ILLINOIS DEPARTMENT OF HUMAN SERVICES
Division of Alcoholism and Substance Abuse
AUTOMATED REPORTING AND TRACKING SYSTEM
HOURLY REPORTING (ASSESSMENT, INTERVENTION, CASE MANAGEMENT, LEVEL I AND LEVEL II, HIV, INTERPRETER)

PROVIDER: [Redacted]
UNIT: [Redacted]
PROGRAM: [Redacted]

SITE NUMBER: [Redacted]

STAFF ID: [Redacted]
SERVICE DATE: [Redacted] / [Redacted] / [Redacted]

PATIENT #1
Funding Code: [Redacted]
Unique Patient Identifier: [Redacted]

Service Type: [Redacted]
Activity Code: [Redacted]
Group ID: [Redacted]

Start Time: [Redacted]: [Redacted] am/pm
Length of Service: [Redacted] Hrs: [Redacted] Mins: [Redacted]

Collateral ID: [Redacted]
Video Counseling: [Redacted]

Medicaid Billing Data
Spend Down: [Redacted] [Redacted]

TPL Information TPL Status: [Redacted]
TPL Payer Amount: [Redacted] [Redacted]
TPL Paid Date: [Redacted] / [Redacted] / [Redacted]

Dedicated Funding Category: SELECT ONLY ONE

☐ D = DCFS
☐ L = Gambling
☐ N = None

PATIENT #2
Funding Code: [Redacted]
Unique Patient Identifier: [Redacted]

Service Type: [Redacted]
Activity Code: [Redacted]
Group ID: [Redacted]

Start Time: [Redacted]: [Redacted] am/pm
Length of Service: [Redacted] Hrs: [Redacted] Mins: [Redacted]

Collateral ID: [Redacted]
Video Counseling: [Redacted]

Medicaid Billing Data
Spend Down: [Redacted] [Redacted]

TPL Information TPL Status: [Redacted]
TPL Payer Amount: [Redacted] [Redacted]
TPL Paid Date: [Redacted] / [Redacted] / [Redacted]

Dedicated Funding Category: SELECT ONLY ONE

☐ D = DCFS
☐ L = Gambling
☐ N = None

EFFECTIVE 07/01/16 – 06/30/17