# WISCONSIN DEPARTMENT *of* HEALTH SERVICES

# PPS Mental Health Module Handbook

# Table of Contents

# Mental Health Module Description

## Overview
The Program Participation System (PPS) Mental Health Module is an electronic participant-level data collection system for reporting county-authorized mental health services. The module data meets both state and federal reporting requirements. The purpose of this module is timely, accurate, complete, useful, and efficient data. There are two data submission formats: keying data directly into PPS online screens and uploading an XML-formatted batch file upload through a secure file transfer site.

## What to report
All county departments of human services (Wis. Stat. § 46.23) and community programs (Wis. Stat. § 51.42) are required to:
- Report participant services authorized or paid for with federal, state, or county funds or revenue.
- Have a participant record for each person served.

All participants new to PPS must first be registered in PPS and receive a master customer index (MCI) number. An episode may be opened and associated service records should be submitted after this step is completed. All participant 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 180 days, consideration should be given to closing the episode.

If a participant no-shows for a service, the service record should not be entered into PPS nor should the episode be opened. When a participant receives services from a county that is not their county of residence, the county who authorizes or coordinates the services should report the participant.

## Reporting frequency
Submitting records daily, weekly, or monthly is strongly encouraged. If daily, weekly, or monthly reporting is not possible, quarterly reporting is required and is monitored by the Department of Health Services (DHS) according to the following schedule:
- January to March episode and service activity is due by May 15.
- April to June episode and service activity is due by August 15.
- July to September episode and service activity is due by November 15.
- October to December episode and service activity is due by February 15.

## Helpful links
- Log in to the PPS online screen system or obtain PPS access: https://pps.wisconsin.gov/
- General PPS resources: http://www.dhs.wisconsin.gov/pps/index.htm
- Paper data entry forms: http://www.dhs.wisconsin.gov/pps/general/forms.htm
- Reference deskcards: http://www.dhs.wisconsin.gov/pps/general/Desk-cards.htm
- Batch file and data entry resources: http://www.dhs.wisconsin.gov/pps/mh-aoda/index.htm

## Contact information

8:00 a.m. to 4:00 p.m. (Monday-Thursday)
SOS Help Desk
dhssoshelp@dhs.wisconsin.gov
Phone: 608-266-9198
Fax: 608-267-2437

## Description of PPS database segments

### Participant registration

Participants entered into PPS need to have a unique identifier. This is called the MCI number. If the participant has never been entered into any of the PPS modules or any state system, then the participant does not yet have a valid MCI number. The participant will need to be processed through PPS registration online or an MCI clearance file via batch upload. A participant may have an MCI number from being in another state program such as Wisconsin Works (W-2), FoodShare, Medicaid, BadgerCare Plus, Children's Long-Term Care Waiver, or some other public assistance program; however, their current MCI number is only valid after the participant is processed through PPS registration. Once a participant has had their MCI number verified or created, the participant will not need to be processed through MCI clearance again unless their name changes.

### Episode and episode-level consumer profile data

Once a participant is registered in PPS, an episode of care can be opened. An episode of care consists of one or more services. The episode start and end dates are the bookends around the services. If a participant has not received any direct services for a period of 180 days, the episode should be considered for closing. In order to close an episode, all services on the episode must be closed.

### Services

A service record can be defined as a stay, visit, session, or encounter. A service record may also consist of several rolled-up service encounters for a particular month or the participant's entire service experience within the episode. Service records can be updated or deleted if need be.

Service records should be closed in a timely fashion. If there has been no service provided in the last 90 days, the service should be considered for closing. The additional data entered into the closing service record includes the standard program category (SPC) end date and SPC end reason. Once all services within an episode are closed, the episode itself may be closed.

### Consumer status data

The mental health module includes several data items that must be entered at the start of the episode and then entered every six months thereafter. These items are: Blue Ribbon Commission (BRC) Target Population, Employment Status, Living Arrangement, Commitment Status, Criminal Justice System Interaction, Number of Arrests in Past 30 Days, and Number of Arrests in Past Six Months. Recording these participant status indicators is critical for federal, state, and county agencies to monitor the progress of participants. As standard practice, county and contracted providers should collect this data in six-month updated assessments.

# Reporting of participants with a co-occurring mental health and substance use disorder

Co-occurring service participants are defined as people who have both a mental health and substance use diagnosis.

## Choosing the appropriate PPS module

New service participants can have an episode opened in either the alcohol and other drug abuse (AODA) or the mental health modules. Upon enrollment, a participant's anticipated primary need for seeking care and corresponding primary service type should be determined. This should correspond with their primary diagnosis (as entered in the mental health module) or single diagnosis (as entered in the AODA module) and will dictate the appropriate PPS module to start the service participant's episode.

## Recording diagnoses

For all participants with an episode of care in the mental health module:

- Continue to record all mental health and substance use diagnoses in the multiple diagnosis fields along with the required mental health data.

- Report all (up to five) mental health and substance use diagnoses, not just the primary diagnosis.

- Update and/or add diagnoses as new information becomes available.



For all participants with an episode of care in the AODA module:

- Continue to record the primary substance use diagnosis in the single diagnosis field and check the "Co-existing Mental Illness" field as "Yes."

- Update the diagnosis as new information becomes available.

# Individual Summary Data Fields for Participant Registration

## Client ID

**MCI Number - <recipient_id> - Required**

| | |
|---|---|
| DEFINITION: | A unique participant identifier for each individual that is generated by registering participants through PPS. Full legal name, birthdate, and sex are used to produce a ten digit numeric ID. |
| CODES: | Enter the ten digit MCI on every record submitted with a batch file. Online, search for an existing participant with the MCI and then enter data for that participant. |
| PURPOSE: | The data in this field is used to maintain participant confidentiality while allowing reports to be produced on individual participants 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. |

## Name

**Last, First, Middle, Suffix - <recipient_last_name>, <recipient_first_name>, <recipient_middle_name>, <recipient_suffix_name> - Required**

| | |
|---|---|
| DEFINITION: | The full legal name of the participant. Nicknames, abbreviations, or other variations should not be used. |
| CODES: | Enter the full legal name of the participant. If the participant has no legal first name, enter the word "None." If they have no middle name and/or suffix, leave the field blank. |
| NOTES: | Must be all letters. The last name, first name, and middle name are each limited to 20 letters. The suffix is limited to three letters or blank. Only alphanumeric characters, spaces, apostrophes, hyphens, and periods are accepted in this field. |
| PURPOSE: | This information allows the system to generate a unique client ID. |

# Gender

**<gender> - Required**

DEFINITION: Entered once along with the participant's name and date of birth at PPS participation registration. Federal policy requires that transgender participants be coded based on their biological sex at birth.

CODES:
    F      Female
    M    Male
    U     Unknown

PURPOSE: This information allows the system to generate a unique client ID. A participant's sex is an important variable in the epidemiology of mental illness and especially with respect to diagnostic clusters.

# Birthdate

**<recipient_birth_date> - Required**

CODES: Enter the eight-digit birthdate of the participant in the format of MM/DD/YYYY online or YYYY-MM-DD for batch file upload.

PURPOSE: This information allows the system to generate a unique client ID. It is also used to calculate the participant's age for preparation of summary reports which compare the characteristics of the population area served, and to assess issues of accessibility or unintended exclusion of age groups. Participant age is an important variable in the epidemiology of mental illness and is associated with particular diagnostic clusters.

# Consumer Profile Data Fields

## Local worker ID

**&lt;worker_id&gt; - Optional**

DEFINITION:                Agency-designated number indicating the primary worker assigned to the participant or the person designated by the agency as having overall responsibility for the participant or case. This is the person who will get information back about the participant 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 participant.

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

NOTES:                     This is an agency assigned number. Provider IDs are also accepted.

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

## Local family ID

**&lt;family_id&gt; - Optional**

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

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

PURPOSE:                 The field is available for counties if they wish to track the participant in PPS with a local client identifier. The code is used to identify participants from the same family.

## Local client ID

**&lt;local_client_id&gt; - Optional**

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

CODES:                     Using up to a 14-character alphanumeric code is allowed.

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

# Agency of responsibility

**<agency_responsibility_id> - Required**

DEFINITION: The county or tribal agency that is responsible for the overall care of the participant. This is the agency that is clinically or financially responsible for the participant's care. The agency of responsibility is almost always the county or the tribe. A contracted or private provider should never be listed as the agency of responsibility except as directed by DHS for special projects.

CODES: See list below. The values match the IDs used in the submitter organization ID field that agencies use to submit their PPS data via the batch file system.

PURPOSE: The Agency of Responsibility field will be used by the state to identify the agency that is authorizing or financially responsible for the participant's care. The field is especially applicable to multi-county/tribe regional agencies and consortiums which submit data as a region but are asked to identify one county agency as responsible for a participant.

| | | | | | |
|---|---|---|---|---|---|
| 1070 | Adams HSD | 1103 | Jefferson HSD | 1115 | Shawano DCP |
| 1073 | Ashland HSD | 590 | Juneau HSD | 651 | Sheboygan HSD |
| 582 | Barron HSD | 1403 | Kenosha HSD | 1113 | St. Croix HSD |
| 1085 | Bayfield HSD | 1404 | Kewaunee HSD | 1119 | Taylor HSD |
| 1086 | Brown HSD | 1104 | La Crosse HSD | 1138 | Trempealeau HSD |
| 574 | Buffalo HSD | 1105 | Lafayette HSD | 1120 | Vernon HSD |
| 579 | Burnett HSD | 577 | Manitowoc HSD | 1091 | Vilas DSS |
| 1088 | Calumet HSD | 1106 | Marinette HSD | 1121 | Walworth HSD |
| 655 | Chippewa HSD | 643 | Marquette HSD | 1122 | Washburn HSD |
| 1136 | Clark DCP | 1126 | Menominee HSD | 645 | Washington HSD |
| 573 | Clark DSS | 1083 | Milwaukee HSD | 593 | Waukesha HSD |
| 1089 | Columbia HSD | 597 | Monroe HSD | 1123 | Waupaca HSD |
| 1090 | Crawford HSD | 1114 | North Central Health | 1124 | Waushara HSD |
| 1071 | Dane HSD | | Care | 1125 | Winnebago HSD |
| 595 | Dodge HSD | 1107 | Oconto HSD | 1092 | Wood HSD |
| 1093 | Door HSD | 1084 | Oneida DSS | 1522 | Bad River Tribe |
| 1096 | Douglas HSD | 656 | Outagamie HSD | 1526 | Forest County |
| 1097 | Dunn HSD | 1108 | Ozaukee HSD | | Potawatomi Tribe |
| 648 | Eau Claire HSD | 572 | Pepin HSD | 1527 | Ho Chunk Tribe |
| 581 | Fond du Lac DCP | 607 | Pierce HSD | 1528 | Lac Courte Oreilles Tribe |
| 1075 | Forest DSS | 1109 | Polk HSD | 1515 | Lac Du Flambeau Tribe |
| 1076 | Grant DSS | 654 | Portage HSD | 1523 | Menominee Tribe |
| 1095 | Grant/Iowa DCP | 1110 | Price HSD | 1524 | Oneida Tribe |
| 24 | Green HSD | 1111 | Racine HSD | 1525 | Red Cliff Tribe |
| 1099 | Green Lake HSD | 650 | Richland HSD | 1529 | Sokaogon Chippewa |
| 1094 | Human Service Center | 1112 | Rock HSD | | Tribe |
| 1077 | Iowa DSS | 561 | Rusk HSD | 1530 | St. Croix Chippewa Tribe |
| 601 | Iron HSD | 596 | Sauk HSD | 1531 | Stockbridge Munsee |
| 1100 | Jackson HSD | 1118 | Sawyer HSD | | Tribe |

# Episode start and end dates

**<episode_start_date>; <episode_end_date> - Required**

DEFINITION: An episode of services is a continuous set of services used to address the participant's current needs. Continuous is defined as services that have no more than a 180-day break between them. Episodes can include any variety or combination of inpatient services, outpatient services, and programs of service packages. If the county has not provided any services to the participant for 180 days, the episode should be closed with an episode end date, even if the county expects to provide services to the participant at a future date. The 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 participant's case is closed and the county is no longer expecting to provide services and/or monitoring.

CODES: Enter an eight digit number in the format of MM/DD/YYYY online 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.

# First contact date

**<first_contact_date> - Optional**

DEFINITION: The date when the participant first contacted or was referred to the behavioral health agency or provider for help. It is usually before an intake, service, or assessment. However, for participants 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 participant is put on a wait list, the first contact date would precede their placement on the wait list. The first contact date should be equal to or earlier than the episode start date, but never later.

CODES: Enter an eight digit number in the format of MM/DD/YYYY online or YYYY-MM-DD for batch file upload. 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.

# Episode end reason

**&lt;episode_end_reason&gt; - Required**

DEFINITION:        The primary reason the episode was closed.

CODES:        **Treatment episode was fully completed**

01    Completed service - major improvement
02    Completed service - moderate improvement
03    Completed service - no change

**Treatment episode was not fully completed**

04    Transferred to other community resource
05    Administratively discontinued (agency initiated discharge)
06    Referred
07    Withdrew against staff advice (participant initiated discharge)
08    Funding/authorization expired
09    Incarcerated
10    Entered nursing home or institutional care
11    No probable cause
12    Death
99    Unknown

NOTES:        **Level of improvement explanation (major, moderate, no change)**
For participants who have completed all services in an episode of care, use codes 01-03 as an overall rating of the participant's condition at discharge. Major improvement means that most or all areas have improved and there is a good prognosis. Moderate improvement means that some areas have improved, but the prognosis is guarded or fair.

**Transfer versus referral**
Code 04 Transfer is used when the agency actively facilitates handoff of the participant to another agency, including transfer of records, connecting the participant with their new provider, and following up to ensure engagement. Code 06 Referral is used when the agency provides the participant information about another agency and lets the participant follow up on their own. Transfers or referrals to another unit within the county behavioral health agency do not constitute an episode or case closing. Episodes should remain open until all units or programs within the county behavioral health agency have completed serving the participant.

PURPOSE:        To evaluate the outcome of the episode of care and to determine if the participant is continuing with care elsewhere. Other outcome indicators can be evaluated in light of the results described with the end reason.

# Commitment status

**<commitment_status> - Required**

DEFINITION:          The commitment status of the participant at admission.

CODES:
| 1 | Voluntary |
|---|---|
| 2 | Voluntary with settlement agreement |
| 3 | Involuntary civil - Chapter 51 |
| 4 | Involuntary civil - Chapter 55 |
| 5 | Involuntary criminal |
| 6 | Guardianship only |
| 9 | Unknown |

CODE DEFINITIONS:    **Voluntary:** A person who voluntarily seeks services.

**Involuntary civil**: A person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

**Involuntary criminal:** A person committed pursuant to one of the following:
- Charges and/or convictions pending determination of competency to stand trial
- Found "not guilty by reason of mental disease or defect" or "guilty but insane"
- Transfers from correctional institutions

NOTES:          This field relates specifically to Wis. Stat. chs. 51 and 55 and represents commitment status of the participant at the beginning of treatment episode.

PURPOSE:       This item can be of importance in understanding variations in length of contact with an agency or in the types of services a participant may receive. In addition, it helps to characterize important variations in participant mix across mental health agencies, which can explain staffing variations and cost differences.

# Commitment status review date

**<commitment_status_review_due_date> - Optional**

DEFINITION:          Date when the commitment status review is due to take place.

CODES:            Enter the eight digit date in the format MM/DD/YYYY online or YYYY-MM-DD for batch file upload. This is a future date.

PURPOSE:       For local use in case monitoring and case management.

# BRC target population

**<brc_target_population> - Required**

DEFINITION:         This is an overall clinical assessment of service needs and should reflect the current rating of the participant's needs. The BRC target groups are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of participant's service needs at a point in time.

CODES:         H     Persons in need of ongoing, high intensity, comprehensive services
               L     Persons in need of ongoing, low intensity services
               S     Persons in need of short-term situational services

CODE DEFINITIONS:     **Persons in need of ongoing, high intensity, comprehensive services** have a primary diagnosis of a major mental illness or severe emotional disturbance and they have substantial needs for psychiatric and medical treatment, including substance use, daily living skills, budgeting, job training, family support, and support at school. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. People in this category may need help to access community resources, such as safe, affordable housing, benefits and entitlements, and legal assistance. They need support and assistance in combating stigma and discrimination. Without ongoing, comprehensive services, these people will be at the highest risk for increased psychiatric hospitalizations or extensive reliance on placement in nursing homes, child-caring institutions and other supervised settings, confinement in jail, homelessness, and increased harm to self.

These people will sometimes experience acute psychiatric crises as a result of increases in symptoms of mental illness or environmental stresses. Because some may be reluctant to access mental health or other services, extensive outreach may be needed to engage them into services. The person and family need ongoing, comprehensive treatment and intensive community support and wraparound services to help them achieve and maintain a more stable level of functioning and a lifestyle relying more on natural supports and less on formal mental health services.

**Persons in need of ongoing low intensity services** have a diagnosed mental disorder. They function in a fairly stable manner but may occasionally experience acute psychiatric crises. Some may have a history of trauma, such as physical or sexual abuse or neglect, which contributes to the mental health problem. These people need services such as ongoing medication management (prescription, evaluation, and monitoring), case management, or periodic support contacts. With the benefit of such services, they are usually able to live relatively independently and have good potential for recovery and increasing success in community living. Without ongoing supports and services; however, they can be at a serious risk for relapse and for much more costly treatment, including intensive crisis intervention and psychiatric hospitalization.

**Persons in need of short-term situational services** experience situational crises such as divorce; death of parent, spouse, or significant other; or severe trauma such as sexual abuse, physical abuse, or neglect that may contribute to a mental health problem. They require short-term support, treatment, or counseling services. Due to situational difficulties, these individuals may experience temporary difficulties in their vocational, educational, family, or social roles. They may also experience acute psychiatric crises. They endanger themselves or others. Without appropriate early identification and diagnosis, short-term counseling, and treatment, the person's mental status and role functioning may be at risk of further deterioration. Appropriate identification of mental health problems in this population is critical because they are often first seen in non-mental health settings.

NOTES:          Adults and children may be classified under a BRC target population. People who begin a treatment episode with a BRC target population code of H or L are required to have Consumer Status Data fields completed at the beginning of the treatment episode, every six months thereafter, and at episode close.

PURPOSE:        To determine differences in the service needs of people within the public mental health system upon initial assessment.

# Referral source

**<referral_source> - Required**

DEFINITION:        The individual, agency, or program that referred the participant 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, or entity whose principal objective is providing help for people who have substance use problems, or a program whose activities are related to prevention, education, or treatment of alcoholism or drug abuse.

**4. Inpatient hospital or residential facility:** The focus of this referral source is mental health/AODA hospitals and facilities including psychiatric hospitals, mental health/AODA units in general hospitals, nursing homes, community-based residential facilities (CBRFs), and group homes. Use code 3 or 18 for community mental health/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; the school system; or educational agency.

**8. Corrections, probation, parole:** In addition to referrals from correctional facilities and probation or parole officers, this code includes participants on pre-parole, pre-release, and work or home furlough. The participant does not need to 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, or county judicial system; and Treatment Alternative Programs. Wisconsin Admin. Code ch. DHS 51 commitments and other court referrals related to commitments and settlement agreements should be recorded with this code. This also includes participants 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/University of Wisconsin SBIRT project also known as the Wisconsin Initiative on Promoting Healthy Lifestyles.

**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, general hospital physicians, surgeons, etc.

PURPOSE: It is useful to know the sources that are referring participants 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 participants and understanding the course of the episode of illness, differences in utilization patterns, or the participant's prognosis.

# Address

**<street_address1>; <street_address2>; <city>; <state_abbreviation>; <zip_code> - Required**

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. If the individual does not have a permanent address, the address of the reporting agency can be used.

PURPOSE:             Satisfaction surveys may be mailed to participants. Address may also be used for geo-mapping of participant location relative to provider locations.

# Telephone number

**<telephone_number> - Optional**

DEFINITION:          Participant's telephone number. The telephone number should be ten digits, including the area code.

PURPOSE:             Can be used locally for contacting participants.

# County of residence/tribal reservation

**<county_of_residence> - Required**

DEFINITION:          County or tribal reservation where the participant resides.

PURPOSE:             Allows for identifying those participants who are out-of-county residents.

CODES:

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

# Race

**<race_code1>; <race_code2>; <race_code3>; <race_code4>; <race_code5>; <unknown_race> - Required**

DEFINITION:      The race of the participant as determined by the participant. 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 people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

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

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

**Native Hawaiian or Pacific Islander:** All people 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 people having origins in any of the original peoples of North America and South America, including Central America and the original peoples of Alaska.

PURPOSE:      The race of the participant is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service, and equity can be examined.

# Ethnicity

**<hispanic_latino>; <non_hispanic_latino>; <unknown_ethnicity> - Required**

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

CODES:     
| | |
|---|---|
| Y | Yes |
| N | No |

PURPOSE:      The ethnicity of the participant is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service, and equity can be examined.

# Client characteristics

**<characteristic1>; <characteristic2>; <characteristic3> - Required**

DEFINITION: Describes the participant according to selected personal, social, and demographic factors that are of interest to the agency. Up to three codes can be recorded. We encourage the use of all three client characteristics fields since DHS uses this information to plan services for special groups such as the dually diagnosed, problem gamblers, and people with physical or sensory disabilities. Code definitions are in Appendix 1.

CODES: Enter between one and three codes from the list below that best describe the participant.

| | |
|---|---|
| 19 | Developmental disability - brain trauma |
| 23 | Developmental disability - cerebral palsy |
| 25 | Developmental disability - autism spectrum |
| 26 | Developmental disability - intellectual disability |
| 27 | Developmental disability - epilepsy |
| 28 | Developmental disability - other or unknown |
| 29 | Family member of developmental disability client |
| | |
| 86 | Severe emotional disturbance - child/adolescent |
| 03 | Serious and persistent mental illness (SPMI) |
| 02 | Mental illness (excluding SPMI) |
| 14 | Family member of mental health client |
| | |
| 04 | Alcohol client |
| 05 | Drug client |
| 10 | Chronic alcohol or other drug client |
| 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 disability |
| | |
| 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 system client (adult only) |
| 84 | Repeated school truancy |
| 37 | Frail medical condition |
| 38 | Criminal justice system involvement (alleged or adjudicated) |
| 72 | Victim of abuse or neglect (alleged or adjudicated) |
| 80 | Homeless |
| 90 | Special study code (to be defined as need arises) |
| 91 | Hurricane Katrina evacuee |
| 92 | Hurricane Rita evacuee |
| 99 | None of the above |
| | |
| 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 |

PURPOSE:    This data will be used to assess outreach and accessibility in relation to special participant groups and to allow comparisons across the PPS database outside of the mental health module. Client characteristics can also be used in system planning.

## Veteran status
**<veteran_status> - Optional**

DEFINITION:    A person who has served in the uniformed services including: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, and Coast and Geodetic Survey.

CODES:    Y    Yes
N    No
U    Unknown

PURPOSE:    Veteran status may be associated with particular diagnostic clusters or presenting problems and may also be a pointer for the need to check on participant history in other mental health service systems.

# Presenting problem

**<presenting_problem_1>; <presenting_problem_2>; <presenting_problem_3> - Optional**

DEFINITION: From the participant's perspective at the beginning of a treatment episode, the presenting problem is the reason why the participant is seeking services.

CODES: Enter between one and three codes from the list below.

| | |
|---|---|
| 01 | Marital/family problem |
| 02 | Social/interpersonal |
| 03 | Problems coping with daily roles and activities |
| 04 | Medical/somatic |
| 05 | Depressed mood and/or anxious |
| 06 | Attempt, threat, or danger of suicide |
| 07 | Alcohol |
| 08 | Drugs |
| 09 | Involvement with criminal justice system |
| 10 | Eating disorder |
| 11 | Disturbed thoughts |
| 12 | Abuse/assault/rape victim |
| 13 | Runaway behavior |
| 14 | Emergency detention |

PURPOSE: Many managers find the reasons why participants are entering for services as valuable as diagnostic groupings in describing their caseload. They are used as both a complement and an alternative to diagnosis in presenting typologies for the participants served.

# Diagnosis information

**<diagnosis_code_principal>; <diagnostic_impression_1>; <diagnostic_impression_2>; <diagnostic_impression_3>; <diagnostic_impression_4>; <diagnostic_impression_5>; <diagnostic_impression_6>; <diagnostic_impression_7> - Required**

DEFINITION: The current diagnoses of the participant's condition per DSM V and ICD-10.

NOTES: Mental health and substance use disorders must be reported in the first five diagnosis fields with the primary diagnosis recorded in the first field and additional disorders reported in the following four fields. The last three fields are used for reporting current general medical conditions (per ICD-10) that are potentially relevant to the understanding and management of the participant's mental disorder.

PURPOSE:          This information will be used to provide a description of participants served.

The issue of concurrent disabilities among participants who have mental illness is a critical one. Of concern are such groups with mental illness who also are diagnosed with substance use problems, communication disorders, visual or hearing impairments, physical/medical problems, and those who have developmental or intellectual disabilities. The presence of multiple disabilities may account for unique referral patterns, for whether case management action related to the participant is appropriate, and, significantly, for whether participants who are multiply disabled place greater demands on the resources of an organization.

For participants with co-occurring mental illness and substance use problems, the primary diagnosis should be their mental health disorder and the substance use diagnosis should be recorded in one of the other four diagnosis fields.

# Mental Health Service Data Fields

## Provider number
**<provider_number> - Required**

DEFINITION:       The number assigned to identify the agency, facility, or person that is delivering the SPC to the participant.

CODES:            Both National Provider IDs and Wisconsin Provider IDs are accepted. Enter the appropriate National/Wisconsin Provider ID of the provider who delivers the service to the participant. Although National Provider IDs are accepted, all providers must be registered with Wisconsin and be assigned a Wisconsin Provider ID so that all providers are in a common database. Individual county worker IDs cannot be used as provider IDs. Provider agency or organizational IDs are required in this field.

NOTES:            DHS provides a search site for providers to find existing National/Wisconsin Provider IDs. Complete information about using Provider IDs can be found in the [Providers IDs in the PPS Mental Health and Substance Use Modules](#) (P-02151) guide.

PURPOSE:          This information is used to produce various reports for local agencies.

# Standard Program Category/subcategory

**<spc> - Required**

| | |
|---|---|
| DEFINITION: | The specific service provided to the participant. The subprogram code after the decimal relates to narrower program initiatives and can be used to specify variations in unit types (hours or days) for the same service. The following are mental health SPCs. SPCs and selected subprogram definitions are defined in Appendix 2. |
| PURPOSE: | To determine the type, amount, duration, and outcome of services provided and to develop common costs centers for cost analyses. |

CODES:

| SPC Code | SPC Description | Units |
|---|---|---|
| **Emergency** | | |
| 501 | Crisis intervention | Hours |
| 501.10 | Crisis intervention | Days |
| 501.20 | Crisis follow-up contact | Hours |
| 503.20 | Emergency room-hospital setting | Hours |
| **Inpatient** | | |
| 503 | Inpatient | Days |
| 503.10 | Emergency detention | Days |
| 505 | Developmental disability (DD) center/nursing home | Days |
| 925 | Institution for mental disease | Days |
| **Residential** | | |
| 202 | Adult family home | Days |
| 203 | Foster home | Days |
| 204 | Group home | Days |
| 205 | Shelter care | Days |
| 504 | Residential care center | Days |
| 506 | Community-based residential facility (CBRF) | Days |
| **Partial Day** | | |
| 108 | Work related services | Hours |
| 615 | Supported employment | Hours |
| 706 | Day center services non-medical | Hours |

**Outpatient**

| | | |
|---|---|---|
| 303 | Juvenile probation and supervision | Hours |
| 507 | Counseling/therapeutic resources | Hours |
| 507.10 | Medication management | Hours |
| 507.20 | Individual | Hours |
| 507.30 | Group | Hours |
| 507.40 | Family (or couple) | Hours |
| 507.50 | Intensive in-home | Hours |
| 507.90 | Peer support/recovery coach | Hours |
| 704 | Day treatment-medical | Hours |

**Other**

| | | |
|---|---|---|
| 103 | Respite care | Hours |
| 103.10 | Respite care | Days |
| 104 | Supportive Home Care | Hours |
| 104.10 | Supportive Home Care | Days |
| 106 | Housing/energy assistance | Hours |
| 107 | Specialized transportation and escort | Other |
| 110 | Daily living skills training | Hours |
| 301 | Court intake and studies | Hours |
| 403 | Recreational/alternative activities | Hours |
| 406 | Protective payment/guardianship | Hours |
| 509 | Community Support Program (CSP) | Hours |
| 510.10 | Comprehensive Community Services (CCS) | Hours |
| 511 | Community Recovery Services (CRS) | Hours |
| 601 | Outreach | Hours |
| 602 | Information and referral | Hours |
| 603 | Intake assessment | Hours |
| 604 | Case Management | Hours |
| 606 | Health screening and accessibility | Hours |

# Unit type

**<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 PPS. |
| CODES: | HR    Hours |
| | DA    Days |
| | OT    Other |
| 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 PPS.

CODES:        Enter up to four digits describing the number of whole days or hours. Quarterly segments of hours can be reported as 0.25, 0.50, and 0.75 if necessary.

PURPOSE:        This information is used to determine the type and amount/volume of service being provided.

# SPC start and end dates

**<spc_start_date>; <spc_end_date> - Required**

DEFINITION:        The date on which delivery of a SPC began and ended. Inpatient and residential stays must be reported with the actual dates of admission and discharge from the facility and should not be reported repeatedly for every day of a stay. Outpatient, partial day treatment, and emergency services can be reported more flexibly. Different sets of SPC start and end dates can be reported for each individual outpatient session or a SPC can be reported in monthly summaries with the first and last day of the month reported as the SPC start and end dates. When summary dates are used, the delivery date field must be used to clarify the month of actual service delivery. See Appendix 5 for examples of how to report service data.

CODES:        Enter an eight digit number in the format of MM/DD/YYYY online or YYYY-MM-DD for batch file upload.

PURPOSE:        To identify average lengths of service or service duration; to identify average service intensity when used with units of service; to separate participants actively receiving a service.

# SPC delivery date

**<spc_delivery_year_month> - Required**

DEFINITION:        The month and full year during which units of an SPC were delivered.

CODES:        Enter a six digit number in the format of MM/YYYY online and MM-YYYY for batch file upload.

PURPOSE:        To allow for production of reports connected to a particular month/year.

# 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 six digit date in the format of MM/YYYY online and MM-YYYY for batch file upload.

PURPOSE:          For local use in case monitoring/case management.

# SPC end reason

**<spc_end_reason> - Required**

DEFINITION:          The reason the service was closed. A SPC end reason must be recorded when a SPC end date is recorded.

CODES:          **Service was fully completed**

| | |
|---|---|
| 01 | Completed service - major improvement |
| 02 | Completed service - moderate improvement |
| 03 | Completed service - no change |

**Service was not fully completed**

| | |
|---|---|
| 04 | Transferred to other community resource |
| 05 | Administratively discontinued (agency initiated discharge) |
| 06 | Referred |
| 07 | Withdrew against staff advice (participant initiated discharge) |
| 08 | Funding/authorization expired |
| 09 | Incarcerated |
| 10 | Entered nursing home or institutional care |
| 11 | No probable cause |
| 12 | Death |
| 19 | Service is continuing |

NOTES:          **Level of improvement explanation (major, moderate, no change)**

For participants who have completed a service in inpatient, outpatient, day services, or residential treatment, use codes 01-03 as an overall rating of the participant's condition at discharge. Major improvement means that most or all areas have improved and there is a good prognosis. Moderate means that some areas have improved but the prognosis is guarded or fair.

**Transfer versus referral**

Code 04 Transfer is used when the agency actively facilitates handoff of the participant to another agency, including transfer of records, connecting the participant with their new provider, and following up to ensure engagement. Code 06 Referral is used when the agency is provides the participant information about another agency and lets the participant follow up on their own. Transfers or referrals to another unit within the county behavioral health agency do not constitute an episode or case closing.

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 record must have a code between 01 and 12.

PURPOSE:              To evaluate service retention and outcome.

## Service worker ID

**<service_worker_id> - Optional**

DEFINITION:          A local 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 agency.

PURPOSE:             For local use in monitoring individual service staff.

# Consumer Status Data Fields

The consumer status data fields described in this section are to be collected only for participants with long-term needs as defined by the "H" and "L" categories of the BRC Target Population field collected at enrollment. For these participants, consumer status data fields are required to be reported at enrollment, every six months thereafter, and at discharge.

## Consumer status report date

**<report_date> - Required**

DEFINITION:          The date on which the consumer status outcomes and functional indicators are assessed with the participant. This is not the date that the data was entered into the data system. When BRC target population is H or L, this date must be greater than or equal to the earliest SPC start date.

CODES:               Enter an eight digit number in the format of MM/DD/YYYY online or YYYY-MM-DD for batch file upload.

PURPOSE:             This date is needed to track when an assessment update was conducted so that change in status can be analyzed in relation to a participant's time in services.

# BRC target population update

**<brc_target_population_update> - Required**

DEFINITION: This is an update of the overall clinical assessment of service needs and should reflect the current rating of the participant's needs as reported in six-month updates. Six-month updates are required if the initial BRC code was H or L. The BRC Target Population codes are intended to provide a frame of reference and an indication of expected need as well as an overall assessment of participants' service needs at a point in time. The updated value can only be H or L; S is not valid for the BRC Target Population Update field. See BRC Target Population for code definitions.

CODES: H     Persons in need of ongoing, high intensity, comprehensive services
L     Persons in need of ongoing, low intensity services

PURPOSE: To determine differences in the service needs of people within the public mental health system and assess change in needs over time.

# Employment

**<employment> - Required**

DEFINITION: The current employment activity of the participant.

PURPOSE: Provides a measure of participant's level of independence and assess employment status for vocational service needs.

CODES:
1     Full-time competitive (35 or more hours/week)
2     Part-time competitive (less than 35 hours/week)
3     Unemployed (but looking for work in past 30 days)
**4     Do not use, this code has been retired**
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
9     Not in the labor force - jail, correctional, or other institutional facility
10     Not in the labor force - sheltered non-competitive employment
11     Not in the labor force - other reason
12     Supported competitive employment
98     Not applicable - Children 15 and under
99     Unknown

CODE DEFINITIONS: **1. Full-time competitive:** Includes members of the Armed Forces.

**3. Unemployed:** Participants 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. People 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:** Participants who are "not in the labor force" are either not interested 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 participants who may seem 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.

**6. Student:** Actively enrolled in school including attending any school or college, between school semesters, or in suspension status. Excludes former students who have dropped out or been expelled.

**8. Disabled:** Includes physical, developmental, and mental health disabilities that prevent participant from working.

**9. Jail/institution:** Includes participants in mental health institutions, inpatient hospitals, and nursing homes.

**10. Sheltered employment:** Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature which is non-competitive.

**12. Supportive competitive employment:** Competitive employment with ongoing long-term support to structure the job or work environment, such as the participant and their employer being actively supported by a Community Support Programs team.

NOTES:

When participants 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 participant is employed and also a student or retired. Use code 3 if the participant is a student and actively searching for work, including sending out resumes, visiting unemployment centers, or interviewing.

# Living arrangement

**<residential_arrangement> - Required**

DEFINITION:      The participant's current living situation. It specifies whether the participant is homeless, living with parents, in a supervised setting, or on their own.

CODES:

| | |
|---|---|
| 01 | Street, shelter, no fixed address, homeless |
| 02 | Private residence without supervision (ADULTS ONLY) |
| 03 | Supported residence (ADULTS ONLY) |
| 04 | Supervised licensed residential facility |
| 05 | Institutional setting, hospital, nursing home |
| 06 | Jail or correctional facility |
| 07 | Living with parents (UNDER AGE 18 ONLY) |
| 08 | Living with relatives, friends (UNDER AGE 18 ONLY) |
| 09 | Foster home |
| 10 | Crisis stabilization home or center |
| 11 | Other living arrangement |
| 99 | Unknown |

CODE DEFINITIONS:

**2. Private residence w/out supervision (Adults only):** Includes adults living alone or with others without supervision in a house or apartment; includes people age 18 and older living with parents.

**3. Supported residence (Adults only):** Adult participants living in a house, apartment, or other similar dwelling and are heavily dependent on others for daily living assistance.

**4. Supervised licensed residential facility:** Individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, adult family home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.

**9. 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.

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

PURPOSE:      To describe where the person lives and change of that residence over time.

# Legal/commitment status update

**<commitment_status_update> - Required**

DEFINITION: The current commitment status of the participant.

CODES:
1    Voluntary
2    Voluntary with settlement agreement
3    Involuntary civil - Chapter 51
4    Involuntary civil - Chapter 55
5    Involuntary criminal
6    Guardianship only
9    Unknown

CODE DEFINITIONS:    **Voluntary:** A person who voluntarily seeks services.

**Involuntary civil**: A person committed for a non-criminal proceeding whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or police or related agencies.

**Involuntary criminal:** A person committed pursuant to one of the following:
- Charges and/or convictions pending determination of competency to stand trial
- Found "not guilty by reason of mental disease or defect" or "guilty but insane"
- Transfers from correctional institutions

NOTES:    This field relates specifically to Wis. Stat. chs. 51 and 55 and represents commitment status of the participant at the beginning of treatment episode.

PURPOSE:    To track a participant's commitment status over time. This item can be of importance in understanding variations in length of contact with an agency or in the types of services a participant may receive. In addition, it helps to characterize important variations in participant mix across mental health agencies, which can explain staffing variations and cost differences.

# Involvement with criminal justice system

**<criminal_justice_system_1>; <criminal_justice_system_2>; <criminal_justice_system_3>; <criminal_justice_system_4> - Required**

DEFINITION:                 Any interaction the participant has had with the criminal justice systems in the past six months.

CODES:                       Enter between one and four codes.

|   |   |
|---|---|
| 1 | None |
| 2 | On probation |
| 3 | Arrests(s) |
| 4 | Jailed or imprisoned |
| 5 | On parole |
| 6 | Juvenile justice system contact |
| 9 | Unknown |

CODE DEFINITIONS:       **On Probation:** An individual sentenced by the court to probation with certain requirements. For example, an individual is sentenced to five years of probation and must to report regularly to probation officer, attend substance use treatment, or provide restitution. If a person fails their probation, they have to go through the court system and be sentenced again.

**Jailed/imprisoned:** Includes county jails, state prisons, federal prisons, or forensic units of state hospitals. Also includes the Huber facility.

**On parole:** An already imprisoned individual who is let out before the entire sentence time has been completed. Parole has certain requirements that may include: regular meetings with parole officer, random urine tests for drugs, etc. If a person fails on parole, they are immediately returned to prison.

**Juvenile justice system contact:** Includes any of the following: Juvenile Correction Institution, Youth Corrective Sanctions Program (an in-home intensive community based programming for youth who have been in a Juvenile Correction Institution), or Youth Leadership Training Center (a four-five month residential program for male youth ages 14-17).

PURPOSE:                    To measure level of participant criminal justice involvement.

# Number of arrests in past 30 days

**<number_of_arrests_in_past_30_days> - Required**

DEFINITION: The number of arrests during the 30 days prior to the start of the episode. When arrests are being collected as part of a six-month assessment update, then the number of arrests should be counted for the 30-day period before the update. If the participant came from a controlled setting such as a jail, hospital, or residential program, use the 30-day period prior to entry into the controlled setting. 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 0 and 98. Enter 99 if unknown.

PURPOSE: To describe the degree of criminal justice involvement at admission and every six months thereafter. The admission data will be compared with updated six-month data to assess changes.

# Number of arrests in past six months

**<number_of_arrests_in_past_6_months> - Required**

DEFINITION: The number of arrests during the six months prior to the start of the episode. When arrests are being collected as part of a six-month assessment update, then the number of arrests should be counted for the six-month period before the update. If the participant came from a controlled setting such as a jail, hospital, or residential program, use the six-month period prior to entry into the controlled setting. 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 0 and 98. Enter 99 if unknown.

PURPOSE: To describe the degree of criminal justice involvement at admission and every six months thereafter. The admission data will be compared with updated six-month data to assess changes.

# Psychosocial and environmental stressors

**<psychosocial_environment_stressor> - Optional**

DEFINITION:        Current problems that may affect the diagnosis, treatment, and prognosis of mental disorders.

CODES:

0    Inadequate Information
1    None
2    Mild
3    Moderate
4    Severe
5    Extreme
6    Catastrophic

CODE DEFINITIONS:    **Mild:** Acute events include: broke up with boy or girlfriend, started or graduated from school, or child left home. Enduring circumstances include: family arguments, job dissatisfaction, or living in high crime neighborhood.

**Moderate:** Acute events include: marriage, marital separation, loss of job, retirement, or miscarriage. Enduring circumstances include: marital discord, serious financial problems, trouble with boss, or being a single parent.

**Severe:** Acute events include: divorce, birth of first child, trauma victim, witnessing violence (community or domestic). Enduring circumstances include: unemployment or poverty.

**Extreme:** Acute events include: death of spouse; diagnosis of a serious physical illness, or victim of rape. Enduring circumstances include: serious chronic illness in self or child or ongoing physical or sexual abuse.

**Catastrophic:** Acute events include: death of child, suicide of spouse, or a devastating natural disaster. Enduring circumstances include: captivity as hostage or concentration camp experience.

NOTES:        Further description of problems can be found in the Diagnostic and Statistical Manual of Mental Disorders relates not only to acute events but also to enduring circumstances.

PURPOSE:        Provides well-accepted information regarding level of stress and gives a more complete picture of the population being served.

# Suicide risk

**<suicide_risk> - Optional**

DEFINITION: Identify the current presence of suicide risk factors.

CODES:
1 No risk factors
2 Presence of risk factors
3 High potential for suicide
9 Unknown

CODE DEFINITIONS: **Presence of risk factors:** Individual has a presence of risk factors, but no immediate risk. Risk factors include: family history of mental or substance use disorder, family history of suicide, firearm in the home, incarceration adverse life events/major personal loss, or family violence, including physical or sexual abuse.

**High potential for suicide:** Individual has at least one of the following risk factors: development of suicidal plan, acquiring the means, rehearsal behavior, setting a time for an attempt; severe hopelessness; presence of a suicide note; contemplation or use of a violent or especially lethal method; affirmation of intent to kill self; making out a will or giving away favorite possessions; inappropriately saying goodbye; or explicit statements of suicidal ideation or feelings.

PURPOSE: To determine risk level of potential suicide of population in public mental health service system.

# Health status

**<health_status> - Optional**

DEFINITION: The participant's current physical health.

CODES:
1 No health condition
2 Stable/capable
3 Stable/incapable
4 Unstable/capable
5 Unstable/incapable
6 New symptoms/capable
7 New symptoms/incapable
9 Unknown

CODE DEFINITIONS: **Stable health conditions:** Individual has a health condition and is stable. Minimal medical interventions are needed. No hospitalizations or emergency room use. Medications and treatments are effective in managing or alleviating symptoms. Examples of these conditions include: hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, arthritis, and infections.

**Unstable health conditions:** Individual has a health condition and is unstable. Frequent medical interventions are needed. Person may have periodic hospitalizations and emergency room use. Medications may change often in an attempt to stabilize medical condition. If more than one health condition, may result in complex medical treatments. Examples of these conditions include: hypertension, diabetes, cardiac disease, fibromyalgia, multiple sclerosis, cerebral palsy, cystic fibrosis, stroke, quadriplegia, paraplegia, osteoporosis, arthritis, and infections.

**New symptoms:** Person has new symptoms not related to currently diagnosed health conditions. This could include frequency of urination, bowel changes such as diarrhea or constipation, skin changes, falls, dizziness, weight loss or gain, fatigue, pain, tremors, loss of vision or hearing, infections.

**Capable:** Person is capable of seeking medical attention and is independent in management of health condition or independently follows through with recommendations.

**Incapable:** Person is incapable or unwilling to seek medical attention and cannot manage health condition independently or does not follow through with recommendations.

NOTES:      This field is not intended to reflect the availability of service or the ability of the participant to afford the cost of a service.

PURPOSE:      A participant's ability or inability to access medical care for health conditions may impact their mental health status and overall functioning. A participant's physical health may have direct effect on the types or complexity of the services and supports needed to support recovery. It may indicate necessity of coordinating treatment and/or the potential of drug interaction.

# Daily activity
**<daily_activity_1>; <daily_activity_2>; <daily_activity_3> - Optional**

DEFINITION:      The current planned activity, including education, of the participant. This does not include employment activities.

CODES:      Enter between one and three codes.

| | |
|---|---|
| 1 | No educational, social, or planned activity |
| 2 | Part-time educational activity |
| 3 | Full-time educational activity |
| 4 | Meaningful social activity |
| 5 | Volunteer or planned formal activities |
| 6 | Other activities |
| 9 | Unknown |

CODE DEFINITIONS:     **No educational, social, or planned activity:** Individual is not in job training and not in school.

**Part-time educational activity:** Part-time appropriate to the type of school (elementary, high school, college, technical)

**Full-time educational activity:** Full-time appropriate to the type of school (elementary, high school, college, technical)

**Meaningful social activity:** Socializing, support network, routine

**Volunteer or planned formal activities:** Clubs, drop-in

**Other activities:** Activities of homemaking, caregiving

PURPOSE:     Provides a measure of participant's level of independence and involvement in the community.

# Additional Data Requirements for Coordinated Service Team Initiatives

The following data fields are only required for Coordinated Services Teams (CST) Initiatives. In addition, these data fields can only be submitted through the online data entry system. The data cannot be submitted through a batch file submission.

## Program enrollment and discharge data

After a child is registered with an MCI in PPS, the following program enrollment information for CST participants must be entered into the PPS Mental Health Program Participation data entry page.

### Responsible agency
**Required**
DEFINITION:     The county or tribe responsible for the care of the participant. The name of the responsible county or tribe will automatically appear in this field based on agency with which the user is associated.

### Program category
**Required**
DEFINITION:     This field categorizes a program as either mental health or substance use. All CST enrollments should be categorized as "Mental Health Programs."

CODES:     Select "Mental Health Programs."

PURPOSE:     The selection of the above options determines which programs will be displayed for selection in the program type field.

## Program type
**Required**

DEFINITION:        This field describes the specific type of program or initiative in which the participant is participating.

CODES:        Select Coordinated Services Team (CST).

NOTES:        You must select CST as the program in which the youth is enrolled. Do not select "Comprehensive Community Services," "Crisis services," or other programs as the program for CST youth even if they receive such services. Reception of these other program services should be recorded as SPCs in the primary mental health module.

## Program begin and end dates
**Required**

DEFINITION:        The program begin date is the date the child and family were enrolled into the CST. The program end date is the date the child and family were disenrolled from the CST.

CODES:        Enter an eight digit number in the format of MM/DD/YYYY.

PURPOSE:        This data is used to describe the length of a child's participation in a CST.

## Disenrollment reason
**Required**

DEFINITION:        The primary reason the child and family was disenrolled from a CST.

CODES:        Agency unable to contact person
Completed service major improvement
Completed service moderate improvement
Completed service no change
Died
Entered nursing home or institutional care
Incarcerated
Involuntary termination of services by provider
Moved out of county
Medicaid/other financial eligibility ended
No probable cause on a Chapter 51 hold
Not or no longer level of care eligible
Other
Transferred to another community based resource
Transferred to Family Care/Managed Care
Voluntary termination of services by consumer

CODE DEFINITIONS:     **Level of improvement explanation (major, moderate, no change)**
For participants who have completed services in inpatient, outpatient, day services, or residential treatment, this is an overall rating of the participant's condition at the time of disenrollment. Major improvement means that most or all areas have improved and there is a good prognosis. Moderate improvement means that some areas have improved, but the prognosis is guarded or fair.

PURPOSE:     To evaluate the overall outcome of CST and to determine if the participant is continuing with care elsewhere. Other outcome indicators can be evaluated in light of the disenrollment reason.

## Living arrangement data

After a child is registered with an MCI in PPS, the following data must be entered into the PPS mental health CST data entry page.

### Living arrangement type
**Required**
DEFINITION:     Living arrangement is the place and situation the child is living at on a daily basis. Long-term living arrangements are included, such as children who live with their biological parents, but short-term living arrangements are also included, such as living in a crisis center or inpatient hospital setting. When a child transitions to a new living arrangement, where the child stayed that evening should be recorded.

CODES:     01     Street, shelter, no fixed address, homeless
02     Private residence w/out supervision (ADULTS ONLY)
03     Supported residence (ADULTS ONLY)
04     Supervised licensed residential facility
05     Institutional setting, hospital, nursing home
06     Jail or correctional facility
07     Living with parents (UNDER AGE 18 ONLY)
08     Living with relatives, friends (UNDER AGE 18 ONLY)
09     Foster home
10     Crisis stabilization home or center
11     Other living arrangement
99     Unknown

CODE DEFINITIONS:     **4. 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.

**9. 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.

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

NOTES:    CSTs must record all living arrangements that occur while a child is participating in the CST. There is no limit on the number of living arrangements that can be recorded. This data field must be completed in addition to the living arrangement field in the consumer status data fields which requires a six-month status update for federal reporting instead of every living arrangement.

PURPOSE:    The data is used to measure the number of out-of-home placement days children experience.

## Living arrangement start and end dates
**Required**

DEFINITION:    Living arrangement start date is the date a living arrangement started and the end date is the date the living arrangement ended.

CODES:    Enter an eight digit number in the format of MM/DD/YYYY.

NOTES:    All days during a child's participation in a CST should be reported. The end date for one living arrangement and the start date for the next living arrangement must be consecutive days. They cannot overlap. Any out-of-home placement that a child was diverted from to be enrolled in a CST should also be recorded even if it occurred before the official CST enrollment date.

PURPOSE:    The data is used to measure the number of out-of-home placement days children experience.

# Child and adolescent needs and strengths assessment data

After a child is registered with an MCI in PPS, the following data must be entered into the PPS mental health CST data entry page.

## CANS time frame
**Required**

DEFINITION:         The time frame in which the Child and Adolescent Needs and Strengths (CANS) assessment ratings are collected. The CANS is required to be rated every six months for care planning, but only CANS data describing the child and family at enrollment and discharge are required to be submitted.

CODES:              Enrollment
                    Discharge
                    Last Available CANS

NOTES:              When the CANS from the time of enrollment is being recorded, the "Enrollment" check box must be checked. When the CANS from the time of discharge is being recorded, the "Discharge" check box must be checked. If a CANS assessment could not be completed at the time of discharge, CSTs should submit the last available CANS data from the assessment closest to the time of discharge and check the "Last Available CANS" check box. Users can only check the "Discharge" or the "Last Available CANS" check box. The "Last Available CANS" should never be recorded unless CANS data at discharge is not available.

PURPOSE:            To measure changes in an individual child and family's status from the time of enrollment to disenrollment and to assess the impact of CST.

## Enrollment and discharge CANS dates
**Required**

DEFINITION:         The enrollment CANS date should reflect the actual day the CANS was completed for that time period (or last day it was completed). The discharge CANS date should reflect the actual day the final CANS was completed. These CANS dates do not have to match the dates the child was enrolled and discharged from CST.

CODES:              Enter an eight digit number in the format of MM/DD/YYYY.

PURPOSE:            To measure changes in an individual child and family's status from the time of enrollment to disenrollment and to assess the impact of CST.

## CANS assessment items

**Required**

DEFINITION:     The CANS is a 116-item tool used by CSTs to assess the strengths and needs of children and families inform the development of plans of care. Each item must be entered.

CODES:          All items are rated on a four-point scale (0-3). The needs items are rated based on severity, but a different scale is used for the 17 strength items. Both rating scales are below.

**CANS needs rating scale**
0       No Evidence of Problems
1       Mild Problems
2       Moderate Problems
3       Severe Problems
8       Not applicable
9       Unknown

**CANS strengths rating scale**
0       Centerpiece Strength
1       Useful Strength
2       Identified Strength
3       No Strength Identified
8       Not applicable
9       Unknown

NOTES:          The 116 items are listed on a CANS item score sheet in Appendix 3 which is available for all CSTs to record their ratings. The score sheet can then be used as a data entry form for PPS.

PURPOSE:        To measure changes in an individual child and family's status from the time of enrollment to disenrollment and to assess the impact of CST.

# Appendix 1 – Client Characteristics Code Definitions

02      Mental illness (excluding SPMI) - Includes people who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral, or other disorders as specified in ICD-10.

03      Serious and persistent mental illness (SPMI) - Includes people with long histories of psychiatric illness and institutionalization and also includes younger people whose history and clinical picture leads to prediction of persistence.

04      Alcohol client - Includes people 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 people 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 people having significant impairment in vision resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.

08      Hard of hearing - Includes people having a significant impairment in hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.

09      Physical disability/mobility impaired - Includes people 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 alcohol or other drug client - Includes people who have a diagnosis of substance use disorder with physical complications due to alcohol consumption that cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol that has led to dysfunction in major social roles and the inability to care for oneself.

12      Alcohol and other drug client - Includes people who use both alcohol and at least one other chemical substance that 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.

14      Family member of mental health client - Includes family members and other significant people 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 people who live in the same household of an alcohol and other drug client.

17      Intoxicated driver - Includes people whose use of alcohol and/or other drugs has resulted in a conviction for operating a motor vehicle while intoxicated, a Department of Transportation referral for an irregular driving record, or other offenses or refusals related to operating while intoxicated.

18      Alzheimer's disease/related dementia - Includes people who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob disease, Friedreich's ataxia, Huntington's disease, irreversible multi-infarct 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 people who have had a loss of neurological brain function due to an injury or illness.

23      Developmental disability - cerebral palsy - Includes people 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 people whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person.

26      Developmental disability – intellectual disability - Includes people whose disability has resulted in intellectual disability. This condition is expected to continue indefinitely and is a substantial handicap to the person.

27      Developmental disability - epilepsy - Includes people 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 people 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 people 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 that significantly interferes with or limits one or more major life activities.

33    Correction/criminal justice system client (adult only) - Includes people who are currently involved in some phase of the correctional system including county jails, probation, and parole. Coding of this value is required only if known by local agency.

36    Other disability - Includes people whose disability is not attributable to the code 07, 08, or 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 people who have difficulty in functioning or performing activities of daily living due to disability or 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 people 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, residing in quarters other than the employer's home during the period of employment.

44    Refugee - Includes people 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 people who care for one or more dependent people and need respite from their caregiver role.

55    Frail elderly - Includes people 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 people who are adults/elderly and are, or are alleged to be, victims of abuse, material abuse, neglect, or self-neglect under Wis. Stat. § 46.90.

59    Unmarried parent - Includes people 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 Wis. Stat. § 939.22(14) or sexual intercourse or contact with a child under Wis. Stat. § 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 Wis. Stat. ch. 48.

63      CHIPS - neglect - Includes children who are, or alleged to be, neglected. See description of neglect under Wis. Stat. ch. 48.

64      Family member of abused/neglected child - Includes family members and other significant people who live in the household of children who are, or are alleged to be, abused and/or neglected. See description under Wis. Stat. ch. 48.

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 Wis. Stat. § 48.13. 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 Wis. Stat. § 48.13 who are 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 people who live in the household of children who are, or alleged to be, status offenders (code 69).

71      Victim of domestic abuse - Includes people 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 people who are, or alleged to be, victims of all other abuse and neglect not defined elsewhere.

73      Family member of delinquent - Includes family members and other significant people who live in the household of children who are, or alleged to be, delinquent (code 66).

74      Family member of CHIPS - other - Includes family members and other significant people who live in the household of children who are, or alleged to be, 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 people 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-V 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 six 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 people who do not fall into any other category listed above.

# Appendix 2 – SPC Definitions

103     RESPITE CARE
The provision of services to participants 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 participant adequate care and supervision in an unlicensed home-like environment, 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 participant'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 participants 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. Excludes counseling/psychotherapy in a person's own home as part of the counseling/therapeutic resources program. Excludes nonemergency 24 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 participants in a natural or supportive service setting for the purpose of enabling people 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 people 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 people 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, 51.42 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 such as sheltered workshops, or other settings for purposes of enabling participants 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, and displaced homemaker's services. Excludes Supported Employment as defined in SPC 615.

110    DAILY LIVING SKILLS TRAINING
The provision of services to participants 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 participant'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 participants 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 people 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.

202    ADULT FAMILY HOME
The provision of a structured residential living arrangement for the purpose of providing care and support to adult participants 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 Wis. Admin. Code ch. DHS 88. 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 participants provided by foster parents may include, but are not limited to: supervision, dietary, personal care, and transportation. Materials benefits include: food, housing, 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 participants may include, but are not limited to: supervision, dietary, personal care, and transportation. Benefits include: food, housing, and clothing. Includes recruiting and licensing of group home placements by people 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 people 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 (for example, for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed Wis. Admin. Code ch. DCF 59. Includes 24 hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (for example, 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 Wis. Stat. ch. 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Wis. Stat. chs. 48, 51, and 55.) 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 REINTEGRATION 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 people other than those responsible for supervision (for example, 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.

403    RECREATION/ALTERNATIVE ACTIVITIES
The provision of services in a natural or supportive setting to people 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, the Y YWCA, 4-H Club, 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.

406    PROTECTIVE PAYMENT/GUARDIANSHIP
The provision of services to people 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 participant's money or supervising the participant'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 Supplemental Security Income/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.

501     INITIAL CRISIS INTERVENTION
The initial provision of services to individuals who are experiencing emergencies which require an immediate response by the human services system to remove or ameliorate the emergency conditions. Services include only the initial crisis services provided to stabilize the immediate crisis at hand such as a response to an immediate threat to a person's life or well-being. Services to individuals include but are not limited to: counseling/psychotherapy, supervision, general physical health services, transportation, and referral. Services could be provided by 24-hour hotlines, crisis response teams, or after-hours staffing for handling emergencies and are designed to serve everyone rather than specific target groups. Crisis intervention services provided on an hourly basis should be recorded using the 501.00 SPC code. When an individual is placed in a crisis residence/stabilization center, the service should be recorded using the 501.10 SPC code in per diem units. Do not record crisis services delivered under emergency conditions which are an integral, but subordinate, part of other standard services recorded in PPS. For example, emergency inpatient care is to be classified as an inpatient or emergency detention service. Follow-up crisis contacts described in a response plan or crisis plan would also be excluded and would be reported using the 501.20 SPC for crisis follow-up instead.

501.20  Crisis Follow-Up
The provision of services implied by, prescribed by, or following an initial crisis contact which are follow-up responses described on a response plan or crisis plan. These can include linkage and coordination or follow-up services provided in-person, in a mobile contact, or over the telephone. These include contact with the individual, their supports, collaterals, or with professional providers. Contacts can also involve coordinating referrals and exchanging information with other behavioral health service providers such as inpatient hospitals and outpatient clinics. Crisis follow-up contacts can only be recorded in hours. Outside of the context of an existing or crisis intervention plan, all activities designed to stabilize the initial crisis situation should be recorded in PPS data with the SPC code 501.00 or 501.10 for initial crisis intervention.

503     INPATIENT
The provision of treatment services in 24-hour units of an inpatient facility or substance use residential inpatient program in a CBRF to participants 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 people 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 institution for mental disease nursing home services meeting the definition of SPC 925 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, AODA, 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 participants 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 participants 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, housing, and drugs. Includes planning for, arranging for, and monitoring of placements by developmentally disabled 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 participants in a CBRF for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug use 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 substance use extended care in CBRFs. Excludes residential care for the primary purpose of detoxification, which should be classified under SPC 703.20 or 705.10. 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 substance use residential care in nursing homes which should be classified under the developmentally disabled center/nursing home program. Excludes substance use 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 Wis. Admin. Code ch. DHS 88.

507     COUNSELING/THERAPEUTIC RESOURCES
The provision of treatment oriented services to participants needing treatment for a personal, social, behavioral, mental, or alcohol and drug use 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 or 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 people other than those responsible for probation, juvenile supervision, or aftercare supervision. Includes medication-assisted treatment services. 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.

507.10 Outpatient - medication management
Includes the prescription, directions on the use of, and review of medication, with not more than minimal psychotherapy. It is considered a hospital service when provided to hospital inpatients and should not be a separately identified professional service.

507.20 Outpatient – individual
Goal directed, face-to-face therapeutic intervention, including insight oriented, behavior modifying, or supportive psychotherapy, with the eligible participant that focuses on the mental health needs of the participant.

507.30 Outpatient - group
Goal directed, face-to-face therapeutic intervention with the eligible participant and one or more participants who are treated at the same time which focuses on the mental health needs of the participants in the group. Group shall not exceed 10 participants and two therapists.

507.40 Outpatient - family or couple
Goal directed, face-to-face therapeutic intervention with a minimum of two family members including the participant. Services may be in a clinic, home, community, or educational setting.

507.50 Outpatient - intensive in-home
Flexible, time-limited intensive services provided in the home. In-home services are geared toward families at risk of having a child removed from home. Services are focused on the family as a unit and include: specialized parent skills training, behavior management, family therapy, 24-hour accessibility by the family as needed and intensive supervision by staff.

507.60 Outpatient - family support
Flexible, time limited therapy which relieves and supports the primary caregiver or supports that caregiver in the role. Examples are, but not limited to: teaching parenting skills in the home, assisting with behavioral management techniques, taking care of an identified participant while the caregiver is preparing meals, or coming to the home to be sure that a child is up and ready to go to school.

507.90 Peer Support/Recovery Coach
Includes services provided by certified peer specialists, peer recovery coaches, and similar positions that not only have lived the experience of mental illness and/or substance use disorder, but also have had peer support services training and supervision. Peer support specialists actively incorporate peer support into their work

with participants and are supervised and participate as a member of the agency's recovery team. Peer support services include activities such as establishing a supportive relationship for recovery; outreach to peers; providing information about recovery and community resources; communication with providers and community resources; connecting people with services or resources; crisis support; facilitating Wellness Recovery and Action Plans; facilitating self-directed recovery; active listening and providing peer support; assistance in finding housing; accessing health care services and other community services; assisting people in feeling connected to a community of recovery through social, recreational and cultural activities; facilitating recovery support groups; and peer support record keeping.

509     COMMUNITY SUPPORT PROGRAMS (PSYCHOSOCIAL REHABILITATION SERVICES)
The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and severe alcohol or other drug use participants 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 alcohol or other drug use and assisting participants 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 participant. Services which must be available, although not necessarily provided, to each participant are: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral, and transportation. Includes identifying people in need of services, assisting with and training participants 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 Community Support Programs and other human service programs such as the Department of Workforce Development's Division of Vocational Rehabilitation, general relief, and Supplemental Security Income. Includes only activities delivered by designated Community Support Program providers to people with serious and persistent mental illness and people with severe alcohol or other drug use and excludes these activities when delivered by other agency providers.

510.10 COMPREHENSIVE COMMUNITY SERVICES (PSYCHOSOCIAL REHABILITATION SERVICES)

Comprehensive Community Services (CCS) is certified per the requirements of Wis. Admin. Code ch. DHS 36 and provides a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under Wis. Admin. Code § DHS 36.15 and provided to participants with mental health or substance use issues across the lifespan who qualify based on level of need through a completed 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 use disorders, the restoration of a participant 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 C.F.R. § 440.130(d) (2013) in order for the services to be reimbursed by Medicaid. Services that must be available for participants 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 participant
- Involve direct service
- Address the participant's mental health and substance use disorders to maximize functioning and minimize symptoms
- Be consistent with the individual participant'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 participant
- Not be solely for the convenience of the individual participant, family or provider
- Be of proven value and usefulness
- Be the most economic options consistent with the participant's needs.

CCS includes only activities delivered by providers who are part of the certified CCS program to people with a diagnosis of a mental disorder or a substance use disorder as defined in Wis. Admin. Code § DHS 36.14. Participants enrolled in waiver programs are eligible for CCS. CCS recipients may not be enrolled in a Community Support Programs. 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 use 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. Participants 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 valid. This change mirrors Medicaid claim requirements. To convert 15 minute increments to hourly units, multiply the number of 15 minute increments by 0.25. For example, four 15-minute units will equal 1.00 PPS unit.

511     COMMUNITY RECOVERY SERVICES (PSYCHOSOCIAL REHABILITATION SERVICES)
This is a community-based psychosocial rehabilitation services Medicaid state plan amendment benefit provided by a CRS-certified county, tribe, or vendor. Any mental health agency offering this service and submitting the SPC 511 code must be specifically certified to deliver CRS. The goal of CRS is to provide services which enable mental health participants to live in the least restrictive community environment available. CRS provides three distinct services across the lifespan for participants 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: This service covers activities to assist individuals in addressing or managing the symptoms and behaviors associated with severe and persistent mental illness that may be barriers to obtaining and maintaining competitive employment.
- Peer Supports: Advocacy, information, and support provided by certified Peer Specialists.

*Relationship to Other Services*
Participants receiving Community Recovery Services may simultaneously receive services through a Community Support Programs (SPC 509) or CCS program (SPC 510). Thus, the SPC 511 may be open in PPS simultaneously with SPC 509 or 510.

*Recording CRS units of service*
For services rendered July 1, 2018 or later, CRS can only be recorded in hourly units using the 511 SPC code. The 511.10 SPC code for CRS per diem units is no longer valid. This change mirrors Medicaid claim requirements. To convert 15 minute increments to hourly units, multiply the number of 15 minute increments by 0.25. For example, four 15-minute units will equal 1.00 PPS unit.


601     OUTREACH
The provision of services that are designed to result in the locating of people 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 people 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 people 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 participants from specific segments of the community or specifically defined groups (that is, 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 participants.

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 intake process or when part of other programs.

603     INTAKE ASSESSMENT
The provision of services in a natural or supportive service setting to people who are or may become participants 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. Participants' assessments include Intoxicated Driver Program assessments and child abuse and neglect investigations. Includes activities associated with the Preadmission Screening and Resident Review process per Wis. Admin. Code § DHS 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 participant intake process. Also includes intake activities which occur prior to the establishment of participant 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 developmentally disabled 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 participants and when appropriate participants' 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 participants 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 participant receives.

606     HEALTH SCREENING AND ACCESSIBILITY
The provision of services in a natural or supportive service setting to people 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 participant assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.

615     SUPPORTED EMPLOYMENT
        Supported employment is competitive work in an integrated work setting for individuals who,
        because of their disabilities, 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 people
        with severe and persistent 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.

704     DAY TREATMENT – MEDICAL
        A day treatment program 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.

706     DAY CENTER SERVICES – NON-MEDICAL
        A day treatment program is a nonresidential program in a non-medically supervised setting that
        provides case management and 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.

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 people meeting the mentally ill participant characteristic criteria of
        receiving services in an IMD under a 90% continuing placement slot Contract.

# Appendix 3 – CANS Assessment Tool

**WISCONSIN COORDINATED SERVICES TEAM (CST) INITIATIVE**
**COMPREHENSIVE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

| Name – Child/Youth | | DOB | Court File Number |
|---|---|---|---|
| Effective Date | Age at Time of Assessment | Assessment Type | Current Caregiver |

**NEEDS ITEM RATING SCALE**   0 = No Evidence of Problems -------------- No action needed      2 = Moderate Problems --------------------------- Action needed
1 = Mild Problems ---------------------- Let's watch/try to prevent      3 = Severe Problems –-- Immediate/intensive action needed

| TRAUMA | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| 1. Sexual Abuse | ☐ | ☐ | ☐ | ☐ |
| a. Emotional Closeness to Perpetrator | ☐ | ☐ | ☐ | ☐ |
| b. Frequency of Abuse | ☐ | ☐ | ☐ | ☐ |
| c. Duration | ☐ | ☐ | ☐ | ☐ |
| e. Reaction to Disclosure | ☐ | ☐ | ☐ | ☐ |
| 2. Physical Abuse | ☐ | ☐ | ☐ | ☐ |
| 3. Neglect | ☐ | ☐ | ☐ | ☐ |
| 4. Emotional Abuse | ☐ | ☐ | ☐ | ☐ |
| 5. Medical Trauma | ☐ | ☐ | ☐ | ☐ |
| 6. Natural Disaster | ☐ | ☐ | ☐ | ☐ |
| 7. Witness to Family Violence | ☐ | ☐ | ☐ | ☐ |
| 8. Witness to Community Violence | ☐ | ☐ | ☐ | ☐ |
| **Adjustment to Trauma** | **0** | **1** | **2** | **3** |
| 10. Adjustment to Trauma | ☐ | ☐ | ☐ | ☐ |
| 11. Traumatic Grief/Separation | ☐ | ☐ | ☐ | ☐ |
| 12. Intrusions | ☐ | ☐ | ☐ | ☐ |
| 13. Attachment | ☐ | ☐ | ☐ | ☐ |
| 14. Dissociation | ☐ | ☐ | ☐ | ☐ |
| **LIFE FUNCTIONING** | **0** | **1** | **2** | **3** |
| 15. Family - Nuclear | ☐ | ☐ | ☐ | ☐ |
| 16. Family - Extended | ☐ | ☐ | ☐ | ☐ |
| 17. Living Situation | ☐ | ☐ | ☐ | ☐ |
| 18. Developmental | ☐ | ☐ | ☐ | ☐ |
| b. Autism Spectrum | ☐ | ☐ | ☐ | ☐ |
| c. Communication | ☐ | ☐ | ☐ | ☐ |
| d. Self Care/Daily Living | ☐ | ☐ | ☐ | ☐ |
| 19. Medical | ☐ | ☐ | ☐ | ☐ |
| a. Life Threat | ☐ | ☐ | ☐ | ☐ |
| b. Chronicity | ☐ | ☐ | ☐ | ☐ |
| c. Diagnostic Complexity | ☐ | ☐ | ☐ | ☐ |
| d. Emotional Response | ☐ | ☐ | ☐ | ☐ |
| e. Impairment in Functioning | ☐ | ☐ | ☐ | ☐ |
| f. Treatment Involvement | ☐ | ☐ | ☐ | ☐ |
| g. Intensity of Treatment | ☐ | ☐ | ☐ | ☐ |
| h. Organizational Complexity | ☐ | ☐ | ☐ | ☐ |
| 20. Physical | ☐ | ☐ | ☐ | ☐ |
| 21. Dental | ☐ | ☐ | ☐ | ☐ |
| 22. Daily Functioning | ☐ | ☐ | ☐ | ☐ |
| 23. Social Functioning - Peer | ☐ | ☐ | ☐ | ☐ |
| 24. Social Functioning - Adult | ☐ | ☐ | ☐ | ☐ |
| 25. Legal | ☐ | ☐ | ☐ | ☐ |
| a. Seriousness | ☐ | ☐ | ☐ | ☐ |
| b. History | ☐ | ☐ | ☐ | ☐ |
| c. Arrests | ☐ | ☐ | ☐ | ☐ |
| d. Planning | ☐ | ☐ | ☐ | ☐ |
| e. Community Safety | ☐ | ☐ | ☐ | ☐ |
| f. Legal Compliance | ☐ | ☐ | ☐ | ☐ |
| g. Peer Influences | ☐ | ☐ | ☐ | ☐ |
| h. Parental Criminal Behavior (Influences) | ☐ | ☐ | ☐ | ☐ |
| i. Environmental Influences | ☐ | ☐ | ☐ | ☐ |
| 26. Eating Disturbance | ☐ | ☐ | ☐ | ☐ |
| 27. Sleep | ☐ | ☐ | ☐ | ☐ |
| 28. Sexual Development | ☐ | ☐ | ☐ | ☐ |
| 29. Life Skills | ☐ | ☐ | ☐ | ☐ |
| 30. Expectant Parent/Parenting | ☐ | ☐ | ☐ | ☐ |

| SCHOOL | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| 31. Attendance | ☐ | ☐ | ☐ | ☐ |
| 32. Behavior | ☐ | ☐ | ☐ | ☐ |
| 33. Achievement | ☐ | ☐ | ☐ | ☐ |
| 34. Relation with Teachers | ☐ | ☐ | ☐ | ☐ |
| **CHILD/YOUTH & FAMILY ACCULTURATION** | **0** | **1** | **2** | **3** |
| 35. Language | ☐ | ☐ | ☐ | ☐ |
| 36. Identity | ☐ | ☐ | ☐ | ☐ |
| 37. Ritual | ☐ | ☐ | ☐ | ☐ |
| 38. Cultural Stress | ☐ | ☐ | ☐ | ☐ |
| 39. Knowledge Congruence | ☐ | ☐ | ☐ | ☐ |
| 40. Help seeking Congruence | ☐ | ☐ | ☐ | ☐ |
| 41. Expression of Distress | ☐ | ☐ | ☐ | ☐ |
| **CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS** | **0** | **1** | **2** | **3** |
| 42. Psychosis | ☐ | ☐ | ☐ | ☐ |
| 43. Impulse/Hyperactivity | ☐ | ☐ | ☐ | ☐ |
| 44. Depression | ☐ | ☐ | ☐ | ☐ |
| 45. Anxiety | ☐ | ☐ | ☐ | ☐ |
| 46. Oppositional | ☐ | ☐ | ☐ | ☐ |
| 48. Anger Control | ☐ | ☐ | ☐ | ☐ |
| 49. Substance Use | ☐ | ☐ | ☐ | ☐ |
| 50. Somatization | ☐ | ☐ | ☐ | ☐ |
| 51. Behavioral Regression | ☐ | ☐ | ☐ | ☐ |
| 52. Affect Dysregulation | ☐ | ☐ | ☐ | ☐ |
| **CHILD/YOUTH RISK BEHAVIORS** | **0** | **1** | **2** | **3** |
| 53. Suicide Risk | ☐ | ☐ | ☐ | ☐ |
| 54. Self Injurious Behavior | ☐ | ☐ | ☐ | ☐ |
| 55. Other Self Harm | ☐ | ☐ | ☐ | ☐ |
| 56. Exploited | ☐ | ☐ | ☐ | ☐ |
| 57. Danger to Others | ☐ | ☐ | ☐ | ☐ |
| 58. Sexual Aggression | ☐ | ☐ | ☐ | ☐ |
| 59. Delinquent Behavior | ☐ | ☐ | ☐ | ☐ |
| 60. Runaway | ☐ | ☐ | ☐ | ☐ |
| a. Frequency of Running | ☐ | ☐ | ☐ | ☐ |
| b. Consistency of Destination | ☐ | ☐ | ☐ | ☐ |
| c. Planning | ☐ | ☐ | ☐ | ☐ |
| d. Safety of Destination | ☐ | ☐ | ☐ | ☐ |
| e. Involvement in Illegal Acts | ☐ | ☐ | ☐ | ☐ |
| f. Likelihood of Return on Own | ☐ | ☐ | ☐ | ☐ |
| g. Involvement of Others | ☐ | ☐ | ☐ | ☐ |
| h. Realistic Expectations | ☐ | ☐ | ☐ | ☐ |
| 61. Intentional Misbehavior | ☐ | ☐ | ☐ | ☐ |
| 62. Fire Setting | ☐ | ☐ | ☐ | ☐ |
| 63. Bullying | ☐ | ☐ | ☐ | ☐ |

4/8/2014

60

**WISCONSIN COORDINATED SERVICES TEAM (CST) INITIATIVE**
**COMPREHENSIVE CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**

| Name – Child/Youth | | | DOB | | Court File Number |
|---|---|---|---|---|---|

| Effective Date | Age at Time of Assessment | Assessment Type | Current Caregiver |
|---|---|---|---|

| CHILD/YOUTH STRENGTHS | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| 64. Relationship Permanence | ☐ | ☐ | ☐ | ☐ |
| 65. Family - Nuclear | ☐ | ☐ | ☐ | ☐ |
| 66. Family - Extended | ☐ | ☐ | ☐ | ☐ |
| 67. Positive Peer Relations | ☐ | ☐ | ☐ | ☐ |
| 68. Optimism | ☐ | ☐ | ☐ | ☐ |
| 69. Decision Making | ☐ | ☐ | ☐ | ☐ |
| 70. Well Being | ☐ | ☐ | ☐ | ☐ |
| 71. Educational | ☐ | ☐ | ☐ | ☐ |
| 72. Recreational | ☐ | ☐ | ☐ | ☐ |
| 73. Vocational | ☐ | ☐ | ☐ | ☐ |
| 74. Talents/Interests | ☐ | ☐ | ☐ | ☐ |
| 75. Spiritual/Religious | ☐ | ☐ | ☐ | ☐ |
| 76. Community Life | ☐ | ☐ | ☐ | ☐ |
| 77. Youth Involvement | ☐ | ☐ | ☐ | ☐ |
| 78. Natural Supports | ☐ | ☐ | ☐ | ☐ |
| 79. Resiliency | ☐ | ☐ | ☐ | ☐ |
| 80. Resourcefulness | ☐ | ☐ | ☐ | ☐ |
| **CURRENT CAREGIVER NEEDS** *Caregiver Rated:* | 0 | 1 | 2 | 3 |
| 81: Supervision | ☐ | ☐ | ☐ | ☐ |
| 82:Problem Solving | ☐ | ☐ | ☐ | ☐ |
| 83:Involvement with Care | ☐ | ☐ | ☐ | ☐ |
| 84:Knowledge | ☐ | ☐ | ☐ | ☐ |
| 85:Empathy with Child | ☐ | ☐ | ☐ | ☐ |
| 86:Organization | ☐ | ☐ | ☐ | ☐ |
| 87:Social Resources | ☐ | ☐ | ☐ | ☐ |
| 88:Physical Health | ☐ | ☐ | ☐ | ☐ |
| 89:Mental Health | ☐ | ☐ | ☐ | ☐ |
| 90:Substance Use | ☐ | ☐ | ☐ | ☐ |
| 91:Developmental | ☐ | ☐ | ☐ | ☐ |
| 92:Family Stress | ☐ | ☐ | ☐ | ☐ |
| 93:Cultural Congruence | ☐ | ☐ | ☐ | ☐ |
| **IDENTIFIED PERMANENT RESOURCE NEEDS** *Caregiver Rated:* | 0 | 1 | 2 | 3 |
| 94: Residential Stability | ☐ | ☐ | ☐ | ☐ |
| 95: Self Care | ☐ | ☐ | ☐ | ☐ |
| 96: Access to Child Care | ☐ | ☐ | ☐ | ☐ |
| 97: Acculturation | ☐ | ☐ | ☐ | ☐ |
| 98: Employment | ☐ | ☐ | ☐ | ☐ |
| 99: Education | ☐ | ☐ | ☐ | ☐ |
| 100: Financial Resources | ☐ | ☐ | ☐ | ☐ |
| 101: Community Connect | ☐ | ☐ | ☐ | ☐ |
| 102: Legal | ☐ | ☐ | ☐ | ☐ |
| 103: Transportation | ☐ | ☐ | ☐ | ☐ |
| 104: Supervision | ☐ | ☐ | ☐ | ☐ |
| 105: Problem Solving | ☐ | ☐ | ☐ | ☐ |
| 106: Involvement with Care | ☐ | ☐ | ☐ | ☐ |
| 107: Knowledge | ☐ | ☐ | ☐ | ☐ |
| 108: Empathy with Child | ☐ | ☐ | ☐ | ☐ |
| 109: Organization | ☐ | ☐ | ☐ | ☐ |
| 110: Social Resources | ☐ | ☐ | ☐ | ☐ |
| 111: Physical Health | ☐ | ☐ | ☐ | ☐ |
| 112: Mental Health | ☐ | ☐ | ☐ | ☐ |
| 113: Substance Use | ☐ | ☐ | ☐ | ☐ |
| 114: Developmental | ☐ | ☐ | ☐ | ☐ |
| 115: Family Stress | ☐ | ☐ | ☐ | ☐ |
| 116: Cultural Congruence | ☐ | ☐ | ☐ | ☐ |

**STRENGTHS RATING SCALE**
*(use for CHILD/YOUTH STRENGTHS items only)*
0 = Centerpiece Strength --------- We can build around this
1 = Useful Strength-- -------- With help this could be strong
2 = Identified Strength ---- Need to develop in order to use
3 = No Strength Identified

**NEEDS ITEM RATING SCALE**
0 = No Evidence of Problems ----------- No Action Needed
1 = Mild Problems -------------------- Let's watch/try to prevent
2 = Moderate Problems ------------------------- Action needed
3 = Severe Problems-- Immediate/Intensive Action Needed

# Appendix 4 – PPS Workload Management Screen and Excel File Export Guide

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

## Navigating the workload management screen

After logging on to PPS, Workload Management can be selected from the menu on the left under Work Management. Workload Management allows you to export participant or service lists submitted by your agency. It can be used to review submitted data, identify open services that need closing, identify participants in mental health who need consumer status updates, or identify participants who have old episodes that should be reviewed and closed. The report can filter on individuals by their name or MCI, or can filter fields like SPC, SPC start date, or SPC end date. If your county uses the local worker ID or service worker ID fields, you can also filter on those to identify all participants or services under a particular employee. Some examples of reports that could be generated using Workload Management are listed in the reports guide.

## Exporting all data

From Workload Management, select module type AODA or Mental Health, add all SPCs, then click the Export button. This will generate an Excel document which is a complete set of PPS records your agency has submitted.

## Opening and formatting the Excel spreadsheet

In the exported spreadsheet, each row or record corresponds to a service, session, or encounter. The row also includes the participant's name, demographics, diagnoses, and service data. Set the exported spreadsheet's column heights and row widths to about 15 so you can easily view the exported spreadsheet. Select and delete rows 1 through 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.

## Example using the spreadsheet to 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 recipient ID, episode end date, SPC code, SPC end date, and SPC end reason. This allows you to 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. Delete any rows containing episodes that have been properly closed.
3. Create four columns at the end of the spreadsheet (see example on the next page). Insert the example formulas on the next page into your spreadsheet and correct the formulas based upon your spreadsheet columns. You may also change the number of days you want to look back (in column CK) such as past 90 days, 180 days, etc.
4. Check the last row for a participant. If the result in column CK 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.

| CH | CI | CJ | CK |
|---|---|---|---|
| Today minus SPC start date (column BS) | Today minus SPC end date (column BT) | Today minus SPC delivery year month (column BV) | Status |
| =TODAY()-BS4 | =IF(ISBLANK(BT4),999999,TODAY()-BT4) | =IF(ISBLANK(BV4),999999,TODAY()-BV4) | =IF(OR(CH4<91,CI4<91,CJ4<91),"Current","Old") |

# Appendix 5 – Instructions for Reporting Service Records

There are multiple methods to submit service data. DHS has made the system flexible to accommodate different data reporting for different types of services. The three methods of recording PPS services are described below. For purposes of reporting via batch file, one service record must correspond to one record ID.

## Out-of-home care services

For inpatient, residential, and other placements in a facility or other treatment setting at which the participant stays overnight, you should enter one service record describing their entire stay with the admission and discharge dates from the facility. For example:

- SPC service code = 503.00 (inpatient)
- Service start date = 1/1/2017
- Service end date = 1/5/2017
- Units = 5 days
- Service end reason = 2 (completed service with moderate improvement)
- Provider ID = 22222

The SPCs that should be reported in this format include:

| SPC Code | SPC Description | Units |
|---|---|---|
| Inpatient | | |
| 503.00 | Inpatient | Days |
| 503.10 | Emergency detention | Days |
| 505.00 | Developmentally disabled center/nursing home | Days |
| 925.00 | Institution for mental disease | Days |
| Residential | | |
| 202.00 | Adult family home | Days |
| 203.00 | Foster home | Days |
| 204.00 | Group home | Days |
| 205.00 | Shelter care | Days |
| 504.00 | Residential care center | Days |
| 506.00 | CBRF | Days |
| Emergency | | |
| 501.10 | Initial crisis intervention (in crisis stabilization center) | Days |

# Outpatient and day treatment services

For services like outpatient counseling that involve regularly scheduled sessions, record one service record for each individual session. For example:

- SPC service code = 507.10 (individual therapy)
- Service start date = 1/1/2017
- Service end date = 1/1/2017
- Units = 1 hour
- Service end reason = 19 (service is continuing)
- Provider ID = 22222

Repeat the above pattern by entering a service for every session or service interaction. Then the last service record would look like the example below with a service end reason that indicates the participant's reason for ending the service:

- SPC service code = 507.10 (individual therapy)
- Service start date = 6/1/2017
- Service end date = 6/1/2017
- Units = 1 hour
- Service end reason = 1 (completed service with major improvement)
- Provider ID = 22222

The SPCs that should be reported in this format include:

| SPC Code | SPC Description | Units |
|---|---|---|
| Partial Day | | |
| 108.00 | Work related services | Hours |
| 615.00 | Supported employment | Hours |
| 706.00 | Day center services - nonmedical | Hours |
| Outpatient | | |
| 303.00 | Juvenile probation and supervision | Hours |
| 507.00 | Counseling/therapeutic resources | Hours |
| 507.10 | Medication management | Hours |
| 507.20 | Individual | Hours |
| 507.30 | Group | Hours |
| 507.40 | Family (or couple) | Hours |
| 507.50 | Intensive in-home | Hours |
| 507.60 | Family support | Hours |
| 507.90 | Peer support/recovery coach | Hours |
| 704.00 | Day treatment - medical | Hours |
| Emergency | | |
| 501.00 | Initial crisis intervention | Hours |
| 501.20 | Crisis follow-up | Hours |
| 503.20 | Emergency room - hospital setting | Hours |

# Long-term psychosocial rehabilitation services

For ongoing services or programs like Community Support Programs, Comprehensive Community Services (CCS), or case management, submit a monthly summary of unit hours on one record. Below is an example in which you summarize CCS on a monthly basis for one participant's entire participation period from January 1 to December 31. For example:

- SPC service code = 510.10 (CCS)
- Service start date = 1/1/2017
- Service end date = 1/31/2017
- Units = 8 hours (2/week)
- Service end reason = 19 (service is continuing)
- Provider ID = 12345 (County provider ID)

Repeat the above pattern by entering a CCS service record for February, March, etc., through November. Within the CCS benefit package, multiple providers may be used to serve a participant, but only the county provider ID needs to be recorded in the Provider ID field. Then the last monthly summary record would look like the example below:

- SPC service code = 510.10 (CCS)
- Service start date = 12/1/2017
- Service end date = 12/31/2017
- Units = 10 hours (2/week)
- Service end reason = 1 (completed service with major improvement)
- Provider ID = 12345 (County provider ID)

The SPCs that should be reported in this format include:

| SPC Code | SPC Description | Units |
|----------|-----------------|-------|
| 509.00 | Community Support Programs | Hours |
| 510.10 | Comprehensive Community Services | Hours |
| 511.00 | Community Recovery Services | Hours |
| 604.00 | Case management | Hours |

If outpatient therapy is long-term and more than once per month, the above method could also be used to summarize outpatient therapy units delivered per month.