



**DATA ASSESSMENT REGISTRY
MENTAL HEALTH & ADDICTION**

**Required Data from
DMHA Contracted Providers
State Fiscal Year 2017**

July 2016

**STATE OF INDIANA
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION
402 WEST WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204**

List of Revisions to Manual

May 6, 2016

- Page 15, Added to two more options to Location Type, Out in the community and At a sub-contractor.
- Page 22, Removed -8 (Not Applicable) from Substance Use Codes

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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 for the duration of their treatment about all consumers that fit the eligibility requirements for being a DMHA Supported Consumer. 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 and Mental Health Block Grant. 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>.

All DMHA Annual Reporting is based upon the State Fiscal Year (SFY) July 1 – June 30.

Data records may be modified for 180 days from the date of submission. The exceptions to this are the Episode Data Record and the Consumer 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 180 days after the Episode End Date (exceptions related to start dates found on page 7.) Data can only be added to a closed episode up to 180 days after the Episode End Date. Data that has surpassed the 180 day 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 DMHA Supported Consumers at the start of an episode. At 180 day intervals when treatment lasts six or more months a NOMS record and an ANSA or CANS is required. At the end of an episode of care, if the service is completed, a NOMS record and an ANSA or CANS is required.

If an Encounter, Diagnosis/Agreement Type, or NOMS record has been submitted to DARMHA with incorrect information, providers should edit the record; providers have 180 days to edit the record. However, if there is NEW or Updated information, providers should create a NEW record.

1.1 Eligibility Criteria for DMHA Supported Consumers

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 or HIP 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	\$23,760
2	32,040
3	40,320
4	48,600
5	56,880
6	65,160
7	73,460
8	81,780

For family units with more than 8 members, add \$8,320 for each additional person.

Poverty Level Source: Federal Register Volume 81, Number 15 (Monday, January 25, 2016), Pages 4036-4037

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 to be a DMHA Supported Consumer due to adjusted family income/family size, the provider will update the DMHA Supported Consumer Status to reflect that the consumer is "Not a DMHA Supported Consumer." 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 eligibility status changes in the future, update the Episode Status to reflect that the consumer is a DMHA Supported Consumer. DMHA recommends that if the consumer is not going to be a DMHA Supported Consumer for more than 90 days that providers close the episodes.

DMHA Supported Consumer - 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 import and web services in detail on the DARMHA Documents Page.

Episode Structure

The Consumer Episode data record is the framework for all of the data that detail 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 Agreement Type, and NOMS 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 requires a specific answer.

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. This field cannot be duplicated in your agency's data. (Used for Import/Web Services)

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

Suffix (Integer): Utilize if consumer has one of the following suffixes in his/her name. [Optional]

- 2 = None
- 1 = I (First)
- 2 = II (Second)
- 3 = III (Third)
- 4 = IV (Fourth)
- 5 = V (Fifth)
- 10 = Jr.
- 11 = Sr.

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]

Medicaid or HIP ID (10XXXXXXXX99): Consumer's Medicaid or HIP ID (Number needs to be 12 digits starting with 10 and ending with 99 or a 12 digit number starting with a 6 (this is a Hospital Presumptive Eligibility (HPE) number). This field cannot be duplicated in your agency's data. **Required if Yes to Active**

Medicaid/HIP. [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.*

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]**

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

Primary Language (Integer): What is the consumer's primary language? (Language List on pg. 28; English is the default)

Not English (0=No; 1=Yes; -3=Not Applicable): If not English, does the consumer's ability to communicate in English interfere with his/her ability to be understood or to understand others communicating in English? Not Applicable (NA) will only be available for consumer records that are being updated and when English is the primary language. It will not be available when creating new consumers if English is not the primary language.

Recovery Works Consumer (0=No; 1=Yes): This field is utilized to register a consumer in the Recovery Works program. **[Optional – unless consumer participating in Recovery Works]**

DOC ID # (string): Department of Correction number **[Optional for Recovery Works]**

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. **(Used for Import/Web Services)**

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.**)

DSC Status Start Date (MM/DD/YYYY): For new episodes, this field will be **automatically** populated with the episode start date. When the status is changed, a date will be required. **No future dates, no date before the Episode Start Date and no date before a previous DSC Status Start Date are allowed.**

*A Designee can edit the episode start date and DSC start date one time within 30 days after the record submission. The dates cannot be more than 30 days past. Additional records within the episode have to be dated on or after the episode start date. (Function not available for a simple episode.)

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* (Once this Status is used, a new episode of care cannot be created.)
- 6 = Moved out of Service area*
- 7 = Incarcerated (treatment has stopped)*
- 8 = Entered Nursing Home (treatment has stopped)*
- 9 = Administrative Discharge*

DSC Status (Integer):

- 0 = Not a DMHA Supported Consumer – **This is the default.**
- 1 = DMHA Supported Consumer
- 2 = DMHA Supported Consumer - Medication Only

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
- 12 = Medicaid and Medicare

Insurance History Date (MM/DD/YYYY): Date the consumer's health insurance changes. The first Insurance History Date will default to the episode start date.

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

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 = Intellectual Disability / Developmentally Disabled
- 4 = Deaf
- 5 = Mute
- 6 = Non Ambulatory
- 7 = Other Physical/Medical
- 8 = Neurological Impairment
- 9 = Learning or Reading disabilities
- 11 = Traumatic Brain Injury
- 12 = Hard of Hearing

County of Residence (2 Digit County Code – See County Codes Section): 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?

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.

- 3 = Not Applicable
- 1 = State/Federal Court
- 2 = Other Court (not State or Federal)
- 3 = Probation/Parole
- 4 = Other Recognized Legal Entity (E.G. local law enforcement agency, corrections agency, youth services, review board/agency)
- 5 = Diversionary Program (e.g., TASC)
- 6 = Prison
- 7 = DUI/DWI
- 8 = Other

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

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.

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)

Military Service Status (Integer): Choose all that apply.

Served (0 = No; 1 = Yes): *The consumer served in one of the branches of the military, including the National Guard.*

Veteran (0 = No; 1 = Yes): *The consumer is considered to be a veteran.*

Deployed (0 = No; 1 = Yes): *The consumer has been deployed (moved from the individual's home base to another location along with other soldiers. This is typically overseas.)*

Combat (0 = No; 1 = Yes): *The consumer served in combat.*

Family Member in Military (0 = No; 1 = Yes): *A member of the consumer's immediate family served in the military (immediate family includes parent, spouse, significant other and siblings.)*

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

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 DMHA Supported Consumers 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 2017 Manual contains all measures for SFY 2017 including those for which the data source is the CANS or ANSA. This Manual also provides additional guidance regarding reassessments and discharge assessments.

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. **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 and there is no new information.** (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.

The CANS and ANSA tools have specific ages that are most appropriate for each tool. Below are the ages that DARMHA will validate for the tools.

- CANS 0-5 can be completed on children from zero up to six years old (0-5).
- CANS 5-17 can be completed on children from five up to twenty-two years old (5-21).
- ANSA can be completed on an adult eighteen years and older (18 and older).

Internal Assessment ID or Agency_Assessment_ID : The provider's internal assessment identifier used with the provider's internal data system. (Used for Import/Web Services)

Certified CANS/ANSA Staff ID or 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

Answer_ID: ID assigned by DARMHA for each answer within an assessment tool. (Used for Import/Web Services)

* Definitions of the following evidence based practices can be found at the end of the manual.

If submitting an ANSA, the following fields must be included:

SMI/Co-Occurring Carve-Out (0 = No; 1 = Yes): Consumer is receiving services as part of the SMI/Co-Occurring Carve-out program

Reporting Field 1 and Reporting Field 2 (Integer): These fields are for providers to put data they want linked to assessment data. Some examples would be location (residential facility, group home, school-based), team or supervisor, or EBP that is not already being collected. For these fields, you can either send a list of numbers and their description to populate the dropdown or you can use the default options. The default options will be for Reporting Field 1 – Team 1-10 and for Reporting Field 2 – Program 1-10.

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

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

NOTE: Only select “Yes” on the following EBPs if the clinicians are trained, certified or working towards certification and using fidelity measures, if the EBP has those components available.

ACT Indicator (0 = No; 1 = Yes)

Motivational Interviewing (0 = No; 1 = Yes)

Cognitive Behavioral Therapy (0 = No; 1 = Yes)

MATRIX Model (0 = No; 1 = Yes)

DBT - Dialectical Behavior Therapy (0 = No; 1 = Yes)

Participates with Clubhouse (0 = No; 1 = Yes)

Peer Support Involvement (0 = No; 1 = Yes)

If submitting a CANS Birth to Five, the following fields must be included:

Reporting Field 1 and Reporting Field 2 (Integer): These fields are for providers to put data they want linked to assessment data. Some examples would be location (residential facility, group home, school-based), team or supervisor, or EBP that is not already being collected. For these fields, you can either send a list of numbers and their description to populate the dropdown or you can use the default options. The default options will be for Reporting Field 1 – Team 1-10 and for Reporting Field 2 – Program 1-10.

Strengthening Families Program (0 = No; 1 = Yes)

Parent Child Interactive Therapy (PCIT) (0 = No; 1 = Yes)

Child-Parent Psychotherapy (CPP) (0 = No; 1 = Yes)

Incredible Years (0 = No; 1 = Yes)

If submitting a CANS 5 - 17, the following fields must be included:

Reporting Field 1 and Reporting Field 2: See above.

Trauma Focused Cognitive Behavior Therapy (TF-CBT) (0 = No; 1 = Yes)

Aggression Replacement Training (ART) (0 = No; 1 = Yes)

Cannabis Youth Treatment (CYT) (0 = No; 1 = Yes)

Strengthening Families Program (0 = No; 1 = Yes)

Parent Child Interactive Therapy (PCIT) (0 = No; 1 = Yes)

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) (0 = No; 1 = Yes)

Dialectical Behavior Therapy (DBT) (0 = No; 1 = Yes)

Cognitive Behavior Intervention for Therapy in Schools (CBITS) (0 = No; 1 = Yes)

Incredible Years (0 = No; 1 = Yes)

Functional Family Therapy (FFT) (0 = No; 1 = Yes)

High Fidelity Wraparound (0 = No; 1 = Yes)

Youth First's Family Connections (YFFC) (0 = No; 1 = Yes)

Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) (0 = No; 1 = Yes)

Motivational interviewing (0 = No; 1 = Yes)

Cognitive Behavioral Therapy (CBT) (0 = No; 1 = Yes)

1.4 Diagnosis and Agreement Type 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. 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 funding for specialized treatment.

DARMHA collects information about consumers receiving the following specialized treatment: Deaf Services, Gambling and Opioid Treatment. If providers request funding for Deaf services, they need to submit new Agreement Type record for each State Fiscal Year. Once the record is submitted, it cannot be edited. Consumers are only eligible for funding for one specialized treatment programs.

Diagnosis Date ("MM/DD/YYYY"): Date which the consumer's diagnosis/agreement type was indicated or changed. The first record in an episode must have the Episode Start Date.

Diagnosis Fields 1 thru 5: The Primary Diagnosis should be in the 1st field. Providers can use DSM 5 or ICD-10 codes. A complete list of codes can be found on the DARMHA Documents page.

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 that are receiving Gambling Treatment. For all other consumers it is Optional]

Agreement Type (Integer): (Definitions can be found at the end of the manual.)

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

Specialized Treatment (Integer) [Optional]: (Definitions can be found at the end of the manual.)

- 2 = None
- 2 = Deaf Services
- 4 = Medication-Assisted Opioid Therapy
- 5 = Gambling Treatment

Agreement Change (Integer):

- 1 = Initial
- 2 = Refined Diagnosis
- 3 = Special Funding Requested (Use when requesting funds for Deaf Services. Funding is only provided to organizations that contract with DMHA to provided specialized services.)

Health Conditions reported by the Consumer (Integer): Chose all that apply.

Diabetes (0 = No; 1 = Yes)

Cardiovascular Disease (0 = No; 1 = Yes)

Hypertension (high blood pressure) (0 = No; 1 = Yes)

Hyperlipidemia (high cholesterol) (0 = No; 1 = Yes)

Cancer (0 = No; 1 = Yes)

Smoking (0 = No; 1 = Yes)

Obesity (0 = No; 1 = Yes)

Asthma (0 = No; 1 = Yes)

COPD (0 = No; 1 = Yes)

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.

Location Type (Integer):

1 = At facility

2 = School-based

3 = Home-Based

4 = Out in the community (This includes your facilities DMHA does not certify.)

5 = At a sub-contractor

Location ID (assigned ID – max length 7): DMHA provides this ID for each of your facilities.

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.

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 within the episode.**)

Main Service Setting Type (2-character String): Describes the main service setting a consumer is in on the day of the encounter. Each time an encounter is sent for a particular day, you need to send in the main service setting for that day. You should use the highest appropriate fed code. **(Required field for CA consumers)**

Fed Code Priority (01 being the highest priority)	Main Service Setting Description
01	DETOXIFICATION, 24-HOUR SERVICE, HOSPITAL INPATIENT – 24 hours per day medical acute care services in hospital setting for detoxification of persons with severe medical complications associated with withdrawal
02	DETOXIFICATION, 24-HOUR SERVICE, FREE-STANDING RESIDENTIAL – 24 hours per day services in non-hospital setting providing for safe withdrawal and transition to ongoing treatment
03	REHABILITATION/RESIDENTIAL — HOSPITAL (OTHER THAN DETOXIFICATION) – 24 hours per day medical care in a hospital facility in conjunction with treatment services for alcohol and other drug abuse and dependency
04	REHABILITATION/RESIDENTIAL — SHORT TERM (30 DAYS OR FEWER) – Typically, 30 days or fewer of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency
05	REHABILITATION/RESIDENTIAL— LONG TERM (MORE THAN 30 DAYS) – Typically, more than 30 days of non-acute care in a setting with treatment services for alcohol and other drug abuse and dependency; may include transitional living arrangements such as halfway houses
06	AMBULATORY— INTENSIVE OUTPATIENT – At a minimum, treatment lasting two or more hours per day for 3 or more days per week (includes partial hospitalization)
07	AMBULATORY — NON-INTENSIVE OUTPATIENT – Ambulatory treatment services including individual, family and/or group services; may include pharmacological therapies
08	AMBULATORY — DETOXIFICATION – Outpatient treatment services providing for safe withdrawal in an ambulatory setting (pharmacological or non-pharmacological).

1.6 **NOMS (National Outcome Measures)**

DMHA collects this data as a requirement for federal grants. Data is required to be submitted for all 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. Alcoholics Anonymous, Gambling Anonymous, Narcotics Anonymous, Depression Support Group, Bipolar Support Group, etc.)

-2 = No attendance in the past month

2 = **Less than once a week** - 1-3 times in past month

3 = **About once a week** - 4-7 times in past month

4 = **2 to 3 times a week** - 8-15 times in past month

5 = **At least 4 times a week** - 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

Consumer Education Level (Integer): Indicate consumer's highest level of education completed (This should be the current grade level, for school-age children who attended school anytime in the past three months.)

- 0 = No formal schooling
- 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
- 70 = Graduate or Professional School
- 21 = Vocational School
- 23 = Nursery School. Pre-school (including Head Start)
- 24 = Kindergarten
- 25 = Self-contained Special Education Class (no equivalent grade level)

School Attendance Status (Integer): Required for children ages 3-17

- 1 = Yes, consumer has attended school at any time in the past three month
- 0 = No, consumer has not attended school at any time in the past three months
- 3 = Not applicable (use for infants and adults)

'School' includes but not limited to any one or combination of home-schooling, online education, alternative school, vocational school, or regular school (public, private, charter, traditional, military, etc.), at which the child is enrolled in any of the following school grade levels: nursery/pre-school (including Head Start), kindergarten, elementary/middle school (Grades 1-8), high school (Grades 9-12, including General Equivalency Degree or GED), vocational school (including business, technical, secretarial, trade, or correspondence courses which are not counted as regular school enrollment and are not for recreation or adult education classes), or college/professional degree.

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

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

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.

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

Housing Stability (Integer): Approximately how long has the consumer been living in the Housing Category (permanent, temporary, institutional, homeless) identified?

1 = Less than 6 months

2 = 6 months to one year

3 = One to two years

4 = More than 2 years

Housing Category (Integer): Permanency refers to whether or not the place where the individual lives is intended to be a permanent place of residence.

1 = Permanent Housing - The place where the consumer lives is either owned or leased (with or without a housing subsidy or other supports) by the consumer, family, or friend and is intended to be permanent tenure.

2 = Temporary Housing - The place where the consumer lives is intended to be transitional or temporary and would include “shelters, hotels/motels and with family/friends on temporary tenure if the stay is greater than three months,” substance abuse treatment facilities, foster home, children’s residential treatment facilities, safe havens, and other transitional residences.

3 = Institutional Housing - The place where the consumer lives is an institution such as a state psychiatric hospital, nursing home, other psychiatric or medical hospital, jail, prison, juvenile detention facility, or psychiatric residential treatment facility.

4 = Homeless - This category would include homeless as defined in DARMHA manual for Living Situation and ROLES. It also includes places not meant for human habitation.

Level of Residential Support (Integer) – For purposes of this data field, residential support refers to the level of support provided within the residential setting where the consumer lives.

Identify level of support being provided to consumer in order to maintain this category of housing:

-3 = Not applicable (if Housing Category is not 1 or 2; list as -3)

1 = Residential Support not needed or not provided – consumer lives alone or with others of his/her own choosing (such as spouse, family, friends)

2 = Living with person(s) who provide supportive services in the home that are needed by the consumer in order to maintain the living situation. Services may include housekeeping, meals, companionship and may include family and friends)

3 = Access to paid support in the consumer’s residence as needed

4 = Access to paid support in the consumer’s residence 5 or more days per week for up to 8 hours

5 = Access to paid support in the consumer’s residence 5 or more days per week for 9 to 16 hours

6 = Access to paid support in the consumer’s residence 24 hours a day, 7 days per week.

Level of Community Integration (Integer): For purposes of this data field, community integration refers to the degree to which the consumer’s living environment is segregated from persons who do not receive mental health/addiction treatment. (In decreasing order of level of integration.)

-3 = Not applicable (if Housing Category is not 1 or 2; list as -3)

1 = Living environment is fully integrated in the community

2 = Living environment is home to persons with mental health/addiction issues, persons with other disabilities, and persons without identified disabilities.

3 = Living environment is home to persons with mental health/addiction issues only.

Homeless Services (Integer) – Identify frequency of assistance being provided to consumer in order to work towards acquisition of housing:

-3 = Not applicable (if Housing Category is not 4; list as -3)

1 = Daily

2 = Weekly

3 = Monthly

4 = Less frequently

5 = None

6 = Consumer refuses assistance

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, except if the consumer has a gambling addiction.

- 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 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 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.

-3 = Not Applicable – This can only be used if 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

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.

Acronyms

ACT	Assertive Community Treatment
ANSA	Adults Needs and Strengths
CANS	Child and Adolescent Needs and Strengths
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 –5	Diagnostic and Statistical Manual of Mental Disorders, Five
EBP	Evidence Based Practice
HCPCS	Health Care Common Procedure System Codes
ICD	International Classification of Diseases
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.

Aggression Replacement Training (ART) - Cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents ages 12-17.

Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT) - is an evidence-based intervention designed to improve the relationship between children and their caregivers by addressing individual and family problems. Accordingly, AF-CBT targets caregiver and child/adolescent characteristics, and the larger family context.

Cannabis Youth Treatment (CYT) - Substance abuse treatment that provides a unique perspective on treating adolescents for marijuana use.

Child-Parent Psychotherapy (CPP) - is an intervention for children from birth through age 5 who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including posttraumatic stress disorder (PTSD).

Cognitive Behavioral Therapy (CBT) - 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.

Cognitive Behavior Intervention for Therapy in Schools (CBITS) - school-based group and individual intervention designed to reduce symptoms of PTSD, depression, and behavior problems; improve peer and parent support; and enhance coping skills among students exposed to traumatic life events, such as community and school violence, physical abuse, domestic violence, accidents, and natural disasters.

Dialectical Behavior Therapy (DBT) - cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes.

Functional Family Therapy (FFT) - short-term treatment strategy that is built on a foundation of respect of individuals, families, and cultures, but that includes powerful treatment strategies that pave the way for motivating individuals and families to become more adaptive and successful in their own lives. Assists troubled youth and their families to overcome delinquency, substance abuse, and violence.

High Fidelity Wraparound - Intensive holistic method of engaging with children, youth, and their families so that they can live in their homes and communities and realize their hopes and dreams. It is an intensive, individualized care planning and management process with an emphasis on integrating the youth into the community and building the family’s social support network.

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.

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.

Incredible Years - set of three interlocking, comprehensive, and developmentally based training programs for children and their parents and teachers. These programs are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems.

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.

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.

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.

Parent Child Interactive Therapy (PCIT) - treatment program for young children with conduct disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.

Strengthening Families Program - family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old.

Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) - is a group intervention that was specifically designed to address the needs of chronically traumatized adolescents who may still be living with ongoing stress and maybe experiencing problems in several areas of functioning.

Trauma Focused Cognitive Behavior Therapy (TF-CBT) - psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents.

Youth First's Family Connections (YFFC) - intended for families whose teens are rebellious, angry, defiant, threatening to run away, struggling in school, have low self-esteem, and may be using alcohol or other drugs. The program is designed to prevent associated problem behaviors, and boost protective factors in such families. Works to strengthen personal accountability for teens and their caregivers who are struggling with the consequences of poor choices.

Agreement Type Descriptions

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-5), 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-5.

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 5.

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.

Consumer Primary Languages

Language ID	Language Name
1	English
2	Spanish
3	Arabic
4	Armenian
5	Chinese
6	French
7	German
8	Greek
9	Gujarati
10	Hebrew
11	Hindi
12	Hmong
13	Italian
14	Japanese
15	Khmer
16	Korean
17	Laotian
18	Navajo
19	Persian
20	Polish
21	Portuguese
22	Russian
23	Serbo-Croatian
24	Tagalog
25	Thai
26	Urdu
27	Vietnamese
28	Yiddish
29	Other

Specialized Treatment Populations

Deaf or Hard of Hearing Definitions:

Deaf:

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

Perlingual - 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) Program

A person meets the criteria for the compulsive gambling addiction program if:

- the individual meets the criteria for Gambling Disorder, F63.0;
Or
- the individual is 18 years of age or older and has a score of 3 or more on the South Oaks Gambling Screen (SOGS). This score must be reflective of gambling behavior over the 12 month period prior to screening.
Or
- or the individual is 12 to 17 years of age and has a score of 3 or more on the South Oaks Gambling Screen - Revised Adolescent (SOGS - RA). This score must be reflective of gambling behavior over the 12 month period prior to screening.

* There is no income restriction for persons receiving gambling services

Medication-Assisted Opioid Therapy

Use when the use of opioid medications such as methadone or buprenorphine will be part of the consumer's treatment plan. Can be used with all agreement types.

County Codes

County ID County Name

1	Adams	45	Lake	89	Wayne
2	Allen	46	LaPorte	90	Wells
3	Bartholomew	47	Lawrence	91	White
4	Benton	48	Madison	92	Whitley
5	Blackford	49	Marion	99	Outside of Indiana
6	Boone	50	Marshall		
7	Brown	51	Martin		
8	Carroll	52	Miami		
9	Cass	53	Monroe		
10	Clark	54	Montgomery		
11	Clay	55	Morgan		
12	Clinton	56	Newton		
13	Crawford	57	Noble		
14	Daviess	58	Ohio		
15	Dearborn	59	Orange		
16	Decatur	60	Owen		
17	DeKalb	61	Parke		
18	Delaware	62	Perry		
19	DuBois	63	Pike		
20	Elkhart	64	Porter		
21	Fayette	65	Posey		
22	Floyd	66	Pulaski		
23	Fountain	67	Putnam		
24	Franklin	68	Randolph		
25	Fulton	69	Ripley		
26	Gibson	70	Rush		
27	Grant	71	St. Joseph		
28	Greene	72	Scott		
29	Hamilton	73	Shelby		
30	Hancock	74	Spencer		
31	Harrison	75	Starke		
32	Hendricks	76	Steuben		
33	Henry	77	Sullivan		
34	Howard	78	Switzerland		
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