



Delaware Department of Health and Social Services

Division of Substance Abuse and Mental Health

Annual Consumer Reporting Form Coding Manual

ANNUAL CONSUMER REPORTING FORM CODING MANUAL

GENERAL INFORMATION

The consumer MCI number is repeated on all sheets so that pages which become separated may be matched to each other.

What follows is a brief description of each item. Most items have codes for "unknown" and infrequently a code for "not collected". It may not be clear when to use "not collected". Unknown is meant for those situations when you simply do not collect this information. Its use is discouraged. For example, if your organization does not determine someone's Medicaid number, this field would be filled in with 999998 (making 999999998M). This allows us to know that you did not leave the field blank accidentally but in fact do not collect that information. Use the code for unknown for those items that you ordinarily collect but which is missing for this one consumer.

IMPORTANT TIPS FOR COMPLETING THE ANNUAL CRF FORM:

The acceptable default date fields are **06/06/2666**, **07/07/2777** and **08/08/2888**. For sections of the form where only a two character century date is allowed, you should enter **06/06/66**, **07/07/77** and **08/08/88**.

Generally the codes "NOT COLLECTED" and "UNKNOWN" should not be used for required fields.

If you don't use an "optional" field, fill in a default value, such as "NONE" or "UNKNOWN."

DATA ITEMS

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Treatment Unit Name: Your organization's name. A treatment unit is defined as an identifiable organization or unit of an organization that usually resides at a single location (which it may share with other organizations) and is an identifiable cost center. A distinguishing characteristic of treatment units is that consumers do not move readily between them and the organization usually requires that some transfer paperwork be generated for such a move. Each treatment unit may offer a variety of services such as group therapy, job skills training, etc. such that every consumer in the unit may not receive exactly the same mix of services. Consumers may, in fact, receive services from more than one treatment unit simultaneously. The key to this definition is the organization's perception of that organizational unit has responsibility for the treatment of this consumer.

Treatment Unit ID # : Treatment unit identification

Last Name Consumer's last name (use formal name - Thomas)
First Name Consumer's first name (use formal name - William)
M.I. Consumer's middle initial (use formal name)

Modality (Select Only One): Check the appropriate box to indicate whether the consumer is admitted to the treatment unit as a Mental Health consumer, an Alcohol / Drug consumer, or as a Co-Occurring (MH & AD) consumer. Some treatment units will have all MH consumers, some all AD consumers, some all Co-Occurring consumers, or some a combination.

- MH - Mental Health
- AD - Alcohol / Drug
- DU - Co-Occurring (MH & AD)
- GA - Gambling

MCI # : MCI ID number
9999999996 none
9999999997 unknown

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Residential Arrangement (The housing type where the client lives):

- PU Priate house or residence - Unsupervised
- PS Priate house or residence - Supervised
- FC adult Foster Care
- FU Unlicensed Adult Foster Care
- BH Boarding House/Single Room Occupancy (SRO), YMCA
- GU Group setting/community residence - Unsupervised
- GS Group setting/community residence - Supervised
- NH Nursing Home/ICF or SNF Facilities
- CJ Corrections facility/Jail
- PH Psychiatric Hospital > 180 days
- PW Psychiatric Ward – General Hospital > 180 days
- I other Institution (Includes acute care hospital, institution for mental diseases, etc.) greater than thirty (30) days
- N None - on the street/in a shelter/homeless
- EH Emergency Housing, Shelter < 30 days
- TH Transitional Housing ≥ 30 days
- CR Crisis Residence
- O Other
- U Unknown

Homeless at any time during the past 12 Months?

- Y Yes
- N No
- U Unknown

Housing Subsidy:

- State/Federal Subsidized Housing
- Subsidized with Client Assistance Funds
- No Rental Subsidy

Regular Place to Live:

- Y Yes
- N No
- U Unknown

How many places has the consumer lived in the past 90 days?

- | | | |
|---|---|-----|
| 1 | 4 | 7 |
| 2 | 5 | 8 |
| 3 | 6 | >=9 |

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Primary Activity during the Past 30 Days :

- F Full time (37.5 hours a week or more)
- P Part time (less than 37.5 hours per week)
- M Military Armed Forces, active duty (active reserves, reserves)
- L unemployed - Looking for work
- N unemployed - Not looking
- D Disabled/unable to work means that the consumer is so impaired by their disability that they are unable to engage in any form of part time or volunteer activity.
- H Homemaker
- S Student
- R Retired
- I Inmate or resident of an institution (This includes an acute care hospital, institution for mental diseases, nursing home, jail, prison, etc.) for over thirty (30) days.
- V Volunteer
- O Other
- U Unknown

Secondary Employment during the Past 30 Days:

- P Part time (less than 37.5 hours per week)
- M Military Armed Forces, active duty (active reserves, reserves)
- S Student
- V Volunteer
- O Other
- N None
- U Unknown

Consumer's Primary Paid Employment Type:

- Sheltered
- Competitive/Not Supported
- Competitive/Supported
- Not Working

On average how many hours per week has the consumer spent on their primary activity during the past 90 days?

Max hours 168

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Receiving EBP's: Please indicate if the Consumer has received any of the listed services. You may indicate multiple services. A list of definitions will be listed in Appendix A.

Supported Housing
Supported Employment
Assertive Community Treatment
Family Psychoeducation
Integrated Treatment for Co-Occurring Disorders
Illness Management & Recovery
None of the Above

Primary Health Insurance:

M Medicare
A medicAid
E mEdicaid MCO
C CHAMPUS
B Blue Cross/Blue Shield
V VA
H HMO (service contract)
G other Government funds for care
P other Private commercial health insurance
O Other
N None
U Unknown

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Consumer's Primary Source of Income: *Enter the source of income for the consumer during the last 12 months, if available, or if not, the last calendar year.*

SS Social Security
SI SSI
SD SSDI
VD VA - Disability
VR VA - Retirement
UI Unemployment Insurance
IL Illegal
E Employment
S Spouse
F Family/friends
A TANF (Temporary Assistance to Needy Families – formerly AFDC)
G General assistance

P Pension/retirement income (IRA, KEOGH, SEP, ESOP)
W Workman's comp.
D private Disability insurance
I Intestments/savings
O Other
N None
U Unknown

Consumer's Gross Income: Take Income per Year the total from the last 12 months, if available, or if not, the last calendar (tax) year. "999999" is not allowed

999996 none
999997 unknown

Number Dependent: Report on Consumer's Income an average number if the consumer's dependents vary regularly.

Education: Write in the Highest Grade Completed

01-12 Completed first through Eighth respectively
13-16 " " College/ post secondary
17 " " Masters Level
18 " " Ph.D. /MD.
19 " " Post doc. work
96 never completed any grade higher than preschool/only kindergarten
97 unknown

Veteran Status: Any active military service

Y Yes
N No
U Unknown

Number of Arrests 30 Days: Write in the Number of Arrests

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MCI # : MCI ID number

Treatment Unit ID # : Treatment unit identification

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Currently Pregnant:

Y Yes
N No
U Unknown

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Alcohol & Drug Use Matrix: Primary; Secondary; Tertiary:

Substance Type
Frequency of Use
Route Of Administration

Age of First Use:

Age of first use
-1 newborn/addicted at birth
1 - 95
96 none
97 unknown
98 not collected

Substance Type Codes: (“**Club Drugs**” are highlighted)

AL ALccohol
CO COcaine
CR CRack
ME **MEthamphetamine**
AM other AMphetamines (**This includes MDMA (methylenedioxyamphetamine) – ECSTASY**, Bensedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.)
OS OSther Stimulants
HE HEroin
OP other OPiates and synthetics (This includes OxyContin, codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects.)
MD non-prescription MDethaDone
BA BArbiturates (This includes Phenobarbital, Seconal, Nembutal, etc.)
SE other SEdatives or hypnotic (This includes chloral hydrate, Placidyl, Doriden, etc.) **{Until a better classification system is developed put (GHB/GBL gamma-hydroxybutyrate, gamma-butyrolactone) and Ketamine (Special K) here}**
BE BEnzodiazepine (This includes Diazepam, **Flunitrazepam (Rohypnol)**, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam and Halazepam.)
TR major TRanquilizers
CS CSough Syrups and mixtures
MA MArijuana/hashish (This includes THC and any other cannabis sativa preparations.)
PC PCP (Phencyclidine)
LS **LSD**

- HA other HAllucinogens (This includes DMT, STP, mescaline, psilocybin, peyote, etc.)
 - IN INhalants (This includes ether, glue, chloroform, nitrous oxide, gasoline, and paint thinner, etc.)
 - ST STeroids
 - OC Over-the-Counter (This includes aspirin, Sominex, and any other legally obtained non-prescription medication.)
- Substance Type Codes: (“**Club Drugs**” are highlighted)

- O Other
- N None
- U Unknown

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Injection Drug Use Ever:

- Y Yes
- N No
- U Unknown

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Current Legal Involvement: *Consumer's involvement in the legal system. If more than one applies, chose the most relevant.*

- CP Charges Pending
- SP convicted - Sentence Pending
- UP sentenced - Unsupervised Probation (**SENTAC I**)
- FS sentenced - Field Supervision (**SENTAC II**)
- IS sentenced - Intense Supervision (**SENTAC III**)
- QI sentenced - Quasi-Incarceration (**SENTAC IV**)
- CJ sentenced - prison/Corrections/Jail (**SENTAC V**)
- HX History of legal involvement but not current
- N No current involvement or history
- U Unknown

Frequency of use:

- N No use in past month
- I Infrequent (1-3 times in past month)
- O Often (1-2 times per week/4-8 times per month)
- F Frequently (3-6 times per week/12-24 times per month)
- D Daily
- M More frequently than daily (2 or more times per day)
- U Unknown
- Z Z not collected

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Route of administration:

- M Mouth (swallow)
- S Smoke
- B Breathe/inhale/snort
- V intraVenous
- I other Injection (intramuscular or skin pop)
- O Other
- N None
- U Unknown
- Z not collected

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Expected source of payment: *This is the party expected to pay the major portion for the consumer's care.*

- D DSAMH
- I Individual resources (patient's or patient's family)
- B Blue Cross/Blue Shield
- H HMO (service contract)
- P other Private commercial health insurance
- M Medicare (Title XVIII)
- A AMedicAid (Title XIX)
- E Medicaid MCO
- V Veterans Administration
- C CHAMPUS
- W Worker's compensation
- G other Government sources
- S SENTAC
- O Other
- N None, provider absorbs total cost (charity, research, teaching)
- U Unknown

CSI – Completed (Co-Occurring Screening Instrument):

- Y Yes
- N No
- U Unknown

Screened positive for Co-Occurring Disorders:

Y Yes
N No
U Unknown

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Last Name: Consumer's last name
First Name: Consumer's first name
M.I.: Consumer's middle initial

MCI # : MCI ID number
 9999999996 none
 9999999997 unknown

Treatment Unit ID # : Treatment unit identification

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Axis I: The most important Axis I diagnosis should be written first.
 The code is 3 digits or the letter V followed by 2 digits, decimal
 point, 2 digits. Use the DSM-IV-TR manual for correct codes.

999.97 Unknown
999.98 not collected
V71.09 none

Axis II: The most important Axis II diagnosis should be written first.

999.97 Unknown
999.98 not collected
V71.09 none

NOTE: Please indicate which is the Primary Diagnosis by placing a check in the []'s after it. "When a person receives more than one diagnosis, the principal diagnosis is the condition that was chiefly responsible for occasioning the evaluation or admission to clinical care. In most cases this condition will be the main focus of attention or treatment. The principal diagnosis may be an Axis I or an Axis II diagnosis..." (Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition – Text Revision), American Psychiatric Association)

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Axis III: Physical Disorders or Conditions

999.96	none
999.97	Unknown
999.98	not collected

Axis IV: Psychosocial and Environmental Problems

- Problems with primary support group *(Specify)*_____
- Problems related to the social environment *(Specify)*_____
- Educational problems*(Specify)*_____
- Occupational
problems*(Specify)*_____
- Housing
problems*(Specify)*_____
- Economic
problems*(Specify)*_____
- Problems with access to health care
services*(Specify)*_____
- Problems related to interaction with the legal system/crime*(Specify)*_____
- Other psychosocial and environmental problems *(Specify)*_____

Axis V: Global Assessment of Functioning Scale

Score	
997	unknown
998	not collected

Time Frame: Current, Last Month, Last Quarter, Last Year, Other

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Physician Formulating/Confirming Diagnosis - Print his/her name and ID.

Date of completion: This is the date the diagnosis was done.

Signature: This is the signature of the physician formulating/confirming the diagnosis.

APPENDIX A

EBP's Service Definitions

Supported Housing:

Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability.

Supported Employment:

Mental Health Supported Employment (SE) is an evidence-based service to promote rehabilitation and return to productive employment for persons with serious mental illness' rehabilitation and their return to productive employment. SE programs use a team approach for treatment, with employment specialists responsible for carrying out all vocational services from intake through follow-along. Job placements are: community-based (i.e., not sheltered workshops, not onsite at SE or other treatment agency offices), competitive (i.e., jobs are not exclusively reserved for SE clients, but open to public), in normalized settings, and utilize multiple employers. The SE team has a small client: staff ratio. SE contacts occur in the home, at the job site, or in the community. The SE team is assertive in engaging and retaining clients in treatment, especially utilizing face-to-face community visits, rather than phone or mail contacts. The SE team consults / works with family and significant others when appropriate. SE services are frequently coordinated with Vocational Rehabilitation benefits.

Assertive Community Treatment:

A team based approach to the provision of treatment, rehabilitation and support services. ACT/PACT models of treatment are built around a self-contained multi-disciplinary team that serves as the fixed point of responsibility for all patient care for a fixed group of clients. In this approach, normally used with clients with severe and persistent mental illness, the treatment team typically provides all client services using a highly integrated approach to care. A key aspect are low caseloads and the availability of the services in a range of settings. The service is a recommended practice in the PORT study (Translating Research Into Practice: The Schizophrenia Patient Outcomes Research Team (PORT) Treatment Recommendations, Lehman, Steinwachs and Co-Investigators of Patient Outcomes Research Team, Schizophrenia

Bulletin, 24(1):1-10, 1998) and is cited as a practice with strong evidence based on controlled, randomized effectiveness studies in the Surgeon General's report on mental health.

Family Psychoeducation:

Offered as part of an overall clinical treatment plan for individuals with mental illness to achieve the best possible outcome through the active involvement of family members in treatment and management and to alleviate the suffering of family members by supporting them in their efforts to aid the recovery of their loved ones. Family Psychoeducation programs may be either multi-family or single-family focused. Core characteristics of family Psychoeducation programs include the provision of emotional support, education, resources during periods of crisis, and problem-solving skills.

Integrated Treatment for Co-occurring Disorders:

Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses.

Illness Management / Recovery:

Includes a broad range of health, lifestyle, and self-assessment and treatment behaviors by the individual with mental illness, often with the assistance and support of others, so they are able to take care of themselves, manage symptoms, and learn ways to cope better with their illness. Self management includes psychoeducation, behavioral tailoring, early warning sign recognition, coping strategies, social skills training, and cognitive behavioral treatment.