

Bulletin ID: No. 63 - Department of Mental Health Quarterly Event Screen Update: Supportive Employment Reporting

In an effort to better track our ability to meet the needs of consumers who want outside employment as part of their personal recovery, the Department of Mental Health (DMH) has set up a more robust reporting requirement. The goal is to ensure that every consumer is offered the opportunity for supportive employment. Effective May 1, 2010, all providers must collect certain referral and outcome information regarding supportive employment services in order to complete the 90-Day authorization process.

To facilitate input of this information, DMH has created a distinct section on supportive employment in the Quarterly Event Screen. A new question was added “Has the consumer been offered supportive employment services” with a drop down menu of follow up responses. If the answer is “No,” an explanation must be provided. In addition, new choices were added to the menu under the question “Has the consumer received supportive employment services in the last 90 days”. Please keep in mind that if these questions are not answered, you will be unable to complete the authorization process.

Examples of the drop down menus are below. If you have questions or need assistance, please contact your Provider Relations Specialist.

Quarterly Performance Data Event

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Quarterly Performance Data Event

Employment Status

Has the consumer been employed in the last 90 days?

If Yes, indicate first date:

If Yes, indicate Employment Program:

If No, then indicate the reason:

Has the consumer received Supported Housing services in the last 90 days?

If Yes, indicate first date:

If Yes, indicate Housing Program:

Has the consumer received Supported Housing services in the last 90 days?

If Yes, indicate first date:

If Yes, indicate Housing Program:

Please indicate the consumer's status in the following categories for the last 90 days:

Living Arrangement

If Living Arrangement is Residential please make a selection:

If Living Arrangement is Independent please make a selection:

If Living Arrangement is Homeless please make a selection:

If Living Arrangement is Institutional please make a selection:

Contact with criminal or juvenile justice system in the last 90 days?

Referred BY

If detained, please select type of Correctional facility:

Legal Status at Entry to System

If discharged, please indicate Legal Status at Exit from System

Medication Status (Please refer to operational definition for list)