SCOPE:
County Mental Health/Mental Retardation Administrators
Base Service Unit Directors
Community Residential Mental Retardation Facility Directors

PURPOSE:
The purpose of this bulletin is to provide information on revised procedures for reporting 2176 Waiver beneficiaries onto the Community Residential Facility (CRF) Information System.

BACKGROUND:
County Mental Health/Mental Retardation Administrators and agencies which provide services under the 2176 Waiver Program need to separately identify waiver recipients on the CRF Information System. A waiver recipient, for the purposes of this bulletin, is any person who receives any one of the approved services under the Department's 2176 waiver for individuals with mental retardation, including recipients receiving family-based habilitation services outside the community residential facility continuum. Family based services have been incorporated under the waiver pursuant to HCFA's approval of family based waiver amendments, effective October 1, 1988.

Section 305 of the Mental Health/Mental Retardation Act of 1966 requires the County Mental Health/Mental Retardation Administrator to report information required by the Department. Further, Article X of the Public Welfare Code (62 P.S. §1018) requires facilities that are licensed by the Department to report information required by the Department.

Federal reporting requirements have made it necessary for the Office of Mental Retardation to require that all 2176 Waiver beneficiaries be separately identified on the CRF Information System.
Revisions in this bulletin were prompted by the Health Care Financing Administration's approval of Department amendments to the waiver program for individuals with mental retardation, effective October 1, 1988. The specific issue related to CRF reporting is that a number of the new amendments provide for services outside of community residential facilities, in the homes of recipients or their relatives. Prior to the amendment's approval, waiver reporting under the CRF, like the waiver itself, was limited to individuals placed in community residential facilities including family living homes. This bulletin provides instructions for completing Data Input Forms with this change in recipient population.

INFORMATION:

The following are the procedures for each County Mental Health/Mental Retardation Program serving 2176 Waiver recipients.

1. Submit CRF Data Input forms (MR5-6/84) to the appropriate Regional Office within 7 days of the transaction date or as otherwise approved by the Regional Office.

2. Designate that the recipient is receiving 2176 Waiver services by noting "2176 Waiver" in the comments section of the form (example attached).

3. Where applicable, designate that the recipient is receiving services while living in his/her home or with a relative (example attached) by noting "Family-Based" in the comments section. Licensed family living homes should check box F.L. in field V.C.

4. For recipients receiving habilitation services provided by a relative, substitute the following instructions for completing items V.A.-V.D. on the Data Input Form.

   V.A. Provider Name: Enter the name of the relative who is primarily responsible for providing habilitation services for the recipient.

   V.B. Site Address: Enter the address, city, zip code of the home where the recipient lives.

   V.C. Program Type: Make no entry in this field.

   V.D. Setting Type: Check box 1 - (house 1-3) to reflect the number of individuals under the waiver living in the household.

OBSOLETE BULLETIN:

I. CLIENT IDENTIFICATION

<table>
<thead>
<tr>
<th>A. IDENTIFICATION NUMBER</th>
<th>B. CLIENT NAME</th>
<th>C. PREVIOUS I.D. NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>720 12016810</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

II. TRANSACTION TYPE

- [X] ADMISSION
- [ ] DATA CHANGE
- [ ] DISCHARGE
- [ ] READVERTISEMENT
- [ ] DATA CORRECTION
- [ ] DEATH

III. TRANSACTION DATE

- YR: 8
- MO: 4
- DAY: 7

IV. TRANSACTION DATE

- YR: 0
- MO: 1

V. PROVIDER INFORMATION

A. PROVIDER NAME (LEGAL ENTITY)
   Adam and Brooke Rowe

B. SITE ADDRESS (STREET, CITY & ZIP CODE)
   1726 Clearview, Shady Grove, PA

C. PROGRAM TYPE

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPERVISED LIVING (SL)</td>
<td>SEMI-INDEPENDENT LIVING (SI)</td>
<td>MINIMAL SUPERVISION (MS)</td>
<td>FAMILY LIVING (FL)</td>
</tr>
</tbody>
</table>

D. SETTING TYPE

- HOUSE (1-3)
- APARTMENT (4-6)
- FREE STANDING RESIDENTIAL BUILDING

E. IS THIS A NEWLY OPERATIONAL SLOT?

- [X] YES
- [ ] NO

VI. CLIENT INFORMATION

A. BIRTHDATE

<table>
<thead>
<tr>
<th>YEAR</th>
<th>MONTH</th>
<th>DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1949</td>
<td>02</td>
<td>24</td>
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</tbody>
</table>

- SEX
  - [X] MALE
  - [ ] FEMALE

B. DIAGNOSIS (FUNCTIONAL LEVEL)

- MILD
  - [X] (317)
  - [ ] (318.01)
  - [ ] (318.2)

- SEVERE
  - [ ] (317)
  - [ ] (318.01)
  - [ ] (318.2)

C. RACE/ETHNICITY

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHITE NON-HISP.</td>
<td>WHITE HISPANIC</td>
<td>BLACK NON-HISP.</td>
<td>BLACK HISPANIC</td>
<td>ALASKAN NATIVE</td>
<td>ASIAN/PAC ISLANDER</td>
<td>OTHER</td>
</tr>
</tbody>
</table>

D. AMBULATION

- [X] NON-AMB

VII. PERSON COMPLETING THIS FORM

NAME: Paul Barton

DATE: 4-18-89

PHONE: 555-1212

COMMENTS:

"2176 Waiver, Family-Based"
NOTES: All forms are to be in your respective regional offices within 7 days of the effective date unless other arrangements are made with the regional office in writing.

II. CLIENT IDENTIFICATION

A. Identification Number - This is the BSU and the case number of the county of responsibility. The identification number in the county program consists of two parts.

- 1st 3 digits represent the number of the base service units (BSU) or catchment area.
- Next 7 digits represent the case number assigned by the BSU to the resident.

If the assigned case number is less than seven digits, zero fill to the left (right justify)

(example - 123 in Cambria County = 111 0000123)

NO FORM CAN BE ACCEPTED WITHOUT AN IDENTIFICATION NUMBER

B. Client Name - Enter the first three letters of the client's last name, then the first letter of the first name. (Optional)

C. Previous I.D. Number - If the I.D. number is a new number for a previously registered person, enter the old I.D. number here.

III. Transaction Type - Check the appropriate type (see manual for specific definitions).

IV. Transaction Date - Enter the effective date of the transaction in year, month, day sequence.

FOR ADMISSIONS AND READMISSIONS - COMPLETE THE ENTIRE FORM EXCEPT VI-H, PLEASE PRINT CLEARLY.

V. A. Provider Name - Enter the name of the provider agency of the services.

V. B. Site Address - Enter the address, city, zip code of the CRF setting.

V. C. Program Type - Check the appropriate box (see manual for specific definitions).

V. D. Setting Type - Check the appropriate box (see manual for specific definitions).

V. E. Newly Operational Slot - Check appropriate box.

VI. A. Birthdate - Enter the resident's date of birth in year, month, and day sequence and zero fill where only one digit applies. e.g., January 1, 1964 = 19640101. Birthdate must be in 4 digits.

VI. B. Sex - Check the appropriate box.

VI. C. Race/Ethnicity - Check the appropriate box (see manual for specific definitions).

VI. D. Diagnosis - Check the appropriate box.

VI. E. Ambulation - Check the appropriate box.

VI. F. Additional AAMD - Enter the appropriate codes (see manual for specific definitions).

VI. G. Living Arrangement - Check the box that describes the resident's living arrangement immediately prior to entry.

FOR DATA CHANGE AND DATA CORRECTION, COMPLETE COUNTY, ID NUMBER, TRANSACTION TYPE, TRANSACTION DATE, PROVIDER NAME, SITE ADDRESS, and make appropriate changes.

FOR DISCHARGE, COMPLETE COUNTY, ID NUMBER, TRANSACTION TYPE, TRANSACTION DATE, V-A, V-B, VI-G, and VI-H.

VI. H. BSU of Discharge - Enter the BSU number where the resident is located.

FOR DEATH, COMPLETE COUNTY, ID NUMBER, TRANSACTION TYPE, TRANSACTION DATE, V-A and V-B.
MR COMMUNITY RESIDENTIAL
DATA INPUT FORM

I. COUNTY
Allegheny

IF I.D. NUMBER IS A NEW NUMBER FOR A PREVIOUSLY REGISTERED PERSON, ENTER HERE

II. CLIENT IDENTIFICATION
A. IDENTIFICATION NUMBER
7 2 0 1 2 3 4 5 6 7

B. CLIENT NAME
KENL

C. PREVIOUS I.D. NUMBER

III. TRANSACTION TYPE

<table>
<thead>
<tr>
<th>ADMISSION</th>
<th>DATA CHANGE</th>
<th>DISCHARGE</th>
<th>DEATH</th>
</tr>
</thead>
</table>

IV. TRANSACTION DATE

<table>
<thead>
<tr>
<th>YR</th>
<th>MO</th>
<th>DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

5 0 1

V. PROVIDER INFORMATION

A. PROVIDER NAME (LEGAL ENTITY)
Community Homes

B. SITE ADDRESS (STREET, CITY & ZIP CODE)
378 Clinton Street, Pittsburgh, PA 12345

C. PROGRAM TYPE
1X SUPERVISED LIVING (SL)
1X MINIMAL SUPERVISION (MS)
2X SEMI-INDEPENDENT LIVING (SI)

D. SETTING TYPE

1X HOUSE (1 - 3)
3X APARTMENT

E. IS THIS A NEWLY OPERATIONAL SLOT?
X YES

2 NO

VI. CLIENT INFORMATION

A. BIRTHDATE

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<thead>
<tr>
<th>YEAR</th>
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</tr>
</thead>
<tbody>
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<td>1938</td>
<td>0</td>
<td>1</td>
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SEX
1X MALE

DIAGNOSIS (FUNCTIONAL LEVEL)

1 MILD
2 MODERATE
3 SEVERE

UNSPECIFIED (319)

C. RACE/ETHNICITY
1X WHITE
2X WHITE HISP.
3X BLACK
4X BLACK HISP.
5X AM. IND.
6X ALASKAN NATIVE
7X ASIAN/PAC ISLANDER
8X OTHER

D. AMBULATION
1X AMB
2X PART AMB
3X NON-AMB

E. ADDITIONAL AAMD
1 0 2 0 2 0 4 0

F. PREVIOUS/LIVING ARRANGEMENT

1 OWN HOME/INDEPENDENT LIVING
2 RELATIVE/FOSTER HOME
3 COMMUNITY RESIDENTIAL (MR)

4 STATE OPERATED FACILITY (MR)
5 STATE OPERATED FACILITY (MH)

6 ICF/MR (NON STATE OPERATED)

7 OTHER

H. DISCHARGE

VII. PERSON COMPLETING THIS FORM

NAME
Jerry Siegle

DATE
7-5-84

PHONE
555-1212

COMMENTS:
"2176 WAIVER"

REGIONAL OFFICE USE ONLY

INPUT OPERATOR

DATE

MR 5 - 6/84
INSTRUCTIONS

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