

COUNTY CHART OF ACCOUNTS: SERVICE AREA FOUR

All coding to the County Chart of Accounts requires **seven digits**.

The **first digit** represents the service area. Since this is Service Area Four, the first digit is always 4.

The **second digit** represents the program area. There are four identified program areas:

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|-----------------------------------|---------------------------------------|
| 0 = Mental illness | 2 = Mental retardation |
| 1 = Chronic mental illness | 3 = Developmental disabilities |

The **third digit** represents the function code. There are seven identified functional areas:

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|---|---|
| 0 = Information and education services | 4 = Treatment services |
| 1 = General administration | 5 = Vocational and day services |
| 2 = Coordination services | 6 = Licensed or certified living arrangements |
| 3 = Personal and environmental support | 7 = Institutional, hospital, and commitment services |

The **fourth digit** represents the subfunction code. These provide for a further delineation within the function level. These are combined with the object numbers (see below) to provide codes that relate to specific services.

The **fifth, sixth, and seventh** digits represent the object numbers. These object numbers when combined with the subfunction code identify specific services.

The following information is presented as a reference for coding costs related to Service Area Four.

DIAGNOSIS CODES

Combination of the first two digits creates a diagnosis code. Determine the diagnosis code for individual clients based on the client's primary diagnosis. It is recommended that the diagnosis code for any individual client not be changed unless there is a specific change to the primary diagnosis by a physician. The type of service received should not be the determining factor in determining the diagnosis code.

The following are the diagnosis codes which are available through combination of the service and program codes in the Chart of Accounts.

- 40 MENTAL HEALTH / MENTAL ILLNESS:** People who have a current diagnosis of a mental illness as defined in the *Diagnostic and Statistical Manual, Fourth Edition (DSM IV)*. Diagnoses which fall into this category include, but are not limited to, the following: schizophrenia, major depression, manic depressive (bipolar) disorder, adjustment disorder, and personality disorder. Also included are organic disorders such as dementias, substance-induced disorders, and "other" organic disorders, including physical disorders such as brain tumors. (Excluded are V Code diagnoses, psychoactive substance use disorders, and developmental disorders.)

- 41 CHRONIC MENTAL ILLNESS:** People 18 and over with persistent mental or emotional disorders that seriously impair their functioning relative to such primary aspects of daily living as personal relations, living arrangements, or employment. People with chronic mental illness will typically have histories that meet at least one of the treatment history criteria and at least two of the functioning history criteria.
- A. Treatment History Criteria: People with chronic mental illness will typically meet **at least one of the following criteria:**
1. Have undergone psychiatric treatment more intensive than outpatient care more than once in a lifetime (ex. emergency services, alternative home care, partial hospitalization or inpatient hospitalization);
- OR**
2. Have experienced at least one episode of continuous, structured supportive residential care other than hospitalization.
- AND**
- B. Functioning History Criteria: People with chronic mental illness will typically meet **at least two of the following criteria on a continuous 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.
- 42 MENTAL RETARDATION:** People with mental retardation have significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior, manifested during the developmental period. **All of the following criteria must be met:**
- A. A score of approximately 70 intelligence quotient (IQ) or below, as obtained by assessment with one or more of the individually administered general intelligence tests developed for the purpose of assessing intellectual functioning.
 - B. Deficits in adaptive behavior, defined as the effectiveness or degree with which individuals meet the standards of personal independence and social responsibility expected for age and cultural group.
 - C. Subaverage intellectual functioning and deficits in adaptive behavior manifested during the developmental period, the time period between conception and the eighteenth birthday.
- 43 DEVELOPMENTAL DISABILITY:** People with developmental disabilities have severe, chronic disabilities which **meet all of the following criteria:**
- A. Are attributable to mental or physical impairment or a combination of mental and physical impairments.
 - B. Are manifested before the person attains the age of 22.
 - C. Are likely to continue indefinitely.

Note: BRAIN-INJURED is not currently available as a separate diagnosis code under the Chart of Accounts. Many counties include services to these clients in **code 43, Developmental Disabilities**.

FUNCTION CODING

The following information is presented by function code. The subfunction code and object numbers available under each function code are then shown as “available codes”. Information is provided relating to the “available codes” to assist in identifying specific services which can be coded there.

FUNCTION CODE 0: INFORMATION & EDUCATION SERVICES are activities designed to remove barriers to meeting identified needs and to provide facts about resources that are available.

AVAILABLE CODES:

- 0-3-000 INFORMATION AND REFERRAL: Activities designed to provide facts about resources which are available and help to access those resources.
- 0-4-000 CONSULTATION: Advisory activities directed to a service provider to assist the provider in delivering services to a specific person or advisory activities directed to a service provider to assist the provider in planning, developing, or implementing programs, or in solving management or administrative problems or addressing other concerns in the provider’s own organization. *Note: Mental health center consultation services can normally be coded here.*
- 0-5-000 PUBLIC EDUCATION SERVICES: Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect a person's functioning in society. Services focus on the following:
- A. Prevention activities, which are designed to convey information about the cause of conditions, situations, or problems that interfere with a person's functioning or convey ways in which the knowledge acquired can be used to prevent their occurrence or reduce their effect.
 - B. Public awareness activities, which convey information about:
 - The abilities and contributions to society of all people.
 - The causes and nature of conditions or situations which interfere with a person's ability to function.
 - The benefits that providing services and supports have for the community and for the individual. Activities should include educational and informational techniques which promote the person as an integral part of society and eliminate social and legal barriers to that acceptance.
- 0-6-000 ACADEMIC SERVICES : Refers to basic information and skills, such as reading, writing and math, which establish the basis for subsequent acquisition and application of knowledge.

FUNCTION CODE 1: GENERAL ADMINISTRATION includes expenses necessary to manage the service system. Counties which do not have a specific allocation methodology may allocate costs to the four populations based on percentages of overall non-administrative expenditures.

- 1-1-000 **DIRECT ADMINISTRATIVE:** Used if county employees perform the administrative duties.
- 1-2-000 **PURCHASED ADMINISTRATIVE:** Used if the county purchases the administrative functions from another entity.

FUNCTION CODE 2: COORDINATION SERVICES are activities designed to help individuals and families develop, locate, access and coordinate a network of supports and services that will allow them to live a full life in the community.

AVAILABLE CODES:

21 CASE MANAGEMENT

- 2-1-374 **CASE MANAGEMENT - MEDICAID MATCH:** Used when the county is paying 50% of the non-federal share of Medicaid funded case management.
- 2-1-375 **CASE MANAGEMENT - 100% COUNTY-FUNDED:** Used when the county is funding 100% of the cost of case management.
- 2-1-399 **OTHER**

Note: Can be used to show expenditures of pass-through moneys to providers of case management.

22 SERVICE MANAGEMENT

- 2-2-000 **SERVICE MANAGEMENT:** Activities designed to help individuals and families identify service needs and coordinate service delivery but which do not constitute case management as defined by the Mental Health and Mental Retardation Commission.

FUNCTION CODE 3: PERSONAL AND ENVIRONMENTAL SUPPORT SERVICES are activities provided to or on behalf of a person to allow the person to function in the least restrictive environment.

AVAILABLE CODES:

31 TRANSPORTATION

- 3-1-000 **TRANSPORTATION (NON-SHERIFF):** Services for consumers to conduct business errands or essential shopping; to receive medical services not reimbursed through Medicaid; to go to and from work, recreation, education or day programs; and to reduce social isolation. *Note: DOES NOT include sheriff transportation related to commitment.*

32 SUPPORTS

- 3-2-320 **HOMEMAKER HOME HEALTH AID:** Personal care or direct care services provided to people in their own homes including essential shopping, limited housecleaning, or other incidental household services; meal preparation and other activities of daily living; help with hygiene; help with ambulation, etc. *Includes services provided through a home health agency.*
- 3-2-321 **CHORE:** Services such as window and door maintenance, including hanging screens, replacing windowpanes and washing windows; minor repairs to walls, floors, stairs, railings and handles; heavy cleaning, which includes removing fire hazards from attics or basements, moving heavy furniture, extensive wall washing, floor care, or painting and trash removal; and yard work such as mowing lawns, raking leaves, and shoveling walks.
- 3-2-322 **HOME MANAGEMENT SERVICES:** Personal emergency response systems covered under Home- and Community-Based Waivers.
- 3-2-325 **RESPIRE:** Temporary care to a consumer to provide relief to the usual informal caregiver and provide all of the care the usual caregiver would provide. Include respite covered under Home- and Community-Based Waivers here.
- 3-2-326 **GUARDIAN / CONSERVATOR:** Activities provided as required by the court system to handle the personal business of the individual.
- 3-2-327 **REPRESENTATIVE PAYEE:** Activities provided to manage a person's finances.
- 3-2-328 **HOME / VEHICLE MODIFICATION:** Physical modifications to the consumer's home environment or vehicle which are necessary to provide for the health, welfare, and safety of the consumer, and which enable the consumer to function with greater independence in the home or vehicle. Include home and vehicle modification covered under Home- and Community-Based Waivers here.
- 3-2-329 **SUPPORTED COMMUNITY LIVING:** Services and supports determined necessary to enable consumers to live and work in a community setting where the consumer is **living with family**. Services are directed to enhancing the consumer's ability to regain or attain higher levels of independence, or to maximize current levels of functioning. Include people living with family receiving supported community living services covered under Home- and Community-Based Waivers here.
- 3-2-399 **OTHER:** Used for any support services not captured in above categories.

33 BASIC NEEDS

- 3-3-345 ONGOING RENT SUBSIDY: Ongoing rent support provided through an organized program to allow the person to maintain an affordable home in the community.
- 3-3-399 OTHER: Used for other basic needs. Includes meals on wheels, short-term rent payments, payment for room and board homes, personal needs allowances. **Note:** General Assistance expenditures which are defined more precisely under other codes should be coded there (example transportation, medical expenses). Use this code for those general relief expenses which cannot be coded elsewhere.

FUNCTION CODE 4: TREATMENT SERVICES are activities designed to assist the person and family to maintain or improve physiological, emotional, and behavioral functioning and to prevent conditions that would present barriers to a person's or family's functioning.

AVAILABLE CODES:

41 PHYSIOLOGICAL TREATMENT

- 4-1-305 OUTPATIENT: Activities designed to prevent, halt, control, relieve, or reverse symptoms or conditions which interfere with the normal physiological functioning of the human body.
- 4-1-306 OUTPATIENT / PRESCRIPTION MEDICATION: All costs for prescription medication should be coded here, including medication prescribed for psychiatric conditions.
- 4-1-307 IN-HOME NURSING: Includes nursing services provided through Home- and Community-Based Waivers in the person's home.
- 4-1-399 OTHER: Medical supplies, glasses, hearing aids, etc.

42 PSYCHOTHERAPEUTIC TREATMENT

- 4-2-305 OUTPATIENT: A planned process in which the therapist uses professional skills, knowledge, and training to enable consumers to realize and mobilize their strengths and abilities, take charge of their lives, and resolve their issues and problems. Includes crisis intervention programs. *Note: Code mental health center outpatient costs here. Code general counseling by other providers here.*
- 4-2-309 PARTIAL HOSPITALIZATION: An active treatment program providing intensive group and clinical services within a structured therapeutic environment for those consumers who are exhibiting psychiatric symptoms of sufficient severity to cause significant impairment in day-to-day functioning. *Use for the county portion of the nonfederal share of Medicaid payments for partial hospitalization. Also use for any general county funding for this service.*
- 4-2-399 OTHER: Any such treatment not provided in the settings identified above.

43 EVALUATION

4-3-000 EVALUATION: Screening, diagnosis, and assessment of individual and family functioning, needs, abilities, and disabilities, and determining current status and functioning, recommendations for services, and need for further evaluations. Evaluations consider the emotional, behavioral, cognitive, psychosocial, and physical information as appropriate and necessary. *Used when the evaluation is performed for purposes other than commitment under Iowa Code Sections 229 and 125. EXAMPLE: prescreening for voluntary admittance to MHI, OBRA.*

44 REHABILITATIVE TREATMENT

4-4-363 DAY TREATMENT: individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities designed to increase the consumer's ability to function independently or facilitate transition from a residential placement. *Use for the county portion of the nonfederal share of Medicaid payments for day treatment. Also use for any general county funding for this service.*

4-4-396 COMMUNITY SUPPORT PROGRAMS: Comprehensive program to meet individual treatment and support needs of consumers which enable consumers with a chronic mental illness, mental retardation, or a developmental disability to live and work in a community setting. *Use for supported community living services (before May 1, 1997, known as community support programs) as provided by the mental health center.*

4-4-397 PSYCHIATRIC REHABILITATION: Individualized services designed to increase the consumer's ability to function independently to prevent or reduce the need for services in a hospital or residential setting, and to promote consumers' recovering the ability to perform a valued role in society.

4-4-399 OTHER: Any such treatment not captured in above categories.

FUNCTION CODE 5: VOCATIONAL AND DAY SERVICES are activities designed to maintain or develop the person's ability to function in a job or pursue meaningful activity during the work day. The service includes activities which promote the development of skills, attitudes, and personal attributes which contribute to the person's independence and employment potential.

AVAILABLE CODES:

5-0-360 SHELTERED WORKSHOP SERVICES: Services provided by a facility carrying out a recognized program of rehabilitation, habilitation, or education for persons with disabilities, designed to lead to competitive employment or provision of long-term, remunerative employment. *Note: All traditional workshop services should be coded here.*

5-0-362 WORK ACTIVITY SERVICES: Services for those persons whose impairment severely reduces their productive capacity and which are designed to enable them to move to their appropriate training programs or employment. *Note: All traditional work activity services should be coded here.*

- 5-0-364 **JOB PLACEMENT SERVICES:** Intended to assist persons to choose, obtain, and retain employment in the community or in their own businesses. Services are provided in a setting established for use by the general public. *Include selective placement services here.*

- 5-0-367 **ADULT DAY CARE:** Structured activities provided in a setting specifically designed to serve persons with disabilities.

- 5-0-368 **SUPPORTED EMPLOYMENT SERVICES:** Paid, competitive employment for people with disabilities and a demonstrated inability to gain and maintain traditional employment. Support provided to a person in a competitive job is on a one-to-one basis. Supported employment occurs in a variety of normal, integrated business environments. Includes jobs paid minimum wage or better, support provided to obtain and maintain jobs, and promotion of career development and workplace diversity.

- 5-0-369 **ENCLAVE:** Support provided to consumers based at one competitive job site where two or more consumers are receiving support services simultaneously. The support staff maintains continuous presence on the job site.

- 5-0-399 **OTHER:** All other vocational and day services not captured in above, e.g. club houses, drop-in centers, social support center, other recreational centers, retirement programs.

FUNCTION CODE 6: LICENSED / CERTIFIED LIVING ARRANGEMENTS are programs licensed, certified, accredited or approved by the Department of Inspections and Appeals or the Department of Human Services. For unlicensed group living situations, the "Other" category can be coded using the appropriate bed size. The appropriate bed-size category should generally be determined using the license capacity.

AVAILABLE CODES:

63 COMMUNITY BASED SETTINGS: 1-5 BEDS

- 6-3-310 **COMMUNITY SUPERVISED APARTMENT LIVING ARRANGEMENT:** CSALA, 1-5 beds. *(As of May 1, 1997, CSALA programs are accredited as supported community living providers.)*

- 6-3-314 **RESIDENTIAL CARE FACILITY:** RCF license, 1-5 beds

- 6-3-315 **RESIDENTIAL CARE FACILITY FOR THE MENTALLY RETARDED:** RCF/MR license, 1-5 beds

- 6-3-316 **RESIDENTIAL CARE FACILITY FOR THE MENTALLY ILL:** RCF/PMI license, 1-5 beds

- 6-3-317 **NURSING FACILITY:** ICF, SNF or ICF/PMI license; 1-5 beds

- 6-3-318 **INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED:** ICF/MR license, 1-5 beds

- 6-3-329 SUPPORTED COMMUNITY LIVING: Those consumers living alone or with other consumers in a house or apartment receiving services and supports determined necessary to enable consumers to live and work in a community setting. *Include supported community living services covered under Home- and Community-Based Waivers and RCFs and CSALAs converted to SCL.*
- 6-3-399 OTHER 1-5 BEDS: Any setting not identified above. Examples include detox unit, half-way house, transitional living.

64 COMMUNITY BASED SETTING: 6-15 BEDS

- 6-4-310 COMMUNITY SUPERVISED APARTMENT LIVING ARRANGEMENT: (CSALA) 6-15 beds *(As of May 1, 1997, CSALA programs are accredited as supported community living providers.)*
- 6-4-314 RESIDENTIAL CARE FACILITY: RCF license, 6-15 beds
- 6-4-315 RESIDENTIAL CARE FACILITY FOR THE MENTALLY RETARDED: RCF/MR license, 6-15 beds
- 6-4-316 RESIDENTIAL CARE FACILITY FOR THE MENTALLY ILL: RCF/PMI license, 6-15 beds
- 6-4-317 NURSING FACILITY: ICF, SNF, or ICF/PMI license; 6-15 beds
- 6-4-318 INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED: ICF/MR license, 6-15 beds
- 6-4-399 OTHER 6-15 BEDS: Any setting not identified above.

65 COMMUNITY BASED SETTINGS: 16 BEDS AND OVER

- 6-5-310 COMMUNITY SUPERVISED APARTMENT LIVING ARRANGEMENT: CSALA, 16 or more beds. *(As of May 1, 1997, CSALA programs are accredited as supported community living providers.)*
- 6-5-314 RESIDENTIAL CARE FACILITY: RCF license, 16 or more beds
- 6-5-315 RESIDENTIAL CARE FACILITY FOR THE MENTALLY RETARDED: RCF/MR license, 16 or more beds
- 6-5-316 RESIDENTIAL CARE FACILITY FOR THE MENTALLY ILL: RCF/PMI license, 16 or more beds
- 6-5-317 NURSING FACILITY: ICF, SNF or ICF/PMI license; 16 or more beds
- 6-5-318 INTERMEDIATE CARE FACILITY FOR THE MENTALLY RETARDED: ICF/MR license, 16 or more beds
- 6-5-399 OTHER 16 BEDS AND OVER: Any setting not identified above.

70 INSTITUTIONAL, HOSPITAL, AND COMMITMENT SERVICES are services provided at state mental health institutes or state hospital schools, in hospital settings, or to people undergoing a court commitment process.

71 STATE MENTAL HEALTH INSTITUTES

7-1-319 INPATIENT / STATE MENTAL HEALTH INSTITUTES: Per diem charges at the Cherokee, Clarinda, Independence, and Mount Pleasant Mental Health Institutes.

7-1-399 OTHER: Charges for services other than per diem. (Includes Oakdale evaluations.)

72 STATE HOSPITAL SCHOOLS

7-2-319 INPATIENT / STATE HOSPITAL SCHOOLS: Per diem charges at Glenwood and Woodward State Hospital Schools.

7-2-399 OTHER: Charges for services other than per diem.

73 OTHER PUBLIC / PRIVATE HOSPITALS

7-3-319 INPATIENT / COMMUNITY HOSPITAL: inpatient expenses incurred at community-based hospitals, either private or public.

7-3-399 OTHER: Expenses for services other than inpatient services provided by the public or private hospital should be coded here.

74 COMMITMENTS

7-4-300 DIAGNOSTIC EVALUATIONS RELATED TO COMMITMENT: Used when an evaluation is performed related to a commitment under Iowa Code Chapter 229.

7-4-393 LEGAL REPRESENTATION: Used when legal services are provided related to a commitment under Iowa Code Chapter 229.

7-4-353 SHERIFF TRANSPORTATION: Used when transportation is provided related to a commitment under Iowa Code Chapter 229.

7-4-395 MENTAL HEALTH ADVOCATES: Used when individual or systems advocacy is provided by a mental health advocate. Note: Include costs for the mental health advocate salary, per diem, travel expenses, supplies, etc.