Services and Costs Study Manual

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National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program

Phase VI of the National Evaluation: Communities Funded in 2008

CMHS

SYSTEMS OF CARE

Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
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SERVICES AND COSTS STUDY MANUAL

INTRODUCTION

The Services and Costs Study is a core study of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program (referred to as the Children's Mental Health Initiative [CMHI]). The data collected provide a vital resource for answering the following questions, which are important to the U.S. Congress, the Substance Abuse and Mental Health Services Administration (SAMHSA), state governments, the national evaluation, and grant communities (communities):

- What types of services are received by children, youth, and families across partner agencies?
- What patterns of service use occur?
- What are the costs associated with system of care services?
- What are the relationships among service use, costs, and outcomes?
- For what services are flexible funds dispersed, and to whom?

For this study, communities collect two types of data. The first is services and costs data, which include service-event data on each service provided to each child, youth, and family from as many partner agencies in your system of care as possible. The second type is flexible funds data, which include expenditure-level data per child, youth, and family on services or items provided through your flexible funds.

The availability of these data and the procedures that communities use to access these data will vary widely. Some of the data needed for this study may already be collected electronically in existing data systems developed for your own program management purposes or in your program partners' data systems. Other data may be recorded on paper-based forms or as part of a child's/youth's case records. If your community does not currently collect the data needed for this study—either electronically or on paper—you are asked to begin collecting these data specifically for the Services and Costs Study.

Due to the variation in data availability, the national evaluation has tried to minimize the community's burden in providing data for the study by offering two approaches to data collection, one for data already available electronically and the other for data available on paper. Communities may use either one, or a combination of these approaches.

For data that are already available electronically, the national evaluation provides common data dictionary structures for communities to use in extracting and formatting data prior to transferring data to the national evaluation. All data prepared for transfer electronically must be formatted to match exactly the specifications in these common data dictionaries. These data dictionaries are discussed in sections below and presented in the appendices. Electronic data files of either services and costs data or flexible funds data will be uploaded to the Interactive Collaborative Network (ICN). This upload process will provide encryption to protect data privacy during the transmission process.

For data available on paper, the national evaluation has developed two data entry applications for communities to use in key entering data for this study: (1) the Services and Costs Data Tool, and (2) the Flex Funds Tool. These data entry applications include user accounts and password protection, validation checks, and reporting features. The Services and Costs Data Tool and the Flex Funds Tool are described in sections below, along with detailed instructions on how to use them. These two data entry applications provide communities with the tools to report data to the national evaluation in a standard format and structure that matches the format and structure applied to data available electronically.

SERVICES AND COSTS DATA

Data are to be collected on all services provided since the beginning of your system of care service provision to any child, youth, and family enrolled in the Longitudinal Child and Family Outcome Study (Outcome Study), or who has otherwise consented to share their data with the national evaluation. Although you may choose to collect services and costs data on all children, youth, and families you serve for your own purposes, *only data for which consent has been obtained should be transferred to the national evaluation.* No personally identifying information, other than the national evaluation Child ID, is to be included in any data transferred to the national evaluation.

Data may be collected on services received as early as 1 year prior to system of care service provision if (1) these data are available, and (2) the caregiver and child or youth has consented/assented to share these data. If you can collect these data, they provide enhanced opportunity for pre- and post-system of care analysis.

WHAT SERVICES TO INCLUDE

Your data collection efforts for this study need only include the following services, provided by either public or private organizations:

- Mental health services
- Child welfare services
- Juvenile justice services (i.e., juvenile court, corrections, probation)
- Education services (e.g., special education, tutoring, school-based mental health services)
- Early care program services
- Family and youth organization services
- Physical health care services that are directly related to mental health care (e.g., medication monitoring)
- Informal, natural support, in-kind, or volunteer services

Only one record should exist for each service event, even though there may be more than one organization involved. For example, if a service was provided by a mental health agency based on a referral from a juvenile justice agency, it should be included as only one service event.

WHAT SERVICES *NOT* TO INCLUDE

Although your community may choose to collect data on the following services for your own purposes, these services are not included in your data collection for the Services and Costs Study:

- Physical health care services, except those directly related to mental health care (e.g., medication monitoring)
- Substance abuse treatment services
- Dental services
- Pharmacy services
- General education services
- Services provided through flexible spending funds. These funds represent a pool of discretionary funds to support children, youth, and families by purchasing items or services (e.g., rent, utilities, clothes, food, camp, car repair) that other funding sources do not cover. Communities typically manage their flexible spending funds separately. *These data are to be entered separately in the Flex Funds Tool or uploaded as a separate data file.*

UNIQUE RECORD IDENTIFIERS

To identify each service record, a combination of three data elements comprises the unique record identifier. Variables identifying both the child/youth and each unique service are necessary because each child/youth or family is likely to have more than one service record and even potentially more than one service on a specific day. As a result, three data elements are required for each record:

1) National evaluation Child ID
2) Service start date
3) Service type

SERVICES AND COSTS DATA ELEMENTS

The services and costs data elements described in this section pertain to data collected both electronically and on paper. Regardless of the data transfer approach you use, these data elements are designed to create an event-level data record for each system of care service received by each child, youth, and family enrolled in the Longitudinal Child and Family Outcome Study, or who has otherwise consented to share their data with the national evaluation. The intent of the resulting data file is to provide a comprehensive service record for each child, youth, and family that includes the following data elements:

- National evaluation Child ID
- Service enrollment date(s)
- Service date(s)
- Service type
- Provider agency/service sector
- Provider type

- Service location
- Service units and number of units
- Charges, payments, and payment source
- Unpaid service estimates

Each of these data elements is described more thoroughly below. Additional detailed information on variable names and coding specifications for data collected electronically are provided in appendix A, "Services and Costs Data Dictionary."

National Evaluation Child ID

Identify each service record with the national evaluation Child ID. For communities funded since 2005, this is a 9-digit number. The first three digits indicate the site number, the fourth and fifth digits are determined by the local evaluation, and the final four digits are unique child/youth identifiers. *The Child ID is a required field for all records.*

If a service represented a group activity rather than a service specific to one child, youth, or family, enter the final four digits in the Child ID as four zeros (e.g., 988010000). However, if the group service was funded through flexible spending funds, this group service would be recorded in the Flex Funds Tool or flexible funds data file, and is not considered part of this services and costs data file.

Service Enrollment Date(s)

Each child's and youth's dates of service eligibility are identified by specifying the enrollment and discharge dates. The enrollment date represents the date the child/youth was first enrolled in the system of care and eligible for services. The discharge date is the date the child/youth was formally discharged from system of care services. If the child/youth has been lost to follow-up for 90 days or more, or has died, he/she can be considered discharged. If the child/youth has not yet been discharged, no discharge date is needed.

These dates will remain the same for each child and youth across all services within an enrollment episode. For children and youth who have more than one service, these dates will simply repeat on each service record.

In some cases, a child or youth may have more than one enrollment episode if he/she returns to system of care services after being discharged. Up to three enrollment episodes can be recorded. Enter the enrollment date(s) and discharge(s) only as applicable. If a child/youth is currently enrolled and has not been discharged, leave the discharge date(s) blank. If a child/youth does not have a second or third enrollment and discharge episode, leave the dates for the second and third episodes blank.

Service Date(s)

The start date of every service must be specified; it is a required field for all records. If the length of service is 1 day or less (e.g., an individual therapy session), the date of service is the start date. If the length of service is more than 1 day (e.g., a 12-day stay in a residential facility), identify both the start and end dates of the service.

The length of service should be consistent with both the unit of service and the costs reported for the service. For example, if the service units for residential therapeutic camp are reported as 3 weeks, the dates of service should cover 3 weeks.

Service Type

There are four options for identifying service type. The first three of these options represent standard coding systems for service procedures. You only need to use one of these options for each service, not all four. Service type may be specified as one of the following:

1) **Current Procedural Terminology (CPT-4) codes.** If you have access to services coded as CPT-4 codes (also referred to as Level I), simply indicate the service type as a 5-digit numeric CPT-4 code.
2) **Healthcare Common Procedure Coding System (HCPCS) codes.** If you have access to services coded as HCPCS codes (also referred to as Level II), indicate the service type as the 5-digit alphanumeric HCPCS code.
3) **International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) Procedure Codes.** If you have access to services coded as ICD-9-CM Procedure Codes, indicate the service type as the ICD-9-CM code.
4) **A service code developed specifically for the Services and Costs Study.** Only indicate the service type using the service codes developed for this study if you do not have access to services coded in either CPT-4, HCPCS, or ICD-9-CM Procedure Codes.

Official definitions of commonly used CPT-4, HCPCS, and ICD-9-CM Procedure Codes associated with services provided for children, youth, and families in systems of care are provided in appendix A, attachment A: "Code Definitions for CPT-4 Codes, HCPCS Codes, and ICD-9-CM Procedure Codes."

For those services not already coded according to one of the above-referenced coding systems, an additional coding system has been developed for this study. More than 60 service categories are provided for service type, organized within various subgroups:

- The General Community-Based Episodic Services subgroup includes the following general services that might be provided by any child-serving agency that are not considered inpatient or residential-based services.

  General Community-Based/Episodic Services
  1=Intake/screening/diagnosis/assessment
  2=Evaluation
  3=Consultation/meeting
  4=Case management/clinical coordination
  5=Service planning
  6=Crisis intervention/crisis stabilization/crisis hotline
  7=Emergency room psychiatric service
  8=Early intervention/prevention
  9=Caregiver support/family support
  10=Respite care
  11=Advocacy
  12=Legal service

13=Recreational activity/recreational therapy
14=Afterschool program or childcare
15=Training/tutoring/education/mentoring
16=Behavioral/therapeutic aide service
17=Medication treatment/administration/monitoring
18=Medical care/physical health care/laboratory related to mental health
19=Day treatment/partial-day treatment
20=Individual therapy/counseling/psychosocial therapy/play therapy
21=Group therapy/group counseling
22=Family therapy/family counseling
23=Psychosocial rehabilitation/cognitive rehabilitation
24=Tribal healing service
25=Social work service
26=Vocational/life skills training/independent living skills/youth transition
27=Transportation

- Additional subgroups list services that are specific to the following individual child-serving agencies or specific to informal, natural support, in-kind, or volunteer services.

Services Specific to Child Welfare
28=Child protective service
29=Case evaluation and monitoring
30=Family preservation
31=Adoption service
32=Therapeutic foster care/therapeutic group home
33=Family foster care, with non-relative/non-therapeutic foster care
34=Group foster care
35=Relative care

Services Specific to Juvenile Justice
36=Diversion/prevention service
37=Court services
38=Juvenile detention
39=Jail or prison
40=Parole/aftercare service
41=Probation/monitoring

Services Specific to Special Education and Early Care Programs
42=Early Head Start Program
43=Early Intervention (Part C)
44=Head Start Program
45=Preschool Special Education Program (Part B)
46=Other Early Care and Education Programs
47=Special education class, self contained
48=Special education resource service
49=Special education, inclusion
50=Physical, occupational, speech, hearing, or language service
51=Teacher aide service/other paraprofessional service

Informal, Natural Support, In-Kind, Volunteer Services
52=Self-help group/peer counseling/support group
53=Counseling from clergy
54=Informal transportation

- The last subgroup is specifically for inpatient or residential services, other than foster care.

Inpatient and Residential Services (Other Than Foster Care)
55=Inpatient evaluation
56=Inpatient consultation
57=Inpatient behavioral health service
58=Residential therapeutic camp/wilderness program
59=Residential treatment service, non-hospital
60=Residential care/custodial care
61=Shelter placement

At the end of these service categories, there is an "Other service type, please specify" code to describe services that do not match any of the service categories listed.

A complete list of these service categories is provided in appendix A. Additionally, definitions for each service category are provided in appendix A, attachment B, "Glossary of Terms." For service categories that align with either CPT-4, HCPCS, or ICD-9-CM Procedure Codes, those codes are listed along with the service definitions in appendix A, attachment A, "Code Definitions for CPT-4 Codes, HCPCS Codes, and ICD-9-CM Procedure Codes."

Provider Agency/Service Sector

The provider agency/service sector identifies the service sector with which the agency, organization, or person who provided the service is associated. This may or may not be the same service sector that referred or contracted the service. Seven options are provided for identifying the provider agency/service sector, plus an additional option for "other," in which you can specify any other provider that does not fit within the seven options:

1=Mental health
2=Child welfare/social services
3=Juvenile justice (juvenile court, corrections, probation)
4=Education/school/early childhood program/childcare organization
5=Pediatrician/physical health care provider
6=Family organization
7=Youth organization
8=Other, please specify

Definitions for each provider agency/service sector are provided in appendix A, attachment B.

Provider Type

To identify the type of provider that delivered the service, select the provider type category that best matches the provider, considering the provider's educational credentials and salary level. The provider type may be used in calculating estimated service costs, if the actual cost of services is not available. A list of 31 options is provided to use in identifying provider type, plus

an additional option for "other," in which you can specify any other provider type that does not fit within the list of options:

1=Case manager/care coordinator
2=Psychologist (Ph.D. or similar credential)
3=Mental health professional/licensed professional counselor
4=Social worker
5=Recreational therapist/behavioral aide/respite worker/other mental health staff
6=Tribal healer
7=Faith-based professional
8=Psychiatrist (M.D. or similar credential)
9=Physical health care physician/pediatrician
10=Nurse practitioner/physician's assistant
11=Nurse/psychiatric nurse
12=Alternative health care practitioner
13=Medical technician/laboratory
14=Child protective services worker/child protective investigator/foster care case worker
15=Foster family/foster parent
16=Teacher/special education teacher/resource teacher
17=School counselor/school psychologist
18=Speech, language therapist/audiologist/occupational or physical therapist
19=Teacher aide/educational paraprofessional
20=Tutor
21=Childcare provider
22=Court services worker
23=Detention/corrections staff
24=Probation/parole officer
25=Youth coordinator
26=Youth
27=Family member/relative/friend/neighbor/volunteer
28=Advocate/family advocate/education advocate/court advocate
29=Mentor
30=Program support staff
31=Driver
32=Other, please specify

Definitions for each provider type are provided in appendix A, attachment B.

Service Location

To identify service location, a list is provided of 23 location categories, plus an additional option for "other" in which you can specify any other location that does not fit within the options provided. The service location categories included in this list correspond with the standard Place of Service Codes for Professional Claims developed by the Centers for Medicare and Medicaid Services (CMS) for use in Medicaid claims and throughout the healthcare industry (refer to http://www.cms.hhs.gov/PlaceofServiceCodes). However, not all of the location categories specified in the CMS Place of Service Codes pertain to system of care services, so those that do not pertain are not included in the list below. Please note that the order of categories and code

numbers assigned to each category in the list below does ***not*** correspond to the CMS Place of Service Codes:

1=Office/independent clinic
2=Public health clinic/rural health clinic/federally qualified health center
3=Indian health service/Tribal 638 facility
4=Community mental health center
5=Social service center or agency
6=Ambulance
7=Mobile unit
8=Urgent care facility
9=Inpatient hospital
10=Outpatient hospital
11=Emergency room – hospital
12=Inpatient psychiatric hospital/facility
13=Psychiatric facility-partial hospitalization
14=Residential psychiatric treatment center
15=Correctional facility
16=Homeless shelter/temporary lodging
17=School
18=Home
19=Group home/custodial care facility
20=Pharmacy
21=Independent laboratory
22=Other community location/public place (i.e., Boys/Girls Club, YMCA, library, place of worship)
23=Phone
24=Other place of service, please specify

Definitions for each service location are provided in appendix A, attachment B.

Service Units

It is important that the number of units and the service unit are identified for each service event to accurately associate costs with that service. Service units often correspond to the billing for a service. The costs recorded for each service event should correspond accurately to the service units identified for each service event. For example, if 3 hours of case management service are recorded as a single service event, the costs reported for this service should be the total amount charged or paid for the full 3 hours, not the case manager's hourly rate.

Record the number of service units and identify the actual unit of service. Service units can range from minutes to years, or be identified as a visit or session, a call or contact, or a report. Nine options for service unit are provided:

1=Minute
2=Hour
3=Day
4=Week
5=Month

6=Year
7=Visit/session
8=Call/contact
9=Report

The number of service units can be identified as either whole numbers, or as whole numbers plus an explicit decimal place and up to two decimals. For example, if a service lasted 1 hour and 45 minutes, you can identify either the units as 105 and the service unit as minutes, or the units as 1.75 and the service unit as hour.

Costs and Payment Source

Two sets of data elements are provided to record costs data. One set covers the amount *charged*; the other set covers the amount *paid*. Identify the amount charged and/or the amount paid, depending upon the data you are able to access. The amount charged and the amount paid may be identical, but in many cases the amount charged may be higher than the amount paid because of adjustments negotiated by Medicaid or insurance companies to the original amount charged. If both the amount charged and the amount paid are available, record both. If only the amount charged or the amount paid is available, record only whichever amount is available and leave the other set of data elements blank. More detailed discussion about both amount charged and amount paid is provided below.

Specify either amounts charged or amounts paid as both dollars and cents. *Do not fill the cost fields with "0" when actual charge or payment amounts are unknown.*

It is important that costs are reported—either as charge or payment—as the total cost for the service event, *not* the unit rate for that service. Costs should correspond accurately to the service units reported for each service event and to the length of time recorded in the start and end dates. For example, if a child or youth received 5 days of day treatment and the service units are reported as 5 days, the costs reported should represent the total cost for the full 5 days, not the daily rate.

Because it is possible that the full cost of a particular service may be charged to multiple payers, or paid by multiple payers, these amounts are structured separately according to payment source. Record amounts charged or paid only in those fields that are applicable to each service. Definitions for each source of payment are clarified in appendix A, attachment B.

Options for payment sources:

- Medicaid
- State Children's Health Insurance Program (SCHIP)
- SAMHSA's Children's Mental Health Initiative (CMHI) cooperative agreement funds
- Mental health funds
- Child welfare funds
- Juvenile justice funds (juvenile court, corrections, and probation)
- Education funds
- Family organization funds

- Youth organization funds
- Tribal government, agency, organization, or provider
- Private insurance
- Other

Amount Charged

The amount charged represents the amount billed for the service, not the amount actually paid or received. The amount charged may be the provider's usual charge prior to any adjustments that may be applied or may be the provider's adjusted charge based on an anticipated or negotiated rate. If adjustments are made to the charge amount over time, the charge amount recorded in your data file can be changed using the update record function in the Services and Costs Data Tool on the ICN to reflect the adjusted charge.

The amount charged to each payment source might include an amount charged to Medicaid and a separate co-pay amount charged to the client. Record each separate charge amount according to the source of payment for each charge.

If the amount originally charged is unknown, leave these fields blank. *Do not fill the charge fields with "0" when charge amounts are unknown.*

Amount Paid

The amount paid represents the amount actually paid to the provider for the service, not the amount the provider originally lists on the bill as the charge. Multiple payments may be made by different payment sources for the same service (e.g., Medicaid or insurance payment, plus client out-of pocket co-payments). Record each separate payment amount according to the source of payment.

If no payment was made, or if the payment amount is unknown and is not estimated, leave these fields blank. *Do not fill the payment fields with "0" when payment amounts are unknown.*

For services that represent a group activity rather than a service for a specific child, youth, or family, enter the total cost of the group activity in the field associated with the appropriate source of payment. These services may include informal services, but do not include services such as group therapy, for which billing is typically specific to each participant. For group activities, the Child ID should be entered using four zeros in the final four digits in the Child ID (e.g., 988010000). Keep in mind that group services that were paid through flexible spending funds should be recorded in the Flex Funds Tool or the flexible funds data file, and is not considered part of this services and costs data file.

Estimating Payment

If the amount actually paid is not known, but the value of that payment can be estimated, you may provide the estimated value of payment in the amount paid fields. The amount recorded should represent the estimated payment for the service event, not the payment per unit of service. Following are three examples:

- Actual payment is not known for services provided by a salaried employee, but the employee's annual salary is known. To calculate the labor costs, use the employee's annual gross salary, before taxes and deductions, and add appropriate overhead costs. Calculate the unit rate by dividing the total annual labor costs by the most appropriate unit. If the most appropriate unit is hours, divide the total annual labor costs by 2,080 hours to calculate an hourly rate. Multiply this unit rate by the number of service units.
- Costs are available for special education services per child/youth for academic year (10 months), but the child/youth enrolled on January 15 and only received 5 months of services. Calculate the per-month cost from the available cost figures, and then multiply by 5. Service dates and unit of service should correspond to the 5 months for which cost estimates are provided.
- Youth was in juvenile detention for 10 days, but costs for juvenile detention are only available as average cost per month. Divide the average cost per month by 30.4 to calculate the daily rate, and then multiply the daily rate by 10 days. Service dates and unit of service should correspond with the 10 days for which cost estimates are provided.

Further guidance for calculating costs estimates based on salary can be drawn from cost estimate protocols such as the Drug Abuse Treatment Cost Analysis Program (DATCAP). Although the DATCAP was developed as a carefully structured protocol for developing cost estimates for drug abuse treatment programs, the process specified can be adapted for mental health and other social service programs. For example, section C of the DATCAP User's Guide pertains to estimating personnel costs. (Refer to http://www.datcap.com/index.htm for more information.)

Adjusting Estimated Payments for Inflation

When estimating payments, sometimes you may need to estimate the payment for a service event when information available to you on unit cost is for prior year(s), rather than for the year the service occurred. For example, the service was provided in 2009, but you only have unit cost data for 2005. In this case, you can use inflation adjustment to account for potential price differences across years. Below is an example of estimating the cost of a year of special education in 2009 based on a 2005 price. The formula below uses the Consumer Price Index (CPI), which is a measure of the average change in prices over time for goods and services. The CPI is used to calculate how prices change over time.

Current Year Cost Estimate = Cost for Known Year * (Current Year CPI/Known Year CPI)

The CPI for 2005 = 195.3, and the CPI for 2009 = 214.537. If special education cost per student in 2005 (cost for known year) = $25,000.00, then:

2009 Cost = 2005 Cost * (2009 CPI/2005 CPI)
$27,462.49 = $25,000.00 * (214.537/195.3)

The estimated special education cost for a student adjusted for 2009 would be $27,462.49.

The table below provides information on CPI for years 2003–09, which was obtained from U.S. Bureau of Labor Statistics (ftp://ftp.bls.gov/pub/special.requests/cpi/cpiai.txt). CPI figures for future years will be posted on the U.S. Bureau of Labor Statistics Web site as they become available.

Year	Consumer Price Index (Annual Average)
2003	184.0
2004	188.9
2005	195.3
2006	201.6
2007	207.342
2008	215.303
2009	214.537

To adjust for inflation, you also can use an inflation calculator available on the U.S. Bureau of Labor Statistics (BLS) Web site (www.bls.gov).

Estimated Payment Flag

Because payment amounts often are estimated, it is important to know when the reported payment amount for each service represents an estimated payment amount rather than an actual payment amount. If any of the payment amounts for a service event are estimated, you should indicate this. When using the Services and Costs Data Tool, check the box on the bottom of the Costs and Payment Source page to indicate that a payment has been estimated. If using the extract/format/upload method, specify "2" for estimated payment or "1" for actual payment amount.

Unpaid Service Estimates

Collecting data on informal, natural support, in-kind, or volunteer services that are unpaid is also important because these services provide a valuable part of the total array of services in systems of care. These unpaid services are services that are never expected to be paid, not services for which payment is expected but has just not been paid to date. These services do not include services provided by a parent or primary caregiver. Although no charge or payment amount is available for these services, the market value of these services usually can be estimated to represent the service cost if it were to be paid. It is possible that only part of some services is unpaid.

The value of unpaid services can be estimated based on the current market rates for the service if the service had to be purchased. Any estimates based on salary should be based on the highest rate of pay the service provider could earn in a paid position performing this same service. Refer to the "Estimating Payment" section above for more guidance on estimating labor costs.

Further guidance for calculating estimates for unpaid services can be drawn from cost estimate protocols such as the DATCAP. For example, section C6 of the DATCAP User's Manual pertains to estimating personnel costs for volunteer labor services. (For more information, refer to http://www.datcap.com/index.htm.)

Enter the estimated amount as dollars and cents. Include a decimal and two spaces for cents. If you do not have access to an estimated value for an unpaid service, or cannot estimate a value, leave this field blank. *Do not fill this field with "0" if the service is unpaid but no estimate has been assigned.*

For services for which no part was unpaid (informal, natural support, in-kind, or volunteer services), this data element is not applicable. When entering data in the Services and Costs Data

Tool, mark this service as "not applicable" in the checkbox provided. When formatting data according to the Services and Costs Data Dictionary, *enter a Not Applicable code* ***-666*** *in the last field.*

DATA TRANSFER METHODS FOR SERVICES AND COSTS DATA

The ICN offers two approaches for transferring services and costs data to the national evaluation: (1) the data extract/format/upload method, and (2) the data entry method using the Services and Costs Data Tool. Either of these methods may be used, or a combination of both.

DATA EXTRACT/FORMAT/UPLOAD

The data extract/format/upload method may be a labor-saving method for transferring data to the national evaluation if you or your program partners have much of the data requested for the Services and Costs Study already in electronic form. For data that you choose to transfer to the national evaluation using this method, you would take the following steps:

- Extract electronic data from your and your program partners' management information systems (MISs) that correspond to the data required for this study.
- Download the Services and Costs Data Table Shell from the ICN to your computer (optional), or name the variables in your data file to match the variable names in this table shell exactly.
- Format these data according to the specifications outlined in appendix A, recoding data as necessary.
- Remove any service event records that pertain to children, youth, and families who have not consented to sharing their data.
- Remove any service event records that have previously been uploaded or entered on the ICN.
- Insure that the data file meets data preparation and quality assurance criteria, as discussed below.
- Format the file in Microsoft Excel® format, with an .xls extension.
- Make sure the worksheet tab at the bottom of your Excel file that contains your data is named Services_and_Costs_Data.
- Upload your prepared data file on the ICN at least quarterly. Quarterly uploads are due by January 1, April 1, July 1, and October 1.
- Review your data submission for errors online. If an error message is displayed stating that your file was not successfully uploaded, make the necessary change and upload the file again.

In each data file uploaded, only ***new*** service records are to be included, not cumulative records. Any edits or updates to previously uploaded records must be made on the ICN using the update record feature in the Services and Costs Data Tool.

Services and Costs Data Dictionary

The national evaluation provides a common data structure in which to format your electronic data in appendix A. This data dictionary outlines a common data file structure and identifies variable names, descriptions, format, length, and category specifications for recoding data. All electronic data uploaded on the ICN must match these specifications exactly. At least some of your data are likely to require recoding to match the categories specified in the Services and Costs Data Dictionary.

Services and Costs Data Table Shell

To assist you in preparing your data file, the national evaluation provides an optional table shell that may be helpful. Since your electronic data must be uploaded as a Microsoft Excel file, the Services and Costs Data Table Shell provides an Excel spreadsheet with all the variable names specified in the Services and Costs Data Dictionary as column headers. Using this table shell is not required; rather, it is provided as an optional resource. The Services and Costs Data Table Shell can be downloaded from the ICN under the **Services and Costs Study** link on the Evaluation Resources page.

Services and Costs File Management Procedures

Because uploaded data files should only include *new* service event records—rather than cumulative records—you will need to implement file management procedures for separating those service records that you have previously uploaded or entered from those service records that have not yet been uploaded. There are a variety of procedures you might implement to manage your records, but the national evaluation provides an optional data file comparison syntax routine that you may find helpful.

Using this syntax routine is not required if you have other file management options to insure no previously uploaded or entered records are included in the file you are preparing for upload. This syntax routine is provided in SPSS and can be downloaded from the ICN under the **Services and Costs Study** link on the Evaluation Resources page, as a file named Services and Costs Data File Management Syntax. A complete description of what this syntax does, along with instructions, is included.

This syntax routine compares two files:

1) A file containing all service records previously uploaded or entered (the "master file"). The "master file" containing all service records previously uploaded or entered can be downloaded from the ICN to use in this file comparison.
2) A file containing service records in the data file you are currently preparing (the "upload file").

Service records that do not appear in the "master file" are identified and saved as a separate output file, ready to upload on the ICN. Other service records that do appear in the "master file" and include at least one variable that is different are tagged as potentially needing to be updated.

Preparing Your Services and Costs Data File for Uploading on the ICN

After initially preparing a data file that includes only new service event records, as described above, additional procedures are necessary prior to uploading your file on the ICN. Format your data file as a Microsoft Excel file with an .xls filename extension. Name your data file according to the following file naming convention:

scdata_nnn_mmddyy

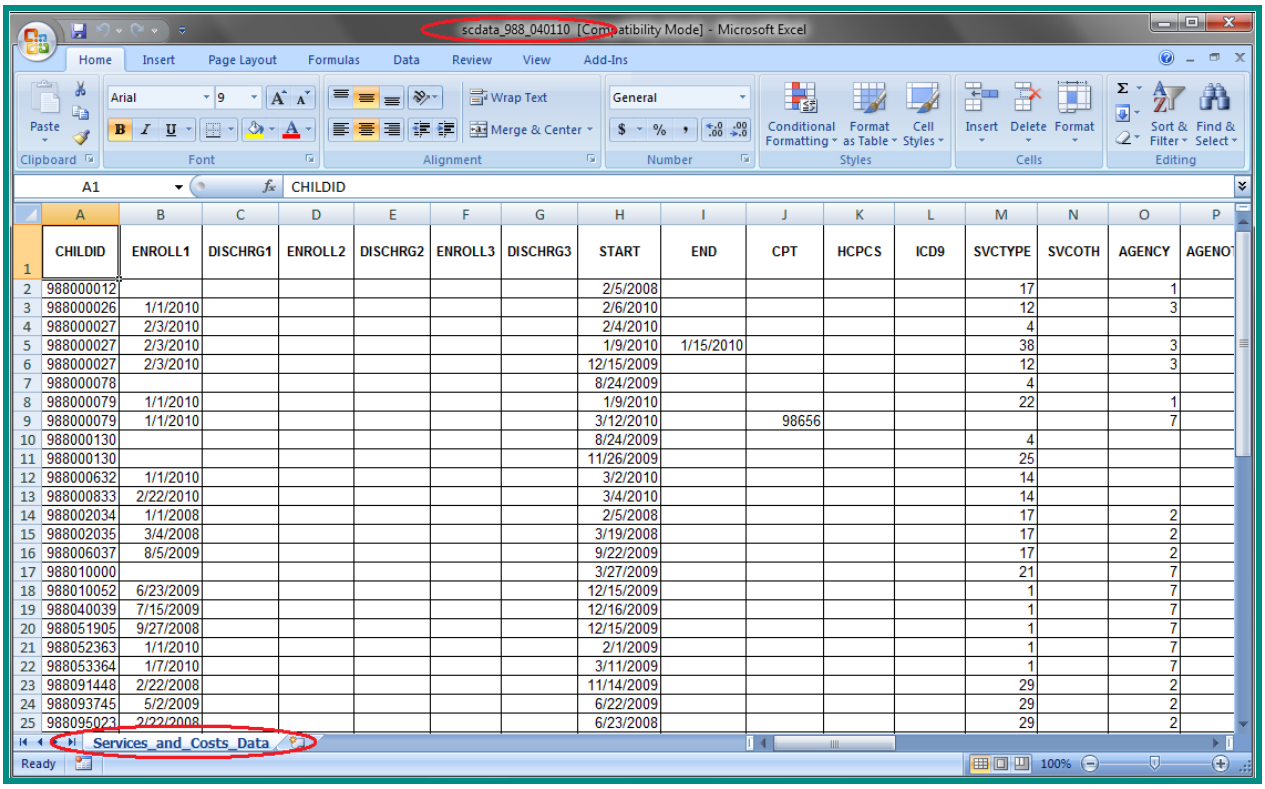
where

- "scdata" represents services and costs data
- "nnn" represents your 3-digit site ID
- "mmddyy" represents the date you are saving the file (e.g., scdata_988_040110)

The worksheet tab at the bottom of your Excel spreadsheet where the service event records are stored must have the following name:

Services_and_Costs_Data

Only Excel files that contain the worksheet named "Services_and_Costs_Data" will be successfully uploaded on the ICN. The example below shows how this file should look.



	CHILDID	ENROLL1	DISCHRG1	ENROLL2	DISCHRG2	ENROLL3	DISCHRG3	START	END	CPT	HCPCS	ICD9	SVCTYPE	SVCOTH	AGENCY	AGENOT
2	988000012							2/5/2008					17		1	
3	988000026	1/1/2010						2/6/2010					12		3	
4	988000027	2/3/2010						2/4/2010					4			
5	988000027	2/3/2010						1/9/2010	1/15/2010				38		3	
6	988000027	2/3/2010						12/15/2009					12		3	
7	988000078							8/24/2009					4			
8	988000079	1/1/2010						1/9/2010					22		1	
9	988000079	1/1/2010						3/12/2010		98656					7	
10	988000130							8/24/2009					4			
11	988000130							11/26/2009					25			
12	988000632	1/1/2010						3/2/2010					14			
13	988000833	2/22/2010						3/4/2010					14			
14	988002034	1/1/2008						2/5/2008					17		2	
15	988002035	3/4/2008						3/19/2008					17		2	
16	988006037	8/5/2009						9/22/2009					17		2	
17	988010000							3/27/2009					21		7	
18	988010052	6/23/2009						12/15/2009					1		7	
19	988040039	7/15/2009						12/16/2009					1		7	
20	988051905	9/27/2008						12/15/2009					1		7	
21	988052363	1/1/2010						2/1/2009					1		7	
22	988053364	1/7/2010						3/11/2009					1		7	
23	988091448	2/22/2008						11/14/2009					29		2	
24	988093745	5/2/2009						6/22/2009					29		2	
25	988095023	2/22/2008						6/23/2008					29		2	

If you do not have data for a particular variable, leave that field blank. *Do not fill blank data fields with zeros. Do not fill blank data fields with missing data codes, except* ***-999*** *where "other, specify" information is unknown, and* ***-666*** *for the last variable, ESTIMATE.* Fill this field with

the Not Applicable code **-666** for all services that are *not* unpaid informal, natural support, in-kind, or volunteer services to identify this variable as not applicable.

It is important to insure that your data file does not include service event records for any child, youth, or family who has not consented to having their data shared with the national evaluation.

Prior to uploading your data file, check that your file meets the quality assurance criteria listed below. During the upload process on the ICN, your data file will be processed through a data edit routine that checks whether your file meets criteria. The data edit routine will generate error messages for any criteria that your data file does not meet. If data do not match the variable specifications identified in appendix A, they cannot be merged with any data your community key enters in the Services and Costs Data Tool, and cannot be used to prepare your master file for download or to generate your automated data report. Any file that does not meet the required quality assurance criteria will not upload successfully.

Quality Assurance Criteria

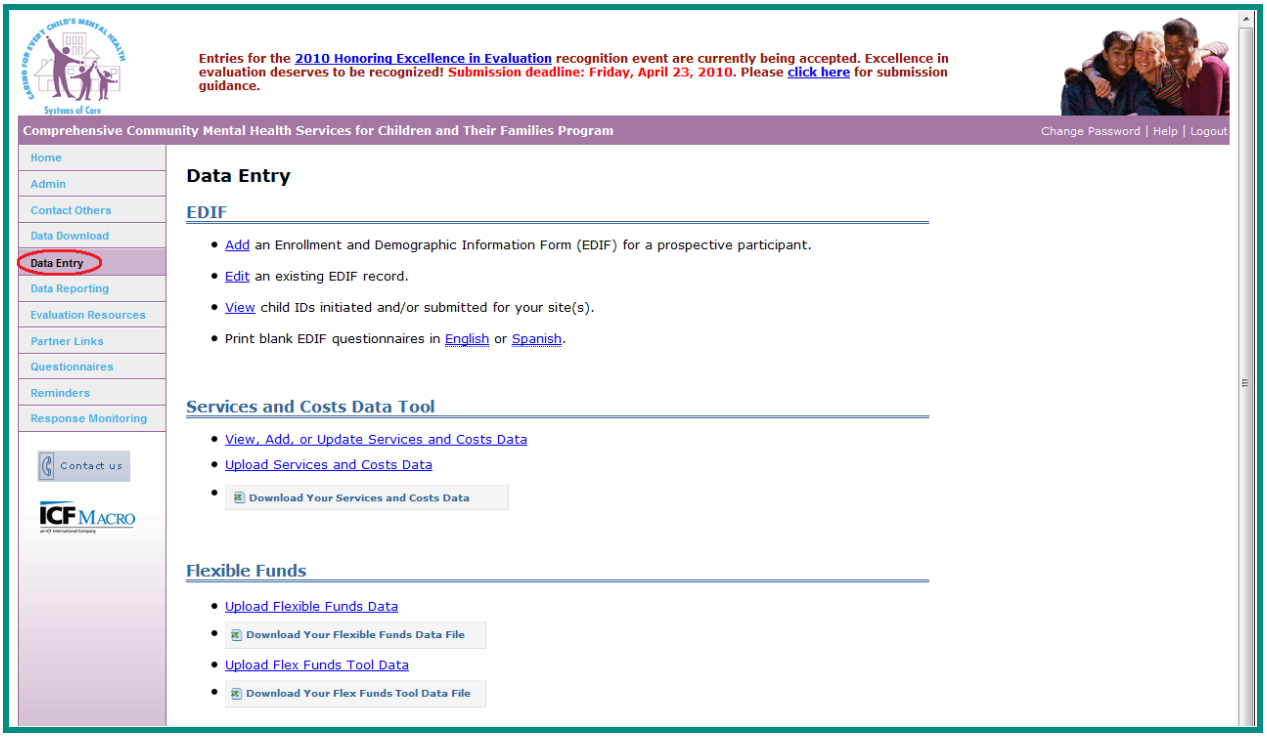
- No previously created records are included, either previously uploaded or entered in the Services and Costs Data Tool on the ICN. You may use the data file comparison syntax to compare previously transferred data with your current data file.
- No duplicate records exist for the same service event, based on **CHILDID**, **START**, and service type (**CPT, HCPCS, ICD9,** or **SVCTYPE**). If you or your partner agencies' MIS generates one record per charge or payment transaction, there may be duplicate records per service. In this case, a de-duplication process is required to consolidate multiple records per service into one record.
- Variable labels in the column headers are complete and accurate, as outlined in appendix A.
- Columns headers exist for all variables, even if the data fields are blank.
- No additional variables or data are included, other than those outlined in the Services and Costs Data Dictionary (refer to appendix A).
- All records have a 9-digit **CHILDID;** a date in the **START** field; and a service type coded in either the **CPT, HCPCS, ICD9,** or **SVCTYPE** variables. These are required fields and serve as the unique record identifier.
- Dates in the **START** field must be on or before the date the file is uploaded.
- **CPT4** service codes consist of five numbers.
- **HCPCS** service codes start with one alpha character followed by four numbers.
- **ICD9** procedure codes consist of two digits, one decimal, followed by two digits.
- Codes in the variable **SVCTYPE** are between 1 and 62.
- Codes in the variable **AGENCY** are between 1 and 8.
- Codes in the variable **PROVIDER** are between 1 and 32.
- Codes in the variable **LOCATION** are between 1 and 24.
- Codes in the variable **SVCUNIT** are between 1 and 9.
- Amounts entered in charge and/or payment variables represent total charge and/or payment for the service as defined by the dates of service and service units, not the charge and/or payment per unit of service.

Services and Costs Data File Upload Procedures

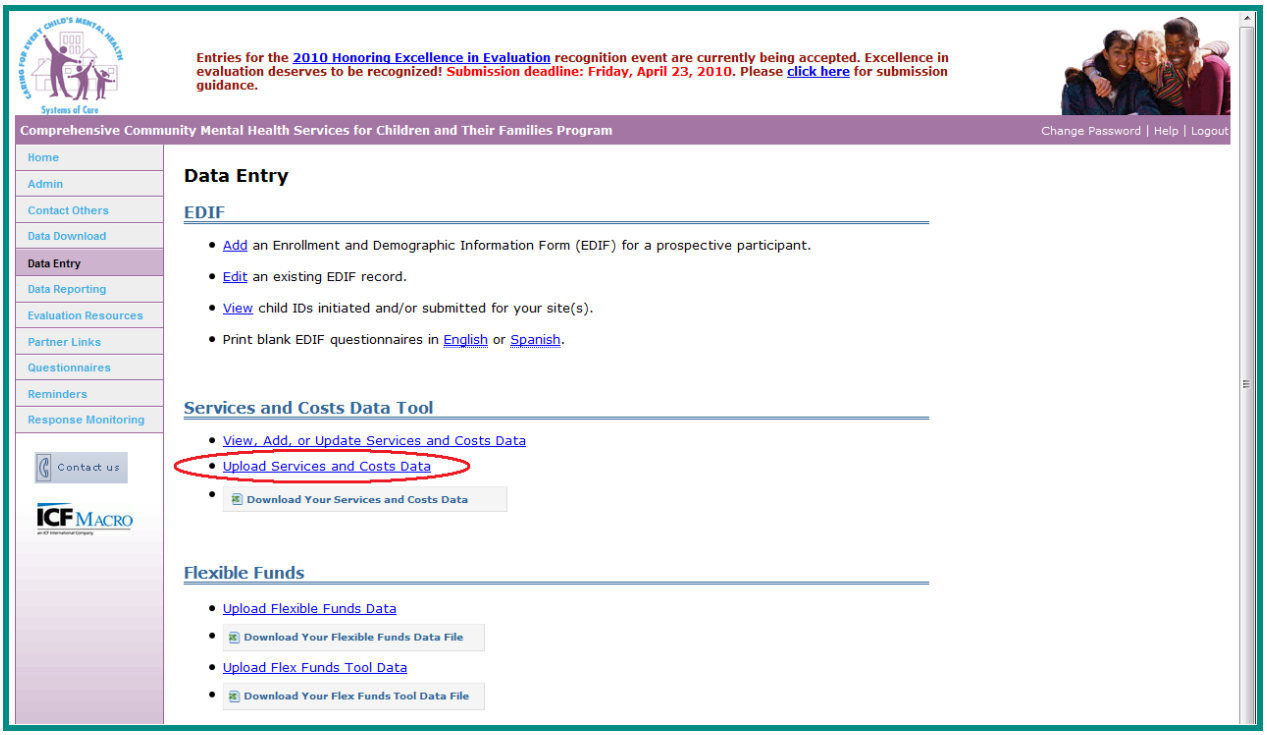
After your data file is prepared according to the specifications described above, upload the file on the ICN. The directions below provide step-by-step instructions.

Log in to the ICN Web site (www.cmhs-icn.com) using your username and password. (If you do not know your username and password, please contact your community's ICN site administrator.)

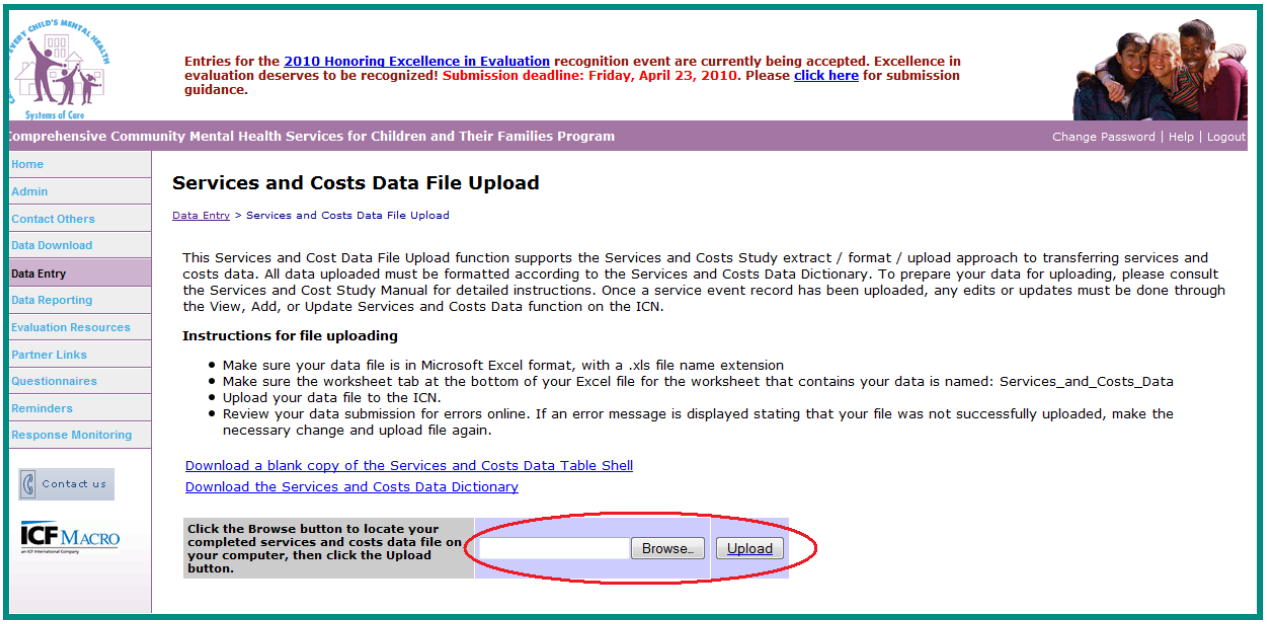
Several navigation links are located along the left navigation panel of the ICN. To upload a data file for your community, click **Data Entry**.



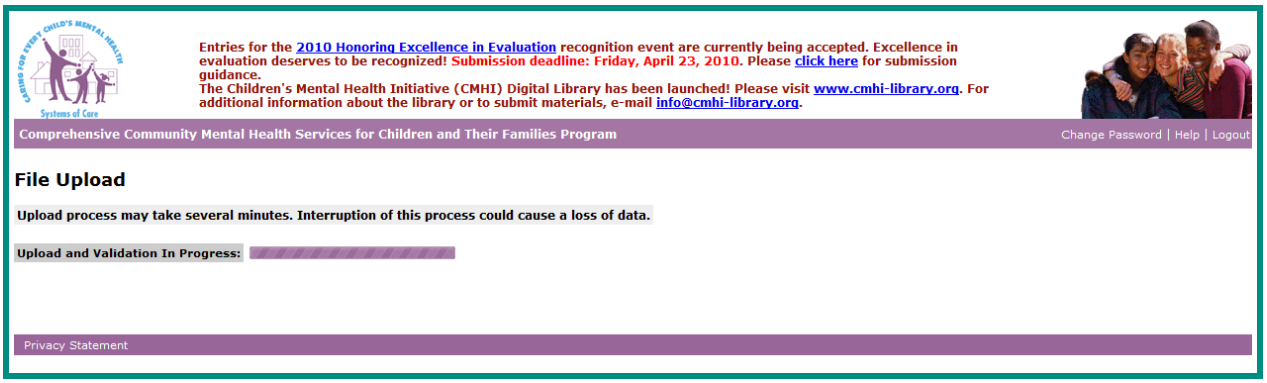
From the main Data Entry page, click the **Upload Services and Costs Data** link under the Services and Costs Data Tool section.



The Services and Costs Data File Upload page will open. At the bottom of this page, **Browse** and **Upload** buttons are provided.

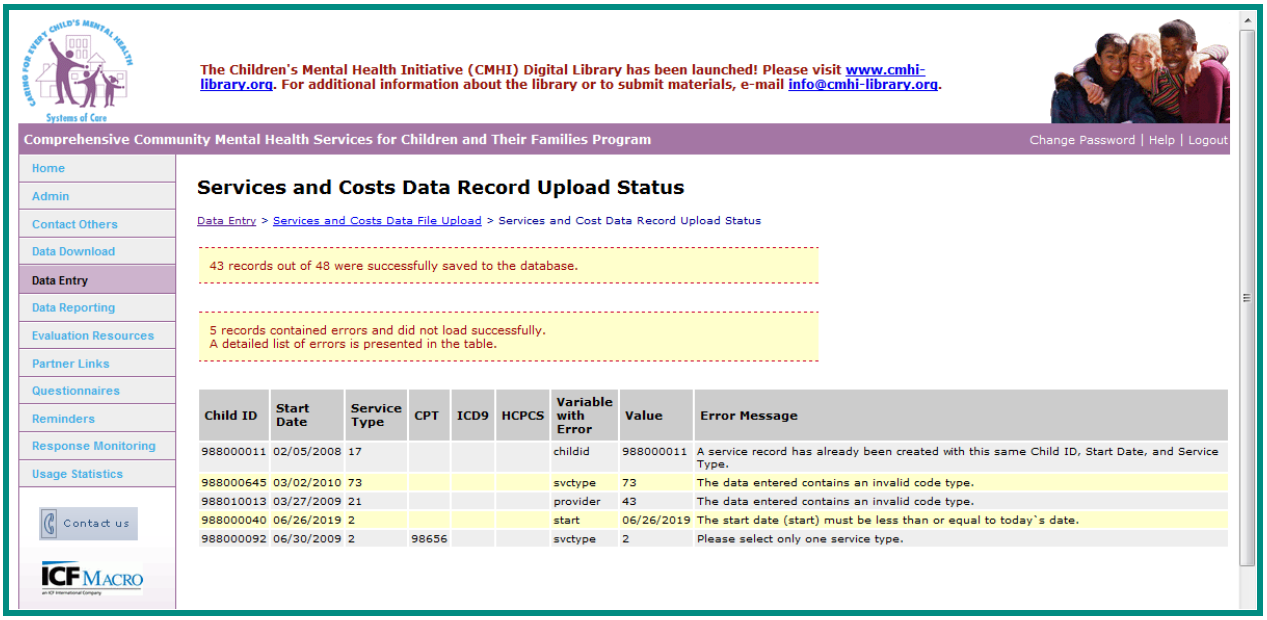


Browse your local computer files and select the services and costs data file, then click **Upload**. The following screen appears informing you that the upload process may take several minutes. Please be patient while waiting for the file to upload.



It is important that the file you upload on the ICN is prepared according to the specifications listed in the previous section, "Preparing Your Services and Costs Data File for Uploading on the ICN." If it does not meet the specifications, you will receive error messages informing you that some or all of the records could not be loaded.

After your data file upload is completed, the Services and Costs Data Record Upload Status page is displayed. This page displays the number of records that were successfully saved to the ICN database and the number of records that did not load successfully. An error list is produced for the records that did not load successfully. This list shows the Child ID, Start Date, Service Type, the variable name for which the error resides, the value in that produces the error, and an error message.

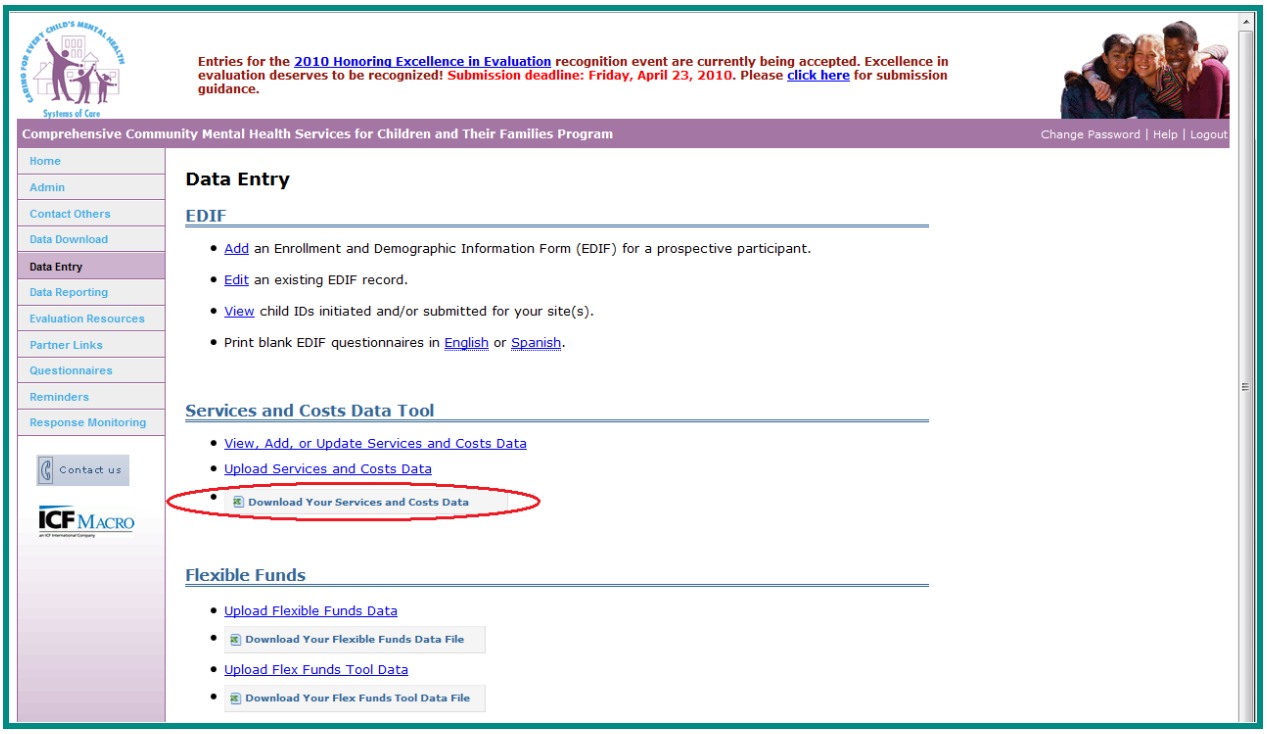


If you find that some of the records did not load successfully, open the file you uploaded to the ICN, identify the records that did not load, and make the necessary corrections to those records. After making the corrections, you need to upload only the corrected records. It is recommended that you extract the corrected records and save them to a new Excel file, making sure the file meets the upload specifications. You will now repeat the upload procedures with the new Excel file.

Services and Costs Data File Download Procedures

Services and costs data that have been submitted to the national evaluation through the extract/format/upload method or through entering data on the ICN (described in the section below) can be downloaded by clicking **Download Your Services and Costs Data** on the Data Entry page of the ICN. Once you click the download button, you can save the file to the appropriate location on your local computer.

Before uploading new service records using the extract/format/upload method, it is recommended that you download the services and costs data file so you can crosscheck the previously submitted records to the file you are going to upload. This helps ensure that only new records are uploaded.



DATA ENTRY

The second approach for transferring services and costs data to the national evaluation is to data enter information available from paper-based case records on the ICN. The national evaluation provides the Services and Costs Data Tool on the ICN to facilitate this data entry.

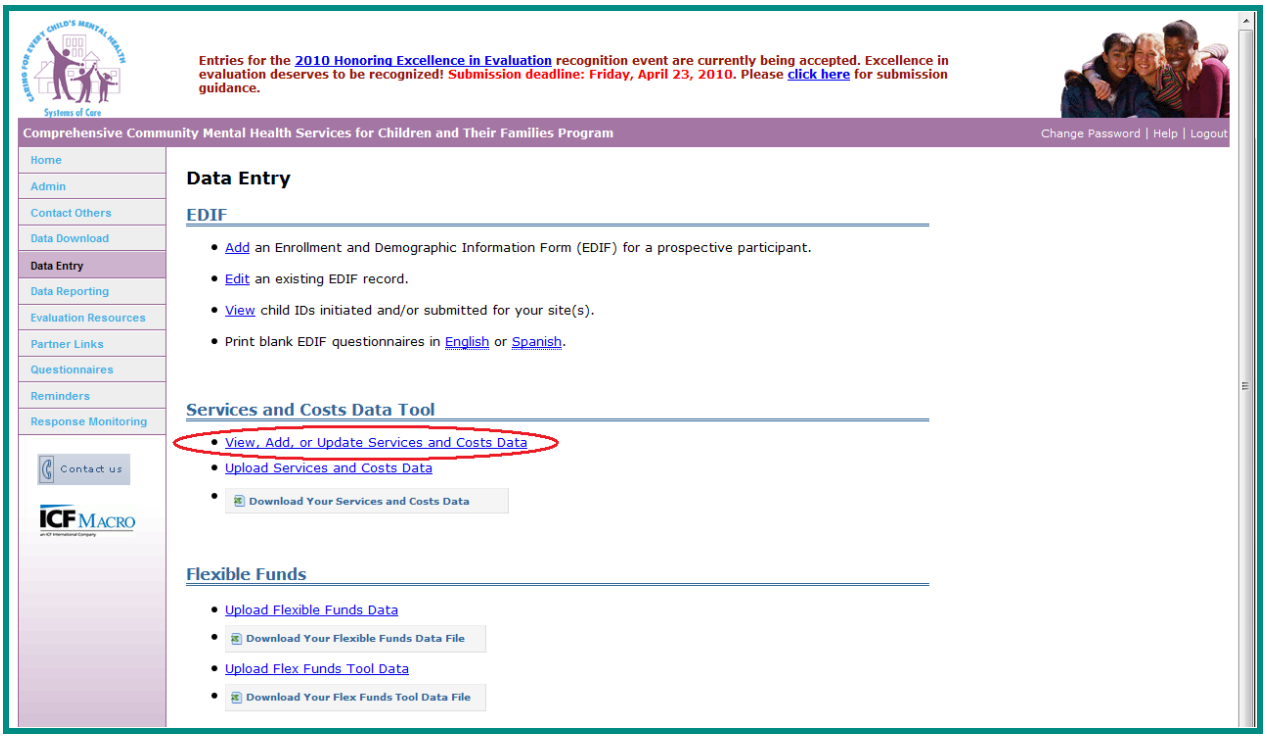
Services and Costs Data Collection Form

The national evaluation provides an optional Services and Costs Data Collection Form to support your data collection from paper-based case records. This form provides a structured format to record information as it is identified from case records, which may allow information to be data entered on the ICN more easily. The first page of this form provides space to record information and the second page provides the codes to be used for coding service type, provider agency/sector, provider type, service location, and service units. These pages can be printed back-to-back, or separately. The structure of information on this form matches the data domains and coding categories in both the Services and Costs Data Tool and the Services and Costs Data

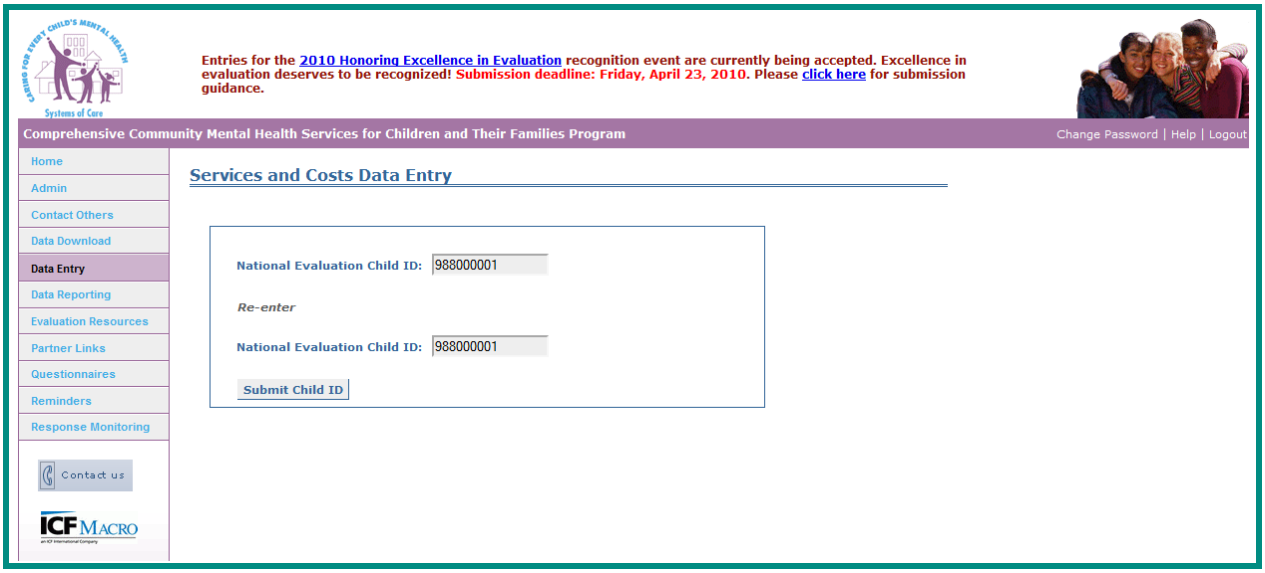
Dictionary. Using this form is not required, and this form will not be transferred directly to the national evaluation. The Services and Costs Data Collection Form is provided in appendix B, but also can be downloaded from the ICN under the **Services and Costs Study** link on the Evaluation Resources page.

Data Entry on the ICN Using the Services and Costs Data Tool

To data enter information on the ICN using the Services and Costs Data Tool, click **Data Entry** in the left navigation menu. Next, you will see the section titled Services and Costs Data Tool. Click **View, Add, or Update Services and Costs Data**.



This will open to the Services and Costs Data Entry page.

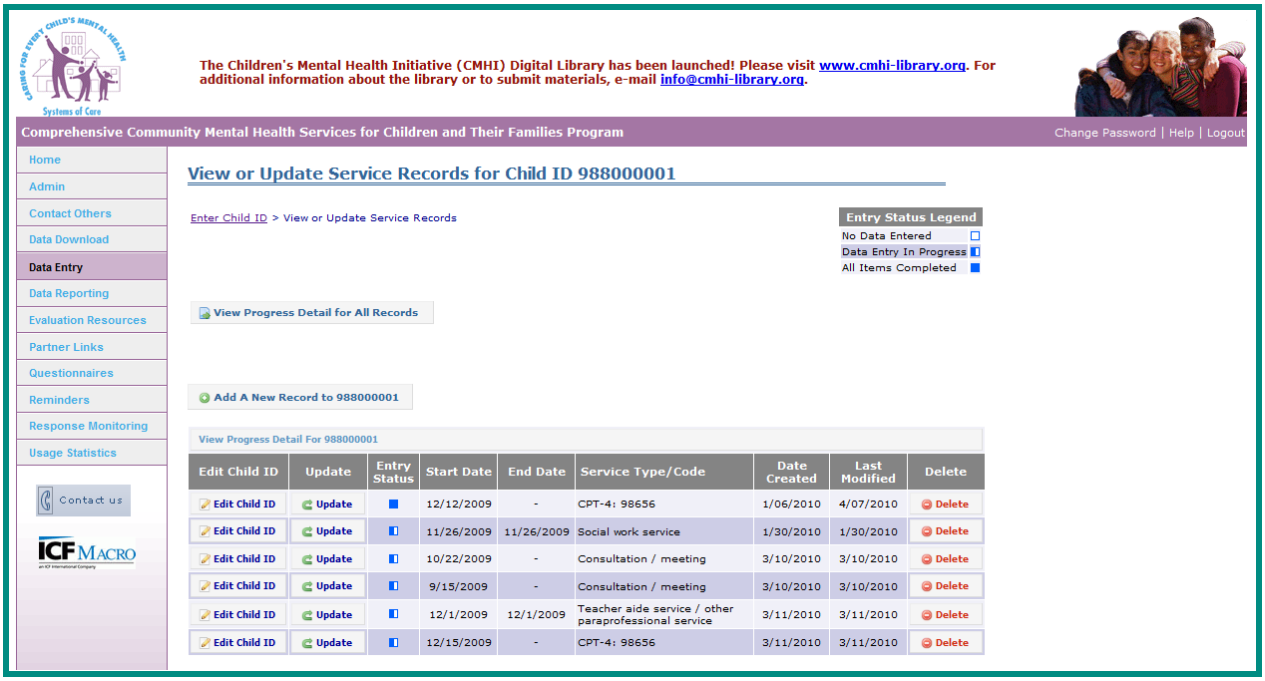


This page provides two options:

- You can enter a service event record for a system of care service received by a child, youth, or family.
- You can view or update service records. This includes viewing progress on, updating, or deleting previously entered records. (See section below titled **View or Update Service Records.**)

If you choose to enter a service event record, enter the national evaluation Child ID in the first box and then re-enter the Child ID as a validation check in the second box. Then, click **Submit Child ID**.

The next page displayed depends upon whether any records previously were created for this Child ID, using either the Services and Costs Data Tool or uploaded data files. If previous records have been entered for this Child ID, you will see a summary of the previous records, as shown below. From this page, you can view progress, update, delete, or add a new record. If no previous records have been entered for this Child ID, the next page displayed will be the Date of Service/Service Type page.

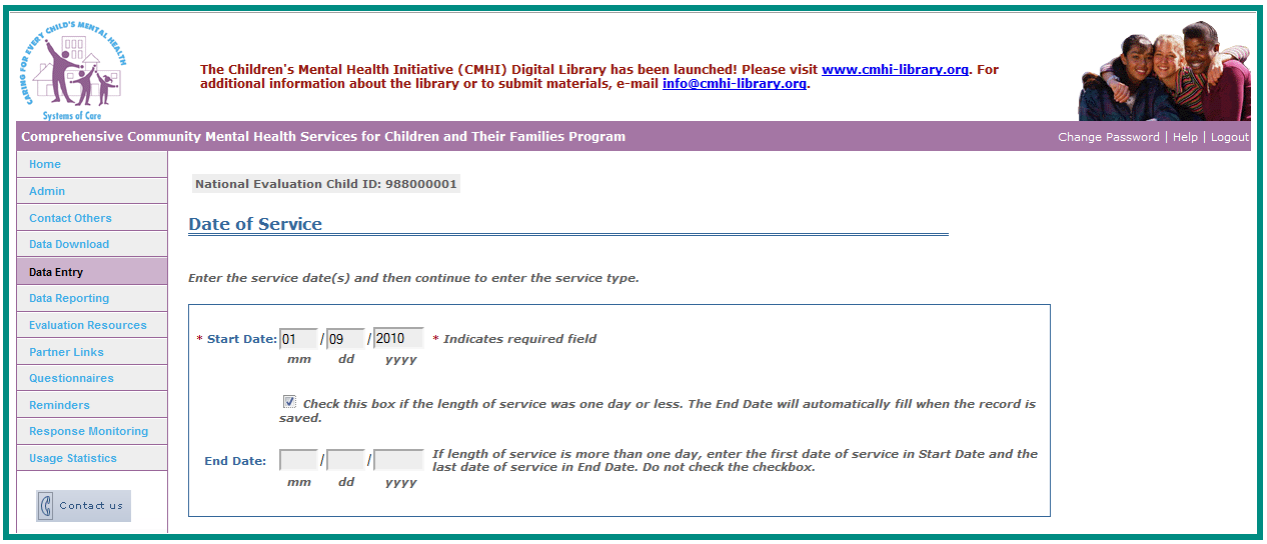


To add a new record, click **Add a New Record to [Child ID]** and you will be taken to the first data entry page (shown in the screenshots below).

Date of Service/Service Type

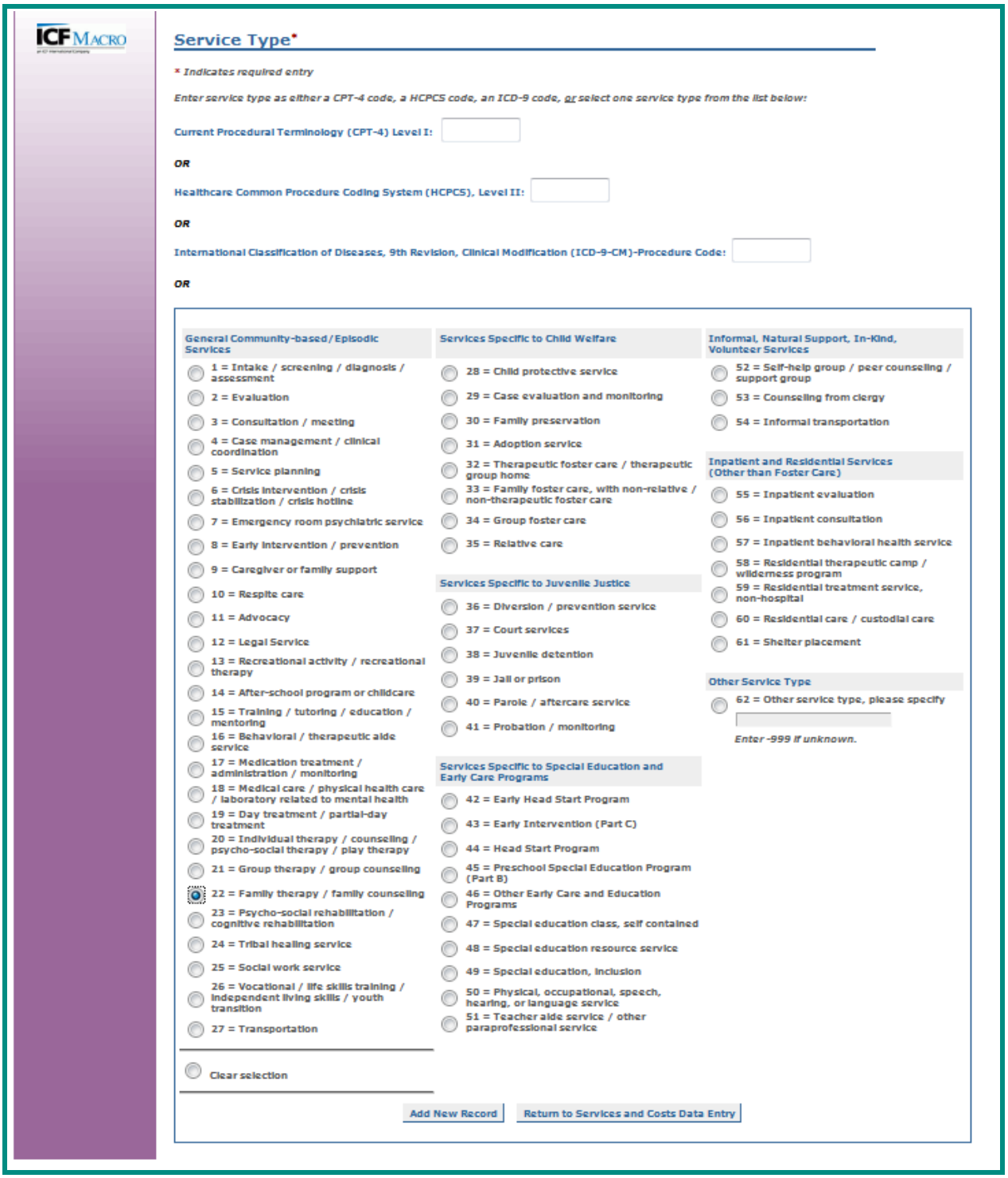
Here you enter the Date of Service and Service Type. To complete the **Add a New Record** process, three data elements must be entered: (1) Child ID, (2) Service Start Date, and (3) Service Type. The combination of these three data elements comprise the unique record identifier and are required.

For Date of Service, a checkbox is provided to indicate whether the length of service is one day or less. By checking this box, the start date will automatically be filled in as the end date when the record is saved. If the length of service is more than one day, and the end date is available, enter the end date. If the end date is not available at this time, it may be added at a later time using the update feature.



To enter Service Type, enter either a CPT-4 code, an HCPCS code, or an ICD-9 Procedure code in the one of the boxes provided, or select a service type code from the list of service types provided. Only one code can be used to identify the service type for each service record.

Note the **Clear selection** button at the bottom left of the screen. This button allows you to clear, or unselect, a previously selected service type code.



After you have entered the Date of Service and Service Type on this page, click **Add New Record**.

Common Navigation and Data Entry Procedures

After adding a new record, all remaining data entry pages have several navigation and data entry features in common, as shown in the screen shots below. Along the top of each page, tabs are provided for each data domain. Clicking on a tab will take you directly to the page where

information for the data domain can be entered. *It is important that you save each page by clicking **Save** before navigating to another tab.*

These tabs also display the current data entry status of each data domain. After selecting or entering data and saving the information on each of these pages, note that the tab at the top of the page now shows a green check mark ( ) indicating that you successfully entered data for this domain. If you have not entered data for a data domain, a caution symbol ( ) is displayed.

Also included in these tabs is an option to navigate out of the data entry pages and go to the View or Update Service Records page. *It is important that you save the data you may have entered by clicking **Save** before selecting the View or Update Service Records page.*

In the upper left portion of these data entry pages, the three data elements that comprise the unique record identifier are displayed for the current record. These include the Child ID, the Start Date, and the Service Type.

Most of the data entry pages include an "Other, please specify" option. If your data do not match any of the specific options provided, click this option and enter your response in the text field. If you enter information in the text field, the "Other, please specify" option must be selected. If you select the "Other, please specify" option, but do not have specific information to enter in the text box, enter **-999**.

Once you have selected or entered your data on each page, you can either **Save** or **Save and Continue**. If you click **Save**, you will remain on the same page and a message will be displayed "The data have been saved." If you click **Save and Continue**, your data will be saved and you will advance to the next data domain.

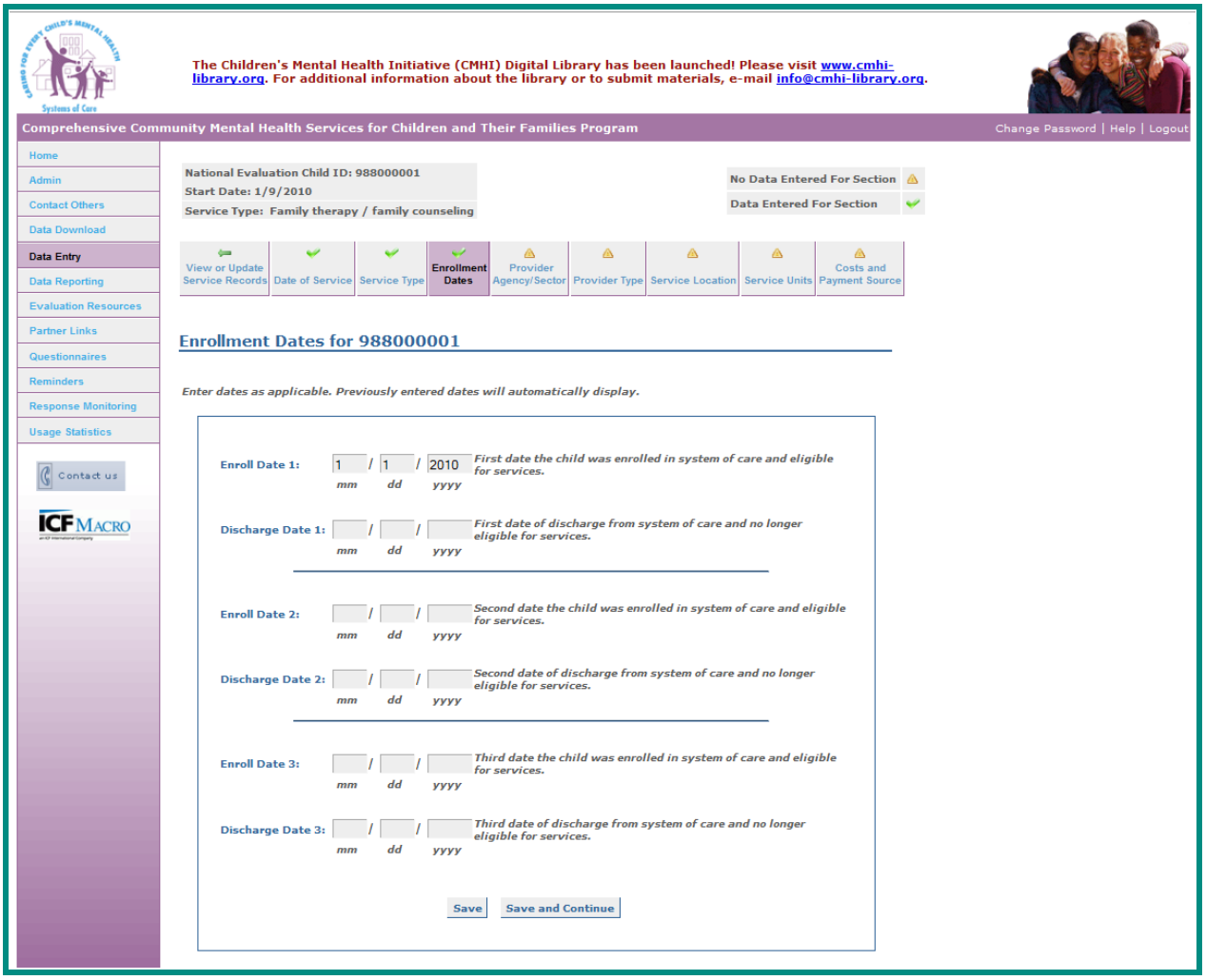
If you need to change a previous selection on this page, simply click on another selection. However, if you need to clear or reset the data previously entered for any reason, check the box in the gray shaded area at the bottom of the page that says, *"To clear all data from this screen, check this box."* After checking the box, click either **Save** or **Save and Continue**. A message will appear at the top of the page indicating *"All data will be cleared from this section. Click on **'Continue'** to remove the data. If you don't want to remove the data from this section, click on the back button of your browser or click on **'Cancel'** below."* If you click **Continue**, the page will reset so that you can either enter the correct data for the page, or move on and enter data for another data domain.

If you have data for some data domains but not others, you may enter the data you have at this time and leave the other data domains blank. If you are able to access these missing data at a later time, you may come back to this service record and enter the data.

From any page in the Services and Costs Data Tool, you can click **Help** at the top right of the screen, and then click **Services and Costs Study**. This provides a link to two documents: "Code Definitions for CPT-4 Codes, HCPCS Codes, and ICD-9 Procedure Codes" and the "Glossary of Terms" for services and costs data. These two documents also can be located as attachments to the Services and Costs Data Dictionary.

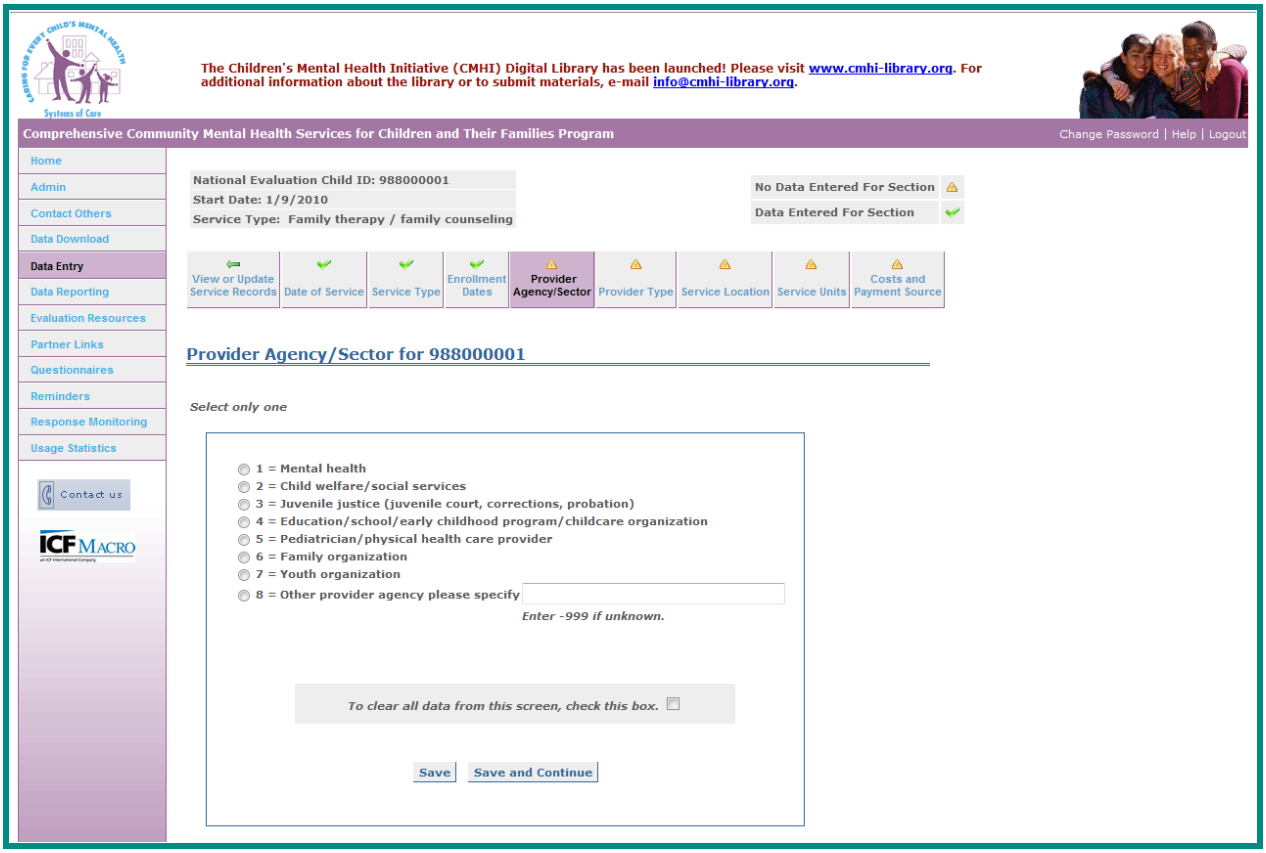
Enrollment Dates

The Enrollment Dates page allows you to enter dates for up to three enrollment episodes, as shown below. Enter the enrollment date(s) and discharge(s) only as applicable. If a child or youth is currently enrolled and has not been discharged, leave the discharge date(s) blank. If a child or youth does not have a second or third enrollment and discharge episode, leave the dates for the second and third episodes blank. Once an enrollment or discharge date has been entered for a Child ID, this date will automatically display in subsequent records for this same Child ID.



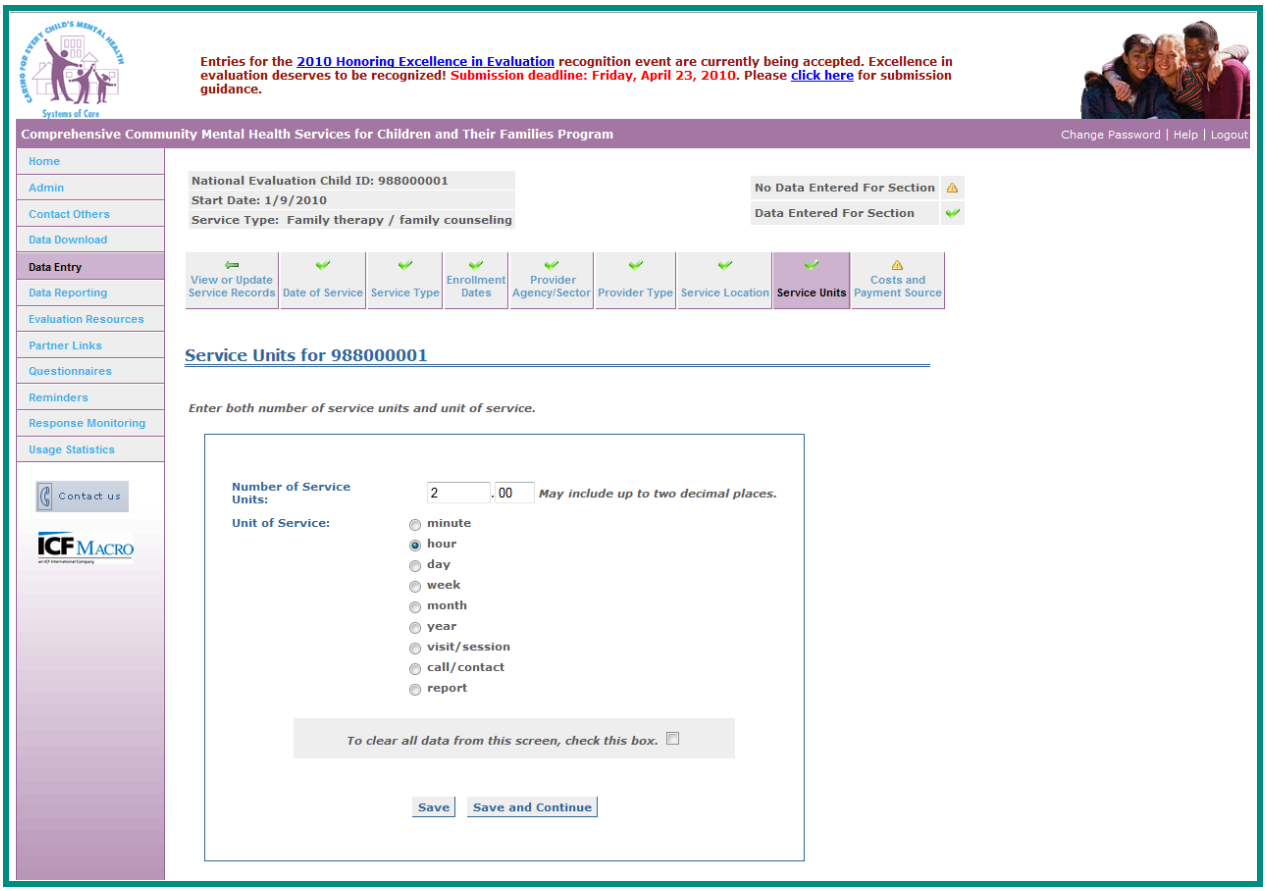
Provider Agency/Sector, Provider Type, and Service Location

Other data domains include Provider Agency/Sector, Provider Type, and Service Location. Each of these pages functions similarly, as shown below on the Provider Agency/Sector page.



Service Units

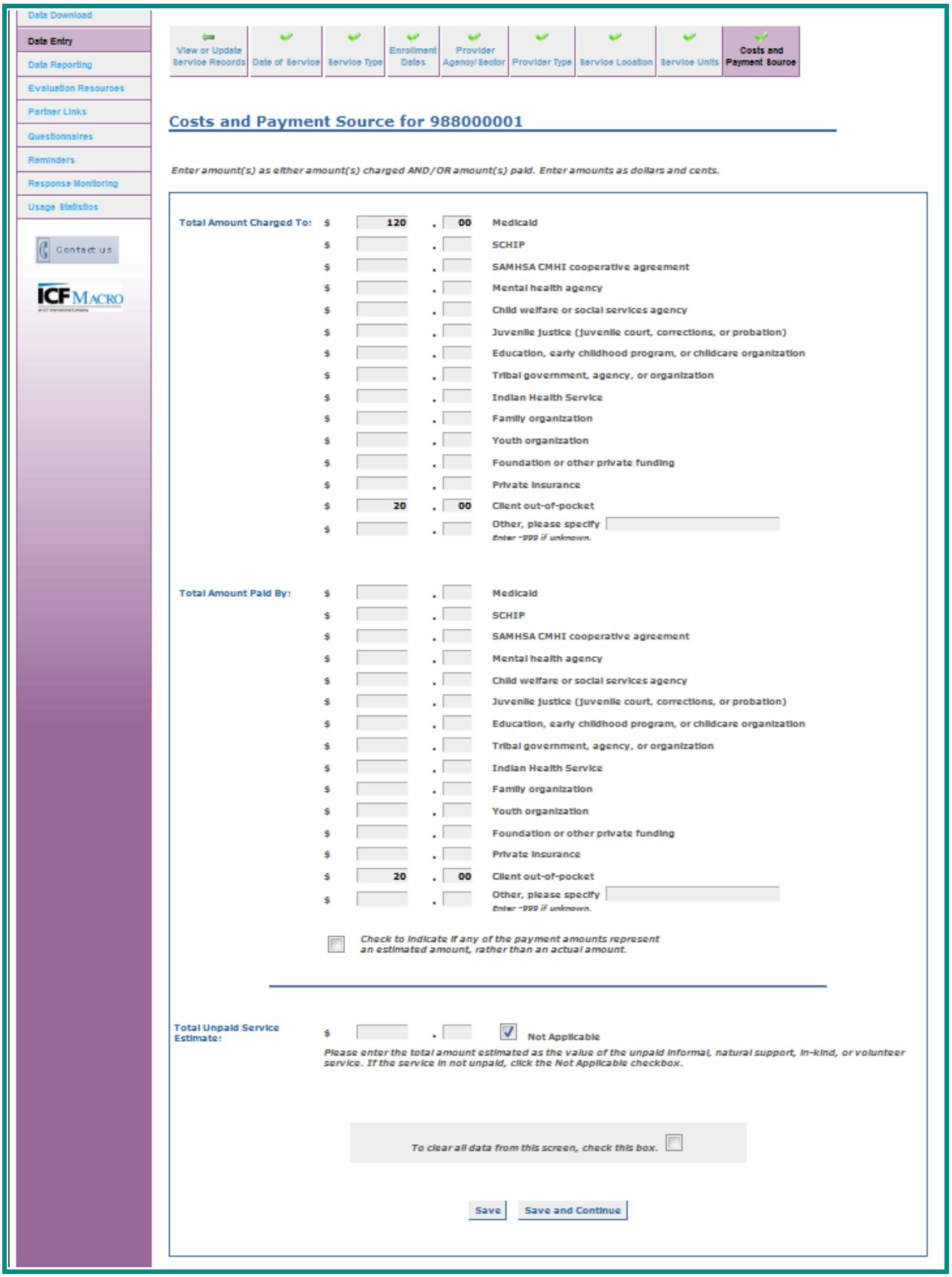
The Service Units page includes both Number of Service Units and Unit of Service. Enter data for both. The number of service units can be entered as either a whole number or a whole number plus up to two decimal places.



Costs and Payment Source

Enter either amounts charged or amounts paid, or both, in both dollars and cents. Amounts charged and Amounts paid may be entered for multiple payment sources, as appropriate. If any of these amounts represent an estimated amount rather than an actual amount, click the checkbox to indicate that the amount has been estimated.

The bottom section of this page provides the option to enter any estimate that has been calculated for an unpaid service. For services in which no part was unpaid (informal, natural support, in-kind, or volunteer services), simply click the **Not Applicable** checkbox.


Data Download
Data Entry
Data Reporting
Evaluation Resources
Partner Links
Questionnaires
Reminders
Response Monitoring
Usage Statistics
Contact us
ICF MACRO
View or Update Service Records
Date of Service
Service Type
Enrollment Dates
Provider Agency/ Sector
Provider Type
Service Location
Service Units
Costs and Payment Source
Costs and Payment Source for 988000001
Enter amount(s) as either amount(s) charged AND/OR amount(s) paid. Enter amounts as dollars and cents.
Total Amount Charged To:
$ 120 . 00 Medicaid
$. SCHIP
$. SAMHSA CMHI cooperative agreement
$. Mental health agency
$. Child welfare or social services agency
$. Juvenile justice (juvenile court, corrections, or probation)
$. Education, early childhood program, or childcare organization
$. Tribal government, agency, or organization
$. Indian Health Service
$. Family organization
$. Youth organization
$. Foundation or other private funding
$. Private insurance
$ 20 . 00 Client out-of-pocket
$. Other, please specify
Enter -999 if unknown.
Total Amount Paid By:
$. Medicaid
$. SCHIP
$. SAMHSA CMHI cooperative agreement
$. Mental health agency
$. Child welfare or social services agency
$. Juvenile justice (juvenile court, corrections, or probation)
$. Education, early childhood program, or childcare organization
$. Tribal government, agency, or organization
$. Indian Health Service
$. Family organization
$. Youth organization
$. Foundation or other private funding
$. Private insurance
$ 20 . 00 Client out-of-pocket
$. Other, please specify
Enter -999 if unknown.
Check to indicate if any of the payment amounts represent an estimated amount, rather than an actual amount.
Total Unpaid Service Estimate:
$. Not Applicable
Please enter the total amount estimated as the value of the unpaid informal, natural support, in-kind, or volunteer service. If the service in not unpaid, click the Not Applicable checkbox.
To clear all data from this screen, check this box.
Save
Save and Continue

When you click **Save and Continue** from the Costs and Payment Source page, the Services and Costs Data Tool exits the data entry pages and brings you to the View or Update Service Records for [Child ID] page. From here, you have several options. If you have an additional service event record to enter for this *same* Child ID, click **Add a New Record for [Child ID]**. Other options are described below in the "View, Add, or Update Service Records" section.

If you have a service event record to enter for *another* Child ID, click **Enter Child ID** in the upper left part of the screen. This will take you to the Services and Cost Data Entry page.

If you have *no* additional service events to enter at this time, you can exit the Services and Costs Data Tool and log out of the ICN at any time by clicking **Logout** at the top right of any page.

View, Add, or Update Service Records

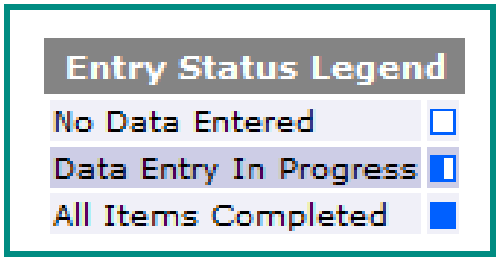
To view progress and add, update, or delete service event records previously entered, click **Data Entry** in the left navigation menu. Next, you will see the section titled Services and Costs Data Tool. Click **View, Add, or Update Services and Costs Data**. This will open to the Services and Costs Data Entry page. At the bottom of the page, click **View or Update Service Records**. Alternatively, if you are already in the Services and Costs Data Tool, click the **View or Update Service Records** button from the Services and Costs Data Entry page or the **View or Update Service Records** tab along the top of most of the data entry pages.

From the View or Update Service Records page, you can perform these functions:

- Add a service event record
- Update a service event record
- Delete a service event record
- Edit a Child ID
- View a progress detail report for all previously entered Child IDs or for a specific Child ID

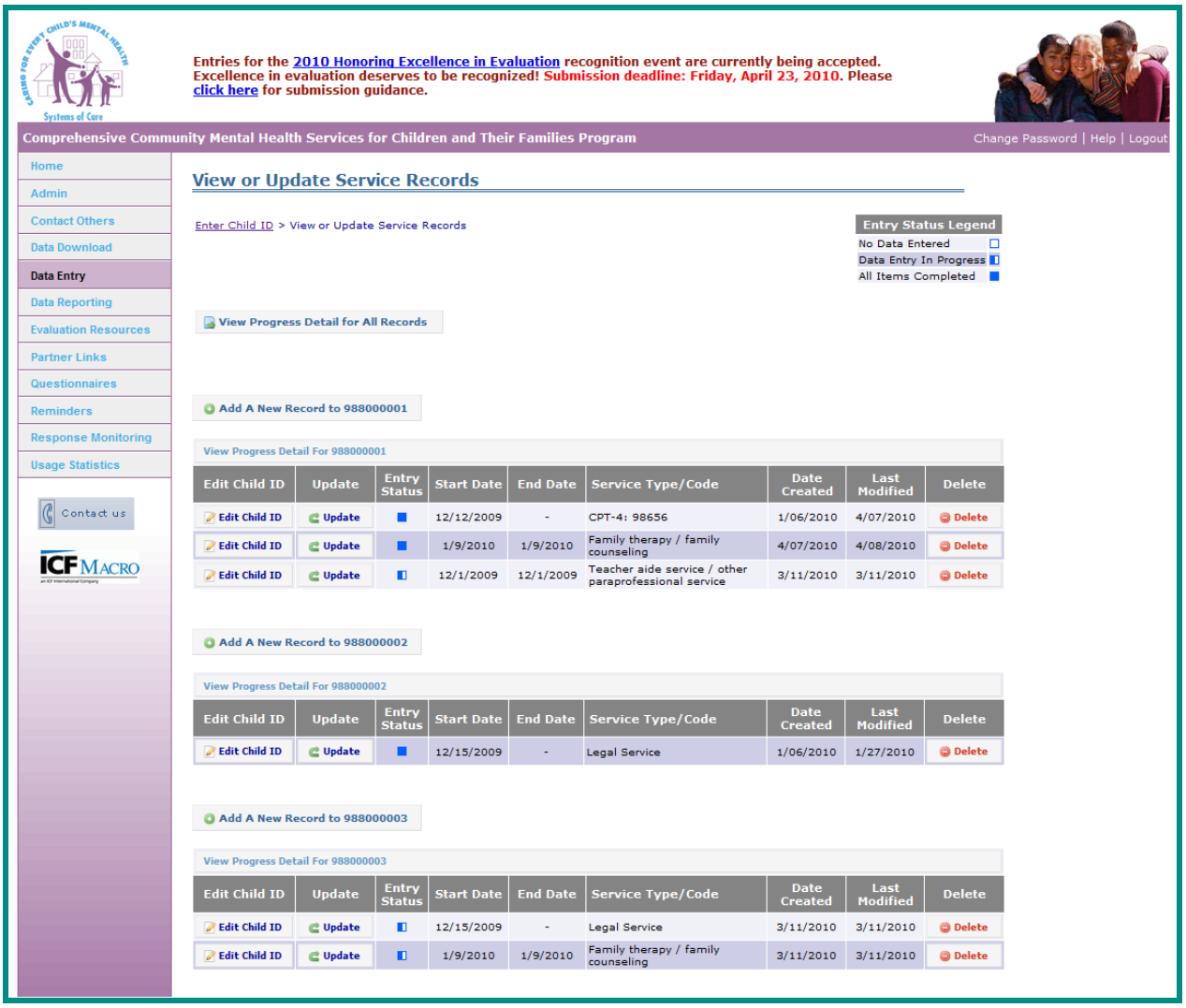
The View or Update Service Records page lists all previously entered records by Child ID. Child IDs are listed in numerical order so you can easily scroll through the list and locate the records you need to find.

This page also displays the current data entry status of each record. A legend in the upper right identifies the blue and white symbols that represent each stage of data entry after the unique record identifier variables are entered: no data entered, data entry in progress, and all items completed.



Add Service Event Record

To add a new service event record for a child, youth, or family for whom data previously were submitted, scroll through the Child IDs to locate the Child ID for which you want to add a record.



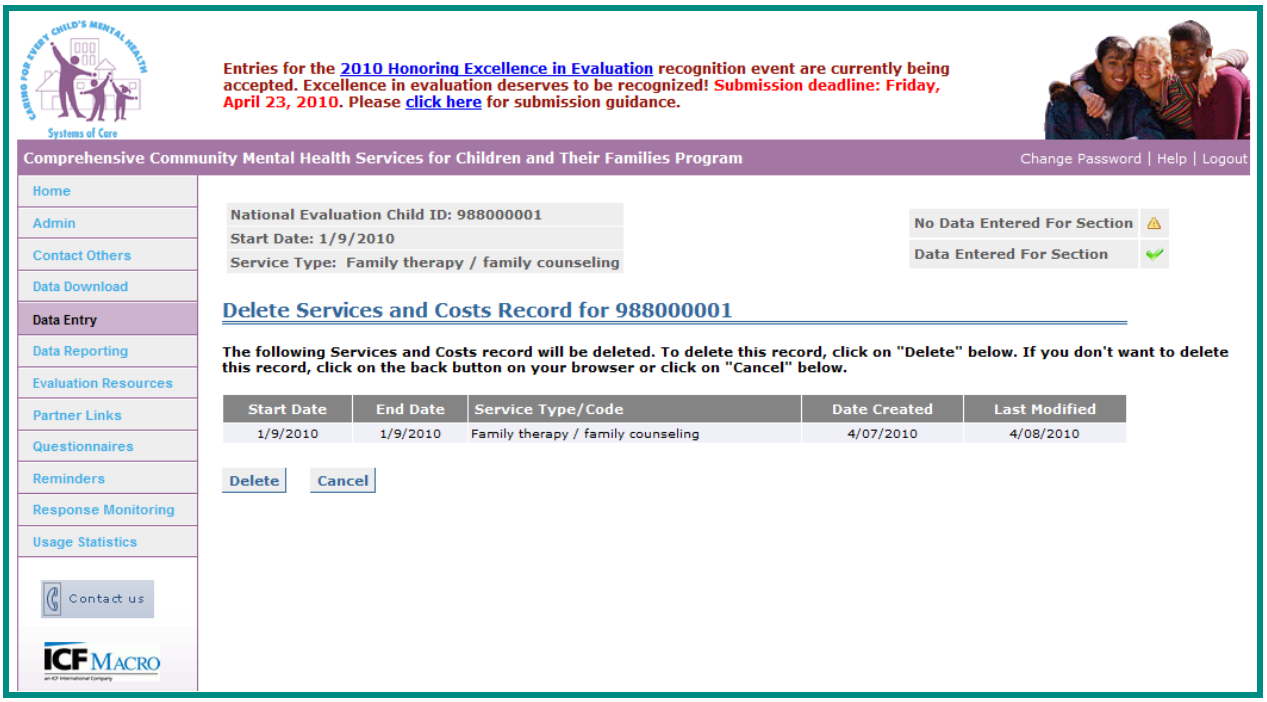
Once you locate the Child ID, click **Add a New Record to [Child ID]**. You will be taken to the Services and Costs Date Entry page and will be able proceed to enter the dates of service, service type, etc.

Update a Service Event Record

To update a service event record, scroll through the list of Child IDs and locate the particular service event record that needs to be updated. Click the **Update** button that corresponds with that record. That specific service event record will open and you can update the data with any of the data domains.

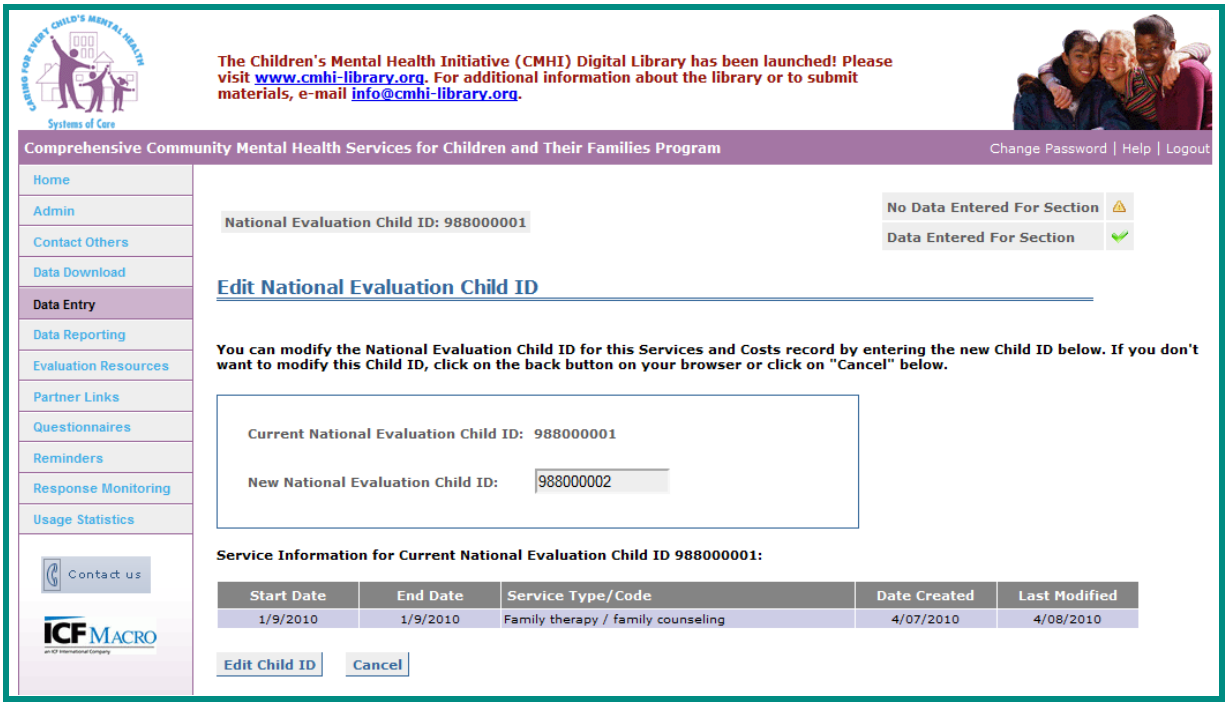
Delete a Service Event Record

To delete a service event record, scroll through the list of Child IDs and locate the particular service event that needs deleting. Click the **Delete** button that corresponds with the service event record to be deleted. A confirmation page will ask whether you are sure that you want to delete the record. You can either **Delete** the record or **Cancel** out of the process. If you cancel, you will be taken back to the View or Update Service Records page.

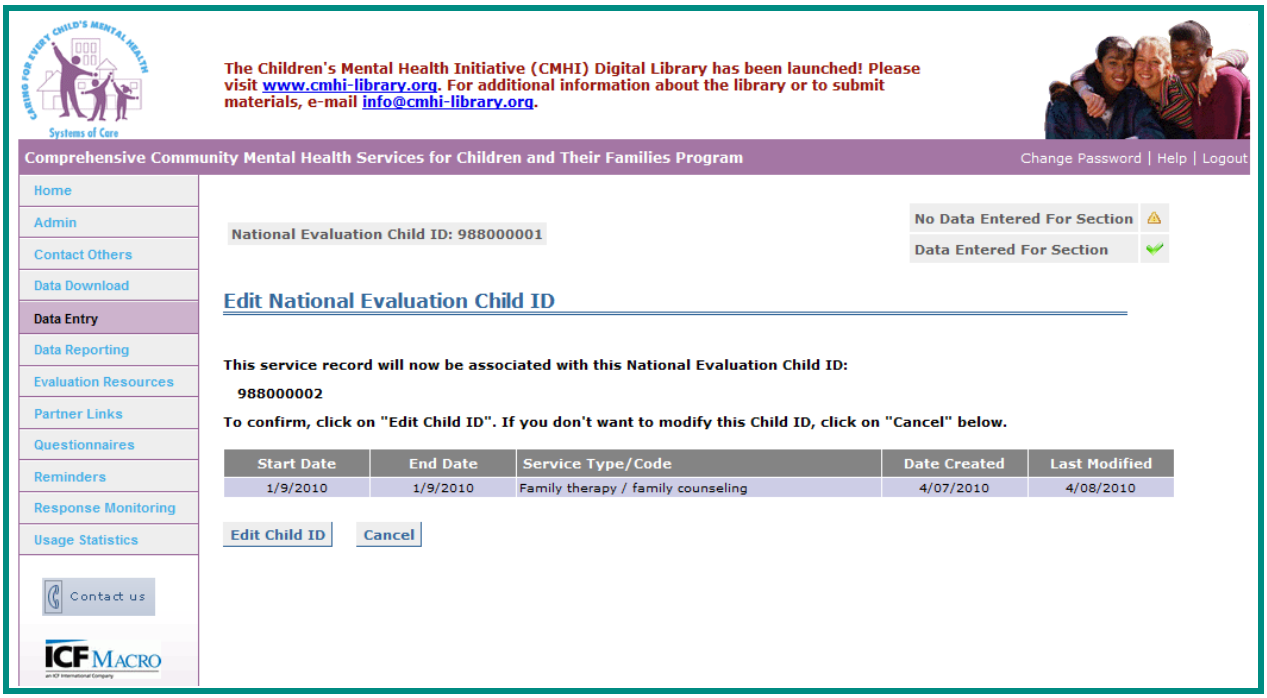


Edit a Child ID

To change a Child ID number associated with a service event record to another Child ID number, locate the record and click **Edit Child ID**.



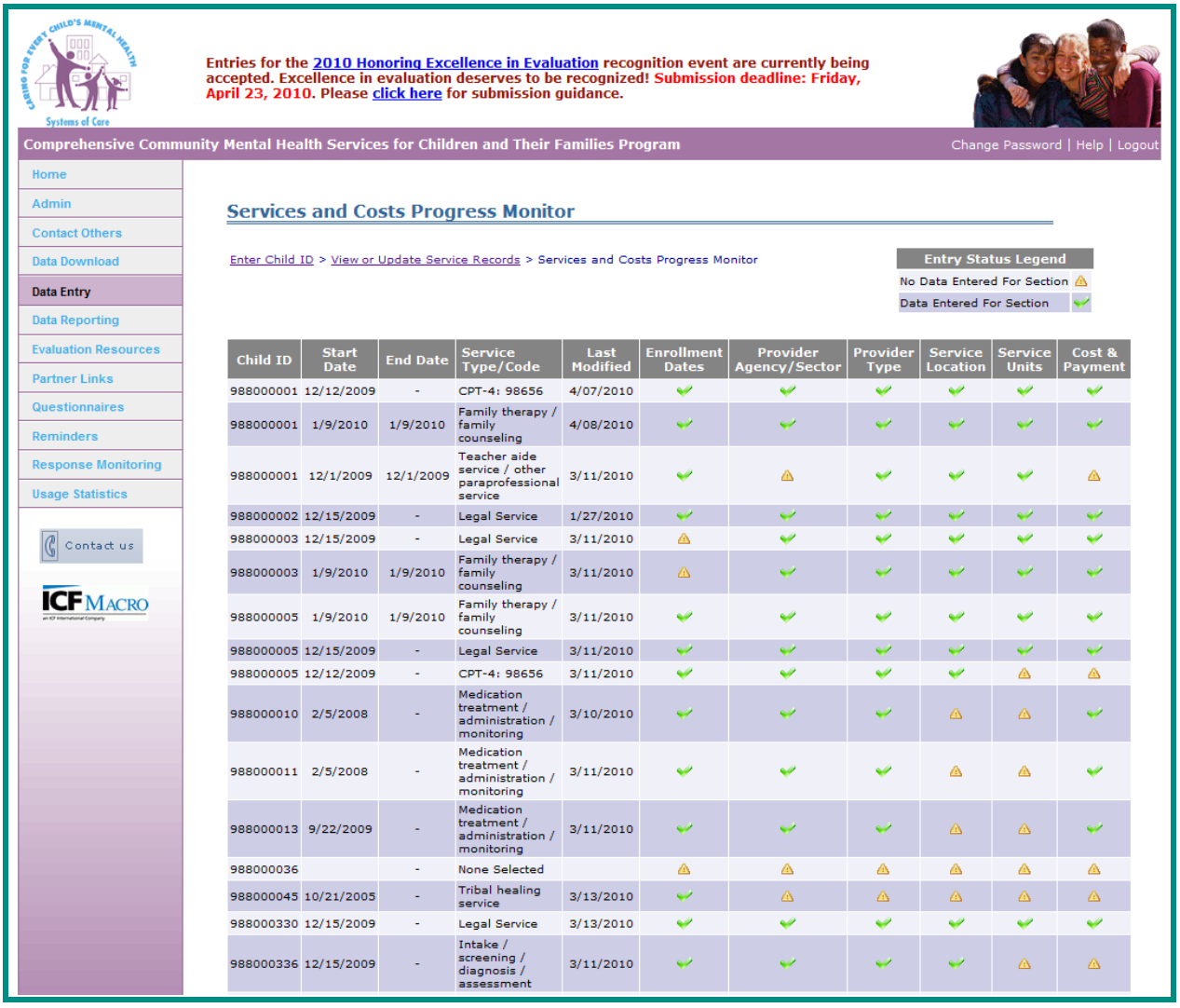
You will be taken to a page that confirms whether you want to edit the Child ID. You can edit the Child ID by clicking **Edit Child ID** or you can click **Cancel**. If you cancel, you will be taken back to the View or Update Service Records page. If you decide it is appropriate to change the Child ID, the following page will appear for one last verification check:



On the Edit National Evaluation Child ID page, you can **Cancel** the process or confirm that you want to edit the Child ID by clicking **Edit Child ID**. You will be taken back to the View or Update Service Records page, where you will now find that the service event record has been assigned a new Child ID.

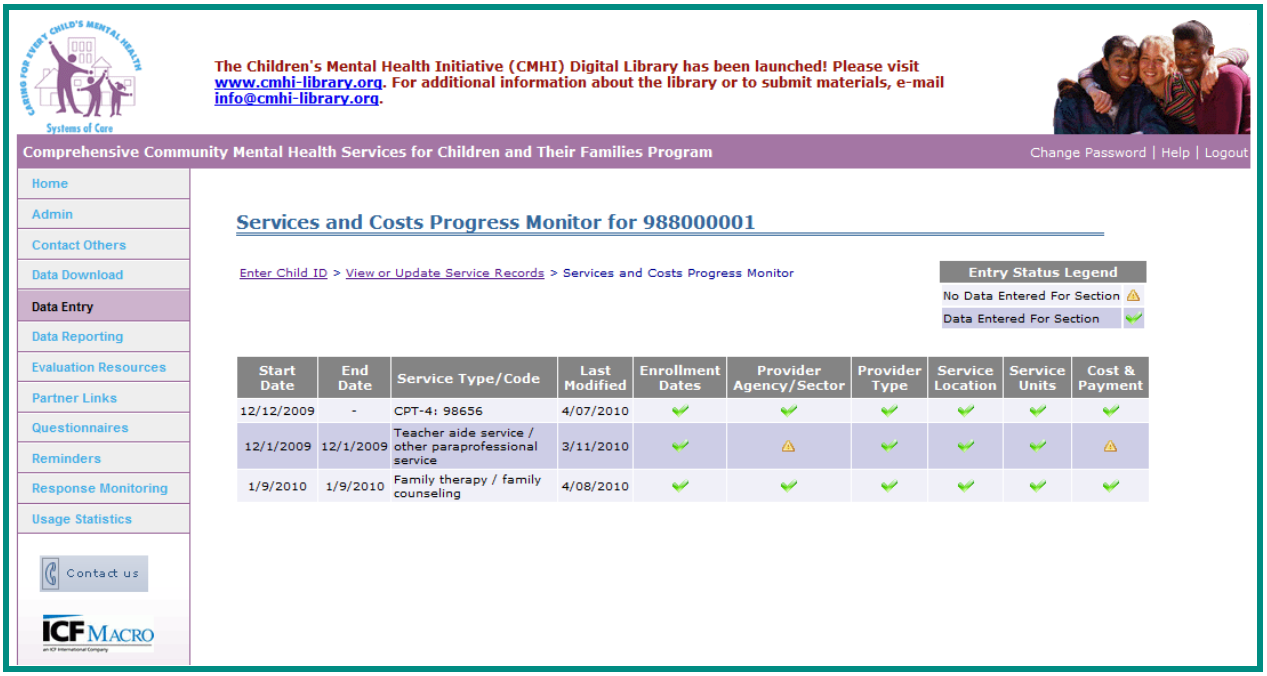
View Progress Detail

To view the progress detail for all records, click **View Progress Detail for All Records** at the top of the View or Update Service Records page. You will be taken to the Services and Costs Progress Monitor page, which provides an overview of all of the service event records that have been entered for your community. This page provides a matrix that lists each Child ID for which data have been entered, the start and end date for the service, the service type, the date the record was last modified, and whether or not data have been entered for each of the data domains. If data have been entered for the data domain, a green check mark (✔) will appear. If data have not been entered for a data domain, a caution symbol (⚠) will appear. Any service record can be opened by clicking either the check mark (✔) or the caution symbol (⚠).



Child ID	Start Date	End Date	Service Type/Code	Last Modified	Enrollment Dates	Provider Agency/Sector	Provider Type	Service Location	Service Units	Cost & Payment
988000001	12/12/2009	-	CPT-4: 98656	4/07/2010	✔	✔	✔	✔	✔	✔
988000001	1/9/2010	1/9/2010	Family therapy / family counseling	4/08/2010	✔	✔	✔	✔	✔	✔
988000001	12/1/2009	12/1/2009	Teacher aide service / other paraprofessional service	3/11/2010	✔	⚠	✔	✔	✔	⚠
988000002	12/15/2009	-	Legal Service	1/27/2010	✔	✔	✔	✔	✔	✔
988000003	12/15/2009	-	Legal Service	3/11/2010	⚠	✔	✔	✔	✔	✔
988000003	1/9/2010	1/9/2010	Family therapy / family counseling	3/11/2010	⚠	✔	✔	✔	✔	✔
988000005	1/9/2010	1/9/2010	Family therapy / family counseling	3/11/2010	✔	✔	✔	✔	✔	✔
988000005	12/15/2009	-	Legal Service	3/11/2010	✔	✔	✔	✔	✔	✔
988000005	12/12/2009	-	CPT-4: 98656	3/11/2010	✔	✔	✔	✔	⚠	⚠
988000010	2/5/2008	-	Medication treatment / administration / monitoring	3/10/2010	✔	✔	✔	⚠	⚠	✔
988000011	2/5/2008	-	Medication treatment / administration / monitoring	3/11/2010	✔	✔	✔	⚠	⚠	✔
988000013	9/22/2009	-	Medication treatment / administration / monitoring	3/11/2010	✔	✔	✔	⚠	⚠	✔
988000036		-	None Selected		⚠	⚠	⚠	⚠	⚠	⚠
988000045	10/21/2005	-	Tribal healing service	3/13/2010	✔	⚠	⚠	⚠	⚠	⚠
988000330	12/15/2009	-	Legal Service	3/13/2010	✔	✔	✔	✔	✔	✔
988000336	12/15/2009	-	Intake / screening / diagnosis / assessment	3/11/2010	✔	✔	✔	✔	⚠	⚠

To view the progress detail for an individual Child ID, locate the Child ID on the View or Update Service Records page, and click **View Progress Detail for [Child ID]**. You will see a matrix view of the same information available in the aggregate view, only this information is specific to the Child ID. Here, you also can update a service record by clicking either the check mark ( ) or the caution symbol ( ).



FLEXIBLE FUNDS DATA

Flexible funds represent a pool of discretionary funds that all system of care communities are provided to spend specifically on children, youth, and families by purchasing items or services that are not covered by other funds. Your flexible funds may be supplied by multiple sources. Your system of care grant provides flexible funds, but these funds may also be supplied by other funding sources.

All communities should record their flexible fund expenditures electronically to support local grant administration and to document the services provided by your system of care. Data may be either extracted from your own MIS or entered in the national evaluation's Flex Funds Tool. Regardless of how or where you enter your data, you are asked to transfer a copy of your flexible fund expenditure data to the national evaluation's Services and Costs Study. Data transferred to the national evaluation should cover all flexible fund expenditures, regardless of the source of flexible funding, that were spent on children, youth, and families who have consented to share their data with the national evaluation, starting from the date your system of care first began providing services.

UNIQUE RECORD IDENTIFIERS

To identify each expenditure record, a combination of three data elements comprises the unique record identifier. Variables identifying both the child/youth and each unique expenditure are necessary because each child/youth may have more than one expenditure record and even

potentially more than one expenditure record on a specific day. As a result, the following three data elements are required for each record:

1) National evaluation Child ID
2) Expenditure category
3) Expenditure date

FLEXIBLE FUNDS DATA ELEMENTS

The flexible funds data elements described in this section pertain to all flexible funds data, regardless of the data transfer approach used. These data elements are designed to create an expenditure-level record for each flexible fund expenditure disbursed to children, youth, and families enrolled in the Longitudinal Child and Family Outcome Study (Outcome Study), or who have otherwise consented to share their data with the national evaluation. The intent of the resulting data file is to provide a comprehensive record of expenditures that includes the following data elements:

- National evaluation Child ID
- Expenditure category
- Expenditure details/notes/comments
- Expenditure date
- Total amount paid

Each of these data elements are described more thoroughly below. More detailed information on variable names and coding specifications for data collected electronically are provided in appendix C, "Flexible Funds Data Dictionary."

National Evaluation Child ID

Identify each expenditure record with the national evaluation Child ID. Child IDs for communities funded in 2005 or later contain nine digits. The first three digits indicate the site ID number, the fourth and fifth digits are local program ID numbers determined by the local evaluation, and the final four digits are unique child/youth identifiers. *The Child ID is a required field for all records.*

If flexible funds supported a group activity rather than an expenditure specific to one child, youth, or family, enter the 3-digit site ID, 2-digit local program ID, followed by four zeros. (e.g., 988010000).

Expenditure Category

The national evaluation provides a coding structure for identifying the expenditure category. Expenditures are categorized within the following list of codes. From these categories, select the one that best categorizes the type of item, service, or activity for which the flexible funds were spent. Note that there is no code for 13; this code has been deleted. Refer to appendix D, "Flexible Funds Expenditure Category Definitions," for more detailed definitions of these categories.

1 = Housing
2 = Utilities
3 = Environmental modification
4 = Furnishings/appliances
5 = Supplies
6 = Food/groceries
7 = Clothing
8 = Activities
9 = Educational support
10 = Daycare and support
11 = Automobile
12 = Transportation
14 = Incentive
15 = Legal
16 = Medical
17 = Mental health services (child/youth)
18 = Mental health services (caregiver/other family member)
19 = Camp
20 = Training (caregiver/other family member)
21 = Training (child/youth)
22 = Other (specify)

If an expenditure does not match any of the specified categories, select "22 = Other" and include a specific description of the expenditure in the "Expenditure Details/Notes/Comments" column.

Expenditure Details/Notes/Comments

This field provides space for a brief but specific description of the item or service on which the flexible funds were spent. Entering information in this field is optional unless the category "22=Other" is selected for the "Expenditure Category." In this case, provide specific details of the expenditure in this field.

Expenditure Date

This is the date that the funds were disbursed. Dates should be in the following format: mm/dd/yyyy, where "mm" represents two digits for the month, "dd" represents two digits for the day, and "yyyy" represents the 4-digit year. Leading zeros in the month and day fields are not necessary. For example, July 4, 2007, would be entered as 7/4/2007.

Total Flexible Funds Amount Paid

This the total amount disbursed, including dollars and cents, with an explicit decimal point. Entering data with the decimal in the wrong place can create inaccuracy in your data.

For funds that were spent for a group activity, enter the total cost of the group activity as one expenditure with the national evaluation Child ID column entered using the 3-digit site ID and the 2-digit local program ID, followed by four zeros (e.g., 988010000).

DATA TRANSFER METHODS FOR FLEXIBLE FUNDS DATA

The national evaluation offers two approaches for transferring flexible funds data: (1) the data extract/format/upload method, and (2) the data entry/upload method using the Flex Funds Tool. Communities may use one of these approaches, or a combination of both approaches.

DATA EXTRACT/FORMAT/UPLOAD

The data extract/format/upload method may be a labor-saving method for transferring your flexible funds data to the national evaluation, if you maintain electronic data on your flexible funds expenditures in your management information system (MIS). Using this method, you would perform these steps:

- Extract electronic data from your MIS that correspond to the data required for this study.
- Prepare your data file in Microsoft Excel format, with an .xls filename extension.
- Format these data according to the specifications outlined in appendix C.
- Remove any records for children, youth, and families who have not consented to having their data shared with the national evaluation.
- Insure that quality assurance criteria are met, as detailed below.
- Upload the resulting data file on the ICN at least quarterly. Quarterly uploads are due by January 1, April 1, July 1, and October 1.

Flexible Funds Data Dictionary

The national evaluation provides a common data structure in which to format your electronic flexible funds data in appendix C. This data dictionary outlines a common data file structure and identifies variable names, descriptions, and category specifications for recoding data. All electronic data uploaded on the ICN must match these specifications exactly. At least some of your data are likely to require recoding to match the categories specified in the Flexible Funds Data Dictionary.

Flexible Funds Data Table Shell

To assist you in preparing your flexible funds data file, the national evaluation provides an optional table shell that may be helpful. Since your electronic data must be uploaded as an Excel file, the Flexible Funds Data Table Shell provides an Excel spreadsheet with all the variables specified in appendix C as column headers. Using this table shell is not required, rather it is provided as an optional resource to you. The Flexible Funds Data Table Shell can be downloaded from the ICN under the **Services and Costs Study** link on the Evaluation Resources page.

Preparing Your Flexible Funds Data File for Uploading on the ICN

To prepare your flexible funds electronic data for uploading on the ICN, format your data file as a Microsoft Excel spreadsheet with an .xls filename extension. Name your data file according to the following file naming convention:

ffdata_nnn_mmddyy

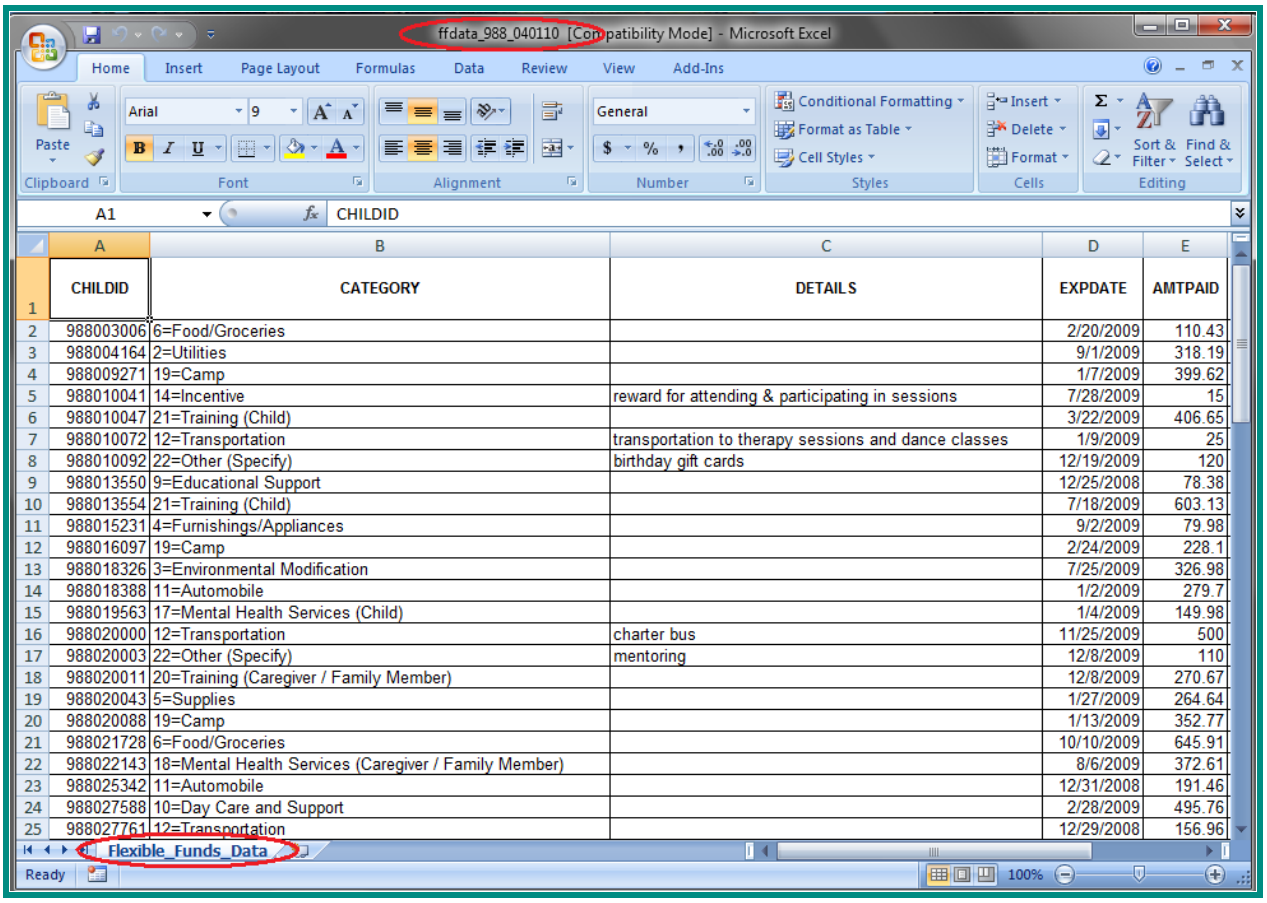
where

- "ffdata" represents flexible funds data
- "nnn" represents your 3-digit site ID
- "mmddyy" represents the date you are saving the file (e.g., ffdata_988_040110)

The worksheet tab at the bottom of your Excel spreadsheet where the flexible funds records are stored must have the following name:

Flexible_Funds_Data

Only Excel files that contain the worksheet named "Flexible_Funds_Data" will successfully upload on the ICN. The screenshot below provides an example of how this file should look.



	A	B	C	D	E
1	CHILDID	CATEGORY	DETAILS	EXPDATE	AMTPAID
2	988003006	6=Food/Groceries		2/20/2009	110.43
3	988004164	2=Utilities		9/1/2009	318.19
4	988009271	19=Camp		1/7/2009	399.62
5	988010041	14=Incentive	reward for attending & participating in sessions	7/28/2009	15
6	988010047	21=Training (Child)		3/22/2009	406.65
7	988010072	12=Transportation	transportation to therapy sessions and dance classes	1/9/2009	25
8	988010092	22=Other (Specify)	birthday gift cards	12/19/2009	120
9	988013550	9=Educational Support		12/25/2008	78.38
10	988013554	21=Training (Child)		7/18/2009	603.13
11	988015231	4=Furnishings/Appliances		9/2/2009	79.98
12	988016097	19=Camp		2/24/2009	228.1
13	988018326	3=Environmental Modification		7/25/2009	326.98
14	988018388	11=Automobile		1/2/2009	279.7
15	988019563	17=Mental Health Services (Child)		1/4/2009	149.98
16	988020000	12=Transportation	charter bus	11/25/2009	500
17	988020003	22=Other (Specify)	mentoring	12/8/2009	110
18	988020011	20=Training (Caregiver / Family Member)		12/8/2009	270.67
19	988020043	5=Supplies		1/27/2009	264.64
20	988020088	19=Camp		1/13/2009	352.77
21	988021728	6=Food/Groceries		10/10/2009	645.91
22	988022143	18=Mental Health Services (Caregiver / Family Member)		8/6/2009	372.61
23	988025342	11=Automobile		12/31/2008	191.46
24	988027588	10=Day Care and Support		2/28/2009	495.76
25	988027761	12=Transportation		12/29/2008	156.96

If you do not have data for a particular variable, leave that field blank. *Do not fill blank data fields with zeros.* Insure that your data file does not include expenditure records for any child, youth, or family who has not consented to having their data shared with the national evaluation.

Prior to uploading your data file, check that your file meets the quality assurance criteria listed below. During the upload process on the ICN, your data file will be processed through a data edit routine that checks whether your file meets criteria. The data edit routine will generate a warning message for any criteria that your data file does not meet. Any file that does not meet the required quality assurance criteria will not upload successfully. Please note that unlike the Extract/Format/Upload method for services and costs data, your flexible funds data file should include cumulative records, not just new records since your last data file upload. That is, every

new data file you upload must contain all the records you previously submitted plus any new records created since your last upload. The master database stored on the ICN will be completely replaced every time you upload a new flexible funds data file.

Quality Assurance Criteria

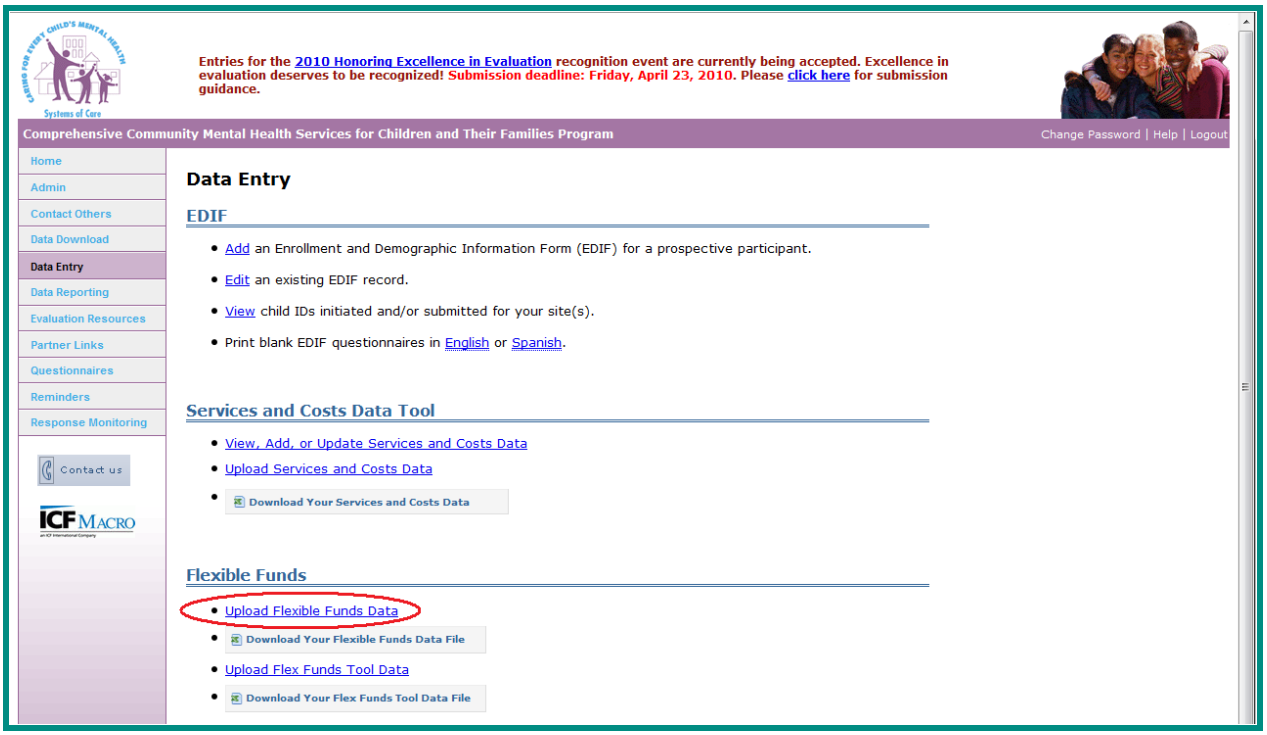
- No duplicate records exist for the same expenditure, based on **CHILDID**, **CATEGORY**, and **EXPDATE.**
- Variable labels in the column headers are complete and accurate, as outlined in appendix C.
- Columns headers exist for all variables, even if the data fields are blank.
- No additional variables or data are included other than those outlined in appendix C.
- All records have a 9-digit **CHILDID**, an expenditure category in the **CATEGORY** variable, and a date in the **EXPDATE** field. These are required variables and serve as the unique record identifier.
- **CHILDID** includes nine digits that are between [your site and local ID]0000 and [your site and local ID]9999.
- Codes in the variable **CATEGORY** are between 1 and 22.
- Dates in the **EXPDATE** field must be on or before the date the file is uploaded.
- **AMTPAID** includes both dollars and cents.

Flexible Funds Data File Upload Procedures

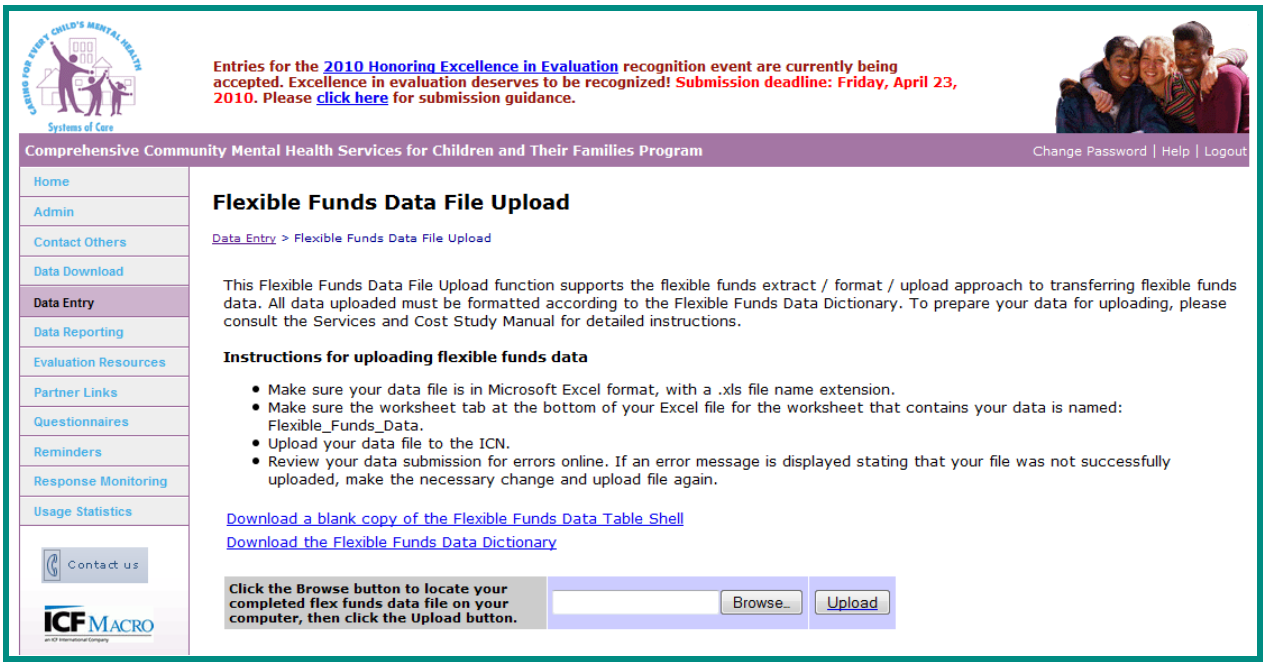
After your data file is prepared according to the specifications described above, upload the file on the ICN. The directions below provide step-by-step instructions.

Log in to the ICN Web site (www.cmhs-icn.com) using your username and password. (If you do not know your username and password, please contact your community's ICN site administrator.) Your username account needs to be authorized as a Services and Costs Study user.

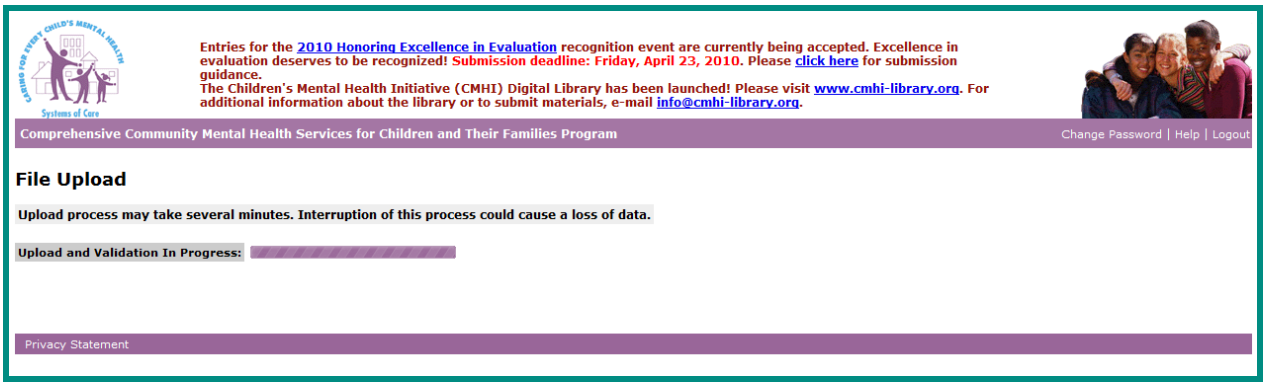
Several navigation links are located along the left navigation panel of the ICN. To upload a data file for your community, click **Data Entry**. From the main Data Entry page, click the **Upload Flexible Funds Data** link under the Flexible Funds section.



This opens the Flexible Funds Data File Upload page. At the bottom of the page, click **Browse** to browse your local computer drive to select the flexible funds data file you want to upload.

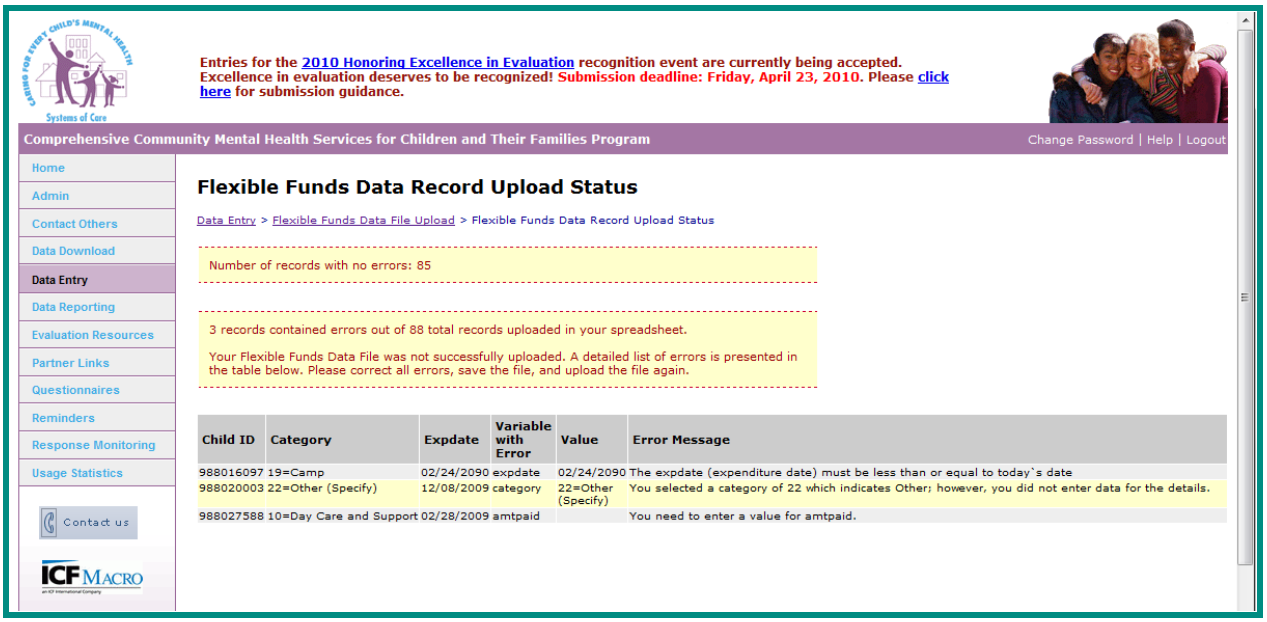


After selecting the flexible funds data file from your local computer drive, click **Upload**. The following screen appears, alerting you that the upload process may take several minutes. Please be patient while waiting for the file to upload.



It is important that the file you upload on the ICN is prepared according to the specifications listed in the previous section, "Preparing Your Flexible Funds Data File for Uploading on the ICN." If it does not meet these specifications, you will receive error messages informing you that some or all of the records could not load.

The Flexible Funds Data Record Upload Status page displays the number of records that were successfully saved to the ICN database and the number of records that did not load successfully. An error list is produced for the records that did not load successfully.



If you find that some of the records did not load successfully, open the file you uploaded to the ICN, identify the records that did not load, and make the necessary corrections to the records. After making the corrections, upload the *entire corrected* data file again. Since cumulative records are requested for your flexible funds data upload, it is extremely important that you always upload the file that contains all your cumulative flexible funds records.

DATA ENTRY/UPLOAD

The second approach for transferring flexible funds data to the national evaluation is to enter your expenditure data in the Flex Funds Tool and upload a copy of this tool to the ICN. The

national evaluation provides the Flex Funds Tool to any community interested in using it to facilitate this data entry.

Flexible Funds Data Collection Form

The national evaluation provides an optional Flexible Funds Data Collection Form to support your data collection. This form provides a structured format to record expenditure information as flexible funds are disbursed, which may allow information to be entered in the Flex Funds Tool more easily. The structure of information on this form matches the data elements and coding categories in the Flex Funds Tool and the Flexible Funds Data Dictionary. Using this form is not required and this form will not be transferred directly to the national evaluation. The Flexible Funds Data Collection Form is provided in appendix E, but also can be downloaded from the ICN under the **Services and Costs Study** link on the Evaluation Resources page.

Flex Funds Tool

The national evaluation provides the Flex Funds Tool for communities to use if they do not already have a MIS that collects flexible funds data electronically. The Flex Funds Tool is currently a stand-alone Microsoft Excel application that includes password protection, validation checks, and reporting features that display data in graphs and data tables. As an Excel file, the Flex Funds Tool can be adapted to meet communities' local data collection needs. In the future, the Flex Funds Tool may be programmed as a Web-based application on the ICN.

The Flex Funds Tool can be used to record and monitor all flexible fund expenditures, regardless of the funding source or child/youth for whom the funds are disbursed. However, only expenditures for children, youth, and caregivers who are enrolled in the Longitudinal Child and Family Outcome Study or otherwise have consented to share their data with the national evaluation are to be transferred to the Services and Costs Study.

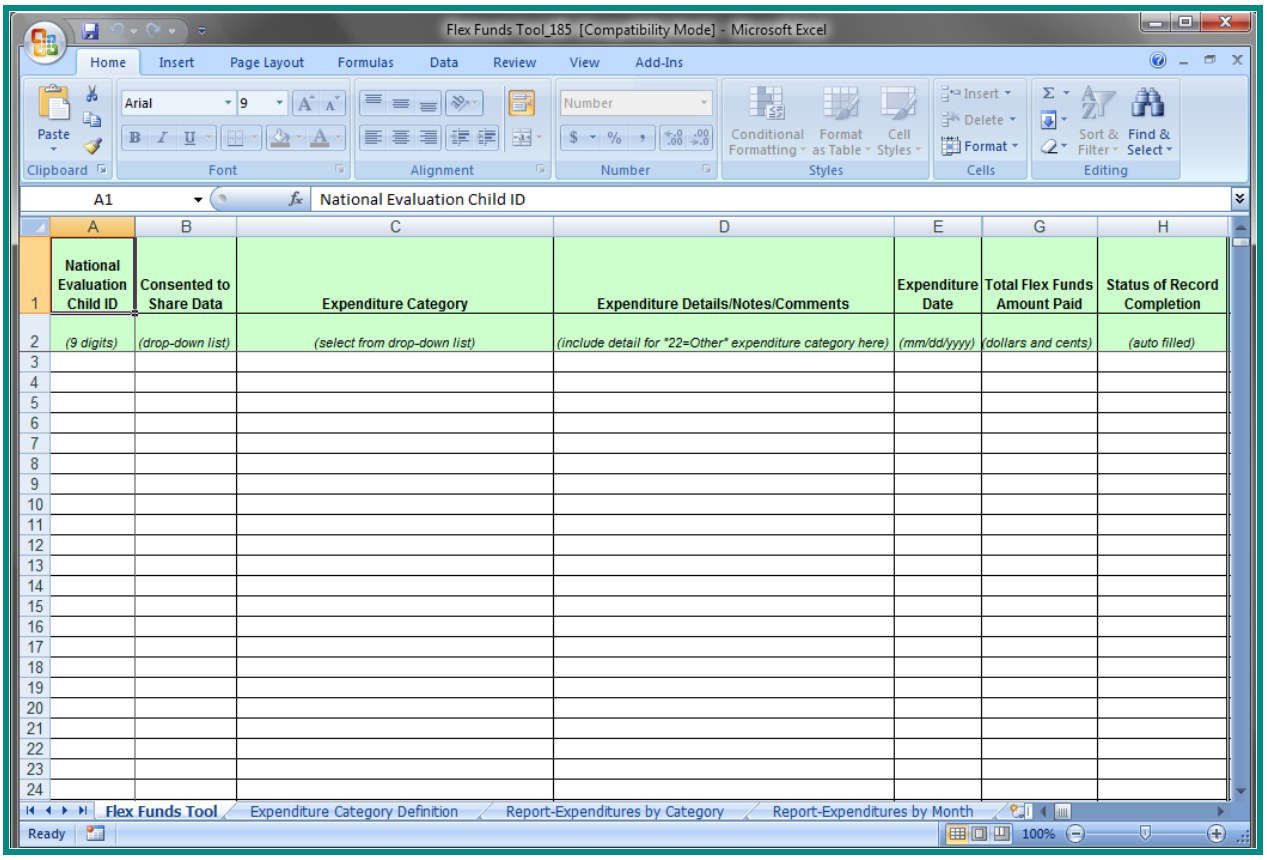
Password Protection and Confidentiality

The Flex Funds Tool collects data on an individual child/youth level, and access to the application is password protected to preserve confidentiality. The national evaluation assigns these passwords and will provide one to you when you receive your copy of the Flex Funds Tool from your site liaison. If you forget your password, please contact your site liaison. You maintain responsibility for the confidentiality of your data locally.

Options for Customizing the Flex Funds Tool for Local Use

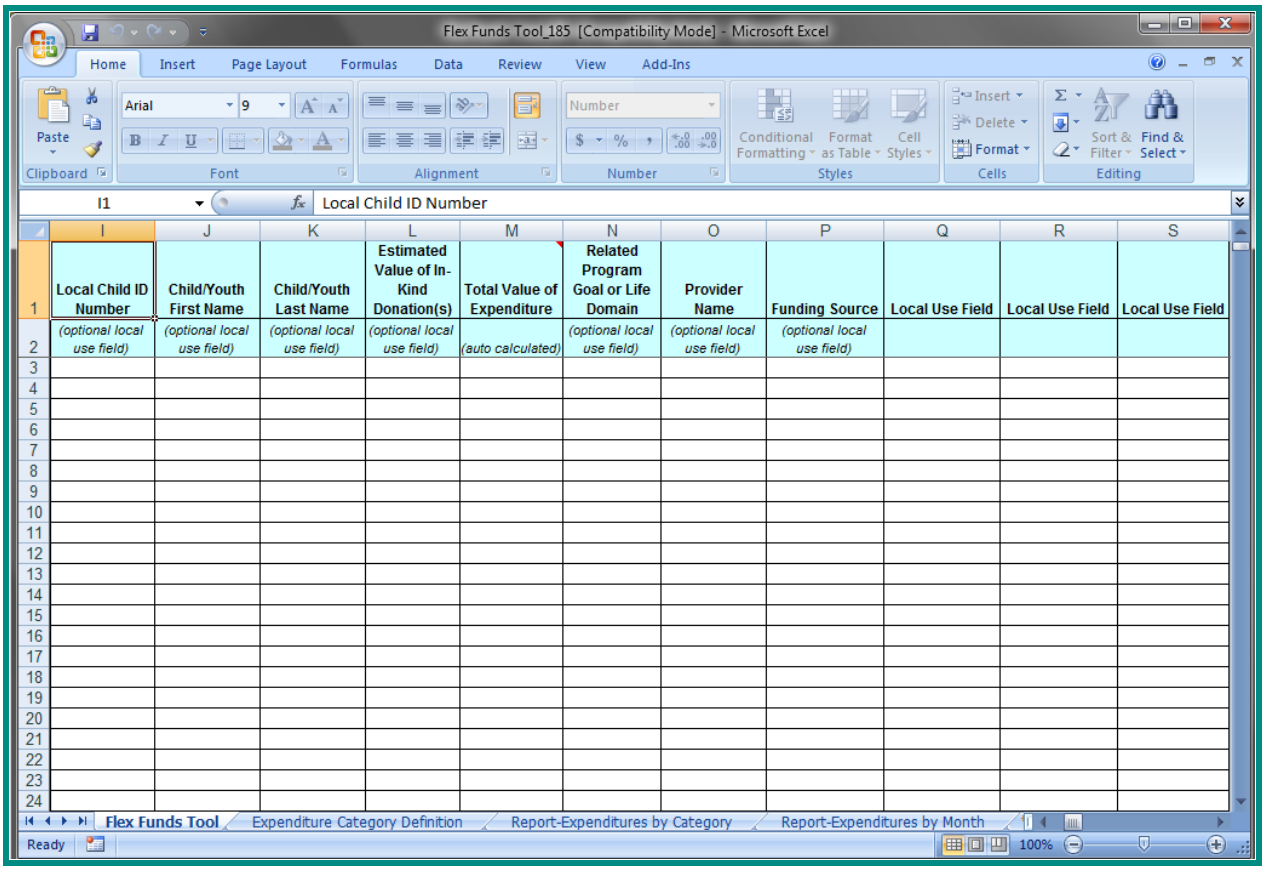
The Flex Funds Tool includes both core data fields and local-use-only data fields. Core data fields are not designed for modification, while local-use-only data fields can be modified for your local community needs.

Core data fields include basic data needed to record and monitor flexible fund expenditures, including an identification number, expenditure type, date, and amount. These core data fields also represent data that will eventually be transferred to the national evaluation for the Services and Costs Study. Column headers for these core fields are shaded **green**. When the Tool initially is opened, these core fields are displayed in columns A through H, as shown below. In the Flex Funds Tool, these data fields are locked and should not be deleted or modified, to insure that data entered in these fields can be collected for the Services and Costs Study.



Several local-use-only data fields are included in the Flex Funds Tool that will not be sent to the national evaluation, but are provided to suggest other data that communities may find useful. Communities have the option of customizing these local-use-only fields to more closely meet local needs by modifying, deleting, or adding additional fields.

When the Flex Funds Tool initially is opened, these local-use-only fields can be found in columns I through S by scrolling to the right of the core data fields. Column headers of local-use-only fields are shaded **blue**, as shown below. When flexible fund expenditure data are transferred to the national evaluation for the Services and Costs Study, all local-use-only data fields *must be deleted*. The national evaluation is not to receive data that are entered for local monitoring purposes, particularly data that include personal identifying information.



	I	J	K	L	M	N	O	P	Q	R	S
1	Local Child ID Number	Child/Youth First Name	Child/Youth Last Name	Estimated Value of In-Kind Donation(s)	Total Value of Expenditure	Related Program Goal or Life Domain	Provider Name	Funding Source	Local Use Field	Local Use Field	Local Use Field
2	*(optional local use field)*	*(optional local use field)*	*(optional local use field)*	*(optional local use field)*	*(auto calculated)*	*(optional local use field)*	*(optional local use field)*	*(optional local use field)*			
3											
4											
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Quality Assurance

For accurate recording and monitoring of flexible fund expenditures, data must be carefully and precisely entered into the Flex Funds Tool. Staff entering data are encouraged to take the time necessary to carefully enter and visually verify all fields for accuracy, completeness, and quality assurance. To assist in this quality assurance review, the Flex Funds Tool includes an additional column that automatically indicates the completion status of five of the core data fields for each record. The core data fields:

- National Evaluation Child ID
- Consented to Share Data
- Expenditure Category
- Expenditure Date
- Total Flex Funds Amount Paid

The Flex Funds Tool includes programmed validation rules that limit the range of data that can be entered in some fields, including the national evaluation Child ID, the expenditure date, and the total flex funds amount paid. Other fields provide drop-down lists of response options to be selected. Acceptable ranges and other quality assurance criteria for each field are described below and are specified in appendix C.

To preserve the functionality of the Flex Funds Tool data fields, we recommended that you do not cut and paste or copy and paste data from field to field.

The Tool also includes "frozen panes" that hold the header rows and the identification fields in place while you scroll either down or across the spreadsheet. This feature assists in assuring that data are always positioned in the correct column and row.

To prevent loss of entered data, it is recommended that you save your file often and make sure a backup copy is maintained.

Entering Data in the Core Data Fields

Further instructions for entering data in each of the core data fields are provided below.

National Evaluation Child ID *(Core Data Field).* Enter the 9-digit national evaluation Child ID.

The Flex Funds Tool is designed to collect flexible fund expenditure data specific to each child, youth, and family. In most cases, each row in the spreadsheet should represent an expenditure for one child, youth, or family. However, if flexible funds supported a group activity rather than an expenditure specific to one child, youth, or family, enter in this column the 3-digit site ID and the 2-digit local program ID, followed by four zeros (e.g., 988010000).

A validation check is programmed in the Flex Funds Tool to minimize key entry errors. Only 9-digit Child IDs beginning with your 3-digit site ID are accepted (e.g., 988000000–988999999 for site 988). If ID numbers outside the acceptable range are entered, an error message will be displayed.

Consented to Share Data *(Core Data Field).* This field serves to flag those children, youth, and families participating in the Longitudinal Child and Family Outcome Study, or who have otherwise agreed to share their data with the national evaluation's Services and Costs Study. Only expenditures for children, youth, and caregivers who have consented to share their data are to be sent to the national evaluation. Select either "Yes" or "No" from the drop-down list. This field will eventually be used to sort records appropriate to send to the national evaluation from those records that should not be sent.

Expenditure Category *(Core Data Field).* From the drop-down list, select the option that best categorizes the type of item, service, or activity for which the flexible funds were spent. Refer to appendix D or to the second tabbed worksheet, **Expenditure Category Definition**, along the bottom of the Flex Funds Tool, for more detailed definitions of the 22 categories to be captured in this field. Note that there is no category associated with the code 13. This code has been deleted.

If an expenditure does not match any of the specified categories, select "22=Other" and include a specific description of the expenditure in the "Expenditure Details/Notes/Comments" column.

Expenditure Details/Notes/Comments *(Optional Field).* Enter a brief but specific description of the item or service on which the flexible funds were spent. If the category "22=Other" is selected for the "Expenditure Category," provide specific details of this expenditure in this field.

Expenditure Date *(Core Data Field).* Enter the date the funds were disbursed. Data should be entered in the following format: mm/dd/yyyy, where "mm" represents two digits for the month, "dd" represents two digits for the day, and "yyyy" represents the 4-digit year. Leading zeros in

the month and day fields are not necessary. For example, July 4, 2007, would be entered as 7/4/2007.

A validation check is programmed in the Flex Funds Tool to minimize key entry errors. Only dates between 10/1/2005 and 9/30/2016 are accepted, unless this field has been customized for your community. If dates outside this range are entered, an error message will be displayed.

Total Flexible Funds Amount Paid *(Core Data Field).* Enter the total amount disbursed, including dollars and cents. This data field is formatted for dollars and cents, so it automatically displays the dollar sign and decimal point. If you enter the number 35, it will display $35.00, automatically adding the decimal point and the cents. If you want to enter $47.50, enter 47, then a decimal point, then 50 and it will format correctly. But if you enter 4750 without entering the decimal, the Flex Funds Tool will display $4,750.00. Entering data with the decimal in the wrong place can create inaccuracy in your data.

For funds that were spent for a group activity, enter the total cost of the group activity on one row with the national evaluation Child ID entered using the 3-digit site ID and the 2-digit local program ID, followed by four zeros (e.g., 988010000).

A validation check is programmed in the Flex Funds Tool to minimize key entry errors. Only amounts between 0.01 and 999,999.99 are accepted. If amounts outside this range are entered, an error message will be displayed.

Status of Record Completion *(Auto-filled).* This field is automatically populated as data are entered in each record. When data are first entered into any required field, this field automatically displays "Record Incomplete" for that record. When data are entered for the last required field for that record, the display automatically changes to "Record Complete." This field will assist you in monitoring the completeness of required fields within each record for quality assurance.

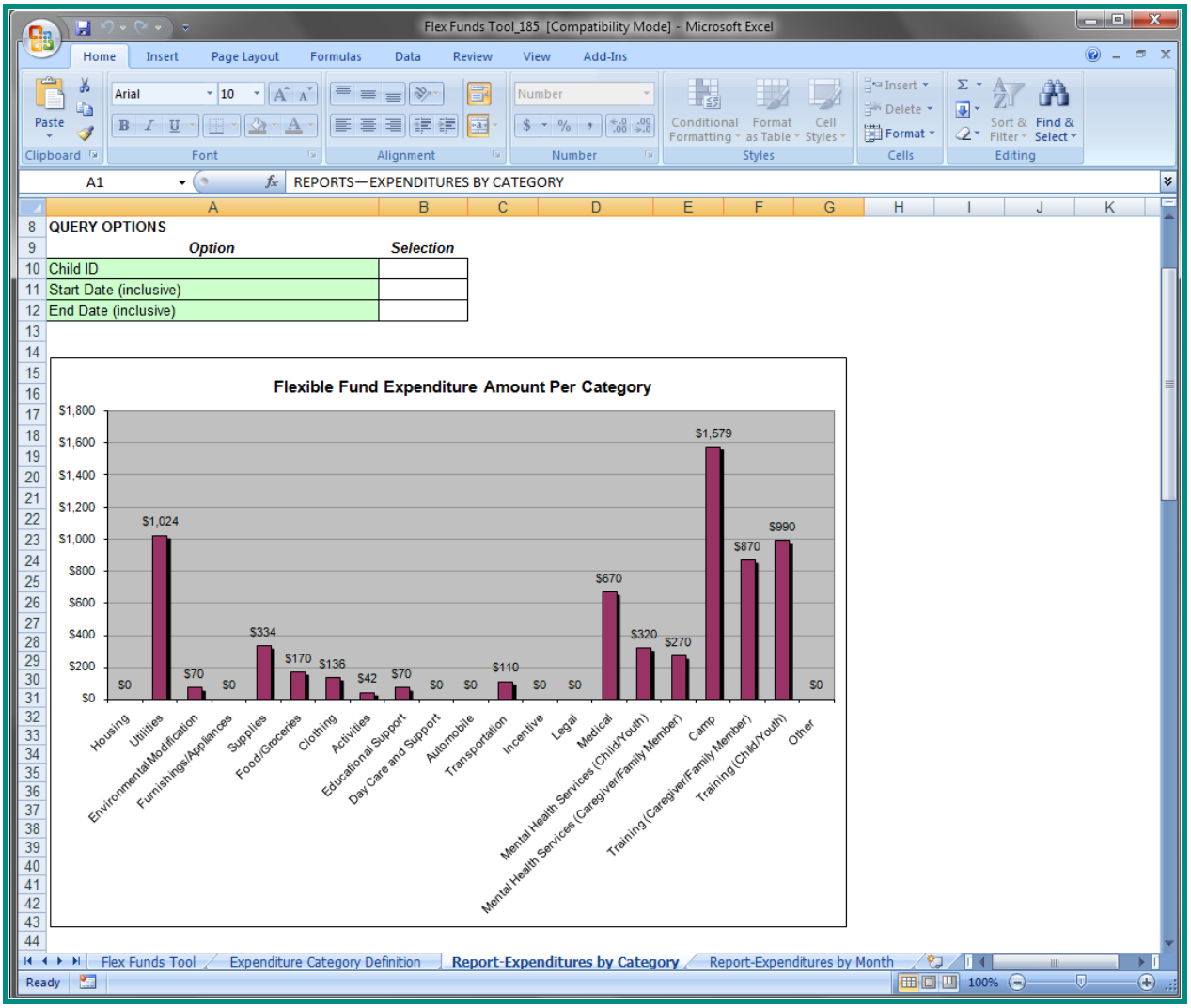
Flex Funds Tool Reports Feature

An added benefit to using the Flex Funds Tool to record and monitor flexible expenditures is the reports feature. The reports feature dynamically displays the data entered into the Flex Funds Tool as bar graphs and data tables. This means that as you begin to populate the Flex Funds Tool with data, these reports are automatically activated. These reports allow you to monitor your expenditures over time and analyze your data for management purposes. There are two types of reports, one by expenditure category, and one by expenditure month. To view these reports, select either the **Report-Expenditures by Category** tab or the **Report-Expenditures by Month** tab along the bottom of the Flex Funds Tool spreadsheet.

Expenditure by Category Report

The Expenditure by Category Report includes a set of instructions, a Query Options section, two bar graphs, and one data table.

Below the instructions is a section titled Query Options, as shown below. The Query Options feature allows you to dynamically subset the data displayed in the bar graphs by Child ID or by date. If no selection is entered in the Query Options selection box, the data displayed in the graphs and table represent all data entered to date in your Flex Funds Tool.

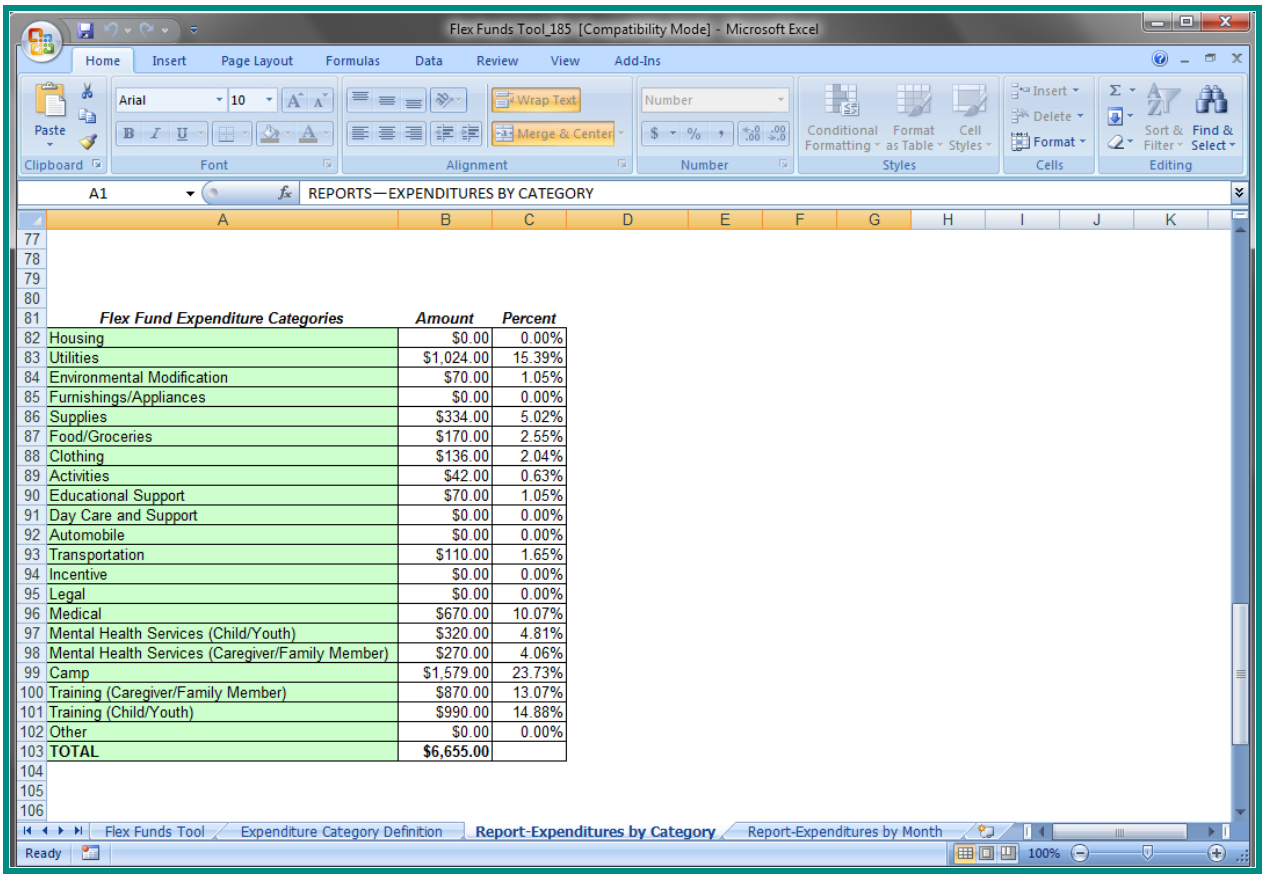


To subset your data by Child ID, enter a national evaluation Child ID in the Query Options selection box and press **Enter**. The Child ID you enter must be among those for which flexible expenditures have been entered in your Flex Funds Tool. To return the data displayed to all data for all Child IDs, just delete the Child ID in the selection box.

To subset your data by date, enter a Start Date and/or End Date in the selection box. To return the data displayed to all data for all dates, delete the dates from the Start Date and/or End Date selection box.

The first bar graph on the page displays expenditure dollar *amounts* by category. If you scroll down, you also have a bar graph displaying the expenditure *percentages* by category rather than dollar amounts by category.

Below the bar graphs, the Flex Funds Tool provides a data table displaying the total amount disbursed in each category, the corresponding percentage, and the total amount disbursed to date.

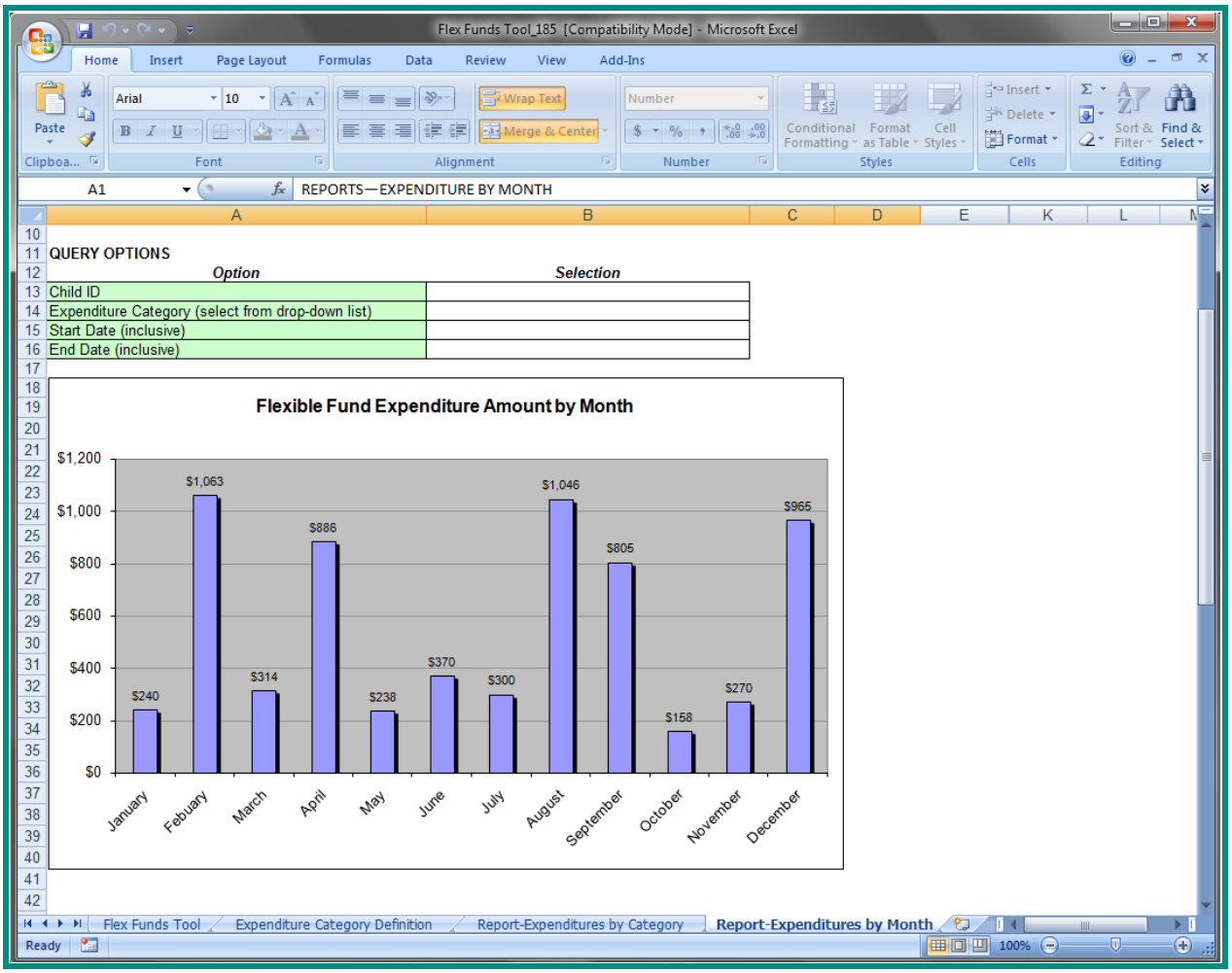


Expenditure by Month Report

The *Expenditure by Month Report* includes a set of instructions, a Query Options section, one bar graph and one data table. The Query Options feature in this report allows you to subset your data not only by Child ID and by date, but also by category type.

To subset your data by category, click the cell in the selection box corresponding to expenditure category. A dropdown list will appear. Scroll down to view all the category options. Select a category from the dropdown list and press **Enter**. Then, to return the data displayed to all data for all categories, just delete the category in the selection box.

The bar graph displays the expenditure amounts by month of the year, as shown below. Under the bar graph, a data table is provided showing the dollar amount disbursed in each month, the corresponding percentage, and the total.



Preparing Your Flex Funds Tool File for Uploading on the ICN

To prepare your Flex Funds Tool data file for upload on the ICN, first review the data in your Flex Funds Tool for accuracy and completeness. Check the "Status of Record Completion" column to identify records that have missing data in required fields. If you do not have data for a particular variable, leave that field blank. *Do not fill blank data fields with zeros.* Check that all records have a 9-digit Child ID, a category selected in the Expenditure Category field, and a date in the Expenditure Date field. These fields serve as the unique record identifier.

Save a copy of your current Flex Funds Tool file with a new name to preserve the original file for continued local use. Save the copy using the following file naming convention:

fft_nnn_mmddyy

where

- "fft" represents Flex Funds Tool
- "nnn" represents your 3-digit site ID
- "mmddyy" represents the date you are saving the file (e.g., fft_988_040110)

Within this newly saved file, unprotect the *Flex Funds Tool* worksheet. To unprotect your worksheet using Microsoft Office 2003, click **Tools** in the toolbar along the top of the spreadsheet, and then click **Protection** and **Unprotect Sheet.** To unprotect your worksheet using Microsoft Office 2007, click **Review** in the toolbar along the top of the spreadsheet, and then click **Unprotect Sheet**. This unprotected worksheet allows you to delete all the unnecessary columns and rows from your file. Delete all local-use-only columns (any column after column H), including those that you may have added to the Flex Funds Tool. Also, delete column H titled Status of Record Completion.

Delete any records for children, youth, and families who have not consented to share their data with the national evaluation's Services and Costs Study. To accomplish this, the data in the spreadsheet can be sorted by the "Yes/No" data entered in the "Consented to Share Data" field. Once sorted, select all records with "No" in column B and delete these records. Only records with "Yes" in column B should remain. Delete the column B titled "Consented to Share Data." Save the file.

Confirm that the only columns remaining in the file are:

- National Evaluation Child ID
- Expenditure Category, Expenditure Details/Notes/Comments
- Expenditure Date
- Total Flex Funds Amount Paid

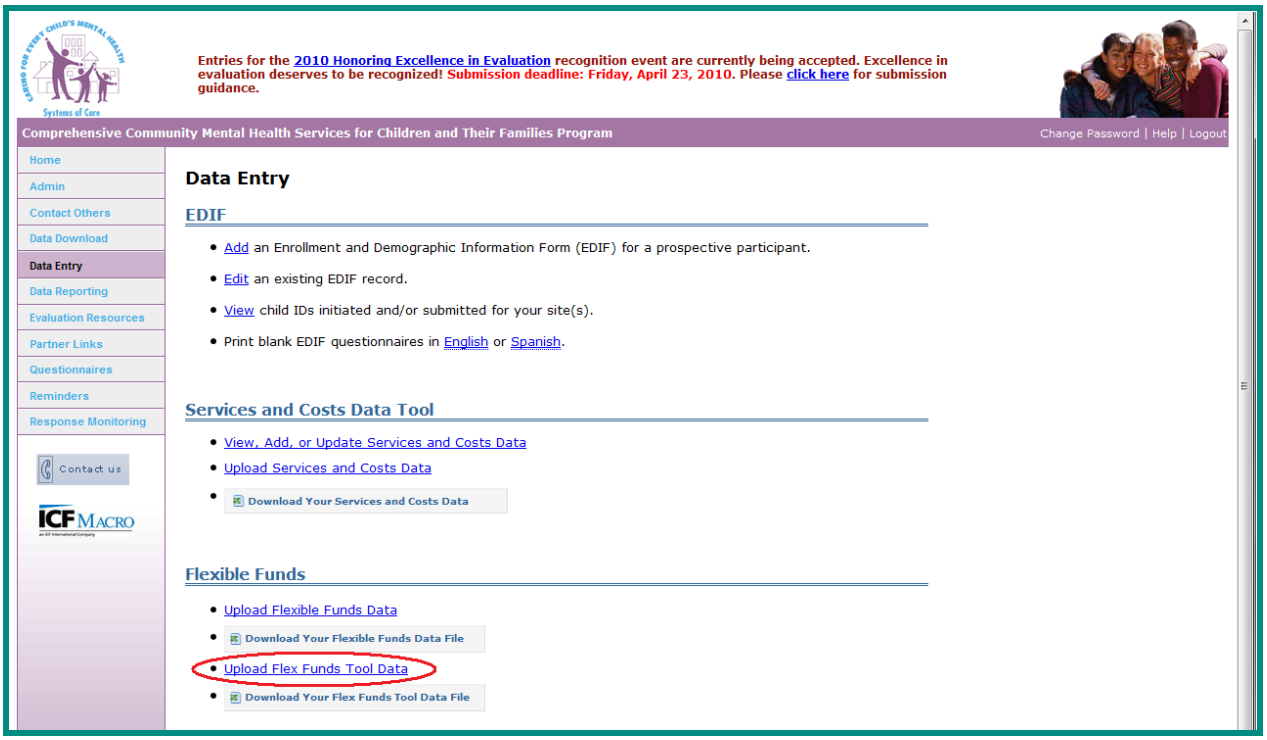
Save your data file in Microsoft Excel format, with an .xls filename extension.

Please note that unlike the Extract/Format/Upload method for services and costs data, *your Flex Funds Tool data file should include cumulative records, not just new records since your last data file upload.* That is, every new Flex Funds Tool data file you upload must contain all the records you previously submitted plus any new records created since your last upload. The master database stored on the ICN will be completely replaced every time you upload a new Flex Funds Tool data file.

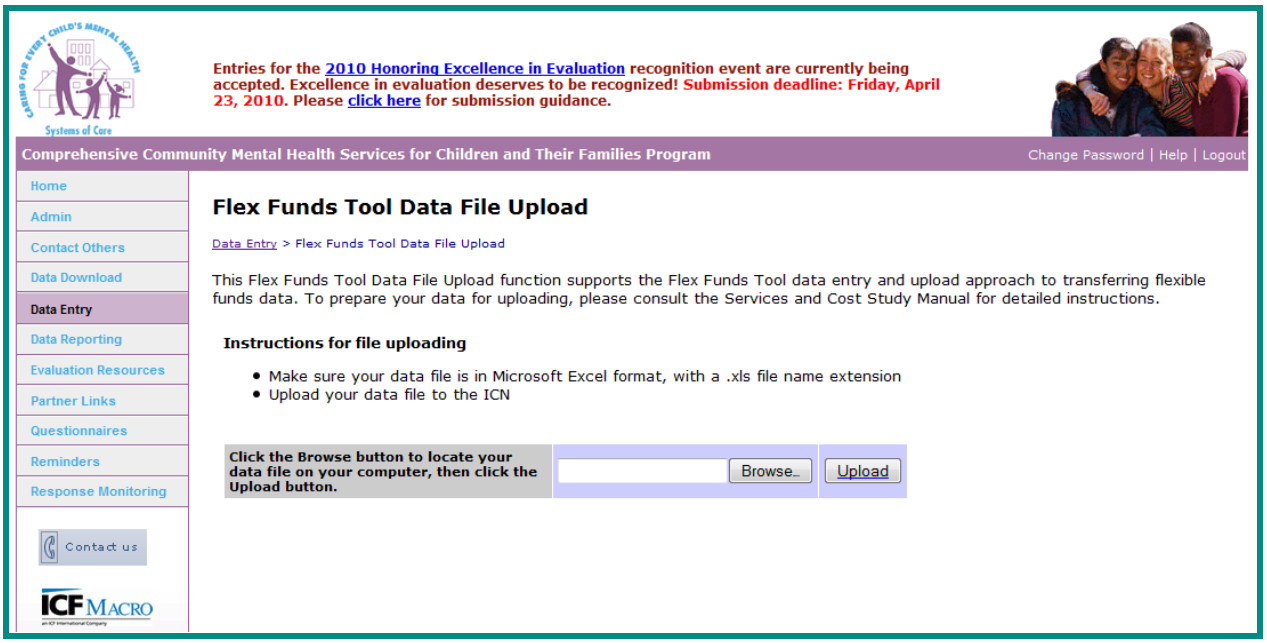
Flex Funds Tool File Upload Procedures

After your data file is prepared according to the specifications described above, upload the file on the ICN. The directions below provide step-by-step instructions. Log in to the ICN Web site (www.cmhs-icn.com) using your username and password. (If you do not know your username and password, please contact your community's ICN site administrator.) Your username account needs to be authorized as a Services and Costs Study user.

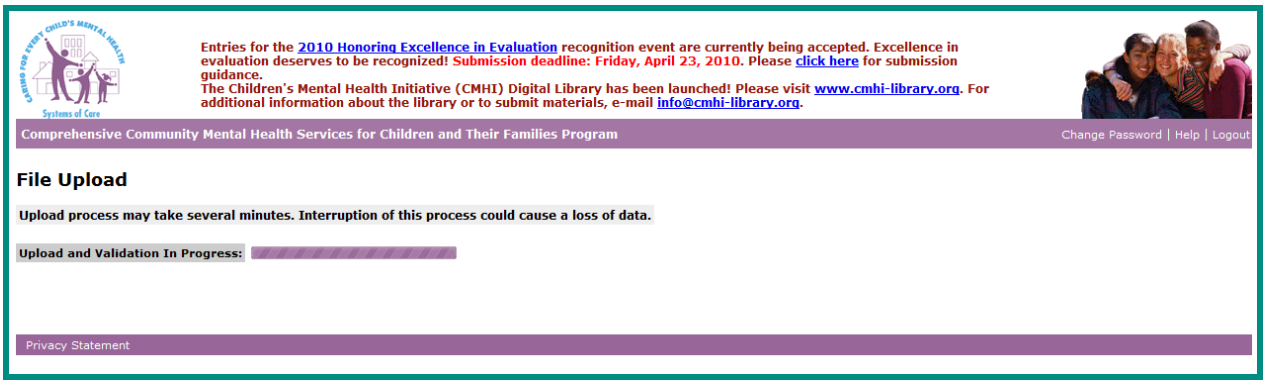
Several navigation links are located along the left navigation panel of the ICN. To upload a data file for your community, click **Data Entry**. From the main Data Entry page, under the Flexible Funds section, click **Upload Flex Funds Tool Data**.



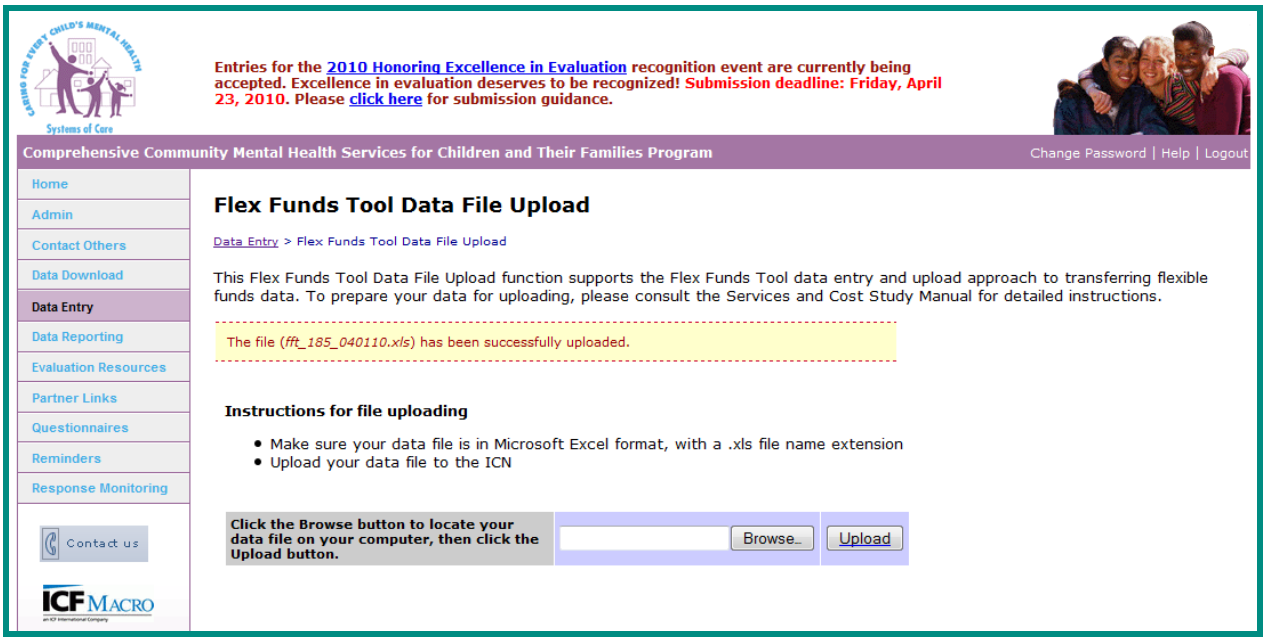
This opens the Flex Funds Tool Data File Upload page. At the bottom of the page, click **Browse** and browse your local computer drive to select the Flex Funds Tool data file you want to upload.



After selecting the Flex Funds Tool data file from your local computer drive, click **Upload**. The following **File Upload** screen appears, alerting you that the upload process may take several minutes. Please be patient while waiting for the file to upload.



After the upload process is complete, the page displays that your file has been successfully uploaded.



DATA REPORTS

After you transfer data for this study on the ICN, the national evaluation will provide descriptive reports of your data. Regardless of whether data are transferred using the extract/format/upload method or the data entry method, all data transferred from your community will be merged for report preparation. These reports will be prepared and delivered to you annually by the national evaluation, but basic descriptive data tables and graphs will also be available for custom generation on the ICN. The reporting features are not yet available on the ICN. As soon as these features are available, you will receive additional instructions on how to generate services and costs data reports.

TECHNICAL ASSISTANCE

For questions or technical assistance in collecting data for the Services and Costs Study, contact your national evaluation site liaison. Thank you for your efforts in collecting data for this important study.

APPENDIX A

SERVICES AND COSTS DATA DICTIONARY

OMB No. 0930-0307
Expiration Date: 12/31/2012

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 20 minutes per record, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program

SERVICES AND COSTS DATA DICTIONARY

Variable Name	Variable Description	Format	Field Length	Codes
CHILDID*	Child/youth identification number assigned for the national evaluation. First three digits indicate the site number, fourth digits and fifth digits are determined by the local evaluation, final four digits are unique child identifiers. This is the same Child ID used for the national evaluation's Cross-Sectional Descriptive Study and Longitudinal Child and Family Outcome Study. **This is a required field for all data records.*	GEN	9	100000000–199999999 (range will be more specific to each community)
SERVICE ENROLLMENT DATES				
ENROLL1	Date the child was first enrolled in the system of care and eligible for services.	DATE	10	MM/DD/YYYY
DISCHRG1	Date of first discharge from system of care services.	DATE	10	MM/DD/YYYY
ENROLL2	Date the child was re-enrolled in system of care (second enrollment) and again eligible for services. This field may be left blank if there is no second episode of enrollment and discharge.	DATE	10	MM/DD/YYYY
DISCHRG2	Date of second discharge from system of care services. This field may be left blank if there is no second episode of enrollment and discharge.	DATE	10	MM/DD/YYYY
ENROLL3	Date the child was re-enrolled in system of care (third enrollment) and again eligible for services. This field may be left blank if there is no third episode of enrollment and discharge.	DATE	10	MM/DD/YYYY

Variable Name	Variable Description	Format	Field Length	Codes
DISCHRG3	Date of third discharge from system of care services. This field may be left blank if there is no third episode of enrollment and discharge.	DATE	10	MM/DD/YYYY
DATE OF SERVICE				
START*	Start date of service. If length of service is 1 day or less, enter the date of service in START and leave END blank. * *This is a required field for all data records.*	DATE	10	MM/DD/YYYY (may precede the child's first enrollment date into system of care by 1 year)
END	End date of service. If length of service is more than 1 day, enter the first date of service in START and the last date of service in END. This field may be left blank if length of service is 1 day or less.	DATE	10	MM/DD/YYYY
SERVICE TYPE* * *This is a required field for all data records.*				
CPT	Current Procedural Terminology (CPT-4): Level I codes. Official definitions for CPT-4 codes commonly used for system of care services are provided in attachment A.	GEN	5	0–9; i.e., 96150
or				
HCPCS	Healthcare Common Procedure Coding System (HCPCS): Level II codes. Official definitions for HCPCS codes commonly used for system of care services are provided in attachment A.	GEN	5	A–Z; 0–9; i.e., H0002
or				
ICD9	International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)—Procedure Codes. Official definitions for ICD-9-CM procedure codes commonly used for system of care services are provided in attachment A.	GEN	5	0–9; 4 digits with an explicit decimal, i.e., 94.42
or				
SVCTYPE	Type of service. Further definitions of service categories are provided in attachment B.	GEN	2	**General Community-Based/Episodic Services** 1=Intake/screening/diagnosis/assessment 2=Evaluation 3=Consultation/meeting 4=Case management/clinical coordination 5=Service planning 6=Crisis intervention/crisis stabilization/crisis hotline 7=Emergency room psychiatric service 8=Early intervention/prevention 9=Caregiver support/family support 10=Respite care

Variable Name	Variable Description	Format	Field Length	Codes
				11=Advocacy 12=Legal service 13=Recreational activity/recreational therapy 14=Afterschool program or childcare 15=Training/tutoring/education/mentoring 16=Behavioral/therapeutic aide service 17=Medication treatment/administration/monitoring 18=Medical care/physical health care/laboratory related to mental health 19=Day treatment/partial-day treatment 20=Individual therapy/counseling/psychosocial therapy/play therapy 21=Group therapy/group counseling 22=Family therapy/family counseling 23=Psychosocial rehabilitation/cognitive rehabilitation 24=Tribal healing service 25=Social work service 26=Vocational/life skills training/independent living skills/youth transition 27=Transportation **Services Specific to Child Welfare** 28=Child protective service 29=Case evaluation and monitoring 30=Family preservation 31=Adoption service 32=Therapeutic foster care/therapeutic group home 33=Family foster care, with non-relative/non-therapeutic foster care 34=Group foster care 35=Relative care **Services Specific to Juvenile Justice** 36=Diversion/prevention service 37=Court services 38=Juvenile detention 39=Jail or prison 40=Parole/aftercare service 41=Probation/monitoring **Services Specific to Special Education and Early Care Programs** 42=Early Head Start Program 43=Early Intervention (Part C) 44=Head Start Program 45=Preschool Special Education Program (Part B) 46=Other Early Care and Education Programs 47=Special education class, self contained 48=Special education resource service

Variable Name	Variable Description	Format	Field Length	Codes
				49=Special education, inclusion 50=Physical, occupational, speech, hearing, or language service 51=Teacher aide service/other paraprofessional service **Informal, Natural Support, In-Kind, Volunteer Services** 52=Self-help group/peer counseling/support group 53=Counseling from clergy 54=Informal transportation **Inpatient and Residential Services (Other than Foster Care)** 55=Inpatient evaluation 56=Inpatient consultation 57=Inpatient behavioral health service 58=Residential therapeutic camp/wilderness program 59=Residential treatment service, non-hospital 60=Residential care/custodial care 61=Shelter placement **Other Service Type** 62=Other service type, please specify
SVCOTH	Description of other service type in SVCTYPE=62. If other is unknown, enter **-999**.	GEN	50	A–Z; 0–9; or -999
PROVIDER AGENCY/SERVICE SECTOR				
AGENCY	The service sector or type of agency providing the service. This might include both public agencies and private providers.	GEN	2	1=Mental health 2=Child welfare/social services 3=Juvenile justice (juvenile court, corrections, probation) 4=Education/school/early childhood program/childcare organization 5=Pediatrician/physical health care provider 6=Family organization 7=Youth organization 8=Other, please specify
AGENOTH	Description of other service sector or agency type providing the service in AGENCY=8. If other is unknown, enter **-999**.	GEN	50	A–Z; 0–9; or -999
PROVIDER TYPE				
PROVIDER	Type of individual providing the service. Further definitions of provider categories are provided in attachment B.	GEN	2	1=Case manager/care coordinator 2=Psychologist (Ph.D. or similar credential) 3=Mental health professional/licensed professional counselor 4=Social worker 5=Recreational therapist/behavioral aide/respite worker/other mental health staff 6=Tribal healer

Variable Name	Variable Description	Format	Field Length	Codes
				7=Faith-based professional 8=Psychiatrist (M.D. or similar credential) 9=Physical health care physician/pediatrician 10=Nurse practitioner/physician's assistant 11=Nurse/psychiatric nurse 12=Alternative health care practitioner 13=Medical technician/laboratory 14=Child protective services worker/child protective investigator/foster care case worker 15=Foster family/foster parent 16=Teacher/special education teacher/resource teacher 17=School counselor/school psychologist 18=Speech, language therapist/audiologist/occupational or physical therapist 19=Teacher aide/educational paraprofessional 20=Tutor 21=Childcare provider 22=Court services worker 23=Detention/corrections staff 24=Probation/parole officer 25=Youth coordinator 26=Youth 27=Family member/relative/friend/neighbor/volunteer 28=Advocate/family advocate/education advocate/court advocate 29=Mentor 30=Program support staff 31=Driver 32=Other, please specify
PROVOTH	Description of other in PROVIDER=32. If other is unknown, enter **-999**.	GEN	50	A–Z; 0–9; or -999
SERVICE LOCATION				
LOCATION	Location where service was provided. Further definitions of location categories are provided in attachment B.	GEN	2	1=Office/independent clinic 2=Public health clinic/rural health clinic/federally qualified health center 3=Indian health service/Tribal 638 facility 4=Community mental health center 5=Social service center or agency 6=Ambulance 7=Mobile unit 8=Urgent care facility 9=Inpatient hospital 10=Outpatient hospital 11=Emergency room – hospital 12=Inpatient psychiatric hospital/facility

Variable Name	Variable Description	Format	Field Length	Codes
				13=Psychiatric facility-partial hospitalization 14=Residential psychiatric treatment center 15=Correctional facility 16=Homeless shelter/temporary lodging 17=School 18=Home 19=Group home/custodial care facility 20=Pharmacy 21=Independent laboratory 22=Other community location/public place (i.e., Boys/Girls Club, YMCA, library, place of worship) 23=Phone 24=Other place of service, please specify
LOCATOTH	Description of other in LOCATION=24. If other is unknown, enter **-999**.	GEN	50	A–Z; 0–9; or -999
SERVICE UNITS				
NUMBER	Number of service units	GEN	8.2	1.00–999999.99
SVCUNIT	Unit of service	GEN	1	1=Minute 2=Hour 3=Day 4=Week 5=Month 6=Year 7=Visit/session 8=Call/contact 9=Report
COSTS AND PAYMENT SOURCE				
	Amounts Charged			
CHGMEDCD	Total amount *charged* for this service to *Medicaid*.	GEN	8.2	0.00–999999.99
CHGSCHIP	Total amount *charged* for this service to *SCHIP*.	GEN	8.2	0.00–999999.99
CHGCMHI	Total amount *charged* for this service to *SAMHSA CMHI cooperative agreement*.	GEN	8.2	0.00–999999.99
CHGMH	Total amount *charged* for this service to a *mental health agency or provider*.	GEN	8.2	0.00–999999.99
CHGCW	Total amount *charged* for this service to a *child welfare or social services agency*.	GEN	8.2	0.00–999999.99
CHGJJ	Total amount *charged* for this service to *juvenile justice (juvenile court, corrections, or probation)*.	GEN	8.2	0.00–999999.99
CHGEDUC	Total amount *charged* for this service to *education, early childhood program, or childcare organization*.	GEN	8.2	0.00–999999.99

Variable Name	Variable Description	Format	Field Length	Codes
CHGTRIBE	Total amount *charged* for this service to a *Tribal government, agency, or organization*.	GEN	8.2	0.00–999999.99
CHGIHS	Total amount *charged* for this service to the *Indian Health Service*.	GEN	8.2	0.00–999999.99
CHGFAM	Total amount *charged* for this service to a *family organization*.	GEN	8.2	0.00–999999.99
CHGYOUTH	Total amount *charged* for this service to a *youth organization*.	GEN	8.2	0.00–999999.99
CHGFDTN	Total amount *charged* for this service to *a foundation or other private funding*.	GEN	8.2	0.00–999999.99
CHGPRIV	Total amount *charged* for this service to *private insurance*.	GEN	8.2	0.00–999999.99
CHGCLIEN	Total amount *charged* for this service to *client out-of-pocket*.	GEN	8.2	0.00–999999.99
CHGOTHER	Total amount *charged* for this service to *other payer*. Please specify type of other payer in CHGOTH. If charge data are available, but source of payment is not available, enter charge amounts in this CHGOTHER variable and enter "payment source unknown" in CHGOTH.	GEN	8.2	0.00–999999.99
CHGOTH	Description of other payer in CHGOTHER. If other is unknown, enter **-999**.	GEN	50	A–Z; 0–9; or -999
	Amounts Paid			
PAYMEDCD	Total amount *paid* for this service by *Medicaid*.	GEN	8.2	0.00–999999.99
PAYSCHIP	Total amount *paid* for this service by *SCHIP*.	GEN	8.2	0.00–999999.99
PAYCMHI	Total amount *paid* for this service by *SAMHSA CMHI cooperative agreement*.	GEN	8.2	0.00–999999.99
PAYMH	Total amount *paid* for this service by a *mental health agency or provider*.	GEN	8.2	0.00–999999.99
PAYCW	Total amount *paid* for this service by a *child welfare or social services agency*.	GEN	8.2	0.00–999999.99
PAYJJ	Total amount *paid* for this service by *juvenile justice (juvenile court, corrections, or probation)*.	GEN	8.2	0.00–999999.99
PAYEDUC	Total amount *paid* for this service by *education, early childhood program, or childcare organization*.	GEN	8.2	0.00–999999.99
PAYTRIBE	Total amount *paid* for this service by a *Tribal government, agency, or organization*.	GEN	8.2	0.00–999999.99
PAYIHS	Total amount *paid* for this service by the *Indian Health Service*.	GEN	8.2	0.00–999999.99

Variable Name	Variable Description	Format	Field Length	Codes
PAYFAM	Total amount *paid* for this service by a *family organization.*	GEN	8.2	0.00–999999.99
PAYYOUTH	Total amount *paid* for this service by a *youth organization*.	GEN	8.2	0.00–999999.99
PAYFDTN	Total amount *paid* for this service by a *foundation or other private funding*.	GEN	8.2	0.00–999999.99
PAYPRIV	Total amount *paid* for this service by *private insurance*.	GEN	8.2	0.00–999999.99
PAYCLIEN	Total amount *paid* for this service by *client out-of-pocket*.	GEN	8.2	0.00–999999.99
PAYOTHER	Total amount *paid* for this service by *other payer*. Please specify type of other payer in PAYOTH. If payment data are available, but source of payment is not available, enter payment amounts in this PAYOTHER variable and enter “payment source unknown” in PAYOTH.	GEN	8.2	0.00–999999.99
PAYOTH	Description of other payer in PAYOTHER. If other is unknown, enter **-999**.	GEN	50	A–Z; 0–9; or -999
PAYESTIM	Flag to indicate whether any of the payment amounts represent an estimated amount, rather than actual amount.	GEN	2	1=Actual 2=Estimated
UNPAID SERVICE ESTIMATES				
ESTIMATE	Total amount estimated as the value of the unpaid informal, natural support, in-kind, or volunteer service. If the service is not an unpaid service, enter **-666** in this field to identify it as not applicable.	GEN	8.2	0.00–999999.99 or -666

SERVICES AND COSTS DATA DICTIONARY — ATTACHMENT A

CODE DEFINITIONS FOR CPT-4 CODES, HCPCS CODES, AND ICD-9-CM PROCEDURE CODES

CPT-4 codes are assigned and maintained by the American Medical Association. HCPCS codes are assigned and maintained by the Centers for Medicare and Medicaid Services. ICD-9-CM procedure codes are maintained jointly by the National Center for Health Statistics (NCHS) and the Centers for Medicare & Medicaid Services (CMS).

Note: Procedure codes approved for reimbursement vary by state; not all procedure codes are approved for reimbursement through Medicaid in all states. The codes listed in this attachment are representative of most codes in use for behavioral health and related care, but are not intended to be exhaustive or definitive.

Code	Description
Current Procedural Terminology (CPT-4): Level I - Psychiatric Codes	
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient; with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45–50 minutes face-to-face with the patient
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45–50 minutes face-to-face with the patient; with medical evaluation and management services
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75–80 minutes face-to-face with the patient
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75–80 minutes face-to-face with the patient; with medical evaluation and management services
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20–30 minutes face-to-face with the patient with medical evaluation and management services
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45–50 minutes face-to-face with the patient

Code	Description
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45–50 minutes face-to-face with the patient; with medical evaluation and management services
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75–80 minutes face-to-face with the patient
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75–80 minutes face-to-face with the patient; with medical evaluation and management services
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20–30 minutes face-to-face with the patient
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20–30 minutes face-to-face with the patient; with medical evaluation and management services
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45–50 minutes face-to-face with the patient
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45–50 minutes face-to-face with the patient; with medical evaluation and management services
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75–80 minutes face-to-face with the patient
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75–80 minutes face-to-face with the patient; with medical evaluation and management services
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20–30 minutes face-to-face with the patient
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20–30 minutes face-to-face with the patient; with medical evaluation and management services
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45–50 minutes face-to-face with the patient
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45–50 minutes face-to-face with the patient; with medical evaluation and management services

Code	Description
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75–80 minutes face-to-face with the patient
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75–80 minutes face-to-face with the patient; with medical evaluation and management services
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multiple family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90857	Interactive group psychotherapy
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90875	Individual psycho-physiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 20–30 minutes)
90876	Individual psycho-physiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 45–50 minutes)
90880	Hypnotherapy
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians, agencies, or insurance carriers
90899	Unlisted psychiatric service or procedure

Code	Description
Current Procedural Terminology (CPT-4): Level I – Health Behavior Assessment & Intervention (HBAI) Codes *These codes typically apply to mental health procedures used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of physical health problems. They are intended for use by specific mental health care professionals who provide mental health services related to a physical, not a mental health, diagnosis.*[1]	
96101	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing (e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)

Code	Description
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)
Current Procedural Terminology (CPT-4): Level I - Evaluation & Management (EM) Codes *These codes typically apply to services unique to medical management, such as laboratory results, medical diagnostic evaluations, and medication management, performed by physicians, nurse practitioners, clinical nurse specialists, and physician assistants, but not clinical psychologists and clinical social workers.*[1]	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.

Code	Description
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99244	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99245	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.

Code	Description
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.

Code	Description
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.

Code	Description
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344	Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.

Code	Description
99345	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.
99371	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (e.g., to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)
99372	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (e.g., to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)
99373	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (e.g., lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)
Current Procedural Terminology (CPT-4): Level I - Other Codes	
36415	Collection of venous blood by venipuncture
80053	Comprehensive metabolic panel
80061	Lipid panel
80076	Hepatic function panel
80101	Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class
80164	Dipropylacetic acid (valproic acid)
80178	Lithium
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
82043	Albumin; urine, microalbumin, quantitative
82055	Alcohol (ethanol); any specimen except breath

Code	Description
82565	Creatinine; blood
82570	Creatinine; other source
82947	Glucose; quantitative, blood (except reagent strip)
83036	Hemoglobin; glycosylated (A1C)
83655	Lead
83721	Lipoprotein, direct measurement; LDL cholesterol
84146	Prolactin
84439	Thyroxine; free
84443	Thyroid stimulating hormone (TSH)
84520	Urea nitrogen; quantitative
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92700	Unlisted otorhinolaryngological service or procedure
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
97003	Occupational therapy evaluation

Code	Description
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97150	Therapeutic procedure(s), group (2 or more individuals)
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5–10 minutes of medical discussion
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11–20 minutes of medical discussion
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21–30 minutes of medical discussion

[1] Kautz, C., Mauch, D., & Smith, S. A. (2008). *Reimbursement of mental health services in primary care settings* (HHS Pub. No. SMA-08-4324). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Code	Description
Health Care Current Procedure Coding System (HCPCS): Level II Codes	
A0080	Non-emergency transportation, per mile. Vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Non-emergency transportation, per mile. Vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Non-emergency transportation services, taxi
A0110	Non-emergency transportation and bus, intra or interstate carrier
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Non-emergency transportation: wheel-chair van
A0140	Non-emergency transportation and air travel (private or commercial) intra or interstate
A0160	Non-emergency transportation, per mile- case worker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0425	Ground Mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (Als1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (Als1_emergency)
A0428	Ambulance service, basic life support, non-emergency transport, (Bls)
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program
H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and or drugs
H0004	Behavioral health counseling and therapy, per 15 minutes
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
H0018	Behavioral health; short term residential (non-hospital residential treatment program), without room and board, per diem
H0019	Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H0023	Behavioral health outreach service (planned approach to reach a targeted population)
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)
H0025	Behavioral health prevention education services (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0030	Behavioral health hotline service

Code	Description
H0031	Mental health assessment by non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization treatment, less than 24 hours
H0038	Self-help/peer services per 15 minutes
H0039	Assertive community treatment, face to face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0041	Foster care, child, non-therapeutic, per diem
H0042	Foster care, child, non-therapeutic, per month
H0045	Respite care services, not in the home, per diem
H0046	Mental health services, not otherwise specified
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per ½ day
H2010	Comprehensive medication services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development, per 15 minutes
H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
H2021	Community based wrap around services, per 15 minutes
H2022	Community based wrap around services, per diem
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem

Code	Description
H2027	Psycho-educational service, per 15 minutes
H2030	Mental health clubhouse services, per 15 minutes
H2032	Activity therapy per 15 minutes
H2033	Multi-systemic therapy for juveniles, per 15 minutes
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes
J0515	Injection benztropine mesylate, per 1 mg
J1200	Injection, diphenhydramine HCL injection up to 50 mg
J1630	Injection, haloperidol, up to 5 mg
J1631	Injection, haloperidol decanoate, per 50 mg
J2680	Injection, fluphenazine decanoate, up to 25 mg
J2794	Injection, risperidone, long acting, 0.5 mg
J3410	Injection, hydroxyzine HCL, up to 25 mg
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders
S0163	Injection, risperidone, Long Acting, 12.5 mg
S0201	Partial hospitalization services, less than 24 hours, per diem
S0215	Non-emergency transportation, mileage per mile
S0316	Disease management program, follow-up/reassessment
S5110	Home care training, family; per 15 minutes
S5125	Attendant care services, per 15 minutes
S5126	Attendant care services, per diem
S5140	Foster care, adult, per diem
S5145	Foster care, therapeutic, child; per diem
S5146	Foster care, therapeutic, child; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
S9446	Patient education, not otherwise classified, non-physician provider, group, per session

Code	Description
S9482	Family stabilization services, per 15 minutes
S9484	Crisis intervention, mental health services, per hour
S9485	Crisis intervention, mental health services, per diem
T1005	Respite care services, up to 15 minutes
T1013	Sign language or oral interpretive services, per 15 minutes
T1015	Clinic visit/encounter, all-inclusive
T1016	Case management, each 15 minutes
T1017	Targeted case management each 15 minutes
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T2001	Non-emergency transportation; patient attendant/escort
T2002	Non-emergency transportation; per diem
T2003	Non-emergency transportation; encounter/trip
T2004	Non-emergency transportation; commercial carrier, multi pass
T2005	Non-emergency transportation; stretcher van
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (½) hour increments
T2034	Crisis intervention, waiver; per diem
T2036	Therapeutic camping overnight, waiver each session
T2037	Therapeutic camping day, waiver, each session
T2038	Community transition, waiver, per service
T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
T2049	Non-emergency transportation; stretcher van, mileage, per mile

Code	Description
International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)—Procedure Codes	
94.01	Administration of intelligence test designed primarily for school children to predict school performance and the ability to adjust to everyday demands or standardized tests that measure the present general ability of aptitude for intellectual performance (Stanford-Binet, Wechsler Adult Intelligence Scale, Wechsler Intelligence Scale for Children)
94.02	Administration of standardized psychologic test designed to measure abilities, aptitude, and achievement, or to evaluate personality traits (Bender Visual-Motor Gestalt Test, Benton Visual Retention Test, Minnesota Multiphasic Personality Inventory, Wechsler Memory Scale)
94.03	Character analysis
94.08	Other psychologic evaluation and testing
94.09	Psychologic mental status determination, not otherwise specified
94.11	Psychiatric mental status determination; clinical psychiatric mental status determination; evaluation for criminal responsibility; evaluation for testamentary capacity; medico-legal mental status determination; mental status determination NOS
94.12	Routine psychiatric visit, not otherwise specified
94.13	Psychiatric commitment evaluation; pre-commitment interview
94.19	Other psychiatric interview and evaluation; follow-up psychiatric interview NOS
94.21	Narcoanalysis; narcosynthesis
94.22	Lithium therapy
94.23	Neuroleptic therapy
94.24	Chemical shock therapy
94.25	Other psychiatric drug therapy
94.26	Sub-convulsive electroshock therapy
94.27	Other electroshock therapy; electroconvulsive therapy (ECT); EST
94.29	Other psychiatric somatotherapy (biologic treatment of mental disorders)
94.31	Psychoanalysis
94.32	Hypnotherapy; hypnodrome; hypnosis
94.33	Behavior therapy; aversion therapy; behavior modification; desensitization therapy; extinction therapy; relaxation training; token economy
94.34	Individual therapy for psychosexual dysfunction. Excludes that performed in group setting

Code	Description
94.35	Crisis intervention; actions performed to sustain a person dealing with a condition, event, or radical change in status. Brief therapeutic approach which is ameliorative rather than curative of acute psychiatric emergencies. Used in contexts such as emergency rooms of psychiatric or general hospitals, or in the home or place of crisis occurrence, this treatment approach focuses on interpersonal and intra-psychic factors and environmental modification.
94.36	Play psychotherapy
94.37	Exploratory verbal psychotherapy
94.38	Supportive verbal psychotherapy
94.39	Other individual psychotherapy; biofeedback
94.41	Group therapy for psychosexual dysfunction
94.42	Family therapy; a form of group psychotherapy. It involves treatment of more than one member of the family simultaneously in the same session.
94.43	Psychodrama; primarily a technique of group psychotherapy which involves a structure, directed, and dramatized acting out of the patient's personal and emotional problems
94.44	Other group therapy; transactional group therapy; encounter group therapy
94.49	Other counseling; family counseling
94.51	Referral for psychotherapy
94.52	Referral for psychiatric aftercare: that in halfway house or outpatient (clinic) facility
94.53	Referral for alcoholism rehabilitation
94.54	Referral for drug addiction rehabilitation
94.55	Referral for vocational rehabilitation
94.59	Referral for other psychologic rehabilitation

SERVICES AND COSTS DATA DICTIONARY — ATTACHMENT B

GLOSSARY OF TERMS

Definitions for the services and concepts specified in this data dictionary are provided in the glossary provided in this attachment. For services that are associated with CPT-4, HCPCS codes, or ICD-9-CM—Procedure Codes, the specific codes associated with each service type are listed in this glossary. This glossary can be particularly helpful when information technology staff are recoding the data, and may not be as knowledgeable about mental health services as program staff may be.

Note: Definitions listed here are intended to provide guidance in coding data consistently across grant communities, but are not intended to provide definitive meanings to these concepts. If definitions listed here differ from those used locally, follow the definitions that are used locally. Procedure codes approved for reimbursement vary by state; not all procedure codes are approved for reimbursement through Medicaid in all states. Procedure codes provided here represent examples of codes that are possibly associated with each service type.

ENROLLMENT DATES	
Enrollment Date 1	The official date of the child or youth's first enrollment into system of care services.
Discharge Date 1	The definition of clinical discharge may be defined by the grantee. However, the child or youth can be considered discharged if he/she is lost to contact for 90 calendar days or more, or has died.
Enrollment Date 2	For children or youth who have re-enrolled into system of care services after previously being discharged. The official date of the child or youth's second enrollment into system of care services.
Discharge Date 2	For children or youth who have re-enrolled into system of care services after previously being discharged. The definition of clinical discharge may be defined by the grantee. However, the child or youth can be considered discharged if he/she is lost to contact for 90 calendar days or more, or has died.
Enrollment Date 3	For children or youth who have re-enrolled into system of care services after twice being previously discharged. The official date of the child or youth's third enrollment into system of care services.
Discharge Date 3	For children or youth who have re-enrolled into system of care services after twice being previously discharged. The definition of clinical discharge may be defined by the grantee. However, the child or youth can be considered discharged if he/she is lost to contact for 90 calendar days or more, or has died.

SERVICE TYPE—General Community-Based/Episodic Services	
Intake/Screening/Diagnosis/Assessment	The process of gathering and documenting information about a child or youth's psychological, social, learning, and behavioral strengths and challenges in order to determine the extent and nature of a child or youth's condition. These are typically performed by a psychologist, psychiatrist, or other clinical professional. Types of diagnostic assessment may include neurological, psychosocial, educational, and vocational. Includes CPT-4 codes: 90801 90802 90885 96101 96102 96103 96105 96111 96116 96118 96119 96120 96150 96151. Includes HCPCS codes: H0001 H0002 H0003 H0031 T1023.
Evaluation	The process of collecting and interpreting information about a child or youth. An evaluation may include a variety of tests, observations, and background information and is typically conducted by a multidisciplinary team of clinical or educational professionals. The purpose of an evaluation is to determine whether the child or youth needs mental health treatment and, if so, what type of treatment, for preparing reports, or making recommendations for the most appropriate and least restrictive treatment for the child/youth. Includes CPT-4 code: 97003 99205. 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99341 99342 99343 99344 99345. Includes HCPCS codes: H2000. Includes ICD-9-CM Procedure Codes: 94.0 94.01 94.02 94.03 94.08 94.09 94.1 94.11 94.12 94.13 94.19.
Consultation/Meeting	These services include providing information, education, and support on how to work more effectively with children and youth. Includes CPT-4 codes: 99241 99242 99243 99244 99245 99251 99371 99372 99373.
Case Management/Clinical Coordination	The procedures that a trained service provider uses to access and coordinate services for a child or youth and the child's/youth's family. These services may include establishing and facilitating interagency treatment teams; preparing, monitoring, and revising individual service plans; and identifying and coordinating multiple treatment and support services. Includes CPT-4 codes: 90882 90889 98966 98967 98968. Includes HCPCS codes: G9007 H2021 H2022 T1016 T1017.
Service Planning	Service planning assists individuals and their families in planning, developing, choosing, or gaining access to needed services and supports. Services and supports that are planned may be formal (provided by the human services system) or informal (available through the strengths and resources of the family or community). Services and supports include discharge planning, advocacy and monitoring the well-being of children, youth, and families, and supporting them to make their own service decisions. Includes HCPCS code: H0032.

Crisis Intervention/Crisis Stabilization/Crisis Hotline	Interventions designed to provide immediate, short-term help, and to stabilize a child or youth experiencing acute emotional or behavioral difficulties. Services may include the development of crisis plans, 24-hour telephone support, short-term counseling, mobile outreach services, intensive in-home support during crisis, and short-term emergency residential services. Includes HCPCS codes: H2011 S9484 S9485 T2034. Includes ICD-9-CM Procedure Code: 94.35.
Emergency Room Psychiatric Service	Includes triage, psychiatric evaluation, and extended observation within an emergency room setting. Includes CPT-4 codes: 99282 99283 99284 99285.
Early Intervention/Prevention	Services used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk, aimed to help children and youth get better more quickly and to prevent problems from becoming worse. Includes CPT-4 codes: 96152 96153 96154 96155. Includes HCPCS codes: H0023 H0024 H0025 H2037.
Caregiver Support/Family Support	Non-therapeutic and support services provided to caregivers or siblings. These may include family activities, behavior management training, parent classes, and support groups, but do not include respite care, recreational activities, or transportation services. Includes HCPCS codes: H2015 H2016 S5110.
Respite Care	A planned break for families who are caring for a child or youth with a serious emotional or behavioral disturbance, where trained parents or counselors assume the duties of care giving for a brief time to provide a break for the parent or caregiver. The service may be provided in the child's or youth's home or in other community locations. Includes HCPCS codes: H0045 S5150 S5151 T1005.
Advocacy	An individual or group acting on behalf of a child or youth. This can be a parent, friend, relative, or a concerned private or professional individual or group. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Legal Service	Services provided to ensure the protection and maintenance of a child's, youth's, or family's legal rights. These services may include preparation of reports for court, representing a client in court, and providing follow-up documents to the court. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Recreational Activity/Recreational Therapy	Use of recreational projects or community recreation resources, such as YMCA or other physical fitness activities, youth sports programs, karate classes, or summer camps (with no treatment component). Includes HCPCS codes: H2030 H2032 G0176 T2037.
Afterschool Program or Childcare	Afterschool programs are programs designed to provide care for and educational enhancement to children in the hours immediately following school classes. Childcare may occur at any time and is primarily for providing supervision of children. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

Training/Tutoring/Education/Mentoring	A range of child- and youth-focused educational services from basic literacy through the General Equivalency Diploma and college courses. Includes special education at the pre-primary, primary, secondary, and adult levels. Includes CPT-4 code: 90887.
Behavioral/Therapeutic Aide Service	Supervision of a child or youth by trained adults in home, school, or other community locations. The treatment aide might provide support and may assist with behavior management or recreational activities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Medication Treatment/ Administration/Monitoring	Prescription of psychoactive medications by a physician or other qualified health care specialist to a child/youth designed to alleviate symptoms and promote psychological growth. Treatment includes prescription, administration, assessment of drug effectiveness, and periodic assessment and monitoring of the child's/youth's reaction(s) to the drug. Includes CPT-4 code: 90862. Includes HCPCS codes: H2010 H0033 H0034 J0515 J1200 J1630 J1631 J2680 J2794 J3410 S0163 M0064. Includes ICD-9-CM Procedure Codes: 94.2 94.21 94.22 94.23 94.24 94.25 94.26 94.27 94.29.
Medical Care/Physical Health Care/ Laboratory Related to Mental Health	Includes professional mental health medical services, including physical health care or laboratory services in an inpatient or outpatient setting, specific to services required for direct support of mental health care or medication management. Includes CPT-4 codes: 36415 80053 80061 80076 80101 80164 80178 81000 81002 82043 82565 82570 82947 83036 83655 83721 84146 84439 84443 84520 85007 85025 85027 88262 90899 93000 93005 93010 93303 93320 94664 94760.
Day Treatment/Partial-Day Treatment	Intensive, non-residential service that provides an integrated array of counseling, education, and/or vocational training which involves a child or youth for at least 5 hours a day, for at least 3 days a week. Day treatment may be provided in a variety of settings, including schools, mental health centers, hospitals, or other community locations. Includes HCPCS code: H2012.
Individual Therapy/Counseling/ Psychosocial Therapy/Play Therapy	Therapeutic intervention with a child or youth that is administered one-on-one and that relies on interaction between therapist/clinician and child or youth to promote psychological and behavior change. Includes a variety of approaches (e.g., behavior, psychodynamic, cognitive, family systems) provided outside of the home. Includes CPT-4 codes: 90804 90805 90806 90807 90808 90809 90810 90811 90812 90813 90814 90815 90816 90817 90818 90819 90821 90822 90823 90824 90826 90827 90828 90829 90845 90875 90876 90880. Includes HCPCS codes: H0004 H0039 H0040 H2019 H2020 H2027 H2033 S9445. Includes ICD-9-CM Procedure Codes: 94.3 94.31 94.32 94.33 94.34 94.36 94.37 94.38 94.39.

Group Therapy/Group Counseling	Therapeutic intervention with a child or youth that relies on interaction among a group of children or youth, facilitated by a clinician/therapist to promote psychological and behavior change. This form of therapy involves groups of usually 4 to 12 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. Includes CPT-4 codes: 90853 90857. Includes HCPCS code: S9446. Includes ICD-9-CM Procedure Codes: 94.41 94.43 94.44.
Family Therapy/Family Counseling	Therapeutic family-oriented services provided to caregivers and/or siblings with or without the child or youth present (e.g., individual/group therapy, family therapy, multi-family therapy). Includes CPT-4 codes: 90846 90847 90849. Includes ICD-9-CM Procedure Codes: 94.42 94.49.
Psychosocial Rehabilitation/Cognitive Rehabilitation	Therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community living skills; self-care skills training including grooming, bodily care, and feeding; social skills training; development of basic language skills; and management of specific problems in perception, memory, thinking, and problem solving. Includes HCPCS codes: H2001 H2017 H2018.
Tribal Healing Service	Traditional tribal healing practices performed with or for a child or youth to support emotional and behavioral needs. Includes healing ceremonies, sweat lodges, herbal remedies, healing hands, prayer, cleansing, song and dance, traditional plant medicines, and culturally sensitive counseling. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Social Work Service	Social work services include diagnostic or active clinical treatments provided with the intent to reasonably improve the child's or youth's physical or mental condition or functioning. Includes global evaluation to determine a child's or youth's developmental status and need for early intervention services; making home visits to assess a child's/youth's living conditions and patterns of parent–child interaction to determine the need for social work or other counseling services; preparing a social or emotional developmental assessment of the child/youth within the family context to determine the need for social work or other counseling services; working with issues in the child's/youth's and family's living situation (e.g., home, community, etc.); and identifying, mobilizing, and coordinating community resources and services to enable the child/youth and family to receive maximum benefit from early intervention services. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Vocational/Life Skills Training/Independent Living Services/Youth Transition	Services designed to prepare older adolescents to live independently and reduce reliance on the family or service system. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others. Services may include social and community living skills development (e.g., look for job, pay bills), peer support, and counseling. Designed for older adolescents to facilitate the move from the child system to the adult mental health system. Includes HCPCS codes: G0177 H2014 H2025 H2026 T2038.

Transportation	Transportation to appointments and other scheduled services and activities. Includes HCPCS codes: A0080 A0090 A0100 A0110 A0120 A0130 A0140 A0160 A0170 S0215 T2001 T2002 T2003 T2004 T2005 T2007 T2049.
SERVICE TYPE—Services Specific to Child Welfare	
Child Protective Service	Includes investigation of maltreatment allegations and validation of the child maltreatment report; assessment of child/youth safety, early intervention and prevention, and alleged risk (alternative response). Develops a safety plan, if needed, to assure the child's or youth's protection and determines services needed. Includes removal and placement of child, court services, and reunification activities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Case Evaluation and Monitoring	Assessing the need for child welfare services, providing or arranging for services, and coordinating and evaluating child welfare services provided to a child/youth and family. Includes referring a child/youth and family to other services, as needed, documenting client progress and adherence to the plan, and providing casework contacts. Also includes measuring the extent to which treatment goals have been, or are being attained. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Family Preservation	An intensive combination of therapeutic and support services provided to the child, youth, or family within the home to prevent out-of-home placement. These services may include 24-hour access to support services, and intensive in-home support during crisis when a child or youth is at risk of out-of-home placement or when the child or youth is returning from out-of-home placement. These are distinct from crisis stabilization services as they may continue for several months during transition or crisis. Includes reunification services, family intervention, parent mentoring, therapy, enhancement of conflict resolution and communication skills, parenting skills, and visiting nurses. Includes HCPCS code: S9482.
Adoption Service	Finding the adoptive family, supporting the child/youth through the process, etc. Service to post-placement, pre-finalization adoptive family and post-adoption services. Could also include services to biological family to voluntarily terminate parental rights or open adoption agreement, etc. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Therapeutic Foster Care/Therapeutic Group Home	A therapeutic foster care or group home is a 24-hour residential placement in a home or home-like setting with caregivers who are especially trained to care for children and youth with emotional and/or behavioral problems in behavior management and social and independent living skills development. These homes provide an environment conducive to learning social and psychological skills, and employ a variety of treatment approaches that include supportive counseling, crisis back-up, behavior management, and social development. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Family Foster Care With Non-Relative/Non-Therapeutic Foster Care	Non-treatment oriented living arrangements with a non-relative for children and youth who cannot live with their families. Includes recruiting, training, and licensing foster parents; placement; foster family assistance; family team meetings; periodic home visits. Includes HCPCS codes: H0041 H0042 S5140 S5145 S5146.

Group Foster Care	Non-treatment oriented living arrangements in a group foster care facility, where caregivers provide care to children and youth in a 24-hour residential setting. These facilities may be community residential facilities, comprehensive residential facilities, enhanced residential facilities, or highly structured residential facilities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Relative Care	24-hour care provided by the child or youth's relatives in the relative's home. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Services Specific to Juvenile Justice (Juvenile Court, Corrections, and Probation)	
Diversion/Prevention Service	Alternatives to formal judicial processing and adjudication through the juvenile court. Those efforts support youth who are “at risk” of becoming involved in the juvenile justice system through formal case processing and help prevent a juvenile from being labeled in the juvenile justice system as a delinquent. Prevention includes arbitration, diversionary or mediation programs, and community service work or other treatment available subsequent to a child committing a delinquent act. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Court Services	Includes preparing statutory required legal documents, court orders, and court docket entries; reviewng and processing professional vouchers, witness fees, victim/witness surcharges, restitution, and recoupment; processing appeals; and preparing and maintaining the court and maintaining court files for these matters. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Juvenile Detention	Temporary confinement (generally not more than 21 days) of a child/youth (under the age of 18) alleged to be delinquent pending pretrial release, juvenile court proceedings, or disposition. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Jail/Prison	Jails and prisons are secure facilities. Jail refers to the confinement of persons accused of crimes and awaiting trial, serving short sentences (typically 365 days or less), or awaiting transfer to another state or Federal authority. Jails are managed and operated at the local or county level. Prison refers to the confinement of convicted criminals. Prisons are managed and operated by state or Federal authorities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Parole/Aftercare Service	Discretionary release of a convicted or adjudicated delinquent juvenile from detention or custody prior to the expiration of his or her sentence, upon a finding that the person is sufficiently rehabilitated and not a threat to society. The parole period is defined as a certain length of time and is subject to conditions imposed by the releasing authority and to its supervision, including a term of supervised release. Parole monitoring and re-integrative services that prepare out-of-home placed juveniles for re-entry into the community by re-establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

Probation/Monitoring	A juvenile disposition where the youth serves out his sentence through supervised community-release as opposed to being confined in juvenile detention. Monitoring youth who are placed on informal/voluntary or formal/court-ordered probation or supervision. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Services Specific to Education and Early Care Programs	
Early Head Start Program	Early Head Start Program provides comprehensive, year-round, child and family development services to low-income families with children, prenatal to 3 years old. Program approaches for delivering services in Early Head Start include center-based programs, home-based programs, and mixed-approach programs. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Early Intervention (Part C)	Part C of the Individuals with Disabilities Education Act (IDEA) authorizes the creation of early intervention programs for babies and toddlers with disabilities, and provides Federal assistance for states to maintain and implement statewide systems of services for eligible children, aged birth through 2 years, and their families. States and jurisdictions participating in Part C must provide early intervention services to any child below age 3 who is experiencing developmental delays, has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay; some states serve children who are at risk for serious developmental problems. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Head Start Program	A federally funded program for low-income children and their parents (preschoolers), designed to promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, and other social services. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Preschool Special Education Program (Part B)	Individuals with Disabilities Education Act (IDEA) provides Federal funds to states and local communities to assist in their efforts to provide a free appropriate public education to students with disabilities. Part B of IDEA contains provisions relating to the education of school-aged and preschool-aged children with disabilities. The preschool program is often referred to as the Section 619 program, referring to the section of the law describing services for this age group. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Other Early Care and Education Programs	Special education and related services provided to children under the age of 5. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education Class, Self-Contained	A segregated classroom only for special education students. Class sizes are usually very small, and students have severe disabilities. Some self-contained classes are for students classified as emotionally disturbed. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education, Resource Service	This instructional arrangement/setting is for providing special education instruction and related services in a setting other than regular education for less than 50% of the regular school day. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

Special Education, Inclusion	Practice of educating children and youth with special needs in regular education classrooms. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Physical, Occupational, Speech, Hearing, or Language Service	Includes therapy to remediate gross motor skills, fine motor skills, or sensory processing disorders; identification and diagnosis of speech or language impairments; speech or language therapy. Includes CPT-4 codes: 92507 92508 92588 92700 97110 97150 97530. Includes HCPCS code: T1013.
Teacher Aide Service/Other Paraprofessional Service	Services provided by individuals who work either with individual students or a program to meet the requirements of individualized education programs (IEP). Teacher aides are often assigned to inclusion students. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Informal/Natural Support Services	
Self-Help Group/Peer Counseling/Support Group	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, abuse, 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. Includes HCPCS code: H0038.
Counseling from Clergy	Include counseling services provided by pastoral counselors or counselors working within traditional faith communities to incorporate psychotherapy, and/or medication, with prayer and spirituality to effectively help some people with mental disorders. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Informal Transportation	Transportation provided by family, friends, neighbors that is not paid or reimbursed. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE—Inpatient and Residential Services	
Inpatient Evaluation	The process of collecting and interpreting information about a child or youth in an inpatient or residential setting. An evaluation consists of a variety of tests, observations, and background information and is conducted by a multidisciplinary committee or team of educational professionals. Examination or evaluation of a child or youth for the purpose of determining whether the child/youth needs mental health treatment and, if so, what type of treatment and for the purpose of preparing reports or making recommendations for the most appropriate and least restrictive treatment for the child/youth. Includes CPT codes: 99324 99325 99326 99327 99328 99334 99335 99336 99337.
Inpatient Consultation	Provides psychiatric evaluation within an inpatient or residential setting, collaboration with medical specialists, and arrangement for follow-up behavioral health care when needed. Includes CPT codes: 99252 99253 99254 99255.

Inpatient Behavioral Health Service	Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides (1) short-term treatment in cases where a child or youth is in crisis and possibly a danger to himself/herself or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting. Placement of child/youth in inpatient hospital setting for observation, evaluation and/or treatment. This treatment is characterized by a strong medical orientation and 24-hour nursing supervision and is often used for short-term treatment and crisis stabilization or to conduct comprehensive evaluations where specialized medical tests are warranted. Includes HCPCS codes: H0017 H0035 S0201.
Residential Therapeutic Camp/Wilderness Program	Involves children or youth and staff living together in a wilderness or other camp environment often located outside of the community in which the child/youth resides. Treatment focuses on group process and social skills development. Includes HCPCS code: T2036.
Residential Treatment Service, Non-Hospital	Treatment provided in secure non-hospital residential facilities that typically serve 10 or more children or youth; provide 24-hour staff supervision; and can provide a full array of treatment interventions and approaches, including individual therapy, group and family therapy, behavior modification, skills development, education and recreational services. Includes HCPCS codes: H0018 H0019 T2048.
Residential Care/Custodial Care	Supervision of a child or youth with serious emotional or behavioral challenges by trained adults out-of-home who offer supervision and support and may assist with other household chores, tutoring, or recreational activities where no treatment are provided. Includes HCPCS codes: S5125 S5126.
Shelter Placement	This placement, also known as an emergency shelter placement, is used for children or youth when an unanticipated placement need arises for a child/youth and no regular contracted placement exists. Shelter placements generally do not exceed 30 days. During the placement a caseworker attempts to return the child/youth to the home, to foster care, or to other appropriate substitute care resource. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
PROVIDER AGENCY/SERVICE SECTOR	
Mental Health	Includes mental health agencies that provide leadership and collaboration for the planning, monitoring, managing, and provision of mental health related services to children, youth, and families. Also includes private or public offices, clinics, inpatient and residential organizations that provide mental health related services.
Child Welfare/Social Services	Child welfare and social services agencies that work to ensure the safety, protection, well-being, and self-sufficiency of children and youth. These agencies provide and manage an array of services including but not limited to child support, child protection, foster care, adoption, childcare, family services, family assistance, and food assistance.
Juvenile Justice (Juvenile Court, Corrections, Probation)	Juvenile justice agencies, including courts, detention facilities, jails, and prison, that provide supervision, prevention, diversion, detention, probation, parole, aftercare services, and a wide range of treatment and educational services for children and youth at risk.

Education/School/Early Childhood Program/Childcare Organization	Education, school, and early childhood organizations or agencies that promote student academic achievement and encourage students to learn under the supervision of teachers. Childcare organizations that provide care for and supervise children and youth.
Pediatrician/Physical Health Care Provider	Pediatricians and other physical health care providers, laboratories, physical health care clinics, hospitals, agencies or organizations that diagnose, treat, and help prevent children's diseases and injuries.
Family Organization	Family organizations at the national or local level that promote healthy families, providing support particularly for families that include children and youth with emotional, behavioral, and mental health challenges. Family organizations typically provide crisis services, family supports, self-help groups, peer counseling, self-sufficiency programs, advocacy.
Youth Organization	Youth organizations at the national or local level that are devoted to improving or providing services and systems that support positive growth and development of youth with emotional, behavioral, and mental health challenges. Youth organizations typically provide services that support children and youth's positive mental health and development through a sense of competence. Services might include advocacy for youth rights, supports that empower youth to become equal partners in their care, afterschool programs, independent living skills, literacy, mentoring, tutoring, workforce partnerships, health and fitness activities.
PROVIDER TYPE	
Case Manager/Care Coordinator	Organizes and coordinates services and supports for children and youth with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)
Psychologist (Ph.D. or similar credential)	A professional with a doctoral degree in psychology who specializes in assessment and therapy. Includes Ph.D., or similar credential**.**
Mental Health Professional/Licensed Professional Counselor	A professional with an advanced degree in mental health or other social services trained in assessment and treatment.
Social Worker	Health professionals trained in client-centered advocacy who assist clients with information, referral, and direct help in dealing with local, state, or Federal Government agencies. Helps individuals deal with a variety of mental health and daily living problems to improve overall functioning. Usually has a master's degree in social work and has studied sociology, growth and development, mental health theory and practice, human behavior/social environment, psychology, research methods.
Recreational Therapist/Behavioral Aide/Respite Worker/Other Mental Health Staff	A recreational therapist plans, directs, or coordinates medically approved recreation programs for patients in hospitals or other institutions. Activities may include sports, trips, dramatics, social activities, and arts and crafts. May assess a patient's condition and recommend appropriate recreational activity. Behavioral aides address behavioral needs; help with life-style choices; assist children, youth, and families; provide group or individual counseling. Behavioral aides typically have an associate's degree or bachelor's degree. Respite workers provide relief to caregivers and community-based emotional, practical, and social support to families in which mental illness has impacted family functioning.

Tribal Healer	Uses culturally traditional healing practices such as plant medicines and foods, prayer, ceremony and song, healing hands, cleansing, and culturally sensitive counseling.
Faith-Based Professional	Counselors working within traditional faith communities to incorporate psychotherapy and/or medication with prayer and spirituality to effectively help some people with mental disorders. Some people prefer to seek help for mental health problems from their pastor, rabbi, or priest, rather than from therapists who are not affiliated with a religious community.
Psychiatrist (M.D. or similar credential)	A professional who completed both medical school and training in psychiatry and is a specialist in diagnosing and treating mental illness. Includes M.D. or similar credential.
Physical Health Care Physician/Pediatrician	A medical doctor who diagnoses, treats, and helps prevent diseases and injuries. Includes M.D., D.O., or similar credential.
Nurse Practitioner/Physician Assistant	A nurse practitioner is an advanced practice nurse who works in an expanded role and manages patients' medical conditions. A nurse practitioner focuses on health promotion, disease prevention, health education, and diagnosis and treatment of a wide range of health conditions; order, perform, and interpret diagnostic tests; prescribe medications; and manage patients' overall care. A physician assistant is a certified and licensed health professional who practices medicine as a member of a team with supervising physicians, delivers a broad range of medical and surgical services to diverse populations in rural and urban settings, conducts physical exams, diagnoses and treats illnesses, orders and interprets tests, counsels on preventive health care, assists in surgery, and prescribes medications.
Nurse/Psychiatric Nurse	A nurse can be either a licensed practical nurse (L.P.N.), a registered nurse (R.N.), or an advanced practice nurse. Nurses develop and implement nursing care plans, maintain medical records, administer medications and therapeutic treatments to patients, and advise patients on health maintenance and disease prevention. A psychiatric nurse can be either R.N. or an advanced practice nurse who diagnoses and treats individuals or families with psychiatric problems or disorders, or potential for such disorders.
Alternative Health Care Practitioner	Provides complementary and alternative health care services such as acupressure, aromatherapy, bodywork, massage and massage therapy, detoxification practices and therapies, homeopathy, and meditation. An alternative health care practitioner differs from a tribal healer in that the alternative health care practitioner does not necessarily provide services that are culturally relevant to the patient.
Medical Technician/Laboratory	Performs routine medical laboratory tests for the diagnosis, treatment, and prevention of disease. May work under the supervision of a medical technologist.
Child Protective Services Worker/Child Protective Investigator/Foster Care Case Worker	Child protective services workers and investigators investigate reports of child abuse or neglect in order to determine whether any child or youth in a referred family has been abused or neglected or is at risk of abuse or neglect, and initiate protective services for children and youth who need protection. Foster care case workers provide many services, including intake, assessment, behavioral management services, crisis intervention, referral, report writing, family reunification, emancipation, and discharge planning. They maintain case files, and recruit, certify, train, and provide ongoing support to foster parents.

Foster Family/Foster Parent	Foster families and parents provide daily care and nurturing of children and youth in foster care; help children and youth learn daily life skills; are advocates for children and youth in their schools and communities; inform caseworkers about adjustments in the home, school, and community; provide positive role models for birth families; and participate with caseworkers' efforts to reunify the child or youth with the birth family.
Teacher/Special Education Teacher/ Resource Teacher	A teacher is an individual who teaches basic academic, social, and other formative skills to students in a preschool, daycare center, or public or private school at the preschool, elementary, intermediate, or high school level. Special education teachers teach academic, social, and other formative skills to emotionally and behaviorally challenged students, educationally and physically handicapped students, audibly and visually handicapped students, and the mentally impaired. Special education resource teachers help teachers meet the needs of students with special needs while maintaining a traditional classroom atmosphere.
School Counselor/School Psychologist	An individual with an advanced degree in psychology who assesses children and youth for the presence of learning and emotional problems, diagnoses, and treats children and youth in the school system. Roles of school psychologists will vary by location.
Speech, Language Therapist/ Audiologist/Occupational or Physical Therapist	Speech and language therapists and audiologists assess and treat persons with speech, language, voice, and fluency disorders; may select alternative communication systems for patients and teach their use; and may perform research related to speech and language problems. Occupational therapists assess, plan, organize, and provide rehabilitative services that help restore vocational, homemaking, and daily living skills, as well as general independence, to disabled persons. Physical therapists assess, plan, organize, and provide rehabilitative services that improve mobility, relieve pain, increase strength, and decrease or prevent deformity of patients suffering from disease or injury.
Teacher Aide/Educational Paraprofessional	Performs duties that are instructional in nature or delivers direct services to students, under direct supervision of a teacher. Serves in a position for which a teacher or another professional has ultimate responsibility for designing and implementing educational programs and services.
Tutor	Provides professional academic or educational instruction in a given subject or field. Instruction may be given one-on-one or in a group setting.
Childcare Provider	Attends to children at schools, businesses, private households, and childcare facilities. Perform a variety of tasks, such as play supervision and custodial care.
Court Services Worker	Prepares statutory required legal documents, court orders, and court docket entries; reviews and processes professional vouchers, witness fees, victim/witness surcharges, restitution and recoupment; processes appeals; and prepares and maintains the court and maintains court files for these matters.
Detention/Corrections Staff	Guards detainees in detention, correctional, or rehabilitative institutions in accordance with established regulations and procedures. May guard prisoners in transit between jail, courtroom, prison, or other point.

Probation/Parole Officer	Provides monitoring of adjudicated youth who have been released to the community. Provides social services to assist in rehabilitation of offenders in custody or on probation or parole. Recommends actions for rehabilitation and treatment plans, including conditional release and education and employment stipulations.
Youth Coordinator	Provides services and general supervision specific to youth participating system of care programs. Coordinates and implements a wide variety of recreational activities for youth participants in group settings.
Youth	Child or youth aged 21 years or younger participating in system of care programs.
Family Member/Relative/Friend/ Neighbor/Volunteer	A family member, relative, friend, or neighbor of a child or youth participating in system of care programs; a volunteer providing services to a child, youth, or family who are participating in system of care programs.
Advocate/Family Advocate/Education Advocate/Court Advocate	These individuals provide a voice for a child or youth in general or more specifically in the context of their family, their education, or in situations where the child or youth is involved in the judiciary process.
Mentor	A trusted friend, counselor, or teacher, usually a more experienced person who serves as a role model or provides guidance and support to a child or youth.
Program Support Staff	Provides general administrative or program assistance to system of care programs.
Driver	Drives automobiles, vans, or buses to transport passengers.
SERVICE LOCATION	
Office/Independent Clinic	An office is a location, other than a hospital, skilled nursing facility, military treatment facility, community health center, state or local public health clinic, or intermediate care facility, where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. An independent clinic is a location, not part of a hospital and not described by any other service location, which is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
Public Health Clinic/Rural Health Clinic/Federally Qualified Health Center	A public health clinic is a facility maintained by either state or local health departments that provides ambulatory primary medical care under the general direction of a physician. A rural health clinic is a certified facility located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician. A federally qualified health center is a facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.

Indian Health Service/Tribal 638 Facility	A facility or location, owned and operated by the Indian Health Service, that provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. A tribal 638 facility is owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children,, youth, the elderly, individuals who are chronically ill, and residents of the center's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hour-a-day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission; and consultation and education services.
Social Service Center or Agency	A center or agency that provides basic human aid to individuals with emergency needs or living in poverty. These centers make referrals to other agencies for additional support and to encourage children and youth toward self-sufficiency.
Ambulance	A land, air, or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
Mobile Unit	A facility/unit that moves from place to place equipped to provide preventive, screening, diagnostic, and/or treatment services.
Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
Inpatient Hospital	A facility, other than psychiatric, that primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of, physicians to patients admitted for a variety of medical conditions.
Outpatient Hospital	A portion of a hospital that provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
Emergency Room–Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
Inpatient Psychiatric Hospital/Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
Psychiatric Facility–Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
Residential Psychiatric Treatment Center	A facility or distinct part of a facility for psychiatric care that provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.

Correctional Facility	A secure facility that confines persons accused of crimes and awaiting trial or confines criminals convicted or adjudicated of crimes. This includes juvenile detention facilities, reformatories, work farms, jails, and prisons.
Homeless Shelter/Temporary Lodging	A homeless shelter is a facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). Temporary lodging is a short-term accommodation such as a hotel, campground, hostel, ship, or resort where the patient receives care.
School	A facility whose primary purpose is education.
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
Group Home/Custodial Care Facility	A group home is a residence with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). A custodial care facility provides room, board, and other personal assistance services, generally on a long-term basis, and does not include a medical component.
Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
Other Community Location/Public Place	Other community location or public place not included in any other service location definitions, including Boys/Girls Club, YMCA, library, place of worship, etc.
Phone	A conversation over the telephone between a child, youth, or family member and a service provider.
COSTS AND PAYMENT SOURCE	
Amount Charged	Amount originally charged by provider prior to any adjustments that may be applied.
Amount Paid	Amount actually paid to the provider for the service, not the amount the provider originally lists on the bill as the charge. If the amount actually paid is not known, but the value of that payment can be estimated, you may provide the estimated value of payment. The amount recorded should represent the payer's total payment for the service, not the payment per unit of service.
Medicaid	Includes Federal, state, and local Medicaid funds; includes the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. EPSDT is Medicaid's comprehensive and preventive child health program for individuals under the age of 21.
SCHIP	State Children's Health Insurance Program (SCHIP) is a Federal Government program that gives funds to states in order to provide health insurance to families with children. The program was designed to cover uninsured children and youth in families with incomes that are modest but too high to qualify for Medicaid.
SAMHSA CMHI Cooperative Agreement	Includes any service funded through, or provided by a staff funded through, the Cooperative Agreement for the Comprehensive Community Mental Health Services for Children and Their Families Program.

Other Government Funds	Includes other Federal, state, local funds, Temporary Assistance for Needy Families (TANF), and title funds, but does ***not*** include Medicaid, EPSDT, or SCHIP.
Mental Health Agency or Provider	The service sector that is responsible for the planning, monitoring, and managing of mental health care to children or youth and their families.
Child Welfare Agency	Includes child welfare agencies and social service agencies or organizations in the child service sector that focuses on child protection, foster care, and the overall care of children's and youth's health and living conditions.
Juvenile Justice Agency	The service sector that is responsible for serving children and youth accused of or judged to have committed unlawful or delinquent acts. Includes juvenile court, juvenile detention facilities, other corrections facilities, and probation organizations.
Education	Includes education, early childhood, or childcare organizations.
Family Organization	Advocacy and support organizations that are led by family members with expertise/experience in the field of mental health. Includes Federation of Families for Children's Mental Health chapters and similar organizations.
Youth Organization	Includes any funding from youth organizations (e.g., Youth M.O.V.E., YMCA, Big Brothers Big Sisters, Girl Scouts, Boys and Girls Club).
Foundation Funds	Includes any funding from private foundations (e.g., Annie E. Casey Foundation).
Private Insurance	A contract between an insurance company and an individual to pay for physical and mental health care services. Private health insurance includes managed care, preferred provider organization, point-of-service, and fee-for-service arrangements.
Client Out-of-Pocket	The portion of the service expenses that are paid for by the recipient or recipient's family.
Other Source of Payment	General category to be used when source of payment does not match other payment source categories or if payment source is unknown. If charge or payment data are available, but source of payment is not available, enter charge or payment amounts in this other category.
Estimate For Informal, Natural Support, In-Kind, or Volunteer Service	Cost estimates calculated to assign a value to informal, natural support, in-kind, or volunteer services for which no payment is actually made.

The following references represent primary resources that informed the definitions in attachment B.

1. SAMHSA's National Mental Health Information Center. *Glossary of Terms Child and Adolescent Mental Health.* http://mentalhealth.samhsa.gov/publications/allpubs/CA-0005/default.asp.
2. SAMHSA's National Mental Health Information Center. *Mental Health Dictionary*. http://mentalhealth.samhsa.gov/resources/dictionary.aspx.
3. Bureau of Labor Statistics (BLS) http://www.bls.gov
4. Centers for Medicare and Medicaid's Place of Service Codes http://www.cms.hhs.gov/MedHCPCSGenInfo/Downloads/Place_of_Service.pdf
5. *The Free Dictionary* http://legal-dictionary.thefreedictionary.com/Prison

6. *Merriam Webster Dictionary* http://www.merriam-webster.com/dictionary/jail
7. National Federation of Families for Children's Mental Health http://www.ffcmh.org
8. Youth Move http://www.youthmove.us
9. Testimony on Access to Medical Treatment Act http://www.hhs.gov/asl/testify/t960730b.html
10. American Association of Nurse Practitioners www.aanp.org
11. American Academy of Physician Assistants www.aapa.org
12. American Psychiatric Nurses Association www.apna.org

APPENDIX B

SERVICES AND COSTS DATA COLLECTION FORM

SERVICES AND COSTS DATA COLLECTION FORM

CHILD ID _ _ _ _ _ _ _ _ _ _

Service Enrollment Dates *Enter dates as applicable*	
Enrollment Date	Discharge Date
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _

Date of Service	
Start Date	End Date
_ _/_ _/_ _ _ _	_ _/_ _/_ _ _ _

Service Type			
Enter data for only one			
CPT-4	HCPCS	ICD-9-CM	Service Code ***See code sheet***
_ _ _ _ _	_ _ _ _ _	_ _ . _ _	_ _

Provider Agency/Sector	
Agency ***See code sheet***	Other, specify
_	

Provider Type	
Type See code sheet	Other, specify
_ _	

Service Location	
Location ***See code sheet***	Other, specify
_ _	

Service Units *Enter both*	
# of Service Units	Unit of Service ***See code sheet***
_ _ _ _	_

Source of Payment	**Total Amount Charged To** *Enter as dollars and cents*	**Total Amount Paid By** *Enter as dollars and cents*	**Estimate?** *Check, if yes*
Medicaid	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
SCHIP	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
SAMHSA CMHI Cooperative Agreement	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Mental Health Agency	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Child Welfare or Social Services Agency	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Juvenile Justice (Court, Corrections, Probation)	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Educ, Early Childhood Prog, or Childcare Org	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Tribal Government, Agency, or Organization	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Indian Health Service	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Family Organization	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Youth Organization	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Foundation or Other Private Funding	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Private Insurance	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Client Out-of-Pocket	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	
Other, specify _____	$ _ _ _, _ _ _._ _	$ _ _ _, _ _ _._ _	

Unpaid Service Estimate *Enter as dollars and cents*	$ _ _ _, _ _ _._ _	**Not Applicable** ☐

SERVICES AND COSTS CODE SHEET

Service Type *If the service type is not already available as either a CPT-4 code OR a HCPCS code OR an ICD-9-CM code, select one service type from the list below*

General Community-Based/Episodic Services
1=Intake/screening/diagnosis/assessment
2=Evaluation
3=Consultation/meeting
4=Case management/clinical coordination
5=Service planning
6=Crisis intervention/crisis stabilization/crisis hotline
7=Emergency room psychiatric service
8=Early intervention/prevention
9=Caregiver support/family support
10=Respite care
11=Advocacy
12=Legal service
13=Recreational activity/recreational therapy
14=Afterschool program or childcare
15=Training/tutoring/education/mentoring
16=Behavioral/therapeutic aide service
17=Medication treatment/administration/monitoring
18=Medical care/physical health care/laboratory related to mental health
19=Day treatment/partial-day treatment
20=Individual therapy/counseling/psychosocial therapy/play therapy
21=Group therapy/group counseling
22=Family therapy/family counseling
23=Psychosocial rehabilitation/cognitive rehabilitation
24=Tribal healing service
25=Social work service
26=Vocational/life skills training/independent living skills/youth transition
27=Transportation

Services Specific to Child Welfare
28=Child protective service
29=Case evaluation and monitoring
30=Family preservation
31=Adoption service
32=Therapeutic foster care/therapeutic group home
33=Family foster care, with non-relative/non-therapeutic foster care
34=Group foster care
35=Relative care

Services Specific to Juvenile Justice
36=Diversion/prevention service
37=Court services
38=Juvenile detention
39=Jail or prison
40=Parole/aftercare service
41=Probation/monitoring

Services Specific to Special Education and Early Care Programs
42=Early Head Start Program
43=Early Intervention (Part C)
44=Head Start Program
45=Preschool Special Education Program (Part B)
46=Other Early Care and Education Programs
47=Special education class, self contained
48=Special education resource service
49=Special education, inclusion
50=Physical, occupational, speech, hearing, or language service
51=Teacher aide service/other paraprofessional service

Informal, Natural Support, In-Kind, Volunteer Services
52=Self-help group/peer counseling/support group
53=Counseling from clergy
54=Informal transportation

Inpatient and Residential Services (Other Than Foster Care)
55=Inpatient evaluation
56=Inpatient consultation
57=Inpatient behavioral health service
58=Residential therapeutic camp/wilderness program
59=Residential treatment service, non-hospital
60=Residential care/custodial care
61=Shelter placement

Other Service Type
62=Other service type, please specify

Provider Agency/Sector *Select only one*

1=Mental health
2=Child welfare/social services
3=Juvenile justice (juvenile court, corrections, probation)
4=Education/school/early childhood program/childcare organization
5=Pediatrician/physical health care provider
6=Family organization
7=Youth organization
8=Other, please specify

Provider Type *Select only one*

1=Case manager/care coordinator
2=Psychologist (Ph.D. or similar credential)
3=Mental health professional/licensed professional counselor
4=Social worker
5=Recreational therapist/behavioral aide/respite worker/other mental health staff
6=Tribal healer
7=Faith-based professional
8=Psychiatrist (M.D. or similar credential)
9=Physical health care physician/pediatrician
10=Nurse practitioner/physician's assistant
11=Nurse/psychiatric nurse
12=Alternative health care practitioner
13=Medical technician/laboratory
14=Child protective services worker/child protective investigator/foster care case worker
15=Foster family/foster parent
16=Teacher/special education teacher/resource teacher
17=School counselor/school psychologist
18=Speech, language therapist/audiologist/occupational or physical therapist
19=Teacher aide/educational paraprofessional
20=Tutor
21=Childcare provider
22=Court services worker
23=Detention/corrections staff
24=Probation/parole officer
25=Youth coordinator
26=Youth
27=Family member/relative/friend/neighbor/volunteer
28=Advocate/family advocate/education advocate/court advocate
29=Mentor
30=Program support staff
31=Driver
32=Other, please specify

Service Location *Select only one*

1=Office/independent clinic
2=Public health clinic/rural health clinic/Federally qualified health center
3=Indian health service/Tribal 638 facility
4=Community mental health center
5=Social service center or agency
6=Ambulance
7=Mobile unit
8=Urgent care facility
9=Inpatient hospital
10=Outpatient hospital
11=Emergency room – hospital
12=Inpatient psychiatric hospital/facility
13=Psychiatric facility-partial hospitalization
14=Residential psychiatric treatment center
15=Correctional facility
16=Homeless shelter/temporary lodging
17=School
18=Home
19=Group home/custodial care facility
20=Pharmacy
21=Independent laboratory
22=Other community location/public place (i.e., Boys/Girls Club, YMCA, library, place of worship)
23=Phone
24=Other place of service, please specify

Service Units *Select only one*

1=Minute
2=Hour
3=Day
4=Week
5=Month
6=Year
7=Visit/session
8=Call/contact
9=Report

APPENDIX C

FLEXIBLE FUNDS DATA DICTIONARY

OMB No. 0930-0307
Expiration Date: 12/31/2012

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0307. Public reporting burden for this collection of information is estimated to average 20 minutes per record, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

FLEXIBLE FUNDS DATA DICTIONARY

Variable Name	Variable Description	Format	Field Length	Formats & Codes
CHILDID	National Evaluation Child ID. The child identification number assigned for the national evaluation. This number is 9 digits. The first 3 digits represent the program, the fourth and fifth digits are determined by local evaluators, and the final 4 digits are unique child identifiers.	GEN	9	100000000 – 199999999 Range will be more specific to each community.
CATEGORY	Expenditure Category. The numeric code and description for the expenditure for which the flexible funds were spent. (Refer to appendix D for additional clarification and examples of the different categories.) If "22=Other" is selected, details should be provided in the "Expenditure Details/Notes/Comments" field. Note: Code number 13 has been deleted.	GEN	52	1=Housing 2=Utilities 3=Environmental modification 4=Furnishings/appliances 5=Supplies 6=Food/groceries 7=Clothing 8=Activities 9=Educational support 10=Daycare and support 11=Automobile 12=Transportation 14=Incentive 15=Legal 16=Medical 17=Mental health services (child/youth) 18=Mental health services (caregiver/family member) 19=Camp 20=Training (caregiver/family member) 21=Training (child/youth) 22=Other (specify)
DETAILS	Expenditure Details/Notes/Comments. A description of the specific item, service, or activity the flexible funds were used to purchase that would help clarify the expenditure. Use this field to describe any expenditure listed in the Expenditure Category field as "22=Other."	GEN	70	A–Z; 0–9
EXPDATE	Expenditure Date. The date the flexible funds were disbursed.	DATE	10	mm/dd/yyyy A data validation rule requires that this date be between 10/01/2005 and 09/30/2016.
AMTPAID	Total Amount Paid by Flexible Funds. The total amount of flexible funds spent on this item, service, or activity.	GEN	8.2	0.00–999,999.99

APPENDIX D

FLEXIBLE FUNDS EXPENDITURE CATEGORY DEFINITIONS

FLEXIBLE FUND EXPENDITURE CATEGORY DEFINITIONS

HOUSING—Money spent on a place for rest and shelter.
Specific examples: Rent, deposits, mortgage payments, motels, hotels.

UTILITIES—Money spent on heating, electricity, water, waste disposal, and communications.
Specific examples: Gas, electric, water, cable, Internet, telephone (land line), cell phone, waste disposal, sewage.

ENVIRONMENTAL MODIFICATION—Money spent on changes to the actual house and its surroundings.
Specific examples: Home repairs, alarm system, safety alterations, painting the walls, landscaping.

FURNISHINGS/APPLIANCES—Money spent on household items that are non-consumable.
Specific examples: Washer, dryer, lamps, oven, refrigerator, microwave, space heater, computer, curtains/shades, rugs, garbage cans.

SUPPLIES—Money spent on consumable non-food related items.
Specific examples: School supplies such as paper, notebooks, calculators; home supplies such as batteries, flashlights, duct tape, pest control; maintenance supplies such as paper goods, cleaning products, laundry detergent; personal products.

FOOD/GROCERIES—Money spent on food and drinks.
Specific examples: Groceries, restaurant meals, snacks from vending machines, coffee, tea, soda, bottled water.

CLOTHING—Money spent on any sort of personal garment or fashion accessory.
Specific examples: Any clothing item, including hats, exercise clothing, uniforms, watch.

ACTIVITIES—Money spent on recreation or cultural activities.
Specific examples: Swimming, bowling, sporting events, piano lessons, dance classes, sport team membership fees, YMCA membership fees, Tribal cultural activities.

EDUCATIONAL SUPPORT—Money spent on formal education.
Specific examples: Tuition for schools and colleges, technical training, certification, advanced placement (AP) tests, SAT expenses, tutoring, educational advocacy.

DAYCARE AND SUPPORT—Money spent on respite or care provider.
Specific examples: Daycare, in-home and family support, respite, babysitting.

AUTOMOBILE—Money spent on the purchase or repair of a vehicle.
Specific examples: Purchase, maintenance, repairs.

TRANSPORTATION—Money used to reimburse child/youth or caregiver's expenses for transportation, or money spent by the system of care community to support the child/youth or caregiver's transportation needs.
Specific examples: Taxi vouchers, gas reimbursement, transportation subsidies, U-Haul rental, rental cars, bus, taxi, airplane travel.

INCENTIVE—Therapeutic rewards, gifts, or special treats provided to child/youth or family to reinforce behavioral change. (This does not include evaluation incentives, such as payments for completing interviews.)
Specific examples: Gift card to youth to reward regular school attendance.

LEGAL—Money spent on legal expenses.
Specific examples: Court trials, legal advice, legal advocacy.

MEDICAL—Money spent on physical health care, including dental care.
Specific examples: Medical and dental appointments, medications and surgeries not covered by other sources or related to mental health, flu vaccination, eye glasses.

MENTAL HEALTH SERVICES (child/youth)—Money spent on mental health services for the child/youth, not otherwise covered by Medicaid, private insurance, or other funding.
Specific examples: Medical appointments, medications, and trainings relating to mental health not covered by other sources such as Medicaid. This category also includes alternative treatments, such as pet therapy and substance abuse treatment, and similar.

MENTAL HEALTH SERVICES (caregiver/other family member)—Money spent on mental health services for the caregiver or other family members, not otherwise covered by Medicaid, private insurance, or other funding.
Specific examples: Medical appointments, medications, and trainings relating to mental health not covered by other sources such as Medicaid. This category also includes alternative treatments, such as pet therapy, substance abuse treatment, parenting skill training, and similar.

CAMP—Money spent on camp.
Specific examples: Math camp, language camp, religious camps, religious retreats, Tribal camps, weight reduction camp, sports camp.

TRAINING (caregiver/other family member)—Money spent on training caregivers in basic life skills.
Specific examples: Money management training, "how to balance a check book" training, debt counseling, job training, other general life skills.

TRAINING (child/youth)—Money spent on training child/youth in basic life skills.
Specific examples: Money management training, "how to balance a check book" training, job training, other general life skills.

OTHER—Flexible funds spent on items or services not captured in the expenditure categories provided.

APPENDIX E

FLEXIBLE FUNDS DATA COLLECTION FORM

FLEXIBLE FUNDS DATA COLLECTION FORM

National Evaluation Child ID __ __ __ __ __ __ __ __ __

Consented to Share Data	Expenditure Category	Expenditure Details/Notes/Comments	Expenditure Date	Total Flexible Fund Amount Paid
☐ Yes ☐ No	__ __		__ __/__ __/__ __ __ __	$ __ __ __ __ __ . __ __

National Evaluation Child ID __ __ __ __ __ __ __ __ __

Consented to Share Data	Expenditure Category	Expenditure Details/Notes/Comments	Expenditure Date	Total Flexible Fund Amount Paid
☐ Yes ☐ No	__ __		__ __/__ __/__ __ __ __	$ __ __ __ __ __ . __ __

National Evaluation Child ID __ __ __ __ __ __ __ __ __

Consented to Share Data	Expenditure Category	Expenditure Details/Notes/Comments	Expenditure Date	Total Flexible Fund Amount Paid
☐ Yes ☐ No	__ __		__ __/__ __/__ __ __ __	$ __ __ __ __ __ . __ __

Expenditure Category Codes

1 = Housing
2 = Utilities
3 = Environmental modification
4 = Furnishings/appliances
5 = Supplies
6 = Food/groceries
7 = Clothing
8 = Activities
9 = Educational support
10 = Daycare and support
11 = Automobile
12 = Transportation
14 = Incentive
15 = Legal
16 = Medical
17 = Mental health services (child/youth)
18 = Mental health services (caregiver/family member)
19 = Camp
20 = Training (caregiver/family member)
21 = Training (child/youth)
22 = Other (specify)