

SECTION 404 (3)
CMHSP CONTRACTUAL DATA
REPORTING REQUIREMENTS
FY 2002

FY 2000-2001 MASTER MDCH/CMHSP CONTRACT REPORTING REQUIREMENTS

Introduction

The Michigan Department of Community Health, Mental Health and Substance Abuse Services, reporting requirements for the FY 2000-2001 Master contract with community mental health services programs (CMHSPs) are contained in this section.

Standards for collecting and reporting data are evolving. Where standards and data definitions exist, it is expected that CMHSPs will meet those standards and use the definitions in order to assure as much uniform reporting as possible across the state. Likewise, it is imperative that CMHSPs employ quality control measures to check the integrity of the data before they are submitted to MDCH.

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

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**DEMOGRAPHIC INFORMATION PER CONSUMER
DATA REPORT**

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

Gender

Age

Date of Birth - Month, day and year of birth are recorded.

Race/Ethnic Origin

- Native American - American Indian, Eskimo, and Aleut, having origins in any of the native peoples of North America.
- Asian or Pacific Islander - A person having origins in any of the original peoples of the far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- African American/Black - A person having origins in any of the Black racial groups of Africa.
- White - A person having origins in any of the original peoples of Europe
- Hispanic - A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America.
- Multi-racial - A person having origins in more than one of the other categories listed here.
- Arab American - A person having origins in any of the original peoples of North Africa and West Asia

Corrections Related Status

For persons under the jurisdiction of a corrections or law enforcement program during treatment, the location/jurisdiction involved at the time of annual update during the period.

- in prison
- in jail
- paroled from prison
- probation from jail
- juvenile detention center
- court supervision
- not under the jurisdiction of a corrections or law enforcement program

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Residential Living Arrangement

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

- Homeless on the street or in a shelter for the homeless
- Living in a private residence with natural or adoptive family member(s). "Family member" means parent, stepparent, sibling, child, or grandparent of the primary consumer, or an individual upon whom the primary consumer is dependent for at least 50% of his or her financial support.
- Living in a private residence with non-relative(s). Consumer does not own home or have his/her name on rental agreement, lease or deed.
- Foster family home (all foster family arrangements regardless of number of beds)
- Specialized residential home - Includes any adult foster care facility certified to provide a specialized program per DMH Administrative Rules, 3/9/96, R 330.1801 (Includes all specialized residential, regardless of number of beds)
- General residential home (Includes all general residential regardless of number of beds)
- "General residential home" means a licensed foster care facility not certified to provide specialized program (per the DMH Administrative Rules)
- Prison/jail/juvenile detention center
- Nursing Care Facility
- Institutional setting (congregate care facility, boarding schools, Child Caring Institutions, state facilities)
- Own home or apartment. The private and primary place of residence for which the consumer has signed a rental agreement, lease, or deed or is married to an individual who has signed such a document. The consumer may share the residence with others.
- Supported Independence Program

Total Annual Income

The total amount of gross income of the individual consumer if he/she is single; or that of the consumer and his/her spouse if married; or that of the parent(s) of a minor consumer. "Income" is defined as income that is identified as taxable personal income in section 30 of Act No. 281 of the Public Acts of 1967, as amended, being 206.30 of the Michigan Compiled Laws, and non-taxable income, which can be expected to be available to the individual and spouse not more than 2 years subsequent to the determination of liability.

Principal Source of Income

The principal source of income noted above. Reporting categories are as follows:

- Employment Wages
- Retirement Income
- Alimony, child support
- SDA, SSI, SSDI
- Other Public Assistance
- No Income source

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Payment Source

The types of payment/reimbursement categories used for CMHSP services.

- Assessed as having ability to pay
- Commercial Health Insurance
- Service Contract (EAP, HMO)
- Medicare
- Medicaid (except Children's Waiver)
- Habilitation Supports Waiver
- Worker's Compensation
- Adoption Subsidy
- Public Sources other than funding authorized by MDCH to the CMHSP
- Board Resources not included elsewhere
- SDA, SSI, SSDI
- MICHild Program
- Medicaid Children's Waiver
- Payment Source is none of the above

Employment Status

The current employment status as it relates to **principal** employment for consumers age 18 and over. Not relevant for consumers under 18 years old. Reporting categories are as follows:

- Employed part time (less than 30 hours per week) in integrated settings or self-employed.
- Employed full time (30 hours or more per week) in integrated settings or self-employed.
- Unemployed - looking for work, and/or on layoff from job
- Not in the competitive labor force - includes homemaker, student age 18 and over, day program participant, resident or inmate of an institution
- Retired from work
- Sheltered workshop or work services participant in non-integrated setting

Education

The level attained at the time of the most recent admission or annual update. Reporting categories are as follows:

- Completed less than high school
- Completed special education, high school, GED, or more than high school
- In school - Kindergarten through 12th grade
- In training program
- In Special Education

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PROGRAM ELEMENTS AND SUB-ELEMENTS

I. Supports for Persons with Developmental Disabilities

Support and Services Definitions

This data set reflects and describes the support activity provided to or on behalf of consumers. It is intended to reflect activity which is authorized, managed and/or provided directly or under contract with a community mental health services program (CMHSP) whether covered by Medicaid, or paid for by other state or local funds. Supports provided to consumers by family members who are not reimbursed for those supports are not be reflected in the data collected here. The following element descriptions are consistent with the coverages in revised Chapter III of the Medicaid Bulletin, but the order in which they are arranged here are consistent with the Sub-Element Report.

1. Support and Service Coordination:

Functions performed by a case manager, supports coordinator, coordinator assistant, services broker, or otherwise designated representative of the CMHSP which include assessing the need for support and service coordination and:

- ◆ Planning and/or facilitating planning using person-centered principles
- ◆ Linking to, coordinating with, follow-up of, advocacy with, and/or monitoring of DD
- ◆ Specialty Services, Behavioral Health Services and other community services/supports
- ◆ Brokering of providers of services/supports
- ◆ Assistance with access to entitlements, and/or legal representation
- ◆ Coordination with the Qualified Health Plan or other health care provider(s)

2. Community Living:

a) Support Staff, in home and out-of-home includes providing supports, which focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports can be provided in the participant's residence (licensed facility, family home, own home or apartment) or in community settings. Examples of these supports include assistance, support (including reminding and observing, and/or guiding) and/or training in such activities as the following:

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

b) Adaptive Equipment: Includes devices, supplies, or appliances which are not covered under the Qualified Health Plan. These items enable the individual to increase his or her

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activities of daily living; or to perceive, control, or communicate with the environment in which he/she lives. Examples of items are emergency response like Lifeline, Personal Emergency Response Systems, and the ancillary supplies and equipment necessary for the proper maintenance, repair or replacement of such items. Also included are assessments and specialized training provided by the equipment vendor which are needed in conjunction with the use of such equipment.

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

3. Housing Assistance:

Assistance with needs associated with home ownership or leasing/renting a dwelling such as rent, utilities, home maintenance, insurance, and moving expenses. It also includes assistance with need for food and/or consumables which exceed their other sources of funding for room, and board in their own home or a licensed setting. Do not include costs for staff, adaptive equipment, or environmental modifications.

4. Skill-Building Assistance:

Skill-building assistance consists of activities that assist an individual to achieve economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering. The services provide knowledge and specialized skill development and/or support. They may include: .

- a) Integrated Employment
- b) Day Programs (Type A and B)
- c) All other:
 - therapeutic clinical interactions provided by professionals (not already reported under Enhanced Health Care or Assistance for Challenging Behaviors)
 - socialization relating to school, work, or volunteer environments
 - out-of-home adaptive skills training
 - rehabilitative services
 - and prevocational services not provided in day programs

5. Family Support Services:

Family-focused services provided to families of persons with developmental disabilities for the purpose of maintaining a person with a disability in the family home. Services include those designed to:

- ◆ preserve families
- ◆ prevent out-of-home placement
- ◆ reunify families
- ◆ coordinate adoption services (e.g., Permanency Planning, home-based services)

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Services provided depend on the need of the individual and his/her family. They include:

- a) Respite Care Services: Services that are provided in the individual's/family's home or outside the home to temporarily relieve the **unpaid** primary care giver. These services do not supplant or substitute for the services of paid support/training staff.
- b) Family Skills Development: Education and counseling for families (parents, spouse, children, siblings, relatives, foster family, in-laws) who are caring for and/or living with a family member who has developmental disabilities. Education includes instructions about treatment regimens, and use of assistive technology and/or medical equipment (where it is not covered in the cost of adaptive equipment. See Section 2.b).

6. **Enhanced Health Care:**

Services for health care needs that exceed those covered in the QHP, and that prevent placement in, or return to, a more restrictive environment. These include:

Treatment and monitoring for habilitative, occupational, physical, speech and language, professional nursing, and/or nutritional therapies.

Examples of these services include:

- a) Staff: hourly nursing provided to a person residing in the community (in excess of hourly nursing provided by the person's QHP)
- b) Pharmacy and/or Dental:
 - enhanced pharmacy (doctor-ordered nonprescription or over-the-counter items such as cold and stomach distress remedies, first-aid supplies, vitamins, and skin treatments)
 - enhanced dental services (including procedures to ameliorate such conditions as congenital deformities of the midface, multiple recurrent cavities due to inability to chew adequately, chronic periodontal disease resulting from medications, chronic pain that interferes with chewing and swallowing, etc.)

7. **Assistance for Challenging Behaviors:**

Services include development, review and approval of a behavioral treatment plan according to the requirements of MDCH. Behavioral plans must be based on a functional assessment of the behavioral needs of the individual.

Behavioral treatment activity is designed to reduce maladaptive behaviors, thus enabling the individual to function more appropriately in interpersonal and social relationships. These may be provided on an individual or group basis. Under rare circumstances, these activities may also include intensive long-term supervision designed to manage the effects of extreme behaviors.

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8. "Settings" Definitions

- A. Community Settings: Includes the non-specialized (see definition below of "Specialized residential settings") residences of consumers and/or their families; place of integrated work; school; and other environments in the community which are not primarily specialized for people with developmental disabilities (e.g., community recreation center, retail establishments, community hospital). Out-of-home respite provided in a licensed community respite center should be included here. Supported independence programs should be included here. Support and service coordination activities are included here even though some of the activities may be performed in a specialized residential setting, or day program. All assessments and evaluations which are not associated with the day program are recorded in the "community setting".

- B. Specialized Residential Settings: Includes any foster care facility certified to provide a specialized program (Per DMH Administrative Rules, 3/9/96, R 330.1801)

- C. Day Programs: are defined as settings other than the recipient's/family's home or a specialized residential or institutional setting where an array of developmental disabilities services and supports are provided through a predetermined schedule, typically in group modalities, by persons under the supervision of persons who are licensed, certified or registered to provide treatment or training services. These settings would include those programs previously referred to as Type A or Type B Day Programs.

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**II. Service Array for Adults with Mental Illness and
Children with Emotional Disturbances**

Supports and Services Definitions

This data set reflects and describes the support activity provided to or on behalf of consumers. It is intended to reflect all activity which is authorized, managed and/or provided directly or under contract with a community mental health services program (CMHSP) whether covered by Medicaid, or paid for by other state or local funds. Supports provided to consumers by family members who are not reimbursed for those supports should not be reflected in the data collected here. The following element descriptions are consistent with the coverages in revised Chapter III of the Medicaid Bulletin, but the order in which they are arranged here are consistent with the Sub-Element Report.

1. Outpatient Partial Hospitalization Services (licensed by Michigan Department of Consumer and Industry Services/MDCIS)

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

2. Housing Services

All specialized residential services provided through CMHSP Supports and Services for Persons with Mental Illness, whether by the program, by another entity under contract with the program, or on behalf of consumers for whom the program is responsible.

- a) Specialized Residential: All CMHSP-operated (contract or direct operations) residential services that include living accommodations and treatment and training services to consumers comprise this sub-element. Programs include specialized foster care, small and large group residential specialized programs, child caring institutions and teaching family programs. This sub-element excludes crisis residential programs.
- b) Supported Independent Housing: Supported independent living, apartment programs and subsidized rental programs where the program includes support staff, living arrangement or related costs for which there is a program expenditure. Programs that include room, board, and twenty-four hour supervision provided under the authority of the CMHSP program are not included. Programs which are comprised of staff supports that do not meet the definition of case management, outpatient and other services are included.

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

3. Intensive Community Support Services to Maintain Community Tenure

- a) Assertive Community Treatment (ACT): a comprehensive and integrated set of medical or rehabilitative services, approved by MDCH, and provided primarily on a one-to-one basis in the recipient's residence or other community settings by a mobile multi-disciplinary mental health treatment team. The team provides an array of essential treatment and psychosocial interventions for individuals who would otherwise require more intensive and restrictive services (e.g., psychiatric inpatient, partial hospitalization, crisis residential, nursing home placement, or long-term specialized residential care). The team provides additional services essential to maintaining an individual's ability to function in community settings. This would include assistance with addressing basic needs, such as food, housing, and medical care, and supports to allow individuals to function in social, educational, and vocational settings.
- b) Home-Based Services: MDCH approved services provided to the entire family unit and are individual tailored to the unique needs of each family. The family unit is the focus of treatment. Services may be provided by one staff or a team of staff. Services include individual therapy, family therapy, group therapy, crisis intervention, service coordination, family collateral contacts, as well as models such as Infant Mental Health Services. The activities range from assisting recipients in meeting basic needs such as food, housing, and medical care, to more therapeutic interventions such as family therapy or individual therapy.
- c) Intensive Crisis Stabilization Services: structured treatment and support activities, approved by MDCH, provided by a mental health crisis team and designed to provide a short-term alternative to inpatient psychiatric services. Services may only be used to avert a psychiatric admission or to shorten the length of a patient stay.
- d) Extended Observation Beds (23-Hour): This is an enrolled (with MDCH) hospital-based service, less than 24 hour in duration, involving rapid diagnosis, treatment and stabilization of an individual with a psychiatric or substance abuse emergency, and which results in sufficient amelioration of the situation to allow the person to be discharged and transferred to an ambulatory care service.

4. Targeted Support Services to Facilitate Community Inclusion and Integration

- a) Case Management: those services which will assist persons in gaining access to needed

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medical, social, educational and other services. Core elements of case management include: assessment, service plan development, linking/coordination of services, reassessment/follow-up, and monitoring of services. Include what was formerly referred to as "Community Treatment Team".

- b) Community Living Training and Support: These are concentrated, training and support activities which focus on encouraging personal self-sufficiency, facilitating independence and promoting the individual's community integration. Community living training and supports are individualized activities, provided outside of licensed residential facilities and separately from similar training/supports provided to participants through structured program models. The training and/or supports may be provided either in the participant's residence (family home, own home or apartment) or in community settings. Examples of such activities include assistance, support (including reminding and observing, and/or guiding) and/or training in activities such as the following: meal preparation; laundry; routine, seasonal and heavy household care and maintenance; activities of daily living such as bathing, eating, dressing, personal hygiene, shopping, money management; reminding, observing, and/or monitoring of medications; non-medical care (not requiring nurse or physician intervention); socialization and relationship building; transportation; leisure choice and participation in regular community activities; and attendance at medical appointments.
- c) Skill Building Assistance: These services assist an individual to achieve economic self-sufficiency and/or to engage in meaningful activities. The services provide knowledge and specialized skill development and/or support. They may include therapeutic clinical interactions; socialization (as it relates to the school, work, or volunteer environments); out-of-home adaptive skills training; rehabilitative services; and pre-vocational services.
- d) Integrated Employment Services: Provide initial and ongoing support services to assist persons obtain and maintain paid employment. On-going support services without which employment would be impossible are provided as required. Support services are provided continuously as needed throughout the period of employment. Capacity to intervene to provide assistance to the individual and/or employer in episodic occurrences of need is included in this sub-element. It is an employment situation that includes paid work and adjunct services necessary to maintain the consumer in the work setting. Examples of these services are job development, job placement, job coaching, and long-term follow-along services required to maintain employment. Employment preparation is not included in this sub-element. Consumer-run businesses (vocational components of Fairweather Lodges) are included here.
- e) Family Skills Development: Education and counseling for families (parents, spouse, siblings, children, relatives) who are caring for, or who regularly interact with, a family member who has a serious mental illness or severe emotional disturbance. Education includes information about mental illness and emotional disturbances, treatment options and regimens, use of medication, management of crisis situations, etc.

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- f) Respite Care: Respite services are those services that are provided in the individual's/ family's home or outside the home to temporarily relieve the unpaid primary caregiver. Respite services provide short-term care to an adult or child with a mental illness/emotional disturbance to provide a brief period of rest or relief for the family from day to day caregiving for a dependent family member. Respite programs can use a variety of methods to achieve the outcome of relief from caregiving including family friends, trained respite workers, foster homes, residential treatment facilities, respite centers, camps, recreational facilities, etc. Respite services are not intended to substitute for the services of paid support/training staff, crisis stabilization, and crisis residential treatment or out-of-home placement.
- g) Housing Assistance: Housing assistance encompasses both: 1) limited term financial assistance associated independent living and 2) ongoing costs in excess of resources available to the consumer for room, board and supervision.
- h) Specialized Behavioral Health (Wraparound) Services for Children and Adolescents: individually designed set of services provided to minors with serious emotional disturbance or serious mental illness and their families that includes treatment services and personal support services or any other supports necessary to maintain the child in the family home. Wraparound services are developed through an interagency collaborative approach and a minor's parent or guardian and a minor age 14 or older are participants in planning the services. For reporting purposes, treatment services included in the wraparound plan and delivered to the recipient should be reported under the program element or sub-element which applies to that service. Personal or family supports not reportable under other program elements or sub-elements should be reported under wraparound services.

5. Intensive Rehabilitation and Recovery Services

- a) Day Programs: programs enrolled and approved by MDCH in which an array of specialized mental health training, treatment and support services are provided through a predetermined schedule, typically in group modalities, by persons under the supervision of professionals who are licensed, certified or registered to provide health-related services.
- b) Clubhouse Programs: These MDCH-approved programs form an array of recipient-directed and professionally provided supports for individuals with serious mental illness. The program provides both informal and formal structures through which recipients can influence and shape program development. Covered psychosocial services are provided during an "ordered day". Interventions are provided to develop, enhance, and/or retain psychiatric stability, social competencies, personal and emotional adjustment, and/or independent living competencies, when these abilities are impaired due to mental illness.
- c) Peer- Delivered or -Operated Support Services: These are service activities intended to

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provide recipients with opportunities to learn and share coping skills and strategies, move into more active assistance and away from passive patient roles and identities, and to build and/or enhance self-esteem and self-confidence. Such services may include consumer run drop-in centers and other peer operated services (e.g. peer run hospital diversion services).

6. Mental Health Clinic Services

Clinic services are those treatment services generally provided on an hourly or other fixed time basis and which include:

Screening, assessment, diagnosis, evaluation, treatment planning

Medication assessment, prescription, administration, review and management

Psychiatric Evaluation

Psychological Testing

Individual, Group, Family and/or Child Therapy

Applied Behavioral Services

Nursing Home Mental Health Monitoring Services

Health Assessment, Health Services, and Enhanced Health Services

Physical, Occupational, & Speech, Language & Hearing Evaluation & Therapy

Service(s) may be provided in a clinic setting or other locations in the community, including the consumer's home.

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III. Supports and Services for All Populations

Supports and Services Definitions

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1. Crisis Stabilization and Response

A 24-hour, 7-days per week crisis emergency service that is prepared to respond to persons experiencing urgent and emergency situations as defined in the Mental Health Code. This may include the provision of, or referral to, inpatient services, institutional services, or other protective environments for treatment, respite or intensive supports.

2. Emergency Services

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

3. Prevention Services

The Prevention element includes programs targeted to at-risk populations of all ages that are designed to reduce incidence of behavioral, emotional and cognitive dysfunction thus reducing the need for individuals to become consumers of treatment services of the mental health system. The Prevention program element includes direct prevention services and other prevention programs.

- a) Direct Service Models: are programs using both individual and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for individuals becoming treatment consumers of the mental health system. Models include Children of Adults with Disorders, Infant Mental Health when not enrolled as a Home-Based program, and Parent Education and School Success programs.
- b) Other Service Models: bring persons together for the purpose of service planning, training, consultation for staff of agencies and care giver groups who work with at-risk or

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general target populations. Models include Community Care giver Programs and community educations programs. Also includes activities that serve to inform, educate, and/or ameliorate with the intent of reducing the risk of dysfunction for at-risk individuals or families. This may include outreach efforts to at-risk populations, psycho-educational and support groups for individual risk reduction, and consultation with at-risk individuals and families.

4. Hospital Services

All 24-hour inpatient services provided in a hospital setting by community mental health programs are included in this element. This includes services provided in state psychiatric hospitals, licensed community psychiatric hospitals and licensed units of general hospitals.

- a) Community Inpatient: Community hospitals/non-state inpatient services in licensed psychiatric hospitals and licensed psychiatric units of general hospitals are included in this element. To report services under this program element, the program must certify and/or authorize the clinical necessity for the inpatient stay, regardless of whether the program has financial responsibility for the stay.
- b) State Hospital Services: Included are all inpatient services provided by state psychiatric hospitals for adults and children and centers for persons with developmental disabilities. Services provided by the Forensic Center are not included.

5. Children's Waiver

6. PASSAR

7. Board Administration

Included here are those centralized administrative activities and functions serving all program elements in the management of CMHSPs.

This would include:

Costs attributable to the CMHSP Board of Directors, Executive Director and the associated support staff, personnel management, financial management, reimbursement, MIS/data processing and marketing and planning staff.

Costs attributable to the director or coordinator (and the associated administrative support staff) of the office or unit responsible for training, quality improvement, recipient rights, utilization management, program evaluation, and interagency collaboration.