Watson™ Care Manager

November 2022 documentation updates

Note

Before using this information and the product it supports, read the information in Notices *(on page dcxviii)*

Edition

This edition applies to Watson™ Care Manager.

Contents

Chapter 1. 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 *(on page 17)*. 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.

Chapter 2. 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 1. 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.

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 static IP address of your application to your client executive.

To form a connection with the IBM Watson® Care Manager reporting data warehouse, choose the appropriate option to retrieve the report data:

- **Direct connection:**

  1. Obtain your IBM Watson® Care Manager data warehouse (URL), port number, database name, and schema name from your client executive.

  2. 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:**

  1. Obtain your IBM Watson® Care Manager data warehouse (URL), port number, database name, schema name, and list of views from your client executive.

  2. Using a federated database, enter the required information to set up the federation server.

  3. 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**

  1. Obtain your IBM Watson® Care Manager data warehouse (URL), port number, database name, and schema name from your client executive.

  2. > **✎ 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.

Chapter 3. 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. The Client data views also include 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 data reports.

Clinical and Vital

Groups attributes that relate to clinical and vital data recorded for a client, for example, medication, allergy, health conditions, height, and heart rate. Use the attributes in the Clinical and Vital views to create Clinical and Vital 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 views include the Inquiry Comments and Inquiry Responses views that group attributes related to inquiry comments and inquiry responses from providers. The Inquiries views also include the Shortlisted Providers view that groups attributes related to providers that are shortlisted by the client or the care team for consideration. 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. The Providers views also include a view that groups attributes that relate to users of the Connect Provider application, such as the user's name, phone number, and email address. Use the attributes in the Providers views to create Providers 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.

Chapter 4. Configuring

As an administrator, you must configure all of the items and settings that are required for your organization's programs, care plans, data capture, care teams, and work items for care managers and supervisors.

Configuring programs

You can configure a library of programs for use in care plans. A program is a care delivery strategy that is designed to deliver a specific client outcome.

Related information

Creating programs

You can create a program and define the structure and content of the program, which consists of modules, assessments, and questionnaires. You can specify whether program graduation applies to the program.

As you create programs, you can configure a program graduation option to enable the care team to 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 their actions and tasks to complete the program.

You can associate an external system reference with a program that you are creating so that incoming program data from an external API can be mapped to the configured program in Watson Care Manager.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Programs**.
   The list of programs is displayed.
3. Click **New** to create a program.
   The **New Program** page is displayed.
4. Enter a name for the program, and a description.
5. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.
   When sending a program as an API attribute, the external system identifies the program by its external system reference.

6. Select **Graduation Applies** to indicate that a client can graduate from the program when the client's participation is complete.

7. Click **Save**.

8. Select the program in the list of programs.

The program home page opens.

9. Select the **Content** tab, and add program content by completing the following steps.

   - a. Click **New Module** and enter a name and description for the new module.

     b. Click **Add Content** in the **Actions** menu of the module.

     c. Select some content to add to the module, such as assessments and questionnaires.

10. To reorder the sequence of modules, or questionnaires or assessments in a module, do one of the following steps:

    - Click **Reorder** to reorder the sequence of modules in a program. In the **Reorder Modules** page, drag and drop modules to position them in your preferred order.
    - Click **Reorder** in the **Actions** menu of any module. In the **Reorder Module Content** page, drag and drop content items to position them in your preferred order.

    This action is not available if no content or only one content item is associated with the module.

Generating goal suggestions from programs

You can configure goal suggestions to be automatically added to a program in a client's care plan.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Programs**.

   The list of programs is displayed.

3. Select a program.

   The program home page opens.

4. Select the **Suggestions** tab, and add goal suggestions by completing the following steps.

   - a. Click **Recommend Goal** and search for and select a goal to suggest from a predefined list of goals.

     b. Select **Automatically Add** to cause the goal to be automatically added to the program.

     c. Enter a reason for the goal.

5. Click **Save**.

Generating tasks from programs

You can configure tasks to be automatically created based on any program status. Tasks are added to the appropriate task lists when the program is set to that status for the client.

Tasks are not added for existing clients where programs are already in the status. If you want new tasks to be applied to existing clients, you must complete the program and enroll the client again.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Programs**.

   The list of programs is displayed.

3. Select a program.

   The program home page opens.

4. Select the **Tasks** tab, and trigger tasks to be created based on program status by completing the following steps.

   a. Click **Add**.

   b. Search for and select a task.

   c. Set the task to be created as open or closed. For example, the task **Request client to start program** can be closed as a result of enrolling a client in a program. By default, tasks are created as open.

   d. Select a program status to trigger the creation of the task:

      ▪ Assigned

      ▪ Pending

      ▪ Enrolled

      ▪ Completed

      ▪ Disenrolled

      ▪ Not Enrolled

   e. From the list of available care team roles, select a role to assign the task to. Only care team roles that are currently assigned to users are available to choose. Tasks are added to the unassigned list for users with that care team role who can accept and complete the task.

   f. Click **Add**.

   You can remove a task by clicking the **Actions** menu of the task, and selecting **Remove**.

Related information

Program lifecycle *(on page 364)*

Modifying programs

You can update the name and description of a program, and revise the structure and content of the program, which consists of modules, assessments, and questionnaires. You can specify whether program graduation applies to the program.

For updated modules, assessments, and questionnaires to become available in the guided flow for existing clients, a care team member must complete the program and assign it to the client again. The progress through the program is maintained, any assessments and questionnaires that were run in the previous version are preserved.

As you create programs, you can configure a program graduation option to enable the care team to 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 their actions and tasks to complete the program.

You can associate an external system reference with a program that you are creating so that incoming program data from an external API can be mapped to the configured program in Watson™ Care Manager.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Programs**.

   The list of programs is displayed.
3. Select a program.

   The program home page opens.
4. To modify the program details,click **Edit**.

   a. Modify the name and description.

   b. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.
   When sending a program as an API attribute, the external system identifies the program by its external system reference.

   c. Select **Graduation Applies** to indicate that a client can graduate from the program when the client's participation is complete.

   d. Click **Save**.

5. To modify the program content, select the **Content** tab and do one or more of the following steps:
   ◦ Click **Reorder** to reorder the sequence of modules in a program. In the **Reorder Modules** page, drag and drop modules to position them in your preferred order.
   ◦ Choose an option in the **Actions** menu of a module:
      ▪ Click **Edit Module**, update the module name or description, and click **Save**.
      ▪ Click **Add Content**, and select the check box of modules to add them. Click **Save**.

- Click **Reorder** to reorder the sequence of questionnaires or assessments in a module. In the **Reorder Module Content** page, drag and drop content items to position them in your preferred order.

  This action is not available if no content or only one content item is associated with the module.

- Click **Delete** to delete the module.
- Expand a module and click **Remove** to remove the content item.

Modifying goal suggestions for programs

You can update suggested goals for a program. Your changes do not affect existing clients.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Programs**.
3. Select a program.

   The list of programs is displayed.
4. To modify the suggested goals for the program, select the **Suggestions** tab.
   a. Click **Edit** in the **Actions** menu of the suggestion.
   b. Select or clear the **Automatically Add** option, as needed.
   c. Modify the reason for the goal, as needed.
   d. Delete a goal suggestion by clicking the **Actions** menu of the goal suggestion, and click **Delete**.

Deleting programs

You can delete a program from the library. The program is no longer available for new clients. For existing clients, the program remains in the same state.

For existing clients, the program content is unaffected and any assessments or suggestions that were previously conducted are preserved. Any suggested goals or actions for that program are no longer suggested, unless they are also suggested by a different program.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Under **Care Planning**, click **Programs**.

   The programs library is displayed.
3. Select the **Actions** menu of the program that you want to delete, and click **Delete**.
4. Click **Yes** to confirm.

Configuring program closure settings

Enable the program closure settings so a care team member can close any open items a client may have when they are updating a client's program status.

Manage program closure settings to enable the care team to quickly remove care team members and their open assigned/unassigned items when updating a client's program status to Disenrolled, Completed or Not Enrolled. Use the Show and Hide actions to display the additional program closure options to the care team for each applicable status, or to hide them from view.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Programs > Program Closure Settings**. The **Display** state indicates whether configured closure settings are currently Shown and available to the care team to use, or Hidden and unavailable. By default, **Display** is set to Hidden
3. Use the **Show** and **Hide** actions to display the program closure settings to users or hide it from view.
   - To hide the program closure settings, from the row **Actions** menu, select **Hide**.
   - To show the program closure settings, from the row **Actions** menu, select **Show**.

Configuring program status change reasons

When a care team member changes the program status of a client in Watson™ Care Manager, a reason can be recorded. You can configure and manage a library of reasons that indicate why a client's program status is changed in the application. You can configure program status change reasons for certain program statuses. For instance Completed, Re-enrollment (when you are re-enrolling a client), Not Enrolled and Disenrolled.

Creating client program status change reasons

If a suitable client program status change reason does not exist in the library of configured reasons that come with the product, you can add a new reason. The reasons that you configure become available to the care team to select when they change the program status of a client.

The program status change reasons that are available by default when re-enrolling a client in a program are as follows: Opted In, Other.

> **Note:**
> these reasons are available when a care team member changes a client's program status to **Enrolled** during re-enrollment.

The program status change reasons that are available by default when a client is not enrolled in the program are as follows: Assigned In Error, Deceased, Declined, Met Exclusion Criteria, Non-Responder, Error.

The program status change reasons that are available by default when a client is disenrolled from the program are as follows: Assigned In Error, Deceased, Declined, Met Exclusion Criteria, Non-Responder, Error.

If a client completes a program, you can record a reason for their completion.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Programs > Program Status Change Reasons**. The **Display** state indicates whether configured reasons are currently Shown and available to the care team to use, or Hidden and unavailable.
3. To add a new program status change reason, click **New**.
4. Enter a unique reason that does not duplicate any existing program status change reason in the library. From the Program Status list options, you can categorize the reason that you are adding as Completed, Re-Enrolled, Not Enrolled, or Disenrolled.
5. In the External System Reference field, you can associate an external system reference with the reason you are creating; enter a unique reference number of up to 20 alphanumeric characters. When sending program details in an API, the external system identifies the program status change reason by its external system reference.
6. Click **Save** to add the program status change reason to the library. The Program Status Change Reason list refreshes.
7. Use the **Show** and **Hide** actions to display the program status change reason to users or hide it from view.
   ◦ To hide the program status change reason, from the row **Actions** menu, select **Hide**.
   ◦ To show the program status change reason, from the row **Actions** menu, select **Show**.
   You cannot show or hide the Other reason so that a user can always enter a reason in the Other field.
8. To reorder the sequence of program status change reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying client program status change reasons

You can update a program status change reason. When you change a program status change reason in the library of configured reasons, all existing instances in client records are updated.

The default program status change reasons that come with the product can be edited: Opted-In, Assigned In Error, Deceased, Declined, Met Exclusion Criteria, Non-Responder.

> ✏️ **Note:**
> The Other program status change reason cannot be edited.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Programs > Program Status Change Reasons**. The **Display** state indicates whether configured reasons are currently **Shown** and available to the care team to use, or **Hidden**. The External System Reference displays the external system reference that is associated with the reason. When you send a program status change reason as an API attribute, the external system identifies the reason by its external system reference.
3. To modify an existing program status change reason, from the row-level actions menu, click Edit. The program status change reason page opens. If you click **Save**, the list page is refreshed to display the updated program status change reason with corresponding External System Reference, if it is updated. You cannot edit the Other reason.
4. If required, you can create a new reason to add to the library of configured reasons within each category. See Creating client program status change reasons *(on page 30)*.
5. Use the **Show** and **Hide** actions to display the program status change reason to the care team or hide it from view.
   ◦ To hide the reason, from the Actions menu, select **Hide**.
   ◦ To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of program status change reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring assessments

You can configure a library of assessments that care teams can use to help them to assess a client's needs. Assessments capture client information to generate results or scores. You can configure an assessment with or without a script. You can configure the assessments, scripts, conditional questions, measures, and assessment suggestions.

Configure assessments with a script to capture questions and answers and generate scores for specific measures. Configure assessments without a script so that only an assessment score can be recorded when the assessment is conducted outside Watson™ Care Manager. When an assessment is configured without a script, a score is manually entered for specific measures and the overall assessment score and results are generated. You can work with a draft version of an assessment without affecting the current active version.

Related information

Creating assessments

Assessments are versioned so that you can work on assessments without affecting the current active version. When you create an assessment, a draft version of the assessment is automatically created.

Draft assessment versions are in an **In Edit** state and the current active versions are in an **Active** state. You can configure only a version of a questionnaire that is in the **In Edit**, or draft, state. Only one **In Edit** version can exist.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Click **New**.

   The **New Assessment** page is displayed.
4. Enter a name for the assessment and a description, as needed.

   Descriptions can be up to 500 characters long.
5. If applicable, in the **External System Reference** field, associate an external system reference with the assessment record that you are creating. Enter a unique reference number of up to 20 alphanumeric characters.

   When sending an assessment as an API attribute, the external system identifies the assessment by its external system reference.
6. Choose an appropriate version type for this assessment.
   - Choose **Script** if this assessment version is a script that will contain questions and answers.
   - Choose **Score Only** if this assessment is configured without a script so that the care team can record an assessment score only. A care team might want to configure a Score Only assessment version if they're conducting a paper-based assessment with a client and only want to record a score for the assessment without running a script in Watson™ Care Manager.
7. In the **Display History Across Programs** field, enter the time period (in days) in which to display historical completed assessments to the care team.

   This option restricts the historical completed assessments that are available to a care team before they complete the assessment on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the assessment from the new

program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the assessment on a new program. **Note:** Depending on the value that you enter, some or all historical versions of the assessment might be unavailable to the care team until they complete the assessment for the first time on the program. When completed, all historical versions of the assessment are displayed.

8. You can select the **Prefill Answers** check box to prefill the assessment answers with the most recent answers when care teams repeat the assessment. You can override this configuration at the question level in the configured assessment.

9. Click **Save**.

After you finish configuring an assessment version, you must activate the version to make the assessment available for use.

Related information

Configuring assessment question scripts

You can script the assessment questions and answers, and configure their sequence and answer type. You can also add an attribution for the assessment, if required.

Configuring assessment questions

You can add assessment questions and flag a question to make it optional or conditional. You can edit and delete questions.

Adding assessment questions

Create the assessment questions, associate them with the correct answer types, and configure them as optional or conditional. You can use color to emphasize assessment questions or information, and you can provide links to external websites for more information.

It is important to enter the questions in the correct sequence. Questions are displayed in the order that you enter them. You must enter conditional questions directly after the questions that call them. To call conditional questions, you must choose a user-defined answer type. The default answer types cannot be used to call conditional questions.

You can enter up to 80 questions, and you can use color to highlight the importance of certain questions or information in the assessment.

> ⚠️ **Important:**
>
> If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of the question or information. State the importance of the question or information in the text.

For each question, you can see the answer type and whether the question is optional or conditional. You can expand a question to see more details. For user-defined answer types, the answer options are displayed.

For each question, you can configure up to three hyperlinks to external websites so that a care team can link individuals to supplementary reference information.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
   - If an **In Edit** version exists, click the assessment name to open the in-edit version.
   - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.
5. Click **New Question** to create a question.

   The **New Questions** page opens.

   a. Enter the question text.

   b. From the **Question Color** list, choose the color in which to display the question text for added emphasis.

      Text color defaults to black. You can change the color.

   c. Select options as needed:

      ▪ From the *Answer Type* list, choose **Check Box**, **Date**, **Decimal**, **Multiple Line Text**, **Number**, **Text**, **Text (No Answer)**, or a user-defined answer type. **Multiple Line Text** fields have a limit of 4000 characters.

      A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

> **Note:**
> You can leave the **Answer Type** field blank. Later, you can associate any
> answer type with the question.

- ▪ If you selected **Prefill Answers** when you created the assessment, by default all
  answers to the assessment questions are prefilled with the most recent responses
  when care teams repeat the assessment. The **Prefill Answer** option allows you
  to override the assessment level configuration for the answer to this question if
  needed. You can choose to always prefill the answer to this question, never prefill the
  answer to this question, or choose the assessment configuration. If you choose the
  assessment configuration, the answer to this question will be prefilled (if previously
  answered) or not based on the assessment configuration. Your selection is effective
  the next time care teams repeat the assessment.
- ▪ **Optional** makes the question optional. Clear the check box to make the question
  mandatory.
- ▪ **Conditional** makes the question display only if a client answers in a certain way to
  a previous question that drives the condition. (You associate a conditional question
  with a specific question. Go to the **Conditions** tab to associate the conditional
  question with a principal question.)

d. Enter information about the question, as needed.

e. From the **Information Color** list, choose the color in which to display the informational text
for added emphasis.

f. In each **Reference URL** field, provide a link to an external website that contains
supplementary reference information. Enter the hyperlink in this format: `https://
www.example.com`.

The hyperlinks that you define to support a question are displayed in plain text and are not
clickable. To the care team, the links display as clickable links.

g. Select **Add** to add each question and **Save** to save your questions when complete.

Adding read-only instructional text to an assessment

When running an assessment with a client, the care team might need read-only instructional text to be
displayed in any sequence on the assessment script. You can configure an assessment script to include
instructional text in the place of a question, and specify that no answer is required of the client.

For example, suppose that a client with diabetes need not answer some questions in an assessment script because those questions don't apply to individuals with that medical condition. In the place of a question in the script, you can specify the read-only instructional text to inform the client about which questions to skip.

No answer type is required to follow the instructional text that you specify.

1. Sign in with your administrator credentials.

    Your home page opens.

2. Click **Assessments**.

    The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

    ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.

    ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

    The assessment's **Script** tab is displayed.

5. Click **New Question** in the drop-down menu to open the **New Questions** page.

    a. In the **Question** field, enter the read-only instructional text instead of a question.

    b. From the *Answer Type* list, choose **Text (No Answer)**.

    c. Select **Optional** because the answer type of **Text (No Answer)** means that a client's answer is not mandatory.

    d. Enter information about the instructional text, as needed.

    e. Select **Add** to add the read-only text and **Save** to save the assessment when complete.

6. **Optional:** Select **Validate** to validate the assessment version.

Editing assessment questions

You can update the questions or information in an assessment, and reorder the sequence in which the questions are displayed. You can use color to emphasize questions or information, and you can provide links to external websites for more information.

It is important to enter the questions in the correct sequence. Questions are displayed in the order that you enter them. You must enter conditional questions directly after the questions that call them. To call conditional questions, you must choose a user-defined answer type. The default answer types cannot be used to call conditional questions.

You can enter up to 80 questions, and you can use color to highlight the importance of certain questions or information in the assessment.

> ⚠ **Important:**
>
> If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of the question or information. State the importance of the question or information in the text.

For each question, you can see the answer type and whether the question is optional or conditional. You can expand a question to see more details. For user-defined answer types, the answer options are displayed.

For each question, you can configure up to three hyperlinks to external websites so that a care team can link individuals to supplementary reference information.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

   ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.

   ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.

5. Select **Edit** in the **Actions** menu of any row in the **Questions** section.

   The **Edit Question** page opens.

   ◦ Modify the question text, and to emphasize a question as important, from the **Question Color** list, choose the color in which to display the text.

   ◦ Modify the answer type for the question. Available answer types are **Check Box**, **Date**, **Decimal**, **Multiple Line Text**, **Number**, **Text**, **Text (No Answer)**, or user-defined answer types.

   A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

   ◦ If you selected **Prefill Answers** when you created the assessment, by default all answers to the assessment questions are prefilled with the most recent responses when care teams repeat the assessment. You can choose to always prefill the answer to this question, never prefill the answer to this question, or choose the assessment configuration. If you choose the assessment configuration, the answer to this question will be prefilled (if previously

answered) or not based on the assessment configuration. Your selection is effective the next time care teams repeat the assessment.

- ◦ **Optional** makes the question optional. Clear the check box to make the question mandatory.
- ◦ **Conditional** makes the question display only if a client answers in a certain way to a previous question that drives the condition. (You associate a conditional question with a specific question. Go to the **Conditions** tab to associate the conditional question with a principal question.)
- ◦ Enter information about the question, as needed.
- ◦ From the **Information Color** list, choose the color in which to display informational text for added emphasis.
- ◦ In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

    The hyperlinks that you define to support a question are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

6. To reorder the sequence of questions in the assessment, click **Reorder Questions**.
   The **Reorder Questions** page opens. Drag and drop the questions to position them in your preferred order.

Editing read-only instructional text in an assessment

When running an assessment with a client, the care team might need read-only instructional text to be displayed in any sequence on the assessment script. You can update an assessment script to include instructional text in the place of a question, with no answer required of the client by design.

For example, suppose that a client with diabetes need not answer some questions in an assessment script because those questions don't apply to individuals with that medical condition. In the place of a question in the script, you can specify the read-only instructional text to inform the client about which questions to skip.

No answer type is required to follow the instructional text that you specify.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Assessments**.
   The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

   ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.
   ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.
5. Click **Edit** in the **Actions** menu of the instructional text entry to open the **Edit Question** page.
6. In the **Question** field, update the details of the instructional text as needed.
7. From the *Answer Type* list, select **Text (No Answer)**.
8. Select **Optional** because the answer type of **Text (No Answer)** means that a client's answer is not mandatory.
9. Select **Add** to add the updated text and **Save** to save the assessment when complete.
10. **Optional:** Select **Validate** to validate the assessment version.

Deleting assessment questions

You can delete questions from an assessment.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.

   ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.
   ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.
5. Click **Delete** in the **Actions** menu of any row in the **Questions** section.

   The selected question is removed from the version of the assessment that you are working on.
6. **Optional:** Select **Validate** to validate the assessment version.

Configuring user-defined answer types for assessment answers

In addition to the default answer types, you can configure user-defined answer types for your assessment answers. You must create the answer types and define the associated answer options and scores, and define how the answer options are displayed. You can edit or delete user-defined answer types, and associate answer types with questions.

You can define answer types Drop down, Multiple Select and Radio Button. You can define answer values for each of these types.

The following default answer types are available.

- Check Box
- Date
- Decimal
- Multiple Line
- Number
- Text

For other answers, create your own user-defined answer types. A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

The **Answers** section shows the user-defined answer types that are configured for the assessment. You can view the answer types and the associated answers and scores.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

   ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.

   ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.

5. Create an answer type and associated answers for use in the assessment.

   a. Select **New Answer Type**.

   b. Enter a name.

   c. Select the display type for the answer options.

      The available display types are drop-down list, multiple selection list, or radio button.

   d. Enter the answer texts for each answer option in the order that you want them to display.

      Enter a numerical **Score** value, and click **Add**.

- The **Answer** text is visible to the user when they run the assessment.
- Available answers include **Yes**, **No**; and **Never**, **Sometimes**, **Always**.
- The score value is used to score a completed assessment.

e. Click **Save** to create the answer type.

The answers are displayed in the order that you enter them.

6. To reorder the sequence of answers in the questionnaire, click **Reorder Answers** in the **Actions** menu of any answer. In the **Reorder Answers** page, drag and drop the answers to position them in your preferred order.

7. Do the following tasks in the **Actions** menu of rows in the **Answers** section.
   - You can make these selections in an **Answer Type** row.
     - Click **Associate with Questions** to associate an answer type with any questions that do not have an assigned answer type.
     - Click **Edit**. The **Edit Answer Type** page is displayed. Modify name or type, and add answers, as needed.
     - Click **Delete**. When you delete an answer type, the associated answers are deleted. The association with questions is also removed.
   - In an **Answer** row, click **Edit** or **Delete**.

8. **Optional:** Select **Validate** to validate the assessment version.

Configuring assessment clusters

You can add, edit, and delete clusters to configure the layout and scoring of assessments. If an assessment has more than one measure, clusters are required to score the measures separately.

You can use color to highlight the importance of information in the cluster.

> ⚠️ **Important:**
> If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of information. State the importance of the information in the text.

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Assessments**.

The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

- If an **In Edit** version exists, click the assessment name to open the in-edit version.
- If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

The assessment's **Script** tab is displayed.

5. Click **New Cluster**. The **New Cluster** page opens.

   a. Give the cluster a title and select **Display Title** if you want users to see the title when they use the assessment.

   b. Enter more information about the assessment, if needed.

   c. From the **Information Color** list, choose the color in which to display informational text for added emphasis.

   d. Select questions to associate with the cluster.
      - Only questions that are not conditional are available to select.
      - Whenever you add a parent question to a cluster, all of the parent's child questions are added.

6. Do the following tasks in the **Actions** menu of any row in the **Clusters** section.
   - Click **Edit** to open the **Edit Cluster** page.
      a. As needed, update the cluster title.
      b. Select or clear the **Display Title** option to control whether users see the title when they use the assessment.
      c. Enter more information about the assessment, if needed.
      d. From the **Information Color** list, choose the color in which to display informational text for added emphasis.
      e. Select questions to associate with the cluster.
         - Only questions that are not conditional are available to select.
         - Whenever you add a parent question to a cluster, all of the parent's child questions are added.
   - Click **Delete** to remove the selected cluster.

7. To remove a question from the cluster, click **Remove** in the **Actions** menu of any question row in the **Clusters** section.

   If the question is included in a condition, any conditional questions that are linked to it are also removed.

8. **Optional:** Select **Validate** to validate the assessment version.

Configuring assessment attributions

You can view, add, and edit attribution details that are associated with an assessment. The **Attribution** section displays the attribution or copyright text for the assessment.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

   ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.

   ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.

5. Select **Edit Attribution** in the drop-down menu.

   The **Edit Attribution** page is displayed.

6. Enter the attribution text and save it.

   For example, an attribution can specify the source patient health questionnaire, like the PHQ-9 assessment:

   "Developed by Doctors Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer, Inc."

Configuring conditional questions for assessments

You can configure extra conditional questions to display in response to client answers in an assessment. To do this, you must create a condition that associates the conditional questions with a specific question and answer.

Before you can create conditions, you must configure at least one non-conditional question and one conditional question on your assessment. The order of the questions in the assessment is important, the conditional question must follow the question with no other questions between them. A conditional question can call another conditional question, again only when it is next in order. Only questions that have user-defined answer types and that are on the currently selected assessment are available.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.

   ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.
   ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.
5. Click the **Conditions** tab.

   The list of conditions is displayed.
6. Click **New**.

   The configuration wizard is displayed. The first wizard page lists the questions that exist in the assessment.

   a. Select a question, and click **Next**.
   b. Select the answer that will drive the condition, and click **Next**.
   c. Select the conditional questions to associate with your question and answer. You see only the questions that immediately follow the parent question.
   d. Click **Save**.
7. Manage conditional questions as follows.

   ◦ Click the **Add Conditional Questions** action to add more questions to a condition.

   ◦ Click the **Remove** action on a question-answer pair to remove the question, answers, and all associated conditional questions from the list.

   ◦ Click the **Remove** action on a conditional question to remove the conditional question from the list.
8. **Optional:** Select **Validate** to validate the assessment version.

Configuring assessment measures

A measure is an aspect of a client's circumstances that is to be measured during an assessment for example, Anxiety, Depression Severity, or Falls Risk. You can add, edit, and delete the measures for an assessment.

Adding measures

You can only add measures to In-Edit versions of existing assessments that are not in an Active state. Each assessment must have one or more measures, for example, measures of a client's Anxiety, Depression Severity, or Falls Risk.

1. Sign in with your administrator credentials.
   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

   ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.

   ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.

5. Click the **Measures** tab.

   The list of measures is displayed.

6. Click **New** to specify the details of a new measure.

   Name

   Enter a name for the new measure.

   External System Reference

   Associate an external system reference with the measure that you are creating. Enter a unique reference number of up to 20 alphanumeric characters. When sending a measure as an API attribute, the external system identifies the measure by its external system reference.

   Range

   Enter the minimum number (typically 0) and a maximum number for the range. The maximum is the sum of all of the classifications on the assessment.

   Threshold

   You can enter a threshold, which is an entry point for a measure during an assessment.

   > ✎ **Note:**
   > Measure values are always displayed on the care team application even if they are below the Threshold value. When a team member interprets the measure displayed, a value below the threshold means that a client is not affected by the measure and a value above the threshold means that a client falls into the range of the measure and a corrective action might be required.

   Description

   You can enter a description for the measure.

Scored From Cluster

> This setting is available when the assessment type is **Script** and multiple clusters have been configured for the assessment script. Use this setting for scoring purposes, in multiple measure assessments. The setting associates questions in an individual cluster with a particular measure. You select from a list of all clusters that are not currently associated with a measure. When multiple measures are configured for the assessment, each measure must be associated with a separate cluster.

7. Click **Save**.

Editing measures

You can only update measures in In-Edit versions of existing assessments that are not in an Active state. Each assessment must have one or more measures, for example, measures of a client's Anxiety, Depression Severity, or Falls Risk.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
   - If an **In Edit** version exists, click the assessment name to open the in-edit version.
   - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.
5. Click the **Measures** tab.

   The list of measures is displayed.
6. Select **Edit** in the **Actions** menu of a measure. The **Edit Measure** page opens.

   Name

   > Update the name of the new measure.

   External System Reference

   > Associate an external system reference with the measure that you are updating. Enter a unique reference number of up to 20 alphanumeric characters. When sending a measure as an API attribute, the external system identifies the measure by its external system reference.

Range

Update the minimum number (typically 0) and the maximum number for the range. The maximum is the sum of all of the classifications on the assessment.

Threshold

You can update the threshold, which is an entry point for a measure during an assessment.

> 📝 **Note:**
>
> Measure values are always displayed on the care team application even if they are below the Threshold value. When a team member interprets the measure displayed, a value below the threshold means that a client is not affected by the measure and a value above the threshold means that a client falls into the range of the measure and a corrective action might be required.

Description

You can update the description for the measure.

Scored From Cluster

This setting is available when the assessment type is **Script** and multiple clusters have been configured for the assessment script. Use this setting for scoring purposes, in multiple measure assessments. The setting associates questions in an individual cluster with a particular measure. You select from a list of all clusters that are not currently associated with a measure. When multiple measures are configured for the assessment, each measure must be associated with a separate cluster.

7. Click **Save**.

Deleting measures

You can delete the measures from an assessment.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.

- ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.
- ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.

5. Click the **Measures** tab.

   The list of measures is displayed.

6. Select **Delete** from the **Actions** menu of a measure.

   The **Delete Measure** page opens.

7. Click **Yes**. The measure is removed from the assessment version that you are working on.

Configuring assessment measure classifications

Classifications divide an assessment measure into ranges. When a client is assessed, the scores that are associated with the information they provide are summed. The score that is achieved by the client places that client in a particular classification, for example, Mild, Moderate, or Severe.

Adding classifications

You can add classifications to measures so that you can identify client needs based on how they are classified when they are assessed.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.
   - ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.
   - ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.

5. Click the **Measures** tab.

   The list of measures is displayed.

6. Select **New Classification** in the **Actions** menu of a measure to specify the details of a new classification.

   Classification

   Enter a name for the new classification.

   Range

You can enter the minimum and maximum numbers for the range. These values are defined by the assessment instrument classifications.

Description

You can enter a description of the classification.

7. Click **Save**.

Editing classifications

You can edit the measure ranges for the scores and add classifications that cover the range.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
   ◦ If an **In Edit** version exists, click the assessment name to open the in-edit version.
   ◦ If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.
5. Click the **Measures** tab.

   The list of measures is displayed.
6. Select **Edit** in the **Actions** menu of a classification to edit the details of a classification.

   Classification

   You can modify the name of the new classification.

   Range

   You can update the minimum and maximum numbers for the range. These values are defined by the assessment instrument classifications.

   Description

   You can update the description of the classification.

7. Click **Save**.

Deleting classifications

You can delete classifications that are associated with an assessment measure.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Expand an assessment. The assessment versions are displayed.

4. Open a draft version.

   - If an **In Edit** version exists, click the assessment name to open the in-edit version.
   - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.

5. Click the **Measures** tab.

   The list of measures is displayed.

6. Select **Delete** in the **Actions** menu of a classification. The **Delete Classification** page opens.

7. Click **Yes**. The classification is removed from the measure that you are working on.

Suggesting goals and actions based on measure classifications

You can configure specific goals or actions to be suggested for an individual based on their assessment results. If their assessment results match a specified measure classification, the goal or action is suggested for their care plan.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Click an assessment.

   The assessment opens.

4. Click **Suggestions > Measure Suggestions**.

   The measure suggestions list is displayed.

5. Add the suggestions as follows:

   a. Click **Suggestion**.

      The **Suggestion** wizard opens.

   b. If the assessment has multiple measures, select a measure and click **Next**.

   c. Select the classifications to associate with the suggestions, and click **Next**.

   d. Select the suggestions.

- **Goal** - Search for and select the goal that you want to suggest.
- **Action** - Search for and select an action that you want to suggest. If you select an action, you must select a goal.
- **Reason** - Enter the reason for the suggestions, as needed.

e. Click **Save**.

Generating goals and actions suggestions based on measure classifications

You can automatically add goals or actions to an individual's plan based on their assessment results. If their results match a specified measure classification, the goal or action is added to the plan.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Click an assessment.

   The assessment opens.
4. Click **Suggestions > Measure Suggestions**.

   The measure suggestions list is displayed.
5. Automatically add suggestions as follows:

   a. Click **Automatically Add**.

      The **Automatically Add** wizard opens.

   b. If the assessment has multiple measures, select a measure and click **Next**.

   c. Select the measure classifications for which you want to automatically add suggestions and click **Next**.

   d. Select the suggestions.
      - **Goal** - Search for and select a goal.
      - **Action** - Search for and select an action. If you select an action, you must select a goal.
      - **Action Status** - Select whether the action is added as open or completed. You can select to have actions automatically added as completed for any actions that care teams complete by completing an assessment so that care team members do not have to manually add and complete them. For example, a completed action of

"Assess for signs of depression" might be added after a user runs a PHQ9 depression assessment.

- **Assign Action to Role** - By default, client actions are assigned to the individual and care team actions are assigned to the user who completed the assessment. You can assign care team actions to a specific care team role. The care team actions are added to the unassigned list for users with that care team role who can accept and complete the actions. Only care team roles that are currently assigned to users are available for selection.
- **Reason** - You can enter a suggestion reason.

e. Click **Save**.

Suggesting goals and actions based on answers to assessment questions

You can configure goals or actions to be suggested for a clients plan based on answers they provide to a question.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Click an assessment.

   The assessment opens.

4. Click **Suggestions > Question Suggestions**.

   The question suggestions list is displayed.

5. Add the suggestions as follows:

   a. Click **Suggest**.

      The **Suggest** wizard opens.

   b. Select a question and click **Next**.

      Only questions that have associated user-defined or text answers are displayed.

   c. Select the answer to associate with the question, and click **Next**.

   d. Select the suggestions.

      A goal or action must be preconfigured to be available to you to suggest.

- **Goal** - Search for and select the goal that you want to suggest.
- **Action** - Search for and select an action that you want to suggest. If you select an action, you must select a goal.
- **Reason** - Enter the reason for the suggestions, as needed.

e. Click **Save**.

Generating goals and actions suggestions based on answers to assessment questions

You can configure goals or actions to be automatically suggested for a clients plan based on answers they provide to a question.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Click an assessment.

   The assessment opens.
4. Click **Suggestions > Question Suggestions**.

   The question suggestions list is displayed.
5. Automatically add suggestions as follows:

   a. Click **Automatically Add**.

      The **Automatically Add** wizard opens.

   b. Select a question and click **Next**.

      Only questions that have associated user-defined or text answers are displayed.

   c. Select the answer to associate with the question, and click **Next**.

   d. Select the suggestions.

      You must have already configured a goal or action for it to be available to you to suggest.

      - **Goal** - Search for and select a goal.
      - **Action** - Search for and select an action. If you select an action, you must select a goal.
      - **Action Status** - Select whether the action is added as open or completed. You can select to have actions automatically added as completed for any actions that care teams complete by completing an assessment so that care team members do

not have to manually add and complete them. For example, a completed action of *"Assess for signs of depression"* might be added after a user runs a PHQ9 depression assessment.

- **Assign Action to Role** - By default, client actions are assigned to the individual and care team actions are assigned to the user who completed the assessment. You can assign care team actions to a specific care team role. The care team actions are added to the unassigned list for users with that care team role who can accept and complete the actions. Only care team roles that are currently assigned to users are available for selection.
- **Reason** - You can enter a suggestion reason.

e. Click **Save**.

Generating tasks based on measure classifications

You can automatically add tasks to an individual's plan based on their assessment results. If their results match a specified measure classification, the task is added to the plan.

You can assign the tasks to a care team role or care team member to complete. If you do not assign the task to a care team role, the task is created for the care team member who completes the assessment with the client.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Click an assessment.

   The assessment opens.
4. Click **Tasks > Measure Tasks**.

   The tasks for the assessment measure are displayed.
5. Choose the appropriate option:
   - Add a task to an assessment.
     a. Click **Add Task**.
        - For single-measure assessments, search for the name of the task, and select a task name in the **Results** list.
        - For multiple-measure assessments.
          i. Select a measure, and click **Next**.
          ii. Search for the name of the task, and select a task name in the **Results** list.

b. From the **Tasks Status** list, set the task to be created as **Open** or **Closed**. By default, tasks are created as open. You might record tasks that were completed while a client was progressing through the assessment as closed.

c. From the list of available care team roles, select a role to assign the task to. Only care team roles that are currently assigned to users are available to choose.

Tasks are added to the unassigned list for users with that care team role who can accept and complete the task. If you do not select a role, the task is assigned to the user who completed the assessment.

d. Select the classifications that trigger task creation, and click **Save**.

○ Remove a task by clicking **Remove** in the **Actions** menu of a task row.

Related information

Configuring tasks *(on page 148)*

Generating tasks based on answers to assessment questions

You can configure tasks to be generated for an individual's plan based on answers they provide to an assessment question.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Click an assessment.

   The assessment opens.

4. Click **Tasks > Question Tasks**.

   The question task list is displayed.

5. Add the task as follows:

   a. Click **Add Task**.

      The **Add Task to Question** wizard opens.

   b. Select a question and click **Next**.

      Only questions that have associated user-defined or text answers are displayed.

   c. Select the answer to associate with the question, and click **Next**.

   d. Search for and select the task to add.

A task must be preconfigured to be available to you to add.

e. Click **Save**.

Generating alerts based on measure classifications

You can automatically add alerts to an individual's plan based on their assessment results. If their results match a specified measure classification, the alert is added to the plan.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Click an assessment.

   The assessment opens.

4. Click **Alerts > Measure Alerts**.

   The alerts for the assessment measure are displayed.

5. Choose the appropriate option:
   ◦ Add an alert to an assessment.
      a. Click **Add Alert**.
         ▪ For single-measure assessments, search for the name of the alert, and select an alert name in the **Results** list.
         ▪ For multiple-measure assessments.
            i. Select a measure, and click **Next**.
            ii. Search for the name of the alert, and select an alert name in the **Results** list.
      b. From the list of available alerts, select one to be automatically added to the care team member's alert list.
      c. Select a **Priority** value.
      d. Optionally, enter a note.
      e. Optionally, select **Care Team** or leave blank. If **Care Team** is selected, all individuals who are Care Team members at the time of the assessment completion are notified of the alert. If **Care Team** is not selected, the alert will appear on the clients context pane.
      f. Select the classifications that trigger alert creation, and click **Save**.
   ◦ Remove an alert by clicking **Remove** in the **Actions** menu of an alert row.

Generating alerts based on answers to assessment questions

You can configure alerts to be generated for an individual's plan based on answers they provide to an assessment question.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Click an assessment.

   The assessment opens.

4. Click **Alerts > Question Alerts**.

   The question alert list is displayed.

5. Add the alert as follows:

   a. Click **Add Alert**.

      The **Add Alert to Question** wizard opens.

   b. Select a question and click **Next**.

      Only questions that have associated user-defined or text answers are displayed.

   c. Select the answer to associate with the question, and click **Next**.

   d. From the list of available alerts, select one to be automatically added to the care team member's alert list.

   e. Optionally, enter a note.

   f. Optionally, select **Care Team** or leave blank. If **Care Team** is selected, all individuals who are Care Team members at the time of the assessment completion are notified of the alert. If **Care Team** is not selected, the alert will appear on the clients context pane.

   g. Select the answers that you want to generate the alert.

   h. Click **Save**. Each question and answer for which you configure an automatic alert is listed.

      ◦ Remove an alert by clicking **Remove** in the **Actions** menu of an alert row.

Activating assessments

When you finish working on an assessment, you must activate your draft version to make your changes available for use. Validate the assessment version and correct any issues before you activate it.

When you activate a draft version, if a previous version of the assessment is shared with external systems, Watson™ Care Manager automatically shares your new version and stops sharing the previous version. For more information, see Sharing assessments with external systems *(on page 59)*.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Expand an assessment. The assessment versions are displayed.
4. Open a draft version.
   - If an **In Edit** version exists, click the assessment name to open the in-edit version.
   - If no **In Edit** version exists, select **New Version** from the assessment **Actions** menu and accept the default type to create an in-edit version.

   The assessment's **Script** tab is displayed.
5. Click the **Measures** tab.

   The measures for the assessment are displayed.
6. Select **Validate** in the drop-down menu to validate the assessment version.
7. Select **Activate** in the drop-down menu to activate the assessment version.

   By setting the **Effective From** date, you can specify a date in the future when care teams can start to use the new version.
8. In the activation modal, enter comments that describe your changes to the version, and then click **Yes**.

   The comments are displayed with the version's activation date in the assessment's Details cluster.

Sharing assessments with external systems

Set sharing options to share *Completed* client assessments between Watson™ Care Manager and external systems (via an API) so that users of both systems have the client's latest assessment information. Download the API document for a shared assessment and distribute it to the systems integrator for your organization so that they can update integrations to use the latest version of the assessment. You can stop sharing an assessment to prevent the sharing of its data with external systems.

Sharing assessment versions

You can allow assessment sharing with a system external to Watson™ Care Manager, for example, a hospital information system.

Ensure that you associate an external system reference with the assessment. The external system reference is required so that the external system can uniquely identify the assessment when it is sent between Watson™ Care Manager and an external system.

In addition, ensure that you configure source and original source systems for assessments if needed. Source and original source systems values confirm where assessments come from. For more information, see Configuring data sources *(on page 207)*.

External systems can retrieve completed client assessments that they are notified about. The completed assessments are shared from Watson™ Care Manager by using the Assessments API. For Watson™ Care Manager to send a notification to the external system when the assessment is completed by care teams, you must subscribe to notifications about the Assessment data type by Subscribing to notifications *(on page 296)*.

You can share only **Active** assessments. In addition, only one shared version of a single assessment can exist. When you share a new assessment version, Watson™ Care Manager automatically stops sharing any existing version that is already shared.

After you share an assessment version, you can share its API definition document with the systems integrator for your organization.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Expand an assessment.
4. Click the **Actions** menu of an **Active** assessment version, and select **Share**.

   The **Share Assessment Version** page opens.
5. Click **Share** to share the assessment version.

Sharing the API document for an assessment *(on page 60)*

Sharing the API document for an assessment

When you share an assessment, Watson™ Care Manager generates an API document in JSON format. You can download the document to distribute to the relevant integrator for your organization.

The API document contains the REST API calls and structure that Watson™ Care Manager requires for external systems to share completed client assessments with Watson™ Care Manager and for Watson™ Care Manager to share completed client assessments with external systems. Your integrator uses the API document to understand what data is expected from the receiving system and the format of the data.

> **Note:**
> The option to download an API document for an assessment is available only when a version is **Active** and shared. The API document is compatible only with Version 2.0 of the Swagger Editor.

> **Important:**
> Whenever you modify or create a new version of an assessment that is shared with external systems, you may need to redistribute its API document to your organization's integrator. Otherwise, existing integrations might fail.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. From the **Actions** menu for an **Active** assessment that is shared, click **Share Document** to download its API document.
4. Click **Download**.
5. Browse to where you want to store the file on your computer.
6. Distribute the document to the systems integrator for your organization.

Stopping assessment version sharing

You can stop sharing an assessment version to prevent sharing of client information captured in respect of the assessment with external systems.

If you stop sharing an assessment version that is already in use in existing integrations, you might cause existing integrations to fail. Client information that is recorded in respect of the assessment will no longer be shared between Watson™ Care Manager and external systems.

When you stop sharing an assessment, you can allow sharing again of any active version of the assessment, if needed.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**. The list of assessments is displayed.
3. Expand an assessment.
4. Click the **Actions** menu of an **Active** and shared assessment version, and select **Stop Sharing**.

   The **Stop Sharing Assessment Version** page opens.
5. Click **Stop Sharing** to stop sharing the assessment version with external systems.

Updates to assessments and external systems

Occasionally, you might need to create a new version of an assessment or modify an existing version. If the assessment is shared with an external system, some updates require you to redistribute its API document to your organization's integrator.

> ⓘ **Important:**
>
> If your changes impact existing integrations, you must follow your organization's internal process to make the latest version of the assessment API document available to your organization's integrator. Your integrator uses the document to sync the information that is captured in respect of your latest assessment version with the external system.

Which assessment updates impact integrations?

The table lists the updates that you can make when you modify an assessment and whether they impact existing integrations.

Table 2. Assessment updates

Category	Update	Does this update impact integrations? (Yes/No)	More information
Layout	Adding, updating, or deleting clusters	No	Configuring assessment clusters *(on page 42)*
Questions	Adding a mandatory question	Yes	Adding assessment questions *(on page 34)*
	Deleting a mandatory question	Yes	Deleting assessment questions *(on page 40)*
	Adding an optional question	No	Adding assessment questions *(on page 34)*
	Deleting an optional question	Yes	Deleting assessment questions *(on page 40)*

Table 2. Assessment updates (continued)

Category	Update	Does this update impact integrations? (Yes/No)	More information
	Adding a conditional question	No	Adding assessment questions *(on page 34)*
	Deleting a conditional question	No	Deleting assessment questions *(on page 40)*
Assessment type	Changing an assessment type from Script to Score Only	Yes	Modifying assessments *(on page 63)*
Versioning	Configuring one version of an assessment for display in Watson™ Care Manager and a different version for integration purposes.	No Do not configure separate versions. Configure only one version of an assessment for display in both Watson™ Care Manager and for integration purposes.	

Troubleshooting

If existing integrations fail because you did not make the API document for a new assessment version available to your organization's integrator, stop sharing your new version, then share a previous version of the assessment that you know works.

Modifying assessments

You can update an assessment that is in an **In Edit**, or draft, state. Only one **In Edit** version can exist.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Click the Actions menu of the assessment, and click **Edit**. The **Edit Assessment** page opens.

4. Update the name of the assessment and the description, as needed.

   Descriptions can be up to 500 characters long.

5. If applicable, in the **External System Reference** field, associate an external system reference with the assessment record that you are updating. Enter a unique reference number of up to 20 alphanumeric characters.

   When sending an assessment as an API attribute, the external system identifies the assessment by its external system reference.

6. In the **Display History Across Programs** field, enter the time period (in days) in which to display historical completed assessments to the care team.

   This option restricts the historical completed assessments that are available to a care team before they complete the assessment on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the assessment from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the assessment on a new program. **Note:** Depending on the value that you enter, some or all historical versions of the assessment might be unavailable to the care team until they complete the assessment for the first time on the program. When completed, all historical versions of the assessment are displayed.

7. You can select the **Prefill Answers** check box to prefill the assessment answers with the most recent answers when care teams repeat the assessment. You can override this configuration at the question level in the configured assessment.

8. Click **Save**.

After you finish configuring an assessment version, you must activate the version to make the assessment available for use.

Copying assessments

You can copy an assessment that is in an **Active** state so you can reuse elements of the existing assessment when configuring another similar assessment.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Assessments**.

   The list of assessments is displayed.

3. Click the Actions menu of the assessment, and click **Copy**. The **Copy Assessment** page opens. The Copy option is available for the latest active version of the assessment. If there is no active version, then the Copy option is not enabled.

4. Update the name of the assessment and the description, as needed.

Description is pre-populated with the value from the original assessment and can be up to 500 characters long. The Name value is per-populated from the original assessment with the word 'copy' appended.

5. If applicable, in the **External System Reference** field, associate an external system reference with the assessment record that you are updating. Enter a unique reference number of up to 20 alphanumeric characters.

When sending an assessment as an API attribute, the external system identifies the assessment by its external system reference.

6. Choose an appropriate version type for this assessment. Pre-populated with the value that was selected on the original assessment.

   ◦ Choose **Script** if this assessment version is a script that will contain questions and answers.
   ◦ Choose **Score Only** if this assessment is configured without a script so that the care team can record an assessment score only. A care team might want to configure a Score Only assessment version if they're conducting a paper-based assessment with a client and only want to record a score for the assessment without running a script in Watson™ Care Manager.

7. **Display History Across Programs** - Pre-populated with the value from the original assessment. You can enter the time period (in days) in which to display historical completed assessments to the care team.

   This option restricts the historical completed assessments that are available to a care team before they complete the assessment on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the assessment from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the assessment on a new program. **Note:** Depending on how your administrator has configured the assessment, some or all historical versions of the assessment may be hidden until the care team completes the assessment for the first time on the program. Once completed, all historical versions of the assessment are displayed.

8. You can select the **Prefill Answers** check box to prefill the assessment answers with the most recent answers when care teams repeat the assessment. You can override this configuration at the question level in the configured assessment. Pre-populated with the value from the original assessment.

9. Click **Save**. Creates a copy of the latest active version of the original assessment. The copy is created as an In Edit version.

After you finish configuring an assessment version, you must activate the version to make the assessment available for use.

Modifying goals and actions suggestions for assessments

You can edit the suggested goals or actions for assessments.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Click an assessment.

   The assessment opens.
4. Click the **Suggestions** tab.

   The suggestions list is displayed. Expand measures to see the suggestions.
5. To edit a suggestion, click the **Actions** menu of a suggested goal or action and click **Edit**.
   - For goals, you can edit whether the goal is automatically added to an individual's care plan, and the reason for the suggestion.
   - For actions, you can edit the following details:
     - Select whether the action is automatically added to an individual's care plan. For automatically added actions, you can edit the following details:
       - Select whether you want the action to be added to the plan as open or closed. Add an action as closed when the action is completed by being added to the plan.
       - Select whether you want the action to be assigned to a care team role.
     - Change the associated goal.
     - Change the reason for the suggestion.

Removing goals and actions suggestions from assessments

You can remove a suggested goal or action from an assessment.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Click an assessment.

   The assessment opens.
4. Click the **Suggestions** tab.

   The suggestions list is displayed. Expand measures to see the suggestions.
5. Click the **Actions** menu of a measure, goal, or action and click **Remove**.
6. Click **Remove** to confirm.

- ◦ For measures, all associated suggestions are removed.
- ◦ For goals or actions, the suggestion is removed.

Deleting assessments

You can delete an assessment or an in-edit assessment version.

You can delete an in-edit assessment version, but not the active version.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Assessments**.

   The list of assessments is displayed.
3. Choose one of the following options:
   a. To delete an assessment, click **Delete** in the **Actions** menu of the assessment.
   b. To delete an in-edit assessment version, expand the assessment to see the versions, and click **Delete** in the **Actions** menu of an in-edit assessment version.

Configuring questionnaires

You can view the questionnaires that are defined in the application, create and manage existing questionnaires, and add new questionnaires.

Creating questionnaires

Questionnaires are versioned so that you can work on questionnaires without affecting the current active version. When you create a questionnaire, a draft version of the questionnaire is automatically created.

Draft questionnaire versions are in an **In Edit** state and the current active versions are in an **Active** state. You can configure only a version of a questionnaire that is in the **In Edit**, or draft, state. Only one **In Edit** version can exist.

You can associate an external system reference with the report template that you are creating or copying. When sending or receiving a questionnaire as an API attribute, the external system identifies the questionnaire by its external system reference.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**. The list of questionnaires is displayed. The **External System Reference** displays the reference that the external system uses to identify the questionnaire.
3. Click **New**.

4. Enter a name for the questionnaire and a description, as needed.

   Descriptions can be up to 500 characters long.

5. Optional: In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the questionnaire that you are adding.

6. In the **Display History Across Programs** field, enter the time period (in days) in which to display historical completed questionnaires to the care team.

   This option restricts the historical completed questionnaires that are available to a care team before they complete the questionnaire on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the questionnaire from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the questionnaire on a new program. **Note:** Depending on the value that you enter, some or all historical versions of the questionnaire might be unavailable to the care team until they complete the questionnaire for the first time on the program. When completed, all historical versions of the questionnaire are displayed.

7. You can select the **Prefill Answers** check box to prefill all questionnaire answers with the most recent answers when care teams repeat the questionnaire. You can override this configuration at the question level in the configured questionnaire.

8. Click **Save**.

After you finish configuring a questionnaire version, you must activate the version to make the questionnaire available for use.

Configuring questionnaire question scripts

You can script the questions and answers for a questionnaire, and configure their sequence and answer type. You can also add an attribution for the questionnaire, if required.

The **Questions** section of the **Script** tab contains the questionnaire questions and answer types, and indicates whether the questions are optional or conditionally displayed. You can expand the row to see question information. If the answer type is user-defined, the answer options are also displayed here.

In the **Clusters** section, you can view questionnaire clusters, which are used for layout purposes. You can expand a row to view the questions that are associated with each cluster.

Configuring questionnaire questions

You can add questionnaire questions and flag a question to make it optional or conditional. You can edit and delete questions.

Adding questionnaire questions

Create the questionnaire questions, associate them with the correct answer types, and configure them as optional or conditional. You can use color to emphasize questions or information, and you can provide links to external websites for more information.

It is important to enter the questions in the correct sequence. Questions are displayed in the order that you enter them. You must enter conditional questions directly after the questions that call them. To call conditional questions, you must choose a user-defined answer type. The default answer types cannot be used to call conditional questions.

You can enter up to 100 questions, and you can use color to highlight the importance of certain questions or information in the questionnaire.

> ⚠️ **Important:**
>
> If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of the question or information. State the importance of the question or information in the text.

For each question, you can see the answer type and whether the question is optional or conditional. You can expand a question to see more details. For user-defined answer types, the answer options are displayed.

For each question, you can configure up to three hyperlinks to external websites so that a care team can link individuals to supplementary reference information.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. Expand a questionnaire. The questionnaire versions are displayed.
4. Open a draft version.
   - If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
   - If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

   The questionnaire's **Script** tab is displayed.
5. Click **New Question** to create a question.

   The **New Questions** page opens.

a. Enter the text for the question.

b. From the **Question Color** list, choose the color in which to display the question text for added emphasis.
Text color defaults to black. You can change the color.

c. Select options as needed:

- From the **Answer Type** list, choose **Check Box**, **Date**, **Decimal**, **Multiple Line Text**, **Number**, **Text**, **Text (No Answer)**, or a user-defined answer type. **Multiple Line Text** fields have a limit of 4000 characters.

  A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

- **Prefill Answer** - If you select **Prefill Answers** when you create the questionnaire, by default all answers to the questionnaire questions are prefilled with the most recent responses when care teams repeat the questionnaire. You can override the questionnaire level configuration for the answer to this question if needed. You can choose to always prefill the answer to this question, never prefill the answer to this question, or choose the questionnaire configuration. If you choose the questionnaire configuration, the answer to this question will be prefilled (if previously answered) or not based on the questionnaire configuration. Your selection is effective the next time care teams repeat the questionnaire.

- **Optional** makes the question optional. Clear the check box to make the question mandatory.

- **Conditional** makes the question display only if a client answers in a certain way to a previous question that drives the condition. (You associate a conditional question with a specific question. Go to the **Conditions** tab to associate the conditional question with a principal question.)

d. Enter information about the question, as needed.

e. From the **Information Color** list, choose the color in which to display the informational text for added emphasis.

f. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

The hyperlinks that you define to support a question are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

g. Select **Add** to add each question and **Save** to save your questions when complete. Questions are displayed in the order that you enter them.

Adding read-only instructional text to a questionnaire

When running a questionnaire with a client, the care team might need read-only instructional text to be displayed in any sequence on the questionnaire. You can configure a questionnaire to include instructional text in the place of a question, and specify that no answer is required of the client.

For example, suppose that a client with diabetes need not answer some questions in the questionnaire because those questions don't apply to individuals with that medical condition. In the place of a question in the script, you can specify the read-only instructional text to inform the client about which questions to skip.

No answer type is required to follow the instructional text that you specify.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. Expand a questionnaire. The questionnaire versions are displayed.
4. Open a draft version.
   - If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
   - If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

   The questionnaire's **Script** tab is displayed.
5. Click **New Question** in the drop-down menu to open the **New Questions** page.
   a. In the **Question** field, enter the read-only instructional text instead of a question.
   b. From the *Answer Type* list, choose **Text (No Answer)**.
   c. Select **Optional** because the answer type of **Text (No Answer)** means that a client's answer is not mandatory.
   d. Enter information about the instructional text, as needed.
   e. Select **Add** to add the read-only text and **Save** to save the assessment when complete.
6. **Optional:** Select **Validate** to validate the questionnaire version.

Editing questionnaire questions

You can update the questions or information in a questionnaire, and reorder the sequence in which the questions are displayed. You can use color to emphasize questions or information, and you can provide links to external websites for more information.

It is important to enter the questions in the correct sequence. Questions are displayed in the order that you enter them. You must enter conditional questions directly after the questions that call them. To call conditional questions, you must choose a user-defined answer type. The default answer types cannot be used to call conditional questions.

You can enter up to 80 questions, and you can use color to highlight the importance of certain questions or information in the questionnaire.

> **❗ Important:**
> If your organization interacts with individuals who are visually impaired, do not use color to highlight the importance of the question or information. State the importance of the question or information in the text.

For each question, you can see the answer type and whether the question is optional or conditional. You can expand a question to see more details. For user-defined answer types, the answer options are displayed.

For each question, you can configure up to three hyperlinks to external websites so that a care team can link individuals to supplementary reference information.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. Expand a questionnaire. The questionnaire versions are displayed.
4. Open a draft version.
   - If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
   - If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

   The questionnaire's **Script** tab is displayed.
5. Select **Edit** in the **Actions** menu of any row in the **Questions** section.

   The **Edit Question** page opens.

◦ Modify the question text, and to emphasize a question as important, from the **Question Color** list, choose the color in which to display the question.

◦ Modify the answer type for the question. Available answer types are **Check Box**, **Date**, **Decimal**, **Multiple Line Text**, **Number**, **Text**, **Text (No Answer)**, or user-defined answer types.

  A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

◦ If you selected **Prefill Answers** when you created the questionnaire, by default all answers to the questionnaire questions are prefilled with the most recent responses when care teams repeat the questionnaire. The **Prefill Answer** option allows you to override the questionnaire level configuration for the answer to this question if needed. You can choose to always prefill the answer to this question, never prefill the answer to this question, or choose the questionnaire configuration. If you choose the questionnaire configuration, the answer to this question will be prefilled (if previously answered) or not based on the questionnaire configuration. Your selection is effective the next time care teams repeat the questionnaire.

◦ **Optional** makes the question optional. Clear the check box to make the question mandatory.

◦ **Conditional** makes the question display only if a client answers in a certain way to a previous question that drives the condition. (You associate a conditional question with a specific question. Go to the **Conditions** tab to associate the conditional question with a principal question.)

◦ Modify information about the question, and to emphasize information as important, from the **Information Color** list, choose the color in which to display the information.

◦ In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

  The hyperlinks that you define to support a question are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

6. To reorder the sequence of questions in the questionnaire, click **Reorder Questions** in the drop-down menu to open the **Reorder Questions** page. Drag and drop the questions to position them in your preferred order.

Editing read-only instructional text in a questionnaire

When running a questionnaire with a client, the care team might need read-only instructional text to be displayed in any sequence on the questionnaire. You can update a questionnaire to include instructional text in the place of a question, with no answer required of the client by design.

For example, suppose that a client with diabetes need not answer some questions in the questionnaire because those questions don't apply to individuals with that medical condition. In the place of a question in the script, you can specify the read-only instructional text to inform the client about which questions to skip.

No answer type is required to follow the instructional text that you specify.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. Expand a questionnaire. The questionnaire versions are displayed.
4. Open a draft version.
   - If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
   - If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

   The questionnaire's **Script** tab is displayed.
5. Click **Edit** in the **Actions** menu of the instructional text entry to open the **Edit Question** page.
6. In the **Question** field, update the details of the instructional text as needed.
7. From the *Answer Type* list, select **Text (No Answer)**.
8. Select **Optional** because the answer type of **Text (No Answer)** means that a client's answer is not mandatory.
9. Select **Add** to add the updated text and **Save** to save the questionnaire when complete.
10. **Optional:** Select **Validate** to validate the questionnaire version.

Deleting questionnaire questions

You can delete a questionnaire.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

- ◦ If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
- ◦ If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

The questionnaire's **Script** tab is displayed.

5. Click **Delete** in the **Actions** menu of any row in the **Questions** section to remove the selected question.

6. **Optional:** Select **Validate** to validate the questionnaire version.

Configuring user-defined answer types for questionnaire answers

In addition to the default answer types, you can configure user-defined answer types for your questionnaire answers. You must create the answer types, define the associated answer options, and define how the answer options are displayed. You can edit or delete user-defined answer types, and associate answer types with questions.

You can define answer types Drop down, Multiple Select and Radio Button. You can define answer values for each of these types.

The following default answer types are available.

- Check Box
- Date
- Decimal
- Multiple Line
- Number
- Text

For other answers, create your own user-defined answer types. A user-defined answer type consists of the answer options and the display type. The display type defines how the options are displayed, for example, as radio buttons. Only user-defined answer types can be used to call conditional questions.

The **Answers** section shows the user-defined answer types that are configured for the questionnaire. You can view the answer types and the associated answers.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.
    ◦ If an **In Edit** version exists, click the questionnaire name to open the in-edit version.
    ◦ If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

    The questionnaire's **Script** tab is displayed.

5. Create an answer type and associated answers for use in the questionnaire.

    a. Select **New Answer Type** in the drop-down menu to open the **New Answer Type** page.

    b. Enter a name.

    c. Select the display type for the answer options.
       The available display types are drop-down list, multiple selection list, or radio button.

    d. Enter the answer texts for each answer option in the order that you want them to display, and click **Add**.
       ▪ The **Answer** text is visible to the user when they run the questionnaire.
       ▪ Available answers include **Yes**, **No**; and **Never**, **Sometimes**, **Always**.

    e. Click **Save** to create the answer type.
       The answers are displayed in the order that you enter them.

6. To reorder the sequence of answers in the questionnaire, click **Reorder Answers** in the **Actions** menu of any answer. In the **Reorder Answers** page, drag and drop the answers to position them in your preferred order.

7. Do the following tasks in the **Actions** menu of rows in the **Answers** section.
    ◦ You can make these selections in an **Answer Type** row.
       ▪ Click **Associate with Questions** to select multiple questions to associate with the answer type.
       ▪ Click **Edit**. The **Edit Answer Type** page is displayed. Modify name or type, and add answers, as needed.
       ▪ Click **Delete**. When you delete an answer type, the associated answers are deleted. The association with questions is also removed.
    ◦ In an **Answer** row, Click **Edit** or **Delete**.

8. **Optional:** Select **Validate** to validate the questionnaire version.

Configuring questionnaire attributions

You can view, add, and edit attribution details that are associated with an questionnaire. The **Attribution** section displays the attribution or copyright text for the questionnaire.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

   ◦ If an **In Edit** version exists, click the questionnaire name to open the in-edit version.

   ◦ If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire
     to create an in-edit version.

   The questionnaire's **Script** tab is displayed.

5. Select **Edit Attribution** from the **Actions** menu.

   The **Edit Attribution** page opens.

6. Enter the attribution text and save it.

   An attribution can specify the source patient health questionnaire, as in this example:

   "Developed by Doctors Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and

   colleagues, with an educational grant from Pfizer, Inc."

Configuring questionnaire clusters

You can add, edit, and delete clusters to configure the layout of questionnaires.

You can use color to highlight the importance of information in the cluster.

> **❗ Important:**
>
> If your organization interacts with individuals who are visually impaired, do not use color to
> highlight the importance of information. State the importance of the information in the text.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

   ◦ If an **In Edit** version exists, click the questionnaire name to open the in-edit version.

   ◦ If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire
     to create an in-edit version.

   The questionnaire's **Script** tab is displayed.

5. Click **New Cluster**.

   The **New Cluster** page opens.

   a. Give the cluster a title and select **Display Title** if you want users to see the title when they use the questionnaire.

   b. Enter more information about the questionnaire, if needed.

   c. From the **Information Color** list, choose the color in which to display informational text for added emphasis.

   d. Select questions to associate with the cluster.
      - Only questions that are not conditional are available to select.
      - Whenever you add a parent question to a cluster, all of the parent's child questions are added.

6. Do the following tasks in the **Actions** menu of any row in the **Clusters** section.
   - Click **Edit** to open the **Edit Cluster** page.
     a. You can update the cluster title.
     b. Select or clear the **Display Title** option to control whether users see the title when they use the questionnaire.
     c. Enter more information about the questionnaire, if needed.
     d. From the **Information Color** list, choose the color in which to display informational text for added emphasis.
     e. Select questions to associate with the cluster.
        - Only questions that are not conditional are available to select.
        - Whenever you add a parent question to a cluster, all of the parent's child questions are added.
   - Click **Delete** to remove the selected cluster.

7. To remove a question from the cluster, click **Remove** in the **Actions** menu of any question row in the **Clusters** section.

   If the question is included in a condition, any conditional questions that are linked to it are also removed.

8. **Optional:** Select **Validate** to validate the questionnaire version.

Configuring conditional questions for questionnaires

You can configure extra conditional questions to display in response to client answers in a questionnaire. To do this, you must create a condition that associates the conditional questions with a specific question and answer.

Before you can create conditions, you must configure at least one non-conditional question and one conditional question on your questionnaire. The order of the questions in the questionnaire is important, the conditional question must follow the question with no other questions between them. A conditional question can call another conditional question, again only when it is next in order. Only questions that have user-defined answer types and that are on the currently selected questionnaire are available.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Expand a questionnaire. The questionnaire versions are displayed.

4. Open a draft version.

   ◦ If an **In Edit** version exists, click the questionnaire name to open the in-edit version.

   ◦ If no **In Edit** version exists, select **New Version** from the **Actions** menu of the questionnaire to create an in-edit version.

   The questionnaire's **Script** tab is displayed.

5. Click the **Conditions** tab.

   The list of conditions is displayed.

6. Click **New**.

   The configuration wizard is displayed. The first wizard page lists the questions that exist in the questionnaire.

   a. Select a question, and click **Next**.

   b. Select the answer that will drive the condition, and click **Next**.

   c. Select the conditional questions to associate with your question-answer pairs. You see only the questions that immediately follow the parent question.

   d. Click **Save**.

7. Manage conditional questions as follows.

   ◦ Click the **Add Conditional Questions** action to add more questions to a condition. An informational message displays if no more conditional questions are available to add. Irrespective of the number of questions, the maximum number of conditions that can be configured is 250.

   ◦ Click the **Remove** action on a question-answer pair to remove the question, answers, and all associated conditional questions from the list.

   ◦ Click the **Remove** action on a conditional question to remove the conditional question from the list.

8. **Optional:** Select **Validate** to validate the questionnaire version.

Suggesting goals and actions based on questionnaire results

You can configure goals and actions to be suggested for an individual's care plan based on specific questionnaire responses.

You can add suggestions only for questions with user-defined or text answer types. Repeat the procedure to generate multiple suggestions for the same question and answer.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. Click a questionnaire.

   The questionnaire opens.
4. Click the **Suggestions** tab.

   The suggestions list is displayed.
5. To add a suggestion, click **Suggest**.

   The **Suggest** wizard opens and displays any questions in the questionnaire that have user-defined or text answer types.

   a. Select a question and click **Next**.

   b. Select the answers that you want to generate the suggestions and click **Next**.

   c. Select the suggestion.
      - **Goal** - Search for and select a goal that you want to suggest.
      - **Action** - Search for and select an action to suggest for the goal.
      - **Reason** - Enter a reason for the suggestions, as needed.

   d. Click **Save**.

Generating goals and actions suggestions based on questionnaire results

You can configure goal and action suggestions to be automatically added to an individual's care plan based on specific questionnaire responses.

You can automatically add suggestions only for questions with user-defined answer types or text answer types. You can generate multiple suggestions for a single question and answer by running the wizard again.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Click a questionnaire.

   The questionnaire opens.

4. Click the **Suggestions** tab.

   The suggestions list is displayed.

5. To add a suggestion, click **Automatically Add**.

   The **Automatically Add** wizard opens and displays any questions in the questionnaire that have user-defined or text answer types.

   a. Select a question and click **Next**.

   b. Select the answers that you want to generate the suggestions and click **Next**.

   c. Select the suggestions.

   - **Goal** - Search for and select the goal.
   - **Action** - Search for and select an action. If you select an action, you must select a goal.
   - **Action Status** - Select a status of open or completed for a suggested action. You can select to have actions automatically added as completed for any actions that care teams complete by completing an questionnaire so that care team members do not have to manually add and complete them. For example, a completed action of *"Call individual to discuss program"* might be added when the care team finishes running an outreach questionnaire.
   - **Assign Action to Role** - By default, client actions are assigned to the individual and care team actions are assigned to the user who completed the questionnaire. You can assign care team actions to a specific care team role. The care team actions are added to the unassigned list for users with that care team role who can accept and complete the actions. Only care team roles that are currently assigned to users are available for selection.
   - **Reason** - You can enter a suggestion reason.

   d. Click **Save**.

Generating tasks from questionnaire results

You can configure a task to be automatically created for users based on specific questionnaire responses.

Tasks can be generated only for questions with user-defined answer types or text answer types. You can generate multiple tasks for a single question and answer by running the wizard again.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Click a questionnaire.

   The questionnaire opens.

4. Click the **Tasks** tab.

   The tasks for the questionnaire are displayed.

5. Choose the appropriate option.

   ◦ Add a task to a questionnaire.

      a. Click **Add Task**. The **Add Task** wizard opens and displays the questions in the questionnaire that have user-defined or text answer types.

      b. Select a question and click **Next**.

      c. Click the Search icon, search for and select the task that you want to create, and click **Select**.

      d. From the **Tasks Status** list, set the task to be created as **Open** or **Closed**. By default, tasks are created as open. You might record tasks that were completed while a client was progressing through the questionnaire as closed.

      e. From the list of available care team roles, select a role to assign the task to. Only care team roles that are currently assigned to users are available to choose.

         Tasks are added to the unassigned list for users with that care team role who can accept and complete the task. If you do not select a role, the task is assigned to the user who completed the questionnaire.

      f. Select the answers that you want to generate the task.

      g. Click **Save**. Each question and answer for which you configure an automatic task is listed.

   ◦ Remove all automatic tasks for a specific question and answer by clicking the **Actions** menu of the question and answer, and selecting **Remove**.

   ◦ Remove an automatic task for a specific question and answer by clicking the **Actions** menu of the task, and selecting **Remove**.

Related information

Generating alerts from questionnaire results

You can configure an alert to be automatically created for users based on specific questionnaire responses.

Alerts can be generated only for questions with user-defined answer types or text answer types. You can generate multiple alerts for a single question and answer by running the wizard again.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Click a questionnaire.

   The questionnaire opens.

4. Click the **Alerts** tab.

   The alerts for the questionnaire are displayed.

5. Choose the appropriate option.

   ◦ Add an alert to a questionnaire.

      a. Click **Add Alert**. The **Add Alert** wizard opens and displays the questions in the questionnaire that have user-defined or text answer types.

      b. Select a question and click **Next**.

      c. From the list of available alerts, select one that you want to create.

      d. Select a **Priority** value.

      e. Optionally, enter a note.

      f. Optionally, select **Care Team** or leave blank. If **Care Team** is selected, all individuals who are Care Team members at the time of the questionnaire completion are notified of the alert. If **Care Team** is not selected, the alert will appear on the clients context pane.

      g. Select the answers that you want to generate the alert.

      h. Click **Save**. Each question and answer for which you configure an automatic alert is listed.

◦ Remove all automatic alerts for a specific question and answer by clicking the **Actions** menu of the question and answer, and selecting **Remove**.

◦ Remove an automatic alert for a specific question and answer by clicking the **Actions** menu of the alert, and selecting **Remove**.

Activating questionnaires

When you finish working on a questionnaire, you must activate your draft version to make your changes available for use. Validate the questionnaire version and correct any issues before you activate it.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. Click the questionnaire.

   The draft in-edit version of the questionnaire opens.
4. Select **Validate** in the menu to validate the questionnaire version.
5. Select **Activate** in the menu to activate the questionnaire version.

   By setting the **Effective From** date, you can specify a date in the future when care teams can start to use the new version.
6. In the activation modal, enter comments that describe your changes to the version, and then click **Yes**.

   The comments are displayed with the version's activation date in the questionnaire's Details cluster.

Modifying questionnaires

You can update a questionnaire that is in an **In Edit**, or draft, state. Only one **In Edit** version can exist.

You can rename a questionnaire and if not previously configured, you can associate a new external system reference with the questionnaire. When sending or receiving a questionnaire as an API attribute, the external system identifies the questionnaire by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with a questionnaire, you cannot reuse the old external system reference when configuring other questionnaires.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Click the Actions menu of the questionnaire, and click **Edit**. The **Edit Questionnaire** page opens.

4. Update the name of the questionnaire and the description, as needed.

   Descriptions can be up to 500 characters long.

5. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.

6. In the **Display History Across Programs** field, enter the time period (in days) in which to display historical completed questionnaires to the care team.

   This option restricts the historical completed questionnaires that are available to a care team before they complete the questionnaire on a program, when the assessment was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the questionnaire from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the questionnaire on a new program. **Note:** Depending on the value that you enter, some or all historical versions of the questionnaire might be unavailable to the care team until they complete the questionnaire for the first time on the program. When completed, all historical versions of the questionnaire are displayed.

7. You can select the **Prefill Answers** check box to prefill all questionnaire answers with the most recent answers when care teams repeat the questionnaire. You can override this configuration at the question level in the configured questionnaire.

8. Click **Save**.

After you finish configuring a questionnaire version, you must activate the version to make the questionnaire available for use.

Copying questionnaires

You can copy a questionnaire that is in an **Active** state so you can reuse elements of the existing questionnaire when configuring another similar questionnaire.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Click the Actions menu of the questionnaire, and click **Copy**. The **Copy Questionnaire** page opens.

   The Copy option is available for the latest active version of the questionnaire. If there is no active version, then the Copy option is not enabled.

4. Update the name of the questionnaire and the description, as needed.

   Description is pre-populated with the value from the original questionnaire and can be up to 500 characters long. The Name value is pre-populated from the original questionnaire with the word 'copy' appended.

5. If applicable, in the **External System Reference** field, associate an external system reference with the questionnaire record that you are updating. Enter a unique reference number of up to 20 alphanumeric characters.

   When sending a questionnaire as an API attribute, the external system identifies the questionnaire by its external system reference.

6. Choose an appropriate version type for this questionnaire. Pre-populated with the value that was selected on the original questionnaire.

   ◦ Choose **Script** if this questionnaire version is a script that will contain questions and answers.

   ◦ Choose **Score Only** if this questionnaire is configured without a script so that the care team can record a questionnaire score only. A care team might want to configure a Score Only questionnaire version if they're conducting a paper-based questionnaire with a client and only want to record a score for the questionnaire without running a script in Watson™ Care Manager.

7. **Display History Across Programs** - Pre-populated with the value from the original questionnaire. You can enter the time period (in days) in which to display historical completed questionnaires to the care team.

   This option restricts the historical completed questionnaires that are available to a care team before they complete the questionnaire on a program, when the questionnaire was previously completed for the client on another program. For example, if you enter 0, no completion history prior to the program assignment date is displayed when the care team access the questionnaire from the new program. If you enter 10, the completion history for the previous 10 days (program assignment date - 10 days) is displayed when the care team access the questionnaire on a new program. **Note:** Depending on how your administrator has configured the questionnaire, some or all historical versions of the questionnaire may be hidden until the care team completes the questionnaire for the first time on the program. Once completed, all historical versions of the questionnaire are displayed.

8. You can select the **Prefill Answers** check box to prefill all questionnaire answers with the most recent answers when care teams repeat the questionnaire. You can override this configuration at the question level in the configured questionnaire.

9. Click **Save**. Creates a copy of the latest active version of the original questionnaire. The copy is created as an In Edit version.

After you finish configuring a questionnaire version, you must activate the version to make the questionnaire available for use.

Sharing questionnaires with external systems

You can set sharing options to share *Completed* client questionnaires between Watson™ Care Manager and external systems (via an API) so that users of both systems have the client's latest questionnaire information. Download the API document for a shared questionnaire and distribute it to the systems integrator for your organization so that they can update integrations to use the latest version of the questionnaire. You can stop sharing a questionnaire to prevent the sharing of its data with external systems.

Sharing questionnaire versions

You can allow questionnaire sharing with a system external to Watson™ Care Manager, for example, a hospital information system.

Ensure that you associate an external system reference with the questionnaire. The external system reference is required so that the external system can uniquely identify the questionnaire when it is sent between Watson™ Care Manager and the external system.

In addition, ensure that you configure source and original source systems for questionnaires. Source and original source systems values confirm where questionnaires come from. For more information, see Configuring data sources *(on page 207)*.

External systems can retrieve completed questionnaires from Watson™ Care Manager that they are notified about. The completed questionnaires are shared from Watson™ Care Manager through the Questionnaires API. For Watson™ Care Manager to send a notification to the external system when the questionnaire is completed by care teams, you must subscribe to notifications about the Questionnaire data type by Subscribing to notifications *(on page 296)*.

You can share only **Active** questionnaires. When you share a version of a questionnaire, Watson™ Care Manager automatically stops sharing any existing version that is already shared.

After you share a questionnaire version, you can share its API document with the systems integrator for your organization.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Expand a questionnaire
4. Click the **Actions** menu of an **Active** questionnaire version, and select **Share**.

   The **Share Questionnaire Version** page opens.
5. Click **Share** to share the questionnaire version.

Sharing the API document for a questionnaire

When you share a questionnaire, Watson™ Care Manager generates an API document in JSON format. You can download the document to share with the relevant integrator for your organization.

The API document contains the REST API calls and structure that Watson™ Care Manager requires for external systems to share completed client questionnaires with Watson™ Care Manager and for Watson™ Care Manager to share completed client questionnaires with external systems. Your integrator uses the API document to understand what data is expected from the receiving system and the format of the data.

> **Note:**
> The option to download an API document for a questionnaire version is available only when a questionnaire version is **Active** and shared. The API document is compatible only with Version 2.0 of the Swagger Editor.

> **Important:**
> Whenever you modify or create a new version of a questionnaire that is shared with external systems, you may need to redistribute its API document to your organization's integrator. Otherwise, existing integrations might fail.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. From the **Actions** menu for an **Active** questionnaire that is shared, click **Share Document** to download its API document.
4. Click **Download**.
5. Browse to where you want to store the file on your computer.
6. Distribute the document to the systems integrator for your organization.

Stopping questionnaire sharing

You can stop sharing a questionnaire version to prevent sharing of client information captured in respect of the version with external systems.

If you stop sharing a questionnaire version that is already in use in existing integrations, you might cause existing integrations to fail. Client information that is recorded in respect of the questionnaire will no longer be shared between Watson™ Care Manager and external systems.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**. The list of questionnaires is displayed.
3. Expand a questionnaire.
4. Click the **Actions** menu of an **Active** questionnaire version, and select **Stop Sharing**.

   The **Stop Sharing Questionnaire Version** page opens.
5. Click **Stop Sharing** to stop sharing the questionnaire version with external systems.

Updates to questionnaires and external systems

Occasionally, you might need to create a new version of a questionnaire or modify an existing version. If the questionnaire is shared with an external system, some updates require you to redistribute its API document to your organization's integrator.

> ⚠️ **Important:**
> If your changes impact existing integrations, you must follow your organization's internal process to make the latest version of the questionnaire API document available to your organization's integrator. Your integrator uses the document to sync the information that is captured in respect of your latest questionnaire version with the external system.

Which questionnaire updates impact integrations?

The table lists the updates that you can make when you modify a questionnaire and whether they impact existing integrations.

Table 3. Questionnaire updates

Category	Update	Does this update impact integrations? (Yes/No)	More information
Layout	Adding, updating, or deleting clusters	No	Configuring question-naire clusters *(on page 77)*
Questions	Adding a mandatory question	Yes	Adding questionnaire questions *(on page 69)*
	Deleting a mandatory question	Yes	Deleting questionnaire questions *(on page 74)*
	Adding an optional question	No	Adding questionnaire questions *(on page 69)*
	Deleting an optional question	No	Deleting questionnaire questions *(on page 74)*
	Adding a conditional question	No	Adding questionnaire questions *(on page 69)*
	Deleting a conditional question	No	Deleting questionnaire questions *(on page 74)*
Versioning	Configuring one version of a questionnaire for display in Watson™ Care Manager and a different version for integration purposes.	No Do not configure separate versions. Configure only one version of a questionnaire for display in Watson™ Care Manager and for integration purposes.	

Troubleshooting

If integrations fail because you did not make the API document for a new questionnaire version available to your organization's integrator, stop sharing your new version, then share a previous version of the questionnaire that you know works.

Modifying goals and actions suggestions for questionnaires

You can edit the suggested goals or actions for a questionnaire.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

   The list of questionnaires is displayed.
3. Click a questionnaire.

   The questionnaire opens.
4. Click the **Suggestions** tab.

   The suggestions list is displayed. Expand questions to see the suggestions.
5. To edit a suggestion, click the **Actions** menu of a suggested goal or action and click **Edit**.
   - For goals, you can edit whether the goal is automatically added to an individual's care plan, and the reason for the suggestion.
   - For actions, you can edit the following details:
     - Select whether the action is automatically added to an individual's care plan. For automatically added actions, you can edit the following details:
       - Select whether the action is automatically added to an individual's care plan. For automatically added actions, you can edit the following details:
         - Select whether you want the action to be added to the plan as open or closed. Add an action as closed when the action is completed by being added to the plan.
         - Select whether you want the action to be assigned to a care team role.
     - Change the associated goal.
     - Change the reason for the suggestion.

Removing goal and action suggestions from questionnaires

You can remove a suggested goal or action from a questionnaire.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Questionnaires**.

The list of questionnaires is displayed.

3. Click a questionnaire.

   The questionnaire opens.

4. Click the **Suggestions** tab.

   The suggestions list is displayed. Expand questions to see the suggestions.

5. Click the **Actions** menu of a question, goal, or action, and click **Remove**.

6. Click **Remove** to confirm.

   ◦ For questions, all associated suggestions are removed.

   ◦ For goals or actions, the suggestion is removed.

Deleting questionnaires

You can delete a questionnaire on the **Questionnaires** page.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Questionnaires**.

   The list of questionnaires is displayed.

3. Choose one of the following options:

   ◦ Click **Delete** to delete the questionnaire, and then click **Delete** to confirm your choice. The
     questionnaire is deleted from the **Questionnaires** page and is not available for selection by
     users.

   ◦ To delete an in-edit questionnaire version, expand the questionnaire to see the versions, and
     click **Delete** in the **Actions** menu of an in-edit questionnaire version.

Configuring goals

You can configure a library of goals for use in programs and care plans. A goal is a measurable target that
a client can complete to move towards successfully completing a program. You can create, modify, and
delete goals. You can tag a goal with multiple focus areas, which are groupings for goals that assist with
reporting and evaluation.

Related information

Creating care plans *(on page 425)*

Creating goals

You can create goals for the care team to use in programs and clients' care plans. A goal is a measurable
target that a client can complete to move towards successfully completing a program.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Goals**.

   Existing goals are displayed.

3. Click **New**.

   The **New Goal** page opens.

4. Name the goal.

   > **ⓘ Tip:**
   > Enter a name of 3 characters or more to enable searches for the name.

5. Complete the following information.

   a. Select one or more focus areas to associate the goal with.
      Focus areas are specific areas of client behavior or activity that a goal is intended to
      address, for example, Healthy Coping, Being Active, or Safety.

   b. **Description** - Enter the goal description.

   c. In each **Reference URL** field, provide a link to an external website that contains
      supplementary reference information. Enter the hyperlink in this format: `https://`
      `www.example.com`.

      The hyperlinks that you define to support a goal are displayed in plain text and are not
      clickable. To the care team, the links display as clickable links.

6. Click **Save**.

Configuring focus areas for goals

Focus areas are a specific area of client behavior or activity that a goal is intended to address, for
example, Healthy Coping, Being Active, or Safety.

Focus areas help an organization to evaluate and report about the types of goals that are in use in care
plans. You can reorder the sequence in which focus areas are displayed.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Goals**, and select **Focus Areas**.

   The existing focus areas are displayed. The focus areas that come with the product are enabled by
   default.

3. Click **New** to add a focus area.
4. Manage the display of a focus area by completing the following steps in the **Actions** menu of the focus area:

   ◦ Select **Edit** to modify the name of a focus area.
   ◦ Select **Show** to make a focus area available for the care team to use.
   ◦ Select **Hide** to make a focus area unavailable in the goal library. This hiding of the focus area does not affect any uses of this focus area in existing care plans.
   ◦ Select **Reorder** to reorder the sequence of focus areas. Drag and drop the focus areas to position them in your preferred order.

Configuring outcomes for goals

Outcomes are the expected results of a goal, for example **Successful**, or **Abandoned**.

Access the outcomes for a goal to update them, or to verify that they are correct. You can also reorder the sequence in which outcomes are displayed.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Select **Care Planning > Goals**, and select `Outcome`.

   The existing outcomes are displayed. The outcomes that come with the product are enabled by default and cannot be edited.

   > ✏️ **Note:**
   >
   > The list of outcomes applies to both client goals and family goals.

3. Select **New** to add an outcome.
4. Enter a name for the outcome in the **Name** field and select **Save**.

5. Manage the display of an outcome by completing the following steps in the **Actions** ⋮ menu of the outcome:

   ◦ Select **Edit** to modify the name of an outcome.
   ◦ Select **Show** to make an outcome available for the care team to use.
   ◦ Select **Hide** to make an outcome unavailable in the goal library. Hiding the outcome does not affect any uses of this outcome in existing care plans.

> ✏️ **Note:**
>
> The **Pending** outcome value is disabled and cannot be used by the care team. If you were to configure the **Pending** goal outcome with a display value of **Shown**, a goal cannot be completed when care team members select **Pending** as the goal.

6. Select **Reorder** to reorder the sequence of outcomes. Then, select the ═ icon of the outcome that you want to reorder and drag it to a new location on the **Reorder Outcomes** page.

Configuring action and service suggestions for goals

You can suggest actions, services, and service categories that can help an individual to achieve a goal. When the goal is added to an individual's care plan, the actions, services, and service categories are suggested for the individual.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Goals**.

   The goals library is displayed.
3. Click the **Actions** menu of a goal, and click **Suggest**.

   The **Suggest** page opens.
4. Click the search icon for actions, services. or service categories, enter your search terms and click **Search**.
   - For actions, enter a name or description.
   - For services, enter a name, description, or category.
   - For service categories, enter a name.
5. Select an action, service, or service category in the **Results** list, and click **Select**.
6. **Optional:** Enter a reason for the suggestion of up to 300 characters.
7. Click **Save**.

Automatically adding actions to care plans

You can configure actions to be automatically added to an individual's care plan when a specified goal is added to their plan.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Goals**.

   The goals library is displayed.

3. Click the **Actions** menu of the goal, and click **Automatically Add**.

   The **Automatically Add** page opens.

4. To automatically add an action, complete the following steps:

   a. Click the search icon for actions.

   b. Enter a name or description and click **Search**.

   c. Select an action in the **Results** list, and click **Select**.

   d. Use **Action Status** to select whether you want the action to be added to the plan as open or completed.

      Add an action as completed when the action is completed by being added to the plan.

   e. By default, client actions are assigned to the individual and care team actions are assigned to the user who added the goal. To have care team actions added to the unassigned list of users with a care team role, from the **Assign Action to Role** list, select a specific role. All of the configured care team roles are available for selection irrespective of whether a user is currently assigned to the care team role. Whenever users are assigned to the selected role, they can accept and complete the actions.

   f. Enter a reason if required.

   g. Click **Save**.

Modifying goals

You can update a goal in the library of configured goals.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Goals**.

   Existing goals are displayed.

3. Click the **Actions** menu of the goal, and click **Edit**.

   The **Edit Goal** page opens.

4. **External System Reference**- If applicable, associate an external system reference with the goal that you are creating so that an integrated system can identify the goal when it is sent from Watson™ Care Manager. Enter a unique reference number of up to 20 alphanumeric characters.

   When sending an action as an API attribute, the external system identifies the goal by its external system reference.

5. Select one or more focus areas to associate the goal with.

Focus areas are specific areas of client behavior or activity that a goal is intended to address, for example, Healthy Coping, Being Active, or Safety.

6. **Description** - Update the goal description.

7. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

   The hyperlinks that you define to support a goal are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

8. Click **Save**.

Modifying suggestions for goals

You can edit the suggested actions, services, or service categories for a goal.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Goals**.

   The goals library is displayed.

3. Expand a goal to see the suggestions:

4. Click the **Actions** menu of a suggestion and click **Edit**.

   ◦ For actions, you can edit whether the action is automatically added to an individual's care plan, whether you want the action to be added to the plan as open or closed, whether you want the action to be assigned to a role, or the reason.

   ◦ For services and service categories, you can edit the reason.

Removing goal suggestions

You can remove a suggested action, service, or service category for a goal.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Goals**.

   The goals library is displayed.

3. Expand a goal to see the suggestions and click the **Actions** menu of a suggestion and click **Remove**.

4. Click **Remove** to confirm.

Deleting goals

If a configured goal is incorrect or obsolete, you can delete it. Note, however, that if you delete a goal, you also delete any suggested actions that are associated with the goal.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Goals**.

   Existing goals are displayed.
3. Click the **Actions** menu of the goal, and click **Delete**.
4. Click **Yes** to confirm that you want to delete the goal.

   Deletion does not affect instances of the goal that are already part of a care plan.

General goals

When care team actions are received from third-party applications, a **General** ad hoc goal is generated and associated with all of the received care team actions. The **General** goal that is generated in this way is not part of the configured library of goals.

If you require it, you can still configure a goal called **General** for the library of configured goals. All care team actions received from third-party applications are associated with this configured goal.

If a care team member has already created an ad hoc goal called **General** on a client's plan and the goal is in the status *In Progress*, then all care team actions received from third-party applications are associated with this goal.

The **General** goal whether configured or ad hoc cannot be modified by a care team member. Care team members can only remove actions from the **General** goal and delete it from a plan once all actions are removed from it.

Configuring actions

You can configure a library of actions for your organization. You can create, modify, and delete actions, and assign categories to actions to assist with managing various types of actions. Actions must be associated with at least one goal on a care plan. You can add actions to goals to associate them with achieving that goal.

Related information

Creating care plans *(on page 425)*

Creating actions

You can create a library of client or care team actions for use by care teams. For actions that are automatically added, you can set a lead time for the start date, and an expected period for the action.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Actions**.

   Existing actions are displayed.

3. Expand an action to see the details of that action.

4. Click **New**.

   The **New Action** page opens.

5. Enter a name for the action. You must enter 3 characters or more to enable searches for the name.

6. Complete the following information.

   a. **External System Reference**- If applicable, associate an external system reference with the action that you are creating so that an integrated system can identify the action when it is sent from Watson™ Care Manager. Enter a unique reference number of up to 20 alphanumeric characters.

   When sending an action as an API attribute, the external system identifies the action by its external system reference.

   b. **Responsibility**-
      - Select **Client** if the individual who is receiving care is to take the action.
      - Select **Care Team Member** if a care team member is to do the work but the action is unassigned to any member.

   c. **Category** - Select a category for the action, for example, Appointment, Education, or Reunification.

   d. Date settings, which are applied to an action only when you automatically add that action to a goal, assessment, or questionnaire.
      - **Start date (Days)** - Set a lead time for starting an action. Enter the number of days after the action is added to the care plan that you want to set the start date, for example, entering 5 means that the start date of the action is 5 days after the action is added to the care plan. If you do not enter a value or if you enter 0, the start date is the day that the action is added to the care plan.
      - **Expected End Date (Days)** - Set a expected duration for the action, this is time period in days within which you expect the action to be completed. The expected end date

is then calculated by adding the value for **Expected End Date (Days)** to the start date. If you do not set an expected end date or if you enter 0, there is no expected duration for the action and no due date.

e. **Description** - Enter a description for the action.

7. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

   The hyperlinks that you define to support an action are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

8. Click **Save**.

Related information

Modifying actions

You can update client or care team actions in the actions library. For actions that are automatically added to the care plan from a goal, assessment, or questionnaire, you can delay the start date, or set how long you expect the action to take.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Actions**.
   The library of actions is displayed.
3. Click **Edit** in the **Actions** menu of an action.
   The **Edit Action** page opens.
4. Update the following information.
   - **Name** - Enter a name of 3 characters or more.
   - **External System Reference** - If applicable, associate an external system reference with the action that you are updating so that an integrated system can identify the action when it is sent from Watson™ Care Manager. Enter a unique reference number of up to 20 alphanumeric characters. When sending an action as an API attribute, the external system identifies the action by its external system reference.
   - **Responsibility** - You can change the responsibility for a care team action to either User Creating Action or Care Team Member. If you want to change the responsibility for an action from client to care team, or from care team to client, you must delete the action and create it again.

- ◦ **Category** - Select a category for the action, for example, Appointment, Education, or Reunification.
- ◦ Date settings, which are applied to an action only when you automatically add that action to a goal, assessment, or questionnaire.
    - ▪ **Start date (Days)** - The date that an action must be started, based on a specific number of days after the action is added to a care plan. When a number of days is not defined, the start date becomes the day that the action is added to the care plan.
    - ▪ **Expected End Date (Days)** - The date that an action is expected to be completed, based on a specific number of days after the start date for the action. When you do not specify days in this field, the user sees a blank field for Expected End Date.
- ◦ **Description** - Enter a description for the action.

5. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

   The hyperlinks that you define to support an action are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

6. Click **Save**.

Deleting actions

You can delete an action from the actions library. When you delete an action, you delete any association between the action and goals. Deleting an action does not affect any instances of the action on care plans.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Actions**.
   The library of actions is displayed.
3. Click the **Actions** menu of the action, and click **Delete**.
4. Click **Yes** to confirm.

Configuring categories for actions

Use *categories* to group actions into categories, for example, Screening or Education. A library of categories come with the product by default and are displayed for care teams to select.

Access the categories for an action to update them, or to verify that they are correct. You can also reorder the sequence in which categories are displayed.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Select **Care Planning > Actions**, and select **Category**.

   The existing categories are displayed. The categories that come with the product are enabled by default and cannot be edited.

   > ✏️ **Note:**
   >
   > The list of categories applies to both client actions and family actions.
   >
   > You cannot hide the Appointment category so all actions for the category are disabled.

3. Select **New** to add a category.

   a. Enter a name for the category in the **Name** field.

   b. Enter an optional alphanumeric external system reference in the **External System Reference** field

      External System Reference is a value that is intended for external API users.

      For example, if you configure an external system reference as **101** for category value **Reunification**. Then if an external system wants to send a completed action to Watson™ Care Manager through the API, it could specify an attribute of

      ```
      Action Name = Reunification

      Action Status = Completed

      Action Outcome = 101
      ```

   c. Select **Save**.

4. Manage the display of a category by completing the following steps in the **Actions** ⋮ menu of the category:

   - Select **Edit** to modify the name of a category.
   - Select **Show** to make a category available for the care team to use.
   - Select **Hide** to make a category unavailable in the actions library. Hiding the category does not affect any uses of this category in existing care plans.

5. Select **Reorder** to reorder the sequence of categories. Then, select the ☰ icon of the category that you want to reorder and drag it to a new location on the **Reorder Category** page.

Configuring outcomes for actions

Outcomes are the expected results of an action, for example **Successful**, or **Abandoned**.

Access the outcomes for an action to update them, or to verify that they are correct. You can also reorder the sequence in which outcomes are displayed.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Select **Care Planning > Actions**, and select **Outcomes**.

   The existing outcomes are displayed. The outcomes that come with the product are enabled by default and cannot be edited.

   > ✎ **Note:**
   > The list of outcome values applies to both client actions and family actions.

3. Select **New** to add an outcome.

   a. Enter a name for the outcome in the **Name** field.

   b. Enter an optional alphanumeric external system reference in the **External System Reference** field

      External System Reference is a value that is intended for external API users.

      For example, if you configure an external system reference as **101** for outcome value **Successful**. Then if an external system wants to send a completed action to Watson™ Care Manager through the API, it could specify an attribute of

      ```
      Action Name = Completed

      Action Status = Completed

      Action Outcome = 101
      ```

   c. Select **Save**.

4. Manage the display of an outcome by completing the following steps in the **Actions** ⋮ menu of the outcome:

   ◦ Select **Edit** to modify the name of an outcome.
   ◦ Select **Show** to make an outcome available for the care team to use.
   ◦ Select **Hide** to make an outcome unavailable in the actions library. Hiding the outcome does not affect any uses of this outcome in existing care plans.

> ✏️ **Note:**
>
> The **Pending** outcome value is disabled and cannot be used by the care team. If you were to configure the **Pending** action outcome with a display value of **Shown**, an action cannot be completed when care team members select **Pending** as the outcome.

5. Select **Reorder** to reorder the sequence of outcomes. Then, select the ═ icon of the outcome that you want to reorder and drag it to a new location on the **Reorder Outcomes** page.

Configuring progress values

View and edit progress values so that they reflect your organization's requirements.

Access the progress values to verify that they are correct. The default progress list is as follows: **None**, **Unacceptable**, **Poor**, **Satisfactory**, **Good**, and **Excellent**.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Select **Care Planning > Progress**.
3. Select the **Actions** icon ⋮ on the progress you want to edit and then select **Edit**.
4. Edit the progress and select **Save**.

Configuring services

Services are the delivery of care or goods to an individual, typically delivered by a provider at a cost per unit. You can configure a library of services for your organization, configure unit types for the delivery of services, configure service categories to group related services, and configure the outcomes that care teams can select when they close a service. Services do not need to be manually registered in Watson™ Care Manager. Using the provider registry APIs (inbound API), you can automatically register providers and services in Watson™ Care Manager from an existing record in an external system and ensure that the data is accurately reflected in Watson Care Manager.

Related information

Creating care plans *(on page 425)*

Planning services *(on page 451)*

Creating services

You can create a library of services for your organization, define the units in which each service is delivered, and categorize related services.

External System Reference is only displayed for providers that are registered in Watson Care Manager by external systems.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Services**.

   The services list is displayed. **External System Reference** displays the reference that the external system uses to identify the provider. The **Added on** field displays the date/time the record was added.

3. Click **New**.

   The **New Service** page opens.

4. **Optional:** Select one or more categories that best describe the nature of the service. The list of service categories is populated from the configured service categories.

5. **Optional:** Select the default unit in which the service is delivered.

   For example, hour, meal, or session.

   The unit can be changed by the care team later.

   > ✏️ **Note:**
   >
   > Services that are created by the tenant administration user cannot be associated with categories or units that were created by an external system (Provider APIs).

6. **Optional:** Select one or more categories that best describe the nature of the service. The list of service categories is populated from the configured service categories.

   > ✏️ **Note:**
   >
   > If your organization uses IBM Watson® Care Manager Connect Providers, it is important to select a category. When service providers are listing their service offerings in Connect, first they select the category that their service belongs to and then they choose a service from within that category. If a service is not categorized, Connect users cannot select it.

7. **Optional:** Select one or more resource categories that best describe the nature of resources for the service. The category values are populated from the resource categories library.

If a resource category is not associated with a service, providers cannot select it when they create a group of resources for the service.

8. **Optional:** Enter a description of up to 250 characters.
9. Click **Save**.

Creating service categories

Service categories describe the nature of a service, for example, Independent Living or Health and Wellness. Use service categories to group related services. If your organization uses IBM Watson® Care Manager Connect Providers, it is important to create service categories. Providers using Connect can only list services that are categorized. Categories do not need to be manually registered in Watson Care Manager. Using the provider registry APIs (service API), you can automatically register service offerings for a provider and the services, categories, and units' information from the service offering are added to the services library in Watson™ Care Manager.

External System Reference is only displayed for providers that are registered in Watson Care Manager by external systems.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Services** and select the **Categories** tab.
   The service categories are displayed. **External System Reference** displays the reference that the external system uses to identify the provider. The **Added on** field displays the date/time the record was added.
3. Click **New**.
   The **New Service Category** page opens.
4. Enter a unique name that is at least 3 characters.
5. Click **Save**.
   The new service category becomes available for you to associate with services.

Creating service unit types

Services are delivered in units, such as hours or meals. The units in which a service is delivered, and the number of units of a service that a client needs, are recorded on their care plan by the care team. Units do not need to be manually registered in Watson™ Care Manager. Using the provider registry APIs (service API), you can automatically register service offerings for a provider and the services, categories, and units' information from the service offering are added to the services library in Watson™ Care Manager.

External System Reference is only displayed for providers that are registered in Watson™ Care Manager by external systems.

By default, the following unit types are available:

- Hour
- Meal
- Session

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Services** and select the **Unit Types** tab.

   The unit types are displayed.
3. Click **New**.

   The **New Unit Type** page opens.
4. Enter a unique name.
5. Click **Save**.

   The unit becomes available to select when care teams or administrators create or edit services.

Creating service outcomes

Service outcomes are the outcomes that the care team can choose when they are closing a client service. You can create extra service outcomes for your organization.

The following service outcomes are available by default:

- Abandoned
- Not Successful
- Successful

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Services** and select the **Outcomes** tab.

   The service outcomes are displayed.
3. Click **New**.

   The **New Outcome** page opens.
4. Enter a unique name for the service outcome.
5. Click **Save**.

   The outcome becomes available to select when care teams close services.

Creating service resource categories

Service resource categories can be chosen by providers when they record resource information for their services. You can create extra service resource categories for your organization.

Resource categories help providers to categorize resources for their services. For example, beds for a homelessness service.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Services** and select the **Resources** tab.

   The service resources are displayed.
3. Click **New**.

   The **New Resource Category** page opens.
4. Enter a unique name for the service category.
5. Click **Save**.

Creating client types

You can add client types to the services library so that providers can choose the types of individuals that are eligible for their resources.

Adding a client type makes it available to providers to select when creating resource groups and for care teams to filter by when they search for services with available resources.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Services**, then select the **Resources** tab.
3. From the **Actions** menu of a client type, select **New**.

   The **New Client Type** page opens.
4. Enter a unique name.
5. Click **Save**.

Modifying services

You can edit services in the services library. Your changes are applied immediately to services in the services library, however, existing services on care plans are not affected. Services that are created by an external system using the provider registry APIs are read-only in the tenant admin application and cannot be modified.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Services**.

   The services library opens.

3. From the **Actions** menu of a service, select **Edit**.

   The **Edit Service** page opens.

4. You can edit the following service information.

   - Name - You can update the service name. Use 3 characters or more.
   - Category - You can update the service category.
   - Unit Type - You can update the default units in which the service is delivered.
   - Resource Category - You update the resource category.
   - Description - You can update the service description.

5. Click **Save**.

Modifying service categories

You can edit the name of a service category. Your changes are applied immediately throughout the application. Service categories that are created by an external system using the provider registry APIs are read-only in the tenant admin application and cannot be modified.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Services** and select the **Categories** tab.

   The service categories are displayed.

3. From the **Actions** menu of a service category, select **Edit**.

   The **Edit Service Category** page opens.

4. Enter a unique name of 3 characters or more.

5. Click **Save**.

Modifying service unit types

You can edit the name of a service unit type and show or hide unit types. In the library of configured service unit types, you can reorder the sequence in which unit types are displayed. Your changes are applied immediately throughout the application. Units that are created by an external system using the provider registry APIs are read-only in the tenant admin application and cannot be modified.

You show a service unit type to make it available for use by care teams, or hide a unit type to make it unavailable. Unit types for existing services on care plans are not affected.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Services** and select the **Unit Types** tab.

   The unit types are displayed.

3. To rename a unit type, from the **Actions** menu of a unit type, select **Edit**.

   The **Edit Unit Type** page opens.

       a. Enter a unique name.

       b. Click **Save**.

4. To hide a unit type, from the **Actions** menu of a unit type, select **Hide**.

5. To show a unit type, from the **Actions** menu of a unit type, select **Show**.

6. To reorder the sequence of service unit types, click **Reorder**. Drag and drop the service unit types to position them in your preferred order.

Modifying service outcomes

You can edit the name of a service outcome and show or hide outcomes. In the library of configured service outcomes, you can reorder the sequence in which outcomes are displayed. Your changes are applied immediately throughout the application.

You show a service outcome to make it available for use by care teams, or hide an outcome to make it unavailable. Outcomes for existing services on care plans are not affected.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Services** and select the **Outcomes** tab.

   The service outcomes are displayed.

3. To rename a service outcome, from the **Actions** menu of an outcome, select **Edit**.

   The **Edit Outcome** page opens.

       a. Enter a unique name.

       b. Click **Save**.

4. To hide a service outcome, from the **Actions** menu of a outcome, select **Hide**.

5. To show a service outcome, from the **Actions** menu of a outcome, select **Show**.

6. To reorder the sequence of service outcomes, click **Reorder**. Drag and drop the service outcomes to position them in your preferred order.

Modifying service resource categories

You can edit the name of a resource category. Your changes are applied immediately throughout the application.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Services** and select the **Resources** tab.

   The service resources are displayed.

3. From the **Actions** menu of a resource category, select **Edit**.

   The **Edit Resource Category** page opens.

4. Enter a unique name.

5. Click **Save**.

6. To hide a resource category, from the **Actions** menu of a resource category, select **Hide**.

7. To show a resource category, from the **Actions** menu of a resource category, select **Show**.

Deleting service categories

You can delete a service category that is no longer needed. Deleting a service category makes it unavailable for selection when creating or editing services. The service category is removed from services in the service library, however, existing services on care plans are not affected.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Services** and select the **Categories** tab.
   The service categories are displayed.

3. From the **Actions** menu of a service category, select **Delete**.

Modifying client types

You can update the name of a client type. Providers use client types to choose which types of individuals are eligible for their resources.

Providers can select a client type when creating resource groups and care teams can filter by client type when they search for services with available resources.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Services**, then select the **Resources** tab.

3. From the **Actions** menu of a client type, select **Edit**.

   The **Edit Client Type** page opens.

4. Enter a unique name.

5. Click **Save**.

6. To hide a client type, from the **Actions** menu of a client type, select **Hide**.

7. To show a client type, from the **Actions** menu of a client type, select **Show**.
8. To reorder the sequence of client types, click **Reorder**. Drag and drop the client types to position them in your preferred order.

Enabling the resource filters feature

You can show or hide all pages, actions, buttons, fields, and columns that relate to the resource filters feature in the care team Community Resources page.

To show resource filter options on the Community Resources page in the care team application, your organization must license the Connect Providers web application and you must show the Providers functionality.

You can show the resource filters feature whenever it is suitable for your organization. You might choose to only show the resource filter options when resource information is available in the Connect Providers application. Care team members can use the resource filter options to search for provider services with available resources for clients. When the resource filters feature is shown, care team members can access the resource availability, category, gender, and client type filter options. When the resource filters feature is hidden, care team members cannot access the resource availability, category, gender, and client type filter options.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Plan**.
   The **Plan** page opens.
3. From the **Actions** menu of the Resource Filters plan setting, select **Show**.
4. From the **Actions** menu of the Resource Filters plan setting, select **Hide**.

Deleting services

You can delete a service from the services library. The deleted service is no longer available for care teams to add to care plans. Existing services on care plans are not affected. Services that are created by an external system using the provider registry APIs are read-only in the tenant admin application and cannot be deleted.

You cannot delete a service that is associated with a provider until the provider service is closed.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Services**.

The services library is displayed.

3. From the **Actions** menu of a service, select **Delete**.

Configuring barriers

A barrier is an issue that can prevent an individual from achieving their care plan goals, actions, or services. An individual who is without transportation, for example, has a barrier that the care team must consider when they are assessing and managing their care plan. You can configure a library of barriers for the care team to associate with clients, goals, actions, or services.

Related information

Creating care plans *(on page 425)*

Creating barriers

You can create barriers for the care team to associate with a client, or their goals and actions.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Barriers**.

   Existing barriers are displayed.

3. Click **New**.

   The **New Barrier** page opens.

4. Enter a name and description for the goal.

   > ℹ️ **Tip:**
   > Enter a name of 3 characters or more to enable searches for the name.

5. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

   The hyperlinks that you define to support a barrier are displayed in plain text and are not clickable. To the care team, the links display as clickable links.

6. Click **Save**.

   The barrier status is set to Active in the application.

Creating barrier categories

Barrier categories divide barriers into certain groups that the care team can assign when they are creating a barrier. Barrier categories give the team a way to filter barriers. If a suitable barrier category does not exist in the library of configured categories, you can create a new barrier category for the team to use.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Barriers** and select the **Categories** tab.

   The barrier categories are displayed.
3. Click **New**.

   The **New Barrier Category** page opens.
4. Enter a unique name that is at least 3 characters.
5. Click **Save**.

   The new barrier category becomes available for the care team to associate with barrier.

Modifying barriers

You can update a barrier in the library of configured barriers.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Barriers**.

   Existing barriers are displayed.
3. Click the **Actions** menu of the barrier, and click **Edit**.

   The **Edit Barrier** page opens.
4. Update the name or description of the barrier.

   > ⓘ **Tip:**
   > Enter a name of 3 characters or more to enable searches for the name.

5. In each **Reference URL** field, provide a link to an external website that contains supplementary reference information. Enter the hyperlink in this format: `https://www.example.com`.

   The hyperlinks that you define to support a barrier are displayed in plain text and are not clickable. To the care team, the links display as clickable links.
6. Click **Save**.

Modifying barrier categories

You can edit the name of a barrier category and show or hide categories. You can reorder the sequence in which barrier categories are displayed. Your changes are applied immediately throughout the application.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Barriers** and select the **Categories** tab.

   The barrier categories are displayed.
3. To rename a barrier category, from the **Actions** menu of a category, select **Edit**.

   The **Edit Barrier Category** page opens.

   a. Enter a unique name.

   b. Click **Save**.
4. To hide a barrier category, from the **Actions** menu of a category, select **Hide**.
5. To show a task category, from the **Actions** menu of a category, select **Show**.
6. To reorder the sequence of barriers, click **Reorder**. Drag and drop the barriers to position them in your preferred order.

Deleting barriers

If a configured barrier is incorrect or obsolete, you can delete it. If you delete a barrier, however, the barrier is unavailable for selection when the care team create a new barrier. The care team can continue to work with existing instances of the barrier that are already associated with clients, goals, or actions.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Barriers**.

   Existing barriers are displayed.
3. Click the **Actions** menu of the barrier, and click **Delete**.
4. Click **Yes** to confirm that you want to delete the barrier.

   The barrier status is set to Canceled in the application, and cannot be reactivated.

Configuring for Connect applications

If your organization uses IBM Watson® Care Manager Connect Individuals or IBM Watson® Care Manager Connect Providers, there are some mandatory configurations that you must make in Watson™ Care Manager before any clients or providers can be onboarded to the Connect Individuals or Connect Providers applications. Optionally, you can configure client messaging so that clients can send and receive messages from their care teams from the Connect Individuals application. If the provider was registered by an external system, the Send Onboarding Request function is disabled.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Quick Links** page or the side navigation menu, click **Organization**.

3. Configure your organization name *(on page 245)*.

4. If your organization uses the Connect Providers application, configure the **Connect Providers Support Contact** *(on page 246)*.

5. If your organization uses the Connect Individuals application, configure the **Connect Individuals Support Contact** *(on page 246)*.

6. If your organization uses the Connect Individuals application, optionally you can configure **client messaging** *(on page 249)*.

Registering providers and services

If you plan to manage your organization's providers in IBM Watson® Care Manager, use the Providers feature to create and maintain a provider registry for your organization. A provider is an organization or individual who provides services, such as healthcare or community services, to clients under care management.

Configure a library of services for your organization. For each provider, select the services that they provide and add their provider-specific information. Activate the provider's services to make them available for care teams.

You can manually register providers and maintain a registry of providers for your organization. Alternatively, providers can be registered automatically in Watson™ Care Manager by external systems.

You cannot maintain providers that are registered by an external system, all actions for the provider record are read-only. You cannot delete providers who are registered from external systems, closed providers, or providers with associated services.

Only providers who are manually registered can access the Connect Providers application. If Connect Providers is used, you must delete the provider user account before you can close the provider.

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.

Related information

Configuring languages for organizations *(on page 246)*

Getting started with registering providers and services

To make services available to care teams, you must register community service providers, configure a library of services, and for each provider, select services from the library and add their provider-specific information, such as their rates.

For example, you might want to configure a taxi service to provide transportation. Register *Example Taxi* as a service provider, and create a *Transportation* service. Open *Example Taxi*, select the *Transportation* service, and add Example Taxi's service information, such as their service description and rates. Then, activate Example Taxi's taxi service to make the transportation service available to care teams.

Click the interactive graphic for more information

Register a provider
in the provider registry
with initial address and contact

Add the provider description
plus
remaining information

Create a service
in the
services library

Add the service rates

Add the service description
and supported languages

Open a provider and
select a service from the library

Add the service contacts

Add the service addresses

Activate the service

1. Registering providers *(on page 121)*
2. Adding provider information *(on page 122)*
3. Creating services *(on page 105)*
4. Creating provider services *(on page 129)*
5. Adding descriptions and languages for provider services *(on page 131)*
6. Adding rates for provider services *(on page 132)*
7. Adding contacts for provider services or service groups *(on page 133)*
8. Adding addresses for provider services or service groups *(on page 135)*
9. Activating provider services added by care teams *(on page 137)*

Enabling the Providers feature

The Providers feature enables you to add and manage service providers and their services in IBM Watson® Care Manager and is hidden by default in the care team application. Depending on your organization's requirements, you can show or hide the Providers feature for care teams. Provider settings for the administrator are always shown.

The Providers feature resides in IBM Watson® Care Manager and is not an add-on component. However, some IBM Watson® Care Manager add-on components, such as IBM Watson® Care Manager Community Service Payment, depend on Providers. If any of these add-on components are licensed, you cannot hide the Providers feature. If the provider was registered by an external system, you cannot maintain its details because it is maintained by an external provider registry. If the provider was manually registered, you can maintain its details.

Depending on your selection, all pages, actions, buttons, fields, and columns that relate to providers are shown or hidden in the care team application.

If your organization does not want to register and manage service providers in IBM Watson® Care Manager, then the Providers feature can remain hidden. Care teams can still manage services in the care team application.

If your organization wants to manage service providers in IBM Watson® Care Manager, you can show the Providers feature whenever it is suitable for your organization. You can show your configured providers and provider services to care teams from the start, or delay showing them until a more suitable time. For example, you might hide Providers while you migrate providers from another system.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Plan > Plan**.

   The **Plan** page opens.

3. Show Providers by selecting **Actions > Show** .

4. Hide Providers by selecting **Actions > Hide** .

Configuring identification types for providers

Configure the different types of identification that you can capture for providers, for example, their Employee ID, Passport Number, or Insurance Number. Create a provider identification type to make it available for selection in a menu when you are adding providers. You can edit, show, or hide the identification types, and set their order in the menu.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Select **Providers > Provider Registry Settings** from the **Side Navigation Menu**.

   The existing identification types are displayed.

3. Click **New**.

   The **New Identification Type** page opens.

4. Enter an identification type name and click **Save**.

   By default, new identification types are shown in the menu.

5. Select **Show** or **Hide** from the **Actions** menu to make it available or unavailable in the menu.

6. Select **Reorder** to reorder the identification types in the menu, and click **Reorder**.

7. Select **Edit** from the **Actions** menu of an identification type, rename the identification type and click **Save**.

Searching for providers

You can search for providers in the provider registry.

You can search by name and identification number. Partial matching is supported for names.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation Menu**, select **Providers > Search for a Provider**.

   The **Search Providers** page opens.

3. Enter your search criteria and click **Search**.

   The search results are displayed, including primary addresses. If a primary address is not set for a provider, no address is displayed in the search results.

4. Click the provider's name to open their details.

   The provider's record opens.

Registering providers

You must register providers so that they can provide services for your organization. Registered providers are added to the provider registry as active providers. To avoid duplicate registrations, ensure that you search for existing providers before you register a provider.

A unique reference number is generated for each registered provider, which cannot be modified or deleted. The name **Reference Number** is reserved for the generated reference number.

The provider record is the complete set of information about a provider that is available in the administrator application. The provider profile is information about a provider that is relevant to care teams and available in the care team application.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

   The provider registry opens.
3. Click **Register**.

   The **Register Provider** wizard opens.
4. Search for the provider to ensure that they are not already registered. Partial matches are supported for names and full matches for identification numbers.
5. If the provider is not registered, click **Next**. If the provider is already registered, click **Cancel**.
6. Enter these details for the provider:
   - **Name** - You must enter a provider name of at least 3 characters. The provider's name is mandatory.
   - **Phone** - Enter the provider's phone number.
   - **Email Address** - Enter the provider's email address.
   - **Identification Type** - Select the identification number type.
   - **Identification Number** - Enter an identification number.
   - **Website** - Enter the full web address for the provider's website. For example, `http://www.example.com` or `https://www.example.com`.
7. Enter the provider's Care Quality Commission (CQC) Provider ID.
   - **Provider ID** - Enter a CQC provider identification number in the format `1-1xxxxxxxx`. If you enter a CQC provider ID, it must be verified with a CQC service before it is saved. If the CQC service is not available, the ID number cannot be saved. You can add the CQC provider ID later. The CQC Provider ID applies only in the UK and the option is available in the UK only.
8. Enter an address for the provider.

◦ **Confirm Location** - You can confirm the map location of the address before saving. When you enter an address, a default map location is automatically assigned to the address based on the address information. Ensure that the address information is as accurate as possible for a more precise location. The map opens at the default location of the address. Drag the map to change the location of the address. If needed, you can reset the map to the default location. If you do not change the location, the default location is saved.

◦ **Primary** - A provider can have a single primary address, which is displayed on the provider's profile. If you want this address to be the primary address, select the **Primary** check box.

9. Enter a contact for a provider.

◦ **Name** - Enter the contact's name.

◦ **Role** - Enter the contact's role.

◦ **Phone** - Enter the contact's phone number.

◦ **Mobile Phone** - Enter the contact's mobile phone number.

◦ **Email Address** - Enter the contact's email address.

◦ **Primary** - A provider can have multiple primary contacts that are displayed on the provider's profile. If you want this contact to be a primary contact, ensure that the check box is selected. If not, clear the check box.

10. Click **Save** to register the provider.

The provider is added to the provider registry. A unique reference number is generated for the provider and provider information is added to the provider record.

Adding provider information

You can add and update the details, identification numbers, description, and CQC Provider ID for providers in the provider registry.

You cannot modify or delete the unique reference number that is generated for each registered provider, and the name **Reference Number** is reserved for the generated reference number.

1. Sign in with your administrator credentials.

Your home page opens.

2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

3. Click a provider name.

The provider's record opens.

4. Edit a provider's details by clicking **Actions > Edit Details**, edit the details, and then click **Save**.

◦ **Name** - Enter the provider's name.

◦ **Phone** - Enter the provider's phone number.

- ◦ **Email Address** - Enter the provider's email address.
- ◦ **Website** - Enter the full web address for the provider's website. For example, `http://www.example.com` or `https://www.example.com`.

5. Click **Actions > Add Identification** to add an identification number and then click **Save**.

   - ◦ **Identification Type** - Select the type of identification number.
   - ◦ **Identification Number** - Enter an identification number.
   - a. Click **Edit** from the **Actions** menu of an identification to edit the identification.
   - b. Click **Delete** from the **Actions** menu of an identification to delete the identification.

6. Click **Actions > Edit Description** to add or edit a provider's description of up to 2000 characters and click **Save**.

7. Click **Actions > Edit CQC Provider ID** to add or update the provider's Care Quality Commission identification number and then click **Save**.

   - ◦ **Provider ID** - Enter a CQC provider identification number in the format `1-1xxxxxxxx`. If you enter a CQC provider ID, it must be verified with a CQC service before it is saved. If the CQC service is not available, the ID number cannot be saved. You can add the CQC provider ID later. The CQC Provider ID applies only in the UK and the option is available in the UK only.

8. Click **Actions > Delete CQC Provider ID** to delete the provider's Care Quality Commission identification number and then click **Delete**.

Adding contacts for providers

You can add and update contacts and set one or more primary contacts for a provider.

The provider record is the complete set of information about a provider that is available in the administrator application. The provider profile is information about a provider that is relevant to care teams and available in the care team application.

You can have multiple contacts for a provider in the provider record. You can have multiple primary contacts, which are shown on the provider's profile.

In the provider record, you can see any provider services that are associated with contacts.

External System Reference is only displayed for providers that are registered in Watson Care Manager by external systems.

1. Sign in with your administrator credentials.
   Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
3. Click a provider name.

The provider's record opens. **External System Reference** displays the reference that the external system uses to identify the provider. **Added on** and **Updated on** display the date/time the record was added. **Source** and **Original Source System** are conditionally displayed.

4. Select **Contacts** to open the contacts list, click **New**, enter the contact details, and click **Save**.

- **Name** - Enter the contact's name.
- **Role** - Enter the contact's role.
- **Phone** - Enter the contact's phone number.
- **Mobile Phone** - Enter the contact's mobile phone number.
- **Email Address** - Enter the contact's email address.
- **Primary** - A provider can have multiple primary contacts that are displayed on the provider's profile. If you want this contact to be a primary contact, ensure that the check box is selected. If not, clear the check box.

    a. From the **Contacts** list, click **Edit** from the **Actions** menu of a contact to edit the contact.

    b. From the **Contacts** list, click **Delete** from the **Actions** menu of a contact to delete the contact.

Adding addresses for providers

You can add and update addresses, confirm the map location of addresses, and set a primary address for providers in the provider registry.

You can have multiple addresses for a provider in the provider record, but each provider can have only a single primary address, which is shown on the provider's profile.

In the provider record, you can see any provider services that are associated with addresses.

External System Reference is only displayed for providers that are registered in Watson Care Manager by external systems.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
3. Click a provider name.

   The provider's record opens.
4. Select **Addresses**.

   The **Addresses** page opens. **External System Reference** displays the reference that the external system uses to identify the provider. **Added on** and **Updated on** display the date/time the record was added. **Source** and **Original Source System** are conditionally displayed.
5. Add a provider address:

a. Select **New**.

The **New Address** page opens.

b. Enter the address as accurately as possible for a more accurate location.

When you enter an address, a default map location is automatically assigned to the address based on the address information.

c. **Optional:** Confirm the map location of the address before saving. Select **Confirm Location**.

The map opens at the default location of the address. If needed, drag the map to the correct location of the address. If needed, you can reset the map to the default location. Click **Confirm**.

If you do not change the location, the default location is saved.

d. Select the **Primary** check box to set this address to be the primary address.

e. Click **Save**.

6. Edit a provider address:

a. Select **Edit** from the **Actions** menu of the address.

The **Edit Address** page opens.

b. Update the address. Ensure that the address information is as accurate as possible for a more precise location.

If a location for an address was previously confirmed, this location is retained for the updated address unless you manually change it. Otherwise, when you edit an address, a default location is automatically assigned to the address based on the new address information.

c. **Optional:** Confirm the map location of the address by selecting **Confirm Location**. The map opens at the previously confirmed or default location of the address. If needed, drag the map to the correct location of the address. If needed, you can reset the map to the previously opened location. Click **Confirm**.

If you do not change the location, the previously confirmed or default location is saved.

d. Select the **Primary** check box to set this address to be the primary address.

e. Click **Save**.

7. Click **Delete** from the **Actions** menu of an address to delete the address.

Deleting an address deletes it from the provider and any associated services.

Managing provider users

IBM Watson® Care Manager Connect Providers is a separately licensed add-on component for IBM Watson® Care Manager. Users of IBM Watson® Care Manager Connect Providers are members of service provider organizations. You can add users for the service provider organizations that are registered in IBM Watson® Care Manager. Then, using the Connect application, users from the service provider organizations can manage their organizations' profile, list their organizations' service offerings, and receive and respond to service inquiries that are sent by care team members.

Inviting providers to register

You can invite a member of a service provider organization to be the Connect user for that organization. Connect users can manage the organization's profile and list the organization's service offerings. They also receive and respond to service inquiries from care team members.

The provider organization the person belongs to must be registered in the IBM Watson® Care Manager provider registry.

You can send one person in the provider organization an invitation to register as a Connect Providers user. When you create the invitation, you enter a secret code that the invited user enters when they register in the Connect Providers.

1. Sign in with your administrator credentials.
   Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.
   The provider registry opens.
3. Click a provider name. The provider's record opens. Open the **user** tab and click **Send Onboarding Request**.
   If a user is already invited or registered for the organization, the **Send Onboarding Request** is disabled.
4. Enter these details for the user and send the invitation.
   - **Name** - You must enter the user's name of at least 3 characters. The user's name is mandatory.
   - **Phone** - Enter the user's phone number. The phone number is optional.
   - **Email Address** - Enter the user's email address. The user's email address is mandatory.
   - **Secret Code** - Enter a secret code to be shared with the user. The secret code must have 6 - 256 alphanumeric characters. It is a single use code.

The user receives an email invitation to register. When the invitation is sent, you can view the status of the user's account on the Connect Providers user tab. Until the user registers, the account is in a Pending status. When the user completes registration, the account is in an Active status.

Resending invitations to providers

The email that invites users to register with IBM Watson® Care Manager Connect Providers contains URLs that expire after a certain amount of time. To resend an invitation to a user, you must first close the existing Pending account for that user and send a new invitation.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

   The provider registry opens.
3. Click a provider name. The provider's record opens. Open the **Connect Providers Users** tab. Click **Close** to close the Pending account for the user.
4. Click **Send Onboarding Request**.
5. Enter these details for the user and send the new invitation.
   - **Name** - You must enter the user's name of at least 3 characters. The user's name is mandatory.
   - **Phone** - Enter the user's phone number. The phone number is optional.
   - **Email Address** - Enter the user's email address. The user's email address is mandatory.
   - **Secret Code** - Enter a secret code to be shared with the user. The secret code must have 6 - 256 alphanumeric characters. It is a single use code.

The user receives a new email invitation.

Suspending Connect Providers user accounts

You can suspend a provider user's account to prevent them from signing in to Connect Providers, for example, because the user is temporarily on extended leave.

You can suspend only active provider user accounts. When a provider user is suspended, their user account is otherwise unaffected. The status of the provider user's account changes to Suspended. You can reactivate the provider's user account at any time.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

   The provider registry opens.

3. Click a provider name. The provider's record opens. Open the **Connect Providers Users** tab.
4. Select **Suspend Account** from the **Actions** menu and confirm by clicking **Suspend Account** again.

Reactivating Connect Providers user accounts

You can reactivate a suspended Connect Providers user account to enable the provider user to access Connect Providers again with their onboarding details.

You can reactivate only suspended provider user's accounts.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

   The provider registry opens.
3. Click a provider name. The provider's record opens. Open the **Connect Users** tab.
4. Select **Reactivate Account** from the **Actions** menu and confirm by clicking **Reactivate Account** again.

Closing Connect Providers user accounts

If an account is no longer required, for example, if the user has left the provider organization, you can close the IBM Watson® Care Manager Connect Providers account for the user.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

   The provider registry opens.
3. Click a provider name. The provider's record opens. Open the **Connect Providers Users** tab. Use the **Close** row action to close the account for the user.

The account is closed and the user can no longer access their Connect account.

Adding services for providers

Configure a library of the services that are needed for your organization. For each provider, select services from the services library and add the provider-specific information, including the provider service description, available languages, rates, and contacts. If providers are using the IBM Watson® Care Manager Connect Providers application, they can configure and submit their own services for you to review and approve in the provider registry. Activate services to make them available to care teams.

Configuring your organization's service library

Services can be delivered by multiple providers. Before you can configure services for specific service providers, you must configure services for your organization. Then, for each provider, you can select services from the services library, and configure them with the specific provider details for their services.

> **Note:**
>
> Services that are created by the tenant administration user cannot be associated with categories or units that were created by an external system (Provider APIs).

Related information

Configuring services *(on page 104)*
Creating provider services *(on page 129)*

Creating provider services

Services can be offered by multiple providers. For each provider, select services from the services library, and add them to the provider so you can configure the provider-specific information. Providers and services can be added by external systems. Service offerings created in external systems are active by default.

External System Reference is only displayed for providers that are registered in Watson Care Manager by external systems.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
3. Click a provider name.
   The provider's record opens. **External System Reference** displays the reference that the external system uses to identify the provider. **Added on** displays the date/time the record was added.
4. Click the **Services** tab.
   The provider's services and groups are displayed.
5. If configured, add a service by clicking **Add Service**.
   The **Add Service** page opens.
6. If configured, add a service group by clicking **Add Service Group**.
   The **Add Service Group** page opens.
7. Search for services by name, category, or description, select one or more services and click **Add**.
   A draft provider service is added for the provider.

Grouping provider services

You can group provider services that share common information, such as their description, languages, addresses, or contacts, to help you to maintain service information for multiple services. Create a service group and add and remove services as needed. You can rename a service group if needed.

You can define the following information for a service group. The service group information applies to all services in the group and the group information is retained for a service if you remove it from a group.

- Description
- Languages
- Addresses
- Contacts

You define rates for individual provider services, rather than for service groups.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
3. Click a provider name.

   The provider's record opens.
4. Select **Services**.

   The provider's services and service groups are displayed.
5. Add a service group by clicking **Add Service Group**, entering the group name, and clicking **Save**.
6. Add services to a service group:
   - Add a draft or active provider service by selecting **Add to Group** from the **Actions** menu of the service. The service group description, languages, addresses, and contacts are applied to the service, but the service rates for the individual service are retained.
   - Search for and add services:
     a. Select a service group. The service group page opens.
     b. Click **Add Service**, search for services by name, category, or description, select one or more services and click **Add**. The services are added as draft provider services.
7. Remove provider services from a service group.

   Removing a service from a service group does not remove the service from the provider and retains its status and the group information for the service.

   a. Select a service group.

      The service group page opens.

   b. Select **Remove** from the **Actions** menu of the service.

The **Remove Service** page opens.

    c. Click **Remove**.

    d. Review and update the details for the provider service.

8. Rename a service group by clicking **Edit** from the **Actions** menu of the service group, updating the name and clicking **Save**.

Adding descriptions and languages for provider services

You can add a provider service description and select the available languages. Your changes are applied immediately throughout the application.

External System Reference is only displayed for providers that are registered in Watson Care Manager by external systems.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

3. Click a provider name.

   The provider's record opens.

4. Click the **Services** tab.

   The provider services list opens.

5. Click a provider service name.

   The provider service home page opens. **External System Reference** displays the reference for the service offering sent in by the external system. **Added on** and **Updated on** display the date/time the record was added. **Source**, **Original Source System** and **External System Status** are conditionally displayed.

6. Edit the provider service details by clicking **Edit Details** from the **Details** section.

   The **Edit Details** page opens.

   ◦ Enter the provider service description.

   ◦ Select a language.

7. Click **Save**.

Related information

Adding rates for provider services

Add one or more rates for each provider service. Use start and end dates to specify the rates for current and future periods. You can edit or delete service rates. Rates are set individually for services in service groups.

Rates have a start date and an optional end date. Care teams are shown the current rates, that is, any rates that are started and are not yet ended.

Rates consist of a charge per unit. Rates with the same unit cannot overlap, but you can have overlapping rates with different units. Use start and end dates to ensure that rates with the same unit do not overlap.

External System Reference is only displayed for providers that are registered in Watson Care Manager by external systems.

1. Sign in with your administrator credentials.

    Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
3. Click a provider name.

    The provider's record opens.
4. Click the **Services** tab.

    The provider's services and service groups are displayed. **External System Reference** displays the external system reference for the externally entered service offering rate.
5. Select a service or service group and add a provider service rate by completing the following steps:

    a. Click **Add Rate** for the service.

       The **Add Rate** page opens.

    b. Enter the rate to two decimal places, and select a unit, start date and end date.

    c. Add the rate by clicking **Add**.

    d. Add another rate or click **Save**.

6. Edit a rate by completing the following steps:

    a. Click **Edit** from the **Actions** menu of the rate.

       The **Edit Rate** page opens.

    b. Update the rate, unit, start date, or end date.

    c. Click **Save**.

7. Delete a rate by completing the following steps:

    a. Click **Delete** from the **Actions** menu of the rate.

       The **Delete Rate** page opens.

    b. Click **Delete**.

Adding CQC location IDs for provider services

In the UK only, you can add or edit the Care Quality Commission (CQC) location ID for a service. You can delete an unwanted CQC location ID.

This action is available in the UK only.

The location ID you enter is validated with the CQC before it is saved. Also, if you entered a CQC provider ID for the provider, it is validated against the provider ID linked to that location ID. If the CQC server is unavailable, the location ID cannot be saved and you must try again later.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation menu**.

3. Click a provider name.

   The provider's record opens.

4. Click the **Services** tab.

   The provider's services and service groups are displayed.

5. Choose one of the following options:

    a. Select a service or service group and add or edit a CQC location ID by selecting **Edit CQC Location ID** from the **Actions** menu of the service, entering or updating the location ID, and clicking **Save**.

    b. Select a service or service group and delete a CQC ID by selecting **Delete CQC Location ID** from the **Actions** menu of the service and clicking **Delete**.

Adding contacts for provider services or service groups

You can add one or more contacts for provider services or service groups. Add existing provider contacts, or create a provider contact that is associated with the provider service or service group. You can edit or delete service or service group contacts, or remove a contact from a service or service group.

When you edit or delete a service or service group contact, your changes apply immediately to the provider contact throughout the application. When you remove a contact from a service or service group, the provider contact itself is not affected.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

3. Click a provider name.

   The provider's record opens.

4. Click the **Services** tab.

   The provider's services and service groups are displayed.

5. Select a service or service group.

6. Add a contact by clicking **Add Contact** from the **Contacts** section, choosing one of the following options, and clicking **Save.**

   ◦ Select one or more existing provider contacts.

   ◦ Create a provider contact by expanding **New Contact** and entering the contact details. You must enter at least one of the following options:

   ▪ Phone

   ▪ Mobile phone

   ▪ Email

7. Edit a contact by completing the following steps:

   a. Click **Edit** from the **Actions** menu of the contact.

      The **Edit Contact** page opens.

   b. Update the contact details.

      You must have at least one of the following options:

      ▪ Phone

      ▪ Mobile phone

      ▪ Email

   c. Click **Save**.

      Your changes apply to the provider contact throughout the application.

8. Remove a contact from the service or service group by completing the following steps:

   a. Click **Remove** from the **Actions** menu of the contact.

      The **Remove Contact** page opens.

   b. Click **Remove**.

9. Delete a contact that is associated with the service or service group by completing the following steps:

a. Click **Delete** from the **Actions** menu of the contact.

The **Delete Contact** page opens.

b. Click **Delete**.

The provider contact is deleted throughout the application.

Adding addresses for provider services or service groups

Add one or more addresses for each provider service or service group. Service group addresses apply to all services in the group. You can add existing provider addresses, or create a provider address that is associated with the provider service or service group. You can edit or delete provider service addresses, or remove an address from the provider service or service group.

- When you create an address for a provider service or service group, you are creating a provider address.
- When you delete a provider service address, the provider address is deleted from services and from the provider.
- When you delete a service group address, the provider address is deleted from the service group, from services, and from the provider.
- When you remove a provider service address, the provider address itself is not affected.
- When you edit a provider service or service group address, the provider address is updated throughout the application.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation menu**.
3. Click a provider name.

   The provider's record opens.
4. Click the **Services** tab.

   The provider's services and service groups are displayed.
5. Select a service or service group.
6. Add a provider service address by clicking **Add Address** from the **Addresses** section, choosing one of the following options, and clicking **Save.**
   - Select one or more existing provider addresses. You can select all the addresses by clicking the check box beside the **Addresses** column.
   - Create and add a provider service address by expanding **New Address** and entering the address details.

Confirm Location - You can confirm the map location of the address before saving. When you enter an address, a default map location is automatically assigned to the address based on the address information. Ensure that the address information is as accurate as possible for a more precise location. The map opens at the default location of the address. Drag the map to change the location of the address. If needed, you can reset the map to the default location. If you do not change the location, the default location is saved.

Primary - A provider can have a single primary address, which is displayed on the provider's profile. If you want this address to be the primary address, select the **Primary** check box.

7. Edit an address by completing the following steps:

   a. Click **Edit** from the **Actions** menu of the address and update the address. Ensure that the address information is as accurate as possible for a more precise location.

   Confirm Location - You can confirm the map location of the address before saving. When you enter an address, a default map location is automatically assigned to the address based on the address information. If a location for an address was previously set manually, this location is retained for the updated address unless you manually change it. The map opens at the previously set or default location of the address. Drag the map to change the location of the address. If needed, you can reset the map to the previously opened location. If you do not change the location, the default location is saved.

   Primary - A provider can have a single primary address, which is displayed on the provider's profile. If you want this address to be the primary address, select the **Primary** check box.

   b. Click **Save**.

8. Remove an address from the provider service by completing the following steps:

   a. Click **Remove** from the **Actions** menu of the address.
   The **Remove Address** page opens.

   b. Click **Remove**.

9. Delete a provider address that is associated with a provider service by completing the following steps:

   a. Click **Delete** from the **Actions** menu of the address.
   The **Delete Address** page opens.

   b. Click **Delete**.

Activating provider services added by care teams

You must activate draft provider services to make them available to care teams. You can activate draft services individually, or activate all draft services in a group.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation menu**.

   The provider registry is displayed.

3. Click a provider name.

   The provider's record opens.

4. Select **Services**.

   The provider's services and service groups are displayed.

5. Activate a draft service by selecting **Activate** from the **Actions** menu of the service, and clicking **Activate**.

6. Activate all draft services in a group by selecting **Activate All Services** from the **Actions** menu of the service group, and clicking **Activate**.

7. Activate a draft service in a service group by selecting the service group, selecting **Activate** from the **Actions** menu of the service, and clicking **Activate**.

Approving provider services submitted by providers

If providers are using the IBM Watson® Care Manager Connect Providers application, they can submit their own services for you to review in the provider registry. If you approve of the service, activate the service. The provider can see in the provider application that the service is approved and the service becomes available to the care team members in your organization when they search for services.

If payments are used and the service has a cost, check the provider's home page to see if the provider has successfully signed up to PayPal and can receive payment for their services before you activate the services.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

   The provider registry opens.

3. Select **Services Pending Approval**.

4. Select **Activate** from the **Actions** menu of a service.

Rejecting provider services

If providers are using the IBM Watson® Care Manager Connect Providers application, they can submit their own services for you to review in the provider registry. If the service is not appropriate or requires changes before it can be activated, reject the service. The service returns to draft status so the provider can make changes.

If you reject a service, the provider can see in the provider application that the service is rejected and the reason why it was rejected. The provider can update the service and resubmit it. Rejected services are not available to care team members when they search for services.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Providers > Provider Registry**.

   The provider registry opens.
3. Select **Services Pending Approval**.
4. Select **Reject** from the **Actions** menu of a service.
5. Enter the reason why you are rejecting the service. The reason is displayed in the Connect application so that the Provider can resolve the issue with the service.
6. Click **Reject**.

Closing provider services

You can close active provider services that are no longer needed to make them unavailable to the care teams. You can close all active services in a group. If there are draft services in a group, you must activate or delete them before you can close all services in the group.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Select **Providers > Provider Registry** from the **Side Navigation Menu**.

   The provider registry is displayed.
3. Click a provider name.

   The provider's record opens.
4. Select **Services**.

   The provider's services and service groups are displayed.
5. Close an active service by selecting **Close** from the **Actions** menu of the service, entering an end date and reason, and clicking **Save**.

   The provider service is closed and the service status history is updated.
6. Close all active services in a group by selecting **Close All Services** from the **Actions** menu of the service group, entering an end date and reason, and clicking **Save**.

All active provider services in the group are closed and their service status history is updated.

7. Close an active service in a service group by selecting the service group, selecting **Close** from the **Actions** menu of the service, entering an end date and reason, and clicking **Save**.

The provider service is closed and the service status history is updated.

Reopening provider services

You can reopen a closed provider service if the provider of the closed service is active. The service is reopened as an active service.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation Menu**.

The provider registry is displayed.

3. Click a provider name.

The provider's record opens.

4. Select **Services**.

The provider's services and service groups are displayed.

5. Reopen a closed service by selecting **Reopen** from the **Actions** menu of the service, entering a reason as needed, and clicking **Reopen**.

The provider service is reopened as an active service.

6. Reopen a closed service in a service group by expanding the service group, selecting **Reopen** from the **Actions** menu of the service, entering a reason as needed, and clicking **Reopen**.

The service is reopened and the service status history is updated.

Amending the provider service status history

You can edit the service status history for a service to correct errors or omissions in the end date or reason. Where a service was reopened and closed again, you can update the end date for the most recently closed status only.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation Menu**.

The provider registry is displayed.

3. Click a provider name.

The provider's record opens.

4. Select **Services**.

The provider's services and service groups are displayed.

5. Amend the status history for a service by selecting the service, and selecting **Edit** from the **Actions** of the service status. Update the end date or reason, and clicking **Save**.

The service status history is updated.

6. Amend the status history for a service in a service group by selecting the service group, expanding the service, and selecting **Edit** from the **Actions** of the service status. Update the end date or reason, and click **Save**.

The service status history is updated.

Deleting provider services and service groups

You can delete service groups and draft provider services. After services are activated, you must close them instead. Deleting a service group deletes all draft services in the group. If a service group contains any active or closed services, you must remove them from the group before you can delete it.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation menu**.

The provider registry is displayed.

3. Click a provider name.

The provider's record opens.

4. Select **Services**.

The provider's services and service groups are displayed.

5. Delete a service by selecting **Delete** from the **Actions** menu of the service, and clicking **Delete**.

6. Delete a service group by selecting **Delete** from the **Actions** menu of the service group, and clicking **Delete**.

The service is deleted and the service status history is updated.

7. Delete a service in a service group by selecting the service group, selecting **Delete** from the **Actions** menu of the service, and clicking **Delete**.

The service is deleted and the service status history is updated.

Closing providers

You can close providers who no longer provide services for your organization. Closing a provider closes any active services that are associated with the provider. A closed provider is no longer available to the care teams for selection. You can amend the closure details for a closed provider.

Closing a provider or active provider services does not affect existing service deliveries.

1. Sign in with your administrator credentials.

Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation Menu**.

   The provider registry is displayed.

3. Click a provider name.

   The provider's record opens.

4. Click **Actions > Close** to close the provider. Enter the mandatory end date and an optional reason and click **Save**.

   The provider and any associated services are closed.

5. Click **Actions > Update Closure Details** to amend the closure details for a closed provider. Edit the end date or reason and click **Save**.

Deleting providers

You can delete active providers from the provider registry. The provider is removed from the provider registry, and is no longer available to the care teams for selection. You cannot delete closed providers, or providers with associated provider services.

Deleting providers deletes their identification records, addresses, contacts, and service groups.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Select **Providers > Provider Registry** from the **Side Navigation menu**.

   The provider registry is displayed.

3. Select **Delete** from the **Actions** menu of a provider.

Configuring external inquiry statuses

If external inquiries are enabled for your organization, use the Inquiries API to manage a library of inquiry statuses that can be received from an external system.

You can add inquiry statuses to the library to suit the needs of your organization. You can edit an inquiry status, and associate an external system reference.

When sending an inquiry status as an API attribute, the external system identifies the inquiry status by its external system reference.

> **Note:**
> Your organization must request to have either the internal inquiries/Connect P feature enabled, or the External Inquiries/External Registry feature enabled. You cannot use both internal and external inquiries together.

Creating inquiry statuses

Create inquiry statuses so that the inquiry status list is updated with the latest details.

When receiving an inquiry status as an API attribute, the external system identifies the inquiry status by its external system reference.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Inquiries**.

   Existing inquiry statuses are displayed.
3. Click **New**.

   The **New Inquiry Status** page opens.
4. Enter a name for the inquiry status.

   > ⓘ **Tip:**
   > Enter 3 characters or more to enable searches for the name.

5. Optionally, enter an external system reference up to a maximum of 20 characters.
6. Click **Save**.

Modifying inquiry statuses

Update the details of a configured inquiry status. When you edit an inquiry status, the inquiry status list is updated with the latest details.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Inquiries**.

   Existing inquiry statuses are displayed.
3. To rename an inquiry status, click the **Actions** menu of the inquiry statuses.

   The **Edit Inquiry Status** page opens.
   a. Enter a unique name.
   b. Click **Save**.
4. To hide an inquiry status category, from the **Actions** menu of an inquiry status, click **Hide**.
5. To show an inquiry status, from the **Actions** menu of an inquiry status, click **Show**.

Configuring budgets

IBM Watson® Care Manager Community Service Payment is a separately licensed add-on component that enables care teams to manage services for clients within a weekly personal budget. If your organization has licensed Watson™ Care Manager Community Service Payment, you can configure the weekly budget settings for your organization.

Configuring budget contributors

Budget contributions for a client's personal budget can come from a number of sources, such as client, the organization, or other funding sources. You can configure up to 10 budget contributors for your organization. Care teams can select the appropriate contributors when they create a client's weekly budget.

The current list of contributors is available for selection when care teams create a budget. However, new or removed contributors are not applied to existing budgets. To ensure that they choose from the current list of contributors, care teams are prompted to create a new budget if they edit an existing budget after you change the budget contributors.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Budgets**.

   The **Budgets** page opens.

3. Click **New Contributor**, enter a contributor name, and click **Save**.

   The contributor(s) that you configure are displayed when care teams create and view a budget.

4. If one of the contributors is a client budget contributor, click **Update** in the **Client Contributions** box and select the client budget contributor from the drop down list.

   > **Note:**
   >
   > When you select a client contributions budget contributor, you enable the client contributions feature in the Connect Individuals and Care Team applications. Watson™ Care Manager uses the client contributions budget contributor that you specify when it processes client contributions. You can change an existing client contributor by selecting a new contributor from the list. If you no longer have a business need to process client contributions, disable the client contribution feature by selecting a blank value from the list. Selecting a blank value disables the client contributions feature in the Connect Individuals and Care Team applications and means that Watson™ Care Manager will no longer process contributions from clients. The Client Contributions section updates with the selected contributor or blank value.

5. Click **Edit** from the **Actions** menu of a contributor to edit the contributor's name and click **Save**.

6. Click **Delete** from the **Actions** menu of a contributor and click **Delete** to delete the contributor.

   The contributor is no longer available to care teams when they create a budget. Existing contributors on budgets are not removed.

If you are processing payments using Watson™ Care Manager, you can now grant permissions to receive payments from the client contributor into your organization's PayPal account.

Configuring budget approvals

Configure whether budgets are approved automatically or manually. For manual budget approvals, you must select a care team role as a budget approval role. Care team members with that role can then approve or reject budget submissions in the care team application. For automatic approvals, budgets are approved on submission.

> ✏️ **Note:**
>
> If you switch from manual to automatic approvals, you must leave the approval role selected until all pending budgets are approved in the care team application.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Budgets**.

   The **Budgets** page opens.

3. Click **Edit Approval**.

4. Select whether budgets are approved automatically or manually.

5. For manual budget approvals, you must select a care team role to be the budget approval role.

Configuring payments

IBM Watson® Care Manager Community Service Payment is a separately licensed add-on component. With IBM Watson® Care Manager Community Service Payment, care teams can make payments to service providers with PayPal. You must configure the billing agreement for payments to service providers for your organization. To use payments, your instance of Watson™ Care Manager must have the Providers feature enabled and have licensed IBM Watson® Care Manager Connect Providers.

Configuring a PayPal billing agreement

For Watson™ Care Manager to process payments to providers on your organization's behalf, an active billing agreement must exist between IBM Watson™ Care Manager and your organization's PayPal

account. You must create a PayPal billing agreement to process payments. You are redirected to the PayPal website to create the agreement.

You must have the login credentials for the PayPal account that your organization will use to make payments to providers. If your organization does not have a business account, you can create a business account with a linked bank card as part of the billing agreement creation work flow in PayPal.

If there has never been a billing agreement created, the billing agreement details are blank, and the **PayPal** button is shown.

When an active billing agreement is in place, the billing agreement details are shown, including the billing agreement ID. The **PayPal** button is hidden.

If an existing billing agreement was canceled, the billing agreement details are shown with a canceled status, and the **PayPal** button is shown.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Payments**.

   The **Payments** page opens. A **PayPal** button is available only if there is no active billing agreement.

3. Click the **PayPal** button.

   The PayPal merchant store log-in page opens.

4. Log in with the appropriate PayPal governing authority funding account credentials.

5. Review the information and click **Agree and Continue** on the PayPal billing agreement.

   The PayPal billing agreement is created. The **Payment** page is updated with the agreement details and the agreement status is set to active.

6. If you want to cancel a billing agreement, click **Cancel**.

> ❗ **Important:**
> If you cancel a billing agreement, you must create a new agreement before the next payment due date or all payments to providers will fail. An active billing agreement must be in place to so that payments can be made successfully.

When there is an active billing agreement in place, care team members can authorize payments to providers who have on boarded their PayPal accounts to receive payments.

Related information

Setting up payments *(on page   )*

Granting permissions to receive client contributions

Your organization might require clients to contribute financially towards the cost of their care. You can configure your organization's PayPal account so that client contributions can be received.

> **Note:**
> Signing up for contributions using Internet Explorer 11 is not supported, use one of the other supported browsers.

You must have the login credentials for the PayPal account that your organization will use to receive contributions. If your organization does not have a PayPal business account, when you click PayPal, you will be prompted to create a business account with a linked bank card and guided through the process.

If permissions are already granted, the **Permissions To Receive Contributions** section displays but **PayPal** button is hidden. To revoke permission, you must log in to PayPal.

If permissions have been revoked in PayPal, *No* displays in the **PayPal Permissions Granted** field and the PayPal button displays so that you can grant permissions again.

> **Important:**
> If you revoke the permissions to receive contributions, you must grant permissions again before the next contribution due date or no contributions will be processed.

1. Sign in with your administrator credentials.
   Your home page opens.
2. From the **Side Navigation menu**, select **Payments** and open the **Contributions** tab.
   A **PayPal** button is available in the **Permissions to Receive Contributions** tab.
3. Click the **PayPal** button.
   The PayPal merchant store log-in page opens.
4. Log in with the appropriate PayPal governing authority funding account credentials.
5. Review the information and click **Agree and Continue** on the PayPal billing agreement.
   Permissions are granted to receive contributions into the organization's PayPal account. The **Permissions to Receive Contributions** section refreshes to show that permissions are granted.

The organization can now receive contributions from clients into the PayPal account. The organization will receive contributions from individual clients when the client has signed up in Connect to make contributions towards their services and when the client's budgets and services have been approved and authorized by the care team.

Related information

Setting up payments *(on page   )*

Configuring a failed client contribution task

So that the appropriate care team members can take action if a client's contribution is not processed successfully, you can configure a task to be generated when the contribution fails. You can configure the user or role that the task is assigned to. So that action to resolve the issue with the contribution is taken in a timely fashion, you can select if the task should fall due on the day that the contribution fails.

You must configure the client contribution task in the Task library. For more information, see Creating tasks *(on page 148)*.

Only one task can be configured for failed client contributions at a time.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Payments**, and open the **Tasks** tab.
3. Click **Add Task**.
4.

   a. Click **Add**.
   b. Search for and select the client contribution task that you configured in the Task library.
   c. Optionally, check **Assign to Primary Care Team Member** if the task should be assigned to a primary care team member on the client's care team.
   d. From the list of available care team roles, select a role to assign the task to. If you assign a task to a role that is not assigned to a user, an informational displays. Tasks are added to the unassigned list for users with that care team role who can accept and complete the task.
   e. Optionally, check **Due on Creation Date**, if the task is to be due on the day that the task is generated, that is the day that the client's contribution failed. This setting overrides any due date set when you configured the task in the Task library.
   f. Click **Add**.

The task is added and is generated for the specified users or roles when a client's contribution fails. After you add the task, you can update the configured task if required. You can remove the configured task if it is no longer required.

Configuring tasks

A task is an item of work that care team members and supervisors must complete. You can create a library of tasks for your organization and make them available for use by care teams. You can create, modify, and delete tasks. You can configure tasks that you add to the library to be automatically generated for care team members to action when they complete program enrollments, questionnaires, or assessments.

Automatically generated tasks are displayed in a care team member's My Tasks list for completion. First, add the tasks to the library. Then, associate the tasks with the appropriate programs, assessments, and questionnaires.

Related information

Creating tasks

You can create tasks for a supervisor or a care team member to complete that relate to a client or a general item of work.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Tasks**.

   Existing tasks are displayed.
3. Click **New**.

   The **New Task** page opens.
4. Enter a name and description for the task.

   > (i) **Tip:**
   >
   > Enter 3 characters or more to enable searches for the name.

5. Select a category that best describes the nature of the task.
6. Select a priority that ranks the importance of the task in the client's care.
7. Enter a **Due Date (Days)** value to configure the due date for the task. This value sets the due date for the task to be a specific number of days after the task is added.
8. Click **Save**.

Creating task categories

Task categories divide tasks into certain groups that the care team can assign when they are creating a task. Task categories give the team a way to filter tasks. If a suitable task category does not exist in the library of configured categories, you can create a new task category for the team to use.

1. Sign in with your administrator credentials.

    Your home page opens.

2. Click **Care Planning > Tasks** and select the **Categories** tab.

    The tasks categories are displayed.

3. Click **New**.

    The **New Task Category** page opens.

4. Enter a unique name that is at least 3 characters.

5. Click **Save**.

    The new task category becomes available for the care team to associate with tasks.

Modifying tasks

You can update a task in the library of configured tasks.

1. Sign in with your administrator credentials.

    Your home page opens.

2. Click **Care Planning > Tasks**.

    Existing tasks are displayed.

3. Click the **Actions** menu of the task, and click **Edit**.

    The **Edit Task** page opens.

4. Update the name or description of the task.

    > **Tip:**
    > Enter 3 characters or more to enable searches for the name.

5. Select a category that best describes the nature of the task.

    > **Restriction:**
    > If a previously configured category is set to be hidden from view, you cannot select the option in the Category list.

6. Select a priority that ranks the importance of the task in the client's care.

7. Update the **Due Date (Days)** value to set the due date for the task to be a specific number of days after the task is added.

8. Click **Save**.

Modifying task categories

You can edit the name of a task category and show or hide categories. In the library of configured service task categories, you can reorder the sequence in which categories are displayed. Your changes are applied immediately throughout the application.

You show a task category to make it available for use by care teams, or hide a category to make it unavailable. Categories for existing tasks on care plans are not affected.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Tasks** and select the **Categories** tab.

   The task categories are displayed.

3. To rename a task category, from the **Actions** menu of a category, select **Edit**.

   The **Edit Task Category** page opens.

   a. Enter a unique name.

   b. Click **Save**.

4. To hide a task category, from the **Actions** menu of a category, select **Hide**.

5. To show a task category, from the **Actions** menu of a category, select **Show**.

6. To reorder the sequence of task categories, click **Reorder**. Drag and drop the task categories to position them in your preferred order.

Deleting tasks

If a configured task is incorrect or obsolete, you can delete it. Note, however, that if you delete a task, you also delete any associations between the task and programs, questionnaires, and assessments.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Tasks**.

   Existing tasks are displayed.

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.

Configuring task closure reasons

When a care team member or supervisor closes a task that is related to their work or clients from Watson™ Care Manager, a reason must be recorded. You can configure and manage a library of reasons for why a task was closed.

Adding task closure reasons

If a suitable task closure reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to the care team to select when they attempt to close a task.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Tasks > Closure Reasons**.
   The tabs in the Closure Reasons library contain a list of reasons for closing a task.
3. To add a new task closure reason, from the **Closure Reasons** tab, click **New**. The **New Closure Reason** page opens.

Modifying task closure reasons

You can update a task closure reason. When you change a task closure reason in the library of configured reasons, all existing instances in client records are updated.

The default task closure reasons that come with the product cannot be edited: Successful, Unsuccessful, Disenrolled from program, Completed program, Did not enroll in program.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Tasks > Closure Reasons**.
   The tabs in the Closure Reasons library contain a list of reasons for closing a task.
3. To update a task closure reason, from the **Actions** menu, click **Edit**.
   The **Edit Closure Reason** page opens
4. Update the closure reason. Ensure the updated reason is a unique reason that does not duplicate any existing task closure reason in the library. Click **Save** to add the closure reason to the library. The Task Closure Reasons list opens.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
   ◦ To hide the reason, from the Actions menu, select **Hide**.
   ◦ To show the reason, from the Actions menu, select **Show**.

For users who configured to show the program closure options that allow a user to remove care team members, tasks, referrals, alerts and care team actions when completing, disenrolling or updating a program status to Not enrolled, please note the following:

- The task closure reasons Disenrolled from program, Completed program and Did not enroll in program will continue to be set on any tasks that are closed when the program status is updated, even if you set the task closure values to Hidden.
- The task closure reasons Disenrolled from program, Completed program and Did not enroll in program will not be available to users who are manually closing tasks using the Close Task action, if you set them to Hidden.

6. To reorder the sequence of task closure reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring alerts

You can configure a library of alerts that highlight different aspects of a client's care that needs action or attention from the care team, for example, a Blood Pressure alert. An alert indicates that a client needs immediate attention from the care team. You can create and modify alerts for the care team to associate with clients.

Creating alerts

You can create alerts for the care team to highlight some aspect of a client's care that needs their action or attention, for example, a Blood Pressure alert.

You can associate an external system reference with the alert record that you are creating. When sending an alert as an API attribute, the external system identifies the alert name by its external system reference.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Alerts**.

   Existing alerts are displayed.
3. Click **New**.

   The **New Alert** page opens.
4. Name the alert.

> **ⓘ Tip:**
> Enter a name of 3 characters or more to enable searches for the name.

5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

6. Click **Save**.

Related information

Modifying alerts

You can update an alert in the library of configured alerts. An alert highlights some aspect of a client's care that needs action or attention from the care team, for example, a Blood Pressure alert.

You can update the alert name and if not previously configured, you can associate a new external system reference with the alert record. When sending an alert as an API attribute, the external system identifies the alert name by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Alerts**.

   Existing alerts are displayed.

3. From the **Actions** menu of an alert, modify the alert by choosing from the following options:
   - Select **Edit**.
     - In the **Name** field, rename the alert. Enter a name of 3 characters or more to enable searches for the name.
     - In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.
     - Click **Save**.
   - Select **Show** or **Hide** to show or hide the alert to the care team.

4. To reorder the sequence of consent types, click **Reorder**. Drag and drop the alerts to position them in your preferred order.

Configuring care teams

You can configure care teams for effective work assignment.

Configuring care team skills

You can configure a library of care team skills and assign the skills to members of the care team who have those skills. For example, you can create the Spanish skill and apply it to care team members who speak Spanish. You can remove a care team skill from a care team member as needed.

When they create care teams, care managers can check the skills that are assigned to potential care team members to work on a client's care plan.

Creating care team skills

You must create care team skills before you can add the skills to members of the care team.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Care Team Skills**.

   The **Care Team Skills** library opens.
3. Click **New**.

   The **New Care Team Skill** page opens.
4. Enter the skill, to a maximum of 64 characters.
5. Click **Save**.

Related information

Searching for users *(on page　　)*

Modifying care team skills

You can update a care team skill in the library of configured skills.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Care Team Skills**.

   The **Care Team Skills** library opens.
3. Click the **Actions** menu of the skill, and click **Edit**.

   The **Edit Care Team Skill** page opens.
4. Update the name of the skill, to a maximum of 64 characters.
5. Click **Save**.

Deleting care team skills

If a configured care team skills is incorrect or obsolete, you can delete it. Note, however, that you cannot delete a skill that is already assigned to a care team member.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Team > Care Team Skills**.

   The **Care Team Skills** library opens.

3. Click the **Actions** menu of the skill, and click **Delete**.

   The **Delete Care Team Skill** page opens.

4. Click **Yes** to confirm that you want to delete the skill.

Assigning skills to care team members

You can assign care team skills to care team members from the library of configured skills.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Team > Search Users**.

   The **Search Users** page opens.

3. Search for target care team member and go to their **Home** page.

4. Click the **Care Team Skills** tab.

   Existing skills that the care team member has are displayed.

5. Click **Add**.

   The **Add Care Team Skill** window opens.

6. Enter the partial or complete name of a skill and click **Search**.

   A list of skills that match your search string is displayed.

7. Select skill that you want to add, and click **Add**.

   The skill is assigned to the care team member.

Related information

Searching for users *(on page   )*

Removing skills from care team members

If a skill no longer applies to a member of the care team, you can remove the skill.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Team > Search Users**.

   The **Search Users** page opens.

3. Search for target care team member and go to their **Home** page.

4. Click the **Care Team Skills** tab.

   Existing skills that the care team member has are displayed.

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

6. Click **Yes** to confirm that you want to remove the skill from the care team member.

Configuring care team roles

You can configure a library of care team roles and assign the roles to members of the care team who can fulfill those roles. You can remove a care team role from a care team member as needed.

When they create care teams, care managers can check the roles that are assigned to potential care team members to work on a client's care plan.

Creating care team roles

You must create care team roles before you can add the roles to members of the care team.

You can associate an external system reference with the care team role that you are creating. When sending a care team role as an API attribute, the external system identifies the care team role by its external system reference.

You can view and configure the capacity for new care team roles. Capacity is a non-mandatory attribute for care team roles. The default capacity for all care team roles is 150. The total capacity of a user is 300 clients with two assigned roles. However, your supervisor will be able to update the capacity of the care team user. You can only insert numerals in the capacity field. The capacity column is sorted in ascending and descending order. If no capacity is configured for the care team role, Not Set is displayed.

1. Sign in with your administrator credentials.
   Your home page opens.

2. Click **Care Team > Care Team Roles**.
   The **Care Team Roles** library opens.

3. Click **New**.
   The **New Care Team Role** page opens.

4. Enter the role, to a maximum of 64 characters.

5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

6. In the Capacity field, enter a capacity for the care team role. You can enter numerals up to a maximum of four digits.

7. Click **Save**.

Related information

Searching for users *(on page   )*

Configuring external system references *(on page 251)*

Modifying care team roles

You can update a care team role in the library of configured roles.

You can rename the care team role and if not previously configured, you can associate a new external system reference with the care team role record. When sending a care team role as an API attribute, the external system identifies the care team role by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Team > Care Team Roles**.

   The **Care Team Roles** library opens.

3. Click the **Actions** menu of the role, and click **Edit**.

   The **Edit Care Team Role** page opens.

4. Update the name of the role, to a maximum of 64 characters.

5. Update the capacity of the role, to a maximum of four digits. If you do not enter any value, **Not Set** is displayed.

6. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

7. Click **Save**.

Deleting care team roles

If a configured care team role is incorrect or obsolete, you can delete it. However, you cannot delete a care team role if a task is configured to be automatically added to the care team role while running an assessment, questionnaire, or program with a client. In addition, you cannot delete a care team role that is assigned to a care team member.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Team > Care Team Roles**.

   The **Care Team Roles** library opens.

3. Click the **Actions** menu of the role, and click **Delete**.

4. Click **Yes** to confirm that you want to delete the role.

Assigning roles to care team members

You can assign care team roles to care team members from the library of configured skills.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Team > Search Users**.

   The **Search Users** page opens.

3. Search for target care team member and go to their **Home** page.

4. Click the **Care Team Roles** tab.

   Existing roles that the care team member has are displayed.

5. Click **Add**.

   The **Add Care Team Role** window opens.

6. Select the role that you want to add, and click **Save**. The role is assigned to the user.

Related information

Searching for users *(on page   )*

Removing roles from care team members

If a role no longer applies to a member of the care team, you can remove the role.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Team > Search Users**.

   The **Search Users** page opens.

3. Search for target care team member and go to their **Home** page.

4. Click the **Care Team Roles** tab.

   Existing roles that the care team member has are displayed.

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

6. Click **Yes** to confirm that you want to remove the role from the care team member.

Configuring care team groups

Configure a library of care team groups for use by care managers and supervisors so that they do not need to add multiple members to a client's care team individually. When a care manager or supervisor selects a care team group, all members of the group are added to the client's care team.

You can add, modify, and delete care team groups. In addition, you can manage specific members of a group.

> ✎ **Note:**
>
> If your organization uses organizations units, do not configure care team groups. The care team groups feature is not currently supported for use with organization units.

Creating care team groups

You must create a care team group before you can add members to the group.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Care Team Groups**.

   The Care Team Groups library opens.
3. Click **New**.

   The **New Care Team Group** page opens.
4. Name the care team group, to a maximum of 100 characters. Each care team group must have a unique name.
5. Optional: Enter a care team group description, to a maximum of 5000 characters.
6. Click **Save**.

Adding members to care team groups

Add members to a care team group so that they are automatically added to care teams when the group is used by care managers and supervisors.

Search for a member to add to the care team group by entering some search criteria. Full and partial matches are returned and special characters are supported, for example, you can add a 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 search for members by name, care team role, or skill. For example, you might want to add only users with a specific care team role to the group.

Only active users with a care team role(s) are returned in your search results.

You can add up to 30 members to a group.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Care Team Groups**. The Care Team Groups library opens.
3. Click the **Actions** menu of a care team group, and click **Add Care Team Members**. The Add Care Team Members page opens.
4. Specify a name, role, or skill and click **Search** to search.
5. Select one or more users.
6. Click **Add** to add the users as members of the group.

Removing members from care team groups

You can remove a member from a care team group, for example, if their care team role is no longer required in the group.

If a member has multiple roles in the group, you must select each role to fully remove the member. Existing groups that are associated with clients and include that member are unaffected.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Care Team Groups**. The Care Team Groups library opens.
3. Expand a care team group to see its members.
4. Click the row **Actions** menu for a member, and click **Remove** . The Remove Care Team Member page opens.
5. If the member has multiple care team roles, select each role that is no longer required in the group.
6. Click **Remove**.

Modifying care team groups

You can update the name and description of a care team group.

1. Sign in with your security administrator credentials.

   Your home page opens.
2. Click **Care Teams > Care Team Groups**.

   The Care Team Groups library opens.
3. Click the **Actions** menu of a care team group, and click **Edit**.

   The **Edit Care Team Group** page opens.
4. Modify the name, to a maximum of 100 characters.

5. Modify the description, to a maximum of 5000 characters.
6. Click **Save**.

Deleting care team groups

If a configured care team group is incorrect or obsolete, you can delete it. Deleted care team groups are no longer available for use by care managers and supervisors.

Deleting a care team group has no impact on existing care teams that are assigned the care team group. Members of the care team group remain members of the client's care team unless a care manager removes them manually.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Care Team Groups**.

   The care team groups library opens.
3. Click the **Actions** menu of a care team group, and click **Delete**.
4. Click **Yes** to confirm that you want to delete the care team group.

Configuring client consent to share information

An individual must consent to share their personal health information with a member of the care team, for example, their lab results or mental health history. If a suitable consent does not exist in the library of configured consent records, you can create a new consent record for the team to use.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Consent Records Covered**.

   The **Consent Records Covered** page opens.
3. Click **New**.

   The **New Consent Record Covered** page opens.
4. Enter a consent record that does not duplicate any existing record in the library.
5. Click **Save**.

Modifying client consent to share information

You can update consent records to capture the personal health information that an individual is willing to share with a care team member.

If you update a consent record that is used in existing relationships between care team members and clients, the existing instances of the consent record are affected.

In the library of configured consent records, you can reorder the sequence in which consents are displayed. You can edit the name of the consent and show or hide consents. Your changes are applied immediately throughout the application.

When consents records are shown, they are available for care teams to select when they register an individual in the application. You can hide a consent record that is not needed and it becomes unavailable for selection.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Consent Records Covered**.

   The **Consent Records Covered** page opens.
3. Except for the **All** records option, you can edit existing consent records. Click the **Actions** menu of a consent, and click **Edit**.

   The **Edit Consent Record Covered** page opens.
4. Update the consent name.
5. Click **Save**.
6. To hide a consent record, from the **Actions** menu of a record, select **Hide**.
7. To show a consent record, from the **Actions** menu of a record, select **Show**.
8. To reorder the sequence of consent records, click **Reorder**. Drag and drop the consent records to position them in your preferred order.

Configuring care team visit frequency

You can set the frequency of visits or meetings that the care team can have with individuals. You can add new frequency values to the library of configured frequencies to suit the needs of your organization. For example, a care team member might only need to visit a client once every quarter.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Team > Frequency**.

   The **Frequency** library opens.
3. Click **New**.

   The **New Frequency** page opens.
4. Enter a frequency value that does not duplicate any existing frequency in the library.
5. Click **Save**.

Modifying care team visit frequency

In the library of configured frequencies, you can update any frequency that captures how often the care team visit or meet with individuals.

If you update a frequency that is used in existing relationships between care team members and clients, the existing instances of the frequency are affected.

You can reorder the sequence in which frequencies are displayed. You can edit the name of the frequency and show or hide frequencies. Your changes are applied immediately throughout the application.

When frequencies are shown, they are available for care teams and administrators to select when they register an individual in the application and build their team. You can hide a frequency that is not needed and it becomes unavailable for selection.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Team > Frequency**.
   The **Frequency** library opens.
3. Click the **Actions** menu of the frequency, and click **Edit**.
   The **Edit Frequency** page opens.
4. Update the frequency value.
5. Click **Save**.
6. To hide a frequency, from the **Actions** menu of a frequency, select **Hide**.
7. To show a frequency, from the **Actions** menu of a frequency, select **Show**.
8. To reorder the sequence of frequencies, click **Reorder**. Drag and drop the frequencies to position them in your preferred order.

Configuring client data

In IBM Watson® Care Manager, *client data* is the information that an organization wants to record and maintain about clients, for example, address or contact information.

Before a care team can record and maintain client data, a *client data type* must be configured to define the exact information that can be captured and stored. A client data type represents the logical grouping of related attributes about which the organization wants to record information in respect of a client.

A library of non-configurable client data types is included in Watson™ Care Manager. As an administrator, you can also define and configure other client data types that your organization requires.

Client data types are versioned so that you can work on a data type without affecting the current active version. A *client data type version* is essentially a version of the client data type at a particular point in time. When you create a client data type, a draft version of the data type is automatically created. After you finish configuring a client data type, you must activate the version to make the client data type available for use. You can configure only a version of a client data type that is in the In Edit, or draft, state. Only one In Edit version can exist.

> **Note:**
>
> Depending on your organization's required level of security, your security administrator can specify configurable and non-configurable client data as data access group criteria. When your security administrator enters a value for the attribute in the security administration application, only free form values are supported. For more information, see Automatically adding clients to data access groups *(on page   )*.

> **Note:**
>
> When you add a record for a data type that contains the condition **'a Date Time attribute that must be on or after the current date time'**, the care manager can enter any time entry between 12:00am and 11:59:59pm when the date is the current date to meet the date time condition.

You can allow or prevent client data type version sharing with external systems. You can download an API definition document for an active and shared client data type and make it available to the systems integrator for your organization who is responsible for synching external systems with Watson™ Care Manager.

Default non-configurable client data types in Watson™ Care Manager

By default, a library of client data types is included in the application so that a care team can quickly capture and maintain client data across several common areas. If a suitable client data type does not exist in the library of configured data types, you can create a new client data type for the team to use.

A list follows of the default client data types and the preconfigured categories that they are grouped into. You cannot modify or delete these data types or categories. These client data types are non-configurable.

Contact data type category

Address

Records address information for the client such as their home and mailing address.

Contact Preferences

Records the preferred contact type and language to use when you are communicating with the client.

Email Address

Records email addresses to use when you are communicating with the client.

Phone Number

Records phone numbers such as home and mobile numbers.

Social Network Contact

Records details about a client's social network of friends, family, neighbors, and carers.

Demographic data type category

Birth and Death

Records the client's birth and death details.

Gender

Records the gender of the client.

Identification

Records different types of identification for the client.

Marital Status

Records the marital status of the client.

Name

Records any names that the client uses such as their registered name or alternative names.

Background data type category

Health background

Records background information about a client's health.

Personal background

Records background information about a client.

Social background

Records background information about a client's social environment.

Clinical data type category

Allergy

Records allergy information for the client.

Condition

Records condition information for the client.

Coverage

Records medical insurance or insurance plan information for the client that is received from an external system. This data type is visible by the care team only if your instance of Watson™ Care Manager is integrated with an external system.

Laboratory Test

Records laboratory test information for the client.

Medication

Records medication information for the client.

Observation

Records observation information for the client that is received from an external system. This data type is visible by the care team only if your instance of Watson™ Care Manager is integrated with an external system.

Risk

Records risk information for the client.

Vitals data type category

Blood Pressure

Records blood pressure information for the client.

Body Mass Index

Records body mass index information for the client.

Body Temperature

Records body temperature information for the client.

Heart Rate

Records heart rate information for the client.

Height

Records height information for the client.

Oxygen Saturation

Records blood oxygen level information for the client.

Respiratory Rate

Records the respiratory rate information for the client.

Waist Circumference

Records waist circumference information for the client.

Waist-to-Height Ratio

Records the waist-to-height ratio information for the client.

Weight

Records weight information for the client.

You can configure more client data types to suit your requirements. Examples of other client data types that you can configure are a client's addiction counseling visits or family history information.

Related information

Getting started with configuring client data *(on page   )*

Showing and hiding non-configurable client data types

Show or hide non-configurable client data types so that you can allow the care teams to include only the relevant client data type data for a client.

> 📝 **Note:**
> If you choose to hide non-configurable client data types, you must hide the client data type in the share care plan template to ensure the data is not printed in the Share Care Plan PDF document.

You cannot hide the following data types because they are required on registration or in another part of the application:

- Name
- Address
- Gender
- Birth and Death
- Identification
- Phone
- Marital Status
- Email Address
- Tag

1. Sign in with your administrator credentials.

   Your home page opens.

2. Select **Client Data**.

3. In the **Client Data** pane, select **Client Data**.

4. In the **Client Data** page, select the **Non-Configurable** tab.

5. Manage the display of data types by completing the following steps in the **Actions** ⋮ menu of the data type:

   ◦ To make a hidden data type available for the care team, select **Show**, then select **Show** in the **Show Client Data** page.

   ◦ To make a shown data type unavailable for the care team, select **Hide**, then select **Hide** in the **Hide Client Data** page.

Creating client data types

A client data type defines the exact information that can be recorded and stored in the application and must be defined before the care team can capture client data.

If the non-configurable client data types that come with the product are not suitable, you can create more client data types for your organization. A client data type is required for each type of information that you want to capture about clients. You can associate an external system reference with the client data type that you are configuring so that incoming data from an external API can be mapped to the configured client data type in Watson™ Care Manager.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**.

   The tabs in the **Client Data** library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   > 🚫 **Restriction:**
   > You cannot modify the client data types that are provided by default with the application.

3. Click **New**.

4. Enter a name, and a logical name for the client data type.

   > ℹ **Tip:**
   > A logical name is a unique name that other configuration components use to identify and reference the client data type. Logical names must start with a lowercase or uppercase

> *i* English alphabetic character, and can contain only alphabetic characters, numerals, and underscores. No spaces are allowed.

5. From the category list, select the information category in which the client data type belongs: Contact, Demographics, Background, Clinical, or Vitals.
   The Category field governs the category that the data type belongs to and where the data type is displayed to the user.

6. Optionally, in the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the client data type that you are creating. When sending a client data type as an API attribute, the external system identifies the client data type by its external system reference.

7. Optionally, select the **Include in Share Care Plan** check box to include the client data type in the Share Care Plan PDF. The check box is unselected by default.

8. Optionally, enter a description of the client data type.

9. Click **Save**. The first version of the client data type is automatically created in an `In Edit` state.

Configuring metadata for client data types *(on page   )*

Related information

Defining attributes for a client data type

An *attribute* is a single piece of information that you want to record for a client data type version. You can define Data Attributes, Address Attributes, and Comment Attributes.

Metadata is the attributes and properties of the client data type that you must configure to define how the data type looks, behaves, and stores data in the application. Attribute types can include String, Integer, Date, DateTime, Money, Boolean, Float, Value Set.

Adding data attributes

You can configure different types of data attributes in the Metadata tab on the Client Data page. Data attributes can be of type String, Integer, Date, DateTime, Money, Boolean, Float, Value Set.

You must configure at least one data attribute or a comments attribute for a client data type version. Otherwise, care teams cannot create records in respect of the client data type.

Depending on your organization's required level of security, your security administrator can specify configurable and non-configurable client data as data access group criteria. When your security

administrator enters a value for the attribute in the security administration application, only free form values are supported. For example, if you configure a data attribute of type `valueSet` that contains a list of selectable values, and later your security administrator specifies one of the values as criteria in a data access group, your security administrator must enter the value as free form text. For more information, see Automatically adding clients to data access groups *(on page   )*.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.
   - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions**menu to create an in-edit version.

3. Click **Metadata > Actions > New Data Attribute**

   The **New Data Attribute** page opens.

4. Set the data attribute options in the following table.

Table 4. Data Attribute options

Options name	Action
Attribute Name	Specify a unique name for the data attribute, and comply with the following naming conventions: ◦ Be equal to or fewer than 40 characters in length for all types except value set which is 14 ◦ Start with a lowercase English alphabetical character ◦ Contain only lowercase or uppercase English alphabetical characters and numerical characters ◦ Exclude any reserved words such as `comments` because this keyword is a reserved identifier in the client data page

Options name	Action
	Note: Attribute names do not display on the generated client data page. In addition, data attribute names cannot contain underscores.
Attribute Type	From the list of attribute types, select the type that applies to the data attribute from the following list. ◦ String (default) - any character value ◦ Integer - whole numbers ◦ Date - a calendar date ◦ DateTime - a calendar date and time ◦ Money - a currency value ◦ Boolean - true or false ◦ Float - a floating-point number ◦ ValueSet - a set of values from which users can select at runtime
Default Value	Optional: Enter a default value to display for the data attribute on the generated client data page. In most cases, the Default Value is a free form field, except for the following attributes. ◦ `Boolean` lists that contain `true` and `false` values ◦ `ValueSet` lists that contain selectable values for a data attribute ◦ For `String` data types, a default value must be equal to or less than the maximum length value for the string.
Mandatory	Select the check box to indicate that the attribute is a mandatory field to be completed on the generated client data page. An asterisk will confirm to the care team member that field value input is required.
<<Data Type>> Options	To control attribute behavior, apply data attribute options by attribute type. See the options for each data type -

Options name	Action
	String, Integer, Float, Money, Date, Date Time, and Value Set - in the topics that follow.
Attribute Note	Only for annotative purposes, enter an attribute note. The note is not globalized and care team members do not see it at run time. The maximum number of characters for all attribute notes is 2000.

5. Click **Save** to save your configuration in the client data type.

String data type

For Data Attributes with a data type of `String`, you can set a range of string options such as the minimum and maximum number of characters in the attribute string. At run time, care managers cannot enter more characters in a field than you specify in the string option value.

The following table identifies the string options that you can set for Data Attributes with a data type of `String`

Table 5. String Type Options

String option name	Description
Minimum Length	Sets the minimum number of characters that the care manager can enter for the string value. Locale-specific format can be specified. If the care manager enters a value that is less than the value that you set for this property, a validation error occurs when the client data record is saved.
Maximum Length	Sets the maximum number of characters that the care manager can enter for the string value. Locale-specific format can be specified. 🚫 **Restriction:** Specify to a maximum value of 20.

Table 5. String Type Options (continued)

String option name	Description
	If the care manager enters a numerical value that exceeds the value that you set for this property or 20, a validation error occurs when the client data record is saved.
Remove Leading Spaces	If the check box is selected, specifies to remove leading white space from the attribute string value that the care manager enters before they save the client data record.
Remove Trailing Spaces	If the check box is selected, specifies to remove trailing white space from the attribute string value that the care manager enters before they save the client data record.
Convert to Uppercase	If the check box is selected, specifies to convert the attribute string value that the care manager enters to uppercase before they save the client data record.

Integer, Float, or Money data types

For Data Attributes with a number data type of `Integer`, `Float`, or `Money`, you can set a range of numeric options such as the minimum and maximum values in the attribute value. At run time, care team managers cannot enter numerical values in the field that are not in the range that you specify in the numeric option value.

The following table identifies the numeric options that you can set for Data Attributes with a data type of `Integer`, `Float`, or `Money`:

Table 6. Numeric Type Options

Numeric option name	Description
Minimum Value	Sets the minimum value that the care team manager can enter for the attribute value. If the care team manager enters a numerical value that is less than the value that you set for this numeric option, a validation error occurs when the client data record is saved.
Maximum Value	Sets the maximum value that the care team manager can enter for the attribute value.

Table 6. Numeric Type Options (continued)

Numeric option name	Description
	If the care team manager enters a numerical value that is higher than the value that you set for this property, a validation error occurs when the client data record is saved.

Date data type

For Data Attributes with a number data type of `Date`, you can set date options, for example, to compare the current date with the attribute date value.

The following table identifies the options that you can set for Data Attributes with a data type of `Date`:

Table 7. Date Type Options

Date options	Description
None	If selected, validates that no date comparison is required.
Current® Date Comparison	If selected, compares the date attribute value that the care team member enters with the current date.
Must be	Validates that the value that the care team member enters for the attribute date is before, after, equal to, not equal to, on or before, on or after, the current date. You can select the comparison operators from the list.
Custom Message	Only if **Current Date Comparison** is selected, you can add a custom validation message.

DateTime data type

For Data Attributes with a number data type of `DateTime`, you can set date options, for example, to compare the current date and time with the attribute date and time value.

The following table identifies the date options that you can set for Data Attributes with a data type of `DateTime`:

Table 8. DateTime Type options

Date options	Description
None	If selected, validates that no date and time comparison is required.
Current® Date Comparison	If selected, compares the attribute value that the care team member enters with the current date and time.
Must be	Validates that the value that the care team member enters for the attribute date and time is before, after, on or before, on or after, the current date. You can select the comparison operators from the list.
Custom Message	Only if **Current Date Comparison** is selected, you can add a custom validation message.

ValueSet data type

For data attributes with a data type of `ValueSet`, you can specify the values that an attribute can have from a minimum of 1 value to a maximum of 200 values. By defining the value set for an attribute, you enable care team members who are processing client data to select from these values at run time.

You must add at least one value if adding a value set.

The following table identifies the Value Set options that you can set for data attributes with a data type of `ValueSet`:

Table 9. ValueSet Type Options

Options name	Description
Value	Specifies the name of the value to a maximum of 40 characters.
Default Value	Sets a selected value as the default value in the ValueSet.
Add	Select Add to add the value to the ValueSet.
Attribute Note	Only for annotative purposes, enter an attribute description. The description is not globalized and care team members do not see it at run time. The maximum number of characters for all attribute notes is 2000.

Adding address attributes

You can configure an address attribute so that care teams can record the relevant address information for their client in the care team workspace.

If you add an address attribute, ensure that you define at least one data attribute or a comments attribute so that care teams can create records in respect of the client data type.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions**menu to create an in-edit version.
3. Click **Metadata > Actions > New Address Attribute**

   The **New Address Attribute** page opens.
4. Enter a unique name up to a maximum of 40 characters.
5. Optionally, select the check box to indicate that the attribute is a mandatory field to be completed on the generated client data page.
6. In the **Attribute Note** field, optionally enter an attribute note. Attribute notes do not display on the generated client data page. The maximum number of characters for all attribute notes is 2000.
7. Click **Save** to save your configuration in the client data type.

Adding comments attributes

You can configure comments attributes so that at run time, the care team member can enter a comment in a multi-line free form text **Comments** field on the generated client data pages.

Define only one comments attribute for a client data type version.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

- ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata > Actions > New Comments Attribute**

   The **New Comments Attribute page** opens.

4. In the **Attribute Note** field, optionally enter an attribute note. Attribute notes do not display on the generated client data page. The maximum number of characters for all attribute notes is 2000.

5. Click **Save** to save your configuration in the client data type.

Adding related person attributes

You can configure a related person attribute so that care team members can associate a registered person with the client.

Define only one related person attribute for a client data type version. In addition, ensure that you define at least one data attribute or a comments attribute so that care teams can create records in respect of the client data type.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   - ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   - ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata > Actions > New Related Person Attribute**

   The **New Related Person Attribute** page opens.

4. Enter a unique name up to a maximum of 40 characters.

5. Optionally, select the check box to indicate that the attribute is a mandatory field to be completed on the generated client data page.

6. In the **Attribute Note** field, optionally enter an attribute note. Attribute notes do not display on the generated client data page. The maximum number of characters for all attribute notes is 2000.

7. Click **Save** to save your configuration in the client data type.

Configuring clusters for a client data type

You can configure data, address and comments clusters in your client data type. A cluster is a container for attribute fields that display on create, modify and view pages at run time.

Creating data clusters

Configure a data cluster to group the data attributes in your client data type.

If you don't enter a title, no cluster title will display in the generated client data page. Specify a label for each attribute selected and specify if it should be modifiable on the second page of the New Data Cluster wizard.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.

   ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > New Data Cluster**.

   The **New Data Cluster** page opens.

4. Enter the title of the cluster.

5. Select **On Create** checkbox to display data cluster on the create page of your client data type. By default, the checkbox is selected.

6. Select the **On View** checkbox to display data cluster on the view page of your client data type. By default, the checkbox is selected.

7. Select the **On Modify** checkbox to display data cluster on the modify page of your client data type. By default, the checkbox is selected.

8. Optionally, enter a description.

9. Select the data attributes to associate with the data cluster.

10. Click **Next** to move to the next page.

11. In the **Label** fields, enter the names for each attribute to be displayed on the generated client data page.

12. Select one or more **Modifiable** checkboxes to permit attribute modification on the generated client data page. By default, the checkbox is selected.

13. Select the **Use Default** check box to use the default value that is specified for the Default Value property for the related Source Attribute. If you select the Use Default check box and no default value is provided in the Data Attribute properties, the field is populated with the appropriate default values for the data type. For example, the current date is the default value for Data Attributes of type Date and Date Time, and 0 is the default value for Data Attributes of type Integer, Float and Money. By default, the check box is selected.

14. Select the **Use Blank** check box to display a blank value in the value set list on the generated client data page. Only shown for Value Set attributes.

15. Click **Back** to return to the previous page.

16. Click **Save** to add the data cluster to the client data type page.

Creating address clusters

Configure an address cluster for each address attribute in your client data type.

If you don't enter an address cluster title, no cluster title will display on the generated client data page.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > New Address Cluster**.

   The **New Address Cluster** page opens.

4. In the **Title** field, enter the name of the cluster.

5. Select the **On Create** check box to display the address cluster on the create page of your client data type. By default, the check box is selected.

6. Select the **On View** check box to display the address cluster on the view page of your client data type. By default, the check box is selected.

7. Select the **On Modify** check box to display the address cluster on the modify page of your client data type. By default, the check box is selected.

8. Optionally, enter a description of the address cluster.

9. Select an address attribute to associate with the address cluster. Only one address attribute can be selected for each address cluster.

10. Click **Save** to add the address cluster to the client data type.

Creating comments clusters

Configure a comment cluster for a comments attribute in your client data type.

You can only have one comments attribute and one comments cluster per data type.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.
     ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
     ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata tab > New Comments Cluster**.

   The **New Comments Cluster** page opens.
4. In the **Label** field, enter the label of the cluster. By default, Comments is displayed. This label will display on the generated client data page.
5. Select **On Create** check box to the display the comments cluster on the create page of your client data type. By default, the check box is selected.
6. Select the **On View** check box to display the comments cluster on the view page of your client data type. By default, the check box is selected.
7. Select the **On Modify** check box to display the comments cluster on the modify page of your client data type. By default, the check box is selected.
8. Optionally, enter a description.
9. Click **Save** to add the comments cluster to the client data type page.

Creating related person clusters

Configure a related person cluster for a related person attribute in your client data type.

You can only have one related person attribute and one related person cluster per data type.

1. Sign in with your administrator credentials. Your home page opens.
2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

- ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > New Related Person Cluster**.

   The **New Related Person Cluster** page opens.

4. In the **Title** field, enter the name of the cluster.

5. Select **On Create** check box to the display the related person cluster on the create page of your client data type. By default, the check box is selected.

6. Select the **On View** check box to display the related person cluster on the view page of your client data type. By default, the check box is selected.

7. Select the **On Modify** check box to display the related person cluster on the modify page of your client data type. By default, the check box is selected.

8. Optionally, enter a description of the related person cluster.

9. Select a related person attribute to associate with the related person cluster.

10. Click **Save** to add the related person cluster to the client data type page.

Reordering clusters

You can reorder clusters so they are presented in your client data type in the required order.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   - ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   - ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Clusters Action menu > Reorder Clusters**.

   The **Reorder Clusters** page opens.

4. To reorder the clusters list, drag and drop the cluster upwards or downwards in to the required order.

5. Click **Save** to update the new order of clusters.

Modifying data clusters

Update the Data Cluster that groups the data attributes in your client data type.

If you don't enter a title, no cluster title will display on the generated client data page. Specify a label for each attribute selected and specify if it should be modifiable on the second page of the Edit Data Cluster wizard.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Data cluster Action menu > Edit**.

   The **Edit Data Cluster** page opens.

4. Enter the title of the cluster.

5. Select **On Create** check box to display data cluster on the create page of your client data type. By default, the check box is selected.

6. Select the **On View** check box to display data cluster on the view page of your client data type. By default, the check box is selected.

7. Select the **On Modify** check box to display data cluster on the modify page of your client data type. By default, the check box is selected.

8. Optionally, enter a description.

9. Select data attributes to associate with each data cluster.

10. Click **Next** to move to the next page.

11. In the **Label** fields, enter the names for each attribute to be displayed on the generated client data page.

12. Select one or more **Modifiable** check boxes to permit attribute modification on the generated client data page.

13. Select the **Use Default** check box to use the default value that is specified for the Default Value property for the related Source Attribute. If you select the Use Default check box and no default value is provided in the Data Attribute properties, the field is populated with the appropriate default values for the data type. For example, the current date is the default value for Data Attributes of type Date and Date Time, and 0 is the default value for Data Attributes of type Integer, Float and Money.

14. Select the **Use Blank** check box to display a blank value in the value set list on the generated client data page. Only shown for Value Set attributes.

15. Click **Back** to return to the previous page.
16. Click **Save** to update the data cluster on the client data type page.

Modifying address clusters

Update the address cluster in your client data type.

If you don't enter a title, no cluster title displays on the generated client data page.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.
   - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Metadata tab > Address cluster Action menu > Edit** .

   The **Edit Address Cluster** page opens.
4. Enter the title of the cluster.
5. Select **On Create** check box to display the address cluster on the create page of your client data type. By default, the check box is selected.
6. Select the **On View** check box to display the address cluster on the view page of your client data type. By default, the check box is selected.
7. Select the **Modify** check box to display the address cluster on the modify page of your client data type. By default, the checkbox is selected.
8. Optionally, enter a description.
9. Select an address attribute to associate with the address cluster. Only one address attribute can be selected for each address cluster.
10. Click **Save** to update the address cluster in the client data type page.

Modifying comments clusters

Update the comments cluster in your client data type so the correct information is displayed for care team members.

You can only have one comments attribute and one comments cluster per data type.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.

   ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Comments cluster Action menu > Edit** .

   The **Edit Comments Cluster** page opens.

4. Enter the label of the cluster.

5. Select the **On Create** checkbox to display the comments cluster on the create page of your client data type. By default, the checkbox is selected.

6. Select the **On View** checkbox to display the comments cluster on the view page of your client data type. By default, the checkbox is selected.

7. Select the **On Modify** checkbox to display the comments cluster on the modify page of your client data type. By default, the checkbox is selected.

8. Click **Save** to update the comments cluster in the client data type page.

Modifying related person clusters

Update the related person cluster in your client data type.

If you don't enter a title, no cluster title displays on the generated client data page.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.

   ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Related Person cluster Action menu > Edit** .

   The **Edit Related Person Cluster** page opens.

4. Enter the title of the cluster.

5. Select **On Create** check box to display the related person cluster on the create page of your client data type. By default, the check box is selected.

6. Select the **On View** check box to display the related person cluster on the view page of your client data type. By default, the check box is selected.

7. Select the **Modify** check box to display the related person cluster on the modify page of your client data type. By default, the checkbox is selected.

8. Optionally, enter a description.

9. Select a related person attribute to associate with the related person cluster.

10. Click **Save** to update the related person cluster in the client data type page.

Deleting clusters

Delete a cluster in your client data type so the correct information is displayed for care team members.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.

   ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Clusters Action menu > Delete**.

   The **Delete Cluster** page opens.

4. Click **Delete** to delete the cluster from the client data type.

Removing attributes from a data cluster

Remove attributes from a data cluster in a client data type so the correct information is displayed to care team members.

By using the **Remove** action, the attribute is removed from the cluster and is available again to associate with another cluster. The attribute is not deleted from the client data type.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Expand the data cluster > Attribute Action menu > Remove**.

   The **Remove Attribute** page opens.

4. Click **Remove** to remove the attribute from the cluster.

Adding an information message

Information messages display in the form of read-only labels on clusters that the care team see on client data screens at run time.

You can add information messages to data clusters but not to an address or comments cluster.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   - If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   - If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Data cluster Action menu > Add Information Message**

4. Enter the information message.

5. Click **Save** to add the information message to the client data type page.

Updating an information message

Update an information message in the client data type.

The updated information message displays as a read-only label in a cluster on the generated client data page.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Expand the data cluster > Information message Action menu > Edit**

4. Update the information message.

5. Click **Save** to update the information message on the client data type page.

Removing an information message

Remove an information message from a data cluster a client data type so care team members are presented with the correct information.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   - ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   - ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Expand the data cluster > Information message Action menu > Remove**.

   The **Remove Information Message** page opens.

4. Click **Remove** to remove the information message from the cluster in the client data type.

Reordering attributes in a data cluster

Reorder attributes and information messages in a data cluster in the client data type to present them in the required order.

The address attributes cannot be reordered.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

- ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.

3. Click **Metadata tab > Expand the data cluster > Reorder**.

4. To reorder the attributes and information messages, drag and drop them upwards or downwards in the required order.

5. Click **Save** to update the new order.

Configuring validations for a client data type

Validations are data validity checks on client data types that must be satisfied before the client data record can be saved in the application. IBM Watson® Care Manager provides a default set of configurable validations called *standard validations*.

In Watson™ Care Manager, standard validations consist of comparison validations, dependency validations, date of birth validations, and duplicate validations. You can configure standard validations to start when care team members enter and save data on a client data Create or Modify page.

Standard validations

By using the default set of configurable standard validations inIBM Watson® Care Manager, you can configure comparison validations, dependency validations, date of birth validations, and duplicate validations.

The following sections describe each type of standard validation in detail.

Comparison Validation

In a Comparison Validation, a data attribute is compared with another data attribute or a literal by using comparison operators.

Table 10. Comparison Validation Options

Comparison Validation Option	Description
Source Field	The attribute whose value is to be compared with another data attribute value or a literal. The **Source** field is a Data Attribute.

Table 10. Comparison Validation Options (continued)

Comparison Validation Option	Description
Comparison	The operator to use in the comparison.
Target Field	The attribute whose value is to be compared with another data attribute value or a literal. 🚫 **Restriction:** • The **Target** field must not point to the same attribute as the **Source** field • As a rule, the **Target** field must be of the same type (either Attribute Type or Attribute Data Type) to be comparable, and the **Target** field list is filtered to display only attributes that are valid for comparison with the **Source** field. One exception to this rule is for data attributes with a data type of `Integer`, `Money`, or `Float`. Numerical data types are mutually comparable. • You cannot use Address Attributes and Comments Attributes in Comparison Validations.

The following table describes valid combinations of operators and data types for Data Attributes.

Table 11. Supported operators and applicable Data Attribute data types in Comparison Validations

Operator	Applicable Data Types	Description
`==`	Boolean, String, Integer, Float, Money, ValueSet, and Date.	The *equal to* operator checks that Source and Target fields have the same value. If values differ, the validation check fails. More information follows about the use of this operator for Date fields.

Table 11. Supported operators and applicable Data Attribute data types in Comparison Validations (continued)

Operator	Applicable Data Types	Description
`<>`	Boolean, String, Integer, Float, Money,Value Set, Date.	The *not equal to* operator checks that Source and Target fields do not have the same value. If values are the same, the validation check fails. More information follows about the use of this operator for Date fields.
`<`	Integer, Float, Money.	The *less than* operator checks that the **Source** field value is less than the **Target** field value. If the **Source** field value is greater than or equal to the **Target** field value, the validation check fails.
`<=`	Integer, Float, Money.	The *less than or equal to* operator checks that the **Source** field value is less or equal to than the **Target** field value. If the **Source** field value is greater than the **Target** field value, the validation check fails.
`>`	Integer, Float, Money.	The *greater than* operator checks that the **Source** field value is greater than the **Target** field value. If the **Source** field value is less than or equal to the Target field value, the validation check fails.
`>=`	Integer, Float, Money.	The *greater than or equal to* operator checks that the **Source** field value is greater than or equal to the **Target** field value. If the **Source** field value is less than the **Target** field value, the validation check fails.
`before`	Date and Date Time.	The *before* operator checks that the **Source** field value is before the **Target** field value. If the **Source** field value is on or after the **Target** field value, the validation check fails.
`on or before`	Date and Date Time.	The *on or before* operator checks that the **Source** field value is on or before to the **Target** field value. If the **Source** field value is after the **Target** field value, the validation check fails.
`after`	Date and Date Time	The *after* operator checks that the **Source** field value is after the **Target** field value. If the **Source** field value is on or before to the **Target** field value, the validation check fails.
`on or`	Date and Date Time	The *on or after* operator checks that the **Source** field value is after or equal to the **Target** field value. If the **Source** field value is before the **Target** field value, the validation check fails.

Table 11. Supported operators and applicable Data Attribute data types in Comparison Validations (continued)

Op- era- tor	Applicable Data Types	Description
`af-ter`		

The following table describes more options for Comparison Validation.

Table 12. More options for Comparison Validation

Options	Description
Literals	Select **Use Literal** to compare a source attribute (Data Attributes) against literal values. Then, type the literal value in the **Target Field** or select the value `Boolean` or `Date` data types. 🚫 **Restriction:** Specify literal values only for data attributes. As a rule, the literal value must be the same data type as the selected source attribute to be comparable. If the data type of the Source field is `Boolean`, specify values of `true` or `false`. If the data type of the Source field is `Date`, specify the date value or select the date by using the Date Picker.
Multiple Clauses	Select to compare a source attribute against multiple clauses. Then, create or delete clauses as follows: • Click **Add** to add a clause to the current validation based on the source, target, and operator fields that are selected. • Click **Delete** to remove multiple clauses from the comparison validation. You can delete a clause only if the clause is selected in the Clause list.

Table 12. More options for Comparison Validation (continued)

Options	Description
	ⓘ Tip: You can control whether one or all clauses must succeed for the overall validation check to succeed. For more information, see the following table.
Custom Message	Click the **Custom Message** check box to set a custom validation message for the care team. See the Custom Validation Message section below for more information.

The following table describes the mandatory options for Multiple Clauses in Comparison Validations.

Table 13. Multiple Clause Options

Multiple Clause Options	Description
Conjunctions	Control whether any clause or all the clauses in a group are validated at run time. • If you select the **Any Clause** option and if any one of the clauses passes at run time, the entire validation check succeeds. • If you select the **All Clauses** option, all clauses must succeed for the entire validation check to succeed.

Dependency Validation

Use the Dependency Validation to enforce a dependency of a particular type between two attributes.

Table 14. Dependency Validation Options

Dependency Validation Option	Description
First Attribute	Select the Data Attribute, Address Attribute, or Comments Attribute on which the Second Attribute depends.

Table 14. Dependency Validation Options (continued)

Dependency Validation Option	Description
Second Attribute	Select the Data Attribute, Address Attribute, or Comments Attribute that depends on the First Attribute.
Dependency	Select the nature of the dependency that can include one of the following values: • **Must enter second attribute** If you select this value, and then the care team member enters a field value for the attribute pointed to by the First Attribute, they must also enter a field value for the attribute pointed to by the Second Attribute. If the care team member enters a value in the first field but not in the second field, this validation check fails. • **Must not enter second attribute** If you select this value, and then the care team member enters a field value for the attribute pointed to by the First Attribute, they must not enter a field value for the attribute pointed to by the Second Attribute. If the care team member enters values in both fields, this validation check fails. • **At least one attribute** If you select this value, then the care team member must enter a value into either or both fields pointed to by First Attribute and Second Attribute. If the care team member leaves both fields empty, the validation check fails. • **Only one attribute** If you select this value, then the care team member must enter a value into one or other fields pointed to by First Attribute and Second Attribute. If the care team member enters values in both fields or does not enter values in either field, this validation check fails.
Bidirectional	Select this check box to apply a bidirectional dependency validation for a defined dependency of **Must enter second attribute** and **Must not enter Second Attribute**.

Table 14. Dependency Validation Options (continued)

Depen-dency Vali-dation Option	Description
	🚫 **Restriction:** You cannot apply this property when the other dependency values are selected.

The following table describes more options in Dependency Validation.

Table 15. More options in Dependency Validation

Options	Description
Custom Message	Click the **Custom Message** check box to set a custom validation message for the care team. See the Custom Validation Message section below for more information.

Date of Birth Validation

In Date of Birth Validations, the date of birth of the client is verified to be on or before a specific date.

Table 16. Date of Birth Validation Option

Date of Birth Val-idation Option	Description
Input Date	Select the data attribute with a data type of `Date` to be used in the comparison.

The following table describes more options in Date of Birth Validation.

Table 17. More options in Date of Birth Validation

Options	Description
Custom Message	Click the **Custom Message** check box to set a custom validation message for the care team. See the Custom Validation Message section below for more information.

Duplicate Validation

In Duplicate Validations, client data records that are considered to be duplicated according to specified criteria are not recorded on the system.

Table 18. Duplicate Validation Options

Duplicate Valida- tion Option	Description
Start Date, End Date	In the **Start Date** and **End Date** fields, select the record start date and the record end dates. The values must point to a data attribute with data type of `Date`. If duplicate records are returned at run time, the validation check fails.
Other At- tributes	Optional: specify a list of other attributes whose values are to be compared for duplicates with any Date Range provided. If records in the selection set have attribute values that are equal to the values for the at- tributes in the **Other Attributes** list (specified in the Client Data Create or Modify screens), the validation check fails. 📝 **Note:** If multiple attributes are in the list, can take the following actions to check for du- plicates: • To check each attribute in the select list, select **Check each attributes indi- vidually**. • To check that all the attributes in the selection list are unique, select **Check attributes together**.
Validate Date Range and Other Attributes together	If you select this property, at run time, the Duplicate Validation checks for client data records that have overlapping Start and End dates and attribute values that are equal to the values for attributes in the **Other Attributes** list (specified in the Client Data Create or Modi- fy screens). If duplicate client data records are returned, the validation check fails. If you do not select this property, at run time, the Duplicate Validation either checks for client data records that have overlapping Start and End dates or attribute values that are

Table 18. Duplicate Validation Options (continued)

Duplicate Valida- tion Option	Description
	equal to the values for attributes in the **Other Attributes** list (specified in the Client Data Create or Modify screens). If duplicate client data records are returned, the validation check fails.

The following table describes some additional available options in Duplicate Validation.

Table 19. More options in Duplicate Validation

Options	Description
Custom Message	Click the **Custom Message** check box to set a custom validation message for the care team. See the Custom Validation Message section below for more information.

Custom Validation Message

To set a custom validation message for a validation type, specify the following options:

Table 20. Custom validation message options

Validation Message Mapping Options	Description
Message	Enter the text to be used in the validation message. You can use parameters with attribute names to be placeholders in the validation message. Use this format: opening curly brace, parameter number, closing curly brace, for example {0}, {1}.
Message ID	Enter the string to use to identify the Message property value. Locale-specific formats can be specified. • The string identifier that you specify must be a unique and valid for the client data type version, for example, `My EvidenceTypeVersion.ComparisonValidation.Message` • The string identifier that you specify must not contain the equals character (=) or white space characters.
Message Parameters	Select from an ordered list of Data Attributes, Address Attributes, or Comment Attributes to be used in the message.

At run time, message parameter values replace the parameter placeholders that you specify in the message, for example:

Suppose that you set the **Message** property to the following values:`Earns ${0} {1} working for {2}` and you set the **Message Parameters** property to the following values: `incomeAmount, incomeFrequency, employerName`, the runtime message (given the appropriate data in the client data record) is similar to the following display: `Earns $123.50 weekly working for Midway Services Inc.`

To display an apostrophe in a message, you must enter quotation marks as follows:`{0}''s DOB {1} is after the attribute date {2}`. The message output displays as in the following example: `John's DOB 01/01/1992 is after the attribute date 01/01/1991`. If you enter an apostrophe instead of quotation marks, the apostrophe and the variables are not displayed in the message output: `Seans DOB {1} is after the attribute date {2}`.

Defining summary description for a client data type

Good summary text helps care team members to review client data records with more insight. You can add and edit a summary description for the client data type version that will be displayed on the generated client data page and the summary card, if configured.

Configure Summary Description for every client data type version to enable care team members to differentiate versions of client data records by description.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Client Data**
   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
   Open a draft version.
   ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
   ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions** menu to create an in-edit version.
3. Click **Summary Description cluster > Edit**
   The **Edit Summary Description** page opens.
4. In the **Start Date** field, select the value to be displayed for the period start date of the client data type on the Client Data page.
5. In the **End Date** field, select the value to be displayed for the period end date of the client data type on the Client Data page.
6. Select from a list of data attributes to be used in the message. Select **Add** to add the parameter to the table.
7. To delete a parameter from the summary description, select one or more check boxes beside the parameter and select **Delete**.

8. In the **Message** field, enter the message you want displayed at run time. You can specify client data attribute values to include as parameters in the summary message by adding the order number inside curly brackets, for example {0}.

9. In the **Message ID** field, enter a valid Summary Description ID. String must not contain '=', ':' or white space characters.

10. Click **Save** to add the summary description.

Defining supporting information for a client data type

You can define the online help on the create and modify pages of the client data so users can understand the purpose of the client data type and its attributes.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   Open a draft version.

   ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.

   ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions**menu to create an in-edit version.

3. Click

   Supporting Information > Online Help cluster > Edit

   The **Edit Online Help** page opens.

4. Optionally, specify the online help text to display on the Create and Modify Pages for a client data type.

5. Click **Save**.

Editing notes for a client data type

You can add and edit a note so that other administrators can understand the purpose of the client data type. This property is for administrative annotation purposes only. The client data infrastructure does not use the property and the Client Data screens do not display it at run time.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**

   The tabs in the Client Data library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

Open a draft version.

- ◦ If an **In Edit** version exists, click the client data type name to open the **In Edit** version.
- ◦ If no **In Edit** version exists, select **New Version** from the client data type row level **Actions**menu to create an in-edit version.

3. Click **Supporting Information > Note cluster > Edit**

   The **Edit Note** page opens.
4. Optionally, edit or enter a note for a client data type.
5. Click **Save**.

Activating client data type versions

After you model the metadata of a client data type and create the user interface page to contain the data fields and labels that you want to display at run time, you're ready to activate the current version of the client data. An activated client data type version is immediately available to the care team to use.

Client data types are versioned with different effective dates where each version of a client data type is effective from a particular date, and remains effective until the next version is created. Versioning client data types allows information that is recorded for a client data type to evolve over time. By creating different versions of a client data type, you can capture discrete changes in the client's data and maintain that information for particular time periods.

Multiple versions of client data types can exist in the application if each version has a different effective date. Only one client data type version can be active for a particular effective date.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data**.

   The tabs in the **Client Data** library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
3. From the **Actions** menu for the client data type version, click **Activate**.

   Alternatively, if you open the in edit version of the client data type, you can select **Activate** from the action menu on the metadata or supporting information tabs.
4. In the activation modal, enter comments that describe your changes to the version, and then click **Yes**.

   The comments are displayed with the version's activation date in the data type's Details cluster.

Sharing client data types with external systems

You can set sharing options to allow Watson™ Care Manager to receive, and share, client information that is captured in respect of a client data type with external systems. You can download the API definition

document for a shared client data type and distribute it to the systems integrator for your organization, so that they can update integrations to use the latest version of the client data type. You can stop sharing a configurable client data type to prevent the sharing of its data with external systems.

> ⚠️ **Important:**
> Depending on your changes, each time you modify or create a new version of a shared client data type version, you may need to redistribute its API definition document to your organization's integrator. Otherwise, existing integrations might fail. For more information, see Updates to client data types and external systems *(on page 203)*.

Sharing a client data type version

You can allow client data type version sharing with a system external to Watson™ Care Manager, for example, a hospital information system.

Before you share a client data type version, ensure that an external system reference is associated with the client data type so that external systems can uniquely identify the client data type when sharing data with Watson™ Care Manager via an API.

You can share only client data types with an **Active** status. In addition, only one shared version of a particular client data type can exist. When you share a new version, Watson™ Care Manager automatically stops sharing any existing version of the client data type that is already shared.

After you share a client data type version, Watson™ Care Manager, you can share its API definition document with the systems integrator for your organization.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Client Data**. The tabs on the **Client Data** page contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
3. Expand a configurable client data type.
4. Click the **Actions** menu of an **Active** configurable client data type version, and select **Share**.
   The **Share Client Data Version** page opens.
5. Click **Share** to share the client data type version.

Sharing the API document for a client data type *(on page 201)*

Sharing the API document for a client data type

When you share a configurable client data type version, Watson™ Care Manager generates an API definition document in JSON format. You can download the API document to distribute to the relevant systems integrator for your organization.

The document contains the REST API calls and structure that Watson™ Care Manager requires to receive client information captured in respect of the client data type from external systems. Your integrator uses the API document to understand what data is expected from the receiving system and the format of the data.

> ✏️ **Note:**
> The option to share the API document for a configurable client data type version is available only when the client data type version is **Active** and shared. The API document is compatible only with Version 2.0 of the Swagger Editor.

> ⚠️ **Important:**
> Whenever you modify or create a new version of a client data type that is shared with external systems, you may need to redistribute its API definition document to your organization's integrator. Otherwise, existing integrations might fail. For more information, see Updates to client data types and external systems *(on page   )*.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Client Data**.
   The tabs in the **Client Data** library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
3. From the **Actions** menu for a configurable client data type that is **Active** and shared, click **Share Document**. The **Share Document** page opens.
4. Click **Download**.
5. Browse to where you want to store the file on your computer.
6. Distribute the document to the systems integrator for your organization.

Stopping client data type version sharing

You can stop sharing a configurable client data type version to prevent sharing of client information captured in respect of the version with external systems.

If you stop sharing a client data type version that is already in use in existing integrations, you might cause existing integrations to fail. Watson™ Care Manager will no longer share information that is recorded for clients in respect of the client data type version with external systems.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data**. The tabs on the **Client Data** page contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.
3. Expand a configurable client data type.
4. Click the **Actions** menu of an **Active** and shared configurable client data type version, and select **Stop Sharing**.

   The **Stop Sharing Client Data Version** page opens.
5. Click **Stop Sharing** to stop sharing the client data type version with external systems.

Cloning a client data type version as a template for a new version

You can copy an existing, active client data type version as a baseline for a new version of the data type. The metadata of the active client data type version is cloned in the new In-Edit version that you create. You can subsequently modify the modeled attributes for that client data type in In-Edit version.

Client data types are versioned with different effective dates where each version of a client data type is effective from a particular date, and remains effective until the next version is created. Versioning client data types allows information that is recorded for a client data type to evolve over time. By creating different versions of a client data type, you can capture discrete changes in the client's data and maintain that information for particular time periods.

Multiple versions of client data types can exist in the application if each version has a different effective date. Only one client data type version can be active for a particular effective date.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data**.

   The **Client Data** page opens.
3. Select a client data type, and from the **Actions** for the data type, click **New Version**.

   The new version of the client data type is created in a draft or `In Edit` state that you can modify. The metadata of the new version is cloned from the existing version. Alternatively, if you open the activated version of the client data type, you can select **New Version** from the action menu on the metadata or supporting information tabs.

4. To configure the metadata for the new client data type version, modify the cloned data attributes and properties.

   Follow the steps in previous topics to define the attributes for the client data type.
5. Activate the client data type version.

Maintaining client data type versions

As an organization's requirements change, you might want to modify or delete some of the attributes, clusters or fields that you defined in the existing client data type version. You can revise the structure of the client data type version so long as it is still in an In-Edit draft state.

Updates to client data types and external systems

Occasionally, you might need to create a new version of a client data type or modify an existing version. If the client data type version is shared with an external system, some changes that you make to the client data type version require you to redistribute its API definition document to your organization's integrator.

Overview

> ⚠️ **Important:**
>
> If your changes impact existing integrations, you must follow your organization's internal process to make the latest version of the client data type API definition document available to your organization's integrator. Your integrator uses the API definition document to sync the information that is captured in respect of your latest client data type version with the external system.

Which updates impact integrations?

The table lists updates that you can make to a client data type version and whether they impact existing integrations.

Table 21. Client data type updates

	Update	Does this update impact integrations? (Yes/No)	More information
Attributes	Adding a mandatory attribute	Yes	Defining attributes for a client data type *(on page 169)*

Table 21. Client data type updates (continued)

	Update	Does this update impact integrations? (Yes/No)	More information
	Deleting a mandatory attribute	Yes	Deleting attributes from a client data type version *(on page 206)*
	Adding an optional attribute	Yes	Defining attributes for a client data type *(on page 169)*
Validations	Adding a new validation	Yes	Configuring validations for a client data type *(on page 188)*
	Updating an existing validation	Yes	
	Deleting a validation	No	

Troubleshooting

If existing integrations fail because you did not make the API document for a new client data type version available to your organization's integrator, stop sharing your new version, then share a previous version of the client data type that you know works.

Modifying client data types

You can modify the details of configurable client data types that you have defined in the application. You cannot modify the client data types that come with the product by default.

After a client data type is created, you cannot modify its logical name. The logical name is a unique name that other configuration components use to identify and reference the client data type. With the exception of its logical name, you can update all details for a client data type.

> ⚠️ **Important:**
> If not previously configured, you can associate a new external system reference with the client data type. When sending a client data type as an API attribute, the external system identifies the client data type by its external system reference. You cannot associate an external system reference with a client data type that was previously used for another client data type.

> ⚠ If you update an existing external system reference that was previously configured, and is already in use in existing integrations, you might cause existing integrations to fail.

> ✎ **Note:**
> When a custom client data type Name that is marked to be included in the Share Care Plan and has at least one active version is updated, the custom client data type updated name is not reflected in the Share Care Plan template home page. Your organization must manually update the Display Name in order to accommodate the updates.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**.

   The tabs on the **Client Data** page contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

3. Click the **Actions** menu of a configurable client data type, and click **Edit**. The **Edit Client Data Type** page opens. Alternatively, if you open the in edit version of the client data type, you can select **Edit** from the Details cluster.

4. Optionally, select a **Category**, which is used for reporting and evaluation purposes.

5. Optionally, enter an **External System Reference** number, which is a unique reference number of up to 20 alphanumeric characters.

6. Select the **Include in Share Care Plan** check box to include the custom client data type on the printed Share Care Plan PDF.

7. Optionally, enter a **Description**.

8. Click **Save**.

Related information

Deleting client data types

If a configured client data type is incorrect or obsolete, you can delete it. However, you can delete a client data type only if it has no active versions.

Ensure that you delete any custom summary card configuration that uses a client data type before you delete a client data type that is displayed in a custom summary card.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**.

   The tabs on the **Client Data** page contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

   > 🚫 **Restriction:**
   >
   > You cannot modify the client data types that are provided by default with the application.

3. Click the **Actions** menu of the client data type, and click **Delete**. The **Delete Client Data Type** page opens.

4. Click **Yes** to confirm that you want to delete the client data type.

Related information

Creating client data types *(on page 168)*

Configuring an Addiction Counseling client data type *(on page   )*

Deleting attributes from a client data type version

You can remove attributes of any type from a client data type version.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data**.

   The tabs in the **Client Data** library contain a list of configurable and non-configurable client data types. Configurable data types are displayed by default.

3. Expand the client data type and click the Effective From hyperlink to open the In Edit draft version of the data type.

4. Click

   Metadata tab > Attribute cluster > Delete

   The **Delete Attribute** page opens.

5. Click **delete** to delete the attribute.

   If you delete an attribute that is referenced in validations or summary information, validations, fields that reference the attributes, related default values, and data type options are removed from the client data type version.

Related information

Deleting client data type versions

If a configured client data type version is incorrect or obsolete, you can delete it. However, you cannot delete a client data type version if the version contains client data that is in use in the application.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data**.
3. Select a client data type, and from the **Actions** for the data type, click **Delete**.
4. Click **Yes** to confirm that you want to delete the client data type version.

Related information

Configuring an Addiction Counseling client data type *(on page   )*

Configuring data sources

You can configure a library of client data types to define the exact client data that can be captured and stored in IBM Watson® Care Manager. So that the care team knows where data types originated, you can associate configured sources and original source systems with each data type.

A library of non-configurable client data types comes with the product to contain the attributes that the organization wants to record in respect of a client's contact details, demographic information, personal and health background, clinical records, and vitals. In addition, you can configure General client data types (for example, Alerts, Assessments) and configured client data types (for example, Family History) to add to the library.

So that the care team knows where client data types originated, you can associate configured sources and original source systems with each data type (non-configurable, general, configured). If required, you can configure new sources to add to the library of configured sources that comes with the product by default. You can also add to the default library of original source systems that comes with the product.

Related information

Getting started with configuring client data *(on page   )*

Associating data types with configured sources

For each data type that is listed in the library, you can manage and maintain its source by associating the source and original source system (if applicable) with each data type.

You can enable or disable the association between sources and data types so that care team members can or cannot select the source information when they work with data types.

Modifying configured sources for data types

So that you maintain current data sources for data types, you can update the source and original source system for a selected data type.

General data types relate to data types that are configured for your organization in IBM Watson Care manager, for example, Alerts, or Assessment. Non-configured client data types come with the product by default and define the data that can be captured and stored for a client's contact details, demographic information, personal and health background, clinical records, and vitals. Configured client data types are custom data types that are created to enable the care team to capture specific client information, for example, their Family History.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **General > Source Systems**.

   Configured data types are listed. The **Display** state indicates whether sources for the listed data types are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

3. From the **Actions** menu of a data type, update the sources for the data type by choosing from the following options:

   ◦ Select **Edit**.

     From the **Sources** menu, select one or more of the configured values that indicate the source of the data, for example, Reported by team. This selection is mandatory.

     From the **Original Source Systems** menu, if applicable, select one or more of the configured values to indicate where the data originated external to Watson™ Care Manager. This selection is optional.

     Click **Save**. After you save the updated sources for the data type, the configured data type with related source information can be made available to team to select when creating data types. Sources associated with existing data types remain unchanged in the application.

   ◦ Select **Show** or **Hide** to make the sources for the data type available or unavailable to the care team.

Configuring sources for data types

Care team members can select a data source for a data type. You can manage a configurable list of sources of data to associate with data types in the library.

General data types relate to data types that are configured for your organization in IBM Watson® Care Manager, for example, Alerts, or Assessment. Non-configured client data types come with the product by default and define the data that can be captured and stored for a client's contact details, demographic information, personal and health background, clinical records, and vitals..

You can create or update a source to associate with data types, and you can reorder the list of configured sources for display. For the data types that can be captured during a client's registration (example: Address, Phone Number, Email Address), we suggest that you create common Source values for each of the data types for the care team to apply. Use the **Show** and **Hide** actions to display a source to the care team or hide it from view.

Adding sources

By default, a library of sources comes with the product to allow the care team to associate sources with a data type that they are creating. If a source that is already configured does not suit the needs of your organization, you can add new sources to the library.

The sources list items that are available by default are as follows: Analytics (External), Analytics (Internal), Chart, Encounter, Hospital Information System, Lab, Other, Outside Provider, Payer, Practice Management System, Provider Management System, and Self Reported.

You can associate an external system reference with the source that you are adding so that incoming data from an external API can be mapped to the configured source in Watson Care Manager.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **General > Source Systems**.

   The tabs on the **Source Systems** page contain a list of data types, sources, and original source systems. Data types are displayed by default.
3. Select the **Source** tab.

   The library of configured sources displays. The **Display** state indicates whether configured sources are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.
4. Click **New**.

   The **New Source** page opens.
5. Enter a unique name that does not duplicate any existing source in the library.

6. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the source that you are adding.
   When sending a source as an API attribute, the external system identifies the source by its external system reference.

7. From the **General** menu, associate the source that you are creating with one or more general data types that are configured for your organization. Select All to associate the source with all the configured data types in the General category, including custom data types that are created to enable the care team to capture specific client information, or select individual data types from the list.

   > **✎ Note:**
   > Choosing the Assessments data type associates the source with both Score Only and Script assessment types.

8. From the **Non-configured client data** menu, associate the source that you are creating with one or more of the client data types that come with the product by default. Select All to associate the source with all the non-configured client data types in the list, or select individual data types in the list.

9. Click **Save** to add the sources for the selected data types to the library of sources.

Related information

[Configuring external system references *(on page 251)*](navigation)

Modifying sources

So that you can maintain current sources for data types, you can edit the name of a configured source and apply it to one or more data types.

You can associate an external system reference with the source that you are adding so that incoming data from an external API can be mapped to the configured source in Watson™ Care Manager.

1. Sign in with your administrator credentials.
   Your home page opens.

2. Click **General > Source Systems**.
   The tabs on the **Source Systems** page contain a list of data types, sources, and original source systems. Data types are displayed by default.

3. Select the **Source** tab.

The library of configured sources displays. The **Display** state indicates whether configured sources are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

4. From the **Actions** menu of a listed source, choose from the following options:

   ◦ Select **Edit**. The **Edit Source** page opens.

     Enter a unique name that does not duplicate any existing source in the library.

     In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the source that you are updating. When sending a source as an API attribute, the external system identifies the source by its external system reference.

     From the **General** menu, associate the source that you are creating with one or more general data types that are configured for your organization. Select All to associate the source with all the configured data types in the General category, including custom data types that are created to enable the care team to capture specific client information, or select individual data types from the list.

     > **📝 Note:**
     > Choosing the Assessments data type associates the source with both Score Only and Script assessment types.

     From the **Non-configured client data** menu, associate the source that you are creating with one or more of the client data types that come with the product by default. Select All to associate the source with all the non-configured client data types in the list, or select individual data types in the list.

     From the **Configured client data** menu, associate the source that you are creating with one or more of the data types in the Configured category. Select All to associate the source with all the configured client data types in the list, or select individual data types in the list.

     Click **Save**. After you save the updated sources for the data type, the configured data type with related source information can be made available to team to select when creating data types. Sources associated with existing data types remain unchanged in the application.

   ◦ Select **Show** or **Hide** to make the sources for the data type available or unavailable to the care team.

5. To reorder the sequence of sources, click **Reorder**.

   Drag and drop the sources to position them in your preferred order.

Configuring original source systems for data types

Care team members can select an original source system to indicate where data originated external to Watson™ Care Manager, for example, via a hospital information system. You can manage a configurable list of original source systems to associate with data types in the library.

General data types relate to data types that are configured for your organization in IBM Watson® Care Manager, for example, Alerts, or Assessment. Non-configured client data types come with the product by default and define the data that can be captured and stored for a client's contact details, demographic information, personal and health background, clinical records, and vitals.

You can create or update an original source system to associate with data types, and you can reorder the list of original source systems for display. For the data types that can be captured during a client's registration (example: Address, Phone Number, Email Address, Goals), we suggest that you create common Original Source System values for each of the data types for the care team to apply. Use the **Show** and **Hide** actions to display an original source system to the care team or hide it from view.

Adding original source systems

By default, a library of original source systems come with the product to allow the care team to associate data types with the system where the data was recorded for the very first time. If an original source system that is already configured does not suit the needs of your organization, you can add new original source systems to the library.

The original source systems list items that are available by default are as follows: Watson™ Care Manager, Other.

You can associate an external system reference with the original source system that you are adding so that incoming data from an external API can be mapped to the configured original source system in Watson™ Care Manager.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **General > Original Source Systems**.
   The tabs on the **Source Systems** page contain a list of data types, sources, and original source systems. Data types are displayed by default.
3. Select the **Original Source Systems** tab.
   The library of configured original source systems displays. The **Display** state indicates whether configured original source systems are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.
4. Click **New**.

The **New Original Source System** page opens.

5. Enter a unique name that does not duplicate any existing source system in the library.

6. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the original source system that you are adding.
   When sending an original source system as an API attribute, the external system identifies the original source system by its external system reference.

7. From the **General** menu, associate the original source system that you are creating with one or more general data types that are configured for your organization. Select All to associate the original source system with all the configured data types in the General category, including custom data types that are created to enable the care team to capture specific client information, or select individual data types from the list.

> ✏ **Note:**
> Choosing the Assessments data type associates the original source system with both Score Only and Script assessment types.

8. From the **Non-configured client data** menu, associate the original source system that you are creating with one or more of the client data types that come with the product by default. Select All to associate the original source system with all the non-configured client data types in the list, or select individual data types in the list.

9. Click **Save** to add the original source system for the selected data types to the library of original source systems.

Related information

Configuring external system references *(on page 251)*

Modifying original source systems

So that you can maintain current original source systems for data types, you can edit the name of a configured original source system and apply it to one or more data types.

General data types relate to types of client data that are configured for your organization in IBM Watson Care manager, for example, Alerts, or Assessments.

You can associate an external system reference with the original source system that you are updating so that incoming data from an external API can be mapped to the configured original source system in Watson™ Care Manager.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **General > Source Systems**.

   The tabs on the **Source Systems** page contain a list of data types, sources, and original source systems. Data types are displayed by default.

3. Select the **Original Source System** tab.

   The library of configured original source systems displays. The **Display** state indicates whether configured original source systems are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

4. From the **Actions** menu of a listed original source system, choose from the following options:

   ◦ Select **Edit**. The **Edit Original Source System** page opens.

   Enter a unique name that does not duplicate any existing original source system in the library.

   In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the original source system that you are updating. When sending an original source system as an API attribute, the external system identifies the original source system by its external system reference.

   From the **General** menu, associate the original source system that you are creating with one or more general data types that are configured for your organization. Select All to associate the original source system with all the configured data types in the General category, including custom data types that are created to enable the care team to capture specific client information, or select individual data types in the General category list.

   > ✏️ **Note:**
   > Choosing the Assessments data type associates the original source system with both Score Only and Script assessment types.

   From the **Non-configured client data** menu, associate the original source system that you are creating with one or more of the client data types that come with the product by default. Select All to associate the original source system with all the non-configured client data types in the list, or select individual data types in the list.

   Click **Save**. After you save the updated original source system for the client data type, the configured data type with related source information can be made available to team to

select when creating data types. Original source systems associated with existing data types remain unchanged in the application.

- Select **Show** or **Hide** to make the original source system for the data type available or unavailable to the care team.

5. To reorder the sequence of original source systems, click **Reorder**.

Drag and drop the source systems to position them in your preferred order.

Configuring consent types

Consent types enable a care team to categorize consent records that they create for clients by their information type. You can create a library of consent types for your organization and, for each consent type, you can set a flag that enables sharing of consent records of that type across organization units (assuming organization units are enabled). You can edit the name of a consent type that you create. You can make a consent type available to care teams to use, or hide it from view.

To support the migration of existing consent records, and consent records that are sent to IBM Watson® Care Manager, the following consent types come with the product by default: **Not Set** and **Community Consent**. You cannot edit the **Not Set** consent type.

Creating consent types

You can configure a consent type for a care team to associate with a client's consent records, for example, Medical Records Consent. For each consent type, you can enable sharing of consent records of that type across organization units (assuming organization units are enabled).

1. Sign in with your administrator credentials.

Your home page opens.

2. Click **Care Planning > Consent Types**.

Configured consent types are listed. The **Display** state indicates whether consent types that are configured in the application are currently available for use by the care team. By default, the **Not Set** type is hidden.

3. Click **New**.

The **New Consent Type** page opens.

4. Name the type of consent, and check **Share with Organization** to enable the care team to record the client's agreement to share consent documents of this type across organization units.

Each consent type must have a unique name.

5. Click **Save**.

Modifying consent types

Except for the **Not Set** consent type, you can rename a configured consent type that needs correction or more context. For each consent type, you can enable or prevent sharing of consent records of that type across organization units (assuming organization units are enabled).

You cannot edit the **Not Set** consent type that comes with the product by default. The **Not Set** consent type is automatically applied to the migration of existing consent records and is hidden from view by default.

You can show or hide each consent type to make the type available or unavailable to the care team to use. You can reorder the sequence in which consent types are displayed.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Consent Types**.

   Configured consent types are listed. The **Display** state indicates whether consent types that are configured in the application are currently available to the care team to use.

3. From the **Actions** menu of a consent type, modify the type by choosing from the following options:

   ◦ Select **Edit**. Rename the consent type and check **Share with Organization** to enable the care team to record the client's agreement to share consent documents of this type across organization units. Prevent sharing of consent records of specific types by clearing the check box. Click **Save**. After you save the consent type, the name is applied to all existing client records associated with that consent type.

   ◦ Select **Show** or **Hide** to show or hide the consent type to the care team. The **Show** or **Hide** action is available only when the consent type is hidden or shown respectively.

4. To reorder the sequence of consent types, click **Reorder**. Drag and drop the consent types to position them in your preferred order.

Configuring client summary cards

You can review the care team roles that are configured in the application and manage the client summary cards that are displayed for each care team role. Cards are displayed on the client's **Summary** page.

Related information

Summary *(on page 309)*

Client summary cards

Summary cards summarize important information about a client for the care team, and can be shown or hidden to show the most relevant information.

The following cards are available to be shown on the Summary and are displayed by default.

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.

The following cards are available to be shown on the Summary, but are hidden by default:

Latest Private Note

An excerpt from the most recently modified Private or Private to Role type note that relates to the client. The name of the author who created the note is displayed. You can click the **See More** link to view the complete note and comments.

Current Actions

A summary of client and care team actions that are in progress. Up to five actions are listed. Actions with end dates are listed first by the nearest end dates, and then actions with no end dates listed by the start dates.

Planned Actions

A summary of client and care team actions that have not started. Up to five actions are listed by their start dates.

Services

A summary of services and providers that have been scheduled for the client. By default up to five records are configured to be shown. The service name is displayed, followed by the provider name.

Configuring the default display of client summary cards for all care team roles

You can manage the display of a library of summary cards on the client's Summary page. Unless you configure cards to be hidden from view, all care team roles can see the client summary cards that you set to display.

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 and Tags. Summary cards are shown in the order that they are listed but you can reorder the cards if required.

To show configurable client data on the client's Summary page, add your own configurable summary cards (custom cards). For most of the cards in the library, you can specify the configured number of client data records that displays on the card on the client's Summary page. A **Not Applicable** value on cards means that you cannot specify the number of records for the card.

You can configure summary cards to be shown to all care team roles on the client's Summary page or to be hidden from view.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Client Summary Cards**.

   On the **Default Configuration** tab, the library of default summary cards that come with the product are displayed.

3. To add a custom card to the library, complete the following steps.

   a. Click **New**. The **New Card** page opens.

   b. Select a type of client data to display.

   > ✎ **Note:**
   >
   > This list displays only the *active* client data types that are not displayed on a card already. If no new data types are configured in the system, this list is blank.

   c. From the **Number of Records** menu, select the number of data records to display on the client summary card. The default selection is 5 records in a range from 1 to 10.

   d. Click **Save**.

4. Edit the number of records that displays on a summary card by selecting **Edit** from the **Actions** menu of the card. Then, select the number of records to display in the range of 1 to 10.
   You cannot edit these cards: Actions, Latest Note, Latest Touchpoint, Note Highlights, and Latest Private Note.

5. Delete an incorrect or obsolete summary card by selecting **Delete** from the **Actions** menu of the card.
   You can only delete configurable client summary cards (custom cards).

6. To hide or show a client summary card to all care team roles, from the **Actions** menu of a card, select **Hide** or **Show** respectively.
   You can change the card display for a specific role on the **Role-based Configurations** tab.

7. To reorder the sequence of summary cards, click **Reorder**. Drag and drop the summary cards to position them in your preferred order.

Customizing the display of client summary cards for specific care team roles

If the default configuration does not suit the card display for a specific care team role, you can configure a customized display of summary cards for the role. Unless you configure cards to be hidden from view, the care team role can see the client summary cards that you set to display.

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 and Tags.

By default, each listed care team role inherits the client summary card configuration in the **Default Configuration** tab. On this page, you can change the default display status of a card so that a card is hidden or displays to care team members with a specific role.

Summary cards are shown on the client's Summary page in the order that they are listed but you can reorder the cards if required.

For most of the cards in the library, you can specify the configured number of client data records that displays on the card on the client's Summary page. A **Not Applicable** value on cards means that you cannot specify the number of records for the card.

1. Sign in with your administrator credentials.
   Your home page opens.

2. Click **Client Data > Client Summary Cards**.

3. Click the **Role-based Configuration** tab.

   The list of care team roles that displays on this page refreshes as roles are created, edited, or deleted on the **Care Team Roles** page.

4. Click any listed role name hyperlink to view and modify the shown or hidden cards that are configured for that role.

   The home page for the selected care team role opens.

5. Edit the number of records that displays on a summary card by selecting **Edit** from the **Actions** menu of the card. Then, select the number of records to display in the range of 1 to 10.

   You cannot edit these cards: Actions, Latest Note, Latest Touchpoint, Note Highlights, and Latest Private Note.

6. To hide or show a client summary card to a specific care team role, from the **Actions** menu of a card, select **Hide** or **Show** respectively.

7. To reorder the sequence of summary cards, click **Reorder**. Drag and drop the summary cards to position them in your preferred order.

Copying a role-based summary card configuration

If you customize the display of summary cards for a specific care team role, you can replicate that configuration for another care team role by creating a copy.

If other care team roles need to have the same card configuration, copy a configuration from one care team role to another care team role. You can copy a card configuration only if multiple care team roles are configured in the application.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Client Summary Cards**.

3. Click the **Role-based Configuration** tab.

   The list of care team roles that displays on this page refreshes as roles are created, edited, or deleted on the **Care Team Roles** page.

4. From the **Actions** menu of the care team role, click **Copy from role**.

   The **Copy from Role** page opens.

5. Of the listed roles that are configured in the application, select the one to which you want to copy the configuration.

6. Click **Save**.

Resetting role-based summary cards to the default configuration

If you customize the display of summary cards for a specific care team role, you can revert that display to be the same as the default card configuration.

For any configured care team role, you can reset the summary card display to the default card configuration.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data > Client Summary Cards**.
3. Click the **Role-based Configuration** tab.

   The list of care team roles that displays on this page refreshes as roles are created, edited, or deleted on the **Care Team Roles** page.
4. From the **Actions** menu of the care team role, click **Reset to default**.

   The **Reset to Default** page opens.
5. Click **Save** to confirm your action.

Configuring family summary cards

View and maintain the library of cards that display by default on the **Family Summary** page. The default family summary cards are: **Team**, **Latest Note**, and **Latest Touchpoint**.

Access the family summary cards to verify that the number of records that are displayed is correct. You can also reorder the sequence in which cards are displayed.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Select **Families > Families**, and select **Family Summary Cards**.

   By default, the number of records that are shown is five and the display value is set to **Shown**.

3. Manage the display of an outcome by completing the following steps in the **Actions** ⋮ menu of the outcome:

   ◦ Select **Edit** to modify the number of records shown.

   > 📝 **Note:**
   >
   > The Edit function is disabled if the **Records Shown** field is set to **Not applicable**.

◦ Select **Show** to make a card available for the care team to use.

◦ Select **Hide** to make a card unavailable.

4. Select **Reorder** to reorder the sequence of cards. Then, select the ═ icon of the card that you want to reorder and drag it to a new location on the **Reorder Family Summary Cards** page.

Configuring client identification types

Care teams can capture different types of identification for clients, for example, their Employee ID, Passport Number, or Insurance Number. You can create a library of identification types for your organization and edit the name of an identification type after you create it. You can also configure whether an identification type is made available to care teams to use, or hidden from view.

Creating identification types

You can configure an identification type to make it available for use by care teams.

You can associate an external system reference with the identification type record that you are creating. When sending an identification type as an API attribute, the external system identifies the identification type by its external system reference. You can configure only one preferred identification type.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Identification Types**.

   Existing identification types are displayed. The **State** indicates whether identification types that are configured in the application are available to the care team to use. The **External System Reference** displays the reference that the external system uses to identify the identification type. **Preferred Identification** indicates whether the identification type is the preferred identification type to display throughout the application for all clients, for example, in the client context pane and downloaded PDFs.

3. Click **New**.

   The **New Identification Type** page opens.

4. Name the type of identification.

5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

6. You can indicate whether this is the preferred identification type to display for all clients. Care teams can override this configuration for individual clients in the Care Team workspace if needed.

7. Click **Save**.

Related information

Modifying identification types

You can update an identification type in the library of configured identification types.

You can reorder the sequence in which types are displayed. You can also show an identification type to make it available for use by care teams, or hide an identification type to make it unavailable. Your changes are applied immediately throughout the application.

You can rename an identification type and if not previously configured, you can associate a new external system reference with the identification type record. When sending an identification type as an API attribute, the external system identifies the identification type by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with an identification type, you cannot reuse the old external system reference when configuring other identification types. You can configure only one preferred identification type.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Identification Types**.

   Existing identification types are displayed. The **State** indicates whether identification types that are configured in the application are available to the care team to use. The **External System Reference** displays the reference that the external system uses to identify the identification type. **Preferred Identification** indicates whether the identification type is the preferred identification type to display throughout the application for all clients, for example, in the client context pane and downloaded PDFs.

3. From the **Actions** menu of an identification type, modify the type by completing the following steps:
   - a. Rename the identification type.
       b. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
       c. You can indicate whether this is the preferred identification type to display for all clients. Care teams can override this configuration for individual clients in the Care Team workspace if needed.

> d. Click **Save**. After you save the identification type, the name is applied to all existing client records where that identification type is captured.
>
> e. Select **Show** or **Hide** to show or hide the identification type to the care team. The **Show** or **Hide** action is available only when the identification type is hidden or shown respectively.

4. To reorder the sequence of identification types, click **Reorder**. Drag and drop the identification types to position them in your preferred order.

Configuring client relationship types

Care teams can capture relationship information a client and those individuals that the client has a relationship with, for example if client is a roommate or a parent of the client. The relationships that you enter must be gender neutral. For example, Parent - Child, rather than Father - Son. You can add relationships to the library to suit the needs of your organization, and you can reorder the list of relationships that the care team will see. You can configure whether a relationship type is made available to care teams to use, or hidden from view. You can add and edit a relationship, and associate an external system reference with the relationship record.

Creating relationships

You can configure a relationship to make it available for use by care teams.

The relationships that you enter must be gender neutral. For example, Parent - Child, rather than Father - Son. The values for Relationship to client and Reciprocal Relationship can be the same. For example, Spouse - Spouse or Classmate - Classmate. By default, each new relationship is made available to the team to select. You can associate an alphanumeric external system reference with the relationship record that you are creating. When sending a relationship as an API attribute, the external system identifies the relationship by its external system reference. The Relationship to client and Reciprocal Relationship attributes share the same external system reference.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Client Data > Relationships**.
   Existing relationships are displayed. The **External System Reference** displays the reference that the external system uses to identify the relationship.
3. Click **New**.
   The **New Relationship** page opens.
4. Name the relationship to client.
5. Name the reciprocal relationship.

6. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
7. Click **Save**.

Modifying relationships

You can update a relationship in the library of configured relationships.

You can reorder the sequence in which relationships are displayed. You can also show a relationship to make it available for use by care teams, or hide a relationship to make it unavailable. Your changes are applied immediately throughout the application.

The relationships that you enter must be gender neutral. For example, Parent - Child, rather than Father - Son. By default, each new relationship is made available to the team to select. You can rename a relationship and if not previously configured, you can associate a new external system reference with the relationship record.

When sending a relationship as an API attribute, the external system identifies the relationship by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with a relationship, you cannot reuse the old external system reference when configuring other relationships.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Client Data > Relationships**.
   Existing relationships are displayed. The **External System Reference** displays the reference that the external system uses to identify the relationship.
3. From the **Actions** menu of a relationship, modify the relationship by completing the following steps:
   - a. Rename the Relationship to client.
     b. Rename the Reciprocal Relationship.
     c. In the System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

      d. Click **Save**. After you save the relationship, the name is applied to all existing client records where that relationship is captured.

      e. Select **Show** or **Hide** to show or hide the relationship to the care team. The **Show** or **Hide** action is available only when the relationship is hidden or shown respectively.

4. To reorder the sequence of relationships, click **Reorder**. Drag and drop the relationships to position them in your preferred order.

Configuring client tags

Manage the types of tags that your organization captures for clients. Tags can be used to record information about a client that is important to your organization, for example if a client is a member of an organization or group. If configured to be shown, you should select the source of the tag information and optionally, the name of the original source system where the tag information originated. You can reorder the list of tags that the care team will see. You can also configure whether a client tag is made available to the care team to use or is hidden from view.

Creating client tags

You can configure a client tag to make it available for use by care teams.

Tags can be used to record information about a client that is important to your organization, for example if a client is a member of an organization or group.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Tags**.

   Existing client tags are displayed. The **Display state** indicates whether client tags that are configured in the application are available to the care team to use.

3. Click **New**.

   The **New Client Tag** page opens.

4. Name the client tag.

5. Click **Save**.

Modifying client tags

You can update a client tag in the library of configured client tags.

You can reorder the sequence in which client tags are displayed. You can rename a client tag. You can also show a client tag to make it available for use by care teams, or hide a client tag to make it unavailable. Your changes are applied immediately throughout the application.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Tags**.

   Existing client tags are displayed. The **Display state** indicates whether client tags that are
   configured in the application are available to the care team to use.

3. From the **Actions** menu of a client tag, modify the tag by completing the following steps:

   - a. Rename the client tag.

     b. Click **Save**. After you save the client tag, the name is applied to all existing client
        records where that client tag is captured.

     c. Select **Show** or **Hide** to show or hide the client tag to the care team. The **Show** or
        Hide action is available only when the client tag is hidden or shown respectively.

4. To reorder the sequence of client tags, click **Reorder**. Drag and drop the client to position them in
   your preferred order.

Configuring client risks

You can configure a library of risks that can be created for clients. For example, the risk of readmission.
Risks can be standard or specific to your organization. You can configure the library of risks and the
overall range that a risk score must be in. You can configure categories for risk ranges, so that risk scores
are assigned to an appropriate category when they are entered by the care team.

Creating risks

You can create a library of risks for your organization. After you create a new risk, a draft version of the
risk automatically opens for you to continue configuring the risk. Activate the draft version to make it
available for use.

You can configure risks that are in a draft, or **In Edit**, state only. Only one **In Edit** version can exist.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Risks**.

   Existing risks are displayed.

3. Click **New**.

   The **New Risk** page opens.

4. Enter a unique name for the risk of up to 100 characters.

5. Enter a description for the risk of up to 2000 characters.

6. Click **Save** to add the risk to the library. An editable version of the risk automatically opens.

7. Continue configuring the risk by creating the risk range and categories.

Creating risk ranges

Care teams enter scores for risks to indicate the probability that a risk will happen. You can create the overall range of values that the score must be in when care teams create the risk.

> 🚫 **Restriction:**
>
> A risk can have only one overall range. You can create a range for a draft risk only if the risk does not already have a range defined. Otherwise, create a new risk or you can delete the range of an existing **In Edit** risk and add a new range, if needed.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data > Risks**.

   Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
4. Click the effective from date of an **In Edit** version of a risk to open the in-edit version.
5. Click **New**.

   The **New Risk Range** page opens.
6. Enter the overall range for the risk score. Enter a minimum number and a maximum number for the range.
7. Click **Save**.

Creating risk categories

Risk categories indicate where a risk score falls in the overall risk range. For example, high, medium, or low. Add categories to the risk range so that the score achieved by a client can be automatically assigned to the appropriate category if it falls within its range.

For each category, you must configure the range that the score must be in to be assigned to the category.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data > Risks**.

   Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
   - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
   - If no **In Edit** version exists:

a. Click **New Version** in the risk **Actions** menu to create an in-edit version.

b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.

4. Click **New Category** in the **Actions** menu for the risk range to open the **New Category** page.

5. Enter a unique name for the category of up to 64 characters.

6. Enter the range that the risk score must be in to be assigned to the category. Enter a minimum number and a maximum number for the range.

> **ⓘ Tip:**
>
> Ensure that the range is within the overall risk range and there are no gaps between the category ranges and the risk range.

7. Click **Save**.

Activating risks

Activate draft risk versions to ensure they are complete and to make them available for use in the application. Validate the risk and correct any issues before you activate it. Activated risks are automatically made available to care teams to create.

You can validate and activate a risk from either the **Risks** list or the home page of a risk.

A risk is complete when there are no gaps in the ranges that are specified for its categories, if configured, and the ranges are within the overall risk range. The category ranges must be consecutive and must not overlap with the ranges of any existing categories.

> **ⓘ Tip:**
>
> Correct any issues with your category ranges. Otherwise, care teams can still create the risk but the risk displays a message stating that no category is defined.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Risks**.

   Existing risks are displayed.

   ◦ To activate a risk from the **Risks** list, complete the following steps:

   a. Expand a risk. The risk versions are displayed.

   b. From the **Actions** menu of an **In Edit** version, select **Validate** to validate the risk before you activate it. The **Validate Risk** page opens.

   c. Click **Validate**.

      d. To activate the risk, from the **Actions** menu of the **In Edit** version, select **Activate**. The **Activate Risk Version** page opens. By setting the Effective From date, you can specify a date when care teams can start to use the new version.

      e. Click **Activate** to activate the risk.

◦ To activate the risk from the risk home page, complete the following steps:

      a. Expand a risk. The risk versions are displayed.

      b. Click the effective from date of an **In Edit** version to open the risk.

      c. From the **Actions** menu of the risk range, select **Validate Risk** to validate the risk before you activate it. The **Validate Risk** page opens.

      d. Click **Validate** to validate the risk.

      e. To activate the risk, from the **Actions** menu of the risk range, select **Activate Risk**. The **Activate Risk Version** page opens. By setting the Effective From date, you can specify a date when care teams can start to use the new version.

      f. Click **Activate** to activate the risk.

Modifying risks

You can edit the name and description of a risk, or create a new version of a risk to make further changes. A new version of a risk is always in the In Edit, or draft, state until you activate it. You can show and hide risks as needed to make them available for use by the care team.

When risks are shown, they are available for care teams to select when they create or edit risks. You can hide a risk that is not needed and it becomes unavailable for selection. Existing risks for clients are not affected.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Risks**.

   Existing risks are displayed.

3. To update the name and description of a risk, click **Edit** in the **Actions** menu of a risk.

       a. Modify the name and description.

       b. Click **Save**.

4. To create a new editable version of an existing risk, complete the following steps:

       a. Click **New Version** in the **Actions** menu of an active risk.

       b. Click **Yes** to confirm that you want to create a new version of the risk.

5. Modify the risk range and categories that are associated with the risk range, if configured.

6. To hide the risk, from the **Actions** menu of a risk, select **Hide**.

7. To show the risk, from the **Actions** menu of a risk, select **Show**.

Modifying risk ranges

You can update the overall range of a risk. A risk score must fall within the overall range of values when care teams create the risk.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Risks**.

   Existing risks are displayed.

3. Expand a risk. The risk versions are displayed.
   - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
   - If no **In Edit** version exists:
     a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
     b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.

4. Click **Edit** in the **Actions** menu for the risk range to open **Edit Risk Range** page.

5. Update the range of the risk. Enter a minimum and a maximum number for the range.

6. Click **Save**.

Modifying risk categories

You can rename a risk category and its range. When you activate the risk, your updates are immediately applied to new risks that are created for clients by care teams.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Risks**.

   Existing risks are displayed.

3. Expand a risk. The risk versions are displayed.
   - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
   - If no **In Edit** version exists:
     a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
     b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.

4. Click **Edit** in the **Actions** menu of any row in the **Category** section to open the **Edit Category** page.

5. Rename the category or update its range. Enter a minimum number and a maximum number to update the range.

> **ⓘ Tip:**
>
> Ensure that the updated range is within the overall risk range and there are no gaps between the category ranges and the risk range.

6. Click **Save**.

Deleting risks

You can delete an in-edit version of a risk but not the active version.

Existing risks for clients are not affected when you delete them. The care team can continue to work with these risks. Deleted risks are unavailable for selection when the care team create a new risk.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data > Risks**.

   Existing risks are displayed.
3. Expand the risk to see the versions, and click **Delete** in the Actions menu of an in-edit version.
4. Click **Yes** to confirm that you want to delete the risk version.

Deleting risk ranges

You can delete the risk range from an in-edit version of a risk but not from an active version.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data > Risks**.

   Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
   - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
   - If no **In Edit** version exists:
     a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
     b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.
4. Click **Delete** in the **Actions** menu for the risk range to open **Delete Risk Range** page.
5. Click **Yes** to confirm that you want to delete the risk range.

Deleting risk categories

If a risk category is obsolete or not required, you can delete it from the risk range. You can delete a risk category from an in-edit version of a risk but not from an active version.

Existing categories that are already in use in the application are not affected when you delete them. The care team can continue to work with any risks with these categories. However, scores for new risks are not assigned to the category.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Client Data > Risks**.

   Existing risks are displayed.
3. Expand a risk. The risk versions are displayed.
   - If an **In Edit** version exists, click the effective from date of the risk to open the in-edit version.
   - If no **In Edit** version exists:
     a. Click **New Version** in the risk **Actions** menu to create an in-edit version.
     b. Click **Yes** to confirm that you want to create a new version of the risk. An editable version of the risk automatically opens.
4. Expand the risk range.
5. Click **Delete** in the **Actions** menu of any row in the **Category** section to open the **Delete Category** page.
6. Click **Yes** to confirm that you want to delete the risk category.

Configuring client deactivation reasons

When a care team member or supervisor deactivates a client in Watson™ Care Manager, a reason must be recorded. You can configure and manage a library of reasons that indicate why a client is deactivated in the application.

Adding client deactivation reasons

If a suitable client deactivation reason does not exist in the library of configured reasons that come with the product, you can add a new reason. The reasons that you configure become available to the care team and supervisors to select when they deactivate a client.

The deactivation reasons that are available by default are as follows: Deceased, Duplicate, Graduated/ Completed, Ineligible, Non Responder, Opt Out, Referral Rejected, Other, and Duplicate Registration. Watson™ Care Manager automatically associates the Duplicate Registration deactivation reason with

clients who are deactivated automatically when a duplicate registration is resolved by a care team member. By default, the Duplicate Registration reason is hidden from view and cannot be shown.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **General > Client Deactivation Reasons**.

   The Client Deletion Reasons library opens. The **Display** state indicates whether configured reasons are currently Shown and available to the care team to use, or Hidden and unavailable.

3. To add a new deactivation reason, click **New**. The **New Deactivation Reason** page opens.

4. Enter a unique reason that does not duplicate any existing deactivation reason in the library. Click **Save** to add the deactivation reason to the library. The Client Deactivation Reasons list refreshes.

5. Use the **Show** and **Hide** actions to display the reason to users or hide it from view.

   ◦ To hide the reason, from the Actions menu, select **Hide**.

   ◦ To show the reason, from the Actions menu, select **Show**.

   You cannot show or hide the **Other** reason so that a user can always enter a reason in the Other field.

6. To reorder the sequence of client deactivation reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying client deactivation reasons

You can update a client deactivation reason. When you change a client deactivation reason in the library of configured reasons, all existing instances in client records are updated

The default deactivation reasons that are come with the product cannot be edited: Deceased, Duplicate, Graduated/Completed, Ineligible, Non Responder, Opt Out, Referral Rejected, Other, and Duplicate Registration. Watson™ Care Manager automatically associates the Duplicate Registration deactivation reason with clients who are deactivated automatically when a duplicate registration is resolved by a care team member. By default, the Duplicate Registration reason is hidden from view and cannot be shown.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **General > Client Deactivation Reasons**.

   The Client Deactivation Reasons library opens. The **Display** state indicates whether configured reasons are currently Shown and available to the care team to use, or Hidden and unavailable.

3. To modify an existing client deactivation reason, from the row-level actions menu, click **Edit**. The **Edit Deactivation Reason** page opens.

4. Update the deactivation reason. Ensure the updated reason is a unique reason that does not duplicate any existing client deactivation reason in the library. Click **Save**. The Client Deactivation Reasons list refreshes.

5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.

   ◦ To hide the reason, from the Actions menu, select **Hide**.

   ◦ To show the reason, from the Actions menu, select **Show**.

   You cannot show or hide the **Other** reason so that a user can always enter a reason in the Other field.

6. To reorder the sequence of client deactivation reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

When you update a reason for a client deactivation, any existing instances of the deactivation reason are updated in the application. If the client's deactivation is later reversed, the original reason for the deactivation is updated in the client's history to capture the reversal reason.

Configuring client referral reasons

When a care team member or supervisor refers a client in Watson™ Care Manager, a reason must be recorded. You can configure and manage a library of reasons that indicate why a client is referred in the application.

Adding client referral reasons

If a suitable client referral reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to the care team to select when they refer a client. You can add an external system reference so Watson™ Care Manager can identify the referral reason by its external system reference when it receives a referral.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **General > Client Referral Reasons**.

   The **Client Referral Reasons** library opens. The Display state indicates whether configured reasons are currently **Shown** and available to the care team to use, or **Hidden** and unavailable.

3. To add a new referral reason, click **New**. The **New Referral Reasons** page opens.

4. Enter a unique reason that does not duplicate any existing client referral reason in the library. Optionally, enter an alphanumeric external system reference to a maximum of 20 characters. Click **Save** to add the referral reason to the library. The Referral Reasons list refreshes.

5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.

You cannot show or hide the Other reason so that a user can always enter a reason in the Other field.

- ◦ To hide the reason, from the Actions menu, select **Hide**.
- ◦ To show the reason, from the Actions menu, select **Show**.

6. To reorder the sequence of referral reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying client referral reasons

You can update a client referral reason. When you change a client referral reason in the library of configured reasons, all existing instances in client records are updated. You can add an external system reference so Watson™ Care Manager can identify the referral reason by its external system reference when it receives a referral.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **General > Client Referral Reasons**.
   The **Client Referral Reasons** library opens.
3. To modify an existing client referral reason, click **Edit**. The **Edit Referral Reason** page opens.
4. Update the referral reason. Ensure that the updated reason is a unique reason that does not duplicate any existing client referral reason in the library. Optionally, enter an alphanumeric external system reference to a maximum of 20 characters. Click **Save** to add the referral reason to the library. The Referral Reasons list refreshes.
5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.

   You cannot show or hide the **Other** reason so that a user can always enter a reason in the **Other** field.

   - ◦ To hide the reason, from the Actions menu, select **Hide**.
   - ◦ To show the reason, from the Actions menu, select **Show**.
6. To reorder the sequence of referral reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring referral lists

Manage and configure the columns that are displayed on the referral list pages in the Supervisor and Care Team workspaces. You can configure the display columns for the Open Unassigned Referrals, My Open Referrals, and Open Assigned Referrals list pages.

You can configure all available values for display except Name and Referred On which are mandatory. Including Name and Referred On, you can configure a maximum of 6 values to display as columns on the list pages or in the expanded view.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **General > Referrals > Referrals Lists**.

   The **Client Referral Lists** library opens. The Display state indicates whether a value is currently **Shown as a column** or **Shown in expanded view** and available to the care team to use, or **Hidden** and unavailable.

3. From the Actions menu, select **Show as column** to display the value as a column header to the care team.
   The referral list pages are updated in the Care Team and Supervisor workspaces.
4. From the Actions menu, select **Show in expanded view** to display the value in an expanded view to the care team at run time.
   The referral list pages are updated in the Care Team and Supervisor workspaces.
5. From the Actions menu, select **Hide** to hide the value from the care team.
   The referral list pages are updated in the Care Team and Supervisor workspaces.

Configuring client deletion reasons

When a team member deletes a client from Watson™ Care Manager or when a supervisor undoes the deletion of a client, a reason must be recorded. You can configure and manage a library of reasons for why a client was deleted or why the deletion was reversed.

Adding client deletion reasons

If a suitable client deletion reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to the care team to select when they delete a client.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Client Data > Client Deletion Reasons**.
   The tabs in the Client Deletion Reasons library contain a list of reasons for deleting or undoing the deletion of a client.
3. To add a new client deletion reason, from the **Deletion Reasons** tab, click **New**. The **New Deletion Reason** page opens.

4. Enter a unique reason that does not duplicate any existing delete client reason in the library. Click **Save** to add the delete reason to the library. The Client Deletion Reasons list opens.

5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
   - To hide the reason, from the Actions menu, select **Hide**.
   - To show the reason, from the Actions menu, select **Show**.

6. To reorder the sequence of delete client reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying client deletion reasons

You can update a client deletion reason. When you change a client deletion reason in the library of configured reasons, all existing instances in client records are updated

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Client Deletion Reasons**.

   The tabs in the Client Deletion Reasons library contain a list of reasons for deleting or undoing the deletion of a client.

3. To modify an existing client deletion delete reason, from the **Deletion Reasons** tab, click **New**. The **Edit Deletion Reason** page opens.

4. Update the deletion reason. Ensure the updated reason is a unique reason that does not duplicate any existing delete client reason in the library. Click **Save** to add the delete reason to the library. The Delete Client Reasons list opens.

5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
   - To hide the reason, from the Actions menu, select **Hide**.
   - To show the reason, from the Actions menu, select **Show**.

6. To reorder the sequence of delete client reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Adding undo client deletion reasons

If a suitable undo client deletion reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to supervisors to select when they undo the deletion of a client.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Client Data > Client Deletion Reasons**.

The tabs in the Client Deletion Reasons library contain a list of reasons for deleting or undoing the deletion of a client.

3. To add a new client deletion reason, from the **Undo Deletion Reasons** tab, click **New**. The **New Undo Deletion Reason** page opens.

4. Enter a unique reason that does not duplicate any existing undo client deletion reason in the library. Click **Save** to add the delete reason to the library. The Undo Client Deletion Reasons list opens.

5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
   ◦ To hide the reason, from the Actions menu, select **Hide**.
   ◦ To show the reason, from the Actions menu, select **Show**.

6. To reorder the sequence of delete client reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying undo client deletion reasons

You can update an undo client deletion reason. When you change a reason in the library of configured reasons, all existing instances in client records are updated.

1. Sign in with your administrator credentials.
   Your home page opens.

2. Click **Client Data > Client Deletion Reasons**.
   The tabs in the Client Deletion Reasons library contain a list of reasons for deleting or undoing the deletion of a client.

3. To modify an existing undo client deletion reason, from the **Undo Deletion Reasons** tab, click **New**. The **Edit Undo Deletion Reason** page opens.

4. Update the reason. Ensure the updated reason is a unique reason that does not duplicate any existing reason in the library. Click **Save** to add the undo client delete reason to the library.

5. Use the **Show** and **Hide** actions to display the reason to the care team or hide it from view.
   ◦ To hide the reason, from the Actions menu, select **Hide**.
   ◦ To show the reason, from the Actions menu, select **Show**.

6. To reorder the sequence of reasons, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring for organizations

You can configure the titles and suffixes that apply to your organization's clients and care team members. You can configure organization names to display in reports and the languages that are available for selection in your organization.

Configuring titles and suffixes for clients and care team members

To address someone correctly, you can create a library of titles or suffixes to add before or after their name. A client or care team member can be associated with a single title and one or more suffixes.

Creating titles

A title is a prefix to someone's name that might be required to address the person correctly. You can create titles to associate with care team members or clients.

The following titles are provided in the application by default: Dr., Miss, Mr., Mrs., Ms., and Prof. You can add more titles to the library to suit the needs of your organization.

You can associate an external system reference with the title record that you are creating. When sending an alert as an API attribute, the external system identifies the title by its external system reference.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Organization** > **Titles**.

   The **Titles** page opens.
3. Click **New**.

   The **New Title** page opens.
4. In the **Title** field, enter a unique title to a maximum of 100 characters.
5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.
6. Click **Save**.

   The Titles page lists the new title.

Related information

Configuring external system references *(on page 251)*

Creating suffixes

A *suffix* is appended to someone's name to reflect the person's position, educational degree, accreditation, office, or honor. You can create suffixes to associate with care team members or clients.

The following suffixes are provided in the application by default: Esquire, Junior, Senior, First, Second, Third, Fourth, Fifth. You can add more suffixes to the library to suit the needs of your organization.

You can associate an external system reference with the suffix record that you are creating. When sending a suffix as an API attribute, the external system identifies the suffix by its external system reference.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Organization** > **Suffixes**.

   The **Suffixes** page opens.

3. Click **New**.

   The **New Suffix** page opens.

4. In the **Suffix** field, enter a unique suffix to a maximum of 100 characters.

   For example, M.D. might follow a doctor's name.

5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

6. Click **Save**.

   The Suffixes page lists the new suffix.

Related information

Updating titles and title display

To maintain relevant titles, you can edit any existing title in the library of titles. You can configure the library to show or hide specific titles. You can reorder titles so that the most relevant titles display first according to your organization's needs.

You cannot edit the following titles that are provided in the application by default: Dr., Miss, Mr., Mrs., Ms., and Prof.

You can update a title and if not previously configured, you can associate a new external system reference with the title record. When sending a title as an API attribute, the external system identifies the title by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with a title, you cannot reuse the old external system reference when configuring other titles.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Organization** > **Titles**.

   The **Titles** page opens.

3. To update an existing title, from the Actions menu, select **Edit** and enter a unique title.

4. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

5. Click **Save**.

6. Use the **Show** and **Hide** actions to display a title to the care team or hide one from view. By default, newly-created titles are configured to be shown.
   - To show the title, from the Actions menu, select **Show**.
   - To hide the title, from the Actions menu, select **Hide**.

7. To reorder the sequence of titles, click **Reorder**.

   The **Reorder Titles** page opens. Drag and drop the titles to position them in your preferred order, and click **Save**.

Updating suffixes and suffix display

To maintain relevant suffixes, you can edit any existing suffix in the library of suffixes. You can configure the library to show or hide specific suffixes. You can reorder suffixes so that the most relevant suffixes display first according to your organization's needs.

You cannot edit the following suffixes that are provided in the application by default: Esquire, Junior, Senior, First, Second, Third, Fourth, Fifth.

You can update a suffix and if not previously configured, you can associate a new external system reference with the suffix record. When sending a suffix as an API attribute, the external system identifies the suffix by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

In addition, if you modify an external system reference that is associated with a suffix, you cannot reuse the old external system reference when configuring other suffixes.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Organization** > **Suffixes**.

   The **Suffixes** page opens.

3. To update an existing suffix, from the Actions menu, select **Edit** and enter a unique suffix.

4. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

5. Click **Save**.

6. Use the **Show** and **Hide** actions to display a suffix to the care team or hide one from view. By default, newly-created suffixes are configured to be shown.

- To show the suffix, from the Actions menu, select **Show**.
- To hide the suffix, from the Actions menu, select **Hide**.

7. To reorder the sequence of suffixes, click **Reorder**.

   The **Reorder Suffixes** page opens. Drag and drop the suffixes to position them in your preferred order, and click **Save**.

Configuring the display format of a client's name

You can configure the display format for client names that determines how Watson Care Manager users will see client names displayed in the application.

The default display format on list pages and in client search pages is: Last Name, First Name. You can change the display format if you prefer to reflect a First Name Last Name display. The display format applies to list pages and Client Name filters in search pages but does not apply to all places in the application where a client's name is displayed.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **General > Client Name Display Format**.

   The **Client Name Display Format** page opens.

3. To change the default display format from **Last Name, First Name**, click **Edit** and select **First Name Last Name** to update the display format.

Configuring organization names

You can configure the name of your organization, which is published in organizational reports, for example, a client's share care plan. You can specify a display name for the organization that differs from the organization name.

If you change a configured organization name or display name, the updated name is displayed in reports that are generated by care team members after you complete your update.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Organization > Organization**.

   The **Organization Name** page opens.

3. To add, update, or delete an organization name, click **Edit Name** and enter, update, or remove the name and associated display name.

Configuring a Connect Providers support contact

If your organization has licensed the IBM Watson® Care Manager Connect Providers add-on component, you can configure the Connect Providers support contact details for your organization. The support details are shown in emails to service provider organizations, directing providers to where they can get help with the application.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Organization > Organization**.

   The **Organization Name** page opens.
3. To add, update, or delete a Configuring a Connect Providers support contact support contact, click **Edit Connect Providers Support Contact** and enter, update, or remove the contact details.

Configuring a Connect Individuals support contact

If your organization has licensed the IBM Watson® Care Manager Connect Individuals add-on component, you can configure the Connect Individuals support contact details for your organization. The support details are shown in emails to clients, directingthem to where they can get help with the application.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Organization > Organization**.

   The **Organization Name** page opens.
3. To add, update, or delete a Configuring a Connect Individuals support contact support contact, click **Edit Connect Individuals Support Contact** and enter, update, or remove the contact details.

Configuring languages for organizations

Configure the languages that are available from the language selection menus for your organization. You can select from these languages when you create a contact preference. If providers are enabled, you can select from these languages when you configure a provider service. You can edit, show, or hide the languages, and set their order in the menu.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Select **Client Data > Languages** from the **Side Navigation menu**.

   The existing languages are displayed.
3. Click **New** to create a new language option, enter a language name and click **Save**.

   By default, new languages are shown in the menu.

4. Select **Show** or **Hide** from the **Actions** menu of a language to make it available or unavailable in the menu.

5. Select **Reorder** to reorder the languages in the menu, and click **Reorder**.

6. Select **Edit** from the **Actions** menu of a language, rename the language and click **Save**.

Related information

Registering providers and services *(on page 116)*

Configuring organization units

Assuming that organization units are enabled for your organization, you can configure organization units to create organization structure and to assign users and clients to different parts of the organization. A care team can direct client referrals to the correct organization unit to meet their needs, and manage organizational workflow such as tasks and care team actions.

> ⚠️ **Important:**
>
> New implementations of Watson™ Care Manager that are using organizational units should ensure that all users are associated with a organizational unit before they use the application.

> 📝 **Note:**
>
> The care team groups feature that allows you to predefine groups of care team members is not currently supported for use with organization units.

Creating organization units

You can add an organization unit to the library of organization units in the application. You can register the contact and address details of the new organization unit.

1. Sign in with your administrator credentials.
   Your home page opens.

2. From the **Side Navigation menu**, select **Organization** > **Organization Units**.
   The **Organization Units** page opens.

3. Click **New**.
   The **New Organization Unit** page opens.

4. In the **Details** section, provide details to identify and contact the organization unit.
   ◦ **Name**- Enter a unique name for the organization unit to a maximum of 200 characters.
   ◦ **External System Reference**- Enter the reference number or code that the organization unit is assigned by the organization to uniquely identify it.

- ◦ **Display Name**- Enter the display name for the organization unit, which can be included in organizational reports, for example, a client's share care plan.
- ◦ **Area Code**- If you enter an area code, enter a phone number.
- ◦ **Phone**

5. In the **Address** section, enter the address of the organization unit.
6. Click **Save**.

   The **Organization Units** page lists the new organization unit.

Modifying organization units

You can edit any existing organization unit in the library to maintain the latest contact and address details.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Side Navigation menu**, select **Organization** > **Organization Units**.

   The **Organization Units** page opens.
3. Click the **Name** hyperlink of the organization unit that you want to edit.

   The home page of the selected organization unit opens.
4. Click **Edit**.

   The **Edit Organization Unit** home page opens.
5. In the **Details** section, update details to identify and contact the organization unit.
   - ◦ **Name**- Enter a unique name for the organization unit to a maximum of 200 characters.
   - ◦ **External System Reference**- Enter the reference number or code that the organization unit is assigned by the organization to uniquely identify it.
   - ◦ **Display Name**- Enter the display name for the organization unit, which can be included in organizational reports, for example, a client's share care plan.
   - ◦ **Area Code**- If you enter an area code, enter a phone number.
   - ◦ **Phone**
6. In the **Address** section, update the address of the organization unit.
7. Click **Save**.

   The **Organization Units** page lists the updated organization unit.

Adding users to organization units

You can add users to an organization unit to manage clients, referrals, and workflow for that organization unit such as tasks and care team actions. However, note that a user can only belong to one organization unit and cannot be removed after you add them.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Side Navigation menu**, select **Organization** > **Organization Units**.

   The **Organization Units** page opens.

3. Click the **Name** hyperlink of the organization unit that you want to edit.

   The home page of the selected organization unit opens.

4. Select the **Users** tab to see a list of users who currently belong to the organization unit.

5. Click **Add**.

   The **Add User** page opens.

6. Search for and select one or more listed users to add to the organization unit.

   Only active users who are not already associated with an organization unit are listed and available for selection. The user's Login ID can help you to differentiate between users with the same name, and you can further identify users by their assigned workspaces.

7. Click **Add**.

   The **Users** page lists the user or users that you added.

Configuring client messaging

If your organization uses the IBM Watson® Care Manager Connect Individuals application, you can show or hide the Messaging feature in the Connect Individuals and care team applications. The Messaging feature enables clients and their care teams to send and receive messages about the client's care.

Enabling the messaging feature

You can show or hide all pages, actions, buttons, fields, and columns that relate to the messaging feature in the care team and Connect Individuals applications.

The messaging feature resides in IBM Watson® Care Manager and IBM Watson® Care Manager Connect Individuals and is not an add-on component.

You can show the messaging feature whenever it is suitable for your organization. For example, you might choose to show the messaging feature only if care teams in your organization have capacity to respond to messages from their clients. If care teams do not have capacity to respond to messages, you can hide messaging. When the messaging feature is hidden, care teams and clients can no longer access, send, or receive messages in the care team and Connect Individuals applications.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Plan**.

   The **Plan** page opens.

3. From the **Actions** menu of the Messaging plan setting, select **Show**.

4. From the **Actions** menu of the Messaging plan setting, select **Hide**.

Configuring external roles for integrated systems

For a user to view client information in Watson™ Care Manager that is recorded on an external system, an external role can be preconfigured and associated with a user. The configuration is necessary for security reasons in the external system to determine the data that an external role is permitted to view when accessing a client's information.

This configuration is available only for Watson™ Care Manager integrations with external systems. If the external role feature is not already enabled for your organization, you must submit a case on the Watson Health Support Portal to request this configuration.

Manage a configurable list of external roles to associate with users in the library. You can create or update an external role to associate with users. You can delete an external role if it is no longer needed.

Creating external roles for data access

You can add an external role to share with external systems when users access client information recorded in those systems from Watson™ Care Manager. The external system identifies the user by their external role.

By adding an external role, users with the role can access only client information relevant to that role in the external system. Typically, the **External Role** field attribute indicates an organization name and a role in that organization in this format: <AgencyName>|<Role> (200 maximum characters). Each value is separated by a bar '|'.

1. Sign in with your administrator credentials.

   Your home page opens.

2. From the **Quick Links** page or the side navigation menu, click **External Roles**.

   The **External Roles** page opens.

3. Click **New**.

   The **New External Role** page opens.

4. In the **External Role** field, enter a unique value in the format <text> | <text>.

   For example, an external role might consist of an organization name and role, such as 'Midway Health Center | Care Management'.

5. Click **Save**.

   The **External Roles** page lists the new external role.

Modifying external roles for data access

You can update an external role so that users with the role can access only client information relevant to that role in an external system. The external system identifies the user by their external role.

Typically, the **External Role** field attribute indicates an organization name and a role in that organization in this format: <AgencyName>|<Role> (200 maximum characters). Each value is separated by a bar '|'.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Quick Links** page or the side navigation menu, click **External Roles**.

   The **External Roles** page opens.
3. From the **Actions** menu of a listed external role, click **Edit**.

   The **Edit External Role** page opens.
4. In the **External Role** field, update the value to reflect a unique value in the format <text> | <text>.

   For example, an external role might consist of an organization name and role, such as 'Midway Health Center | Care Management'.
5. Click **Save**.

   The **External Roles** page lists the updated external role.

Deleting external roles

You can delete a configured external role to remove it from the library of roles.

1. Sign in with your administrator credentials.

   Your home page opens.
2. From the **Quick Links** page or the side navigation menu, click **External Roles**.

   The **External Roles** page opens.
3. From the **Actions** menu of a listed external role, click **Delete**.

   The **Delete External Role** page opens.
4. Confirm that you want to delete the role by clicking **Delete**.

   The **External Roles** page no longer lists the external role.

Configuring external system references

An *External System Reference* is an alphanumeric code that uniquely identifies items sent and received between Watson™ Care Manager and an external system through an API. You can configure an external system reference for multiple items in the Administration application so that they can be matched with a configured value in Watson™ Care Manager.

For example, you might configure an action **Meal Plan Assistance** to have an External System Reference **CAMP1**. When action data is received from an external application for Laurie Thompson, in addition to the information that identifies Laurie and the action details, if the action data includes the External System Reference **CAMP1**, Watson™ Care Manager matches the action data to the configured **Meal Plan Assistance** action.

You can use the same external system reference to identify different items in administration. For example, you can associate the External System Reference **CAMP1** with an action and an alert. However, external system references must be unique when associated with more than one item of the same type, for example, multiple alerts.

You can configure external system references for the following items:

- Alerts
- Actions
- Assessments
- Care team roles
- Configurable client data
- Client referral reasons
- External referrals
- Identification types
- Notes
- Original source systems
- Programs
- Share care plan templates
- Sources
- Suffixes
- Titles

For more information on how to configure external system references, see the relevant configuration topic for each of the listed items. For example, Creating actions *(on page 99)*.

Related information

External system reference identifiers *(on page   )*

Reuse of external system references

If you modify an external system reference, for most items, you can subsequently reuse the original external system reference and associate it with another item. However, for security reasons, you cannot

reuse an external system reference that was previously associated with an item that relates to clients' protected health information.

If you modify an external system reference that is associated with any of the following items, you can subsequently associate the original external system reference with another item, if required:

- Alerts
- Actions
- Assessments
- Care team roles
- Client referral reasons
- Configurable client data
- Notes
- Original source systems
- Programs
- Share care plan templates
- Sources

> ⚠ **Important:**
>
> You cannot reuse any external system reference that was previously associated with an item that relates to the capture of clients' protected health information by the care team. Therefore, you cannot reuse external system references when configuring the following items:
>
> - Identification types
> - Titles
> - Suffixes
>
> For example, if you configure an identification type to have an External System Reference **ID1000** and you subsequently change it to **ID2000**, you cannot use **ID1000** again when configuring other identification types.

Configuring Share Care Plan templates

You can configure a library of templates for the care team to choose when they generate Share Care Plans for clients. You can add an uploaded image or organization logo to the template to show that the Share Care Plan is from a particular organization. If configured, you can view active custom client data types in the Share Care Plan.

The subsequent activated version of a custom client data type is automatically added to the existing templates. The display value for this version is the same as the display value of the last added version. If the custom client data type name is more than 80 characters, the extra characters are truncated, and the effective date is appended.

If the effection version is available, it is also appended. If your organization chooses to delete active versions of client data types, then they do not display as a section in the share care plan. If a client data type is marked to be included in the share care plan, the versions of such a custom client data type is available in Configured Client Data Types drop down or template list page only when the version is activated.

You can't specify a separate order for configurable client data in the share care plan template. You can only reorder the other general sections of a share care plan template.

Creating Share Care Plan templates

IBM Watson® Care Manager comes with a default Share Care Plan template that you cannot edit. You can add new report templates as needed, or you can copy an existing report template as a baseline for a new template. You can configure the library to show or hide specific report templates.

Care teams use report templates to generate Share Care Plan templates to download and share with others, or to share with external parties (via webhooks integration). If you hide a template that is use in existing integrations, you might cause existing integrations to fail.

You can associate an external system reference with the template that you are creating or copying. When sending a care plan template as an API attribute, the external system identifies the template by its name or by its external system reference.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Share the Care Plan**.

   The **Templates** page opens.
3. Complete one of the following actions.
     ◦ Create a new template.
         a. Click **New**. The **New Template** page opens.
         b. Name the template to a maximum of 100 characters, and provide a description.
         c. From the listed images, select an image to include in the template
         d. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.

e. To include or exclude the content sections of the template, select or clear each checkbox. By default, all listed sections are selected.

f. Optionally, to include or exclude the configured client data types on the template, select or clear each checkbox. By default, all listed client data types are selected.

g. Click **Save**.

◦ Copy an existing template as the baseline for a new template.

a. From the Actions menu of a template, select **Copy**. The **Copy Template** page opens.

b. Rename the template to make it different from the copied template name.

c. If configured, you can give the template a new external system reference. Enter a unique reference number of up to 20 alphanumeric characters.

d. Any image or organizational logo that is used in the existing template is displayed. Select another image or organizational logo from the list of available images.

e. Click **Save**.

The Templates page includes the new template.

4. Use the **Show** and **Hide** actions to display the template to the care team or hide it from view. By default, newly created templates are configured to be hidden.

◦ To show the template, from the Actions menu, select **Show**.

◦ To hide the template, from the Actions menu, select **Hide**.

> ✏ **Note:**
>
> You can hide the default Share Care Plan template. When all templates are hidden, the **Share Care Plan** link does not display in the Summary view for a client. For more information, see Sharing care plans with others *(on page 570)*.

Related information

Using webhooks notifications to retrieve data *(on page   )*

Uploading images for a Share Care Plan template

You can upload organizational images or corporate logos to give Share Care Plan templates a brand identity. Such images show clients that a Share Care Plan generated from a particular organization.

Upload only the following types of file formats: jpg, jpeg, tif, tiff, gif, bmp or png. Uploaded files must be less than 500 KB in size.

For best results, upload images with dimensions of exactly 120 pixels by 40 pixels (width x height). If you upload images that exceed these dimensions, a distorted image might display in the Share Care Plan output.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Share the Care Plan**.
   The **Templates** page opens.
3. Select the **Images** tab.
4. Search for and select an image to upload.
5. Give the image a unique name, and you can provide a description.
6. Click **Save**.
   The Images page includes the new image.
7. To update an existing image, from the Actions menu, select **Edit** and repeat the previous steps.

Managing the content of Share Care Plan templates

You can configure the contents of a Share Care Plan to show or hide specific content sections and section attributes. A care team member can download the Share Care Plan for a client with the required details.

Showing or hiding Share Care Plan sections

You can configure the content of a Share Care Plan to show or hide specific content sections.

You can reorder content sections in the Share Care Plan template.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Share the Care Plan**.
   The **Templates** page opens.
3. Click the Name hyperlink of a Share Care Plan.
   The **Content** page of the template opens.
4. Review the available templates sections and determine which sections to include or exclude.
5. Use the **Show** and **Hide** actions to display the template section to the care team or hide it from view.
   By default, templates sections are configured to be shown.
   ◦ To show a section of the template, from the **Actions** menu, select **Show**.
   ◦ To hide a section of the template, from the menu, select **Hide**.

6. To reorder the sequence of content sections in the template, click **Reorder**.

   The **Reorder Content** page opens. Drag and drop the content sections to position them in your preferred order.

Modifying report section attribute criteria

You can configure attribute criteria within sections of the Share Care Plan template to be shown or hidden from view so that the client or care team member recipient is not distracted by content that is no longer relevant.

In the upgraded template, you can use the Show and Hide actions to display attribute criteria to the care team within a section such as Conditions or Goals or hide the attribute criteria from view. In this way, the Share Care plan can focus on what's most relevant. For example you might want to only include Conditions that are Active or Primary.

Modifying the Conditions section attribute criteria

You can modify the Conditions section attribute criteria so that only the most relevant information for a client is displayed in the Conditions section of the downloaded share care plan PDF.

You can configure the display name for the Conditions section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Conditions section, and configure which condition records are shown. For example, all conditions regardless of their status, or only Resolved conditions.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Conditions section, click **Edit**. The Edit Conditions page opens.
5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
   - Source
   - Status
   - Classification

8. Optionally, specify Status Display Criteria options to filter the conditions records shown by Status, Active, Resolved, or both. By default, only Active conditions are displayed.

9. Optionally, specify Classification Display Criteria options to filter the conditions records shown by classification, Primary, Secondary, Unknown, or a combination of these classifications. By default, Primary, Secondary and Unknown conditions are displayed.

10. Click **Save**.

Modifying the Goals section attribute criteria

You can modify the Goals section attribute criteria so that only the most relevant information for a client is displayed in the Goals section of the downloaded share care plan PDF.

You can configure the display name for the Goals section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Goals section.

1. Sign in with your administrator credentials.

2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.

3. Click the name of a share care plan template.

4. From the **Actions** for the Goals section, click **Edit**. The Edit Goals page opens.

5. The name of the section is read-only. The name displays in Watson™ Care Manager and the share care plan by default. You can specify a different display name of up to 50 characters to show in the share care plan report.

6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.

   • Description
   • Start Date
   • Target Date
   • Status
   • Latest Progress Note

8. Click **Save**.

Modifying the Client Actions section attribute criteria

You can modify the Client Actions section attribute criteria so that only the most relevant information for a client is displayed in the Client Actions section of the downloaded share care plan PDF.

You can configure the display name for the Client Actions section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Client Actions section. You can include client actions within related goals or they can be displayed as a separate section.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Client Actions section, click **Edit**. The Edit Client Actions page opens.
5. The name of the section is read-only. The name displays in Watson™ Care Manager and the share care plan by default. You can specify a different display name of up to 50 characters to show in the share care plan report.
6. From the Shown As field, click **Separate Section** or **Within Related Goals**. By default, client actions are set to separate section if you create a new template. By default client actions are set within related goals if an existing template is copied or edited for the first time.
7. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
   - Description
   - Reason
   - Start Date
   - Target Date
   - Status
   - Latest Progress Note
   - Associated Goals (displayed only if it is Shown As = Separate Section)
9. Click **Save**.

Modifying the Care Team Actions section attribute criteria

You can modify the Care Team Actions section attribute criteria so that only the most relevant information for a client is displayed in the Care Team Actions section of the downloaded share care plan PDF.

You can configure the display name for the Care Team Actions section that appears in the share care plan PDF. You can show or hide specific attributes from view. You can include care team actions within related goals or they can be displayed as a separate section.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.

The **Templates page** opens.

3. Click the name of a share care plan template.

4. From the **Actions** for the Care Team Actions section, click **Edit**. The Edit Care Team Actions page opens.

5. The name of the section is read-only. The name displays in Watson™ Care Manager and the share care plan by default. You can specify a different display name of up to 50 characters to show in the share care plan report.

6. From the Shown As field, click **Separate Section** or **Within Related Goals**. By default, care team actions are set to separate section if you create a new template. By default care team actions are set within related goals if an existing template is copied or edited for the first time.

7. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.

   ◦ Description
   ◦ Assigned To
   ◦ Reason
   ◦ Start Date
   ◦ Target Date
   ◦ Status
   ◦ Latest Progress Note
   ◦ Associated Goals (displayed only if it is Shown As = Separate Section)

9. Optionally, you can specify Assigned To Display Criteria options to filter the care team records shown by User Sharing Care Plan (My Actions), Care Team Member, Care Team Role, or a combination of the values. By default, all values are selected.

10. Click **Save**.

Modifying the Services section attribute criteria

You can modify the Services section attribute criteria so that only the most relevant information for a client is displayed in the Services section of the downloaded share care plan PDF.

You can configure the display name for the Services section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Services section, and configure which Services records are shown. For example, all services regardless of their status, or only Open services.

1. Sign in with your administrator credentials.

2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.

3. Click the name of a share care plan template.

4. From the **Actions** for the Services section, click **Edit**. The Edit Services page opens.

5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.

6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.

   - Description
   - Associated Goals
   - Provider
   - Provider Phone Number
   - Start Date
   - Expected End Date
   - Status

8. Optionally, specify Status Display Criteria options to filter the services records shown by Status, Open, Closed, or both. By default, both values are displayed.

9. Optionally, specify Outcome Display Criteria options to filter the services records shown by classification, Successful, Not Successful, Abandoned, or a combination of these classifications. By default, all values are displayed.

10. Click **Save**.

Modifying the Barriers section attribute criteria

You can modify the Barriers section attribute criteria so that only the most relevant information for a client is displayed in the Barriers section of the downloaded share care plan PDF.

You can configure the display name for the Barriers section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Barriers section, and configure which barriers records are shown. For example, all barriers regardless of their status, or only Resolved barriers.

1. Sign in with your administrator credentials.

2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.

3. Click the name of a share care plan template.

4. From the **Actions** for the Barriers section, click **Edit**. The Edit Barriers page opens.

5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.

6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.

   ◦ Status

   ◦ Status Date

   ◦ Note

   ◦ Comments

8. Optionally, specify Status Display Criteria options to filter the barriers records shown by Open, Resolved, or both. By default, both records are displayed.

9. Click **Save**.

Modifying the Care Team section attribute criteria

You can modify the Care Team section attribute criteria so that only the most relevant information for a client is displayed in the Care Team section of the downloaded share care plan PDF.

You can configure the display name for the Care Team section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Care Team section, and configure which care team records are shown. For example, all care teams regardless of their status, or only Primary care teams.

1. Sign in with your administrator credentials.

2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.

3. Click the name of a share care plan template.

4. From the **Actions** for the Care Team section, click **Edit**. The Edit Care Team page opens.

5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.

6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

7. Optionally, specify Care Team Display Criteria options to filter the care team records shown by Primary, Core, or both. By default, both records are displayed.

8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.

◦ Roles

◦ Primary

◦ Core

◦ Phone Number

9. Click **Save**.

Modifying the Social Networks section attribute criteria

You can modify the Social Networks section attribute criteria so that only the most relevant information for a client is displayed in the Social Networks section of the downloaded share care plan PDF.

You can configure the display name for the Social Networks section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Social Networks section, and configure which social networks records are shown.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Social Networks section, click **Edit**. The Edit Social Networks page opens.
5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
   ◦ Role
   ◦ Relationship To Client
   ◦ Phone Number
   ◦ Primary Contact
8. Optionally, specify Primary Contact Display Criteria options to filter the social networks records shown by Primary, Non Primary or both. By default, both records are displayed.
9. Click **Save**.

Modifying the Programs section attribute criteria

You can modify the Programs section attribute criteria so that only the most relevant information for a client is displayed in the Programs section of the downloaded share care plan PDF.

You can configure the display name for the Programs section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Programs section, and configure which program records are shown. For example, all programs regardless of their status, or only Enrolled programs.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Programs section, click **Edit**. The Edit Programs page opens.
5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
   ◦ Status
   ◦ Status Date
   ◦ Assigned On
8. Optionally, specify Status Display Criteria options to filter the programs records shown by Assigned, Pending, Enrolled, Disenrolled, Not Enrolled, Completed or a combination of the records. By default, all records are displayed.
9. Click **Save**.

Modifying the Assessments section attribute criteria

You can modify the Assessments section attribute criteria so that only the most relevant information for a client is displayed in the Assessments section of the downloaded share care plan PDF.

You can configure the display name for the Assessments section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Assessments section, and configure which assessments records are shown. For example, all assessments regardless of their completed date, or only assessments completed in the last two weeks.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Assessments section, click **Edit**. The Edit Assessments page opens.

5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.

6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

7. Optionally, specify Type Display Criteria options to filter the assessments records shown by Score Only, Script, or both. By default, both records are displayed.

8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
   ◦ Completed By
   ◦ Completed Date

9. Optionally, specify Completed Date (In Weeks) Display Criteria. Enter a value less than or equal to 26. If you don't enter a value, assessments completed in the last two years are displayed.

10. Click **Save**.

Modifying the Notes section attribute criteria

You can modify the Notes section attribute criteria so that only the most relevant information for a client is displayed in the Notes section of the downloaded share care plan PDF.

You can configure the display name for the Notes section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Notes section, and configure which notes records are shown. For example, all notes or only notes that are not sensitive.

1. Sign in with your administrator credentials.

2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.

3. Click the name of a share care plan template.

4. From the **Actions** for the Notes section, click **Edit**. The Edit Notes page opens.

5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.

6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

7. If configured, in the **Include Sensitive Notes** field, select **Yes** or **No**. Selecting Yes makes the sensitive note visible to you and other users who have been granted a security role with access to the client's sensitive notes.

8. Optionally, specify one or more Status Display Criteria from **Draft, Ready for review** and **Final** options. By default, all values are selected. You cannot unselect **Final** value.

9. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.

    ◦ Type Display Criteria.

    ◦ Source

    ◦ Status

    ◦ Created Date

    ◦ Created By

    ◦ Updated Date

    ◦ Updated By

    ◦ Comments

10. Optionally, select a value in the **Created/Updated Date (In Weeks) Display Criteria** field. By default, the value is 26.

11. Click **Save**.

Modifying Touchpoints section attribute criteria

You can modify the Touchpoints section attribute criteria so that only the most relevant information for a client is displayed in the Touchpoints section of the downloaded share care plan PDF.

You can configure the display name for the Touchpoints section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Touchpoints section, and configure which notes records are shown. For example, all Touchpoint regardless of their status, or only **Ready for review** touchpoints.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Touchpoints section, click **Edit**. The Edit Touchpoints page opens.
5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. If configured, in the **Include Sensitive Notes** field, select **Yes** or **No**. Selecting Yes makes the sensitive note visible to you and other users who have been granted a security role with access to the client's sensitive notes.
8. Optionally, specify one or more Status Display Criteria from **Draft, Ready for review** and **Final** options. By default, all values are selected. You cannot unselect **Final** value.

9. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
   ◦ Source
   ◦ Status
   ◦ Duration
   ◦ Programs
   ◦ Validated Identity
   ◦ Created By
   ◦ Updated Date
   ◦ Updated By
   ◦ Comments
10. Optionally, select a value in the **Created/Updated Date (In Weeks) Display Criteria** field. By default, the value is 26.
11. Click **Save**.

Modifying the Allergies section attribute criteria

You can modify the Allergies section attribute criteria so that only the most relevant information for a client is displayed in the Allergies section of the downloaded share care plan PDF.

You can configure the display name for the Allergies section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Allergies section, and configure which allergies records are shown. For example, all allergies regardless of their status, or only Active allergies.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Allergies section, click **Edit**. The Edit Allergies page opens.
5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. Optionally, specify Display Criteria options to filter the allergies records shown by Current, Other, or both. By default, Current is selected in new templates. In existing templates, the previous selection is displayed.
8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.

◦ Reaction

◦ Severity

◦ Source

◦ Current

◦ Status

9. Optionally, specify Status Display Criteria options to filter the allergies records shown by Active, Unknown, or both. By default, both records are displayed.

10. Click **Save**.

Modifying the Medications section attribute criteria

You can modify the Medications section attribute criteria so that only the most relevant information for a client is displayed in the Medications section of the downloaded share care plan PDF.

You can configure the display name for the Medications section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Medications section, and configure which medication records are shown. For example, all medications regardless of their status, or only Unknown medications.

1. Sign in with your administrator credentials.

2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.

3. Click the name of a share care plan template.

4. From the **Actions** for the Medications section, click **Edit**. The Edit Medications page opens.

5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 50 characters to show in the share care plan PDF.

6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.

7. Optionally, specify Display Criteria options to filter the medications records shown by Currently Taking, Other, or both. By default, Currently Taking is selected in new templates. In existing templates, the previous selection is displayed.

8. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.

   ◦ SIG

   ◦ Start Date

   ◦ Source

   ◦ Currently Taking

   ◦ Status

9. Optionally, specify Status Display Criteria options to filter the medication records shown by Active, Unknown, or both. By default, both records are displayed.

10. Click **Save**.

Modifying the Recent Vitals section attribute criteria

You can modify the Recent Vitals section attribute criteria so that only the most relevant information for a client is displayed in the Recent Vitals section of the downloaded share care plan PDF.

You can configure the display name for the Recent Vitals section that appears in the share care plan PDF. You can show or hide specific attributes from view in the Recent Vitals section.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.
   The **Templates page** opens.
3. Click the name of a share care plan template.
4. From the **Actions** for the Recent Vitals section, click **Edit**. The Edit Recent Vital page opens.
5. The name of the section is read-only. By default, this is the name that displays in Watson™ Care Manager and the share care plan PDF. You can specify a different display name of up to 100 characters to show in the share care plan PDF.
6. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
7. For each of the following attributes, select **Show** or **Hide** to display the attribute to the care team or hide it from view.
   - Measurement Date
   - Source
8. Optionally, specify Measurement Date (In Weeks) Display Criteria. Enter a value less than or equal to 26. If you don't enter a value, then only the latest record is displayed. If no vitals records exists, then this attribute criteria does not display.
9. Click **Save**.

Modifying the Custom Client data types section attribute criteria

You can modify the Custom Client data types section attribute criteria so that only the most relevant information for a client is displayed in the Custom Client data types section of the downloaded share care plan PDF.

You can configure the display name for the Custom Client data types section that appears in the share care plan PDF.

1. Sign in with your administrator credentials.
2. Click **Care Planning > Share Care Plan**.

   The **Templates page** opens.
3. Click the name of a share care plan template.
4. Select a configured client data type version.
5. From the **Actions** for the Custom Client data types section, click **Edit**. The Edit Custom Client data types page opens.
6. The name of the section is Display Name. You can specify a different display name of up to 100 characters to show in the share care plan PDF. By default, the Name is the custom client data type, its version and if available, its effection version. The Name is read-only.
7. Review the available attributes and determine which ones to include or exclude. By default, all attributes are shown.
8. Select the number of custom client data types records. By default the number of records is set to 20. Click the vertical stepper to increase or decrease the count. The minimum value is 1 and the maximum value is 20.
9. Click **Save**.

Configuring names of Share Care Plan template recipients

Configure a library of names of intended recipients of a Share Care Plan template for the care team to choose when they send a client's share care plan to external parties (via an API). You can edit a name after you create it. You can configure whether a name is made available to the care team to select when they send the Share Care Plan template.

Creating Share Care Plan template recipient names

You can create a library of names of intended recipients for a Share Care Plan template to make available for use by care teams when they send the template to external parties (via an API).

You can associate an external system reference with the name that you are adding. When sending the name as an API attribute, the external system identifies the name by its external system reference.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Share Care Plan**.

   The **Templates** page opens.
3. Select the **Share With** tab.

Configured names are listed. The **Display** state indicates whether names that are configured in the application are available to the care team to use. The External System Reference displays the reference that the external system uses to identify the name.

4. Click **New**.

   The **New Name** page opens.

5. Enter a unique name of up to 100 characters.

6. **Optional:** In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.

7. Click **Save**.

Modifying Share Care Plan template recipient names

In the library of configured Share Care Plan template recipient names, you can update a name for the care team to choose when they send a client's template to external parties (via an API). You can configure the library to show or hide specific names. You can reorder names so that the most relevant names display first according to your organization's needs.

You can update a name and if not previously configured, you can associate a new external system reference with the name record. When sending a name as an API attribute, the external system identifies the name by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Share Care Plan**.

   The **Templates** page opens.

3. Select the **Share With** tab.

   Configured names are listed.

4. To update an existing name, from the Actions menu, select **Edit** and enter a unique name.

5. In the External System Reference field, enter a unique reference number of up to 20 alphanumeric characters.

6. Click **Save**.

7. Use the **Show** and **Hide** actions to display a name to the care team or hide one from view. By default, newly-created names are configured to be shown.

   ◦ To show the name, from the Actions menu, select **Show**.

   ◦ To hide the name, from the Actions menu, select **Hide**.

8. To reorder the sequence of names, click **Reorder**.

   The **Reorder Names** page opens. Drag and drop the names to position them in your preferred order, and click **Save**.

Upgrading Share Care Plan templates

You can upgrade the default Share Care Plan template in the library of configured templates to a newer format. Existing templates remain as they are unless you edit or copy them. When you edit or copy an existing template, the upgraded template is applied but the existing content is retained. Any future enhancements to the Share Care Plan report template only affects the upgraded template.

Upgrading the default Share Care Plan template cannot be undone.

Until you upgrade a template to the newer version, the care team can use the existing template to generate a share care plan. When you upgrade an existing template, the share care plan content and display status is retained. In addition, upgrading the template adds a new Services section to the template and updates some section names.

After you upgrade an existing template, activated custom client data type versions that are marked to be included in the Share Care Plan is also included. You can only add custom client data types to upgraded templates.

When your organization marks an activated custom client data type to be included in the share care plan as 'Yes' and creates a new version for the client data type that is marked to be included in the share care plan and activates this version, all these active custom data type versions are added to the existing custom created share care plan with a display status set to Hidden. The attributes for the active versions of client data type are set to Shown always. The care manager can mark the relevant version of custom client data type sections as Shown.

Upon upgrading the Default Share Care Plan, if there are custom client data types with at least one active version and it is indicated to be included in the share care plan, then all custom client data type versions will be added as a section with display value set to Hidden. If the share care plan is copied, if there are custom client data types with at least one active version and it is indicated to be in included in the share care plan, then all custom client data type versions will be added as a section with display value set to Hidden.

1. Sign in with your administrator credentials. Your home page opens.
2. Click **Care Planning > Share Care Plan > Templates > Default Share Care Plan**.

3. Click **Upgrade** in the row-level action menu. The existing template format is updated to the latest template configuration while retaining the information contained in the existing template.

4. Click **Save**.

Editing Share Care Plan templates

You can edit a configured template in the library of Share Care Plan templates. The care team can select the template when they generate a Share Care Plan for a client.

When you edit an existing template, the current template content is mapped to the modified content in the new template and is available for selection or removal. The Select Sections drop down displays the updated sections in the new template. You can add an uploaded image or organization logo to the template to show that the Share Care Plan is from that organization. If you want to publish Client Actions or Care Team Actions on the Share Care Plan, you must select Goals.

1. Sign in with your administrator credentials. You home page opens.
2. Click **Care Planning > Share Care Plan**. The Templates page opens.
3. Click the name of a share care plan template.
4. Review the template Name, External System Reference, Image and Description and determine what updates you want to make.
5. Review the available template sections and determine which sections to include or exclude.
6. Optionally, include custom client data types that were configured to be included in the Share Care Plan. Client data types are selected by default. If the custom client data type name is more than 80 characters, the extra characters are truncated, and the effective date is appended. If the effection version is available, it is also appended.
7. Click **Save** to save changes and return to the Templates home page.
8. Click **Cancel** to return to the Templates home page.

Deleting Share Care Plan templates

If a configured Share Care Plan template is incorrect or obsolete, you can delete it.

Care teams use templates to generate Share Care Plan templates to download and share with others or to send to external parties (via an API). If you delete a Share Care Plan template that is use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.
   Your home page opens.
2. Click **Care Planning > Share the Care Plan**.
   The **Templates** page opens.

3. From the **Actions** menu of the template, click **Delete**. The Delete Template page opens.
4. Click **Delete**.

Configuring resources for the care team

You can configure pages to enable a care team to capture consent records and create a referral for a client during the client registration process.

Configuring Register Client wizard pages

You can configure the following pages for the care team to complete with clients as a mandatory or optional step in the client registration process: **Capture Consent Records** and **New Referral**.

The **Capture Consent Records** page is required by a care team to categorize a client's consent records by information type, for example, Consent for Disclosure. The **New Referral** page is required by a care team who want to refer a client for care management as they are registering them in the application.

By default, the listed pages are configured to be hidden from the care team's view and excluded from the **Register Client** wizard. Use the row-level **Show as Mandatory/Optional** and **Hide** actions to control the display of each resource in the context of the **Register Client** wizard.

If organization units are enabled for your organization, the **New Referral** page must be included in the **Register Client** wizard so that a referral is created every time a care team member registers a new client in Watson™ Care Manager and the referral is routed to the correct organization unit.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Select **Client Data** > **General**>**Client Registration**.

   The **Client Registration** page opens.
3. Use the **Show** and **Hide** actions to display or hide the list pages.
   - To include a list page in the Register Client wizard and to require the care team to complete it with clients, from the **Actions** menu, select **Show as Mandatory**. Confirm the action. When configured as mandatory, care team members must capture consent records or create a new referral while registering a client in the application.
   - To include a list page in the Register Client wizard and allow the care team to optionally complete it with clients, from the **Actions** menu, select **Show as Optional**. Confirm the action. When configured as optional, care team members can but are not required to capture consent records or create a new referral while registering a client in the application.

If organization units are enabled for your organization, you cannot configure the New Referral page to be shown as optional in the Register Client wizard. Referrals are mandatory while registering a client.

◦ To exclude a list page from the Register Client wizard, from the **Actions** menu, select **Hide**. Confirm the action.

If organization units are enabled for your organization, you cannot configure the New Referral page to be hidden and unavailable to the care team in the Register Client wizard. Referrals are mandatory while registering a client.

Configuring for supervisors

You can configure the capacity ranges that govern the workload distribution for care managers in the organization. You can also configure unassigned day ranges to help supervisors identify any clients who are unassigned to a care team for care management.

Configuring care team capacity ranges

Capacity ranges are used to group care managers into categories by their capacity. You can modify the start and end range values for each category to suit the needs of your organization. Capacity ranges are displayed in a capacity chart on the Supervisor workspace and show the workload distribution for care managers in the organization.

Capacity is organized in four categories: Low, Medium, High, and Over Capacity. Each care manager is assigned an individual capacity. The Supervisor workspace capacity chart groups and displays care managers in the relevant category according to their individual capacity. For example, care managers who have a capacity that is greater than 100 percent belong in the Over Capacity category.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Supervisor > Capacity Ranges**.

   Configured capacity ranges are displayed.
3. Modify the range values for any capacity category by completing the following steps:
   a. Click **Edit**.
   b. Update the start and end range values for each category, as a percentage.
   c. Click **Save**.

Configuring unassigned referral day ranges

You can configure ranges to show a supervisor how many days client referrals remain unassigned to a care manager since their referral was received in the application. Unassigned referral day ranges are displayed on the Unassigned Referrals chart in the Supervisor workspace.

Three default ranges are available in the application: 0 - 6 days, 7 - 13 days, and equal to or greater than 14 days. You can modify the start and end values in each range to suit the needs of your organization.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Supervisor > Unassigned Referral Day Ranges**.

   Configured referral day ranges are displayed.
3. Modify the values for any day range by completing the following steps:
   a. Click **Edit**.
   b. Update the start and end values for each range, in days.
   c. Click **Save**.

Configuring utilization

Utilization is the measure of a client's use of the clinical services that are available to them. Care teams record the utilization of clinical services for clients, such as hospital encounters or specialist visits. Organization can use this information to understand the usage and outcome patterns for services to drive improvements. For example, they can track admissions to reduce readmission.

You can configure utilization types, sources, and dispositions for your organization and make them available for use by care teams.

Configuring utilization types

Care team members can select a type when they record the utilization of a clinical service for clients. You can configure a library of types for use by care teams.

Utilization types indicate the types of services that clients can visit for clinical care, for example, an Emergency Room, acute hospital, or hospice. You can add, edit, and delete types.

Creating types

By default, only one type, *Other*, comes with the product to allow the care team to record a specific type of clinical service that is not already configured. You can add new types to the library to suit the needs of your organization.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Utilization**.

   The tabs in the **Utilization Types** library contain a list of configurable types, sources, and dispositions. Types are displayed by default.

3. Click **New**.

   The **New Utilization Type** page opens.

4. Enter a unique name that does not duplicate any existing type in the library.

   > ℹ️ **Tip:**
   >
   > Enter a minimum of three characters.

5. Click **Save** to add the type to the library.

Modifying types

With the exception of the *Other* type, you can edit the name of existing types.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Utilization**.

   Configured types are displayed by default.

3. Click the **Actions** menu of the type, and click **Edit**.

   The **Edit Utilization Type** page opens.

4. Enter a unique name that does not duplicate any existing type in the library.

   > ℹ️ **Tip:**
   >
   > Enter a minimum of three characters.

5. Click **Save** to update the type in the library.

Deleting types

If a configured type is incorrect or obsolete, you can delete it with the exception of the *Other* type.

When you delete a type, the care team can no longer select that type when they create a new utilization. However, any existing utilization that references the deleted type are not affected. The care team can continue to add comments to those notes.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Utilization**.

   Configured types are displayed by default.

3. Click the **Actions** menu of the type, and click **Delete**.

   The **Delete Utilization Type** page opens.

4. Confirm that you want to delete the type by clicking **Delete**.

Configuring utilization locations

Care team members can select a location when they record the utilization of a clinical service for clients. You can configure a library of locations for use by care teams.

A utilization location is the name of the facility where a client availed of health services, for example, the name of a hospital, hospice, or rehabilitation center. You can add, edit, and delete locations.

Creating locations

By default, only one location, *Other*, comes with the product to allow the care team to record a specific clinical service location that is not already configured. You can add new locations to the library to suit the needs of your organization.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Utilization**.

   The tabs on the **Utilization** page contain a list of configurable types, locations, sources, and dispositions. Types are displayed by default.

3. Select the **Locations** tab.

4. Click **New**.

   The **New Utilization Location** page opens.

5. Enter a unique name that does not duplicate any existing location in the library.

   > ⓘ **Tip:**
   > Enter a minimum of three characters.

6. Click **Save** to add the location to the library.

Modifying locations

With the exception of the *Other* location, you can edit the name of existing locations.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Utilization**.

   Configured types are displayed by default.

3. Select the **Locations** tab.

4. Click the **Actions** menu of the location, and click **Edit**.

   The **Edit Utilization Location** page opens.

5. Enter a unique name that does not duplicate any existing location in the library.

   > **ℹ Tip:**
   > Enter a minimum of three characters.

6. Click **Save** to update the location in the library.

Deleting locations

If a configured location is incorrect or obsolete, you can delete it with the exception of the *Other* location.

When you delete a location, the care team can no longer select that location when they create a new utilization. However, any existing utilization that references the deleted location are not affected. The care team can continue to add comments to those notes.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Utilization**.

   Configured types are displayed by default.

3. Select the **Locations** tab.

4. Click the **Actions** menu of the location, and click **Delete**.

   The **Delete Utilization Location** page opens.

5. Confirm that you want to delete the location by clicking **Delete**.

Configuring utilization sources

Care team members can select a source when they record the utilization of a clinical service for clients. You can configure a library of sources for use by care teams.

The utilization source indicates who is providing information about the clinical services that clients use. For example, your organization might receive service utilization information from the client, a caregiver, or a hospital. You can add, edit, and delete sources.

Creating sources

By default, only one type, *Other*, comes with the product to allow the care team to record a specific source that is not already configured. You can add new sources to the library to suit the needs of your organization.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Utilization**.

   The tabs in the **Utilization Types** library a list of configurable types, sources, and dispositions. Types are displayed by default.

3. Select the **Sources** tab.

4. Click **New**.

   The **New Utilization Source** page opens.

5. Enter a unique name that does not duplicate any existing source in the library.

   > **ⓘ Tip:**
   > Enter a minimum of three characters.

6. Click **Save** to add the source to the library.

Modifying sources

With the exception of the *Other* source, you can edit the name of existing sources.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Utilization**.

   Configured types are displayed by default.

3. Select the **Sources** tab.

4. Click the **Actions** menu of the source, and click **Edit**.

   The **Edit Utilization Source** page opens.

5. Enter a unique name that does not duplicate any existing source in the library.

   > **ⓘ Tip:**
   > Enter a minimum of three characters.

6. Click **Save** to update the source in the library.

Deleting sources

If a configured source is incorrect or obsolete, you can delete it with the exception of the *Other* source.

When you delete a source, the care team can no longer select that source when they create a new utilization. However, any existing utilization that references the deleted source are not affected. The care team can continue to add comments to those notes.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Utilization**.

   Configured types are displayed by default.
3. Select the **Sources** tab.
4. Click the **Actions** menu of the source, and click **Delete**.

   The **Delete Utilization Source** page opens.
5. Confirm that you want to delete the source by clicking **Delete**.

Configuring utilization dispositions

Care team members can select a disposition when they record the utilization of a clinical service for clients. You can configure a library of dispositions for use by care teams.

Utilization dispositions indicate the outcomes for clients after they avail of clinical services. For example, after a stay in a hospital, a client might go home or go to a skilled nursing facility (SNF). You can add, edit, and delete dispositions.

Creating dispositions

By default, only one type, *Other*, comes with the product to allow the care team to record a specific type of disposition that is not already configured. You can add new dispositions to the library to suit the needs of your organization.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Utilization**.

   The tabs on the **Utilization** page contain a list of configurable types, sources, and dispositions.

   Types are displayed by default.
3. Select the **Dispositions** tab.
4. Click **New**.

   The **New Utilization Disposition** page opens.
5. Enter a unique name that does not duplicate any existing disposition in the library.

> **ⓘ Tip:**
> Enter a minimum of three characters.

6. Click **Save** to add the disposition to the library.

Modifying dispositions

With the exception of the *Other* type, you can edit the name of existing dispositions.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Utilization**.

   Configured types are displayed by default.
3. Select the **Dispositions** tab.
4. Click the **Actions** menu of the disposition, and click **Edit**.

   The **Edit Utilization Disposition** page opens.
5. Enter a unique name that does not duplicate any existing disposition in the library.

> **ⓘ Tip:**
> Enter a minimum of three characters.

6. Click **Save** to update the disposition in the library.

Deleting dispositions

If a configured disposition is incorrect or obsolete, you can delete it with the exception of the *Other* disposition.

When you delete a disposition, the care team can no longer select that disposition when they create a new utilization. However, any existing utilization that references the deleted disposition are not affected. The care team can continue to add comments to those notes.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Utilization**.

   Configured types are displayed by default.
3. Select the **Dispositions** tab.
4. Click the **Actions** menu of the disposition, and click **Delete**.

The **Delete Utilization Disposition** page opens.

5. Confirm that you want to delete the disposition by clicking **Delete**.

Configuring notes

Care teams record notes about clients in different places in the application to address different aspects of client care. You can configure a library of note types for the care team to associate with client notes, and set options to allow or prevent note editing and note sharing with external parties.

You can configure the note types, external systems, and delete note reasons for your organization and make them available for care teams to use.

Configuring note types

You can configure a library of note types for a care team to associate with a client note.

Note types classify the nature of the note and can be 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, Touch point, or Wellness.

You can add note types and edit the attributes of existing types.

Default note types

The following notes types are available, and with the exception of the Touchpoint note type, can be shown or hidden from the care team.

> **Note:**
>
> Private and Private To Role notes types are hidden by default. So if you configure this note type to be shown, you must show the Private Note summary card also. For more information, see Modifying summary cards *(on page* *).*
>
> Note types for Services and Barriers can't be shown or hidden. Team members can't add a note with the note type Services or Barriers. When team members add a note for a service, the Note Type is set to Service. When team members add a note for a barrier, the Note Type is set to Barrier. You can configure note sharing options, associate an external system reference, and configure Barrier and Service note types so that team members can edit them.
>
> By default, the Touchpoint note type is always shown and cannot be hidden.

> By default, the Form note type is always shown and is only available for use with families. The reason is that a care team member can't conduct a stand-alone questionnaire with a client and add a note of type Form to that questionnaire. As a result, ensure that the Form note type is set to hidden when you are working with clients.

- Access and Continuity
- Assessment
- Care Management
- Care Plan Update
- Chart review
- Comprehensive assessment
- Comprehensiveness and Coordination
- Educational Information
- External
- Form
- General
- Intake
- Letters
- Population Health
- Private
- Private To Role
- Quality Review
- Touchpoint
- Wellness
- Barrier
- Service

Creating types

If a suitable note type does not exist in the library of configured types, you can create a new note type for the care team to use. You can configure options to allow or prevent editing of the note type or note sharing with external systems. You can allow or prevent the team from overriding your configuration.

You can configure note sharing options for all note types except Private and Private to Role note types.

You can associate an external system reference with the note type that you are configuring so that incoming data from an external API can be mapped to the configured note type in Watson™ Care Manager.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Notes**.

   The tabs in the **Notes** library contain a list of configurable note types, external systems for note sharing, and delete note reasons. Note types are displayed by default.

3. Click **New**.

   The **New Note Type** page opens.

4. Enter a unique name that does not duplicate any existing note type in the library.

5. To allow or prevent editing of the note type by the care team, select or clear the **Editable** check box.

   By default, a note type is not selected for editing.

6. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the note type that you are creating.

   When sending a note type as an API attribute, the external system identifies the note type by its external system reference.

7. To allow or prevent sharing of notes of this type with external parties, select or clear the **Share** check box.

   By default, a note type is not selected for sharing.

8. If you selected to allow note sharing, choose one or more of the configured external parties with whom the care team can share the note type.

9. To allow or prevent overriding of your note sharing options, select or clear the **Share with Override** check box.

10. Click **Save** to add the type to the library.

Related information

Configuring external system references *(on page 251)*

Modifying types

You can update the attributes of a note type in the library of configured types.

You can configure note sharing options for all note types except Private and Private to Role note types.

You can associate an external system reference with the note type that you are configuring so that incoming data from an external API can be mapped to the configured note type in Watson™ Care Manager.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Notes**.

The tabs in the **Notes** library contain a list of configurable note types, external systems for note sharing, and delete note reasons. Note types are displayed by default.

3. Click the **Actions** menu of the type, and click **Edit**.

   The **Edit Note Type** page opens.

4. Enter a unique name that does not duplicate any existing type in the library.

5. Change the previous setting to allow or prevent editing of the note type by the care team. Select or clear the **Editable** check box.

   When you make a note type editable or not editable, existing note types that are in a **Final** state are not affected.

6. In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters to associate with the note type that you are updating.

   When sending a note type as an API attribute, the external system identifies the note type by its external system reference.

7. To allow or prevent sharing of notes of this type with external parties, select or clear the **Share** check box.

   By default, a note type is not selected for sharing.

8. If you selected to allow note sharing, choose one or more of the configured external parties with whom the care team can share the note type.

9. To allow or prevent overriding of your note sharing options, select or clear the **Share with Override** check box.

10. Click **Save** to update the type in the library.

Configuring reasons for note deletions

Care team members can select a reason for deleting a client note in the application. You can configure a library of delete note reasons for use by care teams.

For example, a care team member might want to delete a client note that was mistakenly entered. By default, the application comes with the following delete note reasons: Incorrect information, Entered for incorrect client, Care Manager request, and Other.

You can add and edit reasons for deleting client notes.

Adding reasons

If a suitable delete note reason does not exist in the library of configured reasons, you can add a new reason. The reasons that you configure become available to the care team to select when they delete client notes.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Notes**.

   The tabs in the **Notes** library contain a list of configurable types, external systems, and delete reasons. Types are displayed by default.

3. Select the **Delete Reasons** tab.

4. Click **New**.

   The **New Delete Note Reason** page opens.

5. Enter a unique reason that does not duplicate any existing delete note reason in the library.

6. Click **Save** to add the delete reason to the library.

   The **Delete Note Reasons** list opens.

7. Use the **Show** and **Hide** actions to display the delete note reason to the care team or hide it from view.

   a. To hide the reason, from the Actions menu, select **Hide**.

   b. To show the reason, from the Actions menu, select **Show**.

Modifying reasons

You can update a delete note reason. When you change the name of a delete note reason in the library of configured reasons, all existing instances in client records are updated.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Notes**.

   The tabs in the **Notes** library contain a list of configurable types, external systems, and delete reasons. Types are displayed by default.

3. Select the **Delete Note Reasons** tab.

4. Click the **Actions** menu of the delete note reason, and click **Edit**.

   The **Edit Delete Note Reason** page opens.

5. Enter a unique reason that does not duplicate any existing reason in the library.

6. Click **Save** to update the delete note reason in the library.

   The **Delete Note Reasons** list opens.

7. Use the **Show** and **Hide** actions to display the delete note reason to the care team or hide it from view.

   a. To hide the reason, from the Actions menu, select **Hide**.

   b. To show the reason, from the Actions menu, select **Show**.

8. To reorder the sequence of delete note reasons, click **Reorder**.

   Drag and drop the delete note reasons to position them in your preferred order.

Configuring note sharing with external systems

With the exception of private note types, you can configure note types to be shared with external systems. You can configure a library of external system types to associate with note sharing options in the application.

A Virtual Private Network (VPN) is required for notes sharing. Contact IBM to provide the VPN.

For example, your organization might want to share notes with an External Medical Record (EMR) system outside of the organization. By default, the application comes with the following external system type: EMR. You can add and edit external systems.

Adding external systems

By default, only one external system, *EMR*, comes with the product. You can add more external system types to the library to suit the needs of your organization.

The external systems that you configure become available to the care team to select when they share client notes.

1. Sign in with your administrator credentials.

   Your home page opens.
2. Click **Care Planning > Notes**.

   The tabs in the **Notes** library contain a list of configurable types, external systems, and delete reasons. Types are displayed by default.
3. Select the **External Systems** tab.
4. Click **New**.

   The **New External System Type** page opens.
5. Enter a unique name that does not duplicate any existing external system in the library.
6. Click **Save** to add the external system to the library.

   The **External Systems Type** list opens.
7. Use the **Show** and **Hide** actions to display the external system type to the care team or hide it from view.
     a. To hide the type, from the Actions menu, select **Hide**.
     b. To show the type, from the Actions menu, select **Show**.

Modifying external systems

You can update configured types of external systems to associate with note sharing options in the application. When you change the name of an external system in the library of configured systems, all existing instances in client records are updated.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Care Planning > Notes**.

   The tabs in the **Notes** library contain a list of configurable types, external systems, and delete reasons. Types are displayed by default.

3. Select the **External Systems** tab.

4. Click the **Actions** menu of the external system, and click **Edit**.

   The **Edit External System** page opens.

5. Enter a unique name that does not duplicate any existing type in the library.

6. Click **Save** to update the external system in the library.

   The **External Systems Type** list opens.

7. Use the **Show** and **Hide** actions to display the external system type to the care team or hide it from view.

   a. To hide the type, from the Actions menu, select **Hide**.

   b. To show the type, from the Actions menu, select **Show**.

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.

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   )*.

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.

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. *(on page   )*

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.

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. *(on page   )*

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.

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. *(on page   )*

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.

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. *(on page   )*

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.

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).

Deleting a subscriber deletes the subscriber, their authentications, and unsubscribes them from
notifications relating to their active subscriptions.

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.

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.

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.

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**.

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.

Reviewing the notification message *(on page   )*

Retrieving data updates *(on page   )*

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.

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.

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.

Configuring external referral recipients

Configure a library of intended recipients of an external referral for the care team to choose when they send a client referral to an external party (via an API). You can edit an external referral recipient after you create it. You can configure whether an external referral recipient is made available to the care team to select when they send the referral.

Creating external referral recipients

You can create a library of intended recipients for a client referral to make available for use by care teams when they send the referral to an external party (via an API).

A configured external referral record represents a recipient to route an external client referral to. For example, an external system, group, or organization.

By default, newly-created external referral recipients are configured to be Shown. However, to make the recipient available to care teams, and for Watson™ Care Manager to notify the external system about the client referral, ensure that you subscribe to notifications about the External Referral data type by Subscribing to notifications .

You can associate an external system reference with the external referral recipient value that you are adding. When receiving the external referral recipient as an API attribute, the external system identifies the recipient by its external system reference.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Integration > External Referrals**.

   Existing external referrals are displayed.

3. Click **New**.

   The **New External Referral** page opens.

4. In the **External Referral To** field, enter a unique external recipient name of up to 200 characters.

5. **Optional:** In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.

6. Click **Save** to add the external referral recipient to the library. The External Referrals list opens.

7. Use the **Show** and **Hide** actions to display the external referral recipient to the care team or hide it from view.

   - To hide the external referral recipient, from the Actions menu, select **Hide**.
   - To show the external referral recipient, from the Actions menu, select **Show**.

8. To reorder the sequence of external referral recipients, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Modifying external referral recipients

In the library of configured external referrals, you can update an external referral recipient for the care team to choose when they send a client referral to an external party (via an API). You can configure the library to show or hide specific external referral recipients. You can reorder the recipients so that the most relevant ones display first according to your organization's needs.

You can update the external referral recipient name and if not previously configured, you can associate a new external system reference with the external referral recipient name. When receiving an external referral recipient as an API attribute, the external system identifies it by its external system reference. If you update an existing external system reference that was previously configured and is already in use in existing integrations, you might cause existing integrations to fail.

1. Sign in with your administrator credentials.

   Your home page opens.

2. Click **Integration > External Referrals**.

   Existing external referrals are displayed.

3. From the Actions menu for an external referral, click **Edit**.

   The **Edit External Referral** page opens.

4. In the **External Referral To** field, update the external recipient name.

5. **Optional:** In the **External System Reference** field, enter a unique reference number of up to 20 alphanumeric characters.

6. Click **Save**.

7. Use the **Show** and **Hide** actions to display the external referral recipient to the care team or hide it from view.

   - To hide the external referral recipient, from the Actions menu, select **Hide**.
   - To show the external referral recipient, from the Actions menu, select **Show**.

8. To reorder the sequence of external referral recipients, click **Reorder**. Drag and drop the reasons to position them in your preferred order.

Configuring the PDF footer

Configure the footer text that displays on PDF documents downloaded from the application so that it is more relevant to your organization. You can view, add and edit the footer text in the downloaded PDFs. You cannot edit the Disclaimer text.

Updating the PDF footer text

You can edit the footer text that displays on downloaded PDF documents in the application. You cannot edit the Disclaimer text.

The updated PDF Footer text is displayed on all PDF documents generated within the application.

1. Sign in with your administrator credentials. Your home page opens.
2. Click **Care Planning > PDF Footer**.
   The PDF Footer page open and displays default text.
3. Update the PDF Footer text up to a maximum of 300 characters.
4. Click **Save** to save changes and return to the PDF Footer home page.
5. Click **Cancel** to return to the PDF Footer home page.

Chapter 5. 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.

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 information
IBM Watson Care Manager user types *(on page*)

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.

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.

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.

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.

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 information

IBM Watson Care Manager user types *(on page   )*

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.

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.

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.

Task	Action
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.

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.

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.

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.

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.

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!"#$%&'()*+,-./:;<=>?@[\]^_`{|}~.`

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.
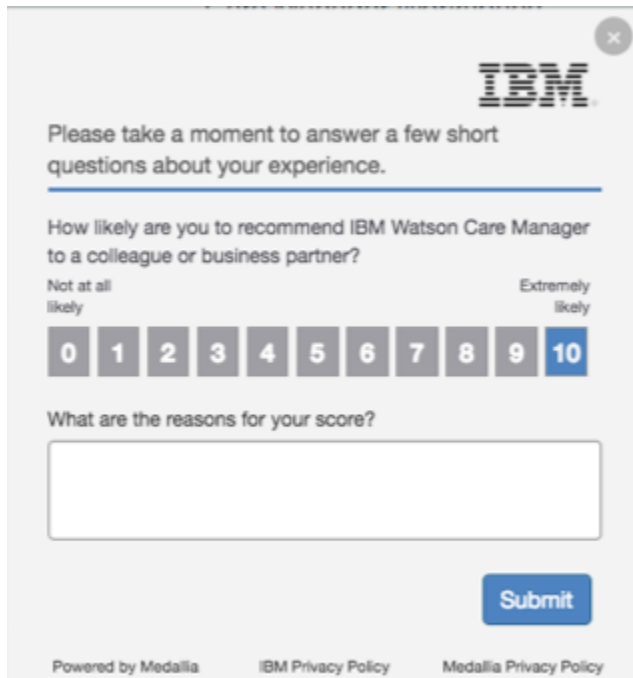
NPS survey

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.

Related information

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.

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.

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.
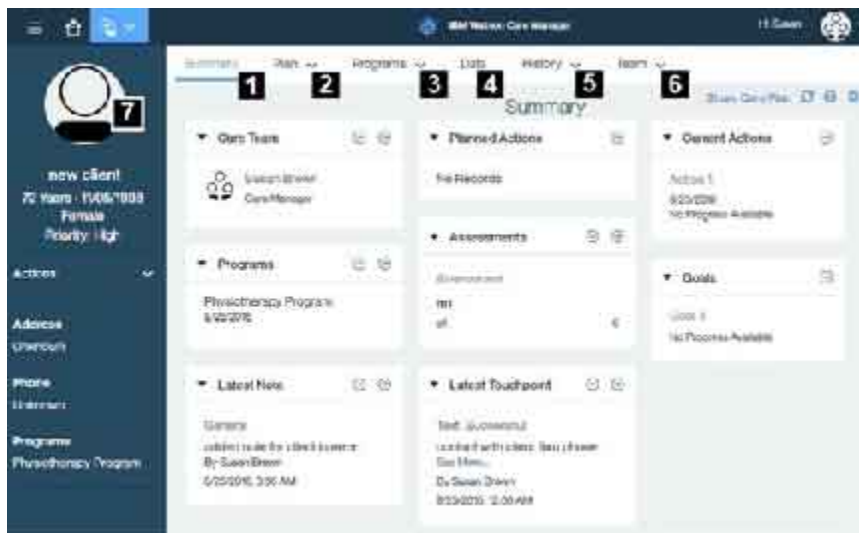
1. Select **Summary** to see important summary information.
2. Select **Plan** to work with the plan, and with goals, actions, or barriers.
3. Select **Programs** to work with programs, questionnaires, or assessments.
4. Select **Data** to work with the client data.
5. Select **History** to work with 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 information

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.

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 *(on page 335)*.

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.

> ✏️ **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.

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.

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, Gen-

Register Client Wizard	Steps
	der, 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.

(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 work-flow 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 re-

Register Client Wizard	Steps
	ferrals only if organization units are enabled for your organization or the registration work flow is configured to include capturing referrals.
(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

Register Client Wizard	Steps
	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 information

Searching for clients

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

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

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.

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.

I

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
- Example: Search for a client's name other than their preferred name
- Example: Partial search for a client's name
- Example: Partial search for a client name type that has multiple matches within a type

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

Search Criteria		Search Result	Comment
First Name	**Last Name**		
			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.

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.

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.

> **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.

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.

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

> **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.

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 information

Resolving duplicate client registrations *(on page 332)*

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.

> ✎ **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.

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.

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.

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 information

Closing services on plans *(on page 457)*

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**.

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

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.

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**.

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 information

Reversing the deletion of a client *(on page   )*

Resetting the health pass for a client

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

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

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.

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 information

Deactivating clients *(on page 326)*

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.

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.

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.

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 information

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.

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.

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 344)*.

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 336)*.
   - 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 340)*.

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 manually register a client, ensure you follow the steps in Verifying clients are not already registered *(on page 335)* to verify whether they are already registered.

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.

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.

Register Client Wizard	Steps
	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.
(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.

Register Client Wizard	Steps
	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.

(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.

Register Client Wizard	Steps
	▪ **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 automatically register clients, ensure you follow the steps in Verifying clients are not already registered *(on page 335)* to ensure that they are not already registered.

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.

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.

Managing client referrals

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.

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.

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 *(on page   )* to the client in critical circumstances only, if configured by your organization.

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.

In the Search Results pane, you can see clients who match the criteria entered. For more information, see Understanding your search results *(on page 344)*.

Choose an option.

- If the client is not already registered in Watson™ Care Manager or another application, you can manually register the client *(on page 336)*.
- If the client is registered in an external application but not in Watson™ Care Manager, you can automatically register the client *(on page 340)* 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 *(on page   )*.

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 emulation access *(on page 324)* 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 320)*.

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 320)*.

Related information

Viewing the Virtual Client Record *(on page 341)*

Summary view *(on page   )*

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.

> ✎ **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.

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.

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 information

Requesting emergency access to clients *(on page   )*

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.

> ✏️ **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 353)*.

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.

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 *(on page   ).*

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.

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.

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.

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.

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.

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.

- 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.

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.

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.

> **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.

- 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.

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.

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 information

Configuring care team groups *(on page 159)*

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.

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.

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.

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:
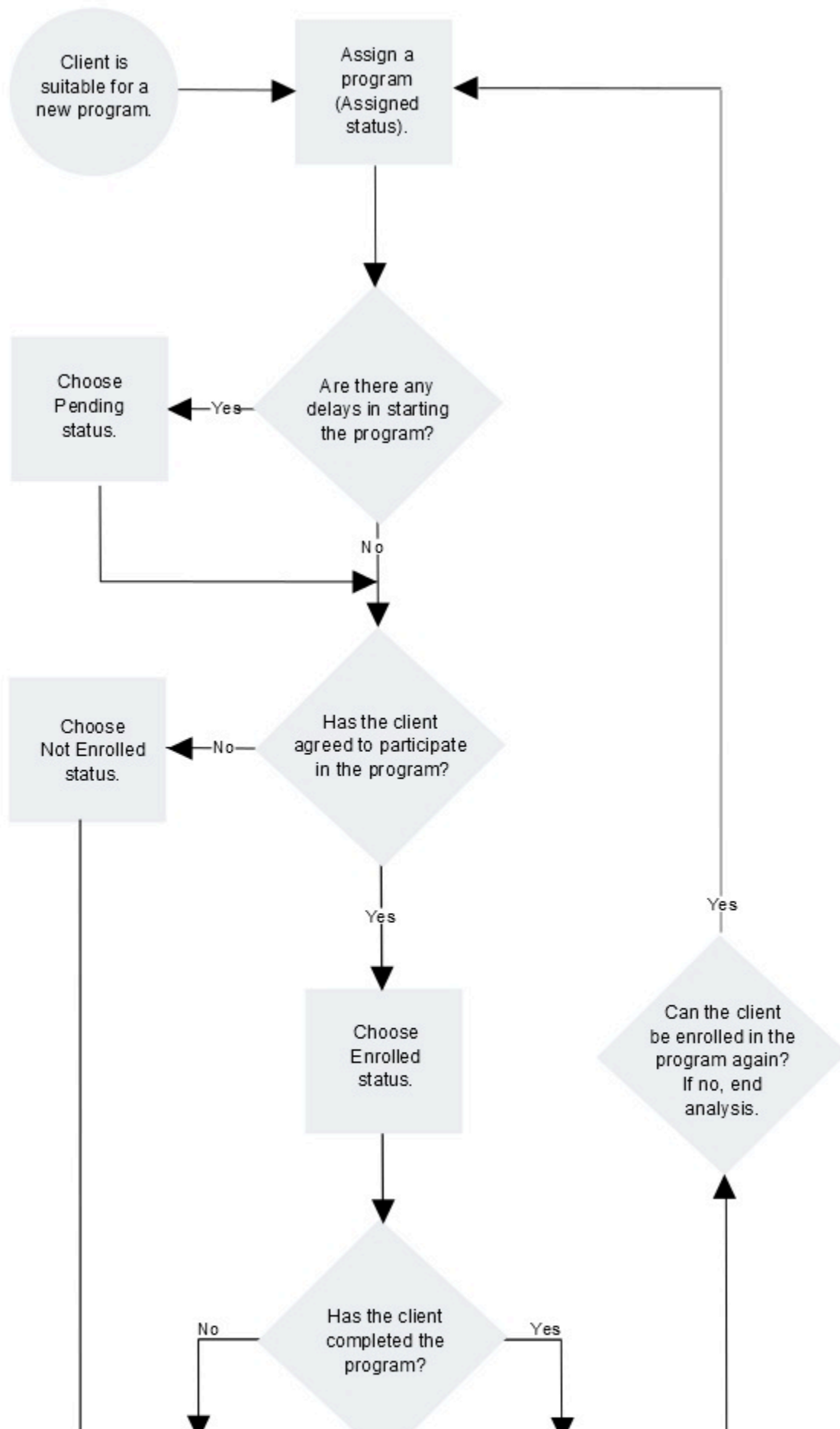
Client is suitable for a new program.

Assign a program (Assigned status).

Are there any delays in starting the program?

Choose Pending status. — Yes

No

Has the client agreed to participate in the program?

Choose Not Enrolled status. — No

Yes

Choose Enrolled status.

Has the client completed the program?

No — Yes

Can the client be enrolled in the program again? If no, end analysis.

Yes

> ✎ **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.

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.

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**.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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 *(on page   )* and Questionnaires data *(on page   )*.

Running a questionnaire

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

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).

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 *(on page 119)*.

Running an assessment on the Program page

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

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

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.

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.

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

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.

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.

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.

> *i* **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.

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.

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.

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.

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.

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.

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.

   > ℹ️ **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.

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.

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.

   > ℹ️ **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.

When you delete a consent record, the record is marked as Canceled in the application but it is still listed for auditing purposes.

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.

> 🚫 **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.

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.

Deleted file attachments are marked as Canceled in the application but are still listed for auditing purposes.

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.

> 🚫 **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.

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.

   > ℹ️ **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.

> 🚫 **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**.

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.

   > ℹ️ **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.

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.

You cannot delete attachments that are automatically uploaded by Watson™ Care Manager from messages that are sent between the care team and clients.

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.

> 🚫 **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.

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.

> ⚠ **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 information

Watson Care Manager data and integrated systems *(on page   )*

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 information

Default non-configurable client data types in Watson Care Manager *(on page 164)*

Watson Care Manager data and integrated systems *(on page   )*

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.

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.

> ℹ️ **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.

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.

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.

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.

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.

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.

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.

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.

> 🚫 **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.

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.

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.

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.

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.

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.

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 information

Monitoring notes highlights *(on page   )*

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 22. 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 information

Configuring note types *(on page 283)*

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.

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.

> ℹ️ **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.

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.

With the exception of Private and Private to Role types, note types can be configured to be shared with integrated systems.

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.

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.

   > **(i) 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.

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.

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.

With the exception of Private and Private to Role types, note types can be configured to be shared with integrated systems.

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.

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.

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.

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
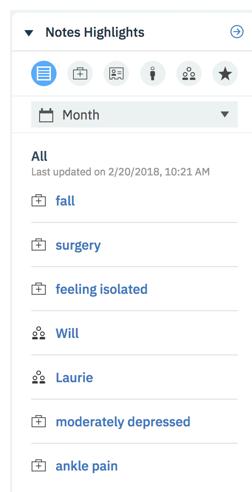
Susan can quickly see that Laurie fell and has a fracture, and other relevant information about Laurie. Susan wants to find out more about the fall, so she clicks *fall* to see all notes that mention *fall*, and expands the excerpt to see the full note.

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.

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.

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.

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.

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 information

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 486)*.

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 527)*.

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.

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.

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.

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.

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.

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.

> ✏️ **Note:**
> You cannot modify the **General** goal that is created and associated with care team actions that are received from third-party applications.

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.

Your changes are stored as update records. If required, you can edit or delete an active progress record.

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.

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.

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.

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.

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.

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.

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.

> 📝 **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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

At least one goal that is not associated with the action must be on the plan.

An action must be associated with at least one goal.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

At least one goal that is not associated with the action must be on the plan.

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.

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.

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.

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.

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.

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.

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.

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.

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 information

Configuring services *(on page 104)*

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.

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.

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 information

Adding services and providers from the Plan page *(on page 555)*

Filtering the services list view

You can review the list of services assigned to a client. The list can include open and closed services.

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.

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.

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.

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.

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.

You can add one or more notes to a service, and can then add comments to the note to provide further continuous updates.

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.

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.

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.

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.

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.

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.

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 information

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.

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.

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**.

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.

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.

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 information

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.

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

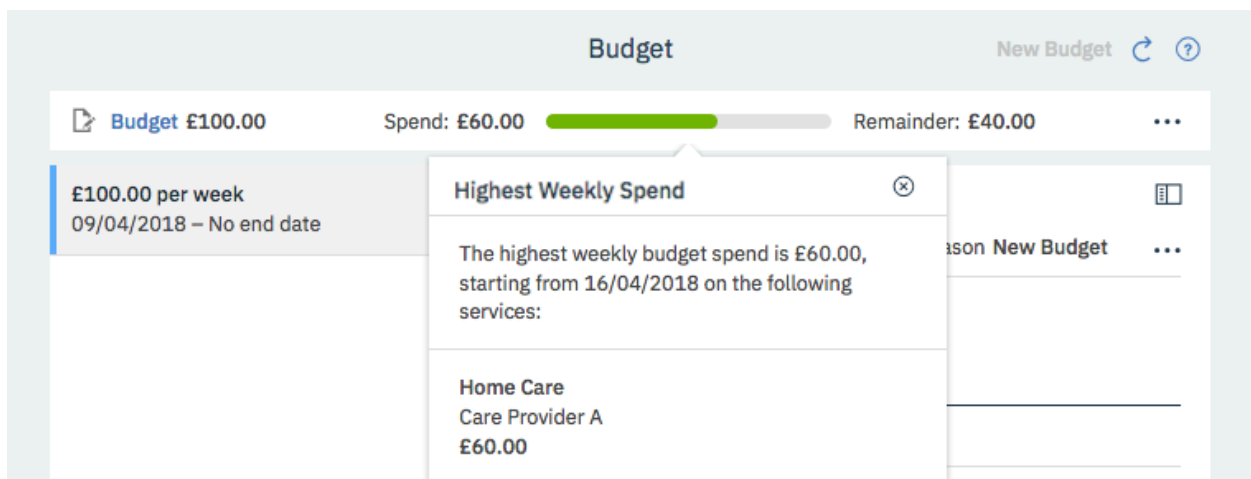 Cost of the first week is £25.71

  > **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.
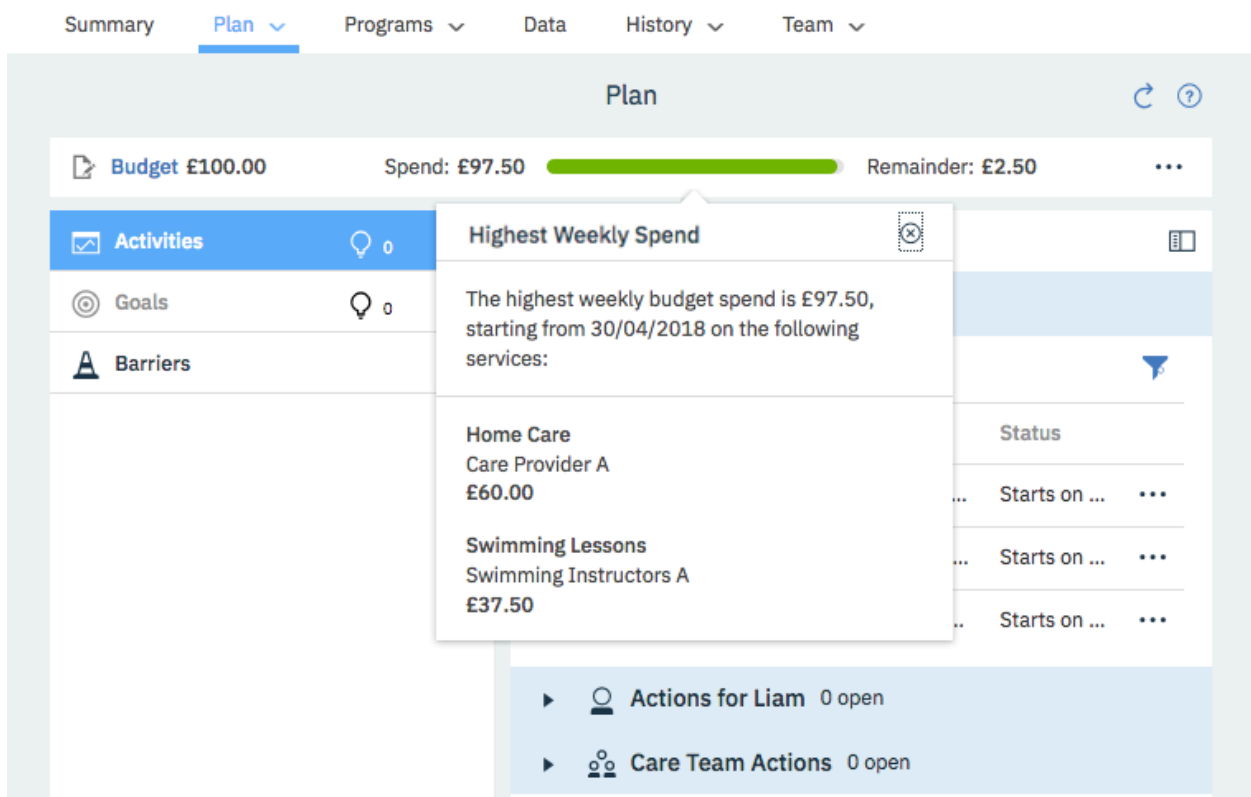

- Susan reviews the offers and chooses **Mobility Services A** to provide a mobility aid for Liam at £100:00. Once-off services are not included in budget calculations so this service is not reflected in the visual. However, once-off services are approved as part of the budget.

- 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.

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 511)*
- Searching for services and providers *(on page 526)*
- Shortlisting providers *(on page 529)*
- Creating internal service inquiries *(on page 537)*
- Commenting on service inquiries *(on page 538)*
- Accepting provider offers and adding services to plans *(on page 540)*
- Submitting budgets for approval *(on page 513)*
- Accepting provider offers and adding services to plans *(on page 540)*
- Approving budgets *(on page 514)*
- Closing service inquiries *(on page 542)*
- Authorizing payment for services *(on page 515)*

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.

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 information

Example provider service scenarios *(on page 461)*

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 ↻ 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		•••

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:

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.
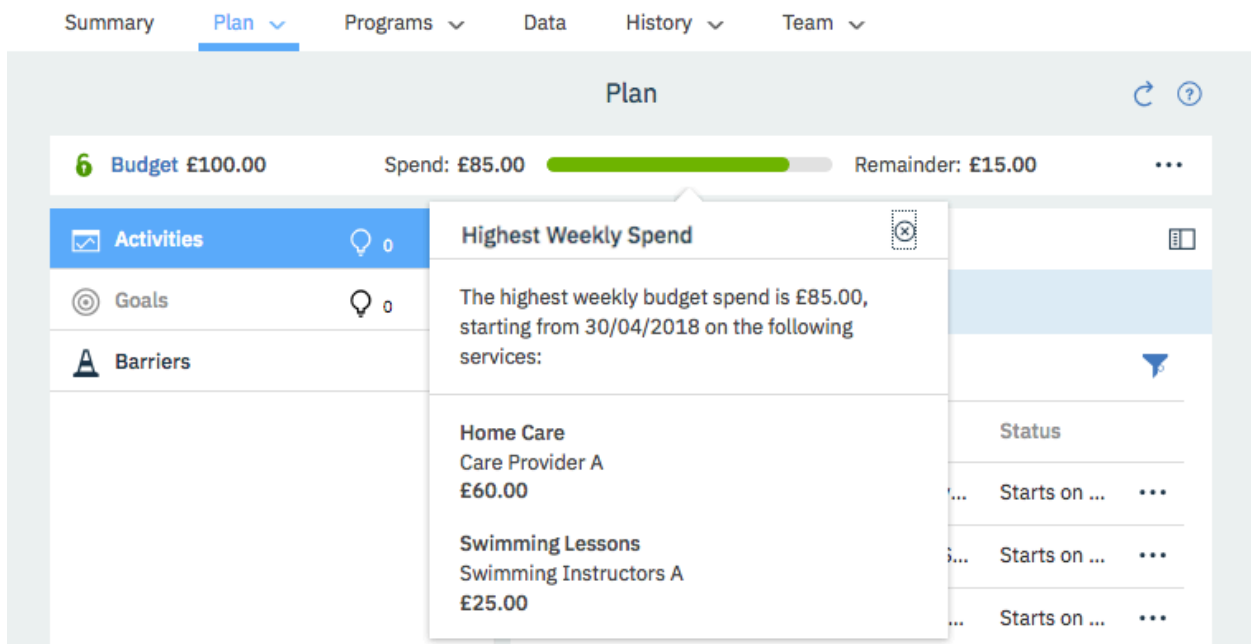
- From the **Community Resources** page, Susan searches for other swimming classes in the vicinity that match Liam's needs. Susan finds a swimming class run by **Swimming Instructors 2** that is suitable and adds this service and provider to the plan starting the same week as the other swimming classes.

  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.

| Summary | Plan ⌄ | Programs ⌄ | Data | History ⌄ | Team ⌄ |

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:

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.
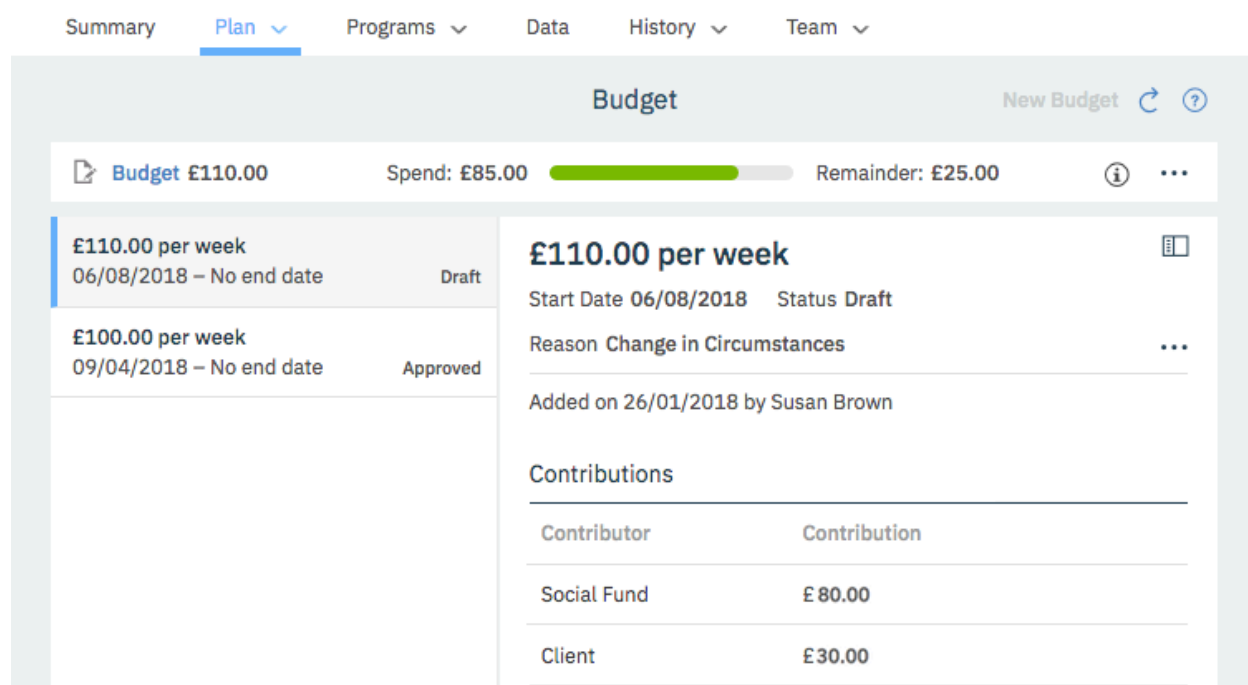
- Susan looks at the **Home Care** service. She wants to stay with **Care Provider A**, but the service cannot be edited without affecting the previous budget. To make the changes required, she must close the service that provides 6 units a week on a date before the new draft budget start date, for example 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.

Summary	Plan ⌄	Programs ⌄	Data	History ⌄	Team ⌄

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
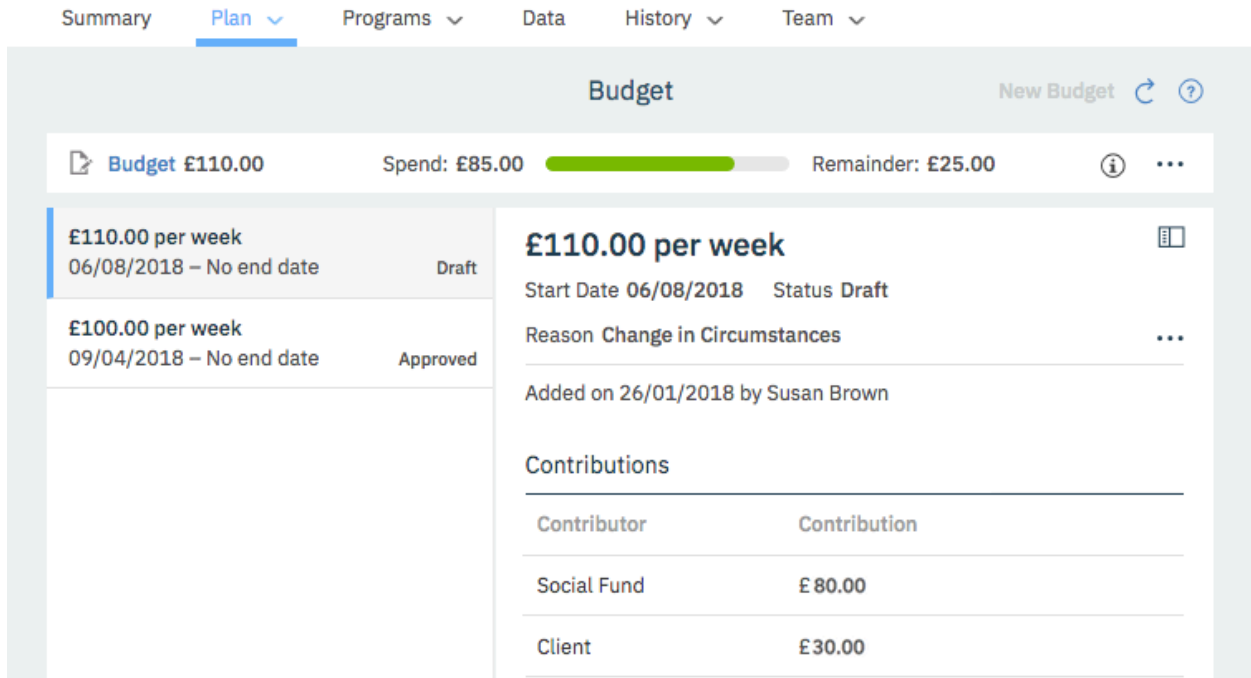
- Liam no longer wants to attend swimming lessons at **Swimming Instructors B** as he is now doing Yoga, so Susan closes the service with a future end date, the 6th August 2018 which is the day before Yoga service starts.

  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.
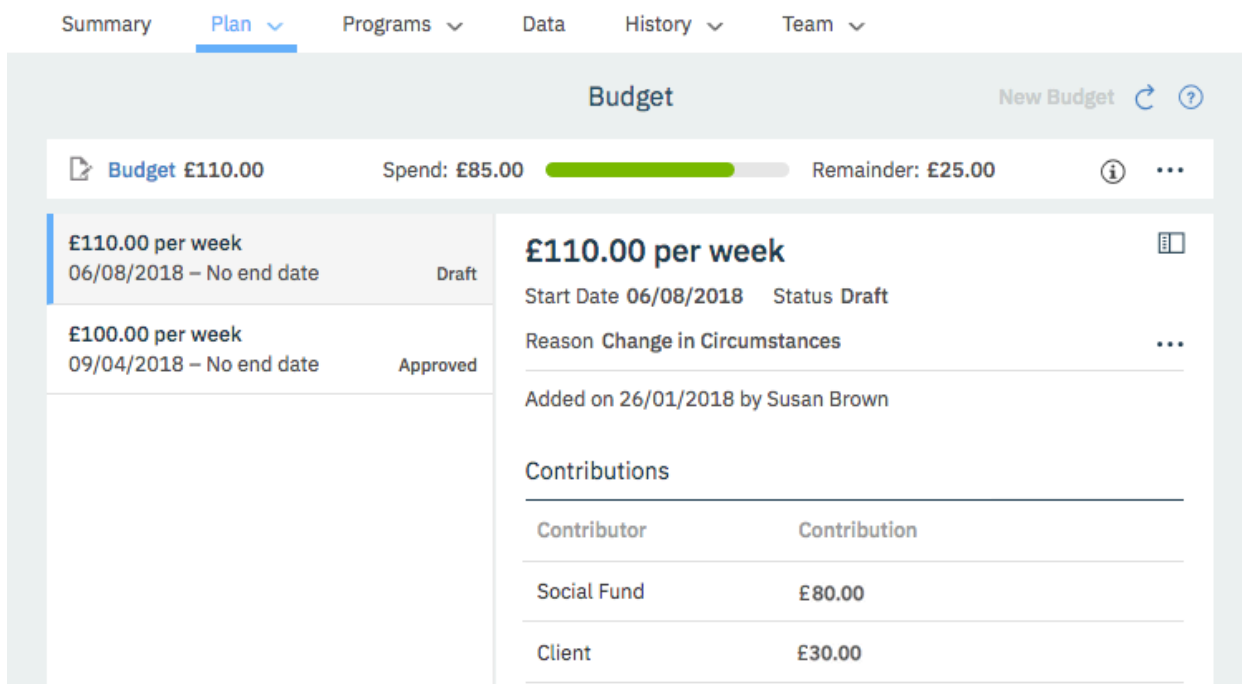
- Susan searches for cooking lessons for Liam and adds the **Cooking Lessons** service from the **Cooking School A** provider to the plan. She adds 2 classes a week, starting 6th September 2018, at a cost of £50 per class.

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.
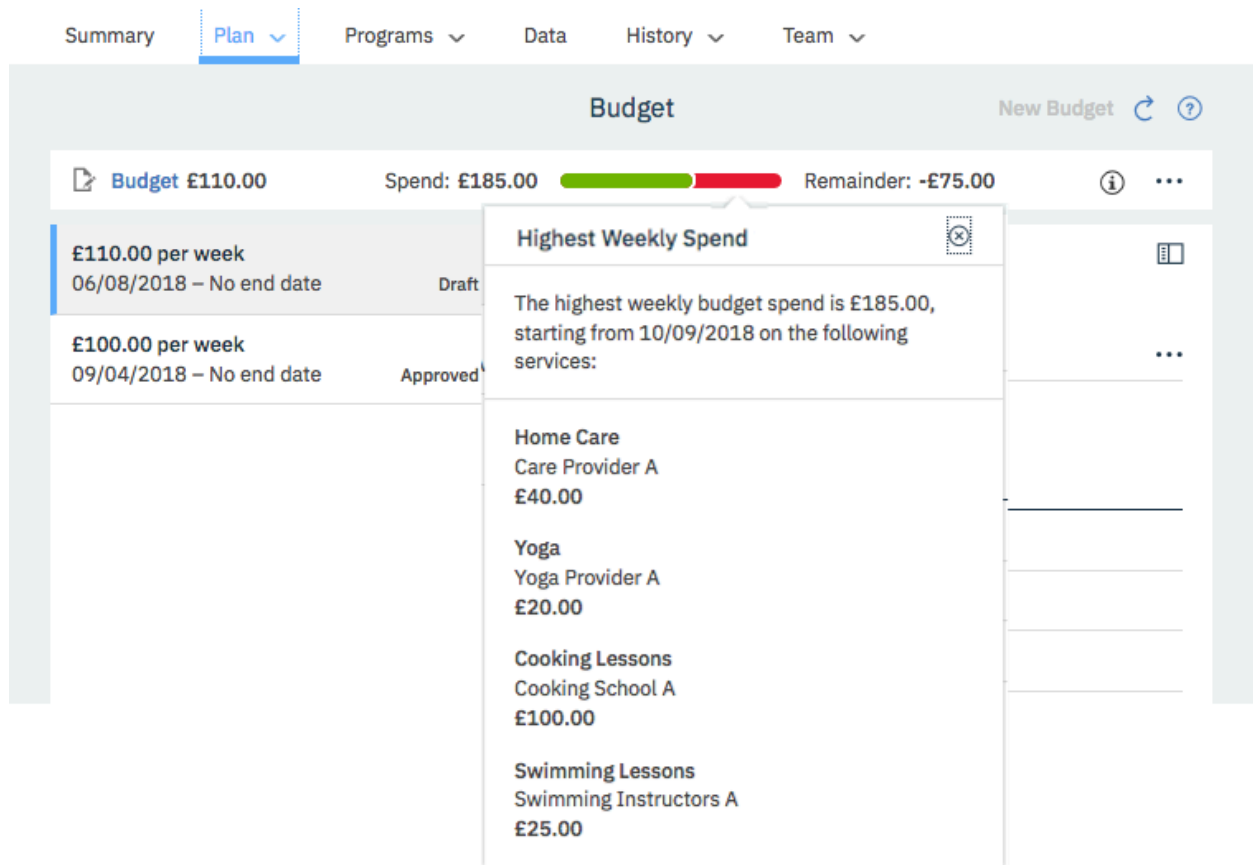
- As this cost pushes the plan over budget, Susan removes the **Cooking School A** provider from the plan and searches for another provider. She finds the **Cooking School B** provider with a cost per class of £40 and adds them to the plan starting 6th September 2018 for 1 class every 2 weeks.

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.

Summary   Plan ⌄   Programs ⌄   Data   History ⌄   Team ⌄

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

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.

Summary   Plan ⌄   Programs ⌄   Data   History ⌄   Team ⌄

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 *(on page   )*
- Creating a weekly budget *(on page 511)*
- Closing services on plans *(on page 457)*
- Adding services and providers from search results *(on page 553)*
- Removing providers from services *(on page 557)*

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 486)*
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 484)*.

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
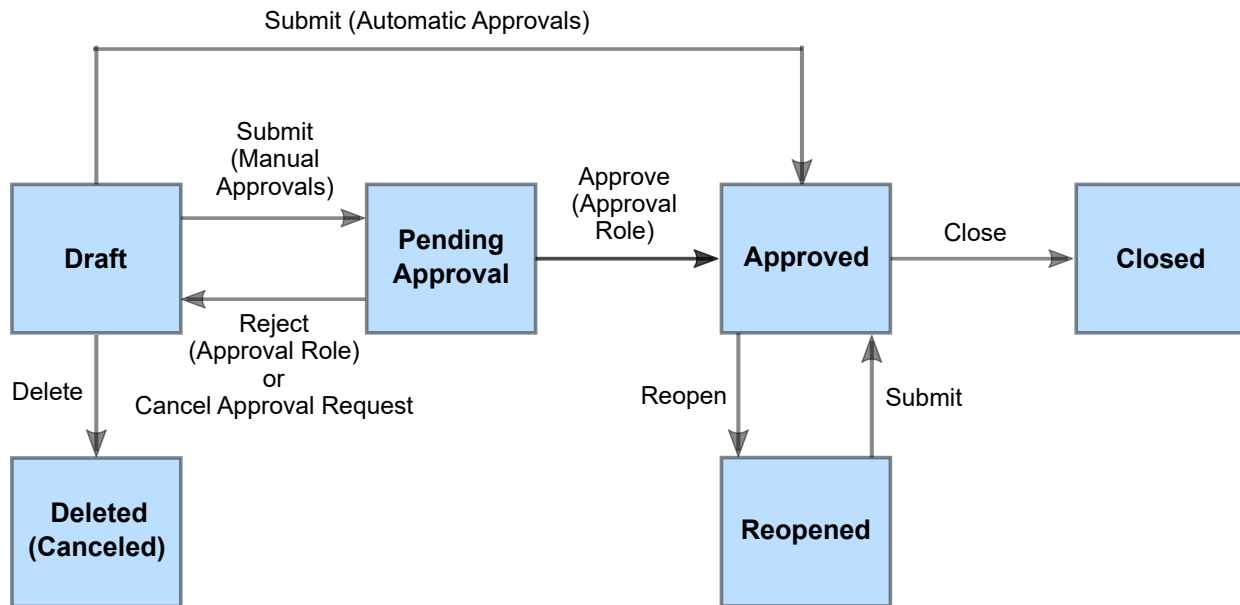
Budgets can be configured to be approved automatically or manually, according to your organization's requirements. For manual approvals, submit your budget so that a user with a budget approval role can approve it. If you have the budget approval role, you can approve or reject submitted budgets. For 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.
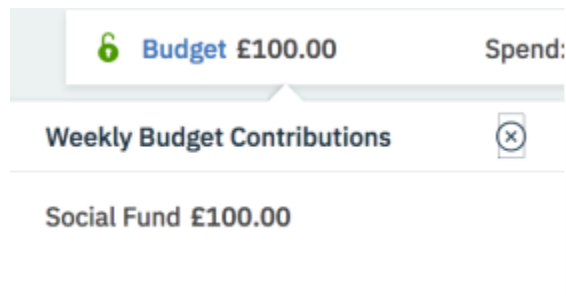
Spend

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.
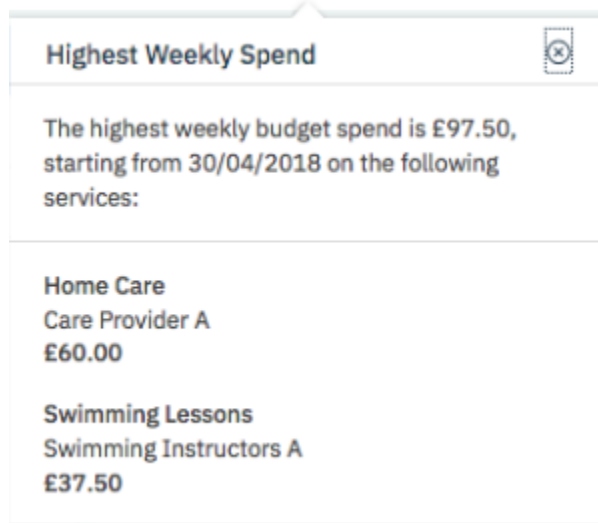
Remainder

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.
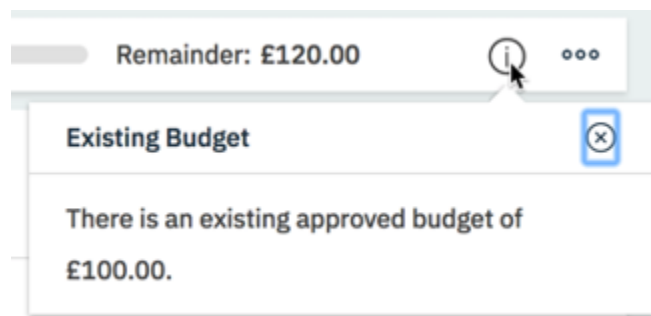
For draft budgets, you can access some budget actions from the budget bar.

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 Retrying unsuccessful client contributions .

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

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 518)*

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 information

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
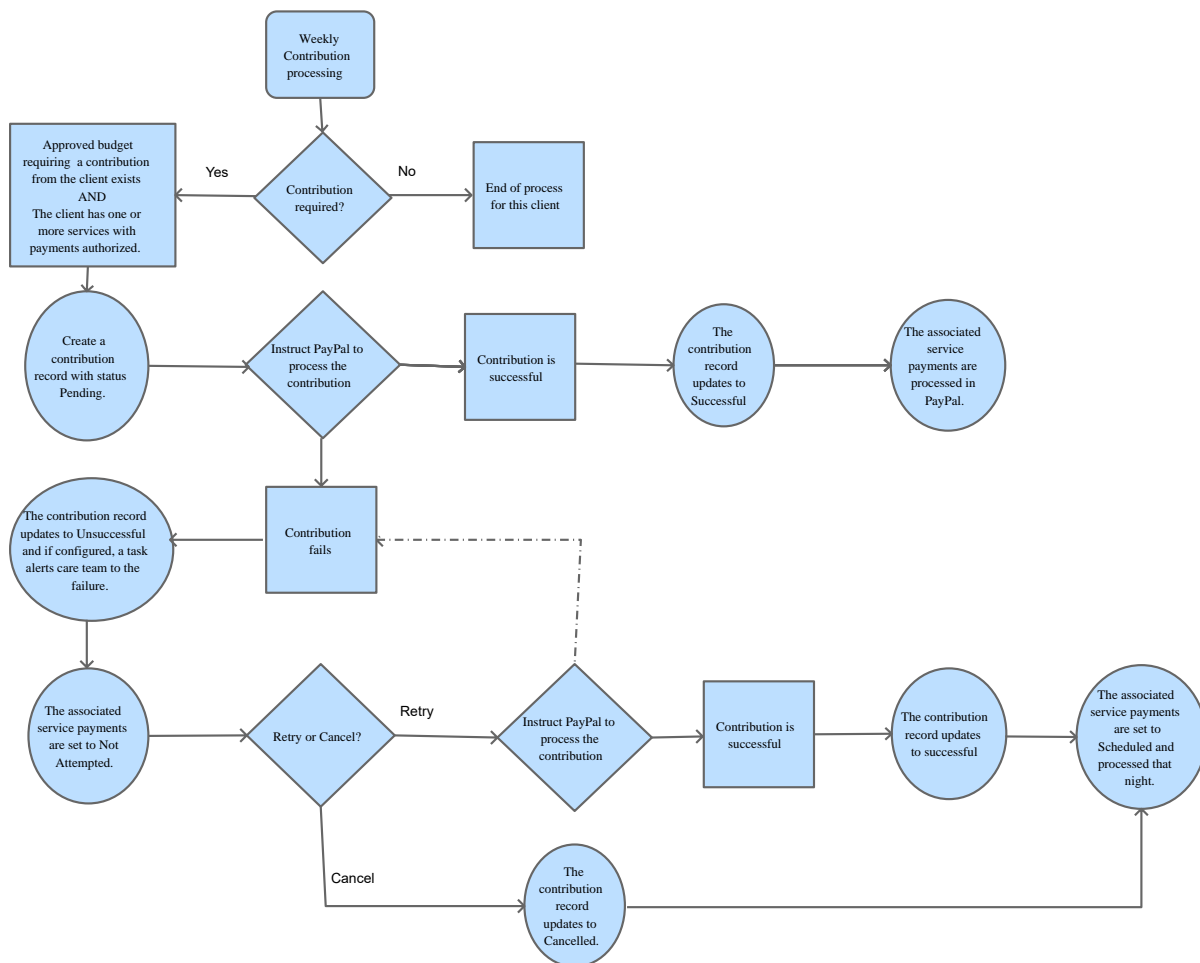
Client contribution calculations

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 23. 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 24. 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 25. 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 26. Laurie's new budget

Budget contributors	Amount	Budget start date

Table 26. Laurie's new budget (continued)

Budget contributors	Amount	Budget start date
Laurie	$10	Monday 29th October
HHS Agency	$90	

Vina authorizes payments on October 30th.

Table 27. 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 28. 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 29. 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
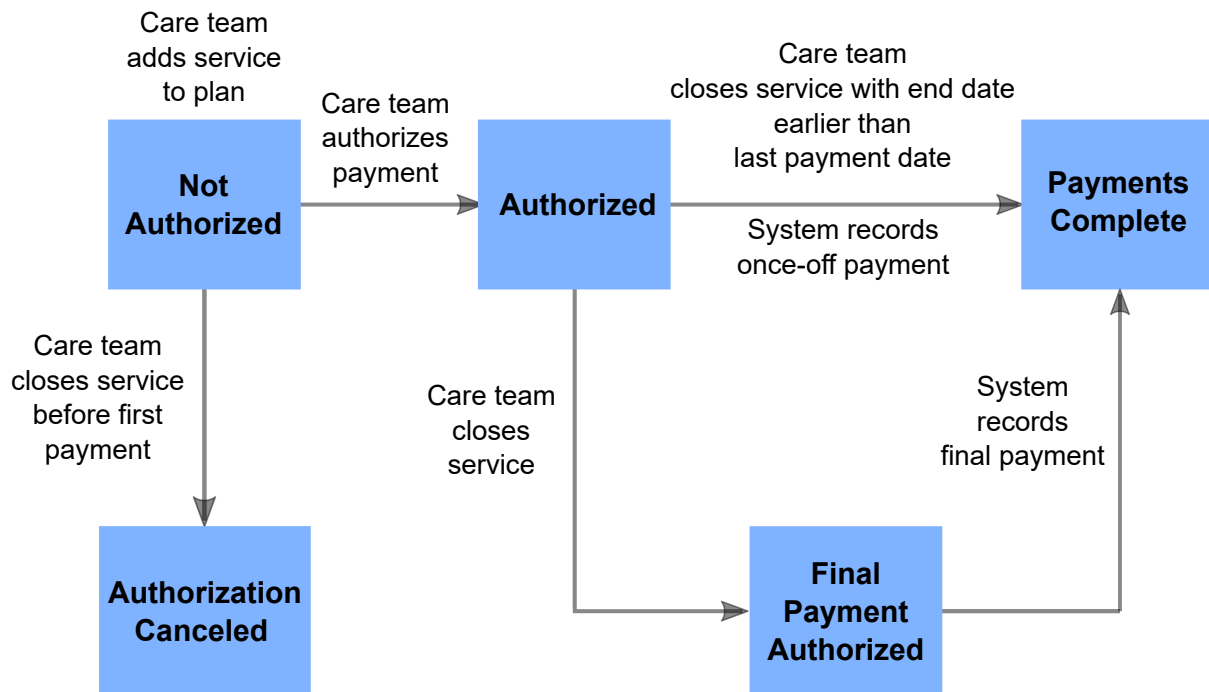
The payment authorization statuses for services are as follows:

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 30. 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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**.

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.

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.

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 information

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.

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.

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.

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 .

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.

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.

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.

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.

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.

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.

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.

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.

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 .

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.

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.

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 .
- 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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.
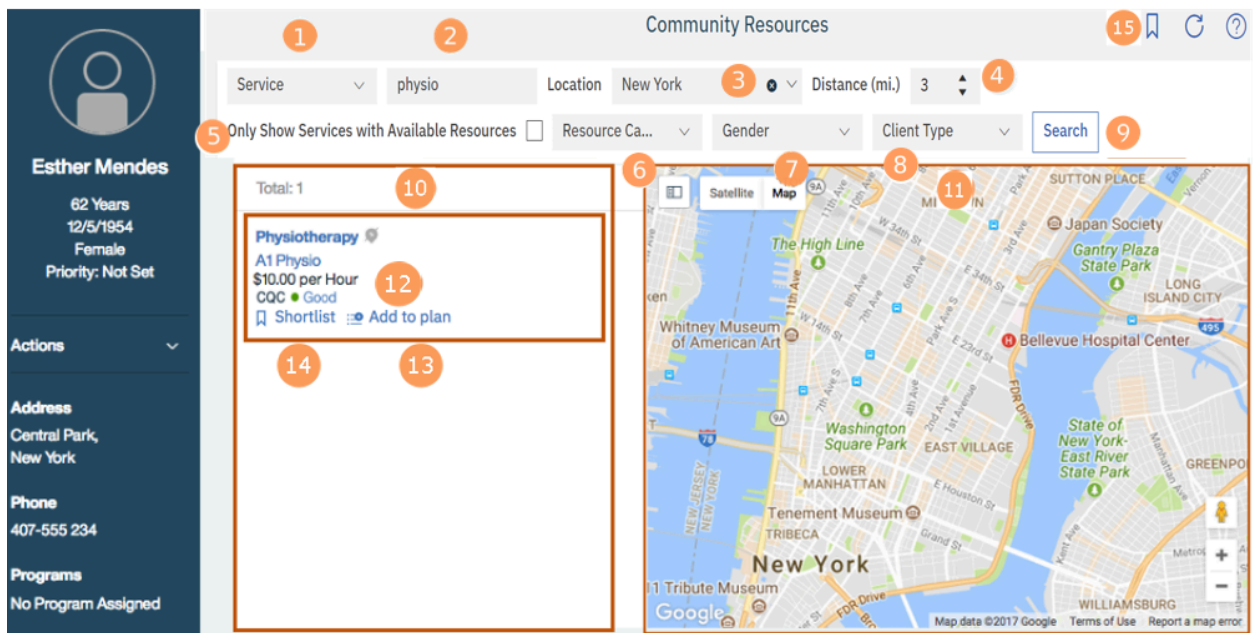
1. If you are selecting a provider for a service, the service is preselected. Otherwise, you can search for providers for any open services on the plan with no associated provider. Providers that provide all of the selected services, and any entered keywords, are returned.
2. You can search by one or 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.

> ✏️ **Note:**
>
> If your search returns more than 150 records, an error message that requests you to refine your search criteria is displayed.

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

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.

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.

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
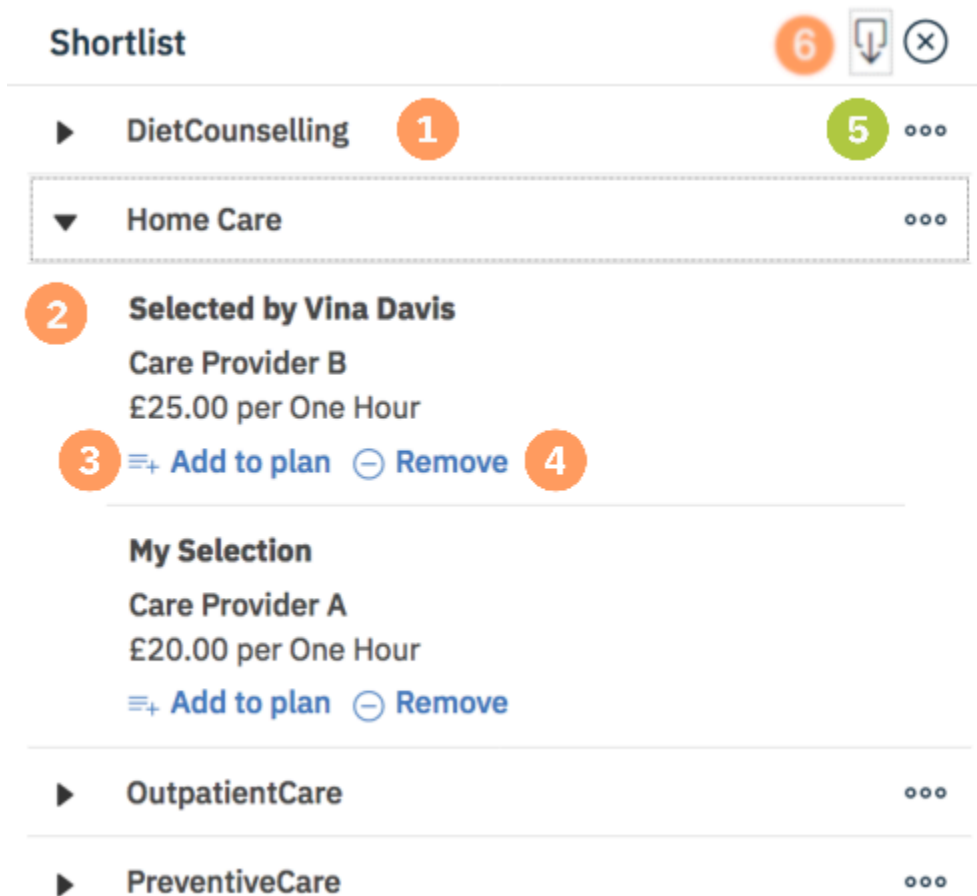
1. The shortlisted services and providers are listed by service.
2. Expand a service to see the shortlisted providers. You can see who shortlisted the service and provider.
3. You can add a shortlisted service and provider to the plan.
4. You can remove services and providers from the shortlist.
5. If 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.

> **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.

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.

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 information

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.
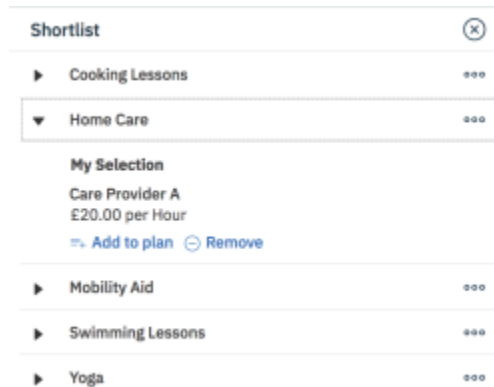
When Susan is ready, she opens the shortlist, creates an inquiry, and selects the service providers that she wants to send inquiries to. She adds a response required by date so that providers can know how soon they need to make an offer.

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.
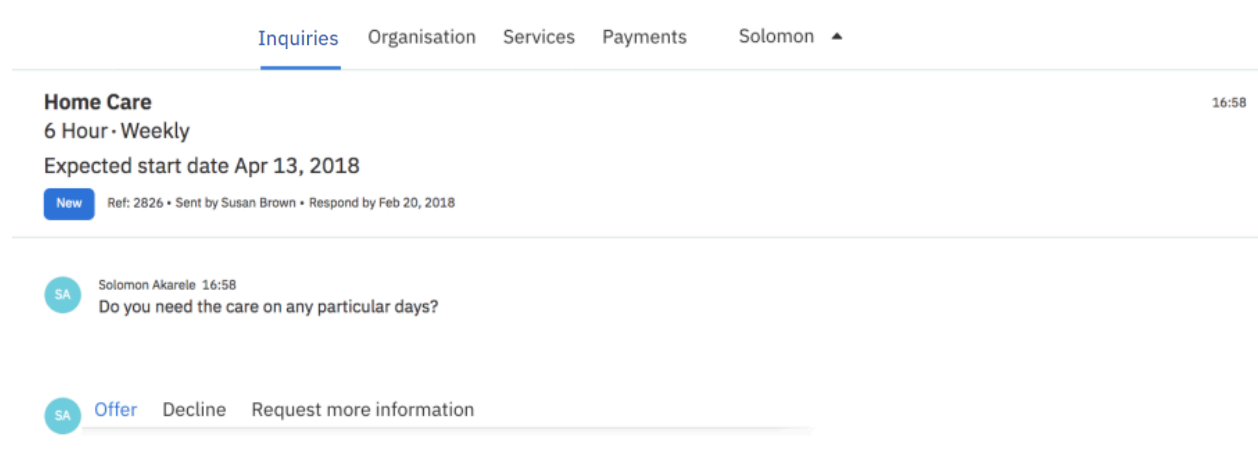
Susan sees Solomon's comment requesting more information on the **Inquiries** page, and responds with a comment at the inquiry level. All providers who received the inquiry can see the additional information. If Susan wants to reply directly to the provider only, she can add a comment to the provider's 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
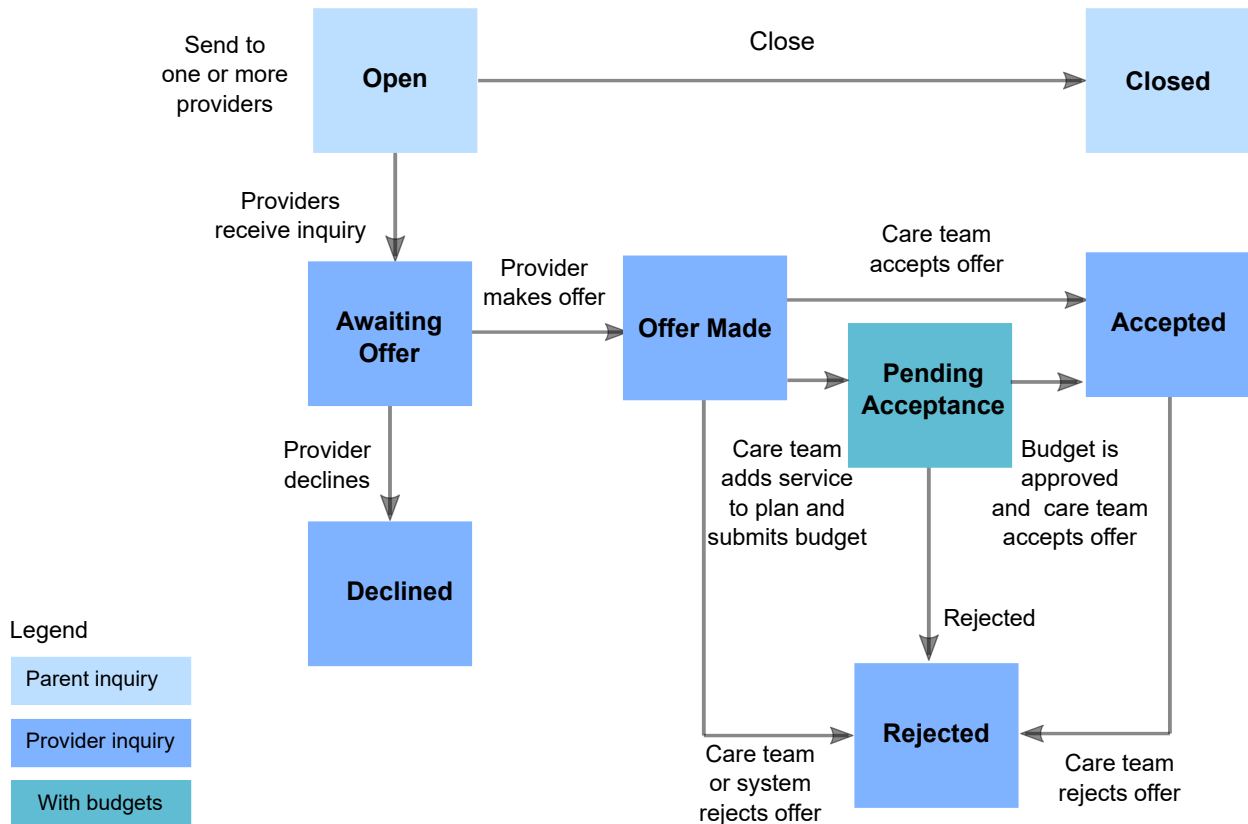
Open

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 31. Closure reasons

Watson™ Care Manager	Connect
Offer Accepted	Inquiry withdrawn
Offer Withdrawn	Offer Withdrawn
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_629 *(on page   ).*

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 486)*.

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.

Only one attachment of additional information can be saved per inquiry. Any updates to this file overwrite the file that was previously uploaded.

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.

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.

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.

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.

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.

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.

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.

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 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.

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.

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.

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.

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.

Shortlist

Counselling

My Selection

Care Provider B

Rates Not specified

≡+ Add to plan   ⊖ Remove

Home Care

My Selection

Care Provider A

Rates Not specified

≡+ Add to plan   ⊖ Remove

Outpatient Care

Preventive Care

When Susan is ready, she opens the shortlist and creates an inquiry.

Create Inquiry

(?) ✕

* required field

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 **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 *(on page 544)*.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

If budgets are licensed, you must have a draft or reopened budget to add a provider for a service with costs to the plan.

All open services on the plan with no associated provider are available to select.

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.

If budgets are licensed, you must have a draft or reopened budget to remove a provider from services with costs on the plan.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

You can add one or more notes to a barrier, and can then add comments to the note to provide further continuous updates.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

   > **Note:**
   >
   > The **Share Care Plan** link is displayed in the Summary view only if one or more Share Care Plan templates are configured to be shown by the administrator. If all templates are hidden, the **Share Care Plan** link does not display. For more information, see Creating Share Care Plan templates *(on page 254)*.

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** checkbox to include any sensitive notes in the PDF. By default, the checkbox 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 information

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 32. 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.	Displays on every page.	Not applicable

Table 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
	• Date of Birth: The client's date of birth and age. • Phone Number: The client's phone number.		
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.
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.	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 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
	• 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.		
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	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 separate-	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

Table 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
	if Client Actions are Shown As = Separate Section and if a value is specified.	ly if Client Actions are Shown As = Separate Section. If no Actions are associated with the goal, this section does not display.	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.
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.	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	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

Table 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
	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.	are Shown As = Separate Section.	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 32. 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.

Table 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
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).
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 re-	This section lists primary and non-primary social network contacts.	Sort by primary, followed by secondary.

Table 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
	lated to the client, for example, parent, child, neighbor. • Phone: Displays the social network contact's phone number • Primary Contact: Displays Yes or No.		
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	This section lists all complete assessments.	Assessments are sorted by name, alphabetically a- z (case - insensitive).

Table 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
	completed the assessment. Assessment date is displayed in brackets.		
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.	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)

Table 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
	• 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.		
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 32. 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.
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.	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 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
	• 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.		

Table 32. 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.

Table 32. Fields on the Share Care Plan (continued)

Section	Field names	Displays	Sorting
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.

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.

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.

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.

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.

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.

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.

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 information

Care teams *(on page 585)*

Registering care team members for a specific client *(on page 586)*

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.

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.

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 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.

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.

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.

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.

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 information

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.

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.

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.

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.

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).

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

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.

When a task status is set to **Closed**, you cannot reopen the task.

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.

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.

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.

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.

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.

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.

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.

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.

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.

You must enter a comment when you close an alert.

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.

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.

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.

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.

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.

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.

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.

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.

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.

- 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.

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.

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**.

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.

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.

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.

You can add a single note per utilization. You can continually amend the note with any number of comments.

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.

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