

**PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE
Office of Mental Retardation**

Consolidated Community Reporting System (CCRS)

INTRODUCTION AND OVERVIEW

This manual is to provide instruction to the Commonwealth's MH/MR County Administrative Units for completing the data collection requirements of the Office of Mental Retardation's (OMR) consolidated community reporting for county MH/MR programs. The Consolidated Community Reporting System (CCRS) is designed to standardize, consolidate, and coordinate statistical reporting by identifying minimum data requirements.

The purpose of the CCRS is to provide a mechanism to collect data that enables OMR to implement its legal mandate in both a meaningful and an expedient manner. Therefore, CCRS is designed to provide information to carry out various administrative functions at the Central and Regional levels such as planning, budgeting, and allocating funds, program review and monitoring, program evaluation, technical assistance, and feedback to counties.

The Mental Health/Mental Retardation Act of 1966 provided for an administratively decentralized community-based system of service delivery with the management, planning, and evaluation responsibilities mandated at the County Administrative Unit (CAU) level. The responsibilities of the OMR in relation to the CAU's are those of supervision and control through regulation to assure that all mandated services are available throughout the Commonwealth and that the intent of the Act and subsequent legislation is accomplished. Section 305(4) of the Act requires that the County Administrator "...make such reports to the Department in such form and containing such information as the Department may require."

Minimum Requirements

1. The County Administrative Unit (CAU) is responsible for providing data concerning its programs, for maintaining the supportive data on which the summaries are based, and for ensuring that accurate, timely, and reliable data are submitted.
2. Each CAU shall submit each CCRS report as a combined total of all base service units (BSU) for that CAU. Individual BSU reports are not required by OMR.
3. Unduplicated counts must be provided where indicated. An unduplicated count is counting each person only once during the reporting period, no matter how many services are received.
4. Data must be internally consistent; i.e., "People at the End of the Report Period" cannot exceed "Unduplicated People Served."
5. Report only those people who are eligible for funding through OMR systems.

6. Data must be consistent with the Income and Expenditure (I&E) Reports required by the Department of Public Welfare.

Required Reports

The following reports are required for the Office of Mental Retardation:

- MR 252** - Report on People Receiving MR Services
- MR 253** - Report on People Receiving MR Services (Characteristics)
Three reports are required, one for each Target Group.
- MR 256** - Report on People Receiving Family Support Services
- MR 257** - Report on People Receiving Adult Day Services

Report and Due Dates

County Administrative Units must submit all CCRS Reports for the periods of July 1 through June 30 of each fiscal year.

The CAU has up to two calendar months after the end of the report period to submit the reports. Early submission is encouraged so that the reports can be reviewed for accuracy and possible corrections may be made in a timely manner. Due to the need for the data for the budgetary process, **all data and corrections must be received by August 31.**

Submission of Reports and Verification of Data

All CCRS Reports shall be submitted to the CAU's respective regional offices' program managers on or before specified due dates. Regional staff have the responsibility to review data and confer with counties to mediate any errors, inconsistencies, and/or missing data. Final verification of data shall be the responsibility of regional staff. The names and addresses of regional offices and program managers are:

Vicki Stillman-Toomey
Southeast Region OMR
306 State Office Building
1400 Spring Garden Street
Philadelphia, PA 19130

Paul Hindman
Central Region OMR
430 Willow Oak Building
Harrisburg State Hospital
Harrisburg, PA 17105

Thomas Harfman
Northeast Region OMR
100 Lackawanna Avenue
Scranton, PA 18503

Mary Puskarich
Western Region OMR
701 State Office Building
300 Liberty Avenue
Pittsburgh, PA 15222

**REPORT ON PEOPLE RECEIVING
MENTAL RETARDATION SERVICES
PENNSYLVANIA COUNTY MH/MR PROGRAM
(MR-252)**

County Admin. Unit: _____ **Fiscal Year:** _____

<u>DUE DATE:</u> AUGUST 31	1. Children & Youth (0-17)	2. Adult (18-59)	3. Aged (60+)	4. Total (All Ages)
<u>REPORT PERIOD:</u> JULY 1 – JUNE 30				
A. Changes/Corrections From Previous Report				
B. People at Beginning of Report Period				
C. Initial Registrations This Fiscal Year				
D. Re-registrations This Fiscal Year				
E. Total Registrations				
F. Withdrawals				
G. People at the End of Report Period				
H. Total Unduplicated People Served				

SECTION I

Report on Client Flow MR 252

A. Purpose

The Report on People Receiving Mental Retardation (MR) Services (MR 252) collects information regarding people entering, exiting, and receiving direct services purchased through or provided by the county MR program.

B. Instructions for Completing the Form

The definitions in this manual must be used in completing this form. The number of people provided must include all people active during the report period according to the definition of active.

County Administrative Unit – Enter the name of the County Administrative Unit for which the data are being reported.

Fiscal Year – Enter the fiscal year for which the data are being reported.

Age Group (Columns 1 through 4) – Data reported for each category must be reported by each of the four age categories:

1. *Children and Youth* – Aged 0 – 17 inclusive.
2. *Adult* – Aged 18 – 59 inclusive.
3. *Aged* - Aged 60 and above.
4. *Total* – All ages. This is the arithmetic total of columns 1, 2, and 3.

Line A – Changes/Corrections From Previous Report – Use this line to account for any differences between Line G of the preceding annual report and Line B of this report. For example, this line should be used to adjust for people who change age groups during the report period. If 10 people become 18 years old during the report period, Column 1 would have a -10 and Column 2 would have a +10.

Line B – People at Beginning of Report Period – Enter by age group the unduplicated count of people who were active in the MR system as of the first day of the report period (July 1). This number should be the same as Line G for the previous year's annual report. Any differences must be noted on Line A.

Line C – Initial Registrations This Fiscal Year – Enter by age group the unduplicated number of people who entered the system for the first time this year, regardless of any registrations (admissions) of previous years.

Line D – Re-registrations This Fiscal Year – Enter the number of people who were re-registered to service this fiscal year. To be re-registered, a person must have been in service during the fiscal year, removed from service, and then returned to service in the same fiscal year.

Line E – Total Registration – This is the total (possibly duplicated) registrations for the report period. Each registration and re-registration is counted as “one”, regardless of the number of (re) registrations a singular person may have. This number must equal the total of Lines C and D.

Line F – Withdrawals – Enter the number of times people receiving service withdrew from service. A withdrawal is the complete removal from service of any registered person. This number may be duplicated as a person may withdraw more than once in a fiscal year.

Line G – People at the End of the Report Period – Enter the number of people who were active in the MR system on the last day of the report period. This number should equal the sums of Lines A, B, and E minus the number in Line F ($G = (A + B + E) - F$).

Line H – Total Unduplicated People Served – Enter by age group the unduplicated number of people who received an MR service during the report period. This number must be equal to or greater than the number in Line G. This number is determined by counting each person who received service during the report period only once.

C. Data Definitions

Target Groups:

- Children & Youth* - People between the ages of 0 and 17 inclusive on the last day of the report.
- Adult* - People between the ages of 18 and 59 inclusive on the last day of the report.
- Aged* - People aged 60 and over on the last day of the report.

Active - An active person is a person who

is registered (see below) within the County Administrative Unit and has received at least one documented unit of direct service during the report period;

or

is a resident of a state-operated MR Center or MR Unit at a State Mental Hospital;

Registered – A registered person is one who has a record opened with a completed intake form and has been assigned a case number by the county administrative Unit or their designee.

Initial Registration – The status of a person who was registered for the first time in the reporting County Administrative Unit in the reporting fiscal year.

Re-registration – The status of a person who had been active and withdrew from services and became active again all within the report period.

Withdrawal – The closing of a case by the CAU during the report period indicating that the person does not meet the conditions for an active client.

Unduplicated – The act of counting each person only once during the report period regardless of the number of services received.

**REPORT ON PEOPLE RECEIVING
MENTAL RETARDATION SERVICES – PENNSYLVANIA COUNTY MH/MR PROGRAM
(MR-253)**

County Admin. Unit: _____ Fiscal Year: _____

DUE DATE: AUGUST 31

REPORT PERIOD: JUNE 30

Target Group: Children and Youth (0-17) _____ Adult (18-59) _____ Ages (60) _____

A. Sex	Female	Male	Unknown	Total

B. Age	0-3	4-12	13-17	18-20	21	22-29	30-39	40-49	50-59	60+	Unknown

C. Race	Asian	Black	Native American	White	Other	Unknown

D. Ethnicity	Hispanic	Non-Hispanic	Unknown

E. In Home Waiver	
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F. Current Living Arrangement	Own Home	Relative	Family Living	Community Residence	MR Centers	MH Hospital	Private ICF/MR	Other

G. Diagnosis	Mild	Moderate	Severe	Profound	Unspecified	Other

SECTION II

Report on Characteristics MR 253

A. Purpose

The report on characteristics is to provide a demographic description of the people receiving MR services.

B. Reporting

A separate form is to be completed for each Target Group for each report period for a total of three (3) forms each report period.

C. Instructions for Completing the Form

County Administrative Unit – Enter the name of the reporting county’s administrative unit.

Fiscal Year – Enter the reporting fiscal year.

Target Group – Place an “X” in the appropriate reporting category.

For each category, indicate the number of people in each data element. The totals of each category must be equal to the total placed in the “total” box in the “Sex” category.

D. Data Definitions

- a. *Sex* – Choose either “male” or “female.” “Unknown” is to be used only when the sex of a person is not known to the person completing the form at the time at which the form is completed.
- b. *Age* – Choose the appropriate age group.
- c. *Race* – The Office of Mental Retardation recommends the use of self-identification for race. That is, the person should be asked at the time of intake what race (s)he considers (her)himself to be. The following definitions are advisory only and are based on the definitions of the U.S. Census Bureau.

Asian – Includes persons whose origins are Chinese, Filipino, Japanese, Asian Indian, Korean, Vietnamese, Guamanian, Cambodian, Laotian, or Pakistani.

Black – Includes persons whose origins are of African descent, Jamaican, Puerto Rican, West Indian, or Haitian.

Native American – Includes people having origins in any of the original peoples of North America, and who maintains

cultural identification through tribal affiliation or community recognition.

White – Includes people whose origins are from Europe and Eastern Asia, Canadian, German, Italian, Lebanese, or Polish.

Other – Includes people who identify themselves as being of a race other than those listed above.

Unknown – To be used only when the race of a person is not known by the person completing the form at the time the form is being completed.

3. *Ethnicity* – The Office of Mental Retardation recommends the use of self-identification for ethnicity. That is, the person should be asked at the time of intake what ethnicity (s)he considers (her)himself to be. The following definitions are based on the definitions of the U.S. Census Bureau.

Hispanic – Includes people whose origins are from Spanish speaking countries in Central and South America, Mexican, Puerto Rican, Cuban, Latino, Hispano, or Chicano.

Non-Hispanic – Includes people who are not part of the above population.

Unknown – To be used only when the ethnicity of a person is not known by the person completing the form at the time the form is being completed.

4. In Home Waiver – Enter the number of people who are receiving waiver-funded in-house supports.
5. *Current Living Arrangement* – Enter the number of people currently living in the identified categories on the last day of the report period.

Own Home – A situation in which there is no supervision and the person lives independently.

Relative – A situation in which the person lives with a relative, foster parent, or legal guardian.

Family Living – A situation in which the person resides in a living arrangement licensed in accordance with 55 Pa. Code Chapter 6500.

Community Residential – A situation in which the person lives in a community residential setting licensed in accordance with 55 Pa. Code Chapter 6400 or is exempt from license by Applicability (6400.3(f)(7)).

MR Center – A situation in which the person lives in either a state-operated MR Center or a state-operated MR Unit at a State Mental Hospital. (Public ICF/MR)

MH Hospital – A situation in which the person lives in State-operated MH Hospital.

Private ICF/MR – A situation in which the person lives in an intermediate care facility operated by a private provider agency.

Other – A living situation that does not fit into the above categories.

- G. *Diagnosis* – This is an indication of level of function based upon any nationally recognized scale. The following identifies the diagnoses using the coding of the International Classification of Diseases 9th Revision Clinical Modification (ICD-9-CM):

Mild	- 317	Moderate	- 318.0
Severe	- 318.1	Profound	- 318.2
Unspecified	- 319		

**REPORT ON PEOPLE RECEIVING
FAMILY SUPPORT SERVICES
PENNSYLVANIA COUNTY MH/MR PROGRAM
(MR-256)**

County Admin. Unit: _____ Fiscal Year: _____

DUE DATE: AUG. 31

REPORT PERIOD: JULY 1 – JUNE 30

	1. Children & Youth (0-17)	2. Adult (18-59)	3. Aged (60+)	4. Total (All Ages)
A. People Receiving FSS Through a Family Driven Services Approach				
B. People Receiving FSS Through the Traditional Service Approach				
C. Unduplicated Total of People Receiving FSS				
D. People Currently on a Waiting List to Receive FSS				

SECTION III

Report on People Receiving Family Support Services

A. Purpose and Description

The purpose of this report is to collect data on the provision of Family Support Services (FSS) to people by age and type of FSS provided.

B. Instructions for Completing

Please enter the number of people receiving each type of FSS by age group. If no activity occurred, please enter zero (0).

All data must be unduplicated, that is, no person may be counted more than once. If, for any reason, a person may receive FSS by both service approaches, enter the person in the approach in which they received greater than 50% of service.

The cells in Column 4 (Total All Ages) must be the total of the previous three columns (Children & Youth + Adult + Aged = Total).

The cells in Row C (Unduplicated Total of People Receiving FSS) must be the total of the two rows above (People Receiving FSS Through a Family-Driven Services Approach + People Receiving FSS Through the Traditional Service Approach = Unduplicated Total of People Receiving FSS).

Data on Row D (People Currently on a Waiting List to Receive FSS) is not to be factored into any other data on the report.

Family Support Services (FSS) – Community supports which are intended to strengthen the function and enhance the growth and development of individual family members and the family unit to prevent unnecessary out-of-home placements of people with mental retardation.

Fiscal Year – Enter the Fiscal Year the data represent.

County Administrative Unit – Enter the name of the County Administrative Unit that the data represent.

1. *Children & Youth (0 – 17)* – People who have not reached their 18th birthday by the end of the report period.
2. *Adult (18 – 59)* – People who, on the last day of the reporting period, are aged 18 or older but have not reached their 60th birthday.
3. *Aged (60+)* – People who are aged 60 or over on the last day of the reporting period.

- A. Family-Driven Services Approach** – The method of providing services whereby the family and the person with mental retardation, rather than the service system, is given the responsibility for deciding which services will best address the family’s specific needs. In a family-driven model, family members also have a primary responsibility for planning, implementing, evaluating, and setting priorities for services to address their specific needs. For the purpose of this report, include data only from Region-approved family-driven FSS projects. All other data should be reported as Traditional Service Approach.

- B. Traditional Service Approach** – The method of providing services whereby agency staff, such as case manager or program coordinator, assumes significant responsibility for assessing the needs of a person with mental retardation and his/her family and for determining which services will best address those needs.

- C. People Currently on a Waiting List to Receive FSS** – The number of unserved people known to need service (those documented as to awaiting service) for the indicated age group.

**REPORT ON PEOPLE RECEIVING
ADULT DAY SERVICES
PENNSYLVANIA COUNTY MH/MR PROGRAM
(MR-257)**

County Admin. Unit: _____ **Fiscal Year:** _____

DUE DATE: AUG. 31

REPORT PERIOD: JULY 1 – JUNE 30

	1. Total # Needing Services	2. People at Beginning of Report Period	3. People Placed During Period	4. People Leaving During Period	5. People At End of Report	6. Unduplicated People Served	7. Total Hours of Service	8. Total Cost for Service	9. Transition People (16-21 Years Old)
A. Adult Training									
B. Facility Based Vocational Training									
C. Community Employment & Employment Related Services									
C1. Employment Training									
C2. Supported Employment									
C3. Competitive Employment									

SECTION IV

Report on Adult Day Services

A. Purpose and Description

The purpose of this report is to collect data on the provision of adult day services to people by the type of service provided.

B. Instructions for Completing

Please enter a number in each cell. If no activity occurred, please enter zero (0).

County Administrative Unit – Enter the name of the County Administrative Unit that the data represent.

Fiscal Year – Enter the fiscal year the data represents.

- 1. Total Number Needing Service** – For each service category, entered the unduplicated number of people needing the service (people on a waiting list).
- 2. People at the Beginning of Report Period** – For each service category, enter the number of people actively enrolled on July 1 of the report period.
- 3. People Placed During the Period** – For each service category, enter the number of people admitted to each program during the report period.
- 4. People Leaving During the Period** – For each service category, enter the number of people who left each program (for any reason) during the report period.
- 5. People at End of Report** – For each service category, enter the unduplicated number of people in the program on the last day of the report period. (Under normal conditions, each horizontal line should follow the following formula: Column 2 + Column 3 – Column 4 = Column 5).
- 6. Unduplicated People Served** – For each service category, enter the unduplicated number of people who received each service during the report period. (Under normal conditions, this number should be the total of Column 2 and Column 3.)
- 7. Total Hours of Service** – For each service category, enter the total number of person hours. A person hour is the number of hours worked for each person in the report period. For example, if two people work six hours per day for ten days, the person hours would be 120 ($2 \times 6 \times 10 = 120$).
- 8. Total Cost for Service** – For each service category, enter the total cost, including wages, incurred providing the service.
- 9. Transition People (16 – 21 years old)** – For each service category, enter the unduplicated number of people who were older than 15 years old but not yet 21 years old.

Service Category Definitions

- A. *Adult Training* – Community-based programs designed to facilitate the acquisition of prevocational, behavioral, and independent living skills. As a prerequisite for work oriented programming, adult training programs concentrate on cognitive development, affective development, communication development, physical development, and prevocational skills development. Adult training programs are provided in facilities licensed under 55 Pa. Code Chapter 2380 (Adult Training Facilities.)
- B. *Facility Based Vocational Training* – Programs designed to provide remunerative development and vocational training within a community-based specialized facility (sheltered workshop) using work as the primary modality. Vocational facility programs include vocational evaluation personal work adjustment training, work activity training, regular work training, and sheltered employment and are provided in facilities licensed under 55 Pa. Code Chapter 2390 (Vocational Facilities.)
- C. *Community Employment and Employment Related Services* – Employment in a community setting or employment related-programs which may combine vocational evaluation, vocational training and employment in a non-specialized setting such as a business or industry or other work sites within the community. Included are competitive employment, supported employment, and industry-integrated vocational programs such as work stations in industry, transitional training, mobile work forces, enclaves, affirmative industries/business, and placement and follow-up services. This is the total of the following subsets. (C = C1 + C2 +C3)

C1. *Employment Training* – Employment training involves the training of an individual in a business/industry situation prior to actual employment. The training is designed to prepare the individual for employment in that situation or in a similar situation in another business/industry environment. In an employment training program the employer-employee (trainee) relationship is usually between the employee (trainee) and the vocational facility rather than the business/industry. This is a subset of *Community Employment and Employment Related Services (C)*.

C2. *Supported Employment* – Supported employment means paid integrated competitive employment for persons who, because of their disabilities, need intensive on-going support to perform in an integrated work setting and for whom competitive employment at or above the minimum wage is unlikely without on-going supports. Supported employment is conducted in a variety of settings in work sites in which persons without disabilities are employed. Support is provided through activities such as training, job coaching and supervision, etc., to ensure continued employment, and involves at least two contacts per month to address individual needs. The employer-employee relationship is usually between the employee and the business/industry. This is a subset of *Community Employment and Employment Related Services. (C)*.

C3. *Competitive Employment* – Competitive Employment involves the placement of an individual into a job in the competitive labor force where training and follow-up supports are the primary responsibility of the employer. The individual is employed by a company or industry rather than by a rehabilitation facility. Although placement may be made by a rehabilitation agency, the agency usually provides supports on a short-term basis. The relationship between the rehabilitation facility and the client usually is limited to initial job training and short-term follow-up. This is a subset of *Community Employment and Employment Related Services*. (C).