

Member's Date of Birth: _____ **POMS Initial Consumer Registration Form** Date of POMS Report: _____

Member's Name: _____ Member's Medicaid ID #: _____ Member's SS No. _____

Provider's Name: _____ Contact Person _____ Telephone: _____

Has the member received services under HealthChoices within the past 6 months?

If NO, skip the next question and continue with this form.

If YES, go to the next question.

If the member has received services under HealthChoices, was the Priority Population either 03, 04, 54, or 55? (For description see back of form)

If NO, stop – no form is needed.

If YES, use POMS Quarterly Update Status Form

POMS CONSUMER REGISTRY DATA COLLECTION REQUIREMENTS: (Complete Initially for ALL Priority Populations)

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

County of Residence: ____ ____

03 Armstrong	32 Indiana
04 Beaver	37 Lawrence
10 Butler	63 Washington
26 Fayette	65 Westmoreland
30 Greene	

Please Check ONE: ____ Recipient Plan of Care Registration

____ Recipient Plan of Care Closure

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

70 Living Independently	73 Supervised Setting	99 Unknown
71 Family Setting (with family members)	74 Restrictive Setting	
72 Living Dependently	75 Homeless (Includes Shelter/Mission)	

(Note – as of July 1, 2003, 80-85 can be replaced with 70-75, respectively)

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		

(Note – as of July 1, 2003, 80-84 can be replaced with 70-74, respectively)

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 MCO is unable to contact/locate the consumer
03 Consumer & MCO agree consumer no longer needs Mental Health Services
04 MCO 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 – Disenrolled from the MCO

ADULT PRIORITY TARGET GROUPS (POMS)

ADULT CODE 03

- Must meet the Federal definition of serious mental illness (e.g., “functional impairment which substantially interferes with or limits one or more major life activities”).
- Must be age 18 + (or age 22 – if in special education).
- Must have Diagnosis of:

Schizophrenia	(295xx)
Major Mood disorder	(296xx)
Psychotic Disorder Nos	(298.9xx)
Borderline Personality Disorder	(301.83)

• Must meet at least one of the following criteria (A, B, or C below):

A) TREATMENT HISTORY

- 1) Current residence in or discharge from SMH within past 2 years.
- 2) 2 admissions to community/correctional Inpatient Psych. Units/Crisis Residential Services setting totaling 20 or more days within past 2 years.
- 3) 5 or more face-to-face contacts (crisis/emergency services) within past 2 years.
- 4) 1 or more years continuous attendance in a CMHC (at least one unit of service/quarter) within past 2 years.
- 5) History of sporadic treatment – at least 3 missed appointments within past 6 months, inability/unwillingness to maintain medication regimen/court-ordered treatment.
- 6) 1 or more years of treatment for mental illness by a primary care physician or other non-mental health clinician within past 2 years.

B) FUNCTIONING LEVEL

- GAF score rating of 50 or below.

C) COEXISTING CONDITION/CIRCUMSTANCES

- Coexisting diagnosis:
 - a) Psychoactive Substance Abuse Disorder
 - b) Mental Retardation
 - c) HIV/AIDS
 - d) Sensory, developmental, and/or physical disability

- Homelessness
- Release from criminal detention (including release/expiration of jail sentence/probation/A.R.D.)

NOTE: ANY adult who met standards for involuntary treatment within the past 12 months is coded 03.

ADULT CODE 04

- Must meet Federal definition of SMI, but does not meet criteria A through C above, or diagnostic criteria.

ADULT CODE 05

- Does not meet Federal definition of SMI, but is statutorily eligible for public MH system services.

C/A CODE 54 (SED KIDS)

MUST MEET ALL OF THE FOLLOWING:

- Birth – 18 yrs. (Or 18 to <22 yrs, if in special education).
- DSM-IV Diagnosis (excluding sole MR or Substance Abuse Disorder diagnosis)
- Receives services from MH system and one or more of the following:

1) MR	4) D/A
2) CYS	5) JPO
3) Special Education	6) Health (medical conditions-chronic)
- Identified as needing MH services by local interagency team (formally assembled such as CASSP, MDT, IEP, etc.)

NOTE: ANY child/adolescent who met standards for involuntary treatment is assigned Code 54

C/A CODE 55 (AT-RISK OF SED KIDS)

- Parents have a mental illness
- Physical or sexual abuse
- Drug Dependency
- Homelessness

NOTE: C/A who warrant services from SAP are also coded 55

C/A CODE 56

Children with DSM-IV Diagnosis (excluding sole MR or substance Abuse Disorder) who do not meet criteria for groups 54 or 55.

Recipient Vocational Educational Status

<u>Definition</u>	<u>Recipient Vocational Educational Status</u>	<u>Old VES Code</u>
70 = Competitive Employment	Competitive Private Sector Employment (21+ hrs per wk)	01
	Competitive Private Employment (20 or less per wk)	04
71 = Training/Education	Attending College (7+ credit hrs) or High School	02
	Attending College (6 or less credit hr)	12
	Attending Vocational School/Training	14
	Basic Academic Preparation	15
72 = Work Program	Supported Employment (21+ per wk)	06
	Supported Employment (20 or less per wk)	07
	Affirm. Industry Employment (21+ per wk)	08
	Affirm. Industry Employment (20 or less per wk)	09
	Transitional Employment (21+ per wk)	10
	Transitional Employment (20 or less per wk)	11
	Screening and Evaluation	16
	Sheltered Employment	17
	Sheltered Workshop	19
	Prevocational Training	20
73 = Meaningful Activity	Remains at Home to Care for Dependents	03
	Retired (age 60+)	05
	Actively Seeking Employment	13
	Ongoing Volunteer Work	18
74 = No Activity	No Vocational/Educational Activity	21
70 = Competitive Employment	C&A FT Employment	25
	C&A PT Employment	26
	C&A After School/Summer Employment	33
71 = Training/Education	C&A FT in Regular Classes	22
	C&A FT in Special Ed.-IU	23
	C&A PT Classes - Reg. & Special	24
	C&A FT Special Day Treatment	27
	C&A PT Special Day Treatment and Reg. Class	28
	C&A Home Bound Instruction	29
	C&A Vocational Technical School	31
	C&A Work Study	32
72 = Work Program	C&A Work Program	
73 = Meaningful Activity	C&A Ongoing Volunteer Work	34
74 = No Activity	C&A Dropped Out	30
	C&A No Vocational/Education Activity	35
99 = Unknown	Unknown	99

Edits This is a REQUIRED field. The code must be one that is described in the data definition.