

SHINES EMERGENCY CHECK VALIDATION GUIDE

A. Emergency Checks

NOTE: An emergency check is when the county has a 'true' emergency and needs a check in 24-48 hours, i.e., PUP client needs check to avoid having utilities shut off. Case worker **will** complete Service Authorization on SHINES and fax to Regional Accounting. Regional Accounting will process check in SMILE and then enter check information into SHINES. If Foster Care, RBWO, or Relative Care need approval from State Office.

1. Requirements – Resource ID#, Contract ID#, and Person ID#
2. Click on Financial Tab → Invoice Search Tab → Invoice Search Page

Invoice Search - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address: https://shines.dhr.state.ga.us/financials/InvoiceSearch/displayInvoiceSearch?task:CD=NULL

Log Off ? IDS GHP

My Tasks Case Search Financial Reports Resources

Contract Invoice Search Payment Approval Payment History County Budget Limit TCM Claims

User Name: Falcon,Cornelia Invoice Search † conditionally required field

Invoice Search

Invoice ID: Contract ID: Resource ID:

Type: All Phase: All † Region: Region 17

† Invoice Month: 9 † Invoice Year: 2007 County:

Search

Your Session Will Time Out In 28:56

Start Novell Group... cornelia BABYK restrecon SHINE INVOI... Invoice Sea... 10:02 AM

3. Enter Resource ID#
4. Click Type drop down menu
5. Choose Foster Care, Relative Care or Delivered Services
6. Click Phase drop down menu
7. Choose Pre-Bills

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8. Select Region "Your Region"
9. Enter service month (current month, if doing relative care)
10. Enter service year
11. Click County drop down menu (if looking for 1 county at a time)
12. Click on SEARCH button and scroll down for Search Results

The screenshot displays the 'Invoice Search' page within the SHINES Training application. The search criteria are as follows:

- Invoice ID: [Empty]
- Contract ID: [Empty]
- Resource ID: 5600552
- Type: All
- Phase: All
- Region: Region 17
- Invoice Month: 12
- Invoice Year: 2007
- County: [Empty]

The search results table is currently empty, displaying 'No records exist.' The browser's taskbar indicates the time is 2:56 PM.

13. You should get No Records Exist or a list of invoices, excluding the invoice needed.
14. Click the ADD button to go to the Invoice page.
15. Enter the Contract ID#
16. Click the Validate Button. Make sure the resource name and vendor ID is correct

The screenshot shows the 'Invoice' page with the following information:

Contract Information

- * Contract ID: 8502396
- Resource Name: Hitch, Jared Or Misty
- Vendor ID: 5572
- * Region: [Empty]
- * County: [Empty]

Invoice Information

- * Invoice Specific Adjustment: [Empty]
- * Type: [Empty]
- * Month: [Empty]
- * Year: [Empty]
- Submit Date: [Empty]
- Check Date: [Empty]
- Check Number: [Empty]
- Invoice Contact: [Empty]
- Provider Invoice Number: [Empty]

Validation Summary

- * Invoice Ready for Validation:
- * Received Date: [Empty]
- Claimed Amount: \$ 0.00
- Valid Amount: \$ 0.00
- Check Amount: \$ 0.00
- Approval Status: [Empty]

A 'Validate' button is present above the 'Resource ID' field, and a 'Save' button is at the bottom right.

17. Click on the Region drop down menu and pick the correct

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Region

18. Click on the County drop down menu and pick the correct County, if applicable
19. Click on Invoice Specific Adjustments and Select "NO"
20. Click on Type drop down box and pick Emergency Foster Care, Relative Care or Emergency Delivered Service depending on type of invoice being processed.
21. Enter Service Month
22. Enter Service Year
23. Enter Received Date

Contract Information	
* Contract ID:	8504391
Resource Name:	Shields, William Or Cynth
Vendor ID:	30777
* Region:	Region 1
Resource ID:	8504604
* County:	Catooca
Invoice Information	
* Invoice Specific Adjustment:	Not Adjustment
* Type:	Emergency Payment - Foster Care
* Month:	7
* Year:	2010
Submit Date:	
Check Date:	
Check Number:	
Invoice Contact:	
Provider Invoice Number:	
<input type="checkbox"/> Invoice Ready for Validation	
* Received Date:	00/10/2010
Claimed Amount:	\$ 0.00
Valid Amount:	\$ 0.00
Check Amount:	\$ 0.00
Approval Status:	
Save	
Foster Care List	
<i>Scroll for more information --></i>	
Rejection	Person ID
Name	Resource ID
Month	Year
Fro	
No records exist.	
Add	

24. Click on SAVE
25. Scroll down to the bottom of the page to the Foster Care or Delivered Services List.
26. Click the ADD button under Foster Care, Delivered Services List → Foster Care or Delivered Services Detail Page.
27. If for Foster Care Services, follow Step 27, and if for Relative Care or Delivered Services, follow Step 28.

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The screenshot shows the 'Delivered Service Detail' form in the SHINES web application. The form is titled 'Delivered Service Detail' and includes the following fields and controls:

- Invoice ID: 5600060
- Invoice Phase: PRB
- Person ID:
- Service:
- County:
- UI:
- Rate:
- Fee Paid:
- Month:
- Year:
- Quantity:
- Item Total:
- A 'Validate' button is located below the form.

- Enter the Person ID from your list or Invoice header
- Enter Resource ID
- Click on Validate and verify the child's name
- Enter Service Month
- Enter Service Year
- Select Service Type from the pull down menu.
- Enter # of days = (From 1 To 31) The system only moves you to this field if applicable to the Service Type chosen
- Enter rate and check Total Amount

The screenshot shows the 'Foster Care Detail' form in the SHINES web application. The form is titled 'Foster Care Detail' and includes the following fields and controls:

- Invoice ID: 17239572
- Invoice Phase: PRB
- Person ID:
- Resource ID:
- Name: Broadrick, Megan M
- Facility Number:
- Month:
- Year:
- From:
- To:
- Service:
- Rate:
- Units:
- Income:
- Item Total:
- A 'Validate' button is located below the form.
- A 'Save' button is located at the bottom right of the form.

- Click on SAVE button.
 - Go Step 29.
28. If you are on the Delivered Services Page, do the following steps and then move to Steps 29-32.
- Check the Person ID from your Invoice/Statement
 - Check Service Month
 - Check Service Year
 - Check your Service Type
 - Check your County

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- f. Check UT Type
- g. Check Rate, adjust if needed according to invoice
- h. Check Quantity, adjust if needed according to invoice
- i. Check Item Total
- j. Click on SAVE button
- k. Go to step 29.

Invoice ID: 17239572
Invoice Phase: VLP

Invoice * required field
‡ conditionally required field

Contract Information

* Contract ID:
 Resource Name: Shields, William Or Cynth Resource ID: 8504604
 Vendor ID: 30777
 * Region: * County:

Invoice Information

* Invoice Specific Adjustment: Invoice Ready for Validation
 * Type: * Received Date:
 * Month: * Year: Claimed Amount:
 ‡ Submit Date: Valid Amount: \$ 511.50
 ‡ Check Date: ‡ Check Amount:
 ‡ Check Number: Approval Status:
 ‡ Invoice Contact:
 Provider Invoice Number:

Save

Foster Care List Scroll for more information -->

Rejection	Person ID	Name	Resource ID	Month	Year
<input type="radio"/>	10705134	Broadrick, Megan M	8504604	7	2010

29. System will take you back to the Invoice Page
30. Enter Submit Date
31. Enter Check Date
32. Enter Check Number
33. Enter the Invoice Contact
34. Enter Check Amount.
35. Enter Emergency in the Provider Invoice Number Field.
35. Click Approval Status drop down menu and Select "APPROVED"

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Contract Information					
* Contract ID:	8504391		Resource ID:	8504604	
Resource Name:	Shields, William Or Cynth		Vendor ID:	30777	
* Region:	Region 1	* County:	Catoosa		
Invoice Information					
* Invoice Specific Adjustment:	Not Adjustment		<input type="checkbox"/> Invoice Ready for Validation		
* Type:	Emergency Payment - Foster Care		* Received Date:	08/10/2010	
* Month:	7	* Year:	2010		
‡ Submit Date:	8/10/2010		Claimed Amount:	\$ 0.00	
‡ Check Date:	8/10/2010		Valid Amount:	\$ 511.50	
‡ Check Number:	12345		‡ Check Amount:	511.50	
‡ Invoice Contact:	Test		Approval Status:	Approved	
Provider Invoice Number:	Emergency				
Save					
Foster Care List					
<i>Scroll for more information --></i>					
Rejection	Person ID	Name	Resource ID	Month	Year
<input type="radio"/>	10705134	Broadrick, Megan M	8504604	7	2010

36. Repeat step 14 to 35 if there are other invoices for the same Resource ID#.