

## PPS CORE INSTRUCTIONS

### INDIVIDUAL SUMMARY PAGE

**Title**

OPTIONAL

DEFINITION: Title preceding individual's First Name.

CODES: Select from dropdown menu: Miss, Mr., Mrs., Ms.

**Name- Last, First, Middle, Suffix**

REQUIRED

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. No apostrophes, hyphens, slashes, dashes, or spaces between letters within the name, or any other punctuation marks are accepted. Last name limited to 20 characters. First name limited to 20 characters. Middle name limited to 20 characters or blank. Suffix is selected from a dropdown menu: I, II, III, IV, Jr., Sr., V, VI, VII.

**Birth Date**

REQUIRED

CODES: Enter the 8 digit birth date of the client using month/day/full year or use calendar button to choose date.

**This individual is currently on Medicaid**

OPTIONAL

CODES: Check box if individual is currently enrolled in Medicaid.

**Gender**

REQUIRED

CODES: Select in dropdown menu: Female, Male, Unknown

**Social Security Number**

OPTIONAL

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

**County of Responsibility**

OPTIONAL

CODES: Select from a dropdown menu: Tribes and WI counties

**Episode Reporting Information**

Individual summary information for PPS episodes

DEFINITION: Shows PPS episodes for individual recipient. User may select existing Core Service episode to modify by selecting 'Go' button or select 'Add' button to create a new Core Service episode.

CODES: Select 'Go' button next to episode to be modified, or select 'Core' from the 'Episode Type' drop down and select 'Add' button

## CORE SERVICE REPORTING PAGE

**Agency**

DEFINED BY SYSTEM

DEFINITION: Agency for which you are reporting CORE Services based on PPS login credentials and PPS access.

**Worker ID**

OPTIONAL

DEFINITION: Local data field at episode level

CODES: Enter up to 10 agency assigned characters. Both numbers and letters are accepted

**Related Family ID**

OPTIONAL

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

CODES: Enter up to 7 agency assigned characters. Both numbers and letters are accepted

**Local Data**

OPTIONAL

DEFINITION: A local agency assigned number.

CODES: Enter up to 10 agency assigned characters. Both numbers and letters are accepted.

**County of Responsibility**

OPTIONAL

CODES: Select from a dropdown menu: Tribes and WI counties

**Start Date**

REQUIRED

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

CODES: Enter any valid date or use calendar button to select date. Future dates are not accepted.

**Case Review Date**

OPTIONAL

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

CODES: Enter any date or use calendar button to select date.

**Closing Date**

OPTIONAL

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

CODES: Enter any date or use calendar button to select date.

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

**Case Closing Reason**

OPTIONAL

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

CODES: Select from dropdown menu:

- 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

**Diagnosis**

OPTIONAL

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

CODES: Choose from dropdown. The list of available diagnostic codes is based on the ICD-9-CM. These have been found to be the most frequently used values for 51.42/.437 Board Clients. See PPS Core definitions for list of Diagnosis codes available in PPS.

**Street Address, County/Tribe of Residence, City, Phone, State, Zip**

OPTIONAL

CODES: Address lines 1 and 2 (30 characters), County/Tribe of Residence (dropdown), City, State (dropdown), Zipcode (9 digits).

**Phone**

OPTIONAL

CODES: 10 digits

**Race**

REQUIRED

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

CODES: Select checkboxes for all that apply up to five or select Unknown: American Indian or Alaska Native, Native Hawaiian or Pacific Islander, Asian, White, Black or African American.

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

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

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

**Unknown:** Unknown.

## **Ethnicity** REQUIRED

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

**CODES:** Select checkboxes for Hispanic/Latino, Non-Hispanic/Latino, Unknown.

## **Client Characteristics**

### REQUIRED

**DEFINITION:** Describes the client according to selected personal, social, and demographic factors that are of interest to the agency. Code at least one and as many as apply up to three. Definitions are located in the PPS CORE / Financial Report Definitions.

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

**CODES:**

- 02 Mental illness (excluding SPMI)
- 03 SPMI
- 04 Alcohol client
- 05 Drug client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 09 Phys. dis./mobility impaired
- 10 Chronic alcoholic
- 12 AODA client
- 14 Family of MH client
- 16 Family of AODA client
- 17 Intoxicated driver
- 18 Alzheimer's/related dementia
- 19 Dev. dis. - brain trauma
- 23 Dev. dis. - cerebral palsy
- 25 Dev. dis. - autism spectrum
- 26 Dev. dis. – intellectual disability
- 27 Dev. dis. - epilepsy
- 28 Dev. dis. - other or unknown
- 29 Family of dev. dis. client
- 32 Blind/deaf
- 33 Corrections/CJ client (adults)
- 36 Other handicap
- 37 Frail medical condition
- 38 CJ system involvement
- 39 Gambling client
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 50 Caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder

- 59 Unmarried parent
- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family of abused/neglected child
- 66 Delinquent
- 68 CHIPS - other
- 69 JIPS - status offender
- 70 Family of status offender
- 71 Victim of domestic abuse
- 72 Victim of abuse or neglect
- 73 Family of delinquent
- 74 Family of CHIPS - other
- 79 Deaf
- 80 Homeless
- 84 Repeated school truancy
- 86 SED - child/adolescent
- 90 Special study code
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above
- 02 Mental illness (excluding SPMI)
- 03 Serious and persistent mental illness (SPMI)
- 04 Alcohol client
- 05 Drug client
- 07 Blind/visually impaired
- 08 Hard of hearing
- 09 Physical disability/mobility impaired
- 10 Chronic alcoholic
- 12 Alcohol and other drug client
- 14 Family member of mental health client
- 16 Family member of AODA client
- 17 Intoxicated driver
- 18 Alzheimer's disease/related dementia
- 19 Developmental disability - brain trauma
- 23 Developmental disability - cerebral palsy
- 25 Developmental disability - autism spectrum
- 26 Developmental disability – intellectual disability
- 27 Developmental disability - epilepsy
- 28 Developmental disability - other or unknown
- 29 Family member of developmental disability client
- 32 Blind/deaf
- 33 Corrections/criminal justice system client (adult only)
- 36 Other handicap
- 39 Gambling client
- 43 Migrant
- 44 Refugee
- 45 Cuban/Haitian entrant
- 50 Regular caregiver of dependent person
- 55 Frail elderly
- 57 Abused/neglected elder
- 59 Unmarried parent
- 71 Victim of domestic abuse
- 79 Deaf
- 86 Severe emotional disturbance - child/adolescent
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above

**Services Information**

Summary information for services (SPCs) reported under this episode.

DEFINITION: Shows PPS services by SPC for individual recipient. User may select and modify existing SPCs or select 'Add' button to create a new service.

CODES: Select 'View' button next to the service to be modified, or select the 'Add' button to create a new service.

**CORE SERVICE DETAIL PAGE****SPC (Standard Program Category/Clusters)****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/respite
  - 101 Child Day Care - crisis/respite
- 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, AODA only)
  - 511 Community recovery services (MH, AODA, LTS only)
- 600 Work Related Services
  - 108 Work related services
  - 114 Vocational futures planning (LTS only)
  - 706 Day center services – non-medical
- 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

**SPC Start Date**  
**REQUIRED**

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

**CODES:** Enter any valid date or use calendar button to select date.

**Target Group**  
**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**  
**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, an intellectual disability, or another neurological condition closely related to an intellectual disability, or requiring treatment similar to that required for an intellectual disability, 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.

72 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.

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

31 **Mental Health**  
**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.

57 **Physical or Sensory Disability**  
**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**  
**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.

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 childcare, 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.

**SPC End Date**  
OPTIONAL

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

CODES: Enter any valid date or use calendar button to select date.

**Provider WPI/NPI**  
OPTIONAL

DEFINITION: Provider's Wisconsin Provider Index ID or NPI.

CODES: Use search tool to find and select appropriate WPI ID, or enter valid WPI or NPI. WPI ID can be generated by contacting SOS desk.

**SPC Review Date**  
OPTIONAL

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

CODES: Enter any valid date or use calendar button to select date.

**Service Worker ID**  
OPTIONAL

DEFINITION: A service detail local data field.

CODES: Enter up to 10 agency assigned characters. Numbers and letters are accepted.

**CONTACT INFORMATION**

SOS Desk  
201 E. Washington Ave.  
Room C200  
PO Box 7851  
Madison WI 53707-7851  
[dhssoshelp@wisconsin.gov](mailto:dhssoshelp@wisconsin.gov)  
(608) 266-9198