

Chapter 7: Client-Specific Service Event Data Set - SERV

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Revision History

Version 10.3

- ◆ Page 2 - Updated Prevention Program Contact
- ◆ Pages 4 - Removed reference to MH/SA Admission being “Parent” of Serv record
- ◆ Page 5 - Removed reference to Serv record requiring MH or SA Outcome record with valid target group
- ◆ Page 6 - Removed ERD of Relationship of Admission record to SERV
- ◆ Page 7 - Updated Exception Reports Section
- ◆ Page 11- Updated FUND1 field to align to current Program policy
- ◆ Page 13 - Updated FUND2 field to align to current Program policy
- ◆ Pages 10 - 13 - Reformatted File Format Section of Chapter
- ◆ Pages 8 - 9 – Updated Client Specific Event Form
- ◆ Pages 13 – 14 – Added OCA codes for Modifier 4 field
- ◆ Page 18 – Information and Validation Edits for Modifier 4/OCA Codes
- ◆ Pages 20 – 21 Other OCA list not captured in SAMHIS
- ◆ Page 1 – Created Table of Contents, and added Revision History

I. General Policies and Considerations

The Client-Specific Service Event (SERV) data set is used at the state level to collect and report the types and amounts of services provided to persons served in state-contracted community substance abuse and mental health programs. This data set is a critical component of the Substance Abuse and Mental Health Information System (SAMHIS) for linking persons served to services, providers, costs, and outcomes.

A. Providers Required to Submit Service Event Data

1. Any entity (organization or individual) that has a state contract to provide client-specific services in community mental health or substance abuse programs is required to submit client specific service event data on each person served.
2. At the minimum, the contracted entity is required to report each service event received by each person who meets the eligibility criteria for state substance abuse and mental health target population and whose services are funded, in whole or in part, by the state contract or local match. The purchase of incidental items and services in support of the client's recovery or treatment plan is also considered a service and is to be reported under Incidental Expense cost center.
3. 394.674 (2)(a) F.S., requires the following for services to be paid by the Department's contract: *"To be eligible to receive substance abuse and/or mental health services funded by the department, an individual must be a member of at least one of the department's priority populations approved by the Legislature."*

B. Validation Edits for Client-Specific Service Event Data

1. Range of Valid Values

SAMHIS will reject a client-specific service event record (SERV) as erroneous if any data element in this record fails the field validation edits for range of valid values as specified below in **Section II** (Instructions for Collecting and Reporting Service Event Data Elements) and in **Section IV** (File Layout and Validation Edits for the Client-Specific Service Event Record).

2. Validation of Service Event Units

- a. For cost centers that are measured in **hours** (e.g., **contact hours** for Cost Centers 01, 12, 14, 22, 35, 40, 42, 43, 45 and 47; or **direct staff hours** for Cost Centers 02, 08, 10, 11, 25, 26, 27, 29 and 46; or **staff hours** for Cost Centers 04, 30, 34 and 44; or **non-direct staff hours** for Cost Centers 15 and 16), **the MINUTES (not hours) are the service event units that must be reported and submitted into SAMHIS.** The system has already been programmed to convert these minutes into hours after the data are processed. The **maximum** number of minutes to be reported and submitted into SAMHIS per service event is **1440** (or 24 hours x 60 minutes). **SAMHIS will reject any service event in these cost centers if the number of units is greater than 1440 minutes or null (blank).** For example, if 3.5 contact hours of outpatient were provided in Cost Center 14, then 210 minutes (3.5 hours X 60 = 210 minutes) should be reported and submitted into SAMHIS.
- b. For cost centers that are measured in **days** (e.g., **bed days** for Cost Centers 03, 24 and 39, or **facility days** for Cost Center 07, or **24-hour days** for Cost Centers 09, 18, 19, 20, 21, 36, 37 and 38, or **4-hour days** for Cost Centers 05, 06, 17, 23 and 32), then only **One Day** per service event **must be reported and submitted into SAMHIS.** **SAMHIS will reject any service event in these cost centers if the number of units is greater than 1 day or null (blank).** For example, if a person was in Residential Level 1 (cost center 18) for five days, then five service events of one day each should be submitted into SAMHIS.

SAMHIS will not allow more than one bed-day event or more than one 24-hour day event per person during the same day. For example, the system will not accept a service event for a residential bed (Cost Center 19) if there is a concurrent event for a room & board bed (Cost Center 36) for the same person on the same day. Similarly, the system will not accept concurrent service events for a day service from any other agency serving the client on that day. An exception to the above edit applies to CSU (cost center 03), Detox (cost center 24) and day care services (cost center 05). These services can occur on the same day as another day service.

- c. For cost centers identified as either **bed days** (cost center 03, 24 and 39) or **24-hour days** (cost center 09, 18, 19, 20, 21, 36, 37 and 38), the admission day needs to be identified with the modifier 'R1' in modifier 1. The Program Office will use the modifier as the beginning of the level of care. Effective January 5, 2011, SAMHIS will start to reject records as defined above when no modifier 'R1' is present either in the database or the record being processed. See Appendix 2 for information about the modifier.
- d. For cost centers like Methadone Maintenance, which is measured in **dosages**, a maximum of one dose per service event will be allowed in the Substance Abuse and Mental Health Information System (SAMHIS). Otherwise, the service event will be rejected if the number of dosage is greater than 1 or null (blank).
- e. For cost centers like Incidental Expenses, which are measured in **dollars**, the actual dollar amount spent is the service event units to be reported and submitted into SAMHIS. **Do not divide this amount by 50**; SAMHIS has already been programmed to convert the dollar amount into units.
- f. **Effective January 5, 2011**, service events that are deemed to be overlapping with an existing service event in SAMHIS will be rejected. Specifics about what are or are not overlapping services will be detailed in a separate document for contracted providers.

3. Validation of Contract Numbers

- a. The Contract Number entered in the service event record must be both **current** and **valid** as recorded in the **Florida Accounting Information Resource (FLAIR)** system. To be valid, the Contract Number must: (a) be in Exhibit H (Funding Detail) pertaining to services funded by each Substance Abuse and Mental Health (SAMH) budget entity, and (b) belong to the entity identified by the Contractor ID in the service event record. To be current, the Contract Number must be within a contract period that includes the date of the service event being reported into SAMHIS. For example, if the service event being submitted was provided on October 15, 2005, then this service event date must be between the beginning and ending date of the contract. Expired contracts will be rejected as invalid.
- b. SAMHIS uses the following algorithm to validate the **accuracy** of the Contract Number in the service event record.
 - The **first** digit of the state Contract Number (**except S**) must be one of the following alpha characters that designate the DCF district code as shown in the list below, e.g., **A** = 01, **B** = 02, and so on. If the first digit of the state Contract Number is **S**, then the second digit of the contract number must be one of the following alpha characters that designates the DCF district code.

A = 01	H = 08	N = 12
B = 02	I = 09	P = 13

C = 03 **J** = 10 **Q** = 23
D = 04 **K** = 11 **T** = 14
G = 07 **L** = 30 **Z** = 15

S = Statewide

See examples of valid contracts below.

- The **second** digit of the State Contract Number (**except when the first digit is S**) must be one of the following alpha characters that designates the DCF program code as shown in the list below, e.g., **D** = Substance Abuse Services; **H** = Mental Health Services; **I** = Mental Health **Institutions**, and so on. If the first digit of the state Contract Number is **S**, then the third digit of the state Contract Number must be one of the following alpha characters that designate the DCF program code.

A = Secretary's Office
B = Assistant Secretary for Administration Office
C = Child Care Regulation
D = Substance Abuse Services
E = District Administration
F = Economic Self-Sufficiency
G = Adult Services
H = Mental Health Services
I = Mental Health - Institutions
J = Family Safety /Child Welfare
K = Refugee Services
L = Developmental Disabilities
M = Developmental Services - Institutions
N = Domestic Violence
O = Reserved
P = Reserved
Q = Reserved
R = Reserved
S = Reserved
U = Office of Information Systems
V = Reserved
Z = Reserved

For Example:

AH001 represents a contract number for District **01** (first digit is **A**, which is a valid code for District **01**) in mental health program (second digit is **H** for **MH** program)

CD001 represents a contract number for District **03** (first digit is **C**, which is a valid code for District **03**) in substance abuse program (second digit is **D** for **SA** program)

SBI01 represents a statewide contract number initiated by District **02** (e.g., first digit is **S** and second digit is **B** for District **02**) for services in mental health institution program (e.g., third digit is **I** for Mental Health **Institution** program)

4. Reporting SA Prevention Services

All Substance Abuse Prevention services, which are reported for an individual person, will be entered into SAMHIS Prevention, formerly known as the Performance Based Prevention System (PBPS), rather than in SAMHIS. The documentation of the SAMHIS Prevention system, which is operated and maintained by a third-party vendor (KIT Solutions), can be obtained at the following website:

<http://www.kitsco.com/flsupport/manuals.htm>. SAMHIS has been programmed to interface regularly with the SAMHIS Prevention system for the purpose of extracting the demographic records and related service event data.

a. When to Prepare and Update Client-Specific Service Event Data:

Providers should collect data pertaining to client-specific service event record every time a person receives a service. Data for new records and for updating existing records should be collected and reported into the Substance Abuse and Mental Health Information System (SAMHIS) hourly, daily, weekly, or monthly, but not later than the 15th following the end of the reporting month. Failure to meet this deadline will result in the provider being out of compliance with contract requirements, and will cause these data to be excluded from various state monthly reports, including the General Appropriation Act (GAA) performance measures. Year-to-date data for a fiscal year must be collected and submitted into SAMHIS not later than August 15th following the end of the fiscal year.

b. Documentation Requirements

Providers should use the Financial Rule, 65E-14.021(7), F.A.C., as a guide for documenting services provided in each state-designated cost center, including applicable programs, units of measure, maximum unit cost rates, as well as service and audit documentation requirements for data elements included in the person's medical/clinical record. If the agency maintains electronic records of client-specific service events, a paper copy of the service event form is not required to be in the person's medical/clinical record, but the provider must be able to furnish the service event information from the electronic database when requested for monitoring or audit purposes.

5. Relationship between Client-Specific Service Event Record and Other Records in SAMHIS

a. "Parent" of the SERV Record

SAMHIS will reject a client-specific service event record as "**orphan**" if this event record does not have a corresponding Demographic record with matching SSN, Contractor ID and Provider ID in SAMHIS. The following steps must be taken to prevent "orphan" service event records:

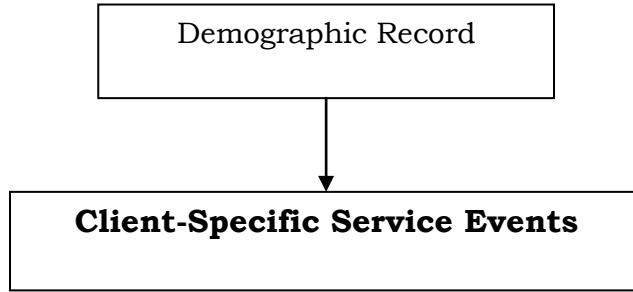
- Providers must submit the demographic record into SAMHIS **before** they submit the corresponding client-specific service event records.
- SAMHIS must process and accept the demographic records before it can process and accept the corresponding client-specific service event records.

b. "Children" of the SERV Record

There are no "children" records for a Client-Specific Service Event record. However, a Client-Specific Service Event (SERV) record will not be used for performance measurement and other statewide reporting purposes (e.g., planning, budgeting, needs assessment, and so on) unless it meets the following conditions:

- The Contract Number (ContNum1) in the service event record must be valid, current and accurate as specified in Section II below pertaining to "Instructions for Collecting and Reporting Service Event Data Elements."

c. Entity Relationship Diagram



6. Updating Existing SERV Records

- a. The Substance Abuse and Mental Health Information System (SAMHIS) uses the following ten **key fields** to uniquely identify each Client-specific Specific Service Event record: Social Security Number (**SSN**); Contractor ID (**CONTRACTORID**); Provider ID (**PROVID**); County of Service (**SERVCOUNT**); Setting (**SETTING**); Program Type (**PROGTYPE**); Cost Center (**COSTCENT**); Procedure Code (**PROCEDURE**); Service Date (**SERVDATE**); and Beginning Time (**BEGINTIME**). The chart in number seven below contains the list of key fields and details for each.
- b. Based on these key fields, SAMHIS will overwrite (update) non-key fields in the existing SERV record if the incoming SERV record has exactly the same data values on each key field.

7. Removing Undesired SERV Records

- a. File Transfer Protocol (FTP) Deletion: An individual service event record that has already been accepted and inserted into SAMHIS can be deleted. This should be done if an existing SERV record was previously submitted by mistake or any of the existing record key fields in the table below have changed. If any non-key field needs to be changed or corrected, the current record should be updated and resubmitted, causing the existing record to be updated (overwritten by the new record). Providers can remove undesired SERV records by submitting a “delete” file through SAMHIS using the FTP process. The table below provides the format of the deletion file layout. See **Section II** below regarding “*Instructions for Collecting and Reporting Service Event Data Elements*” in this deletion file. This section also provides the format for reporting these data elements. For example, the format for **SERVDATE** is **YYYYMMDD** showing 4 digits for the year (e.g., 2007), 2 digits for the month (e.g., 01 thru 12), and 2 digits for the day (e.g., 01 thru 31); and the format for **BEGINTIME** is **HHMM** in 24-hour clock showing 2 digits for the hour and 2 digits for the minutes (e.g., 1345 is the value for one o’clock and 45 minutes).

Field	Start	Type / Size	Type
ContractorID	1	10	CHAR
SSN	11	9	CHAR
SERVDATE	20	8	DATE
BEGINTIME	28	4	CHAR
COSTCENT	32	2	CHAR
PROGTYPE	34	1	CHAR
PROCEDURE	35	5	CHAR
PROVID	40	10	CHAR
SETTING	50	2	CHAR
SERVCOUNT	52	2	CHAR

- b. On-Screen Deletion:** Use the following steps to delete a SERV record via the input screen: (a) Retrieve the record needing Deletion using the VIEW Information Navigation button; (b) Once the specific record is displayed, left click on the Delete Information button at the bottom of the screen. The system will ask you if you wish to continue with a deletion process. You have the option to CANCEL or to press OK for the deletion. If you select "OK" to delete the record, the system will delete record and it will display the message "Record Deleted."

8. Exception Reports (THIS IS NOT APPLICABLE AT THIS TIME)

Exception reports provide information needed for quality assurance and quality improvement at the federal, state, region, circuit, and provider levels. The following are examples of exception reports: (a) Open MH Admissions without Services Provided in 210 Days or More, and (b) Clients with FARS due within next 60 days.

Due to the confidentiality of the data, exception reports are accessible only to individuals who are authorized users of the Substance Abuse and Mental Health Information System (SAMHIS). These exception reports are available at the following DCF Intranet web sites:

- SAMHIS users, who access this system via the Aventail Client should access the Exception reports by going to SAMH Production and selecting the Outcome Exceptions menu item under the ADMDW Reports section.

II. Optional Client-Specific Service Event Data Collection Form

For those providers who use paper forms to collect and process service event data, an optional form is provided below.

STATE OF FLORIDA Substance Abuse and Mental Health CLIENT SPECIFIC SERVICE EVENT FORM	
Client's Name: _____ (* Mandatory Fields) (Reference: Chapter 7, DCF Pam 155-2)	
1 *Client SSN: __ __ - __ __ - __ __ __ __	Page 10
2. *Contractor ID: __ __ - __ __ __ __ __ __ If your agency is the subcontracted provider from Managing Entity, put the Managing Entity's ID here.	Page 10
3. *Service Date: __ __ / __ __ /200__ Month Day Year	Page 11
4. *Start Time: __ __ __ __ (HHMM)	Page 11
5. *Cost Center: __ __	Page 11
6. *Program Type: <input type="checkbox"/> 1 - Mental Health <input type="checkbox"/> 2 - Substance Abuse	Page 11
7. *Provider ID: __ __ - __ __ __ __ __ __ (Service Provider)	Page 13
8. *Setting: __ __	Page 11
9. *Service County: __ __	Page 10
10. Procedure Code: __ __ __ __ __ (HIPAA Approved Procedures Codes only)	Page 11
11. *Site Identifier: __ __	Page 10
12. Client ID: __ __ __ __ __ __ __ __ __ __	Page 10
13. *Provider Type: __ __ <input type="checkbox"/> 01 - Counselors by subtype <input type="checkbox"/> 09 - Physician/Osteopath by subtype <input type="checkbox"/> 02 - Marriage & Family Therapist <input type="checkbox"/> 10 - Psychosocial <input type="checkbox"/> 03 - Therapist <input type="checkbox"/> 11 - Rehabilitation <input type="checkbox"/> 04 - Neuropsychologist <input type="checkbox"/> 12 - Specialist <input type="checkbox"/> 05 - Psychoanalyst by subtype <input type="checkbox"/> 13 - School Psychologist <input type="checkbox"/> 06 - Psychologist by subtype <input type="checkbox"/> 14 - Social Worker <input type="checkbox"/> 07 - Nursing service related <input type="checkbox"/> 15 - Sociologist provider by type/subtype <input type="checkbox"/> 16 - Other <input type="checkbox"/> 08 - Physician assistant and advanced practice nursing providers by type/subtype	Page 10

STATE OF FLORIDA Substance Abuse and Mental Health CLIENT SPECIFIC SERVICE EVENT FORM	
Client's Name: _____	
(* Mandatory Fields) (Reference: Chapter 7, DCF Pam 155-2)	
14. Funding 1: __ Identify the Majority (>50%) Fund Source: <input type="checkbox"/> 1 – Medicaid <input type="checkbox"/> 2 – ADM <input type="checkbox"/> 3 – TANF <input type="checkbox"/> 5 – Local Match only <input type="checkbox"/> 7 – Other State Fund <input type="checkbox"/> 8 – Other Federal Fund <input type="checkbox"/> A- PTS <input type="checkbox"/> B - Title 21 <input type="checkbox"/> C – Medicaid HMO <input type="checkbox"/> D – Medicare <input type="checkbox"/> E – Medicare HMO <input type="checkbox"/> F – Private Pay Health Insurance <input type="checkbox"/> G – Private Pay HMO <input type="checkbox"/> H – Private PPO <input type="checkbox"/> I – Self-Pay <input type="checkbox"/> J – Charity Care <input type="checkbox"/> K – Other Third Party Payer	Page 11
15. Funding 2: __	Page 13
16. Payment: _0_ _0_ __	Page 12
17. *Contract No.1: __ __ __ __ __	Page 12
18. Contract No. 2: __ __ __ __ __	Page 13
19. 1st Modifier: __ __	Page 13
20. 2nd Modifier: __ __	Page 13
21. 3rd Modifier: __ __	Page 13
22. 4th Modifier (OCA Code): __ __	Page 13
23. *Duration/Dosage (Unit): __ __ __ __	Page 11
24. *Staff Information(Staff ID): __ __ - __ __ __ __ __ __ __ __ __ __	Page 12
25. Provider Local Information: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __	Page 13

III. Client-Specific Service Events Data File Layout with Validations, Descriptions and Instructions (SERV)

User View Name	Pos	Type / Size	Edits and Validations
CONTRACTORID	1	CHAR(10)	Valid values = 10 characters Must match a Provider ID number that already exists in the Provider table Else, reject (Mandatory Key)
	<p>Descriptions and Instructions: Contractor Identification Number – The agency's Federal Employer Identification Number assigned by the US Internal Revenue Service (IRS). It is a ten-digit number, including a dash in the third position (e.g., 59-1234567 that identifies the entity possessing the contract with the Department of Children and Families DCF) to provide the services to the consumer. This number should be the same as reported in your agency's DCF Contract document. When the DCF contracted provider subcontracts with another entity to provide services, it is essential that the subcontracted entity identify the contractor in this field.</p>		
SITEID	11	CHAR(2)	Valid values = 00 through 99, 1A – 9Z. Else, reject. Add preceding zero if single digit. (Mandatory) SITEID validated against PROVID in the Provider Table
	<p>Descriptions and Instructions: Site Identification Number – The location where the event took place or where the provider staff, who rendered the service, is assigned. The service location must have a unique SITE ID registered with the SAMH Data Office and must be associated with the Contractor ID in order for the record to be accepted. (See Chapter 3 – Provider)</p>		
SSN	13	CHAR(9)	Valid values = 9 characters that already exists in DEMO table Else, reject Cannot start with 000 or 9 (Mandatory Key)
	<p>Descriptions and Instructions: Social Security Number – Enter the SSN of the client being served. This number must consist of 9 numeric digits without dashes between digits. It cannot start with 000 or 9. If the SSN is not known, follow the instructions for constructing a Pseudo SSN in Chapter 4. When the client's correct social security number is known, report it to SAMH Central Office in Tallahassee. Contact the SAMH District Data Liaison for additional information or assistance. This number must match the number reported in the Demographic record. Otherwise, the SA Outcome will be rejected as an orphan.</p>		
CLIENTID	22	CHAR(10)	Valid values up to 10 characters. Do not use the SSN of the client as the ClientID. A pseudo-SSN can be used. (Mandatory)
	<p>Descriptions and Instructions: Client Identifier – A 10 digit number the provider uses to identify the client or to reference other local information. The agency client ID is only used to provide agencies with an easy method of cross-walking submitted data back to their own data system. Do not use the client's SSN for this field. A pseudo-SSN is acceptable.</p>		
PROVTYPE	32	CHAR(2)	Valid values = 01 through 16 Else, reject (Mandatory) Add preceding 0 if single digit
	<p>Descriptions and Instructions: Provider Type – Indicate the type of staff providing the service directly to the client. 01 = Counselors by subtype 02 = Marriage & Family Therapist 03 = Therapist 04 = Neuropsychologist 05 = Psychoanalyst by subtype</p>		

User View Name	Pos	Type / Size	Edits and Validations																		
PROVTYPE (Continued)			06 = Psychologist by subtype 07 = Nursing service related provider by type/subtype 08 = Physician assistant and advanced practice nursing providers by type/subtype 09 = Physician/Osteopath by subtype 10 = Psychosocial 11 = Rehabilitation 12 = Specialist 13 = School Psychologist 14 = Social Worker 15 = Sociologist 16 = Other																		
SERVCOUNT	34	CHAR(2)	Valid values = 01 through 67 Else, reject (Mandatory Key)																		
	Descriptions and Instructions: County of Service – Indicate the county in which the client received services. Refer to page 7-19 for a list of county codes.																				
COSTCENT	36	CHAR(2)	Valid Values = 01 through 40, 42 through 47 Else Reject (Mandatory Key)																		
	Descriptions and Instructions: Cost Center Code – The two-digit code that indicates the general category of services provided to the client. Refer to page 7-19 for the list of Cost Center Codes and Definitions.																				
FUND	38	CHAR(1)	Valid values = 1 through 8 Else, reject (Mandatory)																		
	Descriptions and Instructions: Fund – Identify the appropriate code for the current service the client is receiving. <table border="0"> <tr> <td>1 = Medicaid</td> <td>5 = Local Match Only</td> </tr> <tr> <td>2 = SAMH*</td> <td>7 = Other State Fund (i.e. FS, DD, or CBC)*</td> </tr> <tr> <td>3 = TANF*</td> <td>8 = Other Federal Fund (i.e. Other federal grants)</td> </tr> <tr> <td>A = PTS</td> <td>B = Title 21</td> </tr> <tr> <td>C = Medicaid HMO</td> <td>D = Medicare</td> </tr> <tr> <td>E = Medicare HMO</td> <td>F = Private Pay Health Insurance</td> </tr> <tr> <td>G = Private Pay HMO</td> <td>H = Private Preferred Provider Organization</td> </tr> <tr> <td>I = Self-Pay</td> <td>J = Charity Care</td> </tr> <tr> <td>K = Other Third Party Payer</td> <td></td> </tr> </table> <p>If codes 'C' through 'K' are selected, the valid contract code should be '00000'.</p> Refer to page 7-16 for Guidelines on Funding Sources and Contract Numbers and pages 7-16-17 for Fund Code Descriptions.			1 = Medicaid	5 = Local Match Only	2 = SAMH*	7 = Other State Fund (i.e. FS, DD, or CBC)*	3 = TANF*	8 = Other Federal Fund (i.e. Other federal grants)	A = PTS	B = Title 21	C = Medicaid HMO	D = Medicare	E = Medicare HMO	F = Private Pay Health Insurance	G = Private Pay HMO	H = Private Preferred Provider Organization	I = Self-Pay	J = Charity Care	K = Other Third Party Payer	
1 = Medicaid	5 = Local Match Only																				
2 = SAMH*	7 = Other State Fund (i.e. FS, DD, or CBC)*																				
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A = PTS	B = Title 21																				
C = Medicaid HMO	D = Medicare																				
E = Medicare HMO	F = Private Pay Health Insurance																				
G = Private Pay HMO	H = Private Preferred Provider Organization																				
I = Self-Pay	J = Charity Care																				
K = Other Third Party Payer																					
PROGTYPE	39	CHAR(1)	Valid Values 1 or 2 Else reject (Mandatory Key)																		
	Descriptions and Instructions: Program Type - Indicate the Mental Health or Substance abuse code for the primary program area that is funding the service event. [1] = Mental Health [2] = Substance Abuse																				
PROCEDURE	40	CHAR(5)	Valid values = HIPAA procedure Code as specified in Appendix 1 of the Pamphlet 155-2 (Mandatory Key)																		
	Descriptions and Instructions: Procedure Code - The 5-digit Health Insurance Portability and Accountability Act (HIPAA) Procedure Code that is appropriate to the service delivered.																				
SERVDATE	45	CHAR(8)	Date that is = < system date and = > client's DOB Format is YYYYMMDD. Else, reject (Mandatory Key)																		

User View Name	Pos	Type / Size	Edits and Validations
SERVDATE (Continued)	Descriptions and Instructions: Service Date The date in YYYYMMDD format indicating the year, month and day when the client actually received the service or when the service actually began.		
UNIT	53	Number(4)	For cost centers measured in hours as specified above in Sections I and II, valid value = 1 through 1440. Else, reject. (Mandatory) For cost centers measured in days or dosages as specified above in Sections I and II, valid value = 1. Else, reject. For cost centers that are not measured in hours, days or dosages, valid value = 1 through 9999. Else, reject
	Descriptions and Instructions: Unit - The number of units (up to 4 numeric digits) appropriate to the type of program, cost center and procedure that were provided to the consumer during this service event.		
SETTING	57	CHAR(2)	Valid values = 01 through 30 Else reject Add preceding 0 if single digit. (Mandatory)
	Descriptions and Instructions: Setting - Service Setting is a two-digit code that best represents either the type of setting in which the service was rendered or a program uniquely designed for special populations. Refer to page 7-18 for a list of Setting Codes		
BEGINTIME	59	CHAR(4)	Valid value = 24-hour clock format "HHMM". If a cost center is not measured in hours and minutes, then use 0000. (Mandatory Key)
	Descriptions and Instructions: BEGINNING TIME Start time in HHMM format using the 24-hour clock to indicate when the service actually began		
HEALTHPLAN	63	CHAR(5)	Valid values = 5 numeric characters or blank No Longer Used – Leave Blank
	Descriptions and Instructions: Health Plan This field is no longer used. Please leave this field blank.		
CLAIMID	68	CHAR(5)	Valid value = 5 numeric characters or blank. No Longer Used – Leave Blank
	Descriptions and Instructions: ClaimID – This field is not used at this time. Please leave this field blank.		
STDCHARGE	73	CHAR(3)	Valid value = TBD or blank No Longer Used – Leave Blank
	Descriptions and Instructions: Standard Charge – Please leave this field blank. This field is no longer used.		
RECPAID	76	CHAR(3)	Valid value = dollar amount or blank (Optional) No Longer Used – Leave Blank
	Descriptions and Instructions: Recipient Paid – Leave Blank, this field is no longer used.		
PAYMENT	79	CHAR(3)	Valid value = 001, 002 or blank – use leading zeros (Optional)
	Descriptions and Instructions: Payment – The Proportion of payment for the service which is collected from the source indicated in the Fund 1 field.		

User View Name	Pos	Type / Size	Edits and Validations
CONTNUM1	82	CHAR(5)	Valid value = SAMH contract number that is valid and active in the Florida Accounting Information Resource (FLAIR) or 00000. Else, reject. (Mandatory)
	<p>Descriptions and Instructions: Contract Number 1 - Enter the 5-digit state Contract Number that is valid and active in the Florida Accounting Information Resource (FLAIR) and that is currently used by the contracted entity (Contractor) to serve the person in the community substance abuse or mental health program.</p> <p>If the service event is not funded by a State contract (e.g., FUND1 = 4 for private/self pay), enter 5 zeros (00000) to designate a non-state Contract Number. Otherwise, enter a valid and active 5-digit Contract Number, which is used by the contracted entity to invoice the State. SAMHIS will reject any contract number that is not a valid and active state contract or that is not '00000. Refer to page 7-16 for more information.</p>		
STAFFID	87	CHAR(12)	Left justified = up to 12 characters. First 2 characters must be in 01, 02, 03, 04, 05, 06, or 07. And the 3 rd position must be a hyphen. And positions 4 -12 must be up to 9 alphanumeric characters, with a minimum of two characters for the employee identifier. Else, reject (Mandatory)
	<p>Descriptions and Instructions: StaffID – The ID of the staff rendering the services Valid values for the first two digits (Staff evaluation level) are:</p> <ul style="list-style-type: none"> 01 = Non-Degree Trained Technician. 02 = AA Degree Trained Technician 03 = BA/BS – Bachelor's Degree from an accredited university or college with a major in counseling, social work, psychology, nursing, rehabilitation, special education, health education or related human services field. 04 = MA/MS – Master's Degree from an accredited university or registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. 05 = Licensed Practitioner of the Healing Arts - MA/MS advanced registered nurse practitioner, physician assistants, clinical social workers, mental health counselors, marriage and family therapists. 06 = PhD/PsyD/Ed.D - Licensed psychologist 07 = MD/DO – Board Certified 		
MODIFIER1	99	CHAR(2)	Left justified = up to 2 characters. Must be a valid modifier as shown in Appendix 1 of the pamphlet or blank (Optional)
	<p>Descriptions and Instructions: Modifier1 – The two-digit code that indicates The first modifier for the HIPAA procedure code</p>		
BLANK	101	CHAR(1)	Not Used - Leave Blank
	<p>Descriptions and Instructions: Leave Blank</p>		
MODIFIER2	102	CHAR(2)	Left justified = up to 2 characters. Must be a valid modifier as shown in Appendix 1 of the pamphlet or blank (Optional)
	<p>Descriptions and Instructions: Modifier 2 The second modifier for the HIPAA procedure code</p>		
BLANK	104	CHAR(1)	Not Used - Leave Blank
	<p>Descriptions and Instructions: Leave Blank</p>		
MODIFIER3	105	CHAR(2)	Left justified = up to 2 characters. Must be a valid modifier as shown in Appendix 1 of the pamphlet or blank (Optional)
	<p>Descriptions and Instructions: Modifier 3 – Third modifier for HIPAA procedure code</p>		
BLANK	107	CHAR(1)	Not Used – Leave Blank

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	Descriptions and Instructions: Leave Blank																																																																																																																													
MODIFIER4	108	CHAR(2)	Left justified up to 2 characters. Must be a valid OCA code (Mandatory) Refer to page 7-18 for details on the OCA Codes																																																																																																																											
	<p>Descriptions and Instructions: Modifier 4 – Indicate the appropriate two digit OCA code as listed in the charts below.</p> <p>Mental Health Codes</p> <table border="1"> <thead> <tr> <th>OCA</th> <th>OCA Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>MHA01</td><td>B0</td><td>Adult MH 24 Hour Residential Services</td></tr> <tr><td>MHA09</td><td>B1</td><td>Adult MH Non-Residential Services</td></tr> <tr><td>MHA18</td><td>B2</td><td>Adult MH Crisis Services</td></tr> <tr><td>MHA25</td><td>B3</td><td>Adult MH Prevention Services</td></tr> <tr><td>MHA70</td><td>B4</td><td>Adult Mental Health Projects</td></tr> <tr><td>MHA72</td><td>B5</td><td>Community Forensic Beds</td></tr> <tr><td>MHA73</td><td>B6</td><td>Adult MH FACT Admin Services</td></tr> <tr><td>MHA74</td><td>B7</td><td>Adult MH FACT Expenses</td></tr> <tr><td>MHA76</td><td>B8</td><td>Indigent Psychiatric Medication Program</td></tr> <tr><td>MHAJD</td><td>B9</td><td>Grants Jail Diversion & Trauma Recovery</td></tr> <tr><td>MHAPG</td><td>BA</td><td>Grants PATH</td></tr> <tr><td>MHATB</td><td>BB</td><td>Adult MH TANF Eligible Participants</td></tr> <tr><td>MHC01</td><td>BC</td><td>Children 24 Hour Residential Services</td></tr> <tr><td>MHC09</td><td>BD</td><td>Children Non-Residential Services</td></tr> <tr><td>MHC18</td><td>BE</td><td>Children Crisis Services</td></tr> <tr><td>MHC25</td><td>BF</td><td>Children MH Prevention Services</td></tr> <tr><td>MHC70</td><td>BG</td><td>Children Mental Health Projects</td></tr> <tr><td>MHC71</td><td>BH</td><td>Residential Treatment Services for Emotionally Disturbed Children & Youth</td></tr> <tr><td>MHCBN</td><td>BI</td><td>Title 21 Children's Health Insurance Program</td></tr> <tr><td>MHCMD</td><td>BJ</td><td>Miami Wrap Around Grant</td></tr> <tr><td>MHCFA</td><td>BK</td><td>FACES Miami</td></tr> </tbody> </table> <p>Substance Abuse Codes</p> <table border="1"> <thead> <tr> <th>OCA</th> <th>OCA Code</th> <th>Description</th> </tr> </thead> <tbody> <tr><td>MSA03</td><td>BL</td><td>Adult SA 24 Hour Residential Services</td></tr> <tr><td>MSA11</td><td>BM</td><td>Adult SA Non-Residential Services</td></tr> <tr><td>MSA21</td><td>BN</td><td>Adult Detoxification Services - 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BLANK	110	CHAR(3)	Not Used – Leave Blank																		
Descriptions and Instructions: Leave Blank																					
PROVINFO	113	CHAR(20)	Valid value = up to 20 alpha-numeric characters. (Optional)																		
Descriptions and Instructions: Provider Information Local information used by Provider to identify or track client's other information for reporting purposes.																					
FUND2	133	CHAR(1)	Valid values = 1 through 8 or A through K (Optional)																		
<p>Descriptions and Instructions: Fund 2 - The Code to identify the secondary or supplemental funding source for the current service that the client is receiving.</p> <table border="0"> <tr> <td>1 = Medicaid</td> <td>5 = Local Match Only</td> </tr> <tr> <td>2 = SAMH*</td> <td>7 = Other State Fund (i.e. FS, DD, or CBC)*</td> </tr> <tr> <td>3 = TANF*</td> <td>8 = Other Federal Fund (i.e. Other federal grants)</td> </tr> <tr> <td>A = PTS</td> <td>B = Title 21</td> </tr> <tr> <td>C = Medicaid HMO</td> <td>D = Medicare</td> </tr> <tr> <td>E = Medicare HMO</td> <td>F = Private Pay Health Insurance</td> </tr> <tr> <td>G = Private Pay HMO</td> <td>H = Private Preferred Provider Organization</td> </tr> <tr> <td>I = Self-Pay</td> <td>J = Charity Care</td> </tr> <tr> <td>K = Other Third Party Payer</td> <td></td> </tr> </table> <p>If codes 'C' through 'K' are selected, the valid contract code should be '00000'.</p> <p>Refer to page 7-16 for Guidelines on Funding Sources and Contract Numbers and pages 7-16-17 for Fund Code Descriptions.</p>				1 = Medicaid	5 = Local Match Only	2 = SAMH*	7 = Other State Fund (i.e. FS, DD, or CBC)*	3 = TANF*	8 = Other Federal Fund (i.e. Other federal grants)	A = PTS	B = Title 21	C = Medicaid HMO	D = Medicare	E = Medicare HMO	F = Private Pay Health Insurance	G = Private Pay HMO	H = Private Preferred Provider Organization	I = Self-Pay	J = Charity Care	K = Other Third Party Payer	
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K = Other Third Party Payer																					
CONTNUM2	134	CHAR(5)	Valid value is a five character contract number, 00000 or blank. (Optional)																		
Descriptions and Instructions: Contract Number 2 - If the service event is funded by a second contract (other than Contract Number 1 above), the 5-digit contract number that is used by the contracted entity to serve the consumer.																					
PROVIDERID	139	CHAR(10)	Valid values = 10 characters that already exists in PROVIDER table. The 3 rd character must be a dash (-) Else, reject. (Mandatory Key)																		
Descriptions and Instructions: Provider Identification Number The 10-digit Federal Employer ID of the entity that is actually serving the client regardless of whether or not the entity has a state contract.																					

IV. Guidelines for Reporting Funding Sources and Contract Numbers

A. Requirement for reporting service events (SERV or EVNT) paid by the SAMH Contract or Local Match

If the code for **Fund Source #1 (Fund1)** is “2” for SAMH or “3” for TANF or “5” for Local Match or “A” for Purchased Therapeutic Services-PTS or “B” for Title 21; **THEN** the following edits will be used to validate the contract numbers:

1. **Contract # 1 (CONTNUM1)** must be a valid SAMH contract number in Florida Accounting and Information Resource (FLAIR) system

AND

2. **Contract #2 (CONTNUM2)** can be blank. If any contract number is entered in this field, it will not be used by DCF for SAMH performance measurement purposes)

B. Requirement for Reporting Service Events (SERV) paid by Medicaid or Medicaid-Capitated Managed Care Entity

Note: Medicaid doesn't pay for non client-specific service events (EVNT).

If the code for **Fund Source #1 (Fund1)** is “1” for Medicaid or “6” for Medicaid Carve Out; **THEN** the following edits will be used to validate the contract numbers:

1. **Contract # 1 (CONTNUM1)** must be a valid SAMH contract number in Florida Accounting and Information Resource (FLAIR) system

AND

2. **Contract #2 (CONTNUM2)** can be blank **or** any contract number other than SAMH contract. If a SAMH contract number is entered in this field, it will not be used by DCF for SAMH performance measurement purposes.

C. Requirement for Reporting Service Events Paid by Other State Fund, Federal Fund, or Private/Self Pay Fund

If the code for **Fund Source #1 (Fund1)** is “4” for Private/Self Pay **or** “7” for Other State Fund or “8” for Other Federal Fund; **THEN** the following edits will be used to validate the contract numbers:

1. **Contract # 1 (CONTNUM1)** must be 00000 or a valid SAMH contract number in Florida Accounting and Information Resource (FLAIR) system.

AND

2. **Contract #2 (CONTNUM2)** can be blank or any contract number other than SAMH contract. If a SAMH contract number is entered in this field, it will not be used by DCF for performance measurement purposes.

V. Definitions of Funding Codes:

1. **Medicaid:** Services paid for by the Agency for Health Care Administration (AHCA). Medicaid, a joint federal-state program, covers low-income people under age 65 and those who have exhausted Medicare benefits. It pays for hospital care, doctors' services, nursing-home care, home health services, family planning, and screening. Participating states must offer Medicaid to all persons on public assistance but decide their own eligibility guidelines.
2. **DCF – SAMH:** behavioral health services paid for by the agency's contract with the Department. Funds are from general revenue, the Mental Health Block Grant, or the Substance Abuse Prevention and Treatment Block Grant.

3. **DCF-TANF:** Behavioral health service paid for by this federal program. The agency must have a contract with the Department to provide these service. TANF provides support to low-income families to promote work, responsibility, and self-sufficiency and to strengthen families. In Florida, the program provides cash payments to families, job training, and services to preserve families.
5. **DCF – Local Match Only:** Behavioral health services paid for by funds available to an agency that are required for match against the Department’s contract. The revenue source can be any funds not prohibited by the contract, e.g. other federal grants or state contracts.
7. **Other State Fund:** Behavioral health services paid for by contracts with other state agencies. Examples are the Department of Corrections, Juvenile Justice, Department of Health, etc.
8. **Other Federal Fund:** Behavioral health services paid for by other federal grants an agency may have been awarded. This funding source does not include either the Mental Health or Substance Abuse block grants.
 - A. **DCF – PTS:** Behavioral health services paid for by Psychosocial Therapeutic Services funds.
 - B. **DCF – Title XXI:** behavioral health services paid for by Title XXI funds.
 - C. **Medicaid Health Maintenance Organization (HMO):** Behavioral health services paid for by a health maintenance organization that is contracted with the Florida Agency for Health Care Administration (AHCA). An HMO, or Health Maintenance Organization, is a type of group health insurance plan. The medical needs of the people who subscribe are provided by a managed system of medical care. It provides its service for these needs through a group of doctors, medical personnel and facilities that work directly for the HMO. The care of its patients is done at its clinics by its doctors.
 - D. **Medicare:** Medicare covers most people 65 or older and those with long-term disabilities. Part A, a hospital insurance plan, also pays for home health visits and hospice care. Part B, a supplementary plan, pays for doctors' services, tests, and other services. Requirements and benefits are complex. Patients pay deductibles and copayments.
 - E. **Medicare Health Maintenance Organization (HMO):** Behavioral health services paid for by a HMO contracted by Medicare (the Florida Agency for Health Care Administration (AHCA).
 - F. **Private Pay Health Insurance:** behavioral health service paid for by a form of insurance that covers all the normal costs associated with private medical treatment.
 - G. **Private Pay - Health Maintenance Organization (HMO):** Behavioral health services paid for by an HMO. The client buy the coverage themselves.
 - H. **Private Preferred Provider Organization (PPO):** Behavioral health services paid for by a [health care organization](#) composed of physicians, hospitals, or other [providers](#) which provides health care [services](#) at a reduced [fee](#). A PPO is similar to an [HMO](#), but care is [paid](#) for as it is received instead of in [advance](#) in the [form](#) of a scheduled fee.
 - I. **Self-Pay:** Behavioral health services paid for by the client. The client is solely responsible for all payments or costs.
 - J. **Charity Care:** Behavioral health services provided that is not paid for by any of the stated funding sources. The agency basically absorbs the cost of care.
 - K. **Other Payer:** Behavioral health services paid for by a funding source not indicated by one of the stated payers.

VI. SERVICE SETTING CODES

- | | |
|--|--|
| 01] Assisted Living Facilities | 11] Provider Premises - Other than BHOS |
| 02] Recipient's Home or Apartment | 12] School |
| 03] County Health Department | 13] Shelter Facility |
| 04] Court | 14] State Hospital |
| 05] Delinquency Commitment | 15] Other DCF-funded Provider |
| 06] Foster Home | 16] Other Setting |
| 07] DCF Office | 17] DJJ BHOS |
| 08] Jail | 18] Family Safety BHOS |
| 09] Juvenile Detention Center | 19] Selected Prevention Services |
| 10] Nursing Home | 20] Indicated Prevention Services |

21] Addictions Receiving Facility - An ARF is a community-basis secure facility operated on a 24-hour a day basis that is designated by the department for persons found to be substance abuse impaired, as described in Section 397.675, F.S. The program may include detoxification, assessment, stabilization, and short-term treatment.

22] Interim Services - Are those minimal services provided to a person while the person is waiting for admission into a substance abuse treatment setting.

23] FYI Grant Services - Any indicated prevention program conducted under the Florida Youth Initiative (FYI) Grant. These can be either school based or non-school based.

24] SA Pregnant Women Program - Select '24' if the agency receives specific funding in the SAMH contract for this type of program, or if the client meets the federal definition for this type of program. Further, Program Type cannot be Mental Health (1). Funds set-aside from the Substance Abuse Prevention and Treatment (SAPT) Block Grant for treatment services for Pregnant Women and Women with Dependent Children (OCA: 27WOM) can only be used to pay for substance abuse treatment services that are provided in programs designed specifically for this population. Women who are attempting to regain custody of their children are also eligible for these services. To qualify as a SA Pregnant Women's program, the provider must also provide, or arrange, for the following services:

- (1) Primary medical care for women, including prenatal care;
- (2) Primary pediatric care for the children, including immunizations;
- (3) Gender specific substance abuse treatment and other therapeutic services, which may address issues of relationships, parenting, sexual and physical abuse and parenting care;
- (4) Therapeutic interventions for the children in custody of the women who are in treatment which may, among other things, address their developmental needs and issues of sexual and physical abuse and neglect; and,
- (5) Sufficient case management and transportation services to ensure that the women and their children have access to these services.

- 25]** Therapeutic Foster Home
26] Specialized Therapeutic Foster Home Level 1
27] Specialized Therapeutic Foster Home Level 2
28] Residential Treatment Center
29] Statewide Inpatient Psychiatric Program
30] Therapeutic Group Care

VII. County Codes

FLORIDA COUNTY CODES

[01] = Alachua	[19] = Franklin	[37] = Leon	[55] = St. Johns
[02] = Baker	[20] = Gadsden	[38] = Levy	[56] = St. Lucie
[03] = Bay	[21] = Gilchrist	[39] = Liberty	[57] = Santa Rosa
[04] = Bradford	[22] = Glades	[40] = Madison	[58] = Sarasota
[05] = Brevard	[23] = Gulf	[41] = Manatee	[59] = Seminole
[06] = Broward	[24] = Hamilton	[42] = Marion	[60] = Sumter
[07] = Calhoun	[25] = Hardee	[43] = Martin	[61] = Suwannee
[08] = Charlotte	[26] = Hendry	[44] = Monroe	[62] = Taylor
[09] = Citrus	[27] = Hernando	[45] = Nassau	[63] = Union
[10] = Clay	[28] = Highlands	[46] = Okaloosa	[64] = Volusia
[11] = Collier	[29] = Hillsborough	[47] = Okeechobee	[65] = Wakulla
[12] = Columbia	[30] = Holmes	[48] = Orange	[66] = Walton
[13] = Dade	[31] = Indian River	[49] = Osceola	[67] = Washington
[14] = DeSoto	[32] = Jackson	[50] = Palm Beach	[88] = Homeless
[15] = Dixie	[33] = Jefferson	[51] = Pasco	[99] = Out-of-State
[16] = Duval	[34] = Lafayette	[52] = Pinellas	
[17] = Escambia	[35] = Lake	[53] = Polk	
[18] = Flagler	[36] = Lee	[54] = Putnam	

IX. Cost Center Codes and Descriptions

COST CENTER CODES

Cost Center Code & Description	Cost Center Code & Description	Cost Center Code & Description
01 = Assessment	17 = Prevention/Intervention Day	33 = (No Longer Used)
02 = Case Management	18 = Residential Level 1	34 = FACT Team
03 = Crisis Stabilization	19 = Residential Level 2	35 = Outpatient - Group
04 = Crisis Support/Emergency	20 = Residential Level 3	36 = Room & Board Level 1
05 = Day Care	21 = Residential Level 4	37 = Room & Board Level 2
06 = Day/Night	22 = Respite Services	38 = Room & Board Level 3
07 = Drop In/Self-Help Centers	23 = Sheltered Employment	39 = Short-term Residential TX
08 = In-Home and On-Site Services	24 = Substance Abuse Detoxification	40 = Mental Health Clubhouse
09 = Inpatient	25 = Supported Employment	41 = Project Recovery
10 = Intensive Case Management	26 = Supported Housing/Living	42 = Intervention - Group
11 = Intervention	27 = TASC	43 = Aftercare - Group
12 = Medical Services	28 = Incidental Expenses	44 = MH Comprehensive - Individual
13 = Methadone Maintenance	29 = Aftercare/Follow-up	45 = MH Comprehensive - Group
14 = Outpatient - Individual	30 = Information and Referral	46 = SA Recovery Support - Individual
15 = Outreach	31 = Behavioral Health Overlay Svcs	47 = SA Recovery Support - Group
16 = Prevention	32 = Outpatient Detoxification	

Cost Center Definitions:

cc [01] Assessment

Assessment services assess, evaluate, and provide assistance to individuals and families to determine level of care, motivation, and the need for services and supports to assist individuals and families identify their strengths.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Contact Hour
Report Units: Contact Minutes (Maximum = 1440 minutes per SERV record)

cc [02] Case management

Case management services consist of activities aimed at identifying the recipient's needs, planning services, linking the service system with the person, coordinating the various system components, monitoring service delivery and evaluating the effect of the services received.

Note:

Use Intensive Case Management cost center [10], rather than case management cost center [02], if the above services are offered to persons discharged from a mental health hospital or crisis stabilization unit, who are in need of more professional care and who will have contingency needs to remain in a less restrictive setting. See 65E-15, F.A.C.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Direct Staff Hour
Report Units: Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [03] Crisis Stabilization

These acute care services provide, on a twenty-four (24) hours per day, seven (7) days per week basis, brief, intensive mental health residential treatment services to meet the needs of individuals who are experiencing an acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

Applicable Program: AMH, CMH
Report Format: SERV
Unit of Measure: Bed-Day
Report Units: Day: (Maximum = 1 day per SERV record)

cc [04] Crisis Support / Emergency

These non-residential care services are generally available twenty-four (24) hours per day, seven (7) days per week, or some other specific time period, to intervene in a crisis or provide emergency care. Examples include: mobile crisis, crisis support, crisis/emergency screening, crisis telephone, and emergency walk-in.

NOTE:

This service often involves staff being assigned "On Call" status during non-working hours. Staff Hours may be reported only if the staff person is in a position available to deliver services to the client, usually considered to be at the agency premises.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV/EVNT
Unit of Measure: Staff Hour
Report Units: Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [05] Day Care Services

Day care services provide a structured schedule of activities for four (4) or more consecutive hours per day for children of persons who are participating in a mental health or substance abuse day – night service or residential services.

Note:

Day care services should be reported in SAMHIS under the person responsible for the child.

Applicable Program: AMH, ASA
Report Format: SERV

Unit of Measure: 4-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [06] Day / Night

Day-night services provide a structured schedule of non-residential services for four (4) or more consecutive hours per day.

Activities for children and adult *mental health* programs are designed to assist individuals attain skills and behaviors needed to function successfully in living, learning, work, and social environments. Generally, a person receives three (3) or more services a week.

Activities for *substance abuse* programs emphasize rehabilitation, treatment, and education services, using multidisciplinary teams to provide integrated programs of academic, therapeutic, and family services.

NOTE:

Day/night may include delivery of services during evening hours. Medicaid currently allows a 3-hour minimum for Day/Night services. If the Day/Night service reported in SAMHIS is paid by Medicaid, report the units as "1" day per event even though this event does not meet the four (4) hour DCF Financial Rules' requirement. Follow Medicaid rules for billing Medicaid.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: 4-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [07] Drop In / Self Help Centers

These centers are intended to provide a range of opportunities for persons with severe and persistent mental illness to independently develop, operate and participate in social, recreational, and networking activities.

Applicable Program: AMH
Report Format: EVNT
Unit of Measure: Facility Day
Report Units: Day (Maximum = 1 day per EVNT record)

cc [08] In-Home And On – Site Services Overlay

Therapeutic services and supports are rendered in non-provider settings such as nursing homes, alternative living facilities (ALFs), residences, schools, detention centers, commitment settings, foster homes, and other community settings.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Direct Staff Hour
Report Units: Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [09] Inpatient

Inpatient services are provided in hospitals, licensed under Chapter 395, Florida Statutes, as general hospitals and psychiatric specialty hospitals. They are designed to provide intensive treatment to persons exhibiting violent behaviors, suicidal behaviors and other severe disturbances due to substance abuse or mental illness.

Note:

For *children* with serious emotional disturbance, inpatient services are provided in hospitals or intensive residential treatment programs licensed as specialty hospitals. Twenty-four hour supervision and one-on-one therapy are provided and the child's interaction with the community is usually limited.

Applicable Program: AMH or CMH
Report Format: SERV
Unit of Measure: 24-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [10] Intensive Case Management

Case management services consist of activities aimed at assessing recipient needs, planning services, linking the service system to a recipient, coordinating the various system components, monitoring service delivery and evaluating the effect of services received. These services are typically offered to persons who are being discharged from a hospital or crisis stabilization unit, who are in need of more professional care, and who will have contingency needs to remain in a less restrictive setting. Ref. 65E-15 F.A.C.

Applicable Program: AMH, CMH
Report Format: SERV
Unit of Measure: Direct Staff Hour
Report Units: Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [11] Intervention

Intervention services focus on reducing risk factors generally associated with the progression of substance abuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services, which emphasize short-term counseling and referral. These services are targeted toward individuals and families.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Direct Staff Hour
Report Units: Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [12] Medical Services

Medical services provide primary medical care, therapy and medication administration to improve the functioning or prevent further deterioration of persons with mental health or substance abuse problems. Included is psychiatric mental status assessment.

For adults with mental illness, medical services are usually provided on a regular schedule, with arrangements for non-scheduled visits during times of increased stress or crisis. This service includes medication administration of psychotropic drugs including Clozaril and other new medications, and psychiatric services.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Contact Hour
Report Units: Contact Minutes (Maximum = 1440 minutes per SERV record)

cc [13] Methadone Maintenance

Methadone medication maintenance consists of a group of outpatient services, which utilize methadone and other opioid replacement therapies, where permitted, in conjunction with assessment, rehabilitation and treatment services.

Note:

Reporting SAMHIS data under this cost center implies that the client received a daily dose of methadone and includes any associated services on that day. Only one dosage should be reported per day in this cost center.

Applicable Program: ASA
Report Format: SERV

Unit of Measure: Dosage
Report Units: Dosage (maximum = 1 dosage per SERV record)

cc [14] Outpatient-Individual

Outpatient services provide a therapeutic environment that is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. These services are usually provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis.

Note:

This cost center is limited only to face-to-face contact, unless stated otherwise in the contract. It should be used when reporting service units which are provided one-on-one to an individual.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Contact Hour
Report Units: Contact Minutes (Maximum = 1440 minutes per SERV record)

cc [15] Outreach

Outreach services are provided through a formal program to both the community at large and to individuals. Community services include education, identification and linkage with high risk groups. Outreach services for individuals are designed to: encourage, educate, and engage prospective clients who show an indication of substance abuse and mental health problems or needs. Client enrollment is not included in outreach services.

Note:

Services in this cost center may also include planning and linking with other service providers, risk reduction and intervention, case management for non clients, screening and referral to substance abuse and mental health treatment programs, as well as HIV outreach and outreach to women with substance abuse problems.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV/EVNT
Unit of Measure: Non-Direct Staff Hour
Report Units: Non-Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [16] Prevention

Prevention services are those involving strategies that preclude, forestall, or impede the development of substance abuse and mental health problems, and include increasing public awareness through information dissemination, education, and alternative-focused activities. These services may be directed either toward a Level II prevention target where the client has been identified, or at a Level I prevention target where the client is not identifiable.

Note:

Mental health prevention data must be submitted directly into SAMHIS via the online input screens or via the FTP process. Level II prevention data should be submitted using the SERV report format, and Level I prevention should be submitted using the EVNT report format. Substance abuse prevention data must be reported into **SAMHIS Prevention system**, formerly known as Performance-Based Prevention System (PBPS). SAMHIS has already been programmed to receive extracts of substance abuse prevention data from **SAMHIS Prevention system**.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV/EVNT
Unit of Measure: Non-Direct Staff Hour
Report Units: Non-Direct Staff Minutes (Maximum = 1440 minutes per SERV/EVNT record)

cc [17] Prevention / Intervention Day

This cost center includes school-based day services for children and adolescents for four (4) or more consecutive hours per day. These services include school-based mental health services for children who have been identified by the school as being at risk of developing, mental health problems. Services are individualized and may be provided in a self-contained classroom, a regular classroom, or as a component of a full service school.

For children and adolescents at-risk for *substance abuse* problems, services include Alpha and Beta targeted prevention programs serving students in grades 4-6 and 6-8, respectively. School-based programs are designed to promote building life skills and reduce the risk of establishing patterns of use. They consist of multiple, structured contacts over time to specific individuals or groups identified as having behavioral, biological or environmental at-risk characteristics. Programs are provided through community provider agencies in partnership with county school boards. Services are individualized and may be provided in a self-contained classroom, a regular classroom, or as a component of a full service school.

NOTE:

If the contract allows it, this cost center may also include children and adolescents who are at risk of substance abuse problems and receive targeted prevention services in non-school based programs.

Mental health prevention/intervention days must be submitted directly into SAMHIS via the online input screens or via the FTP process.

Substance abuse prevention/intervention days must be reported into **SAMHIS Prevention system**, formerly known as Performance-Based Prevention System (PBPS). This system is managed by KITS Solutions. SAMHIS has already been programmed to receive extracts of SA prevention data from **SAMHIS** Prevention system.

Applicable Program: CMH, CSA
Report Format: SERV
Unit of Measure: 4-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

Residential Services Levels I, II, and III are considered bundled services which cover all costs for that client that day. No other discrete services may be reported or invoiced that day for that client unless the contract allows it specifically, even if the service is in another program (MH or SA). Case management is considered an ancillary service and may be reported in addition to a Residential service. Residential services may be unbundled into the corresponding Room and Board with Supervision level and the individual treatment activities also reported the same day. This is often done to allow billing of Medicaid for the treatment activities while the Room and Board is billed to the SAMH contract. However, each activity billed to SAMH contract and/or Medicaid requires that a separate service event record be submitted into SAMH.

NOTE 2: Use the midnight census to determine which clients to report for the day just ending.

cc [18] Residential Level I

These licensed facilities provide structured, live-in, non-hospital setting, services with supervision on a twenty-four (24) hours per day, seven (7) days per week basis. There is a nurse on duty in these facilities at all times.

For *adult mental health*, these services include group homes, which are for longer-term residents. These facilities offer nursing supervision provided by, at a minimum, licensed practical nurses on a twenty-four (24) hours per day, seven (7) days per week basis.

For *children* with serious emotional disturbances, Level I services are the most intensive and restrictive level of residential therapeutic intervention provided in a non-hospital or non-crisis support setting, including residential treatment centers. Medicaid Residential Treatment Centers

(MRTC) and Residential Treatment Centers (RTC) are reported under this cost center. *On-call medical care* must be available for substance abuse programs.

For substance abuse, Level I services provide a range of assessment, treatment, rehabilitation, and ancillary services in an intensive therapeutic environment, with an emphasis on treatment, and may include formal school and adult education programs.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: 24-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [19] Residential Level II

These are licensed, structured rehabilitation-oriented group facilities that have twenty-four (24) hours per day, seven (7) days per week, supervision. Level II facilities are for persons who have significant deficits in independent living skills and need extensive support and supervision.

For *children* with serious emotional disturbances, Level II services are programs specifically designed for the purpose of providing intensive therapeutic behavioral and treatment interventions. This cost center includes services provided in Therapeutic Group Homes (TGH), Specialized Therapeutic Foster Homes (STFH) – Level I, and Therapeutic Foster Homes (TFH) – Level I.

For *substance abuse*, Level II services provide a range of assessment, treatment, rehabilitation, and ancillary services in a less intensive therapeutic environment with an emphasis on rehabilitation, and may include formal school and adult educational programs.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: 24-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [20] Residential Level III

These are licensed facilities which provide twenty-four (24) hours per day, seven (7) days per week supervised residential alternatives to persons who have developed a moderate functional capacity for independent living.

For *adults with serious mental illness*, this cost center consists of supervised apartments.

For *children with serious emotional disturbances*, Level III services are services specifically designed to provide sparse therapeutic behavioral and treatment interventions. This cost center provides services in Therapeutic Group Homes (TGH), Specialized Therapeutic Foster Homes (STFH)-Level I, and Therapeutic Foster Homes (TFH) – Level I.

For *substance abuse*, Level III provides a range of assessment, rehabilitation, treatment and ancillary services on a long-term, continuing care basis where, depending upon the characteristics of the clients served, the emphasis is on rehabilitation or treatment.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: 24-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [21] Residential Level IV

This type of facility may have less than twenty-four (24) hours per day, seven (7) days per week on-premise supervision. This is the least intensive level of residential care. It is primarily a support service and, as such, treatment services are not included in this cost center.

For *adult mental health*, Level IV includes satellite apartments, satellite group homes and therapeutic foster homes.

For children with serious emotional disturbances, Level IV services are the least intensive and restrictive levels of residential care provided in group or foster homes settings, therapeutic foster homes, and group care.. **Note:** Regular therapeutic foster care can be provided either through Residential Level IV “Day of Care: TFH” or by billing in-home/non-provider setting for a child in a foster home.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: 24-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [22] Respite Services

Respite care services are designed to sustain the family or other primary caregiver by providing time-limited, temporary relief from the ongoing responsibility of care giving. Although the respite is for the caregiver, use the SSN of the client in question.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Contact Hour
Report Units: Contact Minutes (Maximum = 1440 minutes per SERV record)

cc [23] Sheltered Employment

Sheltered employment services are non-competitive employment services within a work-based facility; it requires federal exemption from the Minimum Wage Act.

Applicable Program: AMH
Report Format: SERV
Unit of Measure: 4-hour Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [24] Substance Abuse Detoxification

Detoxification programs use medical and clinical procedures in a residential setting to assist adults, children and adolescents with substance abuse problems in their efforts to withdraw from the physiological and psychological effects of substance abuse. Residential detoxification and Addiction Receiving Facilities (ARFs) provide emergency screening, evaluation, short-term stabilization, and treatment in a secure environment. The maximum unit cost rate for a Juvenile Addiction Receiving Facility that is integrated with a Children’s Crisis Stabilization Unit shall be the maximum unit cost rate for the Crisis Stabilization cost center rather than for the Substance Abuse Detoxification cost center. Ref. 65E-14.021.

Applicable Program: ASA, CSA
Report Format: SERV
Unit of Measure: Bed-Day
Report Units: Day (Maximum = 1 day per SERV record)

cc [25] Supported Employment

Supported employment services are community-based employment services in an integrated work setting, which provides regular contact with non-disabled co-workers or the public. A job coach provides long-term, ongoing support for as long as it is needed to enable the person served to maintain employment.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Direct Staff Hour
Report Units: Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [26] Supported Housing/Living

Supported housing/living services assist persons with substance abuse or psychiatric disabilities in the selection of housing of their choice. These services also provide the necessary services and supports to assure their continued successful living in the community and transitioning into the community.

For *children with mental health problems*, supported living is the process of assisting adolescents in arranging for housing and providing services to assure successful transition to living independently on their own or with roommates in the community. Services include training in independent living skills.

For *substance abuse*, services provide for the placement and monitoring of recipients who: (a) are participating in non-residential services, (b) have completed or are completing substance abuse treatment, and (c) need assistance and support in independent or supervised living within a live-in environment.

NOTE: Rent subsidy payments are NOT to be reported under this cost center but under Incidental Expenses. However, there is a provision in 65E-14.021 to support rent subsidies paid by the agency through excess earnings in this cost center.

Applicable Program: AMH, ASA, CMH, CSA

Report Format: SERV

Unit of Measure: Direct Staff Hour

Report Units: Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [27] TASC

Treatment Accountability for Safer Communities (TASC) provides for identification, screening, court liaison, referral and tracking of persons in the criminal justice system with a history of drug abuse or addiction.

Applicable Program: ASA, CSA

Report Format: SERV

Unit of Measure: Direct Staff Hour

Report Units: Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc [28] Incidental Expenses

This cost center provides for incidental expenses for items, such as clothing, medical care, educational needs, developmental services, FACT Team housing subsidies and pharmaceuticals, (if not required by the Request for Proposal – RFP to be reimbursed through a separate cost reimbursement contract) and other approved costs. All incidental expenses must be included in the contract or must have *prior written authorization* from authorized department staff member.

Note:

This cost center may be used for expenses related to costs of medications for persons served in Indigent Drug Program (IDP)

For purpose of reporting data in SAMHIS, providers are required to collect and report incidental expenses rounded to the nearest \$1. Because this cost center is invoiced at 1 Unit = \$50, SAMHIS has already been programmed to convert the dollar amounts into service units of \$50 each by dividing the total dollar amounts by \$50, which is the unit of measure for this cost center. For example, if \$500 is the dollar amount submitted into SAMHIS, the system will convert this dollar amount into 10 incidental expense units (500/50=10).

Applicable Program: AMH, ASA, CMH, CSA

Report Format: SERV

Unit of Measure: 1 Unit = \$50

Report Units: dollar amount (Rounded to nearest \$1 of item cost)

cc[29] Aftercare/Follow-up

Aftercare services, including but not limited to relapse prevention, are a vital part of recovery in every treatment level. Aftercare activities include client participation in daily activity functions, which were adversely affected by mental illness and/or substance abuse impairments. New directional goals such as vocational education or re-building relationships are often priorities. Relapse prevention issues are key in assisting the client's recognition of triggers and warning signs of regression. Aftercare services help families and pro-social support systems reinforce a healthy living environment.

Applicable Program: AMH, ASA, CMH, CSA

Report Format: SERV

Unit of Measure: Direct Staff Hour

Report Units: Direct Staff Minutes (Maximum = 1440 minutes per SERV record)

cc[30] Information and Referral

These services maintain information about resources in the community, link people who need assistance with appropriate service providers, and provide information about agencies and organizations that offer services. The information and referral process involves being readily available for contact by the individual; assisting the individual with determining which resources are needed; providing referral to appropriate resources; and following up to ensure the individual's needs have been met, if the individual agrees to such follow-up activities.

Applicable Program: AMH, ASA, CMH, CSA

Report Format: EVNT

Unit of Measure: Staff Hour

Report Units: Staff Minutes (Maximum = 1440 minutes per EVNT record)

cc[31] Behavioral Health Overlay Services (BHOS)

Medicaid funded behavioral health services provided as an overlay to residential group care.

Applicable Program: CMH

Report Format: SERV

Unit of Measure: 24-hour Day

Report Units: Day (Maximum = 1 day per SERV record)

cc[32] Outpatient Detoxification

Outpatient detoxification services utilize medication and/or psychosocial counseling regimen to assist recipients in their efforts to withdraw from the physiological and psychological effects of the abuse of addictive substances.

Note: Outpatient detoxification programs provide structured activities of four (4) or more hours per day, seven (7) days per week.

Applicable Program: ASA, CSA

Report Format: SERV

Unit of Measure: 4-hour Day

Report Units: Day (Maximum = 1 day per SERV record).

cc[33] No Longer Used

cc[34] FACT Team

These non-residential care services are available twenty-four (24) hours per day, seven (7) days per week, and include community-based treatment, rehabilitation and support services provided by a multidisciplinary team to persons with severe and persistent mental illness (SPMI) or to

SPMI with co-occurring disorders.

Note: An agency must be contracted for this service to report under this cost center.

Applicable Program: AMH, ASA
Report Format: SERV for clients active in FACT; EVNT for FACT Outreach activities ONLY such as client recruitment
Unit of Measure: Staff Hour
Report Units: Staff Minutes (Maximum = 1440 minutes per EVNT record)

cc[35] Outpatient-Group

This cost center provides a therapeutic environment that is designed to improve the functioning or prevent further deterioration of persons with mental health and/or substance abuse problems. Outpatient-group services are usually provided on a regularly scheduled basis by appointment, with arrangements made for non-scheduled visits during times of increased stress or crisis. The group size limitations applicable to the Medicaid program shall apply to all outpatient services funded through a state substance abuse and mental health program contract.

Note: This cost center is limited only to face-to-face contact, unless stated otherwise in the contract. This cost center is used when reporting an individual service provided in a group environment. For purposes of reporting SAMHIS data under this cost center, each individual within the group would have separate service event record to document group participation.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Contact Hour
Report Units: Contact Minutes (Maximum = 1440 minutes per SERV record)

cc[36] Room & Board w/Supervision, Level I

This cost center solely provides for room and board with supervision on a twenty-four (24) hours per day, seven (7) days per week basis. It corresponds to Residential Level I. This cost center is not applicable for provider facilities which meet the definition of an Institute for Mental Disease (IMD) as defined in the Center for Medicaid Service's State Medicaid Manual, Section 4, March 1994.

Note:
Room and Board days may be invoiced under SAMH contract while billing individual treatment services to Medicaid.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: 24-hour Day
Report Units: Day (Maximum = 1 day per SERV record measured at Midnight census).

cc[37] Room & Board w/Supervision, Level II

This cost center corresponds to cc [19] above for Residential Level II; same programs, units and data elements as cc [36] above for Room and Board with Supervision Level I

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: 24-hour Day
Report Units: Day (Maximum = 1 day per SERV record measured at Midnight census).

Cc[38] Room & Board w/Supervision, Level III

This cost center corresponds to cc [20] above for Residential Level III; same programs, units and data elements as cc [36] above for Room and Board with Supervision Level I.

Applicable Program: AMH, ASA, CMH, CSA

Report Format: SERV

Unit of Measure: 24-hour Day

Report Units: Day (Maximum = 1 day per SERV record measured at Midnight census).

Cc[39] Short-term Residential Treatment (SRT)

These individualized, stabilizing acute and immediately sub acute care services provide short and intermediate duration intensive mental health residential and habilitative services on a twenty-four (24) hour per day, seven (7) days per week basis. These services must meet the needs of individuals who are experiencing an acute or immediately sub acute crisis and who, in the absence of a suitable alternative, would require hospitalization.

Applicable Program: AMH

Report Format: SERV

Unit of Measure: Bed-Day

Report Units: Day (Maximum = 1 day per SERV record).

Cc[40] Mental Health Clubhouse Services

This cost center provides structured, community-based services designed to strengthen and/or regain the client's interpersonal skills, provide psycho-social therapy toward rehabilitation, develop the environmental supports necessary to help the client thrive in the community and meet employment and other life goals and promote recovery from mental illness. Services are typically provided in a community-based program with trained staff and members working as teams to address the client's life goals and to perform the tasks necessary for the operations of the program. The emphasis is on a holistic approach focusing on the client's strengths and abilities while challenging the client to pursue those life goals. This service would include, but not limited to, clubhouses certified under the International Center for Clubhouse Development.

Applicable Program: AMH

Report Format: SERV

Unit of Measure: Clubhouse Staff Hour

Report Units: Staff minutes (Maximum = 1440 minutes per SERV record)

cc[41] Project Recovery

Project Recovery is designed to enhance and extend the state's capacity to serve individuals with severe emotional issues beyond the scope of crisis counseling. The project uses multi-disciplinary teams located in selected counties to provide assessments, referrals, service planning, direct services and the purchase of therapeutic service from other providers to reduce the effects of trauma or other emotional effects resulting from the storms.

Applicable Program: AMH, CMH

Report Format: SERV

Unit of Measure: Direct Staff Hour

Report Units: Direct Staff minutes (Maximum = 1440 minutes per SERV record)

cc[42] Intervention – Group

Intervention services focus on reducing risk factors generally associated with the progression of substance abuse and mental health problems. Intervention is accomplished through early identification of persons at risk, performing basic individual assessments, and providing supportive services that emphasize short-term counseling and referral. These services are

targeted toward individuals and families. This cost center is used when reporting an individual's services which are provided in a group environment. Each individual within the group would have separate service event record to record group participation.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Contact Hour
Report Units: Contact minutes (Maximum = 1440 minutes per SERV record)

cc[43] Aftercare – Group

This cost center includes services provided to individuals who have completed treatment in a licensable service component. Aftercare activities include client participation in daily activity functions which were adversely affected by mental illness or substance abuse impairments. New directional goals such as vocational education or re-building relationships are often priorities. Relapse prevention issues are key in assisting the client's recognition of triggers and warning signs of regression. Aftercare services help families and pro-social support systems reinforce a healthy living environment. This cost center is used when reporting an individual's services which are provided in a group environment. Each individual within the group would have a separate service event record to record group participation.

Applicable Program: AMH, ASA, CMH, CSA
Report Format: SERV
Unit of Measure: Contact Hour
Report Units: Contact minutes (Maximum = 1440 minutes per SERV record)

cc[44] Comprehensive Community Service Team – Individual

Comprehensive Community Service Team (CCST) services render assistance in identifying goals and making choices to promote resiliency and facilitate recovery to adults and children with mental illness. The services take place in either an outpatient or community based setting. For individuals with mental health problems, recovery is the personal process of overcoming the negative impact of psychiatric illness despite its continued presence. CCST services are intended to restore the individual's function and participation in the community. The services are designed to assist and guide individuals in reconnecting with society and rebuilding skills in identified roles in their environment. The focus is on the individual strengths and resources as well as their readiness and phase of recovery. A team approach to services will be used to guide and support the adults and children served with development of a recovery plan focusing on the areas of individual and family living, learning, working and socialization activities. Any therapy is brief and oriented toward skill building.

Services provided include Assessment, Case Management, Intensive Case Management, Supported Housing, Aftercare, Supported Employment, Outreach, Outpatient, In-home/On-site, Intervention, Information and Referral, Prevention, Prevention/Intervention and other transition and non-traditional support services as negotiated by the Department and the Provider. The above listed services are reimbursed in a bundled staff hour rate and have not been contracted for separately. Incidental Expenses are not included in this bundled rate, but they are incurred for persons served through CCST, to purchase medications and other enhancement and support services that are in concert with the individual's recovery plan. These incidental expenses should be reported using Cost Center [28]. Differentiation of activities under this cost center is through the Procedure Code and not the cost center code.

Applicable Program: AMH, CMH
Report Format: SERV
Unit of Measure: Staff Hour
Report Units: Staff minutes (Maximum = 1440 minutes per SERV record)

cc[45] Comprehensive Community Service Team – Group

Comprehensive Community Service Team (CCST) services render assistance in identifying goals and making choices to promote resiliency and facilitate recovery to adults and children with mental illness, the services take place in either an outpatient or community based setting. For individuals with mental health problems, recovery is the personal process of overcoming the negative impact of psychiatric illness despite its continued presence. CCST services are intended to restore the individual's function and participation in the community. The services are designed to assist and guide individuals in reconnecting with society and rebuilding skills in identified roles in their environment. The focus is on the individual strengths and resources as well as their readiness and phase of recovery. A team approach of services will be used to guide and support the adults and children served with development of a recovery plan focusing on the areas of individual and family living, learning, working and socialization activities. Any therapy is brief and oriented toward skill building.

Services provided include Assessment, Case Management, Intensive Case Management, Supported Housing, Aftercare, Supported Employment, Outreach, Outpatient, In-home/On-site, Intervention, Information and Referral, Prevention, Prevention/Intervention and other transition and non-traditional support services as negotiated by the Department and the Provider. This cost center is used when reporting an individual's services which are provided in a group environment. Each individual within the group would have a separate service event record to record group participation. Differentiation of activities under this cost center is through the Procedure Code and not the cost center code.

Applicable Program: AMH, CMH

Report Format: SERV

Unit of Measure: Contact Hour

Report Units: Contact minutes (Maximum = 1440 minutes per SERV record)

cc[46] Substance Abuse Recovery Support Services – Individual

These services are designed to strengthen and/or regain the person's skills, and to assist the person in developing the environmental support necessary to help him or her thrive in the community and meet life goals which promote recovery and resiliency. The focus is on person strengths and abilities while providing support for progress toward the person achieving recovery goals reflected in the person's screening, assessment, treatment plan, or discharge summary.

Services provided include substance abuse education, coordinating and planning in the treatment of medical or health problems, planning, coaching and guidance services that support education and employment objectives, family and marital and parenting guidance, life skills training and coaching, teaching anger and/or stress management coping skills, supportive counseling and other applicable services designed to facilitate recovery and resiliency that are approved by the Department. The services exclude twelve step programs including Narcotics Anonymous and Alcoholics Anonymous.

Applicable Program: ASA, CSA

Report Format: SERV

Unit of Measure: Direct Staff Hour

Report Units: Direct Staff minutes (Maximum = 1440 minutes per SERV record)

cc[47] Substance Abuse Recovery Support Services – Group

These services are designed to strengthen and/or regain the person's skills, and to assist the person in developing the environmental support necessary to help him or her thrive in the community and meet life goals which promote recovery and resiliency. The focus is on person strengths and abilities while providing support for progress toward the person achieving recovery goals reflected in the person's screening, assessment, treatment plan, or discharge summary.

Services provided include substance abuse education, coordinating and planning in the treatment of medical or health problems, planning, coaching and guidance services that support education and employment objectives, family and marital and parenting guidance, life skills training and coaching, teaching anger and/or stress management coping skills, supportive counseling and other applicable services designed to facilitate recovery and resiliency that are approved by the Department. The services exclude twelve step programs including Narcotics Anonymous and Alcoholics Anonymous. This cost center is used when reporting an individual's services which are provided in a group environment. Each individual within the group would have separate service event record to record group participation.

Applicable Program: ASA, CSA

Report Format: SERV

Unit of Measure: Contact Hour

Report Units: Contact minutes (Maximum = 1440 minutes per SERV record)

X. OCA CODES AND DESCRIPTIONS WITH ASSOCIATED COST CENTERS for SAMHIS

Mental Health

OCA	Code	Description	Eligible Cost Center	Other Validations
MHA01	B0	Adult MH 24-Hr Residential Services (Non-Hospitalization)	Cost Center Codes: 18 , 19, 20, 21, 36, 37 & 38	Fund = 2,A,B,5 Program = 1 Age >=18
MHA09	B1	Adult Non-Residential Care At-Risk	Cost Centers: 01, 02, 04, 05, 06, 08, 10, 11, 12, 14, 22, 23, 25, 26, 28, 29, 35, 40, 42, 43 <i>Note: Cost Centers 04, 07, 15, 30 & 40 are required to be reported for Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 1 Age >=18
MHA18	B2	Adult Crisis Services	Cost Centers: 03, 04, 09, 39 <i>Note: 04 also required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age >=18
MHA25	B3	Adult Prevention Services	Cost Center: 16 <i>Note: Cost Centers 16 & 30 are required to report on Non-Client Specific events</i>	Fund = 2 A,B,5 Program = 1 Age >=18
MHA70	B4	Adult Mental Health Projects	Cost Centers: 01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 16, 17, 18, 19, 20, 21, 22, 23, 25, 26, 28, 29, 34, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45 <i>Note: Cost Centers 04, 07, 15, 16, 30, & 34 are required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age >=18
MHA72	B5	Community Forensic Beds	Cost Centers: 01, 02, 03, 08, 09, 11, 12, 14, 18, 19, 20, 21, 28, 35, 36, 37, 38, 44 <i>Note: Cost Center 15 is required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age >=18
MHA73	B6	Adult MH FACT Team Administrative Services	Cost Center: 34 <i>Note: Cost Center 34 also required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age >=18
MHA74	B7	Adult MH FACT Team Expenses	Cost Center: 28	Fund = 2,A,B,5 Program = 1 Age >=18
MHA76	B8	Indigent Psychiatric Medication Program	Cost Centers: 12, 28	Fund = 2,A,B,5 Program = 1 Age >=18
MHAJD	B9	Grants Jail Diversion and Trauma Recovery	Cost Centers: 01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 16, 17, 18, 19, 20, 21, 22, 23, 25, 26, 28, 29, 34, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45 <i>Note: Cost Centers 04, 07, 15, 16, 30, & 34 are required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age >=18
MHAPG	BA	Grants PATH	Cost Centers: 01, 02, 11, 12, 14, 25, 26, 28, 35, 42, 44 <i>Note: Cost Center 15 is required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age >=18
MHATB	BB	TANF Eligible Participants	Cost Centers: 01, 02, 03, 04, 05, 06, 08, 09, 10, 11, 12, 14, 16, 17, 18, 19, 20, 21, 22, 23, 25, 26, 28, 29, 34, 35, 36, 37, 38, 39, 40, 42, 43, 44, 45 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events</i>	Fund = 3 Program = 1 Age >=18

OCA	Code	Description	Eligible Cost Center	Other Validations
MHC01	BC	Children 24 Hour Residential Services (Non-Hospitalization)	Cost Centers: 18 , 19, 20, 21, 36, 37 & 38	Fund = 2,A,B,5 Program = 1 Age <18
MHC09	BD	Children Non-Residential Services	Cost Centers: 01, 02, 04, 06, 08, 10, 11, 12, 14, 22, 25, 26, 27, 28, 29, 31, 35, 42, 43, 44, 45 <i>Note: Cost Centers 04, 15 & 30 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 1 Age <18
MHC18	BE	Children Crisis Services	Cost Centers: 03, 04, 09, 27 <i>Note: Cost Center 04 also required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age <18
MHC25	BF	Children Prevention Services	Cost Centers: 16, 17 <i>Note: Cost Centers 16 & 30 are required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age <18
MHC70	BG	Children's Mental Health Project	Cost Centers: 01, 02, 03, 04, 06, 08, 10, 11, 12, 14, 16, 17, 18, 19, 20, 21, 22, 25, 26, 28, 29, 31, 35, 36, 37, 38, 42, 43, 44, 45 <i>Note: Cost Centers 04, 07, 15, 16 & 30 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 1 Age <18
MHC71	BH	Residential Treatment Services for Emotionally Disturbed Children	Cost Centers: 09, 18	Fund = 2,A,B,5 Program = 1 Age <18
MHCBN	BI	Title 21 Children's Health Insurance Program	Cost Centers: 01, 02, 03, 08, 11, 12, 14, 28, 35, 44	Fund = 2,A,B,5 Program = 1 Age <18
MHCMD	BJ	Miami Wrap Around Grant	Cost Centers: 01, 02, 08, 11, 14, 28, 35, 42 <i>Note: Cost Centers 07 & 15 are required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 1 Age <18
MHCFA	BK	FACES Miami	Cost Centers: 01, 02, 08, 11, 14, 28, 35, 42 <i>Note: Cost Centers 07 & 15 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 1 Age <18

Substance Abuse

MSA03	BL	Adult SA 24- Hour Residential Services (Non-Hospitalization)	Cost Centers: 18 , 19, 20, 21, 36, 37 & 38	Fund = 2,A,B,5 Program = 2 Age >=18
MSA11	BM	Adult SA Non-Residential Services	Cost Centers: 01, 02, 05, 06, 08, 11, 12, 13, 14, 22, 25, 26, 27, 28, 29, 35, 42, 43, 46, 47 <i>Note: Cost Centers 15 & 30 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age >=18
MSA21	BN	Adult Detoxification Services	Cost Centers: 04, 24, 32 <i>Note: Cost Center 04 is required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age >=18
MSA23	BO	HIV	Cost Centers: 11, 14, 35, 42 <i>Note: Cost Center 15 is required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age >=18

OCA	Code	Description	Eligible Cost Center	Other Validations
MSA25	BP	Adult Prevention Services	Cost Centers: 16 <i>Note: Cost Centers 16 & 30 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age >=18
MSA27	BQ	SAPTBG Set-Aside for Pregnant Women and Children	Cost Centers: 01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 32, 34, 35, 36, 37, 38, 42, 43, 46, 47 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 2 Age >=18
MSA70	BR	Adult Substance Abuse Projects	Cost Centers: 01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 32, 34, 35, 36, 37, 38, 42, 43, 46, 47 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 2 Age >=18
MSA81	BS	Expansion of SA Services for Pregnant Women	Cost Centers: 01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 32, 34, 35, 36, 37, 38, 42, 43, 46, 47 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events</i>	Fund = 2,A,B,5 Program = 2 Age >=18
MSATB	BT	TANF Eligible Participants	Cost Centers: 01, 02, 04, 05, 06, 08, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 32, 34, 35, 36, 37, 38, 42, 43, 46, 47 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events.</i>	Fund = 3 Program = 2 Age
MSC03	BU	Children 24 Hour Residential Services (Non-Hospitalization)	Cost Centers: 18 , 19, 20, 21, 36, 37 & 38	Fund = 2,A,B,5 Program = 2 Age <18
MSC11	BV	Children Non-Residential Services	Cost Centers: 01, 02, 06, 08, 11, 12, 14, 22, 25, 26, 27, 28, 29, 35, 42, 43, 46, 47 <i>Note: Cost Centers 15 & 30 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age <18
MSC21	BW	SA Detoxification Services	Cost Centers: 04, 24, 32 <i>Note: Cost Center 04 is required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age <18
MSC23	BX	HIV Services	Cost Centers: 04, 24, 32 <i>Note: Cost Center 15 is required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age <18
MSC25	BY	Prevention Services	Cost Centers: 16, 17 <i>Note: Cost Centers 16 & 30 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age <18
MSC70	BZ	Children's Substance Abuse Projects	Cost Centers: 01, 02, 04, 06, 08, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 32, 34, 35, 36, 37, 38, 42, 43, 46, 47 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age <18
MSCTB	CA	TANF Eligible Participants	Cost Centers: 01, 02, 04, 06, 08, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 32, 34, 35, 36, 37, 38, 42, 43, 46, 47 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events.</i>	Fund = 3 Program = 2 Age <18
MSCPP	CB	Partners for Prevention Grant	Cost Centers: 01, 02, 04, 06, 08, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 32, 34, 35, 36, 37, 38, 42, 43, 46, 47 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age <18

OCA	Code	Description	Eligible Cost Center	Other Validations
MSC80	CC	Informed Families	Cost Centers: 01, 02, 04, 06, 08, 11, 12, 13, 14, 16, 17, 18, 19, 20, 21, 22, 24, 25, 26, 27, 28, 29, 32, 34, 35, 36, 37, 38, 42, 43, 46, 47 <i>Note: Cost Centers 04, 07, 15, 16, 30 & 34 are required to report on Non-Client Specific events.</i>	Fund = 2,A,B,5 Program = 2 Age <18

XI. OCA CODES AND DESCRIPTIONS NOT CAPTURED IN SAMHIS - To be Reported on Separate Documentation

MANAGING ENTITIES OPERATIONAL COST

OCA	Title	Description
MHAOP	ME Operational Cost	Allowable Operational Costs of ME Related to Administration of System of Care for ADULT MENTAL HEALTH
MHCOP	ME Operational Cost	Allowable Operational Costs of ME Related to Administration of System of Care for CHILDREN’S MENTAL HEALTH
MSAOP	ME Operational Cost	Allowable Operational Costs of ME Related to Administration of System of Care for ADULT SUBSTANCE ABUSE
MSCOP	ME Operational Cost	Allowable Operational Costs of ME Related to Administration of System of Care for CHILDREN’S SUBSTANCE ABUSE

ADULT MENTAL HEALTH

OCA	Description	Eligible Cost Center
MHA79	Allowable Expenditures for Specific Appropriation 254 - FY13-14 GAA – Clay Behavioral Community Crisis Prevention Team	SPECIFY BY PROGRAM

CHILDREN MENTAL HEALTH

OCA	Description	Eligible Cost Center
MHCPL	Allowable Expenditures for the Project Launch Grant - Funded by the Project Launch Grant	SPECIFY BY PROGRAM
MHCSK	Allowable Expenditures for the System of Care Grant	SPECIFY BY PROGRAM

ADULT SUBSTANCE ABUSE

OCA	Description	Eligible Cost Center
MSA82	Allowable Expenditures for Specific Appropriation 375 - FY13-14 GAA - Lutheran Services of Florida	SPECIFY BY PROGRAM