SECTION 404 (3)
CMHSP CONTRACTUAL DATA
REPORTING REQUIREMENTS
FY 2004

Overview

The reporting requirement presented in this section is attachment C6.5.5.1 to the MDCH/CMHSP Managed Specialty Supports and Services Contract. Since this is an amendment to the contract the reporting requirements may contain strikeouts where changes occurred.

CMHSP REPORTING REQUIREMENTS

Amendment #1

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FY2003-2005 MDCH/CMHSP
MANAGED SPECIALTY SUPPORTS AND SERVICES CONTRACT
REPORTING REQUIREMENTS

Introduction

The Michigan Department of Community Health (MDCH) reporting requirements for the FY2003-05 Master contract with community mental health services programs (CMHSPs) are contained in this attachment. The purpose of this document is to provide data definitions and submission due dates. A separate "Supplemental Instructions for Encounter and Quality Improvement Data Submissions" contains further clarification, value ranges, and edit parameters to assist CMHSP staff in preparing encounter and quality improvement data for submission to MDCH.

Collection of each element contained in the master contract attachment is required. Data reporting must be received by 5 p.m. on the due dates (where applicable) in the acceptable format(s). Failure to meet this standard will result in contract action.

The reporting of the data by CMHSPs described within this document meets several purposes at MDCH including:

- Legislative boilerplate annual reporting and semi-annual updates
- Managed Care Contract Management
- System Performance Improvement
- Statewide Planning
- Actuarial activities

Most of the changes in the consumer level service use/encounter data reflect the department's understanding to date of the implications of the Health Insurance Portability and Accountability Act (HIPAA) on CMHSP encounter data reporting to MDCH. HIPAA requires that any part of certain defined electronic health care transactions must be reported in a standard format, with standardized content and codes. HIPAA health care transaction standards went into effect August 16, 2000, giving all entities two years and two months to become compliant.

HIPAA mandates that all consumer level data reported after October 16, 2002 must be compliant with the transaction standards. Therefore consumer level data collected for services provided after 10/1/02 must be HIPAA-compliant. A summary of the changes are:

- Encounter data (service use) will be submitted electronically on a Health Care Claim (ASCX12N 837 version 4010, hereafter referred to as the 837/4010), as appropriate.
- The 837/4010 requires a small set of specific demographic data: gender, diagnosis, Medicaid number, and social security number that are currently reported by CMHSPs in the demographic file.
- Additional demographic data that are not now reported to MDCH will now be required on the 837/4010 (e.g., name of consumer)
- Information about the encounter such as provider name and identification number, place of service, and amount paid for the service will be required.

- The 837/4010 includes a "header" and "trailer" that allows it to be uploaded via the DEG (data exchange gateway) to MDCH's Management Information System (MIS).
- The remaining demographic data, in HIPAA parlance called "Quality Improvement" data, will be submitted in a separate file to MIS beginning with services provided after October 1, 2002. This file will be uploaded via the DEG so therefore must be accompanied by headers and trailers.

The information on HIPAA contained in this contract relates only to the data that MDCH is requiring for its own monitoring and/or reporting purposes, and does not address all aspects of the HIPAA transaction standards with which CMHSPs must comply for other business partners (e.g., providers submitting claims, or third party payers). Further information is available at www.michigan.gov/mdch.

Data that is uploaded via the DEG must follow the HIPAA-prescribed formats for the 837/4010 and MDCH-prescribed formats for QI data. If data does not follow the formats, entire files may be rejected by the electronic system.

HIPAA also requires that procedure codes, revenue codes and modifiers approved by the CMS be used for reporting encounters. Those codes are found in the Current Procedural Terminology (CPT) Manual, Fourth Edition, published by the American Medical Associations, the Health Care Financing Administration Common Procedure Coding System (HCPCS), the National Drug Codes (NDC), the Code on Dental Procedures and Nomenclature (CDPN), the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), and the Michigan Uniform Billing Manual.

MDCH has produced a crosswalk between existing covered Medicaid waiver services/units/field ID names and CPT or HCPCS codes/service definition/units as soon as the majority of mental health services have been assigned CPT or HCPCS codes. This crosswalk is available on the MDCH web site. The codes in these coding systems require standard units which must be used in reporting on the 837/4010. In some cases those units will be different than the units that CMHSPs have been reporting for services delivered. The codes and units will be published in Medicaid Bulletins issued by MDCH, in revisions to Chapter IV, Appendix F of the Medicaid Manual for CMHSPs and Substance Abuse CAs and the Supplemental Instructions.

Where accuracy standards for collecting and reporting QI data are noted in the contract, it is expected that CMHSPs will meet those standards.

Individual consumer level data received at MDCH is kept confidential and always reported out in the aggregate. Only a limited number of MDCH staff have access to the data base that contains social security numbers, income level, and diagnosis, for example.

2003-05 CMHSP DETAILED REPORTING SPECIFICATIONS

~~2002-03~~ 2003-04DATA REPORT DUE DATES

	Nov03	Dec	Jan04	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec04
1.Consumer level** a. Quality Improvement (monthly)[1] b. Service use/encounter (monthly)[1]	√	√	√	√	√	√	√	√	√	√	√	√	√	√
2.Board Level a. Sub-element cost report (annual)[2]		√												√
b. Performance Indicators (quarterly)[3]			√			√			√					√
c. Death (quarterly)[3]			√			√			√					√
d. Sentinel events (semi-annually)[3]						√						√		
e. Recipient Rights (semi-annually)[4,5]						√								√

NOTES:
1. Send data to MDCH MIS via the DEG unless the CMHSP as affiliate has arranged for its PHP to submit consumer-level data for non-Medicaid beneficiaries
2. Send data to ~~Michigan Public Health Institute~~ MDCH, Mental Health & Substance Abuse Services, Division of Mental Health Quality & Planning
3. Send data to MDCH, Mental Health & Substance Abuse Services, Division of Mental Health Quality & Planning
4. Send Recipient Rights reports to MDCH Office of Recipient Rights
5. Per the Mental Health Code, the annual Recipient Rights report is due December 30th.

**Consumer level data must be submitted immediately within 30 days following adjudication of claims for services provided, or in cases where claims are not part of the PHP's business practices within 30 days following the end of the month in which services were delivered; however PHPs may have until-March 31, 2003 to submit the first set of consumer level data (for claims adjudicated or services delivered October 2002 through February 2003), if additional time is needed.

Board level reports are due at 5 p.m. on the last day of the month checked

QUALITY IMPROVEMENT INFORMATION PER CONSUMER
DATA REPORT

Demographic or "quality improvement" (QI) data is required to be reported for each consumer and for whom an encounter data record or fee-for service claim (for Children's Waiver) is being submitted. Encounter data is reported within 30 days after the claim for the service is adjudicated, or in cases where claims payment is not part of the CMHSP's business practice, within 30 days following the end of the month in which services were delivered. <u>CMHSPs may have until March 31, 2003 to submit the first set of consumer data for claims adjudicated, or services provided, in October 2002 through February 2003, if the additional time is necessary.</u> QI data is reported year-to-date. The first report for the fiscal year will contain records for all consumers whose claims were adjudicated the first month, the next month's report will contain records of all consumers whose claims were adjudicated in month one and month two, etc. Corrective QI file updates are allowed from the CMHSP to replace a rejected file, or a file that contained rejected records.

Method for submission: The QI data is to be submitted in a delimited format, with the columns identified by the delimiter, rather then by column "from" and "to" indicators.

Due dates: The first QI data should be submitted during the same month the first encounter data is submitted. Encounter and QI data are due 30 days after a claim is adjudicated or services were rendered (see above note). Reporting adjudicated claims will enable the CMHSP to accurately report on the amount paid for the service and on third party reimbursements.

Who to report: Report on each consumer who received a service from the CMHSP, regardless of funding stream. The exception is when a CMHSP contracts with another CMHSP, or a Medicaid Health Plan contracts with a CMHSP to provide mental health services. In that case, the CMHSP that delivers the service <u>does not</u> report the encounter.

Who submits consumer-level data: The PHP must report the encounter and QI data for Medicaid beneficiaries for its entire service area/affiliation. Encounter and QI data for non-Medicaid beneficiaries may be reported by the CMHSP affiliate, as applicable. However, in order to ensure that people who move to and from Medicaid eligibility throughout the year, it is preferred that the PHP report all encounter and QI data for all mental health beneficiaries in its service area/affiliation.

Notes:

1. Demographic Information must be updated at least annually, such as at the time of annual planning. **A consumer demographic record must be submitted for each month the consumer receives services, and for which an encounter record or fee-for-service claim (Children's Waiver) is being submitted. Failure to meet this standard may result in rejection of a file and contract action**.

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2. New elements and new options within elements are noted with a ★. Except for Program Eligibility (PE changed from PS), all other field names for elements and options used for 98-02 have remained the same for 2003-05.
3. Numbers missing from the sequence of options represent items deleted from previous reporting requirements.
4. Items with an * require that 95% of records contain a value in that field and that the values be within acceptable ranges (see each item for the ranges). Items with ** require that 100% of the records contain a value in the field, and the values are in the proper format and within acceptable ranges. Failure to meet the 100% standard will result in rejection of the file or record.
5. A "Supplemental Instructions for Encounter and Quality Improvement Data Submissions" issued by MDCH should be used for file layouts.
6. Some demographic items will be reported in the HIPAA 837/4010 Health Care Claim transaction and will no longer be reported in the demographic file. Those are noted in the crosswalk between 2001 and 2003 data at the end of this section.
7. Some demographic items will be reported on both the HIPAA/4010 Health Care Claim transaction and the QI data report for ease of calculating population numbers during the year.

The following is a description of the individual consumer demographic elements for which data is required of Community Mental Health Services Programs.

★ **= New Data**

*****1. Reporting Period* (REPORTPD)**

The last day of the month during which consumers received services covered by this report. Report year, month, day: ccyymmdd.

****2.a. *PHP Payer Identification Number* (PHPID)**

The MDCH-assigned 9-digit payer identification number must be used to identify the PHP with all data transmissions.

2.b. *CMHSP Payer Identification Number* (CMHID)

The MDCH-assigned 9-digit payer identification number must be used to identify the CMHSP with all data transmissions.

*****3. Consumer Unique ID* (CONID)**

A numeric or alphanumeric code, of 11 characters that enables the consumer and related services to be identified and data to be reliably associated with the consumer across all of the CMHSP's services. The identifier should be established at the PHP or CMHSP level so agency level or sub-program level services can be aggregated across all program services for the individual. The consumer's unique ID must not be changed once established since it is used to track individuals, and to link to their encounter data over time. A single shared unique identifier must match the identifier used in 837/4010 encounter for each consumer. **If the consumer identification number does not have 11 characters, it may cause rejection**

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of a file.

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4. ***Social Security Number*** **(SSNO)**
The nine-digit integer must be recorded, if available.
Blank = Unreported [Leave nine blanks]

5.** ***Medicaid ID Number **(MCIDNO)**
Enter the eight-digit integer for consumers with a Medicaid number.
Blank = Unreported [Leave eight blanks]
Consumers with Program Eligibility (#28) indicating Medicaid (28.01, 28.04, and/or 28.06) must have a Medicaid ID number (Standard = 95%)

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6. ***Race/Ethnic Origin*** **(RACE)**
Indicate for each consumer, race according to the following categories:
1 = Native American - American Indian, Eskimo, and Aleut, having origins in any of the native peoples of North America.
2 = Asian or Pacific Islander - A person having origins in any of the original peoples of the far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
3 = African American/Black - A person having origins in any of the Black racial groups of Africa.
4 = White - A person having origins in any of the original peoples of Europe
5 = Hispanic - A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America.
6 = Multi-racial - A person having origins in more than one of the other categories listed here.
8 = Arab American - A person having origins in any of the original peoples of North Africa and West Asia
9 = Consumer refused to provide information
Blank = Unreported

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7. ***Corrections Related Status*** **(CORSTAT)**
For persons under the jurisdiction of a corrections or law enforcement program during treatment, indicate the location/jurisdiction involved at the time of annual update during the period.
1 = In prison
2 = In jail
3 = Paroled from prison
4 = Probation from jail
5 = Juvenile detention center
6 = Court supervision
7 = Not under the jurisdiction of a corrections or law enforcement program

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8 = Awaiting trial
9 = Awaiting sentencing
10= Consumer refused to provide information
11= Minor (under age 18) who was referred by the court
12= Arrested and booked
13= Diverted from arrest or booking
Blank = Unknown

***8. Residential Living Arrangement* (RESID)**

Indicate the consumer's residential situation or arrangement at the time of intake if it occurred during the reporting period, or at the time of annual update of consumer information during the period. Reporting categories are as follows:

1 = Homeless on the street or in a shelter for the homeless
2 = Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer, or an individual upon whom the primary consumer is dependent for at least 50% of his or her financial support.
3 = Living in a private residence not owned by the CMHSP or the contracted provider, alone or with spouse or non-relative(s).
5 = Foster family home (Include all foster family arrangements regardless of number of beds)
6 Specialized residential home - Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (Include all specialized residential, regardless of number of beds)
8 = General residential home (Include all general residential regardless of number of beds)
"General residential home" means a licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules)
10 = Prison/jail/juvenile detention center
11 = Deleted (AIS/MR)
12= Nursing Care Facility
13= Institutional setting (congregate care facility, boarding schools, Child Caring Institutions, state facilities)
16 = Supported Independence Program (lease is held by CMHSP or provider)
Blank = Unreported

***9. Total Annual Income* (TOTINC)**

Indicate the total amount of gross income of the individual consumer if he/she is single; or that of the consumer and his/her spouse if married; or that of the parent(s) of a minor consumer at the time of service initiation or most recent plan review. “Income” is defined as income that is identified as taxable personal income in section 30 of Act No. 281 of the Public

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Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws, and non-taxable income, which can be expected to be available to the individual and spouse not more than 2 years subsequent to the determination of liability.

Round to the nearest dollar, do not include commas, dollar signs or decimal points.
-Household income = $_ _ _ _ _ _.00 [Example: $10,358.34 = _10358]
-Blank = Unreported
-Acceptable range is $0 to $999,999

10. ***Number of Dependents*** **(NUMDEP)**
Enter the number of dependents claimed in determining ability-to-pay. "Dependents" means those individuals who are allowed as exemptions pursuant to section 30 of Act No. 281 of the Public Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws. Single individuals living in an AFC or independently are considered one exemption, therefore enter "1" for number of dependents.

# of dependents =_ _ Blank = Unreported

11. ***Employment Status*** **(EMPLOY)**
Indicate current employment status as it relates to principal employment for consumers age 18 and over. Use #8 for consumers under 18 years old. Reporting categories are as follows:
1 = Employed full time (30 hours or more per week) competitively or self-employed.
2 = Employed part time (less than 30 hours per week) in competitively or self-employed.
3 = Unemployed - looking for work, and/or on layoff from job
4= Not in the competitive labor force - includes homemaker, student age 18 and over, day program participant, resident or inmate of an institution (including nursing home)
6 = Retired from work
7 = Sheltered workshop or work services participant in non-integrated setting
8 = Not applicable to the person (e.g., child under 18)
9 = In supported employment only (See definition page 64)
10= In supported employment and competitive employment
Blank = Unreported

12. ***Education*** **(EDUC)**
Indicate the level attained at the time of the most recent admission or annual update. For children attending pre-school that is not special education, use "blank=unreported." Reporting categories are as follows:
1 = Completed less than high school
2 = Completed special education, high school, or GED
3 = In school - Kindergarten through 12th grade
4 = In training program
6 = In Special Education
7 = Attended or is attending undergraduate college
8 = College graduate

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Blank = Unreported

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13. ***Wraparound Service*** **(WRAP)**

1 = Receives Wraparound Services
2 = Does not receive wraparound

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14. ***Functional Assessment*** **(FUNCTOOL)**

Functional assessments are administered with individuals who newly request non-emergent services, with individuals who will be receiving ongoing non-emergent services following emergency services, and annually thereafter with persons receiving non-emergent ongoing services. Indicate which of the following tools was used for the most recent functional assessment:

The **Child and Adolescent Functional Assessment Scale (CAFAS)** must be administered with all children, aged 7 through 17 years, newly requesting non-emergent services, and annually thereafter.

- ♦ No tool is used with **adults with mental illness or individuals with developmental disabilities**, therefore, this category should be left blank.

1 = **CAFAS** (used with children 7 through 17)

Blank = None

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15. ***Scale Scores*** **(SC#1-10)**

Indicate for 15.1 through 15.10 the 8 child functioning subscales and the two care giver subscales to two decimals for the CAFAS Leave blank for **adults with mental illness and** persons with developmental disabilities.

15.1= Scale Score #1
CAFAS Role Performance - School: Value = 00.00 - 30.00
15.2= Scale Score #2
CAFAS Role Performance - Home: Value = 00.00 - 30.00
15.3= Scale Score #3
CAFAS Role Performance - Community: Value = 00.00 - 30.00
15.4= Scale Score #4
CAFAS Behavior Toward Others: Value = 00.00 - 30.00
15.5= Scale Score #5
CAFAS Moods/Emotions: Value = 00.00 - 30.00
15.6= Scale Score #6
CAFAS Self-Harmful Behavior: Value = 00.00 - 30.00
15.7= Scale Score #7

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CAFAS Substance Abuse: Value = 00.00 - 30.00

15.8= Scale Score #8
CAFAS Thinking: Value = 00.00 - 30.00

15.9= Scale Score #9
CAFAS Primary Caregiver - Material Needs: Value = 00.00 - 30.00

15.10= Scale Score #10
CAFAS Primary Caregiver - Family/Social Support: Value = 00.00 - 30.00

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16. Interval and Date of Most Recent Functional Assessment

Indicate the interval of the most recent assessment (per #15) and the date of the assessment For persons with developmental disabilities indicate whether this is a new consumer ("1") or whether this is a continuing consumer for whom recent annual planning took place and needs for assistance were discussed.

16.01 Interval of most recent functional assessment (RECASS)

1 = New consumer
2 = Annual functional assessment for continuing consumer or annual planning for continuing consumer with developmental disabilities
3 = Assessment at termination, if appropriate
4 = Not appropriate for this person
5 = Not assessed during this time period
6= An interval that is neither initial, annual, or termination
Blank = none or unrecorded

16.02 Date of most recent functional assessment (DATASS) Enter the date of the assessment noted above: ccyymmdd

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****17. Disability Designation***

Enter yes for all that apply, enter no for all that do not apply. To meet standard at least one field must have a "1."

17.01: Developmental disability (Individual meets the 1996 Mental Health Code Definition of Developmental Disability regardless of whether or not they receive services from the DD or MI services arrays) **(DD)**
1 = Yes
2 = No
3 = Not evaluated

17.02: Mental Illness (Has DSM-IV diagnosis, exclusive of mental retardation, developmental disability, or substance abuse disorder) **(MI)**
1 = Yes
2 = No
3 = Not evaluated

17.03: Substance Abuse Disorder (as defined in Section 6107 of the public health code. Act 368 of the Public Health Acts of 1978, being section 333.6107 of the MCL) **(SA)**
1 = Yes

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2 = No
3 = Not evaluated

~~***18. Service Designation***~~

~~Enter Yes for all that apply; enter No for all that do not apply.~~

~~18.1 Indicate if the person is receiving services that are primarily designed for mental illness, regardless of this person's diagnosis or disability designation **(MISERV)**~~

~~1= Yes~~
~~2= No~~
~~Blank = Unknown or unreported~~

~~18.2 Indicate if the person is receiving services that are primarily designed for people with developmental disabilities, regardless of this person's diagnosis or disability designation. **(DDSERV)**~~

~~1 = Yes~~
~~2 = No~~
~~Blank = Unknown or unrecorded~~

~~18.3. Indicate if the person is receiving services that are primarily designed for people with substance abuse disorders, regardless of this person's diagnosis or disability designation. **(SASERV)**~~

~~1 = Yes~~
~~2 = No~~
~~Blank = Unknown or unrecorded~~

PROXY MEASURES FOR PERSONS WITH DEVELOPMENTAL DISABILITIES

Note: The following 6 elements are proxy measures for level of functioning for people with developmental disabilities. The information is obtained or observed when an individual begins receiving public mental health services for the first time, and/or at the time of annual planning. For purposes of these data elements, "Assistance" means the hands-on help from a paid ***or*** *un-paid person or technological support needed to enable the individual to achieve the desired future agreed upon during planning.*

19. Predominant Communication Style (People with developmental disabilities only) **(COMSTYLE)**

Indicate from the list below how the individual communicates **most of the time**:

1= English language spoken by the individual
2= Assistive technology used (includes computer, other electronic devices) or symbols such as Bliss board, or other "low tech" communication devices.
3= Interpreter used - this includes a foreign language or sign language interpreter, or someone who knows the consumer well enough to interpret speech or behavior.
4= Alternative language used - this includes a foreign language, or sign language.
Blank= Unreported

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20. Assistance for Independence Needed (People with developmental disabilities only)

Indicate below all areas of daily living activities in which the individual needs regular, ongoing assistance. It does not include those situations in which the individual is temporarily unable to perform due to a short illness.

20.1 Mobility Assistance includes technology and equipment such as wheelchairs, and/or personal assistance such as help with transferring and transporting. **(MA)**
- 1 = Yes, assistance is needed
- 2 = No, assistance is not needed
- Blank =Unreported

20.2 Medication Administration includes administering, observing or reminding **(RX)**
- 1 = Yes, assistance is needed
- 2 = No, assistance is not needed
- Blank = Unreported

20.3 Personal Assistance includes help with bathing, toileting, dressing, grooming, and/or eating **(PA)**
- 1 = Yes, assistance is needed
- 2 = No, assistance is not needed
- Blank = Unreported

20.4 Household Assistance includes help with such tasks as cooking, shopping, budgeting, and light house-keeping **(HD)**
- 1 = Yes, assistance is needed
- 2 = No, assistance is not needed
- Blank = Unreported

20.5 Community Assistance includes help with transportation, purchasing, and money handling. **CA)**
- 1 = Yes, assistance is needed
- 2 = No, assistance is not needed
- Blank = Unreported

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21. Nature of Support System (People with developmental disabilities only) **(NATSUPP)**

Indicate how family and friends are involved with the consumer. "Involved" means consumer gets together with family/friends on a regular basis, for example, monthly or more often.
- 1= Family and/or friends are not involved
- 2 = Family and/or friends are involved, but do not provide assistance
- 3 = Family and/or friends provide limited assistance, such as intermittent or up to once a month
- 4 = Family and/or friends provide moderate assistance, such as several times a month up to several times a week
- 5 = Family and/or friends provide extensive assistance, such as daily assistance to full-time care giving

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Blank= Information unavailable

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22. Status of Existing Support System (People with Developmental Disabilities only) **(STATSUPP)**

Indicate whether family/friend care giver status is at risk; including instances of care giver disability/illness, aging, and/or re-location. "At risk" means is care giver will likely be unable to continue providing the current level of help, or will cease providing help altogether.

1 = Yes, care giver status is at risk
2 = No, care giver status is not at risk
3 = No care giver is involved
Blank = Unreported or information unavailable

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23. Health Status (People with developmental disabilities only)

Indicate below all areas in which assistance (personal or technology) is required:

23.1 Vision (requiring accommodations beyond glasses) **(VOS)**
- 1 = No vision problems, or no assistance needed
- 2 = Limited assistance is needed such as intermittent help up to once a month
- 3 = Moderate assistance is needed such as monthly to several times a week
- 4 = Extensive assistance is needed such as daily to full-time help
- Blank = Unreported

23.2 Hearing (requiring accommodations beyond a hearing aid) **(HEAR)**
- 1 = No hearing problems, or no assistance needed
- 2 = Limited assistance is needed such as intermittent help up to once a month
- 3 = Moderate assistance is needed such as monthly to several times a week
- 4 = Extensive assistance is needed such as daily to full-time help
- Blank = Unreported

23.3 Other physical/medical characteristics requiring personal intervention **(OTH)**
- 1 = No physical/medical characteristics, or no assistance needed
- 2 = Limited assistance is needed such as intermittent help up to once a month
- 3 = Moderate assistance is needed such as monthly to several times a week
- 4 = Extensive assistance is needed such as daily to full-time help
- Blank = Unreported

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24. Assistance for Accommodating Challenging Behaviors (People with developmental disabilities only) **(BEHAVIOR)**

Indicate the level of assistance the consumer needs, if any to accommodate challenging behaviors. "Challenging behaviors" include those that endanger self and/or others to those that prohibit functioning independently in the home or participating in the community.

- 1 = No challenging behaviors, or no assistance needed
- 2 = Limited assistance needed, such as intermittent help up to once a month
- 3 = Moderate assistance needed, such as monthly to several times a week

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4 = Extensive assistance needed, such as daily assistance to full-time help
Blank = Unreported

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25. Gender (GENDER)
Identify consumer as male or female.
M = Male
F = Female

***26. Program Eligibility* (PE)**
Indicate ALL programs or plans in which the individual is enrolled and/or from which funding is received directly by the individual/family or on his/her/family's behalf.
Every item MUST have a response of "1" or "2" to meet standard.

~~26.1 Habilitation Supports Waiver **(PE_HABW)**~~
~~1 = Yes~~
~~2 = No~~

26.2 Adoption Subsidy **(PE_ASUB)**
1 = Yes
2 = No

26.3 Medicare **(PE_MCARE)**
1 = Yes
2 = No

26.4 Medicaid (except Children's Waiver) **(PE_MCAID)**
1 = Yes
2 = No

26.5 MIChild Program **(PE_MIC)**
1 = Yes
2 = No

26.6 Medicaid Children's Waiver **(PE_CHW)**
1 = Yes
2 = No

26.7 SDA, SSI, SSDI **(PE_SSI)**
1= Yes
2= No

26.8 Commercial Health Insurance or Service Contract (EAP, HMO) **(PE_COM)**

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1 = Yes
2 = No

26.9 Program or plan is not listed above **(PE_OTH)**
1= Yes
2= No

26.10 Individual is not enrolled in or eligible for a program or plan **(PE_INELG)**
1= Yes
2= No

★26.11 Individual is enrolled in the ~~State Medical Plan~~ ~~**(PE_SMP)**~~ **Adult Benefit Waiver (PE_ABW)**
1= Yes
2= No
~~Blank = Unreported~~

***27. Parental Status* (PARSTAT)**
Indicate if the consumer (no matter what age) is the natural or adoptive parent of a minor child (under 18 years old)
1= Yes
2= No
Blank = Unreported

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28. Children Served by Family Independence Agency
Indicate whether minor child is enrolled in an FIA program. If the consumer is an adult or if the consumer is a child not enrolled in any of the FIA programs, enter 2=No.

28.01 Child served by FIA for abuse and neglect (FIA_AN)
1= Yes
2= No
Blank = Unreported

28.02 Child served by another FIA program (FIA_OT)
1= Yes
2= No
Blank = Unreported

***29. Children Enrolled in Early On* (CHILDEOP)**
Indicate whether minor child is enrolled in the Early On program. If the consumer is an adult or if the consumer is a child not enrolled in the Early On program, enter 2=No.

QUALITY IMPROVEMENT INFORMATION PER CONSUMER
DATA REPORT

1= Yes
2= No
Blank = Unreported

****30. Date of birth* (DOB)**
Date of Birth - Year, month, and day of birth must be recorded in that order. Report in a string of eight characters, no punctuation: YYYYMMDD using leading zeros for days and months when the number is less than 10. For example, January 1, 1945 would be reported as 19450101. Use blank = Unknown

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***31. Primary Language Spoken* (PLS)**
Enter the three-letter ISO/NISO 639-2(B) code of the language that is the primary language the individual speaks. The web site for the code list is http://lcweb/loc.gov/standards/iso639-2/langhome.html. If the individual does not speak at all, enter the code of the language that he/she understands. Use blank = Unknown

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CROSSWALK OF MDCH QI
REPORTS FY01-02 AND FY'2003-05

VERSION FY'2001-02	2001-02 Field ID	VERSION FY '2003-05
Reporting period	REPORTPD	No change
Payer ID Number	PHPID and CMHID	No change
Consumer Unique ID	CONID	No change
Social Security Number	SSNO	No change
Medicaid ID Number	MCIDNO	No change
Race/Ethnic Origin	RACE	No change
Corrections related status	CORSTAT	No change
Residential living arrangement	RESID	No change
Total Annual Income	TOTINC	No change
Number of Dependents Claimed	NUMDEP	No change
Employment Status	EMPLOY	No change
Education	EDUC	No change
Wraparound	WRAP	No change
Functioning Tool	FUNCTOOL	No change
Scale Scores	SSC#1-10	No change
Interval of most recent functional assessment	RECASS	No change
Date of most recent functional assessment	DATASS	**No change**
Disability Designation	DD, MI, SA	No Change
Service Designation	DDSERV, MISERV, SASERV	**DELETED**
Predominant Communication Style	COMSTYLE	No change
Assistance for Independence Needed	MA, RX, PA, HD, CA	No change
Nature of Support System	NATSUPP	No change
Status of Existing Support	STATSUPP	No change

VERSION FY'2001-02	2001-02 Field ID	VERSION FY '2003-05
System		
Health Status	VOS, HEAR, OTH	No change
Assistance for Accommodating Challenging Behaviors	BEHAVIOR	No change
Program Eligibility	PE_SELF, etc.	**Deleted HSW** **Deleted State Medical Plan, added Adult Benefits Waiver (PE_ABW)**
Gender	GENDER	No change
Age	DOB	No change
Parental Status	PARSTAT	No change
Children served by FIA	FIA_AN and FIA_OT	No change
Children enrolled in Early On	CHILDEOP	No change
Primary Language Spoken	PLS	No change

Due dates: <u>Encounter data are due within 30 days following adjudication of the claim for the service provided, or in the case of a CMHSP whose business practices do not include claims payment, within 30 days following the end of the month in which services were delivered.</u> CMHSPs may have until March 31, 2003 to submit the first set of consumer data for claims adjudicated or services rendered in October through February if the additional time is needed. It is expected that encounter data reported will reflect services for which providers were paid (paid claims), third party reimbursed, and/or any services provided directly by the CMHSP. Submit the encounter data for an individual on any claims adjudicated, regardless of whether there are still other claims outstanding for the individual for the month in which service was provided. In order that the department can use the encounter data for its federal and state reporting, it must have the count of units of service provided to each consumer during the fiscal year. Therefore, the encounter data for the fiscal year must be reconciled within 90 days of the end of the fiscal year. Claims for the fiscal year that are not yet adjudicated by the end of that period, should be reported as encounters with a monetary amount of "0." Once claims have been adjudicated, a replacement encounter must be submitted.

Encounters per Consumer

Encounter data is collected and reported for every consumer for which a claim was adjudicated or service rendered during the month by the CMHSP (directly or via contract) regardless of payment source or funding stream. Every encounter record reported must have a corresponding quality improvement (QI) or demographic record reported at the same time. Failure to report <u>both</u> an encounter record and a QI record for a consumer receiving services will result in contract action. CMHSPs that contract with another CMHSP or a Medicaid Health Plan contracts with a CMHSP to provide mental health services should include that consumer in the encounter and QI data sets. In those cases the CMHSP that <u>provides</u> the service via a contract should <u>not</u> report the consumer in this data set.

Encounter data will be reported electronically via the 837/4010 version Health Care Encounter: Professional, institutional or dental formats. It is expected that CMHSPs that submit the 837/4010 have tested their readiness to submit and have been certified to do so.

The 837/4010 Health Care Claim includes header and trailer information that identifies the sender and receiver and the type of information being submitted. HIPAA also requires that procedure codes approved by the Health Care Financing Administration (HCFA) be used for reporting encounters. Those procedures codes are found in the Current Procedural Terminology (CPT) Manual, Fourth Edition, published by the American Medical Associations, or in the Health Care Financing Administration Common Procedure Coding System (HCPCS), National Drug Codes, the Code on Dental Procedures and Nomenclature (CDPN) and the Michigan Uniform Billing Manual. The procedure codes in these coding systems require standard units which must be used in reporting on the Health Care Claim. In some cases those units will be different than the units for Medicaid waiver services currently provided in Michigan by CMHSPs.

MDCH has created a crosswalk between existing covered Medicaid services, waiver services, and alternative services and their units/field ID names and CPT or HCPCS codes/service definition/units that is posted on the MDCH web site . These changes are also contained in Medicaid Bulletins issued by MDCH, in revisions to Chapter IV, Appendix F of the Medicaid Manual for CMHSPs and CAs, and in the "Supplemental Instructions for Encounters and Quality Improvement Data Submissions." The Supplemental Instructions contain field formats and specific instructions on how to submit encounter level data.

The following elements reported on the 837/4010 encounter format will be used by MDCH Quality Management and Planning Division for its federal and state reporting, and contracts management. The items with an ** are required by HIPAA, and when they are absent will result in rejection of a file. Items with an ** must have 100% of values recorded within the acceptable range of values. Failure to meet accuracy standards on these items will result in contract action.
Refer to HIPAA 837 transaction implementation guides for exact location of the elements. Please consult the HIPAA implementation guides, and clarification documents (on MDCH's web site) for additional elements required of all 837/4010 encounter formats.

****1.a.** ***PHP Payer Identification Number*** **(PHPID)**
The MDCH-assigned 9-digit payer identification number must be used to identify the PHP with all data transactions.

1.b. ***CMHSP Payer Identification Number*** **(CMHID)**
The MDCH-assigned 9-digit payer identification number must be used to identify the CMHSP with all data transactions.

****2**. ***Identification Code/Subscriber Primary Identifier (please see the details in the submitter's manual)***
Eight-digit Medicaid number must be entered for a **Medicaid** beneficiary.
If the consumer is not a beneficiary, enter the nine-digit **Social Security** number.
If consumer has neither a Medicaid number or a Social Security number, enter the unique identification number assigned by the CMHSP or **CONID.**

****3.** ***Identification Code/Other Subscriber Primary Identifier (please see the details in the submitter's manual)***
Enter the consumer's unique identification number (**CONID**) assigned by the CMHSP **regardless** of whether it has been used above**.**

****4.** ***Date of birth***
Enter the date of birth of the beneficiary/consumer.

*****5. Diagnosis***
Enter the ICD-9 primary diagnosis of the consumer.

*****6. EPSDT***
Enter the specified code indicating the child was referred for specialty services by the EPSDT screening.

****7.* ***Encounter Data Identifier***
Enter specified code indicating this file is an encounter file.

****8.* ***Line Counter Assigned Number***
A number that uniquely identifies each of up to 50 service lines per claim.

****9.* ***Procedure Code***
Enter procedure code from crosswalk for service/support provided. The crosswalk is located on the MDCH web site. Do not use procedure codes that are not on the crosswalk.

10. ***Procedure Modifier Code***

11. ~~***Monetary Amount*** (Voluntary through 9/30/03, pending any addendum to this contract)~~
~~**Report within 30 days following adjudication of the claim, the amount charged, amount allowed, amount paid, and adjusted for the procedure from/to the provider, and/or the expected reimbursement received by the PHPs/CMHSP from third party as applicable. PHPs/CMHSPs that provide services directly should report the unit cost of the service.**~~

★ ***11.*** ***Allowed Amount***
Enter the average amount that a PIHP is willing to pay for a given service.

****12.* ***Quantity of Service***
Enter the number of units of service provided according to the unit code type.

13. ***Facility Code***
Enter the specified code for where the service was provided, such as an office, inpatient hospital, etc.

14. ***Diagnosis Code Pointer***
Points to the diagnosis code at the claim level that is relevant to the service.

****15.* ***Date Time Period***
Enter date of service provided (how this is reported depends on whether the 837/4010 Professional, or the 837/4010 Institutional format is used).

~~PROGRAM ELEMENTS AND SUB-ELEMENTS~~
~~*Mental Health Support and Services Definitions*~~

~~This report provides all aggregate service data necessary for MDCH management of CMHSP contracts. In the case of an affiliation, the CMHSP must report this data as an aggregation of all services provided in the service area regardless of funding stream. The data set reflects and describes the support activity provided to or on behalf of consumers. It is intended to reflect activity that is authorized and managed by the CMHSP. The following element descriptions in Parts I, II, and III are consistent with the coverages in revised Chapter III of the Medicaid Bulletin. The services listed in Part IV and V are alternative services that CMHSPs may provide at their discretion (from their capitation or other state or local funds) as determined during person-centered planning. Refer to Chapter III for the complete and specific requirements for coverages for the state plan and each waiver. All services and supports managed by the CMHSP must be reported on the sub-element report, using the service definitions below as a guide to what element should be used to report an activity.~~

~~PART I: COVERED MEDICAID SERVICES~~

~~1. **Assertive Community Treatment (ACT)**: a comprehensive and integrated set of medical or rehabilitative services, approved by MDCH, and provided primarily on a one-to-one basis in the recipient's residence or other community settings by a mobile multi-disciplinary mental health treatment team. The team provides an array of essential treatment and psychosocial interventions for individuals who would otherwise require more intensive and restrictive services (e.g., psychiatric inpatient, partial hospitalization, crisis residential, nursing home placement, or long-term specialized residential care). The team provides additional services essential to maintaining an individual's ability to function in community settings. This would include assistance with addressing basic needs, such as food, housing, and medical care, and supports to allow individuals to function in social, educational, and vocational settings.~~

2. **Assessment & Evaluation**: Includes:
   - a comprehensive psychiatric evaluation performed face-to-face by a psychiatrist;
   - psychological testing ordered by a physician and performed by full, limited-licensed or temporary-limited licensed psychologists;
   - all other assessments (except health)and testing conducted for the purposes of determining level of functioning and treatment needs (including PASARR and AIMs)

3. **Behavior Management Review**: behavior management committee review and approval of individual behavior treatment program plans.

3. **Clubhouse Programs**: These MDCH-approved programs form an array of recipient-directed and professionally provided supports for individuals with serious mental illness. The program provides both informal and formal structures through which recipients can influence and shape program development. Covered psychosocial services are provided during an "ordered day". Interventions are provided to develop, enhance, and/or retain psychiatric stability, social competencies, personal and emotional adjustment, and/or independent living competencies, when these abilities are impaired due to mental illness

4. **Community Inpatient**: Community hospitals/non-state inpatient services in licensed psychiatric hospitals and licensed psychiatric units of general hospitals are included in this

element. To report services under this program element, the program must certify and/or authorize the clinical necessity for the inpatient stay, regardless of whether the program has financial responsibility for the stay.

5. **Crisis Interventions** (formerly Emergency Services) These are unscheduled activities for the purpose of resolving a crisis or an urgent situation requiring immediate attention. Crisis services are delivered through a 24-hour, 7-day per week crisis service that is prepared to respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment. Services involve assessments, diagnosis, crisis counseling, treatment and/or referral during crisis interventions and admission screening to ensure rapid referral and linkage to appropriate intervention.

6. **Crisis Residential**: Intensive crisis residential services, approved by MDCH, that are intended to provide a short-term alternative to the consumer's regular living arrangement. The service included both protection and treatment support. For persons with mental illness, the service provides an alternative to an inpatient hospital admission for those experiencing acute psychiatric crisis. Services include 24-hour room and board, psychiatric supervision, therapeutic support services, medication management/stabilization and education, behavioral services, milieu therapy, and nursing services. Services can be provided to both child and adult MI.

7. **Health Services**: Includes health assessment, treatment, and professional treatment monitoring Services may be nursing (on a per visit basis, not ongoing hourly care), dietary/nutrition, maintenance of health and hygiene, teaching self-administration of medication, care of minor injuries or first aid, and teaching the consumer to seek assistance in case of emergencies. Services may be provided by a physician, registered nurse, physician's assistant, nurse practitioner, or dietitian, according to scope of practice.

8. **Home-Based Services**: MDCH approved services provided to the entire family unit and are individually tailored to the unique needs of each family. The family unit is the focus of treatment. Services may be provided by one staff or a team of staff. Services include individual therapy, family therapy, group therapy, crisis intervention, service coordination, family collateral contacts, as well as models such as Infant Mental Health Services. The activities range from assisting recipients in meeting basic needs such as food, housing, and medical care, to more therapeutic interventions such as family therapy or individual therapy.

9. **Intensive Crisis Stabilization Services**: structured treatment and support activities, approved by MDCH, provided by a mental health crisis team and designed to provide a short-term alternative to inpatient psychiatric services. Services may only be used to avert a psychiatric admission or to shorten the length of a patient stay.

10. **Medication Administration**: The process of giving physician-prescribed oral medication, injection or topical medication treatment to a consumer.

11. **Medication Review**: The evaluation and monitoring of medications, their effects, and the need for continuing or changing the medication regimen.

12. **Mental Health Therapy and Counseling:** Includes child therapy, family therapy, group, therapy, and individual therapy designed to reduce maladaptive behaviors, to maximize behavioral self-control or to restore normalized functioning, reality orientation and emotional adjustment, thus enabling improved functioning and more appropriate interpersonal and social relationships.

13. **Nursing Home Mental Health Monitoring:** Review of a nursing home resident's response to mental health treatment, and consultation with nursing home staff.

14. **Occupational Therapy**: Includes both the evaluation as well as the treatment. Services are prescribed by a physician and provided by a qualified occupational therapist/assistant.

15. **Partial Hospitalization Services** (licensed by Michigan Department of Consumer and Industry Services/MDCIS) Psychiatric partial hospitalization services are short-term, intensive services provided through a licensed nonresidential treatment program that provides psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services (under the supervision of a physician) to adults diagnosed as having serious mental illness or minors diagnosed as having serious emotional disturbance who do not require 24-hour continuous mental health care, and that is affiliated with a psychiatric hospital or psychiatric unit to which clients may be transferred if they need inpatient psychiatric care. Services must be authorized by the CMHSP.

16. **Personal Care in Specialized Residential Settings:** Those services provided in a licensed specialized residential care setting that assist the individual with ADLs

17. **Physical Therapy**: Includes the evaluation and the treatment as provided by a qualified physical therapist/assistant and prescribed by a physician.

18. **Speech and Language Therapy**: Includes the evaluation and the treatment as provided by a speech pathologist or audiologist and referred by a physician.

19. **State Hospital/ICF/MR Services**: Included are all inpatient services provided by state psychiatric hospitals for adults and children and centers for persons with developmental disabilities. Services provided by the Forensic Center are not included.

20. **Targeted Case Management**: those services that will assist persons in gaining access to needed medical, social, educational and other services. Core elements of case management include: assessment, service plan development, linking/coordination of services, reassessment/follow-up, and monitoring of services.

23. **Transportation** to non-medical activities, including clubhouse, and services provided at a day program setting.

24. **Treatment Planning:** Activities associated with assisting the consumer and those of his/her choosing in the development and periodic (as determined by the plan, but at least annual) review

of the person-centered plan. This includes assisting the consumer in pre-planning (identifying who will participate, where, and when); in sharing needs, concerns, desires, and dreams; in designing the strategies for addressing them; and in the periodic review of the plan to determine if progress is being made and/or that additional needs must be addressed. PCP activities performed as part of the supports coordinator or case management function should not be counted here.

PART II: HABILITATION SUPPORTS WAIVER SERVICES

1 **Chore Services:** Services to maintain the home in a clean, sanitary, and safe environment.

2. Community Living Supports Staff: in home and out-of-home includes providing supports that focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's residence (licensed facility, family home, own home or apartment) or in community settings, including camps. Examples of these supports include assistance, support (including reminding and observing, and/or guiding) and/or training in such activities as the following:
   - meal preparation
   - laundry
   - routine, seasonal, and heavy household care and maintenance
   - activities of daily living such as bathing, eating, dressing, personal hygiene
   - shopping
   - money management
   - reminding, observing and/or monitoring of medication administration
   - non-medical care (not requiring nurse or physician intervention)
   - socialization and relationship building
   - transportation
   - leisure choice and participation in regular community activities
   - attendance at medical appointments

   Note: Do not count hours of Home Help Services here.

3. **Enhanced Dental Services**: includes procedures to ameliorate such conditions as congenital deformities of the midface, multiple recurrent cavities due to inability to chew adequately, chronic periodontal disease resulting from medications, chronic pain that interferes with chewing and swallowing, etc.

4. **Enhanced Medical Equipment**: Includes devices or appliances that are not covered under the Medicaid Health Plan. These items enable the individual to increase his or her activities of daily living; or to perceive, control, or communicate with the environment in which he/she lives. Also included are assessments and specialized training provided by the equipment vendor that are needed in conjunction with the use of such equipment.

5. **Enhanced Medical Supplies:** supplies not covered by the Medicaid Health Plan or the providers' per diem rate.

6. **Enhanced Pharmacy**: doctor-ordered nonprescription or over-the-counter items such as cold and stomach distress remedies, first-aid supplies, vitamins, and skin treatments not covered by Qualified Health Plans or the providers' per diem rates.

7. **Environmental Modifications**: Physical adaptations to the individual's or family's home, individual's or family's primary vehicle, and/or work environment, that ensure health and safety and/or enable greater independence. The individual's home may be a house or an apartment that is owned, rented or leased.

8. **Family Skills Development/Training**: Education and counseling for families (parents, spouse, children, siblings, relatives, foster family, in-laws) who are caring for and/or living with family member who has developmental disabilities. Education includes instructions about treatment regimens, and use of assistive technology and/or medical equipment (where it is not covered in the cost of enhanced medical equipment).

9. **Out-of-home Non-Vocational Habilitation**: Assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills and the support services, including transportation to and from, incidental to the provision of that assistance that takes place in a non-residential setting, separate from the home or facility in which the person resides.

10. Personal Emergency Response Systems: Lifeline, PERS, and the ancillary supplies and equipment necessary for proper maintenance, repair or replacement of such items. Also included are assessments and specialized training provided by the equipment vendor that are needed in conjunction with the use of such equipment.

11. Prevocational Services: Services that prepare the individual for paid or unpaid employment, but that are not job task-oriented rather are directed at reaching habilitative goals.

12. Private Duty Nursing: consists of nursing procedures that meet the person's health needs. Licensed nurses provide the nursing treatments, observation, and/or teaching in the home as prescribed by the physician.

13. **Respite Care Services**: Services that are provided in the individual's/family's home or outside the home, including camps, to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff.

14. **Support and Service Coordination**: Functions performed by a case manager, supports coordinator, coordinator assistant, services broker, or otherwise designated representative of the CMHSP that include assessing the need for support and service coordination and:
    - Planning and/or facilitating planning using person-centered principles
    - Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of D.D. Speciality Services, Behavioral Health Services and other community services/supports.
    - Brokering of providers of services/supports
    - Assistance with access to entitlements, and/or legal representation.
    - Coordination with the Qualified Health Plan or other health care provider(s).

15. **Supported/Integrated Employment Services**: Provide initial and ongoing support services to assist persons obtain and maintain paid employment. On-going support services without which employment would be impossible are provided as required. Support services are provided

continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this sub-element. It is an employment situation that includes paid work and adjunct services necessary to maintain the consumer in the work setting. Examples of these services are job development, job placement, job coaching, and long-term follow-along services required to maintain employment. Employment preparation in not included in this sub-element.

PART III: CHILDREN'S WAIVER SERVICES

1. Community Living Supports: in home and out-of-home includes providing supports that focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's family home or in community settings. Examples of these supports include assistance, support (including reminding and observing, and/or guiding) and/or training in such activities as the following:
   - meal preparation
   - laundry
   - routine, seasonal, and heavy household care and maintenance
   - activities of daily living such as bathing, eating, dressing, personal hygiene
   - shopping
   - money management
   - reminding, observing and/or monitoring of medication administration
   - non-medical care (not requiring nurse or physician intervention)
   - socialization and relationship building
   - transportation
   - leisure choice and participation in regular community activities
   - attendance at medical appointments

   Do not count hours of Home Help Services here.

2. **Enhanced Transportation:** Transportation costs that are provided by people other than parents, or staff performing CLS, in order to enable the child to gain access to waiver and other community services, activities, and resources.

3. Environmental Accessibility Adaptations: Physical adaptations to the family's home, family's primary vehicle, and/or work environment, that ensure health and safety and/or enable greater independence. The family's home may be a house or an apartment that is owned, rented or leased

4. **Family Training:** Family training and counseling services

5. ~~**Non-Family Training**: Coaching, supervision and monitoring of community living support staff by professional staff.~~

6. **Respite Care:** Services that are provided in the family's home or outside the home, to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff.

7. **Specialized Equipment:** Includes devices or appliances that are not covered under the Medicaid Health Plan. These items enable the individual to increase his or her activities of

daily living; or to perceive, control, or communicate with the environment in which he/she lives. Also included are assessments and specialized training provided by the equipment vendor that are needed in conjunction with the use of such equipment.

8. **Specialized Supplies:** supplies not covered by the Medicaid Health Plan or the providers' per diem rate.

9. **Specialty Services:** Includes such services as Music Therapy, Recreation Therapy, Art Therapy, and Massage Therapy, as well as child and family training, coaching, supervision of staff, and monitoring of program goals.

PART IV: ALTERNATIVE SERVICES FOR PERSONS WITH MENTAL ILLNESS

The services listed below are alternative services that CMHSPs may authorize at their discretion (from their capitation) as determined during person-centered planning. Medicaid state plan, Habilitation Supports Waiver, and Children's Waiver services are described in Chapter III of the Medicaid Manual. See the Procedure Code Crosswalk PIHP/CMHSP Encounter Reporting HCPCS and Revenue Code on the MDCH web site for the correct procedure code to use for reporting these services in the encounter data report.

1. **Community Living Training and Supports**: in home and out-of-home includes providing supports that focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's residence (licensed facility, family home, own home or apartment) or in community settings, including camps. Examples of these supports include assistance, support (including reminding and observing, and/or guiding) and/or training in such activities as the following:
   - meal preparation
   - laundry
   - routine, seasonal, and heavy household care and maintenance
   - activities of daily living such as bathing, eating, dressing, personal hygiene
   - shopping
   - money management
   - reminding, observing and/or monitoring of medication administration
   - non-medical care (not requiring nurse or physician intervention)
   - socialization and relationship building
   - transportation
   - leisure choice and participation in regular community activities
   - attendance at medical appointments

2. **Extended Observation Beds** (23-Hour): This is an enrolled (with MDCH) hospital-based service, less than 24 hour in duration, involving rapid diagnosis, treatment and stabilization of an individual with a psychiatric or substance abuse emergency, and that results in sufficient amelioration of the situation to allow the person to be discharged and transferred to an ambulatory care service.

~~3. **Family Skills Development/Training**: Education and counseling for families (parents, spouse, children, siblings, relatives, foster family, in-laws) who are caring for and/or living with family~~

~~member who has developmental disabilities. Education includes instructions about treatment regimens, and use of assistive technology and/or medical equipment.~~

4. **Housing Assistance**: Assistance with short-term, or one-time-only expenses that the individual's resources and other community resources could not cover. Housing assistance typically meets the needs associated with transition to home ownership or leasing/renting a dwelling such as utilities, insurance, and moving expenses where such expenses would pose a barrier to a successful transition to owning or leasing/renting a dwelling. It might also provide limited term or temporary assistance with living expenses for beneficiaries transitioning from restrictive settings when there is an expectation that other benefits (e.g., SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) will become available to assume these obligations and provide the needed assistance. Housing assistance may also be used for home maintenance when, without a repair to the home or replacement of a necessary appliance, the individual would be forced to leave for health and safety reasons. Housing assistance is not intended to provide long-term funding for on-going housing costs. Medicaid funds may not be used to pay ongoing, open-ended costs for room and board. Do not include costs for staff, adaptive equipment, or environmental modifications.

5. **Peer-Delivered or -Operated Support Services**: These are service activities intended to provide recipients with opportunities to learn and share coping skills and strategies, move into more active assistance and away from passive patient roles and identities, and to build and/or enhance self-esteem and self-confidence. Such services may include consumer run drop-in centers and other peer operated services (e.g. peer run hospital diversion services).

6. **Direct Prevention Service Models**: Programs using both individual and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for individuals becoming treatment consumers of the mental health system. Models include Children of Adults with Disorders, Infant Mental Health when not enrolled as a Home-Based program, and Parent Education and School Success programs.

7. **Respite Care Services:** Services that are provided in the individual's/family's home or outside the home, including camps, to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff.

8. **Skill-Building Assistance:** consists of activities that assist an individual to achieve economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. They may include:
   - therapeutic clinical interactions provided by professionals (not already reported under Enhanced Health Care or Assistance for Challenging Behaviors)
   - socialization relating to school, work, or volunteer environments
   - out-of-home adaptive skills training
   - rehabilitative services
   - pre-vocational services

10. **Supported/Integrated Employment Services**: Provide initial and ongoing support services to

assist persons obtain and maintain paid employment. On-going support services without which employment would be impossible are provided as required. Support services are provided continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this sub-element. It is an employment situation that includes paid work and adjunct services necessary to maintain the consumer in the work setting. Examples of these services are job development, job placement, job coaching, and long-term follow-along services required to maintain employment. Employment preparation is not included in this sub-element. Consumer-run businesses (i.e. vocational components of Fairweather Lodges) are included here.

11. **Supported Independent Housing:** A setting where supported independent living, apartment programs and subsidized rental programs are provided which include support staff, living arrangements or related costs for which there is a program expenditure. Programs that include room, board, and twenty-four hour supervision provided under the authority of the CMHSP are not included. Programs that are comprised of staff supports that do not meet the definition of case management, outpatient, and other services are included.

12. **Wraparound Services** for Children and Adolescents: individually designed set of services provided to minors with serious emotional disturbance or serious mental illness and their families that includes treatment services and personal support services or any other supports necessary to maintain the child in the family home. Wraparound services are developed through an interagency collaborative approach and a minor's parent or guardian and a minor age 14 or older are participants in planning the services. For reporting purposes, treatment services included in the wraparound plan and delivered to the recipient should be reported by the procedure code for that service.

PART V. ALTERNATIVE SERVICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

1. **Assistance with Challenging Behaviors**: **Assistance for Challenging Behaviors:** Note: Revised definition is pending due to concerns raised by advocates, consumers and other stakeholders about the potential misunderstanding or mis-use of this alternative service.

2. **Assistive Technology**: Includes devices or appliances that are not covered under the Medicaid Health Plan. These items enable the individual to increase his or her activities of daily living; or to perceive, control, or communicate with the environment in which he/she lives. Examples of items are emergency response like Lifeline, Personal Emergency Response Systems, and the ancillary supplies and equipment necessary for the proper maintenance, repair or replacement of such items. Also included are assessments and specialized training provided by the equipment vendor that are needed in conjunction with the use of such equipment.

3. **Community Living Supports Staff :** in home and out-of-home includes providing supports that focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's residence (licensed facility, family home, own home or apartment) or in community settings, including camps. Examples of these supports include assistance, support (including reminding

and observing, and/or guiding) and/or training in such activities as the following:

- ♦ meal preparation
- ♦ laundry
- ♦ routine, seasonal, and heavy household care and maintenance
- ♦ activities of daily living such as bathing, eating, dressing, personal hygiene
- ♦ shopping
- ♦ money management
- ♦ reminding, observing and/or monitoring of medication administration
- ♦ non-medical care (not requiring nurse or physician intervention)
- ♦ socialization and relationship building
- ♦ transportation
- ♦ leisure choice and participation in regular community activities
- ♦ attendance at medical appointments

4. **Crisis Stabilization and Response**: 24-hour, 7 days per week, crisis service that is designed to respond to people experiencing urgent and emergency situations as defined in the Mental Health Code. This may include the provision of, or referral to, inpatient services, to institutional services, or to other protective environments for treatment, respite, or intensive supports. These responsibilities must be carefully coordinated with the individual's Medicaid health plan.

5. **Enhanced Health Care:** Services for health care needs that exceed those covered in the Medicaid Health Plan, and that prevent placement in, or return to, a more restrictive environment. These include:

- Treatment and monitoring for habilitative, occupational, physical, speech and language, professional nursing, and/or nutritional therapies. [Note: these are all state plan services to which beneficiaries are entitled]
- Enhanced pharmacy: doctor-ordered non-prescription or over-the-counter items such as cold and stomach distress remedies, first-aid supplies, vitamins, and skin treatments.
- Enhanced dental: includes procedures to ameliorate such conditions as congenital deformities of the mid-face, multiple recurrent cavities due to inability to chew adequately, chronic periodontal disease resulting from medications, chronic pain that interferes with chewing and swallowing.

6. **Environmental Modifications**: Physical adaptations to the individual's or family's home, individual's or family's primary vehicle, and/or work environment, that ensure health and safety and/or enable greater independence. The individual's home may be a house or an apartment that is owned, rented or leased.

7. **Family Skills Development/Training**: Education and counseling for families (parents, spouse, children, siblings, relatives, foster family, in-laws) who are caring for and/or living with family member who has developmental disabilities. Education includes instructions about treatment regimens, and use of assistive technology and/or medical equipment

8. **Housing Assistance**: Assistance with short-term, or one-time-only expenses that the individual's resources and other community resources could not cover. Housing assistance typically meet the needs associated with transition to home ownership or leasing/renting a dwelling such as utilities, insurance, and moving expenses where such expenses would pose a

barrier to a successful transition to owning or leasing/renting a dwelling. It might also provide limited term or temporary assistance with living expenses for beneficiaries transitioning from restrictive settings when there is an expectation that other benefits (e.g., SSI) or public programs (e.g., governmental rental assistance and/or home ownership programs) will become available to assume these obligations and provide the needed assistance. Housing assistance may also be used for home maintenance when, without a repair to the home or replacement of a necessary appliance, the individual would be forced to leave for health and safety reasons. Housing assistance is not intended to provide long-term funding for on-going housing costs. Medicaid funds may not be used to pay ongoing, open-ended costs for room and board. Do not include costs for staff, adaptive equipment, or environmental modifications

9. Direct Prevention Service Models: Programs using both individual and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for individuals becoming treatment consumers of the mental health system. Models include Children of Adults with Disorders, Infant Mental Health when not enrolled as a Home-Based program, and Parent Education and School Success programs

10. **Respite Care Services:** Services that are provided in the individual's/family's home or outside the home, including camps, to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff.

11. **Skill-Building Assistance:** consists of activities that assist an individual to achieve economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. They may include:
    - therapeutic clinical interactions provided by professionals (not already reported under Enhanced Health Care or Assistance for Challenging Behaviors)
    - socialization relating ~~to school, work, or volunteer environments~~
    - ~~out-of-home adaptive skills training~~
    - ~~rehabilitative services~~
    - ~~pre-vocational services~~

~~12. **Support and Service Coordination**: Functions performed by a case manager, supports coordinator, coordinator assistant, services broker, or otherwise designated representative of the CMHSP that include assessing the need for support and service coordination and:~~
- ~~Planning and/or facilitating planning using person-centered principles~~
- ~~Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of D.D. Speciality Services, Behavioral Health Services and other community services/supports.~~
- ~~Brokering of providers of services/supports~~
- ~~Assistance with access to entitlements, and/or legal representation.~~
- ~~Coordination with the Medical Health Plan or other health care provider(s).~~

~~13. **Supported Independent Housing:** A setting where supported independent living, apartment programs and subsidized rental programs are provided which include support staff, living arrangements or related costs for which there is a program expenditure. Programs that include room, board, and twenty-four hour supervision provided under the authority of the CMHSP are not included. Programs that are comprised of staff supports that do not meet the definition of~~

~~case management, outpatient, and other services are included.~~

14. ~~**Supported/Integrated Employment Services**: Provide initial and ongoing support services to assist persons obtain and maintain paid employment. On-going support services without which employment would be impossible are provided as required. Support services are provided continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this sub-element. It is an employment situation that includes paid work and adjunct services necessary to maintain the consumer in the work setting. Examples of these services are job development, job placement, job coaching, and long-term follow-along services required to maintain employment. Employment preparation is not included in this sub-element.~~

~~PART VI: OTHER~~

1. ~~**Day Programs Settings for MI and DD** are defined as settings that are enrolled and approved by MDCH in which an array of specialized mental health training, treatment and support services are provided through a predetermined schedule, typically in group modalities, by persons under the supervision of professionals who are licensed, certified or registered to provide health-related services.~~

2. ~~**Specialized Residential Setting:** A setting, certified to provide a specialized program (per DMH Administrative Rules, 3/9/96, R330.1801) where community living supports and/or training are provided. Do not include crisis residential programs here.~~

3. ~~**Prevention - Indirect Service Models**~~

   ~~Brings persons together for the purpose of service planning, training, consultation for staff of agencies and care giver groups who work with at-risk or general target populations. Models include Community Caregiver Programs and Community Education Programs. Also includes activities that serve to inform, educate, and/or ameliorate with the intent of reducing the risk of dysfunction for at-risk individuals or families. This may include outreach efforts to at-risk populations, psycho-educational and support groups for individual risk reduction, and consultation with at-risk individuals and families~~

4. ~~**All other**~~

   ~~Includes general fund and grant expenditures for services to consumers that are not already included in the procedure codes provided on the chart. These services might include ECT, pharmacy, injectables. and transportation or ambulance services.~~

5. ~~**CMHSP Administration**~~

   ~~Included here are those centralized administrative activities and functions serving all program elements in the management of a CMHSP. This would include:~~

   ~~Costs attributable to the CMHSP Executive Director, chief operating officer, and the associated support staff, personnel management, financial management, reimbursement, MIS/data processing and marketing and planning staff for time spent on CMHSP activities.~~

   ~~Costs attributable to the director or coordinator (and the associated administrative support~~

~~staff) of the office or unit responsible for training, quality improvement, recipient rights, utilization management, program evaluation, and interagency collaboration for time spent on CMHSP activities.~~

~~6. Count of Consumers Served~~

~~Provide a count of consumers served during the period for each sub-population. This is not a sum of the rows above in the sub-element table.~~

★ CMHSP PROGRAM ELEMENTS AND SUB-ELEMENTS

This report provides all aggregate service data necessary for MDCH management of CMHSP contracts. The CMHSP must report this data as an aggregation of all services provided in its service area regardless of funding. The data set reflects and describes the support activity provided to or on behalf of consumers. For purposes of reporting this information, CMHSPs should use the definitions of services and supports found in Mental Health Chapter III of the Medicaid Policy Manual regardless of the funding stream that paid for the services.

MATRIX FOR SUB-ELEMENT CMHSP COST REPORT

This report must be completed by the CMHSP for all the services it delivered or managed regardless of funding for the period 10/1/03-9/30/04.

Note: "Face-to-face" means staff face-to-face time spent with the consumer except where otherwise noted.

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements. Costs of ancillary activities performed by staff that are not face-to-face should be included.
1. ACT	**1. Unduplicated count of consumers who were enrolled in ACT program 2. Number of face-to-face 15 minute units provided by ACT team members**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
2. Assessment, Evaluation and Testing	**1. Unduplicated count of consumers who used the service 2. Number of face-to-face hours, 15 minute units or encounters provided by clinicians.**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
3. Behavior Management Review	**1. Unduplicated count of consumers who received the service 2. Number of encounters (behavior management review meetings) provided by clinicians Note: not face-to-face with consumer**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
4. Chore	**1. Unduplicated count of consumers who received the service 2. Number of face-to face 15 minute units provided**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
5. Clubhouse Programs	**1. Unduplicated count of consumers who were in clubhouse program 2. Number of 15 minute units the consumer spent in the program**	**Cost includes staff, facility, equipment, staff travel, transportation, contract services, supplies, and materials (exclude vocational component costs to be**

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements. Costs of ancillary activities performed by staff that are not face-to-face should be included.
	(excludes meal time and transportation time)	included in integrated employment)
6. Community Inpatient	1. Unduplicated count of consumers who had a local inpatient admission 2. Inpatient days	Include facility costs and cost of inpatient psychiatrist to program only. *Does not include professional services provided by program such as case management and/or discharge planning that are to be included under the appropriate sub-element*
7. Community Living Supports	1. Unduplicated count of consumers who received the service 2. Number of face-to face 15 minute units or days provided; or number of camp sessions	Cost includes staff, facility, equipment, staff travel, transportation, contract services, supplies and materials. *Do not report home help time here.*
8. Crisis Intervention	1. Unduplicated count of consumers who used the service 2. Number of face-to-face 15 minute units clinical staff spent with consumers (face-to-face)	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
9. Crisis Residential	1. Unduplicated count of consumers who had a crisis residential admission 2. Crisis residential days paid for by CMHSP/PIHP	Includes residential cost, net of SSI, to program only. *Does not include professional services provided by program such as case management.*
10. Enhanced Dental	1. Unduplicated count of consumers who used the service 2. Number of face-to-face encounters provided	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
11. Enhanced Medical Equipment and Children's Waiver Specialized Equipment	1. Unduplicated count of consumers who received the service 2.Number of items purchased during the period.	Cost includes equipment, appliances, maintenance, repair, and replacement
12. Enhanced Medical Supplies	1. Unduplicated count of consumers who received the service 2. Number of items purchased during the period.	Cost includes supplies
13. Enhanced Pharmacy	1. Unduplicated count of consumers who used the service 2. Number of-enhanced pharmacy	Cost includes pharmacy items

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements. Costs of ancillary activities performed by staff that are not face-to-face should be included.
	items that were purchased.	
14. Environmental Modifications and Children's Waiver Environmental Accessibility Adaptations	1. Unduplicated count of consumers who used the service 2.Convert the number of jobs that were completed during the period to "services"	Cost includes the assessment, construction, as well as materials, permits and inspections
15. Extended Observation Beds	1. Unduplicated count of consumers who used the service 2. Number of face-to-face service hours clinical staff provided	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
16. Family Support and Skills Development Training	1. Unduplicated count of consumers who received the service 2. Number of face-to-face encounters provided by staff to family members	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
17. Health Services	1. Unduplicated count of consumers who used the service 2. Number of face-to-face service hours, 15 minute units, or encounters	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
18. Home-Based Services	1. Unduplicated count of consumers who received the service 2. Number of face-to-face 15 minute units staff provided to consumer	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
19. Housing Assistance	1. Unduplicated count of consumers who used the service 2. Number of months the service was provided	Costs include non-staff expenses associated with housing: assistance for utilities, home maintenance, insurance, and moving expenses
20. Intensive Crisis Stabilization	1. Unduplicated count of consumers who received services from crisis stabilization team 2. Number of face-to-face service hours clinical staff provided	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
21. Medication Administration	1. Unduplicated count of consumers who used the service	Cost includes staff, facility, equipment, staff travel, contract

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements. Costs of ancillary activities performed by staff that are not face-to-face should be included.
	2. Number of face-to-face encounters clinical staff provided	services, supplies and materials.
22. Medication Reviews	1. Unduplicated count of consumers who used the service 2. Number of face-to-face encounters clinical staff provided	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
23. Mental Health Therapy & Counseling	1. Unduplicated count of consumers who used the service 2. Number of face-to-face encounters clinical staff provided.	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
24. Non-family Training	1. Unduplicated count of consumers who used the service 2.Professional encounters with families or CLS staff.	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
25. Nursing Home MH Monitoring	1. Unduplicated count of consumers who received the service 2. Number of face-to-face 15 minute units clinical staff provided	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
26. Occupational and Physical Therapies	1. Unduplicated count of consumers who used the service 2.Number of face-to-face 15 minute units or encounters occupational/physical therapists or therapy assistants provided.	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
27. Out-of-home Non-vocational Habilitation	1. Unduplicated count of consumers who used the service 2.Number of 15 minute units consumers used the service	Cost includes staff, facility, equipment, staff travel, transportation, contract services, supplies and materials.
28. Partial Hospitalization	1. Unduplicated count of consumers who were in partial hospitalization program for whom program has payment responsibility 2. Number of days consumers were in a partial hospitalization program for which PIHP/CMHSP paid.	Include cost to CMHSP or PIHP only
29. Peer-Directed and Operated Services	1. Unduplicated count of consumers who used the services 2. No units counted	Cost includes staff, facility, equipment, staff travel, contract services, supplies, and materials
30. Personal Care in Specialized	1. Unduplicated count of	Include cost to CMHSP or PIHP

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements. Costs of ancillary activities performed by staff that are not face-to-face should be included.
Residential Settings	**consumers living in specialized residential settings who received personal care 2. Number of days that personal care was provided**	**only**
31. Personal Emergency Response	**1. Unduplicated count of consumers who received the service 2. Count PERS installations; count subscriptions by the months**	**Cost includes equipment, maintenance, repair, and replacement**
32. Prevention-direct Model	**1. Unduplicated count of consumers who used the services 2. Number of face-to-face contacts.**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies, and materials.**
33. Prevocational Services	**1. Unduplicated count of consumers who used the service 2.Number of hours consumers used the service**	**Cost includes staff, facility, equipment, staff travel, transportation, contract services, supplies and materials.**
34. Private Duty Nursing (Habilitation Supports Waiver only)	**1. Unduplicated count of consumers who used the service 2. Number of face-to-face hours nurse provided**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
35. Respite Care	**1. Unduplicated count of consumers for whom respite care was provided. 2. Number of 15 minute or day units consumers spent in respite services**	**Cost includes staff, facility, equipment, travel, contract services, supplies and materials.**
36. Skill-building Assistance	**1. Unduplicated count of consumers who used the service 2.Number of 15 minute units consumers used the service (excluding lunch and transportation time)**	**Cost includes staff, facility, equipment, staff travel, transportation, contract services, supplies and materials.**
37. Specialty Services	**1. Unduplicated count of consumers who used the service 2. Number of face-to-face encounters (visits) provided by staff.**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
38. Speech and Language Therapy	**1. Unduplicated count of consumers who used the service 2.Number of face-to-face encounters speech and language therapists provided**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements. Costs of ancillary activities performed by staff that are not face-to-face should be included.
39. State Hospital Inpatient and ICF/MR	**1. Unduplicated count of consumers who were inpatients in a state facility, including a DD Center 2. Inpatient days**	**Include facility costs (state and local) to program only.** ***Does not include professional services provided by program such as case management and/or discharge planning that are to be included under the appropriate sub-element***
40. Supported/Integrated Employment	**1. Unduplicated count of consumers who were in supported employment program 2. Number of 15 minute units consumers spent with staff while in SE program**	**Cost includes staff, facility, equipment, staff travel, transportation, contract services, supplies and materials.**
41. Supported Independent Housing Services	**1. Unduplicated count of consumers who used the service 2.Number of days consumers used the service**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
42. Supports Coordination	**1. Unduplicated count of consumers who received the service 2. Number of face-to-face 15 minute units supports coordinators or supports coordinator assistants provided.**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
43. Targeted Case Management	**1. Unduplicated count of consumers who received the service 2. Number of face-to-face 15 minute units case managers provided**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
44. Transportation and Children's Waiver Enhanced Transportation	**1. Unduplicated count of consumers who used the service 2.Number of encounters (trips), miles, or days**	**Include mileage and driver wages; or cab, bus, or train fare**
45. Treatment (Person-centered) Planning	**1. Unduplicated count of consumers who used the service 2.Number of face-to-face encounters clinical staff (not case managers or supports coordinators) provided**	**Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.**
46. Wraparound	**1. Unduplicated count of consumers who used the service 2. Number of days services were**	**Cost includes non-staff expenditures only**

CMHSP Services	1. Definition of who to count 2. Definition of Unit(s) to Count	Cost/Expenses to Include: Note: Program administration costs should be distributed as appropriate across the sub-elements. Costs of ancillary activities performed by staff that are not face-to-face should be included.
	provided.	

Other Expenditures to be reported	1. What to count	2. Cost/Expenses to include
1. Day Program Setting	1. Unduplicated count of consumers who used services provided at a day program setting. 2.Number of 15 minute units consumers used services provided at a day program setting (excluding lunch and transportation time).	Cost includes staff, facility, equipment, staff travel, transportation, contract services, supplies and materials.
2. Specialized Residential Program Setting	1. Unduplicated count of consumers who resided in the setting. 2.Number of days the consumers resided in the setting. (do not count days consumers were absent from the setting)	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials. The cost should be net of food stamps, room and board, and SSI.
3. Prevention - indirect service models	There are no cases or service units reported for this sub-element	Cost includes staff, facility, equipment, staff travel, contract services, supplies and materials.
4. All Other	No cases or units counted	Report all other expenses not already counted, such as ECT, transportation/ambulance, injectables, room and board, pharmacy, OBRA activities, and physician consultation.
5. CMHSP Administration	1. No cases or units counted	Managed care administrative activities and functions serving all program elements in the management of the CMHSP. In addition, include the cost of any Medicaid administrative functions that have been delegated to the CMHSP. Specific program, staff, and functions include: director and support staff and cost, personnel management, financial management, reimbursement, MIS/data processing, recipient

Other Expenditures to be reported	1. What to count	2. Cost/Expenses to include
		rights, staff training, group home staff training, continuous quality improvement, program evaluation, interagency collaboration (including collaborative Community Planning), marketing, and planning.
6. Total Consumers Served	**1. Unduplicated count of all consumers served per population. This is not a sum of the rows above**	**Total cost of services delivered regardless of funding stream.**

SUB-ELEMENT COST REPORT FY 2003-04
CMHSPs report on all services delivered to all recipients regardless of funding stream, including Medicaid

Time Period: 10/1/03-9/30/04 **Due Date: December 31, 2004**

	Supports & Services	HCPCS & Rev Codes	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D Other
	Program Element/ Sub-Elements			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	10. Cost
1	ACT	H0039	15 min										
2	Assessment, Evaluation & Testing	T1001, 90801, 90802, 96110, 96111, 96105, 90887, H0002, H0031, T1023, T2010, T2011	Enctr										
		97802, 97803	15 min										
		96100, 96115, 96117	Hour										
3	Behavior Management Review	H2000	Enctr										
4	Chore Services	S5120	15 min										
5	Clubhouse Program	H2030	15 min										
6	Community Inpatient	Rev 0100, 0101, 0114, 0124, 0134, 1054	Day										
7	Community Living	H2015	15 min										

	Supports & Services	HCPCS & Rev Codes	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D Other
	Program Element/ Sub-Elements			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	10. Cost
	Supports	H2016	Day										
		T2036, T2037	Enctr/ Trip										
8	Crisis Intervention and crisis stabilization	H2011	15 min										
9	Crisis residential	H0018	Day										
10	Enhanced Dental		Enctr										
11	Enhanced/specialized Equipment	E1399, T2029, T2039	Item										
12	Enhanced/specialized Supplies	T1999, T2028, S5199	Item										
13	Enhanced Pharmacy	T1999	Item										
14	Environmental Mods	S5165	Svc										
15	Extended Observation Beds	Rev 0762	Hour										
16	Family Training	S5111	Enctr										
17	Health Services	S9445, S9446, S9470	Enctr										
		97802, 97803, H0034, T1002	15 min										
		97804	30 min										

	Supports & Services	HCPCS & Rev Codes	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D Other
	Program Element/ Sub-Elements			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	10. Cost
18	Home-Based	H0036	15 min										
19	Housing Assistance	T2038	Month										
20	Intensive Crisis Stabilization	S9484	Hour										
21	Med. Administration	90782, 90788, 99506	Enctr										
22	Med. Reviews	90862, M0064	Enctr										
23	MH Therapy & Counseling	90808- 90857	Enctr										
24	Non-family Training	S5115	Enctr										
25	Nursing Home MH Monitoring	T1017	15 min										
26	Occupational Therapy and Physical Therapy	97110, 97112, 97113, 97116, 97124, 97140, 97530, 97532, 97533, 97535, 97537, 97542	15 min										
		S8990, 97150, 97003, 97004	Enctr										
27	Out-of-home non-voc hab	H2014	15 min										
28	Partial Hospitalization	Rev 0912,	Day										

	Supports & Services	HCPCS & Rev Codes	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D Other
	Program Element/ Sub-Elements			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	10. Cost
		0913											
29	Peer-delivered/operated Svs	H0038	15 min										
30	Personal care in Spec Res	T1020	Day										
31	Personal Emergency Response (PERS)	S5161	Month										
		S5160	Install.										
32	Prevention/direct Model	H0025	Cont										
33	Prevocational Services	T2015	Hour										
34	Private Duty Nursing	S9123, S9124 Rev 0482	Hour										
35	Respite care	T1005, S5150	15 min										
		S5151	Day										
36	Skill-building assistance	H2014	15 min										
37	Specialty Services	G0176, 97124	Enctr										
38	Speech & Language Therapy	92506, 92610, 92507, 92526, 92508	Enctr										
39	State Hospital Psychiatric and ICF/MR	Rev 0100, 0101, 0114, 0124, 0134,	Day										

	Supports & Services	HCPCS & Rev Codes	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D Other
	Program Element/ Sub-Elements			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	10. Cost
		0154											
40	Supported Employment	H2023	15 min										
41	Supported Independent Housing Services	H0043	Day										
42	Supports Coordination	T1016	15 min										
43	Targeted Case Management	T1017	15 min										
	- Children's Waiver	T2023	Month										
44	Transportation	T2003, T2004, T2005	Enctr/ Trip										
		A0080, A0090, A0100, A0110, A0120, A0130, A0140, A0170 S0215	Mile										
		T2002	Day										
45	Treatment (Person-centered) Planning	H0032	Enctr										
46	Wraparound	H2022	Day										

	Supports & Services	HCPCS & Rev Codes	Unit Type	A. Persons with Developmental Disabilities			B. Adults with Mental Illness			C. Children with Mental Illness			D Other
	Program Element/ Sub-Elements			1. Cases	2. Units	3. Cost	4. Cases	5. Units	6. Cost	7. Cases	8. Units	9. Cost	10. Cost
	Other												
1	Day Program	S5100	15 min										
2	Specialized Residential*	S5140, S5141, S5142, S5145, S5146, S5147	Day										
3	Prevention - Indirect												
4	All other**												
5	Administration***												
6	Total Consumers Served****												

***If specialized residential was not unbundled for the entire fiscal year, report bundled specialized residential here. Unbundled specialized residential should be reported as a day of personal care (T1020) and a day of community living supports (H2016). Report all HSW CLS in the appropriate row.**
****All other includes (but is not limited to): ECT, transportation, injectable drugs, physician contacts, room and board, and OBRA activities not reported in any procedure codes above. Report expenditures only.**
***** CMHSP reports all managed care administration expenditures and any Medicaid managed care administrative costs for functions delegated from a PIHP to a CMHSP (former Board Administration is now split between managed care administrative costs and program costs.)**
****** CMHSP reports all consumers served and all costs, regardless of funding streams**

MENTAL HEALTH QUALITY MANAGEMENT SYSTEM, 5.0

The Michigan Mission Based Performance Indicator System (version 1.0) was first implemented in FY'97. That original set of indicators reflected nine months of work by more than 90 consumers, advocates, CMHSP staff, MDCH staff and others. The original purposes for the development of the system remain. Those purposes include:

1. To clearly delineate the dimensions of quality that must be addressed by the Public Mental Health System as reflected in the Mission statements from Delivering the Promise and the needs and concerns expressed by consumers and the citizens of Michigan. Those domains are: ACCESS, EFFICIENCY, and OUTCOME.
2. To develop a state-wide aggregate status report to address issues of public accountability for the public mental health system (including appropriation boilerplate requirements of the legislature, legal commitments under the Michigan Mental Health Code, etc.)
3. To provide a data-based mechanism to assist MDCH in the management of CMHSP contracts that would impact the quality of the service delivery system state-wide.
4. To the extent possible, facilitate the development and implementation of local quality improvement systems; and
5. To link with existing health care planning efforts and to establish a foundation for future quality improvement monitoring within a managed health care system for the consumers of public mental health services in the state of Michigan.

Version 5.0 of the indicator system contains both revised and new measures of CMHSP performance. Existing indicators 1, 5, and 8 have been modified and now will be reported by sub-population, i.e., children with serious emotional disturbance (SED) and all other persons. Of the eight new indicators added to the system, more than half focus on children. These measures address issues such as enrollment in the Early On program, the collection and reporting of Child and Adolescent Functional Assessment Scale (CAFAS) scores, and the provision of services beyond respite care to children with developmental disabilities. For the first time, the indicator system will contain measures reflecting the domain of adequacy and appropriateness of care. Two National Association of State Mental Health Program Directors (NASMHPD) core indicators dealing with the use of atypical anti-psychotic medications have been added. A third NASMHPD core indicator, the percentage of expenditures spent on administrative functions, also has been adopted as a measure of the efficiency of plan administration.

All of the indicators here are measures of CMHSP performance, rather than affiliation performance. Therefore performance indicators should be reported by the CMHSP/affiliate.

Due Dates for Performance Indicators (except Table #13, Sentinel Events):

Reporting Periods:	10/01/02 - 12/31/02 / 01/01/03 - 03/31/03	Due Dates: 2003	January 31, 2003 / April 30, 2003
	04/01/03 - 06/30/03		July 31, 2003
	07/01/03 - 09/30/03		October 31, 2003
	10/01/03 - 12/31/03		January 31, 2004
	01/01/04 - 03/31/04		April 30, 20004
	04/01/04 - 06/30/04		July 31, 2004
	07/01/04 - 9/30/04		October 31, 2004

FY'2003-05 QUALITY MANAGEMENT MEASURES
by Type of Measure and Dimension of Quality

Type of Measures

I Compliance Indicator
2. Quality Improvement Indicator
III Monitoring Measure

Dimension of Quality

A. Access
B. Efficiency
C. Outcome
D. Quality & Appropriateness

I. Compliance Indicators

A ACCESS

1. The percentage of children with SED and the percentage of all other persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours
Standard: 95%

2. The percentage of persons receiving a face-to-face meeting with a professional within 14 calender days of a non-emergency request for service (by 4 sub-populations: MI-adults, MI-children, DD-adults, DD-children)
Standard: 95%

3. Percentage of persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional (by 4 sub-populations: MI-adults, MI-children, DD-adults, DD-children)
Standard: 95% within 14 days

★4. The percentage of persons who met the OBRA Level II Assessment criteria for specialized mental health services for persons residing in nursing homes, as determined by the Department, who received CMHSP managed mental health services
Standard: ~~95%~~ *100%*

B. EFFICIENCY - No compliance indicators currently required

C. OUTCOMES

5. The percentage of children with SED and the percentage of all other persons readmitted to an inpatient psychiatric unit within 30 days of discharge.
Standard: 15% or less

D. QUALITY AND APPROPRIATENESS

6. Required contractual reports are submitted within the contractually-defined time frames **Standard = 100%**

7. CMHSP maintains a **95%** accuracy rate on selected data elements in demographic and service use files submitted to MDCH

II. Quality Improvement Measures

A. ACCESS

Continuity of Care

8. The percentage of children with SED and the percentage of all other persons discharged from a psychiatric inpatient unit who are seen for follow-up care within 7 days.

B. EFFICIENCY

Utilization of Services (Data collected from Sub-Element Report)

9. Days of psychiatric inpatient care per thousand persons with mental illness served

10. Percentage of expenditures for persons with developmental disabilities used for 24-hour specialized residential care provided in a group home or institutional setting for which the case is paid by the CMHSP

11. Percentage of expenditures for persons with mental illness used for psychiatric inpatient care

C. OUTCOMES

Employment

12. Percentage of persons with developmental disabilities receiving any daytime service who are served in supported employment

13. Percentage of persons with developmental disabilities who earned minimum wage and above

14. Percentage of adults (18-65 years of age) with serious mental illness who are employed and/or are in supported employment (information to be collected from demographic data)

15. Percentage of adults (18-65 years of age) with developmental disabilities who are employed and/or are in supported employment (information to be collected from demographic data)

Living Arrangement

16. Percentage of children served living with their families[1]

[1] "Family" means natural or adoptive relatives (parents, grandparents, siblings, etc.)

17. Percentage of adults with developmental disabilities served living in their own residence[2]

4. QUALITY AND APPROPRIATENESS - No quality improvement indicators currently required

III. Tracking Measures

A. ACCESS

Penetration Rates of Under-Served Populations

18. Ratio of the percentage of persons under 18 in the area population receiving services to the percentage of persons under 18 in the area population.

19. Ratio of percentage of persons 65 years and older in the area population receiving services to the percentage of persons 65 years and older in the area population.

20. Ratio of percentage of ethnic minority persons in the area population receiving services to the percentage of ethnic minority persons in the area population (by 4 sub-populations: Native American, Asian or Pacific Islander, African American, Hispanic).

21. Ratio of percentage of persons 18 or older with serious mental illness in the area population receiving services to the percentage of persons 18 or older with serious mental illness in the area population.

22. Percentage of area Medicaid recipients having received CMHSP managed services.

23. Percentage of total CMHSP service population, not living in a nursing home, with a diagnosis of dementia.

24. Number of children 0-3 years old, receiving home-based services, regardless of who has the open case, where the primary treatment target is the 0-3 child.

25. Number of children under age 18 referred by courts who were assessed by CMHSP, and number who received services (information to be collected from demographic data).

Continuity of Care

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[2] "Own residence" means lease, rental agreement, or deed/mortgage of home, apartment, or condominium in the adult consumer's name or the name of his/her spouse, friend, guardian, relative or parent. Consumers living with (a) their parents, or (b) in a residence owned or leased by a CMHSP or provider, are **not considered** to be living in their "own residence."

★~~26. The percentage of persons who met the OBRA Level II criteria determined to need nursing home care but less than specialized mental health services, as determined by the Department, who received CMHSP managed mental health services~~

Denial/Appeals

27. Percentage of face-to-face assessments with professionals that result in denials or referrals elsewhere

28. Percentage of Sec.705 second opinions that result in services

B. EFFICIENCY

Cost Per Case (Data collected from Sub-Element Report)

29. Cost per case for adults with mental illness (18-64, 65+)

30. Cost per case for children (under 18) with a mental illness or severe emotional disturbance

31. Cost per case for persons with a developmental disability (0-17, 18-84, 65+)

Other (Data collected from consumer level demographic report)

32. The percentage of Medicaid eligible persons who received (a) inpatient care, (b) day/night care, and (c) ambulatory services

33. The percentage of total expenditures spent on administrative functions (information to be collected from sub-element cost report data)

C. OUTCOMES

Employment

34. Percentage of persons in Supported Employment (SE) working 10+ hours per week

35. Percentage of adults with MI in SE earning minimum wage and above

36. Percentage of adults with MI and adults with DD in SE, continuously employed 6 months or longer

Living Arrangements

37. Percentage of adults with MI served living in their own residence[3].

Recipient Rights (data collected semi-annually through Office of Recipient Rights reports)

38. Number of substantiated recipient rights complaints per 1,000 persons served, in

[3] "Own residence" means lease, rental agreement, or deed/mortgage of home, apartment, or condominium in the adult consumer's name or the name of his/her spouse, friend, guardian, relative or parent. Consumers living with (a) their parents, or (b) in a residence owned or leased by a CMHSP or provider, are **not considered** to be living in their "own residence."

the categories of Abuse and Neglect I and II

39. Total number of persons making an allegation of a rights violation per thousand persons served

40. Total number of substantiated allegations for all categories other than abuse and neglect per thousand persons served

Sentinel Events (Data collected semi-annually)

41. Number of sentinel events per thousand persons served (by 3 sub-populations: MI-adults, MI-children, and Persons with DD)

42. Number of suicides per thousand persons served (by 2 sub-populations: MI and DD)

4. QUALITY AND APPROPRIATENESS

43. The percentage of adults served (in intensive services such as ACT, specialized residential, continuous in-home supports, day program, inpatient psychiatric hospitalization, partial hospitalization, etc) , who identify that they are parents of minor children (information to be collected from the consumer demographic data).

44. The percentage of children 0-3 served by CMHSP who are enrolled in the Early On program (information to be collected from the consumer demographic data).

45. The percentage of children with developmental disabilities, ages 0-17, who received services in addition to respite care (information to be collected from the encounter system data).

46. The percentage of adults with a diagnosis of schizophrenia served who received atypical anti-psychotic medications (information to be collected from the consumer demographic and pharmacy data).

47. The percentage of Medicaid eligible adults served on anti-psychotic medications receiving one of the new atypical anti-psychotic medications (information to be collected from the consumer demographic and pharmacy data).

48. The percentage of children/adolescents (age 7-17) initiating treatment during the quarter who have admission CAFAS scores (information to be collected from the consumer demographic data).

49. The ratio of the number of children/adolescents (age 7-17) with follow-up CAFAS scores at 90 days post-admission,180 days post-admission, or at exit, to the number of children/adolescents with CAFAS scores at admission (information to be collected from the consumer demographic data).

STATE LEVEL DATA COLLECTION
Outcomes

Quality of Life - Consumer Perspective

Data for Quality of Life - Consumer Perspective will be collected via a statewide probability sample arranged by MDCH. Cooperation between MDCH and CMHSP is required, including but not limited to providing a liaison to work with MDCH, and providing a sample (frame to be specified by MDCH) of consumers to be interviewed.

Percentage of adults with mental illness, adults with developmental disabilities, children 12 to 18 with severe emotional disturbance, and children 12 to 18 with developmental disabilities who receive case management services who report satisfaction with life.

Satisfaction - Consumer Satisfaction

Data for consumer satisfaction will be collected from a statewide probability sample arranged by MDCH. Cooperation between MDCH, its contractor, and CMHSP is required, including but not limited to providing the contractor with a sample (frame to be specified by MDCH) of consumers' names and addresses to be surveyed.

Percentage of adults with a mental illness who received case management services who report satisfaction with services.

Percentage of persons with developmental disabilities who received case management services who report satisfaction with services.

Functional/Symptom Status

Changes in Child and Adolescent Functional Assessment Scale (CAFAS) scores for children with emotional disturbance between **initial or annual, and termination** assessments.

% of children/adolescents who experience increased level of functioning
% of children/adolescents who experience decreased level of psychological distress
% of children/adolescents who experience increased activities with family, friends, neighbors, or social groups
Average level of impairment in children/adolescents with substance abuse problems
The increase in the level of school performance.
The percentage of children/adolescents who were in juvenile detention the past year.

MENTAL HEALTH QUALITY MANAGEMENT SYSTEM, 5.0

TABLE 1: UNDUPLICATED COUNT

Note: Some of the additional data required herein is needed to analyze the subsequent indicators

1. POPULATION:	2. UNDUPLICATED TOTAL NUMBER OF PERSONS SERVED IN THE TIME PERIOD by CMHSP	3. UNDUPLICATED NUMBER OF MEDICAID ELIGIBLE PERSONS SERVED BY CMHSP DURING THE REPORTING PERIOD
1. MI - Children		
2. MI - Adults		
3. Adults with developmental disabilities		
4. Children with developmental disabilities		

Definitions:

Served: Means received face-to-face service from the CMHSP. Exclude information and referral services and community education and consultation provided as part of Prevention services.

Children: Means individuals aged less than 18 years.

Instructions:

Column 2 - Report the total number of people served by the CMHSP

Column 3 - Report the number of people served by the CMHSP who were Medicaid eligible

TABLE 2: ACCESS: PENETRATION RATES

2003-05 Monitoring Measures:

18. *Ratio of the percentage of persons under 18 in the area population receiving services to the percentage of persons under 18 in the area population*
19. *Ratio of the percentage of persons 65 and older in the area population receiving services to the percentage of persons 65 and older in the area population*
20. *Ratio of the percentage of ethnic minority persons in the area population receiving services to the percentage of ethnic minority persons in the area population (by 4 sub-populations)*
21. *Ratio of the percentage of persons age 18 and over with serious mental illness in the area population receiving services to the percentage of persons 18 and over with a serious mental illness in the area population*
24. Number of children 0-3 years old receiving home-based services, regardless of who has the open case, where the primary treatment target is the 0-3 child.

1	2 **# PERSONS SERVED**		3 **# IN AREA 2000 CENSUS**	4 **% OF AREA CENSUS**
1. **Persons Aged <18**				
2. **Persons Aged 65+**				
3. **Total Persons of Ethnic Minorities**				
a) Native American				
b) Asian or Pacific Islander				
c) African American				
d) Hispanic				
	# PERSONS SERVED		**# PROJECTED NEED**	**% SERVED**
4. **Persons Aged 18+ with SMI**	a.	b.		
5. **Children Aged 0-3 served in home-based program**				

See Next Page for Detailed Instructions.

Instructions:

Column 2: Enter the # of people served by the PHP as CMHSP during the time period
Column 3: Enter the # of people in the PHP as CMHSP's catchment area by categories in Column 1
Row 3, Column 2: Enter the total # of ethnic minorities served
Rows 3a - 3f, Column 2: Enter total # persons served for each category (example for letter "a" only enter the total number of Native American's served)
Rows 4, Column 2: Enter # of people served during the time period; "a" and "b": see note next page.
Rows 4, Column 3: Enter projected number of people in need from attached Penetration Rate, p.57, column B.
Column 4: Divide numbers in Column 2 by numbers in Column 3 and multiply by 100.

Definitions:

Row 3:

Ethnic Minority means one of the following (See Demographic Information for specific definitions of population groups):

- Native American
- Asian or Pacific Islander
- African American/Black
- Hispanic

Row 4.

For purpose of this data report only, persons aged 18+ with a serious mental illness are those persons with the following diagnostic categories from DSM-IV-TR:

Column 2a.

- Schizophrenia and other Psychotic Disorders (295.xx; 297.1; 297.3; 298.8; 298.9)
- Mood Disorders or Major Depressions and Bipolar Disorders (296.xx)
- Dementia with delusions (290.12, 290.20, 290.42), dementia with depressed mood (290.13, 290.21, 290.43), and dementia with behavioral disturbance (290.xx)
- Panic Disorder, Phobias and Obsessive Compulsive Disorder (300.xx)

Column 2b.

- Somatization Disorder (300.81)
- Antisocial Personality Disorder (301.7)
- Dementia (all others not noted above)

Row 5.

Enter the number of children 0-3 who receive home-based services, regardless of who has the open case (e.g., case is in parent's or sibling's name), where the primary treatment focus is the 0-3 child

Estimated Number of Adults with Serious Mental Illness by CMHSP

CMHSP	Estimated Number of SMI
1. Allegan	3542
2. Antrim-Kalkaska	1329
3. AuSable	1912
4. Barry	1921
5. Bay-Arenac	4405
6. Berrien	5529
7. Clinton-Eaton-Ingham (CEI)	20,491
8. CMH for Central Michigan	9887
9. Copper Country	1960
10. Detroit-Wayne	93,296
11. Genesee	20,015
12. Gogebic	582
13. Gratiot	1502
14. Great Lakes	3387
15. Hiawatha	2101
16. Huron	1174
17. Ionia	2135
18. Kalamazoo	9010
19. Kent	26,556
20. Lapeer	3011
21. Lenawee	3413
22. Lifeways	7027
23. Livingston	5335
24. Macomb	36,762
25. Manistee-Benzie	1360
26. Monroe	5002

CMHSP	Estimated Number of SMI
27. Montcalm	2070
28. Muskegon	5747
29. Newaygo	1565
30. North Central	2813
31. Northeast Michigan	2264
32. Northern Michigan	3595
33. Northpointe	2172
34. Oakland	55,855
35. Ottawa	8352
36. Pathways	4312
37. Pines	1574
38. Saginaw	7205
39. Sanilac	1468
40. Shiawassee	2464
41. St. Clair	5619
42. St. Joseph	2107
43. Summit Pointe	4753
44. Tuscola	1979
45. Van Buren	2556
46. Washtenaw	17,160
47. West Michigan	2209
48. Woodlands Behavioral Health	1739
TOTAL	412,242

Data sources for calculations: County level 2000 Census counts, State Demographer, Michigan Department of Management and Budget; and National Co-morbidity Survey (Kessler, et al. 1994)

TABLE 3: ACCESS -TIMELINESS/INPATIENT SCREENING

2003-05 Compliance Indicator:

1. The percentage of children with SED and the percentage of all other persons receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours . 95% is the standard

1. POPULATION:	2. Number of Emergency Referrals for Inpatient Screening During the Time Period	3. Number of Emergency Referrals Completed within Three Hours or Less	4. Percent (%) of Emergency Referrals Completed within the Time Standard
1. # of SED - Children			
2. # of All Other Persons			

Definitions:
"Disposition" means the decision was made to refer, or not refer, to inpatient psychiatric care.

TABLE 4A: TIMELINESS

2003-05 Compliance Indicator:

2. *The percentage of persons receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service (by **4 sub-populations:** MI-adults, MI-children, DD-adults, DD-children). 95% is the standard.*

1	2 **# Persons Receiving an Initial Non-Emergent Professional Assessment Following a First Request**	3 **# Persons Receiving an Initial Assessment within 14 calendar days of First Request**	4 **% Persons Receiving an Initial Assessment within 14 calendar days of First Request**
1. MI - C			
2. MI - A			
3. DD - C			
4. DD - A			
5. TOTAL			

Selection methodology:

1. Cases selected for inclusion in Column 2 are those for which a **face-to-face** meeting with a professional resulting in a decision whether to provide on-going CMHSP services took place during the time period.
2. Cases selected for inclusion in Column 3 are those in Column 2 for which the assessment took place within 14 calendar days.

Definitions:

1. "First request" is a telephone or walk-in request by the individual, family, legal guardian, or referral source that results in the scheduling of a face-to-face assessment with a professional.
2. A "professional assessment" is that face-to-face meeting with a professional that results in a decision to whether to provide ongoing CMHSP service.
3. "No-shows"/cancellations:
   - No-show - no-return: do not include in this data collection
   - No -show, or cancellation but request reschedule: count the date of request for reschedule as "first request"
4. Consumers who request an appointment outside the 14 calendar day period, may be excluded from the count
5. Non-emergent assessment and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.

TABLE 4B: TIMELINESS

2003-05 Compliance Measure:

3. Percentage of persons starting any needed on-going service within 14 days of a non-emergent assessment with a professional (by 4 sub-populations). *95% within 14 days is the standard*

1.	2. # of Persons Who Started Ongoing Service During the Period	3. # of Persons Who Started an Ongoing Service Within 14 Days of an Assessment with a Professional	4. Mean # of Days between Assessment & Start of Ongoing Service	5. %
1. MI-C				
2. MI-A				
3. DD -C				
4. DD-A				
5. TOTAL				

Selection methodology:
Cases selected for inclusion in this table are those for which the start of non-emergent on-going service took place during the time period. Consumers who request ongoing services outside the 14-day period or do not show for an appointment may be excluded from the count.

Definitions:

1. "Assessment" means the face-to-face assessment with a professional that results in a decision to provide ongoing CMHSP service.
2. "Days" are calendar days.
3. "Non-emergent assessment" and services **exclude** pre-admission screening for and receipt of psychiatric in-patient care.
4. "Ongoing service" means any recommended CMHSP service, including case management, respite care, etc. For purposes of this data collection, the assessment session shall not be considered the start of ongoing service. However, another service delivered by a different person (e.g., psychiatric service) on the same day may be considered ongoing service.

Instructions:
Row 5, Column 4: To compute the mean number of days for the entire population follow the following steps in sequence.

1. Add together the *"number of days between assessment and the start of service"* for every person who started an ongoing service during the reporting period. Data for this calculation must be obtained from your management information system.
2. Divide the "sum" obtained from step 1 by the *"number of persons who started an ongoing service"* during the reporting period (Row 5, Column 2). The resulting number is the arithmetic mean.
3. Enter the value in Row 5, Column 4.

TABLE 5: CONTINUITY OF CARE

2003-05 Compliance Measure:

4. *The percentage of persons who met the OBRA Level II Assessment criteria for specialized mental health services for persons residing in nursing homes, as determined by the Department, who received CMHSP managed mental health services. ~~95~~ 100% is the standard*

2003-05 Monitoring Measure:

~~*26. The percentage of persons who met the OBRA Level II criteria determined to need nursing home care but less than specialized mental health services, as determined by the Department, who received CMHSP managed mental health services (no standard)*~~

1.	2. # Of Persons Residing in Nursing Homes Who Need Mental Health Services	3. # of Persons Residing in Nursing Homes Who Received CMHSP Mental Health Services	4. % of Nursing Home Residents who Received CMHSP Mental Health Services
1. Who met OBRA Level II Criteria for Specialized Mental Health Services			
~~2. Who met OBRA Level II Criteria for less than Specialized Mental Health Services~~			

Definitions:
"OBRA Level II Assessment" means the annual nursing home resident review. An OBRA Assessment does not count as a mental health service for this report.
Note: Consumers who refuse mental health services may be omitted from the count.
Instructions:
Column 2: Enter the total number of persons in Column 1, Rows 1 and 2, who resided in nursing homes during the period and were determined by the MDCH's OBRA Office to meet OBRA Level II criteria at their most recent review (initial or annual). **Note:** The number of persons entered in column 2 should include everyone determined to need mental health services regardless of the period in which the determination was made.
Column 3: Of the persons in Column 2, enter the numbers who actually received CMHSP mental health services.
Column 4: Calculate the %: Column 3 divided by Column 2 x 100

TABLE 6: CONTINUITY OF CARE

2003-05 Quality Improvement Measure:

8. *The percentage of children with SED and the percentage of all other persons discharged from a psychiatric inpatient unit who are seen for follow-up care within 7 days.*

1. POPULATION:	2. # Persons discharged from a Psychiatric Inpatient Unit	3. # Persons seen for follow-up care by CMHSP within 7days	4. % of Persons discharged seen within 7 days
1. # of SED - Children			
2. # of All Other Persons			

Data definition:

1. "Persons discharged" are those who were originally authorized by the CMHSP to be in a Psychiatric Inpatient Unit, who meet the criteria for specialty mental health services, are the responsibility of the CMHSP, AND the discharge diagnosis from the Psychiatric Inpatient Unit is one of the following:
   - Schizophrenia and other Psychotic Disorders (295.xx, 297.1, 297.3, 298.8, 298.9)
   - Mood Disorders or Major Depressions and Bipolar Disorders (296.xx)
   - Dementia (290.xx)
   - Panic Disorder, Phobias and Obsessive Compulsive Disorders (300.xx)
   - Antisocial Personality Disorder (301.7)

(Note: "xx" means include ALL the numbers to the right of the decimal point)

2. "Seen for follow-up care" means a face-to-face meeting with a professional (not exclusively psychiatrists)

Note: Persons who refuse an appointment offered in the 7-day period may be excluded from the count.

TABLE 7: ACCESS: DENIAL/APPEAL

2003-05 Monitoring Measure:

27. *Percentage of face-to-face assessments with professionals that result in denials or referrals elsewhere*
28. *Percentage of Section 705 second opinions that result in services.*

1 **Total # Persons Receiving an Initial Non-Emergent Face-to-Face Professional Assessment**	2 **Total # Persons Assessed but Denied CMHSP Service or Referred Elsewhere**	3 **Total # Persons Requesting Second Opinion**	4 **Total # Persons Receiving Service Following a Second Opinion**

Definitions:

1. Section 330.1705 of Public Act 1974 as revised, was intended to capture requests for initial entry into the CMHSP. Requests for changes in the levels of care received are governed by other sections of the Code.
2. "Professional Assessment" is that face-to-face meeting with a professional that results in a admission to ongoing CMHSP service, a denial of CMHSP service, or a referral elsewhere.

Methodology:

Column 1: Enter the numbers of those people who received an initial face-to-face professional assessment during the time period.
Column 2: Enter the numbers of people who were either denied CMHSP services and/or referred to non-CMHSP services. It excludes those cases in which the individual refused CMHSP services that were authorized.

MENTAL HEALTH QUALITY MANAGEMENT SYSTEM, 5.0

TABLE 8: SUPPORTED EMPLOYMENT - People with DEVELOPMENTAL DISABILITIES

INDIVIDUAL PLACEMENTS

1. Total # of Individual Placements: ______	**2. # of Persons**	**3. # Minimum Wage or Above**	**4. # Employed 6 Months**	**5 # with Employer Medical Benefits**
1. 30 or More Hours				
2. 20-29 Hours				
3. 10-19 Hours				
4. Less than 10 Hours				

ENCLAVES

1. Number of Enclaves: ______	**2. # of Persons**	**3. # Minimum Wage or Above**	**4. # Working 6 Months**	**5. # with Employer Medical Benefits**
5. 30 or More Hours				
6. 20-29 Hours				
7. 10-19 Hours				
8. Less than 10 Hours				

MOBILE CREWS

1. # of Mobile Crews: ______	**2. # of Persons**	**3. # Minimum Wage or Above**	**4. # Working 6 Months**	**5. # with Employer Medical Benefits**
9. 30 or More Hours				
10. 20-29 Hours				
11. 10-19 Hours				
12. Less than 10 Hours				

Number of Persons in Day Programs:

Notes:

1) Persons who participated in both supported employment and day program on the last day of the quarter should be included in the supported employment category only.
2) Persons who participated in more than one type of day program on the last day of the quarter should be counted only once.
3) For persons who have more than one job, count ALL the hours employed and enter those hours in the type of job in which they are employed the most hours.

TABLE 9: SUPPORTED EMPLOYMENT - Persons with MENTAL ILLNESS

INDIVIDUAL PLACEMENTS

1. # of Enclaves: ______	2. # of Persons	3. # Minimum Wage or Above	4. # Working 6 Months	5. # with Employer Medical Benefits
1. 30 or More Hours				
2. 20-29 Hours				
3. 10-19 Hours				
4. Less than 10 Hours				

ENCLAVES

1. # of Enclaves: ______	2. # of Persons	3. # Minimum Wage or Above	4. # Working 6 Months	5. # with Employer Medical Benefits
5. 30 or More Hours				
6. 20-29 Hours				
7. 10-19 Hours				
8. Less than 10 Hours				

MOBILE CREWS

1. # of Mobile Crews: ______	2. # of Persons	3. # Minimum Wage or Above	4. # Working 6 Months	5. # with Employer Medical Benefits
9. 30 or More Hours				
10. 20-29 Hours				
11. 10-19 Hours				
12. Less than 10 Hours				

TRANSITIONAL EMPLOYMENT

1. # of Persons in Transitional Employment: ______	2. # of Persons	3. # Minimum Wage or Above	4. # Working 6 Months	5. # with Employer Medical Benefits
13. 30 or More Hours				
14. 20-29 Hours				
15. 10-19 Hours				
16. Less than 10 Hours				

CONSUMER RUN BUSINESSES

Number of persons employed in consumer owned and run businesses, including Fairweather Lodge Businesses:_______For persons who have more than one job, count ALL the hours employed and enter those hours in the type of job in which they are employed the most hours

Supported Employment

Definitions:

Persons receiving supported employment:

Persons who have accessed supported employment services (individual placement, enclave, mobile crews, and/or transitional employment) for whom the CMHSP expects to provide ongoing, long term supports that would generally include two contacts per month with mental health staff that assist in an individual maintaining employment.

Continuous Employment

Includes breaks in employment for two weeks or less if the break was due to a planned job change with the same or new employer.

Integrated Work Setting

Job sites where either- (1)(I) Most employees are not disabled; and (ii) an individual with the most severe disabilities interacts on a regular basis, in the performance of job duties with employees who are not disabled; and (iii) if an individual with the most severe disabilities are part of a distinct work group of only individuals with disabilities, the work group should consist of no more than 8 individuals; or (2)if there are no other employees or the only other employees are individuals who are part of a work group... the individual with the most severe disabilities interacts on a regular basis, in the performance of job duties, with individuals who are not disabled, including members of the general public." (February 18, 1994 Federal Register)

Enclave

Consists of a small group (8 or less) of individuals with disabilities working within a business or factory. Supervision and training may be combined or separate positions. Preferably supervision and training would be provided by the employer but may be provided by the service provider agency.

Mobile Crew

Consists of a small group (8 or less) of individuals who move from site to site to perform work. The crew has their own equipment. Job training and supervision are usually the responsibility of the service provider agency.

Transitional Employment

A model of supported employment specific to persons with mental illness. It involves multiple part-time work placements with community-based employers, paid by the employer. Support services are provided by a Psycho social club house program prior to and concurrent with the transitional employment experiences. Long term support would be available through the Psycho social club house for subsequent full-time placements.

Day Program

Settings other than the recipient's/family's home or a specialized residential program where an array of mental health or developmental disabilities supports and services are provided through a predetermined schedule, typically in group modalities, by persons under the supervision of persons who are licensed, certified, or registered to provide health-related services. This would include those programs previously referred to as Type A or Type B Day Programs.

TABLE 10: QUALITY OF LIFE - LIVING SITUATION

2003-05 Quality Improvement Measures:

16. *Percentage of children served living with their families.*
17. *Percentage of adults with developmental disabilities served living in their own residence*

2003-05 Monitoring Measure:

37. *Percentage of adults with MI served living in their own residence*

1.	2. Total # Served	3. # Living with Family Member*	4. # Living in Own Residence*	5. % Children Living with Family or % Adults Living in Own Residence
1. Children				
2. MI - Adults				
3. D.D. - Adults				

Definitions:

"Family Member" means parent, stepparent, sibling, grandparent of the child; or an individual upon whom the child is dependent for at least 50% of his or her financial support.

"Own residence" means lease, rental agreement, or deed/mortgage of home, apartment, or condominium in the adult consumer's name or the name of his/her spouse, friend, guardian, relative or parent. Consumers living with (a) their parents, or (b) in a residence owned or leased by a CMHSP or provider, are ***not considered*** to be living in their "own residence."

Instructions:
Column 2: Enter the numbers of people by the categories in Column 1 who received face-to-face services during the period.
Column 3, Row 1: Of those served in column 2, enter the number of **Children (MI and D.D.)** who lived with a family member during the period.
Column 4, Rows 2 and 3: Of those served in column 2, enter the number of **Adults** who lived in their own residence during the period.
Column 4: Calculate the % (Column 3 divided by Column 2 x 100)

MENTAL HEALTH QUALITY MANAGEMENT SYSTEM, 5.0

TABLE 11A: DEATH REPORT/D.D.

2003-05 Monitoring Measure:

42a. Number of suicides per thousand persons served.

# DEATHS THIS PERIOD PERSONS WITH DEVELOPMENTAL DISABILITIES AGE:				
1. Cause of Death	2. 18 & Under	3. 19-35	4. 36-60	5. 61+
1. Suicide				
2. Homicide				
3. "Natural Causes"				
DEATHS BY ACCIDENT:				
3. While Under Program Supervision				
4. Not under Program Supervision				
6.TOTAL DEATHS				
7. Pending Autopsy or Report				

Definitions:
"Natural Causes" means deaths occurring as a result of a disease process in which death is one anticipated outcome.
Instructions:
1. The CMHSP shall report all deaths of consumers being served by CMHSP at the time of their death who: a) reside in Specialized Residential Settings (per DMH Administrative Rules, 3/9/96, R330.1801) or a Child-Caring Institution; b) live in their own homes and receive ongoing (one or more times a week) and continuous (6 months or longer) in-home assistance with ADLs; **AND** c) All Suicides of consumers who were active cases known to the board.
2. Enter deaths that occurred during the time period by age for persons with developmental disabilities only.
3. For all deaths due to "natural causes", indicate on Table 11B the nature of the cause.
4. For all deaths occurring in this period for which autopsies are pending, enter the numbers in Row 7. NEITHER THESE DEATHS NOR THEIR CAUSES WILL BE COUNTED DURING ANY SUBSEQUENT PERIOD.

TABLE 11 B: DEATH BY NATURAL CAUSES - PERSONS WITH DEVELOPMENTAL DISABILITIES

1. Cause of Death	**2. 18 & Under**	**3. 19 - 35**	**4. 36-60**	**5. 61+**
1. Heart disease				
2. Pneumonia/ influenza				
3. Aspiration or Aspiration pneumonia				
4. Lung disease				
5. Vascular disease				
6. Cancer				
7. Diabetes mellitus				
8. Endocrine disorders				
9. Neurological disorders				
10. Acute bowel disease				
11. Liver disease/cirrhosis				
12. Kidney disease				
13. Infection, including AIDS				
14. Inanition				
15. Complication of treatment *				
16. Unknown or unreported				
17. **TOTAL DEATHS BY NATURAL CAUSES**				

Instructions:
For all deaths listed on Table 11A for which the cause of death is "natural", please enter the numbers of deaths by **specific cause** in the table above.

Definitions: See Attachment A

MENTAL HEALTH QUALITY MANAGEMENT SYSTEM, 5.0

TABLE 11C: DEATH REPORT/MI

2003-05 Monitoring Measure:

42b. Number of suicides per thousand persons served.

# DEATHS THIS PERIOD PERSONS WITH MENTAL ILLNESS AGE:				
1. Cause of Death	2. 18 & Under	3. 19-35	4. 36-60	5. 61+
1. Suicide				
2. Homicide				
3. "Natural Causes"				
DEATHS BY ACCIDENT:				
3. While Under Program Supervision				
4. Not under Program Supervision				
6.TOTAL DEATHS				
7. Pending Autopsy or Report				

Definitions:
"Natural Causes" means deaths occurring as a result of a disease process in which death is one anticipated outcome.

Instructions:
1. The CMHSP shall report all deaths of consumers receiving CMHSP services at the time of their death who a)reside in Specialized Residential Settings (per DMH Administrative Rules, 3/9/96, R330.1801) or in a Child-Caring Institution; b) live in their own homes and receive ongoing (one or more times a week) and continuous (for 6 months or longer) assistance with ADLs; **AND** c) All Suicides of consumers who were active cases known to the board.
2. Enter deaths that occurred during the time period by age for persons with mental illness only.
3. For all deaths due to "natural causes," indicate on Table 11D the nature of the cause.
4. For all deaths occurring in this period for which autopsies are pending, enter the numbers in Row 7. NEITHER THESE DEATHS NOR THEIR CAUSES WILL BE COUNTED DURING ANY SUBSEQUENT PERIOD.

MENTAL HEALTH QUALITY MANAGEMENT SYSTEM, 5.0

TABLE 11 D: DEATH BY NATURAL CAUSES - PERSONS WITH MENTAL ILLNESS

1. Cause of Death	2. 18 & Under	3. 19 - 35	4. 36-60	5. 61+
1. Heart disease				
2. Pneumonia/ influenza				
3. Aspiration or Aspiration pneumonia				
4. Lung disease				
5. Vascular disease				
6. Cancer				
7. Diabetes mellitus				
8. Endocrine disorders				
9. Neurological disorders				
10. Acute bowel disease				
11. Liver disease/cirrhosis				
12. Kidney disease				
13. Infection, including AIDS				
14. Inanition				
15. Complication of treatment *				
16. Unknown or unreported				
17. **TOTAL DEATHS BY NATURAL CAUSES**				

Instructions:
For all deaths listed on Table 11C for which the cause of death is "natural", please enter the numbers of deaths by **specific cause** in the table above.

Definitions:
See Attachment A

Attachment A: Definitions of Causes of Death

Heart disease means any acute, chronic, or congenital condition of the muscle, valves, or covering of the heart unless such condition is directly related to another disease or condition listed below. Examples are myocardial infarction, pericarditis, myocarditis, valvular disease, congenital heart disease, congestive failure, and cardiac arrest not otherwise explained.

Note: Cardiac arrest is the mechanism of death for all causes; therefore, this category should not be used whenever an underlying condition has been identified.

Pneumonia/influenza means any inflammatory process of the lungs not due to aspiration.

Aspiration means either asphyxia or pneumonia resulting from the inhalation of foreign material into the respiratory tract. This can be food, stomach contents, or a foreign body.

Lung disease means any acute or chronic, non-infectious process of the lung or respiratory tract. Examples are COPD, pulmonary fibrosis, asthma, obstructive airway disease, spontaneous pneumothorax.

Vascular disease means any obstruction of or bleeding from a major blood vessel into a vital organ unless related to Diabetes mellitus or cirrhosis. Examples are stroke, aneurism, CVA, pulmonary embolus, hypertension, atherosclerotic heart disease (ASHD)

Cancer means either primary or metastatic carcinoma, sarcoma, lymphoma, or leukemia.

Diabetes mellitus includes any complication or condition due to hyperglycemia. This diagnosis, if present, takes preeminence over any other natural cause of death.

Endocrine disorders includes inborn errors of metabolism and glycogen storage diseases, as well as diseases of the hypothalamus, pituitary, or other endocrine gland. Examples are Diabetes insipidus, Grave's Disease, Cushing's Disease, Addison's Disease, San Fillipo's Disease

Neurological disorders means any disease or condition of the brain or spinal cord such as complications of seizures, Huntington's Disease, metachromatic leukodystrophy, neurofibromatosis, amyotrophic lateral sclerosis. In the case of a dementia such as Alzheimer's Disease, cite the actual cause of death, e.g., pneumonia.

Acute bowel disease means any inflammatory or mechanical condition of the gastrointestinal tract or peritoneal cavity. Examples are bowel obstruction, perforation, strangulation, volvulus, ruptured appendix, peritonitis, pancreatitis, GI bleeding. Do not use this category if related to cirrhosis.

Liver disease / cirrhosis means hepatic failure associated with either an infectious, toxic, or degenerative process of the liver and includes acute esophageal bleeding associated with cirrhosis.

Kidney disease means renal failure of all causes except that due to diabetes, hypertension, or trauma.

Infection means an overwhelming systemic infectious process such as meningitis, AIDS, sepsis, or septic shock; but does not include pneumonia, influenza, or hepatitis.

Inanition means the chronic debilitation and general systems failure associated with complex multiple disabilities, especially cerebral palsy and profound mental retardation.

Complication of treatment means an unexpected untoward reaction to medication or anesthesia, complication of a surgical procedure, or failure of technological support equipment. Examples are neuroleptic malignant syndrome, cardiac arrest during surgery, misplaced feeding tubes, plugged tracheostomy tubes.

TABLE 12: OUTCOME: INPATIENT RECIDIVISM

2003-05 Compliance Indicator:

5. The percentage of children with SED and the percentage of all other persons readmitted to an inpatient psychiatric unit within 30 days of discharge. 15% or less is the standard.

1. POPULATION:	**2. # Persons Screened and Admitted for Psychiatric Inpatient Care by CMHSP**	**3. Of those in Column 1, the Number Who were Discharged from Psychiatric Inpatient Care**	**4. # Persons Discharged and Readmitted within 30 Days to Any Inpatient Unit**	**5. Percent (%) of Persons Readmitted within 30 Days**
1. # of SED - Children				
2. # of All Other Persons				

NOTES:

1. The number of persons screened and admitted by CMHSP includes admissions to ALL Psychiatric Hospitals. It is not limited to persons who are Medicaid eligible only.

2. This data is intended to capture Admissions and Readmissions, not transfers to another psychiatric hospital.

Time Periods:	Due Dates:
10/01/02 - 03/31/03	**April 30, 2002**
04/01/03 - 09/30/03	**October 31, 2003**
10/01/03 - 03/31/04	**April 30, 2003**
04/01/04 - 09/30/04	**October 31, 2004**

TABLE 13: OUTCOME: SENTINEL EVENTS

2003-05 Monitoring Measure:

41. Number of sentinel events per thousand persons served, by population: adults with mental illness, children with mental illness, and persons with developmental disabilities

13a Adults with Mental Illness

	Category of Sentinel Event (SE)	# of SEs	# of SEs investigated	# of SEs for which action was taken
1.	Death of recipient			
2.	~~Accidents~~ Injuries requiring emergency room visits and/or admissions to hospitals			
3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			
5.	Conviction of recipients			
6.	Serious challenging behaviors			
7.	Medication errors			

13b. Children with Mental Illness or Severe Emotional Disturbance

	Category of Sentinel Event (SE)	# of SEs	# of SEs investigated	# of SEs for which was action taken
1.	Death of recipient			
2.	~~Accidents~~ Injuries requiring emergency room visits and/or admissions to hospitals			

3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			
5.	Conviction of recipient			
6.	Serious challenging behaviors			
7.	Medication errors			

TABLE 13: OUTCOME: SENTINEL EVENTS, Continued

13c. Persons with Developmental Disabilities

	Category of Sentinel Event (SE)	# of SEs	# of SEs investigated	# of SEs for which action was taken
1.	Death of recipient			
2.	~~Accidents~~ Injuries requiring emergency room visits and/or admissions to hospitals			
3.	Physical illness requiring admissions to hospitals			
4.	Arrest of recipients			
5.	Conviction of recipients			
6.	Serious challenging behaviors			
7.	Medication errors			

Definitions:

1. Sentinel Event is an "unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation for which a recurrence would carry a significant change of a serious adverse outcome." (JCAHO, 1998)
2. Injuries include those resulting from abuse or accidents.
3. Serious challenging behaviors include property damage, attempts at self-inflicted harm or harm to others, or unauthorized leaves of absence
4. Medication Errors mean a)wrong medication; b) wrong dosage; c)double dosage; or d)missed dosage. It does not include instances in which consumers have refused medication.

Notes:

1. Reporting is **required** for 1) persons served by CMHSP living in 24-hour Specialized Residential settings or in Child-Caring Institutions; ~~and~~ 2) those served living in their own homes receiving ongoing (one or more times a week) and continuous (6 months or longer) in-home assistance with ~~personal care~~ activities of daily living; and persons who receive Targeted Case Management, or Habilitation Supports Waiver Supports Coordination.
2. Accidents treated at medi-centers and urgent care clinics/centers should be included in the ~~accident~~

injury reporting along with those treated in emergency rooms. In many communities in the state where hospitals do not exist, medi-centers and urgent care clinics/centers are used in place of emergency rooms.
3. Planned surgeries, whether outpatient or inpatient, are not considered unexpected occurrences and therefore are not included in the reporting of illnesses requiring admissions to hospitals.
4. Report arrests and convictions as separate incidents.

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INSTRUCTIONS FOR COMPLETING THE RECIPIENT RIGHTS DATA REPORT

Section I: Complaint Data Summary

→THIS SECTION IS REQUIRED FOR BOTH THE ANNUAL REPORT AND SEMI-ANNUAL REPORT

Part A: Totals

Complaints Received: Enter the total number of complaints received for the reporting period

Allegations Involved: Some complaints contain more than 1 allegation. If you have not counted each allegation as a separate complaint (i.e. given it a separate complaint number) then enter the total number of allegations received here. If you do count each allegation as a separate complaint, the number entered here should be the same as complaints received.

Allegations Investigated: Enter the total number of investigations conducted here.

Part B: Aggregate Summary of Allegations By Category

For each sub-category enter the following information:

- Number of allegations received
- Number of these investigated *
- Number of these in which some intervention ** was conducted
- Number of allegations substantiated either by investigation or intervention

* Investigation: A detailed inquiry into and systematic examination of an allegation raised in a rights complaint and reported in accordance with Chapter 7A, Report of Investigative Findings.

** Intervention: To act on behalf of a recipient to obtain resolution of an allegation of a rights violation contained in a complaint when the facts are clear and the remedy, if applicable, is clear, easily obtainable and does not involve statutorily required disciplinary action. *Interventions are not allowed in allegations of abuse, neglect, serious injury, or death of a recipient involving an apparent or suspected rights violation*.

Part C: Remediation of Substantiated Rights Violations:

For each allegation that, through investigation or intervention, it was established that a recipient's right was violated, indicate the following:

- The category and specific allegation
- The Name of the Provider
- The type of Provider (see table on the next page)
- The Specific remedial action taken
- The type of remedial action taken (see table on the next page)

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Outpatient	01		Verbal Counseling	01
Residential MI	02		Written Counseling	02
Residential DD	03		Written Reprimand	03
Inpatient	04		Suspension	04
Day Program MI	05		Demotion	05
Day Program DD	06		Staff Transfer	06
Workshop (Prevocational)	07		Training	07
Supported Employment	08		Employment Termination	08
ACT	09		Contract Action	09
Case Management	10		Policy Revision/Development	10
Psychosocial Rehabilitation	11		Environmental Repair/Enhancement	11
Partial Hospitalization	12		Plan of Service Revision	12
SIP	13		Recipient Transfer to Another Provider/Site	13
Other	14		Other	14

Example:

CATEGORY & SPECIFIC ALLEGATION		SPECIFIC PROVIDER	TYPE	SPECIFIC REMEDIAL ACTION	TYPE
7222	Abuse, Class II	Outpatient	01	5 day suspension	04

→THE FOLLOWING SECTION IS REQUIRED FOR THE ANNUAL REPORT ONLY

Section II: Training Activity

Part A: Training Received by Rights Office Staff

Indicate, for each rights staff, the kind of training received during the period and the number of hours for each.

Part B: Training Provided by Rights Office

Indicate the kind of training provided during the period, the number of hours for each, the number of CMH or Hospital Staff involved, the number of contractual staff involved, and/or the number and type of other staff involved.

Section III: Desired Outcomes for the Office

List the outcomes established for the office during the next fiscal year.

Section IV: Recommendations to the CMHSP Board or LPH Governing Board

List any recommendations made to the governing Board regarding the rights office or recipient rights activity as part of the annual report.

REPORT DATES:

Semi-Annual	**Annual**
October 1 through March 31	October 1 through September 30
Section I	Section, I, II, III, IV

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1. Board:_____ The MDCH-assigned 2-digit CMHSP board number must be used with all data transmissions. All data transmitted in report format will identify the submitting Community Mental Health Services Programs by name.

2. Rights Officer: ________________________________ Use alphanumeric characters to identify the LAST NAME of the Rights Officer

Section I: Complaint Data Summary

Part A: Totals

		Total
3.	Complaints Received	
4.	Allegations Involved	
5.	Allegations Investigated	

Part B: Aggregate Summary

1. Freedom from Abuse

	Code	Category	Received	Investigation	Intervention	Substantiated
6.	7221	Class I				
7.	7222	Class II				
8.	7223	Class III				
9.	7224	Sexual Abuse				

2. Freedom from Neglect

	Code	Category	Received	Investigation	Intervention	Substantiated
10.	7225	Class I				
11.	7226	Class II				
12.	7227	Class III				

3. Rights Protection System

	Code	Category	Received	Investigation	Intervention	Substantiated
13.	7760	Access to Rights System				
14.	7780	Retaliation/Harassment				
15.	7545	Notice/Explanation of Rights				
16.	7060	Complaint Investigation Process				
17.	7840	Appeals Process				
18.	7880	Mediation				
19.	7520	Failure to Report				
20.	0772	Other				

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4. Admission/Discharge/Second Opinion

	Code	Category	Received	Investigation	Intervention	Substantiated
21.	7050	Second Opinion-Denial of Services				
22.	4090	Second Opinion-Denial of Hospitalization				
23.	4980	Objection to Hospitalization (minor)				
24.	4190	Termination of Voluntary Hospitalization (adult)				
25.	4630	Independent Clinical Examination				
26.	4510	Court Hearing/Process				
27.	0400	Other				

5. Civil Rights

	Code	Category	Received	Investigation	Intervention	Substantiated
28.	7040	Dignity & Respect				
29.	7041	Discrimination				
30.	7042	Accommodation				
31.	7043	Privacy/Search				
32.	7044	Religious Practice				
33.	7045	Voting				
34.	7046	Sexual Expression				
35.	7047	Presumption of Competency				
36.	7048	Marriage/Divorce				
37.	0704	Other				

6. Family Rights

	Code	Category	Received	Investigation	Intervention	Substantiated
38.	7111	Dignity & Respect				
39.	7112	Receipt of General Education Information				
40.	7113	Opportunity to provide information				

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7. Communication and Visits

	Code	Category	Received	Investigation	Intervention	Substantiated
41.	7261	Visitation				
42.	7262	Contact with Attorneys or others regarding legal matters				
43.	7263	Access to telephone				
44.	7264	Funds for postage, stationery, telephone usage				
45.	7265	Written and posted limitations, if established				
46.	7266	Uncensored Mail				
47.	7267	Access to entertainment materials, information, news				
48.	0726	Other				

8. Confidentiality/Privileged Communications/Disclosure

	Code	Category	Received	Investigation	Intervention	Substantiated
49.	7481	Access to Record				
50.	7482	Copies of Record Information				
51.	7483	Identification				
52.	7484	Authorization to Release				
53.	7485	Withholding of Information				
54.	7486	Correction of Record				
55.	7487	Access by P & A to record				
56.	7501	Privileged Communication				
57.	0748	Other				

9. Treatment Environment

	Code	Category	Received	Investigation	Intervention	Substantiated
58.	7081	Safe				
59.	7082	Sanitary				
60.	7083	Humane				
61.	7084	Accessible				
62.	7085	Nutrition				
63.	7086	Least Restrictive Setting				
64.	0708	Other				

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10. Freedom of Movement

	Code	Category	Received	Investigation	Intervention	Substantiated
65.	7400	Restraint				
66.	7420	Seclusion				
67.	7441	Building and grounds Access				
68.	7442	Limitations				
69.	0744	Other				

11. Financial Rights

	Code	Category	Received	Investigation	Intervention	Substantiated
70.	7301	Safeguarding Money				
71.	7302	Facility Account				
72.	7303	Easy Access to Money in Account				
73.	7304	Ability to Spend or Use as Desired				
74.	7305	Delivery of Money upon Release				
75.	7360	Labor & Compensation				
76.	0730	Other				

12. Personal Property

	Code	Category	Received	Investigation	Intervention	Substantiated
77.	7281	Possession and Use				
78.	7282	Storage Space				
79.	7283	Inspection at Reasonable Times				
80.	7284	Search/Seizure				
81.	7285	Exclusions				
82.	7286	Limitations				
83.	7287	Receipt to recipient and designated individual				
84.	7288	Waiver				
85.	7289	Protection				
86.	0728	Other				

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13. Suitable Services

	Code	Category	Received	Investigation	Intervention	Substantiated
87.	7080	Treatment suited to condition				
88.	7049	Treatment by spiritual means				
89.	7100	Physical and mental exams				
90.	7140	Notice of clinical status/progress				
91.	7130	Choice of physician/mental health professional				
92.	7150	Services of mental health professional				
93.	7003	Informed Consent				
94.	7170	ET				
95.	7160	Surgery				
96.	7158	Medication				
97.	7190	Notice of medication side effects				
98.	7180	Psycho tropic Drugs				
99.	7029	Information on Family Planning				
100.	0700	Other				

14. Treatment Planning

	Code	Category	Received	Investigation	Intervention	Substantiated
101.	7121	Person-centered Process				
102.	7122	Timely development				
103.	7123	Request for Review				
104.	7124	Participation by Individual(s) of choice				
105.	7125	Assessment of Needs				
106.	0712	Other				

15. Photographs, Fingerprints, Audiotapes, One-Way Glass

	Code	Category	Received	Investigation	Intervention	Substantiated
107.	7241	Prior Consent				
108.	7242	Identification				
109.	7243	Objection				
110.	7244	Release to others/return				
111.	7245	Storage/destruction				
112.	7246	Treatment				

16. Forensic Issues

	Code	Category	Received	Investigation	Intervention	Substantiated
113.	2021	I.S.T.				

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114.	2022	N.G.R.I.				
115.	2000	Other				

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Part C: Remediation of Substantiated Rights Violations (includes complaints investigated and those addressed through other interventions) Attach additional sheets as necessary.

122.						
123.						
124.						
125.						
126.						
127.						
128.						
129.						
130.						
131.						
132.						
133.						

FY 2003 - 2005 RECIPIENT RIGHTS DATA REPORT

NOTE: SECTIONS II, III, IV ARE REQUIRED TO BE COMPLETED FOR THE ANNUAL REPORT ONLY AND ARE TO BE SENT ON A WORD PROCESSING FILE TO THE OFFICE OF RECIPIENT RIGHTS, MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, MICHIGAN DEPARTMENT OF COMMUNITY HEALTH BY DECEMBER 30, 1999 & 2000.

Section II: Training Activity

Part A: Training Received by Rights Office Staff

Indicate, for each rights staff, the kind of training received during the period and the number of hours for each.

Part B: Training provided by Rights Office

Indicate the kind of training provided during the period, the number of hours for each, the number of CMH or Hospital Staff involved, the number of contractual staff involved, and/ or the number and type of other staff involved.

Section III: Desired Outcomes for the Office

List the outcomes establish for the office during the next fiscal year.

Section IV: Recommendations to the CMHSP Board or LPH Governing Board

List any recommendations made to the governing Board regarding the rights office or recipient rights activity as part of the annual report.

FY 2003 - 2005 RECIPIENT RIGHTS DATA REPORT

Section II: Training Activity

Part A: Training Received by Rights Office Staff

Part B: Training Provided by Rights Office

FY 2003 - 2005 RECIPIENT RIGHTS DATA REPORT

Section III: Desired Outcomes for the Office

FY 2003 - 2005 RECIPIENT RIGHTS DATA REPORT

Section IV: Recommendations to the CMHSP Board or LPH Governing Board