



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

PPS Alcohol and Other Drug Abuse Module Handbook

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Substance Use Module Description

Overview

The Program Participation System (PPS) Alcohol and Other Drug Abuse Module (AODA) is an electronic, participant-level data collection system for reporting of county-authorized substance use services. The module data meets both state and federal reporting requirements. The expressed purpose is timely, accurate, complete, useful, and efficient data. There are two data submission formats: keying data directly into PPS online screens and uploading an XML-formatted batch file through a secure file transfer site.

What to Report

All county departments of human services (Wis. Stat. § 46.23) and community programs (Wis. Stat. § 51.42) are required to:

- Report participant services authorized or paid for with federal, state, or county funds or revenue.
- Have a participant record for each person served.

All participants new to PPS must first be registered in PPS and receive a master customer index (MCI) number. An episode may be opened and associated service records submitted after this step is completed. All participant service records and episodes must eventually be closed by the reporting agency as appropriate and in a timely fashion. If there has not been any service activity for 90 days, consideration should be given to closing the episode.

If a participant doesn't show up for a service, the service record should not be entered into PPS nor should the episode be opened. In the case of a participant who receives services from a county that is not their county of residence, only the county who authorizes or coordinates the services should report the participant.

Reporting Frequency

Daily, weekly, or monthly record submissions are strongly encouraged. If daily, weekly, or monthly reporting is not possible, quarterly reporting is required at a minimum and is monitored by the Department of Health Services (DHS) according to this schedule:

- January to March episode and service activity is due by May 15.
- April to June episode and service activity is due by August 15.
- July to September episode and service activity is due by November 15.
- October to December episode and service activity is due by February 15.

Helpful Links

- Log in to the PPS online screen system or obtain PPS access: <https://pps.wisconsin.gov/>
- General PPS resources: <http://www.dhs.wisconsin.gov/pps/index.htm>
- Paper data entry forms: <http://www.dhs.wisconsin.gov/pps/general/forms.htm>
- Reference deskcards: <http://www.dhs.wisconsin.gov/pps/general/desk-cards.htm>
- Data entry and batch file upload resources: <http://www.dhs.wisconsin.gov/pps/mh-aoda/index.htm>

Contact Information

8:00 a.m. to 4:00 p.m. (Monday-Thursday)

SOS Help Desk

dhssoshelp@dhs.wisconsin.gov

Phone: 608-266-9198

Fax: 608-267-2437

Description of PPS Database Segments

Participant registration

Participants entered into PPS need to have a unique identifier. This is called the MCI number. If the participant has never been entered into any of the PPS modules or any state system, then the participant does not yet have a valid MCI number. The participant will need to be processed through PPS registration online or an MCI clearance file via batch upload. A participant may have an MCI number from being in another state program, such as Wisconsin Works (W-2), FoodShare, Medicaid, BadgerCare Plus, Children's Long-Term Care Waiver, or some other public assistance program; however, their current MCI number is only valid after the participant is processed through PPS registration. Once a participant has had their MCI number verified or created, the participant will not need to be processed through MCI clearance again unless their name changes.

Episode and episode-level consumer profile data

Once a participant is registered in PPS, an episode of care can be opened. An episode of care consists of one or more services. The episode start and end dates are the bookends around the services. If a participant has not received any direct services for a period of 90 days, the episode should be considered for closing. In order to close an episode, all services on the episode must be closed.

Services

A service record can be defined as a stay, visit, session, or encounter. A service record may also consist of several rolled-up service encounters for a particular month or the participant's entire service experience within the episode. Service records can be updated or deleted if need be.

Service records should be closed in a timely fashion. If there has been no service provided in the last 90 days, the service should be considered for closing. The additional data entered into the closing service record includes the Standard Program Category (SPC) End Date, SPC End Reason, and five closing status fields: Employment Status, Frequency of Substance Use, Living Arrangement, Support Group Attendance, and Number of Arrests in Past 30 Days. Once all services within an episode are closed, the episode itself may be closed.

Reporting of Participants with Co-Occurring Mental Health and Substance Use Disorder

Co-occurring service participants are defined as people who have both a mental health and substance use diagnosis.

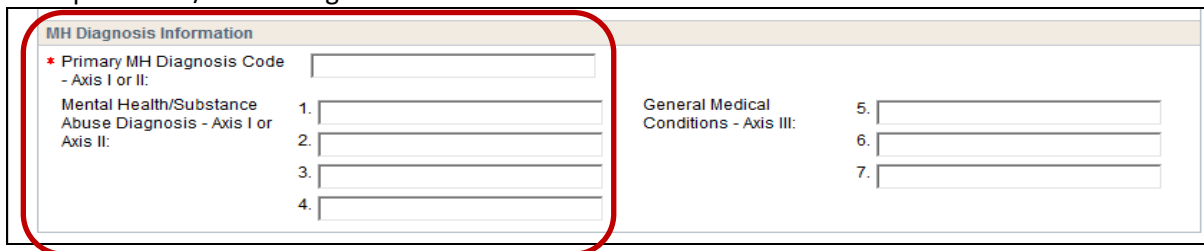
Choosing the appropriate PPS module

New service participants can have an episode opened in either the AODA or the mental health module. Upon enrollment, a participant's anticipated primary need for seeking care and corresponding primary service type should be determined. This should correspond with their primary diagnosis (as entered in the mental health module) or single diagnosis (as entered in the AODA module) and will dictate the appropriate PPS module to start the service participant's episode.

Recording diagnoses

For all participants with an episode of care in the mental health module:

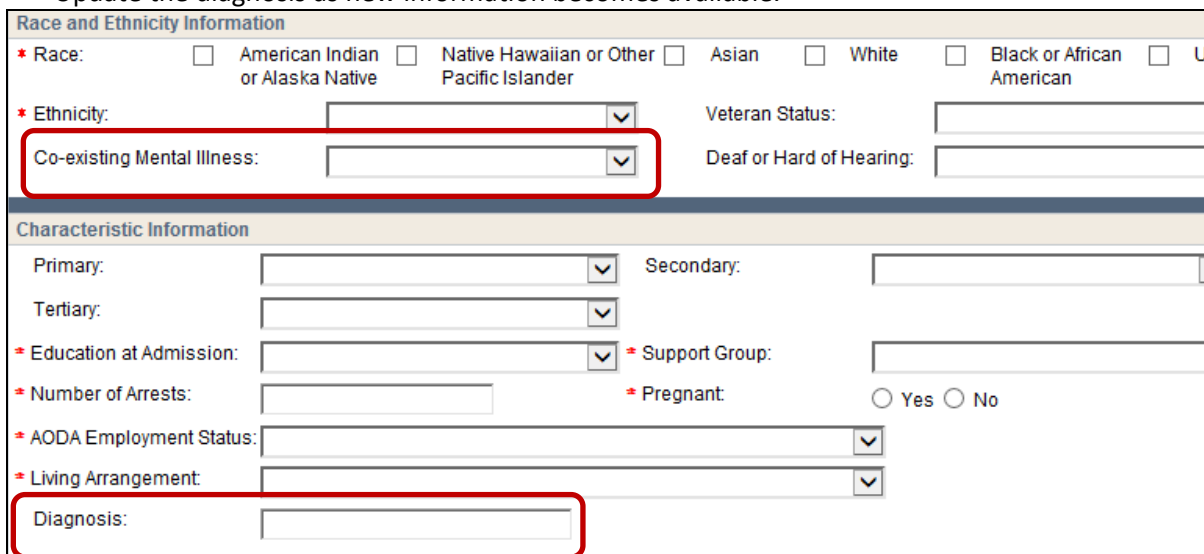
- Continue to record all mental health and substance use diagnoses in the multiple diagnosis fields along with the required mental health data.
- Report all (up to five) mental health and substance use diagnoses, not just the primary diagnosis.
- Update and/or add diagnoses as new information becomes available.



MH Diagnosis Information	
* Primary MH Diagnosis Code - Axis I or II:	<input type="text"/>
Mental Health/Substance Abuse Diagnosis - Axis I or Axis II:	1. <input type="text"/>
	2. <input type="text"/>
	3. <input type="text"/>
	4. <input type="text"/>
	5. <input type="text"/>
	6. <input type="text"/>
	7. <input type="text"/>

For all participants with an episode of care in the AODA module:

- Continue to record the primary substance use diagnosis in the single diagnosis field and check the "Co-existing Mental Illness" field as "Yes."
- Update the diagnosis as new information becomes available.



Race and Ethnicity Information	
* Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Unspecified
* Ethnicity:	<input type="text"/>
* Co-existing Mental Illness:	<input type="text"/>
Veteran Status:	<input type="text"/>
Deaf or Hard of Hearing:	<input type="text"/>

Characteristic Information	
Primary:	<input type="text"/>
Secondary:	<input type="text"/>
Tertiary:	<input type="text"/>
* Education at Admission:	<input type="text"/>
* Support Group:	<input type="text"/>
* Number of Arrests:	<input type="text"/>
* Pregnant:	<input type="radio"/> Yes <input type="radio"/> No
* AODA Employment Status:	<input type="text"/>
* Living Arrangement:	<input type="text"/>
Diagnosis:	<input type="text"/>

Individual Summary Data Fields for Participant Registration

Client ID

MCI Number - <recipient_id> - Required

DEFINITION: A unique participant identifier for each individual that is generated by registering participants through PPS. Full legal name, birthdate, and sex are used to produce a 10-digit numeric ID.

CODES: Enter the 10-digit MCI on every record submitted with a batch file. Online, search for an existing participant with the MCI and then enter data for that participant.

PURPOSE: The data in this field is used to maintain participant confidentiality while allowing reports to be produced on individual participants for audit purposes and to produce summary reports on multiple services to the same individual. This data element enables a record to be identified and data to be reliably associated with a particular individual.

Name

Last, First, Middle, Suffix - <recipient_last_name>, <recipient_first_name>, <recipient_middle_name>, <recipient_suffix_name> - Required

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

CODES: Enter the full legal name of the participant. If the participant has no legal first name, enter the word "None." If they have no middle name and/or suffix, leave the field blank.

NOTES: Must be all letters. The last name, first name, and middle name are each limited to 20 letters. The suffix is limited to three letters or blank. Only alphanumeric characters, spaces, apostrophes, hyphens, and periods are accepted in this field.

PURPOSE: This information allows the system to generate a unique client ID.

Gender

<gender> - Required

DEFINITION: Entered once along with the participant's name and date of birth at PPS participant registration. Federal policy requires that transgender participants be coded based on their biological sex at birth.

CODES:

F	Female
M	Male
U	Unknown

PURPOSE: This information allows the system to generate a unique client ID. It is also used to prepare reports cross tabulated by sex and to determine if males and females are being reached in proportion to their representation in the general population and substance use prevalence.

Birthdate

<recipient_birth_date> - Required

CODES: Enter the eight-digit birthdate of the participant in the format of MM/DD/YYYY online or YYYY-MM-DD for batch file upload.

PURPOSE: This information allows the system to generate a unique client ID. It is also used to calculate the participant's age for preparation of reports and to determine if various age groups are being reached in similar proportions to the general population and substance use prevalence.

Consumer Profile Data Fields

Local Worker ID

<worker_id> - Optional

DEFINITION: Agency-designated number indicating the primary worker assigned to the participant or the person designated by the agency as having overall responsibility for the participant or case. This is the person who will get information back about the participant if worker sort is selected on any reports 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 participant.

CODES: Enter up to a 10-digit code identifying the primary worker or service provider.

NOTES: This is an agency assigned number. Provider IDs are also accepted.

PURPOSE: This data element is used to sort output reports for local agency use such as case listings.

Local Family ID

<family_id> - Optional

- DEFINITION: The unique family ID assigned by the local agency.
- CODES: This is a seven-digit code of which the first six are numeric and the last one is a character.
- PURPOSE: The field is available for counties if they wish to track the participant in PPS with a local client identifier. The code is used to identify participants from the same family.

Local Client ID

<local_client_id> - Optional

- DEFINITION: The unique client ID assigned by the local agency.
- CODES: Up to a 14-character alphanumeric code is allowed.
- PURPOSE: The field is available for counties if they wish to track the participant in PPS with their local client identifier.

Brief Service

<brief_service> - Required

- DEFINITION: This field may be checked “Yes” if any of the following Group 2 SPCs are the sole SPCs to be provided in an entire episode of care:

Group 2	
101	Child day care
104	Supportive home care (Hours)
104.10	Supportive home care (Days)
106	Housing assistance
107	Transportation
108	Work-related services
110	Daily living skills training
112	Interpreter
112.55	Specialized medical supplies
301	Court intake studies
501	Crisis intervention (Hours)
501.10	Crisis intervention (Days)
507.50	Outpatient, emergency regular
507.61	Antabuse
507.62	Other medical
507.64	Urinalysis tests
507.65	Medication management
507.80	Buprenorphine
507.85	Naltrexone
507.90	Peer support/recovery coach
601	Outreach

602	Information and referral
603	Intake assessment
604	Case management
606	Health screening
615	Supported employment

CODES: Y Yes
 N No (default)

PURPOSE: To reduce reporting burden for relatively brief or non-treatment services. If the episode will only include a brief service and the Brief Service field is “Y,” then the system will only require race, ethnicity, codependent, referral source, SPC, SPC start and end dates, provider ID, units, and episode end date.

Codependent

<co_dependent_collateral> - Required

DEFINITION: A participant is codependent if they are seeking their own services due to problems arising from their relationship with an alcohol or drug abuser and they have no current alcohol/drug abuse or dependency problem of their own.

CODES: Y Yes
 N No

NOTES: Family involvement in treatment alone is not sufficient criteria for codependent designation. The participant of this record is one who is seeking their own services arising from their codependency problems, not substance use problems. This field is not to be coded “Yes” if the substance-using participant of this record has a significant other who is codependent. This field is not to be coded “Yes” if the substance using participant of this record has collateral involvement in services.

PURPOSE: To identify codependents receiving services and allowing simpler brief reporting.

Special Project

<special_project_reporting> - Required, when applicable

NOTES: This field may be required through special circumstances. Typically this field is used as part of a grant reporting requirement. An agency will be notified by DHS when this field is applicable to their special project.

DEFINITION: The alphanumeric codes designated for this field identify special projects defined by the state.

CODES:

01	Adolescent Treatment
02	Cocaine Families
03	Dept of Corrections
04	Healthy Beginnings
05	Injection Drug Use
06	Juvenile Court Intake
07	Methamphetamine Treatment
08	Milwaukee Child Welfare
09	Offender Reentry
10	OWI Enhancement Grant
11	OWI or Drug Court
12	Services to Hispanics
13	Treatment Alternative Program
14	Urban Black & Hispanic
15	Women's Treatment Grant (TANF)
16	Opioid Treatment Program (HOPE)
17	Opioid STR Grant (State Targeted Response)

PURPOSE: To report participants served under grant programs.

Agency of Responsibility

<agency_responsibility_id> - Required

DEFINITION: The county or tribal agency that is responsible for the overall care of the participant. This is the agency that is clinically or financially responsible for the participant's care. The agency of responsibility is almost always the county or the tribe. A contracted or private provider should never be listed as the agency of responsibility except as directed by DHS for special projects.

CODES: See list below. The values match the IDs used in the submitter organization ID field that agencies use to submit their PPS data via the batch file system.

PURPOSE: The Agency of Responsibility field will be used by the state to identify the agency that is authorizing or financially responsible for the participant's care. The field is especially applicable to multicounty/tribe regional agencies and consortiums that submit data as a region but are asked to identify one county agency as responsible for a participant.

1070	Adams HSD	1105	Lafayette HSD	645	Washington HSD
1073	Ashland HSD	577	Manitowoc HSD	593	Waukesha HSD
582	Barron HSD	1106	Marinette HSD	1123	Waupaca HSD
1085	Bayfield HSD	643	Marquette HSD	1124	Waushara HSD
1086	Brown HSD	1126	Menominee HSD	1125	Winnebago HSD
574	Buffalo HSD	1083	Milwaukee HSD	1092	Wood HSD
579	Burnett HSD	597	Monroe HSD	1522	Bad River Tribe
1088	Calumet HSD	1114	North Central Health Care	1526	Forest County Potawatomi Tribe
655	Chippewa HSD	1107	Oconto HSD	1527	Ho Chunk Tribe
1136	Clark DCP	656	Outagamie HSD	1528	Lac Courte Oreilles Tribe
1089	Columbia HSD	1108	Ozaukee HSD	1515	Lac Du Flambeau Tribe
1090	Crawford HSD	572	Pepin HSD	1523	Menominee Tribe
1071	Dane HSD	607	Pierce HSD	1524	Oneida Tribe
595	Dodge HSD	1109	Polk HSD	1525	Red Cliff Tribe
1093	Door HSD	654	Portage HSD	1529	Sokaogon Chippewa Tribe
1096	Douglas HSD	1110	Price HSD	1530	St. Croix Chippewa Tribe
1097	Dunn HSD	1111	Racine HSD	1531	Stockbridge Munsee Tribe
648	Eau Claire HSD	650	Richland HSD	1558	A.R.C.W.
581	Fond du Lac DCP	1112	Rock HSD	1568	NorthLakes Community Clinic
1095	Grant/Iowa DCP	561	Rusk HSD	1626	St Joseph's Hospital Libertas
24	Green HSD	596	Sauk HSD	1559	Waukesha Community Health Center
1099	Green Lake HSD	1118	Sawyer HSD	1742	ARC Community Services
1094	Human Service Center	1115	Shawano DCP	1743	Family Health La Clinica
601	Iron HSD	651	Sheboygan HSD	1744	United Community Center
1100	Jackson HSD	1113	St. Croix HSD	1746	Tellurian
1103	Jefferson HSD	1119	Taylor HSD		
590	Juneau HSD	1138	Trempealeau HSD		
1403	Kenosha HSD	1120	Vernon HSD		
1404	Kewaunee HSD	1121	Walworth HSD		
1104	La Crosse HSD	1122	Washburn HSD		

Episode Start and End Dates

<episode_start_date>;<episode_end_date> - Required

DEFINITION: An episode of services is a continuous set of services used to address the participant's current needs. Continuous is defined as services that have no more than a 90-day break between them. Episodes can include any variety or combination of inpatient, residential, outpatient, and other services. If the county has not provided any services to the participant for 90 days, the episode should be closed with an episode end date, even if the county expects to provide services to the participant at a future date. The episode start date is the start date of the first service, including intake and/or assessment. If no episode start date is entered, the system will choose a default date of the start date of the first services. The episode end date is the last service discharge date before a participant's case is closed and the county is no longer expecting to provide services and/or monitoring. An episode end date must be entered as one will not be defaulted in.

CODES: Enter an eight-digit number in the format of MM/DD/YYYY online or YYYY-MM-DD for batch file upload. Must be earlier than or equal to the current date.

PURPOSE: This data is used to determine active and closed cases, for case management purposes, and in determining episode duration.

First Contact Date

<first_contact_date> - Optional

DEFINITION: The date when the participant first contacted or was referred to the behavioral health agency or provider for help. It is usually before an intake, service, or assessment. However, for participants who enter the behavioral health system in crisis, the date of first contact may be the date of their first crisis service or inpatient admission. If a participant is put on a waitlist, the first contact date would precede their placement on the waitlist. The first contact date should be equal to or earlier than the episode start date, but never later.

CODES: Enter an eight-digit number in the format of MM/DD/YYYY online or YYYY-MM-DD for batch file upload. Must be earlier than or equal to the current date.

PURPOSE: The time between the first contact date and the first service date can be computed to determine wait time. The wait time can be used as an indicator of the capacity needs of a county's behavioral health system.

Referral Source

<referral_source> - Required

DEFINITION: The individual, agency, or program that referred the participant for services.

CODES:	1	Self
	2	Family, friend, or guardian
	3	AODA program/provider (includes AA, Al-Anon)
	4	Inpatient hospital or residential facility
	5	School, college
	6	IDP Court
	7	IDP - Division of Motor Vehicle (DMV)
	8	Corrections, probation, parole
	9	Other court, criminal, or juvenile justice system
	10	Employer, employee assistance program (EAP)
	11	County social services
	12	Child Protective Services agency
	13	IV drug outreach worker
	14	Other
	15	Drug court
	16	OWI court - monitors the multiple OWI offender
	17	Screening Brief Intervention Referral Treatment (SBIRT)
	18	Mental health program/provider
	19	Hospital emergency room
	20	Primary care physician or other health care program/provider
	21	Law enforcement, police
	22	Mental health court
	23	Homeless outreach worker
	99	Unknown

CODE DEFINITIONS: **3. AODA program/provider (Includes AA and Al-Anon):** Any nonresidential community AODA program, clinic, or entity whose principal objective is providing help for persons who have substance use problems, or a program whose activities are related to prevention, education, or treatment of alcoholism or drug abuse.

4. Inpatient hospital or residential facility: The focus of this referral source is on mental health/AODA hospitals and facilities, including psychiatric hospitals, mental health/AODA units in general hospitals, nursing homes, community-based residential facilities (CBRFs), and group homes. Use code 3 or 18 for community mental health/AODA providers. Use code 19 for emergency rooms and code 20 for other units of general hospitals.

5. School, college: Includes a school principal, counselor, teacher, or student assistance program; the school system; or educational agency.

8. Corrections, probation, parole: In addition to referrals from correctional facilities and probation or parole officers, this code includes participants on pre-parole, pre-release, and work or home furlough. The participant need not be officially designated as on parole.

9. Other court, criminal, or juvenile justice system: Includes referrals from the court; juvenile court intake; a judge, prosecutor, or other personnel affiliated with a federal, state, or county judicial system; and treatment alternative programs. Wisconsin Admin. Code ch. DHS 51 commitments and other court referrals related to commitments and settlement agreements should be recorded with this code. This also includes participants who have been referred in lieu of or for deferred prosecution and pretrial release, before or after official adjudication. Use code 8 for referrals from the corrections, probation, or parole systems. Use code 22 for referrals from the law enforcement system.

11. County social services: Includes local county social service agencies that provide aid in the areas of poverty relief, unemployment, shelter, or social welfare. This code also includes other public social service agencies at the state and federal levels.

14. Other: Includes private community and religious organizations that provide social and human services when they do not fit into other codes. Use this code as a last resort.

17. Screening Brief Intervention Referral Treatment (SBIRT): Includes referrals to services that originated from the federal/state/University of Wisconsin SBIRT project also known as the Wisconsin Initiative on Promoting Healthy Lifestyles.

18. Mental health program/provider: Includes community mental health programs and individual counselors, psychiatrists, psychologists, etc. Also includes psychiatrists working in primary care settings. Use code 4 for psychiatric hospitals and mental health residential care facilities.

20. Primary care physician or other health care program/provider: Includes general practitioners, family physicians, specialty physicians in outpatient clinics, nurses, general hospital physicians, surgeons, etc.

PURPOSE:

This is valuable information in a marketing sense, as well as in a clinical sense. It is prudent to know the sources that are referring participants to the agency. This information is of value in taking actions in the resource acquisition area. Clinically, the source of referral is a variable of potential significance in developing a typology of participants and in understanding the course of the episode of illness, differences in utilization patterns, or the participant's prognosis.

Address, Telephone Number

<street_address1>; <street_address2>; <city>; <state_abbreviation>; <zip_code>;

<telephone_number> - Optional

DEFINITION: Two fields for street address are provided. The first street address field should be used for the street name and house number. The second field can be used for a facility name if applicable. If the individual does not have a permanent address, the address of the reporting agency can be used. The telephone number should be 10 digits, including the area code.

PURPOSE: Satisfaction surveys may be mailed to participants. Also may be used for geo-mapping of participant location relative to provider locations.

County of Residence/Tribal Reservation

<county_of_residence> - Optional

DEFINITION: County or tribal reservation where the participant resides.

PURPOSE: Allows for identifying those participants who are out-of-county residents.

CODES:

01 Adams	23 Green	45 Ozaukee	67 Waukesha
02 Ashland	24 Green Lake	46 Pepin	68 Waupaca
03 Barron	25 Iowa	47 Pierce	69 Waushara
04 Bayfield	26 Iron	48 Polk	70 Winnebago
05 Brown	27 Jackson	49 Portage	71 Wood
06 Buffalo	28 Jefferson	50 Price	72 Menominee
07 Burnett	29 Juneau	51 Racine	84 Menominee Tribe
08 Calumet	30 Kenosha	52 Richland	85 Red Cliff Tribe
09 Chippewa	31 Kewaunee	53 Rock	86 Stockbridge Munsee
10 Clark	32 La Crosse	54 Rusk	
11 Columbia	33 Lafayette	55 St. Croix	87 Potawatomi Tribe
12 Crawford	34 Langlade	56 Sauk	88 Lac du Flambeau Tribe
13 Dane	35 Lincoln	57 Sawyer	
14 Dodge	36 Manitowoc	58 Shawano	89 Bad River Tribe
15 Door	37 Marathon	59 Sheboygan	91 Sokaogon Chippewa
16 Douglas	38 Marinette	60 Taylor	
17 Dunn	39 Marquette	61 Trempealeau	92 Oneida Tribe
18 Eau Claire	40 Milwaukee	62 Vernon	93 Ho Chunk Nation
19 Florence	41 Monroe	63 Vilas	94 Lac Courte Oreilles Tribe
20 Fond du Lac	42 Oconto	64 Walworth	
21 Forest	43 Oneida	65 Washburn	95 St Croix Tribe
22 Grant	44 Outagamie	66 Washington	

Race

<race_code1>; <race_code2>; <race_code3>; <race_code4>; <race_code5>; <unknown_race> -

Required

DEFINITION: The race of the participant as determined by the participant. 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

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

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

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

Native Hawaiian or Pacific Islander: All people 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 Alaska Native: All people having origins in any of the original peoples of North America and South America, including Central America and the original peoples of Alaska.

PURPOSE: The race of the participant is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service, and equity can be examined.

Ethnicity

<hispanic_latino>; <non_hispanic_latino>; <unknown_ethnicity> - Required

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

CODES:

Y	Yes
N	No

PURPOSE: The ethnicity of the participant is important for both epidemiologic reasons and for comparisons with the population characteristics for the area served. Issues of accessibility, appropriateness of service, and equity can be examined.

Veteran Status

<veteran_status> - Optional

DEFINITION: A person who has served in the uniformed services including: Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, and Coast and Geodetic Survey.

CODES: Y Yes
 N No
 U Unknown

PURPOSE: To count the number of veterans served. Veteran status may also be associated with certain presenting problems.

Co-Existing Mental Illness

<co_existing_mental_illness> - Optional

DEFINITION: A person being served for substance use issues who also has a current mental illness diagnosis (for example, anxiety, depression, personality, bipolar, schizophrenia) listed in the Diagnostic and Statistical Manual of Mental Disorders.

CODES: Y Yes
 N No
 U Unknown

PURPOSE: To count the number of persons served having a dual diagnosis.

Deaf or Hard of Hearing

<deaf_or_hard_hearing> - Optional

DEFINITION: A person who self-identifies, or through observation or diagnosis, as deaf, deafened, hard of hearing, or deaf-blind. The person may read lips or use sign language, sign language interpreters, or captioning. The person may have a degree of hearing loss where an auditory device is needed such as a hearing aid or FM system, cochlear implant, or other assistive listening device.

CODES: Y Yes
 N No
 U Unknown

PURPOSE: To count the number of persons served who are deaf or hard of hearing.

Client Characteristics

<characteristic1>; <characteristic2>; <characteristic3> - Optional

DEFINITION: Describes the participant according to selected personal, social, and demographic factors that are of interest to the agency. Up to three codes can be recorded. We encourage the use of all three client characteristics fields since DHS uses this information to plan services for special groups such as the dually diagnosed, problem gamblers, and persons with physical or sensory disabilities. Code definitions are in Appendix 1.

CODES:

Enter between one and three codes from the list below that best describe the participant.

- 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

- 86 Severe emotional disturbance - child/adolescent
- 03 Serious and persistent mental illness (SPMI)
- 02 Mental illness (excluding SPMI)
- 14 Family member of mental health client

- 04 Alcohol client
- 05 Drug client
- 10 Chronic alcohol or other drug client (includes SSI clients)
- 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 disability

- 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 client (adult only)
- 84 Repeated school truancy
- 37 Frail medical condition
- 38 Criminal justice system involvement (alleged or adjudicated)
- 72 Victim of abuse or neglect (alleged or adjudicated)
- 80 Homeless

- 90 Special study code (to be defined as need arises)
- 91 Hurricane Katrina evacuee
- 92 Hurricane Rita evacuee
- 99 None of the above (codependent client only)

- 61 CHIPS - abuse and neglect
- 62 CHIPS - abuse
- 63 CHIPS - neglect
- 64 Family member of abused/neglected child
- 69 JIPS - status offender
- 70 Family member of status offender
- 68 CHIPS - other
- 74 Family member of CHIPS - other
- 66 Delinquent
- 73 Family member of delinquent

PURPOSE: To allow comparisons across the PPS database outside of the Substance Use module, to assess outreach to and accessibility in relation to special participant groups, and to separate codependents receiving services from participants with substance use diagnoses.

Education at Time of Admission

<education_at_time_of_admission> - Required

DEFINITION: The highest grade completed by the participant.

- CODES:**
- 01-11 Highest grade completed
 - 12 High school diploma or GED
 - 14 Some college or vocational/technical school, associate's degree
 - 16 Bachelor's degree
 - 18 Advanced degree (Master's, Ph.D.)
 - 99 Unknown

PURPOSE: To identify extent of education for use in modifying reading/intelligence level of materials, films, pamphlets, etc.; to identify need for vocational components within treatment programs; and to compare with general population to assess differences.

Support Group Attendance

<support_group_attend_at_admin> - Required

DEFINITION: The number of times the participant has attended a support group in the 30 days preceding the date of admission. It includes attendance at Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Women for Sobriety, and any other natural organized self-help or mutual support groups having a focus on recovery from substance use. If the participant came from a controlled setting such as a jail, hospital, or residential program, use the 30-day period prior to entry into the controlled setting.

CODES:

1	16 or more times in the past 30 days
2	8-15 times in the past 30 days
3	4-7 times in the past 30 days
4	1-3 times in the past 30 days
5	No attendance in the past 30 days
9	Unknown

PURPOSE: Self-help group attendance is an indicator of the quality of the participant's social support system. The admission data will be compared with discharge data to assess changes.

Number of Arrests

<registration_arrests> - Required

DEFINITION: The number of arrests during the 30 days prior to the start of the episode. If the participant came from a controlled setting such as a jail, hospital, or residential program, use the 30-day period prior to entry into the controlled setting. An arrest means that the person is alleged to have committed a crime, was taken into custody, and booked. Booked means the law enforcement officer recorded the person's name, the crime, and other relevant facts on the police docket and may have also taken a photograph, fingerprints, blood sample, or other procedure. Does not include minor tickets or citations.

CODES: Numeric value between 0 and 98. Enter 99 if unknown.

PURPOSE: To describe the degree of criminal justice involvement when entering treatment. The admission data will be compared with the discharge data to assess changes.

Pregnant

<pregnant_at_time_of_admission> - Required for females

DEFINITION: To determine if participant was pregnant at time of admission.

CODES:

Y	Yes
N	No

PURPOSE: To assess outreach and accessibility of services to special participant groups and to monitor trends.

Employment Status

<employment_status> - Required

DEFINITION: The current employment status.

PURPOSE: Provides a measure of participant's level of independence and assesses employment status for vocational service needs.

CODES:

1	Full-time competitive (35 or more hours/week)
2	Part-time competitive (less than 35 hours/week)
3	Unemployed (but looking for work in past 30 days)
4	Do Not Use, this code has been retired
5	Not in the labor force - homemaker
6	Not in the labor force - student
7	Not in the labor force - retired
8	Not in the labor force - disabled
9	Not in the labor force - jail, correctional, or other institutional facility
10	Not in the labor force – sheltered noncompetitive employment
11	Not in the labor force - other reason
12	Supported competitive employment
98	Not applicable - Children 15 and under
99	Unknown

CODE DEFINITIONS: **1. Full-time competitive:** Includes members of the Armed Forces.

3. Unemployed: Participants are classified as unemployed if they do not have a job, have actively looked for work in the past 30 days, and are currently available for work. Persons who were waiting to be recalled to a job from which they had been temporarily laid off are also included as unemployed.

Not in the labor force: Participants who are “not in the labor force” are either not interested or unable to engage in competitive employment. This category includes everyone who does not meet the definitions for competitively employed or unemployed. This category includes participants who may seem able to work, but have not been looking for work in the past 30 days. Codes 5-10 include different types of “not in the labor force” situations. Anyone who is not in the labor force and does not fit into categories 5-10 should be recorded using category 11.

6. Student: Actively enrolled in school including attending any school or college, between school semesters, or in suspension status. Excludes former students who have dropped out or been expelled.

8. Disabled: Includes physical, developmental, and mental health disabilities that prevent participant from working.

9. Jail/institution: Includes participants in mental health institutions, inpatient hospitals, and nursing homes.

10. Sheltered employment: Remunerative employment or other occupational rehabilitating activity of an educational or therapeutic nature that is noncompetitive.

12. Supportive employment: Competitive employment with ongoing long-term support to structure the job or work environment, such as the participant and their employer being actively supported by a CSP team.

NOTES: When participants are engaged in two or more activities simultaneously, use the following hierarchy to determine which employment category to select:

1. Employment
2. Unemployed (but looking for work)
3. Not in the labor force

For example, use codes 1, 2, or 12 if the participant is employed and also a student or retired. Use code 3 if the participant is a student and actively searching for work, including sending out resumes, visiting unemployment centers, or interviewing.

Living Arrangement

<registration_living_situation> - Required

DEFINITION: The living arrangement prior to the start of the episode. It specifies whether the participant is homeless, living with parents, in a supervised setting, or on their own.

CODES:	01	Street, shelter, no fixed address, homeless
	02	Private residence w/out supervision (ADULTS ONLY)
	03	Supported residence (ADULTS ONLY)
	04	Supervised licensed residential facility
	05	Institutional setting, hospital, nursing home
	06	Jail or correctional facility
	07	Living with parents (UNDER AGE 18 ONLY)
	08	Living with relatives, friends (UNDER AGE 18 ONLY)
	09	Foster home
	10	Crisis stabilization home/center
	11	Other living arrangement
	99	Unknown

CODE DEFINITIONS: **2. Private residence w/out supervision (Adults only):** Includes adults living alone or with others without supervision in a house or apartment; includes persons age 18 and older living with parents.

3. Supported residence (Adults only): Adult participants living in a house, apartment, or other similar dwelling and are heavily dependent on others for daily living assistance.

4. Supervised licensed residential facility: Individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, adult family home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities.

9. Foster home: Individual resides in a foster home. A foster home is a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities.

10. Crisis stabilization home/center: A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores participants to a pre-crisis level of functioning.

PURPOSE: To describe the living situation just prior to beginning services. The admission data will be compared with the discharge data to assess changes.

Diagnosis

<diagnosis_code_principal> - Optional

DEFINITION: The current diagnosis of the participant's condition per DSM V or ICD-10 diagnosis codes.

CODES: The diagnosis should be an indication of the primary reason the individual is receiving services.

PURPOSE: This information will be used to provide a description of participants served.

Substance Problem

<substance_problem_primary>, <substance_problem_secondary>, <substance_problem_tertiary> - Required

DEFINITION: The primary substance is the substance that is chiefly responsible for this admission to services.

CODES: Enter between one and three substance problem codes. Order using the Substance Problem Rank Order field in the online data entry screens or using the corresponding primary, secondary, and tertiary batch upload fields.

- 01 None (codependent)
- 02 Alcohol
- 03 Cocaine/crack
- 04 Marijuana/hashish/cannabis/THC
- 05 Heroin
- 06 Nonprescription methadone
- 07 Dilaudid/hydromorphone
- 08 Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
- 09 PCP (Phencyclidine)

- 10 LSD
- 11 Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, Ketamine, synthetic marijuana)
- 12 Methamphetamine/ice; methcathione/cat
- 13 Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludein) and any other amines and related drugs.
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlortermine, methylphenidate, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

PURPOSE: To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; and determine success in reaching certain participant groups.

Use Frequency

<use_frequency_primary>, <use_frequency_secondary>, <use_frequency_tertiary> - Required

DEFINITION: How often the substance is used during the 30 days prior to the start of the episode. If the participant came from a controlled setting, such as jail, hospital, or a residential program, use the 30-day period prior to entry into the controlled setting. It is the provider's responsibility to verify the accuracy of the code entered into the record for this field. These methods of verification may include collaterals such as a spouse, relative, or significant other; structured clinical interview; records sources; or drug tests.

- CODES:**
- 1 No use in the past month
 - 2 1-3 days in the past month
 - 3 1-2 days per week
 - 4 3-6 days per week
 - 5 Daily
 - 9 Unknown

PURPOSE: To identify the level of severity of addiction and compare with treatment setting and changes from admission to discharge.

Usual Route of Administration

<usual_administration_primary>, <usual_administration_secondary>,
<usual_administration_tertiary> - Required

DEFINITION: How the substance is taken into the body.

CODES:

1	Oral
2	Smoking
3	Inhalation
4	Injection
5	Other
9	Unknown

PURPOSE: To determine level of associated health risks connected with route of administration.

Age of First Drug Use

<age_at_first_use_primary>, <age_at_first_use_secondary>, <age_at_first_use_tertiary> - Required

DEFINITION: Age that a participant first used the primary drug specified above. For drugs other than alcohol, record the age of first use. For alcohol, record age of first intoxication.

CODES: Enter actual age using two digits. Use code 99 if unknown.

PURPOSE: Assesses success of prevention efforts; compare with national drug surveys of the general population.

Substance Problem at End of Episode

<substance_problem_at_episodeend_primary>, <substance_problem_at_episodeend_secondary>,
<substance_problem_at_episodeend_tertiary> - Optional

DEFINITION: The substance problem at the time the episode ends. The code at episode end should be different from the code at admission only in the case of a change of substance. Code 01 is reserved for codependent participants.

CODES:

01	None (codependent)
02	Alcohol
03	Cocaine/crack
04	Marijuana/hashish/cannabis/THC
05	Heroin
06	Nonprescription methadone
07	Dilaudid/hydromorphone
08	Other opiates and synthetics (codeine, morphine, oxycodone, demerol, opium, fentanyl, oxymorphone, etc.)
09	PCP (Phencyclidine)
10	LSD
11	Other hallucinogens (MDA, MDMA-ecstasy, peyote, mescaline, psilocybin, psilocin, STP, Ketamine, synthetic marijuana)
12	Methamphetamine/ice; methcathione/cat

- 13 Other amphetamines (benzedrine, speed, dexedrine, methedrine, ritalin, preludin) and any other amines and related drugs.
- 14 Other stimulants (phentermine, benzphetamine, mazindol, phendimetrazine, pemoline, chlorphentermine, methylphenidate, etc.)
- 15 Benzodiazepines (diazepam, flurazepam, chlordiazepoxide, clorazepate, lorazepam, alprazolam, oxazepam, temazepam, triazolam, clonazepam, halazepam, Rohypnol, etc.)
- 16 Other tranquilizers (Meprobamate, Equanil, Miltown)
- 17 Barbiturates (phenobarbital, Seconal, Nembutal, amobarbital, etc.)
- 18 Other nonbarbiturate sedatives or hypnotics (methaqualone, Quaalude, glutethimide, chloral hydrate, ethchlorvynol, Placidyl, GHB, etc.)
- 19 Inhalants (ether, glue, aerosols, solvents, gases, chloroform, nitrous oxide)
- 20 Over-the-counter diet, alert, sleep aids, cough syrup
- 21 Other

PURPOSE: To identify trends in drugs of abuse for use in planning and identifying training needs and personnel qualifications; determining treatment settings, intensity, and duration; and determine success in reaching certain participant groups.

Substance Use Service Data Fields

Provider Number

<provider_number> - Required

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

CODES: Both National Provider IDs and Wisconsin Provider IDs are accepted. Enter the appropriate National/Wisconsin Provider ID of the provider who delivers the service to the participant. Although National Provider IDs are accepted, all providers must be registered with the state and be assigned a Wisconsin Provider ID so that all providers are in a common database. Individual county worker IDs cannot be used as provider IDs. Provider agency or organizational IDs are required in this field.

NOTES: DHS provides a search site for providers to find existing National/Wisconsin Provider IDs. Complete information about using Provider IDs can be found in the [Providers IDs in the PPS Mental Health and Substance Use Modules \(P-02151\)](#) guide.

PURPOSE: This information is used to produce various reports for local agencies.

Standard Program Category/Subcategory

<spc> - Required

DEFINITION: The specific service provided to the participant. The subprogram code after the decimal relates to narrower program initiatives and can be used to specify variations in unit types (hours or days) for the same service. The following are substance use SPCs. SPCs and selected subprogram definitions are defined in Appendix 2 with the corresponding DHS Administrative Code included where relevant.

PURPOSE: To determine the type, amount, duration, and outcome of services provided and to develop common costs centers for cost analyses.

CODES:	SPC Code	SPC Description	Units
	Group 1		
	507.70	Methadone or narcotic detox	Hours
	703.10	Medically managed inpatient detox	Days
	703.20	Medically monitored residential detox	Days
	703.50	Ambulatory detoxification	Hours
	705.10	Residential intoxication monitoring	Days
	Group 2		
	101	Child day care	Hours
	104	Supportive home care	Hours
	104.10	Supportive home care	Days
	106	Housing assistance	Hours
	107	Transportation	Other
	108	Work-related services	Hours
	110	Daily living skills training	Hours
	112	Interpreter	Other
	112.55	Specialized medical supplies	Other
	301	Court intake studies	Hours
	501	Crisis intervention	Hours
	501.10	Crisis intervention	Days
	507.50	Outpatient, emergency regular	Hours
	507.61	Antabuse	Other
	507.62	Other medical	Other
	507.64	Urinalysis tests	Other
	507.65	Medication management	Hours
	507.80	Buprenorphine	Hours
	507.85	Naltrexone	Hours
	507.90	Peer support/recovery coach	Hours
	601	Outreach	Hours
	602	Information and referral	Hours
	603	Intake assessment	Hours
	604	Case management	Hours

606	Health screening	Hours
615	Supported employment	Hours

Group 3

503.50	Medically managed inpatient	Days
503.60	Medically monitored hospital treatment	Days
503.70	Medically monitored CBRF treatment	Days
504	Residential care center	Days
506.10	Transitional residential-hospital setting	Days
506.20	Transitional residential	Days
507.00	Outpatient – regular	Hours
507.05	Outpatient – intensive	Hours
507.10	Outpatient, individual regular	Hours
507.15	Outpatient, individual intensive	Hours
507.20	Outpatient, family regular	Hours
507.25	Outpatient, family intensive	Hours
507.30	Outpatient, group regular	Hours
507.35	Outpatient, group intensive	Hours
507.40	Outpatient, in-home regular	Hours
507.45	Outpatient, in-home intensive	Hours
507.75	Methadone maintenance/narcotic treatment	Hours
509	Community support (CSP)	Hours
510.10	Comprehensive Community Services (CCS)	Hours
511	Community Recovery Services (CRS)	Hours
704.10	Day treatment	Hours

Group 4

202	Adult family home	Days
203	Foster home	Days
204	Group home	Days
205	Shelter care	Days

Unit Type

<unit_or_basis_for_measurement_code> - Required

DEFINITION: Directly corresponds to the amount in the Unit Quantity field. A unit type must be recorded for every SPC entered into PPS.

CODES:

HR	Hours
DA	Days
OT	Other

PURPOSE: This information is used to determine the type and amount/volume of service being provided.

Unit Quantity

<quantity> - Required

- DEFINITION:** The number of days or hours of care provided. A quantity must be recorded for every SPC entered into PPS.
- CODES:** Enter up to four digits describing the number of whole days or hours. Quarterly segments of hours can be reported as 0.25, 0.50, and 0.75 if necessary.
- PURPOSE:** This information is used to determine the type and amount/volume of service being provided.

Target Group

<target_group> - Optional

- DEFINITION:** Indicates the more specific AODA need or problem that best explains the primary reason this participant is receiving services in a particular SPC. This may vary by service. If 74 is entered, then “Yes” should be entered in the “Codependent/collateral” field when creating the episode. This field may be required through special circumstances. An agency will be notified by DHS when this field is applicable.
- CODES:**
- | | |
|----|--|
| 04 | Alcohol abuse |
| 05 | Drug abuse |
| 06 | Opioid meth treatment center (OMTC) participant |
| 07 | State Opioid Response (SOR) Grant Participant |
| 08 | Medication Assisted Treatment (MAT) in Jails Participant |
| 17 | Intoxicated driver |
| 18 | Alcohol and other drug abuse |
| 74 | Family member/other of AODA consumer (codependent) |
- PURPOSE:** To identify the number of and service usage of the above target groups.

SPC Start and End Dates

<spc_start_date>; <spc_end_date> - Required

DEFINITION: The date on which delivery of an SPC began and ended. Inpatient and residential stays must be reported with the actual dates of admission and discharge from the facility and should not be reported repeatedly for every day of a stay. Outpatient, partial day treatment, and emergency services can be reported more flexibly. Different sets of SPC start and end dates can be reported for each individual outpatient session or an SPC can be reported in monthly summaries with the first and last day of the month reported as the SPC start and end dates. When summary dates are used, the delivery date field must be used to clarify the month of actual service delivery. See Appendix 4 for examples of how to report service data.

CODES: Enter an eight-digit number in the format of MM/DD/YYYY online or YYYY-MM-DD for batch file upload.

NOTES: Service records and episodes should be closed in a timely fashion.

PURPOSE: To identify average lengths of service or service duration; to identify average service intensity when used with units of service; and to separate participants actively receiving a service.

SPC Delivery Date

<spc_delivery_year_month> - Required

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

CODES: Enter the six-digit date in the format of MM/YYYY online and MM-YYYY for batch file upload.

PURPOSE: To allow for production of reports connected to a particular month/full year.

SPC Review Date

<spc_review_due_year_month> - Optional

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

CODES: Enter the six-digit date in the format of MM/YYYY online and MM-YYYY for batch file upload.

PURPOSE: For local use in case monitoring/case management.

SPC End Reason

<spc_end_reason> - Required when SPC End Date is provided for Group 3 SPCs

DEFINITION: The reason the service was closed.

CODES:

Service was fully completed

- 01 Completed service - major improvement
- 02 Completed service - moderate improvement
- 03 Completed service - minimal or no positive change

Services was not fully completed

- 04 Referred to another non-AODA agency or program
- 05 Behavioral termination (agency initiated discharge)
- 06 Withdrew against staff advice (participant initiated discharge)
- 07 Authorization expired, not reopened
- 08 Incarcerated
- 09 Death
- 14 Referred to another AODA agency or program
- 15 Transferred to another AODA service within an agency or program
- 16 Authorization expired, reopened
- 19 Service is continuing

NOTES:

Level of improvement explanation (major, moderate, minimal/no change)

For participants who have completed a service in inpatient, outpatient, day treatment, or residential treatment, use codes 01-03 as an overall rating of the participant's condition at discharge. Major improvement means that most or all areas have improved and there is a good prognosis. Moderate means that some areas have improved but the prognosis is guarded or fair.

Transfer versus referral

Code 15 Transferred is used when the agency actively facilitates handoff of the participant to another agency, including transfer of records, connecting the participant with their new provider, and following up to ensure engagement. Code 04 and 14 Referred is used when the agency provides the participant information about another agency and lets the participant follow up on their own. Transfers or referrals to another unit within the county behavioral health agency do not constitute an episode or case closing.

All services must be closed in a timely fashion. Service records having an SPC end reason code of 19 are not considered closed for purposes of closing an episode. The final SPC record must have a code between 01 and 16.

PURPOSE:

To evaluate service retention and outcome.

Service Worker ID

<service_worker_id> - Optional

DEFINITION: A local ID for the worker who actually delivered the service. Case managers and service coordinators should be recorded in the Local Worker ID field.

CODES: The field will take up to 14 digits. This ID is assigned by the local agency.

PURPOSE: For local use in monitoring individual service staff.

Closing Status

Required

DEFINITION: The participant's frequency of substance use, support group attendance, employment status, number of arrests, and living arrangement at the time the participant was discharged from treatment service or at last contact.

CODES: Enter a code in each of the five fields.

AODA <close_status_A>

Frequency of alcohol/drug use during the 30 days prior to discharge or since admission if less than 30 days.

- 1 No use (abstinent)
- 2 1-3 days/month
- 3 1-2 days/week
- 4 3-6 days/week
- 5 Daily
- 9 Unknown

Support group <close_status_support_group>

Frequency of attendance at support groups in the 30 days prior to discharge or since admission if less than 30 days.

- 1 16 or more times in the past 30 days
- 2 8-15 times in the past 30 days
- 3 4-7 times in the past 30 days
- 4 1-3 times in the past 30 days
- 5 No attendance in the past 30 days
- 9 Unknown

AODA employment status <close_status_E>

Employment status of participant at discharge.

- 1 Full-time competitive (35 or more hours/week)
- 2 Part-time competitive (less than 35 hours/week)
- 3 Unemployed (but looking for work in past 30 days)
- 4 Do Not Use, this code has been retired**
- 5 Not in the labor force - homemaker
- 6 Not in the labor force - student
- 7 Not in the labor force - retired
- 8 Not in the labor force - disabled
- 9 Not in the labor force - jail, correctional, or other institutional facility
- 10 Not in the labor force - sheltered noncompetitive employment
- 11 Not in the labor force - other reason
- 12 Supported competitive employment
- 98 Not applicable - Children 15 and under
- 99 Unknown

Arrests <close_status_AR>

Number of arrests 30 days prior to discharge or since admission if less than 30 days. Numeric value between 0 and 98. Enter 99 if unknown.

Living arrangement <close_status_LA>

Living arrangement at discharge or, in the case of residential services, the arrangement the participant is discharged to.

- 01 Street, shelter, no fixed address, homeless
- 02 Private residence w/out supervision (ADULTS ONLY)
- 03 Supported residence (ADULTS ONLY)
- 04 Supervised licensed residential facility
- 05 Institutional setting, hospital, nursing home
- 06 Jail or correctional facility
- 07 Living with parents (UNDER AGE 18 ONLY)
- 08 Living with relatives, friends (UNDER AGE 18 ONLY)
- 09 Foster home
- 10 Crisis stabilization home/center
- 11 Other living arrangement
- 99 Unknown

PURPOSE:

The data will be compared with admission data to assess changes.

Appendix 1 – Client Characteristics Code Definitions

- 02 Mental illness (excluding SPMI): Includes persons who have emotional or mental disorders such as organic and functional psychosis, neurosis, personality, behavioral, or other disorders as specified in ICD-10.
- 03 Serious and persistent mental illness (SPMI): Includes persons with long histories of psychiatric illness and institutionalization and also includes younger persons whose history and clinical picture leads to prediction of persistence.
- 04 Alcohol client: Includes persons who use alcohol to the extent that it interferes with or impairs physical health, psychological functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance and personal or family relations.
- 05 Drug client: Includes persons who use psychoactive chemical substances other than alcohol for nonmedical purposes to the extent that it interferes with or impairs their health, functioning, or social or economic adaptation, including, but not limited to, occupational or educational performance and personal or family relations.
- 07 Blind/visually impaired: Includes persons having significant impairment in vision resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 08 Hard of hearing: Includes persons having a significant impairment in hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 09 Physical disability/mobility impaired: Includes persons having a physical condition resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities. Such physical conditions include, but are not limited to, anatomical loss and musculoskeletal, neurological, respiratory, or cardiovascular impairments.
- 10 Chronic alcohol or other drug client: Includes persons who have a diagnosis of Substance Use Disorder, Alcohol with physical complications due to alcohol consumption that cannot be controlled. The person shows little motivation to change a lifestyle centered around alcohol, which has led to dysfunction in major social roles and the inability to care for oneself.
- 12 Alcohol and other drug client: Includes persons who use both alcohol and at least one other chemical substance that has mind-altering affects for nonmedical purposes to the extent that the alcohol and the other chemical substance(s) either individually or together interferes with or impairs their health, functioning, or adaptation as shown in code 04 Alcohol client.
- 14 Family member of mental health client: Includes family members and other significant persons who live in the household of a mental health client.

- 16 Family member of alcohol and other drug client: Includes family members and other significant persons who live in the same household of an alcohol and other drug client.
- 17 Intoxicated driver: Includes persons whose use of alcohol and/or other drugs has resulted in a conviction for operating a motor vehicle while intoxicated, a Department of Transportation referral for an irregular driving record, or other offenses or refusals related to operating while intoxicated.
- 18 Alzheimer's disease/related dementia: Includes persons who have one or more irreversible and degenerative diseases of the central nervous system including Alzheimer's disease, Creutzfeld-Jacob disease, Friedreich's ataxia, Huntington's disease, irreversible multi-infarct disease, Parkinson's disease, Pick's disease, progressive supranuclear palsy, and Wilson's disease. These disorders are characterized by progressive loss of memory, confusion, irrational mood swings, and eventual loss of physical functions.
- 19 Developmental disability—brain trauma: Includes persons who have had a loss of neurological brain function due to an injury or illness.
- 23 Developmental disability—cerebral palsy: Includes persons whose disability is primarily attributable to cerebral palsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 25 Developmental disability—autism spectrum: Includes persons whose disability is primarily attributable to autism. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 26 Developmental disability—intellectual disability: Includes persons whose disability has resulted in intellectual disability. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 27 Developmental disability—epilepsy: Includes persons whose disability is primarily attributable to epilepsy. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 28 Developmental disability—other or unknown: Includes persons whose disability is not attributable to the above developmental conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 29 Family member of developmental disability client: Includes family members and other significant persons who live in the household of a developmental disability client.
- 32 Blind/deaf: Includes people who have both complete impairment in vision and complete impairment in hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.

- 33 Correction/criminal justice system client (adult only): Includes persons who are currently involved in some phase of the correctional system including county jails, probation, and parole. Coding of this value is required only if known by local agency.
- 36 Other disability: Includes persons whose disability is not attributable to the code 07, 08, or 09 disabilities or to brain trauma, but to other neurological conditions. This condition is expected to continue indefinitely and is a substantial handicap to the person.
- 37 Frail medical condition: Includes persons who have difficulty in functioning or performing activities of daily living due to disability or medical condition.
- 39 Gambling client: Includes people with a persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits.
- 43 Migrant: Includes persons authorized to work in the U.S., who are not a relative by blood or marriage to their employer, and who occasionally leave an established place of residence to travel to another locality to accept seasonal or temporary employment in Wisconsin, residing in quarters other than the employer's home during the period of employment.
- 44 Refugee: Includes persons who have fled their native country for fear of persecution.
- 45 Cuban/Haitian entrant: Includes all Cubans who arrived in the U.S. between April 2 and October 10, 1980. Also included are Haitians who were involved in Immigration and Naturalization Service proceedings on or before October 10, 1980.
- 50 Regular caregiver of dependent person(s): Includes persons who care for one or more dependent people and need respite from their caregiver role.
- 55 Frail elderly: Includes persons who are elderly and chronically disabled by an illness, condition, or impairment that causes ongoing problems in everyday living and is expected to continue on a sustained basis.
- 57 Abused/neglected adults/elder: Includes persons who are adults/elderly and are, or are alleged to be, victims of abuse, material abuse, neglect, or self-neglect under Wis. Stat. § 46.90.
- 59 Unmarried parent: Includes persons who are the acknowledged or alleged parent of a child who will be or has been born out of wedlock.
- 61 CHIPS—abuse and neglect: Includes children who are, or are alleged to be, abused and neglected. Child abuse is the physical injury of a child by other than accidental means under Wis. Stat. § 939.22(14) or sexual intercourse or contact with a child under Wis. Stat. § 940.225. Child neglect is when a person having temporary or permanent control over a child has neglected, refused, or been unable, for reasons other than poverty, to provide the necessary care, food, clothing, medical and dental care, or shelter so as to seriously endanger the physical health of the child.

- 62 CHIPS—abuse: Includes children who are, or are alleged to be, abused. See description of abuse under Wis. Stat. ch 48.
- 63 CHIPS—neglect: Includes children who are, or alleged to be, neglected. See description of neglect under Wis. Stat. ch 48.
- 64 Family member of abused/neglected child: Includes family members and other significant persons who live in the household of children who are, or are alleged to be, abused and/or neglected. See description under Wis. Stat. ch 48.
- 66 Delinquent: Includes children alleged to be delinquent and referred to court intake as well as children, ages 10 and over, who have been found to be delinquent by a court.
- 68 CHIPS—other: Includes children who are alleged to be, or have been found to be, in need of protection and services under Wis. Stat. § 48.13. Does not include children who are, or are alleged to be, abused and/or neglected as defined in values 61, 62, or 63. Also does not include children under Wis. Stat. § 48.13 who are code 69.
- 69 JIPS: Participant falls under status of Juvenile in Need of Protection and Services (JIPS), a child between ages 10 and 17 who is delinquent or at risk of delinquency.
- 70 Family member of JIPS: Includes family members and other significant persons who live in the household of participant who falls under status of Juvenile in Need of Protection and Services (code 69).
- 71 Victim of domestic abuse: Includes persons who are the target of physical violence and/or emotional abuse occurring between individuals involved in an intimate relationship regardless of their marital status.
- 72 Victim of abuse or neglect: Includes persons who are, or alleged to be, victims of all other abuse and neglect not defined elsewhere.
- 73 Family member of delinquent: Includes family members and other significant persons who live in the household of children who are, or alleged to be, delinquent (code 66).
- 74 Family member of CHIPS—other: Includes family members and other significant persons who live in the household of children who are, or alleged to be, CHIPS - Other (code 68).
- 79 Deaf: Includes people who have complete impairment of hearing resulting from injury, disease, or congenital deficiency that significantly interferes with or limits one or more major life activities.
- 80 Homeless: Includes persons who are either unsheltered, in which case the person is sleeping in public or private places not designated for, or ordinarily used as, a regular place for people to sleep; or sheltered, in which case the person is living in emergency, transitional, domestic violence, or youth shelters or using vouchers for hotels/motels.

- 84 Repeated school truancy
- 86 Severe emotional disturbance: A child/adolescent who has a mental disturbance that: 1) can be diagnosed under the DSM-V classification system or has been identified as an exceptional educational need by the school system; 2) has been present for at least one year or is expected to last more than one year; and 3) has significantly impaired functioning in family, school, or community for six months or more.
- 90 Special study code: This code will be used only for specifically defined time limited studies. An announcement will be sent to agencies indicating the purpose and duration of the study for use of this code.
- 99 None of the above: Includes persons who do not fall into any other category listed above.

Appendix 2 – SPC Definitions

- 101 CHILD DAY CARE – CRISIS/RESPITE
The provision of services to children that includes care in settings such as a day care center, the home of another, or 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 participants 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, and friendly visiting. Includes payments to maintain an individual in the independent living arrangement. Excludes counseling/psychotherapy in a person’s own home as part of the Counseling/Therapeutic Resources Program. Excludes nonemergency 24-hour care in an adult’s or child’s own home for the purpose 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.
- 106 HOUSING/ENERGY ASSISTANCE
The provision of services to participants in a natural or supportive service setting for the purpose of enabling persons to obtain safe, healthful, and affordable housing. Services may include, but are not limited to, advocacy, assessment/diagnosis, and referral. Includes working with landlords and others to upgrade substandard housing, improving safety and preventing/reducing health hazards, assessing housing needs, locating appropriate housing, referral to existing resources for housing repairs, and making arrangements for moving as well as payment of moving expenses. Includes repairs and remodeling, winterization/weatherization, and the costs of fuel or utilities. Placement of persons into independent living from alternate living settings is classified under programs for those settings. Unskilled routine home maintenance tasks are part of the Supportive Home Care Program.
- 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 transportation that 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 that is provided principally to access services purchased or provided by a county social or human services department, 51.42 Board, or county aging unit which should be classified under the program or programs to which the transportation provides access.

108 WORK-RELATED SERVICES

The provision of services in integrated community work settings, specialized facilities such as sheltered workshops, or other settings for purposes of enabling participants to participate in work, develop work and related abilities, improve work performance, and/or remove obstacles to gainful employment. Services may include, but are not limited to: education/training; transportation (when work related); marketing of products; assessment/diagnosis; case planning, monitoring, and review when done by work-related service providers; and supervision. Management functions that may be performed include, but are not limited to: resource recruitment, development, and contracting. Includes wages paid for work performed, training stipends, incentives for employer to provide on-the-job supervision, or items needed for employment. Includes sheltered employment, work activities, supervision of work in community settings, Job Training Partnership Act, and displaced homemaker's services. Excludes Supported Employment as defined in SPC 615.

110 DAILY LIVING SKILLS TRAINING

The provision of services to participants whose health or well-being is at risk of deteriorating or for whom development is delayed due to inadequate knowledge or skills in routine daily living tasks. Services are intended to improve a participant's or caretaker's ability to perform routine daily living tasks and utilize community resources. Services that are educationally focused and are not primarily designed to provide substitute task performance include, but are not limited to: education/training; assessment/diagnosis; and case planning, monitoring, and review. Management functions include, but are not limited to: resource recruitment and development. Includes intensive in-home services that teach parenting skills to parents of children with special parenting needs. Includes the teaching of child-rearing skills, training on the preparation and management of a household budget, maintenance and care of the home, and preparation of food. Includes services provided primarily in a natural setting, such as those performed by a home trainer for children ages 0-2 and skill training for participants of all ages living in natural settings. Includes daily living skill training for parents and other family members, foster parents, adult family home members, and persons involved in apartment living programs. Excludes intensive home and community treatment services. Excludes recreational activities. Also excludes household care and personal care, which should be classified under the Supportive Home Care Program.

112 INTERPRETER SERVICES AND ADAPTIVE EQUIPMENT

The provision of services and material benefits to participants whose ability to access, participate, and function in their community or homes is limited by physical, sensory, or speech impairments, or lack of ability to effectively communicate in English, in order to maximize their opportunities to fully participate and function effectively in all aspects of community life, and to improve the community by making it fully accessible to all of its members. Services include the purchase or direct provision of bilingual interpreters for persons with limited English skills or interpreters capable of facilitating communication for persons with hearing impairments and others. Material benefits include cash for the purchase or provision of these services or items such as medically related equipment, adaptive aids, or communication devices. Management functions include resource recruitment and development associated with locating qualified interpreters. Includes interpreter services directly associated with familiarizing immigrants with Western culture in general and the life styles of their particular resettlement communities. Includes reader services for persons who are blind or visually impaired and other forms of

communication assistance for persons with brain injuries or speech impairments. Includes cash payments to participants or vendors for purchase of equipment, agency purchase of equipment, or those costs associated with the maintenance of these items. Types of items include adaptive household modifications, such as ramps; vehicle modifications; prosthetic or orthotic devices; communication devices; signaling devices, aids, and telecommunication devices for the deaf; signaling devices, aids, and appliances for blind or visually impaired persons; special safety equipment; special clothing; etc. Excludes training of service providers for purposes of developing or improving the ability of their bilingual or signing staff to deliver services. Excludes the activities of staff who possess bilingual or signing skills functioning in other programs.

112.55 Specialized Medical Care Supplies

Specialized medical supplies, specified in the plan of care, that are necessary to ensure the health of the individual or enable the individual to function with greater independence, as well as manage medical needs or treatments. The service also includes items necessary for life support, ancillary supplies, and equipment necessary for the proper functioning of such items. May include Ensure, other dietary supplements, diapers, over-the-counter drugs, etc.

202 ADULT FAMILY HOME

The provision of a structured residential living arrangement for the purpose of providing care and support to adult participants whose physical, developmental, and emotional functioning is likely to be maximized in a family or other home-like living arrangement for less than five adults. Services in the family home may include, but are not limited to: supervision, dietary, personal care, and education/training. Material benefits include food and housing. Includes homes serving three or four residents that are licensed as CBRFs when the home is also the residence of the sponsor and homes certified under Wis. Admin. Code ch. DHS 88. Includes recruiting and certifying of adult family homes as well as locating, arranging for, and monitoring an adult family home placement when not an integral but subordinate part of case management.

203 FOSTER HOME

The provision of a loving, caring, and supportive substitute family to children for a short-term period (or long-term in approved situations). Services to participants provided by foster parents may include, but are not limited to: supervision, dietary, personal care, and transportation. Material benefits include: food, housing, and clothing. Includes recruiting and licensing of foster homes. Includes locating, arranging for, and monitoring a foster home placement. Also includes activities involving foster homes in which there is a pending adoption.

204 GROUP HOME

The provision of services in a community-based group living setting to children for whom a living arrangement with peers or siblings is judged to be most beneficial. Services to participants may include, but are not limited to supervision, dietary, personal care, and transportation. Benefits include: food, housing, and clothing. Includes recruiting and licensing of group home placements by persons other than the group home provider. Excludes adult group homes licensed as CBRFs, which are classified as part of the Community-Based Care/Treatment Facility Program.

- 205 **SHELTER CARE**
The provision of short-term services, often under emergency conditions, in an alternative living setting or the home of another, to persons who need a temporary place to stay pending resolution of problems in their own home or until an appropriate living setting can be secured. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes locating, arranging for, and monitoring placement in shelter care facilities. Includes care in unlicensed settings that serve as shelters (for example, for victims of domestic or child abuse). Includes all care provided by a shelter care facility licensed under Wis. Admin. Code ch. DCF 59. Includes 24-hour care of a person in the home of a friend, relative, or neighbor during the temporary absence of the regular caregiver (for example, hospitalization of a parent).
- 301 **COURT INTAKE AND STUDIES**
The provision of services essential to the provision of reports and recommendations to the court. Services may include, but are not limited to: assessment/diagnosis and case planning, monitoring, and review. Includes custody studies, mediation, and monitoring pursuant to divorce actions. Includes Wis. Stat. ch. 51 commitment evaluations other than those done by inpatient facilities. (Primary focus is upon reports to the court required under Wis. Stat. chs. 48, 51, and 55.) Excludes studies and recommendations pertaining to proposed adoptions which should be classified under the Adoptions Program. Also excludes child abuse and neglect investigations which should be classified under Intake Assessment.
- 501 **CRISIS INTERVENTION**
The provision of services to individuals who are experiencing emergencies that require an immediate response by the human service system (including those activities necessary to prepare for responding to conditions that are an immediate threat to a person's life or well-being) for the purpose of removing or ameliorating these conditions and linking the individual with appropriate human services. Services to individuals and for the community at large include but are not limited to: counseling/psychotherapy, supervision, general physical health, transportation, and referral. Includes 24-hour hotlines, crisis response teams, and extra hour staffing for handling emergencies only when the program provider is specially organized for this purpose, and are designed to serve the general public rather than specific participant groups. Excludes services delivered under emergency conditions that are an integral, but subordinate, part of other standard programs (for example, emergency inpatient care is to be classified as part of the inpatient program).
- 503 **INPATIENT**
The provision of treatment services in 24-hour units of an inpatient facility or substance use residential inpatient program in a CBRF to participants for the purpose of stabilizing and/or ameliorating mental illness (short-term or long-term), alcohol or other drug abuse, or other problems requiring hospitalization, enabling persons to function effectively in a less restrictive alternate or natural living setting. Services may include but are not limited to: assessment/diagnosis; case planning, monitoring, and review; counseling/psychotherapy; physical health activities; education/training; personal care; supervision; and therapy. Food and housing are required benefits and drugs are also commonly provided. Includes stays under emergency detention and commitment provisions. Includes evaluations that require an inpatient admission. Includes planning for, arranging for, and monitoring of inpatient facilities

placements. Excludes inpatient care for the primary purpose of detoxification, which should be classified under the program of that name.

503.50 Medically Managed Inpatient

(Wis. Admin. Code § DHS 75.10)

A medically managed inpatient treatment service is operated by a general or specialty hospital and includes 24-hour nursing care, physician management, and the availability of all other resources of the hospital.

503.60 Medically Monitored Hospital Treatment

(Wis. Admin. Code ch. DHS 124; Wis. Admin. Code § DHS 75.11)

A medically monitored treatment service operates as a 24-hour, hospital-based service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient.

503.70 Medically Monitored CBRF Treatment

(Wis. Admin. Code ch. DHS 83; Wis. Admin. Code § DHS 75.11)

A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring, and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient.

504 RESIDENTIAL CARE CENTER

The provision of services to children in licensed residential care centers to stabilize and/or ameliorate behavioral, mental health, AODA, and other disorders for the purpose of improving their functioning and enabling them to return to their own communities in the shortest possible time. Services to participants may include, but are not limited to: supervision, education/training, and counseling/psychotherapy. Benefits include food, housing, and items such as school supplies and books. Includes planning for, arranging for, and monitoring of residential care center placements.

506 COMMUNITY-BASED CARE/TREATMENT FACILITY

The provision of services to participants in a CBRF for purposes of providing needed care or support and/or ameliorating personal, social, behavioral, mental, developmental, or alcohol and drug use disorders. Services may include, but are not limited to: supervision, dietary, and counseling/psychotherapy. Benefits include food and housing. Includes planning for, arranging, and monitoring of placements in CBRFs. Includes nonmedical substance use extended care in CBRFs. Excludes residential care for the primary purpose of detoxification, which should be classified under SPC 703.20 or 705.10. Excludes unlicensed living arrangements even if supervision is provided or live-in staff are present, which should be classified as part of Supportive Home Care Program or the Shelter Care Program. Excludes substance use residential care in nursing homes, which should be classified under the Developmental Disability Center/Nursing Home Program. Excludes substance use residential inpatient programs in CBRFs, which should be classified under the Inpatient Program. Excludes homes serving three or four residents licensed as CBRFs when the home is also the residence of the sponsor, and homes certified under Wis. Admin. Code ch. DHS 88.

506.10 Transitional Residential - Hospital Setting

(Wis. Admin. Code ch. DHS 124; Wis. Admin. Code § DHS 75.14)

A transitional residential treatment service is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance use treatment in the form of counseling for three to 11 hours per patient weekly, immediate access to peer support through the environment, and intensive case management, which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning. This transitional residential treatment service is delivered in a general or specialty hospital approved under Wis. Admin. Code ch. DHS 124.

506.20 Transitional Residential

(Wis. Admin. Code ch. DHS 83; Wis. Admin. Code § DHS 75.14)

A transitional residential treatment service is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The service provides substance use treatment in the form of counseling for three to 11 hours per patient weekly, immediate access to peer support through the environment, and intensive case management, which may include direct education and monitoring in the areas of personal health and hygiene, community socialization, job readiness, problem resolution counseling, housekeeping, and financial planning.

507 COUNSELING/THERAPEUTIC RESOURCES

The provision of treatment-oriented services to participants needing treatment for a personal, social, behavioral, mental, or alcohol and drug use disorder to maintain and improve effective functioning. Services typically provided in a service office or a natural setting may include, but are not limited to: assessment/diagnosis; case or treatment planning, monitoring, and review; counseling/psychotherapy; therapy services; physical health services; and medical support services. Includes divorce and family counseling and counseling for students experiencing behavioral problems at school. Includes intensive home and community treatment services when provided by persons other than those responsible for probation, juvenile supervision, or aftercare supervision. Includes medication-assisted treatment services. Excludes work-related services. Excludes treatment services provided to residents of an alternate living setting or in a day center by staff or providers of those settings.

507.00 Outpatient

(Wis. Admin. Code § DHS 75.13)

An outpatient treatment service is a nonresidential treatment service totaling less than 12 hours of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis, and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to nonsubstance use services that may occur over an extended period. Regular and intensive are types of outpatient services and do not always reflect the amount of face-to-face/billable service delivered to a specific participant. A participant can be in an

intensive outpatient service even though they do not complete the required units of service.

507.61 Antabuse

The administration of the medication disulfiram as a treatment adjunct to help patients overcome drinking problems.

507.64 Urinalysis Tests

In-house or laboratory urine testing and analysis performed for screening and monitoring in order to detect the presence or ingestion of alcohol or mood-altering substances.

507.65 Medication Management

Includes prescription, directions on use, and review of medication in an outpatient setting. For specific types of medication management, please select the appropriate codes.

507.70 Methadone or Narcotic Detox

Services provided to ensure the safe withdrawal of methadone from the body's tissues.

507.75 Methadone Maintenance/Narcotic Treatment

(Wis. Admin. Code § DHS 75.15)

Clinic-based treatment involves methadone, an opioid agonist that does not block other narcotics while preventing withdrawal while taking it. This medication is only dispensed in specialty regulated clinics.

507.80 Buprenorphine Treatment

Office-based treatment involves buprenorphine, an opioid agonist/antagonist that blocks other narcotics while reducing withdrawal risk. This may be a daily dissolving tablet, cheek film, or six-month implant under the skin.

507.85 Naltrexone Treatment

Office-based treatment involves naltrexone, a nonaddictive opioid antagonist that blocks the effects of other narcotics. This may be a daily pill or monthly injection.

507.90 Peer Support/Recovery Coach

Includes services provided by certified peer specialists, peer recovery coaches, and similar positions who not only have lived the experience of mental illness and/or substance use disorder, but also have had peer support services training and supervision. Peer support specialists actively incorporate peer support into their work with participants and are supervised and participate as a member of the agency's recovery team. Peer Support Services include activities such as establishing a supportive relationship for recovery; outreach to peers; providing information about recovery and community resources; communication with providers and community resources; connecting persons with services or resources; crisis support; facilitating Wellness Recovery and Action Plans; facilitating self-directed recovery; active listening and providing peer support; assistance in finding housing; accessing health care services and

other community services; assisting persons in feeling connected to a community of recovery through social, recreational, and cultural activities in a drug-free environment; facilitating recovery support groups; and peer support record keeping.

509 COMMUNITY SUPPORT PROGRAM (PSYCHOSOCIAL REHABILITATION SERVICES)

The provision of a network of coordinated care and treatment services to adults with serious and persistent mental illness and severe alcohol or other drug use participants in a natural or supportive service setting by an identified provider and staff to ensure ongoing therapeutic involvement and individualized treatment in the community for the purpose of reducing the disabling effects of their mental illness or alcohol or other drug use and assisting participants to access and participate in the community. The service of case planning, monitoring, and review, as well as the activities involved in case management/service coordination, are a required part of this program for every participant. Services that must be available, although not necessarily provided, to each participant are: assessment/diagnosis, eligibility determination, advocacy, education/training, counseling/psychotherapy, person locating, medical support, referral, and transportation. Includes identifying persons in need of services, assisting with and training participants in all aspects of community functioning, crisis consultation, assistance with learning and performing daily living tasks, supervision of community work or educationally related activities, assistance with obtaining health care, assistance with acquiring and maintaining adequate housing, social/recreational activities, and coordinating services delivered by both CSP and other human service programs such as the Department of Workforce Development's Division of Vocational Rehabilitation, general relief, and Supplemental Security Income. Includes only activities delivered by designated CSP providers to persons with serious and persistent mental illness and persons with severe alcohol or other drug use and excludes these activities when delivered by other agency providers.

510.10 COMPREHENSIVE COMMUNITY SERVICES (PSYCHOSOCIAL REHABILITATION SERVICES)

CCS is certified per the requirements of Wis. Admin. Code ch. DHS 36 and provides a flexible array of individualized community-based psychosocial rehabilitation services authorized by a licensed mental health professional under Wis. Admin. Code § DHS 36.15 and provided to participants with mental health or substance use issues across the lifespan who qualify based on level of need through a completed functional screen. The intent of the services and supports is to provide for a maximum reduction of the effects of the individual's mental and substance use disorders, the restoration of a participant to the highest possible level of functioning, and to facilitate their recovery and resilience. The services provided must be individualized to each person's needs and recovery goals as identified through a comprehensive assessment. The services must fall within the federal definition of "rehabilitative services" under 42 C.F.R. § 440.130(d) (2013) in order for the services to be reimbursed by Medicaid. Services that must be available for participants are assessment, recovery/service planning, service facilitation, and individually authorized psychosocial rehabilitation services.

In order to qualify as psychosocial rehabilitation, a service must:

- Have been determined through the assessment process to be needed by an individual participant.
- Involve direct service.
- Address the participant's mental health and substance use disorders to maximize functioning and minimize symptoms.

- Be consistent with the individual participant’s diagnosis and symptoms.
- Safely and effectively match the individual’s need for support and motivational level.
- Be provided in the least restrictive, most natural setting to be effective for the participant.
- Not be solely for the convenience of the individual participant, family, or provider.
- Be of proven value and usefulness.
- Be the most economic options consistent with the participant’s needs.

CCS includes only activities delivered by providers who are part of the certified CCS program to persons with a diagnosis of a mental disorder or a substance use disorder as defined in Wis. Admin. Code § DHS 36.14. Participants enrolled in waiver programs are eligible for CCS. CCS recipients may not be enrolled in a CSP. For CCS recipients, all of the following services must be recorded using the 510.10 SPC code: outpatient mental health (excluding pharmacologic management), mental health day treatment for adults, substance use treatment, and service facilitation (case management). If an individual is in need of any of these services, they must be provided as part of CCS and thus recorded using the 510.10 SPC code as opposed to other existing service codes. Participants may receive other services outside of their CCS plan, but these services should continue to be reported in PPS separate from CCS.

Recording CCS units of service

For services rendered July 1, 2014, or later, CCS can only be recorded in hourly units using the 510.10 SPC code. The old 510 SPC code for CCS per diem units is no longer valid. This change mirrors Medicaid claim requirements. To convert 15-minute increments to hourly units, multiply the number of 15 minute increments by 0.25. For example, four 15-minute units will equal 1.00 PPS unit.

511 COMMUNITY RECOVERY SERVICES (PSYCHOSOCIAL REHABILITATION SERVICES)

This is a community-based psychosocial rehabilitation services Medicaid state plan amendment benefit provided by a CRS-certified county, tribe, or vendor. Any mental health agency offering this service and submitting the SPC 511 code must be specifically certified to deliver CRS. The goal of CRS is to provide services that enable mental health participants to live in the least restrictive community environment available. CRS provides three distinct services across the lifespan for participants having a severe and persistent mental illness:

- Community Living Supportive Services: Activities necessary to allow individuals to live with maximum independence in community integrated housing.
- Supported Employment: This service covers activities to assist individuals in addressing or managing the symptoms and behaviors associated with severe and persistent mental illness that may be barriers to obtaining and maintaining competitive employment.
- Peer Supports: Advocacy, information, and support provided by certified peer specialists.

Relationship to Other Services

Participants receiving CRS services may simultaneously receive services through a CSP (SPC 509) or CCS program (SPC 510.10). Thus, the SPC 511 may be open in PPS simultaneously with SPC 509 or 510.

Recording CRS units of service

For services rendered July 1, 2018, or later, CRS can only be recorded in hourly units using the 511 SPC code. The 511.10 SPC code for CRS per diem units is no longer valid. This change

mirrors Medicaid claim requirements. To convert 15-minute increments to hourly units, multiply the number of 15-minute increments by 0.25. For example, four 15-minute units will equal 1.00 PPS unit.

601 OUTREACH

The provision of services designed to result in the locating of persons likely to have a problem that can potentially be alleviated by the delivery of human services. Services may include, but are not limited to case finding and referral. Management functions include resource recruitment and development. Includes activities that better enable persons to locate human service resources that are appropriate to their needs, such as the establishment of referral networks and the development and distribution of human services resource directories. Includes initial intervention efforts directed at motivating persons to obtain needed services. Includes employee assistance and student assistance program development activities. Includes systematic attempts by county agencies to secure increased numbers of agency participants from specific segments of the community or specifically defined groups (for example, rural residents or minority groups). Excludes assessment/diagnosis associated with a formal application process, which should be classified as Intake Assessment. Excludes assessments that are an integral but subordinate part of admission to another program. Excludes health screening activities, which should be classified under the program of that name. Excludes services for agency participants.

602 INFORMATION AND REFERRAL

The provision of public information and referral services to satisfy individual inquiries for specific information about a particular aspect of the human service delivery system or community resources and ensure linkage to needed resources. Includes referral to legal resources. Includes maintaining and summarizing records of information and referral contacts. Excludes public information and referral when provided as a subordinate part of an intake process or when part of other programs.

603 INTAKE ASSESSMENT

The provision of services in a natural or supportive service setting to persons who are or may become participants for purposes of determining the existence of, and the nature of, a specific problem or group of problems. Services may include, but are not limited to: assessment/diagnosis and referral. Participants' assessments include Intoxicated Driver Program assessments and Child Abuse and Neglect investigations. Includes activities associated with the Preadmission Screening and Resident Review process per Wis. Admin. Code § DHS 132.51(2)(d)1. May also include the development of an initial case service or treatment plan if done as part of a general participant intake process. Also includes intake activities that occur prior to the establishment of participant status. Includes the activities of centralized intake units. Assessment/diagnosis that is an integral but subordinate part of another standard program should be classified to that program. Excludes activities of a community agency related to review and screening of current residents of DD centers, which should be classified as part of Case Management/Service Coordination. Investigations or assessments for the court are part of the Court Intake and Studies Program.

- 604 **CASE MANAGEMENT/SERVICE COORDINATION**
 The provision of services by providers who are responsible to enable participants and, when appropriate, participants' families to gain access to and receive a full range of appropriate services in a planned, coordinated, efficient, and effective manner. Case managers are responsible for locating, managing, coordinating, and monitoring all services and informal community supports needed by participants and their families. Services may include, but are not limited to: assessment; case planning, monitoring, and review; advocacy; and referral. If the case management activity is limited to managing services received in a single program, such case management is considered an integral but subordinate part of that program rather than case management as defined here, which must relate to all services and supports the participant receives.
- 606 **HEALTH SCREENING AND ACCESSIBILITY**
 The provision of services in a natural or supportive service setting to persons at risk for health problems for the purpose of early identification of health care needs and improved accessibility to needed health care services. Services may include, but are not limited to: case finding; assessment/diagnosis; case planning, monitoring, and review; referral; and advocacy. Health screening provided as part of an overall participant assessment process should be classified as either intake assessment or, if an integral part of another program, under that program.
- 615 **SUPPORTED EMPLOYMENT**
 Supported employment is competitive work in an integrated work setting for individuals who, because of their disabilities, 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 not traditionally occurred or individuals for whom competitive employment has been interrupted or intermittent as the result of a severe disability. It includes transitional employment for persons with severe and persistent mental illness. Excludes welfare and employment programs. Integrated work setting is defined as no more than eight people with a disability in one work area.
- 703 **DETOXIFICATION – HOSPITAL SETTING AND RECEIVING CENTER**
 Includes hospital-based detoxification programs including those certified as Wis. Admin. Code ch. DHS 75 emergency care inpatient programs and detoxification-receiving center programs. A detoxification-receiving center program provides services to participants incapacitated by alcohol or drugs and in need of assessment, monitoring, and stabilization. The participant may be admitted until the incapacitation has abated or may be referred to an emergency medical facility.
- 703.10 **Medically Managed Inpatient Detoxification**
 (Wis. Admin. Code § DHS 75.06)
 A medically managed inpatient detoxification service provides 24-hour observation and monitoring of patients in a hospital setting, with round-the-clock nursing care, physician management, and availability of all other resources of the hospital.
- 703.20 **Medically Monitored Residential Detoxification**

(Wis. Admin. Code § DHS 75.07)

A medically monitored residential detoxification service is a 24-hour service in a residential setting providing detoxification service and monitoring. Care is provided by a multidisciplinary team of service personnel, including 24-hour nursing care under the supervision of a physician. Included is the provision of an examination in accordance with Wis. Stat. § 51.45(11)(c) and transportation, if needed, to an emergency room of a general hospital for medical treatment.

703.50 Ambulatory Detoxification

(Wis. Admin. Code § DHS 75.08)

An ambulatory detoxification service is a medically managed or monitored structured detoxification service on an outpatient basis, delivered by a physician or other service personnel acting under the supervision of a physician.

704 DAY TREATMENT

A day treatment program is a nonresidential program in a medically or non-medically supervised setting that provides case management, counseling, medical care, and therapies on a routine basis for a scheduled portion of a 24-hour day and a scheduled number of days per week to alleviate those problems. Services include individual, family, and group counseling, but not aftercare services.

704.10 Day Treatment

(Wis. Admin. Code § DHS 75.12)

A day treatment service is a medically monitored and nonresidential substance use treatment service that consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week.

705 DETOXIFICATION – SOCIAL SETTING

A social setting detoxification program provides treatment-oriented services that does not include direct medical services as defined under Wis. Admin. Code ch. DHS 75. This non-medically oriented program observes and monitors intoxicated individuals who are ambulatory and not in need of major emergency medical or psychological care.

705.10 Residential Intoxication Monitoring

(Wis. Admin. Code § DHS 75.09)

A residential intoxication monitoring service provides 24-hour observation by staff to monitor the safe resolution of alcohol or sedative intoxication and to monitor for the development of alcohol withdrawal for intoxicated patients who are not in need of emergency medical or psychological care. The service is provided in a supportive setting that includes provision of nourishment and emotional support.

Appendix 3 – PPS Workload Management Screen and Excel File Export Guide

If you would like assistance in creating a specific spreadsheet analysis or graph, you may be able to obtain help. Contact the SOS Help Desk and they will convey your request to the appropriate staff person for follow-up.

Navigating the Workload Management Screen

After logging on to PPS, Workload Management can be selected from the menu on the left under Work Management. Workload Management allows exporting of participant or service lists submitted by your agency. It can be used to review submitted data, identify open services that need closing, identify participants in mental health who need consumer status updates, or identify participants who have old episodes that should be reviewed and closed. The report can filter on individuals by their name or MCI, or can filter fields like SPC, SPC start date, or SPC end date. If your county makes use of the local worker ID or service worker ID fields, you can also filter on those to identify all participants or services under a particular employee. Some examples of reports that could be generated using Workload Management are listed in the [reports guide](#).

Exporting all Data

From Workload Management, select module type AODA or Mental Health, add all SPCs, then click the Export button. This will generate an Excel document that is a complete set of PPS records your agency has submitted.

Opening and Formatting the Excel Spreadsheet

In the exported spreadsheet, each row or record corresponds to a service, session, or encounter. The row also includes the participant's name, demographics, diagnoses, and service data. Set the exported spreadsheet's column heights and row widths to about 15 so you can easily view the exported spreadsheet. Select and delete rows 1 through 4.

If you plan to do any sorting of the spreadsheet, you will need to check to see if rows 2 and 3 are merged. If they are, unmerge rows 2 and 3 and delete row 3, otherwise you will get an error when trying to sort.

Example using the spreadsheet to identify old episodes that may need closing

1. Change the cell formats for the episode end date (mm/dd/yyyy), SPC start date (mm/dd/yyyy), SPC end date (mm/dd/yyyy), and SPC delivery year month (mm/yyyy) to date fields.
2. Sort the entire spreadsheet on recipient ID, episode end date, SPC code, SPC end date, and SPC end reason. This allows you to easily view episodes where the last SPC is closed with SPC end reason 19. These service records are not properly closed and therefore the episode is not properly closed. Properly close those service records using a SPC end reason code other than 19. Delete any rows containing episodes that have been properly closed.
3. Create four columns at the end of the spreadsheet (see example on the next page). Insert into your spreadsheet the example formulas on the next page and correct the formulas based on your spreadsheet columns. You may also change the number of days you want to look back (in column CK) such as past 90 days, 180 days, etc.

4. Check the last row for a participant. If the result in column CK says “Old,” it means that record is connected to an episode that has not had service activity in the past 90 days and may need to be closed.

CH	CI	CJ	CK
Today minus SPC start date (column BS)	Today minus SPC end date (column BT)	Today minus SPC delivery year month (column BV)	Status
=TODAY()-BS4	=IF(ISBLANK(BT4),999999,9,TODAY()-BT4)	=IF(ISBLANK(BV4),999999,TO DAY()-BV4)	=IF(OR(CH4<91,CI4<91,CJ4<91),"Current","Old")

Appendix 4 – Instructions for Reporting Service Records

There are multiple methods to submit service data. DHS has made the system flexible to accommodate different data reporting for different types of services. The three methods of recording PPS services are described below. For purposes of reporting via batch file, one service record must correspond to one record ID.

Out-of-Home Care Services

For inpatient, residential, and other placements in a facility or other treatment setting at which the participant stays overnight, you should enter one service record describing their entire stay with the admission and discharge dates from the facility. For example:

- SPC service code = 503.00 (inpatient)
- Service start date = 1/1/2017
- Service end date = 1/5/2017
- Units = 5 days
- Service end reason = 2 (completed service with moderate improvement)
- Provider ID = 22222

The SPCs that should be reported in this format include:

SPC Code	SPC Description	Units
Group 1		
703.10	Medically managed inpatient detox	Days
703.20	Medically monitored residential detox	Days
705.10	Residential intoxication monitoring	Days
Group 2		
501.10	Crisis Intervention	Days
Group 3		
503.50	Medically managed inpatient	Days
503.60	Medically monitored hospital treatment	Days
503.70	Medically monitored CBRF treatment	Days
504.00	Residential care center	Days
506.10	Transitional residential-hospital setting	Days
506.20	Transitional residential	Days
Group 4		
202.00	Adult family home	Days
203.00	Foster home	Days
204.00	Group home	Days
205.00	Shelter care	Days

Outpatient and Day Treatment Services

For services like outpatient counseling that involve regularly scheduled sessions, record one service record for each individual session. For example:

- SPC service code = 507.10 (individual therapy)
- Service start date = 1/1/2017
- Service end date = 1/1/2017
- Units = 1 hour
- Service end reason = 19 (service is continuing)
- Provider ID = 22222

Repeat the above pattern by entering a service for every session or service interaction. Then the last service record would look like the example below with a service end reason that indicates the participant's reason for ending the service:

- SPC service code = 507.10 (individual therapy)
- Service start date = 6/1/2017
- Service end date = 6/1/2017
- Units = 1 hour
- Service end reason = 1 (completed service with major improvement)
- Provider ID = 22222

The SPCs that should be reported in this format include:

SPC Code	SPC Description	Units
Group 1		
507.70	Methadone or narcotic detox	Hours
703.50	Ambulatory detoxification	Hours
Group 2		
501.00	Crisis intervention	Hours
507.50	Outpatient, emergency regular	Hours
507.64	Urinalysis tests	Other
507.65	Medication management	Hours
507.80	Buprenorphine treatment	Hours
507.85	Naltrexone treatment	Hours
507.90	Peer support/recovery coach	Hours
615.00	Supported employment	Hours
Group 3		
507.00	Regular outpatient	Hours
507.10	Individual outpatient	Hours
507.20	Family outpatient	Hours
507.30	Group outpatient	Hours
507.40	In-home regular outpatient	Hours
507.75	Methadone maintenance/narcotic treatment	Hours
704.10	Day treatment	Hours

Long-Term Psychosocial Rehabilitation Services

For ongoing services or programs like Community Support Programs, Comprehensive Community Services (CCS), or case management, submit a monthly summary of unit hours on one record. Below is an example of how to summarize CCS services on a monthly basis for one participant's entire participation period from 1/1 to 12/31:

- SPC service code = 510.10 (CCS)
- Service start date = 1/1/2017
- Service end date = 1/31/2017
- Units = 8 hours (2/week)
- Service end reason = 19 (service is continuing)
- Provider ID = 12345 (County provider ID)

Repeat the above pattern by entering a CCS service record for February, March, etc., through November. Within the CCS benefit package, multiple providers may be used to serve a participant, but only the county provider ID needs to be recorded in the Provider ID field. Then the last monthly summary record would look like the example below:

- SPC service code = 510.10 (CCS)
- Service start date = 12/1/2017
- Service end date = 12/31/2017
- Units = 10 hours (2/week)
- Service end reason = 1 (completed service with major improvement)
- Provider ID = 12345 (County provider ID)

The SPCs that should be reported in this format include:

SPC Code	SPC Description	Units
509.00	Community Support Programs	Hours
510.10	Comprehensive Community Services	Hours
511.00	Community Recovery Services	Hours
604.00	Case management	Hours

If outpatient therapy is long term and more than once per month, the above method could also be used to summarize outpatient therapy units delivered per month.