

**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 Appointment	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)
19. 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
2. Lack of cooperation/refusal to sign or abide by service plan
3. Lack of safe living arrangement
4. Family/Youth choice to stop SED Waiver
5. Services deemed critical not available or refused by beneficiary
6. Death of beneficiary
7. Cost of services
8. State Hospital placement
9. Residential placement (e.g., group home or youth correctional facility).
10. Loss of clinical and/or financial eligibility (this includes youth transferred to regular Medicaid eligibility, other waiver, or to Healthwave)
11. 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

5.

6. Special Education **Classroom**

7. Regular Classroom with Special Ed. Services or Consultation

8.

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.

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 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