up to two years old are displayed when the records come from IBM Explorys EPM Registry.

Laboratory test records that are up to two years old are also displayed when the records come from IBM Phytel products. However if the last laboratory test record received is older than two years, Watson Care Manager displays that record.

The table lists the fields that are displayed on a laboratory test record.

Field	Mandatory	When manually created	When received from integrated systems
Laboratory Test Name	Yes	Displays the laboratory test name that was selected from the preconfigured coded list when the record was manually created (LOINC).	Displays the laboratory test name that was received from the integrated system. When the record is received electronically, the laboratory test name that is displayed might be different to the name for manually created laboratory test records.
Value	No	Displays the value that was added to the record.	Displays the data that is received from the integrated system. This could be one or any combination of the following: • Comparator (< > =) • Value • Unit • Value String If the record from the integrated system has no comparator, value,

Field	Mandatory	When manually created	When received from integrated systems
			unit, or value string, the Value field is blank.
			For example, if a record has a comparator (`<`), a value (`1.5`) and a unit (`mEq/L`).
			The Value field displays `<1.5 mEq/L`.
			If WCM receives a value without a unit, the Value field displays only the value. For example, `1.5`.
Units	No	Displays units added to manually created laboratory test records only.	Not applicable
Service Date	Yes		
Status	Yes	Displays one of the following values: • **Registered** • **Preliminary** • **Correction to Results** • **Final Results** • **Procedure Incomplete** • **Valid** • **Invalid** • **Unknown** • **Completed** • **Order Cancelled** • **Entered-in-error** • **Results stored; Not Verified** • **Procedure Scheduled, but not done** • **No order on Record** • **No Record of this Patient** • **Duplicate**	Displays one of the following values: • **Registered** (Maps to the **Registered** status FHIR standard). • **Preliminary** (Maps to the **Unknown** status FHIR standard) • **Final** (Maps to the **Final** status FHIR standard) • **Amended** (Maps to the **Correction to Result** status FHIR standard). • **Valid** (Maps to the **Valid** status FHIR standard. • **Unknown** (Maps to the **Unknown** status in FHIR). • **Corrected** (Maps to the **Correction to Result** status FHIR standard. • **Cancelled** (Maps to the **Order Cancelled** status FHIR standard).

Field	Mandatory	When manually created	When received from integrated systems
			• **Entered-in-error** (Maps to the **Invalid** status FHIR standard).
Comments	No		
Source	Yes	Displays the source of the laboratory test data that was selected from a configured list. The following default values are available for selection: • **Self-Reported** • **Chart** • **Encounter** • **Lab**	Not applicable. Displays **EMR** to indicate that the record came from an integrated system. This field is automatically populated by Watson Care Manager.
Original Source System	No	Displays the original source system where the laboratory test data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Not applicable

Medication data

Medication data conforms with standard coding systems for medication data. Medications from integrated systems might be associated with different coding systems than manually created medication records.

Note: Medication data that comes from integrated systems is read-only. Users can manually indicate whether a client is currently taking a particular medication.

The table lists the fields that are displayed on a medication record.

Field	Mandatory	When manually created	When received from integrated systems
Medication Name	Yes	Displays the medication name that was selected by using the terminology search (NDC-11 digit). If the medication name was manually recorded by using	Displays the medication name that was received from the integrated system. When a record is received electronically, the medication name that is displayed might

Field	Mandatory	When manually created	When received from integrated systems
		the **Record other medication** option, this field displays the name that was entered.	be different to the name for manually created medication records.
Status	Yes	Displays one of the following statuses: • **Active** • **Inactive** • **Self Refused** • **Refused for medical reasons** • **Unknown**	Displays one of the following statuses: • **Active** • **Inactive** • **Duplicate** • **Invalid** • **Unknown** If the integrated system has different statuses, Watson Care Manager maps each status to one of the above statuses.
Type	No	Displays one of the following types: • **OTC** • **Prescribed** • **Other** • blank	Displays the medication type from the integrated system. When a record is received electronically, the type that is displayed might be different to the type for manually created medication records.
SIG	No	Displays the values that were entered in the following fields, in this order: • **Quantity** • **Strength** • **Dose Form** • **Route** • **Frequency** • **Duration**	Displays the values that were received from the integrated system in the following fields, in this order: • **Quantity** (The text (`quantityEMR`) is appended to the quantity value.) • **Strength** (The text (`strength`) is appended to the strength value.) • **Dose Form** (The text (`doseFormEMR`) is appended to the dose form value.) • **Route** (The text (`routeFormEMR`) is appended to the Route value.)

Field	Mandatory	When manually created	When received from integrated systems
			• **Frequency** (The text (`frequencyEMR`) is appended to the Frequency value.) • **Duration** (The text (`duration`) is appended to the Duration value.)
Classes		Not applicable Medication classes cannot be manually created.	Displays a comma-separated list of medication classes that are received from the integrated system.
Date	Not applicable	Watson Care Manager automatically populates this field based on which date is available in the record. In the following order, the date might be the medication start date, ordered date, prescribed date, fill date, or last refill date, depending on which date is entered. If no date is available, the date is the record creation date.	As per manually created records.
Strength	No	If the medication was selected by using the terminology search, displays the medication strength that was selected from the list of valid medication strengths, based on the search. If the medication was manually recorded by using the **Record other medication** option, displays the medication strength that was entered.	Displays a numeric value and unit of measurement that was received from the integrated system. The text (`strength`) is appended to the duration value. When a record is received electronically, the medication strength that is displayed might be different to the strength for manually created medication records.
Dose Form	No	Displays the form of medication that was selected from the list of forms.	Displays the dose form that was received from the integrated system. The text (`doseFormEMR`) is

Field	Mandatory	When manually created	When received from integrated systems
			appended to the dose form value. When a record is received electronically, the dose form that is displayed might be different to the dose form for manually created medication records.
Route	No	Displays the path that the medication entered the client's body that was selected from the list of routes.	Displays the route that was received from the integrated system. The text (`routeFormEMR`) is appended to the route value. When a record is received electronically, the medication route value that is displayed might be different to the value for manually created medication records.
Quantity	No		Displays the quantity that was received from the integrated system. The text (`quantityEMR`) is appended to the dose form value. When a record is received electronically, the medication route that is displayed might be different to the route for manually created medication records.
Frequency	No	Displays the frequency value that was selected from a preconfigured coded list when the record was manually created.	Displays the frequency that was received from the integrated system. The text (`frequencyEMR`) is appended to the frequency value. When a record is received electronically, the frequency that is displayed might

Field	Mandatory	When manually created	When received from integrated systems
			be different to the frequency for manually created medication records.
Duration	No	Displays the duration that was selected from a preconfigured coded list when the record was manually created.	Displays the duration that was received from the integrated system. The text (duration) is appended to the duration value. When a record is received electronically, the duration that is displayed might be different to the duration for manually created medication records.
Start Date	No		
End Date	No		
Ordered By	No		
Ordered Date	No		
Prescription Number	No		
Prescribed Date	No		
Prescribed By	No		
Fill Date	No		
Pharmacy	No		
Review	No	Displays one of the following values: • **Duplicate** • **Needs Review** • **Verified** • **Unknown**	Not applicable
Dispensed Quantity	No		
Last Refill Date	No		
Refills	No		
Instructions	No		
Reason	No		
Refused Reason	No		
Comments	No		

Field	Mandatory	When manually created	When received from integrated systems
Source	No	Displays the source of the medication data that was selected from a configured list. The following default values are available for selection: • **Chart** • **Encounter** • **Lab** • **Self Reported**	Not applicable. Displays **EMR** to indicate that the record came from an integrated system. This field is automatically populated by Watson Care Manager.
Original Source System	No	Displays the original source system where the medication data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Not applicable

Observation data

Observation data is received from integrated systems and is read-only. Observation data is visible in the **Clinical** data category on the **Data** page when one or more records are received from the integrated system.

When Watson Care Manager receives observation data, it maps the data to an appropriate data type, typically a Watson Care Manager Laboratory Test or a Vital type. If Watson Care Manager cannot map the data to an appropriate data type, an Observation record in created in the Clinical data category. Observation data from integrated systems can be vitals data, laboratory test data, or any other data that cannot be mapped to a Watson Care Manager data type.

When observation data comes from the IBM Explorys EPM Registry, Watson Care Manager maps the data to an appropriate data type based on its associated LOINC code. For example, if blood pressure data is received that contains a LOINC code that maps to the Blood Pressure LOINC code in an internal reference list, a blood pressure record is created in the Vitals data category. If the data is not associated with a LOINC code, or the LOINC code received does not map to a LOINC code in the list, an Observation record is created.

When observation data comes from IBM Phytel products, Watson Care Manager maps the data to an appropriate data type, based on whether the data is classified in the integrated system. For example, if the data is classified as a `laboratory` test, a Laboratory Test record is created in the Clinical data category. If the data is classified as a `vitals-sign` and specified as Height data, Watson Care Manager creates a **Height** record in the **Vitals** data category. Otherwise, Watson Care Manager creates an observation record.

The table lists the fields that are displayed on an observation record.

Field	Mandatory	When manually created	When received from integrated systems
Name	Yes	Not applicable	Displays the name that was received from the integrated system.
Type	No	Not applicable	Not applicable This field is not populated by Watson Care Manager.
Value	No	No applicable	Displays the data that is received from the integrated system. This could be one or any combination of the following: • Comparator (< > =) • Value • Unit • Value String If the record from the integrated system has no comparator, value, unit, or value string, the Value field is blank. For example, if a record has a comparator (<) , a value (1.5) and a unit (mEq/L). The Value field displays <1.5 mEq/L. If WCM receives a value without a unit, the Value field displays only the value. For example, 1.5.
Date	Yes	Not applicable	Displays the date that the observation measurement was created.
Status	Yes	Not applicable	Displays one of the following statuses, depending on the status that is received from the integrated system: • **Registered** • **Preliminary** • **Final** • **Amended**

Field	Mandatory	When manually created	When received from integrated systems
			• **Valid** • **Unknown** • **Correction to Result** • **Canceled** • **Invalid** If the integrated system has different statuses, Watson Care Manager maps each status to one of the above statuses.
Measurement Method	No	Not applicable	Displays the method used to perform the observation that was received from the integrated system.
Observation Site	No	Not applicable	Displays the site of the client's body where the observation was made.
Source	Not applicable	Not applicable	Not applicable This field is automatically populated by Watson Care Manager. Displays **EMR** to indicate that the record came from an integrated system.
Original Source System	No	Not applicable	Not applicable

Risk data

Clinical risk data can be manually created and received from integrated systems. For example, Watson Care Manager can receive the following risks from integrated systems:

• ERM (Medicare/Concurrent/Commercial/Prospective)

• HCC-Billing

• HCC-Clinical

• LACE

• Charlson Deyo

Administrators can configure the risks that are applicable to the organization so they are available for selection when they are manually created in the care team application.

The table lists the fields that are displayed on a risk record.

Field	Mandatory	When manually created	When received from integrated systems
Name	Yes	Displays the risk name that was selected from the configured list when the record was manually created.	Displays the risk name from the integrated system. When the record is received electronically, the risk name that is displayed might be different to the name of manually created risk records.
Date	Yes		
Score	Yes		
Category	No	Displays the configured category that the risk score falls into.	Displays the risk category from the integrated system. When the record is received electronically, the risk category that is displayed might be different to the category for manually created risk records.
Comments	No		
Source	Yes	Displays the source of the risk data that was selected from a configured list. The following default values are available for selection: • **Analytics (External)** • **Analytics (Internal)** • **Hospital Information System** • **Other** • **Outside Provider** • **Payer** • **Practive Management System** • **Self Reported**	Not applicable. Displays **EMR** to indicate that the record came from an integrated system. This field is automatically populated by Watson Care Manager.
Original Source System	No	Displays the original source system where the risk data originated that was selected from a configured list.	Not applicable

Field	Mandatory	When manually created	When received from integrated systems
		The following default values are available for selection: • **Watson Care Manager** • **Other**	

Demographics data

Client demographics data includes birth and death, gender, marital status, identification, and name data. The table for each data type shows the available data, whether the data is mandatory, and the differences in the data when it is manually created or received from integrated systems.

Common patterns for demographics data

You can manually add demographics data when you register a client. Demographics data is also received from integrated systems when a client is registered either manually or automatically.

Important: You can manually modify most demographics data. In general, if a client's demographic data is modified or deleted in an integrated system, their corresponding demographic record in Watson Care Manager updates. However, if you modify demographics data that was received from an integrated system, Watson Care Manager becomes the system of record for the data, and Watson Care Manager no longer received updates to the record from the integrated system. For exceptions to these patterns, see the relevant section for each data type.

Note: Watson Care Manager receives demographics data updates for active and inactive clients. Watson Care Manager does not receive updates for deleted clients.

Birth and death data

A client has only one birth and death record. You can modify the birth and death record that was created when the client was registered. You cannot manually create or delete a birth and death record. In addition, a client's birth and death record can be updated by an integrated system, but not deleted. If the client was manually registered, updates to the client's date of birth and date of death are not received from integrated systems.

The table lists the fields that are displayed on a client's birth and death record.

Field	Mandatory	When manually created	When received from integrated systems
Birth Last Name	No		Displays the last name value that was received from the integrated system. You must manually edit the birth and death record to modify a client's last name at birth.
Mother's Birth Last Name	No	You must manually edit the record that was created when the client was registered to enter	Not applicable You must manually edit the record to enter a

Field	Mandatory	When manually created	When received from integrated systems
		their mother's last name at birth.	client's mother's last name at birth.
Date of Birth	Yes		
Date of Death	No		If no date of death is received but the integrated system indicates that the client is deceased, the date that the record was created in Watson Care Manager is displayed.
Comments	No		Not applicable Comments are not received from integrated systems. You must edit the birth and death record to add a comment to the record.
Source	Yes	Displays the source of the birth and death data that was selected from a configured list.	Displays the source of the birth and death data as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the birth and death data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the birth and death originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Gender data

You can manually create gender data and a client's gender can be received from integrated systems. A client has only one current gender record, which is the record with the most recent Start Date. If the client was manually registered, updates to the client's gender are not received from integrated systems.

If you create new gender data, or new gender data is received from an integrated system, Watson Care Manager automatically end dates the old gender record. You cannot delete gender records. In addition, gender records can only be added and updated by integrated systems, but not deleted.

The table lists the fields that are displayed on a gender record.

Field	Mandatory	When manually created	When received from integrated systems
Gender	Yes	Displays one of the following types: • **Male** • **Female** • **Other** • **Unknown**	As per manually created records. Displays Male, Female, Other, Unknown, depending on the type that is received from the integrated system.
Start Date	Yes (Manually created records only)	Displays the start date that was entered when the record was manually created. By default, when a client is registered this field displays the client's date of birth.	If no start date is received, Watson Care Manager populates this field with the date the record was created in Watson Care Manager. By default, when a client is registered this field displays the client's date of birth.
End Date	No		
Comments	No		Not applicable Comments are not received from integrated systems. You must edit the gender record to add a comment to the record.
Source	Yes	Displays the source of the gender data that was selected from a configured list of sources.	Displays the source of the gender as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the gender data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the gender originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Marital Status data

You can manually create marital status data and a client's marital status can be received from integrated systems. A client has only one current marital status record, which is the record with the most recent Start Date. If the client was manually registered, updates to the client's marital status are not received from integrated systems.

If you create new marital status data, or new marital status data is received from an integrated system, Watson Care Manager automatically end dates the old marital status record. You can delete marital status records. In addition, marital status records can be created, updated and deleted by integrated systems.

The table lists the fields that are displayed on a marital status record.

Field	Mandatory	When manually created	When received from integrated systems
Marital Status	Yes	Displays one of the following types: • **Married** • **Single** • **Life Partner** • **Divorced** • **Legally Separated** • **Annulled** • **Widowed** • **Interlocutory** • **Polygamous** • **Not Disclosed/ Unknown**	As per manually created records, depending on the type that is received from the integrated system.
Start Date	Yes (Manually created records only)	Displays the start date that was entered when the record was manually created.	If no start date is received, Watson Care Manager populates this field with the date the record was created in Watson Care Manager.
End Date	No		
Comments	No		Not applicable Comments are not received from integrated systems. You must edit the marital status record to add a comment to the record.
Source	Yes	Displays the source of the marital status data that was selected from a configured list.	Displays the source of the marital status as received from the integrated system. The integrated system identifies the source by its external system reference.

Field	Mandatory	When manually created	When received from integrated systems
Original Source System	No	Displays the original source system where the marital status data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the marital status originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Identification data

Client identification data from integrated systems is shared with Watson Care Manager when the client is automatically registered. A client can have multiple identification records. If another identification record is created in the integrated system for the client, a corresponding record is created in Watson Care Manager. If the record is updated or deleted in the integrated system, the corresponding record in Watson Care Manager is updated or deleted.

Restriction: You cannot modify or update identification records that are received from IBM Explorys or IBM Phytel applications. If an identification record is received from a third-party application, you can modify the identification number. The identification type is read-only.

Note: A system-generated identification, **Reference Number**, is automatically assigned to each client when the client is registered. The **Reference Number** cannot be updated or deleted. Watson Care Manager automatically sets the **Reference Number** identification to be the client's preferred identification details.

The table lists the fields that are displayed on an identification record.

Field	Mandatory	When automatically created	When manually created	When received from integrated systems
Type	Yes	Displays **Reference Number**	Displays the type that was selected from the list of configured identification types for your organization.	As per manually created types. The integrated system identifies the identification type by its external system reference.
Identification Number	Yes	Displays the numeric value that is associated with the **Reference Number** identification type.	Displays the numeric, alphabet, or alphanumeric value that is associated with the identification type.	As per manually created records.
Start Date	No		If a start date is not entered, Watson Care Manager automatically populates this field	If the record was received from IBM Explorys or IBM Phytel, this data is not received.

Field	Mandatory	When automatically created	When manually created	When received from integrated systems
			with the record creation date.	Watson Care Manager automatically populates this field with the record creation date. If a start date was received from a third-party application, the start date is displayed. If no start date is received, Watson Care Manager populates this field with the record creation date.
End Date	No			
Preferred Identification	No	Displays **Yes** by default.	You can specify a preferred identification for manually added identifications only. A client can have only one preferred identification. By default, the application automatically sets the Reference Number as the client's preferred identification when it is created. You can change this to different Identification Number and Type by editing an existing record, or adding a new one, and checking the **Preferred Identification** check box.	Not applicable Preferred identification data is not received from integrated systems. You can specify a preferred identification for manually added identifications only.
Comments	No	Not applicable		Not applicable

Field	Mandatory	When automatically created	When manually created	When received from integrated systems
				Comments are not received from integrated systems.
Source	Yes	Not applicable	Displays the source of the identification data that was selected from a configured list.	Displays the source of the identification as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Not applicable	Displays the original source system where the identification data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the identification originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Name data

Watson Care Manager automatically sets a client's name type to **Registered** when the client is registered.

Restriction: You can modify any name data that exists for a client, with the exception of the name type. If you want to specify a different type of name for a client, you must add new name data.

Note: Watson Care Manager automatically populates the **Initials** field with the first letter of a client's first name, middle name (if available), and last name. You can modify the initials data by editing the name record, if needed.

The table lists the fields that are displayed on a name record.

Field	Mandatory	When manually created	When received from integrated systems
Title	No	Displays the client's title that was selected from the list of configured titles for your organization.	If the record was received from IBM Explorys, or IBM Phytel, titles are not received. You must edit the name

Field	Mandatory	When manually created	When received from integrated systems
			record to specify a client's title.
			If the record was received from a third-party application, the integrated system identifies the title by its external system reference.
First Name	Yes		
Middle Name	No		
Last Name	Yes		
Suffix	No	Displays the client's suffix that was selected from the configured list of suffixes for your organization.	If the record was received from IBM Explorys, or IBM Phytel, suffixes are not received. You must edit the name record to specify a client's suffix.
			If the record was received from a third-party application, the integrated system identifies the suffix by its external system reference.
Initials	No		Not applicable
			Initials data is not received from integrated systems.
Type	Yes	Displays one of the following types: • **Registered** • **Preferred** • **Maiden** • **Alias** • **Stage Name** • **Old**	If the record was received from IBM Explorys, or IBM Phytel, name types are not received. To change the **Registered** type that is assigned to each client at registration to a different type, you must add a new name record.
			If the record was received from a third-party application, one of the following types is displayed: • **Alias**

Field	Mandatory	When manually created	When received from integrated systems
			• **Preferred** • **Registered** • **Stage Name** • **Old** • **Maiden** • **Temporary** • **Anonymous**
Comments	No		Not applicable Comments are not received from integrated systems. You must edit the name record to add a comment to the record.
Source	Yes	Displays the source of the name data that was selected from a configured list.	Displays the source of the name data as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the name data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the name data originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Tag data

Care teams use tags to record information about a client that is important to your organization, for example, whether a client is a member of an organization or group. You can manually create , modify, and delete tag data for clients. In addition, tag data can be automatically created, updated, and deleted for registered clients by third-party applications through the Demographics: Tag API.

Note: Third-party party application that are integrated with Watson Care Manager can also retrieve a client's tag data from Watson Care Manager through the Tag API.

The table lists the fields that are displayed on a tag record.

Field	Mandatory	When manually created	When received from integrated systems
Name	Yes	Displays the name of the client's tag that was selected from the list of configured tags for your organization.	Displays the name of the tag as received from the integrated system.
Source	Yes	Displays the source of the tag data that was selected from a configured list.	Displays the source of the tag data as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the tag data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the original source system where the tag data originated as received from the integrated system. The integrated system identifies the source by its external system reference.

Vitals data

Vitals data includes blood pressure, body temperature, and body mass index data. The tables show the available data, whether the data is mandatory, and the differences in the data when it is manually created or received from integrated systems.

Vitals data conforms with standard coding systems for vital signs data. If received from integrated systems, vitals data codes are displayed in the Reporting application for the purposes of creating reports. However, vitals codes are not displayed in the Care Team application.

After a client is registered, you can add new Clinical data, with the exception of Coverage and Observation data.

Important: Clinical data from integrated systems refreshes overnight in Watson Care Manager and cannot be modified.

Mapping vitals data from integrated systems

When vitals data comes from IBM Phytel products, the following mapping steps occur.

1. Watson Care Manager checks that the data is classified as a `vitals-sign` and is specified as a particular vitals sign type, such as Weight.
2. Watson Care Manager creates an appropriate vitals data record in the Clinical data category, for example, a Weight record. Otherwise, an observation is record is created.

Fields displayed on all Vitals data records

The table lists the fields that are displayed on all vitals data records.

Field	Mandatory	When manually created	When received from integrated systems
Measurement Date	Yes		
Source	Yes	Displays the source of the vitals data that was selected from a configured list. The following default values are available for selection: • **Chart** • **Encounter** • **Lab** • **Self Reported**	Not applicable This field is automatically populated by Watson Care Manager. Displays **EMR** to indicate that the record came from an integrated system.
Original Source	No	Displays the original source system where the vitals data originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Not applicable
Status	Displays one of the following values: • **Amended** • **Canceled** • **Completed** • **Duplicate** • **Invalid**		Displays one of the following values: • **Registered** (Maps to the **Registered** status FHIR standard). • **Preliminary** (Maps to the **Unknown** status FHIR standard) • **Final** (Maps to the **Final** status FHIR standard) • **Amended** (Maps to the **Correction to Result** status FHIR standard). • **Valid** (Maps to the **Valid** status FHIR standard. • **Unknown** (Maps to the **Unknown** status in FHIR). • **Corrected** (Maps to the **Correction to**

Field	Mandatory	When manually created	When received from integrated systems
			Result status FHIR standard. • **Cancelled** (Maps to the **Order Cancelled** status FHIR standard). • **Entered-in-error** (Maps to the **Invalid** status FHIR standard).
Verified by	No	Displays the name of the healthcare professional who captured and verified the data that was entered.	Not applicable This data is not received from integrated systems.
Comments	No		

Blood Pressure data

The table lists the fields that are displayed on a blood pressure record.

Field	Mandatory	When manually created	When received from integrated systems
Blood Pressure	Yes	Displays the following values that were created: • **Systolic** • **Systolic units** (mmHg or kPa) • **Diastolic**	When the data is received from IBM Phytel, Watson Care Manager creates one blood pressure record. A / separates the systolic and diastolic values.
Measurement Site	No	Displays one of the following values: • **Ankle Left** • **Ankle Right** • **Forearm Left** • **Forearm Right** • **Other** • **Thigh Left** • **Thigh Right** • **Upper Arm Left** • **Upper Arm Right**	Displays the measurement site that was received from the integrated system. When the record is received electronically, the measurement site that is displayed might be different to the measurement site for manually created blood pressure records.
Observation Method	No	Displays one of the following values: • **Lying** • **Sitting** • **Standing**	Displays the observation method that was received from the integrated system.

Field	Mandatory	When manually created	When received from integrated systems
			When the record is received electronically, the observation site that is displayed might be different to the observation method for manually created blood pressure records.

Body Mass Index data

The table lists the fields that are displayed on a body mass index record.

Field	Mandatory	When manually created	When received from integrated systems
Body Mass Index	Yes	Displays the body mass index measurement that was created.	Displays the body mass index measurement that was received from the integrated system.

Body Temperature data

The table lists the fields that are displayed on a body temperature record.

Field	Mandatory	When manually created	When received from integrated systems
Body Temperature	Yes	Displays the following values that were created: • **Body Temperature** • **Units** (°F or °C)	Displays the data that is received from the integrated system. This could be one or any combination of the following: • Comparator (< > =) • Value • Unit • Value String For example, if a record has a comparator (<) , a value (99) and a unit (°F), the Body Temperature field displays <99 °F. If Watson Care Manager receives a value without a unit, the Value field displays only the value. For example, 99.
Measurement Site	No	Displays one of the following values:	Displays the measurement site that

Field	Mandatory	When manually created	When received from integrated systems
		Axillary **Ear** **Forehead** **Oral** **Rectal**	was received from the integrated system. When the record is received electronically, the measurement site that is displayed might be different to the measurement site for manually created body temperature records.
Measurement Method	No	Displays one of the following values: **Ear Thermometer** **Electronic Thermometer** **Forehead Thermometer** **Mercury Thermometer** **Temporal Artery Thermometer**	Displays the measurement method that was received from the integrated system. When the record is received electronically, the measurement method that is displayed might be different to the measurement method for manually created body temperature records.

Heart Rate data

The table lists the fields that are displayed on a heart rate record.

Field	Mandatory	When manually created	When received from integrated systems
Heart Rate	Yes	Displays the following values that were created: **Heart Rate** **Units** (Bpm)	Displays the data that is received from the integrated system. This could be one or any combination of the following: - Comparator (< > =) - Value - Unit - Value String For example, if a record has a comparator (=) and a value string (90 bpm). the Heart Rate field displays = 90 bpm. If Watson Care Manager receives a value string without a comparator,

Field	Mandatory	When manually created	When received from integrated systems
			the Heart Rate field displays only value. For example, 90 bpm.
Measurement Method	No	Displays one of the following values: • **Auscultation** • **EKG** • **Palpation**	Displays the measurement method that was received from the integrated system. When the record is received electronically, the measurement method that is displayed might be different to the measurement method for manually created body heart rate records.

Height data

The table lists the fields that are displayed on a height record.

Field	Mandatory	When manually created	When received from integrated systems
Height	Yes	Displays the following values that were created: • **Height** • **Units** (Inches or cm)	Displays the data that is received from the integrated system. This could be one or any combination of the following: • Comparator (< > =) • Value • Unit • Value String For example, if a record has a comparator (<,) a value, (65) and a unit (Inches), the Height field displays <65 Inches. If WCM receives a value without a unit, the Heart Rate field displays only the value. For example, 65.

Oxygen Saturation data

The table lists the fields that are displayed on an oxygen saturation record.

Field	Mandatory	When manually created	When received from integrated systems
Oxygen Saturation	Yes	Displays the following values that were created: • **Oxygen Saturation** • **Units** (%)	Displays the data that is received from the integrated system. This could be one or any combination of the following: • Comparator (< > =) • Value • Unit • Value String For example, if a record has a comparator (<), a value (92) and a unit (%), the Oxygen Saturation field displays <92 %. If WCM receives a comparator, a unit, and no value, the Oxygen Saturation field displays only the comparator and unit. For example, < %.

Respiratory rate data

The table lists the fields that are displayed on a respiratory rate record.

Field	Mandatory	When manually created	When received from integrated systems
Respiratory Rate	Yes	Displays the following values that were created: • **Respiratory Rate** • **Units** (bpm)	Displays the data that is received from the integrated system. This could be one or any combination of the following: • Comparator (< > =) • Value • Unit • Value String For example, if a record has a value (28) and a unit (bpm), the Respiratory Rate field displays =28 bpm. If Watson Care Manager receives a value without a unit, the Respiratory Rate field displays only

Field	Mandatory	When manually created	When received from integrated systems
			the value. For example, 28.

Waist Circumference data

The lists the fields that are displayed on a waist circumference record.

Field	Mandatory	When manually created	When received from integrated systems
Waist Circumference	Yes	Displays the following values that were created: • **Waist Circumference** • **Units** (Inches or cm)	Displays the data that is received from the integrated system. This could be one or any combination of the following: • Comparator (< > =) • Value • Unit • Value String For example, if a record has a comparator (>) , a value (102) and a unit (cm), the Waist Circumference field displays >102 cm. If Watson Care Manager receives a value without a unit, the Waist Circumference field displays only the value. For example, 102.

Waist-to-Height Ratio data

The table lists the fields that are displayed on a waist-to-height record.

Field	Mandatory	When manually created	When received from integrated systems
Waist-to-Height Ratio	Yes	Displays the waist-to-height ratio measurement that was created.	Displays the waist-to-height ratio measurement that was received from the integrated system.

Weight data

The table lists the fields that are displayed on a weight record.

Field	Mandatory	When manually created	When received from integrated systems
Weight	Yes	Displays the following values that were entered: • **Weight** • **Units** (Pounds or Kilos)	Displays the data that is received from the integrated system. This could be one or any combination of the following: • Comparator (< > =) • Value • Units • Value String For example, if a record has a comparator (<), a value (169), and a unit (Pounds), the Weight field displays <169 Pounds. If Watson Care Manager receives a comparator, and a value without a unit, the Weight field displays only the comparator and value. For example, <169.

Care team actions data

Care team actions can be manually created and received from third-party applications. The table shows the available care team action data, whether the data is mandatory, and the differences in the data displayed when a care team action is manually created or received from third-party applications.

Common patterns for care team actions data

If a care team action is manually created or received from a third-party application, you can edit the action, update its progress and associate it with goals and barriers. Some care team action data is not received from integrated systems. You must edit the action to add these details.

Important: You can manually modify care team actions data. If a care team action is modified in a third-party application, the corresponding record in Watson Care Manager updates.

If you modify a care team action that was received from a third-party application by editing, assigning, or completing the action, Watson Care Manager becomes the system of record for the care team action, and Watson Care Manager no longer receives updates to the care team action from the third-party application.

However, if you maintain progress or goals for a care team action that was received from another system, Watson Care Manager continues to receive updates to the action from the third-party application.

General goal

When Watson Care Manager receives a care team action from a third-party application, by default, it creates a goal named **General** and associates the action with that goal. If the third-party application sends additional actions relating to the same client, Watson Care Manager associates each new action with the **General** goal.

You can remove care team actions from the **General** goal. However, you must first associate the care team action with another goal on the care plan. If all care team actions are removed from the **General** goal, you can delete the goal if you wish.

You cannot edit the **General** goal, update client progress for the goal, or associate a **General** goal with programs, actions, services, or barriers.

Care team actions view

You can view care team actions on multiple pages in the application. For example, care team actions are displayed on a client's care plan and on the Care Team Actions list page. This topic focuses only on care team action details that you see on a care team action home page.

View a care team action home page by clicking **Care Plan** > **Care Team Actions** on the client's **Summary** view. You see a list of the client's care team actions. Click the name of an action to view the care team action home page.

Important: If a role is specified in a care team action from a third-party application, the action is assigned to all care team members with that role. If no role is specified, the action is assigned to the primary care team member for the client. If there are multiple primary care team members, the action is assigned to the most recent primary care team member. If there is no primary care team member, the care team action is assigned to the first role based on alphabetical order of the available roles.

The table lists the fields that are displayed on a care team action home page.

Field	Mandatory	When manually created	When received from integrated systems
Care Team Action Name	Yes	Displays the name of the care team action	As per manually created records. The integrated system identifies the care team action name by its external system reference. When the record is received electronically, the care team action names that are displayed might be different to the care team action names for manually created goal records.
Source	Yes	Displays the source of the care team action that was selected from a configured list.	Displays the source of the care team action as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the care team action originated that was selected from a configured list.	Displays the original source system where the care team action originated as received from the integrated system. The integrated system identifies the

Field	Mandatory	When manually created	When received from integrated systems
		The following default values are available for selection: • **Watson Care Manager** • **Other**	original source system by its external system reference.
Assigned To	Yes (Manually created actions only)	Displays the care team member's name or the care team role that the action is assigned to.	Displays the care team member's name or the care team role that the action is assigned to. The integrated system identifies the role by its external system reference. If a role is specified in a care team action from a third-party application, the action is assigned to all care team members with that role. If no role is specified, the action is assigned to the primary care team member for the client. If there are multiple primary care team members, the action is assigned to the most recently added primary care team member. If there is no primary care team member, the care team action is assigned to the first role based on alphabetical order of the available roles.
Category	Optional	Displays the selected category for the action.	If received from an integrated system, it must be one of the configured categories.
Added On	Not applicable.	This field is automatically populated by Watson Care Manager. Displays the date that the care team action was added.	Displays the date that the care team action was created in Watson Care Manager. By default, Watson Care Manager displays **by System User** to indicate that the care team action was received from an integrated system.

Field	Mandatory	When manually created	When received from integrated systems
			If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Added Reason	Optional	Displays the reason that the care team action was added to the plan.	Not applicable. This data is not received from integrated systems.
Start Date	No	Displays start date for the care team action.	Displays start date for the care team action as received from the integrated system.
Expected End Date	No	Displays expected end date for the care team action.	Displays expected end date for the care team action as received from the integrated system.
Added By	No	This field is automatically populated by Watson Care Manager. Displays the name of the user who added the care team action.	Displays **System User** to indicate that the care team action was received from an integrated system. If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Status	No	This field is automatically populated by Watson Care Manager based on the outcome of the care team action. Displays one of the following statuses: • **Current** • **Planned** • **Overdue** • **Completed**	As per manually created records.
References	No	Displays hyperlinks to external web sites for supplementary reference information, if configured.	Not applicable. This data is not received from integrated systems.

Field	Mandatory	When manually created	When received from integrated systems
Completed On	No	Displays the care team action completion date.	Displays completed date for the care team action as received from the integrated system.
Outcome	No, as received via API	Displays one of the following outcomes: • **Successful** • **Not Successful** • **Abandoned**	Displays the outcome for the care team action as received from the integrated system.
Comment	Optional, as received via API		
Completed By	Not applicable	This field is automatically populated by Watson Care Manager. Displays the name of the user who completed the care team action.	Displays **by System User** to indicate that the care team action was received from an integrated system. If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.

Configurable client data

Client data that is captured in respect of data types that are configured by your administrator can be manually recorded in Watson Care Manager and shared between external systems and Watson Care Manager via an API.

By receiving client data records captured in respect of configurable client data types from external systems, the latest version of the data becomes automatically available in Watson Care Manager and does not need to be manually recorded by care teams.

Important: Before Watson Care Manager can receive client data records captured in respect of configurable client data types from external systems, the data type must be configured and activated by your administrator. Then, your administrator must complete the tasks in the following topic: Sharing client data types with external systems.

Note: The exact information that is shared between Watson Care Manager and external systems in respect of configured client data depends on the attributes your administrator configures for the client data type. For more information, see Configuring metadata for client data types.

Common patterns for configurable client data

In general, if a client data record that corresponds to a configured client data type is modified or deleted in an external system, the corresponding record in Watson Care Manager updates. However, if the care team modifies a client data record that was received from an external system, Watson Care Manager becomes the system of record for the data, and Watson Care Manager no longer receives updates to the record from the external system.

Assessments data

Client assessments can be manually run by care teams and a client's *Completed* assessments can be sent and received between Watson Care Manager and third-party applications (through the Assessments API).

Common patterns for assessments data

By sending assessments between Watson Care Manager and third-party applications, the latest version of the client's assessment information becomes available in all applications so that care teams do not need to manually record it. Watson Care Manager sends and receives Script and Score Only assessments for active and inactive clients. Watson Care Manager does not send or receive a client's in progress assessments, or assessments for deleted clients..

Note: Before Watson Care Manager can send and receive client assessment data from third-party applications, the assessment must be configured, activated, and associated with one or more programs. Then, your administrator must share the assessment by completing the tasks in Sharing questionnaires with external systems.

Completed assessments that are sent to Watson Care Manager through the API can optionally be associated with a program. Assuming the client is associated with that program, care teams can run new instances of the received assessments and repeat the assessments.

Table 14. Assessment behavior when associated with a program

Is the received assessment associated with program?	Assessment behavior
Yes	Watson Care Manager matches the program external system reference (ESR) that is sent via the API with a configured program and checks if the client is associated with the program. • If the program ESR does not match a configured program, the assessment is not received from the external system. • If the program ESR matches a configured program and the client is associated with the program, Watson Care Manager completes or repeats the assessment in the context of each program. **Note:** The program must be in the Assigned, Enrolled, or Pending status. • If the program ESR matches a configured program, but the client is not associated with the program in Watson Care Manager, Watson Care Manager completes or repeats a standalone assessment.
No	• Watson Care Manager checks if the client has one or more programs that are already associated with the assessment in application. Depending on the program status (Assigned, Enrolled, or Pending), Watson Care Manager completes or repeats the received assessment for the most recent program. • If the client has no programs to associate the assessment with, Watson Care Manager creates a completed standalone assessment

If a received assessment already exists for the client in Watson Care Manager, Watson Care Manager repeats the existing assessment when received through the API. Watson Care Manager appends the repeated assessment to the original assessment. If no assessment exists for the client, Watson Care Manager adds the new assessment. If an in progress assessment of the same type already exists, Watson Care Manager adds the new assessment and the in progress assessment remains unaffected.

When Watson Care Manager receives an assessment through the API, any care plan activities, tasks, and suggestions that are configured for the questionnaire in Administration are automatically added and linked to the most recently updated program. In addition, when received from an external application, historical versions of assessments are displayed in Watson Care Manager based on the Display History Across Programs setting that is configured for the assessment by your Administrator.

To see the assessment data that is sent from Watson Care Manager to third-party applications for a configured assessment through the Assessments API, your Administrator must download its API document by Sharing the API document for an assessment.

Assessments data view

You can view a client's assessment data in Watson Care Manager by clicking **Programs** > **Assessments** from the client's **Summary** view. By clicking the assessment name, you see the home page for each assessment.

The table lists the columns and fields on the **Assessments** page that display data for an assessment record.

Column/field	Mandatory	When manually created	When received from integrated systems
Name	Yes	Displays the name of the assessment. Clicking the assessment name displays more assessment details.	As per manually created records. The third-party application identifies the assessment name by its external system reference.
Assessed	Not applicable.	This column is automatically populated by Watson Care Manager Displays the date and time that the assessment was started or completed and the name of the user who ran the assessment.	Displays the date and time that the assessment was completed in the third-party application, and the name or username of the person who completed the assessment (as received via the API).
Type	Yes	Displays one of the following assessment types: • **Script** • **Score Only**	As per manually created records.
Status	Yes	Displays one of the following statuses: • **Completed** • **In Progress**	Displays **Completed**.

Column/field	Mandatory	When manually created	When received from integrated systems
Measure	Yes	Displays the name of the configured measure that was assessed.	As per manually created records. The integrated system identifies the measure name by its external system reference.
Classification	Yes	Displays the name of the configured classification achieved by the client based on their assessment score.	As per manually created records. The classification is not received from third-party applications. Watson Care Manager calculates the classification based on the configuration of the assessment in Administration and the client's assessment score.
Score	Not applicable.	This column is automatically populated by Watson Care Manager. Displays the assessment score achieved by the client for each assessed measure. To calculate the total score, Watson Care Manager adds the scores achieved for each assessed measure.	As per manually created assessments. Displays the assessment score achieved by the client for each assessed measure. Watson Care Manager calculates the total assessment score based on the score for each assessed measure and the configuration of the assessment in Administration.
Date (Displayed only for score only assessments.)	No	This column is automatically populated by Watson Care Manager. Displays date that the assessment score was captured.	Displays the date that the assessment was completed in the third-party application.
Source	Yes	Displays the source of the assessment that was selected from the preconfigured list of sources.	Displays the source of the assessment that was received from the third-party application. The third-party application identifies the source by its external system reference.
Original Source System	No	Displays the original source system where	Displays the original source system where

Column/field	Mandatory	When manually created	When received from integrated systems
		the assessment originated that was selected from the preconfigured list of original source systems.	the assessment originated. The third-party application identifies the source system by its external system reference.
Started	Not applicable	This field is automatically populated by Watson Care Manager.

Displays the date and time that the assessment was started and the name of the user who started the assessment. | Displays the date and time that the assessment was completed in the third-party application, and the name or username of the person who completed the assessment (as received via the API). |
| Completed | Not applicable | This field is automatically populated by Watson Care Manager.

Displays the date and time that the assessment was completed and the name of the user who completed the assessment. | Displays the date and time that the assessment was completed in the third-party application, and the name or username of the person who completed the assessment (as received via the API). |

Assessment home page data view

You can see the home page for each assessment by clicking an assessment name on the Assessments page. Most of the data that is displayed on the home page is the same as the data that is displayed on the Assessments page, However, question and answer data for assessments with a script assessment is available only the assessment home page.

The table lists the columns on an assessment home page that displays extra data for a script assessment.

Column	Mandatory	When manually created	When received from integrated systems
Question	Yes	Displays a question asked in relation to a specific assessment measure.	As per manually created.
Answer	Yes	Displays the client's answer to the question asked in relation to a specific measure.	As per manually created.

Note: Notes and attachments data for assessments is also displayed on the assessment home page, This data is not received from third-party applications. However, care teams can manually add notes and

attachments to assessments that are received via the API, if needed. The assessment home page also included a history of all assessments that are run.

Questionnaires data

Client questionnaires can be manually run by care teams and a client's *Completed* questionnaires can be sent and received between Watson Care Manager and third-party applications (through the Questionnaires API).

Common patterns for questionnaires data

By sending questionnaires between Watson Care Manager and third-party applications, the latest version of the client's questionnaire information becomes available in all applications so that care teams do not need to manually record it. Watson Care Manager sends and receives questionnaires for active and inactive clients. Watson Care Manager does not send or receive a client's in progress questionnaires or questionnaires for deleted clients.

Note: Before Watson Care Manager can send and receive client questionnaire data from third-party applications, the questionnaire must be configured, activated, and associated with one or more programs. Questionnaires that are received from other applications are applied to a client's record *only* if each questionnaire is associated with a program and the client is associated with that program. Then, your administrator must share the questionnaire by completing the tasks in Sharing questionnaires with external systems.

Completed questionnaires that are sent to Watson Care Manager through the API can optionally be associated with a program. Assuming the client is associated with that program, care teams can run new instances of the questionnaires and repeat those questionnaires.

Table 15. Questionnaire behavior when associated with a program	
Is the received questionnaire associated with program?	**Questionnaire behavior**
Yes	Watson Care Manager matches the program external system reference (ESR) that is sent via the API with a configured program and checks if the client is associated with the program. • If the program ESR does not match a configured program, Watson Care Manager does not receive the questionnaire. • If the program ESR matches a configured program and the client is associated with the program, Watson Care Manager completes or repeats the questionnaire in the context of each program. **Note:** The program must be in the Assigned, Enrolled, or Pending status. • If the program ESR matches a configured program, but the client is not associated with the program in Watson Care Manager, Watson Care Manager does not receive the questionnaire.

Table 15. Questionnaire behavior when associated with a program (continued)	
Is the received questionnaire associated with program?	**Questionnaire behavior**
No	• Watson Care Manager checks if the client has one or more programs that are already associated with the questionnaire in the application. Depending on the program status (Assigned, Enrolled, or Pending), Watson Care Manager completes or repeats the received questionnaire for the most recent program. • If the client has no programs to associate the questionnaire with, Watson Care Manager does not receive questionnaire.

If a received questionnaire already exists for the client in Watson Care Manager, Watson Care Manager repeats the existing questionnaire when received through the API. Watson Care Manager appends the repeated questionnaire to the original questionnaire. If no questionnaire exists for the client, Watson Care Manager adds the new questionnaire.

If an in progress questionnaire of the same type already exists, Watson Care Manager adds the new questionnaire and the in progress questionnaire remains unaffected.

When Watson Care Manager receives a questionnaire, any care plan activities, tasks, and suggestions that are configured for the questionnaire are automatically added and linked to the most recently updated program. In addition, when received from an external application, historical versions of questionnaires are displayed in Watson Care Manager based on the Display History in Program (Days) setting that is configured for the questionnaire by your Administrator.

To see the questionnaire data that is sent from Watson Care Manager to third-party applications for a configured questionnaire through the Questionnaires API, your Administrator must download its API document by Sharing the API document for a questionnaire.

Questionnaire data view

You can view a client's questionnaire from their **Summary** view.

1. Click **Programs** > **Programs** > **<program name>**. You see the contents of the program. Related questionnaires are grouped into modules.
2. Click a module, then click the name of a questionnaire to display it on page.
3. Click **Details** to see the full details of the questionnaire.

The table lists the data that displays for a questionnaire record.

Data	Mandatory	When manually created	When received from integrated systems
Questionnaire name	Yes	Displays the name of the questionnaire.	As per manually created records. The third-party application identifies the questionnaire name by its external system reference.
Assessed	Not applicable	This data is automatically populated by Watson Care Manager	Displays the date and time that the questionnaire was completed in the third-party application,

Data	Mandatory	When manually created	When received from integrated systems
		Displays the date and time that the questionnaire was started or completed.	and the name or username of the person who completed the questionnaire (as received via the API).
Started	Not applicable	This field is automatically populated by Watson Care Manager. Displays the date and time that the questionnaire was started and the name of the user who started the questionnaire.	Displays the date and time that the questionnaire was completed in the third-party application, and the name or username of the person who completed the questionnaire (as received via the API).
Completed	Not applicable	This field is automatically populated by Watson Care Manager. Displays the date and time that the questionnaire was completed and the name of the user who completed the questionnaire. **Note:** If the questionnaire is in progress, no value displays.	Displays the date and time that the questionnaire was completed in the third-party application, and the name or username of the person who completed the questionnaire (as received via the API).
Description	Not applicable	This field is automatically populated by Watson Care Manager Displays a description of the questionnaire (if configured in Administration).	As per manually created.
Original Source System	No	Displays the original source system where the questionnaire originated that was selected from the preconfigured list of original source systems.	Displays the original source system where the questionnaire originated. The third-party application identifies the source system by its external system reference.
Source	Yes	Displays the source of the questionnaire that was selected from the	Displays the source of the questionnaire that was received from the third-party

Data	Mandatory	When manually created	When received from integrated systems
		preconfigured list of sources.	application. The third-party application identifies the source by its external system reference.
Question	Yes	Displays a question asked in the questionnaire.	As per manually created.
Answer	Yes	Displays the client's answer to the question asked.	As per manually created.

Notes data

Client notes data can be manually created, received, and shared only with third-party applications. The table shows the available notes data, whether the data is mandatory, and the differences in the data when it is manually created or received from third-party applications.

Client notes

You can view notes that are manually created and received from integrated systems by clicking **History** > **Notes** on a client's **Summary** view.

Note: You can update manually created notes. However, notes from integrated systems cannot be manually modified in Watson Care Manager. In addition, Watson Care Manager does not receive updates to notes from integrated systems. You can delete notes that are manually created and notes that are received from integrated systems. If the note record is deleted in the integrated system, the note status of the corresponding record in Watson Care Manager changes to **Canceled**.

The table lists the columns and fields that display notes data on a note record.

Note: Some fields are displayed only when the note type is a touchpoint.

Column/Field	Mandatory	When manually created	When received from integrated systems
Subject	Yes (Manually created records only.)	Displays the subject of the note.	As per manually created records.
Note	Yes	Displays the note text.	As per manually created records.
Type	Yes	Displays one of the following default note types, or a note type that is configured by your organization: • **Access and Continuity** • **Assessment** • **Care Management** • **Care Plan Update**	As per manually created records. If the integrated system has different note types, Watson Care Manager maps each type to one of the default types or a note type that is configured by your organization.

Column/Field	Mandatory	When manually created	When received from integrated systems
		• **Comprehensive Assessment** • **Comprehensiveness and Coordination** • **Educational Information** • **General** • **Letters** • **Population Health** • **Private** • **Private to Role** • **Quality Review** • **Touchpoint** • **Wellness**	
Status	No	Depending on whether the note type is configured to be editable, displays one of the following statuses: • **Draft** • **Ready for Review** • **Final** • **Canceled** If the note type is not configured to be editable, the status is **Final**.	Displays **Final** when the note record came from an integrated system. Displays **Canceled** when the corresponding note is deleted.
Comments	Not applicable	This column is automatically populated by Watson Care Manager. Displays the number of comments that are added to a note.	Not applicable. This column is automatically populated by Watson Care Manager
Latest Update	Yes (When received from an integrated system only.)	This column is automatically populated by Watson Care Manager Displays the date and time that the note or touchpoint was last updated and the name of the user who made the update.	Displays the date and time that the note or touchpoint was received. In addition, displays the username associated with the organization's API account or the name of the user who added the note in the external system.

Column/Field	Mandatory	When manually created	When received from integrated systems
			If a username is received, Watson Care Manager checks that the username is associated with a valid Watson Care Manager account and displays the user's full name in Watson Care Manager. Otherwise, the value received is displayed.
Duration	No	Displays how long the client activity is expected to take, in minutes.	As per manually created records.
Comment	No	Displays comments added to the note or **No Records** if a note has no associated comments.	Displays comments associated with the notes received from the integrated system.

If a note that was received from an integrated system is later deleted in the integrated system, this field is automatically populated by Watson Care Manager with **Canceled by an external system**. |
| Deletion Reason

(This field is displayed in the user interface for all note types except Touchpoint.) | Yes

(Manually created records only.) | Displays one of the following deletion reasons:

• **Care Manager request**
• **Entered for incorrect client**
• **Incorrect Information**
• **Other** | Not applicable.

This field is automatically populated by Watson Care Manager.

Displays **Other** to indicate that the record came from an integrated system. |
| Date

(Displayed only for associated comments.) | Yes

(When received from an integrated system only.) | This column is automatically populated by Watson Care Manager.

Displays the date and time the comment was added to the note. | Displays the date and time that the comment was added to the note. |
| Added by | Yes | This column is automatically populated | Displays the username associated with the |

Column/Field	Mandatory	When manually created	When received from integrated systems
(Displayed only for associated comments.)	(When received from an integrated system only.)	by Watson Care Manager. Displays the name of the user who added the comment to the note.	organization's API account or the name of the user who added the comment to the note in the external system. If a username is received, Watson Care Manager checks that the username is associated with a valid Watson Care Manager account and displays the user's full name in Watson Care Manager. Otherwise, the value received is displayed.
Updated	Yes (When received from an integrated system only.)	This column is automatically populated by Watson Care Manager. Displays the date and time that the note or touchpoint was updated and the name of the user who made the update.	Displays the date and time that the note or touchpoint was updated. By default, Watson Care Manager displays **by System User** to indicate that the update was received from an integrated system. If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Contact Date (Displayed only for Touchpoint note types.)	Yes	Displays the contact date for the touchpoint.	Displays the contact date for the touchpoint.
Contact With (Displayed only for Touchpoint note types.)	Yes (Manually created records only.)	Displays one or more of the following people who were interacted with during the touchpoint: • **Care Giver** • **Care Team** • **Client** • **Family Member** • **Medical** • **Other**	Displays one or more of the following: • **Care Giver** • **Care Team** • **Client** • **Family Member** • **Medical** • **Other** If the integrated system has different values, Watson Care Manager

Column/Field	Mandatory	When manually created	When received from integrated systems
			maps each value to one of these values.
Direction (Displayed only for Touchpoint note types.)	Yes (Manually created records only.)	Displays one of the following directions: • **Outbound** • **Inbound**	Displays one of the following directions: • **Outbound** • **Inbound** If the integrated system has different directions, Watson Care Manager maps each direction to one of these directions.
Validated Identity (Displayed only for Touchpoint note types.)	No	Indicates whether the identity of the person who was contacted was validated.	As per manually created records.
Method (Displayed only for Touchpoint note types.)	Yes (Manually created records only.)	Displays one of the following methods: • **Email** • **Face to Face Home** • **Face to Face Home** • **Face to Face Other** • **Mail** • **Other** • **Phone** • **Text**	Displays one of the following methods: • **Email** • **Face to Face Home** • **Face to Face Home** • **Face to Face Other** • **Mail** • **Other** • **Phone** • **Text** If the integrated system has different methods, Watson Care Manager maps each method to one of these methods.
Outcome (Displayed only for Touchpoint note types.)	Yes (Manually created records only.)	Displays one of the following outcomes: • **Successful** • **Unsuccessful**	Displays one of the following outcomes: • **Successful** • **Unsuccessful** If the integrated system has different outcomes, Watson Care Manager maps each outcome to one of these outcomes.
Program(s) (Displayed only for Touchpoint note types.)	No	Displays one or more programs associated with the touchpoint.	As per manually created records. If the integrated system has different programs,

Column/Field	Mandatory	When manually created	When received from integrated systems
			Watson Care Manager maps each program to one of the configured programs.
Share	No	Displays whether the note can be shared.	Not applicable. This data is not received from integrated systems.
Share With	No	Displays the external system the note can be shared with.	Not applicable. This data is not received from integrated systems.
Source	Yes	Displays the source of the note that was selected from a configured list.	Displays the source of the note as received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the note originated that was selected from a configured list. The following default values are available for selection: • **Watson Care Manager** • **Other**	Displays the name of the original source system where the note originated as received from the integrated system. The integrated system identifies the original source system by its external system reference.

Related tasks

Integrating via Watson Care Manager REST APIs
A REST API is a set of URL resources that you can use to integrate IBM Watson Care Manager with external systems. Watson Care Manager APIs enable third-party applications to communicate with IBM Watson Care Manager and access real-time data.

Alerts data

Alerts that you are notified about can be manually created and can be received from third-party applications. The table shows the available alerts data, whether the data is mandatory, and the differences in the data when it is manually created or received from third-party applications.

Alert data views

Alerts for a client are shown in the context pane. You can view all alerts for a client by clicking **History** > **Alerts** on the client's **Summary** view. From the **Care Manager Workspace**, you can see a list of all alerts you were notified about by clicking the **Side Navigation Menu**, then clicking **Alert Notifications**.

Note: You can modify open alerts. An alert priority, is read-only when the alert came from an integrated system. If the alert is modified or closed in the integrated system, the corresponding Watson Care Manager alert record is updated. You can comment on alerts and close alerts.

Important: If a role is specified in an alert from a third-party application, all care team members with that role are notified of the alert. If no role is specified, or a role is specified but no care team members fulfill that role, all primary care members for the client are notified. Otherwise, no one is notified of the alert.

The table lists the columns on the **My Alerts** and the **Alerts** pages that display alert data.

Column	Mandatory	When manually created	When received from integrated systems
Client (Displayed only on the **My Alerts** page)	Yes	Displays the name of the client who the alert relates to.	As per manually created records.
Name	Yes	Displays the name of the alert.	As per manually created records. The integrated system identifies the alert name by its external system reference.
Priority	Yes	Displays one of the following default priorities: • **Critical** • **High** • **Medium** • **Low**	As per a manually created alert. Depending on the priority status that was received from the integrated system, displays **Critical**, **High**, **Medium**, or **Low**.
Source	Yes	Displays the source of the alert that was selected from a configured list of sources.	Displays the source of the alert that was received from the integrated system. The integrated system identifies the source by its external system reference.
Original Source System	No	Displays the original source system where the alert originated that was selected from a configured list of original source systems.	Displays the original source system where the alert originated. The integrated system identifies the source system by its external system reference.
Created	Yes (When received from an integrated system only.)	This column is automatically populated by Watson Care Manager. Displays the date and time that the alert was created, and the name of the care team	Displays the date and time that the alert was created in Watson Care Manager. By default, Watson Care Manager displays the text **by System User** to indicate that the alert

Column	Mandatory	When manually created	When received from integrated systems
		member who created the alert.	was received from an integrated system. If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Closed	Yes	This column is automatically populated by Watson Care Manager. Displays the date and time that the alert was closed, and the name of the care team member who closed the alert.	Displays the date and time that the alert was closed in Watson Care Manager. By default, Watson Care Manager displays the text **by System User** to indicate that the alert was closed by an integrated system. If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Status	No	This column is automatically populated by Watson Care Manager. Displays one of the following statuses: • **Open** • **Closed**	Displays one of the following statuses: • **Open** • **Closed** If Watson Care Manager does not receive a status, this column displays **Open**.
Comment	Yes	Displays a comment added by a care team member to the alert.	As per manually created records.
Added	Yes	This column is automatically populated by Watson Care Manager. Displays the date and time that the comment was added to the alert and the name of the care team member who commented.	Displays the date and time that the comment was received in Watson Care Manager. By default, Watson Care Manager displays the text **by System User** to indicate that the comment was received from an integrated system.

Column	Mandatory	When manually created	When received from integrated systems
			If your organization configures a different value to be displayed, for example, the name of an individual or organization, that value is displayed.
Care Team Member	No	Displays the name of the care team member who was notified of the alert.	As per manually created records.
Role	No	Displays the role of the care team member who was notified of the alert from the configured list of roles.	As per manually created records. The integrated system identifies the role by its external system reference If a role is specified in an alert, all care team members with that role are notified of the alert. If no role is specified, or a role is specified but no care team members fulfill that role, all primary care members for the client are notified. Otherwise, no one is notified of the alert.

Referral data

Referral data can come from both internal sources and integrated systems. The tables show the referral data that is received from integrated systems, and the differences in the data when it is manually created or received.

Referral data views

You can view referral data on multiple pages in the application. As a Supervisor, you view referral data on the **Open Unassigned Referrals** and **Open Assigned Referrals** pages. As a care team member, you view referral data on multiple pages, which include the **Referrals**, **Open Unassigned Referrals**, and **My Open Referrals** pages.

Referrals that are received from integrated systems are displayed on the **Open Unassigned Referrals** page where a Supervisor assigns them to a suitable care team member. In addition, a care team member can assign a referral to themselves. The **Open Unassigned Referrals** shows referrals for active and inactive clients.

Referrals from integrated systems that are in an **Open** status, and are not yet assigned to a care team member, can be updated by the originating integrated system.

The table lists the columns and fields on the Watson Care Manager pages that display referral data.

Column/field	Mandatory	When manually created	When received from integrated systems
Name (This data is not displayed on the **Referrals** page.)	Yes	Displays the referred client's first name and last name.	Displays the referred client's first name and last name.
Referred On	Yes	Displays the date that the referral was manually created in the system.	Displays the date of the referral.
Referred From (Displayed only on the **Referrals** page.)	No	When a client is referred between organization units, this is the name of the organization unit that referred the client. This value is populated by the system and not entered by a user.	As per a manually created referral.
Referred To (Displayed only on the **Referrals** page.)	No	When a client is referred between organization units, this is the name of the organization unit that the client was referred to.	As per a manually created referral.
Priority	Yes	Displays one of the following priority statuses: • **Not Set** • **Low** • **Medium** • **High**	As per a manually created referral. Displays **Not Set**, **Low**, **Medium**, or **High**, depending on the priority status that is received. By default, if the referral was received from IBM Explorys or IBM Phytel products, and the client was referred through multiple cohorts, Watson Care Manager displays the highest available priority status.

Column/field	Mandatory	When manually created	When received from integrated systems
Referral Reason	Yes	Displays the reason for referring the client that was selected from a list of referral reasons configured by your Administrator. By default, a reason of Other is available for selection if one of the other reasons is not suitable.	Displays the reason that was received from the integrated system. If Watson Care Manager receives an external system reference for the referral reason, the referral reason is identified by its external system reference.
Other Referral Reason	No	Displays the value entered when Other is selected for the referral reason.	Displays the value received if no external system reference is received for the referral reason or if the external system reference received is associated with the default Other referral reason in Administration.
Source	Yes	If configured to be shown, displays the configured source of the referral.	Displays the source of the referral that was received from the integrated system. When the record is received, the sources that are displayed might be different to the sources that are available for manually created referrals.
Original Source System	No	If configured to be shown, displays the configured system where the referral originated.	Displays the source system where the referral originated. When the record is received, the original source systems that are displayed might be different to

Column/field	Mandatory	When manually created	When received from integrated systems
			the original source systems that are available for manually created referrals.
Suggested Program	No	Not applicable.	Displays the name of a suggested program to assign the client to.
Assigned To Displayed only on the **Referrals** page.	No	Displays the name of the care manager who is assigned the referral.	Not applicable. This data is not received from integrated systems.
Status Displayed only on the **Referrals** page (Referrals History).	Yes	Displays one of the following referral statuses: • **Accepted** • **Rejected**	Not applicable. This data is not received from integrated systems.
Reason Displayed only on the **Referrals** page (Referrals History).	Yes	Displays the reason for rejecting the referral or the reason the referral was unassigned, that was selected from the preconfigured list of reasons. When a referral is rejected, displays one of the following reasons: • **Deceased** • **Non responder** • **Opt Out** • **Other** When a referral is unassigned, displays one of the following reasons: • **Assigned in error** • **No capacity** • **Unavailable** • **Other**	Not applicable. This data is not received from integrated systems.

Column/field	Mandatory	When manually created	When received from integrated systems
Other Reason Displayed only on the **Referrals** page (Referrals History).	Yes	Displays the reason for rejecting the referral or reassigning the referral, that was entered because none of the reasons in the preconfigured list were suitable for selection.	Not applicable. This data is not received from integrated systems.
Accepted On Displayed only on the **Referrals** page (Referrals History).	Yes	Displays the date that the referral was accepted for care management.	Not applicable. This data is not received from integrated systems.
Date Displayed only on the **Referrals** page (Referrals History).	Yes	Displays the date that the referral was rejected for care management.	Not applicable. This data is not received from integrated systems.
Comments	No	Displays comments relating to the referral.	Displays comments relating to the referral, if received.
Program (Displayed only on the **My Open Referrals** page.)	No	Displays the name of the program that was manually associated with the client.	No applicable. This data is not received from integrated systems.

Related tasks

Completing a client's open referrals
You can review all of the client's open referrals since they were first registered in the application and check the detail of the client's referral history. Then you can take actions to disposition unassigned client referrals and referrals that are specifically assigned to you.

Integrating via Watson Care Manager REST APIs

A REST API is a set of URL resources that you can use to integrate IBM Watson Care Manager with external systems. Watson Care Manager APIs enable third-party applications to communicate with IBM Watson Care Manager and access real-time data.

About this task

Watson Care Manager APIs are designed primarily to help developers manage REST API calls from outside the Watson Care Manager application. By using the protected APIs listed in the API Catalog section, you can sync external system data with the latest client-related data in Watson Care Manager. From an external system, you can create and update client-related data records in Watson Care Manager.

Note: Before you can access and use the protected APIs, certain information is required by Watson Care Manager to allow inbound and outbound flow of data between Watson Care Manager and third-party applications. For more information, see "Required information for API flows" on page 343.

Getting started with REST APIs

Start here if you're new to APIs, or you want a more comprehensive understanding of how to integrate with Watson Care Manager APIs. Otherwise, you can skip directly to the API Catalog that lists the protected APIs.

API security and access

To access the Watson Care Manager REST API services and resources, you must have valid authorization permissions and be authenticated.

With IBM Cloud, you can directly connect to the Watson Care Manager API endpoints from any internet routable location (over TCP/IP). Assuming you can route from your location to the internet, and your network perimeter device is configured appropriately, Watson Care Manager can expose the API endpoints.

Before you begin: Before you can access API resources, Watson Care Manager requires certain information about your external system. In addition, Watson Care Manager may also need to share certain information with you. **Note:** You must agree the method of exchange for confidential information, like endpoints and certificates, with your IBM client executive at the time of engagement.

The IBM App ID service authorizes your access to the API resources. To achieve this, you must obtain tokens using App ID. In addition, mutual transport layer security (TLS) must be set up between your external system and Watson Care Manager so that the API calls are sent and received securely.

Required information for API flows
Depending on the direction of the API flow (inbound or outbound), certain information is required to integrate your external system with Watson Care Manager.

Required information for inbound API flow

For an inbound API flow from your external system to Watson Care Manager, you must configure a specific Watson Care Manager endpoint (URL) and port number in your application. Your client executive provides you with this information.

For inbound mutual TLS authentication purposes, you must provide a client certificate to Watson Care Manager that includes its public key, any parent intermediate certificates, and the parent public root certificate to store in our environment.

Required information for outbound API flow

To enable an outbound API flow from Watson Care Manager to your external system, you must work with your client executive to establish network connectivity between Watson Care Manager and your application, and configure subscribers and subscriptions.

For network connectivity and allowlist purposes, you must provide the domain name or IP address of your application to your client executive.

In addition, you must register your application endpoint details and port number, by Chapter 3, "Configuring subscribers and managing subscriptions," on page 255.

For outbound mutual TLS authentication purposes, Watson Care Manager provides you with a client certificate that includes its public key, any parent intermediate certificates, and the parent public root certificate that you must store in your external system environment.

Obtaining tokens using App ID

The IBM App ID service authorizes your access to the Watson Care Manager APIs by using the OAuth (Open Authorization) 2 protocol. Before you can make Watson Care Manager REST API calls, you must obtain a token so that IBM App ID can authorize your access.

About this task

After you obtain a token, you must include it in all subsequent calls to access Watson Care Manager REST API services.

Note: You can reuse tokens.

For more information about the concepts and technologies used by the App ID service, see the IBM Cloud App ID documentation.

Procedure

1. Obtain your tenant ID, client secret, and OAuth server URL from your credentials.
2. Encode your client ID and secret.
   a) Copy your client ID and secret that you obtained in step 1.
   b) Use a base64 encoder to encode your authorization information.
   c) Copy the output.
3. Make a request to the API to obtain a token. The data section of your request varies depending on the type of grant type that you're using.

   Example request:

   ```
   curl -X POST \
   https://{region}.appid.cloud.ibm.com/oauth/v4/{tenant_id}/token \
   -H 'Authorization: Basic base64encode({client-id}:{client-secret})' \
   -H 'Content-Type: application/x-www-form-urlencoded' \
   -H 'Host: {region}.appid.cloud.ibm.com' \
   -d grant_type=client_credentials
   ```

   Example response:

   ```
   {
       "access_token": "eyJhbGciOiJSUzI1NiIsInR",
       "expires_in": 43200,
       "token_type": "Bearer"
   }
   ```

   A successful response contains an `access_token` that you must include in all subsequent requests to access the Watson Care Manager APIs.

4. Include the following header in all subsequent requests.

   ```
   Authorization: Bearer {access_token}
   ```

   For more information about obtaining tokens, see Obtaining tokens in the IBM Cloud App ID documentation.

Authentication

REST APIs are subject to the security controls that are implemented in the application. Most of the IBM Watson Care Manager REST API services require you to authenticate before you can access the APIs. Requesting a REST API resource before authentication, or without valid credentials, always results in an HTTP response status code of 401 - Unauthorized. If you encounter this error, reauthenticate by following the procedure to obtain a token.

Token Reuse

Tokens have a set lifespan and you can continuously reuse them until they expire. Generate a new token only when the previous token is no longer valid. IBM App ID provides an endpoint for you to check if a token is still valid. Before you make a request to the Watson Care Manager REST API, we advise you to check that your token is still valid.

Example token validation request:

```
curl 'https://{region}.appid.cloud.ibm.com/oauth/v4/{tenant_id}/introspect' \
-H 'Authorization: Basic base64encode({client-id}:{client-secret})' \
-H 'Content-Type: application/x-www-form-urlencoded' \
-d 'token=<your_access_token>'
```

Example token validation response:

```
{
    "active": true
}
```

For more information about validating tokens, see Validating tokens in the IBM Cloud App ID documentation.

Mutual TLS authentication

Watson Care Manager requires that all external API connections occur over a mutually encrypted connection, with certificate exchange between the endpoints.

The standard TLS protocol ensures that a client trusts the server that it is communicating with by verifying the server's certificate. In addition, mutual TLS ensures that the server only accepts connections from trusted clients through certificate verification. With mutual TLS, both parties authenticate each other by verifying a digital certificate that issued by a trusted Certificate Authority. The presence of the certificate assures each party of the others' identity.

A client (web browser or client application) authenticates itself to a server (website or server application). Then, the server authenticates itself to the client by verifying the provided certificate.
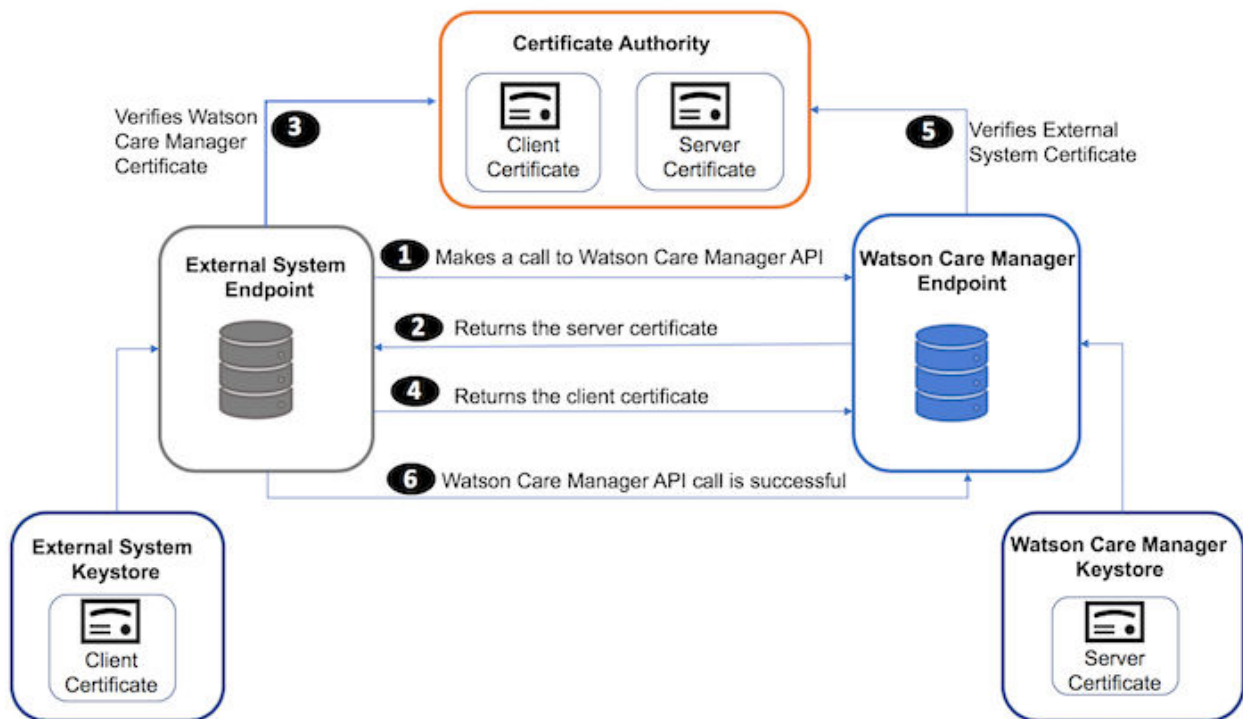
Figure 10. How mutual TLS authentication works between Watson Care Manager and external systems

1. The external system makes an API call to a Watson Care Manager API endpoint.
2. Watson Care Manager presents its certificate to the external system.
3. The external system verifies Watson Care Manager's certificate.
4. If successful, the external systems sends its certificate to Watson Care Manager.
5. Watson Care Manager verifies the external system's certificate.
6. If successful, Watson Care Manager allows the API call to proceed.

Versions

Whenever Watson Care Manager changes the API in a backwards-incompatible way, IBM releases a new version of the API. Therefore, API requests require the API version number in the URL. The version number of the REST API resources that you are using is included in the URL.

For example, `https://<host>:<port>/Rest/v1/individuals` where v1 is the version number and usually the first path parameter after the context path, `https://<host>:<port>/Rest`.

Request and response handling

You can verify the integrity of HTTP requests and responses by ensuring your JSON is correct, that you are correctly connecting to a running instance of Watson Care Manager, and that you manage the volume of results via pagination.

Requests

In IBM Watson Care Manager, the HTTP requests only support JSON and require a valid JSON object for the body. The API catalog section includes complete examples for each request and cURL code examples so that you know how to format your requests and can anticipate what kind of data to expect in return.

Response

All Watson Care Manager APIs connect to a specific instance of Watson Care Manager that is already running. The Watson Care Manager instance is identified by a combination of the Tenant ID and Instance Type attributes in the message header.

Each HTTP request will return a `tenantDetails` object, which lets you verify that the API you are connecting to is the correct instance and tenant.

Pagination

Some API requests might return a large number of results. To avoid performance issues, these results are returned one page at a time, with a limited number of results on each page.

The default and maximum page size is 1000 objects. To use a different page size, use the **limit** query parameter.

For any request that uses pagination, the response includes a `pagination` object that specifies pagination information. This object includes two URLs that you can use to make subsequent requests:

- `previous`: the URL for requesting the previous page of results if any exists.
- `next:` the URL for requesting the next page of results. The next property is omitted if there no more results.

If no previous or next link exists, the entire results set is returned. These URLs retain the same **limit** parameter that were used for the initial request.

Related information

REST API catalog

Error codes

In response to each API call, Watson Care Manager returns a message with an appropriate HTTP status code. Each API contains a detailed list of error codes that can be returned.

The following HTTP response status codes confirm that the HTTP method completed successfully or that something went wrong with the client request.

- 200 - the message was processed successfully.
- 400 - an error occurred when processing the message. If the message fails, typically, it's because the message content failed a business validation rule, a required parameter was omitted, or the syntax was invalid in some way that caused the server to be unable to process the request sent by the client. The caller can resolve the issue by correcting the data and resubmitting.
- 401 - authentication was unsuccessful because the request to access a REST API resource was made before authentication or without valid credentials. The caller can resolve this issue by following the steps in Obtaining tokens.
- 500 - a server-side error happened during processing. This is a rare occurrence.

In addition to the HTTP status code, failure responses include a body with fields that provide a more detailed breakdown of the error.

- Code - the HTTP status code (usually "400")
- Message - the failure message consists of the code and a string description separated by a hyphen (-). Example: `EESERR520 - A valid reference for a source system must be provided.`
- Level - the failure level (usually "error").

For each Watson Care Manager API, you can review the API Swagger documentation and see the detailed list of error codes that are returned. Go to the API library referenced in the related topic link, select an API to try out (Swagger output), and review the error codes in the Responses section of each HTTP method (GET, POST, PUT, DELETE). The following list is not intended to be an exhaustive list but a subset of the most common failure messages with explanations why API calls can fail.

EESERR610 – Expected resourceType is Patient
Each message has a mandatory `resourceType` field that must match the endpoint that the message is sent to. In this case, the `v1/ees/individuals` resource expects that all messages sent to it will have a resourceType of `Patient`.

EESERR504 – A subject reference must be provided
Watson Care Manager uses the subject/reference field to identify the individual that the message relates to. This field must be populated correctly.

EESERR161 – There are no matching individuals based on the ID entered
The identifiers provided in the subject/reference field of the message do not match any individual in Watson Care Manager.

EESERR180 – The identification details provided match multiple clients
The identifiers provided in the subject/reference field of the message match more than one client in Watson Care Manager. Therefore, the update cannot proceed because the client cannot be uniquely identified.

EESERR351 – The resource id provided doesn't exist for a <type> record for this person
POST messages will return a Watson Care Manager resource id that uniquely identifies the record that is created in Watson Care Manager. This resource can then be used as a path parameter for Updates (PUT) and Delete HTTP methods. This message will be returned if the resource id does not match a valid record in Watson Care Manager.

EESERR624 – The record was updated by a Care Manager, so it can't be deleted by an external system
Records that were created via API calls are visible in the UI to the Care Manager and can be edited. Once a Care Manager updates the record, however, it is assumed that they have the latest version and that no further updates or deletes are allowed from external systems.

EESERR625 – The record was deleted by a Care Manager, so it can't be reactivated by an external system
If the Care Manager deleted the record through the UI, no further updates or deletes will be allowed from external systems.

EESERR630 – External system reference provided for name prefix matches no record
When the Watson Care Manager administrator configures a name prefix, they must also enter an External System Reference code. This code can then be passed in the message body to identify the correct prefix. In this case, the External System Reference does not match the code in Watson Care Manager.

Related information
REST API catalog

Client matching and identification

Attributes that are sent via an API are used to identify the correct client in Watson Care Manager. Client matching occurs in Watson Care Manager when the API passes either a client reference number or an Identifier Type and Identifier value as a key-value pair.

Each API includes a Subject field to link the message to an individual in Watson Care Manager. This field includes a Reference object that supports two formats: (i) WCM Reference Number (ii) Key-Value pair of Public Identifiers.

Reference number

The reference number is the unique identifier that is automatically generated and assigned to each client when they are registered in Watson Care Manager. If the reference number is known, include it as follows:

```
"subject": {
          "reference": "Patient/28416"
        },
```

Tip: In the Watson Care Manager UI, you can see the client's Reference Number on their Data page. Example:

Public identifiers

All other identifiers are referred to as public identifiers. These are values that are added in Watson Care Manager by a care team member or are received via the Demographics API. Typically, these identifiers are ones that are used on other systems such as a Court System ID, medical record number (MRN), and so on. To use a public identifier, include the system and value as follows:

```
subject": {
          "reference": "Patient/identifier=passport, identifiervalue=P123"
        },
```

In some cases, two clients might have the same public identifier type and value. In this instance, the API call will return a 4XX response code to confirm that the client cannot be uniquely identified. To prevent this happening, add a third attribute, the client's date of birth in 'YYYYMMDD' format as follows:

```
"subject": {
          "reference": "Patient/identifier=passport, identifiervalue=P123,
birthdate=19400312"
        },
```

Related tasks

What can your organization do with each API in the REST API catalog? The following real-world scenarios demonstrate how each API can be used to deliver care for clients and create value in an organization.

The use cases show potential implementations of the API rather than being an exhaustive list that exactly matches your reason for interest in the API.

Source and Original Source System identifiers

For users to have confidence in the validity and reliability of incoming data from external systems and outgoing data from Watson Care Manager, the APIs can pass Source and Original Source System values that confirm where data records come from.

When externally received via an API, the Source value represents the platform that is sharing data with Watson Care Manager for example, Phytel external system. The Original Source System is the name of the system where the data was entered for the very first time, for example, Quest Diagnostics.

```
"source": {
      "coding": [
        {
          "system": "http://wcm/source",
          "code": "PHYTEL"
        }
      ]
    },

    "originalsource": {
      "coding": [
        {
          "system": "http://wcm/originalsource",
          "code": "QUEST"
        }
      ]
    },
```

Equally, some outbound APIs from Watson Care Manager can pass Source and Original Source System values to help users of external applications understand whether data was created internally in Watson Care Manager or where it originated. For example, the outbound Notes and Touchpoints API includes Source and Original Source System values.

The Watson Care Manager administrator configures the source and original source systems in the application. For more information, see Configuring data sources.

Related tasks
"Exploring API use cases (with real-world examples) " on page 352
What can your organization do with each API in the REST API catalog? The following real-world scenarios demonstrate how each API can be used to deliver care for clients and create value in an organization. The use cases show potential implementations of the API rather than being an exhaustive list that exactly matches your reason for interest in the API.

External system reference identifiers

Watson Care Manager enables an Administrator to customize the product by adding configurations for many different data types. Attributes in the API calls can include references to one or more of those data types, for example, an Assessment Type, Note type or Alert type. A code must be included in the message body to link the data type to the correct configuration. The Watson Care Manager Administrators can enter their own code - an External System Reference - to match data types sent in the API calls to their configured data types.

External System Reference identifier

The external system reference is the code that represents the type of information that is sent externally via an outbound API, or is received via an inbound API from an external application. Data matching of information types occurs when the API passes an external system reference in the body of the message when making the API call, and the reference code matches the configured value for the information type in Watson Care Manager.

```
coding: [
    {
    system: 'http://wcm/assessment',
    code: 'AS1234'
```

In this instance, let's suppose a score-only assessment type is configured by the Watson Care Manager administrator to have this External System Reference: AS1234. When the score-only assessment result is received for Laurie Thompson via the API, the application stores the data as a result of an assessment of type AS1234.

Tip: In the Watson Care Manager UI, you can see how an administrator can associate an External System Reference with each new assessment type that they configure. Example:

Related tasks
What can your organization do with each API in the REST API catalog? The following real-world scenarios demonstrate how each API can be used to deliver care for clients and create value in an organization.

The use cases show potential implementations of the API rather than being an exhaustive list that exactly matches your reason for interest in the API.

Record identifiers

Watson Care Manager APIs allows an API caller to include a record identifier with each record that is sent from an external system via an inbound API. The external API caller uses this identifier to uniquely identify the record on their external system. This enables the API caller to interact with records in Watson Care Manager without needing to store the internal Watson Care Manager record id.

External record identifier

The external record identifier is passed in the message body as a key value pair.

```
"identifier": [{
      "value": "CS100225098",
      "type": {
          "text": "COURTID"
      }

  }],
```

In this example, the ID of the record on the Court System is CS1002250098, which can be stored with the record in Watson Care Manager as its external identifier. The API caller can pass the external record identifier to Watson Care Manager for Create and Update API calls. However, the record identifier cannot be used to delete a record. In this instance, the internal Watson Care Manager identifier must be used.

Related tasks

What can your organization do with each API in the REST API catalog? The following real-world scenarios demonstrate how each API can be used to deliver care for clients and create value in an organization. The use cases show potential implementations of the API rather than being an exhaustive list that exactly matches your reason for interest in the API.

Exploring API use cases (with real-world examples)

What can your organization do with each API in the REST API catalog? The following real-world scenarios demonstrate how each API can be used to deliver care for clients and create value in an organization. The use cases show potential implementations of the API rather than being an exhaustive list that exactly matches your reason for interest in the API.

About this task

To illustrate work flow from an external system to Watson Care Manager, a subset of **inbound API use cases** follows for Alerts, Client Registrations and Demographics (Address).

To illustrate work flow from Watson Care Manager to an external system, an **outbound API use case** follows for Share Care Plan (including webhooks).

Alerts API usage (inbound)

When specific information that could influence a client's care management is recorded in an external system, you an use the Alerts API (inbound API) to create an alert in Watson Care Manager. For example, an external system might use the Alerts API to send an alert to Watson Care Manager when a client is admitted to or discharged from hospital.

The following business scenario is for illustrative purposes only. You can apply many additional use cases to suit your specific needs, for example, in a healthcare space or specialty court environment.

Business problem

Let's suppose that a specialty court team is using an external system to assess individuals who have been referred to the justice system for law violations. Carla Jean is an individual living in the specialty court district who has been referred to the justice system for pre-trial assessment - but she fails to appear in court.

Susan Brown, as the Care Manager who is managing Carla in Watson Care Manager, needs to be made aware that she did not appear in court.

Why integrate Watson Care Manager with an external system?

The court's external risk assessment system interfaces with Watson Care Manager so that a multidisciplinary team can manage Carla Jean's care (and you can presume that the necessary administrator configuration is already complete in Watson Care Manager to facilitate the integration).

In this scenario, when Carla Jean's failure to appear in court is entered in the court's external system, that action triggers the sending of an Alert to Watson Care Manager via the Alerts API. In Watson Care Manager, Care Manager Susan is alerted about Carla Jean's non-appearance in court without having to log into the external court system to retrieve this information. The time savings benefit Susan in her role and the clients she cares for.

The following diagram shows the end-to-end workflow:

Figure 11. Alerts API Example: Court System Alert
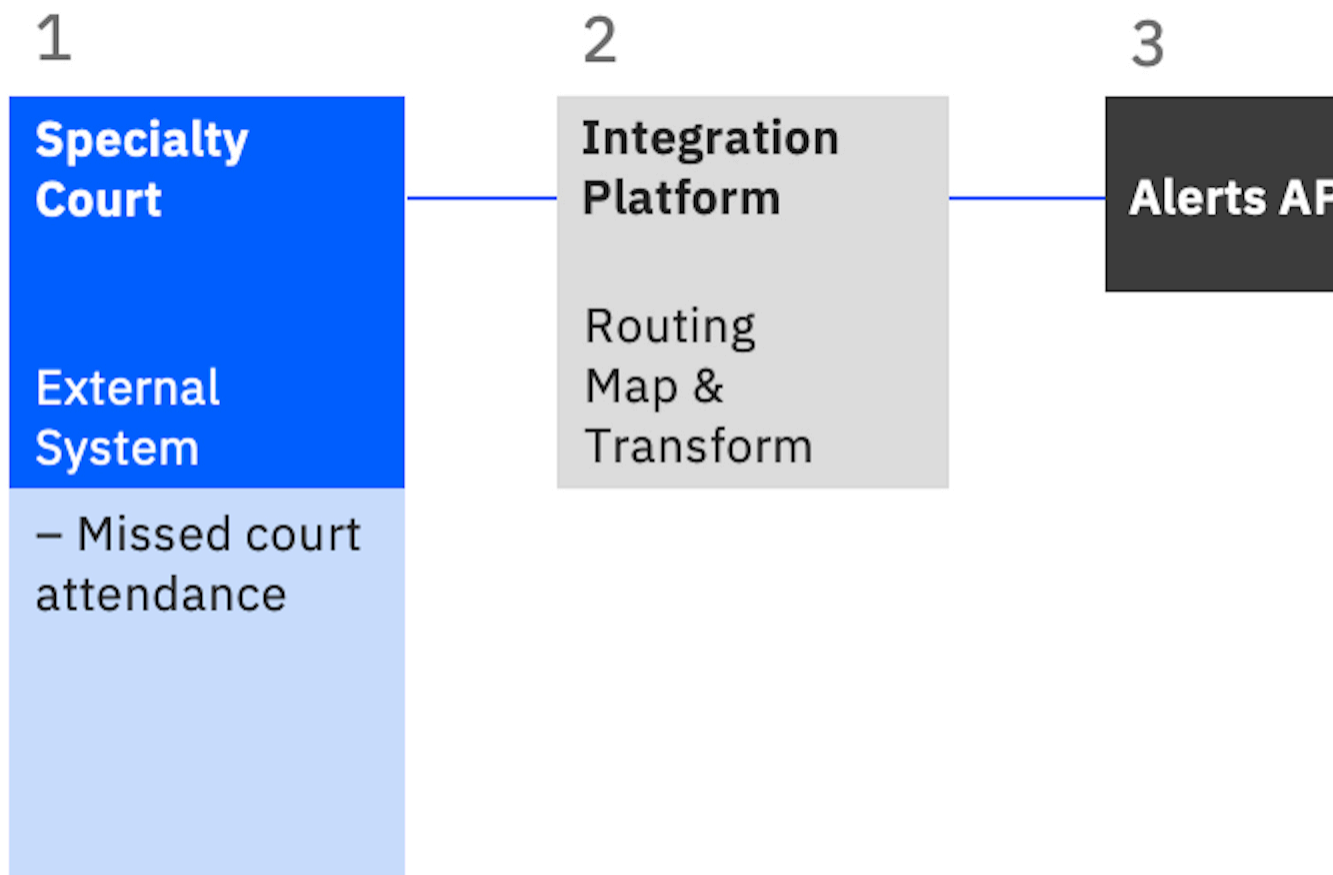
1. A team member in the specialty court team records that Carla Jean missed her court attendance, and clicks the action to send the alert record to Watson Care Manager.

2. The Integration Platform layer receives the data and builds a message to send to Watson Care Manager.

3. The message is sent to the Alerts API.

4. The alert about Carla Jean's non-attendance in court is received in Watson Care Manager and displayed on the client's Summary page.

How is the client, Carla Jean, identified in Watson Care Manager?

For more information about the API attributes that enable the correct client to be identified, see "Client matching and identification" on page 348.

Inputs to the Alerts API: mandatory and optional attributes

To send an alert from an external system to Watson Care Manager, the Alerts API must receive certain attributes and associated values. Other API attribute values are optional. The following table highlights the mandatory attributes (*) and the optional attributes that are passed in the Alerts API call.

API attributes	Description
```{ "resourceType": "Flag", ```	**Resource type *** - Flag is the FHIR resource for Alert.
```"source": { "coding": [{ "system": "http://wcm/source", "code": "COURTS" }] }, ```	**Source *** - COURTS indicates that the court system is the source of the alert. This code is configured as an External System Reference on the Sources page for the Alerts data type (Administrator Workspace). See "Source and Original Source System identifiers" on page 350.
```"originalsource": { "coding": [{ "system": "http://wcm/ originalsource", "code": "PROBMGR" }] }, ```	**Original Source System** - PROBMGR indicates that the Probation Manager reported Carla Jean's absence. This code is configured as an External System Reference on the Original Source Systems page for the Alerts data type (Administrator Workspace). See "Source and Original Source System identifiers" on page 350.
```"identifier": [{ "value": "CS100225098", "type": { "text": "COURTID" } }], ```	**Identifier** - CS100225098 is the reference that uniquely identifies this record in the Court System. Watson Care Manager stores this ID and uses it when an Alert update occurs as described in " Record identifiers" on page 352.
```"status": "active", ```	**Status** - FHIR lists two possible Statuses - Active, Inactive. These statuses are mapped to Open or Closed in Watson Care Manager.
```"category": { "coding": [{ "system": "http://wcm/alerttype", "code": "NONAPPEARANCE" }] }, ```	**Category *** - Specifies the type of Alert to be displayed in Watson Care Manager. See "External system reference identifiers" on page 350.

API attributes	Description

``
   "code": {
        "text": "Failed to appear in Court -
warrant issued"
    },
``
	Code - Description that is displayed on the Alert.

``
  "subject": {
        "reference": "Patient/30283"
    },
``
	Subject * - 30283 is Carla Jean's WCM Reference number that is used to associate the Alert with her as described in "Client matching and identification" on page 348.

``` "priority": "low", ```	**Priority *** - The priority that the alert is assigned in Watson Care Manager - low, medium, high, critical.

``
   "notifyrole": {
        "coding": [{
            "system": "http://wcm/
careteamroles",
            "code": "CT001"
        }]
    }
 	
}
``
	NotifyRole - A reference to one of the care team roles that the Administrator configured. Any team member with this role will receive this alert.

Tip: In the REST API catalog that is referenced below, go to the Alerts API (Swagger output). Try out the API calls and see the detail of this topic in action!

Error Handling

For more information about the HTTP status codes that indicate success or failure in API calls, see "Error codes" on page 347.

Related information
REST API catalog

Client Registration API usage (inbound)

Clients do not need to be manually registered in Watson Care Manager. Using the Client Registration API (inbound API), you can automatically register clients in Watson Care Manager from an existing record in an external system and ensure that their demographic data is accurately reflected in Watson Care Manager. The demographic details that can be sent in the registration record include the client's name, date of birth, gender, marital status, address, phone number, identification. A maximum of 5 names, 5 addresses, 10 identifications, and 5 phone numbers can be sent for one client.

The following business scenario is for illustrative purposes only. You can apply many additional use cases to suit your specific needs, for example, in a healthcare space or specialty court environment.

Business problem
Let's suppose that an addiction and rehab clinic, One Step Medical Center, is engaging with Joe Lopez who has a history of alcoholism. Due to a recent leg injury that occurred at home, Joe cannot work and was evicted from his apartment for not paying rent. He is currently in temporary shelter. One Step Medical Center is helping Joe to get his substance use under control but he needs wider care management expertise to address his housing need and his leg injury.

Joe's Primary Care Physician (PCP) wants him to start working with a multidisciplinary team and Joe has agreed to this. The PCP has documented his agreement to be referred to TrustHealth ACO in Joe's Electronic Medical Record (EMR).

Why integrate Watson Care Manager with an external system?

The One Step Medical Center interfaces with Watson Care Manager so that a multidisciplinary team can manage Joe's care needs (and you can presume that the necessary administrator configuration is already complete in Watson Care Manager to facilitate the integration). Using the API to register Joe is a time-efficient method that saves someone in TrustHealth ACO having to manually register his details in Watson Care Manager.

A member of the One Step team initiates the action to refer Joe Lopez to TrustHealth ACO and via the Client Registration API, Joe's demographic, contact, and ID data is recorded in Watson Care Manager in his registration record.

The following diagram shows the end-to-end work flow and you can see that in the API call, the `Patient` resource contains all of the demographic data relating to the client.

Figure 12. Client Registration API Example: Joe Lopez
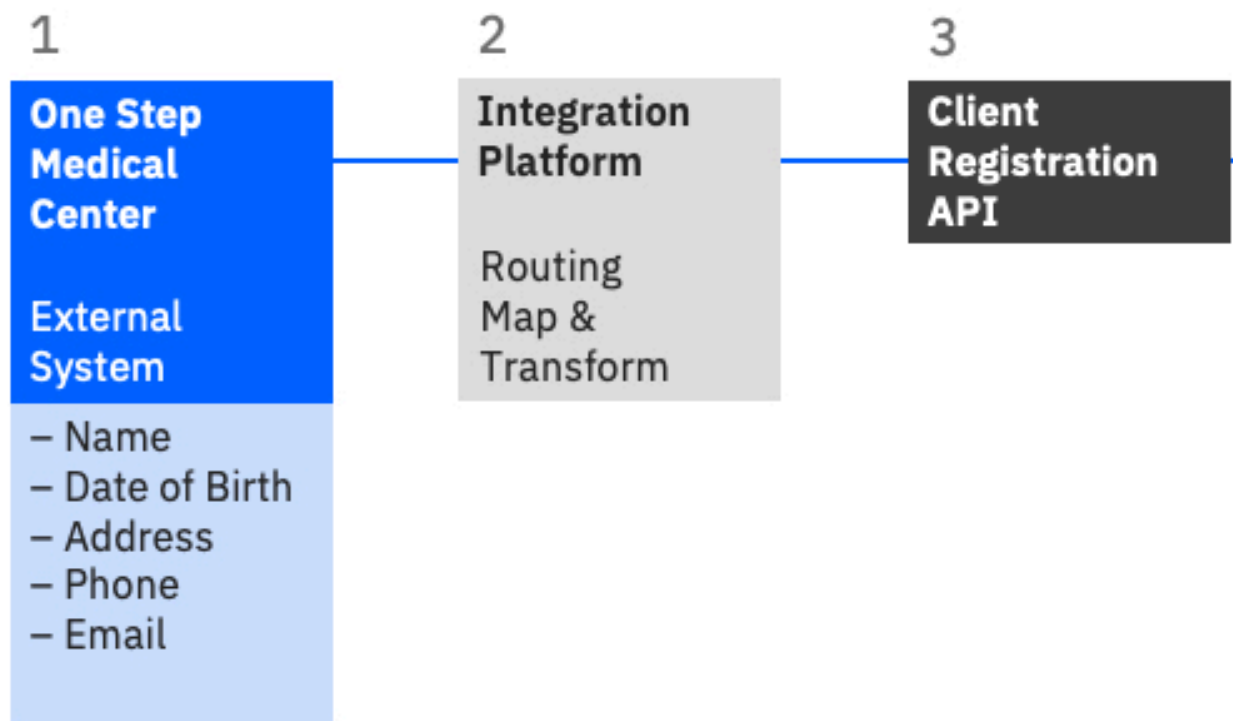
1. A team member in the One Step Medical Center clicks the action to send Joe's registration record to Watson Care Manager.

2. The Integration Platform layer receives the data and builds a message to send to Watson Care Manager.

3. The message is sent to the Client Registration API.

4. The registration details for Joe is received in Watson Care Manager and displayed on the client's Summary page when accepted in the application.

   Note: Depending on the details that are registered for the client in the external system, you can expect the following data to be populated at a minimum in Watson Care Manager:

   • Name

- Birth and Death details
- Gender
- Status

Optionally, these attributes can be populated: Address, Phone number, Email, IDs, Marital Status

Inputs to the Client Registration API: mandatory and optional attributes

To send a client registration record from an external system to Watson Care Manager, the Client Registration API must receive certain attributes and associated values. Other API attribute values are optional. The following table highlights the mandatory attributes (*) and the optional attributes that are passed in the Client Registration API call.

API attributes	Description
```{ "resourceType" : "Patient", ```	**Resource type *** - `Patient` is the FHIR resource for a client.
```"source" : { "text" : "One Step Medical", "coding" : [{ "system" : "http://wcm/source", "code" : "ONESTEP" }] },```	**Source *** - This is the top-level Source object, which is applied to all records that are created as part of this transaction (Names, Addresses, and so on) unless those records separately include their own Source object. See "Source and Original Source System identifiers" on page 350.
```"active" : true,```	**Active *** - Indicates whether the client should be Active in Watson Care Manager. Note that for inbound registration calls, the client must be Active and not Deceased.
```"gender" : "male",```	**Gender *** - The gender status, for example, Male, Female, Other, Unknown.
```"birthDate" : "1977-09-26",```	**BirthDate *** - required format: YYYY-MM-DD
```"deceasedBoolean" : false,```	**DeceasedBoolean** - true or false flag
```"deceasedDate" : "",```	**DeceasedDate** - required format: YYYY-MM-DD. Note that for inbound registration calls, the client must be Active and not Deceased.
```"maritalStatus" : { "coding" : [{ "system" : "http://hl7.org/fhir/v3/MaritalStatus", "code" : "UNK" }],```	**MartialStatus** - the code that is defined in the FHIR marital status codeset. In this example, the client's status is Unknown.
```"period" : { "start" : "2018-10-09", "end" : "" } },```	**Period** - a date range that is associated with the client's current marital status. Required format: YYYY-MM-DD

API attributes	Description
| ```
"name" : [ {
    "use" : "official",
    "family" : "Lopez",
    "given" : "Joe",
    "prefix" : "",
    "suffix" : "",
    "middle" : "",
    "period" : {
      "start" : "2018-10-09",
      "end" : ""
    }
},

{
    "use" : "old",
    "family" : "Lopez",
    "given" : "Joseph",
    "prefix" : "",
    "suffix" : "",
    "middle" : "M",
    "period" : {
      "start" : "2018-10-09",
      "end" : ""
    }
} ],
``` | **Name\*** - In this example, Joe has 2 name records. A maximum of 5 names can be provided but one of these must be for official use.<br><br>Name fields are defined per the FHIR HumanName datatype. |
| ```
"address" : [ {
    "use" : "temp",
    "city" : "Santa Rosa",
    "line1" : "2437 Forse LN",
    "line2" : "",
    "line3" : "",
    "state" : "CA",
    "postalCode" : "95404-7806",
    "country" : "",
    "period" : {
      "start" : "2018-10-09",
      "end" : ""
    }
}, {

    "use" : "home",
    "city" : "Santa Rosa",
    "line1" : "600 Morgan Street",
    "line2" : "",
    "line3" : "",
    "state" : "CA",
    "postalCode" : "95401",
    "country" : "",
    "period" : {
      "start" : "2011-10-09",
      "end" : "2018-10-09"
    }
} ],
``` | **Address** - List of addresses for the client. A maximum of 5 records can be provided.<br><br>Address fields are defined per the FHIR Address data type. |

API attributes	Description
| ```
"telecom" : [ {
    "system" : "phone",
    "value" : "(707) 494-2472",
    "use" : "home",
    "period" : {
        "start" : "2018-01-01",
        "end" : "2018-01-02"
    }
}, {

    "system" : "phone",
    "value" : "(707) 494-2472",
    "use" : "temp",
    "period" : {
        "start" : "2018-01-01",
        "end" : "2018-01-02"
    }
}, {

    "system" : "email",
    "value" : "lopez.joe@anymail.com",
    "use" : "home",
    "period" : {
        "start" : "2018-01-01",
        "end" : "2018-01-02"
    }
} ],
``` | **Telecom** - the contact details for the client, which can consist of phone numbers or email addresses as defined per the FHIR ContactPoint datatype. |
| ```
"identifier" : [ {

    "value" : "220398B4",
    "type" : {
        "coding" : [ {
        "system" : "http://wcm/
identification",
        "code" : "ONESTEPID"
        } ]
    },
    "period" : {
        "start" : "2018-10-09",
        "end" : ""
    }
}, {

    "value" : "SJM1092677",
    "type" : {
        "coding" : [ {
        "system" : "http://wcm/
identification",
        "code" : "EPICID"
        } ]
    },
    "period" : {
        "start" : "2018-10-09",
        "end" : ""
    }
} ]
}
``` | **Identifier** - Public identifiers for Joe can be recorded. In this example, the IDs from One Step andEPIC are included, which can be used to identify Joe as described in "Client matching and identification" on page 348. |

Tip: In the REST API catalog that is referenced below, go to the Client Registration API (Swagger output). Try out the API calls and see the detail of this topic in action!

Error Handling

For more information about the HTTP status codes that indicate success or failure in API calls, see "Error codes" on page 347.

Related information

REST API catalog

Address API usage (inbound)

A Watson Care Manager record and an Electronic Medical Record (EMR) on an external system must reflect the same details about a client. When a change occurs in a client's address in the external system, this API synchronizes the client's data in Watson Care Manager with the latest update that is recorded for the client in the external system.

The following business scenario is for illustrative purposes only. You can apply many additional use cases to suit your specific needs, for example, in a healthcare space or specialty court environment.

Business problem

Let's suppose that Joe Lopez is already registered in Watson Care Manager (via the Client Registration API) for reasons that are described here. At the time of his registration, no address was recorded for Joe because he had no fixed abode after having been evicted from his apartment.

During a recent visit with his Primary Care Physician (PCP) in One Step Medical Center, Joe mentioned that he moved in with his parents to help him get back on track. This news prompted his PCP to enter Joe's new address in his EMR on the external system, which triggers an address update to be sent to Watson Care Manager via the Address API.
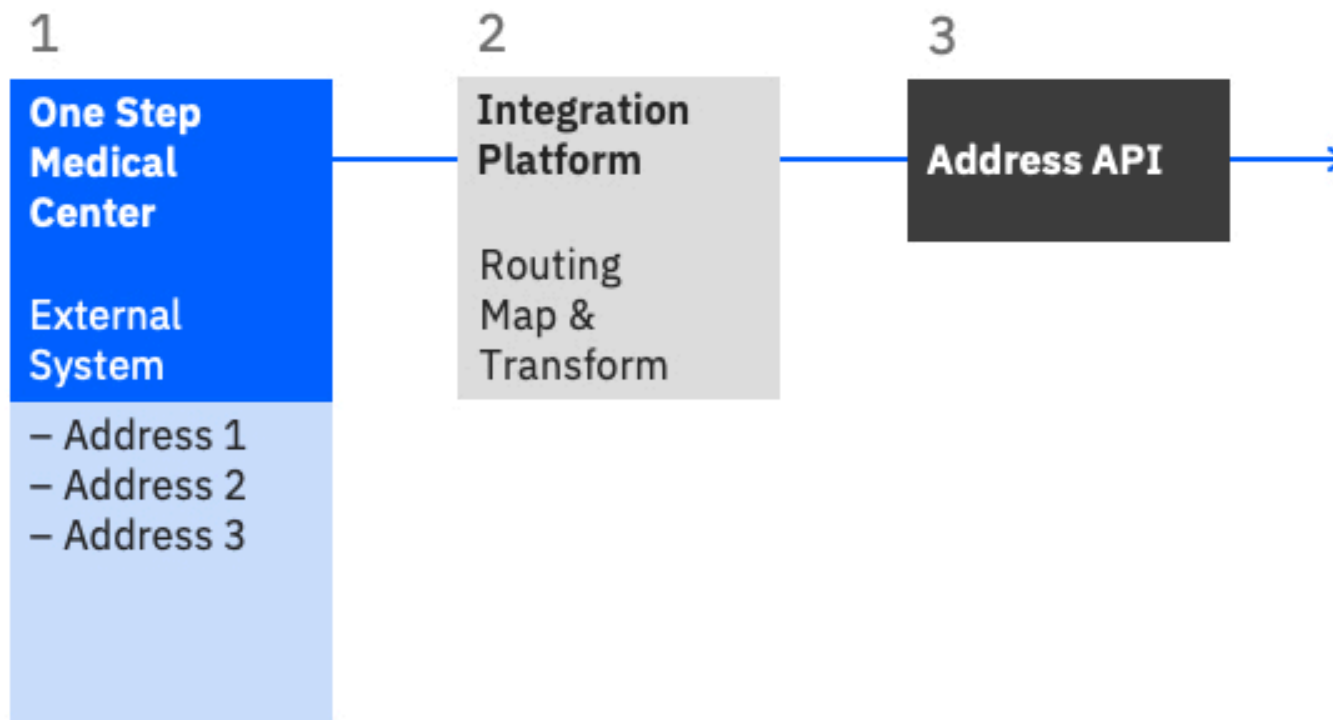
Why integrate Watson Care Manager with an external system?

The external system interfaces with Watson Care Manager so that a multidisciplinary team in TrustHealth ACO can access Joe's latest demographic details and contact him when needed (and you can presume that the necessary administrator configuration is already complete in Watson Care Manager to facilitate the integration). Being able to update a client's demographic details using an API means that someone in TrustHealth ACO does not have to manually record the data that already exists on the external system. The process is automated so that the client's address details in Watson Care Manager and the record update in the external system are in sync, which for the care team, saves them considerable time and assures them of accurate and reliable data.

In this scenario, Joe's PCP initiated an action to update Joe's address record on their system and his address details in Watson Care Manager synchronized with the update via this API.

The following diagram shows the end-to-end work flow and you can see that in the API call, the `Address` resource contains all of the demographic data relating to the client.

Figure 13. Address API (inbound) Example: Joe Lopez address update

1. A team member in the One Step Medical Center clicks the action to update Joe's address and send the address record to Watson Care Manager.
2. The Integration Platform layer receives the data and builds a message to send to Watson Care Manager.
3. The message is sent to the Address API.
4. The address details for Joe is received in Watson Care Manager and displayed on the client's Summary page when accepted in the application.

How is the client, Joe Lopez, identified in Watson Care Manager?

For more information about the API attributes that enable the correct client to be identified, see "Client matching and identification" on page 348.

Inputs to the Address API: mandatory and optional attributes

To send an address record from an external system to Watson Care Manager, the Address API must receive certain attributes and associated values. Other API attribute values are optional. The following table hightlights the mandatory attributes (*) and the optional attributes that are passed in the Address POST call to create the new address record for Joe Lopez.

API attributes	Description
`{` `    "resourceType": "Address",`	**Resource type *** - `Address`. Note there is no `Address` resource type in FHIR - this represents a sub-resource.

API attributes	Description
| ```json
"identifier": [
  {
    "value": "103399884",
    "type": {
      "text": "TRUSTCOID"
    }
  }
],
``` | **Identifier** - An External record identifier for this record can be shared as described in " Record identifiers" on page 352. In this example, the ID of this record on the Trust Co system is 103399884 . |
| ```json
"source": {
    "coding": [{
        "system": "http://wcm/source",
        "code": "TRUSTCO"
    }],
    "text": "TrustCo"
},
``` | **Source** - The source for this Address is TRUSTCO. See "Source and Original Source System identifiers" on page 350. |
| ```json
"originalSource": {
    "coding": [
        {
            "system": "http://wcm/
originalsource",
            "code": "ALLSCRIPT"
        }
    ],
    "text": "AllScripts EMR"
},
``` | **Original Source System** - The Address record was originally recorded in the AllScripts system before being aggregated by TrustCo. See "Source and Original Source System identifiers" on page 350. |
| ```json
"use": "work",
"state": "NJ",
"country": "US",
"city": "Trenton",
"line1": "Apt 1234",
"line2": "Greenfields Rise",
"line3": "Esker Road",
"postalCode": "NJ8899",

"period": {
  "start": "",
  "end": ""
},
``` | **Address** - A single address record for Joe Lopez. The Address fields are defined as per the FHIR datatype. |
| ```json
"subject": {
    "reference":
"Patient/identifier=ONESTEPID,
identifiervalue=220398B4"
  }
}
``` | **Subject \*** - Joe Lopez can be identified as the subject for this Address by using the Identifier that is recorded for him during registration.
For more information, see "Client matching and identification" on page 348. |

Tip: In the REST API catalog that is referenced below, go to the Address API (Swagger output). Try out the API calls and see the detail of this topic in action!

Error Handling

For more information about the HTTP status codes that indicate success or failure in API calls, see "Error codes" on page 347.

Related information
REST API catalog

Care Plan API usage (outbound)

Care managers need to share their client's care plan details with other team members who may not be users of Watson Care Manager. With this API, when a care team member takes the action to send a care plan from Watson Care Manager, a PDF version is transmitted to the specified external recipient in a series of automated push notifications and callbacks betweenWatson Care Manager and the external system (Webhooks implementation).

The following business scenario is for illustrative purposes only. You can apply many additional use cases to suit your specific needs, for example, in a healthcare space or specialty court environment.

Business problem

Let's suppose that Joe Lopez is already registered in Watson Care Manager (via the Client Registration API) for reasons that are described here. Joe was referred to Trusthealth ACO by his Primary Care Physician (PCP), who is based in One Step Medical Center. Joe attends his first care management session in Trusthealth ACO and meets his care manager Susan Brown.

To better understand his care needs, Susan completes the initial intake assessment with Joe and together, they prioritize the need for him to find a new home and to recover from his leg injury so that he can get back to work. They agree on a set of goals for Joe to work towards over the next 7 days before their next touchpoint occurs. Susan is keen to let Joe's referring PCP know about his care plan but the PCP is not a user of Watson Care Manager.

After Susan finishes her updates to Joe's care plan in Watson Care Manager, the Care Plan is sent to subscribed external systems in electronic PDF format. The EMR used in One Step Medical Center is one of the subscribing external systems, which means that Joe's PCP is able to view the WCM Care Plan in the system that he typically uses for client care management.'

Why integrate Watson Care Manager with an external system?

Watson Care Manager interfaces with the external system so that a multidisciplinary team can manage Joe's care needs (and you can presume that the necessary administrator configuration is already complete in Watson Care Manager to facilitate the integration). Using the Care Plan API to send Joe's Care Plan PDF electronically is a time-efficient method that saves someone having to manually share the document or to rely on printed hard copy versions. Susan would otherwise have to download and share the PDF each time that she needed to inform Joe's PCP about his care plan and progress. With this API, Susan simply selects the Send option in WCM and the API does the rest in an automated process.

When the team in One Step Medical Center receive the Care Plan PDF from Watson Care Manager, they have the complete picture of Joe's care plan progress and can assess his outstanding needs. Sharing of the care plan PDF between Watson Care Manager and an external system facilitates the team's optimum collaboration in a person's holistic care.

The following diagram shows the end-to-end workflow:

Figure 14. Care Plan API Example: Joe Lopez

1. Susan Brown, the Care Manager in TrustHealth ACO, clicks the action to send the Joe Lopez care plan PDF to his PCP in One Step Medical Center. Note that the Watson Care Manager administrator can configure **Share With** values to specify intended recipients for the Care Plan.

2. Clicking **Send** in Watson Care Manager causes the Webhooks framework to trigger an event for Share Care Plan data (to which One Step Medical Center is subscribed and registered to receive notifications). For more information about the Webhooks framework in the context of Watson Care Manager integrations, see "Using webhooks notifications to retrieve data" on page 366.

3. The subscribed customer, One Step Medical Center, is notified of this event via a notification message. The subscribed customer must use the URL in the notification message to call back Watson Care Manager for the updated Care Plan PDF. Because the Care Plan PDF is a snapshot in time of a client's care plan, if an external system user wants to access the most recent care plan for a client, the URL in the most recent webhook event must be used. The URL link that gives the customer access to the care plan PDF does not expire.

4. When the external system user, Joe's PCP, issues the call back, the PDF is generated in Watson Care Manager and sent to the external system user.

   Remember: The Care Plan PDF is not generated when the care manager triggers the share care plan event. When the callback occurs from the external system user, the Care Plan is sent from Watson Care Manager to the specified recipient in the external system.

Inputs to the Care Plan API: mandatory and optional attributes

To receive a client's care plan from Watson Care Manager, the external system user must make two separate API calls to get all of the information related to the client's Share Care Plan PDF.

The first callback is initiated via the URL provided in the notification message and returns certain attributes and associated values to the external system user. Other API attribute values are optional. The following table highlights the mandatory attributes that are returned in response to the first call back from the external system.

Attribute Name	Mandatory or Optional	Comment
Record ID	Mandatory	Mandatory

Attribute Name	Mandatory or Optional	Comment
Original Source System	Mandatory	Defaults to Watson Care Manager. For more information about the Source and Original Source System attributes, see "External system reference identifiers" on page 350.
Source	Mandatory	
Originator	Mandatory	The name of the Watson Care Manager user who generated the Share Care Plan event from Watson Care Manager.
Requested DateTime	Mandatory	The date and time that the Watson Care Manager user generated the Share Care Plan event from Watson Care Manager.
Template Name	Mandatory	The name of the Share Care Plan report template that is selected to be shared with the external system user.
External System Reference for 'Report Template'	Optional	For more information about the External System Reference attribute, see "External system reference identifiers" on page 350.
Share With	Optional	The name of the intended recipient of the Share Care Plan report template in the external system.
External System Reference for 'Share With'	Optional	For more information about the External System Reference attribute, see "External system reference identifiers" on page 350.
Note	Optional	
URL	Mandatory	The URL that must be used when making the second callback to access the Care Plan PDF.

The second callback is initiated via the URL provided from the first callback, and returns the PDF to the external system user. The PDF is generated in Watson Care Manager when the second callback from the external system occurs.

Tip: In the REST API catalog that is referenced below, go to the Care Plan API (Swagger output). Try out the API calls and see the detail of this topic in action!

Error Handling

For more information about the HTTP status codes that indicate success or failure in API calls, see "Error codes" on page 347.

Using webhooks notifications to retrieve data

Webhooks extends the REST API infrastructure to enable you to further integrate your applications with Watson Care Manager. Watson Care Manager uses webhooks to send notifications in real-time when data updates occur in Watson Care Manager so that you can retrieve the latest version of the data.

Before you begin

Before you can receive notifications, certain information is required by Watson Care Manager to allow outbound flow of data from Watson Care Manager to your external application. For more information, see "Required information for API flows" on page 343.

About this task

Watson Care Manager shares only the following data via notifications and REST APIs:

- Assessments
- Client care plans
- Client deletions

  Note: Under data privacy regulations, you are automatically subscribed to client status data notifications, which notify you about client deletions in Watson Care Manager. For more information, see "Subscribing to notifications " on page 260.

- Configurable client data types
- External inquiries
- External referrals
- Programs
- Questionnaires

How Watson Care Manager uses webhooks to interact with your application

When a Care Manager enters or updates data in Watson Care Manager, you receive a HTTP POST notification from Watson Care Manager. After you receive the notification, you must make a HTTP GET request to retrieve the information and update the record in the EMR.

Reviewing the notification message

When a relevant event occurs for a data type that you are subscribed to, Watson Care Manager sends an HTTP POST notification message to the endpoint that you configured for the subscriber. Use the message to determine whether to make an HTTP GET call to retrieve the data.

Example notification message

The following shows an example notification message that is sent by Watson Care Manager. The notification is specific to a create event for a configurable client data type.

```
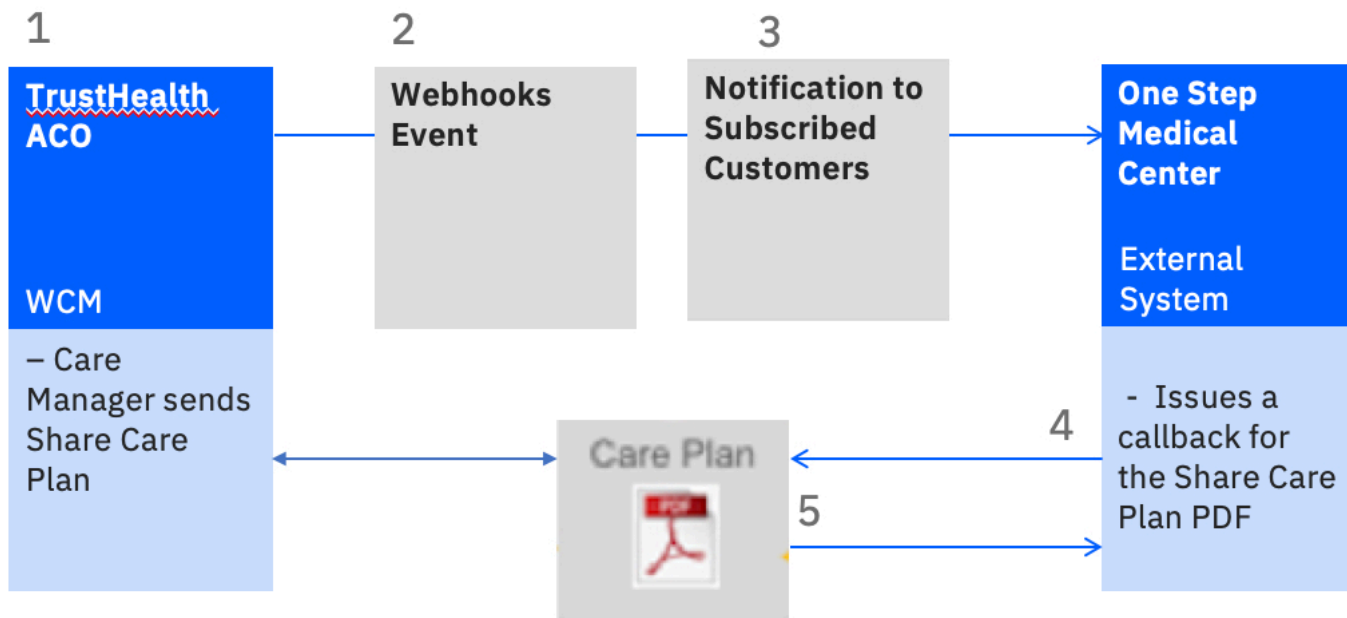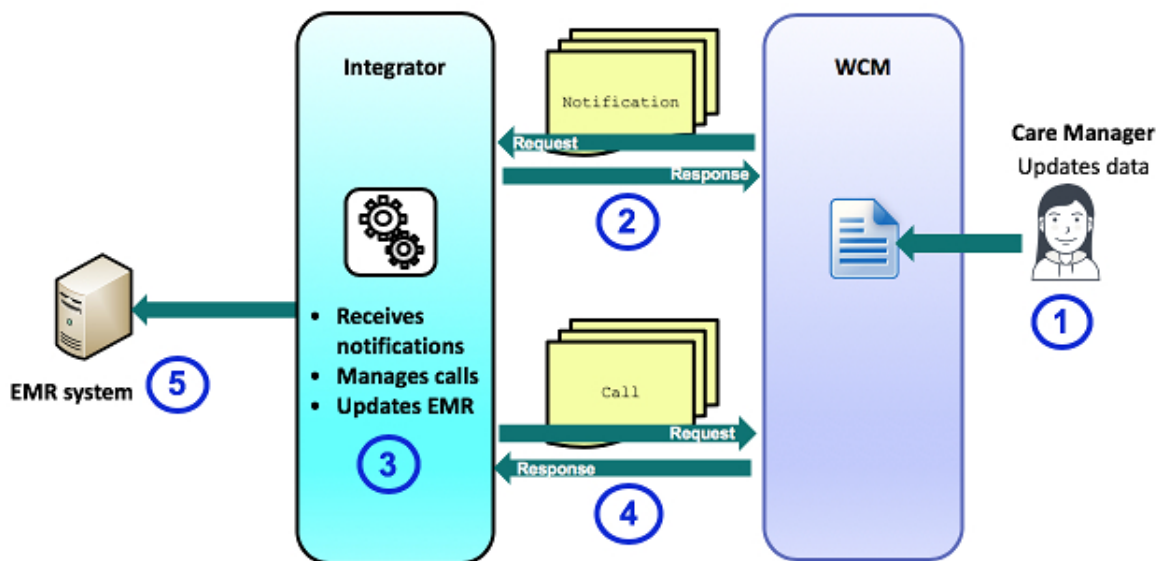{
        "dateTime" : "2019-05-30 14:43:33",
        "source" : "S10000",
        "originalSource" : "OS10000",
        "url" : "/Rest/v1/ees/customdata/ln/520215",
        "type" : " WHDT130003",
        "externalSystemReference":"ESR123FH"
        "action" : "CRUD400000"
}
```

dateTime
> Date and time when the event occurred.

source
> Configured external system reference that uniquely identifies the source of the event, for example, Watson Care Manager. This value is optional and might not be set.

originalSource
> Configured external system reference that uniquely identifies the original source system where the event occurred for the very first time, for example, Quest Diagnostics. This value is optional and might not be set.

url
> URL for the correct API to use to retrieve the data. **Important:** The URL does not contain the entire path and must be prefixed with a valid Watson Care Manager production instance URL. Sample prefix path: `https://{watson-care-manager-URL}/{tenant-instance}`.

type
> Code for the data type that is subscribed to. The external system identifies the event that relates to the notification by its type.
>
> * WHDT130000 - Client Status Data
>
>   **Note:** The client status data subscription triggers a notification when a client is deleted in Watson Care Manager.
> * WHDT130001 - Share Care Plan
> * WHDT130002 - Program
> * WHDT130003 - Client Data Type
> * WHDT130004 - External Referral
> * WHDT130005 - Assessment
> * WHDT130006 - Questionnaire
> * WHDT130007 - External Inquiry

externalSystemReference

Configured external system reference that uniquely identifies a client data type that the subscription relates to. Only displayed for messages that relate to configurable client data type updates.

action

Code for the action that generated the event. For example, Create, Read, Update, or Delete.

- CRUD400000 - Create
- CRUD400001 - Read
- CRUD400002 - Update
- CRUD400003 - Delete

Note: If **source** and **originalSource** values are available, you can determine whether to retrieve data based on where the event occurred. For example, your third-party application might send data updates to Watson Care Manager through another Watson Care Manager API. If your application is also subscribed to notifications for the data type, Watson Care Manager will notify you about the update when your application already has the latest version of the data. Therefore, you might decide to only retrieve data updates that occurred in another application.

Retrieving data updates

To retrieve the data updates, you must use a suitable API from the Watson Care Manager REST API catalog. Currently, only certain APIs are supported for use with webhooks.

About this task
See the REST API catalog for the APIS that are supported for use with webhook notifications.

Integrating Watson Care Manager with your organization's identity provider

By default, the IBM App ID service authenticates users when they sign in to Watson Care Manager applications. If your organization has a Federated Identity Management arrangement with a third-party SAML identity provider like Keycloak, you can request that Watson Care Manager integrate with your identity provider. This means that your identity provider authenticates users' access to Watson Care Manager and other applications used by your organization, not IBM App ID.

About this task

You can request that Watson Care Manager integrate with a single identity provider for your organization. With this integration, users can sign in to Watson Care Manager with the user ID or email address that is stored by your organization's identity provider. For example, a username that is associated with your organization and not Watson Care Manager only. Your identity provider determines and manages users' password reset process and password rules.

Assuming they have access to both applications, users can SSO between Watson Care Manager and the Watson Care Manager Reporting applications, without having to sign in separately to each. **Note:** This integration does not support SSO between Watson Care Manager applications and the Connect applications.

To take advantage of this integration, complete the procedure.

Procedure

1. Request that Watson Care Manager integrate with your identity provider by submitting a case on the Watson Health Support Portal.
2. Ensure that the items in "Required information to integrate with your organization's identity provider" on page 369 are exchanged between you and Watson Care Manager. You must work with your IBM client executive to do this.

3. In addition, you must provide your IBM client executive with the details of a Security Administrator user for Watson Care Manager. You can nominate any user in your identity provider.
4. Then, onboard the user accounts from your identity provider to Watson Care Manager. Choose an option.

- Automatically onboard the user accounts by using the Federated Users API.

    a. Familiarize yourself with "Integrating via Watson Care Manager REST APIs" on page 342. In particular, " API security and access" on page 343.

    b. Review the Federated Users API swagger documentation in the API Catalog.

- Alternatively, as a Security Administrator, you can manually onboard the user accounts to the Security Administrator workspace instead of using the API. For more information, see Creating user accounts. The user's email address must match the email address that is stored by your identity provider.

Results

Onboarded users can sign in to Watson Care Manager with their credentials that are stored by your organization's identity provider. For more information see "Signing in to your account with SSO" on page 16.

Required information to integrate with your organization's identity provider

For Watson Care Manager to complete this integration, you must provide information about your identity provider to us and we need to share information with you. You must agree the method of exchange for confidential information with your IBM client executive at the time of engagement.

Information about your identity provider

You must provide the following information to us about your organization's identity provider:

- SAML entity ID - The globally-unique SAML entity ID for your organization's identity provider. To obtain the SAML entity ID, see your identity provider's user documentation.
- Sign-in URL - The URL to redirect users to for authentication purposes. When redirected to this URL, users are presented with your identity provider's sign-in page. To obtain this information, see your identity provider's user documentation.
- SAML certificate - The signing certificate from your organization's identity provider. Download the certificate from your identity provider and ensure that it is in .pem format.

Information that you require from Watson Care Manager

Watson Care Manager provides App ID SAML XML metadata to you which includes its entity ID, App ID call back URL, and certificate. Use the information in the XML snippet to configure your organization's identity provider. For information about how to do this, see your identity provider's user documentation.

Chapter 6. Watson Care Manager Bring your own tool (BYOT) reporting

Bring your own tool (BYOT) reporting enables you to choose a business intelligence (BI) tool. Use your chosen Business Intelligence (BI) tool to analyze IBM Watson Care Manager data and create custom reports and dashboards.

Note: From July 1 2022, for BYOT documentation updates, see the WH Support Docs site.

Using BYOT reports makes it easier to access your data and also gives you the flexibility to use the reporting tools that best suit the needs of your organization. In addition, by using BYOT, there is no need to up skill to use external reporting tools and you can choose the frequency of report generation.

You can use the IBM Watson Care Manager database to facilitate the generating of reports by using many different reporting tools. The IBM Watson Care Manager data is hosted in the IBM Watson Care Manager reporting data warehouse and can be accessed by using reporting tools such as Power BI, Jasper Soft, or BIRT.

You have a choice of three BYOT integration methods. Use one of these connection methods to connect your BI Tool to the IBM Watson Care Manager reporting data warehouse and generate reports. To help you choose the correct integration method for your organization, use the evaluation criteria that are outlined in Choosing an integration method. The following are the BYOT integration methods.

Direct BI tool connection
    The client BI tool reads directly from the IBM Watson Care Manager reporting data warehouse.

Federated
    Customer BI tool reads from their own federated database to the IBM Watson Care Manager reporting data warehouse.

Data download
    Create a program to extract the report data from the IBM Watson Care Manager reporting data warehouse.

Choosing an integration method

You can choose from three BYOT integration methods to connect your business intelligence (BI) tool of choice to the IBM Watson Care Manager reporting data warehouse, and generate reports in your BI tool.

To help you decide which BYOT method is most appropriate for your organization, see the following table.

Table 16. Evaluation criteria				
Integration method	**Data volumes**	**Latency**	**Report execution time**	**Resources**
1. Direct integration	Lower	Based on client-geographical region	Medium	Low
2. Federated data	Lower	Medium	Medium	Medium
3. Data download	Higher	Fast	Quickest	High

Review the following descriptions to give you a better understanding of the evaluation criteria:

Latency
    To understand the latency of your data, you must first understand your geographical location in relation to the location of the data center in which the reporting warehouse is deployed. Encrypted data is sent from the IBM Watson Care Manager reporting data warehouse to the BI tool by the public internet. Latency is the time that it takes for data to transfer from the IBM Watson Care Manager

reporting data warehouse to the BI tool, for example, from the IBM Dallas data center to a client who is located in California. Contact your client representative who can provide an example of latency test results. For US customers, the IBM Watson Care Manager application and IBM Watson Care Manager reporting data warehouse are both deployed in the IBM Watson Care Manager Dallas data center.

Data volumes

Data volumes refer to the number of first-class business records that you report against, for example, the number of patients, the number of notes or touchpoint records, or the number of assessment records. Reports or dashboards that display aggregated data only result in a few records that are sent to the client's BI tool. However, if you have many reports that list raw transaction data, it is an important consideration. Smaller clients might have less than 2,000 lives under care, medium-sized clients 2,000 - 5,000 lives under care and larger clients over 5,000 lives under care.

Reporting execution time

Reporting execution time refers to the time it takes to run a report. Some reports are run interactively where the data is rendered directly on your client work station and in some cases your BI tool might support running reports in batch mode. Organizations have different requirements on report execution time. Some organizations mainly run reports nightly, or daily, and in these cases reports taking over 30 + seconds are acceptable. Other organizations who embed reports into applications might require some reports to run within a 5-second window. You must understand your report requirements in terms of report execution time.

Skills and staff availability (resources)

Skills and staff availability refers to your organization's availability of skill resources for your BI tools. What rational database management system (RDBMS) administrator skills are available to review the federation option? Do you have skills in data integration in the form of ETL skills and skills to create a client download program? The availability of skills and resources influences the choices of your initial integration method.

Examples to help choose the best integration method for your organization

Direct integration

Direct integration is appropriate for the smaller client, for example, who has one staff member who allocates 50 percent of their time to run reports for the practice manager. The data volumes are smaller and report execution times are not critical as the staff member prepares report in advance for the practice manager.

Federated data

Federated data is appropriate for the medium-sized client with a local relational database that can be configured as a federated database system. The federated data integration method enables you to join existing data to IBM Watson Care Manager data. A federated database management system (DBMS) consists of a database instance that operates as a federated server, and a database that acts as the federated database, in this case the IBM Watson Care Manager reporting database. When configured, the federated database presents the database objects (known as nicknames) locally through a remote connection to the IBM Watson Care Manager reporting database. Federated data can also be used to present data locally from other client databases.

Data download

Data download is appropriate for the larger client who needs the greatest flexibility to use and mix IBM Watson Care Manager data with other local data. Data download provides the fastest report execution time possible. It is appropriate for an organization with skilled resources available to craft both a client download program and a local database schema. You can download only changed data to avoid large daily data transfer volumes.

How data is refreshed in the warehouse

The IBM Watson Care Manager SaaS offering includes a warehouse for BYOT workloads. A data refresh cycle runs every 2 hours that copies data from the application to the warehouse. The refresh is run every two odd hours, for example 9AM and 11AM.

The application data that is recorded after the last refresh date is not available. Coordinated Universal Time (UTC) is the time standard that is used in all reports that display a time.

Click here to see the Data Refresh view.

Configuring integration method options

The Db2 user ID and password authorize your access to the IBM Watson Care Manager reporting data warehouse. Before you can interact with the data warehouse, you must form a connection that uses the URL, port number, database name, and schema name. Your client executive provides all the relevant information.

Before you begin
Depending on the method used to run reports, certain information is required to integrate your external system with the IBM Watson Care Manager reporting data warehouse.

For setting up the flow from your system to the IBM Watson Care Manager reporting data warehouse, you must configure a specific IBM Watson Care Manager reporting data warehouse (URL), port number, database name, and schema name in your application. Your client executive provides you with the information once you submit a case on the Watson Health Support Portal.

For inbound TLS authentication purposes, you are provided with a user ID and password to secure the connection.

For secure network connectivity and allowlist purposes, you must provide the IP address of your application to your client executive.

About this task
To form a connection with the IBM Watson Care Manager reporting data warehouse, choose the appropriate option to retrieve the report data:

Procedure

- **Direct connection:**
  a) Obtain your IBM Watson Care Manager data warehouse (URL), port number, database name, and schema name from your client executive.
  b) Using the IBM Db2 database connector within your selected tool, enter the required information. A successful response provides access to the data views within your schema name.
- **Federated data:**
  a) Obtain your IBM Watson Care Manager data warehouse (URL), port number, database name, schema name, and list of views from your client executive.
  b) Using a federated database, enter the required information to set up the federation server.
  c) Create a nickname for each view that is required from the list of views. See the IBM Watson Care Manager reporting data catalog here. A successful response provides access to the view within your schema name.
- **Data Download**
  a) Obtain your IBM Watson Care Manager data warehouse (URL), port number, database name, and schema name from your client executive.

b) **Note:** You must download only changed data to avoid large data transfer volumes. You can use the ingestion time attribute on each view to manage downloading only the data that was changed since the last download.

Enter the required information into your development script. A successful response provides access to the data views within your schema name.

Watson Care Manager data

Use the views available in the Watson Care Manager data warehouse to create custom reports and dashboards. A view is a group of related attributes that are used to create reports, for example, the Tasks views contain attributes that collectively display task information in reports.

The following are the views available in the Watson Care Manager reporting data catalog, which is available here.

Alerts

Groups attributes that relate to a client's alert details such as the alert name, priority, names of teams members who are notified about the alert, and the team member who created the alert. Use the attributes in the Alerts views to create Alert reports.

Assessments and questionnaires

Groups assessments and questionnaires attributes, for example, questions or answers. Use the attributes in the Assessments and Questionnaires views to create Assessments and Questionnaires reports.

Barrier

Groups barrier attributes, for example, category or status. Use the attributes in the Barrier views to create Barrier reports.

Client actions

Groups attributes that relate to client actions, such as the name, category, status, and completion details for the action. Client actions also includes the Barrier and Progress comments views that enable you to identify barriers that are associated with the action and progress comments that are recorded for the action. Use the attributes in the Client actions view to create Client actions reports.

Client data

Groups attributes that relate to a client's demographic information, address, and contact information along with referral and utilization information for the client. It also contains a view that groups data that relates to tags recorded for clients and a view that groups data that shows who requested emergency access to a client and when. Use the attributes in the Client data views to create Client reports.

Consents

Groups attributes that relate to the client's consent, such as the consent type, status, expiry, and description of the consent record. Consents also includes the Consent attachment and Consent histories views. The Consent attachment view enables you to identify attachments that are provided to support the client's consent. The Consent histories view enables you to view when the consent record was updated, by whom, and the current status of the consent record. Use the attributes in the Consents views to create Consents reports.

Custom data

Groups attributes that relate to information captured in respect of a custom client data type, such as the custom data type name, attribute name, or position. Use the attributes in the Custom data view to create Custom data reports.

Data Refresh

Groups attributes that relate to when data was last refreshed such as the date and time of the last refresh and the status of the refresh. Use the attributes in the Data Refresh view to understand when data was last copied from the application to the reporting warehouse.

Goals

Groups attributes that relate to information captured in respect of a client's goals, such as the goal type, source, and progress, along with team action, client action and progress comments views that allow you to identify team and client actions that are associated with the goal and progress comments recorded for the goal. Use the attributes in the Goals view to create Goals reports.

Inquiries

Groups attributes that relate to inquiries, such as the inquiry ID, service name, expected start date, frequency of the service, and the number of units to be delivered, sent by the care team to providers to solicit services for their clients. The Inquiries view also includes the Inquiry Comments and Inquiry Responses views that group attributes related to inquiry comments and inquiry responses from providers. Use the attributes in the Inquiries view to create Inquiries reports.

Notes

Groups attributes that relate to a note such as the priority, subject, status, and content text for the note and comments recorded for the note. Use the attributes in the Notes view to create Notes reports.

Program

Groups attributes that relate to a client's programs such as the program name, program enrollment status, and the completion date, along with goal, team action, client action, touchpoint and barriers views that allow you to identify goals, team actions, client actions, touchpoints and barriers that are associated with the program. Use the attributes in the Program views to create Program reports.

Providers

Groups attributes that relate to a provider's details such as the provider name, status, contact details, and the team member who created the provider. Use the attributes in the Provider views to create Provider reports.

Services

Groups attributes that relate to services details such as the service name, description, status, start date, and the team member who created the service along with goal and barrier views that allow you to identify goals and barriers that are associated with the service. Use the attributes in the Services views to create Services reports.

Task

Groups attributes that relate to a task's details such as the task name, priority, category and whether the attributes are assigned to a role or a user. Use the attributes in the Tasks views to create Tasks reports.

Team and users

Groups attributes that relate to a user's details, such as their login ID, which workspaces they have access to, or what team role they are assigned. Use the attributes in the Team and user views to create Team and user reports.

Team actions

Groups attributes that relate to team actions, such as the name, category, status, and completion details for the action. Team actions also includes Barrier and Progress comments views that enable you to identify barriers that are associated with the action, and progress comments that are recorded for the action. Use the attributes in the Team actions view to create Team actions reports.

Touchpoints

Groups attributes that relate to a touchpoint such as the subject, who the contact was with, the contact method, status, content text for the touchpoint and comments recorded for the touchpoint. Use the attributes in the Touchpoints view to create Touchpoints reports.

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