

**NORTHCARE NETWORK
SUBSTANCE ABUSE
SERVICES**

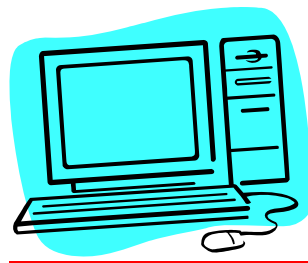
PROVIDER MANUAL

FY2012

Admission, Discharge & SARF forms

on the

CareNet System and Provider Reporting Requirements



CONTENTS

ADMISSION Data Fields and Definitions.....1
Admission Comments Section & ACCESS Timeliness for Client Admissions (incl. Detox Aftercare)..... 10
Admission Priority Requirements Chart, per MDCH.....11

DISCHARGE Data Fields and Definitions.....12
Discharge for Residential Detox, only, and special Requirements..... 15
Detox Discharge “Cheat Sheet” for Data Consistency.....16

STATE-REQUIRED REPORTING Monthly Provider Reports.....17
Quarterly and Immediate Provider Reports.....18
Semi-Annual, Immediate Provider Reports and Contact Person for Data/Reporting.....19

Reporting Requirements CHART: EUP SA Tx Providers..... 20

Reporting Requirements CHART: WUP SA Tx Providers..... 21

Admission Coding Structures on CareNet System

Includes State Treatment Episode Data Set (TEDS) Coding Instructions

*Note: Items with an * are required fields.*

- * **Client Name** – Entered on Demographic screen; pre-fills on Admission.
- * **Social Security Number** – Entered on the Add-New-Client screen, or contained in Demographic Screen when “Looking Up” Client already in system. Pre-fills on Admission. 9 characters. Use 777777777 for unknown and 888888888 for refused to provide.
- * **Date of Birth** – Entered on Demographic screen (mmddccyy); pre-fills on Admission.
- * **Admission Date** – (mmddccyy) Date of client’s first face-to-face SA Treatment contact with this NorthCare Network SA Treatment Provider.

Age at Admission – CareNet automatically calculates and enters.

Admission Time – generated by CareNet system based on data entry time. This field is not used except for situations where CA/CDR needs to edit in order to “force” system to have correct *order for admissions and/or discharges occurring on same day.*

* **Date of First Contact, with Treatment Provider (TEDS/NOMS reporting)** – Date Client, **or, CDR and Client**, contacted **Admitting Treatment Provider** to request **this Treatment Admission**. *The CareNet system uses Date of First Contact to calculate Time Waiting to Enter Treatment, see page 8. Date of First Contact may be later or earlier than Date of Initial Contact. (See definition of **Initial Contact Date**, below.)*

* **Admission Type** – 1 = First 2 = Re-Admission
Refers to the number of admissions the provider identified under their *own provider* license number and *same* service category.

* **Is this client Medicaid eligible at the time of admission?** – 1 = Yes 2 = No
This question **must** be asked and verified for every client at time of Admission and refers to **current** eligibility.

* **Medicaid/ABW Recipient ID** – Enter the 10 character numeric *ID#* if client has known Medicaid/ABW ID#, *even if client is not currently eligible or accessing this funding.*

Medicaid Category – **OPTIONAL** to complete since Medicaid **270/271** eligibility does not display the Category through the new CHAMPS system. Therefore, data entry of this field **will not be required in order to save the Admission and Payor screens.**

- | | |
|---|---|
| A – Medicaid for aged SSI recipients | B – Medicaid for blind SSI recipients |
| C – Aid to Families w/ dependent children | D – Child under 21 w/ parent having SSI |
| E – Medicaid for disabled SSI recipients | G – State Disability Assistance |
| H – Medical Payments, only | I – Refugee Assistance Program |
| J – Refugee Assis. Pgm, medical aid | L – MICH Care and Medicaid for Pregnant |
| M – Medicaid for the Aged | N – Medicaid for caretaker relatives and families with dependent children |
| O – Medicaid for the Blind | Q – Medicaid for persons under age 21 |
| P – Medicaid for the disabled | S – Cuban relief |
| R – Repatriate Assistance Program | |

* **Referral Source (Substance Abuse Tx or Non-SA)** – Self-reported answer to the question, “Who directed you to this program?” Choose only one referral source:

From Substance Abuse Program

- 01 Outpatient
- 05 Residential Detox
- 06 Residential
- 09 Intensive Outpatient
- 10 Hospital SA Program
- 13 CDR
- 14 Other (non-CDR) SARF
- 18 Prevention
- 29 Other SA Program

From Court/Criminal Justice

- 20 Drug Court – Adult
- 21 Drug Court – Adolescent
- 22 Community Corrections (PA 511)
- 31 Family Court
- 32 Court
- 33 Probation/Parole
- 34 Police
- 35 Secretary of State
- 49 Michigan Dept. of Corrections

Other Community Referral

- 36 Lawyer
- 38 Family Independence Agency
- 40 Other Human Services
- 41 Employer
- 42 Union
- 43 Clergy
- 44 School
- 48 Alcoholics Anonymous
- 90 Other (specify)

From Individual

- 30 Self
- 39 Family/Friend/Relative
- 47 Other Substance Abuse Client

From Other Health Care Provider

- 37 Mental Health
- 45 Physician
- 46 Hospital (non-Substance Abuse)

* **Service Category** – for both treatment Admission and Discharge:

- 11 Outpatient
- 21 Residential Detox
- 22 Residential Short-Term
- 24 Residential Long-Term
- 31 Intensive Outpatient
- 61 Case Management

* **Admission Priority Status**-Choose one of 4 Federal/State Admission Priorities, or N/A

- 0 N/A – Use for all others not having Federal/State Admission Priority codes 1-4.
- 1 Pregnant IDU Client who is Pregnant and an IV Drug User in the last 30 Days
- 2 Pregnant Drug User – Client who is Pregnant and Drug/Alcohol User (other than IV)
- 3 IDU – Client who is a “current” IV Drug User, has used IV drugs in last 30 Days
- 4 Substance Abuse Parent w/ Children at Risk – see Provider Manual for definition
- 5 Other – Do not use this code. It is not valid for Pathways/NorthCare CA.**

Contact Dates (PIHP Performance Indicators):

- * **Initial Contact Date** - Date client called Tx Provider or CDR, **whichever date is earlier**, to request this Treatment Admission and begin the Admission scheduling process. When CDR refers, ask CDR for this Date over phone or find it located on CareNet (CDR SARF referral form)
- * Days from Initial Contact Date to Admission Date - CareNet system calculates
- * **First Appointment Offered** - First Admission Date offered to client by Tx Provider
- * Days from Initial Contact to First Appointment Offered – CareNet system calculates

- * **County of Residence** – Pre-fills from Demographic screen. Provider/client must document residency. (See Data drop down list of Michigan county codes.) **For homeless client, use county code where client is receiving treatment.** “Homelessness” should be selected under **Living Arrangement**.
- * **Sex** 1 = Male 2 = Female
- * **Pregnant at Admission** 1 = Yes 2 = No
- * **Military Service / Status** 1 = Yes 2 = No
- * **Marital Status**
 - 1 Never Married – includes clients whose ONLY marriage was annulled.
 - 2 Married/Cohabiting
 - 3 Widowed
 - 4 Divorced
 - 5 Separated – includes those separated legally or otherwise absent from spouse due to marital discord
- * **Co-Dependent** (Non-User and/or Sig. Other/Adult Child – must be coded in Other Factors) Specifies whether *this client has* co-dependent relationship with another substance abuser
 - 1 = Yes 2 = No
- * **Are you a woman with dependent children?** 1 = Yes 2 = No
If yes, indicate the number of dependent children _____
- * **Currently in training/education -**
 - 4 in Training or Education Program (in School)
 - 6 in Special Education
 - 7 is attending Undergraduate College
 - 0 Not Applicable
- * **Current Employment Status on Date of Admission (or Date of Discharge)**
 - 1 Employed, Full Time in Labor Force (working 35 hours or more each week)
 - 2 Employed, Part Time in Labor Force (working fewer than 35 hours each week)
 - 3 Unemployed – laid off, fired, seasonal, actively sought work in last 30 days
 - 4 Not in Competitive Labor Force** – including homemaker, student age 18+, day program participant, disabled, resident or inmate of an institution (including nursing home) - **“Detailed Not in Labor Force” drop-down box pops up**
 - ~~6 Retired from work~~ (instead, choose 4-Not in Competitive Labor Force)
 - 8 Not applicable to the Person (e.g. child under 18)
- * **Detailed Not in Labor Force**
 - 1 Homemaker
 - 2 Student
 - 3 Retired
 - 4 Disabled
 - 5 Inmate of Institution
 - 6 Other

7 Not Actively Seeking Work
98 Not Applicable

* **Total Annual Income** – 6 digits, round to nearest dollar, no decimal points or commas. *Total annual income should not be confused with amount of income used to determine ability to pay on the sliding fee scale. (Amount of income used to determine ability to pay is entered on Financial Screen on CareNet.)* For **ADMISSION**: Estimate income for 12-months prior to admission. Only legally earned taxable and non-taxable income should be reported. *Indicate the total amount of gross income of the individual client, if he/she is **single**; or, that of the client and his/her spouse if **married**; or, that of the **parent(s) of a minor client** for one year prior to admission. **If client reports zero (\$0) income for past 12-months, note (in Comments section) how client obtains necessities for living.***

* **Number of Dependents** – Number of dependents claimed on federal tax return. Enter the number of persons that are dependent upon **client's** income. Use 0 (zero) for non-independently living youths.

* **Living Arrangement** – Choose one:

- 1 Independent – includes persons with fixed addresses living independently; includes adult children living at parents' address.
- 2 Dependent – includes dependent children living with parents, juvenile wards of the court, or adults living in a supervised setting such as halfway house, group home, or correctional facility.
- 3 Homeless – includes persons who have no fixed address, including residents of shelters.

* **Race** – Choose one:

- 1 Native American: American Indian, Eskimo and Aleut, having origins in any of the native peoples of North America.
- 2 Asian or Pacific Islander: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- 3 African American/Black: A person having origins in any of the Black racial groups of Africa.
- 4 White: A person having origins in any of the original peoples of Europe.
- 5 Hispanic: A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America.
- 6 Multi-racial: A person having origins in more than one of the other categories listed here.
- 8 Arab American: A person having origins in any of the original peoples of North Africa and West Asia.
- 9 Refused to provide.
- 0 Unknown

* **Ethnicity** - Choose one:

- 0 Not one of listed groups
- 1 Puerto Rican

- 2 Mexican
- 3 Cuban
- 4 Other Hispanic
- 5 Arab/Chaldean

* **Education** – 00 to 25 number of years of education (e.g. 4 yrs. of college = 16)

* **Primary Language Spoken by Client**

Choose one from ISO/NISO 639 2 (B) drop-down list of world languages. Drop-down list on CareNet has English at top of list and other languages that may be primarily spoken in our region (e.g. Finnish, Italian, Ojibwa, Sign Languages and Spanish) toward the top of the list for easier clicking. If client does not speak at all, enter the language he/she understands.

* **Arrest History** – for Admission, the *30-days prior to Admission date*, as well as 5 years prior: (**Note:** for Discharge, do **not** include arrests that occurred before treatment started.)

- Total Arrests - 2 digits
- Possession/Sale Arrests - 2 digits
- DUI/DWI Arrests - 2 digits

Code 00, if no arrests in any category. Total Arrests for time frame includes **any and all** arrests, and therefore, must be at least = total of Possession/Sales and DUI/DWI Arrests. Note, also that arrests in 5 year categories must include the arrest numbers from the **30-days** categories, and will, therefore = or exceed the numbers/totals in the **30-days** categories.

* **Corrections Related Status** - For persons under the jurisdiction of a corrections or law enforcement program during treatment. Indicate the location/jurisdiction involved at the time of admission.

- 00 no status with corrections system
- 01 in prison
- 02 in jail
- 03 paroled from prison
- 04 probation from jail
- 05 juvenile detention center
- 06 court supervision
- 07 not under jurisdiction of corrections or law enforcement program
- 08 awaiting trial
- 09 awaiting sentencing
- 10 refused to provide information
- 98 unknown

* **Program Eligibility** (formerly “Payment Source”) – Indicate “Yes” to **all** Payment/Funding Programs for which client shows **current eligibility**, even if this particular Admission/Treatment Episode will not be funded by all Payment/Funding Programs for which client is eligible. Each item **MUST** have a “Yes” or “No” response.

- Assessed as having ability to pay (some or all) charges with personal funds
1=Yes 2=No
- Commercial Health Insurance
1=Yes 2=No
- Services Contracts (EAP, HMO)
1=Yes 2=No
- Medicare
1=Yes 2=No
- Medicaid (all Medicaid *except* **Children’s Waiver – see note below**)
1=Yes 2=No
- Worker’s Compensation
1=Yes 2=No
- Public Sources, other than funding authorized by MDCH for SA Treatment
1= Yes 2=No
- **CA resources** not included elsewhere (includes “MDCH Community Grant” comprised of federal SAPT **Block Grant** and State General Funds and PA2)
1=Yes 2=No
- MI Child
1=Yes 2=No
- Medicaid **Children’s Waiver (formerly called “Crippled Children Fund”)**
1=Yes 2=No
- **Adult Benefit Waiver** new for FY 2003-2004 (formerly State Medical)
1=Yes 2=No
- Payment Source is **none** of the above
1=Yes 2=No

* **Other Factors** - up to 3 should be chosen (“clicked”), if present at Admission. “Adult Child” and/or “Significant Other” must be chosen for a co-dependent client whose Primary Drug = 00 (None).

- 2 Adult Child – person 18 years or older who has Parent(s)/Guardian(s) who was/were chemically dependent while the person was growing up and who may be exhibiting dysfunctional behavior
- 3 Significant Other – Spouse, child, partner.
- 4 Hearing Impaired – Hearing loss is sufficient enough to require the use of hearing aid(s) and/or alternative communication modes.
- 5 Visually Impaired – Permanent visual impairment is severe enough to require adjustment in style of living.
- 6 Head Injury – Concussions or other forms of mild or moderate brain injury.
- 7 Developmentally Disabled – Significantly sub-average general intellectual functioning.
- 8 Mobility Impaired – Permanently impaired enough to require adjustments in style of living.
- 9 Gambling Addiction
- 0 None

* **Substance Abuse History** – The following coding applies to Primary, Secondary and Tertiary Substances. The same drug cannot be used for more than one category.

Drug Code

00 None	44 Other Amphetamines
10 Alcohol	45 Methcathinone ("Cat")
20 Heroin	50 Hallucinogens
21 Methadone (<i>illicit</i> use – Note , below)	51 PCP
22 Other Opiates or Synthetics	52 Marijuana/Hashish
30 Barbiturates	53 Ecstasy (MDMA, MDA)
31 Other Sedatives or Hypnotics	54 Ketamine
32 Other Tranquilizers	60 Inhalants
33 Benzodiazepines	61 Antidepressants
34 GHB, GBL	70 Over-the-Counter
41 Cocaine	72 Steroids
42 Crack Cocaine (<i>continued next page</i>)	81 Talwin and PBZ
43 Methamphetamines	91 Other

Note: Code 21, Methadone, should *only* be used to report abuse of illegally obtained methadone (illicit use), as in cases of Methadone diversion from treatment programs. Do ***not*** use code 21 for prescribed and legally administered Methadone.

*Route of Administration - choose **one**, most frequent route:*

- 0 Not Applicable (Drug Code was 00 – None)
- 1 Oral
- 2 Smoking
- 3 Inhalation/Intranasal ("Snorting")
- 4 Injection
- 5 Other (for example: eye-balling, a skin patch, etc.)

Age at First Use – 2 digits. Do not report that the age of first use was before birth.

- 98 Not Applicable (Drug Code = 00 – None)

Frequency of Use (at Admission) in the last month when client was using:

e.g. "When you were actively using, how often did you use?"

- 00 No use
- 02 1 or 2 times a month
- 06 1 or 2 times a week
- 18 3-6 times a week
- 30 Daily use
- 98 Not Applicable (Drug Code = 00 None)

Initially a Prescription (prescribed for client and nobody else)

0 = Not Applicable (Drug code was none) 1 = Yes 2 = No

* **Has this client injected drugs in the last 30 days?**

1=Yes 2=No

* **Diagnosis** – see Drop-down list of Diagnoses Codes by Related Substance

Primary Diagnosis – **Must** relate to Primary Substance

Secondary Diagnosis – **Cannot** be same as Primary Diagnosis

Data & Reporting Section

* **Opioid Addiction Treatment** – Methadone received at this agency, or Buprenorphine with Naloxone (Suboxone) used in conjunction with treatment at this agency, or None (not having medication assisted Opioid Addiction Treatment).

1 = Yes (Methadone) 3 = Buprenorphine w/ Naloxone (**Suboxone**) 2 = None (No)
(Please choose ONLY when prescribed as part of Tx)

* **Number of Prior Treatment Episodes** - Use number as reported by client. Count Treatment Episodes, not changes in levels of care. Answers the question: ***“How many times have you tried to address this problem with treatment?”***

* **Time Waiting to Enter Treatment** - **The CareNet system calculates this “Wait Time” field from the Date of First Contact and is used for TEDS and NOMS reporting.** Time Waiting to Enter Treatment indicates # of days from the time Client, or **CDR with Client**, contacted Treatment Provider until he or she was Admitted by Tx Provider.

* **Reason for Delay** – choose from drop-down menu

* **Indication of Mental Health Issues?** 1 = Yes 2 = No

Enter “yes” if any reported or suspected mental health issues are present at the time of admission. This determination must be made on a standard instrument or process.

* **Drug Court** – involvement with case-managed Drug Court Program 1=Yes 2=No

* **Women’s Specialty Program?** 1=Yes 2=No

Code yes for all women eligible for and receiving qualified Women’s specialty services. At admission, this can be coded based on eligibility. To qualify, the women must be either pregnant or parenting a minor child, at risk of losing custody of a child, or in the process of re-unification. The provider must be certified by the CA as gender competent.

* **Child Welfare Involvement?** 1=Yes 2=No

This applies to both males and females and is coded yes if the client has involvement with either Child Protective Service or with Foster Care at the time of admission.

Data & Reporting Section

* **Medicaid Eligibility and Access Timeliness Requirements** (Medicaid Best Practice)

From left side of Table, select Client Eligibility Status at Time of Treatment Admission (Medicaid Urgent, Medicaid Routine or Not Medicaid Eligible). Then, choose timeliness description that best fits from adjoining right side of Table.

<input type="checkbox"/> <u>Pregnant Medicaid client, Urgent:</u> Was <u>Pregnant</u> Medicaid Client offered an IOP or Residential Treatment Admission within 24 hours of <u>CDR</u> Assessment? (Or, for Pregnant Medicaid Outpatient Admission: offered Admission within 24 hours of CDR <u>or</u> O.P. Assessment?)	<input type="checkbox"/> Yes, and Client accepted <input type="checkbox"/> Yes, but Client declined or was “no-show”. Must document DATES in Comments Section (see below) <input type="checkbox"/> No – Must explain delay in Comments Section and document DATES (see below)
A. Medicaid IDU in Last 30 Days, Urgent Was Medicaid IDU in Last 30 Days Client Offered an IOP or Residential Treatment Admission within 24 hours of <u>CDR</u> Assessment? [Or, for Med. IDU in Last 30 Days Outpatient Admission: offered Admission within 24 hours of CDR <u>or</u> O.P. Assessment?] Or, B. Any (ALL) Other Routine Medicaid Client (Non-Urgent) For any Other <u>Routine</u> Medicaid Client (Non-Urgent): Was client offered IOP or Residential Treatment Admission within 7 Days of <u>CDR</u> Assessment? Or, for Outpatient Admission: within 7 Days of CDR <u>or</u> O.P. Assessment? <input type="checkbox"/> Click if A. or B. apply.	Answer for ALL Medicaid Clients (except Pregnant Medicaid Client) <input type="checkbox"/> Yes, and Client accepted <input type="checkbox"/> Yes, but Client declined or was “no-show”. Must document DATES in Comments Section (see below) <input type="checkbox"/> No – Must explain delay in Comments Section and document DATES (see below)
<input type="checkbox"/> Client is not eligible for Medicaid at this time.	

* No – 2 Yes – 1 **Did consumer request an appointment outside the 14 calendar day period?** That is, *14 calendar days from Initial Contact Date*. (This is a *newer* Access to Treatment timeliness measurement needed for PIHP reporting.)

* **If Yes** (over 14 calendar days from Initial Contact Date), **please Provide Explanation:**

Miscellaneous:

* **Drug Court** – specific involvement with a **case-managed Drug Court Program:**

- 92nd District Court Drug Court 4
- 93rd District Court Drug Court 6
- 95th District Court Drug Court 5
- 96th District Court Drug Court 3
- None 0

* **Attendance at Self-Help Programs** - Enter the appropriate number of days in the 30 days before admission that the client attended self-help groups like AA and NA:

- 00 = none
- 02 = 1 or 2 times a month
- 06 = 1 or 2 times a week
- 18 = 3-6 times a week
- 30 = daily
- 98 = not applicable

* **Admission Screen Comments Section** – Use to document Timeliness to Tx.

Comments

Use Comments Box to explain and document Access Timeliness Appointment history and DELAYS from client's **Initial Contact Date** to the **Admission Date**. Include **History of Appointment DATES Offered, Refused, Accepted, No-Show Dates, Date(s) called to Reschedule Date(s), and Rescheduled Date(s) for this Admission**. Also note when client requests a specific Admission Date outside of Timeliness guidelines. Please refer to: FY Admission Priority Requirements per MDCH and Medicaid "Best Practice" Access Standards for various Timeliness guidelines. Include brief details and reasons for Delays in Comments.

EXAMPLE for 9/16/10 Admission form:

- Initial Request (Non-Priority Client) 9/5/10
- Offered Adm 9/9/10. Client Refused 9/9. Offered 9/11. Client accepted.
- Client called on 9/11/10 to Re-schedule because of child care issues.
- Offered 9/16/10. Client accepted.

*** ACCESS-Timeliness**

Documenting Initial Contact Date to Admission Date in Admission Comments:

In order to meet State and Federal reporting requirements for **various** Timeliness Standards, timeliness related data fields **must be well documented** on the **Admission** form. **Whenever there have been delays** in meeting *any particular Timeliness Standard*, data entry must include the Admission scheduling history, as well as reasons for delays. The **Comments Section** on the Admission is designated by NorthCare CA as the text field for Providers to note the *Scheduling HISTORY* for this Admission: *dates offered, refused, no-showed, called to reschedule, date(s) of rescheduled appointments, reasons for delays, etc.* Please refer to next page, FY2012 Admission Priority Requirements per MDCH, for primary Access and Timeliness requirements.

*** Treatment ADMISSION Timeliness, when Client is coming from Detox:**

Medicaid Performance Indicator for ACCESS-Continuity of Care: Timeliness to SA Aftercare Tx Admission within 7 Days of Detox Discharge Date (Standard = 95%)
SA Treatment Providers providing a Detox aftercare Tx Admission must assist clients in accessing Timely Treatment following a Detox service. When screening client for Admission, ask the client or referral source, ***"is the client entering Treatment following a Detox Discharge?"*** If ***"yes"***, ask the *Detox Discharge Date*, in order to offer an ***Admission Appointment within 7 Calendar Days of the Detox Discharge Date***. The Admission Comments Section, again, will be used to document dates and reasons for these Follow-up SA Treatment Admissions. The SA Data Coordinator queries and pieces together the Timeliness information ***from the Detox Provider's Discharge to the Follow-up Treatment Provider's Admission*** for reporting this ACCESS-CONTINUITY OF CARE Performance Indicator.

FY2012 Admission Priority Requirements per MDCH, ATTACHMENT A

<i>Population</i>	Admission Requirement	Interim Service Requirement	Authority
Pregnant Injecting Drug User	1) Screened and referred within 24 hours 2) Detoxification, Methadone or Residential – Offer Admission within 24 business hours Other Levels or Care – Offer Admission within 48 Business hours	Begin within 48 hours: 1. Counseling and education on: a) HIV and TB b) Risks of needle sharing c) Risks of transmission to sexual partners and infants d) Effects of alcohol and drug use on the fetus 2. Referral for pre-natal care 3. <i>Early Intervention Clinical Services</i>	CFR 96.121; CFR 96.131; Treatment Policy #04 Recommended
Pregnant Substance Use Disorders	1) Screened and referred within 24 hours 2) Detoxification, Methadone or Residential – Offer admission within 24 business hours Other Levels or Care – Offer Admission within 48 Business hours	Begin within 48 hours 1. Counseling and education on: a) HIV and TB b) Risks of transmission to sexual partners and infants c) Effects of alcohol and drug use on the fetus 2. Referral for pre-natal care 3. <i>Early Intervention Clinical Services</i>	CFR 96.121; CFR 96.131; Recommended
Injecting Drug User	Screened and referred within 24 hours; Offer Admission within 14 days	Begin within 48 hours – maximum waiting time 120 days 1. Counseling and education on: a) HIV and TB b) Risks of needle sharing c) Risks of transmission to sexual partners and infants 2. <i>Early Intervention Clinical Services</i>	CFR 96.121; CFR 96.126 Recommended
Parent at Risk of Losing Children	Screened and referred within 24 hours. Offer Admission within 14 days	Begin within 48 business hours <i>Early Intervention Clinical Services</i>	Michigan Public Health Code Section 6232 Recommended
All Others	Screened and referred within seven calendar days. Capacity to offer Admission within 14 days	Not Required	CFR 96.131(a) – sets the order of priority; ODCP and CA contract

Discharge Coding Structures on CareNet System

Includes State Treatment Episode Data Set (TEDS) Coding Instructions

*Note: Items with an * are required fields.*

Note: Data field options or drop-down menus previously listed/described in Admission have not been listed again here: please refer to Admission field descriptions listed above. In completing Discharge form use client information, *at time of Discharge, which may differ from Admission information.*

Outpatient Discharges: Discharge must be submitted when no treatment services have been provided to client in last **60 Days and/or previous Authorization has expired.** (*updated 3/17/2011, this increase from the previous 45 Day rule is intended to give a longer window for a client to return to services without having to Discharge and re-Admit.*)

* **Discharge Date – Date of last treatment service** client received and usually matches last billable treatment.

Discharge Time – generated by CareNet system based on data entry time. This field is not used except for situations where CA/CDR needs to edit so as to “force” the correct order for admissions and/or discharges occurring on same day.

* **Primary Reason for Discharge** – Most significant reason for client’s discharge:

- 01 **Completed Treatment** – satisfactory completion of **all** planned TX for current **episode**. *Completion of treatment at one level of care or at one provider is **not** “completion of treatment” if there is additional treatment planned or expected as part of the current treatment episode. Use “Completed Treatment” only when client is **not** being referred to any other level of substance abuse treatment. (AA/NA is not considered substance abuse treatment.) **In general, Residential Treatment, including Detox, should not have “Completed Treatment” as Reason for Discharge.** “Completed Treatment” for Primary Reason for Discharge **usually occurs at the Outpatient LOC.** “Completed treatment”, however, is an appropriate code for clients who have self-terminated after significant engagement in treatment and after serious work on the treatment plan objectives. (Relate to “person centered planning”) Example: Client has decided that he/she has had sufficient treatment and coding the reason for discharge as “completed treatment” is the most accurate description of the episode.*
- 02 **Left against Staff Advice** – use when the program is willing to continue treatment services, but the client stopped showing up for planned substance abuse treatment.
- 03 **In jail** – use when the client’s incarceration precludes treatment from continuing.
- 04 **Staff decision for rules violations**
- 05 **Death**

- 06 **Completed LOC - Transfer/Continuing in Treatment** – Use when a client has completed Level Of Care and is expected to continue in substance abuse treatment with the same or a new provider, at same or new LOC, as documented in the discharge plan. Example: Client in Residential LOC transfer/continuing (**stepping down**) to outpatient substance abuse treatment. *Can also be used to “discharge” a client whose CA/ Medicaid funding has stopped, but client is still actively in treatment.*
- 07 Mutual Staff/Client decision – use when substance abuse treatment is incomplete, but there is a mutual decision to terminate treatment.
- 08 Early Jail Release – use when a client is being treated in a jail setting and he/she does not continue after release.
- 09 Client Relocated – use when treatment terminates because of the physical move of client.
- 10 Program closed/merged – use when no further substance abuse services are provided at that provider license number.
- 11 Other – use for any instance not covered in items 1 through 10, but should **not** include the situation where funding stops, but the client remains in treatment. “Other” still describes a situation where the actual treatment has terminated.

* **Current Employment Status (at Discharge)** - see definitions under related Admission data items.

* **Living Arrangements (at Discharge)** see definitions under related Admission data items.

* **Referral to Other Areas –**

- | | |
|-------------------------|-------------------------------|
| 02 AA/Alanon/Alateen | 00 None |
| 09 Education | 14 Other |
| 10 Employment | 04 Physician/Hospital |
| 11 Non-SA Halfway House | 05 Public Health |
| 01 Legal Aid | 07 Social Services |
| 12 Legal System | 13 Spiritual |
| 06 Mental Health | 08 Vocational Rehab. Services |
| 03 Narcotics Anonymous | |

* **Mental Health Issues Identified During the Course of Treatment (at Discharge)**

This item is intended to capture, for State/Federal reporting, clients identified as “co-occurring”.

- 1 = None Identified
- 2 = Mild/Moderate – Mental health issues are present, but not at the level outlined below, under Severe.
- 3 = Severe – Substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality or ability to cope with the ordinary demands of life.

Note: when choosing “Mild/Moderate” or “Severe”, it would be expected that client be referred (“Referral to Other Areas”, see above) to **06 Mental Health**

* **In Support Group?** – Yes, No or N/A

* **Women's Specialty Program? – (at Discharge).** Does not need to match what was reported in the Admission record.) Code yes for all women eligible for and receiving qualified Women's specialty services. At discharge, the response will be based on the woman actually receiving WSS. To qualify, the women must be either pregnant or parenting a minor child, or at risk of losing custody of a child. The provider must be certified by the CA as gender competent.

1=Yes 2=No

* **Child Welfare Involvement? – (at Discharge-** Does not need to match what was reported in the Admission record.) This applies to both males and females and is coded yes if the client **at any time during the course of treatment** has involvement with either Child Protective Service or with Foster Care.

1=Yes 2=No

* **Arrest History – For Last 30 Days, or since admission, whichever is shorter.**

Total Arrests - 2 digits

Possession/Sale Arrests - 2 digits

DUI/DWI Arrests - 2 digits

Code 00, if no arrests in any category. Total Arrests for time frame includes **any and all** arrests, and therefore, must be at least = to the total of Possession/Sales and DUI/DWI Arrests.

* **Corrections Status – status at time of Discharge.** (Replaced "Legal Status" from FY2003 forward.)

* **Substance Abuse History (at Discharge)**

Note: Primary Drug at Discharge – *must match* Primary Drug at Admission.

Frequency of Use in last 30 days preceding discharge (or since admission, whichever is shorter)

00 No use

02 1-3 times a month

06 1-2 times a week

18 3-6 times per week

30 Daily

98 Not Applicable (Drug Code = 00 – None)

* **Actual Payment Source – list those funding sources that will *actually pay* toward this treatment episode, **not** all those for which client shows eligibility.**

* **Attendance at Self-Help Programs, at Discharge - Enter the appropriate number of days in the 30 days before discharge that the client attended self-help groups, like AA and NA. Do not include any of the time before treatment began (if length of stay is less than 30 days).**

00 = none

02 = 1 or 2 times a month

06 = 1 or 2 times a week

18 = 3-6 times a week

30 = daily

98 = not applicable

For Residential Detox Discharges, only

- * **Is this an eligible consumer who chose not to have Substance Abuse follow-up care (where appropriate) after Sub-Acute Detox Services?** 1=Yes 2=No

If Yes, please Provide Explanation (*Comments*): _____

- * **Discharge Notes Section** – Use to document Timeliness from Detox Discharge to Follow-up Substance Abuse Treatment Admission appointment.

Discharge Notes:

Use Discharge Notes Box to explain and document ACCESS-Continuity of Care from Detox Discharge Plan to Follow-up Substance Abuse Tx Admission Appointment. Include History of Appointment DATES Offered, Refused, Accepted and Date(s) client requested outside the 7 Day Timeliness Standard. Besides Date documentation, must include brief details and reasons for Delays.

EXAMPLES for 9/16/08 Detox Discharge:

For Residential Follow-up Treatment:

- Client completed CDR level of care screening on 9/15/08.
- Offered Adm at (Name) Residential Provider for 9/18/08. Client Refused 9/18. Offered 9/19. Client accepted.

For Outpatient Follow-up Treatment:

- Client preferred Outpatient follow-up. Client chose and called (Name) O.P. Provider for appointment (required for Detox Discharge Plan).
- (Name) O.P. Provider offered Admission on 9/18/08. Client refused this appointment & requested one for following week. Client agreed to 9/22/08 appointment for 10 a.m.

From Detox Discharge to Follow-up SA Treatment

The Performance Indicator Standard for Timeliness from Detox Discharge Date to Follow-up Substance Abuse Treatment Admission is based on ***not more than 7 Calendar Days*** between Detox Discharge and Follow-up SA Treatment Admission.

Discharge planning from Detox must include assisting client in scheduling Follow-up substance abuse treatment at a licensed SA Treatment Provider, when appropriate, and when client agrees to Follow-up treatment. Before Detox Discharge, then, Detox Discharge data entry must include history of Appointments Offered for Follow-up SA Treatment Admission Appointment and the ***name of the licensed SA Treatment Provider*** where client will have Follow-up Admission Appointment. This information is to be entered in the **Discharge Notes** section and must include *Dates of Admission Appointments offered and Admission Appointment Date agreed upon*. Also, document

Data & Reporting Section

those dates when client requests an appointment outside the 7 calendar day period from Detox Discharge Date, or refuses an appointment offered within the 7 calendar day period. The CDR will act as the “tag team” for “piecing together” the Follow-up SA Treatment Admission information (e.g. No Shows and Re-schedules for Admission Appointment) needed for these Performance Indicator reporting purposes.

Consistency Requirements in Detox Discharge Data

“Cheat Sheet” for CareNet Discharge Reason and Related Fields

<i>CareNet Discharge Form Data Fields:</i>	If Primary Reason for Discharge =	Is this an eligible Consumer who chose <u>not</u> to have SA follow-up care (where approp.) after Detox?	If Yes, Please Provide Explanation	Discharge Notes
	01 Completed Tx (inappropriate answer for Detox portion of Episode of Care)	N.A.	N.A.	N.A.
	02 Left against Staff Advice 03 In Jail 04 Staff decision for rules Violations 05 Death 07 Mutual Staff/Client Decision 08 Early Jail Release 09 Client Relocated	Yes	Brief Comment as to why client is not having follow-up SA Tx	Optional
	06 Transfer/Continuing in Treatment – this is the goal following Detox: <i>Completed this LOC and agrees to continue with coordinated treatment services by a licensed SA aftercare Provider.</i>	No	N.A.	REQUIRED: 1. Name of follow-up SA follow-up Care Provider 2. Date of Scheduled follow-up Appointment. 3. All follow-up Admission Dates offered, refused 4. Dates requested by client, if beyond 7 Days past Detox Discharge.
	10 Program closed/merged	No or Yes	If “Yes, Comment why client is not having follow-up SA Tx	If “No”, complete information listed in 4 areas, above.

STATE-REQUIRED REPORTING

The Michigan Department of Community Health (MDCH) requires periodic reporting by Substance Abuse Coordinating Agencies of information specific to the regional Panel of Providers and Clients they serve. In order for the CA to compile accurate regional data, it is essential that reliable information from individual Providers be submitted on a timely basis. In addition to the data entered on CareNet, Providers are required to submit the following Report forms:

Monthly Provider Report - 90% Capacity Management Report

The purpose of this report is to show which Providers reach 90% *capacity* during the reported month. It provides another way to look at our region's capacity to serve Federal Priority Populations: IV Drug Users and Pregnant Women. Whereas many Residential SA Treatment Providers reach 90% capacity in most months, Outpatient SA Providers, according to the State, seldom hit 90% full capacity on any given day. Please refer to "How To Complete Monthly Capacity Management Report" for Outpatient and Residential Methods for calculating 90% capacity. Submit this report by the 15th of the Month following the Reported Month.

Monthly Provider Report - Federal Priority Populations Waiting List Exception Report

This monthly report is used for CA certification that federal block grant Priority clients (Pregnant drug user and/or IV drug users) are served according to Timeliness guidelines specified in Public Law 102-321. Monthly Federal Priority Populations Waiting List Exception Report form was designed for electronic submission via email or FAXing of this information to the CDR. Information required on this monthly report:

1. Name of Reporting SA Treatment Program
2. Reporting Month, Year
3. "Yes" or "No"? Did SA Treatment Program have the capacity to serve all Clients with Federal Priority Codes 1, 2 or 3 within the Specified Number of Days?
4. ***If "No" to #3:*** Provide date deficiency occurred, date CA/CDR notified by telephone and date the additional report, Documentation when Federal Priority Populations Waiting List Exception Occurs, was FAXed to CDR.
5. Person Submitting Report
6. Date of Certification

Report is due within 15 days of the end of every report month. Electronic submission (email completed form) is preferred. The following are definitions and timeliness guidelines to be used for this report:

Federal Priority Codes:

1 – Pregnant injecting drug user 2 – Pregnant non-injecting drug user 3 – Injecting drug user

Timeliness Guidelines:

1923(a)(2) Treat Within Specified Number of Days. - Each individual who requests and is in need of treatment for intravenous drug abuse must be admitted to a program of such treatment not later than (A) 14 days after making the request for admission to such a program; or (B) 120 days after the date of such request, if no such program has the capacity to admit the individual on the date of such request and if interim services are made available to the individual not later than 48 hours after such request.

1927(b)(2) Treat Within Specified Number of Days. Each pregnant woman who seeks and would benefit from substance abuse treatment services must be admitted to such program that (A) has the capacity to provide treatment services to the woman; or (B) if no program has the

capacity to admit the woman, make interim services available to the woman not later than 48 hours after such request.

Provider must contact the NorthCare CDR by telephone whenever a Federal Priority Populations Waiting List Exception occurs, as noted above. If Provider is unable to locate/provide interim services, the CDR will assist in this process. Documentation of the specific Waiting List Exception must also be submitted to the CDR via Confidential FAX (use reporting form entitled Documentation when Federal Priority Populations Waiting List Exception Occurs).

Client TEDS Data Uploads (Admissions and Discharges) – generated from CareNet data

The CA submits batches of regional client SA Treatment admissions and discharges to the State, monthly. These files are used by MDCH for the Federal TEDS (Treatment Episode Data Set). Admission, Discharge and SARF information is used for Performance Indicators and NOMS (National Outcome Measures), as well. This data is used to help determine treatment funding needs. It is essential that providers enter this information into the CareNet website in a timely, accurate manner so that the CA/CDR can submit reliable data to the State. Providers are asked to regularly check accuracy of data and run the CareNet **Open Client Summary** to keep Discharges up-to-date. This information forms the basis for statistics related to our region and reflects trends in Michigan. For specific information about data entry, data definitions and reporting requirements please refer to the DATA Coding section in this Provider Manual.

Quarterly Provider Summary Report - Client Satisfaction Surveys

Providers are required, on an ongoing basis, to survey their open and closed clients regarding client satisfaction. A Summary of the Client Satisfaction Survey results is to be reported to the NorthCare CDR at the end of each Quarter on the Quarterly Summary Report on Client Satisfaction Results reporting form. On this form results are broken down into two age categories: Adult (age 18 and older) and Adolescent (under age 18) with the Total Number of Surveys Administered to each age group stated, as well as the Total Number of Responses received.

It is up to Providers to design and distribute their own Client Satisfaction Surveys which must include one “Over-All Satisfaction” question. The Provider must be able to interpret the answer to this “Over-All Satisfaction” question as either “Satisfied” or “Not Satisfied”. Each Provider should **report only one Survey** per client to the CDR in a Fiscal Year to avoid duplication of respondents.

Note: for Medicaid Funded Clients, only:

In addition to Treatment Provider surveys of all clients: In FY2006 the NorthCare CDR assumed responsibility for mailing required NorthCare Client Satisfaction Surveys. These surveys are mailed annually to unduplicated NorthCare funded Medicaid Clients in Substance Abuse Tx.

Immediate Provider Report - EVENT Notification New in FY2011:

NorthCare SA Treatment Providers are required to report Event Types #2, #3 and #4, when Medicaid, ABW or MIChild clients are involved or affected. Providers must FAX the Event Notification report form, via confidential FAX, to the CDR, **within 3 days of the Event's occurrence**. The following are brief descriptions of the 3 Event Types which SA Services must report, via the CDR, to MDCH:

- #2.** Relocation of consumer's placement due to licensing issues
- #3.** An occurrence that requires the relocation of any PIHP or Provider Panel service site, governance, or administrative operation for more than 24 hours
- #4.** The conviction of a PIHP, CA, or Provider Panel Staff member for any offense related to the performance of their job duties or responsibilities.

Immediate and Semi-Annual Residential Provider Reports - Sentinel Events

All Community Mental Health Service Providers (CMHSPs) and Substance Abuse Coordinating Agencies (CAs) are required to comply with the “Michigan Department of Community Health Mental Health and Substance Abuse Services Guidance on Sentinel Event Reporting” document (Appendix A of contract with MDCH). Appendix A states, “*The Michigan Department of Community Health (MDCH) will require CMHSPs and CAs to report, review, investigate, and act upon sentinel events for persons living in 24- hour specialized settings...*” Residential Substance Abuse Treatment Providers are to report 1.) immediately any critical incident via the Immediate Notification Report and 2.) semi-annually via the Sentinel Events Data Report. This information will be compiled and reported to MDCH semiannually by the CA. NorthCare requires a complete root cause analysis report in the event of a sentinel event. Refer to the NorthCare website for the entire Sentinel Events Policy: www.northcare-up.org. This process applies to all clients covered by NorthCare CA/CDR funding.

The following are examples of Critical Incidents, which may be determined to be Sentinel Events:

- Death of a recipient
- Injury requiring emergency room visit and/or admission to hospital
- Serious illness requiring admission to hospital
- Alleged case of abuse or neglect
- Serious challenging behavior
- Arrest and/or conviction
- Medication error

Any Critical Incident falling into the categories listed above, **except** Arrest/conviction, should be thoroughly reviewed to determine whether it meets the criteria for a Sentinel Event (defined below) and if it is also related to practice of care.

A **Sentinel Event** is an “**unexpected occurrence involving death or serious physical or psychological injury**, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase, ‘or risk thereof’ includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.” (JCAHO, 1998)

Other Reporting

On occasion, the CA or CDR may survey its providers on substance abuse related issues or request specialized information. Providers’ cooperation in these instances is essential in order to insure quality programming that is responsive to clients.

Please note that the inadvertent omission of a required report in this provider manual does not relieve providers of the responsibility for completing requirements previously, or subsequently, requested by the CA/CDR.

Contact Person

Reporting and/or **Data** questions? Please contact Jan McCombie, SA Data Coordinator, at NorthCare CDR. Jan’s direct phone: 906-225-4435 or, the CDR main phone at: 906-225-7222 or, 1-800-305-6564. To obtain electronic reporting forms, email your request to:

jmccombie@up-pathways.org

NorthCare Network Substance Abuse Services

Reporting Requirements & Deadlines for EUP SA Treatment Providers

Report and Frequency	FY2012: Report Month and Due Date											
	Oct. due Nov 15	Nov. due Dec 15	Dec. due Jan 15	Jan. due Feb 15	Feb. due Mar 15	Mar. due Apr 15	Apr. due May 15	May due June15	June due July15	July due Aug15	Aug. due Sept15	Sept. due Oct 15
<p>Immediate: Please report to CDR immediately</p>	<p>Immediate reporting to the NorthCare CDR is required for the following:</p> <ol style="list-style-type: none"> 1. IMMEDIATE Notification Report for Sentinel Event or Critical Incident: Residential Providers, only 2. IMMEDIATE phone call (800-305-6564 or 906-225-7222) when Federal Priority Populations Waiting List Exception occurs 3. IMMEDIATE Event Notification (NorthCare “newsworthy” Event) 											
<p>Monthly: “Federal Priority Pops Waiting List Exception Report” and “90% Capacity Mgt. Rpt.”</p>	√	√	√	√	√	√	√	√	√	√	√	√
<p>Quarterly: “Summary Report on Client Satisfaction Results”</p>			√			√			√			√
<p>Every 6 Months: (Residential Providers, only) “Sentinel Events Data Report”</p>						√						√

NorthCare Network Substance Abuse Services

Reporting Requirements for NorthCare WUP SA Treatment Providers

Report and Frequency	FY2012: Report Month and Due Date											
	Oct. due Nov. 15	Nov. due Dec. 15	Dec. due Jan. 15	Jan. due Feb. 15	Feb. due Mar. 15	Mar. due Apr. 15	Apr. due May 15	May due June15	June due July15	July due Aug. 15	Aug. due Sept.15	Sept. due Oct. 15
<p>Immediate: Please report to CDR immediately</p>	<p>Immediate reporting to the NorthCare CDR is required for the following:</p> <ol style="list-style-type: none"> 1. IMMEDIATE Notification Report for Sentinel Event or Critical Incident: Residential Providers, only. 2. IMMEDIATE phone call when Federal Priority Populations Waiting List Exception occurs 3. IMMEDIATE Event Notification (NorthCare “newsworthy” Event) 											
<p>Monthly: “Federal Priority Pops Waiting List Exception Report”</p>	<p>MDCH required Monthly report is done thru WUPSAS, the CA region where Facility is located. <i>However, please contact NorthCare CDR immediately if your program does not have the capacity to serve a Medicaid or ABW SA client (NorthCare funded) according to timeliness Standards.</i> The NorthCare CDR may be able to assist in meeting client’s request to see another Provider within timeliness guidelines.</p>											
<p>Quarterly: “Summary Report on Client Satisfaction Results”</p>	<p>MDCH required Quarterly report is done thru WUPSAS, the CA region where Facility is located. <i>Note: Medicaid clients served at WUP Providers may, however, receive the NorthCare Medicaid Client Satisfaction Survey sent out to all Upper Peninsula Medicaid Substance Abuse Clients by NorthCare.</i></p>											
<p>Every 6 Months: (Residential Providers, only) “Sentinel Events Data Report”</p>	<p>MDCH required 6 Month Sentinel Events Report is done thru WUPSAS, the CA region where Facility is located. <i>However, Pathways/NorthCare CA requires immediate notification whenever a Sentinel event occurs involving a NorthCare funded client.</i> (See “Sentinel Events Guidelines & Definitions”). Report such an event to NorthCare CDR at 800-305-6564 or 906-225-7222. Notification of a sentinel event is to be followed by a complete root cause analysis report. Refer to the NorthCare website for the entire Sentinel Events Policy: www.northcare-up.org</p>											