



Delaware Department of Health and Social Services

Division of Substance Abuse and Mental Health

**Annual Consumer Reporting Form  
Coding Manual**

# ANNUAL CONSUMER REPORTING FORM TRAINING MANUAL

## GENERAL INFORMATION

The consumer MCI number is repeated on all sheets so that pages which become separated may be matched to each other.

What follows is a brief description of each item. Most items have codes for “unknown” and infrequently a code for “not collected”. It may not be clear when to use “not collected”. Unknown is meant for those situations when you simply do not collect this information. Its use is discouraged. For example, if your organization does not determine someone's Medicaid number, this field would be filled in with 999998 (making 999999998M). This allows us to know that you did not leave the field blank accidentally but in fact do not collect that information. Use the code for unknown for those items that you ordinarily collect but which is missing for this one consumer.

## IMPORTANT TIPS FOR COMPLETING THE ANNUAL CRF FORM:

The acceptable default date fields are **06/06/2666, 07/07/2777 and 08/08/2888**. For sections of the form where only a two character century date is allowed, you should enter **06/06/66, 07/07/77 and 08/08/88**.

Generally the codes “UNKNOWN” should not be used for required fields.

If you don't use an "optional" field, fill in a default value, such as "NONE" or "UNKNOWN."

## DATA ITEMS

### Page 1 of Annual Consumer Reporting Form Header

Treatment Unit Name: Your organization's name. A treatment unit is defined as an identifiable organization or unit of an organization that usually resides at a single location (which it may share with other organizations) and is an identifiable cost center. A distinguishing characteristic of treatment units is that consumers do not move readily between them and the organization usually requires that some transfer paperwork be generated for such a move. Each treatment unit may offer a variety of services such as group therapy, job skills training, etc. such that every consumer in the unit may not receive exactly the same mix of services. Consumers may, in fact, receive services from more than one treatment unit simultaneously. The key to this definition is the organization's perception of that organizational unit has responsibility for the treatment of this consumer.

Treatment Unit ID # : Treatment Unit Identification

Last Name Consumer's last name (use formal name - Thomas)  
First Name Consumer's first name (use formal name - William)  
M.I. Consumer's middle initial (use formal name)

Street \* (Optional)  
City\* (Optional)  
State\* (Optional)  
Zip\* (Optional)  
County\* (Optional)  
Home phone\* (Optional)

Modality (Select Only One): Check the appropriate box to indicate whether the consumer is admitted to the treatment unit as a Mental Health consumer, an Alcohol / Drug consumer, or as a Co-Occurring (MH & AD) consumer. Some treatment units will have all MH consumers, some all AD consumers, some all Co-Occurring consumers, or some a combination.

☐ MH - Mental Health  
☐ AD - Alcohol / Drug  
☐ DU - Co-Occurring (MH & AD)  
☐ GA - Gambling

MCI # :

MCI ID number

9999999996 none

9999999997 unknown

## **Page 1 of Annual Consumer Reporting Form - Column 1**

Residential Arrangement (The housing type where the client lives):

PU Private house or residence - Unsupervised  
PS Private house or residence - Supervised  
FC adult Foster Care  
UF Unlicensed Adult Foster Care  
BH Boarding House/Single Room Occupancy (SRO), YMCA  
GU Group setting/community residence - Unsupervised  
GS Group setting/community residence - Supervised  
NH Nursing Home/ICF or SNF Facilities  
CJ Corrections facility/Jail  
PH Psychiatric Hospital > 180 days  
PW Psychiatric Ward – General Hospital > 180 days  
I other Institution (Includes acute care hospital, institution for mental diseases, etc.) greater than thirty (30) days  
N None - on the street/in a shelter/homeless  
EH Emergency Housing, Shelter < 30 days  
TH Transitional Housing ≥ 30 days  
CR Crisis Residence  
O Other  
U Unknown

Homeless at any time during the past 12 Months?

Y Yes  
N No  
U Unknown

Housing Subsidy:

FH State/Federal Subsidized Housing  
SA Subsidized with Client Assistance Funds  
NS No Rental Subsidy

Regular Place to Live:

Y Yes  
N No  
U Unknown

How many places has the consumer lived in the past 90 days?

1	2	3	4	5
6	7	8	>=9	

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Primary Employment during the Past 30 Days :

F	<u>F</u> ull time (37.5 hours a week or more)
P	<u>P</u> art time (less than 37.5 hours per week)
M	<u>M</u> ilitary Armed Forces, active duty (active reserves, reserves)
L	unemployed - <u>L</u> ooking for work
N	unemployed - <u>N</u> ot looking
D	<u>D</u> isabled/unable to work means that the consumer is so impaired by their disability that they are <u>unable</u> to engage in any form of part time or volunteer activity.
H	<u>H</u> omemaker
S	<u>S</u> tudent
R	<u>R</u> etired
I	<u>I</u> nmate or resident of an institution (This includes an acute care hospital, institution for mental diseases, nursing home, jail, prison, etc.) for over thirty (30) days.
V	<u>V</u> olunteer
O	<u>O</u> ther
U	<u>U</u> nknown

Veteran Status – The consumer's or immediate family member's current Military Service or Service History

VP	<u>V</u> eteran/ <u>P</u> revious Military Services (See Instructions)
AD	<u>A</u> ctive <u>D</u> uty
FM	Immediate <u>F</u> amily <u>M</u> ember of Military or Veteran
NA	<u>N</u> one of the <u>A</u> bove
U	<u>U</u> nknown

Consumer's Primary Paid Employment Type:

SD	<u>S</u> heltered
CN	<u>C</u> ompetitive/ <u>N</u> ot Supported
CS	<u>C</u> ompetitive/ <u>S</u> upported
N	<u>N</u> ot Working

On average how many hours per week has the consumer spent on their primary activity during the past 90 days?

Max hours 168

Number of Arrests in the Past 30 Days: - Write in the Number of Arrests

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Receiving EBP's:

SH    Supported Housing  
SE    Supported Employment  
AC    Assertive Community Treatment  
FP    Family Psychoeducation  
IT    Integrated Treatment for Co-Occurring Disorders  
IM    Illness Management & Recovery  
NA    None of the Above

Primary Health Insurance:

M    Medicare  
A    medicAid  
E    mEdicaid MCO  
C    CHAMPUS  
B    Blue Cross/Blue Shield  
V    VA  
H    HMO (service contract)  
G    other Government funds for care  
P    other Private commercial health insurance  
O    Other  
N    None  
U    Unknown

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Consumer's Primary Source of Income: *Enter the source of income for the consumer during the last 12 months, if available, or if not, the last calendar year.*

SS    Social Security  
SI    SSI  
SD    SSDI  
VD    VA - Disability  
VR    VA - Retirement  
UI    Unemployment Insurance  
IL    Illegal  
E    Employment  
S    Spouse  
F    Family/friends  
A    TANF (Temporary Assistance to Needy Families – formerly AFDC)  
G    General assistance

P Pension/retirement income (IRA, KEOGH, SEP, ESOP)  
W Workers' Compensation  
D private Disability insurance  
I Intestments/savings  
O Other  
N None  
U Unknown

Consumer's Gross Income: Take Income per Year the total from the last 12 months, if available, or if not, the last calendar (tax) year. "999999" is not allowed.

999996 none  
999997 unknown

Number Dependent: Report on Consumer's Income an average number if (on Consumer's Income) the consumer's dependents vary regularly.

Education: Write in the Highest Grade Completed  
01-12 Completed First through Twelfth respectively  
13-16 " " College/ post secondary  
17 " " Masters Level  
18 " " Ph.D. /MD.  
19 " " Post doc. work  
96 Never completed any grade/only kindergarten  
97 Unknown

## **Page 2 of Annual Consumer Reporting Form – Header**

MCI # : MCI ID number

Treatment Unit ID # : Treatment unit identification

## **Page 2 of Annual Consumer Reporting Form - Column 1**

Currently Pregnant:

Y Yes  
N No  
U Unknown

Alcohol & Drug Use Matrix: Primary; Secondary; Tertiary

Substance Type Codes: (“**Club Drugs**” are highlighted)

AL Alcohol  
CO COcaine

CR CRack  
 ME **MEthamphetamine**  
 AM other AMphetamines (**This includes MDMA (methylenedioxymethamphetamine) – ECSTASY**, Benzedrine, Dexedrine, Preludin, Ritalin, and any other amines and related drugs.)  
 OS Other Stimulants  
 HE Heroin  
 OP other OPiates and synthetics (This includes OxyContin, codeine, Dilaudid, morphine, Demerol, opium, and any other drug with morphine-like effects.)  
 MD non-prescription MethaDone  
 BA BArbiturates (This includes Phenobarbital, Seconal, Nembutal, etc.)  
 SE other SEdatives or hypnotic (This includes chloral hydrate, Placidyl, Doriden, etc.) **{Until a better classification system is developed put (GHB/GBL gamma-hydroxybutyrate, gamma-butyrolactone) and Ketamine (Special K) here}**  
 BE BEnzodiazepine (This includes Diazepam, **Flunitrazepam (Rohypnol)**, Flurazepam, Chlordiazepoxide, Clorazepate, Lorazepam, Alprazolam, Oxazepam, Temazepam, Prazepam, Triazolam, Clonazepam and Halazepam.)  
 TR major TRanquilizers  
 CS Cough Syrups and mixtures  
 MA MArijuana/hashish (This includes THC and any other cannabis sativa preparations.)  
 PC PCP (Phencyclidine)  
 LS **LSD**  
 HA other HAllucinogens (This includes DMT, STP, mescaline, psilocybin, peyote, etc.)  
 IN INhalants (This includes ether, glue, chloroform, nitrous oxide, gasoline, and paint thinner, etc.)  
 ST STeroids  
 OC Over-the-Counter (This includes aspirin, Sominex, and any other legally obtained non-prescription medication.)  
 Substance Type Codes: (“**Club Drugs**” are highlighted)  
 O Other  
 N None  
 U Unknown

Frequency of use Codes:

N No use in past month  
 I Infrequent (1-3 times in past month)  
 O Often (1-2 times per week/4-8 times per month)  
 F Frequently (3-6 times per week/12-24 times per month)  
 D Daily  
 M More frequently than daily (2 or more times per day)  
 U Unknown

Route of administration Codes:



M	<u>M</u> outh (swallow)
S	<u>S</u> moke
B	<u>B</u> reathe/inhale/snort
V	intra <u>V</u> enous
I	other <u>I</u> njection (intramuscular or skin pop)
O	<u>O</u> ther
N	<u>N</u> one
U	<u>U</u> nknown

Age of first use Codes: Write in the age

-1	newborn/addicted at birth
1 - 95	
96	none
97	unknown
98	not collected

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Injection Drug Use Ever:

Y	<u>Y</u> es
N	<u>N</u> o
U	<u>U</u> nknown

## **Page 2 of Annual Consumer Reporting Forms - Column 3**

Current Legal Involvement: *Consumer's involvement in the legal system. If more than one applies, chose the most relevant.*

CP	<u>C</u> harges <u>P</u> ending
SP	convicted - <u>S</u> entence <u>P</u> ending
UP	sentenced - <u>U</u> nsupervised <u>P</u> robation ( <b>SENTAC I</b> )
FS	sentenced - <u>F</u> ield <u>S</u> upervision ( <b>SENTAC II</b> )
IS	sentenced - <u>I</u> ntense <u>S</u> upervision ( <b>SENTAC III</b> )
QI	sentenced - <u>Q</u> uasi- <u>I</u> ncarceration ( <b>SENTAC IV</b> )
CJ	sentenced - prison/ <u>C</u> orrections/ <u>J</u> ail ( <b>SENTAC V</b> )
HX	<u>H</u> istory of legal involvement but not current
N	<u>N</u> o current involvement or history
U	<u>U</u> nknown

## **Page 2 of Annual Consumer Reporting Form - Column 4**

Expected source of payment: *This is the party expected to pay the major portion for the consumer's care.*

D	<u>D</u> SAMH
I	<u>I</u> ndividual resources (patient's or patient's family)

B	<u>B</u> lue Cross/Blue Shield
H	<u>H</u> MO (service contract)
P	other <u>P</u> rivate commercial health insurance
M	<u>M</u> edicare (Title XVIII)
A	Medic <u>A</u> id (Title XIX)
E	<u>M</u> Edicaid MCO
V	<u>V</u> eterans Administration
C	<u>C</u> HAMPUS
W	<u>W</u> orker's compensation
G	other <u>G</u> overnment sources
S	<u>S</u> ENTAC
O	<u>O</u> ther
N	<u>N</u> one, provider absorbs total cost (charity, research, teaching)
U	<u>U</u> nknown

CSI – Completed: (Co-Occurring Screening instrument)

Y	<u>Y</u> es
N	<u>N</u> o
U	<u>U</u> nknown

Screened positive for Co-Occurring Disorders:

Y	<u>Y</u> es
N	<u>N</u> o
U	<u>U</u> nknown

### **Page 3 of Annual Consumer Report Form - Header**

Last Name:	Consumer's last name
First Name:	Consumer's first name
M.I.:	Consumer's middle initial

MCI # :	MCI ID number
	9999999996 none
	9999999997 unknown

Treatment Unit ID # :	Treatment unit identification
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### **Page 3 of Annual Consumer Report Form - Column 1**

Axis I	The most important Axis I diagnosis should be written first. The code is 3 digits or the letter V followed by 2 digits, decimal point, 2 digits. Use the DSM-IV-TR manual for correct codes.
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999.97	Unknown
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999.98	not collected
V71.09	none

Axis II                      The most important Axis II diagnosis should be written first.

999.97	Unknown
999.98	not collected
V71.09	none

NOTE: Please indicate which is the Primary Diagnosis by placing a check in the [ ]'s after it. "When a person receives more than one diagnosis, the principal diagnosis is the condition that was chiefly responsible for occasioning the evaluation or admission to clinical care. In most cases this condition will be the main focus of attention or treatment. The principal diagnosis may be an Axis I or an Axis II diagnosis..." (Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition – Text Revision), American Psychiatric Association)

Axis III Physical Disorders or Conditions

999.96	none
999.97	Unknown
999.98	not collected

Axis IV Psychosocial and Environmental Problems

[ ] Problems with primary support group *(Specify)* \_\_\_\_\_

[ ] Problems related to the social environment *(Specify)* \_\_\_\_\_

[ ] Educational problems  
*(Specify)* \_\_\_\_\_

[ ] Occupational problems *(Specify)* \_\_\_\_\_

\_\_\_\_\_

[ ] Housing problems  
*(Specify)* \_\_\_\_\_

[ ] Economic problems *(Specify)* \_\_\_\_\_

\_\_\_\_\_

[ ] Problems with access to health care services *(Specify)* \_\_\_\_\_

\_\_\_\_\_

[ ] Problems related to interaction with the legal system/crime *(Specify)* \_\_\_\_\_

[ ] Other psychosocial and environmental problems *(Specify)* \_\_\_\_\_

Axis V Global Assessment of Functioning Scale Score

997	unknown
998	not collected

Time Frame:    Current, Last Month, Last Quarter, Last Year, Other

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Physician Formulating/Confirming Diagnosis - Print his/her name and ID.

Date of completion: This is the date the diagnosis was done.

Signature: This is the signature of the physician formulating/confirming the diagnosis.