

Global Waiver Change: 09-01-CII

**Rhode Island Global Consumer Choice Compact Waiver
Project Number 11W-0024242/1**

Category II Change

Date of Request:	June 8, 2009
Proposed Implementation Date: <i>(45 day notice required)</i>	July 22, 2009

Fiscal Impact

	FFY 2009	FFY 2010
State:	\$45,100	\$180,400
Federal:	\$79,900	\$319,600

Description of Change:

Attachment A

Payment Methodology:

Attachment B

Assurances:

Attachment C

Standard Funding Questions:

Attachment D

Methodology to Develop Fees in the Community Mental Health Medicaid Program.

Attachment E

Attachment A: Description of Change

This change adds a new service: Behavioral Health Acute Stabilization Unit (BHAS Unit) to the Rhode Island Medicaid Program. This service falls under the definition of “Rehabilitative Services” found in Section 1905(a)(13) of the Social Security Act.

Service Description:

The BHAS Unit is a hospital diversion and step down unit for Rhode Island residents 18 years of age or older who are experiencing a psychiatric and/or substance abuse related crisis.

Licensure:

The BHAS Unit will be licensed as a residential program under RI Rules and Regulations for Licensing of Behavioral Health Organizations. The BHAS Unit will be under the jurisdiction of the State’s mental health authority, the RI Department of Mental Health, Retardation and Hospitals (RI-DMHRH).

The BHAS Unit is not an Institution for Mental Disease (IMD). The BHAS Unit must have access to a minimum of ten (10) beds located in one facility. The maximum capacity that can be located in one facility is sixteen (16) beds.

The BHAS Unit will be located wherever the provider agency can secure appropriate, cost-effective space that meets all of the requirements of the Rules and Regulations for the Licensing of Behavioral Healthcare Organizations as well as any and all other State requirements with regard to fire and life safety. The only restriction on space would be that the BHAS Unit may not be located in a building controlled by the RI Department of Corrections nor on the site of the State Hospital.

There are no restrictions against one owner or one governing body controlling multiple Units. Medicaid Federal financial participation (FFP) would be contingent upon ownership/governance that does not trigger IMD status.

Who can Access Service:

Individuals Eligible for Medicaid can access this service if they meet the following criteria:

- A. Individuals must be 18 years of age or older and a resident of Rhode Island.
- B. Individuals must have the capacity to safely stay in an unlocked facility.
- C. Individuals must voluntarily agree to be admitted into the unit.
- D. Individuals must be medically stable and receive medical clearance for the transfer by both the referring facility and the BHAS Unit when referred by an emergency room or if being stepped down from an inpatient facility. Disputes regarding medical clearance must be resolved at the physician level.

- E. Referrals will only be accepted through an emergency room, an inpatient facility, or from a MHRH licensed Behavioral Health Organization.

Qualified Providers

The staff of the BHAS Unit work cooperatively to provide all of the services of the unit, each operating to the extent of their capacity under RI State law.

The BHAS Unit may be operated by a single Community Mental Health Organization (CMHO) or as a joint venture, which may include a hospital, provided that overall program governance, oversight, and day-to-day management and control is the responsibility of a single CMHO.

The program must be staffed 24 hours a day/7 days a week. This includes on-site coverage at all times by nurses, counselors, and care managers, as well as access to a psychiatrist available to respond within 30 minutes.

The program is also to have on-site scheduled psychiatry time as required by the client mix at any given time.

Clinical supervisors of residential staff shall have, at a minimum:

Bachelor's Degree in a relevant human service field and have a minimum of three (3) years full time experience providing behavioral health services to the population served; or

the following qualifications with education, license, and experience relevant to the service they are supervising:

Licensed Independent Practitioner; or

Licensed Chemical Dependency Clinical Supervisor; or

Licensed Chemical Dependency Professional who has completed a Department approved course in clinical supervision; or

Clinician with relevant Master's Degree and license and, at least, two (2) years full time experience providing relevant behavioral health services; or

Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or, at least, two (2) years full time experience providing relevant behavioral health services.

Each professionally licensed staff person employed by an organization shall have a current license to practice in Rhode Island.

All staff providing direct services who are not licensed independent practitioners shall receive clinical supervision on an ongoing basis.

The following section of the Rhode Island Medicaid Manual describes qualifications for staff providing services at the ASU

Services provided by any of the following clinicians possessing a current license issued by the Rhode Island Department of Health are reimbursable:

- a. Physician
- b. Psychologist
- c. Registered Nurse/Psychiatric Nurse
- d. Licensed Clinical Social Worker (LCSW) or a Licensed Independent Clinical Social Worker (LICSW)

Clinicians who have not received the LCSW or LICSW accreditation but who hold a Master's Degree in clinical social work from a program that is accredited by the Council on Social Work Education and who are working towards achieving their LCSW/LICSW accreditation and are employed by a provider eligible under the Mental Health/Medicaid program will be reimbursable for a period not to exceed one year from the date on which they are hired. In rare instances, the State mental health authority (DBH) may extend the one-year period upon receipt of written materials adequately documenting the reason for the request for an extension.

In order to ensure that adequate and appropriate care is provided to clients during that period, each employee qualifying under this exception must be supervised by a qualified professional staff member meeting the requirements for his or her profession as set forth in the Rules and Regulations for Behavioral Health Organizations (RR-BHO). This supervision must conform to the guidelines set forth Section 8 of the RR-BHO.

Agencies must provide DBH with the names and hire dates of all clinicians that qualify under this exception process and must further notify the Project Officer at the time that the LCSW/LICSW designation is received. It is the responsibility of the agency to ensure that it only bills for eligible clinicians.

- e. Psychiatric and Mental Health Nurse Clinical Specialist With Prescription Privileges;

A Psychiatric and Mental Health Nurse Clinical Specialist with Prescription Privileges shall have a Masters degree in nursing; a current R.I. license as a registered nurse; and certification as a "Psychiatric and Clinical Nurse Specialist" by the American Nurses Credentialing Center.

Additionally, this individual must have current prescriptive privileges granted under the governance and supervision of the Rhode Island Department of Health, Division of Professional Regulation, Board of Nurse Registration and Nursing Education and operate in collaboration with a physician.

- f. Mental Health Counselor
- g. Marriage and Family Therapist;

Services provided by any of the following clinicians as certified by the Rhode Certification Board for Chemical Dependency Professionals and licensed by the State of Rhode Island, Department of Mental Health, Retardation and Hospitals are reimbursable:

- a. Licensed Chemical Dependency Professional
- b. Licensed Chemical Dependency Supervisor

Services provided by any of the following clinicians as certified by the State of Rhode Island, Department of Mental Health, Retardation and Hospitals are reimbursable:

- a. Principal Counselor

A Principal Counselor shall have at least a Master's degree from an accredited program* in counseling or clinical psychology and the equivalent of two years of full-time supervised clinical experience in a mental health setting and be certified by DBH. Standards for certification are available from DBH.

- b. Counselor

A Counselor shall have at least a Master's degree from an accredited program* in counseling or clinical psychology and the equivalent of one year of full-time supervised clinical experience in a mental health setting and be certified by DBH. Standards for certification are available from DBH.

A Counselor must be supervised until the equivalent of a total of two years of experience is earned. This supervision must be provided by a qualified professional staff member meeting the requirements for his or her profession as set forth in the RR-BHO. This supervision must conform to the guidelines set forth Section 8 of the RR-BHO.

** An "accredited program" must be accredited by the New England Association of Schools and Colleges, or an equivalent regional accrediting agency, and must have the approval of a recognized national or regional certifying authority. Examples of acceptable programs are the Master's in Rehabilitation Counseling offered by Rhode Island College (RIC), Boston University (BU) and Assumption, the Master's in Agency Counseling offered by RIC, and the Master's in Marriage and Family Therapy offered by the University of RI (URI).*

- c. Care Manager: a care manager can be a direct service staff member that is consistent with section 39.25 of the Rhode Island Rules and Regulations for the Licensing of Behavioral Healthcare Organizations.

39.25 Direct service staff in residential programs shall have, at a minimum, the following qualifications relevant to the service they are providing: at least, a license as a Registered Nurse or an Associate's Degree in a human service field or a combination of education and prior work or life experience that the organization determines is comparable.

9.10 Unless specified otherwise in these regulations, staff providing clinical supervision shall have, at a minimum, the following qualifications with education, license, and experience relevant to the service they are supervising:

9.10.1 Licensed Independent Practitioner

--- or ---

9.10.2 Licensed Chemical Dependency Clinical Supervisor

--- or ---

9.10.3 Licensed Chemical Dependency Professional who has completed a Department approved course in clinical supervision

--- or ---

9.10.4 Clinician with relevant Master's Degree and license and, at least, two (2) years full time experience providing relevant behavioral health services.

--- or ---

9.10.5 Registered nurse with ANCC certification as a Psychiatric and Mental Health Nurse or, at least, two (2) years full time experience providing relevant behavioral health services.

Services:

The BHAS Unit will provide on-going assessment and observation; crisis intervention; and psychiatric, substance and co-occurring treatment.

All services provided in the BHAS Unit must be based on the referral of a physician or other licensed practitioner of the healing arts operating within the scope of their practice under State law.

An initial emergency psychiatric assessment is conducted by the Emergency Room or Community Mental Health Organization referring the client to the BHAS Unit. This assessment forms the basis for a determination of whether the client is appropriate for the BHAS Unit or requires psychiatric hospitalization.

Upon their arrival at the Unit, a Licensed Practitioner of the Healing Arts will conduct triage assessment, taking into consideration and building on the findings of the emergency assessment. The goal of the triage assessment is to ensure the provision of an appropriate immediate short-term service array.

Finally, there is an additional requirement for a more lengthy psychiatric assessment to be completed by a Licensed Practitioner of the Healing Arts within 24-hours of admission. This assessment will take into consideration any findings of all previous assessments and lead to the development of a treatment plan in cooperation with the individual and treatment team.

If the admission occurs during a 'slow' time, the more lengthy psychiatric assessment may be substituted for the triage assessment. It is important to note that initial treatment plan must also include a discharge plan aimed at minimizing the client's stay at the BHAS Unit within the constraints of adequate and appropriate patient care.

All services provided in the Unit are medical in nature. The BHAS Unit provides a basic constellation of services to clients who are appropriately being diverted from inpatient hospitalization.

Under RI State law, the requirement that the program have the capacity to facilitate "Inpatient psychiatric and medical admissions" indicates that the program must have:

- 1) A staff member meeting the requirements of the RI Mental Health Law with regard to involuntary commitment on site 24/7 to facilitate inpatient psychiatric admission from the Unit to an inpatient facility if required and;
- 2) A registered nurse on-site 24/7 to facilitate transfers for medical admissions.

24 Hour Crisis Services: All staff will be trained in risk assessment and crisis intervention services. Upon arrival to the program, individuals are to receive a face-to-face initial triage review by a licensed practitioner of the healing arts to assess acuity, risk status, and client level of need for the interim period prior to a full assessment and development of an initial treatment plan.

Hospital Step Down Services: The unit must offer step-down services for clients who do not require inpatient hospitalization or detox, but who require further stabilization before returning to the community. "Hospital step-down services" is meant to indicate that this service array should be also be available to clients who have already been hospitalized and could be discharged to the specialized BHAS Unit for a brief period for continued stabilization and eventual transfer to the community.

Care Management Services: Every client on the unit will have an identified care manager. The care manager is responsible for the coordination of care while the client is on the unit and also for insuring that the client has appropriate follow-up appointments upon discharge.

Psychiatry Services: The unit must have a psychiatrist available 24/7 to respond to medication orders and any medical concerns. The psychiatrist must also be scheduled to

be on-site at the program for psychiatric assessments and medication reviews as required by the specific client mix at any given time.

Medication Services: An RN is to be on-site 24/7 for the administration and monitoring or medication.

Inpatient Psychiatric and Medical Admissions: The unit will have a staff member meeting the requirements of the Rhode island Mental Health Law on site 24/7 to facilitate inpatient psychiatric admission from the unit site to an inpatient facility if required. The unit will also have an RN on-site 24/7 to facilitate transfers for medical admissions.

Evidence Based Co-occurring Treatment Services: Services will be offered that are evidenced based for individuals with co-occurring treatment needs. Interventions to treat both disorders are to be listed in the treatment plan and implemented by staff with knowledge, skills, and qualifications to provide both mental health and substance abuse services.

Group and Individual Counseling: All individuals have access to participate in group and/or individual counseling as indicated by their treatment needs and treatment plan.

Discharge Planning: All individuals will have a discharge plan, which shall be started within 24-hours after admission.

- A. Follow-up appointments are not to exceed 48 hours for the first appointment and 14 days for a follow-up medication appointment.
- B. Individuals are not to simply be given phone numbers to contact as follow- up.
- C. Individuals referred to homeless shelters will have scheduled follow up appointments with providers and will also make attempts to have releases signed so that coordination of care between the unit and the homeless shelter can occur.
- D. Transportation issues are to be resolved and documented in the individual's record describing how the individual will attend the first appointment. (i.e. family member, self, public transit, staff to transport etc).
- E. All discharge plans will be documented and approved by a licensed practitioner of the healing arts.

Family Psycho education and Supportive Services: Services are available to family members to be involved in treatment planning and discharge meetings. Education, information, and support is to be provided to family members. Psycho-education is a SAMHSA-recognized evidence-based practice. Under the aegis of the BHAS Unit, all family psycho-education programs must, at a minimum, meet the following criteria:
a) The person served, together with his or her family, shall be involved throughout the FPE process.

b) Families, with the informed consent of the person served, shall be involved as members of the treatment team on a long-term basis;

Family Psycho education and Supportive Services (cont.)

c) The family's expectations of the treatment program and their hopes for their family member shall be explored;

d) Education about the illness of the person served and about general coping skills shall be provided to the person and his or her family;

e) Problem-solving exercises shall be conducted with the person served and his family.

All rehabilitative services under this area are family psycho-education are provided to, or directed exclusively towards, the Medicaid eligible individual.

Proposed Length of Stay: Length of stay will be individualized based on each individual's service needs. A typical stay for diversion programs of this nature is 3-7 days and exceeds 14 days only on rare occasions.

Attachment B: Payment Methodology

Reimbursement:

The BHAS Unit payment is a per diem fee structured to capture all of the staff costs associated with delivering the specialized, intensive services required of the unit once the client arrives on site.

The State Medicaid agency will have a contract with each entity receiving payment under provisions of services as defined in Section 3.1-A of the Medicaid State Plan that will require that the entity furnish to the Medicaid agency on an annual basis the following:

- data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the Unit rate and;
- cost information by practitioner type and by type of service actually delivered within the service unit.

Future rate updates will be based on information obtained from the providers.

BHAS Unit reimbursement can be claimed for the day of admission but not for the day of discharge.

Development of Fee:

Personnel and other administrative cost data from SFY 2008 was collected from all mental health providers, and an average was calculated. Please see Attachment E: *Methodology to Develop Fees in the Community Mental Health Medicaid Program* for additional information.

The 58% attributed to administration and operating costs is a RI DMHRH standard. It reflects actual costs for mental health providers. It is developed based on the Direct Care staff: line staff; prescribers; on-call physicians, and vacation coverage.

Unit managers, program managers, and nurse managers provide direct services to clients of the BHAS Unit.

The State determines the number of hours of direct care staff included in the fee derivation based on a similar model of care that has been available to non-Medicaid (uninsured) beneficiaries for several years.

While the BHAS Unit may admit clients with insurance other than Medicaid fee-for-service, the Medicaid program is required, under State law, to receive the “best price.”

Proposed Fee Derivation

10-Bed Acute Alternative/Step-Down Unit

Unit Line Staff	Shift	Hrs/wk	FTE		
RN	Day	32	0.8		
RN	Day	32	0.8		
RN	Evenings	32	0.8		
RN	Evenings	20	0.5		
RN	Nights	32	0.8		
RN	Nights	32	0.8		
RN	Floater	32	0.8		
	RN Total		5.3	\$358,187	
Counselor	Day	40	1		
Counselor	Day	40	1		
Counselor	Evenings	32	0.8		
Counselor	Nights	40	1		
	Counselor Total		3.8	\$203,260	
Care Manager	Day	36	0.9		
Care Manager	Day	36	0.9		
Care Manager	Evenings	20	0.5		
Care Manager	Evenings	36	0.9		
Care Manager	Nights	36	0.9		
	Care Manager Total		4.1	\$159,498	
				Total Line Staff	\$720,944

Unit Management Staff	Hours/Week	Rate		
Unit Manager (Flat Rate)			\$23,400	
Program Manager (\$30/hour)	10	30	\$15,600	
Nurse Manager	10	40	\$20,800	
			Total Management Staff	\$59,800

Prescribers	Hours/Week	Rate		
Multiple Contracted Licensed Providers	12	75	\$46,800	
			Total Prescriber	\$46,800

On Call	Rate

Rhode Island Global Consumer Choice Compact Waiver

Project Number 11W-0024242/1

Waiver Change- Category II: 09-01-CII

Administrator		Flat Rate			\$5,200
Physician		\$40		per night	\$14,600
				Prescriber Total	\$19,800.00
Line Staff Vacation Coverage	Hours/Week	Rate	Avg. Weeks		
RN	212		44	2.50	\$23,320
Counselor & Care Mgr.	316		25	2.00	\$15,800
				Vacation Coverage Total	\$39,120.00
				Total All Personnel	886,464.29
Admin and Operating	% of Direct Care Staff	Total DC Staff (line staff + prescribers + on-call physician + Vaca Coverage)			
DMHRH standard	58.20%	\$821,464			\$478,092
				Total Admin and Operating	478,092.22
				Total All Cost	1,364,556.51
Per Diem Cost of	10	beds at	95.0%	occupancy	\$393.53

Attachment C: Assurances

The State assures the following:

This change is consistent with the protections to health and welfare as appropriate to title XIX of the Social Security Act (the Act)

The addition of this service will decrease inpatient psychiatric hospitalizations and will increase access to appropriate services.

The change results in appropriate efficient and effective operation of the program.

Responses to funding questions are found in Attachment D.

This change would be permissible as a State Plan amendment and is otherwise consistent with sections 1902, 1903, 1905, and 1906, current Federal regulations, and CMS policy.

FFP is only for the rehabilitation services furnished in the BHAS Unit.

FFP does not cover the cost associated with room and board in the BHAS Unit.

The BHAS Unit is not an IMD.

The BHAS Unit is not functioning as an institution for the intention or incarceration or as alternative settings for public institutions for incarceration.

Attachment D: Standard Funding Questions

1. Section 1903(a)(I) provides that Federal matching funds are only available for expenditures made by States for services under the approved State plan. Do providers receive and retain the total Medicaid expenditures claimed by the State (includes normal per diem, supplemental, enhanced payments, other) or is any portion of the payments returned to the State, local governmental entity, or any other intermediary organization? If providers are required to return any portion of payments, please provide a full description of the repayment process. Include in your response a full description of the methodology for the return of any of the payments, a complete listing of providers that return a portion of their payments, the amount or percentage of payments that are returned and the disposition and use of the funds once they are returned to the State (i.e., general fund, medical services account, etc.)

Response: Providers receive and retain the total Medicaid expenditures claimed by the State. No portion of the payments is returned to the State, local governmental entity, or any other intermediary organization

2. Section 1902(a)(2) provides that the lack of adequate funds from local sources will not result in lowering the amount, duration, scope, or quality of care and services available under the plan. Please describe how the state share of each type of Medicaid payment (normal per diem, supplemental, enhanced, other) is funded. Please describe whether the state share is from appropriations from the legislature to the Medicaid agency, through intergovernmental transfer agreements (IGTs), certified public expenditures (CPEs), provider taxes, or any other mechanism used by the state to provide state share. Note that, if the appropriation were not to the Medicaid agency, the source of the state share would necessarily be derived through either through an IGT or CPE. In this case, please identify the agency to which the funds are appropriated. Please provide an estimate of total expenditure and State share amounts for each type of Medicaid payment. If any of the non-federal share is being provided using IGTs or CPEs, please fully describe the matching arrangement including when the state agency receives the transferred amounts from the local governmental entity transferring the funds. If CPEs are used, please describe the methodology used by the state to verify that the total expenditures being certified are eligible for Federal matching funds in accordance with 42 CFR 433.51(b). For any payment funded by CPEs or IGTs, please provide the following:
 - (i) a complete list of the names of entities transferring or certifying funds;
 - (ii) the operational nature of the entity (state, county, city, other);
 - (iii) the total amounts transferred or certified by each entity;

- (iv) clarify whether the certifying or transferring entity has general taxing authority: and,
- (v) whether the certifying or transferring entity received appropriations (identify level of appropriations)

Response: The State share of reimbursement for the BHAS unit comes directly from General Revenue appropriations to the State Medicaid agency.

3. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan. If supplemental or enhanced payments are made, please provide the total amount for each type of supplemental or enhanced payment made to each provider type.

Response: No supplemental or enhanced payments are made for BHAS unit services.

4. For clinic or outpatient hospital services please provide a detailed description of the methodology used by the state to estimate the upper payment limit (UPL) for each class of providers (State owned or operated, non-state government owned or operated, and privately owned or operated). Please provide a current (i.e., applicable to the current rate year) UPL demonstration.

Response: This Waiver Change does not address clinic or outpatient hospital services.

5. Does any governmental provider receive payments that in the aggregate (normal per diem, supplemental, enhanced, other) exceed their reasonable costs of providing services? If payments exceed the cost of services, do you recoup the excess and return the Federal share of the excess to CMS on the quarterly expenditure report?

Response: No governmental providers are eligible to provide this service.

Rhode Island Global Consumer Choice Compact Waiver
Project Number 11W-0024242/1
Waiver Change- Category II: 09-01-CII

ATTACHMENT E



Rhode Island Global Consumer Choice Compact Waiver

Project Number 11W-0024242/1

Waiver Change- Category II: 09-01-CII

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Mental Health, Retardation, and Hospitals

Division of Behavioral Healthcare

Research, Data Evaluation and Compliance

Barry Hall 3rd Floor

14 Harrington Road

Cranston, Rhode Island 02920-0380

(401) 462-1714; Fax (401) 462-0339

To: Elena Nicolella

DHS

From: Ronald W. Tremper

Administrator of Development and Special Projects

Date: February 17, 2009

Re: Requested Fee Information

The Community Mental Health Medicaid Program utilizes a set of cost-related fees as opposed to cost-based rates. The methodology was approved by HCFA at the inception of the program in 1987 and has not changed in concept since that time.

In general, the process is based on generating reliable estimates of the actual costs to the provider agencies for staff and administration and then feeding those costs into a fee model.

The costs for human resources are based on the MHSIP Staff Database, an annual data collection effort that provides data on salary, fringe, hours worked and a wide range of other personnel data such as degree, licenses, languages spoken, job function, etc. (A copy of the most recent file layout and definitions for this database is attached.) This database is used to determine a statewide average cost for the various disciplines covered under Medicaid, e.g. physician, nurse, social worker, etc.

The costs for administration and operating were initially gathered using a worksheet that was tied directly to line items in the provider contracts, thereby assuring uniformity in reporting. It has not, however, been updated since DMHRH revamped its contracting methodology meaning that current administrative/operating rates are thus figured on the historical % dating from 2002.

These rates take into account everything required to support the provision of a service in addition to the cost of the direct care worker including both direct, traceable costs such as

Rhode Island Global Consumer Choice Compact Waiver

Project Number 11W-0024242/1

Waiver Change- Category II: 09-01-CII

mileage, phone and computer and overall agency operations that need to be allocated such as central administration and management, medical records, planning, etc.

The results of both of these studies are aggregated into statewide averages for use in the fee setting process as follows.

Initially, 'available FTF time' is calculated for each class of employee. This begins with the assumption of a 35 hour work week and a standard 45 week year (i.e. 52 weeks less 10 holidays, 3 weeks vacation, and 2 weeks sick leave) for all employees. Then adjustments are made for time spent completing records, writing treatment plans, training, supervision, traveling, FTK, etc., which yields the annual FTF hours available per employee classification.

The cost of the employee is then incremented by the average admin/operating percentage and finally divided by the number of annual FTF hours to arrive at the approximate cost of each classification per 15-minute unit.

For individual clinical services (e.g. clinician's visits), that unit cost is used is checked w/DHS and surrounding states to see that it is in the range of normal reimbursement and set as the fee.

For services that are paid on a per diem (e.g. RIACT-1 and RIACT-2), the same basic employee costs are factored into an overall team cost which is then divided up into a per diem payment.

The one exception to this process is the statewide fee set for residential services which was initially tied to the actual costs of providing the direct care services required in a residential setting. These costs were pulled from line item contracts that each individual residence held with the State. While these contracts were phased out in the late 1990's, no major modifications to update the methodology have been undertaken to date.

Please feel free to contact me should you require further information.

Cc: Stenning, Williams, Dean

Division of Behavioral Healthcare

2008 Human Resource Data Manual

January 7, 2009

Table of Contents

Human Resource Data Dictionary -----	1
Human Resource Database Format -----	8
Human Resource Data Collection Form -----	11
HR Data Collection Form: Additional Definitions -----	12
Human Resource License/Certification Definitions -----	1

2008 HUMAN RESOURCE DATABASE

January 3, 2008

This document contains a description of all fields contained in the HUMAN RESOURCE database required by the State of Rhode Island, Division of Behavioral Healthcare (DBH). It is based on federal guidelines from SAMHSA as to the minimum data requirements State oversight agencies should collect on all service provider staff. Each agency must submit HR data for all staff annually to the office of Research, Data, and Compliance, DBH.

We recognize that each agency has its own internal data system(s). To obtain uniform data statewide on all staff at service providers, we require that each agency either extract the requisite data from your own system and convert the codes to the accepted statewide structure or use the Microsoft Access DBH HR data entry system to enter required data and export a completed HR file. The HR Data Entry System is available from DBH upon request.

The submitted data file should contain at least one complete record for each person that worked at your agency at any point in the past calendar year. It should contain **multiple records (one for each “episode” of employment)** for any employees who worked for your agency, separated, and were rehired all in the past year.

We still offer two options for the unique identifier (UID) field. One consists of the employee’s First Name, Last Name, and Maiden Name (for women only). The other unique identifier is SID (1,000,000,000 –SSN). Both UID options are still acceptable and providers can choose to report either or both. However, please note that any files/records **without** a unique id will **not** be accepted. Additionally, if your agency has decided to use a different UID for the 2008 database than was used in 2007, it is requested that you send both for this one year so that we can track staff employment over time.

The data should be submitted on diskette or through encrypted email as a **fixed-width** ASCII file. (Note: Most fields are greater in width than some of the valid codes in those fields. In such instances, the codes should be left-aligned in the field, with blanks to the right of the code. Do not add underscores or other filler characters to complete the field.) The fields must be in the order listed in this document, with the column headers (field names) removed prior to submission.

The name of the file should be in the format: hr(MM)(YY)(Organization ID). A full listing of allowable Organization IDs is provided in the OID field on the first page of the dictionary. So, for example, CODAC’s March 2009 submission of 2008 Human Resources data would be coded as: hr0308COD.

Any questions regarding the HR database or submissions of yearly diskettes/encrypted email files should be directed to Gail Meisner (462-6007 or gmeisner@mhrh.ri.gov) at DBH.

2008 HUMAN RESOURCES DATA DICTIONARY

1) **OID** (Organization ID). A 10-character field that contains your agency identifier.

Valid Codes	Description
ADC	ADCARE/SNE Treatment Center
ARI	Addiction Recovery Institute-Pawtucket, Woonsocket
CAR	Caritas, Inc- Pawtucket, Middletown, Woonsocket, Westerly, N. Kingstown, Richmond, Cranston
CBH	Center for Behavioral Health-Johnston, Westerly
CFS	Child & Family Services of Newport
CIS	Counseling and Intervention
COD	CODAC -Cranston, Providence, Newport, East Providence
CRA	Comprehensive Community Action
CTR	Center for Treatment & Recovery
DIS	Discovery House-Providence, Woonsocket, West Warwick
EBAY	East Bay CMHC
EMN	Eastman House Inc.-Cranston
FHR	Fellowship Health Resources
FMS	Family Services Inc.-Providence, N. Kingstown
FRW	Family Resources Inc.
GMF	Galilee Mission
GHI	Gateway Healthcare, Inc.
KENT	The Kent Center
KNT	Kent House, Inc.
MAP	MAP Alcohol & Drug Rehab
NAFI	North American Family Institute
NEWP	Newport County CMHC
NRI	NRI Community Services
PHX	Phoenix Treatment-Exeter, Pascoag, Westerly, Wakefield, Providence
PMT	Providence Metro Treatment
PRL	Project Link
PRO	Providence Community Action
PROV	The Providence Center
RWOOD	Riverwood Rehabilitation Services
SSHORE	South Shore CMHC
SST	SSTAR of RI-N. Kingstown, Cranston (SSTAR Birth)
TTC	Tri-Town SA

UNIQUE IDENTIFICATION: You must chose to report EITHER items 2 – 4 (FIRSTNAME, LASTNAME, MAIDENNAME) OR item 5 (SID) as the staff UID for your agency.

- 2) **FIRSTNAME** (First Name). A 20 character text field that contains the employee’s formal first name. Do not include nicknames or abbreviations. For example, an employee with a first name of Bob should be listed as Robert.
- 3) **LASTNAME** (Last Name). A 20 character text field that contains the employee’s last name.
- 4) **MAIDENNAME** (Maiden Name). A 20 character text field that contains the employee’s maiden name/last name given at birth. This field should be completed for all female employees only.
- 5) **SID** (Staff ID). A 9-digit field that contains a unique identifier. The SID is calculated by subtracting the employee’s social security number from one billion (1000000000 – SSN). For example, if an employee’s SSN is 029-45-1857, then his/her SID is 1000000000-029451857, or 970548143.
- 6) **RPTDATE** (Report date). A date field in the format YYYYMMDD that contains the “as of” or cut off date for which the current human resources file was extracted/prepared.
- 7) **DOB**. A date field in the format YYYYMMDD that contains the employee’s date of birth.
Note: Be sure to check that the date of birth entered here makes sense in comparison to EMPDATE (date of employment) and DISCPLN (discipline hired for). For example, if DISCPLN is ‘PSYCHIATRIST,’ and EMPDATE is sometime in 1996, then DOB could not be 1986.

- 8) **GENDER**. A 10-character field that contains the employee’s gender.

Valid Codes	Description
FEMALE	Female
MALE	Male
UNKNOWN	Unknown

- 9) **RACE/ETHNICITY FIELDS (6.1-6.6)**: 6 separate 10 character fields that contain an indication of whether or not the staff is of a particular race or ethnicity. *Note:* If an employee is more than one race, please indicate “YES” for all that apply.

Field Name	Description
-------------------	--------------------

- 9.1 AMERNAT** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 9.2 ASIAN** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 9.3 HAWPACIF** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 9.4 BLACK** A person having origins in any of the Black racial groups of Africa.
- 9.5 WHITE** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- 9.6 HISPANIC** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Valid Codes	Description
YES	Yes, employee is of particular race or ethnicity.
NO	No, employee is <u>not</u> of particular race or ethnicity
UNKNOWN	Unknown

10) EDUC (Education). A 10-character field that contains the employee’s current highest level of education attained.

Note: Be sure to check that the education code entered here makes sense in comparison to RILICA-C fields (current license/certifications) and DISCIPLN field (discipline hired for). For example, if the discipline hired for is “PSYCHIATRIST”, EDUC could not be “ASSOCIATE”.

Valid Codes	Description
NEVERATT	Never attended school
SPECIALED	Special education
PRESCHOOL	Preschool\Kindergarten
SOMEELEM	Some elementary school (grades 1-7)
COMPLELEM	Completed elementary school (grade 8)
SOMEHS	Some high school or vocational education
COMPLHS	High school diploma or GED
BEYONDHS	Some education beyond high school
ASSOCIATE	Associate degree
BACHELORS	Bachelor’s degree
MASTERS	Master’s degree
DOCTORATE	Doctorate (e.g., MD, PhD, ScD, JD, EdD, DO)
RN	RN diploma school
UNKNOWN	Unknown

11) EXPER (Experience). A 2-digit field indicating the number of years the employee worked in the behavioral healthcare field prior to his/her current date of employment with the agency.

Note: If experience is between 1 and 9 years, use leading 0's (e.g., 05 would indicate 5 years of experience).

Valid Codes	Description
00	No prior experience
01-98	Number of years of experience
99	Unknown

12) RILICA (First current license/certification). A 10-character field indicating what professional license the employee currently holds (see attached list of Licenses/Certifications for a description of each). Three fields (RILICA, RILICB, and RILICC) are available for the listing of up to three current licenses or certifications. List the primary license first. For example, a CISW, who is also a CDP & a Counselor, should be listed with 'CISW' in the RILICA field, and the other licenses/certifications in the following RILICB and RILICC fields.

Note: If an employee does not hold any licenses/certifications, enter 'NA' in this field and the next two fields (RILICB, RILICC). Also check that the license/certification codes entered here and in the next two fields make sense in comparison to the EDUC field (highest level of education) and the DISCIPLN field (discipline hired for).

Valid Codes	Description
NA	Not applicable
CAS	Certified Addiction Specialist
CCSS	Certified Community Support Specialist (formerly: Certified Case Manager)
CISWLICSW	CISW/LICSW
CIT	Counselor in Training Certification
COUNSELOR	Counselor
CPREVS	Certified Prevention Specialist
CSEP	Certified Supported Employment Professional
CSWLCSW	CSW/LCSW
DO	Doctor of Osteopathy
LCDPLCDS	LCDP/LCDS
LMFT	Licensed Marriage & Family Therapist
LPN	Licensed Practical Nurse
MD	MD
MHCOUNS	Mental Health Counselor
OTHER	Other
PA	Physicians Assistant
PRINCOUNS	Principal Counselor
PSYCHLGST	Psychologist
QMHP	Qualified Mental Health Professional
RN	Registered Nurse

RNCNS (APRN)	Psychiatric & Mental Health Nurse Clinical Specialist –
RNCNSP	Psychiatric & Mental Health Nurse Clinical Specialist with Prescription Privileges (PCNS)
RNP	Nurse Practitioner
TEACHER	Certified Teacher—Special Education Only

- 13) **RILICB** (Second current license/certification). A 10-character field indicating a second professional license the employee currently holds. Use this field if an employee has more than one current license/certification. If the employee has only one license/certification, enter ‘NA’ in this field.

Valid Codes	Description
See RILICA	

- 14) **RILICC** (Third current license/certification). A 10-character field indicating a third professional license the employee currently holds. Use this field if an employee has more than two current licenses/certifications. If the employee has only one or two licenses/certification, enter ‘NA’ in this field.

Valid Codes	Description
See RILICA	

- 15) **BILINGA** (Language other than English). A 10-character code indicating languages other than English spoken by the employee. If an employee speaks more than one language other than English use field BILLINGB for the second language. If an employee does not speak a language other than English, enter ‘NA’ in this field.

Valid Codes	Description
NA	Not applicable/None
ASL	American Sign Language
CAMBODIAN	Cambodian
FRENCH	French
HMONG	Hmong
ITALIAN	Italian
LAOTIAN	Laotian
OTHER	Other
POLISH	Polish
PORTUGUESE	Portuguese
RUSSIAN	Russian
SPANISH	Spanish
UNKNOWN	Unknown

- 16) **BILINGB** (Second language other than English). A 10-character field that contains a second language the employee speaks other than English. If the employee does not speak a second language other than English then this field should contain ‘NA.’

Valid Codes	Description
See BILINGA	

- 17) **EMPDATE** (Date of employment). A date field in the format YYYYMMDD indicating the employee's most recent date of employment at the agency.
- 18) **SEPDATE** (Date of separation/termination). A date field in the format YYYYMMDD indicating the employee's last date of employment at the agency if the employee was terminated during calendar 2006. If the employee was not terminated (i.e., they remain an active employee), then this field should be left blank.
Note: Be sure to check that the separation date entered here is later than the EMPDATE (employment date).
- 19) **DISCIPLN** (Discipline). A 10-character field indicating the discipline for which the employee was hired.
Note: Be sure to check that the discipline code entered here makes sense in comparison to EDUC field (highest level of education) and RILICA-C fields (current license/certifications). For example, an employee hired as a 'PSYCHIATRIST' should show EDUC as 'DOCTORATE' and RILICA as 'MD.'

Valid Codes	Description
ACTIVTHER	Activity Therapist
ADMINMNG	Administration (Management Level)
CASEMNGR	Case Manager/Community Support Specialist
CLINMHOUN	Clinical Mental Health Counselor
HEALTHPRO	Other Physical Health Professional
MEDRECADMN	Medical Records Admin/Tech
NURSE	RN, LPN, RNP, RNCNS, RNCNSP or Other
OTHER	Other (clerical, support, maintenance, cook)
OTHERMHPRO	Other Mental Health Professional
OTHERPHYS	Other Physician
OTHERSAPRO	Other Substance Abuse Professional
PRESPEC	Prevention Specialist
PSYCHLGST	Psychologist
PSYCHTRST	Psychiatrist
RESTRTRWK	Residential Treatment Worker
SCHLTEACH	School Teacher
SOCIALWORK	Social Worker
SPEECHTHER	Speech Therapist
SUBSABCOUN	Substance Abuse Counselor
VOCREHCOUN	Vocational Rehabilitation Counselor

- 20) **EMPSTAT** (Employment status). A 10-character field indicating the employee's status (e.g., full, part time, etc.).

Valid Codes	Description
FULLTIME	Salaried, Full time (35 hours/ week +)

PARTTIME	Salaried, Part time (less than 35 hours/week)
CONTRACT	Contractual/Fee-for-Service
STUDENT	Student, Trainee, Resident, Intern
VOLUNTEER	Volunteer
ONCALL	On-Call
OTHER	Other

21) **SCHEDULE**. A 4-digit field indicating the employee’s number of hours typically worked in a week. If the employee regularly works overtime, that time should be included in the total. A valid entry is any integer between 00.0 and 99.9 (e.g., 35.5 – for an employee whose typical work hours in a week are 35 ½).

Note: Be sure to include the decimal point when reporting this field. Also, be sure to check that the schedule code entered here makes sense in comparison to the EMPSTAT field (employment status) and WORKWEEK field (standard work week). For example, if EMPSTAT is ‘FULLTIME,’ then the values in the SCHEDULE field must be at least equal to that in the WORKWEEK field.

22) **FUNC1** (Major job function). A 10-character field indicating the employee’s major job function.

Valid codes	Description
ADMINMNG	Administration/Management (Includes all individuals that do <u>not</u> provide either direct services, clinical supervision to direct service staff, or direct consultation/ education/ prevention services. Include secretarial, medical records, billing, MIS, planning, and administrative employees here)
CLIENTCARE	Direct or adjunctive client care
CLINSUP	Clinical Supervisor (to direct care service staff)
CONSEDPREV	Consultation, Education, or Prevention
OTHER	Other (Research, scholarly writing)

23) **FUNC2** (Other major job function). A 10-character field indicating the employee’s other major job function. If the employee has only one major job function, enter ‘NA’ in this field.

Valid Codes	Description
See FUNC1	
NA	Not applicable

24) **CARDEV** (Career Development). A 10-character field indicating employee’s participation in in-service or extracurricular work-related training in the past calendar year (e.g., for additional CEU’s).

Valid Codes	Description
YES	Yes

NO

No

UNKNOWN

Unknown

25) INCOME (Annual income). A 6-digit field that indicates the employee's total annual income for 2006, excluding any fringe benefits earned. Correct values for this field fall between 000000 and 999999, rounded to the nearest dollar (e.g., \$24,600 = 024600).

Note: This field should contain the employee's total annualized salary, including any overtime pay and bonus they received. So, for example, if an employee was hired at \$32,000 per year, and only worked for your agency for 6 months last year, this field should contain the full '032000.'

26) FRINGE. A 4-digit field that contains the employee's percentage of fringe benefits. Correct values for this field fall between 00.0 and 99.9 (e.g., fringe of 17% is entered as 17.0; fringe of 9% is entered as 09.0). If an agency has more than one fringe benefit percentage available, use the one that applies to the specific employee.

Note: Be sure to include a decimal point when reporting fringe. If an employee does not receive any fringe benefits, this field should contain '00.0.'

27) WORKWEEK. A 4-digit field that contains the agency's standard workweek for the specific discipline for which the employee was hired. Correct values for this field fall between 00.0-99.9 (e.g., 35 hours per week is entered as 35.0).

Note: Be sure to include decimals when reporting workweek. If an employee's code in the EMPSTAT field (Employment status) is 'PARTTIME,' use the appropriate standard full-time workweek for employees of the same classification. If an employee's code in the EMPSTAT field (Employment status) is 'STUDENT,' 'VOLUNTEER,' or 'ONCALL,' then this field should be left blank or 00.0

28) NINCOME (New income). A 6-digit field that contains the employee's new annual income for 2008, excluding fringe benefits. Correct values for this field fall between 000000-999999, rounded to the nearest dollar (e.g., \$24,600 = 024600). This field should contain the employee's total EXPECTED annualized salary for the UPCOMING CALENDAR YEAR, including any overtime pay and bonus they are expected to receive. For hourly employees or non-salary consultants, use the amount that you project that they will actually receive from the agency during the period 1/1/2008 – 12/31/2008.

Note: This field is to be used by agencies that, for example, implement an across-the-board cost of living percentage salary increase in the first quarter of the calendar year. If a given employee will not be receiving a planned salary increase in the new year, or has been terminated from your agency, simply insert the value from the INCOME field.

Rhode Island Global Consumer Choice Compact Waiver

Project Number 11W-0024242/1

Waiver Change- Category II: 09-01-CII

2008 HR DATABASE FORMAT (updated 1/3/08)

	Field Name	Field Type	Width	Field Description	Valid Codes/Formats	Code Description
1	OID	char	10	Organization Id	ADC ARI CAR CBH CFS CIS COD CRA CTR DIS EBAY EMN FHR FMS FRW GMF GHI KENT KNT MAP NAFI NEWP NRI PHX PMT PRL PRO RWOOD PROV SSHORE SST TTC	ADCARE/SNE Treatment Center Addiction Recovery Institute-Pawtucket, Woonsocket Caritas, Inc Center for Behavioral Health-Johnston, Westerly Child & Family Services of Newport Counseling and Intervention CODAC Comprehensive Community Action Center for Treatment & Recovery Discovery House East Bay Community Mental Health Center Eastman House Inc. Fellowship Health Resources Family Services Inc. Family Resources Inc. Galilee Mission Gateway Healthcare Inc. The Kent Center Kent House, Inc. MAP Alcohol & Drug Rehab North American Family Institute Newport Community Mental Health Center NRI Community Services Phoenix Treatment Providence Metro Treatment Project Link Providence Community Action Riverwood Rehabilitation Services The Providence Center South Shore CMHC SSTAR of RI Tri-Town SA
Unique Identifier: Providers must complete fields 2 - 4 (First, Last and Maiden Name) OR field 5 (SID) for all employees						
2	FIRSTNAME	char	20	Staff First Name		Staff formal first name
3	LASTNAME	char	20	Staff Last Name		Staff last name

Rhode Island Global Consumer Choice Compact Waiver

Project Number 11W-0024242/1

Waiver Change- Category II: 09-01-CII

4	MAIDEN	char	20	Staff Maiden Name		Female staff maiden or birth name
5	SID	char	9	Staff MHSIP unique Id	1,000,000,000 - Staff's SSN	
6	RPTDATE	date	8	Date data file was extracted/prepared	YYYYMMDD	
7	DOB	date	8	Employee's date of birth	YYYYMMDD	
8	GENDER	char	10	Employee's gender	FEMALE MALE UNKNOWN	Female Male Unknown
Race/Ethnicity				Client is:		
9.1	AMERNAT	char	10	American Indian/Alaskan Native	YES NO UNKNOWN	Yes, client is of a particular race or ethnicity No, client is not of a particular race or ethnicity Unknown
9.2	ASIAN	char	10	Asian		
9.3	HAWPACIF	char	10	Hawaiian or Pacific Islander		
9.4	BLACK	char	10	Black/African American		
9.5	WHITE	char	10	Caucasian		
9.6	HISPANIC	char	10	Employee's Hispanic origin		

10	EDUC	char	10	Staff's highest level of education	NEVERATT SPECIALED PRESCHOOL L SOMEELEM COMPLELEM M SOMEHS COMPLHS BEYONDHS ASSOCIATE BACHELORS MASTERS DOCTORATE RN UNKNOWN	Never attended school Special education Preschool/kindergarten Some elementary school (grades 1-7) Completed elementary school (grade 8) Some high school or vocational education High school diploma or GED Some education beyond high school Associate degree Bachelor's degree Master's degree Doctorate (e.g., MD, PhD, ScD, JD, EdD, DO) RN diploma school Unknown
11	EXPER	num	2		00	No prior experience

Rhode Island Global Consumer Choice Compact Waiver

Project Number 11W-0024242/1

Waiver Change- Category II: 09-01-CII

				Number of years in mental health prior to current date of employment	01-98 99	Number of years of experience Unknown
12	RILICA	char	10	Up to three current licenses / certifications	NA	Not applicable
13	RILICB	char	10		CAS	Certified Addiction Specialist
14	RILICC	char	10		CCSS	Certified Community Support Specialist
					CISWLICSW	CISW/LICSW
					CIT	Counselor in Training
					COUNSELOR	Counselor
					CPREVS	Certified Prevention Specialist
					CSEP	Certified Supported Employment Professional
					CSWLCSW	CSW/LCSW
					DO	DO (Doctor of Osteopathy)
					LCDPLCDS	LCDP/LCDS
					LMFT	Licensed Marriage & Family Therapist
					LPN	LPN
					MD	MD
					MHCOUNS	Mental Health Counselor
					OTHER	Other
					PA	Physician Assistant
					PRINCOUNS	Principal Counselor
					PSYCHLGST	Psychologist
					QMHP	QMHP (Qualified Mental Health Professional)
					RN	RN
					RNCNS	Psychiatric & MH Nurse Clinical Specialist (APRN)
					RNCNSP	Psychiatric & MH Nurse Clinical Specialist with Prescription Privileges (PCNS)
					RNP	Nurse Practitioner
					TEACHER	Certified Teacher - Special Education Only
15	BILINGA	char	10	Languages other than English	NA	Not applicable/None
16	BILINGB	char	10		ASL	American Sign Language
	-				CAMBODIAN	Cambodian
	-				FRENCH	French
					HMONG	Hmong
					ITALIAN	Italian
					LAOTIAN	Laotian
					OTHER	Other
					POLISH	Polish
					SPANISH	Spanish

Rhode Island Global Consumer Choice Compact Waiver

Project Number 11W-0024242/1

Waiver Change- Category II: 09-01-CII

					PORTUGUESE	Portuguese
					RUSSIAN	Russian
					UNKNOWN	Unknown

17	EMPDATE	date	8	Date of employment	YYYYMMDD	
18	SEPDATE	date	8	Date of separation / termination	YYYYMMDD	leave blank if employee was not separated/terminated
19	DISCIPLN	char	10	Date of separation / termination Rhode Island Global Consumer Choice Compact Waiver Project Number 11W-0024242/1 Profession hired for Waiver Change- Category II: 09-01-CII	ACTIVTHER ADMINMNG CASEMNGR CLINMHCOU N HEALTHPRO MEDRECAD MN NURSE OTHER OTHERMHP RO OTHERPHYS OTHERSAP RO PRESPEC PSYCHLGST PSYCHTRST RESTRTRW K SCHLTEACH SOCIALWORK RK SPEECHTHER SUBSABCO UN VOCREHCO UN	Activity Therapist Administration (Management level) Case Manager/Community Support Specialist Clinical Mental Health Counselor Other Physical Health Professional Medical Records Admin./Tech. RN, LPN, RNP, RNCNS, RNCNSP or Other Other (clerical, support, maintenance, cook) Other Mental Health Professional Other Physician Other Substance Abuse Professional Prevention Specialist Psychologist Psychiatrist Residential Treatment Worker School Teacher Social Worker Speech Therapist Substance Abuse Counselor Vocational Rehabilitation Counselor
20	EMPSTAT	char	10	Employment status	FULLTIME PARTTIME CONTRACT STUDENT VOLUNTEER ONCALL OTHER	Salaried, full time (35 hrs/week +) Salaried, part time(less than 35/week) Contractual / Fee-For-Service Student, trainee, resident, intern Volunteer On-Call Other
21	SCHEDULE	num	4	Hours typically worked per week (includes overtime if typical)	0.00-99.9	Use payroll hours for a sample/average week
22	FUNC1	char	10	The employee's major job function	ADMINMNG CLIENTCARE CLINSUP CONSEDPREV OTHER	Administration / Management Direct or adjunctive client care Clinical Supervisor (to direct care staff) Consultation, Education or Prevention Other job function (research, scholarly writing)
23	FUNC2	char	10	The employee's other major job function, if more than one applies	See FUNC1 NA	Not applicable (only valid for FUNC2 field)
24	CARDEV	char	10	Participation in inservice or extracurricular training in the	YES NO	Yes No

HR DATA COLLECTION FORM (updated 11/2006)

Formal First Name*: _____		Staff Id (SSN-100000000)*: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																	
Last Name*: _____																			
Maiden Name (Women Only*): _____		* All staff must complete the name fields OR Staff ID																	
Date of Birth: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>		Y	Y	Y	Y					M	M			D	D			Race (check all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hispanic	
Y	Y	Y	Y																
M	M																		
D	D																		
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Languages Spoken (check up to <u>two</u> languages - other than English - that you speak): <table style="width:100%;"> <tr> <td><input type="checkbox"/> Spanish</td> <td><input type="checkbox"/> Polish</td> </tr> <tr> <td><input type="checkbox"/> American Sign Language</td> <td><input type="checkbox"/> Laotian</td> </tr> <tr> <td><input type="checkbox"/> Portuguese</td> <td><input type="checkbox"/> Hmong</td> </tr> <tr> <td><input type="checkbox"/> Russian</td> <td><input type="checkbox"/> Cambodian</td> </tr> <tr> <td><input type="checkbox"/> French</td> <td><input type="checkbox"/> Other</td> </tr> <tr> <td><input type="checkbox"/> Italian</td> <td></td> </tr> </table>		<input type="checkbox"/> Spanish	<input type="checkbox"/> Polish	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Laotian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Hmong	<input type="checkbox"/> Russian	<input type="checkbox"/> Cambodian	<input type="checkbox"/> French	<input type="checkbox"/> Other	<input type="checkbox"/> Italian					
<input type="checkbox"/> Spanish	<input type="checkbox"/> Polish																		
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<input type="checkbox"/> Russian	<input type="checkbox"/> Cambodian																		
<input type="checkbox"/> French	<input type="checkbox"/> Other																		
<input type="checkbox"/> Italian																			
Education - Highest Degree (check one): <input type="checkbox"/> Never attended school <input type="checkbox"/> Special education <input type="checkbox"/> Preschool/kindergarten <input type="checkbox"/> Some elementary school (grades 1-7) <input type="checkbox"/> Completed elementary school (grade 8) <input type="checkbox"/> Some high school or vocational ed (grades 9-11) <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Some education beyond high school <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate (e.g., MD, PhD, ScD, JD, EdD, DO) <input type="checkbox"/> RN diploma school																			
Experience: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Number of years in behavioral healthcare <u>prior</u> to the current date of employment. Round months to the nearest year. Enter 00 if no prior experience.																			

Discipline - Profession Hired For (check one): <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician <input type="checkbox"/> Psychologist <input type="checkbox"/> Social Worker <input type="checkbox"/> Clinical Mental Health Counselor <input type="checkbox"/> Case Manager/Comm. Support Specialist <input type="checkbox"/> Substance Abuse Counselor <input type="checkbox"/> Other Mental Health Professional <input type="checkbox"/> Other Substance Abuse Professional <input type="checkbox"/> Prevention Specialist <input type="checkbox"/> Nurse (RN, LPN, RNP, RNCNS, RNCNSP or Other) <input type="checkbox"/> Vocational Rehabilitation Counselor <input type="checkbox"/> School Teacher <input type="checkbox"/> Activity Therapist <input type="checkbox"/> Administration (management level) <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Other Physical Health Professional <input type="checkbox"/> Medical Records Admin./Tech. <input type="checkbox"/> Residential Treatment Worker <input type="checkbox"/> Other (clerical, support, maintenance, cook)	Current Rhode Island Licenses/Certifications (Place a "1" next to your primary license, a "2" next to your next license, and so on up to 3 current licenses): <input type="checkbox"/> LCDP/LCDS <input type="checkbox"/> CSW/LCSW <input type="checkbox"/> CISW/LICSW <input type="checkbox"/> CSEP (Certified Supported Employment Prof.) <input type="checkbox"/> Counselor in Training (CIT) <input type="checkbox"/> Certified Community Support Specialist/Case Manager (CCSS) <input type="checkbox"/> Certified Prevention Specialist <input type="checkbox"/> Certified Addiction Specialist <input type="checkbox"/> Mental Health Counselor <input type="checkbox"/> Principal Counselor <input type="checkbox"/> Counselor <input type="checkbox"/> MD <input type="checkbox"/> Psychologist <input type="checkbox"/> DO (Doctor of Osteopathy) <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> RN/CNS - Clinical Specialist (APRN) <input type="checkbox"/> RN/CNS/P - Psychiatric & MH Nurse Clinical Specialist w/ Prescription Privileges (PCNS) <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Licensed Marriage & Family Therapist <input type="checkbox"/> QMHP (Qualified MH Professional) <input type="checkbox"/> Teacher - Special Education <input type="checkbox"/> Other	Job Function(s) (Place a "1" next to your major job function, and a "2" next to your secondary job function, if you have one): <input type="checkbox"/> Direct or adjunctive client care <input type="checkbox"/> Consultation, education, or prevention <input type="checkbox"/> Clinical Supervision to direct care staff <input type="checkbox"/> Administration/management <input type="checkbox"/> Other job function Career Development: Have you participated in either In-Service or Extracurricular work-related career development training in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Section to be completed by Human Resources Director

Employment Date: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> / <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>	Y	Y	Y	Y					M	M			D	D			Schedule: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> The number of hours the employee typically works per week (include overtime if that is usual). *For On Call staff, use payroll hours for a sample week.				Income: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> Actual income, <u>annualized</u> , rounded to the nearest dollar. E.g.: \$24,345=024345						
Y	Y	Y	Y																								
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Employment Status: <input type="checkbox"/> Salaried, full time (35 hrs/week +) <input type="checkbox"/> Salaried, part time (< 35 hrs/week) <input type="checkbox"/> Contractual/Fee-for-service <input type="checkbox"/> Student, trainee, resident, intern <input type="checkbox"/> Volunteer	Standard Agency Workweek: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> If there is more than one standard, use the one that generally applies to the				% Fringe Benefits: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> . <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> If there is more than one agency percentage of fringe benefits, use the one that applies to the employee. E.g.: 17% = 17.0																						
Separation Date: <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table> <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>			Y	Y	Y	Y					M	M			D	D											
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HR DATA COLLECTION FORM: Additional Descriptions

November 2007

- **RACE/ETHNICITY**. Indicates the employee’s primary race identification.

Choices	Description
American Indian/ Alaskan Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Hawaiian/Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Black/African American	A person having origins in any of the Black racial groups of Africa.
White/Caucasian	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, <u>regardless of race</u> .

- **EXPERIENCE**. Indicate the number of years you have worked in the Behavioral Healthcare field prior to your current date of employment with this agency.

Note: If experience is between 1 and 9 years, use leading 0’s (e.g., 05 would indicate 5 years of experience).

Choices	Description
01	No prior experience
01-98	Number of years of experience

- **CURRENT RI LICENSES/CERTIFICATIONS**. Indicate up to three licenses/certifications you currently hold (see attached list of Licenses/Certifications for a description of each). Indicate your primary (with a “1”), secondary (with a “2”), and tertiary (with a “3”) license/certification.

- **JOB FUNCTION(S)** . Indicate your primary (with a “1”) and secondary (with a “2”) job functions for which you have been hired at this agency.

Choices	Description
ADMINMNG do <u>not</u> provide either	Administration/Management (Includes all individuals that direct services, clinical supervision to direct service staff, or direct consultation/education/prevention services. Includes secretarial, medical records, billing, MIS, planning, and administrative employees)
CLINSUP	Clinical Supervisor to direct care staff
CLIENTCARE	Direct or adjunctive client care
CONSEDPREV	Consultation, Education, or Prevention
OTHER	Other (Research, scholarly writing)

HR DATA COLLECTION FORM: Current RI Licenses/Certifications
November, 2006

Below are descriptions of and requirements for the licenses/certifications referenced in the RI DBH Human Resources Database. This document is for reference only and is not intended for legal use.

Certified Addiction Specialist- American Academy of Health Care Providers in the Addictive Disorders

Certified Community Support Specialist- as certified by the MHRH CSS/Case Management Board of Certification.

CISW - Certified Independent Social Worker as certified by The RI Department of Human Services.

LICSW - Licensed Independent Clinical Social Worker as licensed by the RI Department of Health.

CIT- Counselor in Training as certified by the Rhode Island Board for the Certification of Chemical Dependency Professionals

Counselor - as certified by the Division of Behavioral Healthcare, MHRH.

Certified Prevention Specialist- Certified Prevention Specialist as certified by the Rhode Island Board for the Certification of Chemical Dependency Professionals

CSEP- Certified Supported Employment Professional.

CSW - Certified Social Worker as certified by The RI Department of Human Services.

LCSW - Licensed Social Worker as licensed by the RI Department of Health.

DO - Doctor of Osteopathy as licensed by the RI Board of Medical Licensure and Discipline according to RI General Laws, Chapter 5-37.

LCDP/LCDS - Licensed Chemical Dependency Professional/ Licensed Chemical Dependency Supervisor.

Licensed Marriage & Family Therapist - as licensed by the RI Department of Health to practice marriage and

family therapy according to RI General Laws, Chapter 5-63. Also he/she shall be listed on the active register of

therapists in marriage and family practice as maintained by the Administrator of Professional Regulations, RI

Department of Health.

LPN - Licensed Practical Nurse as licensed by the RI Department of Health to practice practical nursing according to

RI General Laws, Chapter 5-34.

MD - Medical Doctor as licensed by the RI Board of Medical Licensure and Discipline according to RI General Laws

Mental Health Counselor - as certified to provide mental health counseling by the RI Department of Health

according to RI General Laws, Chapter 5-63. Also, he/she shall be listed on the active register of counselors in mental

health as maintained by the Administrator of Professional Regulations, Department of Health.

PA-A Physicians Assistant is approved by the Board of Licensure of Physician Assistants within the Division of

Professional Regulation in the Department of Health established pursuant to section 5-54-7 of the General Laws of RI

Chapter 5-37.

Principal Counselor - as certified by the Division of Behavioral Healthcare, MHRH.

Psychologist – as licensed to practice psychology by the RI Department of Health according to the General Laws of

RI, Chapter 5-44.

QMHP - Qualified Mental Health Professional as certified by MHRH.

RN - Registered Nurse as licensed by the RI Department of Health to practice professional nursing according to RI

General Laws, Chapter 5-34.

RNCNS- Clinical Nurse Specialist in Psychiatric and Mental Health Nursing is certified by a national body

that is approved by the RI Board of Nurse Registration and Nursing Education. (APRN, BC)

RN/CNS/P – A psychiatric and mental health nurse clinical specialist with prescription privileges is an advanced

practice nurse licensed by RI Department of Health whose practice may include prescriptive privileges within their

scope of practice according to RI General Laws, Chapter 5-34-40. (PCNS)

RNP- Certified Registered Nurse Practitioner is a Registered Nurse who practices in an expanded role and is certified

by the Board of Nurse Registration and Nursing Education established pursuant to the provisions of section 5-34-35 of

the Act.

Teacher - Special Education