

SERVICES REPORTING SYSTEM

SERVICES REPORTING SYSTEMTABLE OF CONTENTS

	<u>Page</u>
PURPOSE OF THE SERVICE REPORTING SYSTEM	1
SERVICES REPORTING SYSTEM FORMS, RS-1120 AND RS-1121	3
GENERAL INSTRUCTIONS REGARDING ACTIONS	4
Identification of New or Changed Data	4
Making Corrections	5
Actions	5
Error Processing	6
Critical Data Items	6
Cases Involving Licensure, Studies, and Monitoring	7
Protective Investigation Cases	8
Companion Cases	9
DATA ITEM INSTRUCTIONS	10

<u>Section</u>	<u>Line</u>	<u>Item</u>	
A	1	1	Case Number
A	1	2	Preparation
A	1	4	Form Sequence
A	1	5	Region
A	1	6	County
A	1	7	Worker
A	2	8	State ID
A	2	9	Social Security Number
A	2	10	Last Entry
A	2	11	Status
A	2	--	Blank
B	3	12	Last Name
B	3	13	Suffix
B	3	14	First Name
B	3	15	Middle Name
B	4	16	Address Line One
B	4	17	Address Line Two
B	5	18	City
B	5	19	State
B	5	20	Zip Code
B	5	21	Blank
B	5	22	Phone Number
B	6	23	Date of Birth
B	6	24	Sex
B	6	25	Handicap

SERVICES REPORTING SYSTEMTABLE OF CONTENTS

DATA ITEM INSTRUCTIONS (Cont.)				<u>Page</u>
<u>Section</u>	<u>Line</u>	<u>Item</u>		
B	6	26	Ethnicity.....	17
B	6	27	Marital Status.....	18
B	6	28	Employment.....	18
B	6	29	Education.....	19
B	6	30	Occupation.....	20
B	6	31	Living Arrangement.....	21
B	6	32	Official Status.....	24
B	6	33	Need for Service.....	28
B	6	34	Client Functioning Level.....	30
C	7	35	Application.....	31
C	7	36	Acceptance.....	31
C	7	37	Review/Transfer.....	33
C	7	38	Disposition.....	33
C	8	39	Special Case Information.....	34
D	9	40	Basis of Eligibility.....	35
D	9	41	Financial Responsibility.....	46
D	9	42	Family Composition.....	46
D	9	43	Number in Household.....	47
D	9	44	Monthly Family Income.....	48
D	9	45	Income.....	48
D	9	46	Workshop Earnings.....	49
D	9	47	Goal.....	50
D	9	48	Abuse.....	51
D	9	49	Umbrella.....	52
E	10-15	50	Objective.....	55
E	10-15	51	Method of Provision (MOP).....	58
E	10-15	52	Service Code.....	58
E	10-15	53	Effective Date.....	68
E	10-15	54	Provider Number.....	68
E	10-15	55	Fee.....	68
E	10-15	56	Termination Date.....	69
E	10-15	57	Termination Code.....	69
E	10-15	58	Blank.....	71
F	16	59	Entry Date.....	71
F	16	60	Entry Sequence.....	72
F	16	61	Placement Sequence.....	72
F	16	62	Foster Care Goal.....	72
F	16	63	Review.....	73
F	16	64	Visits.....	73
F	16	65	Blank.....	73
F	16	66	Adoptive Placement.....	73

SERVICES REPORTING SYSTEM

TABLE OF CONTENTS

				<u>Page</u>
DATA ITEM INSTRUCTIONS (Cont.)				
<u>Section</u>	<u>Line</u>	<u>Item</u>		
G	17-22	67	Last Name	74
G	17-22	68	Suffix	74
G	17-22	69	First	74
G	17-22	70	Middle Initial	74
G	17-22	71	State ID	74
G	17-22	72	Date of Birth	74
G	17-22	73	Sex	74
G	17-22	74	Handicap	74
G	17-22	75	Ethnicity	74
G	17-22	76	Family Member Identifiers	74
SRS INDIVIDUAL CLIENT INFORMATION, RC-0004				75

SERVICES REPORTING SYSTEM

PURPOSE OF THE SERVICE REPORTING SYSTEM

Statistical reporting of social services serves many purposes:

- A. Providing accountability for federal programs and funds.
- B. Providing accountability to the state legislature for funds.
- C. Interpreting needs of the Department in order to provide services.
- D. Furnishing an administrative tool for supervisors in caseload planning.
- E. Furnishing management tools for line workers.
- F. Securing data which helps determine needs for staffing.

The Services Reporting System has been designed to identify the eligibility of clients and certain demographic information.

This chapter is a procedural manual. It does not address policy concerns. Policy for social services is found in XIII-A, "General Provisions," and in specific service chapters of the Employees' Manual.

SERVICES REPORTING SYSTEM

"RESERVED FOR FUTURE USE"

IOWA DEPARTMENT OF HUMAN SERVICES

SERVICES REPORTING SYSTEM

A	1 Case Number Serial FBU Person Seq.				2 Preparation Worker		Date		4 Form Seq.	5 District	6 County	7 Worker				
	8 State Id	9 Social Security Number			10 Last Entry	11 Status										
B	12 Last Name (24)				13 Suf.	14 First Name (12)		15 Middle Name (12)								
	16 Address Line 1 (21)					17 Address Line 2 (21)										
C	18 City (18)		19 State	20 Zip Code	Extended Zip		21 Central Office Use		22 Phone Number							
	23 Date of Birth		24 Sex	25 Handicap	26 Eth	27 Mar	28 Emp	29 Edu	30 Occ	31 Lw Arr	32 Official Status	33 Head for Service	34 Client Functioning Level			
D	35 Application Code		Date		36 Acceptance Code		Date		37 Review/Transfer Next Due		38 Curr Code	Date	38 Code Disposition		Date	
	39 Special Case Information (38)															
E	40 Basis of Eligibility		41 Fin Rsp	42 Fam Cmp	43 Adulte	44 in MH Child.	44 Monthly Family Income		45 Source	Income Doc	46 Workshop Earnings	47 Goal	48 Abuse T S R	49 Umbrella Pro Chr	Code	Weight
	50 Obj	51 M O P	52 Service Code		53 Effective Date		54 Provider Number		55 Fee		56 Termination Date		57 Term Code		58	
F	59 Entry Date		60 Entry Seq.	61 Place Seq.	62 FIC Goal	63 Due	Review	Curr. Date		64 A Due		VISITS & Prev.		C Current	65	66 Adoptive Placement
	67 Last Name (13)				68 Suf.	69 First (8)		70 MI	71 State Id	72 Date of Birth		73 Sex	74 Handicap	75 Ethnic	76 Member ID	
G	REMARKS:															
	<small>* CERTIFY THAT THE STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR SERVICE IS ON FILE OR THAT THE FACTS HAVE BEEN VERIFIED BY INVESTIGATION. THAT THE SUPPORTING EVIDENCE IS OPEN FOR INSPECTION IN THE DEPARTMENT BY DULY AUTHORIZED STATE AND FEDERAL REPRESENTATIVES, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ACTION AND AMOUNT SPECIFIED ARE CORRECT UNDER EXISTING LAW.</small>															

SERVICES REPORTING SYSTEMSERVICES REPORTING SYSTEM FORMS, RS-1120 AND RS-1121

The Services Reporting System form is printed in two versions, RS-1120 and RS-1121. The RS-1120 is the initial form used to enter client data into the Services Reporting System. The RS-1121 doubles as a computer turnaround document and a data entry document to record changes in the client information maintained by the system.

Computer-printed information which was entered into the system on the RS-1120 will appear in the top half of the space for each data item on the turnaround RS-1121. Workers use the bottom half of the space provided for each data item, to enter changes in client data.

When this data is entered, a new RS-1121 turnaround is generated, again showing the information currently on file for each item in the top half of the item space. The RS-1120 and the RS-1121 forms constitute a series of documents which, together, show a history of the case.

Data item 4 on both the RS-1120 and the RS-1121 is a sequence number. The sequence number of 001 comes preprinted on the RS-1120. This indicates that the form is the first of the series. The sequence number is computer-generated and printed on each RS-1121 to indicate how many forms have been completed and the order in which the forms have been completed.

When Prepared

The RS-1120 is completed to enter a record into the Services Reporting System, either as an application or as an active case. If the client is reapplying for services, the RS-1121 turnaround from closing the case should be used to restore the record in the Services Reporting System, if the case has been closed two years or less.

The RS-1121 is also completed whenever changes need to be entered in the SRS record.

By Whom Prepared

The service worker completes the forms RS-1120 and RS-1121.

On Whom Prepared

The RS-1120 and RS-1121 are always completed on the person who will be the service recipient, with the following exceptions:

1. Foster family home licensing (EC) cases and purchased foster family care home studies (non-E cases) are opened in the name of the head of household, with basis of eligibility 99-05.

SERVICES REPORTING SYSTEMSERVICES REPORTING SYSTEM FORMS, RS-1120 AND RS-1121 (Cont.)On Whom Prepared (Cont.)

2. Family-centered service and family preservation cases are opened in the child's name, with all other persons counted in item 43 (# in household) listed in section G.
3. Subsidized adoption cases (E03) are opened in the name of the child to be adopted.
4. Child day care cases are always opened in the name of the child who is receiving the day care service, even if the child is receiving the service to help attain the parent's service goal.

Number of Copies

Two-part NCR form.

Disposition

Send the yellow copy of the RS-1120 to your local terminal center for entry into the Services Reporting System. File the green copy in the case record.

When the information has been processed by the system, the computer generates two copies of the RS-1121 with the turnaround portions of the document completed. Both copies of the RS-1121 are sent to the worker to be filed in the case record.

When you enter new data on the RS-1121, send the yellow copy of the RS-1121 to the terminal operator. Again file the green copy in the case record.

Both copies of the RS-1121 generated by the worker action are sent to the worker. This cycle repeats until the case is closed.

GENERAL INSTRUCTIONS REGARDING ACTIONSIdentification of New or Changed Data

Use red ink to enter information on an RS-1120 or RS-1121. Circle the indicator for each line in which new information is entered to flag the entry for the terminal operator. The line indicators are numbered consecutively from 1 to 22.

SERVICES REPORTING SYSTEMGENERAL INSTRUCTIONS REGARDING ACTIONS (Cont.)Making Corrections

To correct information on the RS-1121, enter the new information in the lower portion of the items to be changed. If entering a change of service or a new service, review goal and objective codes and change if necessary.

Entry of a pound sign (#) allows you to delete unwanted or incorrect information in the data items listed below. Items not listed can be corrected only by entering updated and valid information in the lower portion of that respective item.

<u>Section</u>	<u>Line</u>	<u>Item Number</u>	<u>Item Name</u>
B	3	13 and 15	Middle name and suffix
B	4	16 and 17	Address lines
B	5	20 and 22 (part 2)	Phone number and zip code part 2
B	6	32 and 38 if asterisked	Official status and asterisked disposition
D	9	41, 43, 44, 45, 46, 48	County of financial respon- sibility, for E cases only. Number in household, income and abuse status
E	10-15	54 and 55	Provider number, fee
F	16	59, 62 and 66	Entry date, goal and adoptive placement only when not required
G	17-22	67	All entries on additional persons

Actions

The following single or multiple actions can be entered on one form:

1. Application
2. Application and rejection
3. Application and acceptance
4. Application, acceptance and closing
5. Acceptance
6. Change of application data and acceptance
7. Acceptance and closing
8. Rejection
9. Change of application data and rejection
10. Change of data
11. Transfer
12. Change of data and transfer
13. Closing
14. Change of data and closing

SERVICES REPORTING SYSTEMGENERAL INSTRUCTIONS REGARDING ACTIONS (Cont.)Error Processing

Every item on the RS-1120 and RS-1121 is edited. If the data item is blank or incorrect an error code will be printed on an Exception Listing. There are two types of errors, critical and non-critical. The critical error code has an asterisk as part of the code when printed on the Exception Listing; the noncritical error code does not.

Critical data item errors are handled as follows:

1. The incorrect data which the worker attempted to enter is not used.
2. The case is entered on the service master file.
3. A turnaround (RS-1121) is returned to the worker with asterisks in place of the information originally submitted.

A noncritical error is handled the same as a critical error, except that the turnaround will show whatever data was in the field before, instead of showing asterisks.

A listing for all error codes and the required action can be found in the chapter entitled "Error Codes for the Services Reporting System", XIV-A(1).

Critical Data Items

The data items listed below have been established as critical data items. When various actions occur these items will be edited and if the data items are blank or incorrectly entered an error code message and an asterisk will appear on an Exception Listing.

<u>Section</u>	<u>Line</u>	<u>Item No.</u>	<u>Name of Item</u>
A	1	1	Case number
A	1	2	Preparation worker
A	1	4	Sequence number
A	1	6	County
A	1	7	Worker
A	1	8	State ID
A	2	9	Social security number
B	3	12 and 14	Name of client: last and first
B	5	18-20	City, state and zip code
C	7	35	Application code and date
C	7	36	Acceptance code and date
C	7	38	Disposition code and date

SERVICES REPORTING SYSTEMGENERAL INSTRUCTIONS REGARDING ACTIONS (Cont.)Error Processing (Cont.)Critical Data Items (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Name of Item</u>
D	9	40	Basis of eligibility
D	9	41	County of financial responsibility
D	9	43	Number in household
D	9	44	Monthly family income
D	9	45	Income source and documentation
D	9	46	Workshop earnings
D	9	47	Goal
D	9	49	Umbrella
E	10-15	50	Objective
E	10-15	51	Method of provision
E	10-15	52	Service code
E	10-15	53	Effective date
E	10-15	54	Provider number
F	16	59	Foster care entry date
F	16	62	Foster care plan goal
F	16	63	Foster care current review date
G	17-22	67-68	Additional person information when required with services A or B

Cases Involving Licensure, Studies, and Monitoring

In addition to direct services, the Department also performs services which facilitate direct service delivery. Generally, these services concern licensure, study, or regulatory compliance. To measure service workloads and give workers, supervisors and management a method of reporting on activity in these areas, these cases are entered into the SRS system. For a common reference, they are known as "E cases."

The following are service codes appropriate for use as E cases:

E01	Adoption studies
E02	Court-ordered custody investigations
E03	Subsidized adoptions
E05	Family-life home certification
E06	Medicaid waiver cases
E14, E61, E16, E63	Day care registration spot checks
E15, E62	Child day care center licensing
EC	Foster family home licensing
E31	Interstate compact studies

SERVICES REPORTING SYSTEMGENERAL INSTRUCTIONS REGARDING ACTIONS (Cont.)Cases Involving Licensure, Studies, and Monitoring (Cont.)

Instructions for entry of E cases are generally similar to those listed in this chapter. However, the following rules apply:

1. When entering an E case into the SRS, only the following items need to be completed:

<u>Section</u>	<u>Line</u>	<u>Item Number</u>	<u>Name of Item</u>
A	1	1, 2, 6, and 7	Case number, worker's county
B	3	12 through 15	Name
B	4	16 and 17	Address
B	5	18 through 22	Address and phone
C	7	35, 37 and 38	Application, review, disposition
C	8	39	Special case information
D	9	49	Umbrella service

For court-ordered custody investigations, service E02, also complete item 41 in section D.

2. In the second position (chr) of item 49, umbrella service, enter E. The service code entry should reflect the type of licensure, study, or monitoring provided. (See list above.)
3. In entering E cases into SRS, show only a 100 application code (item 35). Item 36, the acceptance code, is not completed.
4. When closing the activity in an E case, enter an 098 disposition code in item 38.
5. The caseweight converts to zero after month-end processing for the month reported in item 35 for E04 cases, the month following the month reported in item 35 for E02 cases, and the second month following the month reported in item 35 for E06 and E31 cases.

E cases can be restored and reviewed like any other case in the system.

Protective Investigation Cases

Protective investigation cases are not entered into SRS, but are reported in the Activity Reporting System. These cases are entered into the Abuse Registry System.

SERVICES REPORTING SYSTEMGENERAL INSTRUCTIONS REGARDING ACTIONS (Cont.)Companion Cases

A companion case is tied to the main case so that excessive caseweight is not generated. This is the only automated link made by the Service Reporting System. The system can use the companion case identifier to unduplicate data and to relate data on a single client with more than six services in section E and or a case with more than six persons in section G.

If there are more than six services needed in section E or more than six family members to be entered in section G, fill out a second RS-1120. Enter the same serial number and FBU which are on the first RS-1120, and enter A as the sequence number. Attach the second RS-1120 to the first RS-1120.

The letter A informs the data entry operator that the second RS-1120 is a companion case to the first case record. If there are more than 12 family members in section G, use a third form, with sequence B.

The identical information from the main case must be entered in each section of each companion case, except for the case numbers' sequence component and sections E and G. In these two sections, enter only the additional services or persons. There are two exceptions to these rules:

1. When the companion case is created to add an additional purchased service in section E, also enter a direct case management/case assessment service (A60), even though it is on the main case.
2. When the companion case is created to add additional persons in section G receiving direct or purchased family-centered or family preservation services (AA, AB, BA or BB) on the main case, also enter the entry for number in household (item 43) on both cases to reflect the exact number of section G entries on the document plus one.

Note: Since a family-centered or family preservation service is required on the companion case to allow for the section G entry, the effective date of entry should not duplicate that of service on the main case.

Example: A family-centered case has two adults and seven children. The main case shows item 43 as 02 adults and 05 children. It requires six entries in section G $[(2 + 5) - 1]$. The companion case shows item 43 as 00 adults and 03 children. It requires two entries in section G $[(0 + 3) - 1]$.

SERVICES REPORTING SYSTEMGENERAL INSTRUCTIONS REGARDING ACTIONS (Cont.)Companion Cases (Cont.)

A companion case is subjected to all the same system edits as the main case. If information is changed on sections other than E or G, this change must be made on each companion case as well as on the main case, or vice versa. For example, if you want to close the main case, you must close both the companion case and the main case.

DATA ITEM INSTRUCTIONS

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
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A	1	1	CASE NUMBER (11 digits) The terminal operator enters the serial number and the FBU (family budget unit).
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Exception: When entering an RS-1120 on a person from a family where another person is already entered in the SRS system, enter the serial number and FBU from the first person's record.

All records on people from the same family should show the same serial number and FBU, with different person numbers to indicate the different records.

The worker enters the person number. Use a different code for each person in the family when an RS-1120 is entered on more than one person. Valid codes are:

01-09	Adult
11-29	Child (as define by Iowa Code Chapter 234)

If more than one worker is handling the case, or different form RS-1120s are necessary because of different basis of eligibility, use a sequence number of 1, 2, etc. (depending on the number of different RS-1120s), to identify different workers or different service records. (See also Companion Cases.)

SERVICES REPORTING SYSTEM**DATA ITEM INSTRUCTIONS** (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
A	1	2	<p>PREPARATION</p> <p>Worker: Enter the four-character worker number assigned to the worker preparing the form. (See your service supervisor for your code designation.) Complete this every time a form is submitted.</p> <p>Date: Enter the date that the form is being prepared or updated, in MMDDYY format.</p>
A	1	4	<p>FORM SEQUENCE This is a computer-generated three-digit number (001-999) representing the number of times the computer has processed entries on this case.</p>
A	1	5	<p>REGION This is a computer-generated two-digit number (01-05) representing the Department of Human Services regional office.</p>
A	1	6	<p>COUNTY (2 digits) Enter the number of the county where the worker's office of record is located. For example, 57 is entered for the Linn County office and for the Cedar Rapids regional office.</p> <p>For an intercounty transfer, enter the number of the new county. (See also items 7 and 37.)</p>
A	1	7	<p>WORKER Enter the four-character worker number assigned to the worker responsible for the case. Turnarounds are sent to this worker.</p> <p>For a transfer within the county, enter the new worker number if known, or use CS00.</p> <p>For a transfer between offices, enter CS00 or DS00.</p> <p>CS00 generates a new turnaround to the county office identified in item 6, while DS00 generates it to the regional office associated with item 6.</p> <p><u>Exception:</u> If the case being transferred is going to a Medicaid case manager, enter the Medicaid case manager's worker number instead of CS00 or DS00. (See also items 6 and 37.)</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
A	2	8	STATE ID The terminal operator enters a unique person identifier used in both Services Reporting and Automated Benefit Calculation (ABC) systems. No entry is made on E cases.
A	2	9	SOCIAL SECURITY NUMBER Always enter this item. When an actual social security number does not exist: Enter 000-00-0000 if the client does not have one. Enter 999-99-9999 if the client has applied for a number but has not received one. Exception: For all E cases, leave blank.
A	2	10	LAST ENTRY This is a computer-generated date showing when the last entry was made on the case.
A	2	11	STATUS This item shows computer-generated data on the case's status as of the last entry: active, closed, or pending.
A	2	--	BLANK Computer-generated data appears to the right of and below data items 10 and 11 on the RS-1121. The top right entry indicates the last action the worker tried to accomplish: Application Acceptance Application and acceptance Rejection Closing Change Application and rejection Acceptance and closing Application and acceptance and closing Change and closing Lost form Invalid action. The bottom left entry indicates when the form was actually printed (MMDDYY).

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
A	2	--	<p>BLANK (Cont.)</p> <p>The bottom right entry indicates if there was a problem with the worker's last entry:</p> <p>Blank (meaning no errors) Critical errors Fields in error Action errors (when no critical errors occur)</p> <p>(See the Exception Listing (S472R240-A) for specific errors and XIV-A(1) for explanation of error codes plus corrective action.)</p>
B	3	12	<p>LAST NAME Starting at the far left, enter the client's last name. If the name is hyphenated, enter it with the hyphen.</p>
B	3	13	<p>SUFFIX If the name has no identified suffix, leave blank. Allowable codes are:</p> <p>JR Junior SR Senior I or 1 followed by blank First II or 2 followed by blank Second 3 followed by blank Third 4 followed by blank etc. Fourth</p>
B	3	14	<p>FIRST NAME Starting at the far left, enter the client's first name. No hyphens are permitted.</p>
B	3	15	<p>MIDDLE NAME Starting at the far left, enter the client's middle name. No hyphens are permitted.</p>
B	4	16	<p>ADDRESS LINE ONE Starting at the far left, enter the client's complete street number and name. Include the apartment number, room number, etc.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	4	17	ADDRESS LINE TWO Starting at the far left, enter the client's mailing address if different from item 16. If the mailing address is the same as item 16, leave blank. For those clients who have a street or rural route address <u>and</u> a post office box, enter the post office box and number here.
B	5	18	CITY Starting at the far left, enter the complete name of the city in the mailing address.
B	5	19	STATE Enter the official two-letter designation from the following list which corresponds to the state or territory in which the mailing address is located.
			AL Alabama NE Nebraska
			AK Alaska NV Nevada
			AZ Arizona NH New Hampshire
			AR Arkansas NJ New Jersey
			CA California NM New Mexico
			CO Colorado NY New York
			CT Connecticut NC North Carolina
			DE Delaware ND North Dakota
			DC District of Columbia OH Ohio
			FL Florida OK Oklahoma
			GA Georgia OR Oregon
			GU Guam PA Pennsylvania
			HI Hawaii PR Puerto Rico
			ID Idaho RI Rhode Island
			IL Illinois SA American Samoa
			IN Indiana SC South Carolina
			IA Iowa SD South Dakota
			KS Kansas TN Tennessee
			KY Kentucky TX Texas
			LA Louisiana UT Utah
			ME Maine VT Vermont
			MD Maryland VI Virgin Islands
			MA Massachusetts VA Virginia
			MI Michigan WA Washington
			MN Minnesota WV West Virginia
			MS Mississippi WI Wisconsin
			MO Missouri WY Wyoming
			MT Montana XX Not Listed

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	5	20	ZIP CODE Starting at the far left, using the first five spaces, enter the ZIP code in the mailing address. Use the last four spaces only when the ZIP code is an official extended ZIP code.
B	5	21	BLANK For future use: make no entries.
B	5	22	PHONE NUMBER Enter the area code in the first three spaces and continue with the remainder of the phone number. Enter only numbers.
B	6	23	DATE OF BIRTH Enter MMDDYYYY, using only numbers. This cannot be a future date.
B	6	24	SEX Enter M if male or F if female.
B	6	25	<p>HANDICAP This item must be completed. You must:</p> <ol style="list-style-type: none"> 1. Inform the client that this information will be used for data collection and not be tied to any specific client. 2. Ask the client what, if any, handicap or disability the client has and code it accordingly. and 3. Coordinate the client's response with your observation. For example, if the client reports a hearing impairment and you observe an amputated leg, then enter "physically handicapped (orthopedic)" along with the hearing impairment. <p>When service 18, 47, 51, 52, 80, or 98 is provided, or child day care with a goal of 4 and objective of S is provided, you must enter some handicap or disability. If the service is an A6, the handicap code must be A. (If it is not A, then item 34 must be coded yes (1).)</p> <p>When the proper code is "no known disability," enter it only once, leaving the remaining two spaces blank.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	25	HANDICAP (Cont.)
		A	<u>Mental Retardation</u> Persons with significantly subaverage general intellectual functioning (70 IQ or below) existing concurrently with deficits in adaptive behavior, manifested prior to age 18.
		B	<u>Mental Health Problem or Mental Illness</u> Persons with an evident behavior disorder. The person's behavior differs substantially from behavior appropriate to the person's age and significantly interferes with the person's intellectual, social and personal adjustment.
			Note: Children with emotional/behavioral problems, including "acting out" behavior, should use code B.
		C	<u>Speech, Language, or Communication Impairment</u> Persons with speech impairments (when speech is unintelligible in normal conversation).
		D	<u>Learning Disability</u> Persons with normal general intellectual functioning who exhibit a severe discrepancy between their current level of general intellectual functioning and their achievement in one or more of the psychological processes involved in perceiving, understanding, or using spoken or written language.
		E	<u>Substance Abuse</u> Persons whose use of a substance is great enough to damage their physical health or their personal or social functioning, or has become a prerequisite to normal functioning. Dependence on medically prescribed drugs is excluded, so long as the drug is medically indicated and the intake is proportionate to the medical need.
		F	<u>Hearing-Impairment</u> Persons with total deafness or inability to hear normal conversation or use a telephone.
		G	<u>Visual Handicap</u> Persons who are legally blind in one or both eyes and whose visual acuity even after correction (with eyeglasses or contact lenses) is 20/200 visual acuity or is restricted in

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	25	HANDICAP (Cont.)
		G	<u>Visual Handicap</u> (Cont.) the visual field to 20 degrees.
		H	<u>Physical Handicap (Nonorthopedic)</u> Persons with a medically diagnosed disability which substantially limits one or more major life activities, such as stroke, diabetes, arthritis, cerebral palsy, epilepsy, spina bifida, heart disease, cancer, rheumatism, muscular dystrophy, or brain injury or multiple sclerosis.
		I	<u>No Known Disability</u>
		J	<u>Physical Handicap (Orthopedic)</u> Persons with orthopedic impairment, including: <ul style="list-style-type: none"> (1) Loss or significant impairment of one or both upper extremities; (2) Loss or significant impairment of one or both major lower extremities; or (3) Impairment of the trunk or back of the spine when there is a medically diagnosed disability which substantially limits one or more major life activities.
		K	<u>Chronic Mental Illness</u> Persons age 18 and over with a persistent mental or emotional disorder that seriously impairs their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. <p>Persons with chronic mental illness typically meet at least one of the following criteria:</p> <ul style="list-style-type: none"> (1) Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (e.g. emergency services, alternative home care, partial hospitalization, or inpatient hospitalization).

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)Section Line Item Data Item Name and Definition

B 6 25 **HANDICAP** (Cont.)

- (2) Have experienced at least one episode of continuous structured supported residential care other than hospitalization.

In addition, these persons typically meet at least two of the following criteria on a continuing or intermittent basis for at least two years:

- (1) Are unemployed, employed in a sheltered setting, or have markedly limited skills and a poor work history.
- (2) Require financial assistance for out-of-hospital maintenance and may be unable to procure this assistance without help.
- (3) Show severe inability to establish or maintain a personal social support system.
- (4) Require help in basic living skills.
- (5) Exhibit inappropriate social behavior which results in demand for intervention by the mental health or judicial system.

In atypical instances, a person may vary from the above criteria and could still be considered to be a person with chronic mental illness.

B 6 26 **ETHNICITY** The worker must:

- (1) Inform clients that this information will be used for statistical purposes and not be tied to any specific client,
- (2) Ask the clients their ethnic origin, and

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	26	<p>ETHNICITY (Cont.)</p> <p>(3) enter the answer using the following codes:</p> <p>1 White, not of Hispanic origin 2 Black, not of Hispanic origin 3 American Indian or Alaskan native 4 Asian or Pacific Islander 5 Hispanic 6 Indochinese</p>
B	6	27	<p>MARITAL STATUS When service code is 47 this item must be coded as follows:</p> <p>S Single, never married J Married by common law M Legally married D Divorced L Legally separated P Separated by agreement W Widowed</p>
B	6	28	<p>EMPLOYMENT Enter the one-digit code corresponding to the employment status of the individual.</p> <p>Codes and definitions are:</p> <p>1 <u>Unemployed, available for work (part- or full-time):</u> a jobless person who is currently employable. Persons of retirement age who are not working out of personal choice should be considered retired (if they have worked before), rather than unemployed. If they do desire work, they should be treated as being employable.</p> <p>2 <u>Unemployed, unavailable for work:</u> person of working age currently unable to work due to health, family, or personal limitations.</p> <p>3 <u>Employed, full-time:</u> an employee whose working hours are the equivalent of full-time within the particular industry or in the community.</p>

SERVICES REPORTING SYSTEM**DATA ITEM INSTRUCTIONS** (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	28	EMPLOYMENT (Cont.)
		4	<u>Employed, part-time</u> : an employee who works regularly on a job scheduled for fewer hours than the usual work week.
		5	<u>Seasonal employment</u> : an employee who works at a job that operates less than 7 months a year. The person may make his home in the community and depends on this income as his usual means of support or may be a migrant moving from place to place.
		6	<u>Never employed</u> : a person of employable age (16 and over) who has no work experience. This includes those persons of retirement age.
		7	<u>Retired</u> : a person who has previously been employed, has now retired from the employment market because of age, disability or preference, and has no expectation of returning to work.
		8	<u>Inapplicable</u> : a person who does not fit in any of the above categories.
B	6	29	EDUCATION Enter the code which most accurately describes the individual's current educational status. If the individual is <u>currently</u> enrolled in school, codes A-G must be entered.
		A	Attending preschool
		B	Attending K-8
		C	Attending 9-12
		D	Attending GED
		E	Attending technical or vocational training
		F	Attending special education program
		G	Attending college
		H	Under school age
		J	Completed less than 9th grade
		K	Completed less than 12th grade
		L	High school graduate

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	29	EDUCATION (Cont.) M Completed GED N Completed technical or vocational training P Completed special education program Q Attended college R College graduate S Completed post graduate degree T None V Completed associate degree
B	6	30	OCCUPATION (current or usual) If the person's employment status is "retired", enter the code for the occupation from which the person retired. Note: The definition of irregular is that the person has periods of broken employment. A Semiskilled or unskilled industrial, irregular employment B Semiskilled or unskilled industrial, regular employment C Skilled industrial, irregular employment D Skilled industrial, regular employment E Clerical, sales or small business, irregular employment F Clerical, sales, small business, regular employment G Farm laborers, irregular employment H Farm laborers, regular employment J Professional or semiprofessional, irregular employment K Professional or semiprofessional, regular employment L Service occupations (waitress, waiter, domestic attendant), irregular employment M Service occupations (waitress, waiter, domestic attendant), regular employment N No work history P Homemaker

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	31	<p>LIVING ARRANGEMENT The living arrangement must be coded from the following list:</p> <p>01 <u>Own Home</u>: living in a residence set up by self or spouse.</p> <p>02 <u>Parent's Home</u>: living in residence supported by and resided in by parent.</p> <p>Use this code for all family-centered and family preservation service cases. Data item 33 identifies cases where a child has been placed away from the parent's home.</p> <p>03 <u>Relative's Home</u>: a home of relatives in which a child or adult is living as a temporary or long-term arrangement. It may or may not be supervised as a placement by an agency.</p> <p>04 <u>Guardian's Home</u>: a home of the legal guardian (other than parents) in which a child or adult is living as a temporary or long-term arrangement. It may or may not be supervised as a placement by an agency.</p> <p>05 <u>Other Private Family Home</u>: a living situation not otherwise described in which a person is residing in a private family domicile.</p> <p>06 <u>Supervised Apartment</u>: an apartment which is part of a community supervised apartment living arrangement program which has a certificate of approval from the Department. (See XII-J.)</p> <p>11 <u>Adoptive Home In Iowa</u>: a home (other than the child's own) in which an adoptable child is placed to be cared for by a family as a preliminary step to that family adopting the child. (Upon completion of the adoption, change the living arrangement to 02, parent's home.)</p> <p>12 <u>Adoptive Home Out of Iowa</u>: same explanation as code 11, for homes out of state.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	31	<p>LIVING ARRANGEMENT (Cont.)</p> <p>Note: Codes 21-25 describe the kinds of foster care placement.</p> <p>21 <u>Licensed Family Foster Home</u>: a family setting licensed by the Department or the state in which it is located.</p> <p>22 <u>Licensed Group Care in Iowa</u>: a facility licensed by the Department. (If the facility is also licensed by the Department Public Health, Division of Substance Abuse, use code 26.)</p> <p>23 <u>Group Care Facility Out of State</u>: a facility certified by the state in which it is located.</p> <p>24 <u>Independent Living</u>: placement made by the Department for a child who is age 16 or over to live independently outside the parental home or a licensed facility.</p> <p>25 <u>Licensed Shelter Care</u>: a juvenile shelter care facility licensed or approved by the Department.</p> <p>26 <u>Licensed Substance Abuse Facility in Iowa</u>: secondary treatment facility licensed by the Department of Public Health, Division of Substance Abuse, which may also be licensed by DHS as group care. (Primary substance abuse treatment in a hospital is code 37, and not 26.)</p> <p>27 <u>Substance Abuse Facility Out of State</u>: same as code 25 except licensure is by the state in which it is located.</p> <p>28 <u>Employment Rehabilitation Center</u>: a facility providing comprehensive services for physical, mental or social restoration for employment.</p> <p>31 <u>Family Life Home</u>: a private family home approved by the Department as a residence for one or two adults unrelated to the family.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	31	LIVING ARRANGEMENT (Cont.)
		32	<u>Adult Residential Care Facility</u> : a facility licensed by the Department of Inspections and Appeals as an RCF to furnish care and services to persons requiring a protective living arrangement.
		33	<u>Adult Residential Care Facility for the Mentally Retarded</u> : a facility licensed by the Department of Inspections and Appeals as an RCF/MR, with programming specialized to meet the needs of people who are mentally retarded.
		34	<u>Nursing Facility</u> : a facility licensed by the Department of Inspections and Appeals to furnish care and services to people requiring nursing care.
		35	<u>Intermediate Care Facility for the Mentally Retarded</u> : a facility licensed by the Department of Inspections and Appeals as an ICF/MR with programming specialized to meet the needs of people who are mentally retarded.
		36	<u>Skilled Nursing Homes</u> : a nursing facility licensed by the Department of Inspections and Appeals and certified by Medicare to provide skilled nursing care.
		37	<u>Hospital</u> : a general medical hospital for care and treatment of acute illness, physical infirmity, or mental illness.
		41	<u>Detention Facility</u> : a juvenile detention home approved by the Department.
		42	<u>Adult Correctional Facility</u> : a prison, half-way house, jail, penitentiary or other disciplinary facility.
		51	<u>Eldora or Toledo</u> : the State Training School (Eldora) or the State Juvenile Home (Toledo).

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	32	OFFICIAL STATUS (Cont.)
			<u>Adult Protective Arrangements</u>
		14	Full guardianship
		15	Full conservatorship
			The appointment by a court (voluntarily or involuntarily) of a person or institution to act in the best interests of an individual adjudged totally incompetent.
		16	Protective payee
			(Representative Payee) A person has been designated by the Social Security Administration or other governmental agency to receive the client's (beneficiary's) monthly case benefit.
		17	Power of attorney
			Another person has the power to act on behalf of the client, as specified in the Iowa Code Chapter 558.36.
		18	Informal or extra-legal management of person or property
			There is an arrangement agreed upon by the client and another person for the other person to manage the client's personal affairs or property.
		19	Trusteeship
			Another person has been legally entrusted with the responsibility of managing the client's property.
		20	Adult Corrections supervision
			The client is under the supervision of the Department of Corrections - - parole, bail, work release or incarceration.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	32	OFFICIAL STATUS (Cont.)
			<u>Adult Protective Arrangements</u> (Cont.)
		21	Limited guardianship
		22	Limited conservatorship
		23	Inapplicable
			There has been an appointment by a court (voluntarily or involuntarily) of a person or an institution to act in the best interests of the client who is adjudged partially incompetent but is capable of self-direction in some specified areas.
			The client is in complete control of the client's own rights.
			<u>Children: No Court Action</u>
		30	Voluntary foster care placement agreement with parents or guardians
		31	Child living with parent or guardian
		32	Child living with relatives: no foster care placement agreement
		33	Voluntary foster care placement agreement with child over 18
		34	Emergency care with commissioner's approval and 30-day limit.
			<u>Children: Court Action</u>
			Commitment:
		40	Mental health (Iowa Code Chapter 229)
		41	Mental retardation (Iowa Code Chapter 222)
			Child in Need of Assistance:
		50	Supervision
		51	Legal custody with DHS

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	32	OFFICIAL STATUS (Cont.) <u>Children: Court Action</u> (Cont.) Child in Need of Assistance: 52 Guardianship (supervision)-- Use when codes 53, 54, and 55 do not apply. Court has continued guardianship with DHS after the child leaves the State Juvenile Home. Also children without parent or guardian. 53 Guardianship (Toledo)-- DHS given guardianship for purpose of placement in State Juvenile Home. (Iowa Code Chapter 232.1c2(12)) 54 Guardianship (parental rights terminated under Iowa Code Chapter 232). 55 Guardianship (unaccompanied refugee minor). 56 Payment only, custody to other than DHS for foster care. Delinquent: 60 Supervision 61 Legal custody with DHS 62 Guardianship (supervision)-- Use when codes 63, 64, and 65 do not apply. Court has continued guardianship with DHS after the child leaves the State Training School. 63 Guardianship (Eldora)-- DHS given guardianship for placement to State Training School (Iowa Code Section 232.52(2)e). 64 Guardianship (parental rights terminated) 65 Payment only, custody to other than DHS for foster care.

SERVICES REPORTING SYSTEM**DATA ITEM INSTRUCTIONS** (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	32	<p>OFFICIAL STATUS (Cont.)</p> <p><u>Children: Court Action</u> (Cont.)</p> <p>No Adjudication:</p> <p>70 Guardianship, parental rights terminated (Iowa Code Chapter 600A), voluntary action</p> <p>71 Unaccompanied refugee minor</p> <p>72 Emergency care with Director's approval and 30-day limit.</p> <p>73 Court-approved voluntary placement</p> <p>Interstate Compact:</p> <p>80 Supervision of delinquent child placed in Iowa through Interstate Juvenile Compact</p> <p>81 Supervision of nondelinquent child placed in Iowa through ICPC</p>
B	6	33	<p>NEED FOR SERVICE Enter a maximum of four codes which indicate why the client needs services from the Department. At least one need for service must be identified.</p> <p><u>Abuse</u></p> <p>A Physical abuse</p> <p>B Sexual abuse</p> <p>C Denial of critical care</p> <p>D Self-denial of critical care</p> <p>E Exploitation</p> <p>F Potential abuse</p> <p><u>Delinquency</u></p> <p>G Delinquency: property offense</p> <p>H Delinquency: person offense</p> <p>J Delinquency: property and person offense</p> <p><u>Family Relations</u></p> <p>K Parent/child relationship</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	33	NEED FOR SERVICE (Cont.)
			<u>Family Relations</u> (Cont.)
		L	Sibling relationship
		M	Marital relationship
			<u>Parental Conduct or Condition</u>
		N	Unable to meet basic needs
		P	Unable to provide child with a minimum level of care
		Q	Unable or unwilling to cope with child's behavior
		R	Unable or unwilling to meet child's special needs
		S	Unavailable
			<u>Other</u>
		T	Child removed from home
		U	Child's removal from home imminent
		V	Runaway
		W	Alcohol and or drug abuse
		Y	Coping with or overcoming disability
		Z	Individual or family isolation

Special Family-Centered and Family Preservation Service Instructions:

A case must have at least one of the following codes entered into item 33: T, U, F, or A through E.

Enter T when the case includes one or more children placed outside the home when service delivery first begins.

Enter U when the case includes a child who is imminently likely to experience an out-of-home child placement.

Enter F when the case includes one or more children the Department has determined is at risk of abuse.

Enter one or more of A through E when the case includes one or more children for whom a child abuse report has been founded.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
B	6	33	<p>NEED FOR SERVICE (Cont.)</p> <p><u>Special Family-Centered and Family Preservation Service Instructions</u> (Cont.)</p> <p>If any spaces remain after considering these options, fill them with options that further describe the needs of the case.</p> <p><u>Special Foster Care Instructions:</u></p> <p>List the factors in the order of importance, starting with the most significant need. Do not use codes T, U, or Y. Use W only if the youth has an alcohol or substance abuse problem. If the youth's parent has an alcohol or substance abuse problem, use one of the codes N through S.</p>
B	6	34	<p>CLIENT FUNCTIONING LEVEL Use the first position of this item, designated as DD, to note whether the client is developmentally disabled. Leave the other positions blank. Always code this item, except on E cases. If the service is A6 and item 25 is other than A, this entry must be 1. Codes are:</p> <p>1 <u>Yes</u>. The client has a severe, chronic disability which occurred before age 22. The person needs a combination and sequence of services which are of a lifelong or extended duration. The disability is mental, physical, or both and is likely to last indefinitely. The disability substantially limits the client's functioning in at least three of these areas:</p> <ul style="list-style-type: none"> self-care learning mobility self-direction economic self-sufficiency ability to understand or express language capacity for independent living <p>2 <u>No</u>. The client has no disability, or the client's disability does not fit the above definition.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>																																				
C	7	35	<p>APPLICATION Enter the appropriate code, then the date (MMDDYY) that the application was signed. As long as a case remains open, the code should not be changed.</p> <p>100 New application 200 Reapplication (restoration of a closed case)</p> <p>The following data items <u>must be</u> completed for all applications except for E cases. (See <u>Cases Involving Licensure, Studies, and Monitoring</u> for instructions on these cases.)</p> <table border="1"> <thead> <tr> <th><u>Section</u></th> <th><u>Line</u></th> <th><u>Item Number</u></th> <th><u>Item Name</u></th> </tr> </thead> <tbody> <tr> <td>A</td> <td>1</td> <td>2, 6, 7</td> <td>Preparation worker and date, county</td> </tr> <tr> <td>A</td> <td>2</td> <td>8, 9</td> <td>State ID and SSN</td> </tr> <tr> <td>B</td> <td>3</td> <td>12 through 15</td> <td>Name</td> </tr> <tr> <td>B</td> <td>4</td> <td>16 and 17</td> <td>Address</td> </tr> <tr> <td>B</td> <td>5</td> <td>18 through 22</td> <td>Address and phone</td> </tr> <tr> <td>B</td> <td>6</td> <td>23, 24 and 26</td> <td>DOB, sex, and ethnicity</td> </tr> <tr> <td>C</td> <td>7</td> <td>35</td> <td>Application code and date</td> </tr> <tr> <td>D</td> <td>9</td> <td>41, 43 through 45 and 49</td> <td>Financial responsibility, household size, income, umbrella service</td> </tr> </tbody> </table>	<u>Section</u>	<u>Line</u>	<u>Item Number</u>	<u>Item Name</u>	A	1	2, 6, 7	Preparation worker and date, county	A	2	8, 9	State ID and SSN	B	3	12 through 15	Name	B	4	16 and 17	Address	B	5	18 through 22	Address and phone	B	6	23, 24 and 26	DOB, sex, and ethnicity	C	7	35	Application code and date	D	9	41, 43 through 45 and 49	Financial responsibility, household size, income, umbrella service
<u>Section</u>	<u>Line</u>	<u>Item Number</u>	<u>Item Name</u>																																				
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C	7	35	Application code and date																																				
D	9	41, 43 through 45 and 49	Financial responsibility, household size, income, umbrella service																																				
C	7	36	<p>ACCEPTANCE Enter the appropriate acceptance code and the date (MMDDYY) that the client was accepted for service. When opening a new case or restoring a case, this is the date that the client was <u>determined eligible</u> for services. This date may be the same as, but not before, the date of application. Codes are:</p> <p>100 New service case, not active within the past 24 months. (If a case has been restored to pending status, only 100 can be used to accept it.)</p>																																				

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)Section Line Item Data Item Name and Definition

C 7 36 **ACCEPTANCE** (Cont.)

200 Restored service case, closed less than 24 months ago. If the client's previous RS-1121, with the message "closed--inactive," is available, and the date of disposition is within the past 24 months, use it in place of a new RS-1120.

If the case was recently closed, but the previous turnaround is not available, complete a Lost Form Request. When the form is received, process as a restored service case. A rejected case cannot be restored.

800 Correction of Data. Use this code for these three corrective actions only:

- o Correction to application code
- o Change or correction to application date
- o Change or correction to acceptance date

The following data items must be completed for all acceptances, in addition to those listed under application, item 35:

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Item Name</u>
A	1	2	Preparation worker and date
A	2	9	Social security number
B	6	25 and 27-34	Demographic data
C	7	36	Acceptance code and date
D	9	40, 42, and 47	Basis of eligibility, family composition and goal
E	10-15	50-57	Service information
F	16	59-66	Placement data, if foster care or adoption is a coded service
G	17-22	67-76	Additional person infor- mation, if family- centered service is coded

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
C	7	37	<p>REVIEW/TRANSFER The shaded "next due" area is computer-generated based on the current code and the date. Make no entry in "next due." Enter the appropriate review or transfer code in "current code" and the date (MMDDYY) that the case was reviewed or transferred.</p> <p>3XX <u>Intercounty transfer</u> The last two digits of this code indicate the county <u>from</u> which the case is transferred (e.g., 379 means a transfer from Poweshiek County).</p> <p>Only open cases can be transferred. Write the new county number in item 6. Place the worker number CS00 or DS00 in item 7.</p> <p>Intercounty transfers of active cases must be reviewed within 30 days of the transfer date in item 37, or they will show as delinquent reviews on the System Management Listing.</p> <p>400 <u>Review of service or financial only</u> Use this code to indicate that the service or the financial plan has been reviewed, but the other was not and is needed in six months.</p> <p>500 <u>Review of service and financial eligibility</u> Use this code to indicate that a review of the service plan and a review of the client's financial eligibility have both been done, and another review is not due for 12 months.</p>
C	7	38	<p>DISPOSITION Enter the applicable disposition code and the date (MMDDYY) that it was effective. Do <u>not</u> enter in a future date. If asterisks occur, enter a pound sign (#) to remove the asterisks before taking any other action on the case. The dispositions and their codes are as follows:</p>

SERVICES REPORTING SYSTEM**DATA ITEM INSTRUCTIONS** (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
C	7	38	<p>DISPOSITION (Cont.)</p> <p><u>Rejections</u></p> <p>102 Voluntary withdrawal 105 Client moved to another county within Iowa 106 Client moved out of state 107 Client deceased 108 Unable to locate client 109 No longer needs services 110 Service provided by another agency without cost 111 Adult conviction (penal institution) 112 Institutionalization other than adult conviction 113 Military service 114 Parole violation (return to penal institution) 198 Ineligible, due to reasons other than income 199 Ineligible, income in excess of guidelines</p> <p><u>Closings</u></p> <p>001 Not amenable to casework service 002 Voluntary withdrawal 003 Client uncooperative with agency 004 Services unsuccessful 007 Client deceased 008 Unable to locate client 009 Service successful 010 Service given by another agency 015 Reach the age of majority (for foster care or adoption) 098 Ineligible, due to reasons other than income 099 Ineligible, income in excess of guidelines</p> <p>For closings, item 57, first position, and item 56 must be entered. Item 57, second position, should also be entered. If it is not entered, the computer enters code Z.</p>
C	8	39	<p>SPECIAL CASE INFORMATION Here the worker may enter messages about the case that need to be noted or passed on to the next worker.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	BASIS OF ELIGIBILITY (4 digits) Use this data item to identify the basis on which a client is eligible for service and to direct the case to the correct funding source. When changing the basis of eligibility, also change the effective date for services listed in item 53. <u>Please note that codes 45 and 46 are for Central Office use only.</u>

The codes for the first two digits of the basis of eligibility are:

10 SSI, aged
 20 SSI, blind
 30 Family Investment Program (formerly ADC)
 40 Above income guidelines: ineligible
 60 SSI, disabled
 70 Below income guidelines: Medicaid-eligible
 80 Below income guidelines: not Medicaid-eligible
 90 Refugee: income maintenance eligible
 96 Without regard to income: adult
 97 Inapplicable
 98 Refugee: income eligible
 99 Without regard to income: children

Income Maintenance Eligibility

Codes 10, 20 and 60 Use for current recipients of SSI and persons who receive State Supplementary Assistance payments. Also, use for persons who require special eligibility status under Section 1619. (Refer to XIII-A.) A person should be coded as a current recipient of SSI or SSA if he or she has applied for the program but no determination has yet been made.

Code 30 Use for a recipient of the Family Investment Program (FIP), a child eligible for IV-E Foster Care, or a person whose needs were taken into account in determining the amount of assistance under FIP.

Code 90 This code is used for a person who is a current recipient of any Refugee Resettlement income maintenance program.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	BASIS OF ELIGIBILITY (first 2 digits) (Cont.)

Income Eligibility

SSBG provides services to people not receiving SSI or FIP only if their income is within limits established by the SSBG Plan.

The following table indicates the monthly gross income limits by family size for services other than child care. (See 18-I, Financial Eligibility, for limits applicable to child care assistance.)

<u>Family Size</u>	<u>Monthly Gross Income</u>
1 member	\$ 583
2 members	762
3 members	942
4 members	1,121
5 members	1,299
6 members	1,478
7 members	1,510
8 members	1,546
9 members	1,581
10 members	1,612

For each additional person over 10 members, add \$33 to the 10-member amount.

Code 70 Use for persons whose income is at or below the monthly gross income listed above for the service they are to receive and who are eligible for Medicaid.

Code 80 Use for persons whose income is at or below the monthly gross income listed above for the service they are to receive but who are not eligible for Medicaid.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	<p>BASIS OF ELIGIBILITY (first 2 digits) (Cont.)</p> <p><u>Income Eligibility</u> (Cont.)</p> <p><u>Code 98</u> Use this code for any person who:</p> <ol style="list-style-type: none"> (1) Receives services on the basis of being a refugee (as defined by the Immigration and Naturalization Service), and (2) Is eligible for 100% federal match on dollars expended, and (3) Meets SSBG income eligibility or receives services without regard to income. <p><u>Other Eligibility</u></p> <p><u>Code 96</u> Use this code for adults only for information and referral and for the protection goal (service without regard to income directed at the goal of preventing or remedying neglect, abuse, or exploitation of adults unable to protect their own interest). If the client is eligible for 100% federal refugee funds, use code 98. These are the only services that may be provided under this code:</p> <ul style="list-style-type: none"> 18 Adult day care (not purchased) 33 Homemaker services (allied method of provision only) 39 Adult support program 47 Dependent adult abuse 57 Transportation (not purchased) 60 Case management/case assessment <p><u>Code 40</u> Use this code only when a family's income exceeds income guidelines for SSBG, eligibility cannot be related to the categorical programs (FIP, SSI, or Refugee), and there is no protective need, but the Department is providing services either in a court-related case (either court action is pending or services are ordered by the court) or to an institutionalized person receiving annual visits.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	<p>BASIS OF ELIGIBILITY (first 2 digits) (Cont.)</p> <p><u>Other Eligibility</u> (Cont.)</p> <p><u>Code 97</u> Use this code for state programs where Social Services Block Grant eligibility need not be determined. (If the client is eligible for 100% Refugee funding, use code 98.)</p> <p><u>Code 99</u> Use this code for children when:</p> <p>(1) No other eligibility applies and the Department is required to provide services <u>or</u></p> <p>(2) With the protection goal (services without regard to income directed at the goal of preventing or remedying neglect, abuse, or exploitation of children unable to protect their own interests) <u>or</u></p> <p>(3) For information and referral only.</p> <p>(If the client is eligible for 100% refugee funding, use code 98.) These are the only services that may be provided under this code:</p> <p>Cx Family foster care</p> <p>Dx Group care</p> <p>09 Child protective services</p> <p>14 Group day-care home, half-day</p> <p>15 Day-care center, half-day</p> <p>16 Family day-care home, half-day</p> <p>17 In-home day care, half-day</p> <p>19 Shelter care</p> <p>26 Independent living</p> <p>31 Juvenile court-related services</p> <p>33 Homemaker services (allied method of provision only)</p> <p>57 Transportation (not purchased)</p> <p>60 Case management/case assessment</p> <p>61 Group day-care home, full day</p> <p>62 Day-care center, full day</p> <p>63 Family day-care home, full day</p> <p>64 In-home day care, full day</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	BASIS OF ELIGIBILITY (Cont.)

Second Two Digits

Codes for the second two digits of the basis of eligibility are:

05 Foster care
 42 Payment-only foster care
 43 Family-centered services
 45 Nonpayment state cases
 46 State payment program cases
 99 None of the above

Code 05 Use for all children who are receiving foster care services except "payment-only" foster care cases.

Code 42 Use for "payment-only" foster care cases (children receiving foster care services by court order for whom the Department does not have responsibility for the placement, legal custody, or guardianship.)

Code 43 Use for all persons who are receiving family-centered services.

Code 45 FOR INFORMATION ONLY -- DO NOT USE. This code appears on the turnaround document for "state cases" that are not involved in the state payment program for adults. It is entered by Central Office only. See item 41.

Code 46 FOR INFORMATION ONLY -- DO NOT USE. This code appears on the turnaround document for the state payment program, "state cases". It is entered by Central Office only. See item 41.

Code 99 Use code 99 only when none of the other codes for the second two digits apply.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	BASIS OF ELIGIBILITY (4 digits) (Cont.)
			<u>Valid Codes for Basis of Eligibility</u>
			Valid combinations of the first two digits and second two digits for basis of eligibility are as follows:
		10-45	SSI aged, non state payment cases
		10-46	SSI aged, state payment program cases
		10-99	SSI aged, without special circumstances
		20-05	SSI blind, foster care
		20-45	SSI blind, non state payment cases
		20-46	SSI blind, state payment program cases
		20-99	SSI blind, without special circumstances
		30-05	IV-E foster care
		30-45	FIP recipient, non state payment case
		30-46	FIP recipient, state payment program case
		30-99	FIP recipient, without special conditions
		40-05	Above income guidelines, foster care
		40-99	Above income guidelines, institutionalized case.
		60-05	SSI disabled, foster care
		60-45	SSI disabled, non state payment case
		60-46	SSI disabled, state payment program case
		60-99	SSI disabled, without special conditions
		70-05	Below income guidelines, Medicaid-eligible, foster care
		70-45	Below income guidelines, Medicaid-eligible, non state payment cases
		70-46	Below income guidelines, Medicaid-eligible state payment program cases
		70-99	Below income guidelines, Medicaid-eligible, without special circumstances

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	BASIS OF ELIGIBILITY (4 digits) (Cont.)
			<u>Valid Codes for Basis of Eligibility</u> (Cont.)
		80-05	Below income guidelines, foster care
		80-45	Below income guidelines, non state payment cases
		80-46	Below income guidelines, state payment program cases
		80-99	Below income guidelines, without special circumstances
		90-05	Refugee, income maintenance eligible, foster care
		90-99	Refugee, income maintenance eligible, without special circumstances
		96-99	Without regard to income -- adults
		97-42	Payment-only foster care
		97-43	Family-centered services
		98-05	Refugee income-eligible, foster care
		98-99	Refugee income-eligible, without special circumstances
		99-05	Without regard to income, protective foster care
		99-99	Without regard to income, other child protective services
			If a case is coded 97XX, and additional SSBG services are to be provided for the client, complete an additional RS-1120 on the client with the same case number, except for the last digit (sequence code). Code the sequence code as if another worker were involved, using codes 7, 8, or 9.

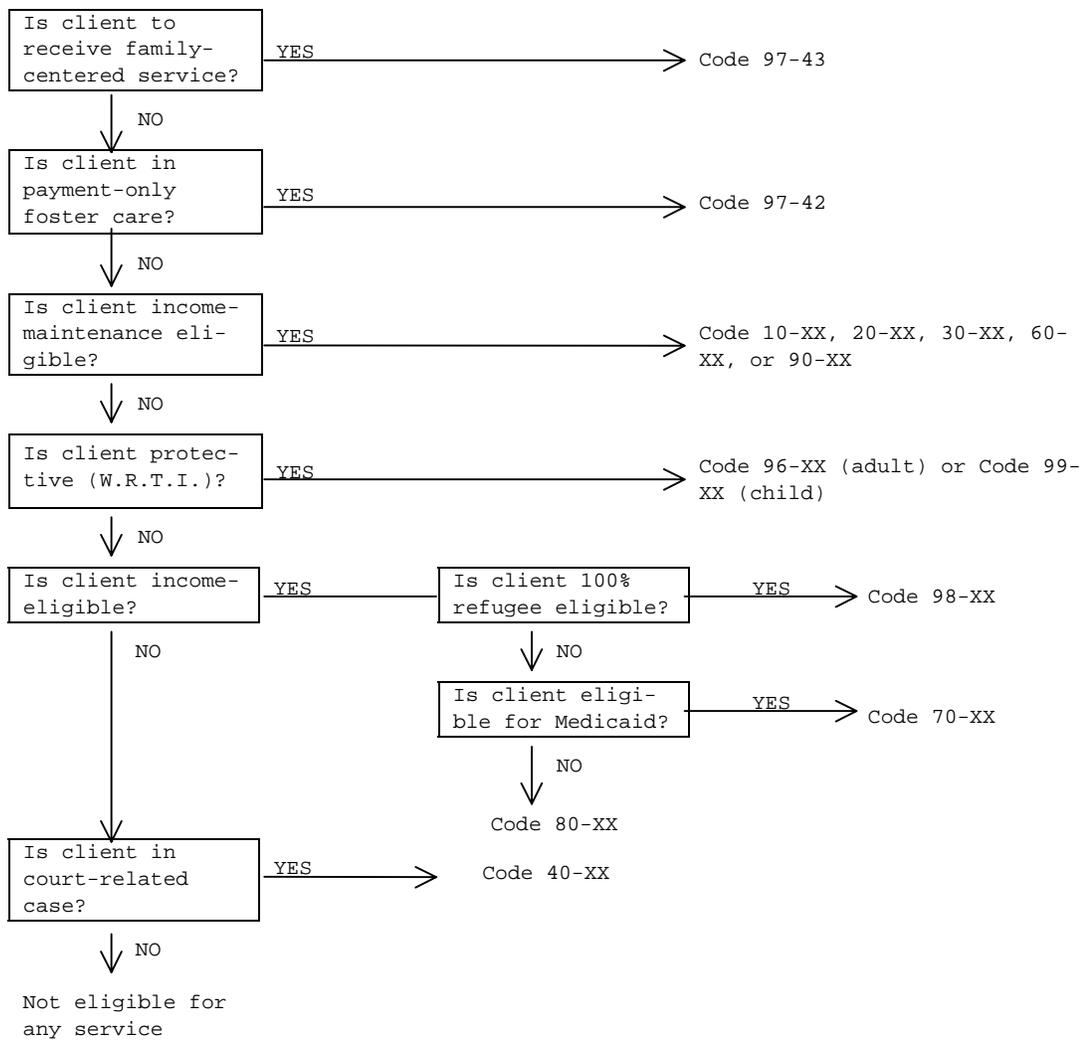
SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	<p>BASIS OF ELIGIBILITY (4 digits) (Cont.)</p> <p>Although multiple RS-1120s are used, there is still only one plan and one case file.</p> <p>Example. The client's case is coded 97-43 with a service of A or B and case number of XXXXX-00-XX-0. Service B16 (Day care, half day) is needed. Open another case on the client, with a service of B16, eligibility other than 97XX, and case number of XXXXX-00-XX-7 or 8 or 9).</p> <p>If a case is coded SSBG-eligible and a second RS-1120 is needed coded 97XX, use the 7, 8 or 9 in the sequence part of the case number for the 97XX case.</p> <p>When the same worker is opening a second SRS on the same client, leave the second position of data item 49 (chr) blank, and enter zeroes in the next two positions (code) to prevent an inflated case weight.</p> <p>The following flow chart depicts the general logic to be used when coding eligibility for service.</p>

SERVICES REPORTING SYSTEM

DATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	40	BASIS OF ELIGIBILITY (4 digits) (Cont.)



SERVICES REPORTING SYSTEM

DATA ITEM INSTRUCTIONS (Cont.)

Section Line Item Data Item Name and Definition

D 9 40 **BASIS OF ELIGIBILITY** (Cont.)

Purchased Service Code	BA,BB	BC,BD	B01	B14,B15	B16,B17	B18	B19,B26	B30
Basis of Eligibility								
XX 46						X		X
10 99								
20 05		X					X	
20 99								
30 05		X					X	
30 99								
40 05		X					X	
40 99	N O N E							
60 05		X					X	
60 99								
70 05		X					X	
70 99				X	X			
80 05		X					X	
80 99				X	X			
90 05		X					X	
90 99	N O N E							
97 42		X					X	
97 43	X							
98 05		X					X	
98 99	N O N E							
99 05		X	X				X	
99 99			X	X	X			

SERVICES REPORTING SYSTEM

DATA ITEM INSTRUCTIONS (Cont.)

Section Line Item Data Item Name and Definition

D 9 40 **BASIS OF ELIGIBILITY** (Cont.)

Purchased Service Code	B34	B39	B51,B52	B57	B61,B62	B63,B64	B71	B98
Basis of Eligibility								
XX 46	X	X	X	X				
10 99								X
20 05							X	
20 99							X	X
30 05							X	
30 99							X	
40 05							X	
40 99	N O N E							
60 05							X	
60 99							X	X
70 05							X	
70 99					X	X	X	
80 05							X	
80 99					X	X	X	
90 05							X	
90 99	N O N E							
97 42							X	
97 43								
98 05							X	
98 99	N O N E							
99 05							X	
99 99					X	X	X	

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	41	<p>FINANCIAL RESPONSIBILITY</p> <p>This item is used to track the service allocations to each region and county. For services other than for state cases, use the following guidelines:</p> <ol style="list-style-type: none"> 1. If the case is handled by a county worker, enter the county of legal residence of the client, i.e., 091. 2. If a regional office worker is handling the case, enter <u>9</u> and the region number, i.e. Waterloo regional workers would enter <u>902</u>. <p><u>State Cases (Payment and Nonpayment)</u></p> <p>When requesting initial determination of legal settlement for a state case, submit the SRS form to the Division of Mental Health, Mental Retardation and Developmental Disabilities, as instructed in XV-B(3), <u>How to Apply</u>.</p> <p>Complete the SRS except for data item 41 and the last 2 digits of item 40. The SRS is entered into the system through Central Office terminals.</p> <p>Subsequent changes can be made through field terminals <u>only</u> after Central Office has made the initial entry.</p>
D	9	42	<p>FAMILY COMPOSITION (1 digit) Enter the code which describes the client's relationship to the other people who live with the client. This item is not used for SSBG eligibility. The people referred to here do <u>not</u> have to fit the SSBG definition of "family".</p> <p><u>Family with Child(ren)</u></p> <p>A Father, mother and child(ren) (includes foster, adoptive and stepparents)</p> <p>B Mother and child(ren)</p> <p>C Father and child(ren)</p> <p>D Child(ren) and other relative(s)</p> <p>E Child(ren) only</p> <p>F Other</p>

SERVICES REPORTING SYSTEM**DATA ITEM INSTRUCTIONS** (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	42	<p>FAMILY COMPOSITION (Cont.)</p> <p><u>Adults</u></p> <p>G Adult living alone</p> <p>H Married couple</p> <p>J Other two-member household (non-marriage)</p> <p>K Three-or-more member household</p> <p>L Other</p>
D	9	43	<p>NUMBER IN HOUSEHOLD (4 digits) Complete this item by using the SSBG definition of "family" (see below). Enter the number of adults (2 digits) and children (2 digits) in this box.</p> <p>Family means:</p> <ol style="list-style-type: none"> 1. Legal spouses (including common-law) who reside in the same household. 2. Natural, adoptive or stepmother or father and children who reside in the same household. 3. An individual who lives alone or who resides with a person or persons other than a spouse or minor child. 4. A child or minor siblings who reside with a person or persons not legally responsible for their support. <p><u>Special Family-Centered and Family Preservation Services Instructions:</u></p> <p>Complete the first two digits in this item with the total number of adult family members who are receiving the service as identified in the family's case plan, or who are expected to be identified in the case plan. Complete the second two digits in the same manner for child family members.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	44	<p>MONTHLY FAMILY INCOME (4 digits) Enter the monthly gross income of the family, less the exclusions listed in XIII-A, shown in whole dollars. All four positions require entry. Use zeros if necessary. The following program areas also have additional instructions that may be helpful:</p> <p>Adoptions See XIII-C Sheltered Work/Work Activity See XIII-V</p> <p>NOTE: The monthly family income should reflect the "gross" income received by a client, even when the client is required to remit a portion of that income to a facility, toward the cost of his or her care (client participation).</p> <p>Example: A client in a nursing facility has Social Security income of \$400.00 per month. The client keeps \$30.00 as personal needs allowance and pays \$370.00 client participation. The amount of income reported in item 44 is \$400.00, entered as 0400.</p>
D	9	45	<p>INCOME Identify the applicant's sources of income (up to four) and enter the applicable code from the list below. If the source of income was documented, enter code X, "documented," in the fifth position. If no documentation was required, enter code Z, "applicant's declaration."</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)Section Line Item Data Item Name and DefinitionD 9 45 **INCOME** (Cont.)SourceDocumentation

A	Money, wages or salary	X	Documented
B	Net income from nonfarm self-employment	Z	Applicant's declaration or not required
C	Net income from farm self-employment		
D	Social Security		
E	Dividends, interest, income from estates, trusts, net rental income and royalties		
F	Public assistance payments		
G	Pensions and annuities		
H	Unemployment or worker's compensation		
J	Alimony		
K	Child support		
L	Veteran's pensions		
P	Parental liability		
X	Other		
Z	None		

Definitions of the above sources can be found in XIII-A.

D 9 46 **WORKSHOP EARNINGS** For clients receiving sheltered workshop or work activity center services, enter the total monthly amount of earnings (dollars only) they receive from work performed in these settings. Update this item only when there is a change of 10% or greater in the client's workshop earnings. (See XIII-A). All four positions require entry. Use 0's if necessary. If there are no earnings enter 0000.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	46	WORKSHOP EARNINGS (Cont.)

EXAMPLES

Client receives sheltered workshop service paid for by the county and earns \$125.00 a month at the sheltered workshop. The client receives transportation service, paid for by DHS. The \$125.00 earnings should be reported in item 46, entered as 0125.

Client receives adult residential treatment service and as a component of that service, also received work activity. The client earns \$85.00 a month at the work activity center. The \$85.00 should be reported in item 46 (even though the work activity service does not appear in the service area on SRS), entered as 0085.

Reminder: In both examples, the income disregard (\$65.00 and one half of the remainder) should be applied when calculating monthly family income (item 44).

D	9	47	<p>GOAL For every recipient, a national Social Service Block Grant goal must be established. Codes for the national SSBG goals are:</p> <ol style="list-style-type: none"> 1 Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency. 2 Achieving or maintaining self-sufficiency, including reduction or prevention of dependency. 3 Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests; and preserving, rehabilitating, or reuniting families. 4 Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care.
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SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
D	9	47	<p>GOAL (Cont.)</p> <p>5 Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to persons in institutions.</p> <p>(Refer to item 52 for valid service, goal, and objective combinations.)</p>
D	9	48	<p>ABUSE This is a three-position code used in tracking abuse cases. Leave blank if the case does not involve abuse.</p> <p>Use the T position to indicate the type of abuse.</p> <p>For abuse prevention cases (cases in which abuse is unfounded or undetermined upon investigation and cases in which criteria are met to provide service on self-referrals without investigation), enter the code which corresponds to the type of abuse for which potential exists. Enter code 4 if potential for more than one type of abuse is present.</p> <p>For abuse treatment cases (cases in which an abuse report is founded), enter the code which corresponds to the type of abuse which is founded. Enter code 4 if more than one type of abuse is founded.</p> <p>Allowable T codes are:</p> <p>0 Physical abuse 1 Sexual abuse 2 Denial of critical care 3 Self-denial of critical care 4 Other</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)Section Line Item Data Item Name and Definition

D 9 48 **ABUSE** (Cont.)

Use the S position to identify the status of the case. The appropriate status codes and their use are:

1 Prevention Use for child and dependent adult cases in which the abuse report is unfounded or undetermined and the case is in treatment phase. Also use for child cases in which no investigation has been conducted, but the family meets service need criteria based on assessment.

2 Treatment Use only for cases in which there is a founded abuse report.

The third position (R) is reserved for future use. Leave blank.

D 9 49 **UMBRELLA**

Process Codes (Pro): Enter the appropriate number from the two codes shown below:

3 Intake Phase: All newly opened cases undergoing assessment and Department case plan development, subject to acceptance or rejection within 30 days.

2 Implementation and Maintenance: All cases beyond 30 days of case assessment and plan development.

Note: If the case is accepted before 30 days have passed, make the change from code 3 to code 2. For the month-end caseload report, the computer automatically counts a case process value of 3 for the first month, even if a 2 is entered at the original SRS submission.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>						
D	9	49	UMBRELLA (Cont.) <u>Case Weight Character (Chr):</u> Enter one of the following: <table border="1"> <thead> <tr> <th><u>Case Weight Character</u></th> <th><u>Use With Service:</u></th> <th><u>Meaning:</u></th> </tr> </thead> <tbody> <tr> <td>E</td> <td>C, 01, 02, 03, 05, 06, 14, 15, 16, 31, 61, 62, 63</td> <td>Use when the case is licensure, study, or monitoring. (See <u>Cases Involving Licensure, Studies, and Monitoring.</u>)</td> </tr> </tbody> </table>	<u>Case Weight Character</u>	<u>Use With Service:</u>	<u>Meaning:</u>	E	C, 01, 02, 03, 05, 06, 14, 15, 16, 31, 61, 62, 63	Use when the case is licensure, study, or monitoring. (See <u>Cases Involving Licensure, Studies, and Monitoring.</u>)
<u>Case Weight Character</u>	<u>Use With Service:</u>	<u>Meaning:</u>							
E	C, 01, 02, 03, 05, 06, 14, 15, 16, 31, 61, 62, 63	Use when the case is licensure, study, or monitoring. (See <u>Cases Involving Licensure, Studies, and Monitoring.</u>)							
		I	60 Use to identify social casework for client at an SHS. When I-60 appears as the umbrella service, A-60 should be the only service appearing in the service area.						
		J	A Enter to report family-centered services on cases managed by juvenile court, but paid for by DHS.						
		P	C, D, 19, 26 Enter to report "payment-only" foster care.						
		Q	A Use during the prevention or shortening of a child's placement by a direct service family therapist.						

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>		
D	9	49	UMBRELLA (Cont.)		
			<u>Case Weight Character</u> (Cont.)		
			<u>Case Weight Character</u>	<u>Use With Service:</u>	<u>Meaning:</u>
			R	31	Use to identify cases where an Iowa child is placed out of state through ICPC or IJC.
			S	B	Use for social casework for purchased or direct family preservation services.
			T	A	Use during treatment or prevention of child abuse by a nonpurchased family therapist.
				14, 15, 16, 17	Use during treatment of child protective cases.
				47	Use for treatment phase in dependent adult abuse cases.
				61, 62 63, 64	Use during treatment of child protective cases.
			W	A	Use during the treatment or prevention of child abuse or the preventing or shortening of a child's placement when the service is purchased and being monitored by Department staff. Also used when Department staff are monitoring a case where another Department worker is providing service.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>		
D	9	49	UMBRELLA (Cont.)		
			<u>Case Weight Character</u> (Cont.)		
			<u>Case Weight Character</u>	<u>Use With Service:</u>	<u>Code When:</u>
			W	39	Use to report community support services provided by someone other than Department staff (purchased).
			X	A	Use during the treatment or prevention of child abuse by a direct worker. Note: When abuse is not involved, use Z.
			Y	31	Use when Department staff is providing juvenile court-related services on a guardianship case.
			Z	All codes <u>except</u> 02, 03, 06	Use when none of the other caseweight characters apply. This is the "common" caseweight character.
			Blank	00	Use when 0.0 caseweight is wanted.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)Section Line Item Data Item Name and DefinitionD 9 49 **UMBRELLA** (Cont.)Combinations by Service

<u>Service Code</u>	<u>Chr</u>	<u>Service Code</u>	<u>Chr</u>
A	J, Q, T, W, X, Z	30	Z
B	S	31	E, R, Y, Z
C	E, P, Z	34	Z
D	P, Z		
		39	W, Z
00	Blank	47	T
01	E, Z	51	Z
02	E	52	Z
		57	Z
03	E		
05	E, Z	60	I, Z
06	E	61	E, T, Z
		62	E, T, Z
14	E, T, Z	63	E, T, Z
15	E, T, Z		
16	E, T, Z	64	T, Z
17	T, Z	71	Z
		80	Z
18	Z	98	Z
19	P, Z		
26	P, Z		

Code: Enter the two-digit service code (see item 52) for the service considered the primary service being provided to the client. The service may be provided directly by Department staff or purchased for the client. If zeros are entered, the computer issues no case weight.

Weight: The computer enters the caseweight based on the entries in "Pro," "Chr" and "Code."

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	50	<p>OBJECTIVE Enter the applicable objective code from the following list. (Refer to item 52 for valid service, goal, and objective combinations.)</p> <p>C <u>Supportive Services for Employment</u> To provide necessary supportive services to enable eligible persons who are not enrolled in PROMISE JOBS to seek or maintain employment or to increase their level of employment, reducing dependency or potential dependency and making increased self-support possible.</p> <p>E <u>Child Day Care Services for Training</u> To provide child day care services for adults other than FIP recipients, elderly people, and handicapped persons, which allow for opportunities for learning or increasing job skills to facilitate economic self-support.</p> <p>G <u>Remove Barriers to Self-Sufficiency</u> To provide services to elderly and adult handicapped persons which will enable them to overcome environmental, social, situational, and personal barriers to their attainment of self-sufficiency.</p> <p>H <u>Alternative Living Arrangements</u> To provide structured experiences to enable children and adults to establish normal personal social adjustment so they can attain or maintain self-sufficiency.</p> <p>K <u>Protection for Children</u> To provide protection through diagnosis, intervention, and court referral for children who are harmed or threatened by harm through nonaccidental physical or mental injury, sexual abuse (as defined by state law), negligent treatment, or maltreatment, including the failure to provide adequate food, clothing, shelter, or other care necessary for their health and welfare.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	50	OBJECTIVE (Cont.)
		L	<u>Treatment for Children Who Have Been or Have a Potential of Being Abused, Neglected or Exploited</u> To provide treatment to children who have been, are, or have a potential of being neglected, abused, or exploited, and to the child's parents. This treatment may include psychiatric care, counseling, placement of the child outside the home, and securing emergency and rehabilitative medical care to treat the physical trauma resulting from abuse.
		M	<u>Protection for Adults Who Are Elderly or Handicapped</u> To provide protection to adults who are unable to protect their own interests or who are harmed or threatened with harm through action or inaction by another person or through their own actions due to ignorance, incompetence, or poor health, resulting in physical or mental injury; neglect or maltreatment; failure to receive adequate food, shelter, or clothing; deprivation of entitlements due them; or diminution of their resources.
		N	<u>Preserving, Rehabilitating, or Reuniting Families</u> To enable the family to remain together or reunite and to prevent substitute care for children by providing a variety of services which contribute to strengthening, preserving, or rehabilitating families.
		P	<u>Enable Persons Who Are Elderly or Handicapped to Remain in Their Own Homes</u> To provide the necessary services and support to elderly and handicapped persons to enable them to remain in their own homes. These home care services are intended to provide physical, mental, and environmental stimulation and to prevent or reduce the incidence of institutionalization.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	50	OBJECTIVE (Cont.)
		R	<u>Placements for Children and Adults Due to Personal or Family Dysfunction</u> To provide appropriate substitute placements for persons who cannot be cared for in their own homes due to their own, their parent's, or their family's dysfunction, for whom placement in an institution is neither desirable nor appropriate.
		S	<u>Services to Children With Disabilities to Enable Them to Remain in the Family</u> To provide services to children who are constrained by an emotional, developmental, physical, or mental handicap or condition, to enable them to remain in the community and to assist them in realizing their full potential.
		T	<u>Services to Children Who Need Adoptive Homes</u> To provide adoption services to children whose parental rights have been terminated so that they do not have to remain or be placed in foster homes, group homes, or institutions.
		U	<u>Evaluation Services to Persons in Health Care Facilities</u> To provide services for evaluation and reevaluation of the care and services plan and to provide needed services to persons in nursing or other health-care facilities.
		V	<u>Out-of-Home Care</u> To provide children and adults needing out-of-home care the necessary support and service to secure the least restrictive care possible, based on the person's inability to adapt to care in a family setting and need for structure and consistency which cannot be provided in a family setting.
		W	<u>Services to Children in Institutions</u> To provide, by other than institutional staff, services directed toward assuring appropriateness of placement and planning for return to the community.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	51	<p>METHOD OF PROVISION (MOP) Enter code for the method to be used in delivering the service in item 52 to the client. Valid codes are:</p> <p>A Provision of services <u>directly</u> by the service staff of the Department.</p> <p>B Purchase of services by contract with individuals, private for-profit or not-for-profit agencies, or public agencies other than DHS.</p> <p>F Provision of services by allied/volunteer workers or agencies that receive payment through some source other than the Department.</p>
E	10-15	52	<p>SERVICE CODE The service code is a four-digit code. The first two positions are identified as the prefix. The last two positions are called the suffix.</p> <p>Services programs involved in the Medicaid initiative have service codes which begin with a letter code. When entering these services on SRS, all four positions of the service code must be entered. The following is the coding structure for these services:</p> <p>Xx-xx The first position is a letter code which identifies the particular program as follows:</p> <p>A Family-centered services B Family preservation C Family foster care D Group care</p> <p>xX-xx The second position identifies the service core within each program as follows:</p> <p>Family-Centered Rehabilitative Treatment Services</p> <p>A1 Service Core One (therapy/counseling) A2 Service Core Two (skill development) A3 Service Core Three (psychosocial evaluation)</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	52	SERVICE CODE (Cont.)
			Family-Centered Supportive Services
		A5	Family-centered supervision
		A6	Family-centered MR/DD respite
			Family Preservation
		B1	Short-term service core
		B2	Full program service
			Family Foster Care Rehabilitative Treatment Services
		C1	Service Core One (Therapy/Counseling)
		C2	Service Core Two (Skill Development)
		C3	Service Core Three (Assessment and Care Planning)
			Additional Family Foster Care Services
		C5	Family foster care supervision
		C6	Initial family foster home studies
		C7	Annual review and update of family foster home studies
			Group Care
		D1	Community residential treatment
		D2	Comprehensive residential treatment
		D3	Enhanced residential treatment
			Additional Group Care Program Services
		D5	Therapy/counseling (child)
		D6	Therapy/counseling (family)
		D7	Family skill development

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
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E	10-15	52	SERVICE CODE (Cont.)
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xx-Xx The third position identifies the type of treatment within the service core as follows:

xx-1x Individual service
 xx-2x Group service
 xx-5x Other
 xx-6x Group care (any core services)
 xx-7x Family preservation full program
 xx-9x Group care maintenance

The possible combinations of the first three digits are as follows:

A11	B15	C11	D16	D880 (PMIC)
A12	B17	C12	D19	
A21	B25	C21	D26	
A22		C22	D29	
A35		C35	D36	
			D39	
A51		C51	D51	
A52			D52	
A65		C65	D61	
			D62	
		C75	D71	
			D72	

xx-xX The fourth position in the service code will be a value from 0 to 9 to distinguish up to ten different rate levels for each of the above combinations of program, service core, and service core types. Direct services always end with zero and have an MOP of A.

Prefix code 71 (deategorization) can have any suffix. Suffix codes 60 through 79 denote expanded services authorized under the deategorization project. For these services, check the purchase of services rate list for the applicable four-digit code.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)Section Line Item Data Item Name and DefinitionE 10-15 52 **SERVICE CODE** (Cont.)

For other services, enter only the first two digits. The computer automatically generates the 01 suffix.

For a new service, the prefix may be entered but a suffix may not be entered without a prefix. For established service codes, either or both prefix and suffix codes can be changed or corrected.

<u>Pre-</u> <u>fix</u>	<u>Direct and</u> <u>Purchased Services</u>	<u>Manual</u> <u>Reference</u>	<u>Acceptable</u> <u>MOP</u>
Ax	Family-centered service	XVIII-B	A, B, F
Bx	Family preservation	XVIII-C	A, B, F
Cx	Family foster care	XVIII-D	A, B, F
Dx	Group care	XVIII-E	B, F
01	Adoption	XIII-C	A, B, F
02	Court-ordered custody investigations	ML XIII-J-4	A, F
03	Subsidized adoptions	XVII-C	A, F
05	Family-life homes	XVII-A(2)	A, F
14	Group child day-care home (basic rate)	XVI-B	B, F
15	Child day-care center (basic rate)	XVI-B	B, F
16	Family child day-care home (basic rate)	XVI-B	B, F
17	In-home child day care (basic rate)	XVI-B	B, F
18	Adult day care	XIII-G(1)	B, F

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>	<u>Manual Reference</u>	<u>Acceptable MOP</u>
E	10-15	52	SERVICE CODE (Cont.)		
			Pre- fix DHS Direct and Purchased Services		
		19	Shelter care	XIII-J	B, F
		26	Independent living	XVIII-F	A, B, F
		30	Adult residential services	XVII-A	B, F
		31	Juvenile court-related services	XIII-D,	E A, F

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>	<u>Manual Reference</u>	<u>Acceptable MOP</u>
E	10-15	52	SERVICE CODE (Cont.)		
			Pre-fix DHS Direct and Purchased Services	Manual Reference	Acceptable MOP
		34	Supervised apartment services	XVII-A(1)	B, F
		39	Adult support program	XVI-C	A, B, F
		47	Dependent adult abuse	XVI-G	A, F
		51	Work activity	XIII-V	B, F
		52	Sheltered workshop	XIII-V	B, F
		57	Transportation	XIII-W	A, B, F
		60	Social casework	XIII-A, XVIII-A	A, F
		61	Group child day-care home (special-needs rate)	XVI-B	B, F
		62	Child day-care center (special-needs rate)	XVI-B	B, F
		63	Family child day-care home (special-needs rate)	XVI-B	B, F
		64	In-home child day care (special-needs rate)	XVI-B	B, F
		71	Decategorization	XIII-L	A, B, F
		80	Case management (Restricted use)	XIII-H	A
		98	In-home health care	XIII-O	B, F

SERVICES REPORTING SYSTEM**DATA ITEM INSTRUCTIONS** (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	52	SERVICE CODE (Cont.)

Service code 60, social casework, must be used whenever a purchased (MOP of B) or allied/volunteer (MOP of F) service is shown in lines 10-15 and the case does not receive Medicaid case management by the Department. If the Department is providing Medicaid case management, a service code 80 must be used instead of the 60.

When opening a new case, social casework can be listed alone on the SRS until the date of determination of eligibility (acceptance date). Once an acceptance date has been entered, both social casework and a purchased, allied, or volunteer service must show on the SRS.

The exception to this policy is when I-60 is reported as the umbrella service. In that case A-60 is the only service that should appear in the service area.

Medicaid case management can be the only service shown before or after acceptance.

Services codes 11, 33, 37, 41, 43, 45, 56, and 99 can be used only with an allied volunteer method of provision.

	<u>Allied Services</u>	<u>Acceptable MOP</u>
11	Chore	F
33	Homemaker	F
37	Housing	F
41	Legal services	F
43	Material aid	F
45	Mobile or congregate meals	F
56	Substance abuse	F
99	Allied, not listed above	F

Before replacing a service, review use of the termination code (item 57).

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
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E	10-15	52	SERVICE CODE (Cont.)
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When adding a new service, make entries in items 50, 51, 53, 54, 56, and 57.

When removing a service, make entries in items 56 and 57.

Goal	Objective	Service Combinations
Valid combinations are shown in goal code order.		
1	C	14, 15, 16, 17, 26, 33, 37, 39, 57, 60, 61, 62, 63, 64, 71, 80, 99
	E	14, 15, 16, 17, 60, 61, 62, 63, 64, 71, 80
2	G	11, 18, 30, 33, 34, 37, 39, 41, 43, 45, 51, 52, 56, 57, 60, 71, 80
	H	C, D, 05, 19, 26, 30, 34, 39, 60, 71, 80, 99
	M	30, 34, 60, 80
	N	14, 15, 16, 17, 60, 61, 62, 63, 64, 71, 80
	T	01, 60, 71, 80
	V	30, 34, 60, 71, 80
3	K	A, B, 19, 31, 33, 41, 60, 71, 80, 99
	L	A, B, C, D, 14, 15, 16, 17, 19, 26, 31, 33, 57, 60, 61, 62, 63, 63, 71, 80, 99

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
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E	10-15	52	SERVICE CODE (Cont.)
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Goal	Objective	Service Combinations
3	M	11, 18, 33, 39, 41, 47, 57, 60, 80, 99
	N	A, B, 31, 33, 37, 39, 41, 43, 57, 60, 71, 80, 99
	S	A, B, 31, 60, 71, 80
4	G	30, 34, 60, 71, 80
	H	30, 34, 60, 71, 80
	M	30, 34, 60, 80
	P	11, 18, 33, 37, 39, 45, 51, 52, 56, 57, 60, 71, 80, 98, 99
	R	C, D, 05, 14, 15, 16, 17, 26, 31, 39, 60, 61, 62, 63, 64, 71, 80, 99
	S	14, 15, 16, 17, 37, 57, 60, 61, 62, 63, 64, 71, 80, 99
5	T	60, 71, 80, 99
	G	30, 34, 60, 71, 80
	H	30, 34, 60, 71, 80
	M	30, 34, 60, 80
	U	39, 60, 71, 80, 99
	V	D, 30, 34, 39, 60, 71, 80, 99
	W	31, 60, 71, 80, 99

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

Section Line Item Data Item Name and Definition

E 10-15 52 **SERVICE CODE** (Cont.)

Service	Goal	Objective
Ax Family-centered	3	K, L, N, S
Bx Family Preservation	3	K, L, N, S
Cx Family foster care	2	H
	3	L
	4	R
Dx Group care	2	H
	3	L
	4	R
	5	V
01 Adoptions	2	T
05 Family-life homes	2	H
	4	R
11 Chore service	2	G
	3	M
	4	P
15/62 Day-care center	1	C, E
	2	N
	3	L
	4	R, S
16/63 Family day care	Same as day-care center	
17/64 In-home day care	Same as day-care center	
14/61 Group day care	Same as day-care center	
18 Adult day care	2	G
	3	M
	4	P

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
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E	10-15	52	SERVICE CODE (Cont.)
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Service	Goal	Objective
19 Shelter care	2	H
	3	K, L
26 Independent living	1	C
	2	H
	3	L
	4	R
30 Adult residential services	2	G, H, M, V
	4	G, H, M
	5	G, H, M, V
31 Juvenile court-related services	2	N
	3	K, L, N, S
	4	R
	5	W
33 Homemaker service	1	C
	2	G
	3	K, L, M, N
	4	P
34 Supervised apartment services	2	G, H, M, V
	4	G, H, M
	5	G, H, M, V
37 Housing	1	C
	2	G
	3	N
	4	P, S
39 Adult support	1	C
	2	G, H
	3	M, N
	4	P, R
	5	U, V
41 Legal services	2	G
	3	K, M, N

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

Section Line Item Data Item Name and Definition

E 10-15 52 **SERVICE CODE** (Cont.)

Service	Goal	Objective
43 Material aid	2	G
	3	N
45 Mobile or congregate meals	2	G
	4	P
47 Dependent adult abuse	3	M
51 Work activity	2	G
	4	P
52 Sheltered work	2	G
	4	P
56 Substance abuse	2	G
	4	P
57 Transportation	1	C
	2	G
	3	L, M, N
	4	P, S
60 Social casework	any goal	any objective
71 Decategorization	any goal	any objective except M
80 Medicaid case management	any goal	any objective
98 In-home health care	4	P
99 Allied, not listed above	1	C
	2	H
	3	K, L, M, N
	4	P, R, S, T
	5	U, V, W

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	53	EFFECTIVE DATE (6 digits MMDDYY) Enter the date on which delivery of the identified service begins. This date cannot precede the acceptance date on an active case or the application date on a pending case. Change this date only when any of the following items is changed with a termination code of 6:

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Name</u>
D	9	40	Basis of eligibility
D	9	47	Goal
E	10-15	50	Objective
E	10-15	51	Method of provision
E	10-15	52	Service
E	10-15	53	Effective date
E	10-15	54	Provider
E	10-15	55	Fee
E	10-15	56	Termination date

E	10-15	54	PROVIDER NUMBER (7 digits) Use only when the service is being purchased. Code the agreement number of the provider as identified on the purchase of service rate list or the individual provider agreement.
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EE	10-15	55	FEE (4 digits) This area records the answer to two questions. It is required for all child day care services (14,15,16,17,61,62,63, and 64). See 18-I, <u>Fee Schedule</u> , for instructions on determining the amount of the fee.
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Use the first two spaces to answer question 1, "Is the provider related to the client?" Enter 01 for YES or 02 for NO.

Use the last two spaces to answer question 2, "Is a fee assessed for this client?" Enter 01 for YES or 02 for NO.

Always make an entry for both questions (any combination of 01 for YES and 02 for NO). Both must be entered, even if changes are only needed for one. Just repeat the one that is not being changed.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	56	TERMINATION DATE Enter the future date (MMDDYY) by which you anticipate that the service will no longer be provided to the client. When the service ends, update the item to reflect the actual date the service ended. This item always requires an entry in item 57 (termination code) which defines the date in item 56 as actual or anticipated.
E	10-15	57	TERMINATION CODE Enter the code from the following list which best defines item 56 (termination date) in relationship to item 52 (service code). This is a two-position code. The allowable codes are:

First Position

- 1 Anticipated
- 2 Actual, successful but new objective identified
- 3 Actual, successful; no new objective identified
- 4 Actual, unsuccessful but new objective identified
- 5 Actual, unsuccessful; no new objective identified
- 6 Change See the following instructions
- 7 Correction on use of codes 6 and 7.

Codes 6 and 7 are for entering a pound sign (#) to remove data (if allowable), or for changing or for correcting these line items:

- ◆ Basis of eligibility (item 40).
- ◆ Goal (item 47).
- ◆ Objective (item 50).
- ◆ Method of provision (item 51).
- ◆ Service code (item 52).
- ◆ Effective date (item 53).
- ◆ Provider number (item 54).
- ◆ Fee (item 55).
- ◆ Termination date (item 56).

Code 6 creates a history record which shows the old information and the new information. Code 6 allows payment for purchased services to be made under the old as well as the new information.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
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E	10-15	57	TERMINATION CODE (Cont.)
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First Position (Cont.)

Code 7 does not create a history record on the old information. Code 7 allows payment for purchased services to be made only under the corrected information entered and not under the information that was replaced.

NOTE: Termination codes 6 and 7 can be used together on different service lines only when basis of eligibility (item 40) and goal (item 47) are not being changed or corrected.

Use of Code 6, Change

"Change" means that the information coded was accurate for a time, but is no longer accurate. The 6 entry will "stop" the old information and "start" the new information. The start and stop date is the new effective date entered.

To change a service line (items 50-56) change:

1. Enter the accurate information for the item(s) being changed, and
2. Enter a new effective date (item 53) which is different from and not less than the current effective date printed on the service line being changed, and
3. Enter 6 in the first position of termination code, item 57.

To change the basis of eligibility (item 40) or the goal (item 47):

1. Enter the accurate information in item 40 or item 47 (or both), and

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	57	TERMINATION CODE (Cont.)

First Position (Cont.)

2. Enter a new effective date (item 53), which is different from and not less than the current effective date printed, for every service line with a service which will remain open, and
3. Enter 6 in the first position of the termination code (item 57) for each service which will remain open, and
4. Close any service line which was previously entered and active but does not have a 6 and new effective date (close as usual with a nonfuture termination date and a termination code 2-5), and
5. Add a new service line if needed (enter as usual with code 1), but
6. Do not enter a correction (code 7) for any service line.

An entry in termination date is not required. If you want a new termination date, it must be future and different from the already printed and future termination date. Enter it only for the specific service line or lines for which the change is desired.

Use of Code 7, Correction

Use Code 7 when items 40, 47, or 50-56 have asterisks, or the information there needs to be corrected, because it was never accurate.

To correct a **service line** (items 50-56):

1. Enter the accurate information for the item(s) being corrected, and

SERVICES REPORTING SYSTEM**DATA ITEM INSTRUCTIONS** (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	57	TERMINATION CODE (Cont.)

First Position (Cont.)

2. Enter a 7 in the first position of the termination code (item 57) on the service line being corrected.

To correct a basis of eligibility (item 40) or goal (item 47) correction:

1. Enter the accurate information in item 40 or item 47 (or both if both are being corrected), and
2. Enter a 7 in the first position of termination code (item 57) for each of the services which will remain open, and
3. Close any service line which was previously entered and active which does not have a 7 (close as usual with a nonfuture termination date and a termination code 2-5), and
4. Add a new service line if needed (enter as usual with code 1), but
5. Do not enter a change code (code 6) for any service line.

Entry in the termination date is not required. If you want a new termination date, it must be future and different from the already printed and future termination date. Enter only for the specific service lines for which the correction is desired.

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
E	10-15	57	<p>TERMINATION CODE (Cont.)</p> <p><u>Second Position</u> The second position is coded only when the first position is 2 through 5. If the first position is 1, 6 or 7, leave this blank.</p> <p>A Service no longer appropriate B Client no longer eligible C Abuse evaluation completed, criteria not met E Client refused or withdrew F Adoptive placement G Adoption final H Return home J Living independently K Foster family home placement L Foster group care placement M Family intact N Child reached majority P Case dismissed Q Court order modified R Placement in shelter care S Placement in Eldora or Toledo V Placement in MHI W Adult conviction X Runaway Y Death Z Computer-generated based on entry in data item 38 (disposition code) and nothing being entered in second position</p> <p><u>Special Foster Care Instructions:</u> For foster care services use only one of the following codes: F, H, J, K, L, N, R, S, V, W, X, Y. Use A or P only if no other code applies.</p>
E	10-15	58	BLANK For future use.
F	16	59	<p>ENTRY DATE Use for foster care only. Enter the month and year that the child entered the current foster care placement or consecutive series of foster care placements. Do not change the date when the child moves from one foster care service to another or to a different provider within the same service code.</p>

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
			ENTRY DATE (Cont.) The system will not accept a foster care service code without a foster care plan goal in item 62 or an entry date in item 59. The system will not accept a foster care entry date without a child foster care service code being present in item 52.
F	16	60	ENTRY SEQUENCE The computer generates this entry by counting the number of times item 59 is changed. This item indicates the number of times the child has been in a foster care placement or series of consecutive foster care placements. Two foster care placements must be separated by a non-foster care placement to be counted as two entries. The current placement is counted. This item can also be changed by worker entering a different number.
F	16	61	PLACEMENT SEQUENCE The computer generates this entry by counting the number of times item 52 and item 54 change. It indicates the number of different foster care placements during the current foster care entry, that is the number of consecutive foster care placements during this period in foster care. Because there is usually no vendor number or service code change for a move from one foster family home to another, the worker shall update the sequence code manually when the child makes a move that is not reflected in those two items.
F	16	62	FOSTER CARE GOAL Entry is required for foster care services only. Enter the appropriate goal for foster care services from the list below. See XIII-J for additional information. A Return child to own home B Place with other relative C Place for adoption D Place with legal guardian E Independent living F Long-term care G Other H Unknown J Placement with custodian for purpose of long term care

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)Section Line Item Data Item Name and Definition

F 16 63 **REVIEW** This item is for foster care services only. No entry is required when basis of eligibility is 97-42. The entry for "Due" is computer-generated. The initial entry is 6 months after the date in Item 53. Later entries are 6 months after the worker's entry.

Enter in the "Current Date" section the date (MMDDYY) on which the latest foster care review was completed by Department staff.

F 16 64 **VISITS** Cases with a foster care service code:

<u>MOP</u>	<u>F.C. GOAL</u>	<u>SERVICE</u>	<u># DAYS</u>
B,F	ANY	Dxxx	90
B,F	ANY	19xx	45
A	ANY	Cxxx	35
B,F	F	Cxxx	90
B,F	NOT F	Cxxx	60
A,B,F	ANY	26xx	45

The entry in part A is computer-generated from the worker's entry. The entry in part B is computer-generated, showing the previous part C entry. Enter in part C the date (MMDDYY) that the most recent visit was completed. Do not enter a future date.

F 16 65 **BLANK** For future use.

F 16 66 **ADOPTIVE PLACEMENT** Enter the date (MMDDYY) of the child's current adoptive placement. Leave blank if not applicable.

G 17-22 67-76 Complete items 67 - 76 when service A or B is coded in Section E.

When the total of adults and children reported in Item 43 is greater than one, complete one line of Section G for each additional person. Also, if Item 43 shows a total of one and Item 42 is coded other than E or G, at least one line of Section G must be completed. (See Companion Cases.)

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
			The worker need not make direct contact with the person whose name is listed. If the person has a state ID and the state ID is entered, no other data need be entered except in Item 76. The state ID entry causes person information to be printed.
G	17-22	67	LAST NAME Using the instructions listed for item 12, enter the last name of each family member on a separate line.
G	17-22	68	SUFFIX Using the instructions listed for item 13, enter the suffix to the last name of each family member (if any).
G	17-22	69	FIRST Using the instructions listed for item 14, enter the first name of each family member.
G	17-22	70	MIDDLE INITIAL Enter the person's middle initial.
G	17-22	71	STATE ID Enter if the person has a state ID. State IDs are not assigned through SRS entries alone.
G	17-22	72	DATE OF BIRTH Enter MMDDYY, using only numbers. This cannot be a future date.
G	17-22	73	SEX Enter M if male and F if female.
G	17-22	74	HANDICAP Enter using instructions listed for item 25, except that this is based on <u>either</u> what the client states or what the worker observes. It does not require the worker to interview the person listed.
G	17-22	75	ETHNICITY Enter using instructions listed for item 26.

1	<u>PERSON NUMBER</u> 01-09 Adult 11-29 Child	31	<u>LIVING ARRANGEMENTS</u> 01 Own home 02 Parent's home 03 Relative's home 04 Guardian's home 05 Other private family home 06 Supervised apartment 11 Adoptive home in Iowa 12 Adoptive home out of Iowa 21 Licensed foster family home 22 Licensed foster group care in Iowa 23 Foster group care facility out of state 24 Independent living 25 Licensed shelter care 26 Licensed substance abuse facility in Iowa 27 Substance abuse facility out of state 28 Employment rehab. center 31 Family-life home 32 Adult RCF 33 Adult RCF/MR 34 Intermediate care facility 35 ICF/MR 36 Skilled nursing home 37 Hospital 41 Detention facility (juv.) 42 Adult correctional facility 51 Eldora or Toledo 52 Hospital-School 53 Mental Health Institute 54 School for Deaf or Blind 61 Runaway 71 Unlicensed group living arrangement	*INTERSTATE COMPACT* 80 Supervision of delinquent child in Iowa 81 Supervision of nondelinquent	
24	<u>SEX</u> M Male F Female			<u>NEED FOR SERVICE</u> *ABUSE* A Physical abuse B Sexual abuse C Denial of critical care D Self denial of critical care E Exploitation F Potential abuse *DELINQUENCY* G Property offense H Person offense J Property and person offense *FAMILY RELATIONS* K Parent/child relationship L Sibling relationship M Marital relationship *PARENTAL CONDUCT OR CONDITION* N Unable to meet basic needs P Unable to provide child with minimum care Q Unable/unwilling to cope with child's behavior R Unable/unwilling to meet child's special needs S Unavailable *OTHER* T Child removed U Child removal imminent V Runaway W Alcohol or drug abuse Y Coping with or overcoming disability Z Individual or family isolation	
25	<u>HANDICAP</u> A Mental retardation B Mental health problem or mental illness C Speech, language, or communication impairment D Learning disability E Substance abuse F Hearing impairment G Visual handicap H Physical handicap (nonorthopedic) I No known disability J Physical handicap (orthopedic) K Chronic mental illness				
26	<u>ETHNICITY</u> 1 White, not Hispanic 2 Black, not Hispanic 3 American Indian or Alaskan native 4 Asian or Pacific Islander 5 Hispanic 6 Indochninese				
27	<u>MARITAL STATUS</u> S Single, never married J Married, by common law M Legally married D Divorced L Legally separated P Separated by agreement W Widowed	32	<u>OFFICIAL STATUS</u> -ADULTS- <u>Commitment</u> 11 Mental illness 12 Mental retardation 13 Substance abuse <u>Protective Arrangements</u> 14 Full guardianship 15 Full conservatorship 16 Protective payee 17 Power of attorney 18 Informal or extralegal management of person or property 19 Trusteeship 20 Adult corrections supervision 21 Limited guardianship 22 Limited conservatorship 23 Inapplicable -CHILDREN- <u>No Court Action</u> 30 Voluntary foster care placement agreement with parents or guardians 31 Child living with parent or guardian 32 Child living with relatives (no foster care) 33 Voluntary foster care placement agreement (child over age 18) 34 Emergency care, 30-day limit <u>Court Action</u> <u>COMMITMENT*</u> 40 Mental health 41 Mental retardation *CHILD IN NEED OF ASSISTANCE* 50 Supervision 51 Legal custody to DHS 52 Guardianship (supervision) 53 Guardianship (Toledo) 54 Guardianship (rights terminated) 55 Guardianship (URM) 56 Payment only (custody not to DHS) *DELINQUENT* 60 Supervision 61 Legal custody to DHS 62 Guardianship (supervision) 63 Guardianship (Eldora) 64 Guardianship (rights terminated) 65 Payment only (custody not to DHS) *NO ADJUDICATION* 70 Guardianship (rights terminated) voluntary action Ch.600A 71 URM 72 Emergency care, 30-day limit 73 Court-approved voluntary placement	34	<u>CLIENT FUNCTIONING LEVEL AND/OR DEVELOPMENTAL DISABILITY</u> 1 Yes 2 No
28	<u>EMPLOYMENT</u> 1 Unemployed, available 2 Unemployed, unavailable 3 Employed, full time 4 Employed, part time 5 Seasonally employed 6 Never employed 7 Retired 8 Inapplicable			35	<u>APPLICATION</u> 100 New application 200 Reapplication
29	<u>EDUCATION</u> A Attending preschool B Attending K - 8th C Attending 9th - 12th D Attending GED E Attending technical or vocational training F Attending special ed. G Attending college H Under school age J Completed less than 9th K Completed less than 12th L High school graduate M Completed GED N Completed technical or vocational training P Completed special ed. Q Attended college R College graduate S Completed post-graduate degree T None V Completed associate degree			36	<u>ACCEPTANCE</u> 100 New service case 200 Restored service case (closed less than 24 months) 800 Correction of data
30	<u>OCCUPATION</u> A Industrial, semiskilled or unskilled; irregular B Industrial, semiskilled or unskilled; regular C Industrial, skilled; irregular D Industrial, skilled; regular E Clerical, sales, small business; irregular F Clerical, sales, small business; regular G Farm laborers, irregular H Farm laborers, regular J Professional, semiprofessional; irregular K Professional, semiprofessional, regular L Service occupations (waitress, waiter, domestic, attendant), irregular M Service occupation (waitress, waiter, domestic, attendant), regular N No work history P Homemaker			37	<u>REVIEW/TRANSFER</u> 3-- Intercounty transfer 400 Review every 6 months 500 Review every 12 months
				38	<u>DISPOSITION</u> *REJECTION* 102 Voluntary withdrawal 105 Client moved to another county in Iowa 106 Client moved out of state 107 Client deceased 108 Unable to locate client 109 No longer needs service 110 Services provided by another agency without cost 111 Adult conviction (penal institution) 112 Institutionalization other than adult conviction 113 Military service 114 Parole violation (return to penal institution) 198 Ineligible due to reasons other than income 199 Ineligible, over income guidelines *CLOSINGS* 002 Voluntary withdrawal 003 Client uncooperative 004 Services unsuccessful 007 Client deceased 008 Unable to locate client 009 Service successful 010 Service given by another agency 015 Reached age of majority 098 Ineligible due to reasons other than income 099 Ineligible, over income guidelines *BASIS OF ELIGIBILITY* *1st* 10 SSI aged 20 SSI blind 30 FIP 40 Ineligible, over income 60 SSI disabled 70 Below income guidelines, Medicaid-eligible

80	Below income guidelines, not Medicaid-eligible	48	<u>UMBRELLA</u>	18	Adult day care
90	Refugee, IM-eligible		"PROCESS CODES (Pro)"	19	Shelter care
96	Without regard to income, adult		3 Intake	26	Independent living
97	Inapplicable		2 Ongoing	30	Adult residential services
98	Refugee, income-eligible		"CASEWEIGHT CHARACTER (Chr)"	31	Juvenile court-related services
99	Without regard to income, children		Z Common caseweight character	34	Supervised apartment services
			E "E" cases	39	Adult support
			I 47, Dependent adult investigation	47	Dependent adult protection
			60, Social casework, SHS cases	51	Work activity
"2ND"			J A, Family-centered	52	Sheltered work
05	Foster care		P 18, Payment only F.C. C-D, Payment only F.C.	57	Transportation
42	Payment-only foster care		Q A, Nonpurchased family therapy to prevent or shorten child placement	60	Social casework
43	Family-centered services		R 31, Interstate compact placement of Iowa child out of state	61	Group child day-care home, special needs
45	Nonpayment state cases		T A, nonpurchased family therapy to prevent or treat child abuse	62	Child day-care center, special needs
46	State payment program cases		14-15-16-17-61-62-63-64	63	Family child day-care home, special needs
99	None of the above		Child protective treatment	64	In-home child day care, care, special needs
42	<u>FAMILY COMPOSITION</u>		47, Dependent adult abuse treatment	71	Decategorization
	"FAMILY WITH CHILDREN"		S B, Social casework, family preservation	80	Case management
A	Father, mother, children (includes foster, adoptive, step)		W A, Purchased service to treat or prevent child abuse or to prevent or shorten child placement	98	In-home health care
B	Mother and children		39, Purchased adult support services	"ALLIED SERVICES"	
C	Father and children		X A, DHS worker, abuse prevention or treatment	11	Chore
D	Children and other relatives		Y 31, DHS staff providing juvenile court-related service to guardianship case	33	Homemaker
E	Children only			37	Housing
F	Other			41	Legal services
"ADULTS"				43	Material aid
G	Adult living alone			45	Mobile/congregational meals
H	Married couple			56	Substance abuse
J	Other 2-member household (not marriage)			99	Allied, not listed above
K	3-member household or more			57	<u>TERMINATION CODE</u>
L	Other			"1ST POSITION"	
45	<u>INCOME</u>			1	Anticipated
	"SOURCE"			2	Actual, successful, new objective
A	Money, wages, or salary			3	Actual, successful, no new objective
B	Nonfarm self-employment			4	Actual, unsuccessful, new objective
C	Farm self-employment			5	Actual, unsuccessful, no new objective
D	Social Security			6	Change
E	Dividends, interest, etc.	50	<u>OBJECTIVE</u>	7	Correction
F	Public assistance payments		C Supportive services for employment	"2ND POSITION"	
G	Pension and annuities		E Child day care service for training	A	Service no longer appropriate
H	Unemployment or work comp.		G Remove barriers to self-sufficiency	B	Client no longer eligible
J	Alimony		H Alternate living arrangement	C	Abuse evaluation completed, criteria not met
K	Child support		K Protection for children	E	Client refused or withdrew
P	Parental liability		L Treatment for children who have or have a potential of being abused; neglected, exploited	F	Adoptive placement
X	Other		M Protection for elderly & handicapped adults	G	Adoption final
Z	None		N Preserving, rehabilitating, or reuniting families	H	Return home
"DOCUMENTATION"			P Enable elderly & handicapped to remain in own homes	J	Living independently
X	Documented		R Placements for children and adults due to personal or family dysfunction	K	Foster family placement
Z	Applicant's declaration or not required		S Services to handicapped children to enable them to remain with family	L	Foster group care placement
47	<u>GOAL</u>		T Services to children who need adoptive homes	M	Family intact
1	Achieving or maintaining economic self-support to prevent, reduce or eliminate dependency		U Evaluation services to persons in health care facilities	N	Majority age
2	Achieving or maintaining self-sufficiency, including reduction or prevention of dependency		V Out-of-home care	F	Case dismissed
3	Preventing or remedying neglect, abuse or exploitation of children and adults unable to protect their own interests; and preserving, rehabilitating, or reuniting families		W Services to children in institutions	Q	Court order modified
4	Preventing or reducing inappropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care			R	Shelter care placement
5	Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to persons in institutions			S	Eldora/Toledo placement
				V	MHI placement
				W	Adult conviction
				X	Runaway
				Y	Death
				Z	Computer-generated
48	<u>ABUSE</u>			62	<u>FOSTER CARE GOAL</u>
"TYPE (T)"				A	Return child to own home
0	Physical abuse			B	Place with other relative
1	Sexual abuse			C	Place for adoption
2	Denial of critical care			D	Place with legal guardian
3	Self-denial of critical care			E	Independent living
4	Other			F	Long-term care
"STATUS (S)"				G	Other
1	Prevention			H	Unknown
2	Treatment			J	Placement with custodian for long-term care
"RESERVED (R)"				76	<u>FAMILY MEMBER IDENTIFIERS</u>
Leave blank				"1ST TWO SPACES"	
				A	Victim of founded abuse
				B	At risk of abuse
				C	At risk of placement (living with own family)
				D	At risk of continued placement (not living with own family)
				Z	No other option is appropriate
				"THIRD SPACE"	
				A	Spouse
				B	Child or stepchild
				C	Parent or stepparent
				D	Sibling
				E	Other relative or household member
				F	Other nonrelative household member
				Z	No other option is appropriate

SERVICES REPORTING SYSTEMDATA ITEM INSTRUCTIONS (Cont.)

<u>Section</u>	<u>Line</u>	<u>Item</u>	<u>Data Item Name and Definition</u>
G	17-22	76	FAMILY MEMBER IDENTIFIERS When completing this item, draw the vertical lines to separate the box into three separate spaces. The entries in item 76 describe the involvement of family members listed in Section G and identify how each family member is related to the person identified in Section B, Line 12. Up to two of the following codes can be entered into the first two spaces. The Z code should be used whenever no other option is appropriate.

First Two Spaces

A Victim of founded abuse
 B At risk of abuse
 C At risk of placement; living with family
 D At risk of continued placement; not living with family
 Z No other option is appropriate

Third Space

One of the following codes should be entered in the third space.

A Spouse
 B Child or stepchild
 C Parent or stepparent
 D Sibling
 E Other relative or household member
 F Other nonrelative household member
 Z No other option is appropriate

G	--	--	"By _____" shall be signed by the worker completing the form.
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SRS INDIVIDUAL CLIENT INFORMATION, RC-0004

The RC-0004 is a card containing all the codes for easy reference in completing an SRS form.