

Base Member #

COUNTY BASE MEMBER INFORMATION

POMS Data

Register Change Close Quarterly

Date:

MM DD YYYY

Name: First Last MI
Address: City: State: ZIP: Residential Residential /Mailing
Phone # (Home) Phone #: (Work)
MA # DOB: SS#
Gender: Ethnicity: Race:
Marital Status Veteran's Status Citizenship Status
PRIORITY GROUP VOCATIONAL /EDUCATION STATUS
LIVING SITUATION LIVING SITUATION QUALIFIER

Member's Legal Name

Hyphenated name should be typed as it appears. Add apostrophe when indicated.

Last Name

First Name

Middle Initial

Maiden Name

Member Medical Assistance Number

The unique number assigned by DPW to persons enrolled in Medical Assistance and recorded on CIS (Client Information System). This number appears on the member's MA Access card and should not change.

This is a **required field**. Leave blank if no MA#, not eligible.

Member Birth Date

The birth date of the member. (Must be in MM/DD/YYYY format)

Member Social Security Number

The unique Social Security Number of the member. System will insert hyphens.

Leave blank if unknown; however, this is a **required field**. **If no SS# go to next field.**

Missing Social Security Number Status

Indicate the Social Security Number status of a member. Social Security Numbers must be entered as soon as available.

- Member has no SSN; SSN application initiated.
- Unable to obtain valid SSN; investigating further
- Unable to obtain valid SSN; no further action planned.
- Valid Social Security Number identified

Member Type

Either "Mental Health" or "Dual Diagnosis" (MH and MR).

Status

- Active = individual has or needs a current authorization for a County Base funded service.
- Inactive = individual has no current authorization for a County Base funded service.
- Pending = individual (needs to/in the process of) making application for Medical Assistance

When changing a client record to Inactive, Core Providers must check first that all County Base authorizations are terminated.

When terminating a County Base authorization, Core Providers must check for other current County Base authorizations. IF NO other current County Base authorizations, Core Provider should change the record to Inactive. IF YES, check with the provider to verify that they are still actively receiving the authorized service.

Member Address

Line 1: Number & Street Name or P.O. Box
Line 2: Apt.# or c/o Shelter Name
Line3: Other
City, State, Zip
County

Member Phone Number

At legal address or member cell #

Primary # 2nd #

Member Gender

The gender of the member.

M=Male

F=Female

Member Citizenship Status

Indicate the citizenship status that best describes the member.

- US Citizen
- Permanent Alien
- Temporary Alien
- Refugee
- Illegal Alien
- Refugee Unaccompanied Minor

Member Ethnicity

Indicate the ethnicity of the member. **Ask member how they report themselves:**

- Non-Hispanic
- Hispanic or Latino

Member Race

Indicate the race of the member.

Ask member how they report themselves:

- Black or African American
- American Indian or Alaskan Native
- Asian
- White
- Native Hawaiian or Other Pacific Islander
- Other or Not Volunteered by the Recipient

Member Priority Group

Indicate the Mental Health Priority Group for behavioral health services.

Choose one:

- Adult Target Population #1-- This population is defined in MH Bulletin OMH-94-04 as the “Adult Priority Group”.(Attached)
- Adult Target Population #2-- This population includes persons (age 18+ or 22+ if in Special Education) who meet the federal definition of serious mental illness (as described in MH Bulletin OMH-94-04), but do not meet all of the criteria for the adult target population #1.
- Adult Target Population #3-- This population includes persons (age 18+ or 22+ if in Special Education) who are statutorily eligible for publicly-funded mental health services, but do not meet the federal definitions of serious mental illness.
 - Child & Adol. Target Pop. #1
 - Child & Adol. Target Pop. #2
 - Child & Adol. Target Pop. #3
 - None of the above but receiving Mental Health Services
 - Not receiving Mental Health Services

Child and Adolescent Target Populations:

Population 1- Persons who meet all four criteria below:

- Age: Birth to less than 18 (or age 18 to less than 22 and enrolled in special education service).
- Currently, or at any time during the past year have had a DSM diagnosis (excluding those sole diagnosis is mental retardation or psychoactive substance use disorder or a “V” code) that resulted in functional impairment, which substantially interferes with or limits the child’s role of functioning in family, school, or community activities.
- Receive services from Mental Health and one or more of the following:
 - Mental Retardation
 - Children and Youth
 - Special Education
 - Drug and Alcohol
 - Juvenile Justice
 - Health (the child has a chronic health condition requiring treatment)
- Identified as needing mental health services by a local interagency team, e.g., CASSP Committee, Cordero Workgroup.

In addition to the above definition of Child and Adolescent Target Group 1, any child or adolescent (birth to less than 18; or age 18 to less than 22 and enrolled in a special education service) who met the standards for involuntary treatment within the 12 months preceding the assessment (as defined in Chapter 5100 Regulations – Mental Health Procedures) is automatically assigned to this high priority consumer group.

Population 2-

Children and adolescents are at-risk of developing a serious emotional disturbance when they exhibit substantial (50% or less of expected age level) delays in psycho-social development. Some children between birth and three years of age are already in serious difficulty emotionally and are impaired in their daily functioning and relationships. Though the ability to accurately diagnose mental and emotional disorders in young children is limited, some diagnostic categories such as failure to thrive, pervasive development disorders, autism and disorders of attachment are indicative of risk. In other instances, mental and emotional disturbances are readily observable in infants and toddlers. The fearfulness and hyper-vigilance typical of the abused infant, for example, looks very much like the symptoms of post traumatic stress or panic disorders of adulthood. Given the difficulty in diagnosing risk in young children and the lack of firm evidence linking environmental and physical conditions to risk of serious emotional disturbance, the plan purposes to focus upon children and

adolescents who have historically and demonstrably been at-risk of developing a serious emotional disturbance.

Therefore, priority is associated with children at-risk of developing a serious emotional disturbance by virtue of the fact that:

- A. Their parent(s) has a severe mental illness
- B. They have been physically or sexually abused
- C. They are drug dependent
- D. They are homeless
- E. They have been referred to the Student Assistance Programs

Population 3-

Children and Adolescents who currently or at any time during the past year have had a DSM diagnosis (excluding those whose sole diagnosis is mental retardation, psychoactive substance use disorder of a “V” code) that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school or community activities and who do not meet criteria for child and adolescent target groups 1 or 2.

Member Living Situation

Indicate the member’s living situation according to the definitions below: (choose one)

- **State Mental Health Hospital**- A psychiatric inpatient facility operated by OMHSAS. (ex. Norristown State Hospital)
- **Homeless** – Currently without a permanent living address
- **Temporary Shelter**-Living in a shelter on a temporary basis while seeking more permanent housing
- **Correction/Detention Facility**-A corrections facility where an individual is incarcerated for criminal charges or conviction
- **Nursing Home/Nursing Facility**-A long term nursing facility that provides skilled and /or intermediate care; licensed by the Department of Health
- **Personal Care Home**-A premise where four or more unrelated adults who do not require nursing care reside and receive personal care and other services for periods exceeding 24 continuous hours; issued a Certificate of Compliance by the DPW under 55 Pa Code, Chapter 2600
- **Domiciliary Care**-Private residences that provide services for no more than 3 persons; individuals and/or couples age 19 years or older. Domiciliary Care Homes are certified by the Department of Aging.
- **Own Residence**-A home, apartment, condominium, townhouse, house, trailer, etc. that is owned, leased or rented by the individual receiving services; where the residence is not subject to licensing
- **Relative’s Home**-Living in the home of biological or adoptive relative, regardless of the individual’s age. Relatives may include grandparents, aunts, uncles, adult siblings, etc.
- **Children’s Residence**-A residential setting designated for children (e.g., Residential Treatment Facility, Host Home, Foster Care)
- **Other**-A residence not otherwise identified in this list of residential settings (e.g. Fairweather Lodge)
- **Private ICF/MR**-An intermediate care facility designed to furnish health and rehabilitative services to persons with intellectual disabilities; issued a Certificate of Compliance by the DPW under 55 Pa Code, Chapter 6600

- **Group Home**-Other congregate living situation not licensed by the DPW, where unrelated adults reside in a residence not owned/leased by a resident
- **Community Residential Rehabilitation Services**-A transitional residential program in a community setting for adults with a psychiatric disability that provides housing, personal assistance and psychosocial rehabilitation; issued a Certificate of Compliance by the DPW under 55 Pa Code, Chapter 5310
- **Friend's Home**-A home, apartment, condominium, townhouse, house, trailer, etc. which is not subject to licensing that is owned, leased or rented by a person/family who is known to the base-funded mental health consumer
- **Other Independent Living**-Living independently other than in one's own residence or with a family member or friend
- **Personal Care Home-Specialized/Enhanced**-A PCH; issued a Certificate of Compliance by the DPW under 55 Pa Code, Chapter 2600, but which also has additional specialized mental health services and staffing on site
- **Supported Living**-A mental health program which provides affordable housing, direct support services and training on personal living skills and use of community services, and provides vocational assistance.
- **RTFA**-A mental health residential treatment facility for adults who do not need hospitalization by need 24 hr. supervision
- **D&A Residential Facility**- A facility licensed by the Dep. Of Health as a residential drug and alcohol treatment program
- **LTSR**-A Long Term Structured Residence is a structured therapeutic residential mental health treatment facility for adults; issued a Certificate of Compliance by the DPW under 55 Pa Code, Chapter 5320
- **Assisted Living Residence**-A significant long-term alternative to allow individuals to age in place and maintain maximum independence, exercise decision-making and personal choice; issued a Certificate of Compliance by the DPW under 55 Pa Code, Chapter 2800

Living Situation Qualifier (for Children's Residence)

- **Children's Residence**
- **Approved Private Schools**
- **Foster Care**
- **C&Y Residential**
- **RTF (Child)**
- **Host Home**

Primary Language

Member Vocational/Educational Status

Indicate the vocational educational status of the member.

- **Competitive Employment (Full time)** – Includes competitive private sector employment, competitive private employment, child/adolescent full-time employment, child/adolescent part-time employment, child/adolescent after school or summer employment
- **Training/Education (Student)** – Adults: Attending college (7+ credit hours) or high school, attending vocational/training school, basic academic preparation.

Child/Adolescent – full-time in regular classes or special education/Intermediate Unit, part-time in regular or special classes, full-time in special day treatment, part-time in special day treatment and regular class, home-bound instruction, vocational/technical school, work study.

- **Work Program** – Includes supported employment, affirmative industry employment, transitional employment, screening and evaluation, sheltered employment, sheltered workshop, prevocational training, child/adolescent work program
- **Meaningful Activity** – Includes staying at home to care for dependents, retired (age 60+), actively seeking employment, ongoing volunteer work, child/adolescent ongoing volunteer work
- **No Activity** – No vocational/educational activity, child/adolescent dropped out of school, child/adolescent no vocational/educational activity.
- **Unknown**
- **Competitive Employment (Part-Time)**
- **Work Program—Sheltered Employment**
- **Work Program—Sheltered Workshop**
- **Meaningful Activity—Volunteer**
- **Meaningful Activity—Retired**
- **Meaningful Activity—Seeking Employment**
- **Other**

Guardian Information

Complete if a child. If adult and a guardian has been appointed please complete.

Last Name, First Name, Middle Initial

Address:

Line 1

Line 2

City, State, Zip

Primary Phone#

2nd phone #

Member (Child) School Attendance

Indicate the school attendance of a child member. Information may be gathered by consulting with the school and/or family.

- Regular attendance
- Sporadic attendance
- Enrolled but rarely attends
- Dropped out this quarter
- Dropped out in a previous quarter
- Pre-school age child
- Unknown
- Not applicable

Member (Child) School Performance

Indicate the academic performance of a child member. Information may be gathered by consulting with the school.

- Above average
- Average – C’s mostly
- Below average – D’s mostly
- Failing – F’s
- Pre-school age child
- Unknown
- Not applicable

Member (Child) School Behavior

Indicate the behavior in school of a child member: (choose only one)

- Presents no behavior problems
- Presents occasional behavior problems - detention, suspension, fights
- Presents behavior problems on a constant basis
- Pre-school age child
- Unknown
- Not applicable

Source for Member (Child) School Data Elements

Indicate the source of information for the child school-related data elements. (choose only one):

- Child
- Parent/guardian
- School system - teacher, principal, guidance counselor
- Interagency meeting
- Other
- Pre-school age child
- Unknown
- Not applicable

Member Reason for Closure (No longer receiving County Base Funding)

Indicate the reason the recipient was terminated from a specific course of behavioral health treatment. Case authorizations should be terminated.

- Consumer rejected further services orally or in writing
- Provider is unable to contact/locate the consumer – no return calls, no response to outreach
- The consumer and the provider agree that the consumer no longer needs mental health services
- Provider has determined that the consumer no longer needs mental health services.
- Parent of Consumer withdrew the consumer from mental health services
- Agency (CYF, Adult Probation, or Juvenile Justice) withdrew consumer from services
- Consumer moved from service area – moved out of County
- Consumer deceased

- Unknown reason why recipient was terminated from a specific course of behavioral health treatment – this reason should not be used
- Terminated from Base-funded treatment due to enrollment in a HMO/MCO – no longer receives County funded treatment

Liability

County Code: Chester

MA Category: (run EVS to determine what code)

MA Referral Date: Date most recent application electronically submitted/delivered to CAO for benefits.

Eligibility Date: Start date of current MA eligibility period

Termination Date: End date of most recent eligibility period

Assess Date: Date of Core Provider Liability Assessment

Year Income: Annual household income

Insurance Type: (ex. Blue Cross/Blue Shield, Aetna)

Liability:

Medicare #:

Services

Provider ID: Organization name (not provider-child, not site name)

1st Contact: date of first contact to set up appointment

Intake Date: date of assessment

Primary Diagnosis: Determined by Core Provider Dr./Treatment Dr. ICD9 Code: AxisI

Secondary Diagnosis:

Is member currently incarcerated? Yes or No

Intake Worker: NA

1st scheduled Appointment: needs to be added