

OMHSAS Home and Community Services Information System (HCSIS):
Required Data for Inclusion of CHIPP Participants

HCSIS Individual Clearance Screen

HCSIS Field Name	Description of Required Data
Last Name	Enter the last name of the CHIPP participant.
Middle Initial	Enter the middle initial of the CHIPP participant's name. Leave the field blank if unknown.
First Name	Enter the first name of the CHIPP participant. Use the person's proper name (not a nickname or initials).
Date of Birth	Enter the CHIPP participant's date of birth, in a format of MM/DD/YYYY (for example, 01/21/1962).
Gender	Select from the drop-down menu the CHIPP participant's gender as either: <ul style="list-style-type: none"> • Male • Female
Citizenship	Select from the drop-down menu the CHIPP participant's citizenship as one of the following only: <ul style="list-style-type: none"> • US Citizen • Permanent Alien • Temporary Alien • Refugee • Illegal Alien
Ethnicity	Select from the drop-down menu the CHIPP participant's ethnicity as either: <ul style="list-style-type: none"> • Hispanic • Non-Hispanic
Race	Select from the drop-down menu the CHIPP participant's primary race as one of the following only: <ul style="list-style-type: none"> • Black or African American • American Indian or Alaskan Native • Asian • White • Other • Native Hawaiian or Pacific Islander
Social Security Number	Enter the Social Security Number of the CHIPP participant. This is a 9-digit numeric field. Do not enter hyphens or spaces.

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HCSIS Alternate Identifier Screen

HCSIS Field Name	Description of Required Data
Alt Identifier Type	Select the following Alternate Identifier Type of identification number from the drop down: MA #.
MA Identifier #	Enter the CHIPP participant's Medical Assistance (MA) recipient number. This is a 9-digit numeric field. Once in HCSIS, this number should match the CHIPP participant's MCI #. Do not enter spaces or hyphens.
Identifier Effective Date	Enter the effective begin date that the MA Identifier # information became valid. Use the format MM/DD/YYYY (e.g., 07/07/2007). If the MA effective date is unknown at the time, enter 01/01/1900 as the default date.

HCSIS Primary Demographics Screen

HCSIS Field Name	Description of Required Data
Living Situation	<p>Select from the drop-down menu the one value that best describes the CHIPP participant's current living situation:</p> <ul style="list-style-type: none"> • Community Residential Rehabilitation Services (CRRS) - A transitional residential program in a community setting for adults with a psychiatric disability that provides housing, personal assistance and psychosocial rehabilitation. A CRRS is licensed under Chapter 5310 by the DHS Office of Mental Health and Substance Abuse Services (OMHSAS). • Correction/Detention Facility - A corrections facility where an individual is incarcerated for criminal charges or conviction. • D & A Residential Facility - A facility licensed by the Department of Health as a residential drug & alcohol treatment program. • Domiciliary Care - Private residences that provide services for no more than 3 persons; individuals and/or couples age 19 years or older. Domiciliary Care Homes are certified by the Department of Aging. • Friend's Home (Defined as a home, apartment, condominium, townhouse, house, trailer, etc. which is not subject to licensing that is owned, leased or rented by an individual who is known to the CHIPP participant). • Group Home - Other congregate living situation not licensed by the Department of Human Services, where unrelated adults reside in a residence not owned/leased by a resident. • Homeless (Defined as currently without a permanent living address). • LTSR – A highly structured therapeutic residential mental health treatment facility for adults licensed under Chapter 5320 by the DHS OMHSAS. • Nursing Home/Nursing Facility – A long term nursing facility that provides skilled and/or intermediate care and is licensed by the Department of Health.

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HCSIS Field Name	Description of Required Data
Living Situation (continued)	<ul style="list-style-type: none"> • Other – A residence not otherwise identified in this list of residential settings. • Other Independent Living (Defined as living independently other than in one's own residence or the residence of a family member or friend) • Own Residence (Defined as a home, apartment, condominium, townhouse, house, trailer, etc. that is owned, leased or rented by the individual receiving services - is not subject to licensing). • Personal Care Home (PCH) - Any premises where four or more unrelated adults who do not require nursing care reside and receive food, shelter and personal care, financial management or supervision for periods exceeding 24 continuous hours. Licensed by DHS under Chapter 2600. • Personal Care Home Specialized/Enhanced - A PCH licensed by DHS under Chapter 2600 but having additional specialized mental health services provided on site. • RTFA - A mental health residential treatment facility for adults who do not need hospitalization but require 24 hour supervision. • Relative's Home (Defined as living in the home of biological or adoptive relative, regardless of the individual's age. Relatives may include grandparents, aunts/ uncles, etc.) • State Mental Health Hospital – A psychiatric inpatient facility operated by DHS OMHSAS. • Supported Living (MH) - A mental health program which provides affordable housing, direct support services and training on such living skills as: cooking, apartment upkeep, personal hygiene, money and time management, transportation, use of community services and vocational assistance. • Temporary Shelter (Defined as living in a shelter on temporary basis while seeking more permanent housing).
County of Residence	Select the name of the county from the drop-down list in which the CHIPP participant physically resides/receives residential services.

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HCSIS Individual Address Screen

HCSIS Field Name	Description of Required Data
Address Line 1	Enter the first line of the CHIPP participant's street address.
Address Line 2	Enter the second line of the CHIPP participant's address, if applicable.
Address Line 3	Enter any additional address information not included in the first two lines of the address, if applicable.
City	Enter the name of the city/town where the CHIPP participant resides.
State	Select "Pennsylvania" from the drop down box to indicate the state in which the CHIPP participant's address/city is located. If it is a state other than Pennsylvania, data enter the name of the state (e.g., Maryland).
Zip	Enter the zip code for the location of the CHIPP participant's address.
Address Type	Select an address type from the drop down box. (Residential, Mailing or Residential/Mailing) If this address is both the residential and mailing address, select the Residential/Mailing option. If this address is the residential address only, select the Residential option. If the CHIPP participant's mail is sent to a place other than their residential address, enter the mailing address using the Mailing option.
Address Effective Begin Date	Enter the effective begin date that the current address became valid. Use the format MM/DD/YYYY (e.g., 04/24/2007). If the address effective date is unknown, enter 01/01/1900 as the default date, and correct the Address Effective Begin Date at the earliest convenience.

HCSIS CHIPP Consumer Information Screen

HCSIS Field Name	Description of Required Data						
CHIPP Indicator	<p>Select from the drop-down menu the one status that best identifies the CHIPP participant:</p> <ul style="list-style-type: none"> • Original – A person with Serious Mental Illness (SMI) who has been in a state mental hospital for two (2) years or more (or person with complex needs who has had multiple state hospitalizations and who has not been able to be successfully maintained in a community placement) who is discharged directly to CHIPP-funded, community treatment and support services during Year One of a CHIPP funded initiative. An Original CHIPP participant is entered into HCSIS upon discharge from the state hospital and will be tracked indefinitely. Counties will be required to report changes within HCSIS. Should an original CHIPP participant become inactive during the 2 years following discharge from the state hospital, an “Alternate” CHIPP must be named. • Inactive – A previously identified CHIPP participant who is no longer receiving CHIPP funded services. This may include the following: a person recovers ability to function without enhanced supports and chooses to “graduate” from CHIPP services; a person chooses to move to another state and is referred to services there; a person actively refuses to accept CHIPP funded services and chooses to terminate contact for at least 6 months; a person abruptly chooses to terminate contact and his/her whereabouts is unknown. If this field is selected the “Reason for Inactive” field must also be completed. • Alternate - A person who enters the program when a vacancy occurs as the result of a change in status for an “Original” CHIPP participant (i.e., CHIPP participant becomes “Inactive” within 2 years following his/her discharge from the state hospital). The new CHIPP individual is identified by the County. <p>NOTE: If the selected CHIPP Indicator is “Original” or “Alternate”, the following fields become mandatory:</p> <ul style="list-style-type: none"> * CHIPP Funded County * CHIPP Original County * Original Fiscal Year * Hospital Name. <p>NOTE: If the selected CHIPP Indicator is “Inactive”, the following fields become mandatory:</p> <table border="0" style="width: 100%;"> <tr> <td>* Reason for Inactive</td> <td>* Effective Inactive Date</td> </tr> <tr> <td>* CHIPP Funded County</td> <td>* CHIPP Original County</td> </tr> <tr> <td>* Original Fiscal Year</td> <td>* Hospital Name</td> </tr> </table>	* Reason for Inactive	* Effective Inactive Date	* CHIPP Funded County	* CHIPP Original County	* Original Fiscal Year	* Hospital Name
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* Original Fiscal Year	* Hospital Name						

HCSIS CHIPP Consumer Information Screen (continued)

HCSIS Field Name	Description of Required Data
Reason for Inactive	<p>Select from the drop-down menu the one reason to indicate why the CHIPP participant's status is "Inactive". This field is required if the CHIPP indicator is "Inactive":</p> <ul style="list-style-type: none"> • Deceased - An Original or Alternate CHIPP participant who is deceased. • State Hospital - An Original or Alternate CHIPP participant, who is admitted or readmitted to a state mental hospital, and has remain hospitalized or is expected to remain hospitalized for 6 months or more, and is no longer receiving county-funded mental health services. • LT Nursing Home - An Original or Alternate CHIPP participant who is admitted to a skilled nursing facility/nursing home and is not expected to return to his/her previous CHIPP funded services and is no longer receiving county-funded mental health services. • Incarceration - An Original or Alternate CHIPP participant who enters jail or prison and is expected to remain incarcerated for 6 months or more and is no longer receiving county-funded mental health services. • Out of Area - An Original or Alternate CHIPP participant who chooses to move to another state and is referred to services there. • Refused Services - An Original or Alternate CHIPP participant who actively refuses to accept CHIPP funded services and chooses to terminate contact for at least 6 months, or a person who abruptly chooses to terminate contact and his/her whereabouts is unknown. • Other - An Original or Alternate CHIPP participant who is no longer receiving CHIPP funded services and is not known to be in any of the above categories.
Effective Inactive Date	<p>If the CHIPP participant's status within the CHIPP Indicator field is "Inactive", enter the date the individual effectively became inactive as a CHIPP participant. Use the format of MM/DD/YYYY (for example, 06/04/2007).</p>
Cause of Death	<p>If the CHIPP participant's status within the CHIPP indicator field is "Inactive", and the reason for inactive is "Deceased", select from the drop-down menu the one option that best describes the cause of death:</p> <ul style="list-style-type: none"> • Accident • Natural Causes • Other • Suicide
Date of Death	<p>If the CHIPP participant's status within the CHIPP indicator field is "Inactive" and the reason for inactive is "Deceased", enter the date of death of the individual. Use the format of MM/DD/YYYY (for example, 06/04/2007). For CHIPP participants who became inactive due to death, the Effective Inactive Date and the Date of Death will be identical.</p>

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HCSIS Field Name	Description of Required Data
Comments	Enter any comments relative to the CHIPP participant's status (e.g., use the comments section to provide a brief explanation of circumstances to explain the selection of "Other" as the reason why the CHIPP participant is on inactive status).
CHIPP Funded County	Select from the drop-down menu the name of the County currently responsible for the CHIPP services.
CHIPP Original County	Select from the drop-down menu the name of the County originally responsible for the CHIPP services. In most cases this field will be identical to the CHIPP Funded County.
Original FY	Select from the drop-down menu the original state Fiscal Year (FY) of the recipient's initial CHIPP-funded discharge. If the person had been discharged as a CHIPP in a previous year, then readmitted to a state mental hospital and discharged again, enter only the earliest FY the participant was CHIPP-funded.
Hospital Name	Select from the drop-down menu the name of the state mental hospital from which the CHIPP participant was originally discharged as a CHIPP participant. If the CHIPP participant was discharged from the state mental hospital as part of a special OMHSAS initiative (e.g., Mayview State Hospital Closure), select that option from the drop-down menu. If the CHIPP participant was not directly discharged from a state mental hospital (diversion), select "No Hospital".
Admission Date	Enter the date that the CHIPP participant was admitted to the State Hospital. Use the format MM/DD/YYYY (e.g., 08/30/2003). If the CHIPP participant was not directly discharged from a state mental hospital (e.g., was a hospital diversion), leave field blank.
Discharge Date	Enter the date that the CHIPP participant was discharged from the State Hospital. Use the format MM/DD/YYYY (e.g., 09/16/2006). If the CHIPP participant was not directly discharged from a state mental hospital (e.g., was a hospital diversion), leave the field blank.
Primary Provider	Enter the name of the mental health provider that provides the primary, formal support service for the CHIPP participant. If the person lives in a licensed mental health residential program (e.g., Community Residential Rehabilitation Services) the legal entity name of the provider that operates the residential program should be data entered (e.g., Southwestern Mental Health Services). If the person lives independently or with family, the primary provider would be the name of the local Base Service Unit or Case Management Unit.