

PPS Substance Use Module Handbook



Wisconsin Department of Health Services
Division of Mental Health and Substance Abuse Services
Division of Enterprise Services
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Substance Use Module
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(February 2016)

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Substance Use Module

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WHAT

The PPS Substance Use Module (or AODA Module) is an electronic client-level data collection system for reporting of County-authorized or paid for substance abuse services. The module data meets both state and federal reporting requirements. The expressed purpose is timely, accurate, complete, useful and efficient data. There are two data submission formats 1) keying data directly into 24-7 PPS online screens and 2) XML-formatted batch file upload through a secure FTP site (M-F 8 am to 6 pm). Submission of “unknown” codes such as 9 and 99 will be monitored and your cooperation in reducing and eliminating the submission of unknown codes is appreciated.

WHO

All County Departments of Human Services (Wis. Stats. 46.23) and Community Programs (Wis. Stats. 51.42) are required to report client services authorized or paid for with Federal, State or County funds or revenue and have their own service record. If a client doesn't start or show for services, the service should not be reported in PPS nor the episode opened. Clients reported in PPS will usually correspond to the funds reported on the F-20942 expenditure report. In most cases, the County authorizing or paying for the service should be the County that reports the service in PPS -- not both the authorizing County and the providing County.

All clients new to PPS must first be registered in PPS and receive a Master Client Index number. Then a service episode may be opened and associated service records submitted. All client service records and episodes must eventually be closed by the reporting agency as appropriate and in a timely fashion. If there has not been any service activity for 90 days, consideration should be given to closing the episode. **NOTE:** The chronologically last service within a Provider > SPC Code grouping must have a SPC End Reason code other than “19” in order to properly close the episode.

REPORTING FREQUENCY

Daily, weekly or monthly record submissions are permissible. If daily, weekly or monthly reporting is not possible, quarterly reporting is required according to this schedule:

January thru March episode and service activity is due by May 15

April thru June episode and service activity is due by August 15

July thru September episode and service activity is due by November 15

October thru December episode and service activity is due by February 15

If you miss a submission deadline – not a problem. Unless we notify you otherwise, we will not close the database to late records – just submit the records as soon as possible.

SOS DESK

The SOS Desk is the first point of contact for questions or issues that arise.

Telephone (608)-266-9198

Email dhssoshelp@wisconsin.gov

HELPFUL LINKS

Logon to the PPS online screen system or obtain a WAMS ID <https://pps.wisconsin.gov/>

General PPS resources website <http://www.dhs.wisconsin.gov/pps/index.htm>

Forms <http://www.dhs.wisconsin.gov/pps/general/forms.htm>

Desk cards <http://www.dhs.wisconsin.gov/pps/general/Desk-cards.htm>

Batch file upload information <http://www.dhs.wisconsin.gov/pps/mh-aoda/index.htm>

Screen data entry training <http://www.dhs.wisconsin.gov/pps/mh-aoda/index.htm>

PPS SharePoint website <https://share.health.wisconsin.gov/it/applications/PPS/SitePages/Home.aspx>

Guide to Provider Look-up and Registration: <https://www.dhs.wisconsin.gov/pps/mh-aoda.htm>

SUBMITTER ORGANIZATION ID (submitter_organization_id)

REQUIRED

Formerly the HRSR reporting unit code, this 3- or 4-digit code identifies the County agency who is reporting their PPS substance use client data; assigned by the state. In the case of a client who receives services from a County that is not their County of residence, the County(ies) who pays for the services should report the client.

AGENCY OF RESPONSIBILITY (agency_responsibility_id)

OPTIONAL

PURPOSE: The Agency of Responsibility field will be used by the State DHS to identify the agency that is authorizing or financially responsible for the client's care when reported by an agency that is not authorizing or financially responsible for the care. The field is especially applicable to multi-county/tribe regional agencies and consortiums.

CODES: Below are the approved Agency of Responsibility codes.

1070 Adams HSD
1073 Ashland HSD
582 Barron HSD
1085 Bayfield HSD
1086 Brown HSD
574 Buffalo HSD
579 Burnett HSD
1088 Calumet HSD
655 Chippewa HSD
1136 Clark DCP
573 Clark DSS
1089 Columbia HSD
1090 Crawford HSD
1071 Dane HSD
595 Dodge HSD
1093 Door DCP
1096 Douglas HSD
1097 Dunn HSD
648 Eau Claire HSD
581 Fond du Lac DCP
1075 Forest DSS
1076 Grant DSS
1095 Grant/Iowa DCP
24 Green HSD
1099 Green Lake HSD
1094 Human Service Center
1077 Iowa DSS
601 Iron HSD
1100 Jackson HSD
1103 Jefferson HSD
590 Juneau HSD
1403 Kenosha HSD

1404 Kewaunee HSD
1104 La Crosse HSD
1105 Lafayette HSD
577 Manitowoc HSD
1106 Marinette HSD
643 Marquette HSD
1126 Menominee HSD
1083 Milwaukee HSD
597 Monroe HSD
1114 North Central Community Svcs.
1107 Oconto HSD
1084 Oneida DSS
656 Outagamie HSD
1108 Ozaukee HSD
572 Pepin HSD
607 Pierce HSD
1109 Polk HSD
654 Portage HSD
1110 Price HSD
1111 Racine HSD
650 Richland HSD
1112 Rock HSD
561 Rusk HSD
596 Sauk HSD
1118 Sawyer HSD
1115 Shawano DCP
651 Sheboygan HSD
1113 St. Croix HSD
1119 Taylor HSD
1138 Trempealeau HSD
1120 Vernon HSD
1121 Walworth HSD
1122 Washburn HSD
645 Washington HSD
593 Waukesha HSD
1123 Waupaca HSD
1124 Waushara HSD
1125 Winnebago HSD
1092 Wood HSD
1522 Bad River Tribe
1526 Forest County Potawatomi Tribe
1527 Ho Chunk Tribe
1528 Lac Courte Oreilles Tribe
1515 Lac Du Flambeau Tribe
1523 Menominee Tribe
1524 Oneida Tribe
1525 Red Cliff Tribe
1529 Sokaogon Chippewa Tribe
1530 St. Croix Chippewa Tribe
1531 Stockbridge Munsee Tribe

1558 A.R.C.W.
1568 NorthLakes Community Clinic
1626 St Josephs Hospital Libertas
1559 Waukesha Community Health Center

CLIENT OR RECIPIENT ID; MCI Number (recipient_id)
REQUIRED, COMPUTER GENERATED

DEFINITION: The Master Client Index is a unique identifier for each individual that is generated by registering clients through PPS. Full legal name, birthdate, and sex are used to produce a numeric ID.

ENTER: Enter the 9- or 10-digit MCI on every record submitted with a batch file. In the PPS on-line screens, search for an existing client with the MCI and then enter data for that client.

PURPOSE: The data in this field is used to maintain client/consumer confidentiality while allowing reports to be produced on individual client/consumers for audit purposes and to produce summary reports on multiple services to the same individual. This data element enables a record to be identified and data to be reliably associated with a particular individual.

EPISODE NUMBER (episode_id)

This is a state-assigned number once an episode is opened for a client.

LOCAL WORKER ID (worker_id)
OPTIONAL

DEFINITION: Agency designated number indicating the primary worker assigned to the client/consumer; or the person designated by the agency as having overall responsibility for the client/consumer or case. This is the person who will get information back about the client/consumer if worker sort is selected on any reports requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client/consumer.

CODES: Enter up to a 10 digit code identifying the primary worker or service provider.

NOTES: This is an agency assigned number. Provider ID's are also accepted.

PURPOSE: This data element is used to sort output reports for local agency use (such as case listings).

LOCAL CLIENT ID (local_client_id)

OPTIONAL

DEFINITION: The unique client ID assigned by the local county agency.

CODES: Up to a 14 alphanumeric character code is allowed.

PURPOSE: The field is available for counties if they wish to track the client in the PPS data system with their local client identifier.

LOCAL FAMILY ID (family_id)

OPTIONAL

DEFINITION: The unique family ID assigned by the local county agency.

CODES: This is a 7-digit code of which the first 6 are numeric and the last one is a character.

PURPOSE: The field is available for counties if they wish to track the client in the PPS data system with their local client identifier. The code is used to identify clients from the same family.

FIRST CONTACT DATE (first_contact_date)

OPTIONAL

DEFINITION: The date when the client or a referrer first contacted (or was referred to) the behavioral health agency or provider for help. It is usually not an intake, service or assessment date, but typically comes some time before that. However, for consumers who enter the behavioral health system in crisis, the date of first contact may be the date of their first crisis service or inpatient admission. If a client is put on a wait list, the first contact date would precede his/her placement on the wait list.

CODES: Enter an 8 digit number in the format of MM/DD/YYYY for screen data entry or YYYY-MM-DD for batch file upload. Cannot be a future date. Must be earlier than or equal to the current date.

PURPOSE: The time between the first contact date and the first service date can be computed to determine wait time. The wait time can be used as an indicator of the capacity needs of a county's behavioral health system and is a partial predictor of retention in services.

NAME - LAST, FIRST, MIDDLE, SUFFIX (recipient_last_name; recipient_first_name; recipient_middle_name; recipient_suffix_name)

REQUIRED TO GENERATE MCI ID

DEFINITION: The full legal name of the client/consumer. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client/consumer. If the client/consumer has no legal first name enter the word "None"; if no middle name and/or suffix, leave blank.

	<u>Code</u>	<u>Appears In Database As</u>
Suffix	I	001
Suffix	II	002
Suffix	III	003
Suffix	IV	004
Suffix	Jr	005
Suffix	Sr	006
Suffix	V	007
Suffix	VI	008
Suffix	VII	009

NOTES: Must be all letters. The last name, first name, and middle name are each limited to 20 letters. The suffix is limited to 3 letters or blank. No apostrophes, hyphens, slashes, dashes, or spaces are allowed between letters within the name nor are any other punctuation marks accepted.

PURPOSE: This information allows the system to generate a unique Client ID.

ADDRESS; TELEPHONE NUMBER (street_address1; street_address2; city; state_abbreviation; zip_code; telephone_number)

OPTIONAL

DEFINITION: Two fields for street address are provided. The first street address field should be used for the street name and house number. The second field can be used for a facility name if applicable.

PURPOSE: Used to mail satisfaction surveys to clients. Also may be used for geo-mapping of client location relative to provider locations.

COUNTY OF RESIDENCE/TRIBAL RESERVATION (county_of_residence)

OPTIONAL

DEFINITION: County or tribal reservation where the client has a permanent address. The county/tribe of residence is not a treatment or other facility where the client may temporarily reside. In the case of a long-term transient client, you may record your county or the last known county/tribe of residence.

PURPOSE: This field allows multi-county agencies to identify specific counties/tribes within their reporting unit. Also allows for identifying those clients/consumers who are out of county residents.

CODES:

01	Adams	37	Marathon	84	Menominee Tribe
02	Ashland	38	Marinette	85	Red Cliff Tribe
03	Barron	39	Marquette	86	Stockbridge Munsee
04	Bayfield	40	Milwaukee	87	Potawatomi Tribe
05	Brown	41	Monroe	88	Lac du Flambeau Tribe
06	Buffalo	42	Oconto	89	Bad River Tribe
07	Burnett	43	Oneida	91	Sokaogon Chippewa
08	Calumet	44	Outagamie	92	Oneida Tribe
09	Chippewa	45	Ozaukee	93	Ho Chunk Nation
10	Clark	46	Pepin	94	Lac Courte Oreilles Tribe
11	Columbia	47	Pierce	95	St Croix Tribe
12	Crawford	48	Polk		
13	Dane	49	Portage		
14	Dodge	50	Price		
15	Door	51	Racine		
16	Douglas	52	Richland		
17	Dunn	53	Rock		
18	Eau Claire	54	Rusk		
19	Florence	55	St. Croix		
20	Fond du Lac	56	Sauk		
21	Forest	57	Sawyer		
22	Grant	58	Shawano		
23	Green	59	Sheboygan		
24	Green Lake	60	Taylor		
25	Iowa	61	Trempealeau		
26	Iron	62	Vernon		
27	Jackson	63	Vilas		
28	Jefferson	64	Walworth		
29	Juneau	65	Washburn		
30	Kenosha	66	Washington		
31	Kewaunee	67	Waukesha		
32	La Crosse	68	Waupaca		
33	Lafayette	69	Waushara		
34	Langlade	70	Winnebago		
35	Lincoln	71	Wood		
36	Manitowoc	72	Menominee		

BIRTHDATE (recipient_birth_date)
REQUIRED

CODES: Enter the 8 digit birthdate of the client in the format of MM/DD/YYYY for screen data entry or YYYY-MM-DD for batch file upload.

PURPOSE: To calculate the client's age for preparation of reports; to determine if various age groups are being reached in similar proportions to the general population and AODA prevalence.

GENDER (gender)

REQUIRED

CODES: F = Female
M = Male

PURPOSE: To prepare reports cross tabulated by sex in order to determine relationships/differences; to determine if males and females are being reached in proportion to their representation in the general population and AODA prevalence.

RACE (race_code1; race_code2; race_code3; race_code4; race_code5; unknown_race)
REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaska Native: All persons having origins in any of the original peoples of North, South and Central America.

PURPOSE: To prepare reports cross tabulated by race in order to determine relationships/differences; to determine if various minority groups are being reached in proportion to their representation in the general population and AODA prevalence.

HISPANIC/LATINO (hispanic_latino; non_hispanic_latino; unknown_ethnicity)
REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

VETERAN (veteran_status)
REQUIRED

DEFINITION: A person who has served or is serving in the U.S. armed forces or military.

CODES: Y = Yes
N = No
U = Unknown

PURPOSE: To count the number of veterans served.

CO-EXISTING MENTAL ILLNESS (co_existing_mental_illness)
REQUIRED

DEFINITION: A person being served for substance use issues who also has a current 'mental illness' diagnosis (e.g., anxiety, depression, personality, bipolar, schizophrenia, etc.) listed in the Diagnostic and Statistical Manual of Mental Disorders.

CODES: Y = Yes
N = No
U = Unknown

PURPOSE: To count the number of persons served having a dual diagnosis.

DEAF OR HARD OF HEARING (deaf_or_hard_hearing)
REQUIRED

DEFINITION: A person who self-identifies or through observation or through diagnosis is deaf, deafened or hard of hearing. The person may read lips, use sign language, sign language interpreters, and/or captioning. The person may have a degree of hearing loss where an auditory device is needed such as a hearing aid or FM system, cochlear implant or other assistive listening device.

CODES: Y = Yes
N = No
U = Unknown

PURPOSE: To count the number of persons served who are deaf or hard of hearing

CLIENT CHARACTERISTICS (characteristic1; characteristic2; characteristic3)
OPTIONAL

DEFINITION: Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three. We encourage the use of all three client characteristics fields since the bureau uses this information to plan services for special groups such as the dually diagnosed, problem gamblers, and persons with physical or sensory disabilities. Additional definitions are in Appendix 1.

NOTES: Client Characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected. If code dependent enter 99. Care should be taken to record developmentally disability, physical disability, sensory disability, mental illness, and frail elderly if applicable.

PURPOSE: To allow comparisons across the PPS database outside of the Substance Use Module; to assess outreach to and accessibility in relation to special client groups (dually diagnosed, hearing impaired, physically disabled, etc.); to separate code dependents receiving services from clients with AODA diagnosis.

- CODES:
- 19 Developmental disability - brain trauma
 - 23 Developmental disability - cerebral palsy
 - 25 Developmental disability - autism spectrum
 - 26 Developmental disability - mental retardation
 - 27 Developmental disability - epilepsy
 - 28 Developmental disability - other or unknown
 - 29 Family member of developmental disability client
 - 86 Severe emotional disturbance - child/adolescent
 - 02 Mental illness (excluding SPMI)
 - 03 Serious and persistent mental illness (SPMI)
 - 14 Family member of mental health client
 - 04 Alcohol client
 - 05 Drug client
 - 10 Chronic alcohol or other drug client (includes SSI clients)
 - 12 Alcohol and other drug client
 - 16 Family member of alcohol and other drug client
 - 17 Intoxicated driver
 - 39 Gambling client
 - 07 Blind/visually impaired
 - 08 Hard of hearing
 - 32 Blind/deaf
 - 79 Deaf
 - 09 Physical disability/mobility impaired
 - 36 Other handicap
 - 59 Unmarried parent
 - 71 Victim of domestic abuse
 - 50 Regular caregiver of dependent person

- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice client (adult only)
- 80 Homeless
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above (codependent client only)

SPECIAL CHILDREN'S SERVICES CATEGORIES

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

EPISODE START AND END DATES (episode_start_date; episode_end_date)
 REQUIRED; EPISODE START DATE defaults from earliest SPC START DATE

DEFINITION: An episode of services is a continuous set of services used to address the client's current needs. Episodes can include any variety or combination of inpatient services, residential, outpatient services and other services. Services and episodes should be closed promptly, and, at a minimum, if the county has not provided any services to the client for 90 days, the episode should be closed with an Episode End Date. The possible exception to this would be an OWI client.

The default Episode Start Date is the date of the first service including intake and/or assessment.

The Episode End Date is the last service discharge date before a client's case is closed and the county is no longer expecting to provide services and/or monitoring.

CODES: Enter an 8 digit number in the format of MM/DD/YYYY for screen data entry or YYYY-MM-DD for batch file upload. Must be earlier than or equal to the current date.

PURPOSE: This data is used to determine active and closed cases, for case management purposes, and in determining episode duration.

CODEPENDENT (co_dependent_collateral)
REQUIRED

DEFINITION: Enter a Y if the client of this record is a person who:

- is seeking their own services due to problems arising from his/her relationship with an alcohol or drug abuser, and
- has no current alcohol/drug abuse or dependency problem of their own.

CODES: Y = Yes
N = No

NOTES: Family involvement in treatment alone is not sufficient criteria for codependent designation. The client of this record is one who is seeking their own services arising from their codependency problems not substance abuse problems. This field is not to be coded YES if the substance using client of this record has a significant other who is codependent. This field is not to be coded YES if the substance using client of this record has collateral involvement in services.

PURPOSE: To identify codependents receiving services, and allowing simpler brief reporting.

REFERRAL SOURCE (referral_source)
REQUIRED

DEFINITION: The individual or agency at the point of origin, that referred the client for services.

CODES:

- 1 Self
- 2 Family, friend, or guardian
- 3 AODA program/provider (includes AA, Al-Anon)
- 4 Inpatient hospital or residential facility
- 5 School, college
- 6 IDP Court
- 7 IDP - Division of Motor Vehicle (DMV)
- 8 Corrections, probation, parole
- 9 Other court, criminal or juvenile justice system
- 10 Employer, Employee Assistance Program (EAP)
- 11 County social services
- 12 Child Protective Services agency
- 13 IV drug outreach worker
- 14 Other
- 15 Drug court
- 16 OWI court - monitors the multiple OWI offender
- 17 Screening Brief Intervention Referral Treatment (SBIRT)
- 18 Mental health program/provider

- 19 Hospital emergency room
- 20 Primary care physician or other health care program/provider
- 21 Law enforcement, police
- 22 Mental health court
- 23 Homeless outreach worker
- 99 Unknown

CODE DEFINITIONS:

3 = AODA program/provider (Includes AA and Al-Anon)

Any non-residential community AODA program/clinic/entity whose principal objective is providing help for persons who have substance abuse problems, or a program whose activities are related to prevention, education and/or treatment of alcoholism or drug abuse.

4 = Inpatient hospital or residential facility

The focus of this referral source is on MH/AODA hospitals and facilities including psychiatric hospitals, MH/AODA units in general hospitals, nursing homes, CBRF's, and group homes. Use code 3 or 18 for community MH/AODA providers. Use code 19 for emergency rooms and code 20 for other units of general hospitals.

5 = School, College

Includes a school principal, counselor, teacher or student assistance program (SAP), the school system or educational agency.

8 = Corrections, probation, parole

In addition to referrals from correctional facilities and probation/parole officers, this code includes clients on pre-parole, pre-release, work and/or home furlough. The client need not be officially designated as on parole.

9 = Other court, criminal or juvenile justice system

Includes referrals from the court, juvenile court intake, a judge, prosecutor, or other personnel affiliated with a federal, state and/or county judicial system, and Treatment Alternative Programs (TAP). Ch. 51 commitments and other court referrals related to commitments and settlement agreements should be recorded with this code. This also includes clients who have been referred in lieu of or for deferred prosecution, and pretrial release, before or after official adjudication. Use code 8 for referrals from the corrections, probation, or parole systems. Use code 22 for referrals from the law enforcement system.

11 = County social services

Includes local county social service agencies that provide aid in the areas of poverty relief, unemployment, shelter, or social welfare. This code also includes other public social service agencies at the state and federal levels.

14 = Other

Includes private community and religious organizations that provide social and human services when they do not fit into other codes. Use this code as a last resort.

17 = Screening Brief Intervention Referral Treatment (SBIRT)

Includes referrals to services that originated from the federal/state/UW SBIRT project also known as the Wisconsin Initiative on Promoting Healthy Lifestyles (WIPHL).

18 = Mental health program/provider

Includes community mental health programs and individual counselors, psychiatrists, psychologists, etc. Also includes psychiatrists working in primary care settings. Use code 4 for psychiatric hospitals and mental health residential care facilities.

20 = Primary care physician or other health care program/provider

Includes general practitioners, family physicians, specialty physicians in outpatient clinics, nurses, and general hospital physicians, surgeons, etc.

PURPOSE: This is valuable information in a marketing sense, as well as in a clinical sense. It is prudent to know the sources that are referring client/consumers to the agency. This information is of value in taking actions in the resource acquisition area. Clinically, the source of referral is a variable of potential significance in developing a typology of client/consumers and in understanding the course of the episode of illness, differences in utilization patterns, or the client/consumer's prognosis.

EDUCATION AT TIME OF ADMISSION (education_at_time_of_admission)
REQUIRED

DEFINITION: The highest grade completed.

PURPOSE: Assess success of outreach/marketing and agency coordination efforts; identify intoxicated driver clients; assess success in reaching special target groups (criminal justice client; EAP; etc.).

CODES: Enter the two digit number of years.

01-11	Highest grade completed
12	High school diploma or GED
14	Some college or vocational/technical school; assoc. degree or voc. tech. degree
16	Bachelor's degree
18	Advanced degree (Master's; Ph.D.)
99	Unknown

PURPOSE: Identify extent of education for use in modifying reading/intelligence level of materials, films, pamphlets, etc.; identifying need for vocational components within treatment programs; compare with general population to assess differences.

SUPPORT GROUP ATTENDANCE 30 DAYS PRIOR TO ADMISSION
(support_group_attend_at_admin)

REQUIRED

DEFINITION: The number of times the client has attended a support group in the 30 days preceding the date of admission. It includes attendance at Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Women for Sobriety, and any other natural organized self-help/mutual support groups having a focus on recovery from substance abuse.

CODES:

- 1 16 or more times in the past 30 days
- 2 8-15 times in the past 30 days
- 3 4-7 times in the past 30 days
- 4 1-3 times in the past 30 days
- 5 No attendance in the past 30 days
- 9 Unknown

NOTES: Self-help group attendance is an indicator of the quality of the client's social support system.

PURPOSE: Describe the support group attendance just prior to beginning services. The admission data will be compared with discharge data to assess changes.

NUMBER OF ARRESTS 30 DAYS PRIOR TO ADMISSION (registration_arrests)
REQUIRED

DEFINITION: The number of arrests during the 30 days prior to the start of the episode. If the client came from a controlled setting (e.g., jail, hospital, residential program, etc.), use the 30 day period prior to entry into the controlled setting.

NOTES: An arrest means that the person is alleged to have committed a crime, was taken into custody, and booked. Booked means the law enforcement officer recorded the person's name, the crime, and other relevant facts on the police docket and may have also taken a photograph, fingerprints, blood sample, or other procedure. Does not include minor tickets or citations.

CODES: Numeric value between 00 and 96. Enter 99 if unknown.

PURPOSE: Describe the degree of criminal justice involvement when entering treatment. The admission data will be compared with the discharge data to assess changes.

LIVING ARRANGEMENT AT ADMISSION (registration_living_situation)
REQUIRED

DEFINITION: The living arrangement prior to the start of the episode. It specifies whether the client is homeless, living with parents, in a supervised setting, or on their own.

CODES:

- 1 Street, shelter, no fixed address, homeless

- 2 Private residence or household (ADULTS ONLY)
- 3 Supported residence (ADULTS ONLY)
- 4 Supervised licensed residential facility
- 5 Institutional setting, hospital, nursing home
- 6 Jail or correctional facility
- 7 Child under age 18 living with biological or adoptive parents
- 8 Child under age 18 living with relatives, friends
- 9 Foster home
- 10 Crisis stabilization home/center
- 11 Other living arrangement
- 99 Unknown

CODE DEFINITIONS:

Private residence or household (Adults only) = includes adults living alone or with others without supervision in a house or apartment; includes persons age 18 and older living with parents.

Supported residence (Adults only) = adult clients living in a house, apartment, or other similar dwelling and are heavily dependent on others for daily living assistance.

Supervised licensed residential facility = individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.

Foster home = individual resides in a foster home. A foster home is a home that is licensed by a county or State department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities.

Crisis stabilization home/center = a time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning.

PURPOSE: Describe the living situation just prior to beginning services. The admission data will be compared with the discharge data to assess changes.

BRIEF SERVICE (brief_service)
REQUIRED

DEFINITION: This field may be checked YES if any of the following Group 2 standard program categories are the sole SPCs to be provided in an entire episode of care:

- Group 2
- 301 Court intake studies
- 501 Crisis intervention
- 501.10 Crisis Intervention
- 507.80 Suboxone
- 601 Outreach
- 602 Information and referral
- 603 Intake assessment
- 507.50 Outpatient, emergency regular
- 507.61 Antabuse

507.62	Other Medical
507.64	Urinalysis Tests
507.65	Medication Management
101	Child day care
104	Supportive home care
104.10	Supportive Home Care
106	Housing assistance
107	Transportation
108	Work-related services
110	Daily living skills training
112	Interpreter
112.55	Specialized medical supplies
604	Case management
606	Health screening
615	Supported employment

CODES: Y = Yes
N = No (default)

PURPOSE: To reduce reporting burden for relatively brief or non-treatment services. If the episode will only include a brief service (e.g., SPC 603) and the Brief Service field is 'Y', then the system will only require Race, Hispanic, Client Characteristic1, Codependent, Referral Source, SPC, SPC Start and End Date, Provider, Units, Delivery Date and Episode End Date.

EMPLOYMENT STATUS (employment_status)
REQUIRED

DEFINITION: The current employment status.

NOTES: It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources or pay stubs. Special audits of this data may be performed.

PURPOSE: Identify financial resources of client groups; assess employment status for vocational service needs.

CODES:

Code	Label	Definition/Example
1	Full-time competitive employment (35 or more hours/week)	Includes members of the Armed Forces
2	Part-time competitive employment (less than 35 hours/week)	
3	Unemployed (but looking for work in past 30 days)	

[Code 4 - although it still appears in the PPS database, code 4 has been retired; please do not use code 4]

5	Not in the labor force - homemaker	
6	Not in the labor force – student	A student is one who is actively enrolled in school (i.e., attending traditional or alternative school, vocational technical schooling or college; or between school semesters and plans to continue schooling; or in temporary suspension status); does not include former students who have discontinued or dropped out of school or have been expelled
7	Not in the labor force - retired	
8	Not in the labor force - disabled	Includes physical, developmental, and MH disabilities that prevent consumer from working
9	Not in the labor force - jail, correctional or other institutional facility	Includes consumers in MH institutions inpatient hospitals, nursing homes, etc.
10	Not in the labor force - sheltered non-competitive employment	Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature
11	Not in the labor force - other reason	
12	Supported competitive employment	Competitive employment with ongoing long-term support to structure the job or work environment (i.e., the consumer and their employer are actively supported by a CSP team).
98	Not applicable - Children 15 and under	
99	Unknown	

Unemployed Definition:

Consumers are classified as unemployed if they do not have a job, have actively looked for work in the past 30 days, and are currently available for work. Persons who were waiting to be recalled to a job from which they had been temporarily laid off are also included as unemployed.

Not in the Labor Force Definition:

Consumers who are “not in the labor force” are either unwilling or unable to engage in competitive employment. This category includes everyone who does not meet the definitions for competitively employed or unemployed. This category includes consumers who may seem willing and able to work, but have not been looking for work in the past 30 days. Codes 5-10 include different types of “not in the labor force” situations. Anyone who is not in the labor force and does not fit into categories 5-10 should be recorded using category 11.

Choosing Between Multiple Employment Categories

When clients are engaged in two or more activities simultaneously, use the following hierarchy to determine which employment category to select:

1. employment
2. unemployed (but looking for work)
3. not in the labor force

For example, use codes 1, 2, or 12 if the client is employed and also a student or retired. Use code 3 if the client is a student and actively searching for work (includes sending out resumes, visiting unemployment centers, interviewing, etc.).

PREGNANT AT TIME OF ADMISSION (pregnant_at_time_of_admission)
REQUIRED (for females)

DEFINITION: Self-explanatory.

CODES: Y = Yes
N = No

PURPOSE: To assess outreach and accessibility of services to special client groups; to monitor trends.

DIAGNOSTIC IMPRESSION (diagnosis_code_principal)

OPTIONAL

DEFINITION: The current diagnostic impression of the client's condition.

CODES: The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

CODE	MENTAL ILLNESS
290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic disorders
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
300.02	Generalized anxiety disorder
301	Personality disorders
301.6	Dependent personality disorder
302	Sexual deviations and disorders
306	Physiological malfunction arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified 308 Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders due to organic brain damage
311	Depressive disorder, not classified elsewhere
312.0	Undersocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere classified
313	Disturbance of emotions specific to childhood and adolescence
314	Hyperkinetic syndrome of children
316	Psychic factor associated with diseases classified Elsewhere
	DEVELOPMENTAL DISABILITIES
299.0	Infantile autism
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)
319	Unspecified mental retardation
343	Infantile cerebral palsy
345	Epilepsy

ALCOHOLISM - ALCOHOL ABUSE

291	Alcoholic psychoses
303	Alcoholic dependence syndrome
303.91	Other and unspecified continuous alcohol dependence (chronic alcoholism-dipsomania)
303.93	Other and unspecified alcohol dependence in remission
305.0	Alcohol abuse

OTHER DRUG ABUSE

292	Drug psychoses
304	Drug dependence
304.0	Opioid type dependence
304.1	Barbiturate and similarly acting sedative hypnotic dependence
304.2	Cocaine dependence
304.3	Cannabis dependence
304.4	Amphetamine and other psychostimulant dependence
304.5	Hallucinogen dependence
304.6	Other specified drug dependence
304.9	Unspecified drug dependency
305	Nondependent abuse of drugs
305.01	Continuous alcohol abuse
305.02	Episodic alcohol abuse
305.1	Tobacco use disorder
305.2	Cannabis abuse
305.3	Hallucinogen abuse
305.4	Barbiturate and similarly acting sedative or hypnotic abuse
305.5	Opioid abuse
305.6	Cocaine abuse
305.7	Amphetamine or related acting sympathomimetic abuse
305.8	Antidepressant type abuse
305.9	Other, mixed or unspecified drug abuse
309.89	Other

PHYSICAL LIMITATION

359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742.0	Encephalocele
742.3	Congenital hydrocephalus
784.0	Symptoms involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk

V49 Problems with limbs and other problems

OTHER DISORDER

316 Psychic factors associated with diseases classified elsewhere

V40.9 Unspecified mental or behavioral problem

V71.0 Observation for suspected mental condition

PRESENTING PROBLEM

V15.81 Noncompliance with medical treatment

V61.0 Family disruption

V61.1 Counseling for marital and partner problems

V61.2 Parent-child problems

V61.21 Counseling for victim of child abuse

V61.3 Problems with aged parents or in-laws

V61.4 Health problems within family

V62.0 Unemployment

V62.1 Adverse effects of work environment

V62.2 Other occupational circumstances or maladjustment

V62.3 Educational circumstances

V62.4 Social maladjustment

V62.5 Legal circumstances

V62.81 Interpersonal problems, not elsewhere classified

V62.82 Bereavement, uncomplicated

V65.2 Person feigning illness

V71.01 Adult antisocial behavior

V71.02 Child or adolescent antisocial behavior

ADMINISTRATIVE CATEGORIES

799.9 Other unknown and unspecified cause

V63.2 Person awaiting admission to adequate facility elsewhere

V68.81 Referral of patient without examination or treatment

V70.7 Examination for normal comparison or control in clinical research

PURPOSE: For local use in billing-related reports.

SPECIAL PROJECT REPORTING (special_project_reporting)

REQUIRED, WHEN APPLICABLE, THROUGH SPECIAL CIRCUMSTANCES, USUALLY A GRANT PROGRAM. AGENCIES WILL BE NOTIFIED BY THE BUREAU OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES WHEN THIS FIELD IS APPLICABLE TO THEIR SPECIAL PROJECTS.

DEFINITION: The alphanumeric codes designated for this field identify special projects defined by the state.

CODES:

- 01 Adolescent Treatment
- 02 Cocaine Families
- 03 Dept of Corrections
- 04 Healthy Beginnings
- 05 Injection Drug Use
- 06 Juvenile Court Intake
- 07 Methamphetamine Treatment
- 08 Milwaukee Child Welfare
- 09 Offender Reentry
- 10 OWI Enhancement Grant
- 11 OWI or Drug Court
- 12 Services to Hispanics
- 13 Treatment Alternative Program
- 14 Urban Black & Hispanic
- 15 Women's Treatment Grant (TANF)

PURPOSE: To report clients served under grant programs.

SUBSTANCE PROBLEM (substance_problem_primary; substance_problem_secondary; substance_problem_tertiary)

REQUIRED

DEFINITION: The primary substance is that substance which is chiefly responsible for this admission to services.

CODES: Enter primary, secondary, and tertiary substance problem codes. Code up to three.

- 01 None (codependent)
- 02 Alcohol
- 03 Cocaine/crack
- 04 Marijuana/hashish/cannabis/THC
- 05 Heroin
- 06 Nonprescription methadone
- 07 Dilaudid/hydromorphone
- 08 Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
- 09 PCP (Phencyclidine)
- 10 LSD

- 11 Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, Ketamine, synthetic marijuana)
- 12 Methamphetamine/ice; methcathione/cat
- 13 Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs.
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, methylphenidate, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

PURPOSE: To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

SUBSTANCE PROBLEM AT DISCHARGE (substance_problem_at_episodeend_primary; substance_problem_at_episodeend_secondary; substance_problem_at_episodeend_tertiary)
REQUIRED

DEFINITION: The primary substance problem at the time of discharge.

The code at discharge should be different from the code at admission only in the case of a change of substance. The code 01 for None is reserved for codependent clients.

CODES:

- 01 None (codependent)
- 02 Alcohol
- 03 Cocaine/crack
- 04 Marijuana/hashish/cannabis/THC
- 05 Heroin
- 06 Nonprescription methadone
- 07 Dilaudid/hydromorphone
- 08 Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
- 09 PCP (Phencyclidine)
- 10 LSD
- 11 Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, Ketamine, synthetic marijuana)
- 12 Methamphetamine/ice; methcathione/cat

- 13 Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludein) and any other amines and related drugs.
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlorphentermine, methylphenidate, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

PURPOSE: To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; determine success in reaching certain client groups.

USUAL ROUTE OF ADMINISTRATION (usual_administration_primary; usual_administration_secondary; usual_administration_tertiary)
REQUIRED

DEFINITION: How the substance is taken into the body.

- CODES:**
- 1 Oral (by mouth swallowing)
 - 2 Smoking (inhale by burning/heating substance)
 - 3 Inhalation (inhale or snort through the nose or mouth without burning substance)
 - 4 Injection (IV or intramuscular or skin popping)
 - 5 Other
 - 9 Unknown

PURPOSE: To determine level of associated health risks connected with route of administration; assess extent and trends of AIDS risk clients.

USE FREQUENCY (use_frequency_primary; use_frequency_secondary; use_frequency_tertiary)
REQUIRED

DEFINITION: How often the substance is used during the 30 days prior to the start of the episode.

- CODES:**
- 1 No use in the past month (abstinent)
 - 2 1-3 days in the past month (less often than once a week)
 - 3 1-2 days per week

- 4 3-6 days per week
- 5 Daily
- 9 Unknown

NOTES: It is the provider’s responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals (spouse, relative, significant other), structured clinical interview, records sources, or drug tests. Special audits of this data may be performed.

PURPOSE: To identify the level of severity of addiction, compare with treatment setting and changes from admission to discharge.

AGE OF FIRST DRUG USE OR ALCOHOL INTOXICATION (age_at_first_use_primary; age_at_first_use_secondary; age_at_first_use_tertiary)
REQUIRED

DEFINITION: Self-explanatory

CODES: Enter actual age using 2 digits. Use code 99 if unknown.

NOTES: For drugs other than alcohol record the age of first use. For alcohol record age of first intoxication. The recorded age should reflect willful use.

PURPOSE: Assesses success of prevention efforts; for planning school curricula; compare with national drug surveys of the general population.

STANDARD PROGRAM CATEGORY/SUBPROGRAM (spc)
REQUIRED

DEFINITION: The specific program (SPC) which is provided to the client. The subprogram relates to narrower program initiatives if appropriate. The following are basic AODA SPCs. Any other appropriate SPCs associated with alcohol and other drug abuse services should be reported even though not listed here. SPCs are defined in Appendix D. Subprogram definitions follow. The corresponding DHS Administrative Rule code is included in parentheses.

CODES: Enter the 3 digit SPC code and the 2 digit subprogram code if applicable.

SPC Code	Description	Unit
Group 1		
507.70	Methadone or narcotic detox	Hours
703.10	Medically managed inpatient detox (75.06)	Days
703.20	Medically monitored residential detox (75.07)	Days
703.50	Ambulatory detoxification (75.08)	Hours
705.10	Residential intoxication monitoring (75.09)	Days
Group 2		

301	Court intake studies	Hours
501	Crisis intervention(Hours)	Hours
501.10	Crisis Intervention(Days)	Days
507.80	Suboxone	Hours
601	Outreach	Hours
602	Information and referral	Hours
603	Intake assessment	Hours
507.50	Outpatient, emergency regular	Hours
507.61	Antabuse	Other
507.62	Other Medical	Other
507.64	Urinalysis Tests	Other
507.65	Medication Management	Hours
101	Child day care	Hours
104	Supportive home care(Hours)	Hours
104.10	Supportive Home Care(Days)	Days
106	Housing assistance	Hours
107	Transportation	Other
108	Work-related services	Hours
110	Daily living skills training	Hours
112	Interpreter	Other
112.55	Specialized medical supplies	Other
604	Case management	Hours
606	Health screening	Hours
615	Supported employment	Hours
Group 3		
503.50	Medically managed inpatient (75.10)	Days
503.60	Medically monitored hospital treatment (124; 75.11)	Days
503.70	Medically monitored CBRF treatment (83; 75.11)	Days
504	Residential care center	Days
506.10	Transitional residential-hospital setting (124; 75.14)	Days
506.20	Transitional residential (83; 75.14)	Days
507.00	Outpatient – regular (75.13)	Hours
507.05	Outpatient – intensive (75.13)	Hours
507.10	Outpatient, individual regular	Hours
507.15	Outpatient, individual intensive	Hours
507.20	Outpatient, family regular	Hours
507.25	Outpatient, family intensive	Hours
507.30	Outpatient, group regular	Hours
507.35	Outpatient, group intensive	Hours
507.40	Outpatient, in-home regular	Hours
507.45	Outpatient, in-home intensive	Hours
507.75	Methadone maintenance/narcotic treatment (75.15)	Hours
509	Community support program	Hours
510.10	Comprehensive Community Services(Hours)	Hours
511	Community Recovery Services(Hours)	Hours
511.10	Community Recovery Services(Days)	Days
704.10	Day treatment (75.12)	Hours
Group 4		
112.55	Specialized medical supplies	Other
202	Adult family home	Days

203	Foster home	Days
204	Group home	Days
205	Shelter care	Days

NOTES: Units are required on these SPCs. Regular and Intensive are types of outpatient services and do not always reflect the amount of face-to-face/billable service delivered to a specific client. A client can be in Intensive even though they don't complete the required units of service. Reporting of self-pay intoxicated driver assessments (SPC 603) which are assessed by contract providers is no longer required, but may be continued at the discretion of the county agency. Similarly, reporting of any wholly self-paid or third party paid treatment services by contract agencies is not required.

PURPOSE: To determine the type, amount, duration, and outcome of services provided; to develop common costs centers for cost analyses. It also meets federal requirements.

SUBPROGRAM DEFINITIONS (additional definitions are in Appendix 2)

- 112/55 **Specialized Medical Supplies**
Specialized medical supplies, specified in the plan of care, which are necessary to ensure the health of the individual or enable the individual to function with greater independence as well as manage medical needs or treatments. The service also includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items. May include Ensure, other dietary supplements, diapers, over-the-counter drugs, etc.
- 503/50 **Medically Managed Inpatient**
HFS 75.10 medically managed inpatient treatment service means a service provided in a general or specialty hospital with 24 hours per day nursing care, physician management and all the resources of a hospital approved under ch. HFS 124.
- 503/60 **Medically Monitored Hospital Treatment**
HFS 75.11 medically monitored treatment service means a hospital based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.
- 503/70 **Medically Monitored CBRF Treatment**
HFS 75.11 medically monitored treatment service means a community based, 24 hour treatment service which provides a minimum of 12 hours of counseling per patient per week, including observation, and monitoring provided by a multidisciplinary staff under the supervision of a physician.
- 506/10 **Transitional Residential - Hospital Setting**
HFS 75.14 transitional residential treatment service (defined below) in a general or specialty hospital approved under ch. HFS 124.
- 506/20 **Transitional Residential**
HFS 75.14 transitional residential treatment service means a clinically supervised, peer supported, 24 hour therapeutic environment with clinical involvement. The service provides substance abuse treatment in the form of counseling equaling between three and 11 hours weekly, immediate access to peer support and intensive case management which may include direct education and monitoring in

the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping and financial planning.

507/all

Outpatient

HFS 75.13 outpatient treatment service means a nonresidential treatment service that provides a variety of evaluation, diagnostic, intervention, crisis and counseling services relating to substance abuse in order to ameliorate symptoms and restore effective functioning and totaling less than 12 hours of counseling per week. Intensive outpatient is at least six hours per week and regular outpatient is less than six hours per week.

507/61

Antabuse

The administration of the medication disulfiram as a treatment adjunct, to help patients overcome drinking problems.

507/62

Other Medical

For use by Milwaukee County only.

507/64

Urinalysis Tests

In-house or laboratory urine testing and analysis performed for screening and monitoring in order to detect the presence or ingestion of alcohol or mood altering substances.

507/65

Medication Management

Includes prescription, directions on use, and review of medication in an outpatient setting.

507/70

Methadone or Narcotic Detox

Services provided to ensure the safe withdrawal of methadone from the body's tissues.

507/75

Narcotic Treatment

HFS 75.15 narcotic treatment service for opiate addiction means an organization that includes a physician who administers or dispenses a narcotic drug to a narcotic addict for treatment or detoxification treatment with a comprehensive range of medical and rehabilitation services and that is approved by the state methadone authority and the designated federal regulatory authority and registered with the U.S. drug enforcement administration to use a narcotic drug for treatment of narcotic addiction.

507/80

Suboxone Treatment

Under federal Public Law 106-310 a physician may administer or dispense buprenorphine (Suboxone or Subutex) to a patient for treatment or detoxification. This code may be used by physicians or counselors for evaluation and treatment services.

703/10

Medically Managed Inpatient Detoxification

HFS 75.06 medically managed inpatient detoxification service means a 24 hour per day observation and monitoring service, with nursing care, physician management and all of the resources of a general or specialty inpatient hospital.

703/20

Medically Monitored Residential Detoxification

HFS 75.07 medically monitored residential detoxification service means a 24 hour per day service in a residential setting providing detoxification and monitoring, with care provided by a multidisciplinary team of service personnel including 24 hour nursing care under the supervision of a physician.

703/50

Ambulatory Detoxification

HFS 75.08 ambulatory detoxification service means a medically managed or monitored, structured detoxification service, delivered on an outpatient basis,

provided by a physician or other service personnel acting under the supervision of a physician.

704/10

Day Treatment

HFS 75.12 day treatment service means a medically monitored and structured nonresidential treatment service consisting of regularly scheduled sessions of various modalities such as counseling, case management, group or individual therapy, medical services and mental health services, as indicated, by interdisciplinary providers for at least 12 hours per week (three or more hours per day for four or more days per week).

705/10

Residential Intoxication Monitoring

HFS 75.09 residential intoxication monitoring service means a service providing 24 hour per day observation by a nonmedical staff to monitor the resolution of alcohol or sedative intoxication and to monitor alcohol withdrawal.

SPC START DATE (spc_start_date)
REQUIRED FOR AODA SPCs

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter an 8 digit number in the format of MM/DD/YYYY for screen data entry or YYYY-MM-DD for batch file upload.

PURPOSE: Coupled with SPC End Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

PROVIDER NUMBER (provider_number)
REQUIRED

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC to the client/consumer. "Umbrella" agency/organization IDs are desired. Individual staff/worker IDs are not to be submitted unless the individual is not affiliated with an agency/organization.

CODES: Both National Provider ID's (NPI) and Wisconsin Provider ID's (WPI) are accepted. Enter the appropriate NPI/WPI of the provider who delivers the service to the client/consumer. We prefer agency-level provider numbers rather than individual clinician provider numbers. Although NPI's are accepted, all providers must be registered with the state and be assigned a WPI so that all providers are in a common database.

NOTES: Providers can register for a WPI at:
<https://share.health.wisconsin.gov/it/ltc/sos/wpi/SitePages/ProviderList.aspx>
The State DHS provides a search site for providers to find existing NPI/WPI's. Complete information about using Provider ID's can be found in a Guide to Using Provider IDs posted at the PPS MH/AODA website:
<http://www.dhs.wisconsin.gov/pps/mh-aoda/index.htm>.

PURPOSE: This information is used to produce various reports by agency.

SPC END DATE (spc_end_date)
REQUIRED FOR AODA SPCs

DEFINITION: The date on which service in this SPC ended (i.e., last contact).

CODES: Enter an 8 digit number in the format of MM/DD/YYYY for screen data entry or YYYY-MM-DD for batch file upload.

NOTES: Service records and episodes should be closed in a timely fashion.

PURPOSE: Coupled with SPC Start Date, to identify average lengths of service or service duration; coupled with units of service to identify average service intensity; separate closed clients from active clients within an SPC.

SPC END REASON (spc_end_reason)
REQUIRED, WHEN SPC END DATE IS PROVIDED FOR GROUP 3 SPCs

DEFINITION: The reason the client was discharged from the service.

If the service was completed, use codes 01, 02, or 03.
CODES: 01 Completed service - major improvement
02 Completed service - moderate improvement
03 Completed service - minimal or no positive change

If the service was not completed, use codes 04–19.

- 04 Incomplete referred to another non-alcohol/drug agency, program, or service before completing service
- 05 Behavioral termination - staff/program decision to terminate due to rule violation
- 06 Withdrew against staff advice before completing service
- 07 Funding/authorization expired, same service not reopened
- 08 Incarcerated
- 09 Death
- 14 Incomplete referral to another AODA agency or program
- 15 Incomplete transfer to another AODA service within an agency or program
- 16 Funding/authorization expired, same service reopened
- 19 Service is continuing (for encounter and multiple record reporting;
Note: Code 19 is not permitted in the last chronological treatment service when closing an episode

LEVEL OF IMPROVEMENT EXPLANATION (major, moderate, minimal change):
For clients who have completed services (above codes 01-03) in inpatient, outpatient, day treatment, or residential treatment, this is an overall rating of the client's condition at discharge:

Major Improvement. Successful completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- length or duration of treatment consistent with the treatment plan
- all or nearly all objectives of the individualized treatment plan were achieved
- discharge plan

Moderate improvement. Completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- moderate progress on objectives in the individualized treatment plan
- maximum benefit achieved
- discharge plan

Minimal change. Completion of service as evidenced by treatment team rating on the following:

- attendance consistent with the treatment plan
- minimal progress on objectives in the individualized treatment plan
- discharge plan

NOTES: If more than one category applies use the following hierarchy to select only one code. Clients who completed the SPC should not be coded under 04–19. All services must be closed in a timely fashion. Service records having a SPC end reason code of “19” are not considered closed for purposes of closing an episode. The final SPC close-out record must have a code between 01 and 16.

PURPOSE: To evaluate service retention and outcome.

CLOSING STATUS

REQUIRED, FOR AODA TREATMENT SPCs EXCEPT FOR 703 DETOX, 705 INTOXICATION MONITORING, 603 INTAKE ASSESSMENT, AND BRIEF SERVICES.

DEFINITION: The client’s AODA (A), Support Group (SG) attendance, Employment (E) status, Number of Arrests (AR), and Living Arrangement (LA) at the time the client was discharged from treatment (last contact).

CODES: Enter a code in each of the five categories (A, SG, E, AR, and LA).

A = AODA (close_status_A) = Frequency of alcohol/drug use during the 30 days prior to discharge, or since admission if less than 30 days.

- 1 No use (abstinent)
- 2 1-3 days/mo. (less often than once a week)
- 3 1-2 days/week
- 4 3-6 days/week
- 5 Daily
- 9 Unknown

SG = SUPPORT GROUP ATTENENDANCE (close_status_support_group)

= Frequency of attendance at support groups in the 30 days prior to discharge, or since admission if less than 30 days.

- 1 16 or more times in the past 30 days
- 2 8-15 times in the past 30 days
- 3 4-7 times in the past 30 days
- 4 1-3 times in the past 30 days
- 5 No attendance in the past 30 days
- 9 Unknown

E = EMPLOYMENT STATUS (close_status_E)

See the previous EMPLOYMENT STATUS field for additional information.

Code	Label	Definition/Example
1	Full-time competitive employment (35 or more hours/week)	Includes members of the Armed Forces
2	Part-time competitive employment (less than 35 hours/week)	
3	Unemployed (but looking for work in past 30 days)	
	[Code 4 - although it still appears in the PPS database, code 4 has been retired; please do not use code 4]	
5	Not in the labor force - homemaker	
6	Not in the labor force - student	
7	Not in the labor force - retired	
8	Not in the labor force - disabled	Includes physical, developmental, and MH disabilities that prevent consumer from working
9	Not in the labor force - jail, correctional or other institutional facility	Includes consumers in MH institutions inpatient hospitals, nursing homes, etc.
10	Not in the labor force - sheltered non-competitive employment	Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature
11	Not in the labor force - other reason	
12	Supported competitive employment	Competitive employment with ongoing long-term support to structure the job or work environment (i.e., the consumer and their employer are actively supported by a CSP team).
98	Not applicable - Children 15 and under	
99	Unknown	

AR = ARRESTS (close_status_AR) = Number of arrests 30 days prior to discharge, or since admission if less than 30 days. Numeric value between 00 and 96. Use 99 for unknown.

LA = LIVING ARRANGEMENT (close_status_LA) = Living arrangement at discharge or, in the case of residential services, the arrangement which the client is discharged to. See the LIVING ARRANGEMENT AT ADMISSION field for additional information.

Code	Label
1	Street, shelter, no fixed address, homeless
2	Private residence or household (ADULTS ONLY)
3	Supported residence (ADULTS ONLY)
4	Supervised licensed residential facility
5	Institutional setting, hospital, nursing home
6	Jail or correctional facility
7	Child under age 18 living with biological or adoptive parents
8	Child under age 18 living with relatives, friends
9	Foster home
10	Crisis stabilization home/center
11	Other living arrangement
99	Unknown

NOTES: It is the provider's responsibility to verify the accuracy of the codes entered into the record for the A, SG, E, AR, and LA scales. These methods of verification may include collaterals (spouse, relative, significant others), structured clinical interview, records sources, drug tests, or pay stubs. Special audits of this data may be performed.

PURPOSE: The data will be compared with admission data to assess changes.

TARGET GROUP (target_group)

OPTIONAL

DEFINITION: Indicates the more specific AODA need and/or problem that best explains the primary reason this client is receiving services in a particular Standard Program Category. Target Group describes why this service is being delivered to the client, and thus may vary by service. If 74 is entered, then Yes should be entered in Field 11, Codependent/collateral.

CODES:

- 04 Alcohol abuse
- 05 Drug abuse
- 17 Intoxicated driver
- 18 Alcohol and other drug abuse
- 74 Family member/other of AODA client (codependent)

PURPOSE: To identify the number of and service usage of the above target groups.

SPC REVIEW DATE (spc_review_due_year_month)

OPTIONAL

- DEFINITION: The date when the next SPC review is due to take place.
- CODES: Enter the 6 digit date in the format of MM/YYYY for screen data entry and YYYY-MM for batch file upload.
- NOTES: An output report can be produced indicating when a review is due.
- PURPOSE: For local use in case monitoring/case management.

UNIT TYPE OR BASIS FOR MEASUREMENT (unit_or_basis_for_measurement_code)

REQUIRED

- DEFINITION: Directly corresponds to the amount in the Unit Quantity field. A unit type must be recorded for every SPC entered into the PPS data system.
- CODES: Valid values are HR(hours), DA(days) and OT(Others) for batch files. The "Other" category may be used to report services that are events not typically reported in hours or days such as financial assistance.
- PURPOSE: This information is used to determine the type and amount/volume of service being provided.

UNIT QUANTITY (quantity)

REQUIRED

- DEFINITION: The number of days or hours of care provided. A quantity must be recorded for every SPC entered into the PPS data system.
- CODES: Enter up to 4 digits before the decimal describing the number of whole days or hours. After the decimal, quarterly segments of hours may be reported as .25 (15 minutes), .50 (30 minutes), etc. if necessary.
- PURPOSE: This information is used to determine the type and amount/volume of service being provided. To determine the type and amount/volume of service being provided; to determine average amounts of services; tie to service costs.

SPC DELIVERY DATE (spc_delivery_year_month)

REQUIRED IF SPC START AND END DATES SPAN MORE THAN ONE MONTH.

- DEFINITION: The month and full year during which units of an SPC were delivered.
- CODES: Enter the 6 digit date in the format of MM/YYYY for screen data entry and YYYY-MM for batch file upload.

PURPOSE: For easy production of reports connected to a particular month/full year.

SERVICE WORKER ID (service_worker_id)
OPTIONAL

DEFINITION: An ID for the worker who actually delivered the service. Case managers and service coordinators should be recorded in the Local Worker ID field.

CODES: The field will take up to 14 digits. This ID is assigned by the local provider.

PURPOSE: For local use in monitoring individual service staff.

APPENDIX 1

CLIENT CHARACTERISTICS CODE DEFINITIONS

- 02 Mental illness (excluding SPMI) - Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral or other disorders as specified in ICD-9, Section V.
- 03 Serious and persistent mental illness (SPMI) - Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.
- 04 Alcohol client - Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 05 Drug client - Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance, and personal or family relations.
- 07 Blind/visually impaired - Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 08 Hard of hearing - Includes persons having a significant or complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 09 Physical disability/mobility impaired - Includes persons having a physical condition resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory or cardiovascular impairments.
- 10 Chronic alcoholic - Includes persons who have a diagnosis of alcoholism with physical complications due to alcohol consumption which cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol which has led to dysfunction in major social roles and the inability to care for oneself.
- 12 Alcohol and other drug client - Includes persons who use both alcohol and at least one other chemical substance which has mind-altering affects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04, Alcohol Client.
- 14 Family member of mental health client - Includes family members and other significant persons who live in the household of a mental health client.

- 16 Family member of alcohol and other drug client - Includes family members and other significant persons who live in the same household of an alcohol and other drug client.
- 17 Intoxicated driver - Includes persons whose use of alcohol and/or other drugs has resulted in a conviction for operating a motor vehicle while intoxicated or other offenses specified in Chapter 20, Laws of 1981, or a DOT referral for an irregular driving record.
- 18 Alzheimer's disease/related dementia - Includes persons who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob syndrome, Friedreich's Ataxia, Huntington's disease, Irreversible multiinfarct disease, Parkinson's disease, Pick's disease, Progressive supranuclear palsy, and Wilson's disease. These disorders are characterized by progressive loss of memory, confusion, irrational mood swings, and eventual loss of physical functions.
- 19 Developmental disability - brain trauma - Includes persons who have had a loss of neurological brain function due to an injury or illness.
- 23 Developmental disability - cerebral palsy - Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 25 Developmental disability – autism spectrum - Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person.
LTS note: Autism is a disorder of development of brain functions. For a diagnosis of autism, the main symptoms must be clear before the age of three years. People with autism have markedly abnormal or impaired function in communication and social interaction and a markedly restricted repertoire of activity and interest. In most cases there is an associated diagnosis of cognitive disability or mental retardation. Many people also have significant behavioral issues. If a person has Asperger Syndrome, code 88 and do not use this code. If a person has a pervasive developmental disorder, code 89 and do not code 25 for autism or 88 for Asperger Syndrome.
- 26 Developmental disability - mental retardation - Includes persons whose disability has resulted in mental retardation. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 27 Developmental disability - epilepsy - Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 28 Developmental disability - other or unknown - Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 29 Family member of developmental disability client - Includes family members and other significant persons who live in the household of a developmental disability client.

- 32 Blind/deaf - Includes people who have both complete impairment in vision and complete impairment in hearing resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities.
- 33 Correction/criminal justice system client (adult only) - Includes persons who are currently involved in some phase of the correctional system including county jails, probation, parole, etc. Coding of this value is required only if known by local agency.
- 36 Other handicap - Includes persons whose disability is not attributable to the code 07, 08, and 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 37 Frail medical condition – Includes persons who have difficulty in functioning or performing activities of daily living due to disability or medical condition. LTS note: The person is at higher risk for harm and has exceptional support needs due to fragile medical condition.
- 39 Gambling client - Includes people with a persistent and recurrent maladaptive gambling behavior that disrupts personal, family or vocational pursuits.
- 43 Migrant - Includes persons authorized to work in the U.S., who are not a relative by blood or marriage to their employer, and who occasionally leave an established place of residence to travel to another locality to accept seasonal or temporary employment in Wisconsin and who reside in quarters other than the employer's home during the period of employment.
- 44 Refugee - Includes persons who have fled their native country for fear of persecution.
- 45 Cuban/Haitian entrant - Includes all Cubans who arrived in the U.S. between April 2, 1980 and October 10, 1980. Also included are Haitians who were involved in Immigration and Naturalization Service proceedings on or before October 10, 1980.
- 50 Regular caregiver of dependent person(s) - Includes persons who care for one or more dependent people and need respite from their caregiver role.
- 55 Frail elderly - Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.
- 57 Abused/neglected adults/elder - Includes persons who are adults/elderly and are, or are alleged to be, victims of abuse, material abuse, neglect or self-neglect under s.46.90.
- 59 Unmarried parent - Includes persons who are the acknowledged or alleged parent of a child who will be or has been born out of wedlock.
- 61 CHIPS - abuse and neglect - Includes children who are, or are alleged to be, abused **and** neglected. Child abuse is the physical injury of a child by other than accidental means under s.939.22(14) or sexual intercourse or contact with a child under s.940.225. Child neglect is when a person having temporary or permanent control over a child has

neglected, refused or been unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical and dental care, or shelter so as to seriously endanger the physical health of the child.

- 62 CHIPS - abuse - Includes children who are, or are alleged to be, abused. See description of abuse under CHIPS - Abuse and Neglect, code 61.
- 63 CHIPS - neglect - Includes children who are, or alleged to be, neglected. See description of neglect under CHIPS - Abuse and Neglect, code 61.
- 64 Family member of abused/neglected child - Includes family members and other significant persons who live in the household of children who are, or are alleged to be, abused and/or neglected. See description under CHIPS - Abuse and Neglect, code 61.
- 66 Delinquent - Includes children alleged to be delinquent and referred to court intake as well as children, ages 10 and over, who have been found to be delinquent by a court.
- 68 CHIPS - other - Includes children who are alleged to be, or have been found to be in need of protection and services under some s.48.13 sections. Does not include children who are, or are alleged to be, abused and/or neglected as defined in values 61, 62, or 63. Also does not include children under s.48.13 who are in the Status Offender Category defined in code 69.
- 69 JIPS - status offender - Includes children who are alleged to be, or have been found to be status offenders.
- 70 Family member of CHIPS - status offender - Includes family members and other significant persons who live in the household of children who are alleged to be, or are status offenders. See descriptions under JIPS, code 69.
- 71 Victim of domestic abuse - Includes persons who are the target of physical violence and/or emotional abuse occurring between individuals involved in an intimate relationship regardless of their marital status.
- 72 Victim of abuse or neglect – Includes persons who may previously have been defined through the codes of 71 Victim of domestic abuse, 57 Abused/neglected elder, 61, 62, 63 CHIPS in PPS CORE.
- 73 Family member of delinquent - Includes family members and other significant persons who live in the household of children who are alleged to be or are delinquent. See description under Delinquent, code 66.
- 74 Family member of CHIPS - other - Includes family members and other significant persons who live in the household of children who are alleged to be, or are CHIPS - Other. See description under CHIPS - Other, code 68.
- 79 Deaf - Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.

- 80 Homeless – Includes persons who are either: *Unsheltered*, in which case the person is sleeping in public or private places not designated for, or ordinarily used as, a regular place for people to sleep; or, *Sheltered*, in which case the person is living in emergency, transitional, domestic violence, or youth shelters, or using vouchers for hotels/motels.
- 84 Repeated school truancy
- 86 Severe emotional disturbance - A child/adolescent who has a mental disturbance which: 1) can be diagnosed under the DSM-IV classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school or community for 6 months or more.
- 90 Special study code – This code will be used only for specifically defined time limited studies. An announcement will be sent to agencies indicating the purpose and duration of the study for use of this code.
- 99 None of the above - Includes persons who do not fall into any other category listed above.

APPENDIX 2

SERVICE CODE (SPC) DEFINITIONS

(NOTE: Not all codes are permitted. See permitted codes in field/code description section.)

101 CHILD DAY CARE – CRISIS/RESPIRE

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

102 ADULT DAY CARE

The provision of services to adults in a certified natural or supportive service (day center) setting for the purpose of providing an enriched social experience, protection and supervision during part of the day to enhance or maintain the integrity of families under stress, prevent abuse and neglect and/or prevent their placement into alternate living arrangements. Typical services may include, but are not limited to: personal care and supervision. Benefits include the provision of food. Management functions which may be performed include, but are not limited to: resource recruitment and development, and regulation/certification. Includes transportation specifically for access to this program. Includes certified adult care when provided in a senior center. Senior center activities not provided as part of a certified adult day care program should be classified under Recreation/Alternative Activities. Excludes day center services for adults with developmental disabilities which are classified within the Day Center Services/Treatment Program. Excludes in-home services provided primarily for the purpose of improving the daily living skills of developmentally disabled adults which are classified within the Daily Living Skills Training Program.

103 RESPITE CARE

The provision of services to clients who are either caregivers or their dependents for the purposes of providing the primary caregiver temporary relief, relieving the primary caregiver of the stress of giving continuous support, providing the dependent client adequate care and supervision in a home-like environment (unlicensed) and reducing the need for placement of the dependent person outside of the home. Services to the primary caregiver may include case planning, monitoring and review. Services for the dependent person may include personal care and supervision. The Respite Care Program includes only care which is delivered in the home of the primary caregiver, dependent person, friend or relative, the home of the respite care provider or in those freestanding facilities which primarily serve as respite care centers. Excludes certified child care for the purpose of respite which should be classified as Child Day Care. Excludes monitoring of care except in those instances when this is done by a client's case manager as an integral part of the Case Management/Service Coordination Program. Excludes all types of in-home care or training which is not directly related to relief for the primary caregiver.

104 SUPPORTIVE HOME CARE

The provision of services to maintain clients in independent or supervised living

in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and/or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to, household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, and friendly visiting. Includes payments to maintain an individual in the independent living arrangement. Counseling/psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources Program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purpose of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

106 HOUSING/ENERGY ASSISTANCE

The provision of services to clients in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving (as well as payment of moving expenses). Includes repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities. Placement of persons into independent living from alternate living settings is classified under programs for those settings. Unskilled routine home maintenance tasks are part of the Supportive Home Care Program.

107 SPECIALIZED TRANSPORTATION AND ESCORT

The provision of transportation and transportation related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

108 WORK RELATED SERVICES

The provision of services in integrated community work settings, specialized facilities (e.g., sheltered workshops), or other settings for purposes of enabling clients to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment. Services may include, but are not limited to: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring and review when done by work related service providers; and supervision. Management functions which may be performed include, but are

not limited to: resource recruitment and development and contracting. Includes wages paid for work performed, training stipends, incentives for employer to provide on-the-job supervision, or items needed for employment. Includes sheltered employment, work activities, supervision of work in community settings, Job Training Partnership Act (JTPA), and displaced homemaker's services. Excludes Supported Employment as defined in SPC of that name.

110 DAILY LIVING SKILLS TRAINING

The provision of services to clients whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a client's or caretaker's ability to perform routine daily living tasks and utilize community resources. Services which are educationally focused and are not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes intensive in-home services which teach parenting skills to parents of children with special parenting needs. Includes the teaching of child rearing skills, training on the preparation and management of a household budget, maintenance and care of the home and preparation of food. Includes services provided primarily in a natural setting such as those performed by a home trainer for children age 0-2, and skill training for clients of all ages living in natural settings. Includes daily living skill training for parents and other family members, foster parents, adult family home members, and persons involved in apartment living programs. Excludes intensive home and community treatment services. Excludes recreational activities. Also excludes household care and personal care which should be classified under the Supportive Home Care Program.

111 FAMILY SUPPORT

The provision of a material benefit in the form of cash to the caregivers of disabled children which enable the caregivers to obtain needed material benefits or services, consistent with provisions of the Family Support Plan for the purposes of enabling disabled children to maintain a natural living arrangement, preventing institutional placement, alleviating family stress and/or preventing family dysfunction. Services purchased by caretakers with approval of the county agency include but are not limited to: personal care, household care, assessment/diagnosis, general physical health services (e.g., dental care) and therapy. Includes services and items purchased by caretakers with the approval of the county agency as long as the decision to purchase the service or item is initiated by the client and is consistent with and part of the Family Support Plan even if the services or items would otherwise be classified under other SPCs such as Child Day Care. Excludes the activities of a case manager/service coordinator which should be classified under SPC 604 Case Management/Service Coordination.

112 INTERPRETER SERVICES AND ADAPTIVE EQUIPMENT

The provision of services and material benefits to clients whose ability to access, participate and function in their community or homes is limited by physical, sensory or speech impairments, or lack of ability to effectively communicate in

English, in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members. Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others. Material benefits include cash for the purchase or provision of these services or items such as medically related equipment, adaptive aids or communication devices. Management functions include resource recruitment and development associated with locating qualified interpreters. Includes interpreter services directly associated with familiarizing immigrants with Western culture in general and the life styles of their particular resettlement communities. Includes reader services for persons who are blind or visually impaired and other forms of communication assistance for persons with brain injuries or speech impairments. Includes cash payments to clients or vendors for purchase of equipment, agency purchase of equipment, or those costs associated with the maintenance of these items. Types of items include adaptive household modifications which include ramps, vehicle modifications, prosthetic or orthotic devices, communication devices, telecommunication devices for the deaf, signaling devices, aids and telecommunication devices for the deaf, signaling devices, aids and appliances for blind or visually impaired persons, special safety equipment, special clothing, etc. Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services. Excludes the activities of staff who possess bilingual or signing skills functioning in other programs.

113 CONSUMER EDUCATION AND TRAINING

Consumer education and training services are services designed to help a person with a disability develop self-advocacy skills, exercise civil rights, and acquire skills needed to exercise control and responsibility over other support services. Training and education goals related to these outcomes will be documented in the individual service plan. Local agencies will assure that the consumer and legal guardian receive necessary information on training and educational opportunities related to identified goals. Documentation of how specific training relates to identified goals will be included in the individual service plan.

201 ADOPTIONS

The provision of services to clients involving the screening of adoptive applicants (i.e., families who have applied to adopt a child) for purposes of obtaining permanent substitute legal parents for children legally free for adoption. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring and review. Management functions include, but are not limited to: resource recruitment and development. Includes the costs of adoption subsidies as well as stepparent, relative, independent, interstate and foreign adoptions activities. Includes certain pre-adoption activities, such as termination of parental rights, when the purpose is adoption and no other program such as Foster Home or Case Management/Service Coordination is appropriate.

202 ADULT FAMILY HOME

The provision of a structured residential living arrangement for the purpose of providing care and support to adult clients whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home may include, but are not limited to: supervision, dietary, personal care, and education/training. Material benefits include food and housing. Includes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 81. Includes recruiting and certifying of adult family homes as well as locating, arranging for, and monitoring an adult family home placement when not an integral but subordinate part of case management.

203 FOSTER HOME

The provision of a loving, caring, and supportive substitute family to children for a short- term period (or long-term in approved situations). Services to clients provided by foster parents may include, but are not limited to: supervision, dietary, personal care, and transportation. Materials benefits include: food, housing, items, and clothing. Includes recruiting and licensing of foster homes. Includes locating, arranging for, and monitoring a foster home placement. Also includes activities involving foster homes in which there is a pending adoption.

204 GROUP HOME

The provision of services in a community based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Services to clients may include, but are not limited to: supervision, dietary, personal care, and transportation. Benefits include: food, housing, items, and clothing. Includes recruiting and licensing of group home placements by persons other than the group home provider. Excludes adult group homes licensed as CBRFs which are classified as part of the Community Based Care/Treatment Facility Program.

205 SHELTER CARE

The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings which serve as shelters (e.g., for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under HSS-59 (formerly PW-CY-45). Includes 24 hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (e.g., hospitalization of a parent).

301 COURT INTAKE AND STUDIES

The provision of services essential to the provision of reports and recommendations to the court. Services may include, but are not limited to: assessment/diagnosis; and case planning, monitoring, and review. Includes

custody studies, mediation and monitoring pursuant to divorce actions. Includes Chapter 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Chapters 48, 51, 55 Wisconsin Statutes.) Excludes studies and recommendations pertaining to proposed adoptions which should be classified under the Adoptions Program. Also excludes child abuse and neglect investigations which should be classified under Intake Assessment.

303 JUVENILE REINTRGRATION AND SUPERVISION SERVICES

The provision of services to probationers and juveniles under either county department of social or human services or court formal or informal "supervision", for the purpose of monitoring behavior and preventing continued criminal or delinquent activities or other unacceptable behavior brought to the attention of the juvenile justice system. Includes home supervision of delinquents, status offenders, and CHIPS. Services may include, but are not limited to: case planning, monitoring, and review and referral. Includes payment of rent in a court ordered supervised independent living arrangement. Excludes restitution by persons other than those responsible for supervision (e.g., restitution project staff) which should be classified as Restitution. Excludes supervision of children receiving aftercare following release from a correctional institution which should be classified as Juvenile Reintegration and Aftercare Services. Excludes the provision of an appropriate alternative living standard program.

304 JUVENILE REINTEGRATION AND AFTERCARE SERVICES

The provision of services to residents of juvenile correctional facilities and persons on mandatory release or otherwise released from a juvenile correctional facility for purposes of strengthening family ties, aiding transition from institution to community, and ensuring that any conditions of release are met. Services may include, but are not limited to: case planning, monitoring, review, and referral. Excludes the provision of an alternative living setting which should be classified under an appropriate alternate living standard program category. Also excludes the provision of intensive home and community treatment services when such services are provided by persons other than those responsible for aftercare supervision (e.g., a treatment team) which should be classified under Counseling/Therapeutic Resources.

305 RESTITUTION

The provision of services to clients under court order or supervision for purposes of enabling those persons to make restitution or other court ordered payments pertaining to attorney's fees, court costs, community work obligations and victim compensation. Services may include, but are not limited to: assessment/diagnosis; case planning, monitoring, and review; referral; and education/training. Includes all services performed by staff specializing in restitution activities. Excludes such services when performed as an integral part of juvenile supervision which should be classified as part of the Juvenile Probation and Supervision Services Program.

306 JUVENILE CORRECTIONAL INSTITUTION SERVICES

The provision of services within a secure county juvenile detention facility or within a state juvenile correctional institution to children who are adjudicated

delinquents. Services are intended to ensure public safety and must include supervision and dietary considerations. Material benefits include food and housing.

401 CONGREGATE MEALS

The provision of meals and services related to the provision of those meals to persons in natural or supportive service settings to promote socialization and adequate nutrition. Services may include, but are not limited to: education/training. Provision of food is an essential part of this program. Includes the provision of nutrition education when an integral part of this program.

402 HOME DELIVERED MEALS

The provision of meals to homebound persons at risk with regard to adequate nutrition in their own home to maintain or improve adequate nutrition. Services may include, but are not limited to: transportation. Provision of food is an essential part of this program.

403 RECREATION/ALTERNATIVE ACTIVITIES

The provision of services in a natural or supportive setting to persons who are socially or physically inactive, or whose activities are socially inappropriate, for the purpose of increasing their participation in constructive leisure time activities which enhance their dignity, support their independence, and/or encourage their involvement in and with the community. Services may include, but are not limited to: supervision, education/training, and transportation. Management functions which may be performed include, but are not limited to: resource recruitment and development related to development of recreational opportunities. Includes physical education or exercises for senior citizens (as well as senior center activities), Big Brothers, camping experiences, YMCA, YWCA, 4-H, mentoring activities for children receiving mental health services, and other group activities. Excludes recreational services provided as an integral part of a day services center/treatment program.

404 FAMILY PLANNING

The provision of services to enable persons to voluntarily determine their family size and composition. Services may include, but are not limited to: education/training, referral assessment/diagnosis, physical health and laboratory services, and the provision of drugs and items. May include genetic "counseling" to persons with genetically linked disorders and others at risk of giving birth to a child with such disorders. Includes educating parents as to their options on keeping an unborn child or terminating parental rights for the purpose of adoption. Excludes activities related to family planning which are an integral, but subordinate part of other programs (e.g., a referral for family planning which is part of an agency's Information and Referral Program).

406 PROTECTIVE PAYMENT/GUARDIANSHIP

The provision of services to persons who have an agency as a guardian and/or who have demonstrated a lack of ability to use their funds properly by a person or authorized agency responsible for managing the client's money or supervising the client's use of funds. Services which are to ensure that the intended benefits of a money grant are used in the best interests of the beneficiary may include,

but are not limited to: case planning, monitoring, and review; and supervision. Includes recruitment and development of protective payees as an agency resource. Includes reimbursement to individuals and authorized agencies for related services and administrative expenses. Includes the services of an individual or corporate conservator, temporary guardian, guardian of the person and/or guardian of the estate. Includes the services of a representative payee in SSI/Social Security Administration cases in which representative payees are required. Corporate guardianship services under this program include recruitment and development of families and interested citizens who may serve as guardians for mentally incompetent individuals. Includes travel and other expenses incurred by conservators, representative payees and guardians. Excludes services designed primarily to teach money management skills which should be classified under Daily Living Skills Training. Excludes guardianship services for purposes of adoption which are part of the Adoptions Program.

408 COMMUNITY PREVENTION, ORGANIZATION, AND AWARENESS

The provision of services to the general public or targeted segments of the public for the primary purpose of preventing disabilities or social and community problems and promoting mental or physical health and improved social and community functioning. Services, which are typically provided to groups at risk, or the community at-large, include but are not limited to: public information, and education/training. Includes a wide variety of activities designed to make constructive changes in community conditions to help prevent disabilities or social or community problems as well as the development of positive youth programs and/or self-help groups. Includes the providing of factual information on disabilities and their prevention, on family and social problems and on good health and living practices. Includes the development and use of school and other curricula and printed and audiovisual educational and training materials which focus on the prevention of disorders and the coordination of all aspects of programming with other community agencies and groups. Includes presenting of factual information for the purpose of enhancing the competence of communities to accommodate or support elderly and disabled persons or other persons such as non-English speaking who otherwise would have difficulty accessing their community (e.g., influencing local transport system or street departments to better accommodate wheelchairs). Includes presentations and information directed at increasing public awareness of changes needed in the community to address the needs of children, elderly and the disabled. Excludes any services which are delivered to an agency client which may be part of this client's service or treatment plan. Excludes public information and other services whose main purpose is administrative, such as obtaining public input into agency plans, reports to governing boards and funding sources which should be classified as Agency/System Management. Excludes public information intended to recruit agency resources such as foster homes, which should be classified under the appropriate program (e.g., Foster Home). Excludes services provided when the primary intent is socialization (e.g., senior centers and companions, day care, congregate meals) or family planning, even if risk reduction is achieved for some individuals.

501 CRISIS INTERVENTION

The provision of services to individuals in the general public who are experiencing emergencies which require an immediate response by the human service system

(including those activities necessary to prepare for responding to conditions which are an immediate threat to a person's life or well-being) for the purpose of removing or ameliorating these conditions and linking the individual with appropriate human services. Services to individuals and for the community at large include but are not limited to: counseling/psychotherapy, supervision, general physical health, transportation, and referral. Includes 24 hour hot lines, crisis response teams and extra hour staffing for handling emergencies only when the program provider is specially organized for this purpose, and are designed to serve the general public rather than specific client groups. Excludes services delivered under emergency conditions which are an integral, but subordinate, part of other standard programs (e.g., emergency inpatient care is to be classified as part of the inpatient program).

503 INPATIENT

The provision of treatment services in 24 hour units of an inpatient facility or AODA residential inpatient program in a CBRF to clients for the purpose of stabilizing and/or ameliorating mental illness (short-term or long-term), alcohol or other drug abuse or other problems requiring hospitalization, enabling persons to function effectively in a less restrictive alternate or a natural living setting. Services may include but are not limited to, assessment/diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision; and therapy. Food and housing are required benefits and drugs are also commonly provided. Includes stays under emergency detention and commitment provisions. Includes evaluations which require an inpatient admission. Includes planning for, arranging for, and monitoring of inpatient facilities placements. Excludes inpatient care for the primary purpose of detoxification, which should be classified under the program of that name. Excludes licensed IMD nursing home services meeting the definition of SPC Institution for Mental Disease.

504 RESIDENTIAL CARE CENTER

The provision of services to children in licensed residential care centers to stabilize and/or ameliorate behavioral, mental health, alcohol and other drug abuse, and other disorders for the purpose of improving their functioning and enabling them to return to their own communities in the shortest possible time. Services to clients may include, but are not limited to, supervision, education/training, and counseling/psychotherapy. Benefits include food, housing, and items such as school supplies and books. Includes planning for, arranging for, and monitoring of residential care center placements.

505 DD CENTER/NURSING HOME

The provision of services to clients in licensed nursing homes, including Wisconsin's three Centers for the Developmentally Disabled for the purposes of evaluation, respite, or care designed to reduce the severity of behavioral, alcohol or other drug or medical problems which attend and complicate severe developmental disabilities or alcohol and other drug abuse. Services may include, but are not limited to, assessment/diagnosis, physical health services, therapy and laboratory services, personal care, and supervision. Benefits include food, items, housing, and drugs. Includes planning for, arranging for, and monitoring of placements by DD Center or nursing home staff. Excludes

licensed IMD nursing home services meeting the definition of SPC 925 Institution for Mental Disease.

506 COMMUNITY BASED CARE/TREATMENT FACILITY

The provision of services to clients in a Community Based Residential Facility (CBRF) for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug Abuse disorders. Services may include, but are not limited to: supervision, dietary, counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs. Includes nonmedical AODA extended care in CBRFs. Excludes residential care for the primary purpose of detoxification, which should be classified under that Standard Program Category. Excludes unlicensed living arrangements even if supervision is provided or live-in staff are present which should be classified as part of Supportive Home Care Program or the Shelter Care Program. Excludes AODA residential care in nursing homes which should be classified under the DD Center/Nursing Home Program. Excludes AODA residential inpatient programs in CBRFs which should be classified under the Inpatient Program. Excludes homes serving three or four residents which are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Ch. HSS 82.

507 COUNSELING/THERAPEUTIC RESOURCES

The provision of treatment oriented services to clients needing treatment for a personal, social, behavioral, mental, or alcohol and drug abuse disorder to maintain and improve effective functioning. Services typically provided in a service office or a natural setting, may include, but are not limited to: assessment/diagnosis; case (treatment) planning, monitoring and review; counseling/psychotherapy; therapy services; physical health services; and medical support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school. Includes intensive home and community treatment services when provided by persons other than those responsible for probation, juvenile supervision or aftercare supervision. Includes methadone maintenance activities. Excludes work related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.

509 COMMUNITY SUPPORT PROGRAM (CSP)

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcoholism and assisting clients to access and participate in the community. The service of case planning, monitoring and review as well as the activities involved in case management/service coordination are a required part of this program for every client. Services which must be available although not necessarily provided to each client are: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral and transportation. Includes identifying persons in need of services,

assisting with and training clients in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both CSP and other human service programs such as the Division of Vocational Rehabilitation, General Relief and Supplemental Security Income. Includes only activities delivered by designated CSP providers to persons with serious and persistent mental illness and chronic alcoholic persons and excludes these activities when delivered by other agency providers.

510 COMPREHENSIVE COMMUNITY SERVICES (PSYCHOSOCIAL
.10 REHABILITATION SERVICES)

Comprehensive Community Services (CCS) are certified per the requirements of HFS 36 and provide a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under HFS 36.15 and provided to consumers with mental health or substance use issues across the lifespan who qualify based on level of need through a completed MH/AODA Functional Screen. The intent of the services and supports is to provide for a maximum reduction of the effects of the individual's mental and substance abuse disorders and the restoration of a consumer to the highest possible level of functioning and to facilitate their recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 CFS s. 440.130(d) in order for the services to be reimbursed by Medicaid. Services that must be available for consumers are: assessment, recovery/service planning, service facilitation, and individually authorized psychosocial rehabilitation services.

In order to qualify as psychosocial rehabilitation, a service must:

- have been determined through the assessment process to be needed by an individual consumer,
- involve direct service,
- address the consumer's mental health and substance abuse disorders to maximize functioning and minimize symptoms,
- be consistent with the individual consumer's diagnosis and symptoms,
- safely and effectively match the individual's need for support and motivational level,
- be provided in the least restrictive, most natural setting to be effective for the consumer,
- not be solely for the convenience of the individual consumer, family or provider,
- be of proven value and usefulness, and
- be the most economic options consistent with the consumer's needs.

CCS includes only activities delivered by providers who are part of the certified CCS program to persons with a diagnosis of a mental disorder or a substance use disorder as defined in HFS 36.14 (2). Consumers enrolled in waiver programs are eligible for CCS. CCS recipients may not be enrolled in a Community Support Program (CSP). For CCS recipients, all of the following services must be recorded

using the 510.10 SPC code: outpatient mental health (excluding pharmacologic management), mental health day treatment for adults, substance abuse treatment and service facilitation (case management). If an individual is in need of any of these services, they must be provided as part of CCS and thus recorded using the 510.10 SPC code as opposed to other existing service codes. Consumers may receive other services outside of their CCS plan, but these services should continue to be reported to be in PPS separate from CCS.

Recording CCS units of service

For services rendered July 1, 2014 or later, CCS can only be recorded in hourly units using the 510.10 SPC code. The old 510 SPC code for CCS per diem units is no longer available. This change mirrors Medicaid claim requirements. To convert 15 minute increments to hourly units, multiply the number of 15 minute increments by .25. For example, four 15-minute units will equal 1.00 PPS unit.

511 COMMUNITY RECOVERY SERVICES

This is a non-waiver, state Medicaid plan amendment benefit provided by a CRS certified County or Tribe or vendor. Any mental health agency offering this service and submitting the SPC 511 code must be specifically certified to deliver the CRS service. The goal of CRS is to provide services which enable mental health consumers to live in the least restrictive community environment available. CRS provides three distinct services across the lifespan for consumers having a severe and persistent mental illness:

- Community Living Supportive Services (activities necessary to allow individuals to live with maximum independence in community integrated housing),
- Supported Employment (activities necessary to assist individuals to obtain and maintain competitive employment), and
- Peer Supports (advocacy, information and support provided by certified Peer Specialists).

Relationship to Other Services

- Consumers receiving CRS services may simultaneously receive services through a Community Support Program (SPC 509) or Comprehensive Community Services program (SPC 510). Thus, the SPC 511 may be open in PPS simultaneously with SPC 509 or 510.
- If COP funds are used to match CRS, please record the CRS service and associated COP costs in the HSRs Long Term Support Module in addition to recording CRS in the PPS MH Module. When COP funds are used the participant MUST meet COP functional and financial eligibility and have received a COP assessment and plan prior to the service start.

Recording CRS units of service

PPS allows for CRS to be reported in hourly or per diem units. Use SPC code 511 to report hourly units and use SPC code 511.10 to report per diem units. To convert 15 minute increments to hourly units, multiply the number of 15 minute increments by .25. For example, four 15-minute units will equal 1.00 PPS unit.

601 OUTREACH

The provision of services which are designed to result in the locating of persons

likely to have a problem which can potentially be alleviated by the delivery of human services. Services may include, but are not limited to: case finding and referral. Management functions include: resource recruitment and development. Includes activities which better enable persons to locate human service resources which are appropriate to their needs such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services. Includes Employee Assistance and Student Assistance Program development activities. Includes systematic attempts by county agencies to secure increased numbers of agency clients from specific segments of the community or specifically defined groups (e.g., rural residents or minority groups). Excludes assessment/diagnosis associated with a formal application process; this is to be classified as Intake Assessment. Excludes assessments that are an integral but subordinate part of admission to another program. Excludes health screening activities which should be classified under the program of that name. Excludes services for agency clients.

602 INFORMATION AND REFERRAL

The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources. Includes referral to legal resources. Includes maintaining and summarizing records of information and referral contacts. Excludes public information and referral when provided as a subordinate part of an intake process (e.g., Intake Assessment Program) or when part of other programs.

603 INTAKE ASSESSMENT

The provision of services in a natural or supportive service setting to persons who are or may become clients for purposes of determining the existence of, and the nature of, a specific problem or group of problems. Services may include, but are not limited to, assessment/diagnosis and referral. Client assessments include Community Options Program assessments, Intoxicated Driver Program assessments, and Child Abuse and Neglect investigations. Includes activities associated with the AO167 process and screenings of prospective nursing home admissions per HSS 132.51 (2)(d)(1). May also include the development of an initial case service or treatment plan if done as part of a general client intake process. Also includes intake activities which occur prior to the establishment of client status. Includes the activities of centralized intake units. Assessment/diagnosis which is an integral, but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.

604 CASE MANAGEMENT/SERVICE COORDINATION

The provision of services by providers whose responsibility is to enable clients and when appropriate clients' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating,

and monitoring all services and informal community supports needed by clients and their families. Services may include, but are not limited to, assessment; case planning, monitoring and review; advocacy; and referral. If the case management activity is limited to managing service received in a single program, such case management is considered an integral but subordinate part of that program, rather than case management as defined here, which must relate to all services and supports the client receives.

605 ADVOCACY AND DEFENSE RESOURCES

The provision of services by persons whose principal responsibility is to ensure rights to fair and just treatment. Services, which may be provided by lay advocates as well as persons with legal training, may include, but are not limited to, education/training and advocacy. Includes assistance in applying for needed services or benefits, assistance in the use of appropriate grievance procedures, provision of representation for clients at hearings, the provision of legal advice, legal representation in court, legal research, education and counseling regarding legal rights and responsibilities.

606 HEALTH SCREENING AND ACCESSIBILITY

The provision of services in a natural or supportive service setting to persons at risk for health problems for the purpose of early identification of health care needs and improved accessibility to needed health care services. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring and review; referral; and advocacy. Health screening provided as part of an overall client assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.

609 CONSUMER DIRECTED SUPPORTS

Consumer directed supports are services which provide support, care and assistance to an individual with a disability, prevent the person's institutionalization and allow the person to live an inclusive life. Consumer directed supports are designed to build, strengthen or maintain informal networks of community support for the person. Consumer directed supports include the following specific activities at the request and direction of the consumer or his/her legal representative:

- a. Provision of services and supports which assist the person, family or friends to:
 - identify and access formal and informal support systems;
 - develop a meaningful consumer support plan; or
 - increase and/or maintain the capacity to direct formal and informal resources
- b. Completion of activities which assist the person, his/her family, or his/her friends to determine his/her own future.
- c. Development and implementation of person centered support plans which provide the direction, assistance and support to allow the person with a disability to live in the community, establish meaningful community associations, and make valued contributions to his/her community.
- d. Ongoing consultation, community support, training, problem-solving,

technical assistance and financial management assistance to assure successful implementation of his/her person centered plan.

- e. Development and implementation of community support strategies which aid and strengthen the involvement of community members who assist the person to live in the community.

Services provided under a plan for consumer directed supports may not duplicate any other services provided to the person. Components of the consumer directed supports will be documented as necessary to prevent the person's institutionalization in the individual service plan/personal support plan. Additionally, the local agency shall document how the community support services enable the person to lead an inclusive community life, build a viable network of support, and result in outcomes specified by the consumer or his/her legal guardian.

610 HOUSING COUNSELING

Housing counseling is a service which provides assistance to a recipient when acquiring housing in the community, where ownership or rental of housing is separate from service provision. The purpose of the housing counseling is to promote consumer choice and control of housing and access to housing that is affordable and promotes community inclusion. Housing counseling includes exploring both home ownership and rental options, and both individual and shared housing situations, including situations where the individual lives with his or her family. Services include counseling and assistance in identifying housing options, identifying financial resources and determining affordability, identifying preferences of location and type of housing, identifying accessibility and modification needs, locating available housing, identifying and assisting in access to housing financing, and planning for ongoing management and maintenance.

615 SUPPORTED EMPLOYMENT

Is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with chronic mental illness. Excludes welfare and employment programs. Integrated work setting is defined as no more than eight people with a disability in one work area.

701 TRAINING AND DEVELOPMENT

The performance of management functions in a natural or supportive service setting directed at maximizing the knowledge and skills of individual human services providers. Management functions which may be performed include, but are not limited to: personnel development and consultation/training. Excludes daily living skills training for providers of foster care and adult family homes which is classified as part of the Daily Living Skills Training Program.

- 702 **AGENCY/SYSTEMS MANAGEMENT**
The performance of management functions which are directed at the creation and operation of an effective, efficient, accountable, and accessible service delivery system. Includes public information and other services whose main purpose is administrative such as obtaining public input into agency plans and reports to governing boards and funding sources. Excludes management functions associated directly with any program or other management category.
- 703 **DETOXIFICATION – HOSPITAL SETTING AND RECEIVING CENTER**
Includes hospital based detoxification programs including those certified as HFS 61.55 emergency care inpatient programs and HFS 61.56 detoxification receiving center programs. A detoxification receiving center program provides services to clients incapacitated by alcohol or drugs and in need of assessment, monitoring and stabilization. The client may be admitted until the incapacitation has abated or may be referred to an emergency medical facility.
- 704 **DAY TREATMENT - MEDICAL**
A day treatment program (DTP) is a nonresidential program in a medically supervised setting that provides case management, counseling, medical care and therapies on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services.
- 705 **DETOXIFICATION – SOCIAL SETTING**
A social setting detoxification program provides treatment oriented service which does not include direct medical services as defined under s. HFS 61.58. This non-medically oriented program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care.
- 706 **DAY CENTER SERVICES – NON-MEDICAL**
A day treatment program (DTP) is a nonresidential program in a non-medically supervised setting that provides case management, counseling on a routine basis for a scheduled portion of a 24 hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family and group counseling but not aftercare services.
- 710 **SKILLED NURSING SERVICES**
Services listed in the plan of care which are within the scope of Wisconsin's Nurse Practice Act. Services will be provided by an Advanced Practice Nurse, a Registered Nurse, or a Licensed Practical Nurse under the supervision of a Registered Nurse, licensed to practice in the state.
- 711 **RESIDENTIAL CARE APARTMENT COMPLEX**
Services provided in a certified community care facility. In conjunction with residing in the facility, this service includes 24 hours on site response staff to meet scheduled or unpredictable needs and to provide supervision of safety and security. Care is provided to individuals who reside in their own living units that are separate and distinct from each other.

925 INSTITUTION FOR MENTAL DISEASE

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot Contract.

APPENDIX 3

PPS AODA AND MENTAL HEALTH WORKLOAD MANAGEMENT SCREEN, EXCEL FILE EXPORT GUIDE

If you would like assistance in creating a specific spreadsheet analysis or graph, you may be able to obtain help. Contact the SOS Desk and they will convey your request to the appropriate staff person for follow-up.

Navigating the Workload Management Screen

Logon to the PPS online screen system, Workload Management screen, click Module Type AODA or Mental Health, SPC Add All, then click the Export button. This will give you a complete set of PPS records you've submitted that you can analyze.

Opening and Formatting the Excel Spreadsheet

In the exported spreadsheet, each row/record is a service, session or encounter along with the client's name, demographic, problem, service and discharge data. Set the exported spreadsheet's column widths to about 15 and row heights to about 40 so you can easily view the exported spreadsheet. To do this, click the rectangle in the upper left corner of the spreadsheet between column A and row 1. This will highlight the entire spreadsheet. Using your cursor, click and drag the A column right edge to the right until the width appears at about 15. Do the same for row 1 dragging the bottom edge down until the height appears at about 40. You may also want to highlight and remove/delete rows 1, 2, 3 and 4.

If you plan to do any sorting of the spreadsheet, you will need to check to see if rows 2 and 3 are merged. If they are, unmerge rows 2 and 3 and delete row 3 otherwise you will get an error when trying to sort. To do this, place the cursor on the line separating row 1 from row 3 in the left-most column of the worksheet. Left click and drag the line down a couple of inches until you can see the 2nd row of the spreadsheet. Then highlight/select rows 2 and 3. Right click, Format Cells; click the Alignment tab; click the box next to Merge cells; a check mark will appear; click on the check mark to blank out the Merge cells box. Then you can highlight/select and delete row 3.

Example Using the Spreadsheet to Routinely Identify Old Episodes That May Need Closing

1. Change the cell formats for the episode end date (mm/dd/yyyy), spc start date (mm/dd/yyyy), spc end date (mm/dd/yyyy) and spc delivery year month (mm/yyyy) to date fields.
2. Sort the entire spreadsheet on Client ID, episode end date, SPC code, SPC end date and SPC end reason so you can easily view episodes that have been closed where the last SPC closed is closed with SPC end reason "19". These service records are not properly closed and therefore the episode is not properly closed. Properly close those service records using a SPC end reason code other than 19. Then you can go back to the Workload Management screen and extract a file again to identify other old episodes. Sort the new file on episode end date to you can easily see the episodes that are open and closed. Delete any rows containing episodes that have been properly closed.
3. Create 4 columns at the end of the spreadsheet (see example on the next page). Insert into your spreadsheet the example formulas on the next page and correct the formulas based upon

your spreadsheet columns. You may also change the number of days you want to look back (in column Q) to such as past 90 days, 180, etc.

5. If the result in your column Q says "Old" it means that record is connected to an episode that has not had service activity in the past 90 days and may need to be closed.

N	O	P	Q
Today minus SPC start date (column H)	Today minus SPC end date (column I)	Today minus SPC delivery year month (column K)	Status
=TODAY()-H4	=IF(ISBLANK(I4),999999,TODAY()-I4)	=IF(ISBLANK(K4),999999,TODAY()-K4)	=IF(OR(N9<91,O9<91,P9<91),"Current","Old")