UCC How-To

SmartCare search words in **bold** throughout this guide.

For Existing/Open clients:

Enroll client in UCC program

1. With the client open, go to search bar and type in **Client Programs (Client)**.



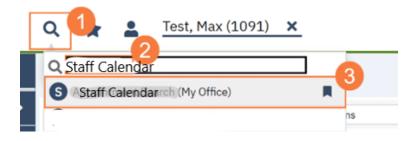
lient Program	s (0)							9 ☆ ★ 초 🗅
All Programs		✔ All Statuses		✓ Other		~	Apply Filter	а
Program	Status	Enrolled	Discharged	Assigned Staff	Primary	Last DOS	Next DOS	
			No data to o	display				

- a. Click new.
- b. In the Program Name field, select the UCC program.
- c. In Assigned Staff, select the staff member client will be seeing.
- d. In Current Status field, select "Enrolled".
- e. Enter in Enrolled Date.
- f. Click Save and X to close.

		🔩 i 🖓 🛅 🗋 Save 🗙
		·
Primary	Current Status Enrolled	~
		_
	Requested Date	
	Enrolled Date 07/08/2023	
	Discharged Date	
	Next Schedule Service	
	Primary	Requested Date Enrolled Date 07/08/2023 Discharged Date Next Schedule

Add Client to Staff's Schedule

- 1. With the client open, Click the Search icon.
- 2. Type **Staff Calendar** in the search bar.
- 3. Click to select Staff Calendar (My Office)



4. Select the staff you want to schedule for.

Staf	f Calendar	4			
	Single-Staff View	•	~	Maa, Generic 🗸 🗸	
		**			_

5. From the Staff Calendar screen, click and drag your mouse on the calendar timeslot you want to book. Note: If you are trying to schedule a time that has an available appointment spot indicated in the staff's calendar, you will need to click and drag your mouse in the white area next to the color block.

C 6 800 AM - 10-30 AM Priste Horn Priste Horn Meteo cont	R 60 AM - KL5 AM
G 10:30 AM - 12:00 PM	Lik ett ann 13 der Am
Chief Assessment Time	Besuge Verlanze Prinzess Geman (IR 1962 ;

6. In the New Entry Type pop-up, select the New Service Entry radio button.



7. Click OK.

8. In the Service Notes screen, click the drop-down menu in the Program field and select the appropriate program.

9. Click the drop-down menu in the Procedure field and select the appropriate procedure.

10. Click the drop-down menu in the Location field and select the appropriate location.

11. Click in the Total Duration field and enter the duration of the appointment.

rogress Note	(MH)						ď	1	-
Effective 11/21/202	2 🚔 Status New		Author Cli	aician, Robert					
Service Note	Billing Diagnesis Warnings								
Service									
Status	Scheduled	8	Start Date	11/21/2022	B *				
Program	Outpatient MH Adult	× 1	Start Time	08:30 AM					
Procedure	Therapeutic Behavioral Services	- 9	Travel Time		Minutes				
Location	Community Mental Health Center	~10	Face to Face Time		Minutes				
Clinician	Clinician, Robert	-	Documentation Time		Minutes 11				
			Total Duration	60	Minutes				
Cancel Reason		~	Attending	_		•			
			Referring						

12. Click the Save icon. Click the X icon to close the screen.

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Progress Note (MH)		Ê i ♣ à ⊖ ≛ ☆ ★ ₩ ? 🖬 == D ⊕ # ×
Affactive 11212222	Author Clinicas, Hobert	00 top 0 < 🛨
Sarulea Note Billing Diagnosis Warnings		0
Service		
Status Induction	Start Date 11/21/2022 🗂 -	

For NEW/UNOPENED clients:

Note-numbers in screenshots may not be same as step numbers (screenshots were taking from other how-to guides)

Client Search & Inquiry

1. Use the Client Search



2. This will open the client search window. You may search to determine if the person is a current client.

- a. To search for a client, enter their name and click "Broad Search." You can also search by SSN by entering their social security number and clicking "SSN Search." You can do the same with date of birth (DOB), phone number, etc.
- b. If you find the person in the system, meaning they show in the Records Found section, and they are closed/not open to a program, click the radial button to the left of their name, then click "Inquiry (Selected Client)" to bring their information into the Inquiry screen.

	Broad Se	arch								
	ast Name	Gene		Type of Client O Ind	lividual 🔿 Org	anization	Program			
				Fist Name			Program		•	
the	er Search	h Strategi	es							
	SSN S	earch			Phone #	Search				
	DOB S			m.v.		lient ID Sear	ch			
		linician Sea			Plaster G	_	cit.			
	Primary C				CH					
				~	Client II					
	Authori	zation ID / I		v		D Search ID Search				
eco	Authori ords Fou	zation ID / #		~						
eco	ords Fou	zation ID / I			Insured	ID Search	Ctatue	City	Primary Clinician	
eco	ords Fou ID	zation ID / 4 nd <u>Master ID</u>	Client Name	Chosen Name	Insured SSN/EIN	ID Search	Status	City	Primary Clinician	1
	ords Fou ID 625553	zation ID / 4 nd <u>Master ID</u> 625553	<u>Client Name</u> Genasci, Elena	A Chosen Name	Insured	ID Search <u>DOB</u> 12/20/19	Active	<u>City</u> ATASCAD	Primary Clinician	
0	ords Fou ID 625553 490001	nd Master ID 625553 490001	Client Name Genasci, Elena Generic-1. Non-	A Chosen Name	Insured SSN/EIN	DOB 12/20/19 01/01/18	Active Active	ATASCAD		
ecc	ID 625553 490001 490010	zation ID / # nd <u>Master ID</u> 625553 490001 490010	<u>Client Name</u> Genasci, Elena Generic-1 Non Generic-10, No	∆ <u>Chosen Name</u>	Insured SSN/EIN	DOB 12/20/19 01/01/18 01/01/18	Active Active Active	ATASCAD		
0	ID 625553 490001 490010	And Master ID 625553 490001 490010 490011	Client Name Genasci, Elena Generic-1 Non Generic-10, No Generic-11, WO	A Chosen Name	Insured SSN/EIN	DOB 12/20/19 01/01/18 01/01/18 01/01/18	Active Active Active Active	ATASCAD UNKNOW UNKNOW		
0	ID 625553 490001 490010 490011 490012	And Master ID 625553 490001 490010 490012	Client Name Genasci, Elena Generic-1, Non Generic-10, No Generic-12, No Generic-12, No	△ <u>Chosen Name</u>	Insured SSN/EIN	DOB 12/20/19 01/01/18 01/01/18 01/01/18 01/01/18	Active Active Active Active Active	ATASCAD UNKNOW UNKNOW		
0	ords Fou ID 625553 490001	nd Master ID 625553 490001	Client Name Genasci, Elena Generic-1. Non-	A Chosen Name	Insured SSN/EIN	DOB 12/20/19 01/01/18	Active Active	ATASCAD		1
0	ID 625553 490001 490010	And Master ID 625553 490001 490010 490012	Client Name Genasci, Elena Generic-1 Non Generic-10, No Generic-11, WO	△ <u>Chosen Name</u>	Insured SSN/EIN	DOB 12/20/19 01/01/18 01/01/18 01/01/18	Active Active Active Active Active	ATASCAD UNKNOW UNKNOW		

c. If a person is a new client, or you cannot find them in the system, click "Inquiry (New Client)".

Broad	Search N	arrow Search	Type of Client OIn	dividual 🔿 Organi	zation All Client	Search	
Last Nar	ie New	1	First Name		Program		
er Sea	rch Strategi	ies					
SSI	Search			Phone II Se	earch		
DO	8 Search		ii •	Master Clier	nt ID Search		
Primar	y Clinician Sei	arch	*	Client ID S	earch		
Auth	orization ID /			Insured ID	Search		
ords F	ound						
ID	Master ID	Client Name	△ Chosen Name	SSN/EIN DO	B Status	City	Primary Clinician
			No di	ata to display			
			No d	ata to display			

- 3. This brings you to the Inquiry Details screen.
 - a. Enter Relation to Client, first and last name (if inquirer is someone other than the client.) If client, enter client's first and last name and select self for relation to client.
 - b. Enter the call back phone number.
 - c. Make sure to input the start date and time. There are buttons for today "T" and "Now" to help make this quick and easy.

	formation 🗌 Cri	sis	a-c				
Relation To Cl	lient Self	~	First Name I	nquiry	Middle Name	Last N	ame Testy
Call Back	(805) 867-530	•	Ext		Email		
Start Date	05/31/2023	ТҮ⊞∽	Start Time 1	2:08 PM Now			
Client Info	ormation (Potent	ial)					
First Name	Inquiry	Middle Nam	1e	Last Name	Testy	Client ID	Sex Male 👻
SSN		SSN Unk	nown/Refused	DOB		🛗 🖛 Age	
Home Phone	(805) 867-5309	Cell		Email			
	(805) 867-5309 1234 Main Street	Cell		Email Urgency L	evel Not urgent	~	0
Address1		Cell			-		0
Address1 Address2		Cell		Urgency L	Request for MH		0
Home Phone Address1 Address2 City State	1234 Main Street			Urgency L Inquiry ty	Request for MH	H services 🗸 🗸	0

- 4. Complete the information about the client.
 - a. Complete the First Name and Last Name fields. Middle Name is not required but can be added if given/known.

- b. Complete the SSN and DOB fields. If the client refuses to share, or does not know, you can simply check the box "SSN Unknown/Refused." Once saved, this will fill in the SSN with "999999999", which is SmartCare's version of "no SSN".
- c. Complete the Sex field.
- d. Complete the Urgency Level (Urgent), Inquiry type (Request for MH services), and Contact type (method of contact) fields. The options for each field are listed in the tables below. This includes a description of when to use each option.
- e. Complete address.
- f. Click Save.

inquiry De	tails					Remov	e Client Link	Link/Create Cli	ient Register Client	Alþ 💼 🖨 🖬 Save 🛛
Initial Ir	isurance Demo	graphics							6	f
Inquirer In	formation 🗌 🛛	risis								i i i
Relation To Cl	ient Self	~	First Name	Inquiry	Middle Name		ast Name Tr	esty		
Call Back	(805) 867-53	09	Ext		Email					
Start Date	05/31/2023	ТҮ⊞≁	Start Time	12:08 PM Now						
Client Infe	ormation (Poter	rtial)				а-е				
Client Inic	imation (Poter	itiat)								
First Name	Inquiry	Middle Nan	1e	Last Name	Testy	Client ID		Sex Male 🗸	•	
SSN		SSN Unk	nown/Refuse	d DOB		🛱 🖛 Age				
Home Phone	(805) 867-5309	Cell		Email						
Address1	1234 Main Street			Urgency Le	vel Not urgent		~ 🕧			
Address2				Inquiry typ	e Request for I	MH services	~			
City	Arroyo Grande			Contact typ	Face to Face		~			
State	California	✓ Zip 93420								
Presenting Pr	obiem			Current Clie	int Information (If	any)			-	
										2

Urgency Level	Description/Use Case	Timelines
Emergent	Use if the call is an emergency	Addressed immediately
Not Urgent	Use if the call is a routine request for services	Appointment within 10 business days
Urgent	Use if the call is an urgent request	Appointment within 72 hours

Inquiry Type	Description/Use Case
Requests for services/screening	Use when the reason for the call is a request for new services
Crisis	Use when the reason for the call is for crisis services
Information	Use when the reason for the call is for information
Discharge/Transition	Use when the reason for the call is for another provider to coordinate transition
Coordination	of care to/from your agency
Jail Diversion	Use when the reason for the call is related to Jail Diversion programs
Consultation	Use when the reason for the call is for an outside provider seeking a consultation
Other	Use when the reason for the call is not addressed by any of the above

Contact Type	Description/Use Case
Call	Use when the inquiry was complete via telephone
Face to Face	Use when the inquiry was completed via in-person, such as a walk-in
Form	Use when the inquiry was completed via form, such as a referral that was sent to the county
Teleconference	Use when the inquiry was complete via teleconference, such as Zoom, FaceTime, Webex, or other video-audio conferencing software

5. Select the "Link/Create Client" button. This will bring up the client search window, with a few extra buttons at the bottom.

Remove Client Link	Link/Create Client	Register Client 🔹	i 🎝	ē 8	Save	×
						×.

- a. You must search by name by clicking on either "Broad Search" or "Narrow Search".
- b. You must also search by SSN and DOB by clicking on those respective buttons.

Client Search	() E
Clear	
Name Search 🗌 Include Client Contacts 🗌 Only Include Active Clients (Checking will not allow option to create new	Client)
Broad Search Narrow Search Type of Client OIndividuel Orgenization All Client Search	
Last Name Training First Name Manual Program	~
Other Search Strategies	
SSN Search 999 999 Phone # Search DOB Search 06/07/2002 Image: Client ID Search Primary Clinician Search ✓ Client ID Search	
Authorization ID / # Insured ID Search	
Records Found	
ID Master ID Client Name \triangle Chosen Name SSN/EIN DOB Status City Pri	mary Clinician
No data to display	
≺ Select	Cancel
	New Client Record

c. If no records are found based on the search you do, an alert will show at the top of the window.

Clear ame Search	<u> </u>	Search Record		Active Clients (Chec	sing will not allow	option to cr	eate new Client)
Broad Sear	ch Nari Trainin	row Search	Type of Client O	Individual 🔿 Organ Manual	ization All Clie Program	ent Search	~
her Search St	trategies						
SSN Searc	:h	999 99	99999	Phone # Se	arch		
DOB Sear	ch	06/07/200	2 🛗 🔻	Master Clien			
Primary Clini			v	Client ID Se			
Authorizati	on 107/#			Insured ID S	earch		
	ster ID Cli	ent Name	△ Chosen Name	SSN/EIN DO	B <u>Status</u>	City	Primary Clinician
			No	lata to display			

- d. Any search results will show in the "Records Found" area. Review the Records Found to determine if the person is already in the system as a client.
- e. If the person is already a client in the system, select the button next to the appropriate record.
- f. Click "Select" to link the Inquiry to the selected client.
- g. If the person is not a client, meaning no records were found matching the client's information, click "Create New Client Record."

	Broad	Search	Narrow Search	Type of Client 🤇	Individual 🔿 C	rganization	All Clie	nt Search	
	Last Na	me Tra	ining	First Name	Manual	P	rogram		~
Othe	er Sear	ch Strategi	es						
	SSN	Search	999 99	9999	Phone	# Search	-		
		Search	06/07/2002	≓ -		Client ID Sear	:h		
	Primary	Clinician Sea		~	-	D Search			
		vization ID /				ID Search			
200	and F						_		
eci	oras ro	und							
lee	ID	Master ID	Client Name	Chosen Name	SSN/EIN	DOB	Status	<u>City</u>	Primary Clinician
0			Client Name 2	Chosen Name	<u>SSN/EIN</u> 9999	DOB 08/29/19		<u>City</u>	Primary Clinician
	ĪD	Master ID	Client Name	Chosen Name			Active	<u>City</u>	Primary Clinician
	ID 1234	Master ID 1234	<u>Client Name</u>	Chosen Name	9999	08/29/19	Active Active	<u>City</u>	Primary Clinician
	ID 1234 1 e	Master ID 1234 1081	<u>Client Name</u> 4	Chosen Name	9999 9999	08/29/19 09/17/19	Active Active Active	<u>City</u> heavyton	Primary Clinician
	ID 1234 1 C 1072	Master ID 1234 1081 1072	Againe Visition. Roberton, Mari Anderson, Son	Chosen Name	9999 9999 9999	08/29/19 09/17/19 03/03/19	Active Active Active Active		Primary Clinician

h. This will take you back to the Inquiry screen but now a client ID number will be added.

•	rmation 🗌 Cris	IS								
Relation To Clien	t Self	~	First Name	Manual	N	fiddle Name		Last Name	Training	
Call Back	(916) 555-7878		Ext		E	mail				
Start Date	01/06/2023	Y 🗎 🕶	Start Time	5:16 PM	Now					
Client Inforn	nation (Potenti	al)					•			
					1		U			
	anual	Middle Nam			Last Name	Training	Client ID		Sex	Male 💊
SN 99	99999999	SSN Unk	nown/Refuse	d	DOB	06/07/2002	📋 🕆 Age (20 Yea	ars)	Medi-Cal ID	
Home Phone (9	16) 555-7878	Cell			Email					
Client is not omeless	 Client is homeless 	⊖ cl homel	ent is chronica ess	lly	Urgency Level	Not urgent				~
Address1					Inquiry type	Request for serv	ices/screening			~
Address2					Contact type	Call				~
City				Pri	ority Population					~
State	~	Zip		Coun	ty of Residence	Search here		<	<u><u></u></u>	
	em				0	Information (If any	A			

- 6. Click on the "Insurance" tab.
 - a. Select "Medi-Cal" from the "Payer" drop-down and enter the client's Medi-Cal number (CIN) in the "Insurance ID" field. Click "Verify" to verify the client's Medi-Cal insurance.

nquiry Details		Remove Client Link	Link/Create Client	Register Client	i 🔧	<u>i</u> 🔒	Save	×
Initial Insuran	ce Demographics							
Electronic Eligit	pility Verification	а						
Payer	 Incurance Id 	Verity	,					
Coverage Inform	mation 🛃 Show Current	Plans Only						
Coverage Inform	mation 🗹 Show Current	Plans Only Insured ID	Group ID	Comment				
			Group ID	Comment			Add	
Plan			Group ID	Comment			Add	
Plan			Group ID	Comment			Add	

b. The Insurance Eligibility Verification screen opens. Click Submit Request.

insurance Eligibility Verifi	ication							0
			Insu	rance Eligibility Verification			Print Response	Close
Request Response								
Coverage Plan								
Electronic Payer	Medi-Cal		*	Payer Id	610442			
Insured Information	ı							
First Name Insured Id	Kitty 90817445D		Last Name Date Of Birth	Cat		SSN 562562145		
Group Number	908174450		Date of Birth	04/26/2001		Sex Female	*	
Client Information								
Relationship to the insure	d	Self	~	First Name Kitty		Last Name Ca	t	
Date Of Birth		04/26/2001		Sex Female				
Date Range Start and	End date range cannot	t be greater than days						
Start Date	05/10/2023	≡ *		End Date	05/10/2023			
								Submit Reques

Click the Update Coverage button to automatically update the client's Medi-Cal coverage.

Insurance Eliph	Alty Vertilization	•													0 🗆
							Insuran	ce Eligbility	Verification				Print Response	Clean	
Request B	Reporter														
Update Covera Medi-Cal	e Para														
Bubscriber Patient Reter Pan Dependent		Address Patient City	eleri State eleri 1.0												J.
Pint Kendlast Detai Senetta	NameDepend	ient Address Depende	ni CityDependent Stelle	Dependent Zollander DOB											- 1
500	Counsign Land	Service Type	Diseases Type	Denait: Endity Name	Pan Coverage Description	Group Start Folicy Servic Norm Delet	End Service Dete	Commential Insurance Name	Nation Cr	or amount	Seduction Protect	Massage 1	Pennge 2	•	

c. Click the Response tab to view and/or print the response. Scroll down to view additional benefits and client information.

norance Highlin	y Verificatio	•															6
								Insura	ance Eligibility	Verifica	ition						
lequest (Free	PORTE																
						_	_			_				_		Copey \$1.45 between \$2.00-\$10.00,Copey \$1.10 between	_
345	County of County	Service Type	аленталов Туре	Denefit Entity Name	Pan Coverage Description	Grade Relicy Main	Stert Service Dete	End Service Dele	Commercial Description Hame	1403400	Cir-	Carfley emount	Deduction	Chuit all Pecket	Massage 1	Perage 2	Hesseg
o-Payment	Individual	Ligent Care								Di		3.65				\$13.01-\$26.00,Copey \$2.85 between \$26.01-\$60.00,Copey \$3.80 above \$80.01.	
eduction		Health Benefit Plan Coverage								D1			\$0				
iditional Suberri ender: OB: atient Id: formation Conto	Male 1965821 1234567	4															
termetilen Souro yer Neme: Med yer 1d: 9633 termetion Recei ovider 1d:	e I-Cal H H	1980 y 80														Scrol to view all benefit and eligibility information	-

- d. Click close to exit this screen.
- e. Additional insurance information can be added in the Plan field in the Coverage Information section.

- f. Click Add. Select the plan from the drop-down and enter in Insured ID#.
- g. Click Save.

Initial Insurance Demographics			B
Electronic Eligibility Verification			1
Payer (mail Carlow V) Shavrance 3d	Verify		
Coverage Information 📓 Show Current Pia	18 Only		
Coverage Information 💆 Show Current Plan	Insured ID Group ID	Comment	
and the second		Constant	
Plan		Comment	

- 7. Click on the "Demographics" tab
 - a. We recommend completing the "Gender Identity" and "Pronoun" fields to ensure the person is not misgendered as additional staff engage with the client.
 - b. Complete the "Primary/Preferred Language" field. If the client does not speak English or requires an interpreter, make sure to check the appropriate checkbox.
 - c. If the client has any transportation issues and will need transportation to and/or from appointments, check the Transportation Service checkbox.
 - d. Click Save.

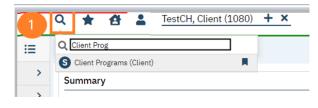
quiry Details	Remove Client Link Link/Create Client Register Client	🖶 🖬 Save
Initial Insurance Demographics		
Identifying Information (Optional)		
Gender Identity Pronoun	✓ Sexual Orientation	
Language		
Primary/Preferred Language English 🗸	Client does not speak English Interpreter Services Needed	
Transportation Information		
Transportation Service Note any special needs accommodations (e.g. wheelchair, service animal, high rise)		

8. Go back to the Initial tab and enter in your program and location of screening. Select the end date (T for Today) and end time (Now) and change status from in progress to complete. Click Save and X to close. NOTE: take note of the Client ID# so you may enter when opening client record.

ecorded B	y Seama	n, Kimberly	\sim	Information	Gathered By	Seaman, Kimberly	~	
rogram	SLO Cli	nic MD Urgent Care (1451)	~	G thered B	Other			
ocation	Office		~	A signed To			~	
				-				
ispositi	on							
Select	t Dispositio	n				~		
	Select	Service Type				~		
						•		
		Select Provider/Agency					~	
		Add Provider						
	Add Ser	rvice Type						
Assig	ned Staff				₫	Assigned WorkGroup		~
	Dispositio	on Comments						
	Dispositio	in comments						

Enroll client in your program

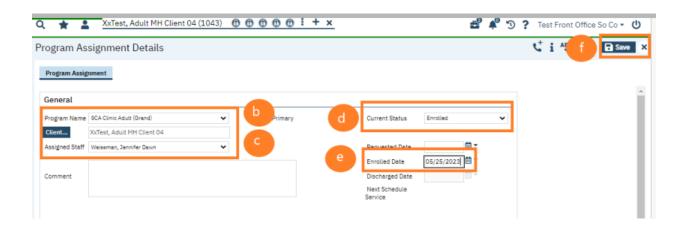
1. With the client open, go to search bar and type in **Client Programs (Client)**.



lient Progra	ams (0)							⊖ ☆★;
All Programs		✔ All Stat	1969	✔ Other		~	Apply Filter	
Program	Status	Enrolled	Discharged	Assigned Staff	Primary	Last DOS	Next DOS	
			No data to	display				

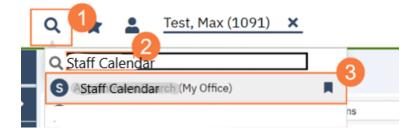
- g. Click new.
- h. In the Program Name field, select the UCC program.
- i. In Assigned Staff, select the staff member client will be seeing.
- j. In Current Status field, select "Enrolled".
- k. Enter in Enrolled Date.

I. Click Save and X to close.



Add Client to Staff's Schedule

- 1. With the client open, Click the Search icon.
- 2. Type **Staff Calendar** in the search bar.
- 3. Click to select Staff Calendar (My Office)



4. Select the staff you want to schedule for.

Staf	f Calendar	4			
	Single-Staff View		~	Maa, Generic	~
		**			

5. From the Staff Calendar screen, click and drag your mouse on the calendar timeslot you want to book. Note: If you are trying to schedule a time that has an available appointment spot indicated in the staff's calendar, you will need to click and drag your mouse in the white area next to the color block.

C 8:00 AM - 10:50 AM Initial Hours 20 AM - 9:30 AM New overt	8-00 AM - 8-13 AM	
C 10:30 AM - 12:30 PM Clief Assessment Time	ARLINE ANY LIAL ON ANY Investign Television (Television (Child)	

6. In the New Entry Type pop-up, select the New Service Entry radio button.

Smart Care	×
New Entry Type	
O New Calendar Entry	
New Service Entry	
New Primary Care Entry	
O New Resource Entry	
	7
	OK Cancel

7. Click OK.

8. In the Service Notes screen, click the drop-down menu in the Program field and select the appropriate program.

9. Click the drop-down menu in the Procedure field and select the appropriate procedure.

10. Click the drop-down menu in the Location field and select the appropriate location.

11. Click in the Total Duration field and enter the duration of the appointment.

rogress Note	(MH)						ď	14
Effective 11/21/202	2 🚔 Status New		Author Cli	aician, Robert				
Service Note	Billing Diagnesis Warnings							
Status	Scheduled	¥ 0.	Start Date	11/21/2022	e.			-
Program	Outpatient MH Adult	8	Start Time	08:30 AM				
Procedure	Therapeutic Behavioral Services	- 9	Travel Time		Minutes			
Location	Community Mental Health Center	~10	Face to Face Time		Minutes			
Clinician	Clinician, Robert	-	Documentation Time		Minutes	1		
			Total Duration	60	Minutes			
Cancel Reason		~	Attending			*		
			Referring			v .		

12. Click the Save icon. Click the X icon to close the screen.

