Chapter 11 Non-Client Specific Event Data Set

Table of Contents

Revision History

Version 10.3

- ♦ Page 2 – Changed Contact for Prevention Program
- ♦ Page 3 – Removed ERD of Relationship of Admission record to SERV
- ♦ Page 5 – Updated FUND field to align to current Program policy
- ♦ Page 6 – Updated Cost Center to remove Cost Center 41 (Project Recovery)
- ♦ Pages 15 - 18 – Reformatted File Format Section of Chapter
- ♦ Pages 9 & 12 – Added OCA Codes and Descriptions (Modifier 4 on page 9)
- ♦ Added Table of Contents

I. General Policies and Considerations

The Non-Client Specific Service Event component is used to record activities provided by a contracted agency which are not client specific. These activities are normally provided to a group of individuals for whom individual client records are not maintained, or as part of an activity where client contact is maintained through an activity log as opposed to an individual client/medical record. Examples of these activities are Information and Referral and Level 1 Prevention. It should be noted that Crisis Support (cost center 04), FACT (cost center 34) and Prevention (cost center 16) can be reported as either client specific services or non-client specific services. If individual client records are required, Client Specific Service Events are to be documented and submitted.

All Non-Client Specific Service Event Data is <u>Optional</u> for Reporting to SAMHIS; however, the Non-Client Specific Data *is* Required to be Collected and <u>Must be Reported</u> on Other Documentation. It is an option in SAMHIS only for purposes that the Managing Entity/Provider may find it useful. DCF will not be using the information from SAMHIS as it will be collected through other documentation.

A. Providers Required to Submit Non-Client Specific Service Event Data

    1. Any provider with a Substance Abuse and Mental Health (SAMH) contract for which these types of services are contracted are required to report the services.

B. General Policies Related to Non-Client Specific Service Events

    1. Services provided by the agency during a given month will be reported no later than the 15th of the following month. However, every effort should be made to submit data as early in the month as possible to allow data to be entered into the system prior to the submission of invoices for payment. Invoices will not be processed unless data is in the system to substantiate the payment. Failure to submit this required data will result in the provider being out of compliance with contract requirements and subject to the penalties for non-compliance. Agencies should review Exhibit G of their respective contracts to identify those non-client specific services that are to be provided and reported.

    2. Reporting Prevention Services

    Except as discussed below, all prevention services which are reported as Non-Client Specific Service Events will be entered into the Performance Based Prevention System [PBPS]. Documentation about this system can be obtained from the software developer, (Kit Solutions) at the following website: http://www.kitsco.com/flsupport/manuals.htm. Policy information regarding prevention services can be obtained from the Department of Children & Families Prevention Program Office as follows: Kim Munt, email address <u>kim_munt@dcf.state.fl.us</u>, telephone 850 717-4428.

    3. Information and Referral (cost center 30) is considered a prevention service. This service can be contracted and invoiced under either substance abuse or mental health funding. When the Mental Health Program is the funding source for this service, it is reported into the Substance Abuse and Mental Health Information System (SAMHIS). When this service is funded through the Substance Abuse Program, the corresponding data collected is reported into the Performance Based Prevention system (PBPS), which is used to update SAMHIS. Providers who are contracted for substance abuse Prevention who provide information dissemination (reported under Procedure Code H0024) are urged to pay close attention to

information received from the Department or Kit Solutions regarding the reporting of information dissemination.

4. To properly report Information Dissemination (Procedure Code H0024) into the SAMHIS system, please ensure that the following is adhered to:

a. The activity must have consisted of the preparation and dissemination of articles, advertisements, promotional material, television or radio spots or other Information Dissemination activities for which there is no face-to-face contact including telephone information lines.

b. In *Date of Service* field, enter the date upon which the information material was prepared.

c. In *Number of Units Provided* field, enter number of minutes devoted to preparing the information material.

d. In *Participants* field, enter Zero, '0', to indicate the activity as non face-to-face.

e. Please note that all Prevention data elements contained in the SAMH Prevention system that are required for the SAMHIS are transferred on a weekly basis. IS this done weekly or at the end of the month?

C. Relationship of Records in the Non-Client Service Event Data Set to Records in Other Data Sets

1. "**Parents" of Non-Client Specific Service Event data**

Provider data are the "parent" of Non-Client Specific Service Event data. This means that the SAMHIS will only accept Non-Client Specific Service Events if there is a record of the provider in the SAMHIS with a matching provider ID/Federal tax number (and a valid contract number that is specifically associated with the provider ID). How is the best way to distinguish between provider and contractor? They may not be the same.

2. "**Children" of service event data**

Non-client service event data does not have "children". In other words, there are not any other datasets that are dependent on the presence of Non-Client Specific Service Events in the SAMHIS.

3. "**Orphan" service event data**

The SAMHIS SAMH data system will reject a Non-Client Specific Service Event if there is not a provider record in the system with a matching Contractor ID/Federal tax number and valid contract number.

II. Basic Instructions for the Non-Client Specific Service Event Data Set

A. Instructions for All Agencies

1. Data must be entered in the fields marked "mandatory." Some of these mandatory fields are "keys" which are used to differentiate one Non-Client Specific Service Event from another. If the same service is provided more than once per day, and the Age Group, Rater ID, Program Type, Procedure Code and Site Identifier are the same; all units for that service should be bundled into one daily event, including the sum of all units provided during that day. Otherwise, services can be reported separately. This is because the fields listed above are among the "key" fields that

make a record unique. If all of the key fields are coded the same, a record cannot be unique.

a. Scenario 1: Outreach (cost center 15) is conducted by a mental health provider three times during the course of a single day by the same staff (Rater ID) for the same age group at the same location. In addition, the Procedure Code and Program Type is the same. Because all of the key fields are the same (including the Provider ID and Sub-Contractor ID), all three of the events would be bundled into one event. This would be done by summing the Number of Clients Participating and summing the Units.

b. Scenario 2: Outreach (cost center 15) is conducted by a mental health provider three times during the course of a single day by the same staff (Rater ID) for **different** age groups at the same location. Again, the Procedure Code and Program Type is the same. In this scenario, two events would be reported since the "key" field, Age Group, is different for each group.

2. The maximum number of daily units per event per client is 9999. For those providers who use data entry personnel to enter service event data obtained from clinical or administrative staff, an optional form is provided at the end of this chapter. At the end of the chapter is the input file layout, including field positions and validation edits for submitting the required ASCII file to the SAMHIS.

B. Removing Undesired Records

1. Data Upload Record Deletion (EVNT.txt)

A non-client specific service event record that has already been accepted by SAMHIS can be deleted. This should only be done if one of the record keys has changed or the entire record is no longer needed. If any other data field needs to be corrected, the current record should be updated and submitted, causing the existing record to be updated. The file format for this deletion record is as follows.

Field Name	Start	Length	Type
CONTRACTORID	1	10	CHAR
SITEID	11	2	CHAR
AGEGROUP	13	1	CHAR
FACILITYP	14	1	CHAR
PROGTYPE	15	1	CHAR
COSTCENT	16	2	CHAR
PROCODE	18	5	CHAR
SERVDATE	23	8	DATE
STAFFID	31	12	CHAR
PROVID	43	10	CHAR

2. On-Screen Record Deletion

Retrieve the record needing Deletion using the VIEW Information Navigation button. Once the specific record is displayed, left click on the Delete Information button at the bottom of the screen. You will be prompted to ensure that you wish to continue

with the deletion process. You have the option to CANCEL the deletion. Selecting "OK" will delete the record. When the system has deleted the record, it displays a "Record Deleted" message.

III. Optional Non-Client Service Event Data Collection Form

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

STATE OF FLORIDA
Substance Abuse & Mental Health NON-CLIENT SPECIFIC SERVICE EVENT FORM

*(* Mandatory Items)*

1. *Contractor ID: __ __ **-** __ __ __ __ __ __ If your agency is the subcontracted provider from Managing Entity, put Managing Entity's ID here.	**2. *Site Identifier:** __ __	**3. *Age Group:** __ **(1)** Under 3 **(2)** 3–5 **(3)** 6-10 **(4)** 1–14 **(5)** 15–17 **(6)** 18-21 **(7)** 22+
4. *Facility Type: __	**5. *Program Type:** __ __ 1 – Mental Health 2 – Substance Abuse	**6. *Cost Center:** __ __ 04, 07, 15, 16, 30, 34, 40,44
7. *Service Date: _ _ /_ _ /_ _ _ _ month day year	**8. *Staff Identifier:** __ __ **-** __ __ __ __ __ __ __ __	**9. *Provider ID:** __ __ **-** __ __ __ __ __ __ If your agency is the subcontracted provider from Managing Entity, put your agency's ID here otherwise insert the Contractor ID

10. *PROCEDURE CODE: __ __ __ __ __ **(**HIPAA Approved Procedure codes only)

11. * Service County: __ __ **12. Funding** : ___ 2 – ADM 4 - Private/Self-Pay 5 - Local Match only 7 – Other State Fund 8 – Other Federal Fund **13. * Unit:** _ _ _ __ **14. Number of Clients Participating:** _ _ _ _ **15. Provider Local Information:** __ **16. * PRIMARY SERVICE:** __ __ __ __ __ **(**HIPAA Approved Procedure codes only)	**17. * Contract No.** __ __ __ __ __ **18. Modifier1:** __ __ **19. Modifier2:** __ __ **20. Modifier3:** __ __ **21. Modifier4:** __ __ **22. Contractor NPI:** __ __ __ __ __ __ __ __ __ __ **23: Service Provider NPI:** __ __ __ __ __ __ __ __ __ __

Signature:_____ **Date:**_____

IV. Non-Client Specific Service Event Data File Layout with Validations, Descriptions and Edits   (EVNT)

User View Name	Pos	Type / Size	Edits and Validations
CONTRACTORID	1	CHAR(10)	Valid value = 10 characters, including dash in third position, as reported in statewide provider directory **(Mandatory Key)**
			Field Description and Instructions: **Contractor Identification Number** The Contractor Identification number is the 10-digit (including the dash) Federal Tax Identification Number (example: 59-1234567) that **identifies the entity that has the state contract to serve the consumer. It should be identical to the number provided to the department when the agency is registered as a provider.**
SITEID	11	CHAR(2)	Valid values = 00 through 99 Else, reject **(Mandatory Key)**
			Field Description and Instructions: **Site Identification Number -** The site identification number is the location where the event took place or where the provider staff rendering the service is assigned.
SERVCOUNT	13	CHAR(2)	Valid values = 01 through 67 Else, reject **(Mandatory)**
			Field Description and Instructions: **Service County** The two-digit number that represents the county where the service was rendered
AGEGROUP	15	CHAR(1)	Valid value = 1 through 7 Else, reject **(Mandatory Key)**
			Field Description and Instructions: **Age -** The code for the appropriate age group
FACILITYP	16	CHAR(1)	Valid values = 1 through 8 Else, reject **(Mandatory Key)**
			Field Description and Instructions: **Facility Type -** The type of facility where the client is being served
FUND	17	CHAR(1)	Valid values = 2,4,5,7,8 **(Mandatory)**
			Field Description and Instructions: **Fund Source -** The code that identifies the funding source for the current service the client is receiving
PROGTYPE	18	CHAR(1)	Valid values = 1 or 2 Else, reject **(Mandatory Key)**
			Field Description and Instructions: **Program Type -** A one-digit code that indicates if the service is either Mental Health or Substance Abuse
COSTCENT	19	CHAR(2)	Valid value = 04, 07, 15, 16, 30, 34, 40, and 44 Else, reject **(Mandatory Key)**
			Field Description and Instructions: **Cost Center -** A two-digit code that describes the general category of services specified in the agency's contract under which the reported service was given
PROCODE	21	CHAR(5)	Valid values are HIPAA Procedure codes **(Mandatory Key)**
			Field Description and Instructions: **Procedure Code -** The HIPAA Procedure Code appropriate to the service to which the client was referred
SERVDATE	26	DATE(8)	Date that is = < system date Format is YYYYMMDD **(Mandatory Key)**
			Field Description and Instructions: **Service Date -** The date on which the service was actually delivered or actually began
UNIT	34	NUMBER(4)	Valid value = 1 through 1440 Else, reject **(Mandatory)**
			Field Description and Instructions: **Unit -** The number of units applied to the service.

User View Name	Pos	Type / Size	Edits and Validations
PRIMSERV	38	CHAR(5)	Valid Values are H0002, H0004, H0007, H0023 - H0028, H0029, H0030, H0045, H0047, H2027, H2030, H2035, T1016 or H0039 if Cost Center = 30 or Valid Value = blank if Cost Center does not equal 30, else reject **(Mandatory only if the Cost Center is 30 – Information and Referral)**
			Field Description and Instructions: **Primary Service -** Indicate the Procedure code that best describes the services being requested by the client. This data element applies to Information and Referral only.
PARTICIP	43	NUMBER(4)	Valid value = 0 through 9999 if COSTCEN = 04, 07, 15, 16, 30, 34, 40, or 41 Or Valid Value = 0 or blank if COSTCEN = 30 Else reject **(Optional)**
			Field Description and Instructions: **Participant**
			(a) For Prevention, Outreach, Drop In/Self Help, FACT, Crisis Support/Emergency, and Mental Health Clubhouse Services enter the number of persons who participated in the service event. Zero (0) participant is allowed in this field, when Procedure code 'H0024' Information dissemination is selected with Cost Center 30 Information and Referral. If the number of participants exceeds 9999, enter 9999
			(b) For Information & Referral, enter the number of persons involved as specified by the caller.
STAFFID	47	CHAR(12)	Left justified = up to 12 characters Else, reject **(Mandatory)**
STAFFID (Continued)			The ID of the staff performing the service. Valid values for the first two digits (staff education level) are: **[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
PROVINFO	59	CHAR(20)	Valid value = up to 20 numeric characters **(Optional)**
			Field Description and Instructions: **Provider Information** - Local information used by Provider to identify or track client's other information for reporting purposes
CONTNUM	79	CHAR(5)	Valid value = SAMH contract number found in the Contract table or 00000 Else, reject **(Mandatory)**
			Field Description and Instructions: **Contract Number -** The 5 digit state contract number that is used by the contracted entity to serve the consumer.
PROVID	84	CHAR(10)	Valid values = 10 characters for SUBCONT that already exists in PROVIDER table Else, reject **(Mandatory Key)**
			Field Description and Instructions: **Provider Identification -** The 10 digit Federal Tax ID of the subcontracted agency serving the consumer - Contractor agencies re-enter the ContractorID
MODIFIER1	94	CHAR(2)	Left justified = up to 2 characters **(Optional)**
			Field Description and Instructions: **Modifier 1 -** The modifier for the Procedure Code if needed or required

User View Name	Pos	Type / Size	Edits and Validations
Blank	96	CHAR(1)	Leave an empty space
MODIFIER2	97	CHAR(2)	Left justified = up to 2 characters. **(Optional)**
			Field Description and Instructions: **Modifier 2** The modifier for the Procedure Code if needed or required
Blank	99	CHAR(1)	Leave an empty space
MODIFIER3	100	CHAR(2)	Left justified = up to 2 characters. **(Optional)**
			Field Description and Instructions: **Modifier 3 -** The modifier for the Procedure Code if needed or required
Blank	102	CHAR(1)	Leave an empty space
MODIFIER4	103	CHAR(2)	Left justified - 2 characters Use a valid OCA code from the list below. **(Mandatory)**
			Field Description and Instructions: **Modifier 4** – Indicate the appropriate two digit OCA code as listed in the charts below. **Refer to page 11-9 for more details on the OCA codes including validation edits and additional reporting on separate documentation.** **Mental Health Codes**

Mental Health Codes

OCA	OCA Code	Description
MHA09	B1	Adult Non-Residential Care
MHA18	B2	Adult Crisis Services
MHA25	B3	Adult Prevention Services
MHA73	B4	FACT Team
MHATB	B5	TANF Eligible Participants
MHC09	B7	Children Non-Residential Care
MHC18	B8	Children Crisis Services
MHC25	B9	Children Prevention Services

Substance Abuse Codes

OCA	OCA Code	Description
MSA09	BC	Adult Non-Residential Care – At-Risk
MSA11	BD	Adult Non-Residential Care - Alcohol
MSA12	BE	Adult Non-Residential Care - Drugs
MSA25	BH	Adult Prevention Services
MSATB	BI	Adult TANF Eligible Participants.
MSC09	BL	Children Non-Residential Care – At-Risk
MSC11	BM	Children Non-Residential Care - Alcohol.
MSC12	BN	Children Non-Residential Care - Drugs
MSC25	BQ	Children Prevention Services
MSCTB	BR	Children TANF Eligible Participants

Note: Refer to page 11-13 to review all OCA information and information to be captured on other documentation.

User View Name	Pos	Type / Size	Edits and Validations
CONTNPI	105	CHAR(10)	Enter the National Provider Identifier for the contractor. Valid values = 0000000000 through 9999999999 or Blank. **(Optional)**
			Field Description and Instructions: **National provider Identifier -** The National Provider Identifier (NPI) for the contracting agency assigned after application to the national registry. This identifier will be inserted by SAMHIS.
SERVNPI	115	CHAR(10)	Enter the National Provider Identifier for the service provider. Valid values = 0000000000 through 99999999 Or Blank **(Optional)**
			Field Description and Instructions: **Service National Provider Identifier -** The National Provider Identifier (NPI) for the agency providing the service. If the contractor is also providing the service, enter the contractor's NPI. This number will have been assigned to an agency after application to the national registry. This identifier will be inserted by SAMHIS.

VI. Guidelines for Reporting <u>Funding Sources</u> and <u>Contract Numbers</u> in <u>Service Event Data Sets</u>

    A. Requirement for Reporting Service Events (SERV or EVNT) paid by the <u>SAMH Contract or Local Match</u>

    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; <u>**THEN**</u> the following edits will be used to validate the contract numbers:

- **Contract # 1** (CONTNUM1) <u>must be</u> a valid SAMH contract number in Florida Accounting and Information Resource (FLAIR) system

  <u>**AND**</u>
- **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. Medicaid doesn't pay for non client-specific service events (EVNT).

    C. Requirement for reporting service events paid by <u>Other State Fund, Federal Fund, or Private/Self Pay Fund</u>

    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; <u>**THEN**</u> the following edits will be used to validate the contract numbers:

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

  <u>**AND**</u>
- **Contract** #2 (CONTNUM2) <u>can be</u> 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.

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	

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 **(Not Used)**
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 Services	47 = SA Recovery Support - Group
16 = Prevention	32 = Outpatient Detoxification	

OCA CODES, DESCRIPTIONS AND INSTRUCTION

Mental Health

OCA	Code	Description	Eligible Cost Center	Other Validations
MHA09	B1	Adult Non-Residential Care At-Risk	Assessment, Case Management, Day Care, Day/Night, In-Home/On-Site, Intensive Case Management, Intervention, Medical Services, Outpatient (Individual & Group), Respite Services, Supported Employment, Sheltered Employment, Supported Housing/Living, Incidental Expenses, Aftercare/Follow-up, Intervention-Group, Aftercare – Group **Cost Centers: 01, 02, 05, 06, 08, 10, 11, 12, 14, 22, 23, 25, 26, 28, 29, 35, 42, 43** *Note: Cost Centers 07, 15, 40, 44 and 45 are required to be captured using separate documentation.* (Drop-In/Self Help, Outreach, Mental Health Clubhouse, MH Comprehensive Individual & Group)	Fund = 2,3,A,B,5 Program = 1 Age >=18
MHA18	B2	Adult Crisis Services	Crisis Stabilization, Crisis Support/Emergency, Inpatient, Short Term Residential **Cost Centers: 03, 04, 09, 39** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 1 Age >=18
MHA25	B3	Adult Prevention Services	Prevention, Information and Referral **Cost Centers: 16, 30** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 1 Age >=18
MHA73	B4	FACT Team	FACT Team **Cost Center: 34** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 1 Age >=18
MHATB	B5	TANF Eligible Participants	All Cost Centers Apply	Fund = 3 Program = 1 Age >=18
MHC09	B7	Children Non-Residential Care	Assessment, Case Management, Day/Night, In-Home/On-Site, Intensive Case Management, Intervention, Medical Services, Outpatient (Individual & Group), Respite Services, Supported Employment, Supported Housing/Living, Incidental Expenses, Aftercare/Follow-up, Information and Referral, BHOS, Aftercare – Group, Intervention Group **Cost Centers: 01, 02, 06, 08, 10, 11, 12, 14, 15, 22, 25, 26, 28, 29, 31, 35, 42, 43** *Note: Cost Centers 15, 44 and 45 are required to be captured using separate documentation.* (Outreach, MH Comprehensive Individual & Group)	Fund = 2,3,A,B,5 Program = 1 Age <18

OCA	Code	Description	Eligible Cost Center	Other Validations
MHC18	B8	Children Crisis Services	Crisis Stabilization, Crisis Support/Emergency, Inpatient **Cost Centers: 03, 04, 09** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 1 Age <18
MHC25	B9	Children Prevention Services	Prevention, Prevention/Intervention Day, Information and Referral **Cost Centers: 16, 17, 30** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 1 Age <18

Substance Abuse

OCA	Code	Description	Eligible Cost Center	Other Validations
MSA09	BC	Adult Non-Residential Care At-Risk	Assessment, Case Management, Day Care, Day/Night, In-Home/On-Site, Intervention, Medical Services, Outpatient (Individual & Group), Respite Services, Supported Employment, Supported Housing/Living, Incidental Expenses, Aftercare/Follow-up, Intervention Group, **Cost Centers: 01, 02, 05, 06, 08, 11, 12, 14, 22, 28, 29, 35, 42, 43** *Note: Cost Centers 15, 27, 46 and 47 are required to be captured using separate documentation.* (Outreach, TASC, SA Recovery Support- Individual &Group)	Fund = 2,3,A,B,5 Program = 2 Age >=18
MSA11	BD	Adult Non-Residential Care Alcohol	Assessment, Case Management, Day Care, Day/Night, In-Home/On-Site, Intervention, Medical Services, Outpatient (Individual & Group), Outreach, Respite Services, Supported Employment, Supported Housing/Living, Incidental Expenses, Aftercare/Follow-up, Information & Referral, SA Recovery Support (Individual and Group), Intervention Group, **Cost Centers: 01, 02, 05, 06, 08, 11, 12, 14, 22, 28, 29, 30, 35, 42, 43** *Note: Cost Centers 15, 27, 46 and 47 are required to be captured using separate documentation.* (Outreach, TASC, SA Recovery Support- Individual &Group)	Fund = 2,3,A,B,5 Program = 2 Age >=18 Alcohol = 02
MSA12	BE	Adult Non-Residential Care Drugs	Assessment, Case Management, Day Care, Day/Night, In-Home/On-Site, Medical Services, Methadone Maintenance, Outpatient (Individual & Group), Outreach, Respite Services, Supported Employment, Supported Housing/Living, Incidental Expenses, Aftercare/Follow-up, Information & Referral, SA Recovery Support (Individual and Group), Intervention Group, **Cost Centers: 01, 02, 05, 06, 08, 12, 13, 14, 22, 25, 26, 28, 29, 30, 35, 42, 43** *Note: Cost Centers 15, 27, 46 and 47 are required to be captured using separate documentation.* (Outreach, TASC, SA Recovery Support- Individual &Group)	Fund = 2,3,A,B,5 Program = 2 Age >=18 Drugs <> 02, 98, 99

OCA	Code	Description	Eligible Cost Center	Other Validations
MSA21	BF	Adult Detoxification Services – Alcohol	Crisis Support/Emergency, SA Detox, Outpatient Detox **Cost Centers: 04, 24, 32** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 2 Age >=18 Alcohol = 02
MSA22	BG	Adult Detoxification Services – Drugs	Crisis Support/Emergency, SA Detox, Outpatient Detox **Cost Centers: 04, 24, 32** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 2 Age >=18 Drugs <> 02, 98, 99
MSA25	BH	Adult Prevention Services	**Prevention, Information & Referral** **Cost Centers: 16, 30** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 2 Age >=18
MSATB	BI	Adult TANF Eligible Participants	All Cost Centers Apply	Fund = 3 Program = 2 Age
MSC09	BL	Children Non-Residential Care – At-Risk	Assessment, Case Management, Day/Night, In-Home/On-Site, Intervention, Medical Services, Outpatient (Individual & Group), Outreach, Respite Services, Supported Employment, Supported Housing/Living, Incidental Expenses, Aftercare/Follow-up, Intervention Group, **Cost Centers: 01, 02, 06, 08, 11, 12, 14, 22, 25, 26, 28, 29, 35, 42, 43** *Note: 15, 27, 46 and 47 are required to be captured using separate documentation.* (Outreach, TASC, SA Recovery Support- Individual &Group)	Fund = 2,3,A,B,5 Program = 2 Age <18
MSC11	BM	Children Non-Residential Care for Alcohol	Assessment, Case Management, Day/Night, In-Home/On-Site, Intervention, Medical Services, Outpatient (Individual & Group), Outreach, Respite Services, Supported Employment, Supported Housing/Living, Incidental Expenses, Aftercare/Follow-up, Intervention Group, **Cost Centers: 01, 02, 06, 08, 11, 12, 14, 22, 25, 26, 28, 29, 35, 42, 43** *Note: Cost Centers 15, 27, 46 and 47 are required to be captured using separate documentation.* (Outreach, TASC, SA Recovery Support- Individual &Group)	Fund = 2,3,A,B,5 Program = 2 Age <18 Alcohol = 02

OCA	Code	Description	Eligible Cost Center	Other Validations
MSC12	BN	Children Non-Residential Care – Drugs	Assessment, Case Management, Day/Night, In-Home/On-Site, Intervention, Medical Services, Outpatient (Individual & Group), Outreach, Respite Services, Supported Employment, Supported Housing/Living, Incidental Expenses, Aftercare/Follow-up, Information & Referral, SA Recovery Support (Individual and Group), Intervention Group, **Cost Centers: 01, 02, 06, 08, 11, 12, 14, 22, 25, 26, 28, 29, 35, 42, 43** *Note: Cost Centers 15, 27, 46 and 47 are required to be captured using separate documentation.* (Outreach, TASC, SA Recovery Support- Individual &Group)	Fund = 2,3,A,B,5 Program = 2 Age <18 Drugs <> 02, 98, 99
MSC21	BO	Children Detoxification Services – Alcohol	Crisis Support/Emergency, SA Detox, Outpatient Detox **Cost Centers: 04, 24, 32** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 2 Age <18 Alcohol = 02
MSC22	BP	Children Detoxification Services – Drugs	Crisis Support/Emergency, SA Detox, Outpatient Detox **Cost Centers: 04, 24, 32** *Note: Requires additional documentation not reported in SAMHIS*	Fund = 2,3,A,B,5 Program = 2 Age <18 Drugs <> 02, 98, 99
MSC25	BQ	Children Prevention Services	Prevention, Prevention/Intervention Day, Information and Referral **Cost Centers: 16, 17, 30**	Fund = 2,3,A,B,5 Program = 2 Age <18
MSCTB	BR	Children TANF Eligible Participants	All Cost Centers Apply	Fund = 3 Program = 2 Age <18

OTHER OCA REQUIREMENTS AND DESCRIPTIONS NOT REPORTED IN SAMHIS

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
MHAPG	PATH GRANT (Administrative costs are capped at 4%)	SPECIFY BY PROGRAM
MHA70	Appropriations Directed by the Legislature in Work Papers - FY13-14 GAA	SPECIFY BY PROGRAM
MHA72	Allowable Expenditures for Community Forensic Beds	
MHA76	Allowable Expenditures for the Indigent Psychiatric Medication Program	
MHA79	Allowable Expenditures for Specific Appropriation 254 - FY13-14 GAA – Clay Behavioral Community Crisis Prevention Team	SPECIFY BY PROGRAM
MHAJD	Allowable Expenditures for the Jail Diversion and Trauma Recovery Grant	SPECIFY BY PROGRAM

CHILDREN MENTAL HEALTH

OCA	Description	Eligible Cost Center
MHC70	Allowable Expenditures for Appropriations Directed by the Legislature in Work Papers - FY13-14 GAA	SPECIFY BY PROGRAM
MHC71	Purchase of Residential Treatment Services for Emotionally Disturbed Children and Youth (PRTS)	
MHCMD	Allowable Expenditures for the Miami-Dade County Wrap Around Grant – South FL Behavioral Health	SPECIFY BY PROGRAM
MHCBN	Allowable Expenditures for BNet Services – Counted as the State's Maintenance of Effort for Title XXI	SPECIFY BY PROGRAM
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
MHCFA	Allowable Expenditures for the Miami-Dade County Wrap Around Grant	SPECIFY BY PROGRAM

ADULT SUBSTANCE ABUSE

OCA	Description	Eligible Cost Center
MSA23	Allowable Expenditures for HIV	SPECIFY BY PROGRAM
MSA70	Allowable Expenditures for Appropriations Directed by the Legislature in Work Papers - FY13-14 GAA	SPECIFY BY PROGRAM
MSA81	Allowable Expenditures for the Specific Appropriation Directed by Legislature for Expansion of Services for Pregnant Women - FY13-14 GAA	SPECIFY BY PROGRAM
MSA82	Allowable Expenditures for Specific Appropriation 375 - FY13-14 GAA - Lutheran Services of Florida	SPECIFY BY PROGRAM

CHILDREN SUBSTANCE ABUSE

OCA	Description	Eligible Cost Center
MSC23	Allowable Expenditures for HIV	SPECIFY BY PROGRAM
MSCPP	Allowable Expenditures for the Prevention Partnership Grant (PPG) - Funded using the PPG	SPECIFY BY PROGRAM
MSC70	Allowable Expenditures for Appropriations Directed by Legislature in Work Papers - FY13-14 GAA	SPECIFY BY PROGRAM
MSC80	Allowable Expenditures for Specific Appropriation 374 - FY13-14 GAA – Central Florida Cares Health System, South Florida Behavioral Health Network and Big Bend Community Based Care	SPECIFY BY PROGRAM