Provider Accumulator
FY11
May 3, 2011

		Data			
ROVIDER NAME	Provider	Sum of ALLOCATION	Sum of PAYMENT	Sum of REMAINING	Sum of PREPAID
OMCARE OF SEDGWICK COUNTY	324716	$ 18,750.00	$ 7,623.00	$ 11,127.00	$ -
COMCARE OF SEDGWICK COUNTY Total		$ 18,750.00	$ 7,623.00	$ 11,127.00	$ -
JOHNSON COUNTY MENTAL HEALTH	106463	$ 18,750.00	$ 8,662.50	$ 10,087.50	$ -
JOHNSON COUNTY MENTAL HEALTH Total		$ 18,750.00	$ 8,662.50	$ 10,087.50	$ -
PRAIRIE VIEW INC	90186	$ 18,750.00	$ -	$ 18,750.00	$ -
PRAIRIE VIEW INC Total		$ 18,750.00	$ -	$ 18,750.00	$ -
VALEO BEHAVIORAL HEALTH CARE INC	131736	$ 18,750.00	$ 6,850.00	$ 11,900.00	$ -
VALEO BEHAVIORAL HEALTH CARE INC Total		$ 18,750.00	$ 6,850.00	$ 11,900.00	$ -
Grand Total		$ 75,000.00	$ 23,135.50	$ 51,864.50	$ -

Public Mental Health System
Total System Expenditures by Service Group, Coverage Type and Age Group -- STATEWIDE
Based on Claims Paid From April 1, 2011 to April 30, 2011 Source: VO

Fiscal Year 2011 Dollars	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
ıe Management	$8,400.00	$47,460.00	$32,865.00	$23,402.40	$335,738.82	$13,020.00	$460,886.22
ds	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$215,196.23	$2,749,125.33	$2,046,538.64	$1,089,680.40	$7,935,887.16	$151,369.90	$14,187,797.66
Mobile Treatment	$7,303.59	$38,952.48	$36,039.37	$53,968.58	$1,020,059.58	$33,487.31	$1,189,810.91
Outpatient	$1,224,944.06	$6,060,578.61	$3,538,260.97	$980,233.75	$8,601,321.50	$35,929.94	$20,441,268.83
Partial Hospitalization	$33,607.83	$385,517.01	$135,948.74	$75,196.73	$322,882.05	$0.00	$953,152.36
Psychiatric Rehabilitation	$68,592.57	$967,961.20	$529,676.96	$499,928.28	$8,009,440.79	$429,061.47	$10,504,661.27
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$1,150,525.21	$3,539,518.92	$370,702.81	$0.00	$0.00	$5,060,746.94
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$2,184.84	$10,820.16	$97,169.24	$416.16	$110,590.40
SUBTOTAL	$1,558,044.28	$11,400,119.84	$9,861,033.44	$3,103,933.11	$26,322,499.14	$663,284.78	$52,908,914.59
Baltimore Group (Capitatio	$0.00	$0.00	$0.00	$4,820.00	$645,880.00	$79,530.00	$730,230.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	($479.20)	$0.00	($479.20)
PRTF Waiver	$533.40	$9,024.93	$15,929.64	$850.00	$0.00	$0.00	$26,337.97
SUBTOTAL	$533.40	$9,024.93	$15,929.64	$5,670.00	$645,400.80	$79,530.00	$756,088.77
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID	$1,558,577.68	$11,409,144.77	$9,876,963.08	$3,109,603.11	$26,967,899.94	$742,814.78	$53,665,003.36
MEDICAID STATE FUNDED							
Case Management	$0.00	$0.00	$0.00	$0.00	$24,780.00	$1,470.00	$26,250.00
Crisis	$0.00	$0.00	$975.79	$28,297.88	$277,655.29	$4,146.98	$311,075.94
Inpatient	$0.00	$0.00	$9,617.06	$39,026.68	$1,274,780.93	$25,343.15	$1,348,767.82
Mobile Treatment	$0.00	$0.00	$811.51	$0.00	$163,738.38	$16,852.41	$181,402.30
Outpatient	$455.75	$14,247.48	$14,107.24	$9,889.32	$112,284.81	$2,991.59	$153,976.19
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$1,651.12	$2,357.10	$2,344.72	$268,070.33	$24,366.32	$298,789.59
Residential Rehabilitation	$0.00	$0.00	$813.84	$36,054.48	$721,203.23	$43,285.09	$801,356.64
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$5,352.60	$63,922.68	$30,060.14	$0.00	$292.36	$0.00	$99,627.78
Supported Employment	$0.00	$0.00	$5,615.04	$24,419.23	$341,663.23	$936.36	$372,633.86
SUBTOTAL	$5,808.35	$79,821.28	$64,357.72	$140,032.31	$3,184,468.56	$119,391.90	$3,593,880.12
Baltimore Group (Capitatio	$0.00	$0.00	$0.00	$0.00	$12,050.00	$0.00	$12,050.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$22,123.83	$125,943.33	$0.00	$148,067.16
PRTF Waiver	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$22,123.83	$137,993.33	$0.00	$160,117.16
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ıl MEDICAID STATE F	$5,808.35	$79,821.28	$64,357.72	$162,156.14	$3,322,461.89	$119,391.90	$3,753,997.28
,NSURED							
Case Management	$0.00	$0.00	$210.00	$1,785.00	$12,530.70	$716.10	$15,241.80
Crisis	$0.00	$0.00	$0.00	$7,074.80	$80,709.68	$243.94	$88,028.62
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$811.51	$5,298.95	$201,848.95	$29,298.31	$237,257.72
Outpatient	$5,035.22	$28,133.03	$9,673.63	$24,971.55	$287,918.69	$1,091.17	$356,823.29
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	($406.78)	$2,846.68	$3,828.21	$9,453.55	$203,086.72	$29,984.83	$248,793.21
Residential Rehabilitation	$0.00	$0.00	$0.00	$657.18	$11,123.26	$742.37	$12,522.81
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$121.32	$0.00	$0.00	$511.63	$0.00	$632.95
Supported Employment	$0.00	$0.00	$624.24	$9,153.44	$69,779.63	$2,835.09	$82,392.40
SUBTOTAL	$4,628.44	$31,101.03	$15,147.59	$58,394.47	$867,509.46	$64,911.81	$1,041,692.80
Baltimore Group (Capitatio	$0.00	$0.00	$0.00	$0.00	$113,270.00	$9,640.00	$122,910.00
Emergency Petition	$0.00	$1.80	$1,696.89	$7,475.68	$31,394.23	($1,169.51)	$39,399.09
Purchase of Care	$0.00	$32,535.77	$97,430.56	$14,789.12	$166,596.52	$0.00	$311,351.97
PRTF Waiver	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$32,537.57	$99,127.45	$22,264.80	$311,260.75	$8,470.49	$473,661.06
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	$4,628.44	$63,638.60	$114,275.04	$80,659.27	$1,178,770.21	$73,382.30	$1,515,353.86
ALL GROUPS							
Case Management	$8,400.00	$47,460.00	$33,075.00	$25,187.40	$373,049.52	$15,206.10	$502,378.02
Crisis	$0.00	$0.00	$975.79	$35,372.68	$358,365.17	$4,390.92	$399,104.56
Inpatient	$215,196.23	$2,749,125.33	$2,056,155.70	$1,128,707.08	$9,210,668.09	$176,713.05	$15,536,565.48
Mobile Treatment	$7,303.59	$38,952.48	$37,662.39	$59,267.53	$1,385,646.91	$79,638.03	$1,608,470.93
Outpatient	$1,230,435.03	$6,102,959.12	$3,562,041.84	$1,015,094.62	$9,001,525.00	$40,012.70	$20,952,068.31
Partial Hospitalization	$33,607.83	$385,517.01	$135,948.74	$75,196.73	$322,882.05	$0.00	$953,152.36
Psychiatric Rehabilitation	$68,185.79	$972,459.00	$535,862.27	$511,726.55	$8,480,597.84	$483,412.62	$11,052,244.07
Residential Rehabilitation	$0.00	$0.00	$813.84	$36,711.66	$732,326.49	$44,027.46	$813,879.45
Residential Treatment	$0.00	$1,150,525.21	$3,539,518.92	$370,702.81	$0.00	$0.00	$5,060,746.94
Respite Care	$5,352.60	$64,044.00	$30,060.14	$0.00	$803.99	$0.00	$100,260.73
Supported Employment	$0.00	$0.00	$8,424.12	$44,392.83	$508,612.10	$4,187.61	$565,616.66
SUBTOTAL	$1,568,481.07	$11,511,042.15	$9,940,538.75	$3,302,359.89	$30,374,477.16	$847,588.49	$57,544,487.51
Baltimore Group (Capitatio	$0.00	$0.00	$0.00	$4,820.00	$771,200.00	$89,170.00	$865,190.00
Emergency Petition	$0.00	$1.80	$1,696.89	$7,475.68	$31,394.23	($1,169.51)	$39,399.09
Purchase of Care	$0.00	$32,535.77	$97,430.56	$36,912.95	$292,060.65	$0.00	$458,939.93
PRTF Waiver	$533.40	$9,024.93	$15,929.64	$850.00	$0.00	$0.00	$26,337.97
SUBTOTAL	$533.40	$41,562.50	$115,057.09	$50,058.63	$1,094,654.88	$88,000.49	$1,389,866.99
ıstments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	$1,569,014.47	$11,552,604.65	$10,055,595.84	$3,352,418.52	$31,469,132.04	$935,588.98	$58,934,354.50

Note: Report total does not tie to original total MTD Check Register amount of $59,154,923.22 due to:

$ 95,738.27 TBS/DDA claims
$ 124,830.45 Gross Adjustments
$ 220,568.72 Total reconciling items

Claims paid thru 3/31/2011

VALUEOPTIONS - IBNR ANALYSIS
Kansas

Claims paid thru 3/31/2011

Total I/P & O/P	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Totals
Original Accrual	1,079,611	1,058,187	962,879	885,652	1,079,493	1,022,999	982,446	988,542	898,336	996,486	932,594	903,634	928,597	932,446	1,046,569	1,016,783	1,084,331	46,102,508
IBNR Adjustments																		0
12/07 IBNR adjustment																		(1,000,000)
11/08 IBNR adjustment																		(2,000,000)
12/08 LAE Reclass																		(90,415)
12/08 IBNR adjustment																		(500,000)
12/08 2nd IBNR adjustment																		(50,000)
10/09 IBNR adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			(1,800,000)
12/09 IBNR adjustment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			(486,192)
8/10 IBNR adjustment	(300,000)																	(300,000)
	(58,711)	(158,006)	(128,223)	(117,095)	(138,651)	(171,884)	(69,605)	(119,466)	1,684	0	0	0	0	0	0			(1,000,000)
NET ACCRUAL	719,900	900,181	834,656	768,767	940,842	851,115	912,841	869,176	900,020	996,486	932,594	903,634	928,597	932,446	1,046,569	1,016,783	1,084,331	0
Fee For Service Payments	843,966	887,525	780,784	775,304	940,709	834,874	837,022	838,552	893,310	967,815	894,119	862,178	900,005	874,042	775,556	682,995	330,763	38,935,901
TOTAL PAID	843,966	887,525	780,784	775,304	940,709	834,874	837,022	838,552	893,310	967,815	894,119	862,178	900,005	874,042	775,556	682,995	330,763	37,963,114
RESIDUAL BALANCE	(124,066)	12,656	53,872	(6,537)	133	16,241	55,818	30,623	6,710	(1,329)	38,475	41,456	28,591	58,404	270,013	333,789	753,568	1,972,786
Est. to Complete (page 2)	0	124	301	863	1,324	1,721	3,217	4,788	7,741	11,027	15,120	20,706	31,076	42,660	53,691	335,789	753,568	1,283,908
Over/(Under) Accrual	(124,066)	12,532	53,570	(7,400)	(1,191)	14,520	52,601	25,744	(1,031)	(12,356)	23,355	20,751	(2,485)	15,744	216,322	0	0	287,879

LAE Status	
51,596	Calculated 4% LAE
39,960	Actual GL LAE
(11,636)	Over/(Under) Accrual

IBNR over/(under) by SFY	-P&L effect	
SFY08	(307)	0
SFY09	(1,433)	0
SFY10	27,519	0
SFY11	257,100	0
Total	282,879	0

Total Estimated Required	1,283,908
GL Balance	1,554,900
Over/(Under) Accrual	264,992
572.0000.3290.000.021362	

Inpatient	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Totals
Original Accrual	514,916	512,058	436,589	410,354	522,765	483,610	460,255	460,255	380,000	449,735	401,790	384,010	384,360	389,660	435,930	380,375	455,988	20,347,668
11/08 IBNR adjustment																		0
12/08 LAE reclass																		(717,581)
12/08 IBNR adjustment																		(90,415)
12/08 2nd IBNR adjustment																		(300,000)
10/09 IBNR adjustment																		(50,000)
12/09 IBNR adjustment																		(1,320,254)
12/09 IBNR adjustment	(100,000)																	(319,607)
8/10 IBNR adjustment	(58,711)	(158,006)	(128,223)	(117,095)	(138,651)	(171,884)	(69,605)	(119,466)	1,684									(100,000)
NET ACCRUAL	356,205	354,052	308,366	293,259	384,114	311,726	390,650	340,789	381,684	449,735	401,790	384,010	384,360	389,660	435,930	380,375	455,988	(1,000,000)
Fee For Service Payments	353,804	350,561	318,317	292,153	380,130	308,633	365,863	350,104	361,885	417,402	380,501	378,179	377,452	347,930	322,506	292,516	115,884	0
TOTAL PAID	353,804	350,561	318,317	292,153	380,130	308,633	365,863	350,104	361,885	417,402	380,501	378,179	377,452	347,930	322,506	292,516	115,884	16,449,711
RESIDUAL BALANCE	2,341	3,492	(7,951)	1,106	3,984	3,093	4,787	(9,315)	19,799	32,333	21,289	5,831	6,908	41,731	113,424	87,859	340,104	15,773,546
Est. to Complete (page 2)	0	0	0	298	364	587	1,432	1,838	3,616	5,297	7,381	10,007	15,569	19,841	28,922	87,859	340,104	676,165
Over/(Under) Accrual	2,341	3,492	(7,951)	808	3,620	2,506	3,355	(11,214)	16,183	27,036	13,909	(4,665)	(8,661)	21,889	84,502	0	0	152,380

VALUEOPTIONS - IBNR ANALYSIS
Kansas

Claims paid thru 3/31/2011

Claims paid thru 3/31/2011

Outpatient (O/P and MCM)	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Totals
Original Accrual	373,045	362,334	348,601	313,799	378,171	372,765	358,997	363,224	361,941	359,492	366,910	358,814	375,598	375,799	421,937	435,291	429,704	16,215,964
Accrual Adjustments																		0
12/07 IBNR adjustment																		(204,818)
11/08 IBNR adjustment																		(1,002,180)
12/08 IBNR adjustment																		(212,467)
10/09 IBNR adjustment																		(70,309)
12/09 IBNR adjustment																		(76,945)
12/09 IBNR adjustment	(100,000)																	(100,000)
NET ACCRUAL	273,045	362,334	348,601	313,799	378,171	372,765	358,997	363,224	361,941	359,492	366,910	358,814	375,598	375,799	421,937	435,291	429,704	0
Fee For Service Payments	328,624	356,788	319,148	332,342	375,309	359,692	325,526	350,366	373,426	378,999	346,449	330,670	348,912	352,206	332,363	289,259	153,147	14,519,259
TOTAL PAID	328,624	356,788	319,148	332,342	375,309	359,692	325,526	350,366	373,426	378,999	346,449	330,670	348,912	352,206	332,363	289,259	153,147	13,853,237
RESIDUAL BALANCE	(55,579)	5,546	30,453	(18,542)	2,862	13,073	33,471	12,858	(11,485)	(19,507)	20,461	28,144	26,686	23,593	89,574	146,033	276,557	626,022
Est. to Complete (page 2)	0	124	381	655	960	1,002	1,269	1,783	2,414	3,261	4,125	5,440	8,059	12,919	20,380	146,033	276,557	435,282
Over/(Under) Accrual	(55,579)	5,422	30,152	(19,197)	1,902	12,071	32,202	11,075	(13,900)	(22,768)	16,336	22,704	18,627	10,673	69,194	0	0	140,740

IOP	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Totals
Original Accrual	190,650	183,794	174,669	161,709	178,557	166,624	163,194	165,162	156,395	157,200	163,894	160,810	168,638	166,987	190,702	203,117	198,629	9,598,655
Accrual Adjustments																		0
12/07 IBNR Adjustment																		(795,182)
11/08 IBNR Adjustment																		(250,133)
12/08 IBNR adjustment																		12,467
10/09 IBNR adjustment																		(409,437)
12/09 IBNR adjustment																		(89,440)
12/09 IBNR adjustment	(100,000)																	(100,000)
NET ACCRUAL	90,650	183,794	174,669	161,709	178,557	166,624	163,194	165,162	156,395	157,200	163,894	160,810	168,638	166,987	190,702	203,117	198,629	0
Fee For Service Payments	161,477	150,176	143,319	150,809	185,270	166,549	145,634	138,182	157,999	171,415	167,179	153,329	173,641	173,906	120,687	101,220	61,732	7,966,530
TOTAL PAID	161,477	150,176	143,319	150,809	185,270	166,549	145,634	138,182	157,999	171,415	167,179	153,329	173,641	173,906	120,687	101,220	61,732	7,699,331
RESIDUAL BALANCE	(70,827)	3,618	31,370	10,900	(6,713)	75	17,560	26,981	(1,604)	(14,155)	(3,276)	7,481	(5,003)	(6,919)	70,015	101,897	136,897	270,599
Est. to Complete (page 2)	0	0	0	0	0	132	510	1,099	1,710	2,468	3,615	4,569	7,448	10,099	10,389	101,897	136,897	280,849
Over/(Under) Accrual	(70,827)	3,618	31,370	10,900	(6,713)	(57)	17,044	25,882	(3,314)	(16,623)	(6,890)	2,912	(12,451)	(17,018)	59,626	0	0	(10,250)

Total System Expenditures by Service Group, Coverage Type and Age Group -- STATEWIDE
Based on Claims Paid From July 1, 2010 to April 30, 2011
Source: VO

Fiscal Year 2004 Dollars	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
UNINSURED							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
'sis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
atient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	($2,482.35)	$0.00	$0.00	($2,482.35)
SUBTOTAL	$0.00	$0.00	$0.00	($2,482.35)	$0.00	$0.00	($2,482.35)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	$0.00	$0.00	$0.00	($2,482.35)	$0.00	$0.00	($2,482.35)
ALL GROUPS							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	($2,482.35)	$0.00	$0.00	($2,482.35)
SUBTOTAL	$0.00	$0.00	$0.00	($2,482.35)	$0.00	$0.00	($2,482.35)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	$0.00	$0.00	$0.00	($2,482.35)	$0.00	$0.00	($2,482.35)

Fiscal Year 2005 Dollars	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
DICAID							
ase Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$17,779.33	$0.00	$17,779.33
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$2,840.00	$3,210.00	$0.00	$0.00	($735.85)	$0.00	$5,314.15
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$2,840.00	$3,210.00	$0.00	$0.00	$17,043.48	$0.00	$23,093.48
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID	$2,840.00	$3,210.00	$0.00	$0.00	$17,043.48	$0.00	$23,093.48
UNINSURED							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	($750.00)	$0.00	($750.00)
Outpatient	$0.00	$0.00	$0.00	$0.00	($43.50)	$0.00	($43.50)
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	($793.50)	$0.00	($793.50)
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	($12,829.86)	$0.00	$0.00	$0.00	$0.00	($12,829.86)
SUBTOTAL	$0.00	($12,829.86)	$0.00	$0.00	$0.00	$0.00	($12,829.86)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	$0.00	($12,829.86)	$0.00	$0.00	($793.50)	$0.00	($13,623.36)

Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$17,779.33	$0.00	$17,779.33
Outpatient	$2,840.00	$3,210.00	$0.00	$0.00	($750.00)	$0.00	($750.00)
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	($779.35)	$0.00	$5,270.65
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$2,840.00	$3,210.00	$0.00	$0.00	$16,249.98	$0.00	$22,299.98
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	($12,829.86)	$0.00	$0.00	$0.00	$0.00	($12,829.86)
SUBTOTAL	$0.00	($12,829.86)	$0.00	$0.00	$0.00	$0.00	($12,829.86)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	$2,840.00	($9,619.86)	$0.00	$0.00	$16,249.98	$0.00	$9,470.12
Fiscal Year 2006 Dollars	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$8,217.84	$0.00	$8,217.84
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	($55.75)	$6,215.75	($3,161.30)	$4,587.00	($272.50)	$0.00	$7,313.20
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	($55.75)	$6,215.75	($3,161.30)	$4,587.00	$7,945.34	$0.00	$15,531.04
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID	($55.75)	$6,215.75	($3,161.30)	$4,587.00	$7,945.34	$0.00	$15,531.04
MEDICAID STATE FUNDED							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$0.00	($94.00)	$0.00	$0.00	$0.00	($94.00)
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	($94.00)	$0.00	$0.00	$0.00	($94.00)
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID STATE FUNI	$0.00	$0.00	($94.00)	$0.00	$0.00	$0.00	($94.00)
UNINSURED							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	($622.00)	($646.00)	($725.00)	$0.00	($79.00)	$0.00	($2,072.00)
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	($622.00)	($646.00)	($725.00)	$0.00	($79.00)	$0.00	($2,072.00)
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	($27,933.15)	($3,394.97)	($31,328.12)
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	($27,933.15)	($3,394.97)	($31,328.12)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	($622.00)	($646.00)	($725.00)	$0.00	($28,012.15)	($3,394.97)	($33,400.12)

Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$8,217.84	$0.00	$8,217.84
Outpatient	($677.75)	$5,669.75	($3,980.30)	$4,587.00	($351.50)	$0.00	$5,147.20
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ıidential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
pite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
..pported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	($677.75)	$5,569.75	($3,980.30)	$4,587.00	$7,866.34	$0.00	$13,365.04
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	($27,933.15)	($3,394.97)	($31,328.12)
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	($27,933.15)	($3,394.97)	($31,328.12)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	($677.75)	$5,569.75	($3,980.30)	$4,587.00	($20,066.81)	($3,394.97)	($17,963.08)

Fiscal Year 2007 Dollars	Early Child 0-5	Child 6-12	Adolescent 13- 17	Transitional 18-21	Adult 22- 64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$9,581.91	$0.00	($5,188.29)	$22,402.04	$0.00	$26,795.66
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	($12,463.25)	($64,491.25)	($89,414.90)	($2,220.15)	($4,968.45)	$0.00	($173,558.00)
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	($12,463.25)	($54,909.34)	($89,414.90)	($7,408.44)	$17,433.59	$0.00	($146,762.34)
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID	($12,463.25)	($54,909.34)	($89,414.90)	($7,408.44)	$17,433.59	$0.00	($146,762.34)
MEDICAID STATE FUNDED							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	($8,084.07)	$0.00	($8,084.07)
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	($88.50)	($1,934.50)	($1,019.25)	($158.25)	$0.00	($3,200.50)
..rtial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
..chiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
..idential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	($88.50)	($1,934.50)	($1,019.25)	($8,242.32)	$0.00	($11,284.57)
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$733.70	$0.00	$733.70
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$733.70	$0.00	$733.70
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID STATE FUNI	$0.00	($88.50)	($1,934.50)	($1,019.25)	($7,508.62)	$0.00	($10,550.87)
UNINSURED							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	($4,185.00)	($1,856.75)	$0.00	($558.25)	$0.00	($6,600.00)
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	($4,185.00)	($1,856.75)	$0.00	($558.25)	$0.00	($6,600.00)
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	$0.00	($4,185.00)	($1,856.75)	$0.00	($558.25)	$0.00	($6,600.00)

Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$9,581.91	$0.00	($5,188.29)	$14,317.97	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$18,711.59
Outpatient	($12,463.25)	($68,764.75)	($93,206.15)	($3,239.40)	($5,684.95)	$0.00	$0.00
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	($183,358.50)
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
'pite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
ported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	($12,463.25)	($59,182.84)	($93,206.15)	($8,427.69)	$8,633.02	$0.00	($164,646.91)
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$733.70	$0.00	$733.70
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$733.70	$0.00	$733.70
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	($12,463.25)	($59,182.84)	($93,206.15)	($8,427.69)	$9,366.72	$0.00	($163,913.21)

Fiscal Year 2008 Dollars	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$32,186.56	$1,205.99	$9,373.98	$261,724.69	($2,648.91)	$301,842.31
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	($9,434.06)	($26,499.36)	($18,328.86)	($697.12)	$26,042.14	$0.00	($28,917.26)
Partial Hospitalization	$0.00	($336.00)	$0.00	$0.00	$2,658.63	$0.00	$2,322.63
Psychiatric Rehabilitation	$0.00	($15.88)	$0.00	$0.00	$1,727.70	$657.51	$2,369.33
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	($13,050.00)	$0.00	$0.00	$0.00	($13,050.00)
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	($9,434.06)	$5,335.32	($30,172.87)	$8,676.86	$292,153.16	($1,991.40)	$264,567.01
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID	($9,434.06)	$5,335.32	($30,172.87)	$8,676.86	$292,153.16	($1,991.40)	$264,567.01
MEDICAID STATE FUNDED							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$4,968.80	$0.00	$4,968.80
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	($470.00)	$0.00	($454.50)	($253.50)	$221.42	$0.00	($956.58)
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
'dential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
dential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
spite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	($470.00)	$0.00	($454.50)	($253.50)	$5,190.22	$0.00	$4,012.22
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID STATE FUNI	($470.00)	$0.00	($454.50)	($253.50)	$5,190.22	$0.00	$4,012.22
UNINSURED							
Case Management	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	($301.25)	($374.50)	$123.65	$2,752.87	$0.00	$2,200.77
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	($301.25)	($374.50)	$123.65	$2,752.87	$0.00	$2,200.77
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	($5,747.22)	$0.00	$0.00	($5,747.22)
SUBTOTAL	$0.00	$0.00	$0.00	($5,747.22)	$0.00	$0.00	($5,747.22)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	$0.00	($301.25)	($374.50)	($5,623.57)	$2,752.87	$0.00	($3,546.45)

Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$32,186.56	$1,205.99	$9,373.98	$266,693.49	($2,648.91)	$306,811.11
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	($9,904.06)	($26,800.61)	($19,157.86)	($826.97)	$29,016.43	$0.00	($27,673.07)
Partial Hospitalization	$0.00	($336.00)	$0.00	$0.00	$2,658.63	$0.00	$2,322.63
Psychiatric Rehabilitation	$0.00	($15.88)	$0.00	$0.00	$1,727.70	$657.51	$2,369.33
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$0.00	($13,050.00)	$0.00	$0.00	$0.00	($13,050.00)
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	($9,904.06)	$5,034.07	($31,001.87)	$8,547.01	$300,096.25	($1,991.40)	$270,780.00
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	($5,747.22)	$0.00	$0.00	($5,747.22)
SUBTOTAL	$0.00	$0.00	$0.00	($5,747.22)	$0.00	$0.00	($5,747.22)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	($9,904.06)	$5,034.07	($31,001.87)	$2,799.79	$300,096.25	($1,991.40)	$265,032.78

Fiscal Year 2009 Dollars	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	$0.00	$0.00	$0.00	$0.00	($630.00)	$0.00	($630.00)
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$595.00	$21,983.75	$52,247.61	$268,973.18	$1,779,226.75	($4,407.81)	$2,118,618.48
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$6,127.87	$79,362.10	$33,426.09	$9,424.24	$132,849.45	($4,068.99)	$257,120.76
Partial Hospitalization	$2,307.50	$0.81	$579.40	$730.40	$13,209.86	$0.00	$16,827.97
Psychiatric Rehabilitation	($1,445.10)	$408.74	$0.00	($65.22)	$15,855.13	$432.80	$15,186.35
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$917,697.94	$46,522.00	$0.00	$0.00	$0.00	$964,219.94
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$7,585.27	$1,019,453.34	$132,775.10	$279,062.60	$1,940,511.19	($8,044.00)	$3,371,343.50
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	($8,695.51)	$0.00	($8,695.51)
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	($8,695.51)	$0.00	($8,695.51)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID	$7,585.27	$1,019,453.34	$132,775.10	$279,062.60	$1,931,815.68	($8,044.00)	$3,362,647.99
MEDICAID STATE FUNDED							
Case Management	$0.00	$0.00	$0.00	$0.00	($1,155.00)	$0.00	($1,155.00)
Crisis	$0.00	$0.00	$0.00	$0.00	$6,098.50	$0.00	$6,098.50
Inpatient	$0.00	$0.00	($818.60)	$6,563.44	$240,229.33	$25,343.15	$271,317.32
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$1,866.00	$20.81	$0.00	($606.56)	($219.91)	$1,060.34
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	($36.00)	$0.00	($36.00)
Residential Rehabilitation	$0.00	$0.00	($62.40)	$0.00	($730.20)	$304.25	($488.35)
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$3,874.45	$0.00	$3,874.45
SUBTOTAL	$0.00	$1,866.00	($860.19)	$6,563.44	$247,674.52	$25,427.49	$280,671.26
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	($4,919.37)	$0.00	($4,919.37)
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	($4,919.37)	$0.00	($4,919.37)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID STATE FUNI	$0.00	$1,866.00	($860.19)	$6,563.44	$242,755.15	$25,427.49	$275,751.89

Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$0.00	$0.00	$0.00	$0.00	$3,415.16	$0.00	$3,415.16
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$0.00	$159.60	($328.00)	($179.55)	$6,259.42	($901.95)	$5,009.52
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$0.00	$0.00	$0.00	$0.00	$3,406.04	$0.00	$3,406.04
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$365.10	$0.00	$365.10
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
·pite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
/ported Employment	$0.00	$0.00	$0.00	$0.00	$2,494.88	$0.00	$2,494.88
SUBTOTAL	$0.00	$159.60	($328.00)	($179.55)	$15,940.60	($901.95)	$14,690.70
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$1.80	$9.18	($430.71)	$573.70	($4.14)	$149.83
Purchase of Care	$0.00	$0.00	$0.00	($9,249.32)	($91,653.78)	$0.00	($100,903.10)
SUBTOTAL	$0.00	$1.80	$9.18	($9,680.03)	($91,080.08)	($4.14)	($100,753.27)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	$0.00	$161.40	($318.82)	($9,859.58)	($75,139.48)	($906.09)	($86,062.57)
ALL GROUPS							
Case Management	$0.00	$0.00	$0.00	$0.00	($1,785.00)	$0.00	($1,785.00)
Crisis	$0.00	$0.00	$0.00	$0.00	$9,513.66	$0.00	$9,513.66
Inpatient	$595.00	$21,983.75	$51,429.01	$275,536.62	$2,019,456.08	$20,935.34	$2,389,935.80
Mobile Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Outpatient	$6,127.87	$81,387.70	$33,118.90	$9,244.69	$138,502.31	($5,190.85)	$263,190.62
Partial Hospitalization	$2,307.50	$0.81	$579.40	$730.40	$13,209.86	$0.00	$16,827.97
Psychiatric Rehabilitation	($1,445.10)	$408.74	$0.00	($65.22)	$19,225.17	$432.80	$18,556.39
Residential Rehabilitation	$0.00	$0.00	($62.40)	$0.00	($365.10)	$304.25	($123.25)
Residential Treatment	$0.00	$917,697.94	$46,522.00	$0.00	$0.00	$0.00	$964,219.94
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$0.00	$0.00	$6,369.33	$0.00	$6,369.33
SUBTOTAL	$7,585.27	$1,021,478.94	$131,586.91	$285,446.49	$2,204,126.31	$16,481.54	$3,666,705.46
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Emergency Petition	$0.00	$1.80	$9.18	($430.71)	$573.70	($4.14)	$149.83
Purchase of Care	$0.00	$0.00	$0.00	($9,249.32)	($105,268.66)	$0.00	($114,517.98)
SUBTOTAL	$0.00	$1.80	$9.18	($9,680.03)	($104,694.96)	($4.14)	($114,368.15)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	$7,585.27	$1,021,480.74	$131,596.09	$275,766.46	$2,099,431.35	$16,477.40	$3,552,337.31

Fiscal Year 2010 Dollars	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	$15,645.00	$72,450.00	$42,105.00	$17,115.00	$332,535.00	$6,405.00	$486,255.00
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$261,249.70	$3,296,670.52	$2,468,163.00	$2,735,820.90	$15,595,975.32	$161,516.56	$24,519,396.00
Mobile Treatment	$8,115.10	$46,119.56	$43,051.66	$42,784.33	$813,083.24	$25,834.43	$978,988.32
Outpatient	$834,916.53	$4,293,518.96	$2,840,303.44	$998,374.85	$8,929,567.85	($28,030.73)	$17,868,650.90
·tial Hospitalization	$21,941.13	$208,054.81	$179,770.49	$77,042.22	$479,127.92	($1,575.20)	$964,361.37
chiatric Rehabilitation	$86,288.73	$755,367.82	$407,410.10	$509,928.91	$7,322,704.75	$354,020.77	$9,435,721.08
·esidential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$1,500,733.03	$5,589,204.26	$227,386.00	($139,602.00)	$0.00	$7,177,721.29
Respite Care	$0.00	($168.54)	$0.00	$0.00	$0.00	$0.00	($168.54)
Supported Employment	$0.00	$0.00	$5,202.00	$14,877.72	$127,444.37	$416.16	$147,940.25
SUBTOTAL	$1,228,156.19	$10,172,746.16	$11,575,209.95	$4,623,329.93	$33,460,836.45	$518,586.99	$61,578,865.67
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$7,230.00	$363,910.00	$57,840.00	$428,980.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	($1,092.78)	($16,419.73)	$0.00	($17,512.51)
PRTF Waiver	$300.00	$19,478.61	$7,030.16	$0.00	$0.00	$0.00	$26,808.77
SUBTOTAL	$300.00	$19,478.61	$7,030.16	$6,137.22	$347,490.27	$57,840.00	$438,276.26
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID	$1,228,456.19	$10,192,224.77	$11,582,240.11	$4,629,467.15	$33,808,326.72	$576,426.99	$62,017,141.93
MEDICAID STATE FUNDED							
Case Management	$0.00	$0.00	$0.00	$1,050.00	$18,923.10	$945.00	$20,918.10
Crisis	$0.00	$0.00	$5,810.62	$35,371.90	$555,426.85	$6,586.38	$602,995.75
Inpatient	$0.00	$1,968.48	$60,176.78	$132,627.88	$3,101,070.11	$0.00	$3,295,843.25
Mobile Treatment	$0.00	$0.00	$2,434.53	$0.00	$124,056.28	$13,746.53	$140,237.34
Outpatient	$1,294.95	$9,824.31	$18,244.40	($31,574.38)	($82,239.68)	$516.94	($83,933.46)
Partial Hospitalization	$0.00	$258.20	$0.00	$0.00	$0.00	$0.00	$258.20
Psychiatric Rehabilitation	$0.00	($144.63)	$3,690.34	$2,681.48	$148,547.20	$19,711.05	$174,685.44
Residential Rehabilitation	$0.00	$124.60	$1,983.61	$29,754.96	$649,069.92	$35,839.33	$716,772.62
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$11,544.89	$70,606.07	$34,581.38	$0.00	$1,169.44	$0.00	$117,901.78
Supported Employment	$0.00	$0.00	$7,799.86	$34,992.75	$508,692.61	$1,586.61	$553,071.85
SUBTOTAL	$12,839.84	$82,637.23	$134,721.54	$204,904.59	$5,024,715.83	$78,931.84	$5,538,750.87
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$14,460.00	$0.00	$14,460.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$5,628.01	($347,194.12)	($4,696.90)	($346,263.01)
PRTF Waiver	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$5,628.01	($332,734.12)	($4,696.90)	($331,803.01)
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID STATE FUNI	$12,839.84	$82,637.23	$134,721.54	$210,532.60	$4,691,981.71	$74,234.94	$5,206,947.86

Crisis	$0.00	$0.00	$0.00	($20,979.14)	$17,358.60	$1,766.10	$16,480.80
Inpatient	$0.00	$0.00	$0.00	$0.00	($225,931.74)	$5,854.56	($241,056.32)
Mobile Treatment	($1,623.02)	($3,294.73)	($7,449.66)	($9,259.54)	$0.00	$0.00	$0.00
Outpatient	($17,211.86)	($129,009.27)	($86,472.34)	($71,651.68)	($104,075.61)	$17,709.10	($107,993.46)
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	($672,627.10)	($6,329.92)	($983,302.17)
Psychiatric Rehabilitation	($1,218.32)	($15,810.12)	($3,418.35)	($40,208.37)	$0.00	$0.00	$0.00
Residential Rehabilitation	$0.00	$0.00	$85.19	($3,247.86)	($360,949.11)	$2,165.33	($419,438.94)
Residential Treatment	$0.00	$0.00	($14,725.00)	($14,875.00)	($50,169.26)	($1,484.74)	($54,816.67)
Respite Care	$0.00	($168.54)	$0.00	$0.00	$0.00	$0.00	($29,600.00)
Supported Employment	$0.00	$0.00	$4,808.53	$12,902.54	$0.00	$0.00	($168.54)
SUBTOTAL	($20,053.20)	($148,301.56)	($108,011.63)	($149,104.05)	$64,198.14	$4,811.85	$86,721.06
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	($1,332,196.08)	$24,492.28	($1,733,174.24)
Emergency Petition	$86.88	$320.00	$8,329.60	$17,669.84	$81,940.00	$12,050.00	$93,990.00
Purchase of Care	$11,392.28	($89,420.48)	$9,441.37	($45,335.13)	$115,892.06	($1,328.28)	$140,970.10
PRTF Waiver	$0.00	$0.00	$0.00	$0.00	($215,531.30)	($2,498.67)	($331,951.93)
SUBTOTAL	$11,479.16	($89,100.48)	$17,770.97	($27,665.29)	$0.00	$0.00	$0.00
Adjustments	$0.00	$0.00	$0.00	$0.00	($17,699.24)	$8,223.05	($96,991.83)
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	($8,574.04)	($237,402.04)	($90,240.66)	($176,769.34)	$0.00	$0.00	$0.00
ALL GROUPS					($1,349,895.32)	$32,715.33	($1,830,166.07)
Case Management	$15,645.00	$72,431.10	$41,265.00	$16,380.00	$368,816.70	$9,116.10	$523,653.90
Crisis	$0.00	$0.00	$5,610.62	$14,392.76	$329,495.11	$12,440.94	$361,939.43
Inpatient	$261,249.70	$3,298,639.00	$2,528,339.78	$2,868,448.78	$18,697,045.43	$161,516.56	$27,815,239.25
Mobile Treatment	$6,492.08	$42,824.83	$38,036.53	$33,624.79	$833,063.91	$57,280.06	$1,011,232.20
Outpatient	$818,999.62	$4,174,334.00	$2,772,075.50	$895,148.79	$8,174,701.07	($33,843.71)	$16,801,415.27
Partial Hospitalization	$21,941.13	$208,313.01	$179,770.49	$77,042.22	$479,127.92	($1,575.20)	$984,619.57
Psychiatric Rehabilitation	$85,070.41	$739,413.07	$407,882.09	$472,402.02	$7,110,302.84	$375,897.15	$9,190,967.58
Residential Rehabilitation	$0.00	$124.80	$2,068.80	$26,507.10	$598,900.66	$34,354.59	$661,955.95
Residential Treatment	$0.00	$1,500,733.03	$5,574,479.26	$212,511.00	($139,602.00)	$0.00	$7,148,121.29
Respite Care	$11,544.89	$70,268.99	$34,581.38	$0.00	$1,169.44	$0.00	$117,564.70
Supported Employment	$0.00	$0.00	$17,810.41	$62,773.01	$700,335.12	$6,814.62	$787,733.16
SUBTOTAL	$1,220,942.83	$10,107,081.83	$11,601,919.86	$4,679,130.47	$37,153,356.20	$622,011.11	$65,384,442.30
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$7,230.00	$460,310.00	$69,890.00	$537,430.00
Emergency Petition	$86.88	$320.00	$8,329.60	$17,669.84	$115,892.06	($1,328.28)	$140,970.10
Purchase of Care	$11,392.28	($89,420.48)	$9,441.37	($40,799.80)	($579,145.16)	($7,195.57)	($695,727.45)
PRTF Waiver	$300.00	$19,478.61	$7,030.16	$0.00	$0.00	$0.00	$26,808.77
SUBTOTAL	$11,779.16	($69,621.87)	$24,801.13	($15,900.06)	($2,943.09)	$61,366.15	$9,481.42
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	$1,232,721.99	$10,037,459.96	$11,626,720.99	$4,663,230.41	$37,150,413.11	$683,377.26	$65,393,923.72

Fiscal Year 2011 Dollars	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	$56,963.16	$408,660.00	$265,178.16	$154,916.88	$2,645,403.12	$137,760.00	$3,668,881.32
Crisis	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Inpatient	$705,537.38	$17,745,786.39	$17,993,763.77	$7,363,618.26	$51,849,061.34	$532,249.36	$96,189,916.50
Mobile Treatment	$57,344.19	$382,075.16	$386,128.31	$454,919.38	$9,409,416.53	$292,502.28	$10,982,385.85
Outpatient	$9,051,326.90	$48,463,705.79	$29,654,935.00	$8,517,171.97	$69,127,787.24	$297,145.34	$165,112,072.24
Partial Hospitalization	$245,580.94	$2,888,082.22	$1,617,057.50	$390,705.12	$2,446,961.61	$5,889.60	$7,594,276.99
Psychiatric Rehabilitation	$471,768.61	$8,843,180.01	$5,427,700.32	$4,484,045.10	$78,042,990.97	$4,533,402.31	$101,803,087.32
Residential Rehabilitation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Residential Treatment	$0.00	$7,705,496.54	$25,536,330.56	$3,521,270.97	$0.00	$0.00	$36,763,098.07
Respite Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Supported Employment	$0.00	$0.00	$9,363.60	$65,129.04	$816,147.39	$5,410.08	$895,050.11
SUBTOTAL	$10,588,521.18	$86,436,986.11	$80,890,457.22	$24,951,876.72	$214,337,768.20	$5,804,358.97	$423,009,768.40
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$36,150.00	$5,759,900.00	$665,160.00	$6,461,210.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
PRTF Waiver	$919.56	$64,905.03	$69,570.31	$2,078.84	$0.00	$0.00	$137,473.74
SUBTOTAL	$919.56	$64,905.03	$69,570.31	$38,228.84	$5,759,900.00	$665,160.00	$6,598,683.74
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID	$10,589,440.74	$86,501,891.14	$80,960,027.53	$24,989,905.56	$220,097,668.20	$6,469,518.97	$429,608,452.14

[illegible]	$0.00	$0.00	$0.00	$2,310.00	$286,353.66	$15,645.00	$304,308.66
Crisis	$0.00	$0.00	$22,199.62	$244,436.91	$2,630,895.88	$31,468.56	$2,929,000.97
Inpatient	$0.00	$2,724.87	$62,032.30	$70,120.70	$9,243,395.67	$0.00	$9,378,273.54
Mobile Treatment	$0.00	$0.00	$7,303.59	$0.00	$1,600,780.30	$162,674.46	$1,770,758.35
Outpatient	$4,513.06	$131,146.47	$119,480.20	$68,242.96	$1,094,881.54	$11,046.88	$1,429,311.11
Partial Hospitalization	$0.00	$0.00	$4,023.36	$0.00	$10,973.69	$0.00	$14,997.05
Psychiatric Rehabilitation	$0.00	$10,966.63	$24,900.14	$16,579.24	$2,626,102.96	$296,071.56	$2,973,620.53
Residential Rehabilitation	$0.00	$0.00	$4,296.01	$299,512.82	$7,059,425.96	$423,845.94	$7,787,080.73
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$30,198.43	$555,326.65	$313,438.73	$950.17	$4,385.40	$0.00	$904,299.38
Supported Employment	$0.00	$0.00	$27,301.13	$193,359.08	$2,790,812.14	$12,848.94	$3,024,321.29
SUBTOTAL	$34,711.49	$700,164.62	$584,975.08	$894,511.88	$27,348,007.20	$953,601.34	$30,515,971.61
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$127,730.00	$0.00	$127,730.00
Emergency Petition	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Purchase of Care	$0.00	$0.00	$0.00	$118,278.06	$1,635,720.35	$0.00	$1,753,998.41
PRTF Waiver	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$118,278.06	$1,763,450.35	$0.00	$1,881,728.41
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total MEDICAID STATE FUNI	$34,711.49	$700,164.62	$584,975.08	$1,012,789.94	$29,111,457.55	$953,601.34	$32,397,700.02
UNINSURED							
Case Management	$493.50	$413.70	$2,730.00	$10,133.16	$196,208.16	$13,839.66	$223,818.18
Crisis	$0.00	$0.00	$0.00	$60,987.67	$780,639.69	$25,615.50	$867,243.06
Inpatient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Mobile Treatment	$0.00	$11,215.07	$12,789.40	$68,363.72	$2,322,060.26	$320,513.55	$2,734,942.00
Outpatient	$35,112.96	$291,231.26	$213,297.08	$314,507.55	$3,341,397.06	$13,085.49	$4,208,631.40
Partial Hospitalization	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Psychiatric Rehabilitation	$1,564.35	$53,252.87	$37,644.58	$70,656.22	$2,370,355.07	$378,685.00	$2,912,158.09
Residential Rehabilitation	$0.00	$0.00	$0.00	$6,267.55	$117,817.59	$17,646.50	$141,731.64
Residential Treatment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Respite Care	$0.00	$2,150.14	$0.00	$0.00	$511.63	$0.00	$2,661.77
Supported Employment	$0.00	$0.00	$6,344.36	$56,213.26	$616,966.24	$26,400.15	$705,924.01
SUBTOTAL	$37,170.81	$358,263.04	$272,805.42	$587,129.13	$9,745,955.90	$795,785.85	$11,797,110.15
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$0.00	$935,080.00	$98,810.00	$1,033,890.00
Emergency Petition	$0.00	$0.00	$5,678.40	$42,892.67	$188,788.08	$2,054.72	$239,413.87
Purchase of Care	$0.00	$74,205.49	$426,759.06	$293,474.81	$2,466,113.38	$26,491.14	$3,287,043.88
PRTF Waiver	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$74,205.49	$432,437.46	$336,367.48	$3,589,981.46	$127,355.86	$4,560,347.75
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total UNINSURED	$37,170.81	$432,468.53	$705,242.88	$923,496.61	$13,335,937.36	$923,141.71	$16,357,457.90
ALL GROUPS							
Case Management	$57,456.66	$409,073.70	$267,908.16	$167,360.04	$3,127,964.94	$167,244.66	$4,197,008.16
Crisis	$0.00	$0.00	$22,199.62	$305,424.58	$3,411,535.77	$57,084.06	$3,796,244.03
Inpatient	$705,537.38	$17,748,511.26	$18,055,796.07	$7,433,636.96	$61,092,457.01	$532,249.36	$105,568,190.04
Mobile Treatment	$57,344.19	$393,290.23	$406,221.30	$523,283.10	$13,332,257.09	$775,690.29	$15,488,086.20
Outpatient	$9,090,952.92	$48,886,083.52	$29,987,712.28	$8,899,922.48	$73,564,065.84	$321,277.71	$170,750,014.75
Partial Hospitalization	$245,580.94	$2,888,092.22	$1,621,080.86	$390,705.12	$2,457,935.30	$5,889.60	$7,609,274.04
Psychiatric Rehabilitation	$473,332.96	$8,907,399.51	$5,490,245.04	$4,570,280.56	$83,039,449.00	$5,208,158.87	$107,688,865.94
Residential Rehabilitation	$0.00	$0.00	$4,296.01	$305,780.37	$7,177,243.55	$441,492.44	$7,928,812.37
Residential Treatment	$0.00	$7,705,496.54	$25,536,330.56	$3,521,270.97	$0.00	$0.00	$36,763,098.07
Respite Care	$30,198.43	$557,476.79	$313,438.73	$950.17	$4,897.03	$0.00	$906,961.15
Supported Employment	$0.00	$0.00	$43,009.09	$314,701.38	$4,223,925.77	$44,659.17	$4,626,295.41
SUBTOTAL	$10,660,403.48	$87,495,413.77	$81,748,237.72	$26,433,317.73	$251,431,731.30	$7,553,746.16	$465,322,850.16
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$36,150.00	$6,822,710.00	$763,970.00	$7,622,830.00
Emergency Petition	$0.00	$0.00	$5,678.40	$42,892.67	$188,788.08	$2,054.72	$239,413.87
Purchase of Care	$0.00	$74,205.49	$426,759.06	$411,752.87	$4,101,833.73	$26,491.14	$5,041,042.29
PRTF Waiver	$919.56	$64,905.03	$69,570.31	$2,078.84	$0.00	$0.00	$137,473.74
SUBTOTAL	$919.56	$139,110.52	$502,007.77	$492,874.38	$11,113,331.81	$792,515.86	$13,040,759.90
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Total ALL GROUPS	$10,661,323.04	$87,634,524.29	$82,250,245.49	$26,926,192.11	$262,545,063.11	$8,346,262.02	$478,363,610.06
GRAND TOTAL							
Case Management	$73,101.66	$481,604.80	$309,173.16	$183,740.04	$3,494,996.64	$176,360.76	$4,718,877.06
Crisis	$0.00	$0.00	$27,810.24	$319,817.34	$3,750,544.54	$69,525.00	$4,167,697.12
Inpatient	$967,382.08	$21,110,902.48	$20,636,770.85	$10,581,810.05	$82,115,987.15	$712,052.35	$136,124,884.96
Mobile Treatment	$63,836.27	$436,116.06	$444,257.83	$556,807.89	$14,164,571.00	$832,980.35	$16,498,568.40
Outpatient	$9,895,875.35	$53,055,019.61	$32,676,562.37	$9,804,836.59	$81,899,469.85	$282,243.15	$187,614,006.92
Partial Hospitalization	$269,829.57	$3,096,060.04	$1,801,430.75	$468,477.74	$2,952,931.71	$4,314.40	$8,593,044.21
Psychiatric Rehabilitation	$556,958.27	$9,647,205.44	$5,898,127.13	$5,042,617.36	$90,170,704.71	$5,585,146.33	$116,900,759.24
Residential Rehabilitation	$0.00	$124.80	$6,302.41	$332,287.47	$7,775,779.11	$476,151.28	$8,590,645.07
Residential Treatment	$0.00	$10,123,927.51	$31,144,281.62	$3,733,781.97	($139,602.00)	$0.00	$44,862,389.30
Respite Care	$41,743.32	$627,745.78	$348,020.11	$950.17	$6,066.47	$0.00	$1,024,525.85
Supported Employment	$0.00	$0.00	$60,819.50	$377,474.39	$4,930,630.22	$51,473.79	$5,420,397.90
SUBTOTAL	$11,868,726.52	$98,578,605.52	$93,353,556.17	$31,402,601.01	$291,122,059.40	$8,190,247.41	$534,515,796.03
Baltimore Group (Capitation)	$0.00	$0.00	$0.00	$43,380.00	$7,283,020.00	$833,860.00	$8,160,260.00
Emergency Petition	$86.88	$321.80	$14,017.18	$60,131.80	$305,253.84	$722.30	$380,533.80
Purchase of Care	$11,392.28	($28,044.85)	$436,200.43	$353,474.08	$3,390,220.47	$15,900.60	$4,179,143.01
PRTF Waiver	$1,219.56	$84,383.64	$76,600.47	$2,078.84	$0.00	$0.00	$164,282.51
SUBTOTAL	$12,698.72	$56,660.59	$526,818.08	$459,064.72	$10,978,494.31	$850,482.90	$12,884,219.32
Adjustments	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
SUBTOTAL	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
GRAND TOTAL of ALL GROU	$11,881,425.24	$98,635,266.11	$93,880,374.25	$31,861,665.73	$302,100,553.71	$9,040,730.31	$547,400,015.35

UNINSURED			18 - 21	22 - 64	65+	
Case Management	-	-	-	-	-	-
Crisis	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-
Partial Hospitalization	-	-	-	-	-	-
'chiatric Rehabilitation	-	-	-	-	-	-
idential Rehabilitation	-	-	-	-	-	-
..sidential Treatment	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-
Baltimore Group (Capitation)	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-
Total UNINSURED	-	-	-	-	-	-
ALL GROUPS						
Case Management	-	-	-	-	-	-
Crisis	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-
Partial Hospitalization	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-
Baltimore Group (Capitation)	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-
Total ALL GROUPS	-	-	-	-	-	-

Fiscal Year 2005 Units of Service	Early Child 0 - 5	Child 6 - 12	Adolescent 13 -17	Transitional 18 - 21	Adult 22 - 64	Geriatric 65+	Total
MEDICAID							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
...patient	-	-	-	-	-	-	-
ile Treatment	-	-	-	-	15	-	15
.patient	568	642	-	-	-	-	-
Partial Hospitalization	-	-	-	-	-	-	1,210
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	568	642	-	-	15	-	1,225
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	568	642	-	-	15	-	1,225
ALL GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	15	-	15
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	568	642	-	-	-	-	1,210
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	568	642	-	-	15	-	1,225
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total ALL GROUPS	568	642	-	-	15	-	1,225

			13 - 17	18 - 21	22 - 64	65+	
MEDICAID							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	13	-	13
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	153	1,652	41	948	1	-	2,795
Partial Hospitalization	-	-	-	-	-	-	-
chiatric Rehabilitation	-	-	-	-	-	-	-
idential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	153	1,652	41	948	14	-	2,808
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	153	1,652	41	948	14	-	2,808
MEDICAID STATE FUNDED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	1	-	-	-	1
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	-	1	-	-	-	1
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID STATE FUNI	-	-	1	-	-	-	1
UNINSURED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	3	5	3	-	2	-	13
tial Hospitalization	-	-	-	-	-	-	-
hiatric Rehabilitation	-	-	-	-	-	-	-
sidential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	3	5	3	-	2	-	13
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total UNINSURED	3	5	3	-	2	-	13
ALL GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	13	-	13
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	156	1,657	45	948	3	-	2,809
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	156	1,657	45	948	16	-	2,822
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total ALL GROUPS	156	1,657	45	948	16	-	2,822

	6-12	13-17	18-21	64		TOTAL
MEDICAID						
Case Management	-	-	-	-	-	-
Crisis	-	-	-	-	-	-
Inpatient	-	13	-	(5)	111	- 119
Mobile Treatment	-	-	-	-	-	-
Outpatient	1,132	799	202	722	134	- 2,989
Partial Hospitalization	-	-	-	-	3	- 3
Psychiatric Rehabilitation	-	-	1	-	-	- 1
Residential Rehabilitation	-	-	-	-	-	- -
Residential Treatment	-	-	-	-	-	- -
Respite Care	-	-	-	-	-	- -
Supported Employment	-	-	-	-	-	- -
SUBTOTAL	1,132	812	203	717	248	- 3,112
Baltimore Group (Capitation)	-	-	-	-	-	- -
Emergency Petition	-	-	-	-	-	- -
Purchase of Care	-	-	-	-	-	- -
SUBTOTAL	-	-	-	-	-	- -
Adjustments	-	-	-	-	-	- -
SUBTOTAL	-	-	-	-	-	- -
Total MEDICAID	1,132	812	203	717	248	- 3,112
MEDICAID STATE FUNDED						
Case Management	-	-	-	-	-	- -
Crisis	-	-	-	-	-	- -
Inpatient	-	-	-	-	-	- -
Mobile Treatment	-	-	-	-	-	- -
Outpatient	-	-	1	-	3	- 4
Partial Hospitalization	-	-	-	-	-	- -
Psychiatric Rehabilitation	-	-	-	-	-	- -
Residential Rehabilitation	-	-	-	-	-	- -
Residential Treatment	-	-	-	-	-	- -
Respite Care	-	-	-	-	-	- -
Supported Employment	-	-	-	-	-	- -
SUBTOTAL	-	-	1	-	3	- 4
Baltimore Group (Capitation)	-	-	-	-	-	- -
Emergency Petition	-	-	-	-	-	- -
Purchase of Care	-	-	-	-	-	- -
SUBTOTAL	-	-	-	-	-	- -
Adjustments	-	-	-	-	-	- -
SUBTOTAL	-	-	-	-	-	- -
Total MEDICAID STATE FUNI	-	-	1	-	3	- 4
UNINSURED						
Case Management	-	-	-	-	-	- -
Crisis	-	-	-	-	-	- -
Inpatient	-	-	-	-	-	- -
Mobile Treatment	-	-	-	-	-	- -
Outpatient	-	13	9	-	2	- 24
Partial Hospitalization	-	-	-	-	-	- -
Psychiatric Rehabilitation	-	-	-	-	-	- -
Residential Rehabilitation	-	-	-	-	-	- -
Residential Treatment	-	-	-	-	-	- -
Respite Care	-	-	-	-	-	- -
Supported Employment	-	-	-	-	-	- -
SUBTOTAL	-	13	9	-	2	- 24
Baltimore Group (Capitation)	-	-	-	-	-	- -
Emergency Petition	-	-	-	-	-	- -
Purchase of Care	-	-	-	-	-	- -
SUBTOTAL	-	-	-	-	-	- -
Adjustments	-	-	-	-	-	- -
SUBTOTAL	-	-	-	-	-	- -
Total UNINSURED	-	13	9	-	2	- 24
ALL GROUPS						
Case Management	-	-	-	-	-	- -
Crisis	-	-	-	-	-	- -
Inpatient	-	13	-	(5)	111	- 119
Mobile Treatment	-	-	-	-	-	- -
Outpatient	1,132	812	212	722	139	- 3,017
Partial Hospitalization	-	-	-	-	3	- 3
Psychiatric Rehabilitation	-	-	1	-	-	- 1
Residential Rehabilitation	-	-	-	-	-	- -
Residential Treatment	-	-	-	-	-	- -
Respite Care	-	-	-	-	-	- -
Supported Employment	-	-	-	-	-	- -
SUBTOTAL	1,132	825	213	717	253	- 3,140
Baltimore Group (Capitation)	-	-	-	-	-	- -
Emergency Petition	-	-	-	-	-	- -
Purchase of Care	-	-	-	-	-	- -
SUBTOTAL	-	-	-	-	-	- -
Adjustments	-	-	-	-	-	- -
SUBTOTAL	-	-	-	-	-	- -
Total ALL GROUPS	1,132	825	213	717	253	- 3,140

	6-12	13-17	18-21	22-64	65+	TOTAL
MEDICAID						
Case Management	-	-	-	-	-	-
Crisis	-	-	-	-	-	-
Inpatient	-	32	7	7	202	5	253
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	(9)	867	84	41	915	-	1,898
Partial Hospitalization	-	1	-	-	30	-	31
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	(30)	-	-	-	(30)
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	(9)	900	61	48	1,147	5	2,152
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	(9)	900	61	48	1,147	5	2,152
MEDICAID STATE FUNDED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	5	-	5
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	-	-	22	-	22
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	27	-	27
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID STATE FUNI	-	-	-	-	27	-	27
UNINSURED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	14	-	4	72	-	90
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	14	-	4	72	-	90
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total UNINSURED	-	14	-	4	72	-	90
ALL GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	32	7	7	207	5	258
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	(9)	881	84	45	1,009	-	2,010
Partial Hospitalization	-	1	-	-	30	-	31
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	(30)	-	-	-	(30)
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	(9)	914	61	52	1,246	5	2,269
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total ALL GROUPS	(9)	914	61	52	1,246	5	2,269

	0-12	13-17	18-21	22-64		
MEDICAID						
Case Management	-	-	-	(6)	-	(6)
Crisis	-	-	-	-	-	-
Inpatient	7	184	227	270	1,848	13	2,549
Mobile Treatment	-	-	-	-	1	-	1
Outpatient	1,759	28,321	13,903	425	2,297	(16)	46,689
Partial Hospitalization	8	33	49	18	313	-	421
Psychiatric Rehabilitation	-	2	6	1	4	-	13
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	25,403	2,553	30	-	-	27,986
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	1,774	53,943	16,738	744	4,457	(3)	77,653
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	1,774	53,943	16,738	744	4,457	(3)	77,653
MEDICAID STATE FUNDED							
Case Management	-	-	-	-	(11)	-	(11)
Crisis	-	-	-	-	25	-	25
Inpatient	-	-	8	36	398	30	474
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	1	-	16	-	17
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	4	25	29
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	9	-	9
SUBTOTAL	-	-	9	38	441	55	543
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	38	-	38
SUBTOTAL	-	-	-	-	38	-	38
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID STATE FUNI	-	-	9	38	479	55	581
UNINSURED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	14	-	14
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	1	11	26	8	206	(24)	228
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	30	-	30
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	3	-	3
SUBTOTAL	1	11	26	8	253	(24)	275
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	1	4	2	18	(3)	22
Purchase of Care	-	-	-	10	81	-	91
SUBTOTAL	-	1	4	12	99	(3)	113
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total UNINSURED	1	12	30	20	352	(27)	388
ALL GROUPS							
Case Management	-	-	-	-	(17)	-	(17)
Crisis	-	-	-	-	39	-	39
Inpatient	7	184	235	308	2,246	43	3,023
Mobile Treatment	-	-	-	-	1	-	1
Outpatient	1,760	28,332	13,930	433	2,519	(40)	46,934
Partial Hospitalization	8	33	49	18	313	-	421
Psychiatric Rehabilitation	-	2	6	1	4	-	13
Residential Rehabilitation	-	-	-	-	34	25	59
Residential Treatment	-	25,403	2,553	30	-	-	27,986
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	12	-	12
SUBTOTAL	1,775	53,954	16,773	790	5,151	28	78,471
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	1	4	2	18	(3)	22
Purchase of Care	-	-	-	10	119	-	129
SUBTOTAL	-	1	4	12	137	(3)	151
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total ALL GROUPS	1,775	53,955	16,777	802	5,288	25	78,622

	0-12	13-17	18-21	22-64	65+	TOTAL
MEDICAID						
Case Management	149	690	401	163	3,163	61	4,627
Crisis	-	-	-	-	-	-	-
Inpatient	130	2,236	2,486	2,411	12,344	124	19,731
Mobile Treatment	10	57	51	44	852	32	1,046
Outpatient	12,518	54,753	27,758	8,535	88,350	(538)	191,376
Partial Hospitalization	42	532	265	182	1,387	(8)	2,400
Psychiatric Rehabilitation	388	4,476	3,164	4,464	69,986	4,325	86,813
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	4,159	16,367	632	(318)	-	20,840
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	50	149	1,289	4	1,492
SUBTOTAL	13,237	66,903	50,542	16,580	177,063	4,000	328,325
Baltimore Group (Capitation)	-	-	-	3	152	24	179
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
PRTF Waiver	6	270	246	-	-	-	522
SUBTOTAL	6	270	246	3	152	24	701
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	13,243	67,173	50,788	16,583	177,215	4,024	329,026
MEDICAID STATE FUNDED							
Case Management	-	-	-	10	181	9	200
Crisis	-	-	23	145	2,272	27	2,467
Inpatient	-	1	52	127	3,307	-	3,487
Mobile Treatment	-	-	3	-	149	19	171
Outpatient	66	322	344	(31)	323	3	1,027
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	(2)	2	31	2,259	227	2,517
Residential Rehabilitation	-	10	164	2,445	53,647	2,950	59,216
Residential Treatment	-	-	-	-	-	-	-
Respite Care	191	2,964	1,300	-	16	-	4,471
Supported Employment	-	-	18	196	1,648	4	1,866
SUBTOTAL	257	3,295	1,906	2,923	63,802	3,239	75,422
Baltimore Group (Capitation)	-	-	-	-	6	-	6
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	(28)	(583)	(7)	(618)
PRTF Waiver	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	(28)	(577)	(7)	(612)
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID STATE FUNI	257	3,295	1,906	2,895	63,225	3,232	74,810
UNINSURED							
Case Management	-	-	(8)	(17)	176	17	168
Crisis	-	-	-	(86)	(927)	24	(989)
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	(2)	(4)	(9)	(11)	(113)	20	(119)
Outpatient	(112)	(1,262)	(764)	(735)	(7,424)	(111)	(10,408)
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	42	34	5	1,597	59	1,737
Residential Rehabilitation	-	-	7	(267)	(4,125)	(122)	(4,507)
Residential Treatment	-	-	(34)	(35)	-	-	(69)
Respite Care	-	(1)	-	-	-	-	(1)
Supported Employment	-	-	47	93	379	17	536
SUBTOTAL	(114)	(1,225)	(727)	(1,053)	(10,437)	(96)	(13,652)
Baltimore Group (Capitation)	-	-	-	-	34	5	39
Emergency Petition	1	-	47	64	467	(18)	561
Purchase of Care	-	(28)	68	(98)	306	(3)	245
PRTF Waiver	-	-	-	-	-	-	-
SUBTOTAL	1	(28)	115	(34)	807	(16)	845
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total UNINSURED	(113)	(1,253)	(612)	(1,087)	(9,630)	(112)	(12,807)
ALL GROUPS							
Case Management	149	690	393	156	3,520	87	4,995
Crisis	-	-	23	59	1,345	51	1,478
Inpatient	130	2,237	2,538	2,538	15,651	124	23,218
Mobile Treatment	8	53	45	33	888	71	1,098
Outpatient	12,472	53,813	27,338	7,769	81,249	(646)	181,995
Partial Hospitalization	42	532	265	182	1,387	(8)	2,400
Psychiatric Rehabilitation	388	4,516	3,200	4,500	73,852	4,611	91,067
Residential Rehabilitation	-	10	171	2,178	49,522	2,628	54,709
Residential Treatment	-	4,159	16,333	597	(318)	-	20,771
Respite Care	191	2,963	1,300	-	16	-	4,470
Supported Employment	-	-	115	438	3,316	25	3,894
SUBTOTAL	13,380	68,973	51,721	18,450	230,428	7,143	390,095
Baltimore Group (Capitation)	-	-	-	3	192	29	224
Emergency Petition	1	-	47	64	467	(18)	561
Purchase of Care	-	(28)	68	(126)	(277)	(10)	(373)
PRTF Waiver	6	270	246	-	-	-	522
SUBTOTAL	7	242	361	(59)	382	1	934
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total ALL GROUPS	13,387	69,215	52,082	18,391	230,810	7,144	391,029

of Service		6-12	17	18-21	64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	542	3,892	2,525	1,474	25,204	1,312	34,949
Crisis	-	-	-	-	-	-	-
Inpatient	493	11,660	15,302	6,018	36,316	430	70,219
Mobile Treatment	72	470	477	469	9,939	335	11,762
Outpatient	89,028	623,309	358,242	90,291	721,363	3,206	1,885,439
tial Hospitalization	511	5,885	3,751	805	5,211	22	16,185
chiatric Rehabilitation	3,260	61,071	38,387	35,922	785,521	45,814	969,975
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	20,032	66,132	8,706	-	-	94,870
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	90	628	7,853	52	8,623
SUBTOTAL	93,906	726,319	484,906	144,313	1,591,407	51,171	3,092,022
Baltimore Group (Capitation)	-	-	-	15	2,390	276	2,681
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
PRTF Waiver	9	885	1,410	28	-	-	2,332
SUBTOTAL	9	885	1,410	43	2,390	276	5,013
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	93,915	727,204	486,316	144,356	1,593,797	51,447	3,097,035
MEDICAID STATE FUNDED							
Case Management	-	-	-	22	2,726	149	2,897
Crisis	-	-	91	1,002	10,794	129	12,016
Inpatient	-	3	73	74	10,221	-	10,371
Mobile Treatment	-	-	9	-	1,826	217	2,052
Outpatient	162	2,069	2,184	1,098	16,518	164	22,195
Partial Hospitalization	-	-	18	-	28	-	46
Psychiatric Rehabilitation	-	74	130	119	27,978	3,270	31,571
Residential Rehabilitation	-	-	353	24,622	581,390	34,830	641,195
Residential Treatment	-	-	-	-	-	-	-
Respite Care	874	14,662	12,384	13	60	-	27,993
Supported Employment	-	-	54	459	7,802	38	8,353
SUBTOTAL	1,036	16,808	15,296	27,409	659,343	38,797	758,689
Baltimore Group (Capitation)	-	-	-	-	53	-	53
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	154	1,772	-	1,926
PRTF Waiver	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	154	1,825	-	1,979
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID STATE FUNI	1,036	16,808	15,296	27,563	661,168	38,797	760,668
UNINSURED							
Case Management	5	4	26	96	1,877	134	2,142
Crisis	-	-	-	250	3,200	105	3,555
ıtient	-	-	-	-	-	-	-
ile Treatment	-	14	16	80	2,513	374	2,997
ıpatient	413	3,522	2,535	4,208	45,346	269	56,293
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	11	375	263	704	25,595	3,837	30,785
Residential Rehabilitation	-	-	-	515	9,712	1,450	11,677
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	540	-	-	7	-	547
Supported Employment	-	-	28	247	2,496	115	2,886
SUBTOTAL	429	4,455	2,868	6,100	90,746	6,284	110,882
Baltimore Group (Capitation)	-	-	-	-	388	41	429
Emergency Petition	-	-	26	120	600	11	757
Purchase of Care	-	68	453	369	3,009	30	3,929
PRTF Waiver	-	-	-	-	-	-	-
SUBTOTAL	-	68	479	489	3,997	82	5,115
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total UNINSURED	429	4,523	3,347	6,589	94,743	6,366	115,997
ALL GROUPS							
Case Management	547	3,895	2,551	1,592	29,807	1,595	39,988
Crisis	-	-	91	1,252	13,994	234	15,571
Inpatient	493	11,663	15,375	6,092	46,537	430	80,590
Mobile Treatment	72	484	502	549	14,278	926	16,811
Outpatient	89,603	628,900	362,951	95,597	783,227	3,639	1,963,927
Partial Hospitalization	511	5,885	3,769	805	5,239	22	16,231
Psychiatric Rehabilitation	3,271	61,520	38,760	36,745	839,094	52,921	1,032,331
Residential Rehabilitation	-	-	353	25,137	591,102	36,280	652,872
Residential Treatment	-	20,032	66,132	8,706	-	-	94,870
Respite Care	874	15,202	12,384	13	67	-	28,540
Supported Employment	-	-	172	1,334	18,151	205	19,862
SUBTOTAL	95,371	747,582	503,070	177,822	2,341,496	96,252	3,961,593
Baltimore Group (Capitation)	-	-	-	15	2,831	317	3,163
Emergency Petition	-	-	26	120	600	11	757
Purchase of Care	-	68	453	523	4,781	30	5,855
PRTF Waiver	9	885	1,410	28	-	-	2,332
SUBTOTAL	9	953	1,889	686	8,212	358	12,107
Adjustments	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total ALL GROUPS	95,380	748,535	504,959	178,508	2,349,708	96,610	3,973,700

UNINSURED	0 - 5	6 - 12	13 -17	18 - 21	22 - 64	65+	Total
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-	-
Partial Hospitalization	-	-	-	-	-	-	-
chiatric Rehabilitation	-	-	-	-	-	-	-
idential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total UNINSURED	-	-	-	-	-	-	-
All GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-	-
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total All GROUPS	-	-	-	-	-	-	-

Fiscal Year 2005 Counts	Early Child 0 - 5	Child 6 - 12	Adolescent 13 -17	Transitional 18 - 21	Adult 22 - 64	Geriatric 65+	Total
MEDICAID							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	2	-	2
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	2	2	-	-	-	-	4
Partial Hospitalization	-	-	-	-	-	-	-
chiatric Rehabilitation	-	-	-	-	-	-	-
dential Rehabilitation	-	-	-	-	-	-	-
esidential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	2	2	-	-	2	-	6
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	2	2	-	-	2	-	6
All GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	2	-	2
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	2	2	-	-	-	-	4
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	2	2	-	-	2	-	6
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total All GROUPS	2	2	-	-	2	-	6

Fiscal Year 2006 Counts	Early Child 0 - 5	Child 6 - 12	Adolescent 13 -17	Transitional 18 - 21	Adult 22 - 64	Geriatric 65+	Total
MEDICAID							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	3	-	3
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	2	13	7	1	1	-	24
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
dential Rehabilitation	-	-	-	-	-	-	-
dential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	2	13	7	1	4	-	27
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	2	13	7	1	4	-	27

Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-	-
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total UNINSURED	-	-	-	-	-	-	-
All GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	3	-	3
Outpatient	2	13	7	1	1	-	24
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	2	13	7	1	4	-	27
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total All GROUPS	2	13	7	1	4	-	27

Fiscal Year 2007 Counts	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	2	-	-	7	-	9
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	1	8	1	2	4	-	16
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	1	10	1	2	11	-	25
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	1	10	1	2	11	-	25
MEDICAID STATE FUNDED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	-	-	-	-	-
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	1	-	1
SUBTOTAL	-	-	-	-	1	-	1
Total MEDICAID STATE FUNI	-	-	-	-	1	-	1
All GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	2	-	-	7	-	9
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	1	8	1	2	4	-	16
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	1	10	1	2	11	-	25
more Group (Capitation)	-	-	-	-	-	-	-
rgency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	1	-	1
SUBTOTAL	-	-	-	-	1	-	1
Total All GROUPS	1	10	1	2	12	-	26

		6-12	17	18-21	64		
MEDICAID							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	1	1	1	28	-	31
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	3	24	23	8	95	-	153
Partial Hospitalization	-	-	-	-	1	-	1
Psychiatric Rehabilitation	-	-	-	-	4	1	5
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	3	25	24	9	127	1	189
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	3	25	24	9	127	1	189
MEDICAID STATE FUNDED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	1	-	1
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	-	-	4	-	4
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	5	-	5
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	5	-	5
Total MEDICAID STATE FUNI							
UNINSURED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	-	-	2	14	-	16
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
olite Care	-	-	-	-	-	-	-
ported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	2	14	-	16
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total UNINSURED	-	-	-	2	14	-	16
All GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	-	1	1	1	29	-	32
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	3	24	23	10	106	-	166
Partial Hospitalization	-	-	-	-	1	-	1
Psychiatric Rehabilitation	-	-	-	-	4	1	5
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	-	-	-
SUBTOTAL	3	25	24	11	139	1	203
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total All GROUPS	3	25	24	11	139	1	203

Fiscal Year 2009 Counts	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-
Inpatient	1	13	30	33	279	1	357
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	21	119	96	44	331	-	611
Partial Hospitalization	1	1	2	2	66	-	72
Psychiatric Rehabilitation	-	1	1	1	8	1	12
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	117	14	-	-	-	131
Respite Care	-	-	-	-	-	-	-
ported Employment	-	-	-	-	-	-	-
UBTOTAL	23	247	141	76	662	2	1,151
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	-	-	-
Total MEDICAID	23	247	141	76	662	2	1,151

Crisis	-	-	-	-	-	-	-
Inpatient	-	-	-	-	12	-	12
Mobile Treatment	-	-	-	4	39	1	44
Outpatient	-	1	1	-	-	-	-
Partial Hospitalization	-	-	-	-	37	1	40
Psychiatric Rehabilitation	-	-	-	-	-	-	-
Residential Rehabilitation	-	-	-	-	-	-	-
sidential Treatment	-	-	-	-	-	1	1	
spite Care	-	-	-	-	-	-	-
upported Employment	-	-	-	-	-	-	-
SUBTOTAL	-	1	1	4	88	-	8
Baltimore Group (Capitation)	-	-	-	-	95	3	104
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	-	1	-	1
Total MEDICAID STATE FUNI	-	1	1	4	96	3	105
UNINSURED							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	4	-	4
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	-	2	-	2	15	-	19
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	-	-	-	-	1	-	1
Residential Rehabilitation	-	-	-	-	1	-	1
Residential Treatment	-	-	-	-	-	-	-
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	3	-	3
SUBTOTAL	-	2	-	2	23	-	27
Baltimore Group (Capitation)	-	-	-	-	-	-	-
Emergency Petition	-	1	5	2	24	-	32
Purchase of Care	-	-	-	-	1	-	1
SUBTOTAL	-	1	5	2	25	-	33
Total UNINSURED	-	3	5	4	48	-	60
All GROUPS							
Case Management	-	-	-	-	-	-	-
Crisis	-	-	-	-	16	-	16
Inpatient	1	13	30	37	317	2	400
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	21	121	97	46	381	1	667
Partial Hospitalization	1	1	2	2	66	-	72
Psychiatric Rehabilitation	-	1	1	1	9	1	13
Residential Rehabilitation	-	-	-	-	1	1	2
Residential Treatment	-	117	14	-	-	-	131
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	-	-	11	-	11
SUBTOTAL	23	249	142	82	777	5	1,278
more Group (Capitation)	-	-	-	-	-	-	-
ergency Petition	-	1	5	2	24	-	32
Purchase of Care	-	-	-	-	2	-	2
SUBTOTAL	-	1	5	2	26	-	34
Total All GROUPS	23	250	147	84	802	5	1,311

Fiscal Year 2010 Counts	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	37	165	120	44	868	32	1,266
Crisis	-	-	-	-	-	-	-
Inpatient	25	330	400	289	1,824	14	2,882
Mobile Treatment	7	56	42	50	707	25	887
Outpatient	2,248	11,214	7,644	2,755	22,979	132	46,972
Partial Hospitalization	15	172	187	35	236	-	645
Psychiatric Rehabilitation	165	1,625	917	350	4,872	189	8,118
Residential Rehabilitation	-	-	-	-	-	-	-
Residential Treatment	-	105	336	23	-	-	464
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	21	86	895	5	1,007
SUBTOTAL	2,310	11,797	8,335	3,031	27,080	358	52,911
Baltimore Group (Capitation)	-	-	-	2	125	21	148
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
PRTF Waiver	1	13	16	-	-	-	30
SUBTOTAL	1	13	16	2	125	21	178
Total MEDICAID	2,310	11,802	8,338	3,032	27,188	379	53,049
MEDICAID STATE FUNDED							
Case Management	-	-	-	4	250	4	258
Crisis	-	-	3	23	276	1	303
Inpatient	-	3	6	19	424	-	452
Mobile Treatment	-	-	1	-	122	17	140
Outpatient	67	258	236	113	1,209	18	1,901
Partial Hospitalization	-	1	-	-	-	-	1
Psychiatric Rehabilitation	-	5	5	4	351	33	398
Residential Rehabilitation	-	2	11	116	2,334	119	2,582
Residential Treatment	-	-	-	-	-	-	-
Respite Care	13	134	53	-	3	-	203
Supported Employment	-	-	10	63	896	4	973
SUBTOTAL	80	398	316	294	5,028	187	6,303
more Group (Capitation)	-	-	-	-	5	-	5
ergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	5	50	-	55
PRTF Waiver	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	5	55	-	60
Total MEDICAID STATE FUNI	80	398	316	297	5,037	187	6,315

Crisis	-	-	-	4	152	10	167
Inpatient	-	-	-	2	41	3	46
Mobile Treatment	-	-	-	-	-	-	-
Outpatient	20	150	5	6	168	30	211
Partial Hospitalization	-	-	142	254	2,104	7	2,677
Psychiatric Rehabilitation	-	15	-	-	-	-	-
Residential Rehabilitation	-	-	18	5	271	33	342
ıidential Treatment	-	-	1	5	80	8	94
;pite Care	-	-	-	-	-	-	-
ɔupported Employment	-	-	-	-	-	-	-
SUBTOTAL	20	161	10	32	224	8	274
Baltimore Group (Capitation)	-	-	170	297	2,817	92	3,557
Emergency Petition	1	2	-	-	38	5	43
Purchase of Care	1	3	32	46	318	-	399
PRTF Waiver	-	-	14	17	96	-	131
SUBTOTAL	2	5	-	-	-	-	-
Total UNINSURED	22	164	46	62	449	5	569
ALL GROUPS			208	349	3,188	97	4,028
Case Management	37	166	120	52	1,248	46	1,669
Crisis	-	-	3	25	313	4	345
Inpatient	25	333	406	302	2,136	14	3,216
Mobile Treatment	7	58	48	56	995	71	1,235
Outpatient	2,316	11,493	7,909	3,059	25,616	155	50,548
Partial Hospitalization	15	173	187	35	236	-	646
Psychiatric Rehabilitation	165	1,642	938	358	5,458	252	8,813
Residential Rehabilitation	-	2	12	121	2,404	127	2,666
Residential Treatment	-	105	336	23	-	-	464
Respite Care	13	134	53	-	3	-	203
Supported Employment	-	-	31	146	1,496	14	1,687
SUBTOTAL	2,378	12,111	8,641	3,399	31,633	543	58,705
Baltimore Group (Capitation)	-	-	-	2	168	26	196
Emergency Petition	1	2	32	46	318	-	399
Purchase of Care	1	3	14	22	145	-	185
PRTF Waiver	1	13	16	-	-	-	30
SUBTOTAL	3	18	62	69	628	26	806
Total All GROUPS	2,379	12,118	8,675	3,447	32,084	569	59,272

Fiscal Year 2011 Counts	Early Child 0-5	Child 6-12	Adolescent 13-17	Transitional 18-21	Adult 22-64	Geriatric 65+	TOTAL
MEDICAID							
Case Management	42	285	216	137	1,900	50	2,630
Crisis	-	-	-	-	-	-	-
Inpatient	52	890	1,427	729	4,016	34	7,148
Mobile Treatment	10	69	78	79	1,485	46	1,767
Outpatient	5,173	22,823	16,643	6,935	52,031	499	104,104
Partial Hospitalization	44	542	430	92	568	2	1,678
·chiatric Rehabilitation	252	3,484	2,273	707	8,702	323	15,741
idential Rehabilitation	-	-	-	-	-	-	-
_sidential Treatment	-	132	432	60	-	-	624
Respite Care	-	-	-	-	-	-	-
Supported Employment	-	-	31	132	1,325	8	1,496
SUBTOTAL	5,185	23,082	17,109	7,162	55,590	746	108,874
Baltimore Group (Capitation)	-	-	-	3	273	32	308
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	-	-	-	-
PRTF Waiver	1	30	56	6	-	-	93
SUBTOTAL	1	30	56	9	273	32	401
Total MEDICAID	5,185	23,082	17,112	7,163	55,827	778	109,147
MEDICAID STATE FUNDED							
Case Management	-	-	-	6	400	13	419
Crisis	-	-	7	68	925	12	1,012
Inpatient	-	1	7	10	732	-	750
Mobile Treatment	-	-	1	-	269	33	303
Outpatient	145	1,356	1,260	556	4,606	62	7,985
Partial Hospitalization	-	-	2	-	1	-	3
Psychiatric Rehabilitation	-	6	13	4	619	61	703
Residential Rehabilitation	-	-	11	180	3,208	146	3,545
Residential Treatment	-	-	-	-	-	-	-
Respite Care	15	200	128	3	6	-	352
Supported Employment	-	-	34	155	1,737	8	1,934
SUBTOTAL	159	1,547	1,425	848	9,844	293	14,116
Baltimore Group (Capitation)	-	-	-	-	10	-	10
Emergency Petition	-	-	-	-	-	-	-
Purchase of Care	-	-	-	13	165	-	178
PRTF Waiver	-	-	-	-	-	-	-
SUBTOTAL	-	-	-	13	175	-	188
Total MEDICAID STATE FUNI	159	1,547	1,425	848	9,860	293	14,132
UNINSURED							
Case Management	1	3	4	30	343	11	392
Crisis	-	-	-	19	315	9	343
Inpatient	-	-	-	-	-	-	-
Mobile Treatment	-	4	4	16	481	53	558
Outpatient	83	536	454	719	6,047	29	7,868
Partial Hospitalization	-	-	-	-	-	-	-
Psychiatric Rehabilitation	3	61	61	39	658	65	887
Residential Rehabilitation	-	-	-	22	346	17	385
ıdential Treatment	-	-	-	-	-	-	-
ɔite Care	-	3	-	-	1	-	4
Supported Employment	-	-	7	52	409	14	482
SUBTOTAL	86	552	490	816	7,522	163	9,629
Baltimore Group (Capitation)	-	-	-	-	54	7	61
Emergency Petition	-	-	16	69	356	6	447
Purchase of Care	-	8	51	35	299	2	395
PRTF Waiver	-	-	-	-	-	-	-
SUBTOTAL	-	8	66	103	688	15	880
Total UNINSURED	86	552	513	882	7,901	175	10,109

Crisis	-	-	7	86	1,212	21	1,326
Inpatient	52	891	1,434	732	4,412	34	7,555
Mobile Treatment	10	70	81	90	2,060	126	2,437
Outpatient	5,225	23,258	17,098	7,480	57,478	584	111,123
Partial Hospitalization	44	542	432	92	569	2	1,681
Psychiatric Rehabilitation	253	3,497	2,296	720	9,574	436	16,776
Residential Rehabilitation	-	-	11	195	3,463	159	3,828
idential Treatment	-	132	432	60	-	-	624
pite Care	15	202	128	3	7	-	355
Supported Employment	-	-	44	230	2,291	23	2,588
SUBTOTAL	5,237	23,512	17,573	7,773	62,908	1,035	118,038
Baltimore Group (Capitation)	-	-	-	3	325	37	365
Emergency Petition	-	-	16	69	356	6	447
Purchase of Care	-	8	51	47	450	2	556
PRTF Waiver	1	30	56	-	-	-	87
SUBTOTAL	1	38	122	124	1,109	45	1,439
Total All GROUPS	5,237	23,512	17,595	7,834	63,478	1,076	118,732

Note: Report total does not tie to original total YTD Check Register amount of $550,447,220.07 due to:

$	*1,146,102.03*	*TBS/DDA claims*
$	*1,901,102.69*	*Gross Adjustments*
$	*3,047,204.72*	*Total reconciling items*

ValueOptions Maryland
Initiative to align cost of care with best practices
For the two week period ended 04/29/11

Key utilization metrics based on auths data for the 2 week period ended 04/29/11							
SVC TYPE	ACTIVE CASES	NEW CASES	CONCURRENT REQUESTS	FULL DENIALS	MODIFIED DENIALS	LEVEL 1 APPEALS	LEVEL 2 APPEALS
TBS	308	77	99				
DDA	73	16	21				
MH	236	61	78				
IOP	249	121	33	5			
18 yrs and over	166	84	15	5			
under 18 yrs	83	37	18				
RTC	515	122	94				
Partial Hospitalization	271	195	79	1			
All other OP Svcs	139,643	9,073	6,909	12	4	1	1
TOTAL	141,544	9,786	7,346	18	4	1	1

Note: Denials and Appeals data self-reported by Quality Department.

Key utilization metrics based on paid claims		
SVC TYPE	(FY10) ALOS / AVG UNITS PER MEMBER*	(FY11) ALOS / AVG UNITS PER MEMBER**
TBS	1549	820
DDA	n/a	1609
MH	n/a	638
IOP	27	11
18 yrs and over		
under 18 yrs		
RTC	154	135
Partial Hospitalization	14	10
All other OP Svcs	17	17
TOTAL		

*Services 03/01/09 - 02/28/10, paid through 04/30/10
**Services 03/01/10 - 02/28/11, paid through 04/30/11

Paid claims with 60 days of run-out from DOS month			
SVC TYPE	Feb-10	Feb-11	CHANGE
TBS	$254,448.54	$265,960.66	$11,512.12
DDA			
MH			
IOP	$286,479.35	$275,240.58	-$11,238.77
18 yrs and over			
under 18 yrs			
RTC	$3,670,269.02	$3,620,002.00	-$50,267.02
Partial Hospitalization	$742,804.37	$645,654.05	-$97,150.32
All other OP Svcs	$11,572,751.25	$17,228,815.73	$5,656,064.48
TOTAL	$16,526,752.53	$22,035,673.02	$5,508,920.49

Count of Consumers with Paid Claims			
SVC TYPE	Feb-10	Feb-11	CHANGE
TBS	2,822	2,852	30
DDA			
MH			
IOP	1,700	1,411	(289)
18 yrs and over			
under 18 yrs			
RTC	359	353	(6)
Partial Hospitalization	2,173	1,469	(704)
All other OP Svcs	112,605	168,968	56,363
TOTAL	119,659	175,053	55,394

CERTIFICATION
OF
VALUEOPTIONS, INC.

I, Heyward R. Donigan, certify that I am the President of ValueOptions, Inc., a Virginia corporation (the "Corporation"). I certify that the Corporation is the parent corporation of ValueOptions of Louisiana, Inc. the "Proposer" under the Louisiana Department of Health and Hospitals Office of Behavioral Health Statewide Management Organization Request for Proposals (the "RFP"). I certify that I am duly authorized to make and deliver this certification.

I certify that The Proposer agrees to have in place within thirty (30) days of the Contract award date under the RFP, capitalization requirements as will be established for this contract in the amount of funds equal to sixty (60) days of estimated payments to the Contractor, which will be met with no encumbrances, such as loans subject to repayment. I certify that the Corporation, pursuant to the plan described in Proposer's RFP response to Q 6.f.i, will provide the initial minimum capitalization to the Proposer, without restrictions, within the time frame contained in the RFP.

Heyward R. Donigan, President

Dated: 7/29/11

Attachment 24 – The Fraud and Abuse Policy and Procedure was redacted.

Experience with Implementing Fraud, Waste and Abuse Programs

ValueOptions has implemented fraud, waste and abuse programs in multiple state contracts, including Florida, Kansas, Maryland, Texas and Pennsylvania. In particular, ValueOptions has worked closely with the state of Pennsylvania to expand its fraud, waste and abuse program over the last year. Value Behavioral Health of Pennsylvania (VBH-PA) has dramatically increased the number and scope of audits/investigations as well as the overpayment recoveries associated with inappropriately billed services by providers. The Director at the Pennsylvania Bureau of Program Integrity's Division of Provider Review, Barbara Daniels has provided references for ValueOptions based on VBH-PA's performance and can be reached at 717-772-4609. A few examples of the cases ValueOptions has reported to the state of Pennsylvania in the last year are included below.

Examples of Fraud, Waste and Abuse Audits/Investigations

- Misrepresentation of Service & Members Not Eligible for Services: ValueOptions received a referral indicating a provider was not verifying medical necessity criteria for members prior to enrolling them for services. The service billed was established as a dual program for members with both mental health diagnoses and recent reentry into the community from the criminal justice system. Subsequently, ValueOptions conducted a compliance audit to confirm medical necessity and revealed that the provider was misrepresenting the service and members did not meet either of the medical necessity requirements for mental health or reentry into the community. ValueOptions was able to recover approximately half of the total claims paid to the provider for this service and submitted a potential fraud report to the appropriate State oversight agency for further investigation. Subsequently, the provider decided to no longer participate in this level of service.

- Up-coding, Misrepresentation of Services, Member Not Eligible for Services, Over-utilization, & Claims Billing for Services Not Covered: ValueOptions conducted an audit of a provider based on financial data indicating it was an outlier for four services. The audit exposed inappropriate services and billing practices in all four levels of services. In two of the services, the provider misrepresented/upcoded services at higher levels of care and billed the claims at the higher rates. The provider was not verifying medical necessity criteria and approximately 25% of the members were found to be ineligible. In the fourth service, the provider over-utilized services and inappropriately billed for services that were not covered through the Medicaid program. ValueOptions recovered all of the over-payments identified during the audit, required corrective actions and additional training, and reported the findings to the appropriate State agency for further investigation.

- Over-utilization and Missing/Inaccurate Documentation: ValueOptions identified a provider through a monthly outlier report that indicated the provider was over-utilized a service by approximately 200-400% of the acceptable units. ValueOptions conducted an audit of the provider and confirmed that it over-utilized the service and was missing or inaccurately documented the claims billed. ValueOptions recovered all of the over-payments, which was 25% of the total amount paid to the provider, required corrective actions and additional training, and reported the findings to the appropriate State agency for further investigation.

Applicable Fraud, Waste and Abuse/Compliance-Specific Policies and Procedures

- Compliance Program Structure (LC100)
- Compliance Program Activities (LC101)
- Compliance Anti-Fraud Plan (LC101A)
- Self-Referrals, Kickbacks and Stark Laws (LC212)
- False Claims (LC309)
- Deficit Reduction Act (LC310)
- Healthcare Claims Fraud and Abuse Investigations (S103)

InvestiClaim

The Total Payment fraud detection and case management, InvestiClaim, is a next-generation claims management solution designed to augment and extend the capabilities of your claims processing system. Much more than standard code auditing software, it combines interactive analytical reporting engine with a real-time claims database to uncover know and unknown patterns of fraud and abuse. InvestiClaim helps Louisiana identify and document benefit dollars deterred from unwarranted claims. Its advance analytic capabilities greatly increase preventable dollars saved representing an average 5 :1 ROI…more than 3X over and above typical recovery efforts. However, the ROI opportunities don't stop there. InvestiClaim establishes the foundation of McKesson Total Payment Solution in your organization, from which you can realize further future savings by managing waste and abuse, complex contracts, bundled payments and payment policy optimization. Total Payment, with InvestiClaim as the flagship module, provides a continuously escalating return on investment.

InvestiClaim is a fraud detection and case management tool that uses data-driven analytics to uncover known and unknown patterns of fraud and abuse, combines an interactive analytical reporting engine with a real-time claims database allowing the business user to freely explore up-to-date claims data, and provides comprehensive case management functionality to support investigation and management of cases. See Figure 2.



Figure 2. The combination of rules-based technology and data-driven analytics support continuous improvement in claims adjudication, or payment optimization.

The InvestiClaim case management system brings extensive functionality to the investigative process, including the ability to:

- Easily attach claims to cases
- Track investigative activities through a library of standard activities and a tickler file
- Attach any type external file, including medical records, audio/video files, images, etc
- Track detailed expenses and recoveries
- Link multiple providers and cases together
- Maintain a full audit trail of all case changes
- Send and receive online messages to keep analysts and investigators up to date on case developments
- Auto-generate correspondence using Microsoft Word templates

Waste and Abuse Management Module

Payment systems are very complex and operate in a dynamic environment of changing rules, coding systems, and provider billing patterns. The process of creating rules for complex policies and contracts is error prone and can result in claims system leakage from missing or misconfigured rules. Waste and abuse rules are written in response to issues arising out of claims payment, so by definition these rules lag behind emergence of the issues they are supposed to solve. The result of missing misconfigured and lagging rules is persistent claims leakage and lost opportunity costing health plans millions of dollars each year.

Waste and Abuse Management uses data-driven analytics to identify this leakage and address it on two fronts:

- Review of the most aberrant claims before payment is made or in a fast-cycle post-payment review.
- Payment optimization through development of rules to permanently and systematically plug the most persistent and costly leaks.

Claim review occurs after adjudication and presents the most aberrant claims to the examiner or claims auditor, gives them a complete set of reasons for the aberrancy, and provides views of the pattern along multiple dimensions - including member, provider, service and dates of service. This enables the claims examiner or auditor to make rapid decision to pay, deny, pend for further review, or seek a recovery.

Policy optimization continuously analyzes claims data to identify concentrations of aberrant claims that may correspond to missing or misconfigured adjudication rules. This surveillance combined with the ability of Total Payment to close gaps in a permanent automated fashion results in a continuously optimizing payment cycle. This unique combination of data-driven analytics and flexible rules is the only way to keep pace with the complex and dynamic world of claims payment. Features of the Waste and Abuse Management module include:

- Data-driven claim analytics to identify existing and emerging aberrant billing patterns
- Claim review user interface to facilitate rapid claim decisioning
- Interactive analytical reporting on a real-time claims repository
- User-configurable work queues to intelligently manage leads and workflow within and across organizational boundaries
- Systemic Weakness Report highlighting concentrations of claims aberrancy
- Customizable and configurable rules engine to precisely and permanently close gaps

Louisiana will benefit from the Waste and Abuse Management module by being able to:

- Manage **medical** costs by denying abusive or wasteful claims payments.
- Identify potential claims system leaks in a **dynamic** and complex payment environment
- Stop more problem claims automatically, thereby reducing the **administrative** cost to pay and chase later.
- Improve provider **satisfaction** by addressing issues early through adjudication and education, rather than from punitive investigations and recoveries.
- Improve cross-departmental collaboration to reduce **administrative** inefficiencies

A key differentiator of the Waste and Abuse Management module is that data-driven analytics identify unknown and emerging issues before any solely rules-based system can react.

Reporting

InvestiClaim presents the results of its analytics in a comprehensive manner and with context. Further detail is typically available at the click of a mouse, allowing the user to drill down, filter and sort at multiple levels. The user can configure many aspects of the presentation of the information, making it easier and more intuitive to comprehend. Please refer to screen shots below in Figure 3.

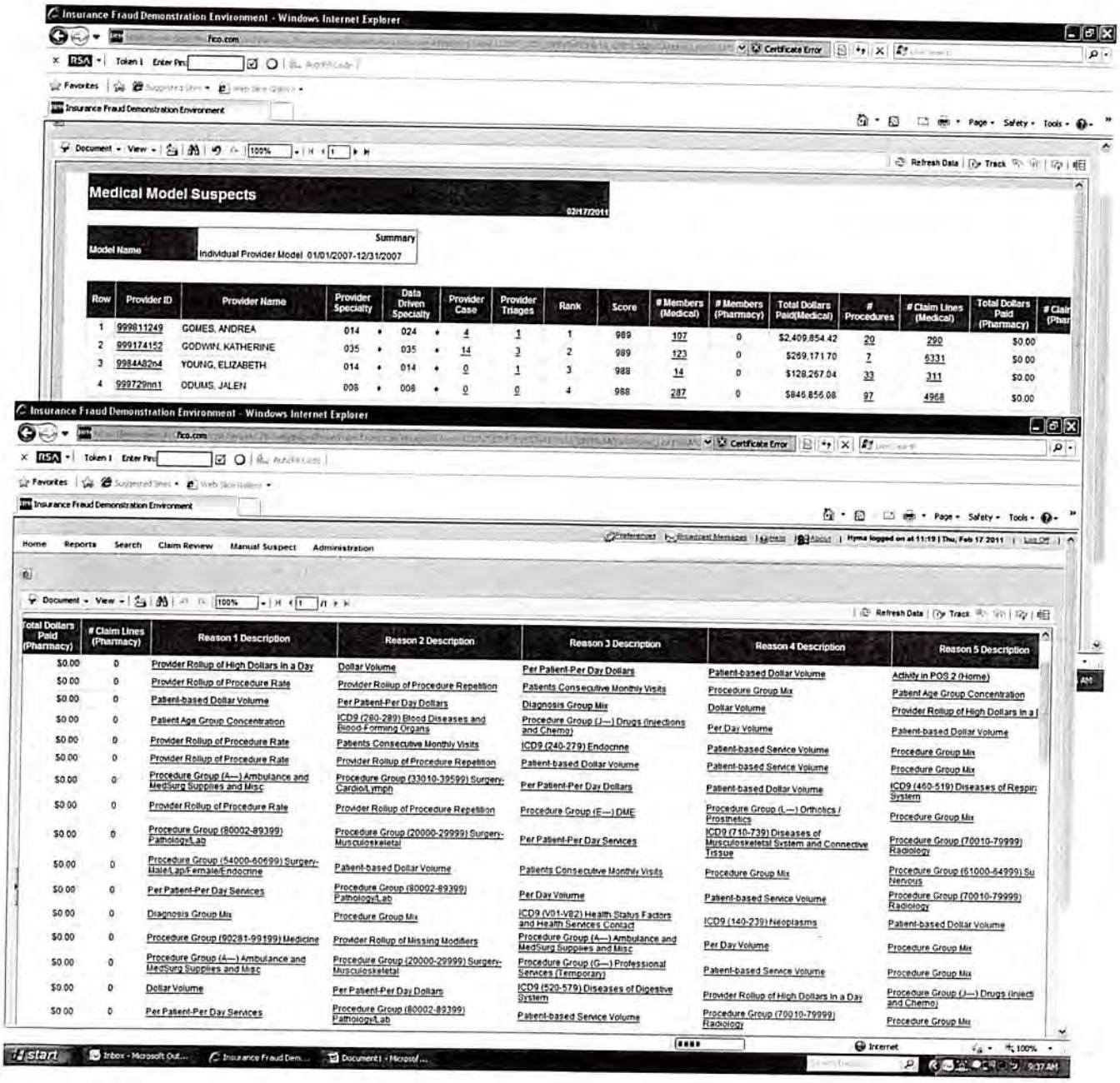


Figure 3. Our Total Payment reporting tool can provide lists of suspect cases for fraud and abuse and the reasons why individuals were identified.

Louisiana will have the ability to filter existing reports to meet its needs. These reports are contained within the case management system and include the following:

Rollup reports	Lists
▪ Medical Analyses ▪ Medical Rendering Provider Roll-up ▪ Medical Rendering Provider Detail - High Dollar Day ▪ Medical Rendering Provider Detail - High Dollar Procedure ▪ Medical Rendering Provider Detail - Procedure Repetition ▪ Medical Rendering Provider Detail - Procedure Rate ▪ Medical Rendering Provider Detail - Missing Modifier ▪ Medical Rendering Provider Detail - Unusual Modifier ▪ Medical Rendering Provider/Procedure Roll-up ▪ Medical Rendering Provider/Procedure Detail - High Dollar Day ▪ Medical Rendering Provider/Procedure Detail - High Dollar Procedure	▪ Case List/Triage List ▪ Medical Claim Line Cases ▪ Medical Claim Lines List ▪ Member List ▪ Rendering Provider List

Features of InvestiClaim include:

- Interactive analytical reporting on a real-time claims repository
- Suspect reports to rank order your leads and identify most egregious abusers
- User-configurable work queues to intelligently manage leads and workflow within and across organizational boundaries
- Case management system to document and manage investigations
- Data-driven claim and provider analytics to identify existing and emerging aberrant billing patterns

Louisiana will benefit from InvestiClaim by being able to:

- Improve productivity of investigators and analysts, resulting in less effort per **medical** dollar recovered
- Improve provider **satisfaction** by focusing on the most egregious abusers, and reduce time spent investigating dead ends
- Improve cross-departmental collaboration to reduce **administrative** inefficiencies

Differentiators include:

- Comprehensive case management functionality
- Interactive analytical reporting (vs. static reports or queries from some competitors)
- Data-driven analytics identify unknown and emerging issues before any rules-based system can react

Sabine Parish School Board

J.A. "BUDDY" VEULEMAN
PRESIDENT

TERRELL SNELLING
VICE-PRESIDENT

DORMAN JACKSON
SUPERINTENDENT

695 PETERSON STREET • P. O. BOX 1079
MANY, LOUISIANA 71449
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Roderick Davis
Spencer Faust
William D. Garcie
Imon Jones
Donald H. Remedies
Dale Skinner
Denyse Williams

Date: May 22,2011
Bruce D. Greenstein
Secretary
Louisiana Department of Health and Hospitals
628 N. 4th Street
Baton Rouge, LA 70802

Dear Mr. Greenstein:

My name is James Wagley and I supervise school-based behavioral health services for the Sabine Parish School District. We currently serve over 130 high needs students through our school-based behavioral health system. Over 75% of these students are on Medicaid and would be eligible for services under the CSoC model. We currently serve these kids through grants and state contracts that end on **June 30, 2011**. About a year ago, I met the staff from Value Options as they visited our site as we have been identified as a model school-based behavioral health model in Louisiana. To be honest, I was apprehensive about this group because of less than positive experiences with managed care in other states that I have worked in. I must say that I was pleasantly surprised by this group. They appeared to be truly professional and concerned with outcomes and the needs of students and families as well as efficient and effective service delivery.

I am happy to submit this letter of endorsement in support of ValueOptions' proposal in response to Louisiana Department Health and Hospitals' Request for Proposal for a Statewide Management Organization for behavioral health care services. ValueOptions has a solid reputation as a leader in delivering innovative behavioral health care services across the country and they have been instrumental in creating transformative health care delivery systems for many states and counties. They have spent the last two years learning from key stakeholders about the challenges of meeting the behavioral health needs in Louisiana and to improve the clinical delivery system. Their knowledge and experience will benefit DHH and all statewide and regional stakeholders as Louisiana moves forward to create a Comprehensive System of Care and support our transition to create a true recovery-based behavioral health care system.

Based upon my experience with ValueOptions and my belief in their ability and corporate and individual commitment to serve as an active participant in Louisiana, I recommend ValueOptions as an excellent partner to serve as DHH's SMO for behavioral healthcare services for the Medicaid enrollees in our state.
Sincerely,

James Wagley LCSW-BACS
Supervisor of Student Services, Sabine Parish Schools
695 Peterson St.
Many, Louisiana 71449
1-318-332-5558
wagleyj@sabine.k12.la.us

The Extra Mile,
Southeast, Louisiana
2332 Severn Ave
Suite 100
Metairie, LA 70001

(504) 830-2880
(504) 830-2810 FAX

August 8, 2011

Bruce D. Greenstein

Secretary

Louisiana Department of Health and Hospitals

628 N. 4th Street

Baton Rouge, LA 70802

Dear Mr. Greenstein,

The Extra Mile, Southeast Louisiana is part of a network of four non-profit programs across the state of Louisiana. The Statewide mission is to enhance and enrich the quality of life for all persons served by the state of Louisiana by mobilizing people and resources in our community.

I am happy to submit this letter of endorsement in support of ValueOptions' proposal in response to Louisiana Department of Health and Hosptals' Request for Proposal for a Statewide Management Organization for behavioral health care services. ValueOptions is a leader in delivering behavioral health care services across the country and they have been instrumental in creating transformative health care delivery systems for many states and counties. They have spent the past two years learning from key stakeholders in Louisiana about the challenges of meeting the needs of individual's and their family's with behavioral health care challenges. Their knowledge and experience will benefit DHH and all statewide and regional stakeholders as Louisiana moves forward to create a Comprehensive System of Care and support our transition to create a true recovery-based behavioral health care system.

Sincerely,

Sylvia Guthrie Pearson
Executive Director
2332 Severn Ave., Suite 100
Metairie, LA
(504) 830-2880
sylvia@temsela.org

For those served by the Jefferson Parish Human Services Authority: Divisions of Mental Health, Developmental Disabilities and Addictive Disorders.

DR. PETER GALVAN
ST. TAMMANY PARISH
CORONER

April 15, 2011

Bruce D. Greenstein
Secretary
Louisiana Department of Health and Hospitals
628 N. 4th Street
Baton Rouge, LA 70802

Dear Mr. Greenstein:

My name is Peter Galvan. I am a physician of Internal Medicine and also the elected coroner of St. Tammany Parish. I have had the privilege of meeting with Dr. Lawrence Goldman of ValueOptions on a myriad of occasions to discuss the improvement of healthcare in St. Tammany Parish and our great state of Louisiana.

I am happy to submit this letter of endorsement in support of ValueOptions' proposal in response to Louisiana Department Health and Hospitals' Request for Proposal for a Statewide Management Organization for behavioral health care services. ValueOptions has a solid reputation as a leader in delivering innovative behavioral health care services across the country and they have been instrumental in creating transformative health care delivery systems for many states and counties. They have spent the last two years learning from key stakeholders about the challenges of meeting the behavioral health needs in Louisiana and to improve the clinical delivery system. Their knowledge and experience will benefit DHH and all statewide and regional stakeholders as Louisiana moves forward to create a Comprehensive System of Care and support our transition to create a true recovery-based behavioral health care system.

Based upon my experience with ValueOptions and my belief in their ability and corporate and individual commitment to serve as an active participant in Louisiana, I recommend ValueOptions as an excellent partner to serve as DHH's SMO for behavioral healthcare services for the Medicaid enrollees in our state.

Sincerely,

Peter R. Galvan, M.D.
Coroner, St. Tammany Parish

550 Brownswitch Road • Slidell, LA 70458 • Office 985.781.1150 • Fax 985.781.1148



MEANINGFUL MINDS
Of Louisiana

Imagine the Possibilities...

April 18, 2010

Bruce Greenstein:

Secretary

Louisiana Department of Health and Hospitals
628 N. 4th Street
Baton Rouge, LA. 70802

Dear Mr. Greenstein:

Meaningful Minds of Louisiana is the only statewide mental health peer run organization that is contracted and sponsored by Office of Behavioral Health. We are also a non profit organization to provide programs activities to empower and enhance citizens of Louisiana with a mental health need and substance abuse. Our organization mission statement to advocate for communication, educate and leadership enhancing self empowerment for independent opportunities have been the energizing force of our success. As the statewide organization our annual conferences, trainings, Suicide Prevention and Trauma activities promote education and preventive information for all communities of Louisiana. We are very proud to have support group sessions for the Lafayette Parish Jail to include the women and men population. The Board of Directors pledge to provide recovery and wellness programs is the driving force of Meaningful Minds of Louisiana.

I am happy to submit this letter of endorsement in support of ValueOptions' proposal in response to Louisiana Department Health and Hospitals' Request for Proposal for a Statewide Management Organization for behavioral Health care service. ValueOptions has a solid reputation as a leader in delivering innovative behavioral health care services for many states and co unties. They have spent the last two years learning from key stakeholders about the challenges of meeting the behavioral health needs in Louisiana and to improve the clinical delivery system. Their knowledge and experience will benefit DHH and all statewide and regional stakeholders as Louisiana moves forward to create a Comprehensive System of Care and support our transition to create a true recovery-based behavioral health care system.

Based upon my experience with ValueOptions and my belief in their ability and corporate and individual commitment to service as an active participant in Louisiana, I recommend ValueOptions as an excellent partner to serve as DHH's SMO for behavioral healthcare service for the Medicaid
enrollees in our state.

Sincerely,

Volunteer CEO/President

1345 W. Willow Street, #13
Lafayette, LA 70506
337 234-6291
Cglover211@bellsouth.net

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Innovative Solutions. Better Health.

Outpatient IOC Audit Checklist – Clinical Record Review

Date of Review:_____ Reason for Review: ____Inspection of Care ____Action Plan Follow-up (Focus of Follow-up_____

Beneficiary Record ID:_____ Provider Name: _____

Beneficiary Age:_____ Provider Location: _____

Date of Admission:_____ Reviewer/Credentials: _____

	Element	Y	N	NA	Regulation	Comments
#1	There is an Intake Evaluation conducted by a licensure-qualified professional prior to service delivery that evaluates recipient's mental condition and determines whether treatment in RSPMI program would be appropriate. No, if any of the following: 1) No Intake Evaluation in record; 2) Evaluation not conducted by a qualified professional; 3) Evaluation not conducted prior to service delivery; 4) Presenting problem, including its history, not documented; 5) Mental status/Clinical observations/impressions not documented; 6) No diagnosis on all five axes; or 7) No conclusion documented that treatment in RSPMI program is appropriate.				Medicaid RSPMI II 217.000 252.110	
#2	There is a Psychiatric Diagnostic Assessment conducted by Arkansas licensed physician within required time frames that includes a mental status evaluation and complete multi-axial diagnosis, and, for beneficiaries under age 18, an interview of parent, guardian or primary caretaker. NA, if beneficiary discontinues care prior to calendar day 45. No, if any of the following: 1) No Psychiatric Diagnostic Assessment; 2) Psychiatric Diagnostic Assessment not conducted by Arkansas licensed physician; 3) For SED/SMI beneficiaries, Assessment not conducted within 45 days; 4) For non-SED/SMI beneficiaries, no Assessment conducted within 45 days or no physician statement within 45 days and Assessment conducted by the end of 6 months; 5) No update of Assessment every 12 months; 6) No documented interview with beneficiary; 7) No mental status evaluation; 8) No complete multi-axial diagnosis; or 9) No evidence of parent, guardian, or primary caretaker interview for beneficiaries under age 18.				Medicaid RSPMI II 224.100 224.200 224.201 252.110	

Outpatient IOC Audit Checklist – Clinical Record Review

	Element	Y	N	NA	Regulation	Comments
#3	There is a Master Treatment Plan individualized to beneficiary with array of treatment services designed to meet medical needs of beneficiary. No, if any of the following: 1) Treatment Plan is absent; 2) Treatment regimen is not individualized; 3) Treatment regimen is not specifically described on Treatment Plan (frequency, provider, modality, interventions); 4) Medically necessary services are not ordered; or 5) Treatment Plan is materially identical to one or more Treatment Plans in other beneficiary records.				Medicaid RSPMI II 216.000 218.000 219.100 223.000 227.000 252.110 252.150 252.420 RSPMI Certification Manual VIII, L	
#4	Treatment Plan Goals and Objectives are individualized, clinically relevant to problems identified in Intake Evaluation assessment or subsequent assessments, and Objectives are measurable and time-limited. No, if any of the following: 1) Treatment Plan is absent; 2) Goals and Objectives are not individualized; 3) Goals and Objectives do not clinically follow from evaluations; 4) Objectives are not measurable or are not time-limited; or 5) Goals and/or Objectives are materially identical to Goals and/or Objectives in one or more Treatment Plans in other beneficiary records.				Medicaid RSPMI II 218.000 252.110 252.420 RSPMI Certification Manual VIII, L	

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Outpatient IOC Audit Checklist – Clinical Record Review

	Element	Y	N	NA	Regulation	Comments
#5	There are Treatment Plan Reviews that determine beneficiary's progress toward treatment objectives, appropriateness of services provided, and need for continued participation in RSPMI program. No, if any of the following: 1) Treatment Plan Review is absent; 2) Progress toward each treatment objective not documented or not individualized; 3) Appropriateness of services not documented or individualized; 4) Need for continued program participation not documented or individualized; 5) If no progress toward objectives, Treatment Plan not modified; or 6) Treatment Plan Review is materially identical to one or more Reviews within the same record or to Reviews in other beneficiary records.				Medicaid RSPMI II 218.100 218.101 252.110 252.420 RSPMI Certification Manual VIII, L	
#6	The Treatment Record includes documentation of state required outcomes measures (YOQ) administered within 14 days of admission and at time of each treatment plan review with justification for change/lack of change in the treatment plan. If YOQ not used, there is documentation of barrier to administration. No, if any of the following: 1) YOQ not administered by day 14 after admission; 2) YOQ not administered at 90 days to coincide with Treatment Plan Review; or 3) If there is no documentation related to changing the treatment plan, if indicated.				Medicaid RSPMI II 217.101	This standard is currently not applicable – DMS and DBHS are not requiring VO audit review for compliance at this time.
#7	When medication is prescribed, documentation in record reflects pharmacologic management that continually evaluates and monitors effectiveness of medication and its potential effects and side effects. NA, if medication is not prescribed. No, if there is not at least monthly, or as otherwise indicated by the physician, documentation of ongoing evaluation and monitoring of effectiveness and side effects of prescribed medication.				Medicaid RSPMI II 252.110	

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Outpatient IOC Audit Checklist – Clinical Record Review

	Element	Y	N	NA	Regulation	Comments
#8	Documentation in record reflects that medically necessary services are being delivered as ordered in accordance with Treatment Plan and Treatment Plan Reviews. No, if any of the following: 1) Treatment Plan or Treatment Plan Review is absent; 2) Specific service ordered but not provided; 3) Specific service provided but not ordered; or 4) Gaps in provision of ordered services.				Medicaid RSPMI II 216.000 219.000 219.100 223.000 227.000 227.001	
#9	Services meet the criteria of the Arkansas Medicaid RSPMI Provider Manual Service Code Definitions and Regulations. No, if three or more documented services do not meet service code definitions or regulations.				Medicaid RSPMI II 219.000 219.140 219.141 223.000 227.000 252.110 252.150 252.410 252.420	
#10	Treatment activities are age-appropriate and functionally-appropriate and are not primarily social or educational in nature. No, if any of the following: 1) treatment approach and activities are not commensurate with beneficiary's age and functional level (e.g., individual "talk" therapy with a pre-schooler or with an intellectually-challenged individual); 2) Services are primarily social or educational in nature; or 3) Services address non-covered diagnoses.				Medicaid RSPMI II 223.000 227.000 252.150 252.420	

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Outpatient IOC Audit Checklist – Clinical Record Review

	Element	Y	N	NA	Regulation	Comments
#11	For beneficiaries under the age of 18, documentation reflects involvement of family (parent, guardian, primary caretaker) in assessment and treatment of beneficiary, unless contraindicated. NA, if beneficiary is not under the age of 18. No, if any of the following: 1) No dated signature of family (parent, guardian, primary caretaker) on Treatment Plan; 2) No dated signature of family (parent, guardian, primary caretaker) on Treatment Plan Reviews and no documentation of barriers to obtaining family signature and method of communication with family regarding treatment progress, within 14 days of review; 3) No documentation of family (parent, guardian, primary caretaker) participation in Intake Evaluation or Psychiatric Diagnostic Assessment; 4) No documentation of family (parent, guardian, primary caretaker) involvement in treatment through family therapy, collateral contacts, etc. as ordered or as medically necessary for treatment of beneficiary; or 5) No documentation of barriers to family (parent, guardian, primary caretaker) involvement in treatment or attempts to involve family in treatment.				Medicaid RSPMI II 218.101 224.201 252.110 RSPMI Certification Manual VIII, M	
#12	Master Treatment Plan has been signed within 14 calendar days of initial billable service by beneficiary and by treatment team (physician and licensure-qualified mental health professional) certifying that RSPMI program is appropriate to meet beneficiary's needs. No, if any of the following: 1) There is no Treatment Plan; 2) No dated signatures by appropriate team members; 3) Dated signatures are beyond 14 days of initial billable services; or 4) No dated signature of beneficiary or, if beneficiary is under age 18, no dated signature of family (parent, guardian, primary caretaker).				Medicaid RSPMI II 216.000 217.000 218.000 218.101 224.100 224.200 227.001 252.110	

Outpatient IOC Audit Checklist – Clinical Record Review

	Element	Y	N	NA	Regulation	Comments
#13	Treatment Plan has been reviewed at least every 90 calendar days and reassessed following a significant incident, or change in condition, or according to designated schedule. Treatment Plan Review has been signed by beneficiary and by treatment team within 14 days of Review from earliest date set forth on Review. No, if any of the following: 1) There is no Treatment Plan Review; 2) Review is more than 90 days since earliest date set forth on most recent Plan or Review; 3) There is reason to expect a Review (i.e., significant incident or change in condition) and one is not present or designated review interval passed; 4) No dated signatures by treatment team; 5) No dated signature of physician within 14 days of Plan Review; or 6) No dated signature of beneficiary or, if beneficiary is under age 18, no dated signature of family (parent, guardian, primary caretaker).				Medicaid RSPMI II 218.000 218.100 218.101 224.100 224.200 227.001 252.110	
#14	Documentation in record complies with all elements outlined in Medicaid rules and service definitions, including: a. Individualized to beneficiary and specific to service provided b. Date and actual time service provided c. Name and credentials of person who provided service (appropriate professional level) d. Setting in which service was provided (name and physical address) e. Relationship of service to treatment regimen described in Treatment Plan f. Update describing beneficiary's progress g. RDS – daily notes, but may enter weekly notes that summarize beneficiary's progress in relationship to Treatment Plan h. Legible No, if review of documentation in record indicates 3 or more entries with a deficiency in at least one of the required elements or if documentation indicates one or more entries is materially identical to other documentation within the same beneficiary's record or in other beneficiary records.				Medicaid RSPMI II 226.200 252.110 RSPMI Certification Manual VIII, L	

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Outpatient IOC Audit Checklist – Clinical Record Review

	Element	Y	N	NA	Regulation	Comments
#15	For beneficiaries under age 21 receiving services that require a PCP referral, there is documentation of a PCP referral made prior to the provision of a service requiring a PCP referral or there is a retroactive PCP referral covering the service and received no more than 45 calendar days after the date of the service (or the date of Medicaid authorization) and there is a renewal of PCP referral prior to expiration or every six months (whichever is first). NA, if any of the following: 1) Beneficiary is 21 years of age or older; 2) No services requiring a PCP referral are provided; or 3) Services requiring a PCP Referral were provided prior to the date of the beneficiary's Medicaid authorization. No, if any of the following: 1) No PCP referral documented prior to provision of service requiring a PCP referral or no retroactive PCP referral covering the provided service and received within 45 days of start of services or Medicaid authorization; or 2) No PCP referral renewal prior to expiration or every six months (whichever is first).				Medicaid RSPMI II 217.100 217.111 217.112 217.113 Medicaid I 171.400 171.410 172.100	
#16	Before RSPMI services are delivered (except in emergencies), there is an RSPMI Disclosure Form(s) signed by the beneficiary (or by beneficiary's parent or guardian) in beneficiary's clinical record. No, if provider's RSPMI Services Disclosure Form(s) is not signed and present in beneficiary record. Note – The RSPMI Disclosure Form(s) is the Form identified by the provider to meet the RSPMI Certification requirement to disclose RSPMI policy and procedures to the beneficiary.				RSPMI Certification Manual VIII, J, 1-10	

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Outpatient IOC Audit Checklist – Clinical Record Review

Medical Necessity

	Element	Y	N	NA	Regulation	Comments
#1	Based upon documentation in clinical record of beneficiary's severity of illness (i.e., current condition, symptoms, etc.) and documentation of services provided (including frequency and intensity of services), services provided appear to meet medical necessity for this beneficiary's treatment.				Medicaid RSPMI II 218.000 219.100 223.000 227.000	

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Outpatient IOC Audit Checklist – Clinical Record Review

Interview with Beneficiary (if conducted):

Beneficiary's Clinical Record was reviewed: ☐ Yes ☐ No

Beneficiary ID:_____

Interview Date:_____

Interviewer:_____

Other:_____

	Element	Y	N	NA	Comments
1	The beneficiary understands the goals of his/her treatment plan and what services he/she is receiving.				
2	The beneficiary feels that she/he is an active participant in treatment planning.				
3	The beneficiary appears to be following his/her treatment plan.				
4	The beneficiary feels that she/he is making progress in treatment.				
5	The beneficiary indicates (if medications were prescribed) that she/he received education concerning medications.				
6	The beneficiary indicates they were provided with necessary accommodations for any language or cultural barriers or disabilities.				
7	The beneficiary was informed of beneficiary rights while accessing services.				
8	The beneficiary is satisfied with the treatment being received from this provider.				
9	You know how to lodge a complaint if you are not satisfied with the services you are receiving from this provider or from ValueOptions.				

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Outpatient IOC Audit Checklist – Clinical Record Review

Interview with Family of Beneficiary (if conducted):

Beneficiary's Clinical Record was reviewed: ☐ Yes ☐ No

Beneficiary ID:_____

Interview Date:_____

Interviewer:_____

Other:_____

Interview conducted with: _____

Relationship to beneficiary: _____

☐ In person ☐ Via telephone (If telephonic, indicated why unable to do In person) Family member ☐ unable ☐ refused to be on site

	Element	Y	N	NA	Comments
1	You are involved in your child's/family member's treatment and you know what treatment services he/she is receiving.				
2	You feel that your child/family member has been treated with respect here.				
3	You think that your child's/family member's symptoms and problems have decreased since coming here.				
4	You and your child/family member were provided with necessary accommodations for any language or cultural barriers or disabilities.				
5	You and your child/family member were informed of beneficiary rights while accessing services.				
6	You know how to lodge a complaint if you are not satisfied with the services your child/family member is receiving from this provider or from ValueOptions.				

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Outpatient IOC Audit Checklist - Facility Review

Date(s) of Review_____ Reason for Review: ____Inspection of Care ____Action Plan Follow-up (Focus of Follow-up_____

Provider Name_____ RSPMI Provider Number_____

Provider Address_____ City_____ Zip_____

Phone #_____ Fax #_____ Email_____

Provider Contact Name_____ Audit Site Contact_____

Provider Site Accreditation: ☐ TJC ☐ CARF ☐ COA Date of Accreditation_____ Date of Expiration_____

Provider Site RSPMI Certification: ☐ Yes ☐ No Date of RSPMI Certification:_____ Date of Expiration_____

Number of Medicaid Beneficiaries receiving RSPMI Services at time of Review_____ Number of Records Reviewed_____

Program(s) Provided at/through this Facility/Site and Number of Beneficiaries Enrolled in Program:

_____ RSPMI OP – Adult _____Rehab Day Services – Adult _____RSPMI OP – Children _____Rehab Day Services – Children/Adolescents

Other Programs Provided (Y/N): _____School-Based _____Therapeutic Foster Care _____Juvenile Justice _____Sex Offender Other:_____

Program/Services Observed_____ Date Observed_____

Number of Interviews with Beneficiaries_____ Number of Interviews with Families_____ Number of Interviews with Staff_____

Exit Conference Conducted (Separate Attendee List) If Yes, Date/Time of Conference_____If No, Reason_____

Data Sources for Facility and Chart Review

- Clinical Record Reviews
- Interviews with Parent, Guardian, Primary Caretaker of Beneficiaries
- Tour of Facility/Physical Plant
- QM Procedures/Processes and Quality Improvement Program
- Committee Meeting Minutes
- Documentation of Critical Incidents and of all Emergency Calls, Responses, and Reviews
- Interviews with Beneficiaries
- Interviews with Staff
- Program/Service Observation
- UR Plan
- Attendance at Meetings: QAC, staff, treatment planning, other
- Disclosure Forms required for RSPMI Certification
- Policies and Procedures (including: Emergency; HR; Medical; Performance; Program; QA/QM/Risk Management; Safety; Staff Training; Treatment Protocols)
- HR/Personnel Records (including: credentials, licenses and certification; supervision plans; background checks; training; staff roster; staffing patterns)
- Other Data and reports including evaluations and studies:_____

Reviewer Name/Credentials_____

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Outpatient IOC Audit Checklist - Facility Review

	Element	Y	N	NA	Regulation	Comments
#1	The provider has an identified Home Office in the State of Arkansas and an identified Home Clinical Office where permanent clinical records are stored. No, if there is no identified Home Office in the State of Arkansas and no identified Home Clinical Office where permanent clinical records are stored, as evidenced on Provider Information form completed by provider.				RSPMI Certification Manual IX	
#2	This service site for the provider is currently accredited according to Medicaid Regulations and certified as an RSPMI provider according to Medicaid Regulations and RSPMI Certification requirements. No, if there no evidence of Accreditation or RSPMI Certification on-site.				Medicaid RSPMI II 202.000 202.100 RSPMI Certification Manual II, B V, H	
#3	The provider meets the minimal basic staff requirements for Arkansas Medicaid participation, including a CEO, appropriate Mental Health Professionals, and Medical Record Librarian, and minimum staffing for RSPMI Certification, including Medical Director; Clinical Director; Corporate Compliance Officer; Privacy Officer; Quality Control Manager; Grievance Officer; Licensed Psychologist, Licensed Psychological Examiner, Licensed Psychological Examiner-Independent; and Mental Health Paraprofessionals. No, if either of the following: 1) The provider does not currently employ staff in any of these designated roles, or 2) Any of these positions have been open for 6 months or more.				Medicaid RSPMI II 213.000 RSPMI Certification Manual VIII, E. 1-10	

Outpatient IOC Audit Checklist - Facility Review

	Element	Y	N	NA	Regulation	Comments
#4	Treatment program is adequately staffed (i.e., licensed or certified multidisciplinary team members) to provide evaluation and active treatment and required RSPMI services: Psychiatric Evaluation and Medication Management; Intervention Services; Outpatient Services, including individual and family therapy at a minimum; and Crisis Services. No, if either of the following: 1) Staff roster shows an absence of positions necessary to provide required services (licensed physician and licensed mental health professionals), including positions vacant for 6+ months; or 2) If required or ordered services are not provided due to unavailability of staff.				Medicaid RSPMI II 213.000 RSPMI Certification Manual VIII, F VIII, K	
#5	Program documentation, which may be paper or electronic, is complete and current, including: Program Description; Policies and Procedures covering critical aspects of Beneficiary care (e.g., evaluation; treatment planning and treatment review; discharge planning; coordination of care; family engagement in treatment for beneficiaries under age 18, including strategies for identify and overcoming barriers to family involvement; safety, etc.) and program performance (e.g., reporting of critical incidents; staff training; etc). No, if any of the following: 1) Program descriptions are absent; 2) Policies and Procedures are absent; 3) No policies for family engagement in treatment for persons under age 18, including strategies for identifying and overcoming barriers to family involvement; or 4) No evidence that documents reviewed have been reviewed/updated within the past 24 months.				Medicaid RSPMI I 142.100 142.800 RSPMI II 200.000 228.313 RSPMI Certification Manual VIII, D VIII, M	

Outpatient IOC Audit Checklist - Facility Review

	Element	Y	N	NA	Regulation	Comments
#6	There is a Quality Improvement Program that identifies evidenced-based practices for measuring outcomes and a Quality Assurance Committee that includes a psychiatrist and meets regularly (at least quarterly) for Clinical Record Reviews (completeness, adequacy and appropriateness of care, quality of care and efficient utilization of provider resources) and Program and Service Reviews (care and services meet needs; identify and address unmet needs). No, if any of the following is absent: 1) Quality Improvement Program, evidenced through policy or other documentation; 2) Inclusion of evidence-based practices for measuring outcomes, identified through policy or other documentation; 3) Quarterly Quality Assurance Committee meetings, evidenced by Committee meeting minutes; 4) Inclusion of Clinical Record Reviews and Program and Service Reviews by QA Committee, or 5) Participation (in person or by telephone) of psychiatrist (employee or consulting) in quarterly QA meetings.				Medicaid RSPMI II 212.000 RSPMI Certification Manual VIII, E.5.c. VIII, G VIII, P	
#7	There is evidence of the provider's policy for Emergency Services which includes 24-hour emergency response capability and a 24-hour emergency number provided to all beneficiaries and posted on all public entries. There is evidence that all calls, responses, collaborations, and outcomes are documented and are reviewed by clinical supervisor or emergency services director within 24 hours. No, if any of the following is absent: 1) Emergency Services Policy that includes a policy or plan addressing 24-hour emergency response that meets Medicaid and RSPMI requirements; 2) Policy or Plan that includes 24-hour emergency number and access; 3) Evidence of emergency number provided to all beneficiaries; 4) Emergency number posted at all public entrances; 5) Evidence that all emergency calls are documented; or 6) Documentation that all calls are reviewed by appropriate personnel.				Medicaid RSPMI II 211.000 RSPMI Certification Manual VIII, N	

Outpatient IOC Audit Checklist - Facility Review

	Element	Y	N	NA	Regulation	Comments
#8	Facility has a policy identifying its practice for credentialing clinical staff, specifying the areas in which they can practice based on training, experience, and demonstrated competence. No, if any of the following: 1) There is no policy for credentialing staff; 2) There is no evidence that facility credentials clinical staff; or 3) Evidence that one or more clinical staff that should have been credentialed was not.				Medicaid RSPMI II 213.000 213.100 228.313	
#9	HR records evidence current licensure or certification for all staff consistent with their job title and profession, and records document a plan of supervision and primary work location for each MHP and MHPP. No, if any of the following: 1) There is no current license (absent or expired) of one or more staff required as per their position; 2) There is no MHPP Certificate for one or more MHPP staff; 3) There is no evidence of 8 hours of annual in-service training to maintain certification for one or more MHPP staff; 4) There is no plan of supervision for one or more MHPs or MHPPs; 5) There is no evidence supervision occurred for each MHP and each MHPP; or 6) Primary work location of each MHP and each MHPP is not documented in official record.				Medicaid RSPMI II 213.000 213.100 228.313 RSPMI Certification Manual VIII, E. 2-4 VIII, I	
#10	There is documentation that all employees have received Criminal History Record Checks at time of employment and once every five years thereafter. No, if there is ANY missing documentation of Criminal History Record Check at time of employment and every 5 years.				Medicaid RSPMI I 142.100 RSPMI II 228.313	
#11	There is documentation that all employees having contact with children have received Child Maltreatment Checks completed prior to direct contact with individuals. No, If there is ANY direct care staff having direct and unsupervised contact with children whose HR record does not contain a Child Maltreatment Check prior to unsupervised work with children.				Medicaid RSPMI I 142.100 RSPMI II 228.313	

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	Element	Y	N	NA	Regulation	Comments
#12	There a safety policy that governs the procedures for managing beneficiaries that get out of control or become threatening to self or others, and staff, as designated by the policy, have received annual training in this safety policy and any training required by the policy. No, if either of the following: 1) There is no applicable safety policy, or 2) There is no documentation for even a single designated staff NOT attending or receiving annual training in the application of appropriate beneficiary safety procedures or identified required training.				Medicaid RSPMI I 142.100 Medicaid RSPMI II 211.000 213.100	
#13	There is documentation in individual personnel records that appropriate staff (physicians, MHPs, and MHPPs) have been trained in provider's Emergency Services policy. No, if either of the following: 1) There is no emergency services policy, or 2) Documentation for any designated staff attending or receiving training in the emergency services policy is absent.				Medicaid RSPMI I 142.100 Medicaid RSPMI II 211.000 213.100 RSPMI Certification Manual VIII, N.7	
#14	The provider utilizes a Disclosure Form (as required for RSPMI Certification) that describes the provision of RSPMI services to be signed by beneficiary (or by beneficiary's parent or guardian) prior to service delivery. No, if there is no Disclosure Form(s) regarding the provision of RSPMI services or Form(s) does not meet requirements.				RSPMI Certification Manual VIII, J. 1-10	

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Outpatient IOC Audit Checklist - Facility Review

Observation of Milieu:

Areas Observed:

- ☐ Waiting Room
- ☐ Recreational Areas
- ☐ Treatment Area
- ☐ Other: _____
- ☐ Therapeutic Activity
- ☐ Hallways
- ☐ Medical Records
- ☐ Nursing Station
- ☐ Medication Room
- ☐ Public Areas
- ☐ Staff Offices
- ☐ Reception Office
- ☐ Outside Facility

	Element	Y	N	NA	Regulation	Area	Comments
1	Beneficiary treatment records are maintained in a secure place and not left out in any public areas where beneficiaries or visitors might access them. No, if there is any observation of treatment records NOT being safeguarded and maintained with respect to confidentiality.				Medicaid RSPMI I 142.100	o Walk-around o Medical Records o Reception Office o Staff Offices o Waiting Room o Public Areas	
2	Beneficiary confidentiality relative to records, computer screens, privacy in offices (sight and sound) and in reception area, etc. is maintained throughout the facility. No, if there is any evidence that beneficiary confidentiality is at risk of or is compromised.				Medicaid RSPMI I 142.100	o Walk-around o Medical Records o Reception Office o Staff Offices o Waiting Room o Public Areas	
3	Facility meets basic safety requirements or actual or potential safety issues are observed. No, if there is ANY actual or potential safety issue observed in the milieu, such as no posted evacuation routes, no accessibility to First Aid supplies, no lighted Exit signs, doors not locked that are identified to be "locked at all times", fire extinguishers not present, sharps left in areas accessible by beneficiaries, blocked exits, floor clutter, wet floors, exposed wiring, etc.				Medicaid RSPMI II 214.000	o Walk-around o Hallways o Recreational Areas o Waiting Room o Public Areas	

Outpatient IOC Audit Checklist - Facility Review

	Element	Y	N	NA	Regulation	Area	Comments
4	Facility is handicap accessible. No, if facility has barriers to accessibility, such as accessible entrances and restrooms not available or not clearly marked; surfaces not wheel-chair accessible or are not stable; etc.				Medicaid RSPMI I 142.100 RSPMI Certification Manual III, G	o Walk-around o Entrances o Waiting Room o Public Areas o Rest rooms	
5	The milieu is conducive to treatment No, if the milieu is oppressive, noisy, threatening, unduly harsh or dehumanizing.				Medicaid RSPMI I 142.100	o Walk-around o Therapeutic Activity o Recreational Area o Treatment Area	
6	Medications are stored and administered in a safe location and are only accessible to professional staff. No, if there is any observed evidence of medications not being stored, maintained, or administered securely and safely.				Medicaid RSPMI I 142.100 Medicaid RSPMI II 214.000	o Nursing Station o Medication Room	
7	There is evidence that beneficiary rights are preserved. For example, information is posted about how/where complaints may be lodged; Patient Bill of Rights is visibly displayed in such a way that beneficiaries and family members can easily see and understand them. No, if there is an absence of a Patient Bill of Rights or information about lodging a complaint, or ANY evidence of a beneficiary's rights having been violated.				Medicaid RSPMI I 142.100	o Waiting Room o Public Areas o Treatment Area o Waiting Room	

Outpatient IOC Audit Checklist - Facility Review

	Element	Y	N	NA	Regulation	Area	Comments
8	Provider Accreditation and DBHS Provider Certification is prominently displayed in a public area. No, if Provider Accreditation is not prominently displayed.				RSPMI Certification Manual V, H	o Public Areas	
9	The site is a distinct place of business dedicated to delivery of RSPMI services and is not an adjunct to a different activity. No, if the site is not a distinct business dedicated to delivery of RSPMI services or is an adjunct to a different activity (such as a school, day care facility, a long-term care facility, or the office or clinic of a physician or psychologist).				RSPMI Certification Manual III, CC	o Walk-around o Public Areas	

Additional Information from Provider to be Attached to this Outpatient IOC Audit Checklist – Facility Review:

- ☐ Provider Information Form (completed by Provider)
- ☐ Provider RSPMI Services Disclosure Form(s)
- ☐ Provider Policy for Family Engagement in Treatment for persons under age 18
- ☐ Provider Policy for Emergency Services
- ☐ Documentation of Emergency Services Calls, Responses, Collaborations, and Outcomes and Documentation of Review by Clinical Supervisor or Emergency Services Director within 24 hours
- ☐ Documentation of Emergency Services Training for Professional and Paraprofessional Personnel
- ☐ Documentation of Supervision Provided for MHP and MHPP Personnel

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Outpatient IOC Audit Checklist - Facility Review

Personnel Record / Training Record Check:

☐ See Attached Document in lieu of this Page

	Name and Title	Primary Work Location	License Expiration Or MHPP Certification (Date)	MHPP – 8 Hours of Training Annually (Date)	Super-vision Plan (Y/N/NA)	Credentialed (Y/N/NA)	Annual Training in Safety (Date)	Criminal Back-Ground Check (Date)	Mal-treatment Check Adult (A) / Child (C) (Date)	Comments
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

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Interview with Staff (Individual Form to be utilized for Each Staff Interview):

	Name, Title, and Primary work location RSPMI Certification Manual VIII, I	Previous Experience appropriate to role (Y/N/NA)	Training on Emergency Services and Safety / Management of out-of-control beneficiary adequate (Y/N/NA)	Supervision Adequate RSPMI Certification Manual VIII, E.3.b.i-ii; VIII, E.4.b-c (Y/N/NA)	Feel family is involved in treatment RSPMI Certification Manual VIII, M (Y/N/NA)	Feel Beneficiaries are treated in safe manner (Y/N/NA)	Comments
#							

Mental Health Professional and Paraprofessional Supervision Information: (RSPMI Certification Manual VIII, E.3.b.i-ii; VIII, E.4.b-c)

Supervisor Name and Credentials	Frequency of Meeting with Supervisor	*For MHPP only*: Has your MHP supervisor observed you delivering services to a client? (Y/N)	Topics of Discussion in Supervision

Comments: _____

_____

_____



Member Handbook 2011

Louisiana Behavioral Health Partnership

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THE LOUISIANA BEHAVIORAL HEALTH PARTNERSHIP

Serving Adults, Children, and Families

MEMBER HANDBOOK

CONTACT INFORMATION

Louisiana Behavioral Health Partnership
Renaissance Park West
415 N. 15th St.
Baton Rouge, LA 70802

Toll Free 1 (877) XXX-XXXX
TTY 1-(866) XXX-XXXX

Website: www.XXXXXX.com

Si usted necisita una copia de esta carta en Español, por favor llame 1 (877) XXX-XXXX

The services provided by the Louisiana Behavioral Health Partnership (LBHP) are available to all eligible people without regard to race, color, religious creed, gender, sexual orientation, marital status, age, national origin, ancestry, intellectual disability, mental disability, learning disability, or physical disability, including, but not limited to: blindness, criminal record, political beliefs and/or language barriers.

This handbook is available in other formats (auxiliary aids for blind or visually impaired persons). Please call us at 1 (877) XXX-XXXX and ask to speak with a Peer Specialist who can help you with your requests.

ACKNOWLEDGEMENT

This handbook was developed with the help of many people, organizations and agencies. We thank them for their generous support. A special thanks to all that have helped us make this booklet an important resource for our members.

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I. Introduction

Welcome to the Louisiana Behavioral Health Partnership.

This handbook was created to help our members and families understand:

- What the Partnership is
- How it works
- What services and supports are available to you and/or your family
- How to contact LBHP directly

We know that life poses challenges. If you and/or your family need services for mental health and/or substance use (also called behavioral health), we want you to get the best possible care. We also want these services to be easy to get.

Overview of the Louisiana Behavioral Health Partnership (LBHP)

The LBHP has grown from many years of planning in which state agencies and members of the community, including consumers, parents, youth, citizens, providers and others from across the state came together to plan a system of care that would offer more useful mental health and substance use services (also known as behavioral health services)—and better results from treatment. Better ways to manage state supports and to add federal dollars in the funding of behavioral health services were also important.

One of the most important goals of the LBHP has been to add more to the role that members play in the delivery system, not only as people who guide their own treatment and recovery or the treatment of their children, but also as people who have a strong voice in the overall delivery system. The LBHP works closely with advocacy organizations across Louisiana, such as NAMI, MHA, and other community organizations.

The day-to-day leadership and oversight of the LBHP lies with the Department of Health and Hospitals, Office of Behavioral Health.

What are the goals of the LBHP?

The goals of the LBHP are to:

- Improve the quality of the behavioral health care (mental health, substance use, and support services) you and/or your family receive from the publicly funded service system.
- Promote recovery by working with individuals, family members, providers and other local social support programs. This includes ensuring a treatment plan that focuses on paying close attention to the cultural needs, strengths, and preferences of you and/or your family.
- Improve the management of state resources and increase federal financial participation in the funding of behavioral health services.

How do you contact the LBHP?

If you have any questions about getting services or comments about your services, you can call our Member Services Access line, toll-free at (877) XXX-XXXX, TTY/TDD (866) XXX-XXXX.

Our Member Services staff can answer your questions, and/or inquiries regarding referrals and connect you and/or a family member to someone who can help you with a mental health or substance use problem.

If you do not speak English, a Member Services Representative will connect you to a person who is able to speak your language. Office hours are Monday through Friday, from 9:00 a.m. to 7:00 p.m. However, Clinical Care Managers are available 24 hours a day, 365 days a year for members.

There is also information available for members on the LBHP website that you may find helpful. The website is **www.XXXX.com** and it is here that you will find:

- The latest member news and updates;
- A doctor who participates in your plan;
- A list of covered services;
- Health and wellness information, special interest articles;
- National resources; and
- Events and trainings.

II. LBHP Services Available to You and/or Your Family

A key interest of the LBHP is to integrate recovery core values, principles, and language into all aspects of treatment delivery. The expected outcome is a system that will be age and gender appropriate, culturally competent, and will be sensitive to issues that impact treatment. We believe that people can and do recover from mental illness and/or addiction and can thrive in the process of taking responsibility for their own lives.

Principles of Recovery and Resiliency

The process of authorizing services must also be done within the framework of the principles of recovery and resiliency. Adults, families and children will be directly involved in the treatment and discharge planning processes.

Goals, Beliefs and Approaches of a Recovery-Based System of Care		
Goal	**Belief and Approach for Adults with Mental Illness**	**Belief and Approach for Children and their Families**
Stability	People have a stable living situation in an environment they choose.	Children are safely maintained in their homes whenever possible and that home is appropriate to provide permanency and stability.
Safety	People live, work and play in a safe environment.	Children are protected from abuse and neglect and feel safe in their living environment.
Social Outcomes	People develop a satisfying social life with meaning and purpose.	Children learn to make friends and feel connected and important.
Vocational Outcomes	People choose, get, and keep a vocational goal. They use the services and supports available to help them to achieve their chosen goal.	Children choose to participate in school or other learning environments. They use the services and supports to help them succeed in learning.
Hope	People have hope for the future, meaning, and purpose in their lives.	Families have hope that their child will achieve what he/she wants out of life. The child's hopes that he/she can have a satisfying life is recognized and supported.
Skill Development	People develop new skills for independence.	Children develop skills with peers, school, and family.
Services	The person chooses services that he/she needs to be successful in the community.	Services are wrapped around the child and are provided in the context of the family and community.
Strengths	People have the strengths and resilience they need to achieve their chosen goals.	Families have the strengths and resilience they need to meet their children's needs.

PEER BASED SERVICES

Peers are an important part of the care continuum. Talking to a person who has had similar experiences has been found to be helpful for members in recovery. Peers are trained, non-clinical staff with first-hand knowledge of long term behavioral health recovery. Peers are parents of children with behavioral health needs or adults who are receiving, or have received behavioral health services. All offer their own personal experience with psychiatric and/or substance use disorders. ValueOptions implements an extensive training program in cooperation with advocacy agencies to build additional leadership and mentoring skills amongst the Peer staff.

Peer services include offering training, technical assistance and support to providers ready to embrace a recovery driven system of care. They support the coverage groups served by the LBHP and our Louisiana Medical Assistance Providers working internally and externally providing an organized voice to the Louisiana recovery movement.

Recovery and resiliency is not merely a philosophy. Its fundamentals are woven through the fabric of the work we do and are identified in our services. ValueOptions has included Peers in the array of services that are offered directly or on behalf of members. Peers are embedded within the LBHP and ensure recovery and resiliency is not only supported, but encouraged from outreach to outcome.

Goals of the Peer team:

- Provide training and assistance for ValueOptions initiatives;
- Improve treatment outcomes by improving treatment engagement;
- Normalize the recovery process for our members;
- Support a community of non-traditional services; and
- Lend their voice to the recovery network in Louisiana.

The Peers' role is to:

- Share ways to cope with distressing symptoms;
- Provide support and encouragement from the perspective of someone who has lived with a similar experience;
- Provide educational mentoring;
- For Medicaid members, promote recovery and resiliency by providing outreach services while serving as a role model/mentor supporting children and families that need assistance in accessing services or engaging treatment;
- Provide training for providers, adult members, families, community collaborative groups and ValueOptions staff;
- Help promote skill development;
- Promote active participation in the treatment process;
- Manage a directory of statewide peer support resources;
- Develop and distribute educational materials for providers, members and ValueOptions staff;
- Coordinate educational efforts for families, schools, faith based communities, social and medical health care providers; and
- Work with community collaborative groups and advocacy agencies to support family and community-based resources that are culturally competent which embrace and promote the principles of recovery and resiliency.

ARE YOU ELIGIBLE FOR SERVICES?

The LBHP is available to members through DHH, DCFS, OJJ, DOE, and local education agencies. To find out if you, or someone you know, may be eligible, please call (877) XXX-XXXX).

CAN YOU KEEP YOUR PROVIDER?

Yes, if your provider **has already joined** the LBHP. However, if your **provider has not joined** the LBHP, you can ask them to call the LBHP at (877) XXX-XXXX and we will work with them to get the necessary information to begin the enrollment process.

QUICK REFERENCE GUIDE

There are multiple services and supports available to assist Medicaid members. The following grid provides an overview of these services:

	CCN-Prepaid Plan Louisiana Healthcare Connections, Inc (Centene)	CCN Prepaid Plan AmeriHealth Mercy of Louisiana	CCN Prepaid Plan Amerigroup Louisiana, Inc.	CCN-Shared Savings UnitedHealthcare of Louisiana	CCN-Shared Savings Community Health Solutions of America, Inc
Claims Address					
Member Services Number					
Provider Relations Number					
Transportation					
Website					
Behavioral Health Services	Basic Behavioral Health Services contact (XXX) XXX-XXXX Specialty Behavioral Services: contact ValueOptions at 877-XXX-XXXX	Basic Behavioral Health Services contact (XXX) XXX-XXXX Specialty Behavioral Services: contact ValueOptions at 877-XXX-XXXX	Basic Behavioral Health Services contact (XXX) XXX-XXXX Specialty Behavioral Services: contact ValueOptions at 877-XXX-XXXX	Basic Behavioral Health Services contact (XXX) XXX-XXXX Specialty Behavioral Services: contact ValueOptions at 877-XXX-XXXX	Basic Behavioral Health Services contact (XXX) XXX-XXXX Specialty Behavioral Services: contact ValueOptions at 877-XXX-XXXX

Pharmacy					
Dental					
Vision					
Member ID Card					

WHAT ARE MY COVERED BENEFITS?

Physical Health, Brief Overview of Medical Coverage

Medical benefits for members come from one of the five Coordinated Care Networks (CCNs) that the State uses for that purpose. Those benefits are for physical health, hospital emergency services, transportation, basic behavioral health, pharmacy and medicines/drugs, laboratory services, radiology (X-Rays and similar procedures), and medical equipment, devices and supplies.

The items shown below are only some of the benefits that the CCNs authorize and pay for:

General Services

- Programs and procedures that help identify untreated behavioral health disorders in people who are at risk for serious illness. Some of these procedures are done by general medical providers.
- Pharmacy services and all the charges related to pharmacy.

Hospital Outpatient and Outpatient Clinic Services

- Primary care and other medical services provided by freestanding primary care/medical clinics, no matter what the person's diagnosis is, except for behavioral health evaluation and treatment services. Those services are covered only if the person has a primary behavioral health diagnosis, and only when the person providing the service is a licensed behavioral health professional.
- Primary care and other medical services provided by hospital medical clinics, no matter what the person's diagnosis is, including all medical specialty services and all services that support the main treatment.

Emergency and Inpatient

- Emergency department services, including for emergencies and for urgent visits and all associated charges, regardless of the person's diagnosis.
- Inpatient general hospital services when the medical diagnosis is primary and the billed charges match the diagnosis.
- Professional services and other charges related to the evaluation and management of medical conditions, even if they occur during a hospital stay for behavioral health.

Long Term Care Services

- Long term care services, regardless of the person's diagnosis.

Other Services

- Primary care services provided by school-based health centers.
-

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT) SERVICES

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is a special program for children in Medicaid. Children from birth to their 21st birthday get services under the EPSDT program. EPSDT health check-ups, nutrition check-ups, baby shots and other tests are done for free and your child can get dental exams twice a year. Regular check-ups are important. They help keep your child healthy. The check-ups can also help you get treatment for health problems in their early stage when the treatment can be more effective.

If your child is enrolled in Medicaid and you would like him or her to get an EPSDT check-up, we encourage you to call your Primary Care Physician (PCP) or call the number on the back of your child's Medicaid card. Your PCP will do the health check. A dental provider will do the dental exam.

PHARMACY AND MEDICATIONS

If your behavioral health provider prescribes medications for you, the medications are covered. Use your gray "connect cards" for prescription coverage. If you have any questions about pharmacy coverage or you need help, please call Pharmacy Services at 866-XXX-XXXX.

BEHAVIORAL HEALTH, OVERVIEW OF TYPES OF SERVICES COVERED THROUGH THE LBHP

This list is not intended to be a complete list of benefits that may be available to you or your family. Please be sure to contact the Department of Social Services for any questions related to your eligibility and information regarding your benefit coverage group. Covered services include:

- Inpatient Admission;
- 23-hour observation;
- Inpatient Detoxification;
- Partial hospitalization;
- Extended day treatment;
- Crisis Stabilization Bed (CARES unit);
- Psychiatric Residential Treatment Facility (PRTF);
- Residential Treatment Center for Children;
- Adult and Child Group Homes;
- Home-based services;
- 1:1 Specialing for Children;
- Case management;
- Outpatient Services;
- Intensive Outpatient Services;
- Electro Convulsive Therapy (ECT);
- Methadone Maintenance;
- Ambulatory Detoxification;
- Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT);
- Psychological Testing; and
- Home Health Agency Services.

Freestanding Outpatient Medical Clinic Services

- Behavioral health evaluation and treatment services provided in freestanding primary care/medical clinics. You must have a primary behavioral health diagnosis and the services must be provided by a licensed behavioral health professional.

Hospital Outpatient Psychiatric

- Evaluation and treatment services at all levels of care, including outpatient, intensive outpatient, extended day treatment and partial hospitalization services.
- Psychiatric evaluation and treatment services that are related to a medical diagnosis. (For example, the benefit would include psychological testing for a member with traumatic brain injury.)

Freestanding Mental Health and Ambulatory Substance Use Clinics

- All Mental Health and Substance Use Clinic Services, regardless of the person's diagnosis.

Emergency and Inpatient

Services are covered if they relate to care for a behavioral health diagnosis:

- Observation stays of 23 hours or less;
- All psychiatric hospital services and all associated charges billed by a psychiatric hospital, regardless of diagnosis;
- Inpatient and residential detox (inpatient-hospital or inpatient-freestanding) when the substance use diagnosis is primary;
- Inpatient general hospital services when the behavioral health diagnosis is primary;
- Professional psychiatric services that are provided in an emergency department by a community psychiatrist will be reimbursed by the LBHP if the psychiatrist is enrolled in CMAP as an independent solo or group practitioner and bills under the solo or group practice ID;
- Professional services associated with a behavioral health diagnosis that are provided during a medical stay.

Individual Practitioners

Behavioral health evaluation and treatment services such as Outpatient services, Psychological and Developmental Testing, Consultation, and Case Management that are provided to people who have a primary behavioral health diagnosis. The services must be provided by a licensed behavioral health professional.

Home Health Care Services

Home Health services are included as a benefit in some circumstances. It may be covered by DSS or the Administrative Service Organization or MCO depending on certain things.

DSS is responsible for the authorization and management of home health services when:

- The home health service is for medical diagnoses alone;
- The home health services are required for medical and behavioral diagnoses, and the medical diagnosis is primary; or
- The member's medical treatment needs cannot be safely and effectively managed by the psychiatric nurse or aide.

The LBHP is responsible for the authorization and management when:

- The home health services are required for the treatment of behavioral health diagnoses alone;

- Home health services are required to treat both medical and behavioral diagnoses, and the behavioral diagnosis is primary; or
- The individual's behavioral health issues are so complicated that the medical treatment cannot be safely and effectively managed by the medical nurse or aide; or
- The member has a diagnosis of autism as one of the first three diagnoses.

Other Services

- Methadone clinics for methadone maintenance services.
- Laboratory costs for tests related to methadone chemistry (quantitative analysis). These costs are covered under the LBHP if they are included as part of the costs of the methadone maintenance providers. Methadone chemistry testing is not covered if it is billed by an independent laboratory.
- Behavioral health assessment and treatment services that are billed by school-based health centers.
- Adult Mental Health Group Homes.
- DCFS Residential Centers and Mental Health Group Homes.

ARE THERE OTHER BEHAVIORAL HEALTH RESOURCES FOR ADULTS?

The following list of key resources may help adult individuals and/or their caregivers find many additional services in their community:

National Alliance for Mental Illness. NAMI Louisiana website – www.nami.org

NAMI-LA is a grassroots family and consumer organization dedicated to improving the lives of people with serious mental illnesses and their families. NAMI-LA is now serving thousands of people largely through the volunteer efforts of dedicated family members and consumers. NAMI hosts many organized support groups and educational opportunities throughout the state. Their advocacy for mental illness is known nationally. Visit their website to find out more about how NAMI-LA can help.

TRANSPORTATION TO YOUR APPOINTMENT

- TBD
- TBD

***If you are having a problem getting a ride to your appointment even after calling your plan**, please **call the LBHP** Member Service line at (877) XXX-XXXX.*

WHAT IF YOU AND/OR YOUR CHILD NEED HELP WHEN TRAVELING OUT OF STATE?

If you are traveling out of state and you and/or your child need mental health or substance use services, call the LBHP at (877) XXX-XXXX for help in finding the right provider. However, in an emergency call 911 or go to the nearest hospital.

WHAT IF YOU MOVE?

To assist in keeping you connected to care, we encourage you to notify any agencies that are currently assisting you, like DHH of your new address to allow for a smoother transition. Also, when you move, you may need to change to a new provider. If that happens, you should ask your old provider to send your medical records to your new provider. This can only be done with signed permission from you. A signed release of information form allows your former provider to give your medical records to your new provider. Without this signed form it is against the law for your previous provider to give such information to your new provider.

HOW ARE DECISIONS MADE ABOUT MY SERVICES?

Decisions are based on medical necessity, level of care guidelines, and with your input. Your input is very important and we strongly encourage you to share your thoughts, concerns and your desires about treatment with your Provider.

You should get the mental health and/or substance use services when they are necessary and when you need them. Medically Necessary or Medical Necessity means care that is needed to correct or reduce the negative effects of a medical condition or mental/substance abuse illness; to assist you in getting or keeping your best level of

health, to evaluate a condition; or to prevent a medical condition from occurring as cited in Louisiana Medicaid Program regulations.

Level of care guidelines and your input help providers and ValueOptions make decisions about the care that would help you. If you would like a copy of the level of care guidelines, please call the Member Services Line at (877) XXX-XXXX or go to our web site at **www.XXXX.com**.

WHAT IS DISCHARGE PLANNING?

Discharge planning is important for you and/or your child's care. This is especially true for discharge from intensive services such as emergency department, inpatient, residential, intensive outpatient, and home-based services. The most helpful process is to have a discharge planning meeting in the beginning of the treatment experience. It is best not to wait until the end when you and/or your child are preparing to leave the treatment setting. The purpose of the meeting is to make sure that everyone knows what services and/or support will be needed upon discharge. This meeting should include you and/or family members, natural supports such as friends or clergy, recovery support members, collaborative members, representatives from the school, community mental health care provider(s) and DHH-OBH when appropriate. It can be helpful for you to bring a friend, relative, or advocate who can listen to what the staff is recommending as this can be an emotional meeting.

Here are some helpful tips to remember. It is important to know that the most successful discharge plans usually occur when the provider, member and/or family works closely together to prepare for the discharge and follow-up care. The plan should include as much information as possible to help the treating team within the facility and in the community understand your needs, or the needs of your child. If medication is being prescribed, you may want to take some additional time to discuss any concerns you may have about the medication in general and whether the amount of medication being prescribed will be enough to last until your first aftercare appointment in the community. For children in care with an Individual Education Plan (IEP), it will be very important that any changes or issues related to the school setting should be addressed and in place, preferably before discharge.

WILL YOU HAVE TO PAY FOR SERVICES THAT YOU GET FROM THE LBHP?

To find out if you have to pay for services, call the LBHP at 877-XXX-XXXX to speak with a Member Services Representative who can explain your coverage.

WHAT IF YOU GET A BILL?

If you get a bill for services you can call us at (877) XXX-XXXX and we will be happy to research it for you.

WHAT IF YOU WANT A SECOND OPINION?

You can get a second opinion about your care or diagnosis. Getting a second opinion means seeing a different LBHP provider. You can see another provider when:

- You don't agree with your doctor or therapist, or
- You want to get a second opinion about a treatment your doctor or therapist has prescribed.

You can ask your current provider for a referral to another LBHP provider or you can call the Member Service Line at (877) XXX-XXXX to get a referral to another LBHP provider.

III. Understanding Behavioral Health Emergencies

A Behavioral Health Emergency is a serious mental health and/or substance use problem. The problem is so severe that an average person would think that not getting help would cause more serious problems, such as:

- Putting the person's health at serious risk;
- Having disorganized or dangerous thoughts;
- Threatening harm or causing harm to self; or
- Threatening harm or causing harm to others.

Who do you call in an emergency?

In a mental health and/or substance use emergency, you should do one of the following immediately (You ***do not*** need to get approval to get emergency services):

- Call 911 if a life is in danger;
- Go to the nearest emergency room;
- Call your provider, if you have one; or
- If it's a child or adolescent in crisis, call the emergency mobile psychiatric service for your town (see Appendix II).

When you call for help, it is best when you remain calm, stay focused and state clearly why you and/or your child is not safe or why the safety of others is at risk. Speak clearly. Let the person know why emergency care is needed. Be prepared to give the following information as well as answer additional questions:

- Name, phone number and address of caller;
- Name of person needing evaluation;
- Why you are calling including diagnosis if known and actions/signs observed;
- Examples as to why you or your child is not able to keep safe, or the safety of others is at risk;
- Give a brief history of the build up of the crisis situation over the last 24-48 hours;
- Past history of hospitalizations.

After an emergency you should contact your provider to continue needed treatment and support.

Do you have a wellness recovery plan?

If the answer is yes, refer to your wellness recovery plan in case of a mental health or substance use emergency. If you do not have one it is important to work with your provider to put one in place immediately for you and/or your child.

WHAT IS A WELLNESS RECOVERY PLAN?

The Wellness Recovery Plan should be put together before it is needed and put in a place that is easy to find. The plan should include people, friends/family, providers, and activities that can help to calm the person in crisis. It should also include important phone numbers and contact information. Your current provider is a good person to help you put together your crisis plan. During a crisis, use this plan to remind you of steps to take and of important information that is easy to forget during a crisis.

If there are children in the home, make sure that you include a plan of who will care for them during the crisis. Be sure to include all contact information including phone numbers and addresses.

Please refer to the crisis plan form in the appendix for guidance.

WHAT ARE ADVANCE DIRECTIVES?

Louisiana law gives a person who is 18 years or older the right to make decisions about his or her health care. An Advance Directive for behavioral health is a way of planning for your future behavioral care in case you become ill and can no longer make your own health care decisions. An Advance Directive must contain the following: your signature, the signature of two witnesses and a notary public and the date the form was signed.

The Advance Directive is a legal document with a set of written instructions that will tell your provider the following:

- The kind of treatment you want;
- Where you would like to have your treatment;
- The name of a trusted person who may make decisions for you if you are not able to make them on your own;
- Who should be notified immediately if you are admitted to a psychiatric facility; and
- Who should have temporary custody of your child(ren).

IV. Member's Rights and Responsibilities

Member rights

You have the right to:

- Be treated with dignity and respect;
- Get care in a timely manner;
- Exercise your rights without it effecting how you are treated by the LBHP and/or a Provider;
- Choose or change your behavioral health provider from a list of LBHP providers;
- Review your medical records with your provider and/or request a copy of your medical records from your provider;
- Take part in decisions about your care; develop and participate in treatment planning;
    - Refuse treatment, except when that treatment is required by law;
    - Receive information on available treatment options and alternatives;
    - Be informed about services, benefits, and how to access care;
    - Talk to your provider regarding the right to medically necessary treatment options regardless of cost or benefit coverage;
    - Receive a second opinion;
- Request services designed to meet your cultural needs and receive services without regard to race, color, religion, sex, sexual orientation, age or ethnic background;
- Make medical necessity appeals;
- Make a complaint or a grievance about any aspect of the LBHP care;
- Make recommendations about our Members' Rights and Responsibilities Policies;
- Request information and an explanation about any bill or charge, no matter who is making the payment;
- With your permission, have a person of your choice speak for you with any LBHP employee;
- Get a copy of the Notice of Privacy Practices from either the LBHP office, its web site, or have it mailed upon request;
    - Get a copy of your Protected Health Information (PHI), subject to certain limitations;
    - Have information about your diagnosis and treatment kept confidential to the extent allowed by law, unless you provide written consent for release of such information;
    - Ask to correct or change your PHI or to restrict how your PHI is used or disclosed;
    - Ask for and get a report of when your PHI was shared by us or by our business associates (that is, information that is shared not for treatment, payment, or healthcare reasons and where you have not specifically authorized release);
- Get the names and titles of senior LBHP staff members.

MEMBER RESPONSIBILITIES

As a partner in your care, *your **responsibilities** are to:*

- Respect the dignity and privacy of others;
- Give your provider or facility information that they need to serve you better;
  - Work with your provider to develop a treatment plan and ask questions when you do not understand your treatment;
  - Follow the treatment plans you developed with your provider;
  - Tell your provider if you do not agree with your treatment plan;
  - Contact your provider if you want to stop your treatment;
- Keep your appointments with your provider, or contact your provider if you need to cancel or reschedule your appointment, preferably at least 24 hours in advance of the appointment;
- Call the LBHP if you move and change your address/phone number;
- Call the LBHP if you have questions about your responsibilities;
  - If you are hearing impaired, call the TTY number (866) 218-0525.

YOUR QUESTIONS, CONCERNS AND OPINIONS MATTER TO US...

As a LBHP member, you have the right to speak to us at any time.
Please call us at (877) XXX-XXXX.

If you would like more information about the LBHP, or would like to express your opinion, feel free to contact us! Please don't wait; share your thoughts with us right away. No question or concern is too small. Remember, your feedback and active involvement will truly help you get the most out of your care. Most concerns can be solved quickly and informally. In rare situations you may want to use more formal ways to solve your concern.

CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION

Protected Health Information (PHI) is personal health information about you or a family member. It includes for example: name, address, phone number, patient identifier, description of a health condition, healthcare provider, employer, health plan or healthcare-clearinghouse (an independent data warehouse). We keep PHI about members and use this information in the following manner:

- To coordinate your care among providers, or between a provider and an insurance company;
- When needed, to insure that claims are paid to your provider. A release of information may be requested and shared with your providers for that purpose;
- To look at how our members use services in an effort to provide better care;
- When the law requires it, we will share PHI if we get a court order or if your records are subpoenaed (asked for by a court);
- When we have to collect information about disease or injury. We share PHI to give facts to the CT Public Health Authorities;
- In order to help to prevent a major threat to health or safety.

V. Quality Management Program

We are serious about improving our members' care. Our Quality Management program:

- Tracks that members get the mental health and substance use services they need, when they need them;
- Tracks that members are satisfied with the care they get;
- Looks at reports and data that tell us how well we are caring for our members, how quickly we respond to and resolve complaints, grievances and appeals and other information.

If you have a problem with services

Complaints and Grievances

All members, adults, families and children, along with providers, have a voice in the services they receive and provide. A complaint or grievance can be about anything that has to do with your care. For example, if you believe you were treated unfairly, if you had to wait too long for your appointment, or if a staff person was rude, you can file a complaint or grievance. The complaint and grievance process is **not** for appeals of denied clinical care. Please read the appeals process below for how to pursue an appeal related to denied care.

Complaint Process

You or your representative may file a complaint, either verbally or in writing to the LBHP at the address and phone number listed on page XX. The LBHP will send a letter within XX days to let you know that we received the complaint. The LBHP will send a letter within XX days for complaints about emergency care.

We will try to solve the complaint within XX days of the date we receive your complaint. We will send you a letter before the end of the XX days telling you our decision and how we have solved the problem. A one-time extension of XX calendar days can be taken when the solution to your complaint cannot be made within XX days. We can do this if the reason for the extension is for your benefit and you are notified prior to the end of the XX calendar days.

Complaints involving urgent care should be resolved within XX calendar days after the complaint is received by the LBHP. There are no extensions for complaints involving emergency care.

Grievance Process

If you are unhappy with what we decide to do to solve your complaint, you may file a grievance by phone or in writing at the LBHP phone number and address listed below. You will have to file your grievance within XX days of receiving our decision about your original complaint. We will then send you a letter letting you know that we have received your grievance within XX calendar days of receipt.

We will try to solve your grievance within XX days from the date we receive your grievance. We will send you a letter before the end of the XX days telling you our decision and how we have solved the problem. We can take an extension of XX calendar days when we need more time to solve your grievance. We can do this if the reason for the extension is only for your benefit and you are notified before the end of the XX calendar day period.

HOW TO FILE A COMPLAINT OR GRIEVANCE

You can file a complaint or grievance either by calling (877) XXX-XXXX or by writing to:

The Louisiana Behavioral Health Partnership
Attn: Complaints and Grievances Coordinator
Renaissance Park West
415 N. 15th St.
Baton Rouge, LA 70802

Filing Medical Necessity Appeals (Challenges)
The LBHP may deny, partially deny, reduce, suspend or end authorization for services based on the lack of medical necessity. Members or providers may appeal (challenge) any one of these decisions made by the LBHP. An appeal is not a complaint or grievance.

Member Medical Necessity Appeals
All members or their designated representatives (for example, a conservator, or if the member is a minor, the member's parent or guardian) have the right to submit an appeal of any clinical denial, partial denial, reduction, suspension or ended services. This appeal must be submitted within sixty (60) days from receipt of either a Notice of Action or a Denial Letter.

Medical Necessity Appeals Process Based on Coverage Group
Please call the LBHP Member Services at 1-877-XXX-XXXX for any questions about the appeal process. If needed, the information describing these processes is available in other formats: Call the LBHP Member Services or TDD/TTY 1-XXX-XXX-XXX.

MEMBER SATISFACTION SURVEYS

We value your opinion. To get your opinion, we survey some of our members each year. They may ask you about your mental health or substance use treatment experiences. We want to know how LBHP can do better. All information from the survey is confidential. We do not give out any names. Information from the survey is consolidated then used to improve services and inform DHH of the survey results. If you have questions about the survey, please call our Quality Management Department staff. They will be more than happy to explain the process to you and answer any questions you may have.

VI. Consumer and Family Advisory Committee

Adult members, families and youth have important things to tell us. We would like to hear about your experiences and get your input on issues regarding the delivery of behavioral health services. We have the Consumer and Family Advisory Committee. This Committee meets on a monthly basis and consists of consumers and families who have experience in the Louisiana Medicaid system. The role of the Committee is to advise the LBHP on members' interests and needs related to services as well as giving consumer and family input on programs and quality initiatives.

If you are interested in becoming a member of the LBHP Consumer and Family Advisory Committee please call: (877) XXX-XXXX.

VII. Glossary of Terms to Know

Note: Adapted from SAMHSA National Mental Health Information Center.

Access: The extent to which an individual who needs care and services is able to receive them. Access is more than having insurance coverage or the ability to pay for services. It is also determined by the availability of services, acceptability of services, cultural appropriateness, location, and hours of operation, transportation needs, and cost.

Acute Services: Medical or behavioral health services needed for an illness, episode, or injury that requires intense care, and hospitalization.

Administrative Hearing: Also called "Fair Hearing". A formal review by the Department of Health and Hospitals (DHH) that occurs after the Contractor and a member have failed to find mutual satisfaction concerning treatment issues such as denials, reductions, suspensions, terminations or appropriate levels.

Advance Directives: Members who are over the age of 18 can make choices about their medical care. An Advance Directive tells how the member wants to be cared for if he or she isn't capable of making without assistance.

Appeal: A procedure through which members or providers can request a redetermination of the LBHP decision concerning, but not limited to, service authorization. For example, an individual can appeal a LBHP decision regarding the level of care authorized, or appeal a LBHP decision to deny payment of a claim for services delivered.

Appropriate Services: Services designed to meet the specific needs of each individual, child and family. For example, one family may need *day treatment*, while another may need *home-based services*. Appropriate services for one individual, child and/or family may not be appropriate for another.

Assessment: A professional review of individual, child and family needs that is done when services are first sought from a *caregiver*. The assessment includes a review of physical and mental health, intelligence, school performance, employment, level of function in different domains including family situation, and behavior in the community. The assessment identifies the strengths of the individual, child and family. Together, the *caregiver* and individual or family decides what kind of treatment and supports, if any, are needed.

Behavior Disorder: Displaying disruptive behavior in home, school or other settings. This behavior is usually significantly different from socially accepted norms for the person's age and situation.

Behavioral Health: A term used when describing mental health or substance use.

Behavioral Health Emergency: A serious mental health and/or substance use problem. The problem is so severe that an average person would think that not getting help would cause more serious problems, such as:

- Putting the person's health at serious risk;
- Having disorganized or dangerous thoughts;
- Threatening harm or causing harm to self; or
- Threatening harm or causing harm to others.

Benefits: The mental health substance use and/or related services (including wrap around services - defined below) you can get as a member of the LBHP.

Care Coordinator: An individual who organizes and coordinates services and supports for individuals with mental health issues and their families.

Care Manager: An independently licensed behavioral health care clinician employed by the LBHP to perform utilization review on services that require prior authorization and concurrent review in order to qualify for reimbursement.

Child or Adolescent Complex Behavioral Health Needs: Child or adolescent who has had a diagnosable Serious Emotional Disturbance (mental, emotional or behavioral disorder) which has resulted in functional impairment that substantially interferes with or limits the child's role of functioning in family, school or community activities.

Clinician: An individual providing mental health services, such as a psychologist, social worker or other therapist.

Clinical Management: The process of evaluating and determining the correct level of care and authorizing level of care for members.

Clinical Risk: The potential for direct or indirect injury or harm to self and/or others, including property damage, which could directly or indirectly result in injury or harm to the member and/or others.

Committed: Placement under the custody of the Commissioner of DCFS, or in a mental health facility in response to a valid court order of competent jurisdiction.

Community-Based Services: Services that are provided in a community setting. Community services refer to all services not provided in an inpatient setting.

Complaint: A verbal or written communication to the LBHP from a member or provider expressing dissatisfaction with some aspect of the LBHP's services, including a denial of services based on medical necessity, facility agreement, payment dispute, or general complaint.

Complainant: A member or the member's designated representative, an individual practitioner, or a facility provider who makes a complaint to ValueOptions.

Louisiana Behavioral Health Partnership (LBHP): An integrated behavioral health service system for children and adults served by the Department of Health and Hospitals, Office of Behavioral Health.

Consent: Permission that is usually given by signing a form allowing a designated person to administer a test or treatment, or to releasing Protected Health Information (PHI). *Informed consent* requires that the person giving the permission understands the risks, benefits and possible ramifications.

Consumer: A person who receives mental health and/or substance use (behavioral health) services.

Continuum-of-Care: A comprehensive range of services, from inpatient through outpatient level of care that an individual may move through, as appropriate to the member's needs. Also see *system of care* and *wraparound services.*

Coordinated Care Network (CCN) - An entity designed to improve performance and health outcomes through the creation of a cost-effective integrated health care delivery system, which provides a continuum of evidence-based, quality-driven health care services for Medicaid/CHIP eligibles.

Coordinated Care Network-Prepaid (CCN-P) - A prepaid entity that participates in the Louisiana Medicaid Program. The entity is regulated by the Louisiana Department of Insurance, with respect to licensure and financial solvency, pursuant to Title 22 of the Louisiana Revised Statues. With respect to its products and services offered, pursuant to the Louisiana Medicaid Program, it is regulated by the Louisiana Department of Health and Hospitals.

Coordinated Services: Service organizations or providers talk with the family and agree upon a *plan of care* that meets the member's/child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. Also see *family-centered services* and *wraparound services.*

Coordinated System of Care (CSoC): A comprehensive spectrum of mental health and other support services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with serious emotional disturbances and their families in Louisiana.

Crisis Stabilization Services: Short-term, round-the-clock help provided in a non-hospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable, despite in-home supports, a parent can temporarily place the child in a *crisis stabilization service*. The purposes of this care are to avoid *inpatient hospitalization*, help stabilize the child, and determine the next appropriate step.

Cultural Competence: Help that is sensitive and responsive to cultural differences. *Providers* are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit member's or family's values and customs.

Denial of Authorization: Any rejection, in whole or in part, of a request for authorization from a provider on behalf of a member.

Department of Children and Family Services (DCFS): State of Louisiana agency with primary responsibility for delivery and oversight of behavioral health services for children.

Department of Health and Hospitals, Office of Behavioral Health (DHH-OBH): State of Louisiana agency with primary responsibility for delivery and oversight of behavioral health services for adults.

Designated Member Representative: Any person, including an individual practitioner, facility provider, authorized in writing by the member or the member's legal guardian to represent the member's interests related to complaints or grievances.

DSM-IV - Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition: A reference manual of mental health disorders developed by the American Psychiatric Association, used by clinicians to understand and diagnose a mental health problem. Also used by insurance companies to determine necessary services.

Diagnostic Evaluation: The aims of a general psychiatric evaluation are 1) to establish a psychiatric diagnosis, 2) to collect data sufficient to permit a case formulation, and 3) to develop an initial treatment plan, with particular consideration of any immediate interventions that may be needed to ensure the patient's safety, or, 4) if the evaluation is a reassessment of a patient in long-term treatment, to revise the plan of treatment in accord with new perspectives gained from the evaluation.

Discharge Planning: The evaluation of a member's need for psychiatric or substance use disorder services, or both, developed to arrange for appropriate care after discharge or upon transferring from one level of care to another level of care.

Drop-in Center: A social club offering peer support and flexible schedule of activities. It may operate during the evenings and/or on weekends.

Drug Formulary: The list of prescription drugs for which a particular health insurance company or State Medicaid program will pay. Formularies that cover only certain drugs are called "closed." Formularies that include all drugs are "open." Both types of formularies typically impose a cost scale requiring consumers to pay more for certain brands or types of drugs.

Dually Diagnosed: A person who has both an alcohol or drug problem and an emotional/ psychiatric problem is said to be dually diagnosed.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): Comprehensive health (including behavioral health) screening and treatment and other services for members under the age of 21. EPSDT includes referral services, and the development and coordination of a plan of services that will help a child gain access to needed medical, social, educational, and other services.

Early Intervention: A process used to recognize warning signs for mental health issues and to take early action against factors that put individuals at risk. *Early intervention* can help members get better in less time and can prevent problems from becoming worse.

Educational Services: Locating or providing a full range of educational services from basic literacy through the General Equivalency Diploma (GED) and college courses. Includes special education at the pre-primary, primary, secondary, and adult levels.

Emergency and Crisis Services: A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, crisis stabilization services, crisis outreach teams, and crisis respite care.

Emergency or Emergency Medical Condition: A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in placing the health of the individual (or with respect to a pregnant woman, the health of the woman or the unborn child) in serious jeopardy, serious impairment to body functions or serious dysfunctions of any body organ or part.

Emergency Mobile Psychiatric Services (EMPS): Services for children and adolescents that provide immediate, mobile assessment and intervention to individuals in an active state of

crisis and can occur in a variety of settings including the member's home, school, local hospital emergency department, or community setting.

Emergency Services: Inpatient and outpatient services including, but not limited to, behavioral health and detoxification needed to evaluate or stabilize an emergency medical condition.

Emotional Disorder: A disorder exhibiting emotional, behavioral and/or social impairments that interfere with a member's academic, job-related, developmental, and social functioning, and may disrupt the member's family, social or other interpersonal relationships.

Evaluation: The process of collecting information about a member through a series of tests, observations and interviews which results in an opinion about that member's mental and emotional state. This process may include recommendations about treatment or placement.

Family Advocate: Family members who have experience with children and youth with emotional, behavioral, neurobiological or mental health needs. Family advocates provide information to caregivers to help them identify and access a variety of formal and informal services, supports and resources to meet the needs of their child and family in their own community. Family advocates work directly with families who are receiving care coordination through their local system of care. They may also assist families in the development and/or expansion of parent support groups within their local communities.

Family-Centered Services: Help designed to meet the specific needs of each individual member and family. Also see *appropriate services, coordinated services, wraparound services,* and *cultural competence.*

Family Support Services: Help designed to keep the family together, while coping with mental health issues that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services,* and *respite care.*

Family Support Organization (FSO): a local, family-run, nonprofit corporation governed by a board of directors known as a Local Coordination Council (LCC). FSOs are being formed in several regions of Louisiana to ensure state-level participation of family and youth of the CSoC. The FSOs will be part of a statewide FSO coordinating council that will coordinate local and state activities.

Fraud: Intentional deception or misrepresentation, or reckless or willful disregard (or willful blindness), by a person or entity with the knowledge that the deception, misrepresentation, disregard (or blindness) could result in some unauthorized benefit to him/herself or some other person, including any act that constitutes fraud under applicable federal or state law.

Grievance: An expression of Member/Provider dissatisfaction about any matter other than an action, as action is defined. Examples of grievances include dissatisfaction with quality of care, quality of service, rudeness of a provider or a network employee, and network administration practices. Administrative grievances are generally those relating to dissatisfaction with the delivery of administrative services, coverage issues, and access to care issues.

Group Home: Community-based, home-like settings providing intensive treatment services with 24-hour supervision. Services offered in this setting try to avoid inpatient hospitalization and move the member to a less restrictive living situation.

Group Therapy: This form of therapy involves groups of usually 4 to 8 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly modify their behavior.

HIPAA: The Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of HHS to publicize standards for the electronic exchange, privacy and security of health information.

Home-Based Services: Help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent a child from being placed outside of the home. (Alternate term: in-home supports.)

Independent Living Services: Support for a young person living on his or her own. These services include supportive housing and job placement. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Individualized Services: Services designed to meet the unique needs of each member and family. Services are individualized when professionals honor the needs and strengths, ages, and stages of development of the member and individual family members. Also see *appropriate services* and *family-centered services*.

In-Home Family Services: Mental health treatment and support services offered to children and adolescents with mental illness and to their family members in their own homes or apartments.

Inpatient Hospitalization: Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a member is in crisis and possibly a danger to him/herself or others, and (2) diagnosis and treatment when the member cannot be evaluated or treated appropriately in an outpatient setting.

Intake/ Screening: Services designed to briefly assess the type and degree of a member's mental health condition to determine whether services are needed and to link him/her to the most appropriate and available service. Services may include interviews, psychological testing, physical examinations including speech/hearing, and laboratory studies.

Intensive Care Manager: Intensive Care Managers are licensed behavioral health clinicians. Intensive Care Managers identify children and adults who are experiencing barriers to care and to provide short term assistance and problem solving to help remove those barriers.

Levels of Care (LOC) Guidelines: Guidelines that are used by the LBHP to conduct utilization management in which help to determine whether behavioral health services are medically necessary and/or medically appropriate.

Managed Care Organization (MCO): The organizations that provide managed care services under a contract with DHH for individuals enrolled in Medicaid.

Medicaid: The Louisiana Medical Assistance Program operated by DHH under Title 19 (XIX) of the Federal Social Security Act.

Medical Appropriateness or Medically Appropriate: Health care that is provided in a timely manner and meets professionally recognized standards of acceptable medical care; is delivered in the appropriate medical setting; and is the least costly of multiple, equally-effective alternative treatments or diagnostic modalities as cited in Louisiana Medicaid Program regulations.

Medically Necessary or Medical Necessity: Health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health, to diagnose a condition; or to prevent a medical condition from occurring as cited in Louisiana Medicaid Program regulations.

Member: An individual eligible for coverage of behavioral health services under the LBHP.

Member/Family Advisory Board: A board made up of adult members, family members, and others to advise the Louisiana Behavioral Health Partnership.

Mental Health Issues/ Mental Health Disorder: Mental health issues are real. They affect one's thoughts, body, feelings, and behavior. Mental health issues are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health issues include depression, bipolar disorder (manic-depressive illness), attention-deficit/hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Network: The system of participating providers and institutions in a managed care plan.

Neurologist: A medical doctor specializing in diagnosis and treatment of diseases of the nervous system.

Non-covered Benefits: Services that are not paid for by the Louisiana Behavioral Health Partnership.

Out-of-Network Provider: A provider that is not enrolled in the Louisiana Medical Assistance Program Provider Network or the LBHP Network.

Outpatient: Treatment available at local mental health clinics or from private therapists. This can include diagnosis, assessment, family and individual counseling. The member usually lives at home.

Peer Specialist: A trained adult or family member of a current or previous consumer who understands mental illness and/or substance disorders through her/his own personal experience. His or her role is to provide education and outreach to members and families, to support engagement in treatment, navigation of the service system, and identification of natural supports.

Plan of Care: A treatment plan especially designed for each member and family, based on individual strengths and needs. The member and provider develop the plan with input from

the family. The plan establishes goals and details appropriate to treatment and services to meet the special needs of the member and family.

Primary Care Provider (PCP): A licensed health care professional responsible for performing or directly supervising the primary care medical services of members.

Prior-Authorization: The LBHP's process for approving payment for covered services prior to the delivery of the service or initiation of the plan of care based on a determination by the LBHP as to whether the requested service is medically necessary and medically appropriate.

Provider Network: All providers enrolled in the Louisiana Medical Assistance Program Provider Network that serves LBHP members.

Psychiatrist: A medical doctor specializing in emotional, behavioral and mental disorders. Qualified to prescribe medication and admit to hospitals.

Psychiatric Residential Treatment Facility: An inpatient psychiatric facility that provides psychiatric and other therapeutic and clinically informed services to individuals under age 21, whose immediate treatment needs require a structured 24 hour residential setting that provides all required services (including schooling) on site.

Psychologist: A doctoral-level mental health professional with advanced training that can administer psychological tests, diagnose, evaluate and treat emotional disorders.

Psychosocial Rehabilitation: Therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community-living skills, self-care, and skills training including grooming, bodily care, feeding, social skills training, and recovery of basic language skills.

Recovery: A set of concepts and skills that when applied by an individual improves their quality of life.

Residential Treatment Centers: Facilities that provide treatment 24 hours a day and can usually serve more than 16 young people at a time. Children with serious emotional disturbances receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*.

Resiliency: The ability to regain a sense of stability after undergoing a major life event.

Respite Care: A service that provides a break for parents who have a child with a serious emotional disturbance. Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location. Some parents may need this help every week.

School Based Services: School-based treatment and support interventions designed to identify emotional disturbances and/or assist parents, teachers, and counselors in developing comprehensive strategies for addressing these disturbances. School-based services also include counseling or other school-based programs for emotionally disturbed children, adolescents, and their families within the school, home and community environment.

Screening: An assessment or evaluation to determine the appropriate services and/or setting for a member.

Second Opinion: When you or your provider asks another provider to confirm or dispute a previous mental health or substance use diagnosis.

Self-help: Self-help generally refers to groups or meetings that: involve people who have similar needs; are facilitated by a consumer, survivor, or other layperson; assist people to deal with a "life-disrupting" event, such as a death, use, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education; and are voluntary, anonymous, and confidential. Many people with mental illnesses find that self-help groups are an invaluable resource for recovery and for empowerment.

Serious Emotional Disturbances: Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorders, and eating disorders. Pursuant to section 1912(c) of the Public Health Service Act "children with a serious emotional disturbance" are persons: (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV.

Serious Mental Illness: Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness (SMI) are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities.

Social Worker: A mental health professional trained to provide services to individuals, families or groups.

Statewide Management Organization: An organization under contract with the Department of Health and Hospitals, Office of Behavioral Health, to manage the Louisiana Behavioral Health Partnership on behalf of members, families, providers, and stakeholders.

Substance Use: Misuse of medications, alcohol, or illegal substances.

Supported Employment: Supportive services that include assisting individuals in finding work; assessing individuals' skills, attitudes, behaviors, and interest relevant to work; providing vocational rehabilitation and/or other training; and providing work opportunities. These services include transitional and supported employment services.

Supported Housing Services: Services to assist individuals in finding and maintaining appropriate housing arrangements.

Supportive Residential Services: Moderately staffed housing arrangements for clients/patients. Includes supervised apartments, satellite facilities, group homes, halfway houses, mental health shelter-care facilities, and other facilities.

Therapeutic Foster Care: A service that provides treatment for troubled children within private homes of trained families. The approach combines the normalizing influence of family-based care with specialized treatment interventions, thereby creating a therapeutic environment in the context of a nurturing family home.

Transition: The process of moving from one setting to another. Also can mean moving from one activity to another, such as evening to bedtime.

Vocational Rehabilitation Services: Services that include job finding/development, assessment and enhancement of work-related skills, attitudes, and behaviors as well as provision of job experience to clients/patients. Includes transitional employment.

Wraparound Agency (WAA): WAAs are the locus of accountability for developing a single plan of care and providing intensive care coordination for children within the CSoC needing such supports, with the goal of "one family, one plan of care, and one wraparound facilitator.

Wraparound Services: A unique set of community services and natural supports for a child/adolescent with serious emotional disturbances based on a definable planning process, individualized for the child and family to achieve a positive set of outcomes.

VIII. Commonly Used Acronyms

AA	Alcoholics Anonymous
ACT	Assertive Community Treatment
AD	Addictive Disorders
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AMA	Against Medical Advice
APA	American Psychological Association or American Psychiatric Association
ASAM	American Society of Addiction Medicine
BESE	State Board of Elementary and Secondary Education
BH-MCO	Behavioral Health Managed Care Organization
BHSF/MVA	Bureau of Health Services Financing/Medical Vendor Administration, Department of Health and Hospitals
CADAC	Certified Alcohol and Drug Abuse Counselor
CADC	Certified Alcohol and Drug Counselor
CAHSD	Capital Area Human Services District
CANS	Child and Adolescent Needs and Strengths assessment tool
CBT	Cognitive Behavioral Therapy
CDC	Centers for Disease Control and Prevention
CFR	Code of Federal Regulations
CFT	Child and Family Team
CIT	Crisis Intervention Team
CLSH	Central Louisiana State Hospital
CMS	Centers for Medicare and Medicaid Services
COA	Children of Alcoholics
COD	Co-occurring Disorders of Mental and Addictive Disorders
COSA	Children of Substance Users
COSAP	Children of Substance Abusing Parents
CPS	Child Protective Services
CRC	Community Resource Committee
CSAP	Center for Substance use Prevention
CSAT	Center for Substance use Treatment
CSoC	Coordinated System of Care
DACTS	Dartmouth Assertive Community Treatment Scale
DARE	Drug Abuse Resistance Education
DBT	Dialectical Behavioral Therapy
DCFS	Department of Children and Family Services
DEA	Drug Enforcement Agency
DHH	Department of Health and Hospitals
DHH-OBH	Department of Health and Hospitals-Office of Behavioral Health
DHH-OBH-AD	Department of Health and Hospitals-Office of Behavioral Health-Addictive Disorders
DHH-OBH-MH	Department of Health and Hospitals-Office of Behavioral Health-Mental Health
DHH-OPH	Department of Health and Hospitals-Office of Public Health
DOE	Department of Education
DPH	Department of Public Health
DSM	Diagnostic Systems Manual

DSS	Department of Social Services
DUI	Driving Under the Influence
DWI	Driving While Intoxicated
EBD	Emotional Behavioral Disorders
EBP	Evidenced-Based Practices
ECT	Electroconvulsive Therapy
ED/ER	Emergency Department/Emergency Room
EDT	Extended Day Treatment
EEG	Electroencephalogram
EIP	Early Intervention Program
EKG	Electrocardiogram
ELMHS	Eastern Louisiana Mental Health System
EMPS	Emergency Mobile Psychiatric Services
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FACT	Forensic Assertive Community Treatment
FAPE	Free and Appropriate Education
FFS	Fee-for-Service
FFT	Functional Family Therapy
FI	Fiscal Intermediary
FINS	Families in Need of services
FPHSA	Florida Parishes Human Services Authority
FSO	Family Support Organization
FWSN	Family With Service Needs
GA	Gamblers Anonymous
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
ICM	Intensive Case Management
IDEA	Individuals with Disabilities Education Act
IEP	Individual Education Plan
IFP	Intensive Family Preservation
IICAPS	Intensive In-Home Child and Adolescent Psychiatric Services
IOP	Intensive Outpatient Program
ISP	Individual Service Plan
ISPN	Interagency Suicide Prevention Network
JACHO	Joint Accreditation for Healthcare Organizations (renamed)
JC	The Joint Commission (formerly JCAHO)
JPHSA	Jefferson Parish Human Services Authority
LBHP	Louisiana Behavioral Health Partnership
LCSW	Licensed Clinical Social Worker
LEA	Local Education Agency
LGE	Local Governing Entities
LMFT	Licensed Marriage and Family Therapist
LMMIS	Louisiana Medicaid Management Information System
LOC	Level of Care
LRE	Least Restrictive Environment
MADD	Mothers Against Drunk Driving
MATCH	Mobilize Against Tobacco for Children's Health
MCO	Managed Care Organization
MDFT	Multi-Dimensional Family Therapy

MH/BH	Mental Health/Behavioral Health
MHA	Mental Health Association
MHBG	Mental Health Block Grant
MHRSIS	Mental Health Rehabilitation Services Information System
MHSD	Metropolitan Human Services District
MITA	Medicaid Information Technology Architecture
MST	Multisystemic Therapy
MSW	Master's Degree in Social Work
NA	Narcotics Anonymous
NACoA	National Association of Children of Alcoholics
NAMI	National Alliance for the Mentally Ill
NCQA	National Committee for Quality Assurance
NGBRI	Not Guilty by Reason of Insanity
OAAS	Office of Aging and Adult Services
OAD	Office for Addictive Disorders
OBH	Office of Behavioral Health
OJJ	Office of Juvenile Justice
OMH	Office of Mental Health
OTC	Order of Temporary Custody
PA	Parent Aide
PA	Prior Authorization
PCP	Primary Care Physician
PDD	Pervasive Developmental Disorder
PHI	Protected Health Information
PHP	Partial Hospital Program
PIHP	Prepaid Inpatient Health Plan
PO	Probation Officer
PRTF	Psychiatric Residential Treatment Facility
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance
QA/QI	Quality Assurance/Quality Improvement
QM	Quality Management
RCT	Residential Care Team
RFP	Request for Proposal
RHC/FQHC	Rural Health Clinic/Federally Qualified Health Center
RTC	Residential Treatment Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPT Block Grant	Substance Abuse Prevention and Treatment Block Grant
SAT	School Assistance Team
SCHIP	State Children's Health Insurance Program
SCLHSA	South Central Louisiana Human Services Authority
SDE	State Department of Education
SED	Serious Emotional Disturbance
SFF	Secure Forensic Facility
SMI	Serious Mental Illness
SPOE	Single Point of Entry
SSA	Social Security Administration
SSDI	Supplemental Security Disability Income

SSI	Supplemental Security Income
Sx	Symptoms
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TP	Treatment Plan
TPR	Termination of Parental Rights
Tx	Treatment
WAA	Wraparound Agency
WF	Wraparound Facilitation

DRAFT

APPENDIX A

For your personal use. Feel free to make copies.

Member Basic Information Fact Sheet

*One Sheet for Every Member in the Household***Keep Accessible for Caregivers*

Names of Members in Household	Social Security Number	Date of Birth	Age

Address:
Phone Number(s):

In Case of Emergency Call

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Emergency Mobile Crisis Phone#:
Police Department Phone#:
Fire Department Phone#:
Rescue Ambulance Phone#:
Poison Control Phone#:
Physician's Name & Phone #:
Physician's Name & Phone #:
Therapist's Name & Phone #:
Health Insurance/Medicaid Information:

Behavioral Health Diagnosis:
Medical Diagnosis:
Allergies:
Medications:
Special Instructions:

Wellness and Recovery Crisis Plan

Crisis Plan			
Provider Name:			
Member ID#:			
Member's Current Phone #:			
Plan Developed By (Include all parties involved in developing crisis/safety plan and contact information):			
Select all applicable options:			
	Case Manager		LHMA's
	CMP		MCO
	Current Inpatient Treater		Member
	Current Outpatient Treater		Mobile Crisis Team
	DDS		Partnership/Peer Support
	ED		PRTF
	EMPS		RTC
	Family		School
	Group Home		State Agency
	ICM/CCM		Other
Additional Information: Include formal and informal supports, include contact names/phone #:			
Specify current living arrangement (Document support network, including names, addresses and phone numbers):			
	Family Home		Safe Home
	Foster Family Home		Shelter
	Group Home		Sober Housing
	Homeless		STAR
	Independent Living		Supervised Housing
	RTC		Supportive Housing
			Other
Additional Information:			
Current Strengths and Functioning (Describe key strengths and needs related to behavioral health, vocational, school, social relationships, daily living skills, natural supports):			
Signs and symptoms of de-compensation:			

Safety Concerns: (Any information either about the member, family or living situation, which should be known when member is in crisis.):

Select all applicable options

	Access to Weapons		History of Arrests
	Current Charges Pending		History of Police Interventions
	Current Parole		History of Suicide Attempt(s)
	History/Current JJ Involvement		Substance use
	History of Homicide Attempt(s)		Volatile Home Environment
			Other

Please Specify:

Substance use (Past or present substance use issues):

	Current Alcohol		Past Alcohol
	Current Marijuana		Past Marijuana
	Current Other Illicit		Past Other Illicit
	Current Prescription Drugs		Past Prescription Drugs
	Family Members with Substance Abuse		Other

Please Specify:

Medical/Special Needs (Any health issue or special needs which should be taken into consideration when intervening with the client. Include medical diagnosis that impact behavioral health/access to treatment/services.)

Select all applicable options:

	Asthma		Eating Disorder
	Autism/PDD Spectrum		Hepatitis
	Brain Injury		Hypertension
	Cirrhosis		Obesity
	Chronic Obstructive Pulmonary Disease COPD		Physical Disabilities
	Congestive Heart Failure (CHF)		Post Partum Depression
	Coronary Artery Disease (CAD)		Pregnancy/High Risk Pregnancy
	Diabetes		Seizure Disorder
			Other

Please Specify:

Triggers/Risk Factors ("Red Flags"/Stressors that may trigger a crisis):			
Select all applicable options:			
	Change in Schedule		Police/Legal Involvement
	Change in Treatment Providers		Recent Loss/Trauma
	Criticizing/Scolding		Rejection
	Family Interaction		School/Work Difficulty
	Over-stimulating Environment		Substance use
	Peer Conflict		Other
Additional Information:			
Reactive Crisis Planning (Interventions/steps successfully utilized in the past to resolve crisis; using members strengths and support systems)			
Additional Information (list specific steps/interventions successful in the past):			
Proactive Crisis Plan of Action (Steps/Interventions to prevent Crisis; inclusive of members strengths and natural supports to avert crisis):			
Please specify specific steps to take to prevent crisis (i.e. call EMPS, Mobile Crisis, 211, contact current provider, provider timeout, etc.):			
Is this Wellness recovery Crisis Plan form used by provider and/or member:			
Provider Name (print) and Signature:		Date:	
Member Name (print) and Signature:		Date:	

Current Medical Contact Information

Member Name:

Current Diagnosis(es) if known	Date:

Current Goals and Priorities	Date:

Primary Physician's Office: Contact Information

Address:	Phone:
PCP Name:	Nurse's Name:

Specialist Provider's Office: Contact Information

Address:	Phone:
Name:	Specialty

Address:	Phone:
Name:	Specialty

Address:	Phone:
Name:	Specialty

Others (Recreational, Educational, Employment, Mentoring, etc.)

Address:	Phone:
Name:	Specialty

Address:	Phone:
Name:	Specialty

Address:	Phone:
Name:	Specialty

Allergies

Allergy to:	Reaction:
Allergy to:	Reaction:
Allergy to:	Reaction:
Allergy to:	Reaction:

Medication Records
Current

Medication Name	Date Started	Dosage	How Often	Purpose	Any Side Effects

History

Medication Name	Date Started	Dosage	How Often	Purpose	Any Side Effects

Pharmacy Contact Information:

Name::	Phone
Address:	Town/City

APPENDIX B

Resources and Services

What is a Wraparound Agency?

Wraparound Agencies, or WAA, are being formed in many regions of Louisiana. They are local organizations that work with children and families to develop a single plan of care and provide intensive care coordination for children within the Coordinated System of Care (CSoC).

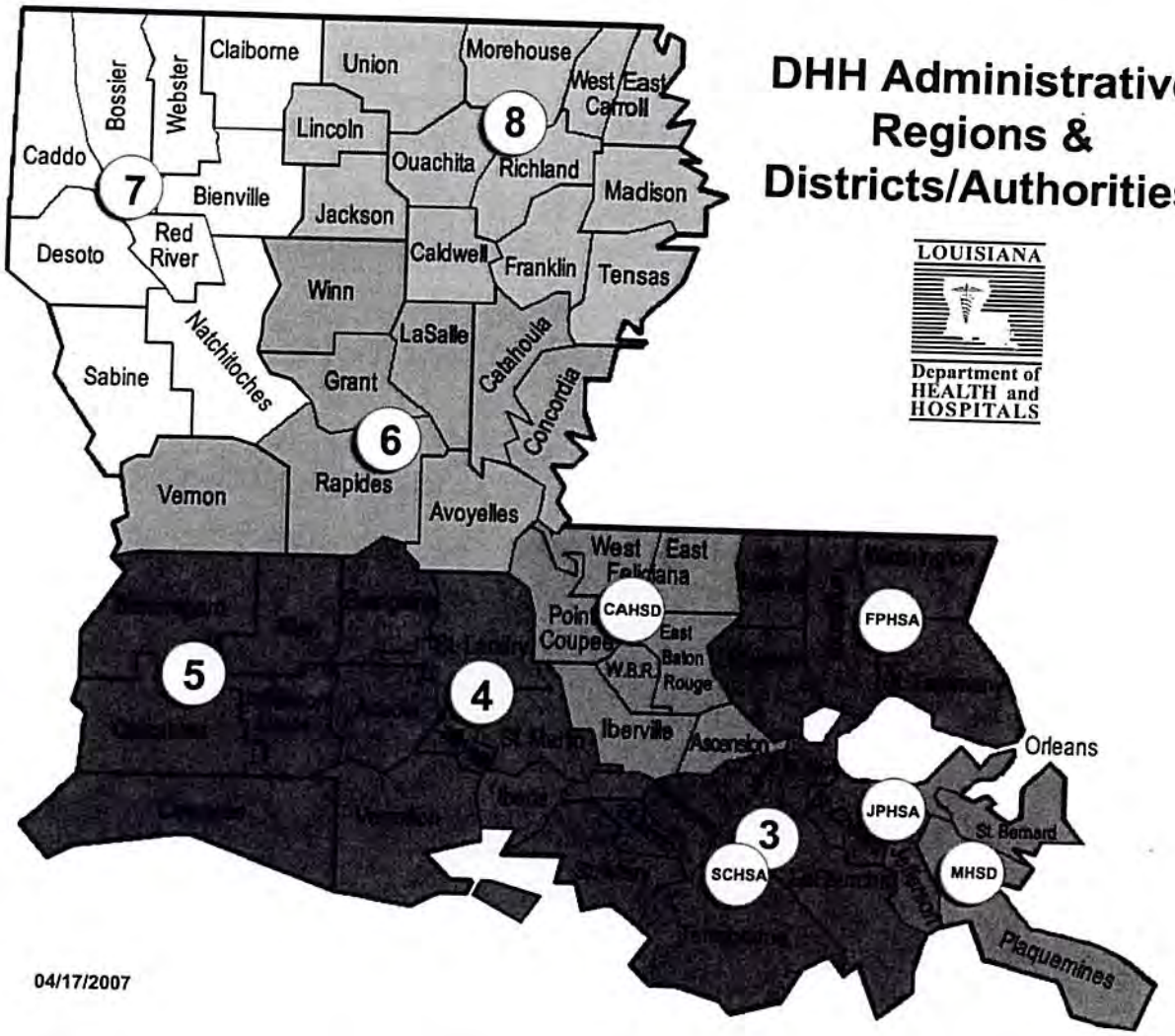
Wraparound Agencies	
Region 2 *Serving: East / West Baton Rouge, East / West Feliciana, Iberville, and Pointe Coupee*	*NHS Human Services* *Address* *Tel./Crisis Line*
Region 7 *Serving: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn*	*WAA Agency Name* *Address* *Tel./Crisis Line*
Region 8 *Serving: Bienville, Bossier, Caddo, Claiborne, Desoto, Jackson, Natchitoches, Red River, Sabine, and Webster*	*WAA Agency Name* *Address* *Tel./Crisis Line*
Region 9 *Serving: Caldwell, East / West Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, and Union*	*WAA Agency Name* *Address* *Tel./Crisis Line*
Region 10 *Serving: Jefferson Parish*	*NHS Human Services/Baton Rouge* *10543 North Glenstone Place* *Baton Rouge, LA 70810-2839* *(225) 456-2006*

What is a Family Support Organization?

Family Support Organizations (FSOs) are being formed in many regions across Louisiana. FSOs are local, family-run, nonprofit corporation governed by a board of directors known as a Local Coordination Council (LCC). FSOs are being formed to ensure that children and families can participate in the Coordinated System of Care (CSoC).

Family Support Organizations	
Region 2 *Serving: East / West Baton Rouge, East / West Feliciana, Iberville, and Pointe Coupee*	*Families Helping Families of Greater Baton Rouge* *http://www.fhfgbr.org/* *778 Chevelle Drive* *Baton Rouge, LA 70806-6503* *(225) 216-7474*
Region 7 *Serving: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn*	*FSO Name* *Address* *Tel.*
Region 8 *Serving: Bienville, Bossier, Caddo, Claiborne, Desoto, Jackson, Natchitoches, Red River, Sabine, and Webster*	*FSO Name* *Address* *Tel.*
Region 9 *Serving: Caldwell, East / West Carroll, Franklin, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, and Union*	*FSO Name* *Address* *Tel.*
Region 10 *Serving: Jefferson Parish*	*Families Helping Families of Jefferson Louisiana Parent Training and Information Center* *201 Evans Road* *Building One, Suite 100* *Harahan, LA 70123* *504.888.9111* *800.766.7736 (toll free)* *www.fhfjefferson.org* *www.laptic.org*

DHH-OBH Regions, Local Governing Entities Districts/Authorities



Region 1: Metropolitan Human Service District (MHSD)

400 Poydras St., Suite 1800
New Orleans, LA 70130

Crisis Line: *XXX-XXX-XXXX*

Serving: Orleans, St. Bernard and Plaquemines Parishes

Region 2: Capital Area Human Service District (CAHSD)

4615 Government Street, Building 2
Baton Rouge, LA 70806

Crisis Line: *XXX-XXX-XXXX*

Serving: Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge and West Feliciana parishes

Region 3: South Central Louisiana Human Services Authority (SCLHSA)

7942 Park Avenue
Houma, LA 70364

Crisis Line: *XXX-XXX-XXXX*

Serving: Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary and Terrebonne parishes

Region 4: Lafayette

302 Dulles Drive
Lafayette, LA 70506-3008

Crisis Line: *XXX-XXX-XXXX*

Serving: Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin and Vermilion parishes

Region 5: Lake Charles

3505 Fifth Avenue, Suite B
Lake Charles, LA 70607

Crisis Line: *XXX-XXX-XXXX*

Serving: Allen, Beauregard, Calcasieu, Jefferson Davis and Cameron parishes.

Region 6: Alexandria

401 Rainbow Drive, #35
Pineville, LA 71360

Crisis Line: *XXX-XXX-XXXX*

Serving: Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon and Winn parishes

Region 7: Shreveport

1310 North Hearne Avenue
Shreveport, LA 71137

Crisis Line: *XXX-XXX-XXXX*

Serving: Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Red River, Sabine and Webster parishes.

Region 8: Monroe

4800 South Grand Street
Monroe, LA 71201

Crisis Line: *XXX-XXX-XXXX*

Serving: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll parishes

Region 9: Florida Parish Human Services Authority (FPHSA)

11236 Hwy. 16
Amite, LA 70422

Crisis Line: *XXX-XXX-XXXX*

Serving: Livingston, St. Helena, St. Tammany, Tangipahoa and Washington parishes

Region 10: Jefferson Parish Human Services Authority (JPHSA)

3300 W. Esplanade Avenue, Suite 213
Metairie, LA 70002

Crisis Line: *XXX-XXX-XXXX*
Serving: Jefferson Parish

Important Information About Changes Affecting Behavioral Healthcare for You or Your Child!

CONNECTICUT

Behavioral Health Partnership

This brochure will answer some questions about the new program and how to get the services you need.



You are a member of the **Connecticut Behavioral Health Partnership (CT BHP)** if:

- You or your child is in the HUSKY A program (Medicaid eligible).
- You or your child is in the HUSKY B program (SCHIP eligible).

If your child has special behavioral health needs, but does not have HUSKY A or HUSKY B, he or she may still get some services from **CT BHP**. Contact **CT BHP** for more information.

Please call us with any questions about the services available to you. Call us toll free at:

(877) 552-8247

Hearing Impaired, please call: (866) 218-0525

The CT BHP will help:

- **Identify gaps in services**
- **Improve access**
- **Track and manage services**
- **Improve quality**
- **Improve outcomes**

What is the CT Behavioral Health Partnership?

The **CT Behavioral Health Partnership (CT BHP)** has been formed to help improve care for children and families receiving mental health and/or substance abuse services in their community.

How Can I Get Services for Me or My Child?

You can call the **CT BHP** at **(877) 552-8247**. A Member Service Representative will help you get services. Our office hours are Monday through Friday, from 9:00 a.m. to 7:00 p.m. Your primary care physician (PCP), behavioral health provider, school personnel, social worker or family member can call the CT BHP for help with finding services for you.

What if I am Already Getting Mental Health or Substance Abuse Services Through HUSKY?

If you are happy with your current mental health or substance abuse services, you do not need to do anything. You are automatically enrolled. If you wish to change your provider, CT BHP can help you find a new provider. CT BHP wants to work with you to make sure you get the care you need, when you need it.

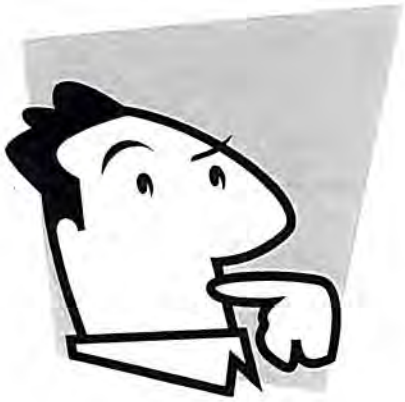
I Do Not Speak English or I Do Not Speak English Well. Can I Talk to Someone Who Speaks My Language?

Yes! Just tell the Member Service Representative that you need an interpreter. They will connect you to a person who can talk with you in your own language.

What Kinds of Services Can I Get From CT BHP?

If you or your child is on HUSKY A or HUSKY B, CT BHP will provide care for your mental health and/or substance abuse problems. Services include:

- Outpatient Mental Health or Substance Abuse Services
- Medication Management
- Day Treatment or Partial Hospitalization Program
- Home-Based Services for Children
- Care Coordination for Children
- Residential Treatment for Children
- Emergency Mobile Crisis Services for Children
- Inpatient Detoxification
- Peer Specialist or Family Peer Specialist Support Services
- ***Other Services Soon To Be Announced***



What if My Child has Medical Problems as Well as Mental Health Problems, or I Need Extra Help Getting the Right Services?

CT BHP has Intensive Care Managers (ICM) staff that work to coordinate services in the community to meet your child's special needs. ICM staff will work closely with your child's medical doctor to make sure that all care is coordinated. ICM also can offer the services of a Peer Specialist or Family Peer Specialist who can be very helpful to you and your family.



What is a Peer Specialist or Family Peer Specialist? How Can They Help Me?

A **Peer Specialist** is a person who understands mental illness or substance disorders due to personal experience.

A **Family Peer Specialist** has a family member who has received mental health and/or substance abuse treatment. Their family member may be a child or an adult.

"We've been there. We can help."

We can help:

- You understand behavioral health services from the family point of view
- Explain behavioral health services
- Locate community resources and support groups
- Provide information about the CT BHP
- Apply for special programs that may help you or your family member
- Teach you about member rights and responsibilities
- Provide information about the complaint and appeal process
- Answer your questions

The CT BHP is available to all eligible applicants without regard to race, color, religious creed, sex, sexual orientation, marital status, age, national origin, ancestry, intellectual disability, mental disability, learning disability, physical disability, including, but not limited to blindness, criminal record, and political belief or language barriers.

Auxiliary aids are also available for blind or visually impaired persons. This brochure is available in other formats if you need.

Will I Have to Pay for My Services?

If you are in the HUSKY A or HUSKY B program, you will not have to pay for any necessary mental health or substance abuse services.

To learn more, call us at: (877) 552-8247



What Rights and Responsibilities Do I Have as a Member of CT BHP?

If you are not happy with any of your services, you can file a complaint or register your concerns with CT BHP. To file a complaint or register a concern call 877-552-8247. You can speak with a person who can help you file a complaint or help register your concerns.

As a member of CT BHP, you have the right to:

- Be treated with respect, dignity and regard for your privacy;
- Learn about your mental health benefits and how to use your benefits;
- Get information on treatment options. You should get information in a way that is easy to understand;
- Take part in all decisions made about your health care. This includes the right to refuse treatment, except if the law requires it;
- Appeal if you disagree with a decision made by the CT BHP about your care;
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation;
- Ask for and get a copy of your medical records. You can ask that they be changed or corrected;
- Tell others your opinion about our services. You can do this to agencies, the government, or the media without it affecting how we provide covered services;
- Get medically necessary mental health care services according to federal law; and
- For a complete list please see your member handbook.

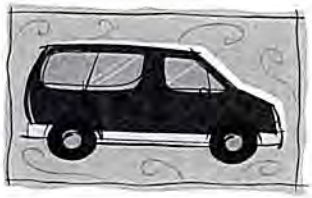
How Can I Get a Ride to Appointments?

Call your HUSKY A health plan. The number is on the back of your card. The health plans include:

Community Health Network of Connecticut (CHNCT)
Member Services: (800) 859-9889
Transportation Service: (800) 818-6781
TTY/TDD Hearing Impaired: 711 (CT direct call)

AmeriChoice of CT
Member Services: (866) 315-2323
Transportation Service: (866) 913-1267
TTY/TDD Hearing Impaired: (866) 288-3133

Aetna Better Health
Member Services: (866) 742-3120
Transportation Service: (866) 529-2059
TTY/TDD Hearing Impaired: (800) 842-4524



Remember...

If you cannot keep an appointment with your provider,

1. **Please call them. They can reschedule your appointment.**
2. **Remember to cancel your transportation, too.**

If you are not sure how to cancel your appointment, call CT BHP for help. If you need a translator to assist you, CT BHP will be happy to provide you one.

If you have other questions, please call the toll-free number (877) 55-CTBHP or (877) 552-8247. You can talk to a Member Service Representative who will help you.

You may also check our website: www.CTBHP.com

Connecticut Behavioral Health Partnership is funded by the Department of Children and Families and the Department of Social Services

Use the form below to write down important information about your health plan, your first appointment after you get out of the hospital, your doctor, and your medications.

Health Plan Information

Name of Health Plan_____

Contact Number_____

Transportation Number_____

First Appointment Date/Time/Phone

Therapist/Doctor Name

_____

Date and Time

_____

Phone Number

_____

List all your Current Medications and Dosages

1. _____
2. _____
3. _____

Connecticut Behavioral Health Partnership

CONNECTICUT
Behavioral Health Partnership

CONNECTICUT
Behavioral Health Partnership



Important Information About Your Care After You Leave the Hospital

A guide to follow-up Mental Health and Substance Abuse Care

HUSKY Members
For HELP
call 877-552-8247
or
visit www.ctbhp.com

Continuing treatment after being in the hospital will keep you on the road to recovery. When you continue your treatment soon after you leave the hospital, the results are better.

WHAT TO DO BEFORE YOU OR YOUR CHILD LEAVES THE HOSPITAL

- ***Before*** you leave the hospital, you should have your first appointment scheduled. This visit should happen within 7 days if possible. It is best to set up this visit before you leave the hospital.

- If you think you will have transportation problems getting to your first appointment, please tell your hospital social worker. He/she can help you make arrangements that will allow you to get to your appointment.

- Be part of the planning of the care you will receive after you leave the hospital; consider involving family and friends.

HELPFUL TIPS

WRITE IT DOWN!

- Be sure to write down your appointment dates and times.

- Write down the name, address and phone number of the doctor, therapist, or clinic.

- Make sure that you get a list of all your medications. Know how much to take and when you to take them.

TRANSPORTATION

- If you are a HUSKY A member and you need a ride to your appointment, call the transportation number on the back of your insurance card. Schedule this as soon as you know your appointment time and date. If there are any changes in your pick-up location or time, call ahead to inform the transportation service.

WHAT TO EXPECT AFTER LEAVING THE HOSPITAL

- If for some reason you can't go to your first appointment, call ahead to reschedule.

- Bring any paperwork given to you when you left the hospital to your first appointment.

- Bring a list of your medications, dosages and any side effects you may be experiencing to your first visit.

- Make sure you attend all of your scheduled aftercare appointments.

- Be sure to write down your questions so you can ask them during your appointment.

- If your doctor or therapist is not a good fit, call us to get another referral (1-877-552-8247).

- Think about bringing a friend or family member with you.

HAVE A PLAN!

It is important to make a plan in case problems arise after you leave the hospital.

- Call your provider if you have one
- For children, call the emergency mobile psychiatric service for your town. This number can be found in the CT BHP Member Handbook. If you don't have a handbook and would like one, please call 1-877-552-8247.
- Go to the nearest emergency room
- Call 911 if it is life-threatening.

ABOUT YOUR MEDICATION

- It is important to continue your medications after you are discharged.

- DO NOT STOP TAKING YOUR MEDICATIONS unless your doctor tells you to. Talk to your doctor about side effects.

The Connecticut Behavioral Health Partnership offers a truly unique service for HUSKY members whose lives have been touched by mental health or substance abuse issues. Due to their lived experience, Peer and Peer Family Support Staff have acquired intimate knowledge of the challenges faced by members navigating the behavioral health and substance abuse treatment systems.

Peer Support...
Helping members find
the right services
at the right time
for the right reasons...

CONNECTICUT
Behavioral Health Partnership

WHAT IS THE CONNECTICUT BEHAVIORAL HEALTH PARTNERSHIP?

Formed by the Department of Children and Families and the Department of Social Services and administered through ValueOptions, the Connecticut Behavioral Health Partnership is an integrated behavioral health service system designed to improve behavioral health care for children and families enrolled in HUSKY and children with special behavioral health needs.

CHARTER OAK HEALTH PLAN
BEHAVIORAL HEALTH

WHAT IS THE CHARTER OAK BEHAVIORAL HEALTH PLAN?

Administered by the Department of Social Services through ValueOptions, the Charter Oak Behavioral Health Plan provides coverage for mental health and substance abuse services to members of the Charter Oak Insurance Plan.

CONNECTICUT
Behavioral Health Partnership

Peer and Family Support Services

CHARTER OAK HEALTH PLAN
BEHAVIORAL HEALTH

Help from someone who's been there...



The federal definitions of competitive employment and sheltered workshop or agency employment should be used in answering this item. In the online version this definition is available by clicking on the hyperlink that appears. It is also included in the definition sheets available online at the ASO website or in the Definition List included in this OMS Interview Guide. The definitions are:

Competitive employment is a job available to anyone, regardless of whether or not he/she has a disability. Additionally, within the job:

- *an individual should have contact with non-disabled individuals to the same extent that anyone else in their job has or would be expected to have.*
- *individuals with mental illness should make at least minimum wage and be paid what non-disabled individuals with similar jobs are paid*
- *mental health service providers who provide mental health services to the consumers working for them are not considered to be providing competitive employment*

Sheltered Workshop or Agency employment – is a job only available to someone with a disability. It includes:

- *a person working for the program from which they receive services (such as working in a custodial service in their PRP)*
- *situations in which the mental health agency is contracting with a business to provide employees.*

10. Does the consumer smoke cigarettes?
"Cigarettes" would include tobacco cigarettes (commercial or those made by hand). It does not include cigars, snuff, chew, or other tobacco products.

Endorse the "Yes" response even if the consumer smokes infrequently.

11. How long has the consumer been receiving services from this clinic?*
NOTE: This is a mandatory item.

Endorse one of the four response options. Estimates are acceptable. If you are unable to estimate the length of time in service, the medical record should be consulted prior to submitting the questionnaire because this is a mandatory item for submission.

The reference period is in terms of when the consumer began receiving services from the particular clinic in which the interview is occurring, not services from another program within the entire agency or any other mental health services in general. If the consumer has been admitted and discharged from the program more than once, the most recent admission date to the program should be used as a reference point.

CHAPTER 6. APPENDICES

The following appendices are included:

- Child and Adolescent Questionnaire
- Child and Adolescent Questionnaire Response Cards
- Adult Questionnaire
- Adult Questionnaire Response Cards
- Discharge Information Sheet
- Child and Adolescent Discharge Form – Child/Adolescent/Caregiver Not Participating
- Adult Discharge Form – Consumer Not Participating
- Definition List

CHILD AND ADOLESCENT QUESTIONNAIRE (6-17 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 2; September 2009]

Child/Adolescent Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: _____ / _____ / _____
MM DD YYYY

Date of Current Interview*: _____ / _____ / _____
MM DD YYYY

PRIMARY RESPONDENT DETERMINATION
(person to whom questions are addressed and whose responses are recorded if there is disagreement)
Guidelines (clinician discretion overrides):
Ages 6-11 → Caregiver (use "your child" when reading questions – grammatical adjustments may be needed).
Ages 12-18 → Youth (use "you" when reading questions).

Please indicate below who will be the Primary Respondent for this interview*:
☐ Youth *(1)* *OR* ☐ Caregiver *(2)*

INTERVIEWER: Throughout the questionnaire, you will see the following text as part of several questions "(since last interview date/in the past six months)." When this appears, you should read the question as follows:

If this is the child/adolescent's initial OMS interview in your program: read the question with the phrase "in the past six months" as the reference period. For example, *"Have (you/your child) been homeless at all in the past six months?"*

If this is NOT the child/adolescent's initial OMS interview: say the actual previous OMS interview date when reading the question. For example, *"Have (you/your child) been homeless at all since May 5th?"*

*A companion **OMS Interview Guide** for this questionnaire is available at **www.maryland.valueoptions.com**. Included in the Guide are instructions for administering the questionnaire and definitions for several terms as noted within this questionnaire.*

The symbol (Ψ) denotes a consumer opinion only question (discussion may occur but child's/adolescent's/caregiver's initial response should be recorded; see OMS Interview Guide for further explanation).

An asterisk (*) denotes a question that is mandatory for submission.

I'm going to ask you some questions today about different areas of (your/your child's) life, such as school and other daily activities.

LIVING SITUATION

1. Where are (you/your child) living now?* *(see OMS Interview Guide for definitions of each option)*

- O Private residence
- O Boarding/rooming house (no supervision provided)
- O Residential Rehabilitation Program (RRP), Group Home/TGH
- O Halfway House
- O School or Dormitory
- O Foster Home
- O Assisted living
- O Skilled nursing facility
- O Residential Treatment Center (RTC) for Children and Adolescents
- O Hospital (inpatient psychiatric including State Hospital)
- O Crisis Residence (Residential Crisis Services)
- O Homeless or Emergency Shelter
- O Jail/Correctional facility/Detention center
- O Other (specify) _____

2. Have (you/your child) been homeless at all (since last interview date/in the past six months)? *(see OMS Interview Guide for definition of "homeless")*

- O No
- O Yes

PSYCHIATRIC SYMPTOMS[1]

INTERVIEWER: (do not read aloud) Please remember that if the Primary Respondent (PR) is the caregiver, use the wording "your child" as appropriate and make the necessary grammatical adjustments. The (you/your child) wording format is not used in the following two sets of questions on Psychiatric Symptoms and Functioning (#3-31) only due to space limitations.

Next I will ask you to answer questions about (your/your child's) feelings and behaviors. There is no right or wrong answer to any of the questions. Try to answer all of the questions even if you are not totally sure of how (you/your child) feel.

These questions ask about how you have been feeling during the past week. As I read the question to you, let me know how many days in the past week you have been feeling that way. For example, if I ask about feeling silly, you would say "never" if you felt silly no days during the past week, "a few days" if you felt silly 1-2 days during the past week, "about every other day or about half of the time" if you felt silly 3-4 days during the past week, "almost every day" if you felt silly 5-6 days during the past week, and "every day" if you felt that way all week.

In the <u>past week</u>, on how many days ... [CARD #1 with response options]

Please note that Questions 3-24 are all Ψ (Consumer Opinion Only)	**Never (0 days)**	**A few days (1-2 days)**	**About every other day/half of the time (3-4 days)**	**Almost every day (5-6 days)**	**Every day (7 days)**
3. Did you have trouble falling asleep or staying asleep?					
4. Did you feel depressed or sad?					
5. Did you have trouble relaxing?					
6. Were you nervous, uptight, or worried?					
7. Did you worry about your safety?					
8. Were you irritable or grouchy?					
9. Did you cry a lot?					
10. Were you afraid of things?					
11. Did you feel like you had no energy?					
12. Did you want to be by yourself instead of with others?					
13. Were you happy one minute and then sad or angry the next minute?					
14. Did you have stomachaches, headaches, or other aches and pains?					
15. Did you think or worry about bad things that you have seen or have happened to you?					
16. Did you want to hurt yourself?					
17. Did you want to hurt someone else?					
18. Did you have a hard time paying attention?					
19. Were you angry?					
20. Did you have a hard time sitting still?					
21. Were you mean, threatening or bullying to others?					
22. Did you get in arguments or fights?					
23. Did you have trouble following rules?					
24. Were you bothered by any of these feelings?					

[1] Items developed by Dr. Laurel Kiser; © Univ. of Maryland, Baltimore 2005

FUNCTIONING AND SOCIAL CONNECTEDNESS

Now I am going to read a series of statements. For each of these statements, please indicate whether (you/your child) strongly agree, agree, are undecided, disagree or strongly disagree. *[if Primary Respondent is a caregiver, read questions as "your child"]*

[see OMS Interview Guide for definitions of response options and "handle" (#25), "family" (#26),"cope" (#29), and "satisfied" (#30)]

[CARD #2 with response options]

Please note that Questions 25-31 are all Ψ (Consumer Opinion Only)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
25. I am able to handle daily life.					
26. I get along with family members.					
27. I get along with friends and other people.					
28. I am doing well in school and/or work.					
29. I am able to cope when things go wrong.					
30. I am satisfied with our family life right now.					
31. I am able to do things I want to do (and am allowed to do).					

INTERVIEWER: (do not read aloud) Questions 32-35 are asked ONLY of the caregiver. If the caregiver is not present, endorse "Not applicable" (NA) for each item and continue on in the questionnaire.

For the next statements that I am going to read, please answer for relationships with persons other than your child's mental health provider(s). [CARD #2]

Please note that Questions 32-35 are all Ψ (Consumer Opinion Only)	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	NA
32. I know people who will listen and understand me when I need to talk.						
33. I have people that I am comfortable talking with about my child's problems						
34. In a crisis, I would have the support I need from family or friends.						
35. I have people with whom I can do enjoyable things.						

SCHOOL PERFORMANCE

Next let's talk about school.

36. Do (you/your child) attend school when it is in session, including home schooling?

- O No *(continue to #37)*
- O Yes *(skip to #38)*

37. If (you/your child) are not in school, what is the reason?

- O Completed school/obtained GED
- O Dropped Out
- O Expelled
- O Other (please specify: _____)

38. (Since last interview date/in the past six months) have (you/your child) had problems with school attendance?*

- O No *(skip to #40)*
- O Yes *(continue to #39)*

39. (Since last interview date/in the past six months) would you say (your/your child's) problems with school attendance have increased, stayed the same, or decreased?*

- O Increased
- O Stayed the same
- O Decreased

40. Some children and teens get suspended from school. This would include in- and out-of-school suspensions. (Since last interview date/in the past six months) would you say (you/your child) have had...*

(INTERVIEWER: Read the following answer options to the respondent)

- O No suspensions
- O Increased suspensions
- O The same number of suspensions
- O Decreased suspensions

41. (Since last interview date/in the past six months) were (you/your child) expelled from school?*

- O No
- O Yes

LEGAL SYSTEM INVOLVEMENT

42. (Since last interview date/in the past six months) have (you/your child) been arrested?*

- O No
- O Yes

43. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview date/in the past six months), would you say (you/your child) have had…

(INTERVIEWER: Read the following answer options to the respondent)

- O No negative encounters with police
- O Increased negative encounters
- O The same amount of negative encounters
- O Decreased negative encounters

SOMATIC HEALTH

44. Do (you/your child) smoke cigarettes?

- O No *(skip to #46)*
- O Yes *(continue to #45)*

45. How many cigarettes do (you/your child) smoke per day? *[one pack = 20 cigarettes]*

- O Do not smoke every day
- O 1-10
- O 11-20
- O 21-30
- O 30+

46. Would you say in general (your/your child's) health is… Ψ

(INTERVIEWER: Read the following answer options to the respondent)

- O Excellent
- O Very good
- O Good
- O Fair
- O Poor

INTERVIEWER: (do not read aloud) Is the caregiver present for any of the following questions (#47-#56)?

☐ Yes ☐ No

47. Earlier, you said (you/your child) were living at _____ (refer to Question #1). How good or bad is it for (you/your child) living at (current environment)? Ψ
(INTERVIEWER: Read the following answer options to the respondent)

- O Great
- O Good
- O OK
- O Bad
- O Terrible

INTERVIEWER: (do not read aloud) Is child/adolescent 12 years or older?

☐ Yes *(continue to #48)*

☐ No *(skip to #57)*

48. Please tell me whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with the following statement:

"I am hopeful about my future" Ψ

- O Strongly agree (REALLY agree)
- O Agree
- O Neutral (neither agree nor disagree)
- O Disagree
- O Strongly Disagree (REALLY disagree)

ALCOHOL AND SUBSTANCE USE [2]

Please tell me if you have had any of the following happen to you (since last interview date/in the past six months)...

Please note that Questions 49-54 are all Ψ (Consumer Opinion Only)	**No**	**Yes**
49. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?		
50. Did you use alcohol or drugs to relax, feel better about yourself, or fit in?		
51. Did you use alcohol or drugs while you were by yourself (alone)?		
52. Did you forget things you did while using alcohol or drugs?		
53. Did your family or friends tell you that you should cut down on your drinking or drug use?		
54. Have you gotten into trouble while you were using alcohol or drugs?		

[2] CRAFFT Substance Abuse Screening Test, 1999.

EMPLOYMENT

55. Do you currently work? *(see OMS Interview Guide for definition of "employment")*

- O No *(continue to #56)*
- O Yes *(skip to #57)*

56. Have you been employed (since last interview date/in the past six months)?

- O No
- O Yes

DEMOGRAPHIC AND INTERVIEW INFORMATION

57. How long has the child/adolescent been receiving services from this clinic?*

- O Intake
- O Less than one year
- O One year to three years
- O Greater than three years

58. Child/adolescent/caregiver involvement in interview:*

- O Child/adolescent only participated
- O Child/adolescent and caregiver(s) participated
- O Caregiver only participated
- O Child/adolescent/caregiver did not answer all/most items

59. Please indicate the relationship of the caregiver(s) participating in the interview to the child or adolescent receiving services. (check all that apply):

- O Not Applicable – no caregiver participated in interview
- O One parent
- O Two parents
- O Other relative(s). Please specify: _____
- O Foster care parent
- O Legal guardian
- O DSS Worker
- O Service provider staff
- O Other. Please specify: _____

Clinician's Notes (Optional)

OMS Child and Adolescent Questionnaire – Response Cards
Card #1
(Questions 3-24: Symptoms)

Never (0 days)

A few days (1-2 days)

About every other day/about half of the time (3-4 days)

Almost every day (5-6 days)

Every day (7 days)

OMS Child and Adolescent Questionnaire – Response Cards
Card #2
(Questions 25-35: Functioning and Social Connectedness)

Strongly Agree (REALLY agree)

Agree

Undecided

Disagree

Strongly Disagree (REALLY disagree)

ADULT QUESTIONNAIRE (18 -64 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 2; September 2009]

Consumer Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: _____ / _____ / _____
MM DD YYYY

Date of Current Interview:* _____ / _____ / _____
MM DD YYYY

INTERVIEWER: Throughout the questionnaire, you will see the following text as part of several questions "(since last interview date/in the past six months)." When this appears, you should read the question as follows:

If this is the consumer's initial OMS interview in your program: read the question with the phrase "in the past six months" as the reference period. For example, *"Have you been homeless at all in the past six months?"*

If this is NOT the consumer's initial OMS interview: say the actual previous OMS interview date when reading the question. For example, *"Have you been homeless at all since October 15th?"*

*A companion **OMS Interview Guide** for this questionnaire is available at **www.maryland.valueoptions.com**. Included in the Guide are instructions for administering the questionnaire and definitions for several terms as noted within this questionnaire.*

The symbol (Ψ) denotes a consumer opinion only question (discussion may occur but consumer's/caregiver's initial response should be recorded; see OMS Interview Guide for further explanation).

An asterisk (*) denotes a question that is mandatory for submission.

I'm going to ask you some questions today about different areas of your life, such as your living situation and daily activities.

LIVING SITUATION

1. Where are you living now?* *(see OMS Interview Guide for definitions of each option)*

- O Private residence
- O Boarding/rooming house (no supervision provided)
- O Residential Rehabilitation Program (RRP), Group Home/TGH
- O Halfway House
- O School or Dormitory
- O Foster Home
- O Assisted living
- O Skilled nursing facility
- O Residential Treatment Center (RTC) for Children and Adolescents
- O Hospital (inpatient psychiatric including State Hospital)
- O Crisis Residence (Residential Crisis Services)
- O Homeless or Emergency Shelter
- O Jail/Correctional facility/Detention center
- O Other (specify) _____

2. In general, how satisfied are you with where you currently live? Ψ
(INTERVIEWER: Read the following answer options to the consumer)

- O Very satisfied (like a lot)
- O Somewhat satisfied (like a little)
- O Not satisfied or dissatisfied (just okay)
- O Somewhat dissatisfied (dislike a little)
- O Very dissatisfied (dislike a lot)

3. Have you been homeless at all (since last interview date/in the past six months)? *(see OMS Interview Guide for definition of "homeless")*

- O No
- O Yes

FUNCTIONING AND SYMPTOMS

4. Overall, how satisfied are you with your recovery? Ψ *(description of "recovery" in italics below)*

(INTERVIEWER: Read the following answer options to the consumer)

- O Very satisfied (like a lot)
- O Somewhat satisfied (like a little)
- O Neutral (just okay)
- O Somewhat dissatisfied (dislike a little)
- O Very dissatisfied (dislike a lot)

["Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." (National Consensus Statement on Mental Health Recovery; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2004)]

Now, I am going to read a series of statements. For each of these statements, please indicate whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with these statements. *(see OMS Interview Guide for definition of response options)*

[CARD #1 with response options]

Please note that Questions 5-9 are all Ψ (Consumer Opinion Only)	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
5. I do things that are meaningful to me.					
6. I am able to take care of my needs.					
7. I am able to handle things when they go wrong.					
8. I am able to do things that I want to do.					
9. My symptoms bother me. *(see OMS Interview Guide for definition of "symptoms")*					

For the next several questions, please tell me your answer based on the past MONTH.

INTERVIEWER: (do not read aloud) For items 10-33, you must either show the designated Response Card, give the consumer a copy of the questionnaire to follow along, or read all of the response options for each question to the consumer. *(Questionnaire Items 10-33 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.)*

During the PAST MONTH, how much difficulty did you have...

10. Managing your day-to-day life? Ψ [CARD #2 with response options]

- O No difficulty
- O A little difficulty
- O Moderate difficulty
- O Quite a bit of difficulty
- O Extreme difficulty

11. Coping with problems in your life? Ψ [CARD #2]

- O No difficulty
- O A little difficulty
- O Moderate difficulty
- O Quite a bit of difficulty
- O Extreme difficulty

12. Concentrating? Ψ [CARD #2]

- O No difficulty
- O A little difficulty
- O Moderate difficulty
- O Quite a bit of difficulty
- O Extreme difficulty

During the PAST MONTH, how much of the time did you...

13. Get along with people in your family? Ψ [CARD #3 with response options]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

14. Get along with people outside your family? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

15. Get along well in social situations? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

16. Feel close to another person? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

During the PAST MONTH, how much of the time did you...

17. Feel like you had someone to turn to if you needed help? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

18. Feel confident in yourself? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

During the PAST MONTH, how much of the time did you...

19. Feel sad or depressed? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

20. Think about ending your life? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

21. Feel nervous? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

During the PAST MONTH, how often did you...

22. Have thoughts racing through your head? Ψ [CARD #4 with response options]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

23. Think you had special powers? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

24. Hear voices or see things? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

25. Think people were watching you? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

26. Think people were against you? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

During the PAST MONTH, how often did you...

27. Have mood swings? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

28. Feel short tempered? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

29. Think about hurting yourself? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

During the PAST MONTH, how often...

30. Did you have an urge to drink alcohol or take street drugs? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

31. Did anyone talk to you about your drinking or drug use? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

32. Did you try to hide your drinking or drug use? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

33. Did you have problems from your drinking or drug use? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

LEGAL SYSTEM INVOLVEMENT

34. (Since last interview date/in the past six months) have you been arrested?*

- O No
- O Yes

35. (Since last interview date/in the past six months) have you been in either jail or prison?*

- O No
- O Yes

36. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview/in the past six months), would you say you have had...

(INTERVIEWER: Read the following answer options to the consumer)

- O No negative encounters with police
- O Increased negative encounters
- O The same amount of negative encounters
- O Decreased negative encounters

EMPLOYMENT

Now let's talk a little bit about your work situation.

37. Are you currently employed?* *(see OMS Interview Guide for definition of "employment")*

- O No *(continue to #38)*
- O Yes *(skip to #40)*

38. Are you actively looking for work by doing things like filling out applications, or answering ads?*

- O No
- O Yes

39. Have you been employed (since last interview date/in the past six months)?

- O No *(skip to #43)*
- O Yes *(continue to #40)*

INTERVIEWER: (do not read aloud) If the person held more than one job (since last interview date/in the past six months), please ask him or her to answer the following questions in terms of the <u>most recent</u> job.

40. (Is/Was) your job competitive employment or sheltered workshop or agency employment?* *(see OMS Interview Guide for definitions of "competitive" and "sheltered" employment)*

- O Competitive employment (a job available to anyone regardless of whether he/she has a disability)
- O Sheltered workshop or agency employment (a job only available to someone with a disability)

41. How many hours a week (do/did) you usually work?

- O 1-10 hours
- O 11-20 hours
- O 21-30 hours
- O 31-40 hours
- O 40+ hours

42. In general, how satisfied (are/were) you with this job? Ψ
(INTERVIEWER: Read the following answer options to the consumer)

- O Very satisfied (like a lot)
- O Somewhat satisfied (like a little)
- O Neutral (just okay)
- O Somewhat dissatisfied (dislike a little)
- O Very dissatisfied (dislike a lot)

<u>SOMATIC HEALTH</u>

43. Do you smoke cigarettes?

- O No *(skip to #45)*
- O Yes *(continue to #44)*

44. How many cigarettes do you smoke per day? *[one pack = 20 cigarettes]*

- O Do not smoke every day
- O 1-10
- O 11-20
- O 21-30
- O 30+

45. Would you say in general your health is: Ψ
(INTERVIEWER: Read the following answer options to the consumer)

- O Excellent
- O Very good
- O Good
- O Fair
- O Poor

46. How tall are you?

____ (feet) _____ (inches) *[please write legibly]*

47. How much do you currently weigh?

_____ pounds *[whole numbers only; please write legibly]*

- O *Don't Know*
- O *Refused*

DEMOGRAPHIC AND INTERVIEW INFORMATION

48. How long has the consumer been receiving services from this clinic?*

- O Intake
- O Less than one year
- O One year to three years
- O Greater than three years

49. Consumer involvement in interview:*

- O Consumer answered all/most questions
- O Consumer did not answer all/most questions

Clinician's Notes (Optional)

OMS Adult Questionnaire – Response Cards
Card #1
(Questions 5-9: Functioning)

Strongly Agree (REALLY agree)

Agree

Neutral

Disagree

Strongly Disagree (REALLY disagree)

OMS Adult Questionnaire– Response Cards
Card #2
(Questions 10-12: BASIS-24®)

No difficulty

A little difficulty

Moderate difficulty

Quite a bit of difficulty

Extreme difficulty

OMS Adult Questionnaire– Response Cards
Card #3
(Questions 13-21: BASIS-24®)

None of the time

A little of the time

Half of the time

Most of the time

All of the time

OMS Adult Questionnaire– Response Cards
Card #4
(Questions 22-33: BASIS-24®)

Never

Rarely

Sometimes

Often

Always

OUTCOMES MEASUREMENT SYSTEM (OMS)
DISCHARGE INFORMATION SHEET
[Version 2; September 2009]

To be completed upon discharge for all consumers 6-64 years of age.

An asterisk (*) denotes a question that is mandatory for submission

Consumer Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

D1. Discharge Date*

Discharge Date: _____ / _____ / _____
MM DD YYYY

D2. Date of last contact with consumer*

Date of last contact with consumer: _____ / _____ / _____
MM DD YYYY

D3. Indication of Planned/Unplanned Discharge*

Was this discharge planned?

- O No
- O Yes

D4. Against Medical Advice*

Was this discharge Against Medical Advice?

- O No
- O Yes

D5. Reason(s) for Discharge*

Reason(s) for discharge (choose all that apply):

- ○ Consumer and provider agree that treatment is complete based upon the individual's current status, service needs, and mutually agreed upon goal attainment
- ○ Consumer or parent/guardian withdrew consumer from care
- ○ Consumer referred to less intensive level of care
- ○ Consumer referred to more intensive level of care
- ○ Consumer referred to another provider providing similar level of services
- ○ Consumer no longer meets medical necessity criteria
- ○ Consumer no longer eligible for services (*no longer has MA/no longer meets uninsured criteria/benefits no longer cover services*)
- ○ Consumer's lack of participation in program
- ○ Program's determination to discontinue services (*because of the consumer's actions, the services are not effective or the program is unable to secure the safety and welfare of the consumer or others*)
- ○ Consumer moved from service area
- ○ Consumer is hospitalized – psychiatric
- ○ Consumer is hospitalized – somatic
- ○ Consumer is in jail or prison
- ○ Consumer deceased
- ○ Discharge reason unknown

D6. Consumer or Child/Adolescent/Caregiver participation:*

- ○ Consumer or child/adolescent/caregiver present or participating by phone – *in addition to this Discharge Information Sheet, you should conduct an OMS interview with the consumer or child/adolescent/caregiver using the appropriate questionnaire (either Adult or Child and Adolescent version).*

- ○ Consumer or child/adolescent/caregiver not present (not participating by phone) – *in addition to this Discharge Information Sheet, you should complete the appropriate OMS Discharge Form (either Adult or Child and Adolescent version).*

CHILD AND ADOLESCENT DISCHARGE FORM – CHILD/ADOLESCENT/CAREGIVER NOT PARTICIPATING (6-17 years)

OUTCOMES MEASUREMENT SYSTEM (OMS)

[Version 2; September 2009]

This form is to be used upon discharge when the child/adolescent/caregiver is neither present nor participating by phone in an OMS interview. A Discharge Information Sheet should also be completed.

Please complete the following OMS form based on your most recent knowledge of the child/adolescent's situation. Answer those items for which you are reasonably sure of the correct answer. Others may be left blank.

An asterisk (*) denotes a question that is mandatory for submission

Child/Adolescent Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: _____ / _____ / _____
MM DD YYYY

Date Form Completed:* _____ / _____ / _____
MM DD YYYY

LIVING SITUATION

1. Where is the child/adolescent living now? *(see OMS Interview Guide for definitions of each option)*

- O Private residence
- O Boarding/rooming house (no supervision provided)
- O Residential Rehabilitation Program (RRP), Group Home/TGH
- O Halfway House
- O School or Dormitory
- O Foster Home
- O Assisted living
- O Skilled nursing facility
- O Residential Treatment Center (RTC) for Children and Adolescents
- O Hospital (inpatient psychiatric including State Hospital)
- O Crisis Residence (Residential Crisis Services)
- O Homeless or Emergency Shelter
- O Jail/Correctional facility/Detention center
- O Other (specify) _____

2. Was the child/adolescent homeless since the last OMS interview date? *(see OMS Interview Guide for definition of "homeless")*

- O No
- O Yes

SCHOOL PERFORMANCE

3. Does the child/adolescent attend school when it is in session, including home schooling?

- O No *(continue to #4)*
- O Yes *(skip to #5)*

4. If the child/adolescent is not in school, what is the reason?

- O Completed school/obtained GED
- O Dropped Out
- O Expelled
- O Other (please specify: _____)

5. Since the last OMS interview date has the child/adolescent had problems with school attendance?

- O No *(skip to #7)*
- O Yes *(continue to #6)*

6. Since the last OMS interview date have the child/adolescent's problems with school attendance increased, stayed the same, or decreased?

- O Increased
- O Stayed the same
- O Decreased

7. Some children and teens get suspended from school. This would include in- and out-of-school suspensions. Since the last OMS interview date has the child/adolescent had...

- O No suspensions
- O Increased suspensions
- O The same number of suspensions
- O Decreased suspensions

8. Since the last OMS interview date has the child/adolescent been expelled from school?

- O No
- O Yes

LEGAL SYSTEM INVOLVEMENT

9. Since the last OMS interview date has the child/adolescent been arrested?

- O No
- O Yes

10. Some people have had a negative encounter with the police, such as being arrested or hassled by police. Since the last OMS interview date has the child/adolescent had...

- O No negative encounters with police
- O Increased negative encounters
- O The same amount of negative encounters
- O Decreased negative encounters

SOMATIC HEALTH

11. Does the child/adolescent smoke cigarettes?

- O No
- O Yes

DEMOGRAPHIC INFORMATION

12. How long has the child/adolescent been receiving services from this clinic?*

- O Intake
- O Less than one year
- O One year to three years
- O Greater than three years

ADULT DISCHARGE FORM – CONSUMER NOT PARTICIPATING
(18 -64 years)

OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 2; September 2009]

This form is to be used upon discharge when the consumer is neither present nor participating by phone in an OMS interview. A Discharge Information Sheet should also be completed.

Please complete the following OMS form based on your most recent knowledge of the consumer's situation. Answer those items for which you are reasonably sure of the correct answer. Others may be left blank.

An asterisk (*) denotes a question that is mandatory for submission

Consumer Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: _____ / _____ / _____
MM DD YYYY

Date Form Completed:* _____ / _____ / _____
MM DD YYYY

LIVING SITUATION

1. Where is the consumer living now? *(see OMS Interview Guide for definitions of each option)*

- O Private residence
- O Boarding/rooming house (no supervision provided)
- O Residential Rehabilitation Program (RRP), Group Home/TGH
- O Halfway House
- O School or Dormitory
- O Foster Home
- O Assisted living
- O Skilled nursing facility
- O Residential Treatment Center (RTC) for Children and Adolescents
- O Hospital (inpatient psychiatric including State Hospital)
- O Crisis Residence (Residential Crisis Services)
- O Homeless or Emergency Shelter
- O Jail/Correctional facility/Detention center
- O Other (specify) _____

2. Was the consumer homeless since the last OMS interview date? *(see OMS Interview Guide for definition of "homeless")*

- O No
- O Yes

LEGAL SYSTEM INVOLVEMENT

3. Since the last OMS interview date, was the consumer arrested?

- O No
- O Yes

4. Since the last OMS interview date, was the consumer in either jail or prison?

- O No
- O Yes

5. Some people have had a negative encounter with the police, such as being arrested or hassled by police. Since the last OMS interview date, has the consumer had...

- O No negative encounters with police
- O Increased negative encounters
- O The same amount of negative encounters
- O Decreased negative encounters

EMPLOYMENT

6. Is the consumer currently employed? *(see OMS Interview Guide for definition of "employment")*

- O No *(continue to #7)*
- O Yes *(skip to #9)*

7. Is the consumer actively looking for work by doing things like filling out applications, or answering ads?

- O No
- O Yes

8. Has the consumer been employed since the last OMS interview date?

- O No *(skip to #10)*
- O Yes *(continue to #9)*

If the consumer held more than one job (since last interview date/in the past six months), please answer the following item in terms of the most recent job.

9. (Is/Was) the consumer's job competitive employment or sheltered workshop or agency employment? *(see OMS Interview Guide for definition of "competitive" and "sheltered" employment)*

- O Competitive employment (a job available to anyone regardless of whether he/she has a disability)
- O Sheltered workshop or agency employment (a job only available to someone with a disability)

SOMATIC HEALTH

10. Does the consumer smoke cigarettes?

- O No
- O Yes

DEMOGRAPHIC INFORMATION

11. How long has the consumer been receiving services from this clinic?*

- O Intake
- O Less than one year
- O One year to three years
- O Greater than three years

DEFINITIONS FOR OMS QUESTIONNAIRES AND FORMS

This document includes definitions or clarifications for specific items in the following OMS forms:

- Child and Adolescent OMS Questionnaire
- Adult OMS Questionnaire
- Child and Adolescent OMS Discharge Form – Child/Adolescent/Caregiver Not Participating
- Adult OMS Discharge Form – Consumer Not Participating

Child and Adolescent OMS Questionnaire Definitions

Definitions/clarifications are provided for the following:

Q1. Living situation (definition for each option)

Q2. Homelessness

Q25-31. Instructions for Questions #25-31

Q25. I am able to handle daily life.

Q26. I get along with family members.

Q29. I am able to cope when things go wrong.

Q30. I am satisfied with our family life right now.

Q55. Employment

Q1. Living situation (list continued on next page)

Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).

Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.

Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.

Halfway House: "Halfway house" is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a "halfway house." If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the "Residential Rehabilitation Program (RRP), Group Home/TGH" answer option listed above.

School or Dormitory: accommodated living space provided on school grounds.

Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.

Skilled Nursing Facility: facility with 24 hour nursing services.

Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
b. An agency 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).

Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.

Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

Q2. Homelessness

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
b. An agency 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).

Q25-31. Instructions for Questions #25-31

If respondent has difficulty understanding "strongly agree" vs. "agree," you can explain it that it is like "REALLY agree" and "agree."

Q25. I am able to handle daily life.

To "handle" something means you can deal with it.

Q26. I get along with family members.

"Family" is whomever the child considers to be family, even if the person is not biologically related.

Q29. I am able to cope when things go wrong
To "cope" with something means you can deal with it when things go wrong.

Q30. I am satisfied with our family life right now.
To be "satisfied" with something means you're okay with it.

Q55. Employment
Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., babysitting, paper route, etc.).

Adult OMS Questionnaire Definitions

Definitions/clarifications are provided for the following:

Q1. Living situation (one box including definition for all options)

Q3. Homelessness

Q4. Overall, how satisfied are you with your recovery?

#5-9. Instructions for Questions #5-9

Q9. My symptoms bother me.

Q37. Employment

Q40. Type of employment

Q1. Living situation (list continued on next page)

Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).

Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.

Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.

Halfway House: "Halfway house" is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a "halfway house." If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the "Residential Rehabilitation Program (RRP), Group Home/TGH" answer option listed above.

School or Dormitory: accommodated living space provided on school grounds.

Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.

Skilled Nursing Facility: facility with 24 hour nursing services.

Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
b. An agency 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).

Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.

Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

Q3. Homelessness

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
b. An agency 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).

Q4. Overall, how satisfied are you with your recovery?

Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential. *[National Consensus Statement on Mental Health Recovery; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration,2004]*

Q5-9. Instructions for Questions #5-9

If respondent has difficulty understanding "strongly agree" vs. "agree," you can explain it that it is like "REALLY agree" and "agree

Q9. My symptoms bother me.
"Symptoms" are feelings or problems, like being sad or nervous or seeing or hearing things that other people don't.

Q37. Employment
Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., landscaping, babysitting, etc.).

Q. 40. Type of employment
Competitive employment is a job available to anyone, regardless of whether or not he/she has a disability. Additionally, within the job:

- an individual should have contact with non-disabled individuals to the same extent that anyone else in their job has or would be expected to have.
- individuals with mental illness should make at least minimum wage and be paid what non-disabled individuals with similar jobs are paid
- mental health service providers who provide mental health services to the consumers working for them are not considered to be providing competitive employment

Sheltered Workshop or Agency employment – is a job only available to someone with a disability. It includes:

- a person working for the program from which they receive services (such as working in a custodial service in their PRP)
- situations in which the mental health agency is contracting with a business to provide employees.

Child and Adolescent OMS Discharge Form – Child/Adolescent/Caregiver Not Participating Definitions

Definitions/clarifications are provided for the following:

Q1. Living situation (definition for each option)

Q2. Homelessness

Q1. Living situation (list continued on next page)

Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).

Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.

Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.

Halfway House: "Halfway house" is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a "halfway house." If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the "Residential Rehabilitation Program (RRP), Group Home/TGH" answer option listed above.

School or Dormitory: accommodated living space provided on school grounds.

Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.

Skilled Nursing Facility: facility with 24 hour nursing services.

Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
b. An agency 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).

Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.

Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

Q2. Homelessness

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
b. An agency 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).

Adult OMS Discharge Form – Consumer Not Participating Definitions

Definitions/clarifications are provided for the following:

Q1. Living situation (one box including definition for all options)

Q2. Homelessness

Q6. Employment

Q9. Type of employment

Q1. Living situation (list continued on next page)

Private residence: a house, apartment, trailer, hotel, barrack, and or Single Room Occupancy (SRO).

Boarding/rooming house (no supervision provided): meals may or may not be included; supervision is not provided.

Residential Rehabilitation Program (RRP), Group Home/TGH: actual residences/homes run by psychiatric rehabilitation programs or other agencies where services are provided in the home by the agency that owns or leases the property. This includes Therapeutic Group Homes (TGH). Do not include supported living services provided by a psychiatric rehabilitation program if the agency does not actually provide (own/rent/etc.) the residence.

Halfway House: "Halfway house" is a term often used to describe a community residence for persons with substance abuse problems. Use this answer option if the respondent indicates he/she lives in a "halfway house." If unsure whether the person lives in a halfway house or other type of residential rehabilitation program (RRP), group home, or therapeutic group home, please endorse the "Residential Rehabilitation Program (RRP), Group Home/TGH" answer option listed above.

School or Dormitory: accommodated living space provided on school grounds.

Foster Home: a home licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes Therapeutic Foster Care for children and adolescents and Project Home for adults.

Assisted living: a living situation in which meals and supervision are included. Nursing services are included, but less than 24 hours/day.

Skilled Nursing Facility: facility with 24 hour nursing services.

Residential Treatment Center (RTC) for Children and Adolescents: provide treatment, residential, and educational services to seriously emotionally disturbed children and youth. It is not licensed as a psychiatric hospital.

Hospital (inpatient psychiatric including State Hospital): use this category if an individual is in an inpatient psychiatric hospital, including State, acute psychiatric units in general hospitals, and private hospitals. Care is provided on a 24 hour, 7 day a week basis. Do not include if the person is living in a hospital for other medical reasons.

Crisis Residence (Residential Crisis Services): are residential (24 hours/day) stabilization programs that deliver services for acute symptom reduction and restore clients to a pre-crisis level of functioning. These programs are time limited for persons until they achieve stabilization.

Homeless or Emergency shelter: a person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
b. An agency 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).

Jail/Correctional facility/Detention center: refers to a jail or correctional facility (care may be provided on a 24 hour, 7 day a week basis). This may include a jail, correctional facility, prison, youth authority facility, juvenile hall, boot camp, or boys ranch.

Other (specify): if none of the other categories seem to fit, endorse this answer and record a description of the situation in the space provided.

Q2. Homelessness

A person is considered homeless if he/she lacks a fixed, regular and adequate nighttime residence and/or his/her primary nighttime residency is:

a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations, or
b. An agency 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).

Q6. Employment

Employment refers to working for pay and includes competitive employment, non-competitive employment, full and part-time work, and odd jobs performed on a regular basis (e.g., landscaping, babysitting, etc.).

Q. 9. Type of employment

Competitive employment is a job available to anyone, regardless of whether or not he/she has a disability. Additionally, within the job:

- an individual should have contact with non-disabled individuals to the same extent that anyone else in their job has or would be expected to have.
- individuals with mental illness should make at least minimum wage and be paid what non-disabled individuals with similar jobs are paid
- mental health service providers who provide mental health services to the consumers working for them are not considered to be providing competitive employment

Sheltered Workshop or Agency employment – is a job only available to someone with a disability. It includes:

- a person working for the program from which they receive services (such as working in a custodial service in their PRP)
- situations in which the mental health agency is contracting with a business to provide employees.

ADULT QUESTIONNAIRE (18-64 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 2; September 2009]

Consumer Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: _____ / _____ / _____
MM DD YYYY

Date of Current Interview:* _____ / _____ / _____
MM DD YYYY

INTERVIEWER: Throughout the questionnaire, you will see the following text as part of several questions "(since last interview date/in the past six months)." When this appears, you should read the question as follows:

If this is the consumer's initial OMS interview in your program: read the question with the phrase "in the past six months" as the reference period. For example, *"Have you been homeless at all in the past six months?"*

If this is NOT the consumer's initial OMS interview: say the actual previous OMS interview date when reading the question. For example, *"Have you been homeless at all since October 15th?"*

*A companion **OMS Interview Guide** for this questionnaire is available at **www.maryland.valueoptions.com**. Included in the Guide are instructions for administering the questionnaire and definitions for several terms as noted within this questionnaire.*

The symbol (Ψ) denotes a consumer opinion only question (discussion may occur but consumer's/caregiver's initial response should be recorded; see OMS Interview Guide for further explanation).

An asterisk (*) denotes a question that is mandatory for submission.

I'm going to ask you some questions today about different areas of your life, such as your living situation and daily activities.

LIVING SITUATION

1. Where are you living now?* *(see OMS Interview Guide for definitions of each option)*

- O Private residence
- O Boarding/rooming house (no supervision provided)
- O Residential Rehabilitation Program (RRP), Group Home/TGH
- O Halfway House
- O School or Dormitory
- O Foster Home
- O Assisted living
- O Skilled nursing facility
- O Residential Treatment Center (RTC) for Children and Adolescents
- O Hospital (inpatient psychiatric including State Hospital)
- O Crisis Residence (Residential Crisis Services)
- O Homeless or Emergency Shelter
- O Jail/Correctional facility/Detention center
- O Other (specify) _____

2. In general, how satisfied are you with where you currently live? Ψ
(INTERVIEWER: Read the following answer options to the consumer)

- O Very satisfied (like a lot)
- O Somewhat satisfied (like a little)
- O Not satisfied or dissatisfied (just okay)
- O Somewhat dissatisfied (dislike a little)
- O Very dissatisfied (dislike a lot)

3. Have you been homeless at all (since last interview date/in the past six months)? *(see OMS Interview Guide for definition of "homeless")*

- O No
- O Yes

FUNCTIONING AND SYMPTOMS

4. Overall, how satisfied are you with your recovery? Ψ *(description of "recovery" in italics below)*

(INTERVIEWER: Read the following answer options to the consumer)

- O Very satisfied (like a lot)
- O Somewhat satisfied (like a little)
- O Neutral (just okay)
- O Somewhat dissatisfied (dislike a little)
- O Very dissatisfied (dislike a lot)

["Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential." (National Consensus Statement on Mental Health Recovery; U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, 2004)]

Now, I am going to read a series of statements. For each of these statements, please indicate whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with these statements. *(see OMS Interview Guide for definition of response options)*

[CARD #1 with response options]

Please note that Questions 5-9 are all Ψ (Consumer Opinion Only)	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
5. I do things that are meaningful to me.					
6. I am able to take care of my needs.					
7. I am able to handle things when they go wrong.					
8. I am able to do things that I want to do.					
9. My symptoms bother me. *(see OMS Interview Guide for definition of "symptoms")*					

For the next several questions, please tell me your answer based on the past MONTH.

INTERVIEWER: (do not read aloud) For items 10-33, you must either show the designated Response Card, give the consumer a copy of the questionnaire to follow along, or read all of the response options for each question to the consumer. *(Questionnaire Items 10-33 comprise the BASIS-24; ©McLean Hospital. Used and modified with permission.)*

During the PAST MONTH, how much difficulty did you have...

10. Managing your day-to-day life? Ψ [CARD #2 with response options]

- ○ No difficulty
- ○ A little difficulty
- ○ Moderate difficulty
- ○ Quite a bit of difficulty
- ○ Extreme difficulty

11. Coping with problems in your life? Ψ [CARD #2]

- ○ No difficulty
- ○ A little difficulty
- ○ Moderate difficulty
- ○ Quite a bit of difficulty
- ○ Extreme difficulty

12. Concentrating? Ψ [CARD #2]

- ○ No difficulty
- ○ A little difficulty
- ○ Moderate difficulty
- ○ Quite a bit of difficulty
- ○ Extreme difficulty

During the PAST MONTH, how much of the time did you...

13. Get along with people in your family? Ψ [CARD #3 with response options]

- ○ None of the time
- ○ A little of the time
- ○ Half of the time
- ○ Most of the time
- ○ All of the time

14. Get along with people outside your family? Ψ [CARD #3]

- ○ None of the time
- ○ A little of the time
- ○ Half of the time
- ○ Most of the time
- ○ All of the time

15. Get along well in social situations? Ψ [CARD #3]

- ○ None of the time
- ○ A little of the time
- ○ Half of the time
- ○ Most of the time
- ○ All of the time

16. Feel close to another person? Ψ [CARD #3]

- ○ None of the time
- ○ A little of the time
- ○ Half of the time
- ○ Most of the time
- ○ All of the time

During the PAST MONTH, how much of the time did you...

17. Feel like you had someone to turn to if you needed help? Ψ [CARD #3]

- ○ None of the time
- ○ A little of the time
- ○ Half of the time
- ○ Most of the time
- ○ All of the time

18. Feel confident in yourself? Ψ [CARD #3]

- ○ None of the time
- ○ A little of the time
- ○ Half of the time
- ○ Most of the time
- ○ All of the time

CHILD AND ADOLESCENT QUESTIONNAIRE (6-17 years)
OUTCOMES MEASUREMENT SYSTEM (OMS)
[Version 2; September 2009]

Child/Adolescent Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

Previous OMS interview date: _____ / _____ / _____
MM DD YYYY

Date of Current Interview*: _____ / _____ / _____
MM DD YYYY

PRIMARY RESPONDENT DETERMINATION
(person to whom questions are addressed and whose responses are recorded if there is disagreement)
Guidelines (clinician discretion overrides):
Ages 6-11 → Caregiver (use "your child" when reading questions – grammatical adjustments may be needed).
Ages 12-18 → Youth (use "you" when reading questions).

Please indicate below who will be the Primary Respondent for this interview*:
☐ Youth *(1)* *OR* ☐ Caregiver *(2)*

INTERVIEWER: Throughout the questionnaire, you will see the following text as part of several questions "(since last interview date/in the past six months)." When this appears, you should read the question as follows:

If this is the child/adolescent's initial OMS interview in your program: read the question with the phrase "in the past six months" as the reference period. For example, *"Have (you/your child) been homeless at all in the past six months?"*

If this is NOT the child/adolescent's initial OMS interview: say the actual previous OMS interview date when reading the question. For example, *"Have (you/your child) been homeless at all since May 5th?"*

*A companion **OMS Interview Guide** for this questionnaire is available at **www.maryland.valueoptions.com**. Included in the Guide are instructions for administering the questionnaire and definitions for several terms as noted within this questionnaire.*

The symbol (Ψ) denotes a consumer opinion only question (discussion may occur but child's/adolescent's/caregiver's initial response should be recorded; see OMS Interview Guide for further explanation).

An asterisk (*) denotes a question that is mandatory for submission.

I'm going to ask you some questions today about different areas of (your/your child's) life, such as school and other daily activities.

LIVING SITUATION

1. Where are (you/your child) living now?* *(see OMS Interview Guide for definitions of each option)*

- ○ Private residence
- ○ Boarding/rooming house (no supervision provided)
- ○ Residential Rehabilitation Program (RRP), Group Home/TGH
- ○ Halfway House
- ○ School or Dormitory
- ○ Foster Home
- ○ Assisted living
- ○ Skilled nursing facility
- ○ Residential Treatment Center (RTC) for Children and Adolescents
- ○ Hospital (inpatient psychiatric including State Hospital)
- ○ Crisis Residence (Residential Crisis Services)
- ○ Homeless or Emergency Shelter
- ○ Jail/Correctional facility/Detention center
- ○ Other (specify) _____

2. Have (you/your child) been homeless at all (since last interview date/in the past six months)? *(see OMS Interview Guide for definition of "homeless")*

- ○ No
- ○ Yes

PSYCHIATRIC SYMPTOMS[1]

INTERVIEWER: (do not read aloud) Please remember that if the Primary Respondent (PR) is the caregiver, use the wording "your child" as appropriate and make the necessary grammatical adjustments. The (you/your child) wording format is not used in the following two sets of questions on Psychiatric Symptoms and Functioning (#3-31) only due to space limitations.

Next I will ask you to answer questions about (your/your child's) feelings and behaviors. There is no right or wrong answer to any of the questions. Try to answer all of the questions even if you are not totally sure of how (you/your child) feel.

These questions ask about how you have been feeling during the past week. As I read the question to you, let me know how many days in the past week you have been feeling that way. For example, if I ask about feeling silly, you would say "never" if you felt silly no days during the past week, "a few days" if you felt silly 1-2 days during the past week, "about every other day or about half of the time" if you felt silly 3-4 days during the past week, "almost every day" if you felt silly 5-6 days during the past week, and "every day" if you felt that way all week.

In the <u>past week</u>, on how many days ... [CARD #1 with response options]

Please note that Questions 3-24 are all Ψ (Consumer Opinion Only)	**Never (0 days)**	**A few days (1-2 days)**	**About every other day/half of the time (3-4 days)**	**Almost every day (5-6 days)**	**Every day (7 days)**
3. Did you have trouble falling asleep or staying asleep?					
4. Did you feel depressed or sad?					
5. Did you have trouble relaxing?					
6. Were you nervous, uptight, or worried?					
7. Did you worry about your safety?					
8. Were you irritable or grouchy?					
9. Did you cry a lot?					
10. Were you afraid of things?					
11. Did you feel like you had no energy?					
12. Did you want to be by yourself instead of with others?					
13. Were you happy one minute and then sad or angry the next minute?					
14. Did you have stomachaches, headaches, or other aches and pains?					
15. Did you think or worry about bad things that you have seen or have happened to you?					
16. Did you want to hurt yourself?					
17. Did you want to hurt someone else?					
18. Did you have a hard time paying attention?					
19. Were you angry?					
20. Did you have a hard time sitting still?					
21. Were you mean, threatening or bullying to others?					
22. Did you get in arguments or fights?					
23. Did you have trouble following rules?					
24. Were you bothered by any of these feelings?					

[1] Items developed by Dr. Laurel Kiser; © Univ. of Maryland, Baltimore 2005

FUNCTIONING AND SOCIAL CONNECTEDNESS

Now I am going to read a series of statements. For each of these statements, please indicate whether (you/your child) strongly agree, agree, are undecided, disagree or strongly disagree. *[if Primary Respondent is a caregiver, read questions as "your child"]*

[see OMS Interview Guide for definitions of response options and "handle" (#25), "family" (#26),"cope" (#29), and "satisfied" (#30)]

[CARD #2 with response options]

Please note that Questions 25-31 are all Ψ (Consumer Opinion Only)	**Strongly Agree**	**Agree**	**Undecided**	**Disagree**	**Strongly Disagree**
25. I am able to handle daily life.					
26. I get along with family members.					
27. I get along with friends and other people.					
28. I am doing well in school and/or work.					
29. I am able to cope when things go wrong.					
30. I am satisfied with our family life right now.					
31. I am able to do things I want to do (and am allowed to do).					

INTERVIEWER: (do not read aloud) Questions 32-35 are asked ONLY of the caregiver. If the caregiver is not present, endorse "Not applicable" (NA) for each item and continue on in the questionnaire.

For the next statements that I am going to read, please answer for relationships with persons other than your child's mental health provider(s). [CARD #2]

Please note that Questions 32-35 are all Ψ (Consumer Opinion Only)	**Strongly Agree**	**Agree**	**Undecided**	**Disagree**	**Strongly Disagree**	**NA**
32. I know people who will listen and understand me when I need to talk.						
33. I have people that I am comfortable talking with about my child's problems						
34. In a crisis, I would have the support I need from family or friends.						
35. I have people with whom I can do enjoyable things.						

SCHOOL PERFORMANCE

Next let's talk about school.

36. Do (you/your child) attend school when it is in session, including home schooling?

- ○ No *(continue to #37)*
- ○ Yes *(skip to #38)*

37. If (you/your child) are not in school, what is the reason?

- ○ Completed school/obtained GED
- ○ Dropped Out
- ○ Expelled
- ○ Other (please specify: _____)

38. (Since last interview date/in the past six months) have (you/your child) had problems with school attendance?*

- ○ No *(skip to #40)*
- ○ Yes *(continue to #39)*

39. (Since last interview date/in the past six months) would you say (your/your child's) problems with school attendance have increased, stayed the same, or decreased?*

- ○ Increased
- ○ Stayed the same
- ○ Decreased

40. Some children and teens get suspended from school. This would include in- and out-of-school suspensions. (Since last interview date/in the past six months) would you say (you/your child) have had...*

(INTERVIEWER: Read the following answer options to the respondent)

- ○ No suspensions
- ○ Increased suspensions
- ○ The same number of suspensions
- ○ Decreased suspensions

41. (Since last interview date/in the past six months) were (you/your child) expelled from school?*

- ○ No
- ○ Yes

LEGAL SYSTEM INVOLVEMENT

42. (Since last interview date/in the past six months) have (you/your child) been arrested?*

- ○ No
- ○ Yes

43. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview date/in the past six months), would you say (you/your child) have had...

(INTERVIEWER: Read the following answer options to the respondent)

- ○ No negative encounters with police
- ○ Increased negative encounters
- ○ The same amount of negative encounters
- ○ Decreased negative encounters

SOMATIC HEALTH

44. Do (you/your child) smoke cigarettes?

- ○ No *(skip to #46)*
- ○ Yes *(continue to #45)*

45. How many cigarettes do (you/your child) smoke per day? *[one pack = 20 cigarettes]*

- ○ Do not smoke every day
- ○ 1-10
- ○ 11-20
- ○ 21-30
- ○ 30+

46. Would you say in general (your/your child's) health is... Ψ

(INTERVIEWER: Read the following answer options to the respondent)

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

INTERVIEWER: (do not read aloud) Is the caregiver present for any of the following questions (#47-#56)?

☐ Yes ☐ No

47. Earlier, you said (you/your child) were living at _____ (refer to Question #1). How good or bad is it for (you/your child) living at (current environment)? Ψ
(INTERVIEWER: Read the following answer options to the respondent)

- O Great
- O Good
- O OK
- O Bad
- O Terrible

INTERVIEWER: (do not read aloud) Is child/adolescent 12 years or older?

☐ Yes *(continue to #48)*

☐ No *(skip to #57)*

48. Please tell me whether you strongly agree, agree, feel neutral (neither agree nor disagree), disagree, or strongly disagree with the following statement:

"I am hopeful about my future" Ψ

- O Strongly agree (REALLY agree)
- O Agree
- O Neutral (neither agree nor disagree)
- O Disagree
- O Strongly.Disagree (REALLY disagree)

ALCOHOL AND SUBSTANCE USE [2]

Please tell me if you have had any of the following happen to you (since last interview date/in the past six months)...

Please note that Questions 49-54 are all Ψ (Consumer Opinion Only)	No	Yes
49. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?		
50. Did you use alcohol or drugs to relax, feel better about yourself, or fit in?		
51. Did you use alcohol or drugs while you were by yourself (alone)?		
52. Did you forget things you did while using alcohol or drugs?		
53. Did your family or friends tell you that you should cut down on your drinking or drug use?		
54. Have you gotten into trouble while you were using alcohol or drugs?		

[2] CRAFFT Substance Abuse Screening Test, 1999.

EMPLOYMENT

55. Do you currently work? *(see OMS Interview Guide for definition of "employment")*

- ○ No *(continue to #56)*
- ○ Yes *(skip to #57)*

56. Have you been employed (since last interview date/in the past six months)?

- ○ No
- ○ Yes

DEMOGRAPHIC AND INTERVIEW INFORMATION

57. How long has the child/adolescent been receiving services from this clinic?*

- ○ Intake
- ○ Less than one year
- ○ One year to three years
- ○ Greater than three years

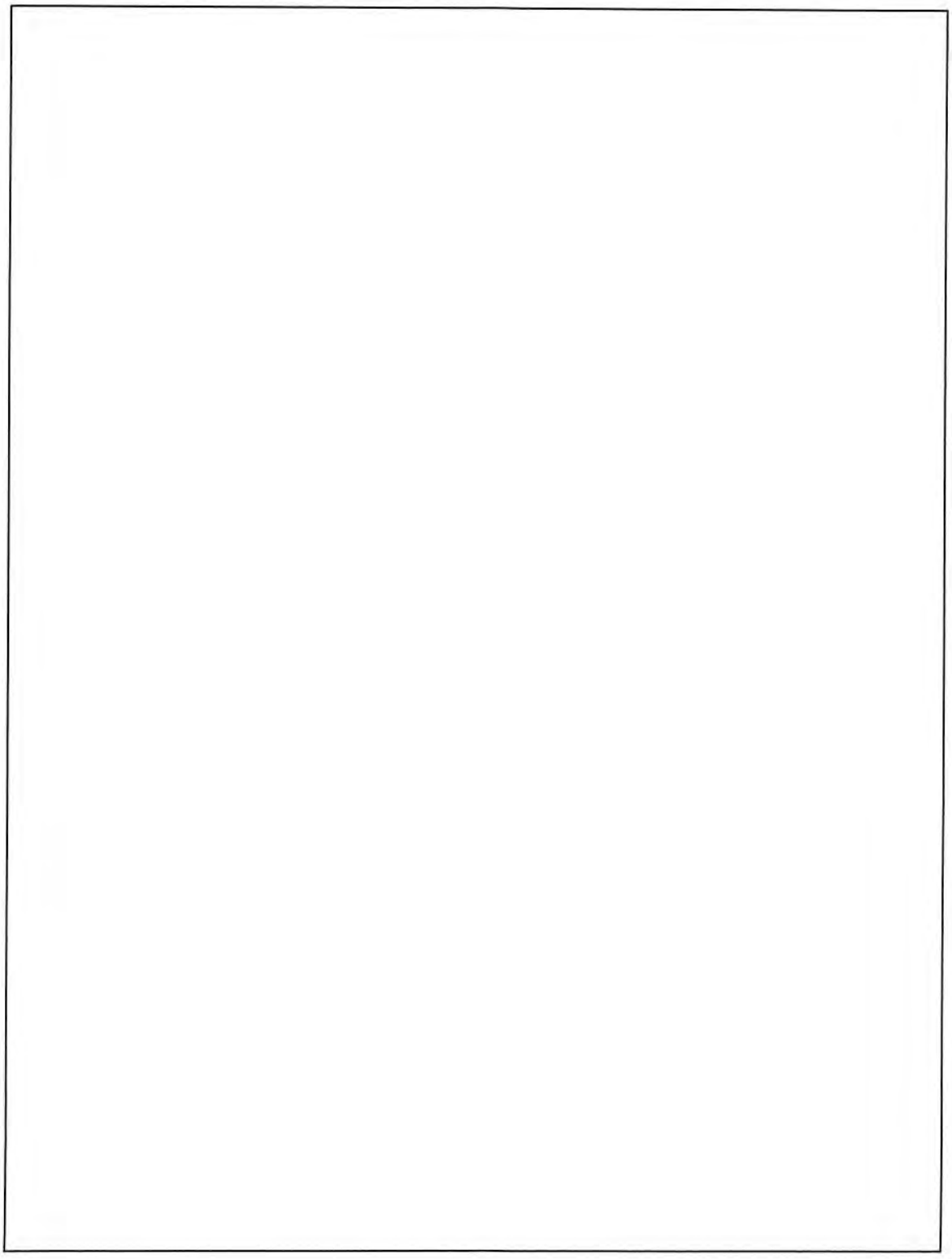
58. Child/adolescent/caregiver involvement in interview:*

- ○ Child/adolescent only participated
- ○ Child/adolescent and caregiver(s) participated
- ○ Caregiver only participated
- ○ Child/adolescent/caregiver did not answer all/most items

59. Please indicate the relationship of the caregiver(s) participating in the interview to the child or adolescent receiving services. (check all that apply):

- ○ Not Applicable – no caregiver participated in interview
- ○ One parent
- ○ Two parents
- ○ Other relative(s). Please specify: _____
- ○ Foster care parent
- ○ Legal guardian
- ○ DSS Worker
- ○ Service provider staff
- ○ Other. Please specify: _____

Clinician's Notes (Optional)



PRTF AUDIT TOOL

PRTF NAME:	
AUDIT DATE:	
AUDITOR INITIALS:	
MEMBER NAME:	
MEDICAID ID#:	
MEMBER'S ADMISSION DATE:	

Connecticut BHP
Supporting Health and Recovery

1. PRESENTING PROBLEM:	MISSING DOCUMENTATION	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	NOTES/COMMENTS
A. IMPLEMENTATION OF UNIVERSAL REFERRAL FORM: The member's clinical record includes a copy of the universal referral form submitted by the referring provider.				
B. BIOPSYCHOSOCIAL ASSESSMENT: The member's clinical record includes a comprehensive biopsychosocial assessment addressing topics such as the presenting problem, treatment history, current medications, substance use, natural supports, diagnosis, and treatment goals.				
C. CLINICAL CASE FORMULATION: There is evidence in the member's record that clinical information has been gathered and formulated to provide rationale as to why PRTF is the most appropriate level of care at this particular time for this particular member.				
D. CLINICAL RECORD: The member's clinical record is organized and documentation is up to date.				

2. TREATMENT PLANNING:	MISSING DOCUMENTATION	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	NOTES/COMMENTS
A. ELEMENTS OF FOCAL TREATMENT PLAN: The following elements of the Focal Treatment Plan are documented: 1. The Focal Treatment Need (or Main Problem) and Goal 2. A list of contributing factors to the Focal Treatment Need 3. Selection of the most relevant contributing factors as targets for intervention 4. Specified interventions that match these intervenable factors and frequency of these interventions is documented 5. Consideration of the future environment in which the member is expected to function				
B. KEY STAKEHOLDERS: There is evidence that key stakeholders have been involved in developing the member's Focal Treatment Plan and are in agreement with this plan.				
C. TREATMENT PLAN UPDATES: There is evidence that the member's Focal Treatment Plan is reviewed and updated on a timely basis.				
D. ROUNDS: There is evidence that the member's Focal Treatment Plan and progress has been discussed in rounds with the attending physician.				
E. INDIVIDUALIZED COMMUNICATION PLAN: There is an Individualized Communication Plan with the member's family and there is documentation that PRTF is following this plan.				

3. TREATMENT PROVIDED:	MISSING DOCUMENTATION	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	NOTES/COMMENTS
A. THERAPEUTIC TREATMENT: There is evidence that the treatment provided and interventions support and address the identified focal issues. The member's mental status is assessed regularly and changes are documented.				
B. FREQUENCY OF TREATMENT: There is evidence of regularly scheduled and attended sessions (individual, group, medication management, etc.). In the case a member misses a session, there is documentation why the session was not attended. Also, the frequency of sessions reflects the clinical needs of the member.				
C. CONSISTENCY OF TREATMENT: There is evidence of consistency of clinicians and prescribers throughout the course of the member's treatment. If there is a change, there is documentation regarding the change and how it is impacting treatment.				
D. MEDICATION MANAGEMENT: There is evidence that medication consultation and adjustments are timely and appropriate. The symptoms that the medications are targeting are documented and the member's response to medications are identified. There is also documentation of informed consent.				
E. FAMILY INVOLVEMENT: There is evidence of family involvement. There is documentation of family sessions, the frequency of family sessions, and the frequency of family visits.				

F. COLLAB[illegible]TIVE CARE: There is evidence that PRTF has collaborated with member's OP Treatment Providers, if applicable.				
G. INTERACTION WITHIN THE MILIEU: There is evidence that the PRTF is regularly assessing how the member interacts within the milieu and how member keeps self engaged during unstructured time.				
H. EFFECTIVENESS OF TREATMENT: There is evidence of on-going evaluation of the effectiveness of the treatment provided.				
I. MONITORING PROGRESS: There is evidence that PRTF is monitoring the member's progress toward goals in order to effectuate a successful and timely discharge. There is also evidence that PRTF is working to eliminate discharge barriers.				

4. RISK EVENTS:	MISSING DOCUMENTATION	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	NOTES/COMMENTS
A. INDIVIDUALIZED SAFETY PLAN: There is evidence that a individualized safety plan has been developed for the member addressing triggers, interventions, and any changes to the plan following an episode where intervention was required.				
B. USE OF RESTRAINTS AND SECLUSION: There is documentation supporting the need to utilize restraints or seclusion. There is evidence that safety protocols were followed and that PRTF was in compliance with regulations. There is also evidence that a debriefing was held following the episode.				
C. SUBSTANCE USE: There is evidence that PRTF assesses for substance use when indicated.				
D. NOTIFICATION: There is evidence that appropriate parties were notified of risk events.				

5. DISCHARGE PLANNING:	MISSING DOCUMENTATION	PARTIALLY MEETS REQUIREMENTS	MEETS REQUIREMENTS	NOTES/COMMENTS
A. BARRIERS: Barriers to discharge are identified and there is evidence of PRTF actively addressing barrier to effectuate timely discharge.				
B. FAMILY AND/OR DCF INVOLVEMENT: There is evidence that the member's family and/or DCF is involved and in agreement with the discharge plan.				
C. APPROPRIATENESS: The discharge plan is appropriate and realistic.				
D. HOUSING AND TREATMENT PROVIDERS: The discharge plan addresses where the member will reside at the time of discharge and identifies where member will be linked for follow-up services at time of discharge.				
E. CRISIS PLAN: A comprehensive crisis plan has been developed and appropriately addresses the member's needs at time of discharge.				
TOTALS				
PARTIALLY MEETS REQUIREMENT:	**0**			
MEETS REQUIREMENT:	**0**			

RECOMMENDATIONS

1. PRESENTING PROBLEM

A. AREAS OF STRENGTH:

B. OPPORTUNITIES FOR IMPROVEMENT:

2. TREATMENT PLANNING

A. AREAS OF STRENGTH:

B. OPPORTUNITIES FOR IMPROVEMENT:

3. TREATMENT PROVIDED:

A. AREAS OF STRENGTH:

B. OPPORTUNITIES FOR IMPROVEMENT:

4. RISK EVENTS:

A. AREAS OF STRENGTH:

B. OPPORTUNITIES FOR IMPROVEMENT:

5. DISCHARGE PLANNING:

A. AREAS OF STRENGTH:

B. OPPORTUNITIES FOR IMPROVEMENT:

SAMPLE PUBLIC SECTOR PROVIDER FORUMS AND CONFERENCES

- A Practical Approach to Engaging Adolescents in Their Own Healthcare: Techniques and Tips
- ADHD: An Overview of Diagnosis and Treatment
- Behavioral Health and Developmental Disabilities
- Certified Family or Peer Specialist Training
- Combining Antipsychotic Therapy for Medicaid Consumers
- Community, Grassroots and Faith Based Capacity Building for Sustainability
- Culturally Competency Care
- Depression and Anxiety in the Elderly and Medically Ill: New Data, New Concepts, New Tools, New Models
- Diversity
- Focal Treatment Planning—focal treatment planning as it relates to level of care determination, empowerment of families and individual care planning teams, transparency in the informed consent process, and consistency with a transactional-ecological theory of causality.
- Gender Responsive Training
- Illicit Drug Abuse Trends
- Indian Health Services
- Mental Health Evidence Based Practices Conference
- Multisystemic Therapy – Problem Sexual Behaviors
- Perinatal Depression Training—symptoms and techniques to screen for depression
- Prevention and Treatment of Gambling Addiction
- Refugee Mental Health Training
- Systems of Care
- Telehealth Billing and Claims
- Treatment Record Review and Training
- Wraparound Training

SAMPLE PUBLIC SECTOR PROVIDER WEBINAR TRAINING TOPICS

- ADHD: An Overview of Diagnosis and Treatment
- Administrative Self Service Initiatives, Claims, Clinical Overview
- Administratively Yours
- Assessing, Referring and Treating Dual Pain and Addiction Disorders
- Case Management Outcome Initiative Project
- Credentialing Models
- Depression and Anxiety in the Elderly and Medically Ill: New Data, New Concepts, New Tools, New Models
- Essential Learning Orientation for Outpatient Clinics - Initial Set up and Enrolling Users
- Giving Value Back to the Provider
- Improving Outcomes in Opiate Addiction in the Outpatient Setting
- Introduction to OnTrack Outcomes Provider Webinar
- Outpatient Services — Federal Mental Health Parity (FMHP) Outpatient Outlier Model Refresher
- Outpatient Services – Revised Clinical Administrative Processes under Federal Mental Health Parity (FMHP)
- Something for Everyone
- Using Client Feedback to Build a Strong Therapeutic Relationship

- ValueOptions Continues to Go Green Electronic Authorization Letters and ProviderConnect Demo
- ValueOptions is Going Green: An Introduction to PaySpan Health and ProviderConnect Provider Webinar

PROVIDER TRAINING CUSTOMIZED FOR STATE AGENCIES

ValueOptions of Arkansas Provider Training Topics

- Acute Inpatient Services for Under 21: Arkansas Medicaid Regulations and Documentation
- Acute Inpatient Services for Under 21: Documenting to Acuity
- An Administrative and Clinical Overview for the Arkansas Provider Community
- Arkansas Medicaid RSPMI Regulations: Treatment Planning and Service Definitions
- Arkansas System of Care and ValueOptions' Care Coordination
- Collateral Services: Professional and Paraprofessional
- Differentiating Between Mental Retardation, Developmental Disabilities, and Mental Illness
- Emergency Services: Regulations and Documentation Requirements
- Family Involvement in Treatment
- Getting Connected Training with School Based Mental Health (SBMH) Providers
- Getting Connected with ValueOptions
- Helpful Services for Your Clients
- Inpatient Psychiatric Services for Under 21: Arkansas Medicaid Regulations and Documentation
- Intervention Services and Documentation (Mental Health Intervention vs Case Management)
- Mental Health Intervention vs Case Management and Paraprofessional Documentation
- Outpatient Audit Process
- Outpatient Treatment Planning
- Paraprofessional Services: Documentation and Regulations
- Physician Documentation
- Prior Authorizations and ValueOptions ProviderConnect
- Professional Services: Documentation and Regulations
- Psychiatric Diagnostic Assessment
- Rehab Day Services: Documentation and Regulations
- Renegotiation and Reconsideration
- RSPMI Documentation for Professionals and Paraprofessionals
- RSPMI Services for Young Children
- RSPMI Standards For Treatment Plans and Evaluations
- The Arkansas Audit Trail: Inpatient On-Site Inspections of Care
- The Arkansas Audit Trail: Outpatient On-Site Inspections of Care
- Treating Sexual Offenders
- Treatment Goals and Measurable Objectives
- Treatment Planning And Updating Treatment Plans
- Treatment Resistant Patients

Colorado Medicaid Community MH Services Program Provider Training Topics

- Accessing Medicaid Mental Health Services
- Colorado Medicaid Community Mental Health Services Program: New Program Information (Webinar and Face to Face forums)
- Medicaid Member Rights and Responsibility Training

- Parent Advocate Training
- Provider Compliance Training

Connecticut Behavioral Health Partnership Provider Training Topics

- Authorizations and Billing for CT BHP Individual Practitioners
- CT BHP Provider Forums
- CT BHP Web Registration/Re-Registration
- DCF CANS Web Registration Refresher
- Focal Treatment Planning – John Swanson, M.D.
- GAIN-Short Screener (GAIN-SS) - Train-the-Trainer workshop for Enhanced Care Clinic provider staff
- Implementation Kick Off meeting
- Medicaid Audit Overview
- Medication Reconciliation – Steven Kant, MD
- Pediatric Hospital Performance Initiative: Utilizing Wraparound Principles for Enhanced Discharge Planning
- Peer Support Program – Deborah Gannon
- Perinatal Depression Training, Kimberly Ann Yonkers, M.D. and Heather B. Howell, MSW, LCSW from the Yale University School of Medicine.
- Provider Analysis and Reporting Initiative (P.A.R.) – Clark Hansen
- ProviderConnect – Home Health Registered Services Training
- ProviderConnect OOS Resi Bed-Tracking and MTPPR
- ProviderConnect Training Adult Group Home Bed- Tracking
- ProviderConnect Web Registration Training -- Home Health Agencies
- ProviderConnect Web Registration Training -- Intensive outpatient and outpatient services

ValueOptions Illinois Mental Health Collaborative for Access and Choice

- Evidence Based Practices Annual Conference and Workshops: From Vision to Action Evidence Based Practices in Illinois
- Illinois Level of Care Utilization System (LOCUS) Training
- Individual Care Grant Program Training
- Inter-Rater Reliability Exercise for Reviewers
- Monthly ACT/CST Monthly Meeting
- Monthly Clinical/Utilization Management Technical Assistance Webinars
- Monthly Provider Technical Assistance Calls
- PayFormance Illinois
- Provider Reporting: IntelligenceConnect Upgrade v3.1
- Special Topic: Online Registration with ICG Changes
- Williams vs. Illinois Consent Decree

ValueOptions of Kansas Provider Training Topics

- Access to Care: Measuring Emergent, Urgent and Routine Appointments
- ASAM Criteria: How to Determine the Appropriate Level of Care
- Assessing for Suicidality
- Case Management: What Is It?
- Clinical Record Documentation
- Compliance: Confidentiality Standards

- Conducting a Barrier Analysis
- Coordinating Care Between Substance Abuse and Mental Health (When to Refer and How to Bill)
- Eligibility: Medicaid vs. Block Grant
- Fourth Time DUI: Changes to Billing and Utilization
- Guiding You Through Administrative Processes Online Forum Presentations
- How to Bill ValueOptions (including Third Party Liability and Spend down)
- KCPC Training (8/year) (State specific authorization program)
- Medical Necessity vs. Administrative Denials and Appeals
- Member and Provider Grievances
- Privacy, Security, Fraud, Waste and Abuse
- Problem Gambling
- Risk Management: What Keeps You Awake at Night
- Service Codes: When to Bill and How to Document
- Understanding the ValueOptions Kansas Claims Submission and Finance Process Online Forum
- Understanding the ValueOptions Kansas Clinical Process Online Forum
- Utilization of Evidence Based Practices in Treatment
- ValueOptions Kansas and the Kansas Department of Social and Rehabilitation Services Present "Getting Connected to ValueOptions"

ValueOptions Maryland Provider Training Topics

- Authorizing Residential Crisis Services Training
- Care Connect Training for Core Service Agencies (CSA)
- Case Management Training for Maryland Case Manager Providers
- Claims Report Enhancements for Providers
- Claims Submission and Billing
- Claims/EFT (Electronic Funds Transfer) Training
- Clinical Training for Case Management Providers
- Clinical Training for Inpatient Providers
- Clinical Training for non-Outcomes Measurement System (OMS) providers
- Clinical Training for Outcomes Measurement System (OMS) Providers
- Clinical Training for Psychiatric Rehabilitation Program Providers
- Clinical Training for Residential Treatment Center Providers
- Core Service Agency (CSA) Reporting
- IntelligenceConnect Training
- Introduction to ProviderConnect
- Maryland Division of Rehabilitation Services (DORS) Counselors Training
- Meet ValueOptions Face-to-Face Forums
- OMS Authorization Requests
- OMS Training for Maryland Providers
- Provider Reporting
- ProviderConnect for Case Management Providers
- ProviderConnect for Old and New Users
- ProviderConnect for OMS and Non-OMS Providers
- ProviderConnect for PRP Providers
- ProviderConnect for TBS Providers

- Residential Treatment Center (RTC) Waiver Program and Claims Submissions Training
- RTC Waiver Program and ProviderConnect Training
- Support for the Core Service Agency and the Diversion Process
- Supported Employment (SEP) Training for Providers and Core Service Areas (Regional training)
- The Rules for Submitting OMS Requests
- Ticket to Work Training for Providers and Core Service Agencies

Massachusetts Behavioral Health Partnership Training, Forums, and Presentations

- "Another Kind of Valor" Screening, discussion with Dan E. Weisburd, Executive Producer and Director, and Town Hall Meeting for providers working with returning veterans
- A Practical Approach to Engaging Adolescents in Their Own Healthcare: Techniques and Tips
- Behavioral Health Screening in Primary Care and Then What? Case Studies of How Behavioral Health Care Can Help Your Patients
- Behavioral Health Screening in the Primary Care Office: How Primary Care Clinicians Can Help Patients Access the New Children's Behavioral Health Initiative Services
- Behavioral Health Screening in the Primary Care Office: Toolkits for Screening, Implementation, and Referral
- CBHI Outpatient Quality Forum (half-day training held in two regions)
- CSA Statewide Presentations facilitated: 1) Parents and Caregivers with Mental Health Conditions: Engagement, Assessment and Interventions in the Wraparound Care Management Process (Chip Wilder, Hector Lara, and Debra Taylor / Employment Options), 2) In-Home Behavioral Services(Donna Mills and Martha Conant / Edinburg Center), 3) Youth Under Six (Kathy Betts/EOHHS, Deputy Assistant Secretary, Children, Youth and Families, Kate Roper/MassLAUNCH and MA Early Childhood Comprehensive Services Project), 4) CSA Fidelity Data (Melissa King/MBHP), 5) Data Collection Experience (Melissa Goodman/Consumer Quality initiative), 6) Parents Helping Parents: You Are Not Alone: An empowering guide for parents whose children are in DCF foster care (Randall Block / Parents Helping Parents and Rose Charrier/ Parent, Author and former member PHP board)
- Effective Management of Depression in a Primary Care Setting
- Electronic Health Records: Meaningful Use and Quality Improvement
- Emergency Services Program/Mobile Crisis Intervention Training on the Implementation and Integration of the Family Partner / Paraprofessional
- Hope and Responsibility in Trying Times: The Skills of Person-Driven Planning (including Breakout sessions: 1) Skill building and personal planning, 2) Documentation and Language on a Human Scale; 3) Responding to Distress; 4) Mediating Conflicts, 5) Supporting Growth in Treatment Planning
- Improving the Management of Substance Abuse in the PCC Office
- Improving Your Prescribing Patterns Using the MassHealth Pharmacy Program
- In-Home Therapy Consultations (children's half-day training in five regions), Center for Innovative Studies and Practice, Kent State University, Rick Shepler and colleagues)
- In-Home Therapy One Day Training (children's provider one-day training held in two regions, Center for Innovative Studies and Practice, Kent State University, Rick Shepler and colleagues)
- Integrating Peers into the Emergency Services Program: Joining Lived Experience and Clinical Expertise
- Integrating the Recovery Model at Redesigned Emergency Service Programs

- Mobile Crisis Intervention (MCI) Family Partner regional training on Strengthening MCI team competency
- Motivational Interviewing for Obesity Counseling of Pediatric Patients in Primary Care
- Motivational Interviewing in Primary Care - For Primary Care Clinicians Who See Children
- Motivational Interviewing in Primary Care - For Primary Care Clinicians Who See Adults
- Our Complementary Roles Integrating Physical and Mental Health (Sturbridge: Culture, Power and Dialogue, Waltham: The Power of Recovery to Unite, Taunton: The Healing Power of Reconnection)
- Regional Crisis Planning Consultation and Technical Assistance Sessions
- Resolution-Focused Crisis Intervention Techniques
- Review of CSA Fidelity Data (half day training, Eric Bruns/University of Washington)
- Screening Children Under the Age of 21 in the Primary Care Office Using Standardized Screening Tools: The New MassHealth Mandate
- Statewide "Effective Crisis Planning with Families" Training
- Supervising Therapeutic Mentoring Services, (children's provider one-day training, North Carolina Mentor, Marci White and colleagues)
- Team Observation Measure (TOM) Training, (one day training, Eric Bruns/University of Washington)
- The Massachusetts Child Psychiatry Access Project (MCPAP): Linking Primary Care Clinicians to Consultative Services and Expanding Knowledge for the Management of Pediatric Behavioral Health in Primary Care Settings
- The Wellness Path to Recovery: Integrating Physical and Mental Health (Waltham sessions: 1) Integrating "whole health" in our approach: the evidence and 2) Justice, trauma, recovery and health; Sturbridge sessions: 1) Wellness coaching and the social determinants of health and 2) Wellness and culture and being seen in a hearing world; Brockton sessions: 1) New Organizational Cultures: integrating health and mental health and 2) Access, engagement and culture in health and mental health care)
- Therapeutic Mentoring Consultations: (half-day consultations, in two regions, North Carolina Mentor, Marci White and colleagues)
- Therapeutic Mentoring Services Training (children's provider one-day training on Teaching Skills to Navigate in the World, Presenters: North Carolina Mentor, Marci White and colleagues)
- ValueOptions/MBHP Continues to Go Green (Webinar)

ValueOptions North Carolina Provider Training Topics

- Department of Medical Assistance Due Process and Prior Approval Policies and Procedures
- General Provider Training for North Carolina Medicaid and Health Choice Programs
- Submitting Mental Health/Substance Abuse Requests via ProviderConnect
- ValueOptions Continues to Go Green Webinar

Value Behavioral Health of Pennsylvania Training Sessions and Forums

- Annual Consumer Recovery Forum
- Annual Family Forum
- Auto-approval for Outpatient and Clozapine Support Services on ProviderConnect (Webinar)
- Base Services Provider Training
- Behavioral Health Rehabilitation Services (BHRS) Medical Necessity Criteria for Peer Advisors (Webinar)
- Child and Family Provider Meetings (for individual counties and regions)

- Child Provider Meetings (for individual counties and regions)
- Compliance Training: Fraud, Waste and Abuse
- Continuum of Care Workgroups
- Crisis Prevention Planning for Family Based Mental Health Services (Webinar)
- Independent Evaluators Meetings (for individual counties and regions)
- Inpatient Providers Meetings (for individual counties and regions)
- Provider Input Form Workshop: Enhancing Communication and Collaboration in a Recovery Oriented System of Care
- Quarterly Behavioral Health Rehabilitation Services (BHRS) Provider Summits
- Recovery-Oriented Methadone Services (ROM) Best Practice Standards Meeting
- Residential Treatment Facility Provider Summits
- Second Level Complaint and Grievance Committee Trainings (Webinar)
- Suicide Assessment: What should you know?
- Supporting a Recovery Oriented System of Care Meeting

VBH-PA co-sponsored training: WPIC Videoconference Series

ValueOptions subsidiary Value Behavioral Health of Pennsylvania (VBH-PA) is also a co-sponsor of the videoconference training series for provider enrichment sponsored by the Western Psychiatric Institute and Clinic of UPMC Presbyterian Shadyside, and the University of Pittsburgh School of Medicine, Center for Continuing Education in the Health Sciences. This program is designed to provide information on topics of interest to psychiatrists, psychologists, social workers, nurses, and other mental health professionals who work with children, adolescents, adults with these disorders.

- Assessment and Treatment of Eating Disorders
- Attention Deficit/Hyperactivity Disorder (ADHD) Across the Lifespan
- Autism in all Phases of Life
- Autism Spectrum Disorders
- Bipolar Disorder in Older Adults
- Borderline Personality Disorder
- Ethics in Professional Practice
- Evaluation and Treatment of Early Phase Schizophrenia
- Grief in the Elderly
- Interaction Between Physical Illness and Mental Illness in the Elderly
- Psychopharmacology of Bipolar Disorder in Children, Adolescents, Adults and the Elderly
- Reactive Attachment Disorder
- Search for the Treatment of Early Psychosis (STEP)
- Trauma Informed Care for Children and Adolescents
- Traumatic Brain Injury in Returning Veterans
- Treating Personality and Substance Use Disorders
- Treatment of Gambling Addiction
- Treatment of Resistant Depression
- Women and Depression

ValueOptions of Tennessee Provider Training Topics

- Adverse Incident Reporting
- Claims Filing (general and targeted to specific provider types)
- CRG TPG Assessment and Submittal Protocol Changes

- Disease Management (coordinated BH and Medical)
- Grier (consent decree) Compliance
- I Spy —TennCare Reporting Changes
- ProviderConnect and BlueAccess (online self service provider applications)
- Recovery and Resiliency
- TennCare Select Transition Presentation and Grier PIN Process Update and Refresher
- TennCare: ValueOptions Spring Fever Feature Presentation
- UM/authorization process
- You are invited to a Virtual Costume Party

ValueOptions NorthSTAR (Texas) Provider Training Topics

- 340B Pharmacy Program Training
- Adult Texas Recommended Assessment Guidelines (3.1 Change) Training
- Against the Odds 1 on 1 Mentoring Program
- Behavioral Health Integrated Provider System (BHIPS) Refresher Training
- Cannabis Youth Training
- Care First Training
- Child and Adolescent Patient and Family Education and Training
- Child and Adolescent Texas Recommended Assessment Guidelines Training
- Clinical Management for Behavioral Health Services (CMBHS) Training
- Co-occurring Psychiatric and Substance Use Disorders Competencies Training
- Dallas Independent School District Training
- Diagnosis-Specific Clinical Rating (TIMA) Scales Training
- Fraud and Abuse Prevention Training
- Recovery Workshop Training
- Social Security Training
- Supervisory CYT Training
- TMHC Peer Facilitator Training
- Training for Suicidologists
- Wraparound ICM Training

During the PAST MONTH, how much of the time did you...

19. Feel sad or depressed? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

20. Think about ending your life? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

21. Feel nervous? Ψ [CARD #3]

- O None of the time
- O A little of the time
- O Half of the time
- O Most of the time
- O All of the time

During the PAST MONTH, how often did you...

22. Have thoughts racing through your head? Ψ [CARD #4 with response options]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

23. Think you had special powers? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

24. Hear voices or see things? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

25. Think people were watching you? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

26. Think people were against you? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

During the PAST MONTH, how often did you...

27. Have mood swings? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

28. Feel short tempered? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

29. Think about hurting yourself? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

During the PAST MONTH, how often...

30. Did you have an urge to drink alcohol or take street drugs? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

31. Did anyone talk to you about your drinking or drug use? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

32. Did you try to hide your drinking or drug use? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

33. Did you have problems from your drinking or drug use? Ψ [CARD #4]

- O Never
- O Rarely
- O Sometimes
- O Often
- O Always

LEGAL SYSTEM INVOLVEMENT

34. (Since last interview date/in the past six months) have you been arrested?*

- O No
- O Yes

35. (Since last interview date/in the past six months) have you been in either jail or prison?*

- O No
- O Yes

36. Some people have had a negative encounter with the police, such as being arrested or hassled by police. (Since last interview/in the past six months), would you say you have had...

(INTERVIEWER: Read the following answer options to the consumer)

- O No negative encounters with police
- O Increased negative encounters
- O The same amount of negative encounters
- O Decreased negative encounters

EMPLOYMENT

Now let's talk a little bit about your work situation.

37. Are you currently employed?* *(see OMS Interview Guide for definition of "employment")*

- O No *(continue to #38)*
- O Yes *(skip to #40)*

38. Are you actively looking for work by doing things like filling out applications, or answering ads?*

- O No
- O Yes

39. Have you been employed (since last interview date/in the past six months)?

- O No *(skip to #43)*
- O Yes *(continue to #40)*

INTERVIEWER: (do not read aloud) If the person held more than one job (since last interview date/in the past six months), please ask him or her to answer the following questions in terms of the <u>most recent</u> job.

40. (Is/Was) your job competitive employment or sheltered workshop or agency employment?* *(see OMS Interview Guide for definitions of "competitive" and "sheltered" employment)*

- O Competitive employment (a job available to anyone regardless of whether he/she has a disability)
- O Sheltered workshop or agency employment (a job only available to someone with a disability)

41. How many hours a week (do/did) you usually work?

- O 1-10 hours
- O 11-20 hours
- O 21-30 hours
- O 31-40 hours
- O 40+ hours

42. In general, how satisfied (are/were) you with this job? Ψ
(INTERVIEWER: Read the following answer options to the consumer)

- O Very satisfied (like a lot)
- O Somewhat satisfied (like a little)
- O Neutral (just okay)
- O Somewhat dissatisfied (dislike a little)
- O Very dissatisfied (dislike a lot)

<u>SOMATIC HEALTH</u>

43. Do you smoke cigarettes?

- O No *(skip to #45)*
- O Yes *(continue to #44)*

44. How many cigarettes do you smoke per day? *[one pack = 20 cigarettes]*

- O Do not smoke every day
- O 1-10
- O 11-20
- O 21-30
- O 30+

45. Would you say in general your health is: Ψ
(INTERVIEWER: Read the following answer options to the consumer)

- O Excellent
- O Very good
- O Good
- O Fair
- O Poor

46. How tall are you?

_____ (feet) _____ (inches) *[please write legibly]*

47. How much do you currently weigh?

_____ pounds *[whole numbers only; please write legibly]*

- O *Don't Know*
- O *Refused*

DEMOGRAPHIC AND INTERVIEW INFORMATION

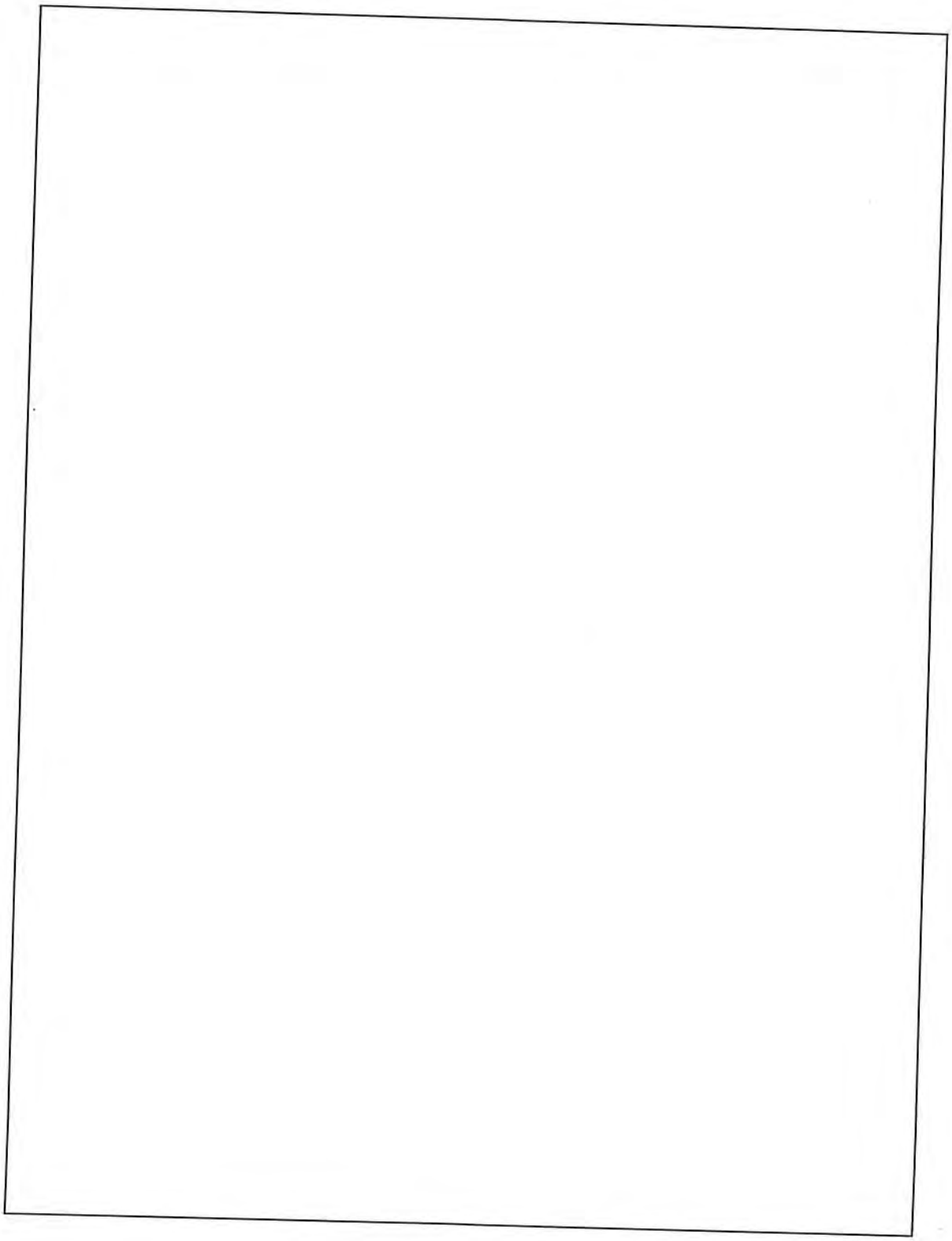
48. How long has the consumer been receiving services from this clinic?*

- O Intake
- O Less than one year
- O One year to three years
- O Greater than three years

49. Consumer involvement in interview:*

- O Consumer answered all/most questions
- O Consumer did not answer all/most questions

Clinician's Notes (Optional)



Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna L Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider: Dawn Toups, LPC

By: Vera Holloway

Name: Vera Holloway

Title: Business Manager

Date: 10/28/11

Phone: 985-873-8683

1

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna K. Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group: Rehab Services of Acadiana

By: [redacted]

Name: Matthew St. Amant

Title: Partner

Date: June 30, 2011

Phone: 318-947-3408

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna L Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group: Rehab Services of NELA

By: [signature]

Name: Matthew St. Amant

Title: Partner

Date: June 30, 2011

Phone: 318-942-3408

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna K. Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group: Rehab Services of SWLA

By: [signature]

Name: Matthew St. Amant

Title: Partner

Date: June 30, 2011

Phone: 318-747-3408

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ValueOptions:

By: Anna L Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By: [signature]

Name: Matthew St. Amant

Title: Rehabilitation Services of NWLA, LLC Managining Partner

Date: July 29, 2011

Phone: (318) 675-0804

Aug. 2. 2011 11:04AM REHABILITATION SERVICES No. 0100 P. 2/2

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna K Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By:

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services at Conta-Acerville, LLC

Date: July 29, 2011

Phone: (318) 675-0804

LA-SOMOS-2011 P. 2/2 No. 0096
Aug. 2. 2011 10:59AM REHABILITATION SERVICES

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ValueOptions:

By: Anna K. Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By: [signature]

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services of Carla - Winfield, LLC

Date: July 29, 2011

Phone: (318) 675-0804

LA-LOI-MODIF-2011 p. 2/2 No. 0099
Aug. 2. 2011 11:03AM REHABILITATION SERVICES

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna K. Saver

Name: Anna K. Saver

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By: [signature]

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services of Central-Marksville, LLC

Date: July 29, 2011

Phone: (318) 675-0504

LA-LOI MODIF-2011 P. 2/2 No. 0097

Aug. 2. 2011 11:01AM REHABILITATION SERVICES

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ValueOptions:

By: Anna L Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By:

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services of Central Natchitoches, LLC

Date: July 29, 2011

Phone: (318) 675-0804

LA-LOI-HOPP-2011 P. 2/2 No. 0098

Aug. 2. 2011 11:09AM REHABILITATION SERVICES

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

The Louisiana Department of Health and Hospitals-Office of Behavioral Health ("DHH-OBH") issued or will issue RFP#305PUR-DHHRFP-SMO-OBH seeking proposals from qualified Behavioral Health Managed Care Organizations ("BH-MCO") to act as the Statewide Management Organization for the management of behavioral health services for eligible children and youth, a special target population of children eligible for the Coordinated System of Care (CSoC), adults with serious mental illness and/or addictive disorders, and certain other identified behavioral health services or programs and associated patient populations under a pre-paid inpatient health plan (as defined in 42 C.F.R. §438.2) to be operated by the BH-MCO (the "RFP") under the Louisiana Medicaid Program.

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ValueOptions:

By: Anna L Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By:

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services of NELA, LLC

Date: July 29, 2011

Phone: (318) 675-0804

LA-LOI MCDIF-2011
NO. 0600 P. 2/2
AUG. 2. 2011 10:52AM REHABILITATION SERVICES

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

The Louisiana Department of Health and Hospitals-Office of Behavioral Health ("DHH-OBH") issued or will issue RFP#305PUR-DHHRFP-SMO-OBH seeking proposals from qualified Behavioral Health Managed Care Organizations ("BH-MCO") to act as the Statewide Management Organization for the management of behavioral health services for eligible children and youth, a special target population of children eligible for the Coordinated System of Care (CSoC), adults with serious mental illness and/or addictive disorders, and certain other identified behavioral health services or programs and associated patient populations under a pre-paid inpatient health plan (as defined in 42 C.F.R. §438.2) to be operated by the BH-MCO (the "RFP") under the Louisiana Medicaid Program.

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ValueOptions:	Provider/Group:
By: Anna K. Sever	By:
Name: Anna K. Sever	Name: Matthew St. Amant
Title: Vice President, Public Sector Development	Title: Managing Partner of Rehabilitation Services of NELA - Ruston, LLC
Date: June 1, 2011	Date: July 29, 2011
	Phone: (318) 675-0804

LA-LOI MCDVE-2011
No. 0091 P. 2/2
REHABILITATION SERVICES
Aug. 2. 2011 10:53AM

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

The Louisiana Department of Health and Hospitals-Office of Behavioral Health ("**DHH-OBH**") issued or will issue RFP#305PUR-DHHRFP-SMO-OBH seeking proposals from qualified Behavioral Health Managed Care Organizations ("**BH-MCO**") to act as the Statewide Management Organization for the management of behavioral health services for eligible children and youth, a special target population of children eligible for the Coordinated System of Care (CSoC), adults with serious mental illness and/or addictive disorders, and certain other identified behavioral health services or programs and associated patient populations under a pre-paid inpatient health plan (as defined in 42 C.F.R. §438.2) to be operated by the BH-MCO (the "**RFP**") under the Louisiana Medicaid Program.

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ValueOptions:

By: Anna L Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By: [signature]

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services of NWLA - Many, LLC

Date: July 29, 2011

Phone: (318) 675-0804

No. 0088 P 2/2

REHABILITATION SERVICES

AUG. 2. 2011 10:49AM

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna K Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group: Rehab Services of CENLA

By: [signature]

Name: Matthew St. Amant

Title: Partner

Date: June 30, 2011

Phone: 318-742-3408

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna K Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group: Rehab Services of NWLA

By: [signature]

Name: Matthew St Amant

Title: Partner

Date: June 30, 2011

Phone: 318-742-3408

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By: Anna K Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By: [signature]

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services of [illegible] LA, LLC

Date: July 29, 2011

Phone: (318) 675-0804

LA-LOI MOD/F-2011 No. 0092 P. 2/2
Aug. 2. 2011 10:54AM REHABILITATION SERVICES Page 1 of 1

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna L Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By:

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services of South - DeRidder, LLC

Date: July 29, 2011

Phone: (318) 675-0804

No. 0094 P. 2/2

REHABILITATION SERVICES 10:57AM 2011 2 Aug.

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna K Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By:

Name: Matthew St. Amant

Title: Managing Partner of Rehabilitation Services of SWLA-Jennings, LLC

Date: July 29, 2011

Phone: (318) 675-0804

LA-LOI MODIF-2011 P. 2/2 No. 0093

Aug. 2. 2011 10:56AM REHABILITATION SERVICES

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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A wholly owned subsidiary of ValueOptions, Inc., to be created and known as ValueOptions of Louisiana, Inc. ("**ValueOptions®**"), intends to respond to the RFP. In the course of preparation for response to the RFP, ValueOptions seeks to identify those behavioral health and addictive services providers interested in negotiation of a managed care provider contract for behavioral health or addiction services covered under the Louisiana Medicaid Program ("**Providers**") should ValueOptions be successful in securing award of the contract under the RFP ("**Negotiations**"). Only those Providers who meet ValueOptions provider credentialing standards and criteria and agree to ValueOptions terms and condition for participation will be extended participation agreements.

By signing below, Provider acknowledges Provider's willingness to enter into negotiation of a participation agreement with ValueOptions for the provision of certain behavioral health or addictive services covered under the Louisiana Medicaid Program and included in the RFP. In accordance with and subject to this LOI, the parties agree to commence and/or continue good faith negotiations regarding the Negotiations with a goal of entering into a formal complete participation agreement on or before December 31, 2011.

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ValueOptions:

By: Anna L Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider:

By: Michael Carroll

Name: MICHAEL CARROLL

Title: ADMINISTRATOR

Date: 7-13-2011

Phone: 318-878-5171

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ValueOptions:

By: Anna L. Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider:

By: [signature]

Name: Deborah Dunbar

Title: owner

Date: 6/8/11

Phone: (314) 325-8782

1-888-838-9842

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ValueOptions:

By: Anna K Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Provider:

By:

Name: Husam H. Sukerek MD

Title: Owner/Director

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ValueOptions:

By: Anna K. Sever

Name: Anna K. Sever

Title: Vice President, Public Sector Development

Date: June 1, 2011

Provider/Group:

By: Cynthia C Pierson

Name: Cynthia C Pierson

Title: Intensive Coordinator

Date: June 29, 2011

Phone: (318) 774-6024

LA-LOI-MCD/5-2011

Provider Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or Addictive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or Publicly Funded Programs Administered Under the Louisiana Medicaid Program

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ValueOptions:

By: Anna L Sever
Name: Anna K. Sever
Title: Vice President, Public Sector Development
Date: June 1, 2011

Provider:

By: Brenda J. Hollenbeck
Name: Brenda T. Hollenbeck
Title: Interim Executive Director
Date: 6-15-11
Phone: 337-433-4357

Pro[illegible]er Letter of Intent to Contract with ValueOptions for Provision of Behavioral Health or A[illegible]ctive Services to Eligible Individuals Enrolled in the Louisiana Medicaid Program or [illegible]ublicly Funded Programs Administered Under the Louisiana Medicaid Program

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Value[illegible]ons:

By: [illegible]

Name: [illegible]a K. Sever

Title: [illegible] President, Public Sector Development

Date: [illegible] 1, 20[illegible]1

Provider:

By: Darlene Primus-Scott

Name: Darlene Primus-Scott

Title: Owner/Clinical Director

Date: June 13, 2011

Phone: (225) 202-5765

LA-LOI-[illegible]5-2011

Value Options Letter of Intent. This may also be downloaded from the LCA web page.

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ValueOptions:	**Provider:**
By: _____	By: _____
Name: Anna K. Sever	Name: Tammie Slawson, LPC
Title: Vice President, Public Sector Development	Title: Partnership Development Coordinator
Date: June 1, 2011	Date: June 21, 2011
	Phone: 318-237-0772

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