

CCR POMS Initial Consumer Registration Form

Member's Date of Birth: Date of POMS Report:

Member's Name: Last First Member's MCI #: Member's SS No.:

Sex Race

Provider's Name: Contact Person: Telephone:

COUNTY POMS CONSUMER REGISTRY DATA COLLECTION REQUIREMENTS: (Complete Initially for ALL Members, regardless of Priority Population)

Please see Attachments (Adult and Child/Adolescent Priority Target Groups) for code definitions.

Please Check only ONE: Recipient Plan of Care **Registration** Recipient Plan of Care **Closure**

County of Residence: 03 Armstrong 04 Beaver 10 Butler 11 Cambria 20 Crawford 25 Erie 26 Fayette 30 Greene 32 Indiana 37 Lawrence 43 Mercer 61 Venango 63 Washington 65 Westmoreland

1. Independence of Living (at Time of Registration or Closure)

70 Living Independently 73 Supervised Setting 99 Unknown
71 Family Setting 74 Restrictive Setting
72 Living Dependently 75 Homeless

2. Vocational/Education Status (at Time of Registration or Closure)

70 Competitive Employment 73 Meaningful Activity 99 Unknown
71 Training/Education 74 No Activity
72 Work Program

3. Priority Group (MH)

(Group at Time of Registration or Closure)

03 Adult Target Population #1
04 Adult Target Population #2
05 Adult Target Population #3
54 C&A Target Population #1
55 C&A Target Population #2
56 C&A Target Population #3
98 None of the above but receiving Mental Health Services
99 Not receiving Mental Health Services

4. Date Plan of Care was **Opened** (Registration Date):

6. If Case is **Closed**, Indicate Date of Closure:

5. Date of Recipient's Request to Access Services:

(Complete if different than Date Plan of Care was Opened)

7. Reason for Closure:

01 Consumer rejected further services orally or in writing
02 CAU is unable to contact/locate the consumer
03 Consumer & CAU agree consumer no longer needs Mental Health Services
04 CAU determined consumer no longer needs Mental Health Services
05 Parent of consumer withdrew the consumer from MH services
06 Agency (C&Y or Juvenile Justice) withdrew consumer from services
96 Consumer moved from service area
97 Consumer deceased
98 Unknown reason why recipient was terminated from a specific course of behavioral health treatment
99 Terminated from Behavioral Health Treatment due to an enrollment in an HMO/MCO

8. Special Population (Leave blank if not applicable): 1 CHIPP - Hospital 2 CHIPP - Diversion 3 SIPP 4 Mental Health BHSI

If any status category changes occur, please fax to VBH-PA Service Center, at (724) 744-6363