

Clients Receiving Mental Health Services as part of their Individualized Education Plan (IEP) (AB 3632 Services)

As Reported to the Department of Mental Health (DMH) CSI System, Service Records flagged with "C" in the Special Population Field

Dates of Service March 1, 2006 through June 30, 2006

CSI is current as of September 17, 2006.

THIS IS INFORMATION ONLY AND NOT A CLAIM/BILLING FORM.

The following workbook contains AB 3632 information submitted by counties to the Client and Service Information (CSI) System. Only those service records flagged with "C" (AB 3632 service) are included in this data extract. DMH would like to assist counties in meeting California Department of Education (CDE) AB 3632 reporting requirements for FY 2005-06. Meeting CDE's FY 2005-06 reporting requirements will enable counties to work with their local County Offices of Education (COEs) to ensure reimbursement for AB 3632 services are received. This reporting format is acceptable to CDE for FY 2005-06.

Please note that this workbook is provided to counties to show format acceptable to CDE, and to provide AB 3632 information available from the DMH CSI System as submitted by the counties. The accuracy and completeness of data submitted to the CSI System continues to be a work in progress. Counties must review this workbook, utilize information that may be useful and include county local information not included as appropriate. Further, upon review should counties determine that their reported AB 3632 CSI data has inconsistencies, each county must promptly take steps to address these CSI reporting concerns with the DMH.

Two columns have been included for counties to calculate "Rates per Unit", and "Total Cost per Service".

Counties will also need to calculate and report on "Total Cost per Client/Student."

With the format provided in this workbook, counties must then work with their local COE to address reimbursement for services.

For county reference, this link provides information on FY 2005-06 Short-Doyle/Medi-Cal Maximum Reimbursement Rates (July 1, 2005 through June 30 2006).

http://www.dmh.ca.gov/DMHDocs/docs/letters05/05-07_Encl.pdf

Columns included in "Cnty A":

- 1 County - county mental health plan that submits CSI data to the DMH
- 2 Provider (PRV)Number (Nbr) - 4-digit Alpha numeric number assigned by the DMH that allows the counties to report service information to DMH
- 3 County Client Number (CCN) - 9-digit field generated at the county level. Uniquely identifies each client.
- 4 Current Legal/Beneficiary Name (First, Middle Last) - Name fields as provided by the client at the time of service.
- 5 Date of Birth (DOB)
- 6 Gender
- 7 Mode of Service: There are three (3) that may be reported in CSI; Mode '05'/24 Hour Services, Mode '10' /Day Treatment Services, and Mode '15'/Outpatient Services.
- 8 Service Function Code - specifies specific type of service. See CSI Data Dictionary, 'S06'.
- 9 Units of Service (UOS) - Unit of Measurement varies per type of service.
- 10 Units of Time (UOT) - Unit of Measurement varies per type of service.
- 11 Dates of Service - Service Dates for Mode 10 (Day Treatment) and Mode 15 Services
- 12 24-Hour Service Dates - Service Dates for Mode '05' Services: Admission, From/Entry, Through/Exit and Discharge
- 13 County Information - these columns to be completed by county
 - Rate Per Unit
 - Total Cost Per Service

FY 2005-06 CDE AB 3632 Reporting Requirements Format

"A" County Client and Service Information (CSI) Data Extract

Clients Receiving Mental Health Services as part of their Individualized Education Plan (IEP) (AB 3632 Services)

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Dates of Service (Mode '10', and '15', Non-24-Hour Services) or From/Entry Dates (Mode '05', 24-Hour Services) March 1, 2006 through June 30, 2006

1	County	Provider Number	County Client Number (CCN)	Date of Birth (DOB)	Gender	THESE ARE SAMPLE/PSEUDO NAMES ONLY. Current Legal/Beneficiary Name Fields				Mode of Service	Service Function	Units of Service (UOS)	Units of Time (UOT)	Dates of Service (Mode '10' & '15' Svcs)	24-Hour (Mode '05') Service Dates				COUNTY INFORMATION	
						First	Middle	Last	Suffix						Admission	From/Entry	Through/Exit	Discharge	Rate Per Unit	Total Cost Per Service
1	"A"	CO01	000987654	10/21/1991	M	RICHARD	A	DOE		15	48	01	50	3/30/2006						
2	"A"	CO01	000876543	4/23/1997	M	JEFF		SMITH		15	30	01	165	3/23/2006						
3	"A"	CO01	000765432	5/5/1992	M	HOMER		SIMPSON		15	01	01	20	3/23/2006						
4	"A"	CO02	000654321	5/5/2003	M	BUD		SIMPSON		15	01	01	105	3/17/2006						
5	"A"	CO02	000543219	12/24/1988	F	MAGGIE		DOE		15	40	01	70	4/3/2006						
6	"A"	CO03	000543219	12/24/1988	F	MAGGIE		DOE		10	96	01	1	4/28/2006						
7	"A"	CO03	000032198	5/22/1978	F	MISSUS		GRIFFIN		10	96	01	1	4/29/2006						
8	"A"	CO03	000021987	6/22/1985	M	LASSIE		WINTER		05	65	01	0		2/24/2004	6/27/2006	6/27/2006			
9	"A"	CO03	000019876	5/22/1988	M	RUDOLPH	G	REINDEER		05	65	01	0		2/24/2004	6/28/2006	6/28/2006			
10	"A"	CO03	000098765	5/22/1984	M	NICKLAUS		POLE		05	65	01	0		2/24/2004	6/30/2006	6/30/2006			
11	"A"	CO04	098765432	1/10/1990	F	MISS	K	SMITH		15	32	01	100	6/7/2006						
12	"A"	CO04	098765433	1/11/1990	F	MARGIE		SMITH		15	01	01	15	4/17/2006						
13	"A"	CO05	076543219	6/14/1990	M	JOE	A	JUNIOR	JR	15	60	01	15	2/26/2006						
14	"A"	CO05	065432198	7/27/1992	M	SAM	C	SENIOR	III	15	70	01	80	6/8/2006						
15	"A"	CO06	054321987	12/24/1989	M	PHIL		AM		10	96	01	1	1/16/2006						