

**Automated Information
Management System (AIMS)**



AIMS_V3.0

Manual

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INTRODUCTION to AIMS

The **Automated Information Management System (AIMS)** is a succession of processes that result in a comprehensive data set comprised of 85 data fields that reflect demographic, client status, and encounter data for the mental health consumers served by local Community Mental Health Centers (CMHCs) in Kansas. SRS has used data generated through the AIMS since September 2002 in federal and state quality improvement reports and to monitor CMHCs' Mental Health Reform Contracts. The CMHCs' business arm, the Association of Community Mental Health Centers in Kansas, uses AIMS data for legislative reporting and lobbying. The CMHCs use AIMS data for local quality improvement efforts. AIMS is, therefore, a collective resource for the Kansas public mental health system.

Beginning September '02, CMHCs' performance measures are collected solely through the AIMS. CMHCs' Adult Community Support Services Performance Reports and Children's Community Based Services Performance Reports are accessible through the Kansas Mental Health Information Website at the following web addresses:

<http://www.srskansas.org/hcp/MHSIP/AdultReports.html>

<http://www.srskansas.org/hcp/MHSIP/ChildrenReports.html>

This manual is designed to guide AIMS users at the local level in recording and submitting accurate AIMS data. The manual is organized in three sections. These sections detail the data reporting requirements for clients on the basis of the person's registration (AIMS Field 9) and chronicity status (AIMS Field 19). What follows are the AIMS_V3.0 definitions for registration and chronicity.

Registration (AIMS Field 9)

Registration, reflects a person's enrollment status. There are three enrollment statuses:

1. **Enrolled:** The client (enrolled) is a person seen face-to-face for a clinical service by a member of the center staff.
2. **Not Enrolled:** The client (not enrolled) is a person seen face-to-face for a clinical service, but the center staff anticipates no further contact. Potentially a billable service. Must be closed at this time.
3. **Pending:** The client (pending) is a person seen face-to-face for a clinical service, but the center staff is not sure if there will be further contact. Potentially a billable service. Must be closed within 30 days. This registration value is only chosen for people who have been seen face-to-face at the CMHC. Do not enter this value for people who are "pending" in terms of being scheduled for an appointment.

Chronicity (AIMS Field 19)

AIMS Field 19, Chronicity, reflects the type/intensity of services a person who is enrolled in CMHC services (i.e., a registration of 1 – Enrolled) is receiving. Chronicity statuses 1 through 3 are specific to adults. Chronicity statuses 4 through 6 are specific to children/youth:

1. SPMI (Receiving services other than medication services only or CSS)
2. SPMI (Receiving medication services only, not CSS)
3. SPMI (Receiving any CSS service)
4. SED (Receiving services other than medication only, TCM, or CPST)
5. SED (Receiving medication services only, not TCM or CPST)
6. SED (Receiving TCM or CPST)
7. No, not applicable (not SPMI/SED)
8. Unknown

The Criteria for Serious Emotional Disturbance (SED) and the Method to Define Adults with SPMI are available in Appendix E and Appendix F of this document.

Any time a child's or adult's chronicity changes, the AIMS chronicity field (AIMS Field 19) must be updated and the date of the change must be reflected in AIMS Field 20, which is the date that chronicity (AIMS Field 19) was entered or changed.

- The chronicity date is the date chronicity (AIMS Field 19) is effective rather than the date the chronicity was entered/changed.
- Enter a date in AIMS field 20 any time a client's chronicity changes.

Adults that are enrolled in CMHC services (as reflected by a registration of enrolled) with a chronicity status of 3 (SPMI - Receiving any CSS service) and children that are enrolled in CMHC services with a chronicity status of 6 (SED Receiving TCM or CPST) are part of the **Targeted Reporting Population**.

The complete data sets that are required for customers with registrations of **Enrolled and part of the Targeted Reporting Population, Enrolled Non-Targeted Reporting Population, and Not Enrolled and Pending** are detailed in the sections of this manual in the following order:

1. **Enrolled Targeted Reporting Population**: The target reporting population for adults is defined as adults who have SPMI and who are receiving any of the following services: Targeted Case Management; Community Psychiatric Supportive Treatment; Mental Health Attendant Care; Individual Community Support; Psychosocial Treatment Group. These adults have a chronicity of 3. The target reporting population for children/adolescents is defined as children/adolescents who have SED and who are in case management. These children/adolescents have a chronicity of 6.
2. **Enrolled Non-Targeted Reporting Population (a.k.a. Enrolled Non Target)**: The client (enrolled) is a person seen face-to-face for a clinical service by a member of the center staff but is not part of the targeted reporting population. Adults that are enrolled in CMHC services that are **not** part of the targeted reporting population will

have a chronicity (AIMS Field 19) of 1, 2, 7 or 8. Children/adolescents that are enrolled in CMHC services that are **not** part of the targeted reporting population will have a chronicity of 4, 5, 7, or 8.

3. **Not Enrolled:** The client (not enrolled) is a person seen face-to-face for a clinical service, but the center staff anticipates no further contact. Potentially a billable service. Must be closed at this time. **Pending:** The client (pending) is a person seen face-to-face for a clinical service, but the center staff is not sure if there will be further contact. Potentially a billable service. Must be closed within 30 days. This registration value is only chosen for people who have been seen face-to-face at the CMHC. Do not enter this value for people who are “pending” in terms of being scheduled for an appointment.

Since the same set of fields are required for customers with registrations of **Not Enrolled** and **Pending**, the instructions for the data sets for Not Enrolled and Pending clients are in the same section.

The Table of Contents on this page identifies the first page number of each section of the manual and the Appendices. A more detailed Table of Contents is provided at the beginning of the three main sections of the Manual. Users can use the entire manual, with consecutive page numbers. When the AIMS Manual is posted to the web, users can use links to access instructions for each data set (Enrolled Target, Enrolled Non-Target, Not Enrolled & Pending).

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**Dataset for Customers that are ENROLLED IN CMHC SERVICES
and are part of the TARGETED REPORTING POPULATION**

Update the following Admission Fields as they change and at least annually in June of every year for adults and children that are part of the Enrolled Targeted Reporting Population:

- Most Recent Hospitalization (**Field 11**)
- Primary Diagnosis (**Field 16**)
- Secondary Diagnosis (**Field 17**)
- Functional Level (**Field 18**)
- Payment Source (**Field 21**)
- Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) (**Field 24**)
- Resident County (**Field 25**)
- Responsible County (**Field 26**)
- Client's highest level of educational achievement (**Field 28**)

**AIMS DATA REQUIREMENTS BASED ON REGISTRATION
ENROLLED/TARGETED REPORTING POPULATION**

* Updates are reflected with a C for demographic fields that are updated when they change or at least annually and an M for client status fields that are updated monthly and at discharge.

* Children/adolescents can stop case management without being discharged from CMHC services. Therefore, CMS (case management stop) designates when fields are entered in children/adolescent's last month of case management.

* Adults cans stop CSS without being discharged from CMHC services. Therefore, CMS (case management stop) designates when fields are entered in adults last month of case management.

* Fields that are required at discharge are reflected with a D.

DEMOGRAPHIC FIELDS					
Field #	Data Field	Page Number	Admit.	Discharge	Update*
0	Global Status Review Date	10	A	D	C
1	Community Mental Health Center Number (CMHC)	10	A	D	C
2	Unique Client Identifier	10	A	D	C
3	Medicaid Beneficiary ID	11	A	Enter for customer's whose payment source becomes Medicaid after admission	
4	Initial Contact Date	11	A		
5	Scheduled Appointment Date	11	A		
6	Appointment Time Lapse: Initial Contact Date and Scheduled Appnt.	11	A		
7	Admission Date (Open Date)	12	A		
8	Appointment Time Lapse: Initial Assessment and Next Service Offered	12	A		
9	Registration	13	A		
10	Acuity	13	A		
11	Most Recent Hospitalization	14	A		C
12	DOB	14	A		
13	Gender	15	A		
14	Ethnicity	15	A		
15	Race	15	A		
16	Primary Diagnosis	15	A		C
17	Secondary Diagnosis	16	A		C
18	Functional level	16	A		C
19	Chronicity: SPMI (Adults) And SED (Children/Adolescents)	16	A		C
20	Enter the date that chronicity (field 19) was entered or changed	16	A		C
21	Payment Source(s)	17	A		C

Field #	Data Field	Page Number	Admit.	Discharge	Update*
22	SED WAIVER Stop Reason	17	Report when a child/adolescent is no longer served through the SED Waiver because of a change in payment source or discharge.		
23	Annual Income	18	A		
24	Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	18	A		C
25	Resident County	18	A		C
26	Responsible County	19	A		C
27	Admission Referral Source	19	A		
28	Client's Highest Level of Education	21	A		C
29	Closing Date	21		D	
30	Last Contact Date	22		D	
31	Discharge Reason	22		D	
32	Primary Diagnosis at Discharge	22		D	
33	Secondary Diagnosis(es) at Discharge	22		D	
34	Functional Level at Closing	22		D	
ADULT CLIENT STATUS FIELDS					
Field #	Data Field	Page Number	Admit.	CSS Stop	Update
35	Report Period	23	A	CSS stop	M
36	Client status review date	23	A	CSS stop	M
37.01	Supported housing	23		CSS stop	M
37.02	Supported employment	23		CSS stop	M
37.03	Integrated treatment for Co-Occurring disorders	23		CSS stop	M
38	Current educational status	24	A	CSS stop	M
39.01	(DAYS) Psychiatric hospital ward	25		CSS stop	M
39.02	(DAYS) General hosp. psyche. ward	25		CSS stop	M
40	Total number of psychiatric hospitalizations during the reporting period	26		CSS stop	M
41	Current residential arrangement	26	A	CSS stop	M
42	Current vocational status	28	A	CSS stop	M
43	Total number of arrests	30		CSS stop	M
44	Number of convicted felonies other than 45 & 46	30		CSS stop	M

Field #	Data Field	Page Number	Admit.	CSS Stop	Update
45	Number of convicted felonies for property crimes	30		CSS stop	M
46	Number of convicted felonies for crimes against persons	30		CSS stop	M
47	Number of convicted misdemeanors	31		CSS stop	M
48	Reason for CSS Stop	31		CSS stop	
CHILDREN/YOUTH (SED) CLIENT STATUS FIELDS					
Field #	Data Field	Page Number	Admit.	Case Manage. Stop	Update
21	Payment Source	Fields 21 and 22 are demographic/admission fields that must be updated and accurately maintained in order for CMHCs' Children's Client Status Reports to be accurate.			
22	SED WAIVER Stop Reason				
49	Report period	32	A	CMS	M
50	Client Status Review Data	32	A	CMS	M
51	Custody Status	33	A	CMS	M
52.01-52.06	Admission CSR risk factors	33	A		
53.01-53.06	CSR risk factors	33		CMS	M
54.01	Supported housing	34		CMS	M
54.02	Supported employment	34		CMS	M
54.03	Integrated treatment for Co-Occurring disorders	34		CMS	M
55	Current educational placement	34	A	CMS	M
56.01	Is child identified on an IEP?	35	A	CMS	M
56.02	IEP Exceptionality	35	A	CMS	M
56.03	Is child identified on 504 Plan?	35	A	CMS	M
57.01	Number excused absences	35		CMS	M
57.02	Number unexcused absences	35		CMS	M
57.03	Currently charged/found truant?	35		CMS	M
58	Average academic performance	36		CMS	M
59	Grade level or estimation by age	36	A	CMS	M

Field #	Data Field	Page Number	Admit.	Case Manage. Stop	Update
60	Number of <u>days</u> for in-school suspension	37		CMS	M
61	Number of <u>days</u> for out-of-school suspension	37		CMS	M
62	Residential setting	37		CMS	M
63	Current residential setting	39	A	CMS	M
64	Total number of NEW foster care placements	39		CMS	M
65	Foster care contractor	39	A	CMS	M
66	Total number of arrests	40	A	CMS	M
67	Number of adjudicated felonies	40	A	CMS	M
68	Number of adjudicated felonies for property crimes	40	A	CMS	M
69	Number of adjudicated felonies for crimes against persons	40	A	CMS	M
70	Number of adjudicated misdemeanors	41	A	CMS	M
71	Law enforcement contact	41	A	CMS	M
72	Total Competence	41 & 42	A	UPDATE FIELDS 72-75 at six-month intervals (new reports can be reported between 5 & 7 months from the report of the last set of scores).	
73	Total Problem	41 & 42	A		
74	Internalizing	41 & 42	A		
75	Externalizing	41 & 42	A		
76	Reason for CM stop for children	42		CMS	
SERVICE ENCOUNTER/SCREENING DATA					
Data Field		Page Number			
77	Service Code	43			
78	Date of Service	43			
79	Units of Service	43			
80	Where Service Occurred	43			
81	Practitioner or person providing service	43			
82	Screening Disposition Value for Reform	43			
83	Screening Disposition Value for Medicaid	44			
84	Screening Disposition Value for Level VI	44			
85	Diverted To	44			

0. Global Status Review Date: This date field corresponds with fields 1-35. Enter the date fields 1-35 are entered for new clients. Enter the global status review date to indicate the most recent date client information was updated when changes to the following fields are made:

- Most Recent Hospitalization
- Primary Diagnosis
- Secondary Diagnosis
- Functional Level
- Payment Source
- Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)
- Resident County
- Responsible County
- Client's highest level of educational achievement

Reporting Requirements:

Required at every submission for every person.

1. Community Mental Health Center Number (CMHC): Enter the three-digit facility code assigned by SRS. A list of the codes can be found in **Appendix A.**

Reporting Requirements:

Required at every submission for every person.

2. Unique Client Identifier: This is an eleven-digit/character code generated by combining specific values from other fields in the data set. This will allow us to track clients through the treatment system but protect their confidentiality since the unique identifier will not reveal identities. To formulate a unique client identifier, fill in the characters in this field in this order:

- First and last letter of pre-marital last name (Exceptions on the next page of the manual.) (XX)
- Two digits for month of birth (MM)
- First and last letter of given name (first name) (XX)
- Two digits for year of birth (YY)
- Number code for sex (X)
- Two digits for day of birth (DD)

The Unique ID is created using a combination of data. They are as follows:

<u>Digit</u>	<u>Description</u>
1,2	First & last letter of pre-marital last name
3,4	Month of Birth (Example: Born on July 04, 07 would be the 2-digit code)
5,6	First & last letter of first or given name
7,8	Year of Birth (Example: 62) (For Unique ID only, do not include the century)
9	Gender (1-Male, 2-Female, 3-Transgender M-F, & 4-Transgender F-M)
10, 11	Day of Birth (Example: Born on July 04, 04 would be the code used)

Exception Examples:

1. The individual's pre-marital name was not available at the time of admission and/or discharge, use the documented last name of the individual.
2. The individual is a twin whose name is Julie and her sister is being treated and her name is Jane. In this case you would use the next different letter of the first name.
3. If it is a child who's name has changed more than once in his/her lifetime, then use the last name that was used when the Unique ID was originally created. Contact the mental health organization who originally provided a service to the child to obtain this information.

Example of Unique ID for James Smith, male born on December 25, 1987:

SH12JS87125

Reporting Requirements:

Required at every submission for every person.

3. **Medicaid Beneficiary ID:** This is an 11 digit number that starts with 001.
 - Reported for all adults in the targeted reporting population and all children in the targeted reporting population.
 - Report the Health Wave Title XIX and Health Wave Title XXI ID as the Medicaid ID for persons whose payment source is HealthWave Title XIX and Title XXI.

Reporting Requirements:

Enter one time at admission or if a customer's payment sources changes to Medicaid.

4. **Initial Contact Date:** Enter the **DATE** and **TIME** the intake call was logged. Both the **DATE** and **TIME** must be recorded into AIMS in order for CMHCs data to be correctly reported in Acuity Reports. This is the date of the person's first contact with the CMHC (e.g., when a person places a call to a CMHC).

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

5. **Scheduled Appointment Date:** Indicate the scheduled appointment **DATE** and **TIME**. Both the **DATE** and **TIME** must be recorded into AIMS in order for CMHCs data to be correctly reported in Acuity Reports. This date and time is the date and time that the first appointment was scheduled regardless of whether or not the appointment was later changed or not kept.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

6. **Appointment Time Lapse: Initial Contact Date and Scheduled Appointment**
 - Appointment Time Lapse relates to the amount of time that lapses between AIMS Field 4 (**Initial Contact Date**) and AIMS Field 5 (**Scheduled Appointment Date**).
 - **Enter only one reason for Appointment Time Lapse at admission for an episode of treatment. If more than one reason appears to be relevant, the clinician will need to determine and report the option that had the most influence on the Reason for Appointment Time Lapse.**

- **If the person's Appointment Time was scheduled within the appropriate time frame, based on his or her acuity – AIMS Field 10 – report option 1. NO LAPSE:**

1. No Lapse (appointment was scheduled within the appropriate timeframe -- the appropriate timeframe is based on access target/standards).
2. Client Choice (i.e., client requested specific counselor/psychiatrist/physician, desired a specific date/time, or requested to be seen in a satellite office closest to their home instead of driving additional miles).
3. Did not meet the access target/standards.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

7. **Admission Date (Open Date):** Enter the month, day, year (including century) the client was admitted to your facility for the current episode of care. For screening/evaluation only, use the **DATE** of the screening/evaluation. This DATE does not have to be the same as the scheduled appointment date.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

8. **Appointment Time Lapse: Initial Assessment and Next Service Offered:** This field is designed specifically for CMHCs to report information relevant to treatment access.

- **Report option 1. NO LAPSE** if the person's treatment began within 10 working days of initial assessment.

Appointment Time Lapse: Initial Assessment and Next Service

1. No Lapse (appointment was scheduled within the appropriate timeframe -- the appropriate timeframe is based on access target/standards).
2. Client Choice (i.e., client requested specific counselor/psychiatrist/physician, desired a specific date/time, or requested to be seen in a satellite office closest to their home instead of driving additional miles).
3. Did not meet the access target/standards.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

9. Registration:

1. **Enrolled:** The client (enrolled) is a person seen face-to-face for a clinical service by a member of the center staff.
2. **Not Enrolled:** The client (not enrolled) is a person seen face-to-face for a clinical service, but the center staff anticipates no further contact. Potentially a billable service. Must be closed at this time.
3. **Pending:** The client (pending) is a person seen face-to-face for a clinical service, but the center staff is not sure if there will be further contact. Potentially a billable service. Must be closed within 30 days. This registration value is only chosen for people who have been seen face-to-face at the CMHC. Do not enter this value for people who are “pending” in terms of being scheduled for an appointment.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care. If a person’s registration changes (e.g., a customer whose registration is pending is enrolled in CMHC services) the person must be discharged from the pending status and opened as an enrolled client.

10. Acuity: These acuity standards apply to a person who is being admitted to CMHC services.

1. **Emergent:** services are needed immediately to meet the needs of an individual who is experiencing an acute psychiatric crisis (this includes behavioral problems with children/adolescents), which is at a level of severity that may meet the requirements of hospitalization, and/or who, in the absence of immediate services, may require hospitalization.

Response time:

Face-to-face assessment and crisis intervention services within 3 hours. Follow-up treatment and/or coordination of services is required, as necessary, to ensure stabilization and diversion from potential hospitalization.

Example 1:

Law enforcement calls the center to request assistance for an individual who appears disoriented, confused, and was picked up by law enforcement because he was walking in and out of traffic at a busy intersection. When law enforcement approached the individual, he reportedly said he was trying to get to heaven.

Example 2:

A mother contacts the center saying she is concerned about her 13 year old son and explains she has recently been through a divorce. At the moment, the son is pacing the room crying and saying that he is angry with his father. The son has stated that he has hidden a knife in his room and will use it like he did before when the mother is not watching.

2. **Urgent:** services required to prevent a serious complication or deterioration in the individual’s health and cannot be delayed without imposing undue risk on the individual’s well-being and if not promptly treated could rapidly become an emergent situation. Additionally, includes situations when an individual’s discharge from the hospital or other inpatient/acute care setting, such as crisis

stabilization unit, structured residential setting, NF/MH, etc., will be delayed until services are provided.

Response time:

Face-to-face assessment and service intervention within 72 hours. Follow-up services and/or coordination of services is required as necessary to ensure stabilization.

Example 1

A grandfather calls the center concerned about his adopted grand-daughter. The grandmother passed away a month ago. For about a week, the child has been talking about “hurting someone else like she is hurting.” The grandfather has noticed the child “playing roughly -- almost strangling” the family pet. The school has reported the child is hitting and biting at school and will be suspended soon for this behavior.

Example 2

A local jail contacts the center about a person arrested for disturbing the peace; he is being released in three days and will be living with his parents. He seems to be experiencing symptoms of bi-polar disorder and is not on medications.

3. Routine: non-crisis in nature.

Response time:

Assessment offered within 10 working days of the person’s first contact with the CMHC.

Treatment to begin within 10 working days of the assessment.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

11. Most Recent Hospitalization: Indicate the last type of inpatient psychiatric facility and/or substance abuse facility at which the client has received care: Can be self reported. Update this field as it changes, or at least annually in June, for people in the target reporting population (enrolled/target).

1. None
2. State mental health hospital
3. Private Psychiatric hospital
4. Out of home crisis stabilization
5. General Hospital Psychiatric Ward
6. Inpatient Substance Abuse Treatment (excluding detox, etc.)
7. Residential mental health treatment within a state correctional facility.

Reporting Requirements:

Enter at admission, when the status changes, and update at least annually in June

12. DOB: (This field is used in the Unique Client Identifier)

Enter two digits for month, two digits for birthday, and four digits for birth year (MMDDYYYY).

Reporting Requirements:

Enter at Admission

13. Gender: (This field is used in the Unique Client Identifier)

Enter the code for the client's gender.

1. Male
2. Female
3. Transgender Male to Female
4. Transgender Female to Male

Reporting Requirements:

Enter at Admission

14. Ethnicity:

- Collect data on ethnicity and race separately.
 - The Hispanic/Latino origin question should precede the race question.
 - Enter the code for ethnicity that the client reports.
1. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 2. **Not Hispanic or Latino**

Reporting Requirements:

Enter at Admission

15. Race:

Enter the code for race that the client reports. Choose all the apply.

1. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or tribal community attachments.
2. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American:** A person having origins in any of the black racial groups of Africa.
- 4.
5. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
7. **Other/Unknown**

Reporting Requirements:

Enter at Admission

- 16. Primary Diagnosis:** Enter the primary diagnosis at admission. Update this field every time it changes or at least annually in June for persons in the Targeted Reporting Population. Primary diagnosis may be Axis I or Axis II.

Reporting Requirements:

- ❖ Enter at admission, when diagnosis changes, and update at least annually in June

17. Secondary Diagnosis: Enter all secondary diagnosis(es). Update this field every time it changes or at least annually in June for persons in the Target Reporting Population.
Secondary diagnosis(es) may be Axis I or Axis II.

Reporting Requirements:

Enter at admission, when diagnosis(es) change(s), and update at least annually in June

18. Functional level: (GAF Scale). Please enter the appropriate Axis V code for the admission diagnosis, DSM-IV Global Assessment of Functioning Scale. Update this field every time it changes or at least annually in June for persons in the Target Reporting Population (Enrolled/Target).

Reporting Requirements:

Enter at admission, when functional level changes, and update at least annually in June

19. CHRONICITY: SPMI (Adults) And SED (Children/Adolescents): Choose the chronicity status based on the following guidelines:

- ❖ **SPMI:** (Method to Define Adults with SPMI is available in [Appendix F](#))
 - If an adult with SPMI is receiving any one of the CSS Services (Targeted Case Management (T1017); Community Psychiatric Supportive Treatment (H0036); Mental Health Attendant Care (T1019-HE); Individual Community Support (T1019-HK); Psychosocial Rehab Group (H2017), regardless of whether or not he or she is receiving other CMHC services, the chronicity status is 3.
 - If an adult with SPMI is receiving medication services only the chronicity status is 2.
 - All other adults with SPMI that are enrolled in CMHC services have a chronicity status of 1.
 - ❖ **SED:** (Criteria for Serious Emotional Disturbance is available in [Appendix E](#))
 - If a child/adolescent with SED is getting TCM or CPST (even if they are receiving other services) the chronicity status is 6.
 - If a child/adolescent with SED is receiving medication services only the chronicity status is 5.
 - All other children/adolescents with SED that are enrolled in CMHC services have a chronicity status of 4.
1. SPMI (Receiving services other than medication services only or CSS)
 2. SPMI (Receiving medication services only, not CSS)
 3. SPMI (Receiving any CSS service)
 4. SED (Receiving services other than medication only, TCM, or CPST)
 5. SED (Receiving medication services only, not TCM or CPST)
 6. SED (Receiving TCM or CPST)
 7. No, not applicable (not SPMI/SED)
 8. Unknown

Reporting Requirements:

Enter at admission and when the chronicity changes

20. Enter a date in this field any time a client's chronicity changes. The chronicity date needs to reflect the date AIMS Field 19 Chronicity is effective rather than the date the chronicity was entered/changed.

Reporting Requirements:

Enter this field when Chronicity status is originally entered at admission and anytime chronicity is changed

21. Payment Source(s):

Enter payment source(s) upon admission. Update changes in payment source(s) for those in the Target Reporting Population (Enrolled/Target) as it changes or at least annually in June.

Select all that apply

1. Blue Cross/Blue Shield Insurance
2. Other Private Insurance
3. Other Public/Government Funds: Excludes CHAMPUS and ADAS funds
4. Private Pay (Paid by Client)
5. JJA
6. No Charge
7. Volunteer Services
8. Health Maintenance Organization (HMO)
9. Alcohol & Drug Abuse Services (All services funded by SRS Addiction and Prevention Services – formerly Substance Abuse Prevention, Treatment, and Recovery)
10. Employee Assistance Program (EAP)
11. Student Assistance Program (SAP)
12. Medicaid
13. Medicare
14. CHAMPUS/Tri-Care/Other military insurance benefits
15. Veteran's Administration (VA)
16. HCBS SED 1915c Waiver (Report Waiver as the funding source as soon as a child/adolescent receives CBS services under the auspices of the SED Waiver.)
17. Health Wave Title XXI only
18. Privatization Contracts (Foster Care, Adoption or Family Preservation)
19. Unknown or Other
20. Health Wave Title XIX only

Reporting Requirements:

Enter at admission, when payment source changes, and update at least annually in June

22. SED WAIVER Stop Reason: The purpose of this field is to be able to track why children on the SED Waiver leave CMHC services and/or why children in CMHC services go off the SED Waiver. Use this field when children whose CMHC services are funded through the SED Waiver are no longer served through the SED waiver. This includes children who remain in CMHC services but whose services are no longer funded by the SED Waiver and/or children whose services were funded by the SED Waiver that are discharged from CMHC services.

1. Service plan goals met
2. Change in medical condition
3. Moved out of CMHC catchment area
4. Lack of cooperation/refusal to sign or abide by service plan
5. Lack of safe living arrangement
6. Family/Youth choice to stop SED Waiver
7. Services deemed critical not available or refused by beneficiary
8. Death of beneficiary
9. Cost of services
10. State Hospital placement
11. Residential placement (e.g., group home or youth correctional facility).

12. Loss of clinical and/or financial eligibility (this includes youth transferred to regular Medicaid eligibility, other waiver, or to Healthwave)
13. Reached maximum age of 22

Reporting Requirements:

- ❖ Enter when a child/adolescent served through the SED Waiver goes off the SED Waiver or when a child/adolescent served through the SED Waiver is discharged from CMHC Services

23. Annual Income: Enter the yearly gross income of the **household**. Round to the nearest dollar. If the client is paying the full fee and will not give income information, enter 88,888. The system will only accept 5 digits for the income. If someone is making \geq \$100,000 please enter it as \$99,999. If someone is actually making \$88,888, please round it up to \$88,889.

Reporting Requirements:

Enter at admission.

24. Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI): Indicate whether the individual is eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) programs of the Social Security Administration. This variable is targeted toward a special client population of the severe and persistent mentally ill as defined by NIMH. This includes both adults and children. Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target).

1. Not Applicable
2. Eligible and Receiving Payments
3. Eligible but not Receiving Payments
4. Potentially Eligible (Case not yet submitted for Determination)
5. Determined to be Ineligible by Review and Decision
6. Determination Decision on Appeal

Reporting Requirements:

Enter at admission, when the status changes, and update at least annually in June

25. Resident County: A key factor in determining compliance with contract agreements for state hospital bed day allocation is knowing which consumers are the responsibility of each CMHC. Each CMHC is held accountable for state hospital beds used by persons who reside in counties within their service area provided that the person meets the criteria for county of responsibility. Otherwise the state hospital bed utilization would fall back on the CMHC that is the county of responsibility. County of residence is defined by the state of Kansas as physical presence with intent to remain in the county. For most people, the county of residence is where their home is located. Therefore, the county of residence may change depending upon a person's choice to move from one county to another. An exception to this is a person who is residing in a facility in a particular county to receive mental health services because appropriate services are not available in his or her home community. Such individual's residence would be that of his or her primary place of residence prior to entering the facility.

A child's residence as outlined above follows that of the custodial person. In cases of joint custody, the child's residence is determined by the residence of the parent with whom the child lives at the time of the screening. If parental rights have been terminated, the child's residence is determined by the court of jurisdiction. Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target). **See Appendix B for county codes.** Enter the county code that represents the individual's place of residence. If the client is not residing in Kansas, enter code OU indicating out-of-state.

Reporting Requirements:

Enter at admission, when resident county changes, and update at least annually in June

26. Responsible County: The county of responsibility is the county from which the consumer originally came or the county where the consumer lived independently or with family (in other than a group home, boarding home, NF/MH, or other supervised living facility) for at least six continuous months prior to the latest admission to a state hospital or other institution. The CMHCs contract may spell out certain of these exceptions, or the hospitals and the involved CMHCs may agree to certain assignments. Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target).

The concept of county of responsibility has been assigned by SRS to address the issue of consumers who live outside of the county where they were found to be in need of a mental health reform screen. County of responsibility, defined to address bed day use, refers to the county within the service area of a CMHC to which a consumer is assigned. A child's county of responsibility is determined by the residence as outlined above. The county of jurisdiction is the county of responsibility if the child/adolescent is in SRS or JJA custody. In most cases, the county of responsibility and county of residence are the same. However, there are noted exceptions to this policy.

The county of "residence" and the county of "responsibility" may be different when a consumer moves from his or her home to a facility for the purpose of receiving some special service. This move may be to a nursing care facility because of that facility's ability to provide the consumer with special services he or she could not get in his or her home community. Subsequently, if that consumer needs to be admitted to a state hospital, a determination must be made regarding which CMHC will be responsible for working toward discharge with that consumer and thus, contractually responsible for the consumer's bed days.

Reporting Requirements:

Enter at admission, when responsible county changes, and update at least annually in June

27. Admission Referral Source:

Enter the referral source code that best describes the individual or agency most recently referring the client to treatment:

1. Self: Includes Walk-ins, Media Services
2. Family/Relative(s)
3. Friends
4. Clergy
5. Other Private Health Care Professional

6. Attorney
7. Court
8. Peace Officer: Includes city, county, or state police
9. State Mental Health Hospital
10. Private Psychiatric Hospital
11. Alcohol & Drug Program
12. Comprehensive Screening Unit for Youth
13. General Hospital
14. SRS Area Office
15. Social Agency/Community Agency
16. State Mental Retardation Hospital
17. Nursing Facility
18. Private Intermediate Care Facility-Mental Retardation (ICF-MR)
19. Nursing Facility for Mental Health (NFMH)
20. Community Developmental Disability Organization
21. SRS Vocational Rehabilitation/Disability Determination
22. Veteran's Administration (VA) Hospital
23. State Employee Assistance Program (EAP): Includes employer referral
24. College/School: Includes Student Assistance Program (SAP)
25. In-house Staff/Transfer
26. Penal System: Includes State & Federal Prison
27. Self Help Group(s)
28. DUI/DWI
29. Adult Residential Facility (Adult Group Home)
30. Other Employee Assistance Program (EAP): Includes employee referral
31. Military
32. Probation
33. Community Mental Health Center
34. Diversionary Program
35. Juvenile Correction Facilities: (TJCF, LJCF, AJCF, BJCF)
36. State or Local Health Department
37. Mental Health Consortium
38. Managed Care Organization
39. Parole
40. Community Corrections
41. Community Service Programs
42. Unknown or Other
43. Primary Care Physician
44. Youth Residential Group Home
45. Foster Care Privatization Contract
46. Adoption Privatization Contract
47. Juvenile Justice Authority
48. Homeless shelter
49. Battered Women's Shelter
50. Tribal Social Services

51. Local School (primary/secondary education)

Reporting Requirements:

Enter at admission

28. Client's Highest Level of Education: Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target).

Enter the code that best describes the client's highest level of educational achievement:

10. None (No Formal Education)
11. Preschool
12. Kindergarten
13. First Grade
14. Second Grade
15. Third Grade
16. Fourth Grade
17. Fifth Grade
18. Sixth Grade
19. Seventh Grade
20. Eighth Grade
21. Ninth Grade
22. Tenth Grade
23. Eleventh Grade
24. High School Graduate (Not G.E.D.)
25. One year of College
26. Two years of College: Includes Associate Degree
27. Three years of College
28. Bachelor Degree
29. Graduate Work (No Degree)
30. Master Degree
31. Doctorate
32. Special Education Ungraded Class
33. General Education Degree (G.E.D.)
34. Vocational Training beyond High School
35. Unknown
36. Four years of College (No Degree)
37. MD
38. JD (attorney)

Reporting Requirements:

Enter at admission, when the status changes, and update at least annually in June

29. Closing Date: Enter the date of the case record administrative closing (MM/DD/YYYY is valid format).

The case should be closed within 90 days of last clinical face-to-face contact date. For Medication Services only clients, the closing date may be extended as long as clients are receiving services.

Reporting Requirements:

Enter at Discharge

30. Last Contact Date: Indicate the date of the last clinical face-to-face contact.

Reporting Requirements:

Enter at Discharge

31. Discharge Reason: Please indicate reason client was discharged from your facility.

1. Evaluation completed
2. Treatment completed (Planned discharge by mutual agreement)
3. Treatment not completed, agency decision.
4. Treatment not completed, Client Decision (AMA, No Show), Unable to locate client
5. Transfer to alternative program
6. Client moved
7. Death – Natural Causes
8. Client discharged by/to Court or to Jail
9. Death – Accident
10. Death – Suicide
11. Death – Murder
12. Death – Terminal Illness
13. Death – Other
14. Death – Unknown

Reporting Requirements:

Enter at Discharge

32. Primary Diagnosis at Discharge: Enter the primary diagnosis at discharge. Primary diagnosis at discharge may be Axis I or Axis II.

Reporting Requirements:

Enter at Discharge

33. Secondary Diagnosis(es) at Discharge: Enter as many secondary diagnoses as necessary. Secondary diagnosis(es) at discharge may be Axis I or Axis II.

Reporting Requirements:

Enter at Discharge

34. Functional level at closing: (GAF Scale)—For the last session, please enter the appropriate Axis V code for the discharge diagnosis, DSM-IV Global Assessment of Functioning Scale. If the reason for discharge is client deceased use 0.

Reporting Requirements:

Enter at Discharge

**CLIENT STATUS INFORMATION FOR ADULTS IN THE
TARGETED REPORTING POPULATION**

Adults in the targeted reporting population have an AIMS Field 9 Registration value of 1 and an AIMS Field 19 Chronicity Status of 3. An AIMS Chronicity status of 3 represents the person has an SPMI and is receiving any one of the following services (regardless of what other services the person receives): Targeted Case Management (T1017); Community Psychiatric Supportive Treatment (H0036); Mental Health Attendant Care (T1019-HE); Individual Community Support (T1019-HK); Psychosocial Rehab Group (H2017).

For adults in the targeted reporting population, the following fields are submitted upon admission:

- Field 38: Current Educational Placement
- Field 41: Current Residential Arrangement
- Field 42: Current Vocational Status

❖ The remaining CSR fields are updated monthly covering the entire reporting period.

35. REPORT PERIOD:

Enter month and year for which data is being reported (for ALL adult CSR data)

Reporting Requirements:

Enter at admission, update monthly, and when the person stops CSS Services

36. CLIENT STATUS REVIEW DATE:

Enter the date that the client status information for a given month is actually entered, unless the case has been closed. Use the discharge date if the case has been closed.

Reporting Requirements:

Enter at admission, update monthly, and when the person stops CSS Services

37. Evidence Based Services: CLARIFICATION REGARDING HOW TO REPORT DATA FOR THESE FIELDS BASED ON THE FEDERAL DEFINITIONS OF EVIDENCE BASED SERVICES IS PROVIDED IN APPENDIX H. Please note that services can meet the federal definition without meeting the fidelity standards that are being pilot tested through the Dartmouth EBP Projects in Kansas.

- **Yes or No must be reported for each of the following questions**
- **1 = YES or 2 = NO**
- **The only valid values for these fields are: 1 or 2**

37.01 Supported housing services: 1 or 2

37.02 Supported employment services: 1 or 2

37.03 Integrated Dual Diagnosis (Substance Abuse and SPMI) Treatment (IDDT): 1 or 2

Reporting Requirements:

Update monthly and when the person stops CSS Services

38. CURRENT EDUCATIONAL STATUS: Report the current Educational Status at admission. Enter the current Educational Placement at the end of the reporting period when completing the monthly CSR information. Enter the information when the person is no longer in CSS (i.e., the person is discharged from service or his or her chronicity (AIMS Field 19) is no longer 3).

38.01NO EDUCATIONAL PARTICIPATION: Those consumers who receive mental health services who are not currently engaged in any type of formalized educational activity.

38.02AVOCATIONAL EDUCATIONAL INVOLVEMENT: These are organized classes in which the consumer enrolls consistently and expects to take part for the purpose of life enrichment, hobbies, recreation, etc. Examples would include art or ceramic classes, acting, aerobics, gourmet cooking, and computer training. These classes must be community based; not run by the Mental Health Center. These classes are those that any citizen could participate in, not just persons with severe and persistent mental illness. If any of these activities involved college enrollment, mark it under college not in this category. For example, an art class operated by a Junior College would be included in Junior College, not avocational.

38.03PRE-EDUCATIONAL EXPLORATIONS: Individuals in this status are engaged in educational activities with the specific purpose of working towards an educational goal. This status would include individuals who attend a college orientation class with the goal of enrollment in a college class, meet with the financial aid office to apply for scholarships, and apply for admission for enrollment. This status may also include those persons who attend a mental health center sponsored activity focusing upon an educational goal, e.g., campus visits with a case manager to survey the location of buildings of where they will be taking classes; consumer, case manager and College Services for Students with Disability meeting to secure entitlements.

38.04WORKING ON GED: This level includes those who are taking classes toward obtaining their GED.

38.05WORKING ON ENGLISH AS A SECOND LANGUAGE: This level includes those who are taking classes in English as a second language in a community setting.

38.06BASIC EDUCATIONAL SKILLS: This level includes those who are taking adult educational classes focused on basic skills such as math and reading.

38.07ATTENDING VOCATIONAL SCHOOL OR APPRENTICESHIP, VOCATIONAL PROGRAM, (CNA TRAINING) OR ATTENDING HIGH SCHOOL: Includes people who are engaged in any of the following activities.

- Individuals who are participating in community based vocational schools.
- Those persons who are learning vocational skills through an apprentice, intern, or practicum setting. These individuals may or may not be compensated for apprenticeship. The goal of

apprenticeship is towards learning vocational skills. Upon completion of this formal program of course work, the person will have a marketable skill.

- Training provided on the job to acquire more advanced skills (e.g., certified nurse assistant, mental health technician, etc.)
- Completing correspondence course leading to job certification either through video or written assignments.
- Young adults attending high school.

38.08 ATTENDING COLLEGE (1 – 6 HOURS): Attend college (6 credit hours or less) this would include natural school breaks (Christmas, summer) if consumer plans to continue on with enrollment for credit course work. This status suggests regular attendance by the individual; the hours in this situation referring to credit hours. Includes correspondence, TV or video courses for college credit. Continue to include the person in this status even if the person is on an academic break if the person was attending college 1-6 hours before the break and will continue attending college 1-6 hours after the break.

38.09 ATTENDING COLLEGE (7 OR MORE HOURS): As in status above, any individual attending college on a full time basis (7+ credit hours). Regular attendance with expectations of completion of course work is essential for assignment to this category. Continue to include the person in this status even if the person is on an academic break if the person was attending college 7 or more hours before the break and will continue attending college 7 or more hours after the break.

38.10 OTHER (SPECIFY): Please provide specific information if a person cannot be grouped into any of the above categories. For example, someone who has a professional license (LPN, teaching, etc.) and attending workshops for CEU's to keep their license current, or in-service training for job advancement.

Reporting Requirements:

Enter at admission, update monthly, and when the person stops CSS Services

39. HOSPITALIZATION DAYS: Enter the number of days in the reporting period that a client was in a psychiatric hospital ward or general hospital psychiatric ward. **CMHCs ARE REQUIRED TO REPORT A 0 IN FIELDS 39.01 AND 39.02 IF THE PERSON HAD NO PSYCHIATRIC HOSPITAL DAYS DURING THE REPORT PERIOD. DO NOT LEAVE THESE FIELDS BLANK.**

39.01 PSYCHIATRIC HOSPITAL WARD: This includes those hospitals, both public and private, whose primary function is the treatment of mental disorders. This includes State Hospitals and other free-standing psychiatric hospitals.

39.02 GENERAL HOSPITAL PSYCHIATRIC WARD: This status includes those psychiatric wards that are located in general medical centers that provide short-term, acute crisis care.

Reporting Requirements:

Update monthly and when the person stops CSS Services

40. Total number of NEW psychiatric hospitalizations during the reporting period:

Enter the number of hospital admissions during the month. Report each episode one time in the month the client was admitted to the hospital. **CMHCs ARE REQUIRED TO REPORT A 0 IF THE PERSON HAD NO PSYCHIATRIC HOSPITALIZATIONS DURING THE REPORT PERIOD. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Update monthly and when the person stops CSS Services

41. CURRENT RESIDENTIAL ARRANGEMENT: Report the current Residential Arrangement at admission. Enter the current Residential Arrangement at the end of the reporting period when completing the monthly CSR information if the person is in the Targeted Reporting Population (Enrolled/Target).

- Report residential status for hospitalized persons based on where the person lived prior to hospitalization. If anything changes during the time the person is hospitalized, it will be reported when the person is physically discharged from the hospital.

41.03NURSING HOME: A nursing facility is any place or facility operating 24 hours a day, seven days a week, caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care to compensate for activities of daily living limitations. This category includes Adult Care Homes, which are defined as intermediate care facility for the mentally retarded, assisted living facility, residential health care facility, home plus, and adult day care facility, all of which classifications of adult care homes are required to be licensed by the secretary of health and environment.

41.04NFMH: An NFMH is any place or facility operating 24 hours a day, seven days a week caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care and special mental health services to compensate for activities of daily living limitations.

41.05GROUP HOME: A group home is defined here as a residence that is run by staff who provide many functions (shopping, meal preparation, laundry, etc.) that are essential to independent living.

41.06BOARDING HOME: A boarding home is a facility that provides a place to sleep and meals, but it is not seen as an extension of a mental health agency, nor is it staffed with mental health personnel. These facilities are largely privately run, and consumers have a high degree of autonomy.

41.07LIVES WITH RELATIVES (HEAVILY DEPENDENT FOR PERSONAL CARE AND CONTROL): Here the individual consumer and relatives should be consulted to the degree that family members are responsible for the daily care of individual consumer. An important

distinction between this status and number 41.08 is to ask, “If the family was not involved, would the person be living in a more restrictive setting?” In assessing the extent to which the members provide substantial care, such things as taking medication, transportation, cooking, cleaning, control of leaving the home, money management, etc. can be considered. If the consumer is unable to independently perform a majority of the daily living functions, the family member(s) are providing substantial care.

41.08 LIVES WITH RELATIVES (BUT IS LARGELY INDEPENDENT): As with status 41.07, an assignment to this category requires information provided by the consumer and family. The key consideration relates to the degree that the individual is able to perform the majority of those tasks essential to daily living without the supervision of a family member.

41.09 SUPERVISED HOUSING PROGRAM: Here, the individual is living in housing sponsored by a mental health agency and the mental health agency mandates the consumer to participate in certain mental health services in order to reside in the home or apartment. Both the sponsorship and mandate criteria must be met in order for this category to apply.

41.10 INDEPENDENT LIVING: The consumer is living independently. This includes the person living with a spouse, friends, or family and who is capable of self-care. This category includes the consumer who is living independently with CSS support or CMHC financial support. The consumer is largely independent yet may choose to live with other(s) for reasons not related to mental illness. The reason for shared housing is a personal choice and can be related to culture considerations. Residing in this housing is not considered contingent upon participating in a specific treatment program. Who make decisions over the person's living space and schedule might be a question that helps distinguish whether or not it is independent living.

41.11 OTHER: This status should be clearly defined in the space provided by those completing the form.

41.12 Precariously Housed: Includes people sleeping in conventional dwelling units, other than their own, but their housing situation must have arisen from an inability to pay for one's own housing, and must be of short anticipated duration (less than 60 days), and the person should have no plans or prospects for stable housing, and no financial resources to obtain housing. In rural/frontier areas, for example, this includes persons that would be homeless if they were not living with friends/family.

41.13 Homeless: Includes people who are living in any of the following circumstances:

- Living on the streets.
- Emergency shelter.
- Transitional housing for homeless persons who originally came from the streets or emergency shelters.
- Any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.

- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or jail/prison, in which the person has been a resident for more than 30 consecutive days so long as that institution is not required to provide housing and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- Is fleeing a domestic violence situation and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.

Reporting Requirements:

Enter at admission, update monthly, and when the person stops CSS Services

42. CURRENT VOCATIONAL STATUS: Report the current Vocational Status at admission. Enter the current Vocational Status for the reporting period when completing the monthly CSR information.

42.01 NO VOCATIONAL ACTIVITY: Those citizens who receive mental health services who are not currently engaged in any paid or volunteer employment and who are not engaged in any preparatory activity to gain employment. This includes people who are living alone and only caring for themselves, not for dependents.

42.02 PREVOCATIONAL ACTIVITY: Individuals in this status are engaged in prevocational classes at the mental health center and/or similar courses in the community apart from vocational school/training courses. Typically these are classes held/sponsored by the mental health center where the individual participates an average of once a week. The person must be participating in specific classes which concentrate on vocational skill building, including such topics as interviewing skills, job search skills, etc. This may also include volunteer work units such as clerical, maintenance, or lunch programs in clubhouses or partial hospital programs or community volunteer jobs that are irregular or occur less than weekly. This category does not include consumers involved in a partial day program or clubhouse who are not taking specific vocational related classes or involved in a volunteer work unit.

42.03 SCREENING AND EVALUATION OF VOCATIONAL INTERESTS AND ABILITIES: This status includes involvement in vocational rehabilitation services and specific job programs that may be available. It does not include informal discussions, nor does it include intakes at the mental health center.

42.04 ACTIVE JOB SEARCH: To qualify for this status suggests that the consumer is having regular job interviews, reviews the newspaper and makes inquiries daily, contacts the job service center, and so forth. It must be an active search for which evidence is substantial.

42.05 PARTICIPATING IN A SHELTERED WORK PROGRAM/SHELTERED EMPLOYMENT: This status includes but is not limited to formally designated sheltered work programs. This includes only programs where the positions are not competitive and where the consumers are paid for their work. This does not include volunteer work programs in a mental health center or prevocational classes, but may include work crews and in-house businesses that are run by the mental health center or community support program.

42.06 EMPLOYED IN TRANSITIONAL EMPLOYMENT: To qualify the work should be steady and regular and is held in a community setting. The consumer's placement in this position is time-limited with the goal of moving to competitive employment, and where the job coach or other staff may stand in if the consumer was not able to do the work. This includes formal transitional employment programs both where a job coach is or is not present.

42.07 PARTICIPATING IN ONGOING VOLUNTEER ACTIVITY: This must be regular, steady volunteer activity outside the mental health center. This would include any volunteer work in the community that happens at least once a week at scheduled or regular times. This does not include consumers who once in a while will help out a neighbor or a landlord by cleaning up trash or cleaning windows.

42.08 ANY PERSON WHO REMAINS HOME TO TAKE CARE OF CHILDREN OR OTHERS: This status acknowledges the role of caretaker as a viable economic activity. This status includes consumers who remain at home to take care of a dependent(s). Dependents are defined as disabled, sick, young or old persons living in the home. This status does not include consumers who are taking care of themselves in their home.

42.09 ANY JOB OR SET OF JOBS REQUIRING LESS THAN 30 HOURS PER WEEK: This status is for those engaged in part-time employment. It includes consumers employed by the CMHC when the job they do was open/advertised for anyone to apply. Also included in this status are consumers who are self-employed (e.g., refinishing furniture, lawn service, painting houses, etc.), but the person must be working regularly (at least 5 hours a week) and be paid for the work. This does not include a person who collects aluminum cans or mows a lawn every so often. It can include a person who works on a family farm.

42.10 ANY JOB OR SET OF JOBS REQUIRING MORE THAN 30 HOURS PER WEEK: This status is reserved for those people engaged in roughly full-time, competitive employment in the community. It includes consumers employed by the CMHC when the job they do was open/advertised for anyone to apply. Competitive employment in this category includes any job(s) that is open to other community members. This can also include a person who is self-employed in their own business, but they must work more than 30 hours per week. It can also include a person who works on a family farm.

42.11 OTHER: Please provide specific information if a person cannot be grouped into any of the above categories. If the person is receiving SSI or SSDI and not involved in any other activity, you do not assign them to this category. A person not involved in any vocational or educational activity and receives disability benefits belongs in status number 1, “no vocational activity.”

42.12 RETIRED: Many of our older consumers have engaged in productive work in their lifetimes and/or are of an age where it is socially acceptable not to work. Any person over the age of 62 who is not employed, or any person who was employed in a job where retirement came earlier in their life (e.g., military, fire fighter, police, etc.) may be placed in this category.

Reporting Requirements:

Enter at admission, update monthly, and when the person stops CSS Services

43. Total number of arrests: Enter the number for the Report Period.

- This information is not entered at admission. Update this information for the Targeted Reporting Population (Enrolled/Target) every monthly report period for the entire report period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE PERSON HAD NO ARRESTS DURING THE REPORT PERIOD.**
- **DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Update monthly and when the person stops CSS Services

44. Number of convictions for felonies for crimes *other* than property crimes or crimes against persons (e.g., drug crimes): Enter the number for the Report Period.

- This information is not entered at admission. Update this information for the Targeted Reporting Population (Enrolled/Target) every monthly report period for the entire report period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE PERSON HAD NO CONVICTIONS DURING THE REPORT PERIOD.**
- **DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Update monthly and when the person stops CSS Services

45. Number of convictions for felonies for property crimes: Enter the number for the Report Period.

- This information is not entered at admission. Update this information for the Targeted Reporting Population (Enrolled/Target) every monthly report period for the entire report period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE PERSON HAD NO CONVICTIONS DURING THE REPORT PERIOD.**
- **DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Update monthly and when the person stops CSS Services

46. Number of convictions for felonies for crimes against persons: Enter the number for the Report Period.

- This information is not entered at admission. Update this information for the Targeted Reporting Population (Enrolled/Target) every monthly report period for the entire report period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE PERSON HAD NO CONVICTIONS DURING THE REPORT PERIOD.**
- **DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Update monthly and when the person stops CSS Services

- 47. Number of convictions for misdemeanors:** Enter the number for the Report Period.
- This information is not entered at admission. Update this information for the Targeted Reporting Population (Enrolled/Target) every monthly report period for the entire report period.
 - **CMHCs ARE REQUIRED TO REPORT A 0 IF THE PERSON HAD NO CONVICTIONS DURING THE REPORT PERIOD.**
 - **DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Update monthly and when the person stops CSS Services

- 48. Reason for CSS Stop for adults who are discharged from services or whose chronicity changes from 3 to another value but the person continues to be enrolled in CMHC services. Leave this field blank for persons whose reason for case closure is death and report the appropriate discharge reason in AIMS field 31(Discharge Reason).**

Please indicate the reason the client was discharged from CSS .

1. Evaluation completed
2. Treatment completed (Planned termination by mutual agreement)
3. Treatment not completed, agency decision.
4. Treatment not completed, Client Decision (AMA, No Show), Unable to locate client
5. Transfer to alternative program
6. Client moved
7. Client discharged by/to Court or to Jail

Reporting Requirements:

Enter when the person is discharged from services or when a person's chronicity changes from 3 to another value but the person continues to be enrolled in CMHC services.

**CLIENT STATUS INFORMATION FOR CHILDREN/YOUTH IN THE
TARGETED REPORTING POPULATION & TRANSITION AGED YOUTH WITH SED**

Children/Youth in the targeted reporting population have an AIMS Field 9 Registration value of 1 and an AIMS Field 19 Chronicity Status of 6.

For children/youth in the targeted reporting population, the following fields are submitted upon admission:

- Fields 52.01-52.06: Admission CSR Risk Factors
- Field 55: Current Educational Placement
- Field 56.01: Is the child identified on an IEP
- Field 56.02: IEP Exceptionality
- Field 56.03: Is the child identified on a 504 Plan
- Field 59: Grade level or estimation by age
- Field 63: Current residential setting
- Field 65: Foster care contractor
- Field 66: Total number of arrests
- Field 67: Number of adjudicated felonies
- Field 68: Number of adjudicated felonies for property crimes
- Field 69: Number of adjudicated felonies for crimes against persons
- Field 70: Number of adjudicated misdemeanors
- Field 71: Law enforcement contact
- Field 72: Total Competence
- Field 73: Total Problem
- Field 74: Internalizing
- Field 75: Externalizing

❖ The remaining CSR fields are updated monthly covering the entire reporting period.

AIMS Field 21 Payment Source is a demographic field that is required at Admission. CMHCs are also required to update payment source as it change or at least annually in June. Field 21 Payment Source is used to identify the number of children receiving services through the SED Waiver.

49. REPORT PERIOD:

Enter month and year for which data is being reported (for ALL children/adolescent CSR data)

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

50. CLIENT STATUS REVIEW DATE:

Enter the date that the client status information for a given month is actually entered, unless the case has been closed. Use the discharge date if the case has been closed.

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

51. Custody Status: Information for this field is required monthly and when the child/adolescent stops case management.

1. Child in JJA custody and out of home placement
2. Child in JJA custody and lives at home
3. Child is under supervision of JJA, but not in their custody
4. Child is in SRS custody and out of home placement
5. Child is in SRS custody and lives at home
6. Child is under SRS supervision, but not in their custody
7. No JJA or SRS involvement

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

52. ADMISSION CSR RISK FACTORS: Data for these fields serve as baseline risk factor information.

- Report data for these fields for the first Client Status Report when the child is assigned a chronicity of 6. For example, if a child is assigned a chronicity of 6 when he or she is admitted to CMHC services, report data for fields 52.01-52.06 in the first client status report submitted for the child. If a child is enrolled in CMHC services with a chronicity of 4, 5, 7, or 8 and his or her chronicity is changed to 6, report data for fields 52.01-52.06 in the first Client Status Report after the child's chronicity becomes 6.
- Report data for 52.01-52.06 only one time per treatment episode. If a child is discharged from CMHC services and is subsequently readmitted to CMHC services for another treatment episode, report data for 52.01-52.06 one time for each treatment episode.
- **Yes or No must be reported for each of the following questions.**
- **1 = YES or 2 = NO**
- **The only valid values for these fields are: 1 or 2**

52.01 Has there been a past known SRS report of physical abuse? **1 or 2**

52.02 Has there been a past known SRS report of sexual abuse? **1 or 2**

52.03 Has there been a past known SRS report of neglect/emotional abuse? **1 or 2**

52.04 Is there any known history of the child running away overnight? **1 or 2**

52.05 Is there any known history of the child attempting to harm self? **1 or 2**

52.06 Is there any known history of child abusing alcohol/drugs? (Abuse is defined as repetitive use that has created consequences for youth, or has put them in a dangerous situation) **1 or 2**

Reporting Requirements:

Enter at Admission

53. CSR RISK FACTORS: Data for these fields are submitted each month – following submission of a child's first CSR (see instructions for field 52 above) - during a treatment episode when a child's chronicity is six. These fields provide a monthly report of new occurrences of which the case manager is aware:

- **Yes or No must be reported for each of the following questions.**
- **1 = YES or 2 = NO**
- **The only valid values for these fields are: 1 or 2**

- 53.01 Is there any new SRS report of physical abuse? **1 or 2**
- 53.02 Is there any new SRS report of sexual abuse? **1 or 2**
- 53.03 Is there any new SRS report of neglect/emotional abuse? **1 or 2**
- 53.04 Has the child run away during this reporting month? **1 or 2**
- 53.05 Has the child had any attempts of self harm? **1 or 2**
- 53.06 Has the child abused alcohol/drugs during this month? (Abuse is defined as repetitive use that has created consequences for youth, or has put them in a dangerous situation) **1 or 2**

Reporting Requirements:

Update monthly and when the child/adolescent stops case management

54. Evidence Based Services for Transition-Aged Youth: CLARIFICATION REGARDING HOW TO REPORT DATA FOR THESE FIELDS BASED ON THE FEDERAL DEFINITIONS OF EVIDENCE BASED SERVICES IS PROVIDED IN APPENDIX H. Please note that services can meet the federal definition without meeting the fidelity standards that are being pilot tested through the Dartmouth EBP Projects in Kansas.

- Yes or No must be reported for each of the following questions
- 1 = YES or 2 = NO
- The only valid values for these fields are: 1 or 2

- 54.01 Supported housing services: 1 or 2
- 54.02 Supported employment services: 1 or 2
- 54.03 Integrated Dual Diagnosis (Substance Abuse and SED) Treatment: 1 or 2

Reporting Requirements:

Update monthly and when the child/adolescent stops case management

55. Current Educational Placement: During the summer, if the child is not enrolled in summer school, choose option 19. Not in school – summer break.

1. Not applicable (not listed below)
2. Institutional instruction: e.g. psych. Hospital, detention
3. Residential School
4. Home-based instruction from school district

6. Special Education
7. Regular Classroom with Special Ed. Services or Consultation

9. Regular classroom (100% of the day with no Special Ed.)
10. Home Schooling not provided by the school district
11. Not in school (suspended)
12. Not in school (graduated)
13. Not in school working on a GED
14. Not in school (expelled)
15. Not in school (drop-out)
16. Preschool
17. Other
18. Alternative Education placement with Intensive psychosocial
19. Not in school – summer break

20. Therapeutic Services for Preschool Children **(only choose this option if data for the child are going to be reported following the instructions provided in Appendix D).**
21. Enrolled in post-secondary education (Technical School, College, Professional development such as cosmetology)

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management



56.01 Is the child identified on an IEP? 1 or 2

- 1 = YES or 2 = NO
- The only valid value for this field is: 1 or 2

56.02 If the value for AIMS Field 56.01 is 1 (1=yes), exceptionality is required. Choose all that apply specific to the child's IEP:

1. MR/DD
2. Physical Disabilities/**Other Health Impaired**
3. Emotional/Behavioral Disturbance
4. Gifted
5. Learning Disability

56.03 Is child identified on a 504? 1 or 2

- 1 = YES or 2 = NO
- The only valid value for this field is: 1 or 2

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

57. School Attendance:

57.01 Report number of excused absences

- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO EXCUSED ABSENCES DURING THE REPORT PERIOD.**
- **DO NOT LEAVE THE FIELD BLANK.**

57.02 Report number of unexcused absences

- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO UNEXCUSED ABSENCES DURING THE REPORT PERIOD.**
- **DO NOT LEAVE THE FIELD BLANK.**

57.03 Is youth currently charged and found truant: 1 or 2

- Yes or No must be reported for 57.03.
- 1 = YES or 2 = NO
- The only valid value for this field is: 1 or 2

Reporting Requirements:

Update monthly and when the child/adolescent stops case management

58. Average Academic Performances:

- Provide information about the child/adolescent’s academic performance for the previous 30/31 days. Check one range that best describes the youth’s average academic performance during the reporting period.
- If the child is in a setting that does not use letter grades or a number rating, estimate the youth’s performance as if it were a letter or number grading system and check the appropriate box.
- Check “Unknown/Not Applicable” for children in preschool, dropouts, and those expelled. If the child enters services during Christmas break use the parent or guardian’s report of the average academic performance in the preceding semester (or last time the child’s grades were reported to the parent).
- Report “Unknown/Not Applicable” if the child is not in school during the summer and option 19. Not in school – summer break was reported for AIMS Field 55. Current Educational Placement.
 1. Failing (F)/Unsatisfactory
 2. Below Average (D)/Unsatisfactory
 3. Average (C)/Satisfactory
 4. Above Average (A or B)/Highly Satisfactory
 5. Unknown/Not Applicable

Reporting Requirements:

Update monthly and when the child/adolescent stops case management

59. Grade Level or Estimation by age: Report grade level if the child is in school. Choose the best description of the child’s grade level from among the following options. Estimate the grade level based on age if the child is not in school. Choose only one option from the following list. During May, June, and July report the grade level for the previous academic school year, and in August report the grade level of the new academic semester.

PS–preschool

K=kindergarten

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
13. NA (Child is too young to be in school)
14. Not in grades K-12: Graduated (transition aged youth)
15. Completing GED
16. Expelled
17. Drop out

18. Enrolled in post-secondary education (Technical School, College, Professional development such as cosmetology)

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

60. Number of days for in-school suspension:

- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO DAY FOR IN-SCHOOL SUSPENSION DURING THE REPORT PERIOD.**
- **DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Update monthly and when the child/adolescent stops case management

61. Number of days for out-of-school suspension:

- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO DAYS FOR OUT-OF-SCHOOL SUSPENSION DURING THE REPORT PERIOD.**
- **DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Update monthly and when the child/adolescent stops case management

62. RESIDENTIAL SETTING:

- Enter the number of days in the reporting period that a child/adolescent was in each of the following residential settings.
- If the child/adolescent had no days in a setting, leave it blank. For instance, if a child/adolescent had no days in FOSTER HOME, it is not necessary to enter a 0. Leave the options that are not applicable blank.
- The number of days that clients were in various residential settings should sum to the number of days in the month for which the information is reported.
- The sum of days should total the number of days from the start of case management to the end of the month if the client begins case management after the first of the month.
- This field is to be updated every monthly reporting period for the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management).

62.01JAIL/DETENTION: Incarceration of youth in locked adult correctional facility with high structure and high supervision, or incarceration of youth in “youth only” locked facility that may or may not have a treatment program.

62.02STATE HOSPITAL: Inpatient hospitalization in one of the state psychiatric hospitals (i.e., Larned State Hospital, Osawatomie State Hospital, or Rainbow Mental Health Facility).

62.03INPATIENT PSYCHIATRIC UNIT: Inpatient Psychiatric Unit with 24-hour supervision. Intensive mental health treatment component.

62.04CRISIS RESOLUTION/STABILIZATION UNIT: Brief services in hospital or residential facility which provides temporary housing, crisis intervention, treatment or other support services in order to assist persons in psychiatric crisis to reestablish community functioning

62.05DRUG/ALCOHOL TREATMENT CENTER: Alternative group living arrangement for children with intensive substance abuse treatment needs. Provides 24 hour staff supervision.

62.06RESIDENTIAL TREATMENT/LEVEL VI: Alternative group living arrangement for children with intensive mental health needs. Provides 24 hour staff supervision.

62.07GROUP HOME (LEVELS III, IV, V): Alternative group living arrangements for children with special needs. 24-hour supervision is provided along with treatment and supports.

62.08EMERGENCY SHELTER: Temporary group living arrangement used to provide extensive support and supervision during crisis. 24-hour supervision for children with special needs. This does not include respite care, which is not a residential setting.

62.09THERAPEUTIC FOSTER CARE: Foster care arrangement in which providers are trained to care for children with intense special needs and has an identifiable treatment or support component.

62.10FOSTER HOME: Living in home of approved foster care provider, which may include relatives who are approved foster care providers.

62.11TEMPORARILY LIVING WITH A RELATIVE OR FAMILY FRIEND: Living in the home of a relative (i.e., grandparent, aunt, uncle, sister, brother, stepparent, etc.), or with an “unrelated” family friend.

62.12PERMANENT HOME: BIOLOGICAL, ADOPTIVE OR OTHER: Permanent home with biological or adoptive parent(s), relative, guardian, or other approved caretaker.

62.13INDEPENDENT LIVING: Living independently in the community with minimal supervision. This includes living with a significant other or friends as long as shared housing is not due to mental illness.

62.14HOMELESS: A child/adolescent that lives on the street or in a shelter for the homeless.

Reporting Requirements:

Update monthly and when the child/adolescent stops case management

63. CURRENT RESIDENTIAL SETTING: Report the current Residential Setting at admission. Enter the current Residential Setting at the end of the reporting period when completing the monthly CSR information if the child/adolescent is in the Target Reporting Population.

- If the child's current residential placement is THERAPEUTIC FOSTER CARE or FOSTER HOME, the child's custody status (AIMS Field 51) must be reported as 4 CHILD IN SRS CUSTODY AND OUT OF HOME PLACEMENT.

Choose CURRENT Residential Setting at the end of the Report Period.

1. Jail/Detention
2. State Hospital
3. Inpatient Psychiatric Unit
4. Crisis Resolution/Stabilization Unit
5. Drug/Alcohol Treatment Center
6. Residential Treatment/Level VI
7. Group Home (Levels III, IV, V)
8. Emergency Shelter
9. Therapeutic foster care
10. Foster home
11. Temporarily living with a Relative or Family Friend
12. Permanent Home: Biological, adoptive or other
13. Independent Living
14. Homeless

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

64. Total number of NEW foster care placements:

- Report the total number of NEW foster care placements (e.g., If a child moves from one foster placement to another, then report one new foster care placement).
- Only report data for this field if the child had a foster care placement during the month as reflected by a report of days in AIMS Field 62.09 Therapeutic Foster Care or 62.10 Foster Home or his or her Current Residential Setting (AIMS Field 63) is Therapeutic Foster Care or Foster Care.
- **DO NOT LEAVE THE FIELD BLANK** if the child is in foster care as reflected through AIMS Fields 62.09, 62.10, or 63, CMHCs must enter a 0 if the child had no new foster care placements – i.e., was in the same placement the entire reporting period.

Reporting Requirements:

Update monthly and when the child/adolescent stops case management

65. FOSTER CARE CONTRACTOR: If a child receives services through more than one contractor in any reporting period then report all that apply. Report this information for any child who is being served through a foster care contract, even if the child is not living in a therapeutic or other foster care placement.

1. KCSL (FC)
2. The Farm

3. UMY
4. KCSL (adoption)
5. KVC
6. St. Francis
7. DCCA

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

66. Total Number of arrests:

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ARRESTS DURING THE REPORT PERIOD. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

67. Number of Adjudicated Felonies for crimes (e.g., drug crimes) other than property crimes or crimes against persons. Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ADJUDICATIONS DURING THE REPORT PERIOD. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

68. Number of adjudicated felonies for property crimes: Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ADJUDICATIONS DURING THE REPORT PERIOD. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

69. Number of adjudicated felonies for crimes against persons: Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ADJUDICATIONS DURING THE REPORT PERIOD. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

70. Number of Adjudicated Misdemeanors: Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ADJUDICATIONS DURING THE REPORT PERIOD. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

71. Law Enforcement Contact: Enter the number of face-to-face contacts by law enforcement with the parent(s) or surrogate parent(s) for events involving the youth. The number entered should reflect police contacts with parents that result from disruptive behavior – do not report the number of scheduled contacts for children on probation. Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THERE WERE NO LAW ENFORCEMENT CONTACTS DURING THE REPORT PERIOD. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

AIMS Fields 72-75

Part of the AIMS_V.3 Refinements include adding edits at the local level to circumvent transmitting invalid values to the Consortium. What follows are specifications for edits to establish the valid range of CBCL scores.

The range of valid T scores for the Total Competence Scale is 10 to 80.

- For Boys ages 6-11, scores of 39-37 are in the Borderline range
- For Girls ages 6-11, scores of 40-37 are in the Borderline range
- For Boys ages 12-18, scores of 40-37 are in the Borderline range
- For Girls ages 12-18, scores of 39-37 are in the Borderline range
- Scores of 36 and below are in the clinical range, which means that scores are below the 10th percentile.

The range of valid T scores for the Total Problem Scale is 24 to 100.

- Scores from 60 to 63 are in the borderline clinical range.
- Scores greater than 63 are in the clinical ranging, which means that scores are in the 90th percentile or above.

The range of valid T scores for the Internalizing and Externalizing Scales are 33 to 100.

- Scores from 60 to 63 are in the borderline clinical range.
- Scores greater than 63 are in the clinical range, which means that scores are in the 90th percentile or above.

Please note that the preceding information is based on the norms for the 2001 forms. If your CMHC is using the 1991 forms, you can purchase ADM Software to convert scores obtained using the 1991 forms to conform to the norms for the 2001 forms.

CBCL SCORES ARE UPDATED EVERY SIX MONTHS. THE CONSORTIUM WILL ACCEPT NEW CBCL SCORES BETWEEN FIVE AND SEVEN MONTHS FROM WHEN THE PRECEDING SET OF SCORES WAS TRANSMITTED.

72. Total Competence:

Reporting Requirements:

Enter at admission. Transmit updated score via AIMS only between five to seven months from when the last score was transmitted.

73. Total Problem:

Reporting Requirements:

Enter at admission. Transmit updated score via AIMS only between five to seven months from when the last score was transmitted.

74. Internalizing:

Reporting Requirements:

Enter at admission. Transmit updated score via AIMS only between five to seven months from when the last score was transmitted.

75. Externalizing:

Reporting Requirements:

Enter at admission. Transmit updated score via AIMS only between five to seven months from when the last score was transmitted.

76. Reason for CM stop for children:

Please select one:

1. Case management goals met/achieved, all CMHC services closed
2. Case management goals met/achieved, transferred to other CMHC services. *This reflects a change in the child's status – perhaps the child is still an enrolled client, but not part of the target population*
3. Family/Youth moved out of catchment area
- 4.
5. Youth placed in JJA custody within the last month
6. Family/youth chose not to continue services
7. Active outreach unsuccessful
8. Youth died
9. Youth entered family preservation services
10. Youth placed in SRS custody within the last month and child placed in a different catchment area

Reporting Requirements:

Enter when the child/adolescent stops case management

SERVICE ENCOUNTER/SCREENING DATA

77. Service Code: Enter the service code. See Appendix C for a list of codes. Only codes in Appendix C can be transmitted to the Consortium as part of AIMS data. **CONTACT THE CONSORTIUM IF YOUR CMHC NEEDS TO ADD A VALID CPT CODE.**

❖ Service data are required for:

- Enrolled clients that are part of the Targeted Reporting populations for adults and children.
- All Screens:
 - 503 Mental Health Reform Screen
 - H0002 Behavioral Health Screen (Level VI Screen)
 - T1023 Screen Determine Treatment (Medicaid Screen)

Reporting Requirements:

Enter every time a service is provided

78. Date of Service: Enter the date the service occurred.

Reporting Requirements:

Enter every time a service is provided

79. Units of Service: Enter the number of MINUTES for each service provided.

Reporting Requirements:

Enter every time a service is provided

80. Where Service Occurred: Please indicate the location each service occurred.

1. CMHC
2. Community Setting
3. Consumer's Home/Place of Residence

Reporting Requirements:

Enter every time a service is provided

81. Practitioner or person providing service: This is a required field

Reporting Requirements:

Enter every time a service is provided

82. Screening Disposition Value for Reform: *Mental Health Reform Screens* are performed by a CMHC screener and are the process by which the gatekeeping function to the state mental health hospital is carried out. The purpose of such screens is to determine whether the various services a consumer has been assessed as needing can be provided by local agencies such as the CMHC, or whether those services can only be provided by admission to a state mental health hospital. If the screener determines that the consumer does, in fact, require the services of the state hospital, he or she will complete a Letter Authorizing Admission, which is commonly referred to as a “ticket letter”. If the consumer’s needs do not rise to the level of requiring state

hospitalization, the screener should assist the consumer in getting connected to any provider that may assist in meeting his or her needs. The screener should also be aware of various admission policies and criteria for community hospitals and providers that may be resources. It may also be helpful for the screener to assist in the process of completing necessary **paperwork**.

If the screen is a Reform screen, please mark the disposition:

1. Recommendation for voluntary psychiatric admission to a state hospital
2. Recommendation for involuntary psychiatric admission to a state hospital
3. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

83. Screening Disposition Value for Medicaid: *Medicaid screens* are required for an independent finding of medical necessity prior to Medicaid reimbursement for inpatient hospitalization. As the contract agent for the Consortium, which has the contract with SRS to fulfill this Medicaid requirement, the CMHC must perform this type of screen any time a person who is eligible or “potentially” eligible for Medicaid is considered for psychiatric hospitalization in a community hospital

If the screen is a Medicaid screen, please mark the disposition:

1. Approved for admission to local IP unit
2. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

84. Screening Disposition Value for Level VI: *Level VI Screens* are required to identify whether a Medicaid eligible youth seeking residential care meets admission criteria for Medicaid reimbursement. The purpose includes determination of the most appropriate, least restrictive level of care for the youth, taking into consideration available alternative community resources.

If the screen is a Level VI screen, please mark the disposition:

1. Approved
2. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

85. Diverted to (select all that apply):

1. Immediate medical evaluation
2. Crisis resolution
3. Day treatment services
4. Refer to co-occurring disorder evaluation: MH/DD or MH/Substance/Abuse
5. Residential group home
6. Outpatient testing/evaluation
7. Outpatient services

8. Nursing facility/mental health bed
9. In home family therapy
10. Respite Care
11. Case management services
12. Supportive education/vocational program
13. Attendant Care
14. Therapeutic foster care
15. Local/area inpatient psychiatric unit
16. Inpatient substance abuse unit
17. Social detox
18. Outpatient substance abuse services
19. Family therapy
20. Individual therapy
21. Other
22. Emergency services - Crisis appointment
23. Emergency services - Crisis attendant care
24. Emergency services - Crisis case management
25. Emergency services - Telephone intervention

Reporting Requirements:

Enter every time a person that receives an 82. Screening Disposition Value for Reform, 83. Screening Disposition Value for Medicaid, or 84. Screening Disposition Value for Level VI and is diverted from admission

**AIMS DATA REQUIREMENTS BASED ON REGISTRATION
ENROLLED (NON TARGET)**

* AIMS FIELDS 19 AND 20 are entered at admission and updated if they change. These fields are marked as A/C in the Admit. column.

DEMOGRAPHIC FIELDS				
Field #	Data Field	Page Number	Admit.	Discharge
0	Global Status Review Date	50	A	D
1	Community Mental Health Center Number (CMHC)	50	A	D
2	Unique Client Identifier	50	A	D
3	Medicaid Beneficiary ID	51	A	
4	Initial Contact Date	51	A	
5	Scheduled Appointment Date	51	A	
6	Appointment Time Lapse: Initial Contact Date and Scheduled Appnt.	52	A	
7	Admission Date (Open Date)	52	A	
8	Appointment Time Lapse: Initial Assessment and Next Service Offered	52	A	
9	Registration	53	A	
10	Acuity	53	A	
11	Most Recent Hospitalization	54	A	
12	DOB	55	A	
13	Gender	55	A	
14	Ethnicity	55	A	
15	Race	55	A	
16	Primary Diagnosis	56	A	
17	Secondary Diagnosis	56	A	
18	Functional level	56	A	
19	Chronicity: SPMI (Adults) And SED (Children/Adolescents)	56	A/C	
20	Enter the date that chronicity (field 19) was entered or changed	57	A/C	
21	Payment Source(s)	57	A	

Field #	Data Field	Page Number	Admit.	Discharge
22	SED WAIVER Stop Reason	58		D
23	Annual Income	58	A	
24	Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)	58	A	
25	Resident County	59	A	
26	Responsible County	59	A	
27	Admission Referral Source	60	A	
28	Client's Highest Level of Education	61	A	
29	Closing Date	62		D
30	Last Contact Date	62		D
31	Discharge Reason	62		D
32	Primary Diagnosis at Discharge	63		D
33	Secondary Diagnosis(es) at Discharge	63		D
34	Functional Level at Closing	63		D

ADULT CLIENT STATUS FIELDS

Field #	Data Field	Page Number	Admit.	Discharge
35	Report Period	64	A	
36	Client status review date	64	A	
37.01				
37.02				
37.03				
38	Current educational status	64	A	
39				
40				
41	Current residential arrangement	66	A	
42	Current vocational status	68	A	
43				
44				

Field #	Data Field	Page Number	Admit.	Discharge
45				
46				
47				
48				
CHILDREN/ADOLESCENT CLIENT STATUS FIELDS				
Field #	Data Field	Page Number	Admit.	Discharge
49	Report period	70	A	
50	Client Status Review Data	70	A	
51	Custody Status	70	A	
52.01- 52.06				
53.01- 53.06				
54.01				
54.02				
54.03				
55	Current educational placement	70	A	
56.01				
56.02				
56.03				
57.01				
57.02				
57.03				
58				
59				

Field #	Data Field	Page Number	Admit.	Discharge
60				
61				
62				
63	Current residential setting	71	A	
64				
65	Foster care contractor	71	Information for Foster Care Contractor must be reported when a child's custody status in Field 51 is 4 (Child is in SRS Custody and out of home placement).	
66	Total number of arrests	71	A	
67	Number of adjudicated felonies	72	A	
68	Number of adjudicated felonies for property crimes	72	A	
69	Number of adjudicated felonies for crimes against persons	72	A	
70	Number of adjudicated misdemeanors	72	A	
71	Law enforcement contact	72	A	
72				
73				
74				
75				
76				
SERVICE ENCOUNTER/SCREENING DATA				
	Data Field	Page Number		
77	Service Code	73		
78	Date of Service	73		
79	Units of Service	73		
80	Where Service Occurred	73		
81	Practitioner or person providing service	73		
82	Screening Disposition Value for Reform	73		
83	Screening Disposition Value for Medicaid	74		
84	Screening Disposition Value for Level VI	74		
85	Diverted To	74		

0. **Global Status Review Date:** This date field corresponds with fields 1-35. Enter the date fields 1-35 are entered for new clients. Enter the global status review date to indicate the most recent date client information was updated when changes to the following fields are made:

- Most Recent Hospitalization
- Primary Diagnosis
- Secondary Diagnosis
- Functional Level
- Chronicity: SPMI (adults) and SED (children/adolescents)
- Date Chronicity Changes
- Payment Source
- Annual Income
- Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)
- Resident County
- Responsible County
- Client's highest level of educational achievement

Reporting Requirements:

Required at every submission for every person.

1. **Community Mental Health Center Number (CMHC):** Enter the three-digit facility code assigned by SRS. A list of the codes can be found in **Appendix A.**

Reporting Requirements:

Required at every submission for every person.

2. **Unique Client Identifier:** This is an eleven-digit/character code generated by combining specific values from other fields in the data set. This will allow us to track clients through the treatment system but protect their confidentiality since the unique identifier will not reveal identities. To formulate a unique client identifier, fill in the characters in this field in this order:

- First and last letter of pre-marital last name (Exceptions on the next page of the manual.) (XX)
- Two digits for month of birth (MM)
- First and last letter of given name (first name) (XX)
- Two digits for year of birth (YY)
- Number code for sex (X)
- Two digits for day of birth (DD)

The Unique ID is created using a combination of data. They are as follows:

<u>Digit</u>	<u>Description</u>
1,2	First & last letter of pre-marital last name
3,4	Month of Birth (Example: Born on July 04, 07 would be the 2-digit code)
5,6	First & last letter of first or given name
7,8	Year of Birth (Example: 62) (For Unique ID only, do not include the century)
9	Gender (1-Male, 2-Female, 3-Transgender M-F, & 4-Transgender F-M)
10, 11	Day of Birth (Example: Born on July 04, 04 would be the code used)

Exception Examples:

1. The individual's pre-marital name was not available at the time of admission and/or discharge, use the documented last name of the individual.
2. The individual is a twin whose name is Julie and her sister is being treated and her name is Jane. In this case you would use the next different letter of the first name.
3. If it is a child who's name has changed more than once in his/her lifetime, then use the last name that was used when the Unique ID was originally created. Contact the mental health organization who originally provided a service to the child to obtain this information.

Example of Unique ID for James Smith, male born on December 25, 1987:

SH12JS87125

Reporting Requirements:

Required at every submission for every person.

3. **Medicaid Beneficiary ID:** This is an 11 digit number that starts with 001.
 - Reported for all adults and all children **ENROLLED** in CMHC services.
 - Report the Health Wave Title XIX and Health Wave Title XXI ID as the Medicaid ID for persons whose payment source is HealthWave Title XIX and Title XXI.

Reporting Requirements:

Enter at admission

4. **Initial Contact Date:** Enter the **DATE** and **TIME** the intake call was logged. Both the **DATE** and **TIME** must be recorded into AIMS in order for CMHCs data to be correctly reported in Acuity Reports. This is the date of the person's first contact with the CMHC (e.g., when a person places a call to a CMHC).

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

5. **Scheduled Appointment Date:** Indicate the scheduled appointment **DATE** and **TIME**. Both the **DATE** and **TIME** must be recorded into AIMS in order for CMHCs data to be correctly reported in Acuity Reports. This date and time is the date and time that the first appointment was scheduled regardless of whether or not the appointment was later changed or not kept.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

6. Appointment Time Lapse: Initial Contact Date and Scheduled Appointment

- Appointment Time Lapse relates to the amount of time that lapses between AIMS Field 4 (Initial Contact Date) and AIMS Field 5 (Scheduled Appointment Date).
- **Enter only one reason for Appointment Time Lapse at admission for an episode of treatment. If more than one reason appears to be relevant, the clinician will need to determine and report the option that had the most influence on the Reason for Appointment Time Lapse.**
- **If the person's Appointment Time was scheduled within the appropriate time frame, based on his or her acuity – AIMS Field 10 – report option 1. NO LAPSE:**
 1. No Lapse (appointment was scheduled within the appropriate timeframe -- the appropriate timeframe is based on access target/standards).
 2. Client Choice (i.e., client requested specific counselor/psychiatrist/physician, desired a specific date/time, or requested to be seen in a satellite office closest to their home instead of driving additional miles).
 3. Did not meet the access target/standards.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

- 7. Admission Date (Open Date):** Enter the month, day, year (including century) the client was admitted to your facility for the current episode of care. For screening/evaluation only, use the **DATE** of the screening/evaluation. This DATE does not have to be the same as the scheduled appointment date.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

- 8. Appointment Time Lapse: Initial Assessment and Next Service Offered:** This field is designed specifically for CMHCs to report information relevant to treatment access.

- **Report option 1. NO LAPSE** if the person's treatment began within 10 working days of initial assessment.

Appointment Time Lapse: Initial Assessment and Next Service

1. No Lapse (appointment was scheduled within the appropriate timeframe -- the appropriate timeframe is based on access target/standards).
2. Client Choice (i.e., client requested specific counselor/psychiatrist/physician, desired a specific date/time, or requested to be seen in a satellite office closest to their home instead of driving additional miles).
3. Did not meet the access target/standards.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

9. Registration:

1. **Enrolled:** The client (enrolled) is a person seen face-to-face for a clinical service by a member of the center staff.
2. **Not Enrolled:** The client (not enrolled) is a person seen face-to-face for a clinical service, but the center staff anticipates no further contact. Potentially a billable service. Must be closed at this time.
3. **Pending:** The client (pending) is a person seen face-to-face for a clinical service, but the center staff is not sure if there will be further contact. Potentially a billable service. Must be closed within 30 days. This registration value is only chosen for people who have been seen face-to-face at the CMHC. Do not enter this value for people who are “pending” in terms of being scheduled for an appointment.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care. If a person’s registration changes (e.g., a customer whose registration is pending is enrolled in CMHC services) the person must be discharged from the pending status and opened as an enrolled client.

10. Acuity: These acuity standards apply to a person who is being admitted to CMHC services.

1. **Emergent:** services are needed immediately to meet the needs of an individual who is experiencing an acute psychiatric crisis (this includes behavioral problems with children/adolescents), which is at a level of severity that may meet the requirements of hospitalization, and/or who, in the absence of immediate services, may require hospitalization.

Response time:

Face-to-face assessment and crisis intervention services within 3 hours. Follow-up treatment and/or coordination of services is required, as necessary, to ensure stabilization and diversion from potential hospitalization.

Example 1:

Law enforcement calls the center to request assistance for an individual who appears disoriented, confused, and was picked up by law enforcement because he was walking in and out of traffic at a busy intersection. When law enforcement approached the individual, he reportedly said he was trying to get to heaven.

Example 2:

A mother contacts the center saying she is concerned about her 13 year old son and explains she has recently been through a divorce. At the moment, the son is pacing the room crying and saying that he is angry with his father. The son has stated that he has hidden a knife in his room and will use it like he did before when the mother is not watching.

2. **Urgent:** services required to prevent a serious complication or deterioration in the individual’s health and cannot be delayed without imposing undue risk on the individual’s well-being and if not promptly treated could rapidly become an emergent situation. Additionally, includes situations when an individual’s discharge from the hospital or other inpatient/acute care setting, such as crisis

stabilization unit, structured residential setting, NF/MH, etc., will be delayed until services are provided.

Response time:

Face-to-face assessment and service intervention within 72 hours. Follow-up services and/or coordination of services is required as necessary to ensure stabilization.

Example 1

A grandfather calls the center concerned about his adopted grand-daughter. The grandmother passed away a month ago. For about a week, the child has been talking about “hurting someone else like she is hurting.” The grandfather has noticed the child “playing roughly -- almost strangling” the family pet. The school has reported the child is hitting and biting at school and will be suspended soon for this behavior.

Example 2

A local jail contacts the center about a person arrested for disturbing the peace; he is being released in three days and will be living with his parents. He seems to be experiencing symptoms of bi-polar disorder and is not on medications.

3. Routine: non-crisis in nature.

Response time:

Assessment offered within 10 working days of the person’s first contact with the CMHC.

Treatment to begin within 10 working days of the assessment.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

11. Most Recent Hospitalization: Indicate the last type of inpatient psychiatric facility and/or substance abuse facility at which the client has received care: Can be self reported. Update this field as it changes, or at least annually in June, for people in the target reporting population (enrolled/target).

1. None
2. State mental health hospital
3. Private Psychiatric hospital
4. Out of home crisis stabilization
5. General Hospital Psychiatric Ward
6. Inpatient Substance Abuse Treatment (excluding detox, etc.)
7. Residential mental health treatment within a state correctional facility.

Reporting Requirements:

Enter at admission

12. DOB: (This field is used in the Unique Client Identifier)
Enter two digits for month, two digits for birthday, and four digits for birth year (MMDDYYYY).

Reporting Requirements:

Enter at Admission

13. Gender: (This field is used in the Unique Client Identifier)
Enter the code for the client's gender.

1. Male
2. Female
3. Transgender Male to Female
4. Transgender Female to Male

Reporting Requirements:

Enter at Admission

14. Ethnicity:

- Collect data on ethnicity and race separately.
 - The Hispanic/Latino origin question should precede the race question.
 - Enter the code for ethnicity that the client reports.
1. **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 2. **Not Hispanic or Latino**

Reporting Requirements:

Enter at Admission

15. Race:

Enter the code for race that the client reports. Choose all that apply.

1. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliations or tribal community attachments.
2. **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American:** A person having origins in any of the black racial groups of Africa.
- 4.
5. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
6. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
7. **Other/Unknown**

Reporting Requirements:

Enter at Admission

16. Primary Diagnosis: Enter the primary diagnosis at admission. Update this field every time it changes or at least annually in June for persons in the Targeted Reporting Population. Primary diagnosis may be Axis I or Axis II.

Reporting Requirements:

Enter at admission

17. Secondary Diagnosis: Enter all secondary diagnosis(es). Update this field every time it changes or at least annually in June for persons in the Target Reporting Population.
Secondary diagnosis(es) may be Axis I or Axis II.

Reporting Requirements:

Enter at admission

18. Functional level: (GAF Scale). Please enter the appropriate Axis V code for the admission diagnosis, DSM-IV Global Assessment of Functioning Scale. Update this field every time it changes or at least annually in June for persons in the Target Reporting Population (Enrolled/Target).

Reporting Requirements:

Enter at admission

19. CHRONICITY: SPMI (Adults) And SED (Children/Adolescents): Choose the chronicity status based on the following guidelines:

❖ **SPMI:** (Method to Define Adults with SPMI is available in [Appendix F](#))

- If an adult with SPMI is receiving any one of the CSS Services (Targeted Case Management (T1017); Community Psychiatric Supportive Treatment (H0036); Mental Health Attendant Care (T1019-HE); Individual Community Support (T1019-HK); Psychosocial Rehab Group (H2017), regardless of whether or not he or she is receiving other CMHC services, the chronicity status is 3.
- If an adult with SPMI is receiving medication services only the chronicity status is 2.
- All other adults with SPMI that are enrolled in CMHC services have a chronicity status of 1.

❖ **SED:** (Criteria for Serious Emotional Disturbance is available in [Appendix E](#))

- If a child/adolescent with SED is getting TCM or CPST (even if they are receiving other services) the chronicity status is 6.
- If a child/adolescent with SED is receiving medication services only the chronicity status is 5.
- All other children/adolescents with SED that are enrolled in CMHC services have a chronicity status of 4.

1. SPMI (Receiving services other than medication services only or CSS)
2. SPMI (Receiving medication services only, not CSS)
3. SPMI (Receiving any CSS service)
4. SED (Receiving services other than medication only, TCM, or CPST)
5. SED (Receiving medication services only, not TCM or CPST)
6. SED (Receiving TCM or CPST)
7. No, not applicable (not SPMI/SED)
8. Unknown

Reporting Requirements:

Enter at admission and when the chronicity changes

20. Enter a date in this field any time a client's chronicity changes. The chronicity date needs to reflect the date AIMS Field 19 Chronicity is effective rather than the date the chronicity was entered/changed.

Reporting Requirements:

Enter this field when Chronicity status is originally entered at admission and anytime chronicity is changed

21. Payment Source(s):

Enter payment source(s) upon admission. Update changes in payment source(s) for those in the Target Reporting Population (Enrolled/Target) as it changes or at least annually in June.

Select all that apply

1. Blue Cross/Blue Shield Insurance
2. Other Private Insurance
3. Other Public/Government Funds: Excludes CHAMPUS and ADAS funds
4. Private Pay (Paid by Client)
5. JJA
6. No Charge
7. Volunteer Services
8. Health Maintenance Organization (HMO)
9. Alcohol & Drug Abuse Services (All services funded by SRS Addiction and Prevention Services – formerly Substance Abuse Prevention, Treatment, and Recovery)
10. Employee Assistance Program (EAP)
11. Student Assistance Program (SAP)
12. Medicaid
13. Medicare
14. CHAMPUS/Tri-Care/Other military insurance benefits
15. Veteran's Administration (VA)
16. HCBS SED 1915c Waiver (Report Waiver as the funding source as soon as a child/adolescent receives CBS services under the auspices of the SED Waiver.)
17. Health Wave Title XXI only
18. Privatization Contracts (Foster Care, Adoption or Family Preservation)
20. Unknown or Other
20. Health Wave Title XIX only

Reporting Requirements:

Enter at admission

22. SED WAIVER Stop Reason: The purpose of this field is to be able to track why children on the SED Waiver leave CMHC services and/or why children in CMHC services go off the SED Waiver. Use this field when children whose CMHC services are funded through the SED Waiver are no longer served through the SED waiver. This includes children who remain in CMHC services but whose services are no longer funded by the SED Waiver and/or children whose services were funded by the SED Waiver that are discharged from CMHC services.

1. Service plan goals met
2. Change in medical condition
3. Moved out of CMHC catchment area
4. Lack of cooperation/refusal to sign or abide by service plan
5. Lack of safe living arrangement
6. Family/Youth choice to stop SED Waiver
7. Services deemed critical not available or refused by beneficiary
8. Death of beneficiary
9. Cost of services
10. State Hospital placement
11. Residential placement (e.g., group home or youth correctional facility).
12. Loss of clinical and/or financial eligibility (this includes youth transferred to regular Medicaid eligibility, other waiver, or to Healthwave)
13. Reached maximum age of 22

Reporting Requirements:

Enter when a child/adolescent served through the SED Waiver goes off the SED Waiver or when a child/adolescent served through the SED Waiver is discharged from CMHC Services

23. Annual Income: Enter the yearly gross income of the **household**. Round to the nearest dollar. If the client is paying the full fee and will not give income information, enter 88,888. The system will only accept 5 digits for the income. If someone is making \geq \$100,000 please enter it as \$99,999. If someone is actually making \$88,888, please round it up to \$88,889.

Reporting Requirements:

Enter at admission.

24. Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI): Indicate whether the individual is eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) programs of the Social Security Administration. This variable is targeted toward a special client population of the severe and persistent mentally ill as defined by NIMH. This includes both adults and children. Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target).

1. Not Applicable
2. Eligible and Receiving Payments
3. Eligible but not Receiving Payments
4. Potentially Eligible (Case not yet submitted for Determination)
5. Determined to be Ineligible by Review and Decision
6. Determination Decision on Appeal

Reporting Requirements:

Enter at admission

25. Resident County: A key factor in determining compliance with contract agreements for state hospital bed day allocation is knowing which consumers are the responsibility of each CMHC. Each CMHC is held accountable for state hospital beds used by persons who reside in counties within their service area provided that the person meets the criteria for county of responsibility. Otherwise the state hospital bed utilization would fall back on the CMHC that is the county of responsibility. County of residence is defined by the state of Kansas as physical presence with intent to remain in the county. For most people, the county of residence is where their home is located. Therefore, the county of residence may change depending upon a person's choice to move from one county to another. An exception to this is a person who is residing in a facility in a particular county to receive mental health services because appropriate services are not available in his or her home community. Such individual's residence would be that of his or her primary place of residence prior to entering the facility.

A child's residence as outlined above follows that of the custodial person. In cases of joint custody, the child's residence is determined by the residence of the parent with whom the child lives at the time of the screening. If parental rights have been terminated, the child's residence is determined by the court of jurisdiction. Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target). **See Appendix B for county codes.** Enter the county code that represents the individual's place of residence. If the client is not residing in Kansas, enter code OU indicating out-of-state.

Reporting Requirements:

Enter at admission

26. Responsible County: The county of responsibility is the county from which the consumer originally came or the county where the consumer lived independently or with family (in other than a group home, boarding home, NF/MH, or other supervised living facility) for at least six continuous months prior to the latest admission to a state hospital or other institution. The CMHCs contract may spell out certain of these exceptions, or the hospitals and the involved CMHCs may agree to certain assignments. Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target).

The concept of county of responsibility has been assigned by SRS to address the issue of consumers who live outside of the county where they were found to be in need of a mental health reform screen. County of responsibility, defined to address bed day use, refers to the county within the service area of a CMHC to which a consumer is assigned. A child's county of responsibility is determined by the residence as outlined above. The county of jurisdiction is the county of responsibility if the child/adolescent is in SRS or JJA custody. In most cases, the county of responsibility and county of residence are the same. However, there are noted exceptions to this policy.

The county of "residence" and the county of "responsibility" may be different when a consumer moves from his or her home to a facility for the purpose of receiving some special service. This move may be to a nursing care facility because of that facility's ability to provide the consumer with special services he or she could not get in his or her home community. Subsequently, if that consumer needs to be admitted to a state hospital, a determination must be made regarding which

CMHC will be responsible for working toward discharge with that consumer and thus, contractually responsible for the consumer's bed days.

Reporting Requirements:

Enter at admission

27. Admission Referral Source:

Enter the referral source code that best describes the individual or agency most recently referring the client to treatment:

1. Self: Includes Walk-ins, Media Services
2. Family/Relative(s)
3. Friends
4. Clergy
5. Other Private Health Care Professional
6. Attorney
7. Court
8. Peace Officer: Includes city, county, or state police
9. State Mental Health Hospital
10. Private Psychiatric Hospital
11. Alcohol & Drug Program
12. Comprehensive Screening Unit for Youth
13. General Hospital
14. SRS Area Office
15. Social Agency/Community Agency
16. State Mental Retardation Hospital
17. Nursing Facility
18. Private Intermediate Care Facility-Mental Retardation (ICF-MR)
19. Nursing Facility for Mental Health (NFMH)
20. Community Developmental Disability Organization
21. SRS Vocational Rehabilitation/Disability Determination
22. Veteran's Administration (VA) Hospital
23. State Employee Assistance Program (EAP): Includes employer referral
24. College/School: Includes Student Assistance Program (SAP)
25. In-house Staff/Transfer
26. Penal System: Includes State & Federal Prison
27. Self Help Group(s)
28. DUI/DWI
29. Adult Residential Facility (Adult Group Home)
30. Other Employee Assistance Program (EAP): Includes employee referral
31. Military
32. Probation
33. Community Mental Health Center
34. Diversionary Program
35. Juvenile Correction Facilities: (TJCF, LJCF, AJCF, BJCF)
36. State or Local Health Department
37. Mental Health Consortium
38. Managed Care Organization

39. Parole
40. Community Corrections
41. Community Service Programs
42. Unknown or Other
43. Primary Care Physician
44. Youth Residential Group Home
45. Foster Care Privatization Contract
46. Adoption Privatization Contract
47. Juvenile Justice Authority
48. Homeless shelter
49. Battered Women's Shelter
50. Tribal Social Services
51. Local School (primary/secondary education)

Reporting Requirements:

Enter at admission

28. Client's Highest Level of Education: Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target).

Enter the code that best describes the client's highest level of educational achievement:

10. None (No Formal Education)
11. Preschool
12. Kindergarten
13. First Grade
14. Second Grade
15. Third Grade
16. Fourth Grade
17. Fifth Grade
18. Sixth Grade
19. Seventh Grade
20. Eighth Grade
21. Ninth Grade
22. Tenth Grade
23. Eleventh Grade
24. High School Graduate (Not G.E.D.)
25. One year of College
26. Two years of College: Includes Associate Degree
27. Three years of College
28. Bachelor Degree
29. Graduate Work (No Degree)
30. Master Degree
31. Doctorate
32. Special Education Ungraded Class
33. General Education Degree (G.E.D.)
34. Vocational Training beyond High School
35. Unknown
36. Four years of College (No Degree)

- 37. MD
- 38. JD (attorney)

Reporting Requirements:

Enter at admission

- 29. Closing Date:** Enter the date of the case record administrative closing (MM/DD/YYYY is valid format). The case should be closed within 90 days of last clinical face-to-face contact date. For Medication Services only clients, the closing date may be extended as long as clients are receiving services.

Reporting Requirements:

Enter at Discharge

- 30. Last Contact Date:** Indicate the date of the last clinical face-to-face contact.

Reporting Requirements:

Enter at Discharge

- 31. Discharge Reason:** Please indicate reason client was discharged from your facility.
- 1. Evaluation completed
 - 2. Treatment completed (Planned discharge by mutual agreement)
 - 3. Treatment not completed, agency decision.
 - 4. Treatment not completed, Client Decision (AMA, No Show), Unable to locate client
 - 5. Transfer to alternative program
 - 6. Client moved
 - 7. Death – Natural Causes
 - 8. Client discharged by/to Court or to Jail
 - 9. Death – Accident
 - 10. Death – Suicide
 - 11. Death – Murder
 - 12. Death – Terminal Illness
 - 13. Death – Other
 - 14. Death – Unknown

Reporting Requirements:

Enter at Discharge

32. Primary Diagnosis at Discharge: Enter the primary diagnosis at discharge. Primary diagnosis at discharge may be Axis I or Axis II.

Reporting Requirements:

Enter at Discharge

33. Secondary Diagnosis(es) at Discharge: Enter as many secondary diagnoses as necessary. Secondary diagnosis(es) at discharge may be Axis I or Axis II.

Reporting Requirements:

Enter at Discharge

34. Functional level at closing: (GAF Scale)—For the last session, please enter the appropriate Axis V code for the discharge diagnosis, DSM-IV Global Assessment of Functioning Scale. If the reason for discharge is client deceased use 0.

Reporting Requirements:

Enter at Discharge

CLIENT STATUS INFORMATION FOR ADULTS ENROLLED IN CMHC SERVICES

THE FOLLOWING CLIENT STATUS INFORMATION IS ENTERED UPON ADMISSION FOR ALL ADULTS WHO ARE ENROLLED IN CMHC SERVICES

35. REPORT PERIOD:

Enter month and year for which data is being reported (for ALL adult CSR data)

Reporting Requirements:

Enter at admission

36. CLIENT STATUS REVIEW DATE:

Enter the date that the client status information for a given month is actually entered, unless the case has been closed. Use the discharge date if the case has been closed.

Reporting Requirements:

Enter at admission

38. CURRENT EDUCATIONAL STATUS: Report the current Educational Status at admission. Enter the current Educational Placement at the end of the reporting period when completing the monthly CSR information. Enter the information when the person is no longer in CSS (i.e., the person is discharged from service or his or her chronicity (AIMS Field 19) is no longer 3).

38.01 NO EDUCATIONAL PARTICIPATION: Those consumers who receive mental health services who are not currently engaged in any type of formalized educational activity.

38.02 AVOCATIONAL EDUCATIONAL INVOLVEMENT: These are organized classes in which the consumer enrolls consistently and expects to take part for the purpose of life enrichment, hobbies, recreation, etc. Examples would include art or ceramic classes, acting, aerobics, gourmet cooking, and computer training. These classes must be community based; not run by the Mental Health Center. These classes are those that any citizen could participate in, not just persons with severe and persistent mental illness. If any of these activities involved college enrollment, mark it under college not in this category. For example, an art class operated by a Junior College would be included in Junior College, not avocational.

38.03 PRE-EDUCATIONAL EXPLORATIONS: Individuals in this status are engaged in educational activities with the specific purpose of working towards an educational goal. This status would include individuals who attend a college orientation class with the goal of enrollment in a college class, meet with the financial aid office to apply for scholarships, and apply for admission for enrollment. This status may also include those persons who attend a mental health center sponsored activity focusing upon an educational goal, e.g., campus visits with a case manager to survey the location of buildings of where they will be taking classes; consumer, case manager and College Services for Students with Disability meeting to secure entitlements.

38.04 WORKING ON GED: This level includes those who are taking classes toward obtaining their GED.

38.05 WORKING ON ENGLISH AS A SECOND LANGUAGE: This level includes those who are taking classes in English as a second language in a community setting.

38.06 BASIC EDUCATIONAL SKILLS: This level includes those who are taking adult educational classes focused on basic skills such as math and reading.

38.07 ATTENDING VOCATIONAL SCHOOL OR APPRENTICESHIP, VOCATIONAL PROGRAM, (CNA TRAINING) OR ATTENDING HIGH SCHOOL: Includes people who are engaged in any of the following activities.

- Individuals who are participating in community based vocational schools.
- Those persons who are learning vocational skills through an apprentice, intern, or practicum setting. These individuals may or may not be compensated for apprenticeship. The goal of apprenticeship is towards learning vocational skills. Upon completion of this formal program of course work, the person will have a marketable skill.
- Training provided on the job to acquire more advanced skills (e.g., certified nurse assistant, mental health technician, etc.)
- Completing correspondence course leading to job certification either through video or written assignments.
- Young adults attending high school.

38.08 ATTENDING COLLEGE (1 – 6 HOURS): Attend college (6 credit hours or less) this would include natural school breaks (Christmas, summer) if consumer plans to continue on with enrollment for credit course work. This status suggests regular attendance by the individual; the hours in this situation referring to credit hours. Includes correspondence, TV or video courses for college credit. Continue to include the person in this status even if the person is on an academic break if the person was attending college 1-6 hours before the break and will continue attending college 1-6 hours after the break.

38.09 ATTENDING COLLEGE (7 OR MORE HOURS): As in status above, any individual attending college on a full time basis (7+ credit hours). Regular attendance with expectations of completion of course work is essential for assignment to this category. Continue to include the person in this status even if the person is on an academic break if the person was attending college 7 or more hours before the break and will continue attending college 7 or more hours after the break.

38.10 OTHER (SPECIFY): Please provide specific information if a person cannot be grouped into any of the above categories. For example, someone who has a professional license (LPN, teaching, etc.) and attending workshops for CEU's to keep their license current, or in-service training for job advancement.

Reporting Requirements:

Enter at admission

41. CURRENT RESIDENTIAL ARRANGEMENT: Report the current Residential Arrangement at admission. Enter the current Residential Arrangement at the end of the reporting period when completing the monthly CSR information if the person is in the Targeted Reporting Population (Enrolled/Target).

- Report residential status for hospitalized persons based on where the person lived prior to hospitalization. If anything changes during the time the person is hospitalized, it will be reported when the person is physically discharged from the hospital.

41.03 NURSING HOME: A nursing facility is any place or facility operating 24 hours a day, seven days a week, caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care to compensate for activities of daily living limitations. This category includes Adult Care Homes, which are defined as intermediate care facility for the mentally retarded, assisted living facility, residential health care facility, home plus, and adult day care facility, all of which classifications of adult care homes are required to be licensed by the secretary of health and environment.

41.04 NFMH: An NFMH is any place or facility operating 24 hours a day, seven days a week caring for six or more individuals not related within the third degree of relationship to the administrator or owner by blood or marriage and who, due to functional impairments, need skilled nursing care and special mental health services to compensate for activities of daily living limitations.

41.05 GROUP HOME: A group home is defined here as a residence that is run by staff who provide many functions (shopping, meal preparation, laundry, etc.) that are essential to independent living.

41.06 BOARDING HOME: A boarding home is a facility that provides a place to sleep and meals, but it is not seen as an extension of a mental health agency, nor is it staffed with mental health personnel. These facilities are largely privately run, and consumers have a high degree of autonomy.

41.07 LIVES WITH RELATIVES (HEAVILY DEPENDENT FOR PERSONAL CARE AND CONTROL): Here the individual consumer and relatives should be consulted to the degree that family members are responsible for the daily care of individual consumer. An important distinction between this status and number 41.08 is to ask, "If the family was not involved, would the person be living in a more restrictive setting?" In assessing the extent to which the members provide substantial care, such things as taking medication, transportation, cooking, cleaning, control of leaving the home, money management, etc. can be considered. If the consumer is unable to independently perform a majority of the daily living functions, the family member(s) are providing substantial care.

41.08 LIVES WITH RELATIVES (BUT IS LARGELY INDEPENDENT): As with status 41.07, an assignment to this category requires information provided by the consumer and family. The key consideration relates to the degree that the individual is able to perform the majority of those tasks essential to daily living without the supervision of a family member.

41.09 SUPERVISED HOUSING PROGRAM: Here, the individual is living in housing sponsored by a mental health agency and the mental health agency mandates the consumer to participate in certain mental health services in order to reside in the home or apartment. Both the sponsorship and mandate criteria must be met in order for this category to apply.

41.10 INDEPENDENT LIVING: The consumer is living independently. This includes the person living with a spouse, friends, or family and who is capable of self-care. This category includes the consumer who is living independently with CSS support or CMHC financial support. The consumer is largely independent yet may choose to live with other(s) for reasons not related to mental illness. The reason

for shared housing is a personal choice and can be related to culture considerations. Residing in this housing is not considered contingent upon participating in a specific treatment program. Who make decisions over the person's living space and schedule might be a question that helps distinguish whether or not it is independent living.

41.11 OTHER: This status should be clearly defined in the space provided by those completing the form.

41.12 Precariously Housed: Includes people sleeping in conventional dwelling units, other than their own, but their housing situation must have arisen from an inability to pay for one's own housing, and must be of short anticipated duration (less than 60 days), and the person should have no plans or prospects for stable housing, and no financial resources to obtain housing. In rural/frontier areas, for example, this includes persons that would be homeless if they were not living with friends/family.

41.13 Homeless: Includes people who are living in any of the following circumstances:

- Living on the streets.
- Emergency shelter.
- Transitional housing for homeless persons who originally came from the streets or emergency shelters.
- Any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and lacks resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or jail/prison, in which the person has been a resident for more than 30 consecutive days so long as that institution is not required to provide housing and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- Is fleeing a domestic violence situation and no subsequent residence has been identified, and the person lacks the resources and support networks needed to obtain housing.

Reporting Requirements:

Enter at admission

42. CURRENT VOCATIONAL STATUS: Report the current Vocational Status at admission. Enter the current Vocational Status for the reporting period when completing the monthly CSR information.

42.01 NO VOCATIONAL ACTIVITY: Those citizens who receive mental health services who are not currently engaged in any paid or volunteer employment and who are not engaged in any preparatory activity to gain employment. This includes people who are living alone and only caring for themselves, not for dependents.

42.02 PREVOCATIONAL ACTIVITY: Individuals in this status are engaged in prevocational classes at the mental health center and/or similar courses in the community apart from vocational school/training courses. Typically these are classes held/sponsored by the mental health center where the individual participates an average of once a week. The person must be participating in specific classes which concentrate on vocational skill building, including such topics as interviewing skills, job search skills, etc. This may also include volunteer work units such as clerical, maintenance, or lunch programs in clubhouses or partial hospital programs or community volunteer jobs that are irregular or occur less than weekly. This category does not include consumers involved in a partial day program or clubhouse who are not taking specific vocational related classes or involved in a volunteer work unit.

42.03 SCREENING AND EVALUATION OF VOCATIONAL INTERESTS AND ABILITIES: This status includes involvement in vocational rehabilitation services and specific job programs that may be available. It does not include informal discussions, nor does it include intakes at the mental health center.

42.04 ACTIVE JOB SEARCH: To qualify for this status suggests that the consumer is having regular job interviews, reviews the newspaper and makes inquiries daily, contacts the job service center, and so forth. It must be an active search for which evidence is substantial.

42.05 PARTICIPATING IN A SHELTERED WORK PROGRAM/SHELTERED EMPLOYMENT: This status includes but is not limited to formally designated sheltered work programs. This includes only programs where the positions are not competitive and where the consumers are paid for their work. This does not include volunteer work programs in a mental health center or prevocational classes, but may include work crews and in-house businesses that are run by the mental health center or community support program.

42.06 EMPLOYED IN TRANSITIONAL EMPLOYMENT: To qualify the work should be steady and regular and is held in a community setting. The consumer's placement in this position is time-limited with the goal of moving to competitive employment, and where the job coach or other staff may stand in if the consumer was not able to do the work. This includes formal transitional employment programs both where a job coach is or is not present.

42.07 PARTICIPATING IN ONGOING VOLUNTEER ACTIVITY: This must be regular, steady volunteer activity outside the mental health center. This would include any volunteer work in the community that happens at least once a week at scheduled or regular times. This does not include consumers who once in a while will help out a neighbor or a landlord by cleaning up trash or cleaning windows.

42.08 ANY PERSON WHO REMAINS HOME TO TAKE CARE OF CHILDREN OR OTHERS: This status acknowledges the role of caretaker as a viable economic activity. This status includes consumers who remain at home to take care of a dependent(s). Dependents are defined as disabled, sick, young or old persons living in the home. This status does not include consumers who are taking care of themselves in their home.

42.09 ANY JOB OR SET OF JOBS REQUIRING LESS THAN 30 HOURS PER WEEK: This status is for those engaged in part-time employment. It includes consumers employed by the CMHC when the job they do was open/advertised for anyone to apply. Also included in this status are consumers who are self-employed (e.g., refinishing furniture, lawn service, painting houses, etc.), but the person must be working regularly (at least 5 hours a week) and be paid for the work. This does not include a person who collects aluminum cans or mows a lawn every so often. It can include a person who works on a family farm.

42.10 ANY JOB OR SET OF JOBS REQUIRING MORE THAN 30 HOURS PER WEEK: This status is reserved for those people engaged in roughly full-time, competitive employment in the community. It includes consumers employed by the CMHC when the job they do was open/advertised for anyone to apply. Competitive employment in this category includes any job(s) that is open to other community members. This can also include a person who is self-employed in their own business, but they must work more than 30 hours per week. It can also include a person who works on a family farm.

42.11 OTHER: Please provide specific information if a person cannot be grouped into any of the above categories. If the person is receiving SSI or SSDI and not involved in any other activity, you do not assign them to this category. A person not involved in any vocational or educational activity and receives disability benefits belongs in status number 1, “no vocational activity.”

42.12 RETIRED: Many of our older consumers have engaged in productive work in their lifetimes and/or are of an age where it is socially acceptable not to work. Any person over the age of 62 who is not employed, or any person who was employed in a job where retirement came earlier in their life (e.g., military, fire fighter, police, etc.) may be placed in this category.

Reporting Requirements:

Enter at admission

**CLIENT STATUS INFORMATION FOR CHILDREN/YOUTH
ENROLLED IN CMHC SERVICES**

THE FOLLOWING CLIENT STATUS INFORMATION IS ENTERED UPON ADMISSION FOR ALL CHILDREN/YOUTH THAT ARE ENROLLED IN CMHC SERVICES

49. REPORT PERIOD:

Enter month and year for which data is being reported (for ALL children/adolescent CSR data)

Reporting Requirements:

Enter at admission

50. CLIENT STATUS REVIEW DATE:

Enter the date that the client status information for a given month is actually entered, unless the case has been closed. Use the discharge date if the case has been closed.

Reporting Requirements:

Enter at admission

51. Custody Status:

1. Child in JJA custody and out of home placement
2. Child in JJA custody and lives at home
3. Child is under supervision of JJA, but not in their custody
4. Child is in SRS custody and out of home placement
5. Child is in SRS custody and lives at home
6. Child is under SRS supervision, but not in their custody
7. No JJA or SRS involvement

Information for Foster Care Contractor must be reported when a child's custody status in Field 51 is 4 (Child is in SRS Custody and out of home placement).

Reporting Requirements:

Enter at admission

55. Current Educational Placement: During the summer, if the child is not enrolled in summer school, choose option

19. Not in school – summer break.

1. Not applicable (not listed below)
2. Institutional instruction: e.g. psych. Hospital, detention
3. Residential School
4. Home-based instruction from school district

6. Special Education

7. Regular Classroom with Special Ed. Services or Consultation

9. Regular classroom (100% of the day with no Special Ed.)

10. Home Schooling not provided by the school district

11. Not in school (suspended)

12. Not in school (graduated)

13. Not in school working on a GED

14. Not in school (expelled)

15. Not in school (drop-out)

16. Preschool

17. Other

18. Alternative Education placement with Intensive psychosocial

19. Not in school – summer break
20. Therapeutic Services for Preschool Children (only choose this option if data for the child are going to be reported following the instructions provided in Appendix D).
21. Enrolled in post-secondary education (Technical School, College, Professional development such as cosmetology)

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

63. CURRENT RESIDENTIAL SETTING: Report the current Residential Setting at admission.

- If the child’s current residential placement is THERAPEUTIC FOSTER CARE or FOSTER HOME, the child’s custody status (AIMS Field 51) must be reported as 4 (CHILD IN SRS CUSTODY AND OUT OF HOME PLACEMENT), and AIMS_V3.0 Field 65 (Foster Care Contractor) must be reported.

Choose CURRENT Residential Setting at the end of the Report Period.

1. Jail/Detention
2. State Hospital
3. Inpatient Psychiatric Unit
4. Crisis Resolution/Stabilization Unit
5. Drug/Alcohol Treatment Center
6. Residential Treatment/Level VI
7. Group Home (Levels III, IV, V)
8. Emergency Shelter
9. Therapeutic foster care
10. Foster home
11. Temporarily living with a Relative or Family Friend
12. Permanent Home: Biological, adoptive or other
13. Independent Living
14. Homeless

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

65. FOSTER CARE CONTRACTOR: If a child receives services through more than one contractor in any reporting period then report all that apply. Information for Foster Care Contractor must be reported when a child’s custody status in Field 51 is 4 (Child is in SRS Custody and out of home placement).

Report this information for any child who is being served through a foster care contract, even if the child is not living in a therapeutic or other foster care placement.

8. KCSL (FC)
9. The Farm
10. UMY
11. KCSL (adoption)
12. KVC
13. St. Francis
14. DCCA

Reporting Requirements:

Enter at admission, update monthly, and when the child/adolescent stops case management

66. Total Number of arrests:

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ARRESTS DURING THE PRECEDING 30 DAYS. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission

67. Number of Adjudicated Felonies for crimes (e.g., drug crimes) other than property crimes or crimes against persons. Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ADJUDICATIONS DURING THE PRECEDING 30 DAYS. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission

68. Number of adjudicated felonies for property crimes: Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ADJUDICATIONS DURING THE PRECEDING 30 DAYS. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission

69. Number of adjudicated felonies for crimes against persons: Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ADJUDICATIONS DURING THE PRECEDING 30 DAYS. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission

70. Number of Adjudicated Misdemeanors: Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THE CHILD HAD NO ADJUDICATIONS DURING THE PRECEDING 30 DAYS. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission

71. Law Enforcement Contact: Enter the number of face-to-face contacts by law enforcement with the parent(s) or surrogate parent(s) for events involving the youth. The number entered should reflect police contacts with parents that result from disruptive behavior – do not report the number of scheduled contacts for children on probation. Enter the number for the Report Period.

- Enter the number for the preceding 30 days for admissions. For the Target Reporting Population (Enrolled/Target—Children/Adolescents in Case Management) report the number that occurred in the monthly reporting period.
- **CMHCs ARE REQUIRED TO REPORT A 0 IF THERE WERE NO LAW ENFORCEMENT CONTACTS DURING THE PRECEDING 30 DAYS. DO NOT LEAVE THE FIELD BLANK.**

Reporting Requirements:

Enter at admission

SERVICE ENCOUNTER/SCREENING DATA

77. Service Code: Enter the service code. See Appendix C for a list of codes. Only codes in Appendix C can be transmitted to the Consortium as part of AIMS data. **CONTACT THE CONSORTIUM IF YOUR CMHC NEEDS TO ADD A VALID CPT CODE.**

❖ Service data are required for:

- All Screens:
 - 503 Mental Health Reform Screen
 - H0002 Behavioral Health Screen (Level VI Screen)
 - T1023 Screen Determine Treatment (Medicaid Screen)

Reporting Requirements:

Enter every time a service is provided

78. Date of Service: Enter the date the service occurred.

Reporting Requirements:

Enter every time a service is provided

79. Units of Service: Enter the number of MINUTES for each service provided.

Reporting Requirements:

Enter every time a service is provided

80. Where Service Occurred: Please indicate the location each service occurred.

1. CMHC
2. Community Setting
3. Consumer's Home/Place of Residence

Reporting Requirements:

Enter every time a service is provided

81. Practitioner or person providing service: This is a required field

Reporting Requirements:

Enter every time a service is provided

82. Screening Disposition Value for Reform: *Mental Health Reform Screens* are performed by a CMHC screener and are the process by which the gatekeeping function to the state mental health hospital is carried out. The purpose of such screens is to determine whether the various services a consumer has been assessed as needing can be provided by local agencies such as the CMHC, or whether those services can only be provided by admission to a state mental health hospital. If the screener determines that the consumer does, in fact, require the services of the state hospital, he or she will complete a Letter Authorizing Admission, which is commonly referred to as a “ticket letter”. If the consumer’s needs do not rise to the level of requiring state hospitalization, the screener should assist the consumer in getting connected to any provider that

may assist in meeting his or her needs. The screener should also be aware of various admission policies and criteria for community hospitals and providers that may be resources. It may also be helpful for the screener to assist in the process of completing necessary paperwork.

If the screen is a Reform screen, please mark the disposition:

1. Recommendation for voluntary psychiatric admission to a state hospital
2. Recommendation for involuntary psychiatric admission to a state hospital
3. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

83. Screening Disposition Value for Medicaid: *Medicaid screens* are required for an independent finding of medical necessity prior to Medicaid reimbursement for inpatient hospitalization. As the contract agent for the Consortium, which has the contract with SRS to fulfill this Medicaid requirement, the CMHC must perform this type of screen any time a person who is eligible or “potentially” eligible for Medicaid is considered for psychiatric hospitalization in a community hospital

If the screen is a Medicaid screen, please mark the disposition:

1. Approved for admission to local IP unit
2. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

84. Screening Disposition Value for Level VI: *Level VI Screens* are required to identify whether a Medicaid eligible youth seeking residential care meets admission criteria for Medicaid reimbursement. The purpose includes determination of the most appropriate, least restrictive level of care for the youth, taking into consideration available alternative community resources.

If the screen is a Level VI screen, please mark the disposition:

1. Approved
2. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

85. Diverted to (select all that apply):

1. Immediate medical evaluation
2. Crisis resolution
3. Day treatment services
4. Refer to co-occurring disorder evaluation: MH/DD or MH/Substance/Abuse
5. Residential group home
6. Outpatient testing/evaluation
7. Outpatient services
8. Nursing facility/mental health bed

9. In home family therapy
10. Respite Care
11. Case management services
12. Supportive education/vocational program
13. Attendant Care
14. Therapeutic foster care
15. Local/area inpatient psychiatric unit
16. Inpatient substance abuse unit
17. Social detox
18. Outpatient substance abuse services
19. Family therapy
20. Individual therapy
21. Other
22. Emergency services - Crisis appointment
23. Emergency services - Crisis attendant care
24. Emergency services - Crisis case management
25. Emergency services - Telephone intervention

Reporting Requirements:

Enter every time a person that receives an 82. Screening Disposition Value for Reform, 83. Screening Disposition Value for Medicaid, or 84. Screening Disposition Value for Level VI and is diverted from admission

**AIMS DATA REQUIREMENTS BASED ON REGISTRATION
NOT ENROLLED & PENDING**

DEMOGRAPHIC FIELDS				
Field #	Data Field	Page Number	Admit.	Discharge
0	Global Status Review Date	78	A	D
1	Community Mental Health Center Number (CMHC)	78	A	D
2	Unique Client Identifier	78	A	D
3				
4	Initial Contact Date	79	A	
5	Scheduled Appointment Date	79	A	
6	Appointment Time Lapse: Initial Contact Date and Scheduled Appointment	80	A	
7	Admission Date (Open Date)	80	A	
8				
9	Registration	80	A	
10	Acuity	81	A	
11				
12	DOB	82	A	
13	Gender	82	A	
14				
15				
16	Primary Diagnosis	82	A	
17	Secondary Diagnosis	82	A	
18				
19				
20				
21				

Field #	Data Field	Page Number	Admit.	Discharge
22				
23				
24				
25	Resident County	83	A	
26	Responsible County	83	A	
27				
28				
29	Closing Date	84		D
30				
31				
32				
33				
34				

SERVICE ENCOUNTER/SCREENING DATA	
Data Field	Page Number
77	Service Code 85
78	Date of Service 85
79	Units of Service 85
80	Where Service Occurred 85
81	Practitioner or person providing service 85
82	Screening Disposition Value for Reform 85
83	Screening Disposition Value for Medicaid 86
84	Screening Disposition Value for Level VI 86
85	Diverted To 86

0. **Global Status Review Date:** This date field corresponds with fields 1-35. Enter the date fields 1-35 are entered for new clients. Enter the global status review date to indicate the most recent date client information was updated when changes to the following fields are made:

- Most Recent Hospitalization
- Primary Diagnosis
- Secondary Diagnosis
- Functional Level
- Chronicity: SPMI (adults) and SED (children/adolescents)
- Date Chronicity Changes
- Payment Source
- Annual Income
- Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)
- Resident County
- Responsible County
- Client’s highest level of educational achievement

Reporting Requirements:

Required at every submission for every person.

1. **Community Mental Health Center Number (CMHC):** Enter the three-digit facility code assigned by SRS. A list of the codes can be found in **Appendix A.**

Reporting Requirements:

Required at every submission for every person.

2. **Unique Client Identifier:** This is an eleven-digit/character code generated by combining specific values from other fields in the data set. This will allow us to track clients through the treatment system but protect their confidentiality since the unique identifier will not reveal identities. To formulate a unique client identifier, fill in the characters in this field in this order:

- First and last letter of pre-marital last name (Exceptions on the next page of the manual.) (XX)
- Two digits for month of birth (MM)
- First and last letter of given name (first name) (XX)
- Two digits for year of birth (YY)
- Number code for sex (X)
- Two digits for day of birth (DD)

The Unique ID is created using a combination of data. They are as follows:

<u>Digit</u>	<u>Description</u>
1,2	First & last letter of pre-marital last name
3,4	Month of Birth (Example: Born on July 04, 07 would be the 2-digit code)
5,6	First & last letter of first or given name
7,8	Year of Birth (Example: 62) (For Unique ID only, do not include the century)
9	Gender (1-Male, 2-Female, 3-Transgender M-F, & 4-Transgender F-M)
10, 11	Day of Birth (Example: Born on July 04, 04 would be the code used)

Exception Examples:

1. The individual's pre-marital name was not available at the time of admission and/or discharge, use the documented last name of the individual.
2. The individual is a twin whose name is Julie and her sister is being treated and her name is Jane. In this case you would use the next different letter of the first name.
3. If it is a child who's name has changed more than once in his/her lifetime, then use the last name that was used when the Unique ID was originally created. Contact the mental health organization who originally provided a service to the child to obtain this information.

Example of Unique ID for James Smith, male born on December 25, 1987:

SH12JS87125

Reporting Requirements:

Required at every submission for every person.

4. **Initial Contact Date:** Enter the **DATE** and **TIME** the intake call was logged. Both the **DATE** and **TIME** must be recorded into AIMS in order for CMHCs data to be correctly reported in Acuity Reports. This is the date of the person's first contact with the CMHC (e.g., when a person places a call to a CMHC).

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

5. **Scheduled Appointment Date:** Indicate the scheduled appointment **DATE** and **TIME**. Both the **DATE** and **TIME** must be recorded into AIMS in order for CMHCs data to be correctly reported in Acuity Reports. This date and time is the date and time that the first appointment was scheduled regardless of whether or not the appointment was later changed or not kept.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

6. Appointment Time Lapse: Initial Contact Date and Scheduled Appointment

- Appointment Time Lapse relates to the amount of time that lapses between AIMS Field 4 (Initial Contact Date) and AIMS Field 5 (Scheduled Appointment Date).
- **Enter only one reason for Appointment Time Lapse at admission for an episode of treatment. If more than one reason appears to be relevant, the clinician will need to determine and report the option that had the most influence on the Reason for Appointment Time Lapse.**
- **If the person's Appointment Time was scheduled within the appropriate time frame, based on his or her acuity – AIMS Field 10 – report option 1. NO LAPSE:**
 1. No Lapse (appointment was scheduled within the appropriate timeframe -- the appropriate timeframe is based on access target/standards).
 2. Client Choice (i.e., client requested specific counselor/psychiatrist/physician, desired a specific date/time, or requested to be seen in a satellite office closest to their home instead of driving additional miles).
 3. Did not meet the access target/standards.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

7. **Admission Date (Open Date):** Enter the month, day, year (including century) the client was admitted to your facility for the current episode of care. For screening/evaluation only, use the **DATE** of the screening/evaluation. This DATE does not have to be the same as the scheduled appointment date.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

9. Registration:

1. **Enrolled:** The client (enrolled) is a person seen face-to-face for a clinical service by a member of the center staff.
2. **Not Enrolled:** The client (not enrolled) is a person seen face-to-face for a clinical service, but the center staff anticipates no further contact. Potentially a billable service. Must be closed at this time.
3. **Pending:** The client (pending) is a person seen face-to-face for a clinical service, but the center staff is not sure if there will be further contact. Potentially a billable service. Must be closed within 30 days. This registration value is only chosen for people who have been seen face-to-face at the CMHC. Do not enter this value for people who are "pending" in terms of being scheduled for an appointment.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care. If a person's registration changes (e.g., a customer whose registration is pending is enrolled in CMHC services) the person must be discharged from the pending status and opened as an enrolled client.

10. Acuity: These acuity standards apply to a person who is being admitted to CMHC services.

1. **Emergent:** services are needed immediately to meet the needs of an individual who is experiencing an acute psychiatric crisis (this includes behavioral problems with children/adolescents), which is at a level of severity that may meet the requirements of hospitalization, and/or who, in the absence of immediate services, may require hospitalization.

Response time:

Face-to-face assessment and crisis intervention services within 3 hours. Follow-up treatment and/or coordination of services is required, as necessary, to ensure stabilization and diversion from potential hospitalization.

Example 1:

Law enforcement calls the center to request assistance for an individual who appears disoriented, confused, and was picked up by law enforcement because he was walking in and out of traffic at a busy intersection. When law enforcement approached the individual, he reportedly said he was trying to get to heaven.

Example 2:

A mother contacts the center saying she is concerned about her 13 year old son and explains she has recently been through a divorce. At the moment, the son is pacing the room crying and saying that he is angry with his father. The son has stated that he has hidden a knife in his room and will use it like he did before when the mother is not watching.

2. **Urgent:** services required to prevent a serious complication or deterioration in the individual's health and cannot be delayed without imposing undue risk on the individual's well-being and if not promptly treated could rapidly become an emergent situation. Additionally, includes situations when an individual's discharge from the hospital or other inpatient/acute care setting, such as crisis stabilization unit, structured residential setting, NF/MH, etc., will be delayed until services are provided.

Response time:

Face-to-face assessment and service intervention within 72 hours. Follow-up services and/or coordination of services is required as necessary to ensure stabilization.

Example 1

A grandfather calls the center concerned about his adopted grand-daughter. The grandmother passed away a month ago. For about a week, the child has been talking about "hurting someone else like she is hurting." The grandfather has noticed the child "playing roughly -- almost strangling" the family pet. The school has reported the child is hitting and biting at school and will be suspended soon for this behavior.

Example 2

A local jail contacts the center about a person arrested for disturbing the peace; he is being released in three days and will be living with his parents. He seems to be experiencing symptoms of bi-polar disorder and is not on medications.

3. Routine: non-crisis in nature.

Response time:

Assessment offered within 10 working days of the person's first contact with the CMHC.

Treatment to begin within 10 working days of the assessment.

Reporting Requirements:

This data is reported only one time for each person at admission for each discrete episode of care.

12. DOB: (This field is used in the Unique Client Identifier)

Enter two digits for month, two digits for birthday, and four digits for birth year (MMDDYYYY).

Reporting Requirements:

Enter at Admission

13. Gender: (This field is used in the Unique Client Identifier)

Enter the code for the client's gender.

1. Male
2. Female
3. Transgender Male to Female
4. Transgender Female to Male

Reporting Requirements:

Enter at Admission

16. Primary Diagnosis: Enter the primary diagnosis at admission. Update this field every time it changes or at least annually in June for persons in the Targeted Reporting Population. Primary diagnosis may be Axis I or Axis II.

Reporting Requirements:

Enter at admission

17. Secondary Diagnosis: Enter all secondary diagnosis(es). Update this field every time it changes or at least annually in June for persons in the Target Reporting Population.

Secondary diagnosis(es) may be Axis I or Axis II.

Reporting Requirements:

Enter at admission

25. Resident County: A key factor in determining compliance with contract agreements for state hospital bed day allocation is knowing which consumers are the responsibility of each CMHC. Each CMHC is held accountable for state hospital beds used by persons who reside in counties within their service area provided that the person meets the criteria for county of responsibility. Otherwise the state hospital bed utilization would fall back on the CMHC that is the county of responsibility. County of residence is defined by the state of Kansas as physical presence with intent to remain in the county. For most people, the county of residence is where their home is located. Therefore, the county of residence may change depending upon a person's choice to move from one county to another. An exception to this is a person who is residing in a facility in a particular county to receive mental health services because appropriate services are not available in his or her home community. Such individual's residence would be that of his or her primary place of residence prior to entering the facility.

A child's residence as outlined above follows that of the custodial person. In cases of joint custody, the child's residence is determined by the residence of the parent with whom the child lives at the time of the screening. If parental rights have been terminated, the child's residence is determined by the court of jurisdiction. Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target). **See Appendix B for county codes.** Enter the county code that represents the individual's place of residence. If the client is not residing in Kansas, enter code OU indicating out-of-state.

Reporting Requirements:

Enter at admission

26. Responsible County: The county of responsibility is the county from which the consumer originally came or the county where the consumer lived independently or with family (in other than a group home, boarding home, NF/MH, or other supervised living facility) for at least six continuous months prior to the latest admission to a state hospital or other institution. The CMHCs contract may spell out certain of these exceptions, or the hospitals and the involved CMHCs may agree to certain assignments. Update this field as it changes or at least annually in June for the Target Reporting Population (Enrolled/Target).

The concept of county of responsibility has been assigned by SRS to address the issue of consumers who live outside of the county where they were found to be in need of a mental health reform screen. County of responsibility, defined to address bed day use, refers to the county within the service area of a CMHC to which a consumer is assigned. A child's county of responsibility is determined by the residence as outlined above. The county of jurisdiction is the county of responsibility if the child/adolescent is in SRS or JJA custody. In most cases, the county of responsibility and county of residence are the same. However, there are noted exceptions to this policy.

The county of "residence" and the county of "responsibility" may be different when a consumer moves from his or her home to a facility for the purpose of receiving some special service. This move may be to a nursing care facility because of that facility's ability to provide the consumer with special services he or she could not get in his or her home community. Subsequently, if that consumer needs to be admitted to a state hospital, a determination must be made regarding which

CMHC will be responsible for working toward discharge with that consumer and thus, contractually responsible for the consumer's bed days.

Reporting Requirements:

Enter at admission

29. Closing Date: Enter the date of the case record administrative closing (MM/DD/YYYY is valid format). The case should be closed within 90 days of last clinical face-to-face contact date. For Medication Services only clients, the closing date may be extended as long as clients are receiving services.

Reporting Requirements:

Enter at Discharge

SERVICE ENCOUNTER/SCREENING DATA

77. Service Code: Enter the service code. See Appendix C for a list of codes. Only codes in Appendix C can be transmitted to the Consortium as part of AIMS data. **CONTACT THE CONSORTIUM IF YOUR CMHC NEEDS TO ADD A VALID CPT CODE AIMS.**

❖ Service data are required for:

- All Screens:
 - 503 Mental Health Reform Screen
 - H0002 Behavioral Health Screen (Level VI Screen)
 - T1023 Screen Determine Treatment (Medicaid Screen)

Reporting Requirements:

Enter every time a service is provided

78. Date of Service: Enter the date the service occurred.

Reporting Requirements:

Enter every time a service is provided

79. Units of Service: Enter the number of MINUTES for each service provided.

Reporting Requirements:

Enter every time a service is provided

80. Where Service Occurred: Please indicate the location each service occurred.

1. CMHC
2. Community Setting
3. Consumer's Home/Place of Residence

Reporting Requirements:

Enter every time a service is provided

81. Practitioner or person providing service: This is a required field

Reporting Requirements:

Enter every time a service is provided

82. Screening Disposition Value for Reform: *Mental Health Reform Screens* are performed by a CMHC screener and are the process by which the gatekeeping function to the state mental health hospital is carried out. The purpose of such screens is to determine whether the various services a consumer has been assessed as needing can be provided by local agencies such as the CMHC, or whether those services can only be provided by admission to a state mental health hospital. If the screener determines that the consumer does, in fact, require the services of the state hospital, he or she will complete a Letter Authorizing Admission, which is commonly referred to as a “ticket letter”. If the consumer’s needs do not rise to the level of requiring state hospitalization, the screener should assist the consumer in getting connected to any provider that

may assist in meeting his or her needs. The screener should also be aware of various admission policies and criteria for community hospitals and providers that may be resources. It may also be helpful for the screener to assist in the process of completing necessary paperwork.

If the screen is a Reform screen, please mark the disposition:

1. Recommendation for voluntary psychiatric admission to a state hospital
2. Recommendation for involuntary psychiatric admission to a state hospital
3. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

83. Screening Disposition Value for Medicaid: *Medicaid screens* are required for an independent finding of medical necessity prior to Medicaid reimbursement for inpatient hospitalization. As the contract agent for the Consortium, which has the contract with SRS to fulfill this Medicaid requirement, the CMHC must perform this type of screen any time a person who is eligible or “potentially” eligible for Medicaid is considered for psychiatric hospitalization in a community hospital

If the screen is a Medicaid screen, please mark the disposition:

1. Approved for admission to local IP unit
2. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

84. Screening Disposition Value for Level VI: *Level VI Screens* are required to identify whether a Medicaid eligible youth seeking residential care meets admission criteria for Medicaid reimbursement. The purpose includes determination of the most appropriate, least restrictive level of care for the youth, taking into consideration available alternative community resources.

If the screen is a Level VI screen, please mark the disposition:

1. Approved
2. Patient was diverted

Reporting Requirements:

Enter every time a screen is provided

85. Diverted to (select all that apply):

1. Immediate medical evaluation
2. Crisis resolution
3. Day treatment services
4. Refer to co-occurring disorder evaluation: MH/DD or MH/Substance/Abuse
5. Residential group home
6. Outpatient testing/evaluation
7. Outpatient services
8. Nursing facility/mental health bed

9. In home family therapy
10. Respite Care
11. Case management services
12. Supportive education/vocational program
13. Attendant Care
14. Therapeutic foster care
15. Local/area inpatient psychiatric unit
16. Inpatient substance abuse unit
17. Social detox
18. Outpatient substance abuse services
19. Family therapy
20. Individual therapy
21. Other
22. Emergency services - Crisis appointment
23. Emergency services - Crisis attendant care
24. Emergency services - Crisis case management
25. Emergency services - Telephone intervention

Reporting Requirements:

Enter every time a person that receives an 82. Screening Disposition Value for Reform, 83. Screening Disposition Value for Medicaid, or 84. Screening Disposition Value for Level VI and is diverted from admission

APPENDIX A

CMHC STATE CODES

001	Area Mental Health Center	019	Northeast KS MH & Guidance Ctr.
002	Bert Nash Community MHC	020	Pawnee Mental Health Services
003	Central Kansas MHC	021	Prairie View, Inc.
004	Center for Counseling & Consultation	022	ComCare of Sedgwick County
005	Cowley County MH & Counseling Ctr.	023	Valeo Community MH Center
006	Community MHC of Crawford County	024	South Central MH Counseling Ctr.
007	Four County MH Center	025	Southeast KS MH Center
008	Franklin County Mental Health Center	026	Southwest Guidance Center
009	High Plains Mental Health Center	028	Wyandot Mental Health Center
010	Iroquois Center for Human Develop	029	Labette Center for MH Services, Inc.
011	Johnson County Mental Health Center	030	Family Life Center
013	Kanza MH & Guidance Center	031	Sumner Mental Health Center
014	Horizons Mental Health Center	033	Family Consultation Service
015	MH Center of East Central KS	034	Family Service & Guidance Center
016	Miami County Mental Health Center		

APPENDIX B

NUM	COUNTY NAME	ALPHA
001	Allen	AL
002	Anderson	AN
003	Atchison	AT
004	Barber	BA
005	Barton	BT
006	Bourbon	BB
007	Brown	BR
008	Butler	BU
009	Chase	CS
010	Chautauqua	CQ
011	Cherokee	CK
012	Cheyenne	CN
013	Clark	CA
014	Clay	CY
015	Cloud	CD
016	Coffey	CF
017	Comanche	CM
018	Cowley	CL
019	Crawford	CR
020	Decatur	DC
021	Dickinson	DK
022	Doniphan	DP
023	Douglas	DG
024	Edwards	ED
025	Elk	EK
026	Ellis	EL
027	Ellsworth	EW
028	Finney	FI
029	Ford	FO
030	Franklin	FR
031	Geary	GE
032	Gove	GO
033	Graham	GH
034	Grant	GT
035	Gray	GY
036	Greeley	GL
037	Greenwood	GW
038	Hamilton	HM
039	Harper	HP
040	Harvey	HV
041	Haskell	HS
042	Hodgeman	HG
043	Jackson	JA
044	Jefferson	JF

NUM	COUNTY NAME	ALPHA
045	Jewel	JW
046	Johnson	JO
047	Kearny	KE
048	Kingman	KM
049	Kiowa	KW
050	Labette	LB
051	Lane	LE
052	Leavenworth	LV
053	Lincoln	LC
054	Linn	LN
055	Logan	LG
056	Lyon	LY
057	Marion	MN
058	Marshall	MS
059	McPherson	MP
060	Meade	ME
061	Miami	MI
062	Mitchell	MC
063	Montgomery	MG
064	Morris	MR
065	Morton	MY
066	Nemaha	NM
067	Neosho	NO
068	Ness	NS
069	Norton	NT
070	Osage	OS
071	Osborne	OB
072	Ottawa	OT
073	Pawnee	PN
074	Phillips	PL
075	Pottawatomie	PT
076	Pratt	PR
077	Rawlins	RA
078	Reno	RN
079	Republic	RP
080	Rice	RC
081	Riley	RL
082	Rooks	RO
083	Rush	RH
084	Russell	RS
085	Saline	SA
086	Scott	SC
087	Sedgwick	SG
088	Seward	SW

NUM	COUNTY NAME	ALPHA
089	Shawnee	SN
090	Sheridan	SD
091	Sherman	SH
092	Smith	SM
093	Stafford	SF
094	Stanton	ST
095	Stevens	SV
096	Sumner	SU
097	Thomas	TH
098	Trego	TR
099	Wabaunsee	WB
100	Wallace	WA
101	Washington	WS
102	Wichita	WC
103	Wilson	WL
104	Woodson	WO
105	Wyandotte	WY
106	Out of State	OU
107	Penal	PE

APPENDIX C
UNIFORM AIMS SERVICE CODES

- The following list provides static information about the service codes most commonly used by CMHCs. If new service codes are added following publication of the manual, they will not be reflected in the following list. The Consortium can add service codes as needed by CMHCs. Contact the Consortium with any questions about service codes and to get the most accurate and update information about acceptable service codes.

<u>Code</u>	<u>Description</u>	<u>Comment</u>
503	Other Screen [MH Reform]	Mental Health Reform Screen
90782	Medication Injection	
90801	Psychiatric Diag Exam	
90801-GT	Televideo Psychiatric Diag Exam	
90802	Psy Diag Exam-Interactive	
90804	Ind Therapy 20-30 min	
90804-GT	Televideo Ind Therapy 20-30 min	
90805	Ind Therapy w/med eval 20	
90805-GT	Televideo Ind Therapy w/med eval 20	
90806	Ind Therapy 45-50 min	
90806-GT	Televideo Ind Therapy 45-50 min	
90807	Ind Therapy w/med eval 45	
90807-GT	Televideo Ind Therapy w/med eval 45	
90808	Ind Therapy 75-80 min	
90808-GT	Televideo Ind Therapy 75-80 min	
90809	Ind Therapy w/med eval 75	
90809-GT	Televideo Ind Therapy w/med eval 75	
90810	Interactive Ther 20-30min	
90812	Interactive Ther 45-50min	
90816	IP Ind Therapy 20-30min	
90845	Psychoanalysis	
90846	Family Psych w/o Patient	
90847	Family Psych w/Patient	
90847-GT	Televideo Family Psych w/Patient	
90853	Group Psych not multi-fam	
90862	Pharmacologic Mgmt	
90862-GT	Televideo Pharmacologic Mgmt	
90880	Hypnotherapy	
90882	Env.Interven/Med Mngment	
90899	Unlisted psych svc/proced	
96100	Psych test w/report	
99075	Medical Testimony	
99201	OfficeVisit New Pat 10min	

99203	OfficeVisit New Pat 30min	
99204	OfficeVisit New Pat 45min	
99205	OfficeVisit New Pat 60min	
99211	OfficeVisit Est Pat 5min	
99212	OfficeVisit Est Pat 10min	
99213	OfficeVisit Est Pat 15min	
99214	OfficeVisit Est Pat 25min	
99215	OfficeVisit Est Pat 40min	
99222	Initial Hosp Care 50min	
99223	Initial Hosp Care 70min	
99232	Subseq Hosp Care 25min	
99234	Admission/Disch same day	
99238	Hosp Disch 30min or less	
99241	Office Consultation 15min	
99242	Office Consultation 30min	
99244	Office Consultation 60min	
99245	Office Consultation 80min	
99261	Follow-up IP Consul 10min	
99263	Follow-up IP Consul 30min	
99361	Medical Conference 30min	
99371	Phone Call – Simple	
99456	Evaluation Services	
H0002	Behavioral health screen	Level VI Screen
H0004	Drug & Alcohol Individual	
H0005	Drug & Alcohol Group	
H0006	D&A Targeted Case Mgmt	
H0036	Comm Psych Supp Trmt	
H2010	Comp Medication Svcs	
H2012	PH - Activity Adolescent	
H2013	Psychiatric Health Facility	
H2017	Psychosocial Rehab Grp	
H2017-TJ	Psych Rehab (\$10)	
H2021	Comm Base Wrap Arnd Svc	
J1631	Haloperidol Deconoante	
J2680	Fluphenazine Deconoante	
Q3014	Telehealth originating site facility fee	
S5110	Parent Support & Training	
S5150	Unskilled Respite Care	
S9446	Patient Education	
S9484	Crisis intervention	
T1008	D&A Youth Intermed. Tx	
T1011	Drug & Alc Reintegration	
T1017	Targeted Case Mgmt	

T1019-HE	Attendant Care	
T1019-HK	Individual Community Support	
T1023	Screen determine treatmnt	Medicaid Screen
T1019	Personal Care Services - NFMH	
G0176	Partial Hospital (Child)	
G0177	PH - Activity rel. to IP	
Y9116	Partial Hosp. Activity	
Y9547	Preadmission Assess + HR	
Y9570	B.M. Additional Hours	
Y9578	Daily Maintenance Fee for Level V (Behavior Management)	

APPENDIX D

Statewide Reporting Procedures for Grant Funded Therapeutic Services to Preschool Age Children in the Kansas Community Mental Health System

The statewide reporting process was coordinated with the SRS Health Care Policy (Children's Mental Health) representatives from CMHCs, the Consortium, and KU School of Social Welfare.

All Therapeutic Services to Preschool Age Children (TSP) grant recipients are required to follow the outlined outcomes tracking process. These preschools include, Area Mental Health, Crawford County Mental Health, Family Service and Guidance Center, Franklin County Mental Health Center, High Plains Mental Health Center, and Johnson County Mental Health Center.

Other CMHC's that have therapeutic services for preschoolers are welcome and encouraged to follow the process. Please contact SRS/HCP (**Eric VanAllen - esv@srskansas.org**) if your CMHC would like to participate in the process.

Therapeutic Preschool Data Reporting Instructions AIMS and TSP CSRs

1. Enter AIMS fields 0 (Global Status Review Date) through 34. Follow the directions that are in the AIMS manual for entering these fields.
 - o **Enter these fields when a child begins TSP.**
 - o **Update the fields when the child begins TSP if a child is already in CMHC services and registered in AIMS.**
 - o **Update the following fields as they change and at least annually in June of each year.**
 - Most Recent Hospitalization (**Field 11**)
 - Primary Diagnosis (**Field 16**)
 - Secondary Diagnosis (**Field 17**)
 - Functional Level (**Field 18**)
 - Payment Source (**Field 21**)
 - Eligibility Regarding Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) (**Field 24**)
 - Resident County (**Field 25**)
 - Responsible County (**Field 26**)
 - Client's highest level of educational achievement (**Field 28**)
2. CMHCs that use EDI do not enter the Client Status Fields (fields 51 through 76) into the AIMS for children in TSP - *with the exception of AIMS Field 55 CURRENT EDUCATIONAL PLACEMENT*. CMHCs that use BCMS software must enter data for field 55. CURRENT EDUCATIONAL PLACEMENT and all other fields that require a response.

- **For AIMS Field 55 Current Educational Placement, choose option 20 Therapeutic Services for Preschool Age Children.**

3. Report the Service Encounter Data for these children in the AIMS (fields 77 through 85).

4. Report the CLIENT STATUS REPORT for TSP CLIENTS ONLY to KU on a quarterly basis through the TSP CSR report specifically designed for children receiving TSP. The completed TSP/CSR forms are due to KU on the following dates:

For Q1: July, August, & September -	due October 15
For Q2: October, November, & December –	due January 15
For Q3: January, February, & March –	due April 15
For Q4: April, May, & June –	due July 15

The AIMS Unique ID, AIMS Field 2, has to be the Client ID on the quarterly CSR report to KU.

- The most recent TSP CSR form should be sent to:
- **KU School of Social Welfare
Attention: Sharon Barfield
1545 Lilac Lane
Lawrence, KS 66044-3184**

Other Reporting Required of CMHC's with TSP Programs:

Parent and Staff Evaluation Forms

- **In addition to the TSP CSR form, KU is collecting Parent and Staff evaluation data. Only CMHCs who are TSP services grant recipients are required to return this form. These preschools include, Area Mental Health, Crawford County Mental Health, Family Service and Guidance Center, Franklin County Mental Health Center, High Plains Mental Health Center, and Johnson County Mental Health Center.**
- **Other CMHC's who have therapeutic services for preschoolers are welcome and encouraged to follow the same data collection procedures. Please contact SRS/HCP ([REDACTED]) if your CMHC would like to participate in the process.**
- **The form is to be completed at the end of the fall (End of Dec) and the end of the spring (End of May). The Parent and Staff Evaluation Forms should be sent to:**
 - **KU School of Social Welfare
Attention: Sharon Barfield**

1545 Lilac Lane
Lawrence, KS 66044-3184

Feedback Loop about Data Collection Procedures and Developing Procedures

- **The parent staff evaluation forms and TSP CSRs were developed with the grant recipients in the ongoing Technical Assistance meeting that is held quarterly. The responsibility of chairing the meeting is rotating among all the participants. Eric VanAllen (Technical Assistance Coordinator for Children’s Mental Health) SRS/HCP should be contacted regarding question with current procedures.**

**Therapeutic Services to Preschool Age Children
Instructions for Client Status Reports (CSR)**
Revised 6-27-03

This Therapeutic Services to Preschoolers CSR form is intended to capture the full array of community mental health services provided to young children. It can be expected that these services may be provided inside and outside of a therapeutic classroom, in an office setting, and in the child's home and community. TSP services are differentiated from traditional and community based mental health services by the fact that the children who receive these services are receiving at least one service provided by the mental health center that is funded through the TSP grant. A TSP CSR will need to be completed on all children with an open chart receiving any grant funded TSP service.

General Instructions: Unless instructed otherwise, please do not leave any section on the CSR blank. Sections left blank will be assumed to be "missing data" and KU will contact the CMHCs designated supervisor for completion. If specific information is: not available; not applicable; or unknown, please indicate with NA or UNK.

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- CMHC ID#: Please enter the CMHC ID# per the attached list. If your center is not listed, please indicate the name of the center.
- CLIENT ID#: ***The AIMS Unique ID, AIMS Field 2, has to be the Client ID on the quarterly CSR report to KU.***
- SEX: Enter either "M" or "F"
- DATE OF BIRTH: Enter date as; Month/Day/Year
- NAME OF CM or REPORTING INDIVIDUAL: Indicate the name of the person responsible for reporting the information.
- TSP Start Date (or Re-start date): Enter date as; Month/Day/Year
- TSP Stop Date: Enter date as; Month/Day/Year **NOTE: Entering a date here should trigger completion of Page 4 of the TSP CSR requesting exit information and the child is exiting all TSP grant funded services.**
- RACE or ETHNIC Group: Please enter the number of the race (see form).
- TYPES of SERVICES: For each reporting period indicate, with a checkmark (√), **ALL** services the child has received at any time during that quarter. Services to be marked should include both TSP and other services provided by the agency.
- CUSTODY STATUS: Check the appropriate box indicating the child's status at the end of the reporting period.
- REIMBURSEMENT SOURCE: Check **all** sources that helped fund the child's services during the reporting period.

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TSP CSR Page 2

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- **RESIDENTIAL SETTINGS:**

- Reporting Period: Indicate the total number of days the child was in a specific setting during the current quarter. If the child was in more than one setting during the quarter, circle the number of days in the last setting the child was in during the quarter. If the child started or exited TSP during the reporting period, only count the days the child was in TSP.

Number of Days in Current Reporting Periods:

Jan-March = 90

April-June = 91

July-Sept = 92

Oct-Dec = 92

Example 1 - The child started TSP March 17th. They were in a foster home from March 17th through March 23rd and home for the rest of the reporting period. The child was in foster care for 7 days and home for 8 days in the reporting period. The reporter should then circle the 8 days on (#10) *Permanent Home* on the TSP CSR form.

Example 2 – The child graduated from the preschool classroom in which therapeutic services were provided on May 15th. The child will continue to receive grant funded case management and attendant care to make a successful transition into the kindergarten. The child was in his home during the entire reporting period. The reporter should write 91 in the (#10) *Permanent Home* box of the TSP CSR form.

Example 3 – The child was referred to receive TSPs on Aug 1. The child will start meeting with a grant funded case manager once a week and begin to attend the preschool class where they will receive psycho-social and attendant care 3 days a week. The child was temporarily living with their grandparent until his mother was out of rehab. He moved back home with his mother on Aug 15. The reporter should write 15 days on (#9) *Temporarily Living with a Relative or Family Friend* and 46 days on (#10) *Permanent Home* on the TSP CSR form. The reporter should then circle the 46 days on (#10) *Permanent Home*.

- If the child is in SRS or JJA custody and is considered to be Foster Care / Adoption / or in Family Preservation, list the appropriate contractor's number from the list provided for the quarter. If the child has had more than one contractor in the quarter, list all contractors and circle the number of the most current contractor.

CHILD BEHAVIOR CHECKLIST SCORES:

- Indicate the date the CBCL was administered for each time period. Indicate the scores for each time period. If a score is unavailable or unknown enter UNK. If a child *exits* TSP prior to the 6-month period, indicate by placing the word "exit" in the 6-month box and place the scores in the EXIT box. **NOTE: At this time the CBCL scores are the**

ONLY indicator of clinical outcomes. Completing and reporting CBCL scores is an essential task.

- **PRESCHOOL AND PSYCHOSOCIAL ATTENDANCE:**



- Number of Days Per Week Scheduled to receive both Therapeutic Preschool and Psychosocial: Indicate the number of days scheduled (expected to attend) therapeutic preschool each week during the current reporting period by circling an (S) in the corresponding box. Indicate the number of days scheduled (expected to attend) psychosocial group each week during the current reporting period by circling a (P) in the corresponding box. If the child is in a therapeutic preschool and psychosocial group, more than one box will be marked. In the example below example, the (S) box will be circled under 4 days a weeks and the (P) box will be circled under 2 days a week.
- Actual Days Attended: Indicate the number of days the child actually attended Therapeutic Preschool in the (S) box for the current quarter. Indicate the number of days the child actually attended Psychosocial Group in the (P) box for the current quarter.
- Percentage of Days Actually Attended: This is determined by the total number of days attended divided by the total number of days the child was scheduled (expected) to attend both Therapeutic Preschool and Psychosocial Group. **Note: There are 13 weeks in each reporting period.**

Ex: During a reporting period a child was expected to attend Therapeutic Preschool for 52 days (13 weeks x 4 days a week). The child actually attended 32 days of Therapeutic Preschool.

Days actually attended	—————→	= 32
Days scheduled	—————→	= 52
Percent Attended: 32 attended / 52 scheduled		= 62%

Ex: During a reporting period a child was expected to attend Psychosocial Group for 26 days (13 weeks x 2 days a week). The child actually attended 15 days of Psychosocial Group.

Days actually attended	—————→	= 15
Days scheduled	—————→	= 26
Percent Attended: 15 attended / 26 scheduled		= 58%

In this scenario you would check the “Attends More than Not” box under (S) or Therapeutic Preschool and “Attends Infrequently” box under (P) or Psychosocial.

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ITEM

- **ENVIRONMENTAL RISK FACTORS –**
 - It is expected that all children receiving TSP be assessed for risk factors prior to starting services. This data is required on the first CSR completed for a child. Indicate with a (√) an affirmative answer to ALL 13 items in the column labeled “Intake Data.” NOTE: Whenever a new TSP CSR is used, be sure to copy the “Intake Data” on to the new CSR.
 - For each new quarter you will add only CHANGES or ADDITIONS to the information received at intake.
 - For risk factors that are identified after intake, use the notations “H” for historical information (information that is received in the current quarter, but the risk factor has or may have occurred prior to intake), or A for current information (information that is received in the current quarter, but the risk factor has or may have occurred after intake).

**IMPORTANT INFORMATION REGARDING THE COLLECTION OF
INFORMATION ON ENVIRONMENTAL RISK FACTORS.**

It is understood that questioning caregivers about their personal and family history can be a highly sensitive issue. The questioner is expected to use his/her own judgment regarding asking questions that are potentially upsetting to the respondent or inappropriate based on the age of the child. Questions may be phrased differently to suit the situation. Respondents should be advised that the questions asked are used to assist TSP staff in identifying and anticipating potential issues that may arise during the child’s attendance. It may be useful in some instances to allow respondents to read and answer questions regarding risk factors privately. The intent of gathering this information is not to damage the therapeutic relationship but to assess risk in the child’s environment. If questions arise contact Sharon Barfield – shbarfield@ku.edu or (785)830-8082.

INSTRUCTIONS FOR PAGE 4 NEXT PAGE

TSP CSR Page 4

Exit Data – THIS PAGE IS ONLY COMPLETED WHEN A CHILD HAS A TSP EXIT DATE DURING THE CURRENT REPORTING PERIOD.

(A child will **only** exit TSP services when they have left **all** TSP services.)

Ex: A child is in a therapeutic preschool and has a TSP case manager. The child completes therapeutic preschool and is going to be entering kindergarten. The treatment team believes it is in the best interest of the child to continue case management to help with the transition into kindergarten. As long as that child is receiving case management from a TSP grant funded position, they are still considered to be receiving TSP services and an exit would not be completed at this time. Upon transfer to other CMHC services (including CBS services that are **not** TSP grant funded) or exit from services, the exit form would then need to be completed.

- Reason for TSP Stop: Indicate with a (√) the reason TSP services were stopped. Indicate only one and if “other” is checked describe the reason.
- If Continuing CMHC Services: Indicate with a (√) all services the client will be receiving after leaving TSP services. Be sure to circle those items that differentiate a type of service from another. If “other” is checked be sure to describe the service.
- Foster Care Contractor: Circle appropriate agency if child is in Foster Care or (none) if there is no foster care involvement.
- Was Special Education Recommended? Check (√) either “yes” or “no.” DO NOT LEAVE BLANK. If Special Ed was recommended indicate if the parents or school refused the recommendation.
- Expected Educational Placement: Check (√) one. If “other” is checked be sure to describe. IMPORTANT: If a child is expected to be placed in a regular school setting, indicate in the space provided the name of the school and city the school is in.

CMHC ID #'s For CHILD CSR's

ID#	CMHC Name & City
294513	Area Mental Health Center, Garden City
294524	Bert Nash Mental Health Center, Lawrence
294737	Center for Counseling & Consultation, Great Bend
294557	Central Kansas Mental Health Center, Salina
294546	The Counseling Center (South Central), El Dorado
294748	Cowley County Mental Health Center, Arkansas City
294568	CMHC of Crawford County, Pittsburg
294816	Family Life Center, Columbus
294570	Family Service & Guidance Center, Topeka
294581	Four County Mental Health Center, Independence
294592	Franklin County Mental Health Center, Ottawa
560084	The Guidance Center (Northeast KS), Leavenworth
294603	High Plains Mental Health Center, Hays
294761	Horizons Mental Health Center, Hutchinson
294750	Iroquois Center for Human Development, Greensburg
294614	Johnson County Mental Health Center, Mission
294535	Kanza Mental Health & Guidance Center, Hiawatha
269267	Labette Center for Mental Health Services, Parsons
294625	Mental Health Center of East Central Kansas, Emporia
294840	Miami County Mental Health Center, Paola
294636	Pawnee Mental Health Services, Manhattan
560083	Pawnee Mental Health Services, Concordia
560092	Pawnee Mental Health Services, Junction City
294660	Prairie View, Newton
294671	Southeast Kansas Mental Health Center, Iola
294682	Southwest Guidance Center, Liberal
560080	Sumner Mental Health Center, Wellington
294805	Valeo Behavioral Healthcare, Topeka
294726	Wyandot Center for Community Behavioral HealthCare, Kansas City
	Wichita:
294794	Family Consultation Services
560089	MH Association of South Central Kansas
294715	COMCARE of Sedgwick Co.

----- For client confidentiality, the client name **must** be removed before sending the CSR to the University of Kansas -----

THERAPEUTIC SERVICES TO PRESCHOOL CHILDREN (TSP)

CLIENT STATUS REPORT

CMHC PID # _____ Client AIMS ID# _____ Sex: _____ DOB: ____ / ____ / ____

Mo. Day Yr.

Name of Reporting Individual: _____

Start (or Restart) Date (Mo/Day/Yr): ____ / ____ / ____

Stop Date (Mo/Day/Yr): ____ / ____ / ____ (If leaving all TSP grant funded services enter date here, fill out page 4.)

Race or Ethnic Group: #1 to 6 _____

1 = Asian/Asian American/Pacific Islander

2 = Black/African American

3 = First Nations/Native American/American Indian or Alaskan Native

4 = Hispanic/Latino/Mexican American

5 = White/Caucasian/European American

6 = Multiple Race/Ethnicity or Bi-Racial

Types of Service: (√ Check all that apply.)	QTR Jan – Mar 2003		QTR Apr – Jun 2003		QTR Jul – Sep 2003		QTR Oct – Dec 2003		
	1. Psychosocial								
2. CM: (T)CM or (C)PST [check corresponding box(es)]	T	C	T	C	T	C	T	C	
3. (A)ttendant Care / (I)CS [check corresponding box(es)]	A	I	A	I	A	I	A	I	
4. Home-based Family Therapy									
5. (I)ndividual / (G)roup / (F)amily Therapy [check box(es)]	I	G	F	I	G	F	I	G	F
6. Parent Support									
7. Medication Management									
Custody Status (√ Check <u>one</u> .)	QTR Jan – Mar 2003		QTR Apr – Jun 2003		QTR Jul – Sep 2003		QTR Oct – Dec 2003		
1. Child is in SRS custody and out of home placement									
2. Child in SRS custody and lives at home									
3. Child is under SRS supervision, but not in their custody									
4. No SRS involvement									
Reimbursement Source (√ Check all that apply.)	QTR Jan – Mar 2003		QTR Apr – Jun 2003		QTR Jul – Sep 2003		QTR Oct – Dec 2003		
1. SED Waiver									
2. Medicaid (Non-Waiver)									
3. HealthWave									
4. No Insurance/Private Pay (includes no reimbursement for CM)									
5. Private Insurance									
6. Foster Care/Family Preservation/Adoption Contract									
7. School District									

RESIDENTIAL SETTINGS while receiving TSP Services: Record the <u>number of days</u> in each setting. (Include first and last days in placement.) ***CIRCLE the <u>CURRENT PLACEMENT</u> if more than one reported during the quarter.***	QTR Total-90 days Jan – Mar 2003	QTR Total-91 days Apr – Jun 2003	QTR Total-92 days Jul – Sep 2003	QTR Total-92 days Oct – Dec 2003
1. State Hospital				
2. Inpatient Psychiatric Unit				
3. Crisis Resolution/Stabilization Unit				
4. Residential Treatment/Level VI				
5. Group Home (Levels III, IV, V)				
6. Emergency Shelter				
7. Therapeutic Foster Care				
8. Foster Home				
9. Temporarily Living with Relative or Family Friend				
10. Permanent Home (Biological or Adoptive Parent(s), Relative, Guardian, or Permanent Home)				
11. Other				
Foster Care/Adoption/Family Preservation Contractor: (List contractor # in each quarter child is receiving that service.) 0-None 1-DCCCA, 2-KCSL (FC), 3-KCSL (adoption), 4-KVC, 5-St. Francis, 6-The Farm, 7-UMY				

CHILD BEHAVIOR CHECKLIST SCORES List T-scores	<u>PARENT</u> AT ADMISSION	<u>PARENT</u> 6 - MONTHS	<u>PARENT</u> 6 - MONTHS	<u>PARENT</u> EXIT	<u>TEACHER</u> AT 30 DAYS	<u>TEACHER</u> 6 - MONTHS	<u>TEACHER</u> 6 - MONTHS	<u>TEACHER</u> EXIT
Date Administered :								
1. Total Problem: Clinically significant above 63								
2. Internalizing: Clinically significant above 63								
3. Externalizing: Clinically significant above 63								

PRESCHOOL (S) / PSYCHOSOCIAL (P) ATTENDANCE: <u>Number of Days Per Week Scheduled</u> in structured school readiness activities in classroom setting or community psychosocial groups. Circle S and/or P.	QTR Jan – Mar 2003		QTR Apr – Jun 2003		QTR Jul – Sep 2003		QTR Oct – Dec 2003	
1. One (1) Day Per Week	S	P	S	P	S	P	S	P
2. Two (2) Days Per Week	S	P	S	P	S	P	S	P
3. Three (3) Days Per Week	S	P	S	P	S	P	S	P
4. Four (4) Days Per Week	S	P	S	P	S	P	S	P
5. Five (5) Days Per Week	S	P	S	P	S	P	S	P
<i>Attendance: # Actual days attended (S)chool or (P)ychosocial</i>	S	P	S	P	S	P	S	P
1. Indicate # Days Attended School or Psychosocial in Quarter								
Attendance: Percent scheduled days attended. (Check one.)	<u>S</u>	P	S	P	S	P	S	P
1. Attends Infrequently (1-59%)								
2. Attends More Than Not (60-89%)								
3. Attends Regularly (90-100%)								

ENVIRONMENTAL RISK FACTORS <ul style="list-style-type: none"> ▪ Enter Data Received at Intake (required) ▪ Quarter Data entered ONLY if there is a change in information. 	Intake Data √			JAN - MAR		APR - JUN		JUL-SEP		OCT-DEC	
	Y	S	N	Y	S	Y	S	Y	S	Y	S
1. Has the child ever been physically abused?											
2. Has the child ever been sexually abused?											
3. Has the child been a runaway?											
4. Has the child ever attempted to harm himself/herself?											
5. Has the child ever abused drugs and/or alcohol?											
6. Has any parent or caregiver had a psychiatric hospitalization?											
7. Has any parent/caregiver had a felony conviction?											
8. Has a sibling been institutionalized, e.g., residential facility, corrections, psych hosp, etc.											
9. Has a sibling been in foster care?											
10. Is there a history of mental illness in the family?											
11. Is there a history of family violence in the family?											
12. Is there a history of substance abuse among family members?											

KEY TO RISK FACTORS: Y = YES S = SUSPECTED N = NO U = Unknown, Not Asked, or Not Applicable

NOTE: For Risk Factors entered after Intake, please use the following notations to indicate the time of occurrence.
H = Historical (Information was received in the current quarter, however the incident occurred or may have occurred prior to Intake.)
A = After Intake (Information was received and incident occurred or may have occurred after Intake.)

INSTRUCTIONS FOR INDICATING RISK FACTORS:

1. Indicate with a √ the risk factors presented at Intake. **(Required)**
2. In each quarter **ONLY** indicate any **NEW** information received that is different from data recorded at Intake.

CONTINUE TO NEXT PAGE ONLY IF CHILD EXITED ALL GRANT FUNDED THERAPEUTIC SERVICES TO PRESCHOOL CHILDREN THIS QUARTER.

EXIT INFORMATION BEGINS NEXT PAGE (PAGE 4)

EXIT INFORMATION: For clients with a Stop Date This Quarter for Therapeutic Services to Preschoolers.
 [See TSP - CSR Instructions]

A. Reason for TSP Stop: (✓ Check only one.)

- | | |
|---|--|
| 1. TSP Services Completed: Goals accomplished and client transferred to non-(TSP) grant funded CMHC Services.
[If A. 1. is checked, complete section B. below.] | |
| 2. TSP Services Completed: Goals accomplished and NO further CMHC services to be provided | |
| 3. Outreach failed | |
| 4. Client moved out of area | |
| 5. Client discharged against CMHC advice | |
| 6. Other: (Please describe) | |

B. IF Continuing non-(TSP) grant funded CMHC Services: (✓ Check all that apply.)

- | | |
|---|--|
| 1. Psychosocial | |
| 2. CM: TCM & CPST (CIRCLE ALL THAT APPLY) | |
| 3. Attendant Care / ICS (CIRCLE ALL THAT APPLY) | |
| 4. Home-based Family Therapy | |
| 5. Individual / Group / Family Therapy (CIRCLE ALL THAT APPLY) | |
| 6. Parent Support | |
| 7. Medication Management | |
| 8. Other: (Please describe) | |

If grant funded Therapeutic Services to Preschool Children Were Completed, Was Special Education Recommended to Parents & School for A Behavioral or Other Type of Need?

EXPECTED EDUCATIONAL PLACEMENT: (✓ Check only one.)

- | | |
|--|--|
| 1. Regular Kindergarten | |
| 2. Head Start | |
| 3. Preschool | |
| 4. Home schooling <u>not</u> provided by school.district. | |
| 5. Home-based instruction <u>from</u> school district | |
| 6. Special Ed. classroom (more than 60% of school day) including Alternative, BD Schooling | |
| 7. Special Ed. classroom (less than 60% of school day) | |
| 8. Regular classroom with Special Ed. Services | |
| 9. Regular classroom with Special Ed. Consultation | |
| 10. Regular classroom (100% of the school - no Special Ed) | |
| 11. Partial Hospital/Residential School | |
| 12. Institutional Instruction; e.g. psychiatric hospital | |
| 13. NO school | |
| 14. Other: (Please Describe) | |

NOTE: If child will be placed in a regular school setting indicate the name of school and city here so that follow-up tracking can be conducted:

School: _____ City: _____

APPENDIX E

DRAFT July '03

Kansas Criteria for Serious Emotional Disturbance (SED)

The term serious emotional disturbance refers to a diagnosed mental health condition that substantially disrupts a child's ability to function socially, academically, and/or emotionally.

Complete the following checklist to determine if the youth has SED.

Name of Youth

Name of Agency

Evaluator Signature

Date

Check yes or no on #1 - 3 to determine if the youth has SED:

YES NO

1. AGE:

___ ___

The youth is under age 18, or under the age of 22 and has been receiving mental health services prior to the age of 18 that must be continued for optimal benefit.

YES NO

2. DURATION and DIAGNOSIS:

___ ___

The youth currently has a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet the diagnostic criteria specified within the most current DSM.

Disorders include those listed in the most current DSM or the ICD - 9 equivalent with the exception of DSM - IV "V" codes, substance abuse or dependence, and developmental disorders, unless they co-occur with another diagnosable disorder that is accepted within this definition.

Diagnosis _____

(1)

YES NO

— —

3. FUNCTIONAL IMPAIRMENT

The disorder must have resulted in functional impairment which substantially interferes with or limits the youth's role or functioning in family, school, or community activities.

Functional impairment is defined as difficulties (internalizing and externalizing) that substantially interfere with or limit a youth from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included.

Youth that would have met functional impairment criteria without the benefit of treatment or other support services are included in this definition.

Which of the following functional areas has been disrupted as a direct result of the child's mental health condition? (**Examples are not intended to be all inclusive, and more than one can be marked**).

- School (for example: exhibiting behaviors that interfere with the child's ability to perform such as inattentive in class, unable to sit in one place, unable to concentrate, withdrawn at school to the point that the child's ability to function at school is impacted, accumulating sick days as a result of being overwhelmed/depressed which places the student at risk for truancy, in-school suspension, out-of-school suspension)

Describe _____

- Family (for example: at-risk of out-of-home placement, physical aggression at home, suicidal, isolative and withdrawn to the point that youth is not engaging in day to day family activities)

Describe _____

(2)

- Community (for example: impairment necessitates law enforcement contact such as youth is running away due to delusional symptoms;

unable to or serious difficulty participating in regular community and/or peer activities due to behavior, isolating from peers)

Describe _____

EXCLUSIONS: Functional impairment does not qualify if it is a temporary response to stressful events in the youth's environment. Functional impairment also does not qualify if it can be attributed solely to intellectual, physical, or sensory deficits.

Youth meets the criteria for SED: YES _____ NO _____

(3)

APPENDIX F

Docking State Office Building
915 SW Harrison, Fifth Floor North
Topeka, Kansas 66612
(785) 296-7272

Appendix 3

METHOD TO DEFINE ADULTS WITH SPMI **FINAL DRAFT**

PURPOSE: To insure that adults with Severe and Persistent Mental Illness (SPMI), or who are most at risk of developing SPMI, are promptly and accurately identified.

To insure that those most in need are offered the full array of community- based mental health services necessary to successfully manage their illness, support their recovery process, and live meaningful lives in their community.

APPROACH: Apply two main areas of assessment to determine an individual's status as meeting criteria for SPMI: (1) diagnostic criteria, and (2) functional and risk criteria.

STEP ONE: Apply diagnostic criteria to determine an individual's identification as meeting initial criteria for the CSS target population. To meet diagnostic criteria for SPMI, individuals must be assessed to determine whether they have a principal diagnosis in either Category A or Category B.

Category A Diagnoses:

- 295.10 **Schizophrenia**, Disorganized Type
- 295.20 Schizophrenia, Catatonic Type
- 295.30 Schizophrenia, Paranoid Type
- 295.60 Schizophrenia, Residual Type
- 295.70 **Schizoaffective Disorder**
- 295.90 Schizophrenia, Undifferentiated Type
- 296.34 **Major Depressive Disorder**, Recurrent, Severe, with Psychotic Features
Bipolar I Disorders that are Severe, and/or with Psychotic Features
- 298.9 **Psychotic Disorder** NOS

Category B Diagnoses:

All Other Bipolar I Disorders, not listed in Category 1

- 296.89 **Bipolar II Disorder**
- 296.23 **Major Depressive Disorder**, Single Episode, Severe, Without Psychotic Features
- 296.24 Major Depressive Disorder, Single Episode, With Psychotic Features
- 296.32 Major Depressive Disorder, Recurrent, Moderate
- 296.33 Major Depressive Disorder, Recurrent, Severe, Without Psychotic Features
- 296.35 Major Depressive Disorder, Recurrent, In Partial Remission
- 296.36 Major Depressive Disorder, Recurrent, In Full Remission

- 297.10 **Delusional Disorder**

- 300.21 **Panic Disorder** With Agoraphobia
- 300.3 **Obsessive-Compulsive Disorder**

- 301.83 **Borderline Personality Disorder**

Category C Diagnoses:

The following diagnoses (as a principal diagnosis) are excluded from those defining an individual as having SPMI or being most at risk of SPMI.

Anti-Social Personality Disorder

Behavior Disorders

Developmental Disorders

Neurological/General Medical Disorders

Substance Abuse Disorders

Psychotic Disorder [Substance-induced only]

DSM-IV-R “V” Codes

STEP TWO: To meet functional criteria for SPMI, persons with a primary diagnosis in Category A or B must, as a result of their qualifying diagnosis, demonstrate impaired functioning through use of the following assessment. For those with a primary diagnosis in Category A who **do** meet the functional criteria listed below, no further assessment is needed to determine eligibility for CSS. Those with a primary diagnosis in Category B must meet these criteria as well as criteria outlined in Step 3.

Impaired functioning¹ is evidenced by meeting at least one (1) of the first three criteria, **and** at least three (3) of the criteria numbered 4 through 9 that have occurred on either a continuous or intermittent basis over the last two years:

- 1. Required inpatient hospitalization for psychiatric care and treatment more intensive than outpatient care at least once in her/his lifetime;
 - 2. Experienced at least one episode of disability requiring continuous, structured supportive residential care, lasting for at least two months (e.g. a nursing facility, group home, half-way house, residential mental health treatment in a state correctional facility);
 - 3. Experienced at least one episode of disability requiring continuous, structured supportive care, lasting at least two months, where the family, significant other or friend of the consumer provided this level of care in lieu of the consumer entering formalized institutional services. (In this case, the intake assessment must fully document the consumer's level of severe disability and lack of functioning that required the family or other person to provide this level of care).
-
- 4. Has been unemployed, employed in a sheltered setting, or has markedly limited skills and a poor work history;
 - 5. Requires public financial assistance for their out-of-institutional maintenance and is unable to procure such financial assistance without help;
 - 6. Shows severe inability to establish or maintain a personal support system, evidenced by extreme withdrawal and social isolation;
 - 7. Requires help in instrumental activities of daily living such as shopping, meal preparation, laundry, basic housekeeping, and money management;
 - 8. Requires help in attending to basic health care regarding hygiene, grooming, nutrition, medical and dental care, and taking medications. (*Note: this refers to the lack of a basic skill to accomplish the task, not to the appropriateness of dress, meal choices, or personal hygiene*);
 - 9. Exhibits inappropriate social behavior not easily tolerated in the community, which results in demand for intervention by the mental health or judicial systems (e.g. screaming, self-abusive acts, inappropriate sexual behavior, verbal harassment of others, physical violence toward others).

STEP THREE: For individuals with a primary diagnosis in Category B, eligibility for CSS **always** depends upon a more detailed determination of risk and functional impairment (through face-to-face assessment). Only those with a Category B diagnosis who also meet these additional criteria in Step Three are guaranteed eligibility for Community Support Services (CSS) through a CMHC.

¹ Adults that would have met functional impairment criteria during the referenced time period without the benefit of treatment or other support services are included here.

Individuals with a primary diagnosis in Category A do not need to meet the additional criteria in Step Three **unless** they failed to demonstrate impaired functioning as evidenced by the criteria outlined in Step Two.

SRS will make available a tool for CMHC staff to use in making this determination.

RELATED POLICIES:

1. The emphasis on diagnostic categories is for purposes of determining eligibility for CMHC/CSS services only, and is not in any way a recommendation to rely on a person's diagnosis to determine specific treatment approaches or service modalities. It remains a policy of SRS/MHAAPS to reinforce a practice approach that is based on each individual's unique strengths, characteristics, life situation, desires, and resources.
2. CMHC/CSS staff qualified to make determinations regarding a person's SPMI status must meet QMHP statutory criteria as defined by the State of Kansas. It remains the right of the CMHC to make a determination of a person's SPMI status for the purposes of being found eligible for CMHC/CSS services.
3. It is the responsibility of any CMHC/CSS staff performing an SPMI determination to fully explain to the individual the purpose of the determination, the process involved, and their rights/appeal process.
4. The access standards as outlined in CMHC contracts with SRS/MHAAPS apply to the process of determining an individual's status in meeting the target population definition criteria.
5. During determination of an individual's status as having SPMI, the person shall have access to a basic package of CMHC services, including medication management, crisis case management and crisis services, substance abuse treatment, and outpatient treatment. For those individuals who do not meet the criteria for SPMI status, but who do need some mental health intervention, they shall continue to have access to this basic package of CMHC services.
6. If a person's status is SPMI at termination of CMHC/CSS services or upon transfer to another CMHC, the person's status shall continue as SPMI upon re-enrollment or transfer.
7. Once an individual is determined to meet SPMI status and is receiving CMHC/CSS services, periodic review of the intensity and frequency of the services being provided will be done with the consumer by the CMHC at least every twelve (12) months, and may be done more frequently as determined by SRS/MHAAPS, the CMHC, or at the consumer's request. SRS QE staff will monitor CMHC/CSS performance in completing these reviews during licensing visits or periodic site visits. Documentation of this review with consumers must be kept in each person's CMHC/CSS records.
8. SRS QE staff will monitor CMHC/CSS performance in accurate application of the process used to determine individuals' SPMI status during licensing reviews or periodic site visits.

Documentation of SPMI status demonstrating a person's eligibility to receive CSS services must be kept in each person's CMHC/CSS records.

9. As of September 1, 2001, all CMHC's will use this approach to determine a person's SPMI status and eligibility for CSS. For new enrollees the determination process will be included at intake. For current CSS consumers the determination process will be completed no later than her/his second 90-day review. For those receiving medication services only, the determination process will be completed no later than her/his third 90-day review.
10. For consumers who have been receiving CSS services for more than 6 (six) months prior to September 1, 2001, who have been found that they do not meet the new eligibility criteria, a process of exemption can be made:
 - (a) The CMHC will provide through its quality assurance and utilization review process documentation explaining how the level of treatment being provided matches the unique conditions and situation of the consumer, AND how the consumer is actively being transitioned to naturally-occurring community supports;
 - (b) The CMHC's Quality Enhancement (QE) staff person will, as a part of her/his licensing visit or periodic site visits, review a portion of consumers' records for whom an exemption to this eligibility determination has been made; and
 - (c) The CMHC will report quarterly (in written form) the number of individuals comprising exemptions to the new target population definition process. This report will be made to the CMHC's assigned QE staff person, or to MHAAPS central office if the CMHC lacks a QE assignment. Corrective action may be taken with CMHC's who are making an inordinately large number of exemptions to the new target population definition process.

NOTE: Six to nine months after implementation of this new target population definition procedure, MHAAPS will conduct a review to determine its effectiveness. Adjustments may be made in any or all sections of the definitional approach depending on results from the review process. To that end, CMHC's will need to be prepared to report data to MHAAPS or its contracted agent concerning implementation of this approach to defining the target population.

APPENDIX G

DEFINITIONS FOR EVIDENCE-BASED SERVICES

NOTE: Services can meet the following federal definition without meeting the fidelity standards that are being pilot tested through the Dartmouth Projects in Kansas. As SAMHSA/CMHS is able to utilize the research generated through Pilot Projects, such as the Dartmouth Projects in Kansas, to define EBPs in a way that meets pilot-tested fidelity standards, the definitions for Supported Housing, Supported Employment, and Integrated Treatment for Co-occurring Disorders will evolve to reflect the fidelity standards. In the meantime, CMHCs should report “1=Yes” for Supported Housing, Supported Employment, and Integrated Treatment for Co-occurring Disorders that cohere to the following definitions even if the services don’t meet the fidelity standards of the Dartmouth Projects.

CMHCs should also report “1=Yes” for Supported Housing, Supported Employment, and Integrated Treatment for Co-occurring Disorders that meet the fidelity standards of Evidence-Based Practices, i.e., EBPs provided at the Dartmouth Pilot Project Sites in KS.

The following definitions can be relevant to practices with adults and transition-aged youth (young adults). For adults and children for whom these services are not relevant (e.g., these services are not relevant to the client’s individualized treatment plan), CMHCs should report “2 = No” for these fields.

Supported Housing:

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.

Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

Supported Employment:

The goal of supported employment services is to secure competitive employment opportunities for the targeted population and provide support to those individuals while they are employed. Essential components of this service include the following: 1) The target population is made aware that supported employment services are available, 2) The program is equally available to all persons who are in the target population, 3) Job search occurs immediately upon learning of an individual’s interest in working and a competitive job is the priority, 4) Individual interests, desires, experience,

strengths and other circumstances are considered when selecting jobs to pursue, and 5) Once a job is secured, needed supports to maintain the job are identified and provided for as long as is necessary.

Integrated Treatment for Co-occurring Disorders

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

APPENDIX H

DEFINITIONS FOR INDIVIDUALIZED EDUCATION PLAN AND 504

Individualized Education Plan (IEP): An IEP identifies the child as in need of specialized services and modifications and provides an Individualized Education Plan for that child. This then categorizes the child as a child in special education even if he or she receives instruction in regular classroom, a JJA facility, Specialized school, etc. An IEP is made possible through IDEA...Individuals with Disabilities in Education Act.

504: A 504 plan is actually part of The Rehabilitation Act of 1973 and a Civil Rights Law. A 504 provides Regular Education interventions and modifications. The reason for establishing a 504 could be temporary or long term. For example, a child w/ a broken leg may have a 504 until the leg heals. A child with diabetes or asthma may have a 504. A child with ADHD may also be on a 504 to allow for modifications in curriculum. A 504 does not technically identify a child in special education as it is administered through regular education and is not funded in the same manner as an IEP.