

PPS MENTAL HEALTH MODULE

* = Required

This form's sole purpose is to meet State and Federal reporting requirements of the State / County contract. Use of this form is voluntary.

INDIVIDUAL SUMMARY DATA

Title _____		MCI # _____
*First Name _____	Middle Name / Initial _____	*Last Name _____
Name Suffix: _____		
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
*Birthdate (mm/dd/yyyy) _____		
SSN (helps in obtaining unique client ID) _____		
This individual is currently on Medicaid <input type="checkbox"/>		
County of Responsibility _____		

CONSUMER PROFILE DATA

WORKER AND COUNTY INFORMATION

Local Worker ID _____ Local Family ID _____
Local Client ID _____

EPISODE INFORMATION

Episode Start Date (mm/dd/yyyy) _____ Episode End Date (mm/dd/yyyy) _____
First Contact Date (mm/dd/yyyy) _____ Episode End Reason _____
*Commitment Status _____ Commitment Status _____
*BRC Target Population H L S Review Date (mm/dd/yyyy) _____
*Referral Source _____

PRIMARY RESIDENCE

*Street Address _____
Facility Name (if applicable) _____ *County/Tribe of Residence _____
*City _____ Telephone _____
*State _____
*Zip _____

RACE AND ETHNICITY INFORMATION

*Race Amer Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander
 White Black Unknown
*Ethnicity Non-Hispanic/Latino Hispanic/Latino Unknown

CHARACTERISTICS INFORMATION

*Primary _____ Secondary _____
Tertiary _____ Veteran Status _____
Presenting Problem 1 _____
Presenting Problem 2 _____
Presenting Problem 3 _____

MH DIAGNOSIS INFORMATION

*Primary MH Diagnosis – Axis I or II _____
1 MH/SA Diagnosis – Axis I or II _____ 5 General Medical Conditions – Axis III _____
2 MH/SA Diagnosis – Axis I or II _____ 6 General Medical Conditions – Axis III _____
3 MH/SA Diagnosis – Axis I or II _____ 7 General Medical Conditions – Axis III _____
4 MH/SA Diagnosis – Axis I or II _____

*First Name	*Last Name	MCI #	DOB
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MENTAL HEALTH SERVICES

*Provider WPI/NPI _____

*SPC/Service/Procedure _____

*Unit or Basis of Measurement Days Hours Other *Quantity _____

*SPC Start Date (mm/dd/yyyy) _____ *SPC End Date (mm/dd/yyyy) _____

*SPC Delivery Date (mm/yyyy) _____ *SPC End Reason _____

SPC Review Date (mm/yyyy) _____ Service Worker ID _____

*Provider WPI/NPI _____

*SPC/Service/Procedure _____

*Unit or Basis of Measurement Days Hours Other *Quantity _____

*SPC Start Date (mm/dd/yyyy) _____ *SPC End Date (mm/dd/yyyy) _____

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*First Name	*Last Name	MCI #	DOB
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CONSUMER STATUS REPORT (collected at admission, every six months, and discharge)
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STATUS TIME FRAME (check one)

Enrollment 6M Yr.1 18M Yr.2 30M Yr.3 42M Yr.4 Discharge

*Report Date (mm/dd/yyyy) _____ *BRC Target Population H L S

*Employment Status _____ *Living Arrangement _____

*Legal/Commitment Status _____

*Criminal Justice System Involvement (select up to four within the last six months)

None Jailed/Imprisoned Unknown
 On Probation On Parole
 Arrests Juvenile Justice System Contact

*Number of Arrests in Past 30 Days _____ * Number of Arrests in Past 6 Months _____

Psych/Environ Stressors _____ Suicide Risk _____ Health Status _____

Daily Activity 1 _____ Daily Activity 2 _____ Daily Activity 3 _____

STATUS TIME FRAME (check one)

Enrollment 6M Yr.1 18M Yr.2 30M Yr.3 42M Yr.4 Discharge

*Report Date (mm/dd/yyyy) _____ *BRC Target Population H L S

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*First Name	*Last Name	MCI #	DOB
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ADDITIONAL DATA FROM COORDINATED SERVICE TEAMS (CST) (collected throughout a child's CST enrollment)
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CST PROGRAM INFORMATION

CST Program Enrollment Date _____	CST Program Discharge Date _____	CST Program Discharge Reason _____
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CST LIVING ARRANGEMENTS

Instructions: Record all living arrangements while the child is enrolled in the CST. No gaps in dates should exist between the end of one living arrangement and the start of another.

Living Arrangement Type _____	Living Arrangement Start Date _____	Living Arrangement End Date _____
Living Arrangement Type _____	Living Arrangement Start Date _____	Living Arrangement End Date _____
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The Child and Adolescent Needs and Strengths (CANS) assessment items are required to be entered into PPS as well for all children enrolled in CSTs. CSTs use a separate CANS score sheet from which this data can be entered.