



**DATA ASSESSMENT REGISTRY
MENTAL HEALTH & ADDICTION**

**Required Data from
DMHA Contracted Providers
State Fiscal Year 2012**

July 2011

**STATE OF INDIANA
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION
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Data Reporting

Providers that contract with the Division of Mental Health and Addiction (DMHA) to provide mental health and addiction services are required to provide data about all HAP eligible consumers for the duration of their treatment. DMHA sends the data received from providers to the federal government as a requirement for several grants Indiana receives. The majority of the money received from these grants is passed on to the providers. These grants include the Substance Abuse Prevention and Treatment (SAPT) Block Grant, Mental Health Block Grant, and Drug and Alcohol Services Information System (DASIS). These grant programs look at state counts and consumer outcomes.

Providers submit the data to DARMHA, a web-based database application at <https://dmha.fssa.in.gov/darmha>.

Browser Compatibility Statement:

As of July 1, 2011, Apple Safari and Google Chrome Browsers will be support the menus in DARMHA. Microsoft Internet Explorer 6, 7, 8 and the new IE 9 will work with and without compatibility mode enabled. All previous versions of Mozilla Firefox and the new Mozilla Firefox 4 work very well with DARMHA.

Reporting year (State Fiscal Year (SFY): July 1 – June 30)

All DMHA Annual Reporting is based upon the State Fiscal Year.

Data records may be modified within the system up to a year from their initial entry date. The exception to this is the Episode Data Record. The Episode Data Record can span multiple years and are only restricted once they are closed. Modifications may be applied to an Episode Data Record up to a year after the Episode End Date. Data that has surpassed the 1 year edit period is locked and cannot be modified except by DMHA staff.

Reporting Expectations

Providers are required to submit data to DARMHA on a monthly basis, at minimum. All data for a previous month needs to be in DARMHA by the end of the next month; for example, January data needs to be submitted to DARMHA by the end of February. DMHA suggests providers provide data on a daily or weekly basis. Providers submitting data less frequently may see a resulting impact to meeting performance contracting expectations or obtaining MRO service packages.

Providers are to submit all data records for HAP Eligible individuals at the start of an episode. At 180 day intervals when treatment lasts six or more months a NOMS record, EBP record and an ANSA or CANS is required. At the end of an episode of care, if the service is completed a NOMS record, EBP record and an ANSA or CANS is required.

If an Encounter, Diagnosis, NOMS, EBP or Agreement Type record has been submitted to DARMHA with incorrect information, providers should edit the record. However, if there is NEW or Updated information, providers should create a NEW record.

1.1 Hoosier Assurance Program – HAP Eligibility

HAP Eligibility Criteria for Registration (SFY 2011)

A consumer may be registered by the agency if he/she meets conditions in Group I, II and at least one (1) criterion in Group III:

Group I

Can be defined under at least one Agreement type

Group II

Whose residence is in one of the ninety-two counties of Indiana.

Group III

Documentation of:

- (1) Current active enrollment in MEDICAID (HIP is not an automatic qualifier for HAP eligibility) or
- (2) Current active enrollment in Food Stamps or
- (3) Current active enrollment in TANF or
- (4) Being at or below 200% of poverty per the HHS Poverty Guideline as noted below or
- (5) Can indicate that the difference between the income level and the consumer's "out-of-pocket" mental health and/or addiction treatment costs for the previous year equals less than 200% of poverty level (Adjusted Family Income field will be validated with every update or change) or
- (6) There is no income restriction for persons receiving gambling services only.

200% of Poverty Level	
Persons in Family	Income
1	\$21,780
2	29,420
3	37,060
4	44,700
5	52,340
6	59,980
7	67,620
8	75,260

For family units with more than 8 members, add \$7,640 for each additional person.

Poverty Level Source: *Federal Register*, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638

Provider should have written policies and procedures for how financial and clinical eligibility are determined and verified. In accordance with the provider's policies and procedures, written documentation of financial and clinical eligibility determination and verification should be contained in the individual's record. When a provider determines the consumer no longer meets eligibility for HAP due to adjusted family income/family size, the provider will update the HAP Status to reflect that the consumer is "Not HAP Eligible." In accordance with 440 IAC 4.1, the provider should continue to provide services to the consumer as appropriate. In the event that the consumer's HAP eligibility status changes in the future, update the Episode Status to reflect that the consumer is HAP eligible. DMHA recommends that if the consumer is going to be "Not HAP Eligible" for more than 90 days that providers close the episodes.

HAP Eligibility and Incarceration

In the event the consumer is in an open episode of care and is incarcerated, if the provider continues to serve the consumer, there is no interruption to the episode of care.

In the event the consumer is able to receive community based services while on Work Release, Home Detention and/or intermittent incarceration ("weekend jail"), the consumer may be registered as HAP Eligible in DARMHA.

In the event the consumer is not registered in DARMHA and is incarcerated, the consumer may receive services; however the consumer should not be registered as HAP Eligible until they are released back into the community.

HAP Eligible - Medication Only

A "Medication Only" Consumer receives medication management services that are for the purpose of maintaining a level of functioning. Consumers with a status of "Medication Only" receive no services other than routine visits for clinical laboratory analyses (such as drawing of clozapine labwork) or receipt of anti-psychotic medications through injection (haldol decanoate, prolixin decanoate and risperdal consta) and assessment/ reassessments. Medication management services include periodic visits with the psychiatrist/physician or other staff with prescriptive authority to review medications and consumer response to the medications. These periodic visits should be no more frequent than monthly with most consumers being seen less often. Consumers receiving methadone or suboxone are not considered "Medication Only" Consumers.

An ANSA Level of Need recommendation of 2 or lower must be documented prior to changing a consumer's status to "Medication Only." An ANSA reassessment is required at least annually as long as the consumer remains in the "Medication Only" status.

Children and adolescents up through age 14 may not have an episode status of "Medication Only." Adolescents age 15 – 17 with a CANS Level of Need of 0 or 1 may have an episode status of "Medication Only" with annual reassessments.

1.2 Methods of Supplying Data to DARMHA

Providers can supply data to DARMHA through the web interface, import and Web Services. There are Manuals describing each of these methods in detail on the DARMHA Documents Page.

Episode Structure

The Consumer Episode data record is the framework for all of the detail data elements that define the consumer's episode of care. The Episode Start Date initiates the episode and the Episode End Date closes the episode. All Encounter, Assessment, Diagnosis, NOMS, EBP, and Agreement Funding records for a particular episode should be dated between the start and end dates of the episode of care.

Data Field Definitions

ALL DATA ELEMENTS ARE **REQUIRED** FOR DMHA CONTRACTED PROVIDERS UNLESS OTHERWISE NOTED.

Unless a data field is listed as “Optional” in this document, the field may not be NULL.

1.1 Consumer Demographic Data

Internal ID (*Alphanumeric, Max: 20 Characters Long*): The provider's internal client identifier used at the provider's practice in their internal systems.

Last Name (Max: 30 Letters): Consumer's last name (can include apostrophe's and hyphens)

First Name (Max: 25 Letters): Consumer's first name

Middle Name (Max: 25 Letters): Consumer's middle name **[Optional]**

Note: Names should be the legal names and not nicknames.

Birth Date (MM/DD/YYYY): Consumer's date of birth (cannot be a future date or present date)

Mother's Maiden Name (Max: 30 Letters): Consumer's mother's maiden name **[Optional]**

Zip Code (99999 or 99999-9999): Consumer's residential zip code

Gender (F or M): Consumer's gender

Social Security Number (999-99-9999): Consumer's social security number **[Optional]**

CSDS ID (Max: 16 Characters Long): If consumers were previously included in the previous state database (CSDS), please supply this identifier for tracking purposes and do not change it. **[Optional]**

Race (Integer): Chose all that apply; at least one race is **required**.

African American or Black (0 = No; 1 = Yes): *People having origins in any of the Black racial groups of Africa.*

American Indian and Alaska Native (0 = No; 1 = Yes): *People having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.*

Asian (0 = No; 1 = Yes): *People having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

Caucasian or White (0 = No; 1 = Yes): *People having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

Native Hawaiian/Other Pacific Islander (0 = No; 1 = Yes): *People having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

Other Single Race (0 = No; 1 = Yes): *None of the other race categories apply.*

Ethnicity (Integer): Consumer's ethnic status. Reported as follows and is independent of race.

1 = Puerto Rican

2 = Mexican

3 = Cuban

4 = Other Hispanic/ Latino: Of Central or South America, or any other Spanish culture origin (including Spain)

5 = Not Hispanic/ Latino: Use if the consumer is not of Hispanic Origin.

6 = Latino Unknown Origin

1.2 Episode Data

Internal Episode Code (Alphanumeric, Max: 25 Characters Long): The provider's internal episode identifier used with the provider's internal data system.

Episode Start Date (MM/DD/YYYY): Date the consumer's episode of care began. (Date cannot be a future date or a date before the Birth Date. **This date cannot be edited by providers.**)

Episode End Date (MM/DD/YYYY): Date the consumer's episode of care ended. The Consumer is not discharged until a date is entered into this field. When a date is provided, a "closed" episode status is required.

Episode Status (Integer): *Indicates required Discharge date/ End of Episode date.

- 1 = Consumer in treatment (This is the default.)
- 3 = Service Completed*
- 4 = Consumer Dropped/Opted out*
- 5 = Death*
- 6 = Moved out of Service area*
- 7 = Incarcerated (treatment has stopped)*
- 8 = Entered Nursing Home (treatment has stopped)*
- 9 = Administrative Discharge*

Source of Referral (Integer): Who referred this consumer for services?

- 1 = Individual/Self
- 2 = Alcohol/Drug Abuse Care Provider
- 3 = Health Care, Other
- 4 = School (Educational)
- 5 = Employer/Employee Assistance Program
- 6 = Other Community Referral
- 7 = Court/Criminal Justice**
- 8 = Referral from Child Welfare/Department of Child Services (DCS)

Legal Basis of Referral (Integer): Was the referring source of a legal basis? If 7 = Court/Criminal Justice in "Source of Referral", this information is required.

- 1 = State/Federal Court
- 2 = Formal Proceedings
- 3 = Probation/Parole
- 4 = Legal, Other
- 5 = Diversion Program
- 6 = Prison
- 7 = DUI
- 8 = Other

Prior SA Treatment Episodes (Integer – Value should be 0 - 30): Number of previous treatment episodes reported by the consumer.

Active Medicaid (0 = No; 1 = Yes): Does the consumer have Medicaid that is active?

Medicaid ID (10XXXXXXXX99): Consumer's Medicaid ID (Number needs to be 12 digits starting with 10 and ending with 99) **Required if Yes to active Medicaid.**

County of Residence (2 Digit County Code – See Appendix X): Numerical county identifier code

Food Stamps (0 = No; 1 = Yes): Is the consumer currently receiving food stamps?

TANF Status (0 = No; 1 = Yes): Is consumer enrolled in TANF?

Family Size (Integer – Maximum value is 30): Number of individuals supported by the adjusted family income. **Must be at least one.** This is a required field; providers may not report an unknown value.

Report the number of individuals that depend on the "family income" for support. If the consumer is a SED Agreement Type and the state or county is responsible for medical bills, report family size as one (1). **(This would be the only time that a minor's family size should be 1.)** Any individual included in the family size calculation for determining eligibility shall also have their income included in the Adjusted Family Income calculation.

Adjusted Family Income (Integer – Maximum of six digits – Cannot be a negative number): Yearly Family Income in Dollars. This is a required field; providers may not report an unknown value.

The value is reported AFTER mental health and addiction treatment costs, and/or gambling debt have been deducted. If the consumer is a SED Agreement Type and the state or county is responsible for medical bills, report family income as zero (0). Any individual included in the family size calculation for determining eligibility shall also have their income included in the Adjusted Family Income calculation.

Consumer Health Insurance (Integer): What is the consumer's health insurance?

- 2 = None
- 1 = Private Insurance
- 4 = Medicaid
- 5 = Medicare
- 6 = Other
- 10 = HIP
- 11 = TRI Care

Consumer Disability (Integer): Report only a disability that is in addition to the disabilities that are directly responsible for the current treatment. The condition of the consumer regarding mental illness and/or substance abuse is reported in greater detail through other fields

- 2 = None
- 2 = Blind
- 3 = MR/DD
- 4 = Deaf
- 5 = Mute
- 6 = Non Ambulatory
- 7 = Other Physical/Medical
- 8 = Neurological Impairment
- 9 = Learning or Reading disabilities
- 11 = Traumatic Brain Injury

Marital Status (Integer): Consumer's marital status

- 1 = Single (A child would be "Single".)
- 2 = Married/ Living together
- 3 = Widowed (not remarried after the death of a spouse)
- 4 = Divorced (includes marriages legally terminated).
- 5 = Married separated (includes those separated legally or otherwise absent from spouse because of marital discord)

Veteran Status (Integer): Is the Consumer a Veteran?

0 = No (A child would be “No” not a veteran.)

1 = Yes

2 = Yes, served in combat

3 = Current Active Duty (including deployment to war zones)

Dependent Children (0 = No; 1 = Yes): Does the consumer have dependent children?

Consumer Education Level (Integer): Indicate consumer's highest level of education completed.

0 = No formal schooling (this includes preschool and kindergarten)

1 = First Grade

2 = Second Grade

3 = Third Grade

4 = Fourth Grade

5 = Fifth Grade

6 = Sixth Grade

7 = Seventh Grade

8 = Eighth Grade

9 = Ninth Grade

10 = Tenth Grade

11 = Eleventh Grade

12 = High School Graduate/GED

13 = 1 Yr of College Completed

14 = 2 Yrs of College Completed/2 Yr Associate Degree

15 = 3 Yrs of College Completed

16 = 4 yrs College Graduate/Bachelor's

17 = Graduate Degree/Master's

18 = Doctorate Degree

21 = Post-secondary Vocational/Skills Training

HAP Status

0 = Not HAP Eligible – **This is the default.**

1 = HAP Eligible

2 = HAP Eligible - Medication Only

HAP Status Start Date (MM/DD/YYYY): For new episodes, this field will be **automatically** populated with the episode start date. When the HAP Status is changed, a date will be required. **No future dates, no date before the Episode Start Date and no date before a previous HAP Status Start Date are allowed.** On July 1, 2011, for open episodes we will populate this field with the most recent HAP Status Start Date in our HAP History.

HAP Status End Date (MM/DD/YYYY): This field will be automatically populated when a new HAP Status is chosen or the episode is closed. **Providers not supply data for this field.**

1.3 Assessment Data

The Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA) are the clinical assessment tools required by DMHA for all HAP Eligible youth and adults receiving mental health and/or addiction services. All item ratings for these tools are to be submitted to DMHA. **The collection of information needed to complete the CANS and/or ANSA assessments must occur face-to-face with one exception as explained below.** (Note: Face-to-face collection of information is not the same thing as the paperwork or electronic data entry needed to complete the assessment ratings and submit them to DMHA.) The face-to-face meeting must include the consumer and parent/guardian/primary caregiver if the consumer is a child or adolescent.

Information from the CANS and the ANSA is also used for performance measurement and to measure clinical outcomes. The Performance Measures Definitions for SFY 2012 Manual contains all measures for SFY 2012 including those for which the data source is the CANS or ANSA.

In community based care settings, the CANS or the ANSA tools are required at the beginning of each episode of care and at 180 day intervals when the episode of care lasts 6 or more months. Reassessment may occur more frequently as clinically needed. A reassessment should also be completed when services end, unless the individual dropped out and there is no new information since the last assessment. **The only exception to the requirement for a face-to-face meeting with the consumer in order to complete an assessment is for a discharge reassessment where the discharge is due to loss of contact with the consumer.** (Note: the DMHA performance measures standard for on-time reassessments is within 210 days to allow for missed appointments and other situations where the reassessment cannot be completed within 180 days.)

The CANS assessment is to be used for all youth up through age 17. It may also be used for persons up through age 21 if the person is receiving youth services or if, in the clinician's opinion, it is more developmentally appropriate. The ANSA is to be used for all adults age 18 and over who are receiving adult services.

If an individual is initially assessed using the Birth to 5 CANS, use the Birth to 5 CANS tools for reassessment at least one time before switching to the 5 to 17 CANS. If the 5 to 17 CANS tool is used with an older teen or young adult, use the CANS for reassessment at least one time before switching to the ANSA.

For persons with a status indicator of "Medication Only," the ANSA is required annually or at any time there is an indication of significant change in the consumer's status.

In a Psychiatric Residential Treatment Facility or a State Operated Facility care setting, CANS/ANSA reassessments are required at admission, every 90 days and at discharge or transition to community-based care.

Score Sheets and Manuals for the assessment tools can be found on the Documents Page in DARMHA. In addition, providers can export "Assessment Tools" from DARMHA. This export provides all the necessary information about the Assessments such as the Question IDs, Answer IDs, etc.

Below is a list of all assessment related items. Note: These are listed for educational purposes; most items are not required in the import process. For details, refer to the "Import / Export Specifications" Manual.

Certified CANS/ANSA Professional ID (also called Clinician ID): The ID of the Clinician, registered and currently certified, at the provider's practice and responsible for administering the CANS/ANSA to the consumer.

Assessment Date ("MM/DD/YYYY"): Date the assessment was completed

Assessment Reason CD (Integer): The associated event for capturing the assessment information.

One Initial and one Transfer/Discharge allowed per Episode.

1 = Initial Assessment

2 = Reassessment

3 = Transition/Discharge

Tool_ID: ID assigned by DARMHA for each assessment tool

Tool_Desc: Assessment tool name

Module_Order: Number designating order of module within the tool

Module_ID: ID assigned by DARMHA for the module

Module_Name: Module name

Question_Text: Question title

Question_Order: Number designating order of question within the tool

Question ID: ID assigned by DARMHA for each question within an assessment tool

Answer_ID: ID assigned by DARMHA for each answer within an assessment tool

Answer_Desc: Answer description text

Answer_Value: Answer provided by the Clinician. Typically a value 0 - 3. A value of -1 is reflected as "Not Applicable"

Question_Clarification (Integer): Text providing additional clarification for the question.

1.4 Diagnosis Data

Diagnosis records should be created as necessary to reflect the accurate picture of care for the consumer; as a result the most recent diagnosis record will be used for reporting purposes when accessing diagnosis history.

Providers are required to provide a diagnosis in Axis I or Axis II.

Diagnosis Date ("MM/DD/YYYY"): Date which the consumer's diagnosis was indicated or changed.

Axis I (6 Alphanumeric Characters including the decimal): Clinical disorder, including major mental disorders, as well as developmental and learning disorders. Report according to DSM-IV-TR or ICD-9-CM codes. There are 3 available fields to enter Axis I diagnosis codes. **Enter Primary Diagnosis first.**

Axis II (6 Alphanumeric Characters including the decimal): Underlying pervasive or personality conditions, as well as mental retardation. Report according to DSM-IV-TR or ICD-9-CM codes. There are 2 available fields to enter Axis II diagnosis codes. **Enter Primary Diagnosis first.**

Axis III (6 Alphanumeric Characters including the decimal): Acute medical conditions and physical disorders. Report according to DSM-IV-TR or ICD-9-CM codes. There are 3 available fields to enter Axis III diagnosis codes. **[Optional]**

Axis III (Narrative about Axis III Diagnoses) **[Optional]**

Axis IV (Integer): Psychological and environmental factors contributing to the disorder **[Optional]**

-2 = None

1 = Problems with primary support group

2 = Problems related to the social environment

3 = Education problems

4 = Occupational problems

5 = Housing problems

6 = Economic problems

7 = Problems with access to health care services

8 = Problems related to interaction with the legal system/crime

9 = Other psychosocial and environmental problems

Axis IV (Narrative about Axis IV Diagnosis) **[Optional]**

Axis V (Integer – Accepted Values 1-100, -2 = None): Global Assessment of Functioning (GAF) or Children's Global Assessment Scale (C-GAS) for children under the age of 18 **[Optional]**

Leading Cause Diagnosis or Primary (Integer – Accepted Values 1 or 2): Which of the first two Axes lists the primary or leading diagnosis?

SOGS (Integer – Accepted Values 1-20, -2 = None): The South Oaks Gambling Screen (SOGS) is a screening instrument to assess the need for gambling treatment. Please report the score for the past twelve months.

[This is required for consumers with GAM as a funding type. For all other consumers it is Optional]

1.5 Encounter Data

Service Date ("MM/DD/YYYY"): Date the service was rendered.

Providers must submit a record for each day a service is rendered.

Procedure Code (String): CPT (Current Procedural Terminology) Code or Health Care Common Procedure Coding System (HCPCS) code for service

Units (Integer): Number of units rendered during this service. Must be greater than zero; no decimals - no fractions.

Common Value (Integer): The customary or typical value of this service for a single unit. Must be greater than zero; no decimals - no fractions. **There is no default value.**

Level of Clinician (Integer): * Please use highest level of clinician if multiple staff are involved.

1 = Psychiatrist, Board Eligible or Certified

4 = Other MD or DO

7 = PhD Psychologist, HSPP

8 = PhD Psychologist, Non HSPP

10 = PhD or Masters in Social Work, Nursing Counseling, Marriage and Family Therapy, Psychology, LCSW, LMHC or LMFT

13 = Other Masters or Other PhD

16 = Certified Addictions Counselor

19 = RNs

22 = Bachelors

25 = Less than Bachelors

28 = Facility (Residential Care) Staff

Internal Service ID (String): The provider's internal identifier for this rendered service (**This ID MUST be unique or previous encounters with the same ID will be overwritten.**)

1.6 **NOMS (National Outcome Measures)**

DMHA collects this data as a requirement for federal grants. Data is required to be submitted for all HAP eligible consumers at the start of the episode of care, at 180 day intervals when the episode of care lasts 6 months or more and finally at discharge.

NOMS Date ("MM/DD/YYYY"): The date the consumer's information is collected.

NOMS Reason (Integer): The associated event for capturing the NOMS History.

One Initial and one Transfer/Discharge allowed per Episode.

1 = Initial

2 = Reassessment

3 = Discharge

Pregnant (0 = No; 1 = Yes): Is the consumer currently pregnant?

Social Support (Integer): Frequency of Attendance at self-help programs or support groups in the last 30 days (e.g. AA, NA, Depression Support Group, Bipolar Support Group, etc.)

-2 = No attendance in the past month

2 = 1-3 times in past month

3 = 4-7 times in past month

4 = 8-15 times in past month

5 = 16-30 times in past month

6 = Some attendance in past month, but frequency unknown

Employment Status (Integer): Consumer's employment status

1 = Unemployed, looking for work

2 = Unemployed, not in labor force (community only)

***If 2 selected - Must select option from Employment Detail**

3 = Employed - Full time (35+ Hours/week)

4 = Employed – Part-time (1 - 5 hours)

5 = Employed – Part-time (6 - 10 hours)

6 = Employed – Part-time (11 - 15 hours)

7 = Employed – Part-time (16 - 20 hours)

8 = Employed – Part-time (21 - 34 hours)

Employment Detail Required if Employment Status = 2, Unemployed, not in labor force (Community Only)

-3 = Not Applicable (this is not an option if Employment Status = 2)

1 = Homemaker

2 = Student

3 = Retired

4 = Disabled

5 = Inmate of Institution

6 = Other

ROLES Score (Integer): Required if consumer's age is less than 18 years old.

The Restrictiveness of Living Environmental Scale (ROLES; Hawkins, Almeida, Fabry, & Reitz, 1992) measures the restrictiveness of living of children's living situations. Restrictiveness is measured on a scale from 1 (least restrictive) to 16 (most restrictive). Level of restrictiveness is determined by the degree to which individuals are free in the physical facility (use of locks, privacy of bathing), the degree to which rules and requirements infringe on freedom, and voluntariness with which children and youth enter or leave the setting (Cross & McDonald, 1995). ROLES adapted to add "homeless" and "state hospital".

Hawkins, R. P., Almeida, B., Fabry, A. C., & Reitz, A. C. (1992). A scale to measure restrictiveness of living environments for troubled children and youth. *Hospital and Community Psychiatry*, 43, 54-59. Cross, T. & McDonald, E. (1995). Evaluating the outcome of children's mental health services: A guide for the use of available child and family outcome measures. Boston, MA: Judge Baker Children's Center.

-3 = Not Applicable – Option only if consumer is 18 years old or older

1 = Homeless - No place to stay; staying anywhere available from night to night

2 = Independent - Living independently alone or with friend/partner with minimal supervision

3 = Biological Family - Living with biological caregiver(s)—mother, father, parents

4 = School Dormitory - Living out of the home in boarding school arrangement (without a treatment component)

5 = Relative's Home/Adopted - Living in home of and under care of relative, adoptive parents, or with unrelated family friend with responsible adult in household

6 = Supervised Independent - Living in supervised community living arrangement without added support or in-house treatment component (i.e., with recruited mentor, professional housemate, or other “paid roommate”)

7 = Foster Care - Living in standard foster care arrangement without added support or in-house treatment component

8 = Therapeutic Foster Care - Foster care arrangement in which providers are trained to care for children with intense special needs and have an identifiable treatment or support component

9 = Individual Home/Group Emergency Shelter - Temporary apartment, specialized foster home or group living arrangement used to provide extensive support and supervision with focus on children with special needs

10 = Group Home - Alternative living arrangement in which child lives with a small number of other children (e.g., 3 to 9) with special needs. 24-hour supervision is provided along with long-term treatment and supports

11 = Residential Treatment Center - Alternative group living arrangement for children with intensive mental health /substance abuse treatment needs with 10 or more children. Provides 24-hour staff supervision. Lengths of stay are generally longer than in hospitals

12 = Medical Hospital (non-psychiatric) - Living in inpatient unit of medical hospital for treatment of non-mental health-related problems

13 = Intensive Treatment Unit – A hospital-based or locked/staff secure treatment unit for acute psychiatric or drug/alcohol problems (Private Psychiatric Hospital / PRTF)

14 = State Hospital - Inpatient unit of state psychiatric hospital

15 = Juvenile Detention - Incarceration of youth in “youth-only” locked facility. May or may not have treatment component

16 = Jail/Prison - Incarceration of youth in locked adult correctional facility with high structure and high supervision

Living Arrangement (Integer): Required if consumer's age is 18 years old or older. Describes consumer's current living situation.

-3 = Not Applicable – Option only if consumer is less than 18 years old

1 = Homeless - Homeless, alone or with family: A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residence is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodation of 3 or less months, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).

2 = Residential Facility (adult) - Twenty-four hours a day, 7 days a week; Usually long-term residential placement including: supervised group home, board & care, room, board and assistance (RBA), rehabilitation center, halfway house, therapeutic group home, agency-operated residential care facilities.

3 = Independent Living (adult) - Living with non-foster family without supportive community service being received in the home setting; living in a house, apartment, trailer, hotel, dorm, barrack, single room occupancy, or in the residence of parents, relatives, legal guardians, or other primary caregivers; no routine or planned supportive community service intervention received in order to maintain independence in the living situation. *SEE NOTE BELOW.

4 = Jail/Correctional Facility (adult) - Home detention, detention centers, work release, weekend jail, boot camp, jail, correctional facility, prison.

5 = Supported Living (adult) - Living with non-foster family and receives supportive community service in the home setting; living in a house, apartment, trailer, hotel, dorm, barrack, single room occupancy, or in the residence of parents, relatives, legal guardians, or other primary caregivers; receives routine or planned supportive community services and/or financial support for their living arrangement. Includes semi-independent living. There is community support services intervention.

6 = Person In Foster Care/Foster Home (adult) - Individual resides in a foster home. A foster home is a home licensed by a county or state department to provide foster care to adults. This includes therapeutic foster care facilities. **7 =**

Inpatient Hospital - Twenty-four hour a day, 7 day a week care; inpatient psychiatric hospital, psychiatric health facility (such as a stress center), general hospital, private adult psychiatric hospital, Veterans Affairs hospital.

8 = State Institution, SOF (adult) - Twenty-four hour a day, 7 day a week care; state operated facility.

10 = Other

13 = Nursing Home (adult) - Twenty-four hour a day, 7 day a week care; skilled nursing facility or intermediate care facility for persons with MR (ICF/MR) or institute of mental disease (a facility of more than 16 beds that only has persons with mental illness as residents).

14 = Shelter Facility (adult) - Twenty-four hour a day, 7 day a week; that does or does not provide treatment: a supervised publicly or privately operated shelter designed to provide living accommodation for more than 3 months.

12 = Crisis Residential and Sub-Acute Stabilization (adult) - Short term living arrangement designed to stabilize symptoms.

NOTE: Supportive community services are individualized services to promote recovery, manage crises, perform activities of daily living and/or manage symptoms, and are not public entitlements. Public entitlements are funding sources that a consumer qualifies for based on income, disability, etc. These include, but are not limited to TANF and food stamps. Consumers can be receiving public entitlements and be considered living independently

Substance Use / Abuse Codes – At least one substance is required if Agreement type is CA; “None” is NOT an option for Primary Substance for CA consumers. DMHA encourages providers to report drug information for SMI/SED consumers if it is know.

List from Treatment Episode Data Set (TEDS) Admission Data with National Outcome Measures, February 2010

- 3 = Not Applicable (**this option is only allowed for consumers with SED and SMI agreement types.**)
- 2 = None
- 2 = Alcohol
- 3 = Cocaine/Crack
- 4 = Marijuana/Hashish
- 5 = Heroin
- 6 = Non-Prescription Methadone
- 7 = Other Opiates and Synthetics
- 8 = PCP
- 9 = Other Hallucinogens
- 10 = Methamphetamine
- 11 = Other Amphetamines
- 12 = Other Stimulants
- 13 = Benzodiazepines
- 14 = Other non- Benzodiazepines Tranquilizers
- 15 = Barbiturates
- 16 = Other non- Barbiturate Sedatives or Hypnotics
- 17 = Inhalants
- 18 = Over-the-Counter
- 19 = Tobacco
- 20 = Other

Primary, Secondary and Tertiary Substances

List the consumer's primary, secondary and tertiary substance preference. In determining primary, secondary and tertiary substance abuse problems, clinical judgment will ultimately determine the degree of impairment that a substance has for an individual consumer. In determining the degree of impairment, the following considerations should be made: (1) pattern of drug involvement; (2) degree of present or past physical, mental, social dysfunction caused by the substance and (3) degree of present or past physical or psychological dependence on drugs, regardless of the frequency of use of a specific drug.

Route (Integer): Route of Substance Ingestion. Required field if drug is listed.

- 3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug
- 1 = Oral
- 2 = Smoked
- 3 = Inhaled
- 4 = Injection
- 5 = Other

Frequency of Use (Integer): Frequency the substance is used. Required field if drug is listed.

- 3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug
- 1 = None in the past month
- 2 = 1-3 times in the past month
- 3 = 1-2 times per week
- 4 = 3-6 times per week
- 5 = Daily

Age of First Use (Integer): Age at which consumer began using specified substance. Required field if drug is listed and CA is the Agreement Type. SMI and SED agreement can put Unknown (-1).
-3 = Not Applicable – This can only be used if Not Applicable (-3) or None (-2) was listed for drug (The value for Age at First Use will be validated between 0 and the age of the consumer as of the date of the NOMS History record). Use Zero for newborn with a substance dependency problem.

Criminal Involvement (Integer – Maximum value allowed 30): In the past 30 days, how many times was the individual arrested? For example, “1” indicates the individual was arrested one time in the last 30 days. 0 would be used if the answer is none or not applicable.

Needle Use (Integer): Has the consumer ever used a needle to ingest substance?

- 0 = No, Consumer has not used a needle
- 1 = Yes, Consumer has used and shared a needle
- 2 = Yes, Consumer has used a needle

1.7 Evidence Based Practices – EBP Data

EBP History tracks the usage of the different EBPs for each consumer. Data is required to be submitted for all HAP eligible consumers at the start of the episode of care, at 180 day intervals when the episode of care lasts 6 months or more and finally at discharge.

EBP History Date ("MM/DD/YYYY"): Date the consumer's Evidence Based Practices changed.

ACT Indicator (0 = No; 1 = Yes): As of the EBP date supplied, is the consumer receiving ACT services?

System of Care Indicator (0 = No; 1 = Yes): Is the youth receiving System of Care Treatment?

CA-PRTF (0 = No; 1 = Yes): Is the youth receiving Community Alternatives to Psychiatric Residential Treatment Facilities Grant?

IMR – Illness Management and Recovery (Integer): Is this consumer receiving Illness Management and Recovery (IMR) Skills services? If an illness self-management program other than the specific IMR model is being provided to a consumer, then indicate that the service is being provided without fidelity to the model.

- 0 = No
- 1 = Yes, with fidelity to the model (As defined by the SAMHSA Toolkit Project)
- 2 = Yes, without fidelity to the model

Supported Employment (Integer): Is the consumer involved with supported employment?

- 0 = Not enrolled in or not receiving supported employment services
- 1 = Supported employment for paid, full-time work (35 hours per week or more with continuing support)
- 2 = Supported employment for paid, less than full-time work (21 to 34 hours per week with continuing support)
- 3 = Supported employment for paid, part-time work (16 - 20 hours per week with continuing support)
- 5 = Supported employment for paid, part-time work (11 - 15 hours per week with continuing support)
- 6 = Supported employment for paid, part-time work (6 - 10 hours per week with continuing support)
- 7 = Supported employment for paid, part-time work (1 - 5 hours per week with continuing support)
- 8 = Enrolled in supported employment and not yet employed

Supported Housing (0 = No; 1 = Yes): Is the consumer receiving supported housing? There are currently no fidelity measures for Supported Housing.

IDDT - Integrated Dual Diagnosis Treatment (Integer): Is the Consumer receiving Integrated Dual Diagnosis Treatment services (IDDT)? If an integrated dual disorder program for SMI/CA other than the specific IDDT model is being provided to a consumer, then indicate that the service is being provided without fidelity to the model.

0 = No

1 = Yes, with fidelity to the model (As defined by the SAMHSA Toolkit Project)

2 = Yes, without fidelity to the model

Motivational Interviewing (0 = No; 1 = Yes): Is the consumer being treated with Motivational Interviewing?

Cognitive Behavioral Therapy (0 = No; 1 = Yes): Is the consumer being treated with Cognitive Behavioral Therapy?

MATRIX Model (0 = No; 1 = Yes): Is the consumer being treated with the MATRIX Model?

1.8 Agreement Type Data

In order for a consumer to be counted in Performance Measures, an Agreement Type record is required. Only one Agreement Type record is required, except when requesting “carve-out” funding. DARMHA collects information about the following ‘Carve-Out’ Funding Types: Deaf, Deaf GAM, Gambling, SMO, and SOF). Providers submitting these Special Funding Types need to submit a new Agreement Type record for each State Fiscal Year. Carve-out qualifications remain the same as in years past; funding one carve-out, per consumer, per year.

Agreement Funding History Date (“MM/DD/YYYY”): Date the consumer’s Agreement/Funding Type are being recorded.

Agreement Type (Integer):

- 1 = SMI - Serious Mental Illness
- 2 = SED - Seriously Emotionally Disturbed
- 3 = CA - Chronic Addiction

Funding Type (Integer):

- 2 = None
- 2 = Deaf
- 3 = Deaf Gambling
- 4 = SMO (must have CA Agreement type)
- 5 = Gambling – Gambling is now a Funding Type, not an Agreement Type.

SOF Indicator (0 = No; 1 = Yes): Is there a State Operated Facility (SOF) Agreement for this consumer? (If yes, must have SMI Agreement type) Consumer is pre-approved by the Division of Mental Health and Addiction as eligible for a SOF long term funding agreement as per the contract special conditions.

Agreement Funding Change

- 1 = Initial
- 2 = Refined Diagnosis
- 3 = Special Funding Requested (Use when requesting funds for SMO and Deaf funding)
- 4 = Released from Special Funding

Acronyms

ACT	Assertive Community Treatment
ANSA	Adults Needs and Strengths
CANS	Child and Adolescent Needs and Strengths
CA-PRTF	Community Alternative to Psychiatric Residential Treatment Facility
C-GAS	Children's Global Assessment Scale
CSDS	Community Services Data System
DARMHA	Data Assessment Registry of Mental Health and Addiction
DCS	Department of Child Services
DMHA	Division of Mental Health and Addiction
DSM –IV	Diagnostic and Statistical Manual of Mental Disorders 4th Ed
EBP	Evidence Based Practice
GAF	Global Assessment of Functioning
HAP	Hoosier Assurance Plan
HCPCS	Health Care Common Procedure System Codes
ICD-9	International Classification of Diseases – Revision 9
IDDT	Integrated Dual Disorder Treatment
IMR	Illness and Management Recovery
LON	Level of Need
MRO	Medicaid Rehabilitation Option
NOMS	National Outcome Measures
OMPP	Office of Medicaid Policy & Planning
SOF	State Operated Facility
SOGS	South Oaks Gambling Screen
TEDS	Treatment Episode Data Set

Description of Evidence Based Practices

Assertive Community Treatment (ACT) - 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. In order for the agency to select "Yes" in this field, the agency shall have an ACT contract or have achieved ACT certification or provisional certification with DMHA.

System of Care - A System of Care (SOC) is a wide array of mental health and related services and supports organized to work together to provide care. In a SOC, wraparound services are provided through a child and family team. This field is critical and may be updated throughout the year. This field only applies to those consumers who are children (age 17 and under).

CA-PRTF - To Be Eligible:

The child/youth must be enrolled in an eligible Medicaid category.

The family must reside in a county selected to take part in the CA-PRTF Grant Program.

The child/youth must be between the ages of 6-22

The child/youth must have an assessment completed at the access point which identifies them as needing this level of intensity of service.

(If CA-PRTF = yes, then age must be between 6 years and less than 21 years. Medicaid Active must be yes and the Medicaid ID # is required).

IMR – Illness Management and Recovery- IMR 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 Psycho-education, behavioral tailoring, early warning sign recognition, coping strategies, social skills training, and cognitive behavioral treatment. If an illness self-management program other than the specific IMR model is being provided to a consumer, then indicate that the service is being provided without fidelity to the model.

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. 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.

IDDT - Integrated Dual Diagnosis Treatment -This is also referred to as 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.

Supported Housing - Supported Housing consists of services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain consumers are able to live independently in the community only if they have support from staff for monitoring and/or assisting with daily living responsibilities. The staff assists consumers 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. The minimum requirements for reporting supported housing include:

-Staff assigned: Specific staff are assigned to provide supported housing services.

-Housing is integrated: That is, supported housing provides for living situations in settings that are also available to persons who do not have mental illnesses.

-Consumer has the right to tenure: The ownership or lease documents are in the name of the consumer.

-Supported housing is targeted to persons who would not have a viable housing arrangement without this service.

-Affordability: Supported housing assures that housing is affordable (consumers pay no more than 40% of their monthly income on rent and utilities) through adequate rent subsidies, etc.

Supported housing is not reported if the individual lives in a residential treatment program or is being served by the ACT team.

Motivational Interviewing - Motivational interviewing (MI) is a counseling style that is goal-directed and seeks to gently help a client discover why he is ambivalent to change. Dr. Stephen Rollnick and Dr. William R. Miller developed MI in the 1980s. MI uses four basic techniques--open-ended questions, affirmations, reflective listening and summaries. MI is used in individual and group settings.

Cognitive Behavioral Therapy - A relatively short-term form of psychotherapy based on the concept that the way we think about things affects how we feel emotionally. Cognitive therapy focuses on present thinking, behavior, and communication rather than on past experiences and is oriented toward problem solving.

MATRIX Model - The Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period. Counselors are trained to conduct treatment sessions in a way that promotes the patient's self-esteem, dignity, and self-worth.

Agreement Type and Funding Type Descriptions

Definitions for Agreement Types below.

Seriously Mentally Ill Adult (SMI)

(A) The individual is 18 years or older and has been diagnosed with a mental illness diagnosis under the Diagnostic and Statistical Manual of Mental Disorders, (DSM-IV), published by the American Psychiatric Association.

(B) The individual experiences significant functional impairment in two (2) of the following areas:

- (i) Activities of daily living.
- (ii) Interpersonal functioning.
- (iii) Concentration, persistence, and pace.
- (iv) Adaptation to change.

The duration of the mental illness has been, or is expected to be, in excess of twelve (12) months. However, adults who have experienced a situational trauma do not have to meet the durational requirement of this clause.

Seriously Emotionally Disturbed Children (SED)

The child has a mental illness diagnosis under DSM-IV.

The child experiences significant functional impairments in at least one (1) of the following areas:

- (i) Activities of daily living.
- (ii) Interpersonal functioning.
- (iii) Concentration, persistence, and pace.
- (iv) Adaptation to change.

The duration of the mental illness has been, or is expected to be, in excess of twelve (12) months. However, children who have experienced a situational trauma, and who are receiving services in two (2) or more community agencies, do not have to meet the duration requirement of this clause; AND

The SED Agreement type will be validated against the consumer's age at the time of the Agreement/Funding History date and should be less than 18.

Chronically Addicted (CA)

The individual has a Substance-Related Disorder in DSM-IV.

The individual experiences significant functional impairments in two (2) of the following areas:

- (i) Activities of daily living.
- (ii) Interpersonal functioning.
- (iii) Ability to live without recurrent use of chemicals.
- (iv) Psychological functioning.

The duration of the addiction has been in excess of twelve (12) months. However, individuals who have experienced amnesic episodes (blackouts), or have experienced convulsions or other serious medical consequences of withdrawal from a chemical of abuse, or who display significant dangerousness as a result of chemical use, do not have to meet the durational requirement; AND

Alcohol/Drug Use Education Only Services:

Alcohol/Drug Use Education Only Services are defined as provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources¹ without concurrent addiction treatment services. Addiction treatment services are defined as a broad range of planned and continuing care, treatment, and rehabilitation, including, but not limited to, counseling, psychological, medical, and social service care designed to influence the behavior of individual alcohol abusers or drug abusers, based on an individual treatment plan².

Definition for Funding Types below.

Deaf or Hard of Hearing:

Deaf:

Generally describes individual(s) with a profound or significant hearing loss. Mode of communication is generally dependent upon time of hearing loss:

Prelingual - prior to the acquisition of language;

Postlingual - after language acquisition has already begun.

American Sign Language (ASL) is the most common mode of communication, but some individuals prefer to use hearing aids, speech reading and assistive technology to communicate.

Hard of Hearing:

Describes individual(s) with mild to profound hearing loss. Some speech sounds can be understood with or without a hearing aid. Most individuals who are hard of hearing use an oral mode of communication. Many use sign language; however, the majority is committed to using their residual hearing, hearing aids, speech reading and assistive technology to aid communication. The language and identity of these individuals vary depending upon their background and exposure.

Compulsive Gambling Addiction (GAM)

An individual who meets criteria for Axis –I diagnosis of Pathological Gambling in the DSMIV, diagnosis 312.31 and a completed South Oaks Gambling Screen (SOGS) score of 5 or more reflective of gambling behavior over the past twelve months prior to screening; (OR)

An individual who has a score of 3 or more on the SOGS reflective of gambling behavior over the past twelve months prior to screening.