

4.K.2.

Services and Costs Data Dictionary

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*National Evaluation of the Comprehensive Community Mental Health Services
for Children and Their Families Program*

Services and Costs Data Dictionary

INTRODUCTION

This document provides a common data file structure for services and costs data for grant communities to use in structuring their electronic data for the national evaluation's Services and Costs Study. It includes variable names, formats, and variable coding details for electronic data that communities may be able to track across program partner agencies. This data dictionary may be used for structuring electronic data that you are able to extract from existing data systems. Alternatively, if your community is developing a data system that will track services and costs data, this document provides a file structure that you may incorporate into your data system design.

The variables outlined in this data dictionary are designed to create an event-level data record for each system of care service received by each child or youth. The resulting data file is intended to provide a comprehensive service record for each child or youth that includes the following data elements:

- National evaluation child identification number (CHILDID)
- Date of enrollment into system of care services
- Date of discharge from system of care services
- Date(s) of service
- Service type
- Provider agency/sector
- Provider type
- Service location
- Service units and number of units
- Charges and/or payments and payment source
- Unpaid service estimates

Implementing this data dictionary for the Services and Costs Study will entail accessing existing electronic data from as many sources as are available to you, recoding these data to match the variables and formats identified in this data dictionary, compiling your data into one data file, and uploading your data file to the national evaluation on the Interactive Collaborative Network (ICN). Include data on all services since the beginning of your systems of care service provision. Further information on this process is provided below.

The final data file transferred to the national evaluation should include data only on children/youth enrolled in the Longitudinal Child and Family Outcome Study, or who have otherwise consented to share their data with the national evaluation. No personally identifying information, other than the national evaluation CHILDDID, should be included in the final data file.

What Services to Include

Your community may choose to collect services and costs data on all services provided to all children and youth you serve across all partner agencies for your own program management purposes. However, you need share only part of this data with the national evaluation's Services and Costs Study. Your data collection efforts for the Services and Costs Study should include the following services provided by both public and private organizations:

- Mental health services
- Child welfare services
- Juvenile justice services (juvenile court, corrections, probation)
- Education services (special education and school-based mental health services only)
- Early care program services
- Family and youth organization services
- Physical health care services related to mental health care and psychiatric medications
- Informal, natural support, in-kind, or volunteer services

Include data on services received as early as 1 year prior to system of care service provision, if these data are available and consent/assent has been provided to share these data.

There should be only one record for each service event, even though there may be more than one organization involved. For example, if a service was provided by a mental health agency based on a referral from a juvenile justice agency, it should be included as only one service event.

What Services Not to Include

Although your community may choose to collect data on the following services for your own purposes, these services are not included in this data collection effort for the Services and Costs Study:

- Physical health care services, except those that directly relate to mental health care, psychiatric medications, and medication monitoring.
- Substance abuse treatment services.
- Dental services.
- Pharmacy services.
- General education services.
- Services provided to children and youth who have not enrolled in the Longitudinal Child and Family Outcome Study, unless they have consented to share data with the national evaluation. If children and youth who are not enrolled in the Longitudinal Child and Family Outcome Study have consented to share services and costs data with the national evaluation, their data may be included.
- Services provided through flexible spending funds. These funds represent a pool of discretionary funds to support children, youth, and families by purchasing items or

services (e.g., rent, utilities, clothes, food, camp, car repair, etc.) that are not covered by other funding sources. Flexible spending funds are typically tracked separately.

DATA DICTIONARY

The Services and Costs Data Dictionary is provided on pages 10-16, below. The data dictionary outlines a common data file structure, identifying the variable names, variable descriptions, format, variable length, and coding specifications for recoding data.

If you are not able to access data for a particular variable, leave that data field blank. There are no missing data codes used in this data dictionary.

Unique Record Identifiers

To identify each service record, a combination of three variables comprises the unique record identifier. Variables identifying both the child and each unique service are necessary because each child is likely to have more than one service record and even potentially more than one service on a specific day. As a result, the following three variables are required for each record:

1. Child ID
2. Service Start Date
3. Service Type

Child ID

Identify each record with the national evaluation CHILDDID number. For communities funded since 2005 (Phases V and VI), this is a nine-digit number. The first three digits indicate the site number, the fourth and fifth digits are determined by the local evaluation, and the final four digits are unique child identifiers. The CHILDDID is a required field for all records.

Service Enrollment Dates

Two variables are included to identify each child's dates of service enrollment, enrollment date and discharge date. Enrollment date represents the date the child was first enrolled in system of care or eligible for services and is recorded in the variable ENROLL. Discharge date is the date the child was formally discharged from system of care services and is recorded in the variable DISCHARG.

Format these dates as MMDDYYYY. If the child has not yet been discharged, leave the variable DISCHARG blank.

These dates will remain the same for each child across all services within an enrollment episode. For children who have more than one service, these dates will simply repeat on each service record.

The data dictionary contains variables that will allow for specification of up to three enrollment episodes (ENROLL1, DISCHARG1, ENROLL2, DISCHARG2, ENROLL3, DISCHARG3).

Date of Service

Two variables are provided for date of service, start date and end date. Format these dates as MMDDYYYY. If length of service is 1 day or less, enter the date of service in the START variable and leave the END variable blank. An example such a service is an individual therapy session. The START date is a required field for all records.

If the length of service is more than 1 day, enter the first date of service in the START variable and the last date of service in the END variable. An example of such service is a 12-day stay in a residential facility.

The length of service should be consistent with both the unit of service and costs reported for the service. For example, if the service units for residential therapeutic camp are reported as three weeks and the billing charge for the service is for the full three weeks of camp, the dates of service should equal three weeks. As a second example, if a child receives special education resource services for a full academic year but the charge for this service is billed monthly and the service unit is reported as one month, the dates of service should equal one month.

As a third example, if you don't have billing data for special education services, but have estimates of the costs to provide special education services per child, enter the start date and end date that is consistent with the available cost estimates. These are often available per year, per semester, or per month. Then, provide these estimates in the payment variable(s) and enter "2" for "estimated" in PAYESTIM flag variable.

Service Type

Four alternate variables are provided for indicating service type:

1. CPT—Current Procedural Terminology (CPT-4) codes
2. HCPCS—Healthcare Common Procedure Coding System (HCPCS) codes
3. ICD9—International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) Procedure Codes
4. SVCTYPE—service category codes developed specifically for the Services and Costs Study to code any service not already coded according to standard coding systems

You only need to use one of these four variables in each service record, not all four. If you have access to services coded as CPT-4 codes, also referred to as Level I, simply indicate the service type as a five-digit numeric CPT-4 code in the CPT variable. Alternatively, if you have access to services coded as HCPCS codes, also referred to as Level II, indicate the service type as the five-digit alphanumeric code in the HCPCS variable. If you have access to services coded as ICD-9-CM Procedure Codes, indicate the service type as the ICD-9-CM code in the ICD9 variable. You only indicate the service type using the codes provided in the SVCTYPE variable, if you do not have access to services coded in either CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes. For each service record, identify the service type in one of these four variables, and leave the other three service type variables blank.

Official definitions of commonly used CPT-4 codes, HCPCS codes, and ICD-9-CM procedure codes associated with services provided for children and youth in systems of care are provided in Attachment A: CPT-4, HCPCS, and ICD-9-CM Code Definitions.

Over 60 different service categories are provided in the data dictionary for the SVCTYPE variable, organized within various subgroups. The first subgroup, General Community-Based Episodic Services, includes general services that might be provided by any child-serving agency that are not considered inpatient or residential-based services. Additional subgroups list services that are specific to individual child-serving agencies or specific to informal, natural support, in-kind, or volunteer services. The last subgroup is specifically for inpatient or residential services. At the end of these service categories, there is an “Other service type, please specify” code and the variable SVCOTH to describe services that did not match any of the service categories listed.

Definitions for each service category are provided in Attachment B: Glossary of Terms. For services categories that align with either CPT-4, HCPCS, or ICD-9-CM codes, those codes are listed along with the service definitions.

Provider Agency/Sector

This variable simply identifies the sector with which the agency, organization, or person that provided the service is associated. This may be the same sector that referred or contracted the service, but this is not always the case.

Provider Type

This variable identifies the type of provider that delivered the service. Select the provider type category that best matches the provider, considering the provider’s educational credentials and salary level. The provider type may be used in calculating estimated service costs, if the actual cost of services is not available. Definitions for each provider type are provided in Attachment B: Glossary of Terms.

If the provider type can not be matched to any of the types listed, code as “Other” and provide a description in the variable PROVOTH. If the provider type is unknown, leave this variable blank.

Service Location

Service location categories listed here were created by collapsing the standard Place of Service Codes for Professional Claims developed by the Centers for Medicare and Medicaid Services for use in Medicaid claims. If your service location data can not be matched to any of the types listed, code as “Other” and provide a description in the variable LOCATOTH. If the service location is unknown, leave this variable blank.

Definitions for each service location are provided in Attachment B: Glossary of Terms.

Service Units

Two variables are provided to record service units: NUMBER and SVCUNIT. Record the number of service units in the variable NUMBER and identify the actual unit of service in

SVCUNIT. Service units can range from minutes to years, or be identified as either a visit or session, a call or contact, or a report.

It is important that the service unit and number of units are identified for each service event to accurately associate costs with that service. Service units often correspond to the billing for a service. The costs recorded for each service event should correspond accurately to the service units identified for each service event. For example, if three hours of case management service are recorded as a single service event, the costs reported for this service should be the total amount charged or paid for the full three hours, not the case manager's hourly rate.

Costs and Payment Source

Two sets of variables are provided to record costs data. One set of variables covers the amount *charged*, the other set of variables covers the amount *paid*. The amount charged and the amount paid may be identical, but in many cases the amount charged may be higher than the amount paid because of adjustments negotiated by Medicaid or insurance companies to the original amount charged. If both the amounts charged and the amounts paid are available, record data in both sets of variables as appropriate. If only the amount charged or the amount paid is available, record whichever amount is available and leave the other variables blank. Do not fill cost variables with "0" when actual charge or payment amounts are unknown.

Because it is possible that the full cost of a particular service may be charged to multiple payers, or paid by multiple payers, these amounts are structured in separate variables according to payment source. Record amounts charged or paid only in those variables that are applicable to each service. Definitions for each service location are provided in Attachment B: Glossary of Terms.

Variables for payment sources include the following:

- CHGMEDCD or PAYMEDCD -Medicaid
- CHGSCHIP or PAYSCHIP - State Children's Health Insurance Program (SCHIP)
- CHGCMHI or PAYCMHI - SAMHSA Children's Mental Health Initiative (CMHI) cooperative agreement funds
- CHGMH or PAYMH – mental health fund
- CHGCW or PAYCW – child welfare funds
- CHGJJ or PAYJJ – juvenile justice funds (juvenile court, corrections, and probation)
- CHGEDUC or PAYEDUC - education funds
- CHGFAM or PAYFAM – family organization funds
- CHGYOUTH or PAYYOUTH – youth organization funds
- CHGTRIBE or PAYTRIBE – Tribal government, agency, organization, or provider
- CHGFDTN or PAYFDTN - foundation funds
- CHGPRIV or PAYPRIV - private insurance
- CHGCLIEN or PAYCLIEN - client out-of-pocket
- CHGOTHER or PAYOTHER - other.

If the actual payment source is unknown, enter the charge or payment amount in the CHGOTHER or PAYOTHER variable and specify “Payment source is unknown” in the CHGOTH or PAYOTH variable.

For either amounts charged or amounts paid, enter as dollars and cents. Include the decimal and two spaces for cents. Do not include a comma in the dollar amount.

It is important that the costs are reported, as either charge or payment, as the total cost for the service event, not the unit rate for that service. Costs should correspond accurately to the service units reported for each service event. For example, if a child received five days of day treatment and the service units are reported as five days, the costs reported should represent the total cost for the full five days, not the daily rate.

An additional flag variable, PAYESTIM, is included to indicate whether any payment amounts represent estimated payments rather than actual payments.

Amounts Charged. The amount charged represents the amount billed for the service, not the amount actually paid or received. The amount charged may be the provider’s usual charge prior to any adjustments that may be applied or may be the provider’s adjusted charge based on an anticipated or negotiated rate. If adjustments are made to the charge amount over time, the charge amount recorded in your data file can be changed to reflect the adjusted charge. This change will then be included in your next uploaded data file.

The amounts charged to each payment source might include an amount charged to Medicaid and a separate co-pay amount charged to the client. Record each separate charge amount according to the source of payment for each charge.

If the amount originally charged is unknown, leave these variables blank. Do not fill charge variables with “0” when charge amounts are unknown.

Amounts Paid. The amount paid represents the amount actually paid to the provider for the service, not the amount the provider originally lists on the bill as the charge. Multiple payments may be made by different payment sources for the same service, e.g., Medicaid or insurance payment, plus client out-of-pocket co-pays. Record each separate payment amount according to the source of payment.

If no payment was made, or the payment amount is unknown and is not estimated, leave these variables blank. Do not fill payment variables with “0” when payment amounts are unknown.

Estimating Payments. If the amount actually paid is not known, but the value of that payment can be estimated, you may provide the estimated value of payment in the amount paid variables. This may apply in situations where providers are not paid on a fee-for-service basis, but rather as salaried employees. If the employee’s salary is known, the amount paid for a service may be calculated. Any estimates based on salary should include the value of the employee benefits and any other personnel costs. The amount recorded should represent the estimated payment for the service event, not the payment per unit of service.

Further guidance for calculating estimates based on salary can be drawn from the cost estimate procedures presented in the Drug Abuse Treatment Cost Analysis Program (DATCAP). Although the DATCAP was developed as a carefully structured protocol for developing cost estimates for drug abuse treatment programs, the process specified can be easily adapted for mental health and other social service programs. Section C of the DATCAP pertains to estimating personnel costs. See <http://www.datcap.com/index.htm>.

Examples: costs are available for special educations per child for academic year (10 months), but child enrolled on January 15 and only received five months of services. Calculate per month cost from available cost figures and multiply by 5. Start dates of service should correspond with cost estimates.

Youth was in juvenile detention for 10 days, but costs for juvenile detention are only available as average cost per month. Divide average cost per month by 30.4 to calculate daily rate, then multiply daily rate by 10 days.

Estimated Payment Flag. Because payment amounts are often estimated, it is important to know when the reported payment amount for each service represents an estimated payment amount, rather than an actual payment amount. If any of the payment amounts for a service event is estimated, record a “2” for “estimated” in the PAYESTIM flag variable. If none of the payment amounts reported is estimated, record a “1” for “actual” in this variable.

Unpaid Service Estimates

For informal, natural support, in-kind, or volunteer services that are unpaid, but for which you have an estimated value of the service, a variable ESTIMATE is included at the end of the data dictionary to record that estimated value. These unpaid services do not include services provided by a parent or primary caregiver.

The value of unpaid services can be estimated based on the current market rates for the service if the service had to be purchased. Any estimates based on salary should be based on the highest rate of pay the service provider could earn in a paid position performing this same service and should include the value of employee benefits and any other personnel costs that would be associated with this position.

Further guidance for calculating estimates for unpaid services can be drawn from the cost estimate procedures presented in the DATCAP. Section C of the DATCAP pertains to estimating personnel costs, including volunteer labor services. See <http://www.datcap.com/index.htm>.

Enter the estimated amount as dollars and cents. Include a decimal and two spaces for cents. Do not include a comma in the dollar amount.

If you do not have access to an estimated value for an unpaid service, or can not estimate a value, leave this variable blank. Do not fill the ESTIMATE variable with “0” if no estimate has been assigned.

ATTACHMENT A: CPT-4, HCPCS, AND ICD-9-CM CODE DEFINITIONS

CPT-4 codes are assigned and maintained by the American Medical Association. HCPCS codes are assigned and maintained by the Centers for Medicare and Medicaid Services. ICD-9-CM procedure codes are maintained jointly by the National Center for Health Statistics (NCHS) and the Centers for Medicare & Medicaid Services (CMS). The technical definitions of those codes within each of these coding systems that pertain to system of care services are provided in Attachment A.

ATTACHMENT B: GLOSSARY OF TERMS

Definitions for the services and concepts specified in this data dictionary are provided in the glossary provided as Attachment B. For services that are associated with CPT-4, HCPCS codes, or ICD-9-CM—Procedure Codes, the specific codes associated with each service type are listed in this glossary. This glossary can be particularly helpful when information technology staff are recoding the data, and may not be as knowledgeable about mental health services as program staff may be.

TRANSFERRING DATA TO THE NATIONAL EVALUATION

To transfer services and costs data to the national evaluation, prepare a single data file with the data that you are able to extract and recode. Do not include any personally identifying information other than the national evaluation Child ID.

Variable names and data codes must match those specified in this data dictionary. If you do not have data for a particular data element, leave that cell blank. Do not fill blank data cells with zeros or any missing data codes.

Format your data file as either a SPSS data file, a Microsoft Excel spreadsheet, or an ASCII text file. Name your data file according to the following file naming convention:

sdata_nnn_mmdyy

where “sdata” represents services and costs data; “nnn” represents your 3-digit site ID; and “mmdyy” represents the date you are saving the file, e.g., sdata_120_111508.

De-duplicate service event records. Check your data to insure that there are no duplicate records for each service. There should be only one record per service per child. If any of the management information systems from which you are extracting data generates one record per charge or payment transaction, there may be duplicate records per service. In this case, a de-duplication process is required to consolidate multiple records per service into one record.

Upload your data file on the ICN at least every three months. Each uploaded data file should include cumulative records, not simply new records since your previously uploaded data file. This allows for additional data to be incorporated into previously created records as they become available or previously submitted data to be updated.

Your uploaded data file will be merged with any services and costs data that you have key entered on the ICN. For this reason, the data file you upload must exactly match the data dictionary specifications listed in the data dictionary below.

Prior to uploading your data file, check that your file meets the following quality assurance criteria:

- Variable labels in the column headers are complete and accurate.
- Columns headers exist for all variables, even if the data fields are blank.
- All records have a nine-digit CHILDDID and at least a date in the START field; these are required fields.
- Any CPT-4 service codes consist of five numbers.
- Any HCPCS service codes start with one alpha character followed by four numbers.
- Any ICD-9-CM procedure codes consist of two digits, one decimal, followed by two digits.
- Codes in the variable SVCTYPE are between 1 and 62.
- Codes in the variable AGENCY are between 1 and 8.
- Codes in the variable PROVIDER are between 1 and 32.
- Codes in the variable LOCATION are between 1 and 24.
- Codes in the variable SVCUNIT are between 1 and 9.
- Amounts entered in charge and/or payment variables represent total charge and/or payment for the service as defined by the dates of service and service units, not the charge and/or payment per unit of service.
- No duplicate records exist, based on CHILDDID, START, END, and (CPT or HCPCS or ICD9 or SVCTYPE).

During the upload process, your data file will be processed through a data edit routine that checks for these criteria. The data edit routine will generate a warning message for any quality assurance criteria that is not met in your data file. If data do not match the variable specifications identified in the data dictionary, they can not be merged with any data key entered, and can not be used to generate your automated data report.

TECHNICAL ASSISTANCE

For questions or technical assistance in collecting data for the Services and Costs Study, contact your national evaluation site liaison.

SERVICES AND COSTS DATA DICTIONARY

Services Provided by Mental Health Agencies, Child Welfare Agencies, Juvenile Justice Agencies, Special Education, Early Care Programs, and Family/Youth Organizations

Variable Name	Variable Description	Format	Field Length	Codes
CHILDID*	Child/youth identification number assigned for the national evaluation. First three digits indicate the site number, fourth digits and fifth digits are determined by the local evaluation, final four digits are unique child identifiers. <i>*This is a required field for all data records.</i>	NUM	9	100000000 – 199999999 (range may be customized more narrowly for each community)
SERVICE ENROLLMENT DATES				
ENROLL1	Date the child was first enrolled in system of care and eligible for services.	DATE	10	MM/DD/YYYY
DISCHRG1	Date of first discharge from system of care services.	DATE	10	MM/DD/YYYY
ENROLL2	Date the child was re-enrolled in system of care (2 nd enrollment) and again eligible for services.	DATE	10	MM/DD/YYYY
DISCHRG2	Date of second discharge from system of care services.	DATE	10	MM/DD/YYYY
ENROLL3	Date the child was re-enrolled in system of care (3 rd enrollment) and again eligible for services.	DATE	10	MM/DD/YYYY
DISCHRG3	Date of third discharge from system of care services.	DATE	10	MM/DD/YYYY
DATE OF SERVICE				
START*	Start date of service. If length of service is 1 day or less, enter the date of service in START and leave END blank. <i>* This is a required field for all data records.</i>	DATE	10	MM/DD/YYYY (may precede first date of service delivery by two years)
END	End date of service. If length of service is more than 1 day, enter the first date of service in START and the last date of service in END. This field may be left blank if length of service is 1 day or less.	DATE	10	MM/DD/YYYY
SERVICE TYPE* <i>* This is a required field for all data records.</i>				
CPT	Current Procedural Terminology (CPT-4): Level I codes. Official definitions for CPT-4 codes commonly used for systems of care services are provided in Attachment A.	TEXT	5	0 – 9; i.e., 96150
or				
HCPCS	Healthcare Common Procedure Coding System (HCPCS): Level II codes. Official definitions for HCPCS codes commonly used for systems of care services are provided in Attachment A.	TEXT	5	A – Z; 0 – 9; i.e., H0002

Variable Name	Variable Description	Format	Field Length	Codes
or				
ICD9	International Classification of Diseases, 9 th Revision, Clinical Modification (ICD-9-CM)—Procedure Codes. Official definitions for ICD-9-CM procedure codes commonly used for systems of care services are provided in Attachment A.	NUM	5	0 - 9; 4 digits with an explicit decimal, i.e., 94.42
or				
SVCTYPE	Type of service. Further definitions of service categories are provided in Attachment B.	NUM	2	<p>General Community-based/Episodic Services</p> <p>1=Intake/screening/diagnosis/assessment 2=Evaluation 3=Consultation/meeting 4=Case management/clinical coordination 5=Service planning 6=Crisis intervention/crisis stabilization/crisis hotline 7=Emergency room psychiatric service 8=Early intervention/prevention 9=Caregiver support/family support 10=Respite care 11=Advocacy 12=Legal service 13=Recreational activity/recreational therapy 14=After-school program or childcare 15=Training/tutoring/education/mentoring 16=Behavioral/therapeutic aide service 17=Medication treatment/administration/monitoring 18=Medical care/physical health care/laboratory related to mental health 19=Day treatment/partial-day treatment 20=Individual therapy/counseling/psycho-social therapy/play therapy 21=Group therapy/group counseling 22=Family therapy/family counseling 23=Psycho-social rehabilitation/cognitive rehabilitation 24=Tribal healing service 25=Social work service 26=Vocational/life skills training/independent living skills/youth transition 27=Transportation</p> <p>Services Specific to Child Welfare</p> <p>28=Child protective service 29=Case evaluation and monitoring 30=Family preservation 31=Adoption service 32=Therapeutic foster care/therapeutic group home</p>

Variable Name	Variable Description	Format	Field Length	Codes
				<p>33=Family foster care, with non-relative/non-therapeutic foster care 34=Group foster care 35=Relative care</p> <p>Services Specific to Juvenile Justice 36=Diversion/prevention service 37=Court services 38=Juvenile detention 39=Jail or prison 40=Parole/aftercare service 41=Probation/monitoring</p> <p>Services Specific to Special Education and Early Care Programs 42=Early Head Start Program 43=Early Intervention (Part C) 44=Head Start Program 45=Preschool Special Education Program (Part B) 46=Other Early Care and Education Programs 47=Special education class, self contained 48=Special education resource service 49=Special education, inclusion 50=Physical, occupational, speech, hearing, or language service 51=Teacher aide service/other paraprofessional service</p> <p>Informal, Natural Support, In-Kind, Volunteer Services 52=Self-help group/peer counseling/support group 53=Counseling from clergy 54=Informal transportation</p> <p>Inpatient and Residential Services (Other than Foster Care) 55=Inpatient evaluation 56=Inpatient consultation 57=Inpatient behavioral health service 58=Residential therapeutic camp/wilderness program 59=Residential treatment service, non-hospital 60=Residential care/custodial care 61=Shelter placement</p> <p>Other Service Type 62=Other service type, please specify</p>
SVCOTH	Description of other service type in SVCTYPE=62	TEXT	50	A – Z; 0 - 9
PROVIDER AGENCY/SECTOR				

Variable Name	Variable Description	Format	Field Length	Codes
AGENCY	The sector or type of agency providing the service. This might include both public agencies and private providers.	NUM	2	1=Mental health 2=Child welfare/social services 3=Juvenile justice (juvenile court, corrections, probation) 4=Education/school/early childhood program/childcare organization 5=Pediatrician/physical health care provider 6=Family organization 7=Youth organization 8=Other, please specify
AGENOTH	Description of other sector or agency type providing the service in AGENCY=8	TEXT	50	A – Z; 0 - 9
PROVIDER TYPE				
PROVIDER	Type of individual providing the service. Further definitions of provider categories are provided in Attachment B.	NUM	2	1=Case manager/care coordinator 2=Psychologist (Ph.D. or similar credential) 3=Mental health professional/licensed professional counselor 4=Social worker 5=Recreational therapist/behavioral aide/respite worker/other mental health staff 6=Tribal healer 7=Faith-based professional 8=Psychiatrist (M.D. or similar credential) 9=Physical health care physician/pediatrician 10=Nurse practitioner/physician's assistant 11=Nurse/psychiatric nurse 12=Alternative health care practitioner 13=Medical technician/laboratory 14=Child protective services worker/child protective investigator/foster care case worker 15=Foster family/foster parent 16=Teacher/special education teacher/resource teacher 17=School counselor/school psychologist 18=Speech, language therapist/audiologist/occupational or physical therapist 19=Teacher aide/educational paraprofessional 20=Tutor 21=Childcare provider 22=Court services worker 23=Detention/corrections staff 24=Probation/parole officer 25=Youth coordinator 26=Youth 27=Family member/relative/friend/neighbor/volunteer 28=Advocate/family advocate/education advocate/court advocate

Variable Name	Variable Description	Format	Field Length	Codes
				29=Mentor 30=Program support staff 31=Driver 32=Other, please specify
PROVOTH	Description of other in PROVIDER=32	TEXT	50	A – Z; 0 - 9
SERVICE LOCATION				
LOCATION	Location where service was provided. Further definitions of location categories are provided in Attachment B.	NUM	2	1=Office/independent clinic 2=Public health clinic/rural health clinic/Federally qualified health center 3=Indian health service/Tribal 638 facility 4=Community mental health center 5=Social service center or agency 6=Ambulance 7=Mobile unit 8=Urgent care facility 9=Inpatient hospital 10=Outpatient hospital 11=Emergency room – hospital 12=Inpatient psychiatric hospital/facility 13=Psychiatric facility-partial hospitalization 14=Residential psychiatric treatment center 15=Correctional facility 16=Homeless shelter/temporary lodging 17=School 18=Home 19=Group home/custodial care facility 20=Pharmacy 21=Independent laboratory 22=Other community location/public place (i.e., Boys/Girls Club, YMCA, library, place of worship) 23=Phone 24=Other place of service, please specify
LOCATOTH	Description of other in LOCATION=24	TEXT	50	A – Z; 0 - 9
SERVICE UNITS				
NUMBER	Number of service units	NUM	8	1 – 99999999 (May include two decimal places, with explicit decimal)
SVCUNIT	Unit of service	NUM	1	1=minute 2=hour 3=day 4=week 5=month 6=year 7=visit/session 8=call/contact

Variable Name	Variable Description	Format	Field Length	Codes
				9=report
COSTS AND PAYMENT SOURCE				
	Amounts Charged			
CHGMEDCD	Total amount <i>charged</i> for this service to <i>Medicaid</i>	NUM	8.2	0.00 – 999999.99
CHGSCHIP	Total amount <i>charged</i> for this service to <i>SCHIP</i>	NUM	8.2	0.00 – 999999.99
CHGCMHI	Total amount <i>charged</i> for this service to <i>SAMHSA CMHI cooperative agreement</i>	NUM	8.2	0.00 – 999999.99
CHGMH	Total amount <i>charged</i> for this service to a <i>mental health agency or provider</i>	NUM	8.2	0.00 – 999999.99
CHGCW	Total amount <i>charged</i> for this service to a <i>child welfare or social services agency</i>	NUM	8.2	0.00 – 999999.99
CHGJJ	Total amount <i>charged</i> for this service to <i>juvenile justice (juvenile court, corrections, or probation)</i>	NUM	8.2	0.00 – 999999.99
CHGEDUC	Total amount <i>charged</i> for this service to <i>education, early childhood program, or childcare organization</i>	NUM	8.2	0.00 – 999999.99
CHGTRIBE	Total amount <i>charged</i> for this service to a <i>Tribal government, agency, or organization</i>	NUM	8.2	0.00 – 999999.99
CHGIHS	Total amount <i>charged</i> for this service to the <i>Indian Health Service</i>	NUM	8.2	0.00 – 999999.99
CHGFAM	Total amount <i>charged</i> for this service to a <i>family organization</i>	NUM	8.2	0.00 – 999999.99
CHGYOUTH	Total amount <i>charged</i> for this service to a <i>youth organization</i>	NUM	8.2	0.00 – 999999.99
CHGFDTN	Total amount <i>charged</i> for this service to a <i>foundation or other private funding</i>	NUM	8.2	0.00 – 999999.99
CHGPRIV	Total amount <i>charged</i> for this service to <i>private insurance</i>	NUM	8.2	0.00 – 999999.99
CHGCLIEN	Total amount <i>charged</i> for this service to <i>client out-of-pocket</i>	NUM	8.2	0.00 – 999999.99
CHGOTHER	Total amount <i>charged</i> for this service to <i>other payer</i> . Please specify type of other payer in CHGOTH. If charge data are available, but source of payment is not available, enter charge amounts in this CHGOTHER variable and enter "payment source unknown" in CHGOTH,	NUM	8.2	0.00 – 999999.99
CHGOTH	Description of other payer in CHGOTHER	TEXT	50	A – Z; 0 - 9
	Amounts Paid			
PAYMEDCD	Total amount <i>paid</i> for this service by <i>Medicaid</i>	NUM	8.2	0.00 – 999999.99
PAYSCHIP	Total amount <i>paid</i> for this service by <i>SCHIP</i>	NUM	8.2	0.00 – 999999.99
PAYCMHI	Total amount <i>paid</i> for this service by <i>SAMHSA CMHI cooperative agreement</i>	NUM	8.2	0.00 – 999999.99

Variable Name	Variable Description	Format	Field Length	Codes
PAYMH	Total amount <i>paid</i> for this service by a <i>mental health agency or provider</i>	NUM	8.2	0.00 – 999999.99
PAYCW	Total amount <i>paid</i> for this service by a <i>child welfare or social services agency</i>	NUM	8.2	0.00 – 999999.99
PAYJJ	Total amount <i>paid</i> for this service by <i>juvenile justice (juvenile court, corrections, or probation)</i>	NUM	8.2	0.00 – 999999.99
PAYEDUC	Total amount <i>paid</i> for this service by <i>education, early childhood program, or childcare organization</i>	NUM	8.2	0.00 – 999999.99
PAYTRIBE	Total amount <i>paid</i> for this service by a <i>Tribal government, agency, or organization</i>	NUM	8.2	0.00 – 999999.99
PAYIHS	Total amount <i>paid</i> for this service by the <i>Indian Health Service</i>	NUM	8.2	0.00 – 999999.99
PAYFAM	Total amount <i>paid</i> for this service by a <i>family organization</i>	NUM	8.2	0.00 – 999999.99
PAYYOUTH	Total amount <i>paid</i> for this service by a <i>youth organization</i>	NUM	8.2	0.00 – 999999.99
PAYFDTN	Total amount <i>paid</i> for this service by a <i>foundation or other private funding</i>	NUM	8.2	0.00 – 999999.99
PAYPRIV	Total amount <i>paid</i> for this service by <i>private insurance</i>	NUM	8.2	0.00 – 999999.99
PAYCLIEN	Total amount <i>paid</i> for this service by <i>client out-of-pocket</i>	NUM	8.2	0.00 – 999999.99
PAYOTHER	Total amount <i>paid</i> for this service by <i>other payer</i> . Please specify type of other payer in PAYOTH. If payment data are available, but source of payment is not available, enter payment amounts in this PAYOTHER variable and enter "payment source unknown" in PAYOTH,	NUM	8.2	0.00 – 999999.99
PAYOTH	Description of other payer in PAYOTHER	TEXT	50	A – Z; 0 - 9
PAYESTIM	Flag to indicate whether any of the payment amounts represent an estimated amount, rather than actual amount.	NUM	2	1=Actual 2=Estimated
UNPAID SERVICE ESTIMATES				
ESTIMATE	Total amount estimated as the value of the unpaid informal, natural support, in-kind, or volunteer service	NUM	8.2	0.00 – 999999.99

ATTACHMENT A: CODE DEFINITIONS FOR CPT-4 CODES, HCPCS CODES, AND ICD-9-CM PROCEDURE CODES

Note: Procedure codes approved for reimbursement vary by State; not all procedure codes are approved for reimbursement through Medicaid in all states.

Code	Description
Current Procedural Terminology (CPT-4): Level I - Psychiatric Codes	
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90805	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90807	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
90809	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient
90811	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient with medical evaluation and management services
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90813	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient
90815	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
90817	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90819	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services

Code	Description
90821	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
90822	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient
90824	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient
90827	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient; with medical evaluation and management services
90828	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient
90829	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 75 to 80 minutes face-to-face with the patient; with medical evaluation and management services
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)
90849	Multiple family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90857	Interactive group psychotherapy
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy
90875	Individual psycho-physiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 20-30 minutes)
90876	Individual psycho-physiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); (approx. 45-50 minutes)
90880	Hypnotherapy
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions
90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than legal or consultative purposes) for other physicians,

Code	Description
	agencies, or insurance carriers
90899	Unlisted psychiatric service or procedure
Current Procedural Terminology (CPT-4): Level I - Health Behavior Assessment & Intervention (HBAI) Codes	
<i>These codes typically apply to mental health procedures used to identify the psychological, behavioral, emotional, cognitive, and social factors important to the prevention, treatment, or management of <u>physical</u> health problems. They are intended for use by specific mental health care professionals who provide mental health services related to a <u>physical</u>, not a mental health, diagnosis.¹</i>	
96101	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96103	Psychological testing (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report
96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, e.g., by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96119	Neuropsychological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psycho-physiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)
96155	Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)

<p>Current Procedural Terminology (CPT-4): Level I - Evaluation & Management (EM) Codes</p> <p><i>These codes typically apply to services unique to medical management, such as laboratory results, medical diagnostic evaluations, and medication management,</i></p>

<i>performed by physicians, nurse practitioners, clinical nurse specialists, and physician assistants, but not clinical psychologists and clinical social workers.¹</i>	
99201	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99241	Office consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99242	Office consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem

	focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99243	Office consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99244	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99245	Office consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.
99251	Inpatient consultation for a new or established patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.
99252	Inpatient consultation for a new or established patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.
99253	Inpatient consultation for a new or established patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.
99254	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.
99255	Inpatient consultation for a new or established patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.
99282	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.
99283	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.
99284	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed

	examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.
99285	Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.
99324	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.
99325	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.
99326	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.
99327	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99328	Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.
99334	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.
99335	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring

	immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344	Home visit for the evaluation and management of a new patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99345	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient and/or family.
99371	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); simple or brief (e.g., to report on tests and/or laboratory results, to clarify or alter previous instructions, to integrate new information from other health professionals into the medical treatment plan, or to adjust therapy)
99372	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); intermediate (e.g., to provide advice to an established patient on a new problem, to initiate therapy that can be handled by telephone, to discuss test results in detail, to coordinate medical management of a new problem in an established patient, to discuss and evaluate new information and details, or to initiate new plan of care)
99373	Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals (e.g., nurses, therapists, social workers, nutritionists, physicians, pharmacists); complex or lengthy (e.g., lengthy counseling session with anxious or distraught patient, detailed or prolonged discussion with family members regarding seriously ill patient, lengthy communication necessary to coordinate complex services of several different health professionals working on different aspects of the total patient care plan)

Current Procedural Terminology (CPT-4): Level I - Other Codes	
36415	Collection of venous blood by venipuncture
80053	Comprehensive metabolic panel
80061	Lipid panel
80076	Hepatic function panel

80101	Drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class
80164	Dipropylacetic acid (valproic acid)
80178	Lithium
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy
81002	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy
82043	Albumin; urine, microalbumin, quantitative
82055	Alcohol (ethanol); any specimen except breath
82565	Creatinine; blood
82570	Creatinine; other source
82947	Glucose; quantitative, blood (except reagent strip)
83036	Hemoglobin; glycosylated (A1C)
83655	Lead
83721	Lipoprotein, direct measurement; LDL cholesterol
84146	Prolactin
84439	Thyroxine; free
84443	Thyroid stimulating hormone (TSH)
84520	Urea nitrogen; quantitative
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85025	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count
85027	Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
88262	Chromosome analysis; count 15-20 cells, 2 karyotypes, with banding
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
92588	Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)
92700	Unlisted otorhinolaryngological service or procedure
93000	Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report
93005	Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report
93010	Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

93303	Transthoracic echocardiography for congenital cardiac anomalies; complete
93320	Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination
97003	Occupational therapy evaluation
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
97150	Therapeutic procedure(s), group (2 or more individuals)
97530	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes

¹ Kautz, C., Mauch, D., & Smith, S. A. *Reimbursement of mental health services in primary care settings* (HHS Pub. No. SMA-08-4324). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2008.

Health Care Current Procedure Coding System (HCPCS): Level II Codes	
A0080	Non emergency transportation, per mile. Vehicle provided by volunteer (individual or organization), with no vested interest
A0090	Non emergency transportation, per mile. Vehicle provided by individual (family member, self, neighbor) with vested interest
A0100	Non emergency transportation services, taxi
A0110	Non-emergency transportation and bus, intra or interstate carrier
A0120	Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems
A0130	Non emergency transportation: wheel-chair van
A0140	Non emergency transportation and air travel (private or commercial) intra or interstate
A0160	Non emergency transportation, per mile- case worker or social worker
A0170	Transportation ancillary: parking fees, tolls, other
A0425	Ground Mileage, per statute mile
A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (Als1)
A0427	Ambulance service, advanced life support, emergency transport, level 1 (Als1_emergency)
A0428	Ambulance service, basic life support, non-emergency transport, (Bls)
H0001	Alcohol and/or drug assessment
H0002	Behavioral health screening to determine eligibility for admission to treatment program

H0003	Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and or drugs
H0004	Behavioral health counseling and therapy, per 15 minutes
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
H0018	Behavioral health; short term residential (non-hospital residential treatment program), without room and board, per diem
H0019	Behavioral health; long term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H0023	Behavioral health outreach service (planned approach to reach a targeted population)
H0024	Behavioral health prevention information dissemination service (one-way direct or non-direct contact with service audiences to affect knowledge and attitude)
H0025	Behavioral health prevention education services (delivery of services with target population to affect knowledge, attitude and/or behavior)
H0030	Behavioral health hotline service
H0031	Mental health assessment by non-physician
H0032	Mental health service plan development by non-physician
H0033	Oral medication administration, direct observation
H0034	Medication training and support, per 15 minutes
H0035	Mental health partial hospitalization treatment, less than 24 hours
H0038	Self-help/ peer services per 15 minutes
H0039	Assertive community treatment, face to face, per 15 minutes
H0040	Assertive community treatment program, per diem
H0041	Foster care, child, non-therapeutic, per diem
H0042	Foster care, child, non-therapeutic, per month
H0045	Respite care services, not in the home, per diem
H0046	Mental health services, not otherwise specified
H2000	Comprehensive multidisciplinary evaluation
H2001	Rehabilitation program, per 1/2 day
H2010	Comprehensive medication services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development, per 15 minutes

H2015	Comprehensive community support services, per 15 minutes
H2016	Comprehensive community support services, per diem
H2017	Psychosocial rehabilitation services, per 15 minutes
H2018	Psychosocial rehabilitation services, per diem
H2019	Therapeutic behavioral services, per 15 minutes
H2020	Therapeutic behavioral services, per diem
H2021	Community based wrap around services, per 15 minutes
H2022	Community based wrap around services, per diem
H2025	Ongoing support to maintain employment, per 15 minutes
H2026	Ongoing support to maintain employment, per diem
H2027	Psycho-educational service, per 15 minutes
H2030	Mental health clubhouse services, per 15 minutes
H2032	Activity therapy per 15 minutes
H2033	Multi-systemic therapy for juveniles, per 15 minutes
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes
J0515	Injection benzotropine mesylate, per 1 mg
J1200	Injection, diphenhydramine HCL injection up to 50 mg
J1630	Injection, haloperidol, up to 5 mg
J1631	Injection, haloperidol decanoate, per 50 mg
J2680	Injection, fluphenazine decanoate, up to 25 mg
J2794	Injection, risperidone, long acting, 0.5 mg
J3410	Injection, hydroxyzine HCL, up to 25 mg
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders
S0163	Injection, risperidone, Long Acting, 12.5 mg
S0201	Partial hospitalization services, less than 24 hours, per diem
S0215	Non emergency transportation, mileage per mile
S0316	Disease management program, follow-up/reassessment

S5110	Home care training, family; per 15 minutes
S5140	Foster care, adult, per diem
S5145	Foster care, therapeutic, child; per diem
S5146	Foster care, therapeutic, child; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S9445	Patient education, not otherwise classified, non-physician provider, individual, per session
S9446	Patient education, not otherwise classified, non-physician provider, group, per session
S9482	Family stabilization services, per 15 minutes
S9484	Crisis intervention, mental health services, per hour
S9485	Crisis intervention, mental health services, per diem
T1005	Respite care services, up to 15 minutes
T1013	Sign language or oral interpretive services, per 15 minutes
T1015	Clinic visit/encounter, all-inclusive
T1016	Case management, each 15 minutes
T1017	Targeted case management each 15 minutes
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter
T2001	Non-emergency transportation; patient attendant/escort
T2002	Non emergency transportation; per diem
T2003	Non emergency transportation; encounter/trip
T2004	Non emergency transportation; commercial carrier, multi pass
T2005	Non emergency transportation; stretcher van
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half (1/2) hour increments
T2034	Crisis intervention, waiver; per diem
T2036	Therapeutic camping overnight, waiver each session
T2037	Therapeutic camping day, waiver, each session
T2038	Community transition, waiver, per service

T2048	Behavioral health; long-term care residential (non-acute care in a residential treatment program where stay is typically longer than 30 days), with room and board, per diem
T2049	Non emergency transportation; stretcher van, mileage, per mile

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)—Procedure Codes	
94.01	Administration of intelligence test designed primarily for school children to predict school performance and the ability to adjust to everyday demands or standardized tests that measure the present general ability of aptitude for intellectual performance (Stanford-Binet, Wechsler Adult Intelligence Scale, Wechsler Intelligence Scale for Children).
94.02	Administration of standardized psychologic test designed to measure abilities, aptitude, and achievement, or to evaluate personality traits (Bender Visual-Motor Gestalt Test, Benton Visual Retention Test, Minnesota Multiphasic Personality Inventory, Wechsler Memory Scale)
94.03	Character analysis
94.08	Other psychologic evaluation and testing
94.09	Psychologic mental status determination, not otherwise specified
94.11	Psychiatric mental status determination; clinical psychiatric mental status determination; evaluation for criminal responsibility; evaluation for testamentary capacity; medico-legal mental status determination; mental status determination NOS
94.12	Routine psychiatric visit, not otherwise specified
94.13	Psychiatric commitment evaluation; pre-commitment interview
94.19	Other psychiatric interview and evaluation; follow-up psychiatric interview NOS
94.21	Narcoanalysis; narcosynthesis
94.22	Lithium therapy
94.23	Neuroleptic therapy
94.24	Chemical shock therapy
94.25	Other psychiatric drug therapy
94.26	Sub-convulsive electroshock therapy
94.27	Other electroshock therapy; electroconvulsive therapy (ECT); EST
94.29	Other psychiatric somatotherapy (biologic treatment of mental disorders)
94.31	Psychoanalysis
94.32	Hypnotherapy; hypnodrome; hypnosis
94.33	Behavior therapy; aversion therapy; behavior modification; desensitization therapy; extinction therapy; relaxation training; token economy
94.34	Individual therapy for psychosexual dysfunction. Excludes that performed in group setting
94.35	Crisis intervention; actions performed to sustain a person dealing with a condition, event, or radical change in status. Brief therapeutic approach which is

	ameliorative rather than curative of acute psychiatric emergencies. Used in contexts such as emergency rooms of psychiatric or general hospitals, or in the home or place of crisis occurrence, this treatment approach focuses on interpersonal and intra-psychic factors and environmental modification.
94.36	Play psychotherapy
94.37	Exploratory verbal psychotherapy
94.38	Supportive verbal psychotherapy
94.39	Other individual psychotherapy; biofeedback
94.41	Group therapy for psychosexual dysfunction
94.42	Family therapy; a form of group psychotherapy. It involves treatment of more than one member of the family simultaneously in the same session.
94.43	Psychodrama; primarily a technique of group psychotherapy which involves a structure, directed, and dramatized acting out of the patient's personal and emotional problems.
94.44	Other group therapy; transactional group therapy; encounter group therapy
94.49	Other counseling; family counseling
94.51	Referral for psychotherapy
94.52	Referral for psychiatric aftercare: that in halfway house or outpatient (clinic) facility
94.53	Referral for alcoholism rehabilitation
94.54	Referral for drug addiction rehabilitation
94.55	Referral for vocational rehabilitation
94.59	Referral for other psychologic rehabilitation

ATTACHMENT B: GLOSSARY OF TERMS

Note: Definitions listed here are intended to provide guidance in coding data consistently across grant communities, but are not intended to provide definitive meanings to these concepts. If definitions listed here differ from those used locally, follow the definitions that are used locally. Procedure codes approved for reimbursement vary by State; not all procedure codes are approved for reimbursement through Medicaid in all states. Procedure codes provided here represent examples of codes that are possibly associated with each service type.

SERVICE TYPE – General Community-based/Episodic Services	
Enrollment Date	
Discharge Date	The definition of clinical discharge is defined by the grantee. However, if the consumer is lost to contact for 90 calendar days or more or the consumer has died.
SERVICE TYPE – General Community-based/Episodic Services	
Intake/Screening/Diagnosis/Assessment	The process of gathering and documenting information about a child's psychological, social, learning, and behavioral strengths and challenges in order to determine the extent and nature of a child or youth's condition. These are typically performed by a psychologist, psychiatrist, or other clinical professional. Types of diagnostic assessment may include neurological, psychosocial, educational, and vocational. Includes CPT-4 codes: 90801 90802 90885 96101 96102 96103 96105 96111 96116 96118 96119 96120 96150 96151. Includes HCPCS codes: H0001 H0002 H0003 H0031 T1023.
Evaluation	The process of collecting and interpreting information about a child. An evaluation may include a variety of tests, observations, and background information and is typically conducted by a multi-disciplinary team of clinical or educational professionals. The purpose of an evaluation is to determine whether the child needs mental health treatment and, if so, what type of treatment, for preparing reports, or making recommendations for the most appropriate and least restrictive treatment for the child. Includes CPT-4 code: 97003 99205. 99201 99202 99203 99204 99205 99211 99212 99213 99214 99215 99341 99342 99343 99344 99345. Includes HCPCS codes: H2000. Includes ICD-9-CM Procedure Codes: 94.0 94.01 94.02 94.03 94.08 94.09 94.1 94.11 94.12 94.13 94.19
Consultation/Meeting	These services include providing information, education, and support on how to work more effectively with children and youth. Includes CPT-4 codes: 0074T 99241 99242 99243 99244 99245 99251 99371 99372 99373.
Case Management/Clinical Coordination	The procedures that a trained service provider uses to access and coordinate services for a child and the child's family. These services may include establishing and facilitating interagency treatment teams; preparing, monitoring, and revising individual service plans; conducting assessments; identifying and coordinating multiple treatment and support services; advocating on behalf of the child and family; and providing supportive counseling and outreach services. Includes CPT-4 codes: 90882 90889. Includes HCPCS codes: G9007 H2021 H2022 T1016 T1017. Consider 98966 98967 98968
Service Planning	Service planning assists individuals and their families in planning, developing, choosing, or gaining access to needed services and supports. Services and supports that are planned may be formal (provided by the human services system) or informal (available through the strengths and resources of the family or community). Services and supports include discharge planning, advocacy and monitoring the well being of children, youth, and families, and supporting them to make their own service decisions. Includes HCPCS code: H0032.
Crisis Intervention/Crisis Stabilization/Crisis Hotline	Interventions designed to provide immediate, short-term help, and to stabilize a child or youth experiencing acute emotional or behavioral difficulties. Services may include the development of crisis plans, 24-hour telephone support, short-term counseling, mobile outreach services, intensive in-home support during crisis, and short-term emergency residential services. Includes HCPCS codes: H2011 S9484 S9485 T2034. Includes ICD-9-CM Procedure Code: 94.35
Emergency Room Psychiatric Service	Includes triage, psychiatric evaluation, and extended observation within an emergency room setting. Includes CPT-4 codes:

	99282 99283 99284 99285.
Early Intervention/Prevention	Services used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk, aimed to help children get better more quickly and to prevent problems from becoming worse. Includes CPT-4 codes: 96152 96153 96154 96155. Includes HCPCS codes: H0023 H0024 H0025 H2037.
Caregiver Support/Family Support	Non-therapeutic and support services provided to caregivers or siblings. These may include family activities, behavior management training, parent classes, and support groups, but does not include respite care, recreational activities, or transportation services. Includes HCPCS codes: H2015 H2016 S5110.
Respite Care	A planned break for families who are caring for a child or youth with a serious emotional or behavioral disturbance, where trained parents or counselors assume the duties of care giving for a brief time to provide a break for the parent or caregiver. The service may be provided in the child's home or in other community locations. Includes HCPCS codes: H0045 S5150 S5151 T1005.
Advocacy	An individual or group acting on behalf of a child or youth. This can be a parent, friend, relative, or a concerned private or professional individual or group. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Legal Service	Services provided to ensure the protection and maintenance of a child or family's legal rights. These services may include preparation of reports for court, representing a client in court, and providing follow-up documents to the court. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Recreational Activity/Recreational Therapy	Use of recreational projects or community recreation resources, such as YMCA or other physical fitness activities, youth sports programs, karate classes, or summer camps (with no treatment component). Includes HCPCS codes: H2030 H2032 G0176 T2037.
After-school Program or Childcare	After-school programs are programs designed to provide care for and educational enhancement to children in the hours immediately following school classes. Childcare may occur at any time and is primarily for providing supervision of children. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Training/Tutoring/Education/Mentoring	A range of child-focused educational services from basic literacy through the General Equivalency Diploma and college courses. Includes special education at the pre-primary, primary, secondary, and adult levels. Includes CPT-4 code: 90887.
Behavioral/Therapeutic Aide Service	Supervision of a child by trained adults in home, school, or other community locations. The treatment aide might provide support and may assist with behavior management or recreational activities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Medication Treatment/Administration/Monitoring	Prescription of psychoactive medications by a physician or other qualified health care specialist to a child/youth designed to alleviate symptoms and promote psychological growth. Treatment includes prescription, administration, assessment of drug effectiveness, and periodic assessment and monitoring of the child's reaction(s) to the drug. Includes CPT-4 code: 90862. Includes HCPCS codes: H2010 H0033 H0034 J0515 J1200 J1630 J1631 J2680 J2794 J3410 S0163 M0064. Includes ICD-9-CM Procedure Codes: 94.2 94.21 94.22 94.23 94.24 94.25 94.26 94.27 94.29
Medical Care/ Physical Health Care/ Laboratory Related to Mental Health	Includes professional mental health medical services including physical health care or laboratory services in an inpatient or outpatient setting, specific to services required for direct support of mental health care or medication management. Includes CPT-4 codes: 36415 80053 80061 80076 80101 80164 80178 81000 81002 82043 82565 82570 82947 83036 83655 83721 84146 84439 84443 84520 85007 85025 85027 88262 90899 93000 93005 93010 93303 93320 94664 94760.
Day Treatment /Partial-Day Treatment	Intensive, non-residential service that provides an integrated array of counseling, education, and/or vocational training which involves a child or youth for at least 5 hours a day, for at least 3 days a week. Day treatment may be provided in a variety of settings including: schools, mental health centers, hospitals or in other community locations. Includes HCPCS code: H2012
Individual Therapy/Counseling/Psycho-social Therapy/Play Therapy	Therapeutic intervention with a child or youth that is administered one-on-one and that relies on interaction between therapist/clinician and child or youth to promote psychological and behavior change. Includes a variety of approaches (e.g., behavior, psychodynamic, cognitive, family systems) provided outside of the home. Includes CPT-4 codes: 90804 90805 90806 90807 90808 90809 90810 90811 90812 90813 90814 90815 90816 90817 90818 90819 90821 90822 90823 90824 90826 90827 90828 90829 90845 90875 90876 90880. Includes HCPCS codes: H0004 H0039 H0040 H2019 H2020 H2027

	H2033 S9445. Includes ICD-9-CM Procedure Codes: 94.3 94.31 94.32 94.33 94.34 94.36 94.37 94.38 94.39
Group Therapy/Group Counseling	Therapeutic intervention with a child or youth that relies on interaction among a group of children or youth, facilitated by a clinician/therapist to promote psychological and behavior change. This form of therapy involves groups of usually 4 to 12 people who have similar problems and who meet regularly with a therapist. The therapist uses the emotional interactions of the group's members to help them get relief from distress and possibly modify their behavior. Includes CPT-4 codes: 90853 90857. Includes HCPCS code: S9446. Includes ICD-9-CM Procedure Codes: 94.41 94.43 94.44
Family Therapy/Family Counseling	Therapeutic family oriented services provided to caregivers and/or siblings with or without the child or youth present (e.g., individual/group therapy, family therapy, multi-family therapy). Includes CPT-4 codes: 90846 90847 90849. Includes ICD-9-CM Procedure Codes: 94.42 94.49
Psycho-Social Rehabilitation/Cognitive Rehabilitation	Therapeutic activities or interventions provided individually or in groups that may include development and maintenance of daily and community-living skills, self-care, skills training includes grooming, bodily care, feeding, social skills training, development of basic language skills, and management of specific problems in perception, memory, thinking and problem solving. Includes HCPCS codes: H2001 H2017 H2018.
Tribal Healing Service	Traditional tribal healing practices performed with or for a child or youth to support emotional and behavioral needs. Includes healing ceremonies, sweat lodges, herbal remedies, healing hands, prayer, cleansing, song and dance, traditional plant medicines, and culturally sensitive counseling. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Social Work Service	Social work services include diagnostic or active clinical treatments provided with the intent to reasonably improve the child's physical or mental condition or functioning. Includes global evaluation to determine a child's developmental status and need for early intervention services, making home visits to assess a child's living conditions and patterns of parent-child interaction to determine the need for social work or other counseling services; preparing a social or emotional developmental assessment of the child within the family context to determine the need for social work or other counseling services; working with issues in the child's and family's living situation (e.g., home, community, etc.) and identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Vocational/Life Skills Training/Independent Living Services/Youth Transition	Services designed to prepare older adolescents to live independently and reduce reliance on the family or service system. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others. Services may include social and community living skills development (e.g., look for job, pay bills, etc.), peer support and counseling. Designed for older adolescents to facilitate the move from the child system to the adult mental health system. Includes HCPCS codes: G0177 H2014 H2025 H2026 T2038.
Transportation	Transportation to appointments and other scheduled services and activities. Includes HCPCS codes: A0080 A0090 A0100 A0110 A0120 A0130 A0140 A0160 A0170 S0215 T2001 T2002 T2003 T2004 T2005 T2007 T2049.
SERVICE TYPE- Services Specific to Child Welfare	
Child Protective Service	Includes investigation of maltreatment allegations and validation of the child maltreatment report; assessment of child safety, early intervention and prevention, and alleged risk (alternative response). Develops a safety plan, if needed, to assure the child's protection and determines services needed. Includes removal and placement of child, court services, and reunification activities. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Case Evaluation and Monitoring	Assessing the need for child welfare services; providing or arranging for services; and coordinating and evaluating child welfare services provided to a child and family. Includes referring a child and family to other services, as needed; documenting client progress and adherence to the plan; and providing casework contacts. Also includes measuring the extent to which treatment goals have been, or are being attained. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Family Preservation	An intensive combination of therapeutic and support services provided to the child, youth, or family within the home to prevent out-of-home placement. These services may include 24-hour access to support services, intensive in-home support during crisis when a child is at risk of out-of-home placement or when the child is returning from out-of-home placement. These are

	distinct from crisis stabilization services as they may continue for several months during transition or crisis. Includes reunification services, family intervention, parent mentoring, therapy, enhancement of conflict resolution and communication skills, parenting skills, and visiting nurses. Includes HCPCS code: S9482
Adoption Service	Finding the adoptive family, supporting the child through the process, etc. Service to post-placement, pre-finalization adoptive family and post-adoption services. Could also include services to biological family to voluntarily terminate parental rights or open adoption agreement, etc. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Therapeutic Foster Care/Therapeutic Group Home	A therapeutic foster care or group home is a 24-hour residential placement in a home or home-like setting with caregivers who are especially trained to care for children and youth with emotional and/or behavioral problems in behavior management and social and independent living skills development. These homes provide an environment conducive to learning social and psychological skills, and employ a variety of treatment approaches that includes supportive counseling, crisis back-up, behavior management, and social development. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Family Foster Care, with Non-Relative/Non-Therapeutic Foster Care	Non-treatment oriented living arrangements with a non-relative for children and youth who cannot live with their families. Includes recruiting, training and licensing foster parents; placement; foster family assistance; family team meetings; periodic home visits. Includes HCPCS codes: H0041 H0042 S5140 S5145 S5146.
Group Foster Care	Non-treatment oriented living arrangements in a group foster care facility, where caregivers provide care to children and youth in a 24-hour residential setting. These facilities may be community residential facilities, comprehensive residential facilities, enhanced residential facilities, or highly structured residential facilities. FREDA
Relative Care	24-hour care provided by the child or youth's relatives in the relative's home. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE – Services Specific to Juvenile Justice (Juvenile Court, Corrections, and Probation)	
Diversion/Prevention Service	Alternatives to formal judicial processing and adjudication through the juvenile court. Those efforts that support youth who are “at risk” of becoming involved in the juvenile justice system through formal case processing and help prevent a juvenile from being labeled in the juvenile justice system as a delinquent. Prevention includes arbitration, diversionary or mediation programs, and community service work or other treatment available subsequent to a child committing a delinquent act. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Court Services	Includes the preparation of statutory required legal documents, court orders, and court docket entries; reviewing and processing professional vouchers, witness fees, victim/witness surcharges, restitution and recoupment; processing appeals; and preparing and maintaining the court and maintaining court files for these matters.
Juvenile Detention	Temporary confinement (generally not more than 21 days) of a child/youth (under the age of 18) alleged to be delinquent pending pretrial release, juvenile court proceedings, or disposition. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Jail/Prison	Jail: Confinement of persons accused of crimes and awaiting trial, serving short sentences (typically 365 days or less), or awaiting transfer to another state or federal authority. Prison: Confinement of convicted criminals. Jails and prisons are secure facilities. Jails are managed and operated at the local or county level. Prisons are managed and operated by state or federal authorities
Parole/Aftercare Service	Discretionary release of a convicted or adjudicated delinquent juvenile from detention or custody prior to the expiration of their sentence, upon a finding that the person is sufficiently rehabilitated and not a threat to society. The parole period is defined as a certain length of time and is subject to conditions imposed by the releasing authority and to its supervision, including a term of supervised release. Parole monitoring and re-integrative services that prepare out-of-home placed juveniles for re-entry into the community by re-establishing the necessary collaborative arrangements with the community to ensure the delivery of prescribed services and supervision. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Probation/Monitoring	A juvenile disposition where the youth serves out his sentence through supervised community-release as opposed to being confined in juvenile detention. Monitoring youth who are placed on informal/voluntary or formal/court-ordered probation or supervision. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.

SERVICE TYPE – Services Specific to Education and Early Care Programs	
Early Head Start Program	Early Head Start Program provides comprehensive, year-round, child and family development services to low-income families with children, prenatal to 3 years old. Program approaches for delivering services in Early Head Start include: center-based programs, home-based programs and mixed-approach programs. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Early Intervention (Part C)	Part C of the Individuals with Disabilities Education Act (IDEA) authorizes the creation of early intervention programs for babies and toddlers with disabilities, and provides federal assistance for states to maintain and implement statewide systems of services for eligible children, ages birth through 2 years, and their families. States and jurisdictions participating in Part C must provide early intervention services to any child below age 3 who is experiencing developmental delays, has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay, and some states serve children who are at-risk for serious developmental problems. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Head Start Program	A federally-funded program for low-income children and their parents (preschoolers), designed to promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, and other social services. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Preschool Special Education Program (Part B)	Individuals with Disabilities Education Act (IDEA) provides federal funds to states and local communities to assist in their efforts to provide a free appropriate public education to students with disabilities. Part B of IDEA contains provisions relating to the education of school-aged and preschool-aged children with disabilities. The preschool program is often referred to as the Section 619 program, referring to the section of the law describing services for this age group. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Other Early Care and Education Programs	Special education and related services provided to children under the age of 5. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education Class, Self Contained	A segregated classroom only for special education students. Class sizes are usually very small, and students have severe disabilities. Some self-contained classes are for students classified as emotionally disturbed. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education, Resource Service	This instructional arrangement/setting is for providing special education instruction and related services in a setting other than regular education for less than 50% of the regular school day. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Special Education, Inclusion	Practice of educating children with special needs in regular education classrooms. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Physical, Occupational, Speech, Hearing, or Language Service	Includes therapy to remediate gross motor skills, fine motor skills, or sensory processing disorders; identification and diagnosis of speech or language impairments; speech or language therapy. Includes CPT-4 codes: 92507 92508 92588 92700 97110 97150 97530. Includes HCPCS code: T1013.
Teacher Aide Service/Other Paraprofessional Service	Services provided by individuals who work either with individual students or a program to meet the requirements of individualized education plans (IEP). Teacher aides are often assigned to inclusion students. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE – Informal/Natural Support Services	
Self-Help Group/Peer Counseling/Support Group	Self-help generally refers to groups or meetings that: involve people who have similar needs; are facilitated by a consumer, survivor, or other layperson; assist people to deal with a "life-disrupting" event, such as a death, abuse, serious accident, addiction, or diagnosis of a physical, emotional, or mental disability, for oneself or a relative; are operated on an informal, free-of-charge, and nonprofit basis; provide support and education; and are voluntary, anonymous, and confidential. Includes HCPCS code: H0038.

Counseling from Clergy	Include counseling services provided by pastoral counselors or counselors working within traditional faith communities to incorporate psychotherapy, and/or medication, with prayer and spirituality to effectively help some people with mental disorders. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
Informal Transportation	Transportation provided by family, friends, neighbors that is not paid or reimbursed. No applicable CPT-4 codes, HCPCS codes, or ICD-9-CM Procedure Codes.
SERVICE TYPE – Inpatient and Residential Services	
Inpatient Evaluation	The process of collecting and interpreting information about a child in an inpatient or residential setting. An evaluation consists of a variety of tests, observations, and background information and is conducted by a multi-disciplinary committee or team of educational professionals. Examination or evaluation of a child for the purpose of determining whether the child needs mental health treatment and, if so, what type of treatment and for the purpose of preparing reports or making recommendations for the most appropriate and least restrictive treatment for the child. Includes CPT codes: 99324 99325 99326 99327 99328 99334 99335 99336 99337.
Inpatient Consultation	Provides psychiatric evaluation within an inpatient or residential setting, collaboration with medical specialists, and arrangement for follow-up behavioral health care when needed. Includes CPT codes: 99252 99253 99254 99255.
Inpatient Behavioral Health Service	Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in crisis and possibly a danger to his/herself or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting. Placement of child/youth in inpatient hospital setting for observation, evaluation and/or treatment. This treatment is characterized by a strong medical orientation and 24-hour nursing supervision and is often used for short-term treatment and crisis stabilization or to conduct comprehensive evaluations where specialized medical tests are warranted. Includes HCPCS codes: H0017 H0035 S0201.
Residential Therapeutic Camp/Wilderness Program	Involves children or youth and staff living together in a wilderness or other camp environment often located outside of the community in which the child resides. Treatment focuses on group process and social skills development. Includes HCPCS code: T2036.
Residential Treatment Service, Non-Hospital	Treatment provided in secure non-hospital residential facilities that typically serve 10 or more children or youth, provide 24-hour staff supervision, and can provide a full array of treatment interventions and approaches including individual therapy, group and family therapy, behavior modification, skills development, education and recreational services. Includes HCPCS codes: H0018 H0019 T2048.
Residential Care/Custodial Care	Attendant Care from SOCA: Supervision of a child or youth with serious emotional or behavioral challenges by trained adults in-home or out-of-home who offer supervision and support and may assist with other household chores, tutoring, or recreational activities. FREDA
Shelter Placement	This placement, also known as an emergency shelter placement, is used for children or youth when an unanticipated placement need arises for a child and no regular contracted placement exists. Shelter placements generally do not exceed 30 days. During the placement a caseworker attempts to return the child home, to foster care, or other appropriate substitute care resource.
PROVIDER AGENCY/SECTOR	
Mental Health	Includes mental health agencies that provide leadership and collaboration for the planning, monitoring, managing, and provision of mental health related services to children, youth, and families. Also includes private or public offices, clinics, inpatient and residential organizations that provide mental health related services.
Child Welfare/Social Services	Child welfare and social services agencies that work to ensure the safety, protection, well-being, and self-sufficiency of children and youth. These agencies provide and manage an array of services including but not limited to child support, child protection, foster care, adoption, child care, family services, family assistance, and food assistance.
Juvenile Justice (Juvenile Court, Corrections, Probation)	Juvenile justice agencies, including courts, detention facilities, jails, and prison, that provide supervision, prevention, diversion, detention, probation, parole, aftercare services, and a wide range of treatment and educational services for at-risk children and

	youth.
Education/School/Early Childhood Program/Childcare Organization	Education, school, and early childhood organizations or agencies that promote student academic achievement and encourage students to learn under the supervision of teachers. Childcare organizations that provide care for and supervise children and youth.
Pediatrician/Physical Health Care Provider	Pediatricians and other physical health care providers, laboratories, physical health care clinics, hospitals, agencies or organizations that diagnose, treat, and help prevent children's diseases and injuries.
Family Organization	Family organizations at the national or local level that promote healthy families providing support particularly for families that include children and youth with emotional, behavioral, and mental health challenges. Family organizations typically provide crisis services, family supports, self-help groups, peer counseling, self-sufficiency programs, advocacy. FREDA
Youth Organization	Youth organizations at the national or local level that are devoted to improving or providing services and systems that support positive growth and development of youth with emotional, behavioral, and mental health challenges. Youth organizations typically provide services that support children and youth's positive mental health and development through a sense of competence. Services might include advocacy for youth rights, supports that empower youth to become equal partners in their care, after-school programs, independent living skills, literacy, mentoring, tutoring, workforce partnerships, health and fitness activities. FREDA
PROVIDER TYPE	
Case manager/care coordinator	An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)
Psychologist (Ph.D. or similar credential)	A professional with a doctoral degree in psychology who specializes in assessment and therapy. Includes Ph.D., or similar credential.
Mental Health Professional /Licensed Professional Counselor	A professional with an advanced degree in mental health or other social services trained in assessment and treatment.
Social worker	Social workers are health professionals trained in client-centered advocacy that assist clients with information, referral, and direct help in dealing with local, State, or Federal government agencies. A social worker helps individuals deal with a variety of mental health and daily living problems to improve overall functioning. A social worker usually has a master's degree in social work and has studied sociology, growth and development, mental health theory and practice, human behavior/social environment, psychology, research methods.
Recreational Therapist /Behavioral Aide/Respite Worker/Other Mental Health Staff	A recreational therapist plans, directs, or coordinates medically-approved recreation programs for patients in hospitals or other institutions. Activities may include sports, trips, dramatics, social activities, and arts and crafts. May assess a patient's condition and recommend appropriate recreational activity. Behavioral aides address behavioral needs; help with life-style choices; assist children, youth, and families; provide group or individual counseling. Behavioral aides typically have an associates degree or bachelor's degree. Respite workers provide relief to caregivers and community-based emotional, practical, and social support to families in which mental illness has impacted family functioning.
Tribal Healer	A tribal healer is an individual who uses culturally traditional healing practices such as plant medicines and foods, prayer, ceremony and song healing hands, cleansing, and culturally sensitive counseling.
Faith-Based Professional	Counselors working within traditional faith communities to incorporate psychotherapy, and/or medication, with prayer and spirituality to effectively help some people with mental disorders. Some people prefer to seek help for mental health problems from their pastor, rabbi, or priest, rather than from therapists who are not affiliated with a religious community.
Psychiatrist (M.D. or similar credential)	A professional who completed both medical school and training in psychiatry and is a specialist in diagnosing and treating mental illness. Includes M.D., or similar credential.
Physical Health Care Physician/Pediatrician	A medical doctor who diagnoses, treats, and helps prevent diseases and injuries. Includes M.D., D.O., or similar credential.
Nurse Practitioner/Physician Assistant	A nurse practitioner is an advanced practice nurse who works in an expanded role and manages patients' medical conditions.

	They focus on health promotion, disease prevention, health education, diagnosis and treatment of a wide range of health conditions; order perform and interpret diagnostic tests; prescribe medications; and manage patients' over all care. A physician assistant is a certified and licensed health professional who practice medicine as members of a team with their supervising physicians, deliver a broad range of medical and surgical services to diverse populations in rural and urban settings, conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive health care, assist in surgery, and prescribe medications.
Nurse/Psychiatric Nurse	A nurse can be either a licensed practical nurse (L.P.N.), registered nurse (R.N.), or an advanced practice nurse. Nurses develop and implement nursing care plans, and maintain medical records, administer medications and therapeutic treatments to patients, and advise patients on health maintenance and disease prevention. A psychiatric nurse can be either R.N. or an advanced practice nurse who diagnose, treat individuals or families with psychiatric problems or disorders, or potential for such disorders.
Alternative Health Care Practitioner	An alternative health care practitioner is an individual who provides complementary and alternative health care services such as acupressure, aromatherapy, bodywork, massage and massage therapy, detoxification practices and therapies, homeopathy, and meditation. An alternative health care practitioner differs from a tribal healer in that the alternative health care practitioner does not necessarily provide services that are culturally relevant to the patient.
Medical Technician/Laboratory	An individual who performs routine medical laboratory tests for the diagnosis, treatment, and prevention of disease. May work under the supervision of a medical technologist.
Child Protective Services Worker/Child Protective Investigator/Foster Care Case Worker	Child protective services workers and investigators investigate reports of child abuse or neglect in order to determine whether any child in a referred family has been abused or neglected or is at risk of abuse or neglect, and initiate protective services for children who need protection. Foster care case workers provide many services including intake, assessment, behavioral management services, crisis intervention, referral, report writing, family reunification, emancipation, discharge planning, maintain case files, and recruits, certifies, trains and provides on-going support to foster parents. FREDA
Foster Family/Foster Parent	Foster families and parents provide daily care and nurturing of children and youth in foster care, help children learn daily life skills, are advocates for children in their schools and communities, inform caseworkers about adjustments in the home, school, and community, provide positive role model for birth families, and participates with caseworkers' efforts to reunify the child or youth with their birth families. FREDA
Teacher/Special Education Teacher/Resource Teacher	A teacher is an individual who teaches basic academic, social, and other formative skills to students in a preschool, day care center, or public or private school at the preschool, elementary, intermediate, or high school level. Special education teachers teach academic, social, and other formative skills to emotionally and behaviorally challenged students, educationally and physically handicapped students, audibly and visually handicapped students, and the mentally impaired. Special education resource teachers help teachers meet the needs of students with special needs while maintaining a traditional classroom atmosphere.
School Counselor/School Psychologist	An individual with an advanced degree in psychology who assesses children for the presence of learning and emotional problems, diagnoses, and treats children in the school system. Roles of school psychologists will vary by location.
Speech, Language Therapist/Audiologist /Occupational or Physical Therapist	Speech and language therapists and audiologists assess and treat persons with speech, language, voice, and fluency disorders; may select alternative communication systems for patients and teach their use; may perform research related to speech and language problems. Occupational therapists assess, plan, organize, and provide rehabilitative services that help restore vocational, homemaking, and daily living skills, as well as general independence, to disabled persons. Physical therapists assess, plan, organize, and provide rehabilitative services that improve mobility, relieve pain, increase strength, and decrease or prevent deformity of patients suffering from disease or injury.
Teacher Aide /Educational Paraprofessional	Performs duties that are instructional in nature or delivers direct services to students, under direct supervision of a teacher. Serve in a position for which a teacher or another professional has ultimate responsibility for designing and implementing educational programs and services.
Tutor	Provides professional academic or educational instruction in a given subject or field. Instruction may be given one-on-one or in

	a group setting.
Childcare provider	Attends to children at schools, businesses, private households, and child care facilities. Perform a variety of tasks, such as play supervision and custodial care.
Court Services Worker	Prepares statutory required legal documents, court orders, and court docket entries; reviews and processes professional vouchers, witness fees, victim/witness surcharges, restitution and recoupment; processes appeals; and prepares and maintains the court and maintains court files for these matters. FREDA
Detention/Corrections Staff	Guards detainees in detention, correctional, or rehabilitative institutions in accordance with established regulations and procedures. May guard prisoners in transit between jail, courtroom, prison, or other point.
Probation/Parole Officer	Provides monitoring of adjudicated youth through community-released. Provides social services to assist in rehabilitation of offenders in custody or on probation or parole. Recommends actions for rehabilitation and treatment plans, including conditional release and education and employment stipulations.
Youth Coordinator	Provides services and general supervision specific to youth participating system of care programs. Coordinates and implements a wide variety of recreational activities for youth participants in group settings.
Youth	Child or youth, ages 22 years or younger, participating in system of care programs.
Family Member/Relative/Friend/Neighbor/Volunteer	A family member, relative, friend, or neighbor of a child or youth participating in systems of care programs; a volunteer providing services to a child, youth, or family who are participating in system of care programs.
Advocate/Family Advocate/Education Advocate/Court Advocate	These individuals provide a voice for a child or youth in general or more specifically in the context of their family, their education, or in situations where the child or youth is involved in the judiciary process.
Mentor	A trusted friend, counselor, or teacher, usually a more experienced person who serves as a role model or provides guidance and support to a child or youth.
Program Support Staff	Provides general administrative or program assistance to system of care programs.
Driver	Drives automobiles, vans, or buses to transport passengers.
SERVICE LOCATION	
Office/Independent Clinic	An office is a location, other than a hospital, skilled nursing facility, military treatment facility, community health center, State or local public health clinic, or intermediate care facility, where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis. An independent clinic is a location, not part of a hospital and not described by any other service location, which is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
Public Health Clinic/Rural Health Clinic/Federally Qualified Health Center	A public health clinic is a facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician. A rural health clinic is a certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician. A Federally qualified health center is a facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
Indian Health Service/Tribal 638 Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients. A tribal 638 facility is owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the center's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psycho-social rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.

Social Service Center or Agency	A center or agency that provides basic human aid to individuals with emergency needs or living in poverty. These centers make referrals to other agencies for additional support and to encourage children and youth toward self-sufficiency.
Ambulance	A land, air, or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.
Urgent Care Facility	Location, distinct from a hospital emergency room, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
Emergency Room-Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
Inpatient Psychiatric Hospital/Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
Psychiatric Facility-Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
Residential Psychiatric Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
Correctional Facility	A secure facility that confines persons accused of crimes and awaiting trial or confines criminals convicted or adjudicated of crimes. This includes juvenile detention facilities, jails, and prisons. A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
Homeless Shelter/Temporary Lodging	A homeless shelter is a facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters). Temporary lodging is short term accommodation such as a hotel, camp ground, hostel, cruise ship, or resort where the patient receives care.
School	A facility whose primary purpose is education.
Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
Group Home/Custodial Care Facility	A group home is a residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration). A custodial care facility provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.
Other Community Location/Public Place	Other community location or public place not included in any other service location definitions, including Boys/Girls Club, YMCA, library, place of worship, etc.
Phone	A conversation over the telephone between a child, youth, or family member and a service provider.
Costs And Payment Source	
Amount Charged	Amount originally charged by provider prior to any adjustments that may be applied.
Amount Paid	Amount actually paid to the provider for the service, not the amount the provider originally lists on the bill as the charge. If the amount actually paid is not known, but the value of that payment can be estimated, you may provide the estimated value of payment. The amount recorded should represent the payer's total payment for the service, not the payment per unit of service.
Medicaid	Includes Federal, State, and local Medicaid funds; includes the Early and Periodic Screening, Diagnostic, and Treatment

	(EPSDT) program. EPSDT is Medicaid's comprehensive and preventive child health program for individuals under the age of 21.
SCHIP	State Children's Health Insurance Program (SCHIP) is a federal government program that gives funds to states in order to provide health insurance to families with children. The program was designed to cover uninsured children in families with incomes that are modest but too high to qualify for Medicaid.
SAMHSA CMHI Cooperative Agreement	Includes any service funded through, or provided by a staff funded through, the Cooperative Agreement for the Comprehensive Community Mental Health Services for Children and Their Families Program. Does this include staff salaries and agency overhead?
Other Government Funds	Includes other Federal, state, local funds, Temporary Assistance for Needy Families (TANF), and title funds, but does <u>not</u> include Medicaid, EPSDT, or SCHIP. Does this include staff salaries and agency overhead?
Mental Health Agency or Provider	The service sector that is responsible for the planning, monitoring, and managing of mental health care to children or youth and their families.
Child Welfare Agency	Includes child welfare agencies and social service agencies or organizations in the child service sector that focuses on child protection, foster care, and the overall care of children's health and living conditions.
Juvenile Justice Agency	The service sector that is responsible for serving children accused of or judged to have committed unlawful or delinquent acts.. Includes juvenile court, juvenile detention facilities, other corrections facilities, and probation organizations.
Education	Includes education, early childhood, or child care organizations.
Family Organization	Advocacy and support organizations that are led by family members with expertise/experience in the field of mental health. Includes Federation of Families for Children's Mental Health chapters and similar organizations.
Youth Organization	Includes any funding from youth organizations (e.g., Youth Move, YMCA, Big Brothers Big Sisters, Girl Scouts, Boys and Girls Club)
Foundation Funds	Includes any funding from private foundations (e.g., Annie E. Casey Foundation).
Private Insurance	A contract between an insurance company and an individual to pay for physical and mental health care services. Private health insurance includes managed care, preferred provider organization, point-of-service, and fee-for-service arrangements.
Client Out-of-Pocket	The portion of the service expenses that are paid for by the recipient or recipient's family.
Other Source of Payment	General category to be used when source of payment does not match other payment source categories or if payment source is unknown. If charge or payment data are available, but source of payment is not available, enter charge or payment amounts in this other category.
Estimate For Informal, Natural Support, In-Kind, or Volunteer Service	Cost estimates calculated to assign a value to informal, natural support, in-kind, or volunteer services for which no payment is actually made.

The following references represent primary resources that informed the definitions in Attachment B.

SAMHSA's National Mental Health Information Center. *Glossary of Terms Child and Adolescent Mental Health*.
<http://mentalhealth.samhsa.gov/publications/allpubs/CA-0005/default.asp>.

SAMHSA's National Mental Health Information Center. *Mental Health Dictionary*. <http://mentalhealth.samhsa.gov/resources/dictionary.aspx>.

Bureau of Labor Statistics (BLS) <http://www.bls.gov>

Centers for Medicare and Medicaid's Place of Service Codes http://www.cms.hhs.gov/MedHCPCSGenInfo/Downloads/Place_of_Service.pdf

The Free Dictionary <http://legal-dictionary.thefreedictionary.com/Prison>

Merriam Webster Dictionary <http://www.merriam-webster.com/dictionary/jail>

National Federation of Families for Children's Mental Health <http://www.fcmh.org>

Youth Move <http://www.youthmove.us>

Testimony on Access to Medical Treatment Act <http://www.hhs.gov/asl/testify/t960730b.html>

American Association of Nurse Practitioners www.aanp.org

American Academy of Physician Assistants www.aapa.org

American Psychiatric Nurses Association www.apna.org