

## HealthChoices Performance Outcome Management System (POMS) Reporting Manual for Consumer Data Introduction

The POMS Reporting Manual for Consumer Data describes how Behavioral Health Managed Care Organizations (BHMCOs) are to report data about psychiatric consumers in the HealthChoices capitated mandatory managed care program. Each BHMCO will regularly submit to the Office of Mental Health / Substance Abuse Services (OMHSAS) Consumer Registry and Quarterly Status data to be imported into a data base called the Performance Outcome Management System, or POMS. The POMS data base will also contain data about psychiatric consumers/services covered by county-base and CHIPF funds, as well as data from secondary sources - other state agencies such as the Department of Corrections, State Police, and the Department of Education. Letters of agreement are being negotiated for data exchange from the secondary sources.

The primary purpose of the POMS database is to serve as the basis for producing a set of performance measures/indicators for the BHMCOs. On a regular schedule, DPW will produce from the POMS central database a set of performance indicators that measure the performance of each BHMCO with the outcome dimensions defined in the HealthChoices Behavioral Health RFP and contracts. The performance indicator reports will be issued by DPW on a regular schedule to all relevant DPW monitoring staff and to the BHMCOs. These indicators will be utilized to continuously evaluate and improve the effectiveness of the HealthChoices Behavioral Health Managed Care Programs to achieve a variety of systems level outcomes.

### Consumer Registry Record

The Consumer Registry record documents each commencement, course and continuity of mental health treatment. The Recipient Registration Date field reflects the commencement of a plan of care and the Recipient Closure Date field reflects the termination of that plan of care. This record also contains data regarding the consumer's demographic and clinical characteristics. This record is required when the BHMCO "opens" a plan of care for the consumer. A Consumer Registry record is **not** required for members who receive occasional crisis services.

The first POMS Consumer Data submission (sent in 1999) must contain at least one Consumer Registry record for each behavioral health enrollee who was open with a plan of care for mental health treatment at any time during the initial reporting period. In other words, it is to include one Consumer Registry record for every enrollee open for mental health treatment at the end of the initial reporting period and one Consumer Registry record for every time any enrollee was opened and closed for mental health treatment during the reporting period. Subsequent submissions will include corrections, consumer closures and new consumer registrations. Note that subsequent submissions will not include Mental Health consumers who were open throughout the reporting period. Also note that a Mental Health consumer can have more than one Consumer Registry record in a reporting period.

### Quarterly Status Record

Each POMS Consumer Data submission must contain one Quarterly Status record for each behavioral health priority group enrollee who was open and receiving mental health treatment at any time during the reporting period. The data must be captured on a quarterly basis from the provider that is responsible for the consumer's plan of care.

**A consumer with a POMS Recipient Priority Group for Mental Health code of "03" (Adult Target Population #1), "04" (Adult Target Population #2), "54" (C&A Target Population #1), or "55" (C&A Target Population #2) is a POMS Priority Group enrollee. (Effective July 1, 2003 the Adult Priority Group definition has been expanded to include '04' - Adult**

**Target Population #2.)** Consumers with a POMS Recipient Priority Group for Mental Health code of "05" (Adult Target Population #3), or "56" (C&A Target Population #3) are not considered POMS Priority Group enrollees. The Mental Health Priority Group definitions described in Appendix R of the RFP are provided in Appendix A, and Mental Health Bulletin OMH-94-04 (which is referenced by the Mental Health Priority Group Definitions) is provided in Appendix B.

The above definitions of a POMS Priority Group enrollee pertain to the Priority Group at registration or closure, as reported in the Consumer Registry record, or to the Priority Group at update, as reported in the Quarterly Status record.

**A Quarterly Status record is also required for a consumer who is not a POMS Priority Group enrollee when a change in Priority Group occurs.** For example, if a consumer was reported at registration to have a POMS Recipient Priority Group for Mental Health code of "98" ("None of the above but receiving Mental Health Services") and subsequently the mental health diagnosis changes so as to place the consumer correctly within Adult Target Population #3 (POMS Recipient Priority Group for Mental Health code "05"), then a Quarterly Status Record should be submitted reporting the change.

### **"Unknown" and "Not Applicable" Instructions**

Very few data elements may be legitimately left blank. Most of the data elements defined in the Consumer Data Catalog Definitions (Section III) provide a code for "unknown" and many also provide a code for "not applicable". BHMCOs must make every reasonable effort to provide meaningful values for all required items at Registration, Update and Closure. When it is necessary to use "unknown" or "not applicable" for a data item, be sure to check the POMS Data Catalog Definitions for the correct code.

### **Child / Adult Instructions**

Many data elements are "age-related". The allowable values depend on whether the recipient is a child or an adult. The "Recipient Priority Group at Registration (MH)", "Recipient Priority Group at Closure (MH)", and "Recipient Priority Group Update (MH)" have some codes that are only valid for children and some codes that are only valid for adults. No Priority Group codes whose description in the Consumer Data Catalog Definitions includes the words "Child & Adol." may be used for a recipient age 21 or over. Similarly, no Priority Group code whose description in the Consumer Data Catalog Definitions includes the word "Adult" may be used for a recipient under age 18. Several other data elements, such as the various "Recipient Independence of Living" and "Recipient Vocational Educational Status" fields, have codes or values that are only valid for children, although there are no codes that are strictly limited to adults. No values or codes whose description in the Consumer Data Catalog Definitions includes the letters "C&A" may be used for a recipient age 21 or over.

## **Adult Mental Health Target Populations**

### **Adult Target Population #1**

This population is defined in MH Bulletin OMH-94-04 as the "Adult Priority Group".

### **Adult Target Population #2**

This population includes persons (age 18+ or 22+ if in Special Education) who meet the federal definition of serious mental illness (as described in MH Bulletin OMH-94-04), but do not meet all of the criteria for the adult target population #1.

### **Adult Target Population #3**

This population includes persons (age 18+ or 22+ if in Special Education) who are statutorily eligible for publicly-funded mental health services, but do not meet the federal definitions of serious mental illness.

## **Child & Adolescent Mental Health Target Populations**

### **Child and Adolescent Target Group 1**

The Child and Adolescent Target Group 1 are persons who meet all four criteria below:

- A.** Age: birth to less than 18 (or age 18 to less than 22 and enrolled in special education service).
- B.** Currently or at any time during the past year have had a DSM diagnosis (excluding those sole diagnosis is mental retardation or psychoactive substance use disorder or a “V” code) that resulted in functional impairment which substantially interferes with or limits the child’s role of functioning in family, school, or community activities.
- C.** Receive services from Mental Health and one or more of the following:
  - 1. Mental Retardation
  - 2. Children and Youth
  - 3. Special Education
  - 4. Drug and Alcohol
  - 5. Juvenile Justice
  - 6. Health (the child has a chronic health condition requiring treatment)
- D.** Identified as needing mental health services by a local interagency team, e.g., CASSP Committee, Cordero Workgroup.

In addition to the above definition of Child and Adolescent Target Group 1, any child or adolescent (birth to less than 18; or age 18 to less than 22 and enrolled in a special education service) who met the standards for involuntary treatment within the 12 months preceding the assessment (as defined in Chapter 5100 Regulations – Mental Health Procedures) is automatically assigned to this high priority consumer group.

### **Child and Adolescent Target Group 2**

Children and adolescents are at-risk of developing a serious emotional disturbance when they exhibit substantial (50% or less of expected age level) delays in psycho-social development. Some children between birth and three years of age are already in serious difficulty emotionally and are impaired in their daily functioning and relationships. Though the ability to accurately diagnose mental and emotional disorders in young children is limited, some diagnostic categories such as failure to thrive, pervasive development disorders, autism and disorders of attachment are indicative of risk. In other instances, mental and emotional disturbances are readily observable in infants and toddlers. The fearfulness and hyper-vigilance typical of the abused infant, for example, looks very much like the symptoms of post traumatic stress or panic disorders of adulthood.

Given the difficulty in diagnosing risk in young children and the lack of firm evidence linking environmental and physical conditions to risk of serious emotional disturbance, the plan purposes to focus upon children and adolescents who have historically and demonstrably been at-risk of developing a serious emotional disturbance. Therefore, priority is associated with children at-risk of developing a serious emotional disturbance by virtue of the fact that:

- A. Their parent(s) has a severe mental illness
- B. They have been physically or sexually abused
- C. They are drug dependent

D. They are homeless

E. They have been referred to the Student Assistance Programs

**Child and Adolescent Target Group 3**

Children and Adolescents who currently or at any time during the past year have had a DSM diagnosis (excluding those whose sole diagnosis is mental retardation, psychoactive substance use disorder of a "V" code) that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities and who do not met criteria for child and adolescent target groups 1 or 2.

**MENTAL HEALTH BULLETIN**

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE  
DATE OF ISSUE EFFECTIVE DATE NUMBER March 4, 1994 Immediately OMH-94-04  
SUBJECT BY  
Serious Mental Illness: Adult Priority Group Ford S. Thompson, Jr.  
Deputy Secretary for Mental Health

**SCOPE:**

County Mental Health/Mental Retardation Programs State Mental Health Planning Council

**PURPOSE:**

To establish the Adult Priority Group for planning and service development for adults with serious mental illness

**BACKGROUND:**

On May 20, 1993, the Center for Mental Health Services (CMHS) published its definition of serious mental illness in the Federal Register: Pursuant to Section 1912 (c) of the Public Health Services Act, as amended by Public Law 102-321, "adults with serious mental illness" are persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R that has resulted in functional impairment which substantially interferes with or limits one or more major life activities. These disorders include any mental disorders (including those of biological etiology) listed in DSM-III-R or their ICD-9-CM equivalent (and subsequent revisions), with the exception of DSM-III-R, "V" codes, substance use disorders, and developmental disorders, which are excluded unless they co-occur with other diagnosable serious mental illness. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity or disabling effects. Functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing); instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social, family, and vocational/educational contexts. Adults who would have met functional impairment criteria during the referenced year without benefit of treatment or other support services are considered to have serious mental illnesses.

This definition, required by the ADAMHA reorganization Act of 1992, is to be used by states in planning and providing services under the CMHS Block Grant Program. States are permitted to establish priorities within the scope of this definition. Accordingly, the Office of Mental Health has identified, within the federal definition, an Adult Priority Group which will be used for the development of the State Mental Health Plan and the county needs based plans.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:  
Office of Mental Health, Bureau of Adult Services: (717) 787-1948.

## **Appendix B**

### **DISCUSSION:**

Prior to the 1992 ADAMHA Reorganization Act, federal planning legislation permitted the states to develop their own definitions of "serious mental illness." Pennsylvania's definition was developed in 1989, and included a combination of diagnostic, service utilization and level of functioning criteria. The definition was used to establish the priority group for state and county planning and service development, as well as to establish eligibility for Intensive Case Management (ICM) Services. In accordance with the federally delegated authority to establish priorities within the broad definition published by CMHS, as well as to address a variety of limitations identified with our 1989 definition, the Office of Mental Health is redefining Pennsylvania's Adult Priority Group. This new definition does not change statutory and/or regulatory requirements related to involuntary commitment or eligibility for mental health services, including ICM. Major changes to the Adult Priority Group include: a requirement that the diagnosis criterion be met in all cases; an expansion of the qualifying diagnoses to include borderline personality disorder and psychotic disorder NOS; an expansion of the treatment history criteria to include mental health services provided in correctional settings as well as those delivered by non-mental health professionals; a revision to the qualifying Global Assessment of Functioning score, reducing it from 60 (indicating moderate) to 50 (indicating severe); and the incorporation of coexisting diagnoses such as psychoactive substance use disorders as a qualifying criterion. Persons who meet the Adult Priority Group definition are to be given top priority in state and county planning and service development. Secondary priority is given to the group of persons who meet the CMHS definition but are not included in the Adult Priority Group. The secondary group has priority over persons who are statutorily eligible for publicly-funded mental health services, but do not meet the federal definition of serious mental illness.

### **ADULT PRIORITY GROUP**

In order to be in the Adult Priority Group, a person: must meet the federal definition of serious mental illness; must be age 18+, (or age 22+ if in special Education); must have a diagnosis of schizophrenia, major mood disorder, psychotic disorder NOS or borderline personality disorder (DSM-III-R diagnostic codes 295.xx, 296.xx, 298.9x or 301.83); and must meet at least one of the following criteria: A. (Treatment History), B. (Functioning Level) or C. (Coexisting Condition or Circumstance).

#### **A. Treatment History**

1. Current residence in or discharge from a state mental hospital within the past two years; or
2. Two admissions to community or correctional inpatient psychiatric units or crisis residential services totaling 20 or more days within the past two years; or
3. Five or more face-to-face contacts with walk-in or mobile crisis or emergency services within the past two years; or
4. One or more years of continuous attendance in a community mental health or prison psychiatric service (at least one unit of service per quarter) within the past two years service (at least one unit of service per quarter) within the past two years; or
5. History of sporadic course of treatment as evidenced by at least three missed appointments within the past six months, inability or unwillingness to maintain medication regimen or involuntary commitment to outpatient services; or
6. One or more years of treatment for mental illness provided by a primary care physician or other non-mental health agency clinician, (e.g., Area Agency on Aging) within the past two years.

B. Functioning Level Global Assessment of Functioning Scale (DSM-III-R, pages 12 and 20) rating of 50 or below.

C. Coexisting Condition or Circumstance:

1. Coexisting diagnosis:

a) Psychoactive Substance Use Disorder; or

b) Mental Retardation; or

c) HIV/AIDS; or

d) Sensory, Developmental and/or Physical Disability; or

2. Homelessness \*; or

3. Release from criminal detention. \*\*

In addition to the above definitions of the Adult Priority Group, any adult who met the standards for involuntary treatment (as defined in Chapter 5100 Regulations – Mental Health Procedures) within the 12 months preceding the assessment, is automatically assigned to this high priority consumer group.

\* Homeless persons are those who are sleeping in shelters or in places not meant for human habitation, such as cars, parks, sidewalks or abandoned buildings.

\*\* Applicable categories of release from criminal detention are jail diversion; expiration of sentence or parole; probation or Accelerated Rehabilitation Decision (ARD).