

CORE

There are two methods to choose from for reporting HSRS Core information:

- 1) Client specific reporting using the F-20031/31A form (and HSRS screens).
Information can be found on pages CORE 1-22.
- 2) Core summary reporting using the web form F-00024.
Information can be found on pages CORE 23-25.

Please contact the SOS Desk if a decision is made to do Core summary reporting so that a change over date can be implemented. The change over must be for a calendar year.

CORE HUMAN SERVICES REPORTING SYSTEM

CLIENT REGISTRATION - Screen 11			MODULE TYPE 1 Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).						
Episode Key		1 Worker ID			2a Social Security Number		2b Client ID		
3a Last Name			3b First Name		3c Middle Name		3d Suffix	4 Birthdate (mm/dd/yyyy)	5 Sex <input type="checkbox"/> F <input type="checkbox"/> M
6a Hispanic / Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		6b Race (Circle up to 5) <input type="checkbox"/> A = Asian <input type="checkbox"/> B = Black or African American <input type="checkbox"/> P = Native Hawaiian or Pacific Islander <input type="checkbox"/> I = American Indian or Alaskan Native <input type="checkbox"/> W = White			7 Client Characteristics				

OPTIONAL DATA - Screen 11										
8a Street Address				8b City		8c State	8d ZIP Code	8e County	8f Telephone Number ()	
9 Start Date		10 Case Review Date		11 Diagnosis	12 Closing Date		13 Closing Reason	14 Family ID		15 Local Data

CLIENT SERVICE - Screen 14									
Prog. No. (U)	16 SPC Cluster or Category	17 Target Group	18 Days of Care	19 Other Units	20 Delivery Date (mm) (yyyy)	21 SPC Start Date	22 SPC End Date	23 Provider Number	24 SPC Review Date (mm) (yyyy)

Shaded areas optional.

**CORE
 HUMAN SERVICES REPORTING SYSTEM
 MULTIPLE CLIENTS**

CLIENT REGISTRATION - Screen 11		MODULE TYPE I		Enter either the client ID (field 2b) or full name, birthdate and sex (fields 3-5).		
Episode Key		1 Worker ID		2a Social Security Number		2b Client ID
3a Last Name		3b First Name		3c Middle Name		3d Suffix
						4 Birthdate (mm/dd/yyyy) ____/____/____
5 Sex F M		6a Hispanic / Latino <input type="checkbox"/> Y = Yes <input type="checkbox"/> N = No		6b Race (Circle up to 5) <input type="checkbox"/> A = Asian <input type="checkbox"/> B = Black or African American <input type="checkbox"/> I = American Indian or Alaska Native		7 Client Characteristics <input type="checkbox"/> W = White <input type="checkbox"/> P = Native Hawaiian or Pacific Islander

OPTIONAL DATA - Screen 11							
8a Street Address		8b City		8c State	8d ZIP Code	8e County	8f Telephone ()
9 Start Date	10 Case Review Date	11 Diagnosis	12 Closing Date	13 Closing Reason	14 Family ID	15 Local Data	

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Shaded areas optional.

WORKER ID (Field 1)

OPTIONAL

DEFINITION: The primary worker assigned to the client, or the person designated by the agency as having overall responsibility for the client or case. This is the person who will get information back about the client if any is requested. You may use a provider ID if you have delegated overall responsibility to a provider and you want them to get back all information about this client.

CODES: Enter the ten digit code identifying the primary worker (or provider).

SOCIAL SECURITY NUMBER (Field 2a)

OPTIONAL

CODES: Enter the client's 9 digit social security number.

CLIENT ID (Field 2b)

REQUIRED - COMPUTER GENERATED

DEFINITION: An identifier that is computer generated for each individual reported on HSRS. Full legal name, birthdate, and sex are used to produce a 14 character ID which bears no resemblance to the client's name.

ENTER: May be left blank if name, birthdate, and sex are reported.

OR

Enter the 14 character HSRS client identification number.

The ID will be generated and returned to you on the terminal screen. Copy it down or print out the screen. Once the ID number is generated, use it on all future input.

NAME - LAST, FIRST, MIDDLE, SUFFIX (Fields 3a-d)
REQUIRED TO GENERATE ID - THEN OPTIONAL

DEFINITION: The full legal name of the client. Nicknames, abbreviations or other variations should not be used.

ENTER: Enter the full legal name of the client. If the client has no legal first name, enter the word None, if no middle name and/or suffix, leave blank.

NOTES: Must be all letters. Last name limited to 35 letters. First name limited to 25 letters. Middle name limited to 25 letters or blank. Suffix limited to 10 letters or blank. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted.

BIRTHDATE (Field 4)
REQUIRED

CODES: Enter the 8 digit birthdate of the client using month/day/full year.
Example - June 3, 1980 is 06031980.

SEX (Field 5)
REQUIRED

CODES: F = Female
M = Male

HISPANIC/LATINO (Field 6a)

REQUIRED

DEFINITION: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or another Spanish culture or origin, regardless of race.

CODES: Y = Yes
N = No

RACE (Field 6b)

REQUIRED

DEFINITION: The race of the client as determined by the client. Code as many as apply up to all five.

CODES: A = Asian
B = Black or African American
W = White
P = Native Hawaiian or Pacific Islander
I = American Indian or Alaska Native

Asian: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: All persons having origins in any of the black racial groups of Africa.

White: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or Pacific Islander: All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (The term Native Hawaiian does not include individuals who are native to the State of Hawaii by virtue of being born there.)

American Indian or Alaskan Native: All persons having origins in any of the original people of North, South and Central America.

CLIENT CHARACTERISTICS (Field 7)

REQUIRED

DEFINITION: Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code as many as apply up to three. Definitions are located in Appendix I.

NOTES: Client characteristics should identify up to three major needs or descriptors, some of which provide more detail on the target group selected.

CODES:

- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism spectrum
- 26 Developmental disability - mental retardation
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 86 Severe emotional disturbance - child/adolescent
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 14 Family member of mental health client
- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 16 Family member of alcohol and other drug client
- 17 Intoxicated driver
- 39 Gambling client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 32 Blind/deaf
- 79 Deaf
- 09 Physical disability/mobility impaired
- 36 Other handicap
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 18 Alzheimer's disease/related dementia
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 33 Corrections/criminal justice system client (adult only)
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above

STREET ADDRESS, CITY, STATE, ZIP, COUNTY, TELEPHONE NUMBER
(Field 8 a-d)
OPTIONAL

CODES: Address lines 1 and 2 are limited to 55 characters each. City is limited to 52 characters. Zip Code is limited to 9 characters.

COUNTY OF RESIDENCE CODES (Field 8e)

Code	County	Code	County
001	Adams	042	Oconto
002	Ashland	043	Oneida
003	Barron	044	Outagamie
004	Bayfield	045	Ozaukee
005	Brown	046	Pepin
006	Buffalo	047	Pierce
007	Burnett	048	Polk
008	Calumet	049	Portage
009	Chippewa	050	Price
010	Clark	051	Racine
011	Columbia	052	Richland
012	Crawford	053	Rock
013	Dane	054	Rusk
014	Dodge	055	St. Croix
015	Door	056	Sauk
016	Douglas	057	Sawyer
017	Dunn	058	Shawano
018	Eau Claire	059	Sheboygan
019	Florence	060	Taylor
020	Fond du Lac	061	Trempealeau
021	Forest	062	Vernon
022	Grant	063	Vilas
023	Green	064	Walworth
024	Green Lake	065	Washburn
025	Iowa	066	Washington
026	Iron	067	Waukesha
027	Jackson	068	Waupaca
028	Jefferson	069	Waushara
029	Juneau	070	Winnebago
030	Kenosha	071	Wood
031	Kewaunee	072	Menominee
032	La Crosse	084	Menominee Indian Reservation
033	Lafayette	085	Red Cliff Indian Reservation
034	Langlade	086	Stockbridge Munsee Indian Reservation
035	Lincoln	087	Potawatamie Indian Reservation
036	Manitowoc	088	Lac du Flambeau
037	Marathon	089	Bad River Indian Reservation
038	Marinette	091	Mole Lake Indian Reservation
039	Marquette	092	Oneida Indian Reservation
040	Milwaukee	094	Lac Courte Oreilles Indian Reservation
041	Monroe	095	St. Croix Indian Reservation
		301	Residency Disputed
		302	State-At-Large
		303	Out-of-State

START DATE (Field 9)

OPTIONAL

DEFINITION: The date when a client began contact with the agency or the case was opened for this period of service (episode).

CODES: Enter an 8 digit number in the format of month/day/full year.

CASE REVIEW DATE (Field 10)

OPTIONAL

DEFINITION: Date when the case review or other agency activity is due to take place.

CODES: Enter the 8 digit date in the format month/day/full year.

DIAGNOSIS (Field 11)

OPTIONAL

DEFINITION: The current diagnosis of the client's condition.

CODES: The following is a limited list of diagnostic codes based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board Clients. If an omitted or more specific code is desired, refer to the ICD-9-CM or the DSM-IV. Any diagnostic code in these references is valid.

CODE	Mental Illness
290	Senile and presenile organic psychotic conditions
293	Transient organic psychotic conditions
294	Other organic psychotic conditions (chronic)
295	Schizophrenic psychoses
296	Affective psychoses
297	Paranoid states
298	Other nonorganic psychoses
300	Neurotic disorders
301	Personality disorders
302	Sexual deviations and disorders
306	Physiological malfunctions arising from mental factors
307	Special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
309	Adjustment reaction
310	Specific nonpsychotic mental disorders following organic brain damage
311	Depressive disorders, not elsewhere classified
312.0	Unsocialized conduct disorder, aggressive type
312.3	Disorders of impulse control, not elsewhere specified
313	Disturbance of emotions specific to childhood and adolescent
314	Hyperkinetic syndrome of childhood
316	Psychic factors associated with diseases classified elsewhere

DIAGNOSIS (Field 11) - continued

CODE	Developmental Disabilities
299	Psychoses with origin specific to childhood
315	Specific delays in development
315.02	Developmental dyslexia
317	Mild mental retardation (IQ 50-70)
318.0	Moderate mental retardation (IQ 35-49)
318.1	Severe mental retardation (IQ 20-34)
318.2	Profound mental retardation (IQ under 20)
319	Unspecified mental retardation
343	Infantile cerebral palsy
345	Epilepsy
	Alcoholism/Alcohol Abuse
291	Alcoholic psychoses
303	Alcohol dependent syndrome
305.0	Alcohol abuse
	Other Drug Abuse
292	Drug psychoses
304	Drug dependence
305.1	Tobacco use disorder
305.2	Cannabis abuse
305.3	Hallucinogen abuse
305.4	Barbiturate and similarly acting sedative or hypnotic abuse
305.5	Opioid type abuse
305.6	Cocaine abuse
305.7	Amphetamine acting abuse
305.8	Antidepressant type abuse
305.9	Other, mixed or unspecified drug abuse
	Physical Limitations
359	Muscular dystrophies and other myopathies
369	Blindness and low vision
385	Other disorders of middle ear and mastoid
388	Other disorders of ear
741	Spina bifida
742	Other congenital anomalies of nervous system
742.3	Congenital hydrocephalus
784	Symptom involving head and neck
784.5	Other speech disturbance
V48	Problems with head, neck and trunk
V49	Problems with limbs and other problems

DIAGNOSIS (Field 11) - continued

CODE	Other Disorder
316	Psychic factors associated with diseases classified elsewhere
V40.9	Unspecified mental or behavioral problem
V71.0	Observation for suspected mental condition
	Presenting Problem
V15.81	Noncompliance with medical treatment
V61.0	Family disruption
V61.1	Counseling for marital and partner problems
V61.2	Parent-child problems
V61.21	Counseling for victims of child abuse
V61.3	Problems with aged parents or in-laws
V61.4	Health problems within family
V62.0	Unemployment
V62.1	Adverse effects of work environment
V62.2	Other occupational circumstance or maladjustment
V62.3	Educational circumstances
V62.4	Social maladjustment
V62.5	Legal circumstances
V62.81	Interpersonal problems, not elsewhere classified
V62.82	Bereavement, uncomplicated
V65.2	Person feigning illness
V71.01	Adult antisocial behavior
V71.02	Childhood or adolescent antisocial behavior
	Administrative Categories
799.9	Other unknown and unspecified cause
V63.2	Person awaiting admission to adequate facility elsewhere
V70.7	Examination for normal comparison or control in clinical research

CLOSING DATE (Field 12)

OPTIONAL

DEFINITION: The date when the agency discontinued all activity in the case.

CODES: Enter the 8 digit date in the format month/day/full year.

NOTES: When Closing Date is entered, all remaining open SPCs within the episode close as of that same date.

CASE CLOSING REASON (Field 13)

OPTIONAL

DEFINITION: Reason that best describes why the client's case is being closed.

CODES:

- 01 Assessment complete/decision not to serve
- 02 Successful completion
- 03 Client referred
- 04 Client no longer wants service
- 05 Client relocated
- 06 Death of a client
- 07 Objectives not attained
- 08 Noncompliance with the program
- 09 Service not available
- 10 Court dismissal
- 11 Client no longer income eligible
- 12 Court order expired/client not income eligible
- 13 Somewhat successful completion
- 98 Other reason
- 99 Closed by system (no SPC activity for one year)

FAMILY ID (Field 14)

OPTIONAL

DEFINITION: An agency assigned number that will link family members together.

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted. Use an A as the final character in a Family ID to designate that client as the one the entire family will be grouped under on output reports. All other clients in a given family grouping should be given the same Family ID but ending with a B. Existing Family ID's which have an X as the second to last character were produced by the system when secondary clients were converted and reflect the former CSIS Primary/Secondary client relationship.

LOCAL DATA (Field 15)

OPTIONAL

DEFINITION: Agency defined.

CODES: Enter up to 8 agency assigned characters in the first box and 6 characters in the second box to collect any information needed by the agency.

STANDARD PROGRAM CATEGORY/CLUSTERS (Field 16)
REQUIRED

DEFINITION: The program category/cluster provided to the client.

CODES: SPCs may be reported by SPC Cluster group number, or by individual SPC number. Cluster is sufficient to meet state reporting requirements.

- 100 Child Day Care - crisis/respice
 - 101 Child Day Care - crisis/respice
- 104 Supportive Home Care
- 107 Specialized Transportation and Escort
- 300 Community Living/Support Services
 - 102 Adult day care
 - 103 Respite care
 - 106 Housing/energy assistance
 - 110 Daily living skills training
 - (111 Family support)
 - 112 Interpreter services and adaptive equipment
 - (113 Consumer education and training - LTS only)
 - 401 Congregate meals
 - 402 Home delivered meals
 - 404 Family planning
 - 406 Protective payment/guardianship
 - 604 Case management
 - (609 Consumer directed supports - LTS only)
 - (610 Housing counseling - LTS only)
 - (619 Financial management services - LTS only)
- 400 Investigations and Assessments
 - 301 Court intake and studies
 - 603 Intake assessment
- 500 Community Support
 - 509 Community support
 - (510 Comprehensive Community Services – MH and AODA only)
- 600 Work Related Services
 - 108 Work related services
 - (114 Vocational futures planning - LTS only)
 - 706 Day center services - nonmedical

STANDARD PROGRAM CATEGORY/CLUSTERS (Field 16) - continued

- 615 Supported Employment

- 700 Community Residential Services
 - 202 Adult family home
 - 205 Shelter care
 - 506 Community based residential facility
 - 705 Detoxification - social setting
 - (711 Residential care apartment complex - LTS only)

- 800 Community Treatment Services
 - 305 Restitution
 - 501 Crisis intervention
 - 507 Counseling/therapeutic resources
 - (512 Intensive in-home autism services - LTS only)
 - 704 Day treatment - medical
 - (710 Skilled nursing - LTS only)

- 900 Inpatient and Institutional Care
 - 703 Detoxification - hospital setting
 - 503 Inpatient
 - 505 DD centers/nursing home

- 925 Institution for Mental Disease

NOTES: Client specific reporting is not required on the following cluster. However, it may be used to do so on an optional basis.

- 200 Community Prevention, Access and Outreach
 - 403 Recreational/alternative activities
 - 408 Community prevention, organization and awareness
 - 601 Outreach
 - 602 Information and referral
 - 605 Advocacy and defense resources
 - 606 Health screening and accessibility

All services for child abuse and neglect, delinquent and status offender, and juvenile justice services are reported to the Department of Children and Family Services.

STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued

100 CHILD DAY CARE - CRISIS/RESPITE

The provision of services to children that includes care in settings such as: 1) a day care center; 2) the home of another; or 3) in their own home. The purpose of these services is to meet crisis or respite needs, prevent or remedy abuse or neglect, alleviate stress in the family or preserve the family unit. Services strive to facilitate the child's social, physical, cognitive and emotional growth. Includes resource recruitment and development and regulation/certification activities.

104 SUPPORTIVE HOME CARE

The provision of services to maintain clients in independent or supervised living in their home or the home of their friends or relatives which help them meet their daily living needs, address their needs for social contact, ensure their well-being, and /or reduce the likelihood that they will be placed into alternate living arrangements. Services may include, but are not limited to: household care, personal care and supervision. Includes supervised apartment living, senior companion activities, telephone reassurance, friendly visiting, and home health care. Includes payments to maintain an individual in the independent living arrangement. Counseling/Psychotherapy in a person's own home is part of the Counseling/Therapeutic Resources program. Excludes nonemergency twenty-four hour care in an adult's or child's own home for the purposes of respite which should be classified as Respite Care. Excludes home and financial management training activities which should be classified as Daily Living Skills Training.

107 SPECIALIZED TRANSPORTATION AND ESCORT

The provision of transportation and transportation-related supervision to the elderly, handicapped, or other persons with limited ability to access needed community resources (other than human services). Includes provision of tickets or cash for their purchase designed to provide safe, comfortable, and accessible conveyance. Limited to that transportation which assists in improving a person's general mobility and ability to perform daily tasks such as shopping, visiting with friends, competitive employment, etc., independently. Excludes transportation which is provided principally to access services purchased or provided by a county social or human services department, 51 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued

200 COMMUNITY PREVENTION, ACCESS AND OUTREACH (client reporting is optional)

The provision of services to populations at risk in the community. Activities include: seeking out persons likely to have a problem which can potentially be alleviated by the delivery of human services; handling individual inquiries for help; providing accessibility to community health programs; providing advocacy and defense resources to ensure rights to fair and just treatment; providing social/recreational integration activities; providing prevention activities to enhance the physical health and improve social and community functioning by making constructive changes in community conditions; providing public information and referral services to satisfy inquiries and to identify specific resources in the human service delivery system.

300 COMMUNITY LIVING/SUPPORT SERVICES

Services providing support to clients in order to maintain a natural living arrangement or aid in the adaptation to physical, or communicative barriers. Skill development, adult day care, meal programs, respite care, interpreter services, adaptive equipment, housing and energy assistance, basic sustenance, monetary resources and the administration and coordination of services are all present in this program cluster.

400 INVESTIGATIONS AND ASSESSMENTS

The provision of service to clients that include: screening, assessment, diagnosis, case planning or determining the existence, or nature of a specific problem.

500 COMMUNITY SUPPORT

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and chronic alcoholic clients. These services may occur in natural or supportive service settings delivered by an identified provider and staff to ensure ongoing therapeutic involvement, reduce the disabling effects of mental illness or alcoholism, and assist clients to access and participate in the community.

600 WORK RELATED AND DAY SERVICES

Services delivered for the purpose of promoting vocational participation and self-sufficiency. Services may be delivered either in community settings including job placement sites or in rehabilitation facilities (e.g., sheltered work) and may include vocational counseling, or activities which promote participation in work or job placement services. Includes provision of day center services to persons with social, behavioral, mental, developmental, physical or alcohol and drug abuse disorders to develop skills necessary to participate in community life.

STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued

615 SUPPORTED EMPLOYMENT

Supported Employment is competitive work in an integrated work setting for individuals who, because of their handicaps, need ongoing and/or intensive support services to find and perform this work. Supported Employment is limited to individuals with severe disabilities (i.e., severe developmental disabilities, serious and persistent mental illness, severe physical disabilities, and/or severe multiple disabilities) for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with serious and persistent mental illness. Excludes welfare employment programs.

700 COMMUNITY RESIDENTIAL SERVICES

The provision of services to clients in licensed foster homes, group homes, shelter care and community-based residential facilities including social detox, as well as to clients in certified adult family homes.

800 COMMUNITY TREATMENT SERVICES

The provision of treatment services in outpatient, and day service-medical settings:

1. Services to developmental disability and physical disability clients which are primarily health or treatment oriented for the purpose of ameliorating health problems. This includes occupational and physical therapy, speech and language therapies.
2. Services delivered by mental health outpatient and day treatment programs for the treatment of mental illness. Treatment services are for the purpose of ameliorating the effects of various mental disorders and to improve personal, social and family functioning.
3. Services delivered by alcohol and other drug abuse outpatient and day treatment programs for the treatment of AODA. Treatment services are designed to improve personal, social, vocational and family functioning and prevent further deterioration of physical health. Includes outpatient services delivered under emergency conditions and methadone maintenance programs. Excludes outpatient assessments.

STANDARD PROGRAM CATEGORY CLUSTERS (Field 16) - continued

900 INPATIENT AND INSTITUTIONAL CARE

Services delivered in institutional settings such as state mental health institutes, centers for developmental disabilities, hospitals, CBRFs certified as inpatient treatment programs, and nursing homes with a certified AODA extended care component. Services to mentally ill clients in either general hospitals or specialty hospitals for the treatment of nervous or mental disorders or in residential care centers. Inpatient treatment is for the purpose of providing treatment of mental disorders and eventually restoring health, personal and social functioning. Includes admissions for emergencies and evaluations.

Services delivered in these types of institutional settings; hospitals, CBRFs certified as inpatient treatment programs, and an AODA treatment component and nursing homes with a certified AODA extended care component. The objective of these programs is the treatment of persons with severe AODA dependency designed to improve health and personal, social, vocational and family functioning. Includes admissions for emergencies and evaluations. In the case of extended care, the objective is to assure the protection and safety of persons who exhibit the characteristics listed in the definition of chronic alcohol and other drug abusers allowing clients to stabilize in a safe, healthy, low stress environment which can also address their medical needs.

The objectives of these services are stabilization and/or amelioration of behavioral disorders and active treatment and rehabilitation for enabling return to the community in the shortest possible time. Included are the mandatory benefits of food and housing as well as custodial care, supervision, education and training, and counseling services.

925 INSTITUTION FOR MENTAL DISEASE

Units of service under the IMD service cluster are defined as days of care provided in an IMD licensed nursing home to persons meeting the mentally ill client characteristic criteria of receiving services in an IMD under a 90% Continuing Placement Slot contract.

TARGET GROUP (Field 17)

REQUIRED

DEFINITION: Indicate the need and/or problem that best explains the primary reason the client is receiving services in a particular Standard Program Cluster/Category. Target Group describes why this service is being delivered to the client, and thus may vary by service.

CODES:

01	Developmental disability
72	Family member/significant other of DD client
31	Mental health (DSS use only)
75	Family member/significant other of mental health client
18	Alcohol and other drug abuse (DSS use only)
74	Family member/significant other of AODA client
57	Physical or sensory disability
76	Family member/significant other of P/SD client
58	Adults and elderly
77	Family member/significant other of adult and elderly client
64	Children and family

TARGET GROUP CODE DEFINITIONS

01 Developmental Disability

72 Family Member/Significant Other of DD Client

Persons who are served in programs directed at the assessment and supports that permit community participation of a person with a developmental disability (and its effects) including disabilities attributable to cerebral palsy, epilepsy, autism, mental retardation, or another neurological condition closely related to mental retardation, or requiring treatment similar to that required for mental retardation, which has continued, or can be expected to continue indefinitely, and constitutes a substantial handicap. Includes persons with a disability attributable to brain injury if the individual is receiving services under a CIP waiver. Includes Adult Protective Services for persons with a developmental disability.

Persons whose primary reason for services or supports involve a physical or sensory disability not attributable to one or more of the conditions cited above are excluded from this target group, but may be included in the target group for physical and sensory disability if the services provided are focused on their disability or conditions resulting directly from their disability.

TARGET GROUP (Field 17) – continued

31 **Mental Health**

75 **Family Member/Significant Other of Mental Health Client**

Persons with a mental illness who are served in programs directed at the intake and assessment; case management and supportive services; crisis and emergency detentions; prevention and early intervention; outpatient counseling and therapy (group, family, and individual); day treatment; Community Support Program (CSP); Comprehensive Community Services (CCS); medication; adult protective services; inpatient, residential, nursing home IMD, group home, and related settings for mental illness.

18 **Alcohol and/or Other Drug Abuse**

74 **Family Member/Significant Other of AODA Client**

Persons who are served in programs directed at reducing the personal and social effects of alcohol and other drug abuse (AODA) through prevention, intervention, assessment, and treatment as indicated in HFS 75, including the Intoxicated Driver Program. Includes Adult Protective Services for persons who are served in an AODA program.

57 **Physical or Sensory Disability**

76 **Family Member/Significant Other of Physical/Sensory Disability Client**

Persons under the age of 60 who are served in programs directed at the prevention, assessment, and/or treatment of a physical or sensory disability (and its effects) resulting from injury, disease, or congenital deficiency which significantly interferes with or limits one or more major life activities. Sensory disabilities include significant or complete impairment of vision or hearing. Includes but is not limited to persons whose disability is due to AIDS, cancer, spinal cord injury, polio, muscular dystrophy, multiple sclerosis, Parkinson's and Alzheimer's and other related dementia for persons under age 60. Includes Adult Protective Services for persons with a physical or sensory disability. Includes persons with a disability attributable to brain injury if the individual is receiving services under the COP-W.

58 **Adults and Elderly**

77 **Family Member/Significant Other of Adults and Elderly Client**

Persons age 60 and over are served in programs directed at prevention, assessment or services to improve physical or social functioning or to assist with activities of daily living; to preserve or restore the ability to live in a home like environment, or the ability to participate in community activities. Includes specialized transportation for persons over age 60 and all Older Americans Act services. Includes persons age 60 and over served because of Alzheimer's and other related dementia. Includes frail elderly and others age 60 and over who are being served for reasons other than alcohol and other drug abuse, developmental disabilities, or mental illness. **FOR THE LONG TERM SUPPORT MODULE, the federal definition is age 65 and over.**

TARGET GROUP (Field 17) – continued

64 Children and Family

Persons who are served in programs directed at the prevention of family breakup, youth development, and improved family functioning. Includes prevention of abuse and neglect, family support, unwed parents, homemaker services to improve home and financial management, home visiting services, family resource centers, crisis/respite child care, domestic violence services and youth development services. Excludes children with physical disabilities classified under Physical and Sensory Disabilities. Excludes persons receiving AODA or Mental Health assessments or treatment by providers meeting standards in Administrative Rules for such services. For such purposes, the child or family member is classified under the AODA or Mental Health target group respectively.

DAYS OF CARE (Field 18)

OPTIONAL

DEFINITION: The number of days of care provided.

CODES: The number of days. This is a three digit whole number field.

OTHER UNITS (Field 19)

OPTIONAL

DEFINITION: The number of program activity units the client has received other than days of care which are reported elsewhere. The type of units reported is at each agency's discretion and will have only local meaning.

CODES: The appropriate number of units. This is a five digit field with a maximum of two decimal places.

DELIVERY MONTH/YEAR (Field 20)

OPTIONAL

DEFINITION: The month and year during which units of an SPC were delivered.

CODES: Enter a 6 digit number in the format month/full year.

SPC START DATE (Field 21)

OPTIONAL

DEFINITION: The date on which delivery of this SPC actually began.

CODES: Enter the 8 digit number in the format month/day/full year.

SPC END DATE (Field 22)

OPTIONAL

DEFINITION: The date on which service in this SPC ended.

CODES: Enter the 8 digit number in the format month/day/full year.

NOTE: If SPC Start Date and End Date are not entered, the SPCs must be reentered each year.

PROVIDER NUMBER (Field 23)

OPTIONAL

DEFINITION: The number assigned to identify the agency, facility, or person that is delivering the SPC or cluster to the client.

CODES: Enter the appropriate 10 digit identification number of the provider who delivers this SPC to the client. Provider numbers are assigned by the state and may be obtained by calling the SOS Desk.

SPC REVIEW DATE (Field 24)

OPTIONAL

DEFINITION: The date when the next SPC review is due to take place.

CODES: Enter the 6 digit date in the format of month/full year.

OPTIONAL HSRS CORE SUMMARY REPORT

The Core Summary Report is required annually for those agencies who have chosen to not report individual clients on the HSRS Core module. The January - December report is due the last business day of February of the following year. All reports must be submitted via the Internet at <http://wsp4.state.wi.us/hfs/hsrs/>. Click on Core Summary. Enter your HSRS User name and password.

SPCs down the left side of the form are highlighted links. Click on the SPC link you wish to enter and a screen with just that SPC will come up with enterable boxes under the appropriate Target Group columns. When that line is completed, click SUBMIT FORM. Each line must be submitted separately.

Click on the Excel For Print at the top right of the screen to get an Excel downloadable file or print copy.

Definitions for the Standard Program Clusters (SPC) and Target Groups can be found in the Core section of the HSRS Handbook at <http://dhs.wisconsin.gov/hsrs/index.htm>.

WHO TO REPORT

All county Departments of Social Services, Human Services, Community Programs (51.42), and Developmental Disabilities Services (51.437) are required to report.

Clients who fit the following definition are to be reported:

- A. Persons who receive any services classified under the following clusters:
 - 100 Child Day Care-Respite Care
 - 104 Supportive Home Care
 - 107 Specialized Transportation and Escort
 - 300 Community Living/Support Services
 - 400 Investigations and Assessments
 - 500 Community Support
 - 600 Work Related and Day Services
 - 615 Supported Employment
 - 700 Community Residential Services
 - 800 Community Treatment Services
 - 900 Inpatient and Institutional Care
 - 925 Institution for Mental Disease
- B. Service is provided by or purchased by a state/county contract agency (i.e., County Department of Human Services (46.23), County Department of Social Services (46.215 and 46.22), County Department of Community Programs (51.42) and County Department of Developmental Disabilities Services (51.437)).
- C. Persons for whom agencies have program responsibility (e.g., authorizing a service, quality assurance activities, monitoring a service specified in a service plan, etc.) including persons for whom no agency funds are used (for example, MH out-of-state emergency inpatient, IDP assessment, board operated IDP self-pay treatment).
- D. Persons who are significant others (e.g., family members) of a focal client (i.e., person having the condition which is the focus of the service) and also receive services.

NOTES: Reporting should include all persons in State DD centers for whom the county agency has some program responsibility.

Children receiving crisis/respice child day care are the recipients of the service and must be reported. Parents should be reported if receiving another service.

WHAT TO REPORT

Report the total number of clients receiving services in each of the Standard Program Clusters (SPC) by Target Group in a break down by number of Children, Adults, and Elderly. Clients should only be counted once if they received the same service more than once during the year.

WHAT NOT TO REPORT

All services for child abuse and neglect, delinquent and status offender are reported to the Department of Children and Family Services.

WHEN TO REPORT

The January – December report is due the last business day of February of the following year.

CONTACT

SOS Desk

dhssoshelp@wisconsin.gov

608-266-9198

