

CCR POMS Quarterly Update Status Form

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

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

Provider's Name: Contact Person: Telephone:

POMS DATA COLLECTION REQUIREMENTS: (Only complete if Priority Population = 03, 04, 54, or 55; fill in all fields)

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 the End of the Quarter)

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

2. Residential Movement (# of times consumer changed residences during the quarter - Use 99 if Unknown)

3. Vocational/Education Status (at the End of the Quarter)

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

4. Priority Population Group Update (MH)

Date of Status Change

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

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

CHILD/ADOLESCENT DATA:

1. School Attendance

01 Regular Attendance
 02 Sporadic Attendance
 03 Enrolled but rarely attends
 04 Dropped out this quarter
 05 Dropped out in a previous quarter
 06 Pre-school age child
 08 Unknown
 09 Not Applicable (use if NOT a child)

2. School/Academic Performance

01 Above Average
 02 Average
 03 Below Average
 04 Failing
 05 Pre-school age child
 08 Unknown
 09 Not Applicable (use if NOT a child)

3. School Behavior

01 Presents no behavior problems
 02 Presents occasional behavior problems
 03 Presents behavior problems on a constant basis
 04 Pre-school age child
 08 Unknown
 09 Not Applicable (use if NOT a child)

4. Source for Recipient School Data Elements

(Source(s) of information for School Attendance/Performance/Behavior -- Pick all that apply [5 max - no duplicates])

01 Child 04 Interagency Meeting 08 Unknown
 02 Parent/Guardian 05 Other 09 Not Applicable (use if NOT a child)
 03 School System 06 Pre-school age child

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