

# West Virginia Department of Health and Human Resources Bureau for Behavioral Health Services

## Charity Care Reporting Policy (Revised June 1, 2009)

For the Comprehensive Behavioral Health & MR/DD Centers

To be reported to the Bureau- Only

Effective 01/01/06, each provider must have a written policy outlining how they implement the Charity Care Reporting Policy. This includes procedures, timelines, and positions responsible in completing this application as well as timelines to post the charity amounts to the general ledger.

For those individuals who qualify as "indigent patients", ie, those with no or inadequate means of paying for needed behavioral health care under current methods of financing health care services, the following policy shall apply. This Bureau policy outlines the financial and service eligibility guidelines for reporting a BHHF client as well as other types of charity care. For consistency in reporting among providers, the Bureau has established the following 8 types of accounts with different characteristics which captures all scenarios of charity care (BHHF clients and other charity care). Postings to the Charity Care Accounts (specifically 4311.1 and 4311.2) will be at the Medicaid established rate and these BHHF client services should not exceed the level of services authorized by APS – if the client would have been Medicaid eligible. Account 4337.1 – Contractual Write-off BHHF Charity Care captures any difference from the Medicaid rate for authorized level of services.

Be reminded that the main purpose of this policy is to have the ability to capture the write-off associated with serving a BHHF client plus all other charity care outside of this definition. The policy focuses on account 4311.2. This account reflects the postings of services in which the provider has not received additional grant funds to cover the costs of rendering the service. This account should only capture behavioral health Medicaid services at the Medicaid rate and (if authorized) up to the APS validated level of service for those BHHF Clients. Medicaid clients are not eligible to have charity care reported through either 4311.2 or 4311.1.

The following possible categories to post charity care include (these are contra accounts which will have a debit balance):

**4310 Charity Care - BHHF Definition (Rollup Account)** For grantees who have designed their system to comply with the BHHF definition of 200% of poverty **AND** additional service criteria (APS authorized), the following accounts may be used to continue compliance with that definition. Both Financial and Service criteria are described **in more detail later in this policy. Write-offs will be posted at the Medicaid value and up to the authorized APS service level for all Charity Care accounts noted below.** Medicaid clients are not eligible to have charity care reported through either 4311.2 or 4311.1. There should be no direct postings to the rollup accounts.

4311.1 Charity Care - BHHF **Target Funds** -This account is used to record charity care

services provided to individuals in a target funded program and who meet the criteria for a BHHF client - 200% financial **and** service criteria. Target funded is defined as programs in which other BHHF grants are received to cover the cost of running the program/services.

4311.2 Charity Care - BHHF **Non Target Funds** -This account is used to record charity care services provided to individuals in non target funded programs and who meet the criteria for a BHHF client - 200% financial **and** service criteria. Non target is defined as accounts in which no other BHHF grant funds are posted to the program to cover the costs of running the program/services.

4312.1 Charity Care Sliding Fees -This account is used to record charity care services provided to individuals who meet the criteria for a BHHF client - 200% financial and service criteria - but receive fee reductions because of sliding fee scale or negotiated payment plans. Only the fee reductions should be charged to this account.

4312.2 Other Charity Care - This account is used to record charity care services provided to individuals whose income exceeds 200% of poverty but meets one or more of the service criteria.

**4313 Charity Care – Other - Non - BHHF Definition (Rollup Account)** Grantees who have designed their system to comply with the BHHF definition of 200% of poverty AND additional service criteria, the following accounts may be used to record charity care adjustments for instances which do not meet the BHHF criteria.

4314.1 Charity Care 200% or below - This account is used when an individual's income meets the BHHF financial criteria but does not qualify under any other of the criteria. An example would be an individual with a disorder or wanting to quit smoking.

4314.2 Charity Care above 200% - This account is used when an individual's income does not meet the BHHF financial and other criteria. An example would be a couple receiving marital counseling and an income level above 200%.

Offsetting Credit Account for all above accounts (charity) = Account 4329
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**4315 Support & Alternative Services – (Rollup Account)** This account is used for individuals who receive support and alternative services. If an individual does meet the BHHF definition for charity care, then Support and Alternative Services should be used.

*4315.1 Support & Alternative Services Write-Off (Contra Account) - This account is used to record all write-offs for Support and Alternative Services, Account 4315.*

Offsetting Credit Account (Support and Alternative Services) = Account 4358
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## **ELIGIBILITY CRITERIA:**

Charity care is secondary to all other financial resources available to the client, including group or individual medical plans, workers' compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, third party liability situations (e.g., auto accidents or personal injuries), or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

For accounts 4311.1 and 4311.2, the amount of the write off for BHHF eligible clients can not exceed the level of Medicaid services authorized by APS. If partial collection is received by private insurance or by the client, the provider is allowed to write-off the uncollectible amount – up to the Medicaid rate (APS) authorized level of service. Under no circumstances is this policy designed (account 4311.1 or 4311.2) to capture write offs for services in excess of what Medicaid would pay or for additional services for a Medicaid eligible client.

In rare circumstances, payment received by a private insurance may be deemed “final” payment and **if an insurance company’s policy is that they are the final payment, then providers cannot write off the difference up to the Medicaid rate as charity care.**

Note that it is desirable to determine the amount of charity care service of which a client is eligible as close to the time as possible, however, there should be no rigid limit on time when the determination is made (however, each provider should have a written policy regarding the completion of the charity care application and this should be specified). A separate determination of the amount of charity services for which a client is eligible should be made on each occasion of service, or regular confirmation of eligibility is made during extended programs of service.

In all instances where no payment or inadequate sources are available, clients shall be considered for charity care (4311.1 or 4311.2) under this policy. Application should be completed (at least) every 12 months (year) from the client’s anniversary date of service or when significant changes occur which would result in the change of a clients financial status or diagnosis. Application is effective July 1, 2003. Note: because of revisions to this policy (including the requirement to have a written policy and to properly complete the justification form), all clients seen after 1/1/06 should have their charity care policy reviewed to ensure that the application is properly completed. Application criteria consists of:

1. **FINANCIAL** - Individual or Family Income - The center may write off as charity care amounts for clients with family income less than 200% of the federal poverty standard when circumstances indicate severe financial hardship or personal loss.

And

2. **SERVICE (DIAGNOSTIC) ELIGIBILITY** - BHHF client definition (attached) and validated by APS (through the Care Connection Form).

## **ELIGIBILITY DETERMINATION:**

Charity care forms and instructions shall be furnished to clients when charity care is requested, when need is indicated, or when financial screening indicates potential need. Care Connection form must be completed to determine BHHF Charity Care eligibility.

## **FINANCIAL**

All applications should be accompanied by documentation to verify income amounts indicated on the application form. If available, a WV Driver's License or WV State Application card should be photocopied to serve as documentation that the client is a WV resident. One or more of the following types of documentation may be acceptable for purposes of verifying income:

1. W-2 withholding statements for all employment during the relevant time period;
2. Pay stubs from all employment during the 30 days prior to the date of request;
3. An income tax return from the most recently filed calendar year;
4. Forms denying Medicaid and/or state-funded Medical Assistance within the affected service period. Documentation must also include income proof that the client is below the poverty level;
5. QMB card eligibility;
6. Forms approving or denying unemployment compensation. Documentation must also include income proof that the client is below the poverty level; or
7. Written statements from employers or welfare agencies. Clients will be asked to provide verification of ineligibility for Medicaid or Medical Assistance. Documentation must also include income proof that the client is below the poverty level.
8. Standard Justification Form will need to be completed if the client is not able to produce income verification (items 1 through 7 could not be obtained). Effective 1/1/06, each provider is required to have a written policy regarding the completion of the Charity Care Application. Each provider must have their policy approved and on file with the Bureau. This policy will disclose the steps that the provider will take to attempt to obtain financial documentation. Only after these steps are exhausted should the justification form be completed and a conclusion reached on the justification form. See page 29 of this policy for Standard Justification Form. Income shall be annualized from the date of application based upon documentation provided by the client. The annualization process will also take into consideration seasonal employment and temporary increases and/or decreases to income based upon information provided by the client. Verbal information must be documented in the application.

**FINANCIAL DOCUMENTATION & RECORDS:** Confidentiality: All information relating to the application will be kept confidential. Copies of the documents that support the application may be kept with the application form or in an electronic format. A sample form is attached. You may use your own forms as long as all elements are captured and are easily identifiable in an audit trail.

## **Application - Form 1**

**FINANCIAL STATEMENT**

**PAYMENT PLAN/UNCOMPENSATED SERVICES APPLICATION**

**CLIENT NAME:** \_\_\_\_\_

**APPLICATION DATE** \_\_\_\_\_

**DATE(S) OF SERVICE  
(PROJECTED)** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

When client is not competent to give consent, the signature of a parent, guardian, health care agent (proxy) or other representative is required.

**SIGNATURE OF LEGAL  
REPRESENTATIVE** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **Date of signature** \_\_\_\_\_

**RELATIONSHIP TO CLIENT:** \_\_\_\_\_

**DEPENDENTS LIVING IN  
HOUSEHOLD:** \_\_\_\_\_

Income - Form 2 (Part 1),

**2010 FEDERAL POVERTY GUIDELINES**

From the Federal Register (Volume 74, Number 14), the Federal Poverty Guidelines effective July 2009 thru June 2010 are as follows:

SIZE OF FAMILY	100%	200%	CLIENT (Check Below)
1	\$10,830	\$21,660	
2	\$14,570	\$29,140	
3	\$18,310	\$36,620	
4	\$22,050	\$44,100	
5	\$25,790	\$51,580	
6	\$29,530	\$59,060	
7	\$33,270	\$66,540	
8	\$37,010	\$74,020	
For each additional member over 8 add.....	\$3,740	\$7,480	

Poverty Guidelines Website:

<http://aspe.hhs.gov/POVERTY/09poverty.shtml>

Income - Form 2 (Part 2)

**FAMILY INCOME\*\* & SOURCE**

	<b>PATIENT</b>	<b>SPOUSE</b>	<b>TOTAL</b>
<b>MONTHLY SALARY (GROSS)</b>			
<b>UNEMPLOYMENT BENEFITS</b>			
<b>SOCIAL SECURITY BENEFITS</b>			
<b>INVESTMENTS</b>			
<b>WORKMAN'S COMPENSATION</b>			
<b>CHILD SUPPORT</b>			
<b>OTHER (ALIMONY, ETC.)</b>			
<b>TOTAL</b>			

**TOTAL FAMILY INCOME \$ \_\_\_\_\_ (per above)-**(This documents your conclusion on total income)

**TOTAL FAMILY MEMBERS \_\_\_\_\_**

This information should be used to check the appropriate box on Form 2, Part 1 (page 6).

**\*\* Family Income is defined as income that is recognized by the IRS (as defined by the Care Connection form per APS.)**

**Please provide one or more of the following information to verify the above determination:**

- W-2 WITHHOLDING STATEMENTS FOR ALL EMPLOYMENT DURING THE RELEVANT TIME PERIOD
- CHECK STUBS FOR THE PAST 30 DAYS FOR ALL PERSONS EMPLOYED IN THE HOME
- MOST RECENT INCOME TAX (IRS) TAX FORMS (MUST BE SIGNED)
- FORMS DENYING ELIGIBILITY FOR MEDICAID AND/OR STATE-FUNDED MEDICAL ASSISTANCE WITHIN THE AFFECTED SERVICE PERIOD. DOCUMENTATION MUST ALSO INCLUDE PROOF THAT THE CLIENT IS BELOW THE POVERTY LEVEL.
- FORMS APPROVING OR DENYING UNEMPLOYMENT COMPENSATION. DOCUMENTATION MUST ALSO INCLUDE PROOF THAT THE CLIENT IS BELOW THE POVERTY LEVEL. : OR
- QMB ELIGIBILITY CARD
- WRITTEN STATEMENTS FROM EMPLOYERS OR WELFARE AGENCIES (DENIAL LETTERS). DOCUMENTATION MUST ALSO INCLUDE PROOF THAT THE CLIENT IS BELOW THE POVERTY LEVEL.

## **SERVICE (DIAGNOSTIC) ELIGIBILITY**

Define service eligibility for a BHHF client is attached. Validation from APS determining a BHHF client will serve as documentation. Therefore, the Care Connection form **MUST** be completed and submitted to APS for them to determine eligibility. This documentation must be produced if reviewed by the Bureau (i.e. audit).

### **Note:**

Attached is the official definition of a BHHF client for your reference.

Attached is a Flowchart for Account Assignment of Charity Care that assists the provider in properly posting the charity value to the proper account.

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES  
ACCOUNTING AND FINANCIAL REPORTING MANUAL  
FOR BEHAVIORAL HEALTH FACILITIES  
(INCLUDING ICF/MR FACILITIES)**

**INDIVIDUALS MEETING BHHF CRITERIA**

The BUREAU FOR BEHAVIORAL HEALTH AND HEALTH FACILITIES has established the criteria for eligibility of individuals for which services may be supported by BHHF administered funds. Individuals meeting the BHHF Criteria will fall under one of the following two categories:

1. Financial and Service Eligibility Guidelines

1. Effective July 1, 2001 an individual's income is at 200% or below the poverty level established by HHS  
The service is not covered by a third party such as Medicaid, insurance, or other funding source. A write off amount for account 4311.1 and 4311.2 is only up to the value and level of service that a Medicaid Eligible Client would receive.
2. The individual is not participating in a Target Funding Service Program  
Medical or clinical necessity is documented in the medical records **and** meets one of the following criteria for account 4311.2
3. Diagnosis eligible under the Medicaid clinic, rehabilitation, or case management manuals;
4. History of hospitalization for mental health, substance abuse, or developmental disability services;
5. Living in a controlled setting such as a group home;
6. Receiving supportive residential services;
7. Receiving services required by West Virginia Code, Chapter 27;
8. Receiving any crisis services.

A. The provider is allowed to write-off any uncollected funds up to the Medicaid rate for authorized service. The amount written-off will qualify as Charity Care (BHHF Target Funds) or Charity Care (BHHF Non-Target Funds).

B. If the individual is charged a fee, the amount written-off at the time the service is provided will also be reported as Charity Care (BHHF Target Funds) or Charity Care (BHHF Non-Target Funds). Also, the income from the individual will be classified as Private Pay (BHHF Target Funds) or Private Pay (BHHF Non-Target Funds) at the time the services were provided. Upon failure to collect the Private Pay (BHHF Target Funds) or Private Pay (BHHF on-Target Funds) amount, the write-off will be classified as Charity when the write-off is recognized.

2. Service Recipient of a Target Funding Program

- A. The individual is a service recipient of a Target Funding Program and does not meet the criteria above regarding financial and service eligibility guidelines. The Target Funding Invoice must reflect the Program Income that is expected to be received from that individual or third party payor. Any income to be generated from the individual must be recognized as Private Pay (BHHF Target Funds) when the write-off is recognized. If no income will be generated, the amount will qualify as Charity Care (BHHF Target Funds).
- B. The individual is both a service recipient of a Target Funding Program and meets the criteria in category 1. If there will be no Program Income, the service will qualify as Charity Care (BHHF Target Funds). If Program Income is expected to be received from the individual or third party, any income to be generated from the individual must be recognized as Private Pay (BHHF Target Funds) at the time the service is provided. The amount that is determined to be uncollectible from the individual and third party payor will be Charity Care (BHHF Target Funds) in the time period in which the write-off is recognized.

Source: BHHF – (Definition of BHHF Client)

**APS Healthcare, Inc.- West Virginia  
BHHF CONSUMER ELIGIBILITY**

- **Eligibility criteria are only applied to BHHF Contracted Providers when the consumer is designated as “Yes” to BHHF coverage**
  - 1) Consumer is a West Virginia resident; **AND**
  - 2) Income meets threshold set by BHHF (based on the **2008** Federal Poverty Level); **AND**
  - 3) At least one of the following condition must be met:
    - a. Diagnosis on Axis I and/or Axis II meets eligibility guidelines (see listing on pages 2-3)  
**OR**
    - b. MR/DD without DSM diagnosis **OR**
    - c. Client is in a residential/supported living setting (eligible settings approved by BHHF)  
**OR**
    - d. Client has an inpatient history or crisis stabilization history (meets Hartley definition)

Note: Per APS validation, a client may be both Medicaid eligible and a BHHF client at the noted service date. For this charity care reporting policy, Medicaid clients are not eligible for charity care services. This policy is to capture write-offs for BHHF clients only and the services reported should not exceed the services that a Medicaid eligible client would have received/reimbursed by Medicaid.

ICD-9 Diagnostic Listing will become effective December 20, 2004 (In Care Connection Form also).

Source: APS – (APS Working Definitions and Codes) of BHHF Client

ICD-9 Code	Descriptor	Allowed Primary Disability Group	Age Group	Proper DSM-IV-TR Axis for coding Dx
291.0	Alcohol withdrawal delirium	SA	ALL	1
291.1	Alcohol-Induced Persisting Amnestic Disorder	SA	ALL	1
291.2	Alcohol-Induced Persisting Dementia	SA	ALL	1
291.3	Alcohol-Induced Psychotic Disorder, With Hallucinations	SA	ALL	1
291.4	Idiosyncratic alcohol intoxication	SA	ALL	1
291.5	Alcoholic jealousy	SA	ALL	1
291.81	Alcoholic withdrawal	SA	ADULT	1
291.81	Alcoholic withdrawal	SA	YOUTH	1
291.89	Other specified alcohol-induced mental disorders	SA	ADULT	1
291.89	Other specified alcohol-induced mental disorders	SA	YOUTH	1
291.9	Unspecified Alcohol-Induced mental disorders	SA	ADULT	1
291.9	Unspecified Alcohol-Induced mental disorders	SA	YOUTH	1
292.0	Drug withdrawal	SA	ALL	1
292.11	Drug-induced psychotic disorder with delusions	SA	ALL	1
292.12	Drug-induced psychotic disorder with hallucinations	SA	ALL	1
292.2	Pathological drug intoxication	SA	ALL	1
292.81	Drug-induced delirium	SA	ALL	1
292.82	Drug-induced persistent dementia	SA	ALL	1
292.83	Drug-induced persistent amnesic syndrome	SA	ALL	1
292.84	Drug-induced mood disorder	SA	ALL	1
292.89	Other drug psychosis	SA	ALL	1
292.9	Unspecified drug-induced mental disorder	SA	ADULT	1
292.9	Unspecified drug-induced mental disorder	SA	YOUTH	1
293.81	Psychotic disorder with delusions in conditions classified elsewhere	MH	ADULT	1
293.81	Psychotic disorder with delusions in conditions classified elsewhere	MH	YOUTH	1
293.82	Psychotic disorder with hallucinations in conditions classified elsewhere	MH	ADULT	1
293.82	Psychotic disorder with hallucinations in conditions classified elsewhere	MH	YOUTH	1
293.83	Mood disorder in conditions classified elsewhere	MH	ADULT	1
293.83	Mood disorder in conditions classified elsewhere	MH	YOUTH	1
293.84	Anxiety disorder in conditions classified elsewhere	MH	ADULT	1
293.84	Anxiety disorder in conditions classified elsewhere	MH	YOUTH	1

294.10	Dementia in conditions classified elsewhere without behavioral disturbance	MH	ADULT	1
294.10	Dementia in conditions classified elsewhere without behavioral disturbance	MH	YOUTH	1
295.00	Schizophrenic D/O Simple type unspecified	MH	ADULT	1
295.00	Schizophrenic D/O Simple type unspecified	MH	YOUTH	1
295.01	Schizophrenic D/O Simple type subchronic	MH	ADULT	1
295.01	Schizophrenic D/O Simple type subchronic	MH	YOUTH	1
295.02	Schizophrenic D/O Simple type chronic	MH	ADULT	1
295.02	Schizophrenic D/O Simple type chronic	MH	YOUTH	1
295.03	Schizophrenic D/O Simple type subchronic with acute exacerbation	MH	ADULT	1
295.03	Schizophrenic D/O Simple type subchronic with acute exacerbation	MH	YOUTH	1
295.04	Schizophrenic D/O Simple type chronic with acute exacerbation	MH	ADULT	1
295.04	Schizophrenic D/O Simple type chronic with acute exacerbation	MH	YOUTH	1
295.05	Schizophrenic D/O Simple type in remission	MH	ADULT	1
295.05	Schizophrenic D/O Simple type in remission	MH	YOUTH	1
295.10	Schizophrenic D/O Disorganized type unspecified	MH	ADULT	1
295.10	Schizophrenic D/O Disorganized type unspecified	MH	YOUTH	1
295.11	Schizophrenic D/O Disorganized type subchronic	MH	ADULT	1
295.11	Schizophrenic D/O Disorganized type subchronic	MH	YOUTH	1
295.12	Schizophrenic D/O Disorganized type chronic	MH	ADULT	1
295.12	Schizophrenic D/O Disorganized type chronic	MH	YOUTH	1
295.13	Schizophrenic D/O Disorganized type subchronic with acute exacerbation	MH	ADULT	1
295.13	Schizophrenic D/O Disorganized type subchronic with acute exacerbation	MH	YOUTH	1
295.14	Schizophrenic D/O Disorganized type chronic with acute exacerbation	MH	ADULT	1
295.14	Schizophrenic D/O Disorganized type chronic with acute exacerbation	MH	YOUTH	1
295.15	Schizophrenic D/O Disorganized type in remission	MH	ADULT	1
295.15	Schizophrenic D/O Disorganized type in remission	MH	YOUTH	1
295.20	Schizophrenic D/O Catatonic type unspecified	MH	ADULT	1
295.20	Schizophrenic D/O Catatonic type unspecified	MH	YOUTH	1
295.21	Schizophrenic D/O Catatonic type subchronic	MH	ADULT	1
295.21	Schizophrenic D/O Catatonic type subchronic	MH	YOUTH	1
295.22	Schizophrenic D/O Catatonic type chronic	MH	ADULT	1
295.22	Schizophrenic D/O Catatonic type chronic	MH	YOUTH	1
295.23	Schizophrenic D/O Catatonic type subchronic with acute exacerbation	MH	ADULT	1
295.23	Schizophrenic D/O Catatonic type subchronic with acute exacerbation	MH	YOUTH	1
295.24	Schizophrenic D/O Catatonic type chronic with acute exacerbation	MH	ADULT	1

295.24	Schizophrenic D/O Catatonic type chronic with acute exacerbation	MH	YOUTH	1
295.25	Schizophrenic D/O Catatonic type	MH	ADULT	1
295.25	Schizophrenic D/O Catatonic type	MH	YOUTH	1
295.30	Schizophrenic D/O Paranoid type unspecified	MH	ADULT	1
295.30	Schizophrenic D/O Paranoid type unspecified	MH	YOUTH	1
295.31	Schizophrenic D/O Paranoid type subchronic	MH	ADULT	1
295.31	Schizophrenic D/O Paranoid type subchronic	MH	YOUTH	1
295.32	Schizophrenic D/O Paranoid type chronic	MH	ADULT	1
295.32	Schizophrenic D/O Paranoid type chronic	MH	YOUTH	1
295.33	Schizophrenic D/O Paranoid type subchronic with acute exacerbation	MH	ADULT	1
295.33	Schizophrenic D/O Paranoid type subchronic with acute exacerbation	MH	YOUTH	1
295.34	Schizophrenic D/O Paranoid type chronic with acute exacerbation	MH	ADULT	1
295.34	Schizophrenic D/O Paranoid type chronic with acute exacerbation	MH	YOUTH	1
295.35	Schizophrenic D/O Paranoid type in remission	MH	ADULT	1
295.35	Schizophrenic D/O Paranoid type in remission	MH	YOUTH	1
295.40	Schizophreniform disorder unspecified	MH	ADULT	1
295.40	Schizophreniform disorder unspecified	MH	YOUTH	1
295.41	Schizophreniform disorder subchronic	MH	ADULT	1
295.41	Schizophreniform disorder subchronic	MH	YOUTH	1
295.42	Schizophreniform disorder chronic	MH	ADULT	1
292.42	Schizophreniform disorder chronic	MH	YOUTH	1
295.43	Schizophreniform disorder subchronic with acute exacerbation	MH	ADULT	1
295.43	Schizophreniform disorder subchronic with acute exacerbation	MH	YOUTH	1
295.44	Schizophreniform disorder chronic with acute exacerbation	MH	ADULT	1
295.44	Schizophreniform disorder chronic with acute exacerbation	MH	YOUTH	1
295.45	Schizophreniform disorder in remission	MH	ADULT	1
295.45	Schizophreniform disorder in remission	MH	YOUTH	1
295.50	Latent schizophrenic unspecified	MH	ADULT	1
295.50	Latent schizophrenic unspecified	MH	YOUTH	1
295.51	Latent schizophrenic subchronic	MH	ADULT	1
295.51	Latent schizophrenic subchronic	MH	YOUTH	1
295.52	Latent schizophrenic chronic	MH	ADULT	1
295.52	Latent schizophrenic chronic	MH	YOUTH	1
295.53	Latent schizophrenic subchronic with acute exacerbation	MH	ADULT	1
295.53	Latent schizophrenic subchronic with acute exacerbation	MH	YOUTH	1
295.54	Latent schizophrenic chronic with acute exacerbation	MH	ADULT	1

295.54	Latent schizophrenic chronic with acute exacerbation	MH	YOUTH	1
295.55	Latent schizophrenic in remission	MH	ADULT	1
295.55	Latent schizophrenic in remission	MH	YOUTH	1
295.60	Schizophrenic disorders, residual type, unspecified	MH	ADULT	1
295.60	Schizophrenic disorders, residual type, unspecified	MH	YOUTH	1
295.61	Schizophrenic disorders, residual type, subchronic	MH	ADULT	1
295.61	Schizophrenic disorders, residual type, subchronic	MH	YOUTH	1
295.62	Schizophrenic disorders, residual type, chronic	MH	ADULT	1
295.62	Schizophrenic disorders, residual type, chronic	MH	YOUTH	1
295.63	Schizophrenic disorders, residual type, subchronic with acute exacerbation	MH	ADULT	1
295.63	Schizophrenic disorders, residual type, subchronic with acute exacerbation	MH	YOUTH	1
295.64	Schizophrenic disorders, residual type, chronic with acute exacerbation	MH	ADULT	1
295.64	Schizophrenic disorders, residual type, chronic with acute exacerbation	MH	YOUTH	1
295.65	Schizophrenic disorders, residual type, in remission	MH	ADULT	1
295.65	Schizophrenic disorders, residual type, in remission	MH	YOUTH	1
295.70	Schizoaffective disorder unspecified	MH	ADULT	1
295.70	Schizoaffective disorder unspecified	MH	YOUTH	1
295.71	Schizoaffective disorder subchronic	MH	ADULT	1
295.71	Schizoaffective disorder subchronic	MH	YOUTH	1
295.72	Schizoaffective disorder chronic	MH	ADULT	1
295.72	Schizoaffective disorder chronic	MH	YOUTH	1
295.73	Schizoaffective disorder subchronic with acute exacerbation	MH	ADULT	1
295.73	Schizoaffective disorder subchronic with acute exacerbation	MH	YOUTH	1
295.74	Schizoaffective disorder chronic with acute exacerbation	MH	ADULT	1
295.74	Schizoaffective disorder chronic with acute exacerbation	MH	YOUTH	1
295.75	Schizoaffective disorder in remission	MH	ADULT	1
295.75	Schizoaffective disorder in remission	MH	YOUTH	1
295.80	Other specified types of schizophrenia unspecified	MH	ADULT	1
295.80	Other specified types of schizophrenia unspecified	MH	YOUTH	1
295.81	Other specified types of schizophrenia subchronic	MH	ADULT	1
295.81	Other specified types of schizophrenia subchronic	MH	YOUTH	1
295.82	Other specified types of schizophrenia chronic	MH	ADULT	1
295.82	Other specified types of schizophrenia chronic	MH	YOUTH	1
295.83	Other specified types of schizophrenia subchronic with acute exacerbation	MH	ADULT	1
295.83	Other specified types of schizophrenia subchronic with acute exacerbation	MH	YOUTH	1
295.84	Other specified types of schizophrenia chronic with acute exacerbation	MH	ADULT	1

295.84	Other specified types of schizophrenia chronic with acute exacerbation	MH	YOUTH	1
295.85	Other specified types of schizophrenia in remission	MH	ADULT	1
295.85	Other specified types of schizophrenia in remission	MH	YOUTH	1
295.90	Unspecified Schizophrenia	MH	ADULT	1
295.90	Unspecified Schizophrenia	MH	YOUTH	1
295.91	Unspecified Schizophrenia mild	MH	ADULT	1
295.91	Unspecified Schizophrenia mild	MH	YOUTH	1
295.92	Unspecified Schizophrenia moderate	MH	ADULT	1
295.92	Unspecified Schizophrenia moderate	MH	YOUTH	1
295.93	Unspecified Schizophrenia severe, without mention of psychotic behavior	MH	ADULT	1
295.93	Unspecified Schizophrenia severe, without mention of psychotic behavior	MH	YOUTH	1
295.94	Unspecified Schizophrenia severe, specified as with psychotic behavior	MH	ADULT	1
295.94	Unspecified Schizophrenia severe, specified as with psychotic behavior	MH	YOUTH	1
295.95	Unspecified Schizophrenia in full remission	MH	ADULT	1
295.95	Unspecified Schizophrenia in full remission	MH	YOUTH	1
296.00	Bipolar I Disorder, Single Manic Episode, Unspecified	MH	ADULT	1
296.00	Bipolar I Disorder, Single Manic Episode, Unspecified	MH	YOUTH	1
296.01	Bipolar I Disorder, Single Manic Episode, Mild	MH	ADULT	1
296.01	Bipolar I Disorder, Single Manic Episode, Mild	MH	YOUTH	1
296.02	Bipolar I Disorder, Single Manic Episode, Moderate	MH	ADULT	1
296.02	Bipolar I Disorder, Single Manic Episode, Moderate	MH	YOUTH	1
296.03	Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features	MH	ADULT	1
296.03	Bipolar I Disorder, Single Manic Episode, Severe Without Psychotic Features	MH	YOUTH	1
296.04	Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features	MH	ADULT	1
296.04	Bipolar I Disorder, Single Manic Episode, Severe With Psychotic Features	MH	YOUTH	1
296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission	MH	ADULT	1
296.05	Bipolar I Disorder, Single Manic Episode, In Partial Remission	MH	YOUTH	1
296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission	MH	ADULT	1
296.06	Bipolar I Disorder, Single Manic Episode, In Full Remission	MH	YOUTH	1
296.10	Manic disorder, recurrent episode unspecified	MH	ADULT	1
296.10	Manic disorder, recurrent episode unspecified	MH	ADULT	1
296.11	Manic disorder, recurrent episode mild	MH	ADULT	1
296.11	Manic disorder, recurrent episode mild	MH	YOUTH	1

296.12	Manic disorder, recurrent episode moderate	MH	ADULT	1
296.12	Manic disorder, recurrent episode moderate	MH	YOUTH	1
296.13	Manic disorder, recurrent episode severe, without mention of psychotic behavior	MH	ADULT	1
296.13	Manic disorder, recurrent episode severe, without mention of psychotic behavior	MH	YOUTH	1
296.14	Manic disorder, recurrent episode severe, specified as with psychotic behavior	MH	ADULT	1
296.14	Manic disorder, recurrent episode severe, without mention of psychotic behavior	MH	YOUTH	1
296.15	Manic disorder, recurrent episode in partial or unspecified remission	MH	ADULT	1
296.15	Manic disorder, recurrent episode in partial or unspecified remission	MH	YOUTH	1
296.16	Manic disorder, recurrent episode in full remission	MH	ADULT	1
296.16	Manic disorder, recurrent episode in full remission	MH	YOUTH	1
296.20	Major depressive disorder, single episode unspecified	MH	ADULT	1
296.20	Major depressive disorder, single episode unspecified	MH	YOUTH	1
296.21	Major depressive disorder, single episode mild	MH	ADULT	1
296.21	Major depressive disorder, single episode mild	MH	YOUTH	1
296.22	Major depressive disorder, single episode moderate	MH	ADULT	1
296.22	Major depressive disorder, single episode moderate	MH	YOUTH	1
296.23	Major depressive disorder, single episode severe, without mention of psychotic behavior	MH	ADULT	1
296.23	Major depressive disorder, single episode severe, without mention of psychotic behavior	MH	YOUTH	1
296.24	Major depressive disorder, single episode severe, specified as with psychotic behavior	MH	ADULT	1
296.24	Major depressive disorder, single episode severe, specified as with psychotic behavior	MH	YOUTH	1
296.25	Major depressive disorder, single episode in partial or unspecified remission	MH	ADULT	1
296.25	Major depressive disorder, single episode in partial or unspecified remission	MH	YOUTH	1
296.26	Major depressive disorder, single episode in full remission	MH	ADULT	1
296.26	Major depressive disorder, single episode in full remission	MH	YOUTH	1
296.30	Major depressive disorder, recurrent episode unspecified	MH	ADULT	1
296.30	Major depressive disorder, recurrent episode unspecified	MH	YOUTH	1
296.31	Major depressive disorder, recurrent episode mild	MH	ADULT	1
296.31	Major depressive disorder, recurrent episode mild	MH	YOUTH	1
296.32	Major depressive disorder, recurrent episode moderate	MH	ADULT	1

296.32	Major depressive disorder, recurrent episode moderate	MH	YOUTH	1
296.33	Major depressive disorder, recurrent episode severe, without mention of psychotic behavior	MH	ADULT	1
296.33	Major depressive disorder, recurrent episode severe, without mention of psychotic behavior	MH	YOUTH	1
296.34	Major depressive disorder, recurrent episode severe, specified as with psychotic behavior	MH	ADULT	1
296.34	Major depressive disorder, recurrent episode severe, specified as with psychotic behavior	MH	YOUTH	1
296.35	Major depressive disorder, recurrent episode in partial or unspecified remission	MH	ADULT	1
296.35	Major depressive disorder, recurrent episode in partial or unspecified remission	MH	YOUTH	1
296.36	Major depressive disorder, recurrent episode in full remission	MH	ADULT	1
296.36	Major depressive disorder, recurrent episode in full remission	MH	YOUTH	1
296.40	Bipolar affective disorder, manic unspecified	MH	ADULT	1
296.40	Bipolar affective disorder, manic unspecified	MH	YOUTH	1
296.41	Bipolar I Disorder, Most Recent Episode (or current) Manic, Mild	MH	ADULT	1
296.41	Bipolar I Disorder, Most Recent Episode (or current) Manic, Mild	MH	YOUTH	1
296.42	Bipolar I Disorder, Most Recent Episode (or current) Manic, Moderate	MH	ADULT	1
296.42	Bipolar I Disorder, Most Recent Episode (or current) Manic, Moderate	MH	YOUTH	1
296.43	Bipolar I Disorder, Most Recent Episode (or current) Manic, Severe Without Mention of Psychotic Behavior	MH	ADULT	1
296.43	Bipolar I Disorder, Most Recent Episode (or current) Manic, Severe Without Mention of Psychotic Behavior	MH	YOUTH	1
296.44	Bipolar I Disorder, Most Recent Episode (or current) Manic, Severe As With Psychotic Behavior	MH	ADULT	1
296.44	Bipolar I Disorder, Most Recent Episode (or current) Manic, Severe As With Psychotic Behavior	MH	YOUTH	1
296.45	Bipolar I Disorder, Most Recent Episode (or current) Manic, In Partial or unspecified Remission	MH	ADULT	1
296.45	Bipolar I Disorder, Most Recent Episode (or current) Manic, In Partial or unspecified Remission	MH	YOUTH	1
296.46	Bipolar I Disorder, Most Recent Episode (or current) Manic, In Full Remission	MH	ADULT	1
296.46	Bipolar I Disorder, Most Recent Episode (or current) Manic, In Full Remission	MH	YOUTH	1
296.50	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Unspecified	MH	ADULT	1

296.50	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Unspecified	MH	YOUTH	1
296.51	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Mild	MH	ADULT	1
296.51	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Mild	MH	YOUTH	1
296.52	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Moderate	MH	ADULT	1
296.52	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Moderate	MH	YOUTH	1
296.53	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Severe Without Mention of Psychotic Behavior	MH	ADULT	1
296.53	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Severe Without Mention of Psychotic Behavior	MH	YOUTH	1
296.54	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Severe, specified as With Psychotic Features	MH	ADULT	1
296.54	Bipolar I Disorder, Most Recent Episode (or current) Depressed, Severe, specified as With Psychotic Features	MH	YOUTH	1
296.55	Bipolar I Disorder, Most Recent Episode (or current) Depressed, In Partial or unspecified Remission	MH	ADULT	1
296.55	Bipolar I Disorder, Most Recent Episode (or current) Depressed, In Partial or unspecified Remission	MH	YOUTH	1
296.56	Bipolar I Disorder, Most Recent Episode (or current) Depressed, In Full Remission	MH	ADULT	1
296.56	Bipolar I Disorder, Most Recent Episode (or current) Depressed, In Full Remission	MH	YOUTH	1
296.60	Bipolar I Disorder, Most Recent Episode (or current) Mixed Unspecified	MH	ADULT	1
296.60	Bipolar I Disorder, Most Recent Episode (or current) Mixed Unspecified	MH	YOUTH	1
296.61	Bipolar I Disorder, Most Recent Episode (or current) Mixed, Mild	MH	ADULT	1
296.61	Bipolar I Disorder, Most Recent Episode (or current) Mixed, Mild	MH	YOUTH	1
296.62	Bipolar I Disorder, Most Recent Episode (or current) Mixed, Moderate	MH	ADULT	1
296.62	Bipolar I Disorder, Most Recent Episode (or current) Mixed, Moderate	MH	YOUTH	1
296.63	Bipolar I Disorder, Most Recent Episode (or current) Mixed, Severe Without Mention of Psychotic behavior	MH	ADULT	1
296.63	Bipolar I Disorder, Most Recent Episode (or current) Mixed, Severe Without Mention of Psychotic behavior	MH	YOUTH	1

296.64	Bipolar I Disorder, Most Recent Episode (or current) Mixed, Severe With Psychotic behavior	MH	ADULT	1
296.64	Bipolar I Disorder, Most Recent Episode (or current) Mixed, Severe With Psychotic behavior	MH	YOUTH	1
296.65	Bipolar I Disorder, Most Recent Episode (or current) Mixed, In Partial or unspecified Remission	MH	ADULT	1
296.65	Bipolar I Disorder, Most Recent Episode (or current) Mixed, In Partial or unspecified Remission	MH	YOUTH	1
296.66	Bipolar I Disorder, Most Recent Episode (or current) Mixed, In Full Remission	MH	ADULT	1
296.66	Bipolar I Disorder, Most Recent Episode (or current) Mixed, In Full Remission	MH	YOUTH	1
296.7	Bipolar I Disorder, Most Recent Episode (or current) Unspecified	MH	ADULT	1
296.7	Bipolar I Disorder, Most Recent Episode (or current) Unspecified	MH	YOUTH	1
296.80	Bipolar disorder, unspecified	MH	ADULT	1
296.80	Bipolar disorder, unspecified	MH	YOUTH	1
296.81	Atypical manic disorder	MH	ADULT	1
296.81	Atypical manic disorder	MH	YOUTH	1
296.82	Atypical depressive disorder	MH	ADULT	1
296.82	Atypical depressive disorder	MH	YOUTH	1
296.89	Other and unspecified bipolar disorders, other	MH	ADULT	1
296.89	Other and unspecified bipolar disorders, other	MH	YOUTH	1
296.90	Unspecified episodic mood disorder	MH	ADULT	1
296.90	Unspecified episodic mood disorder	MH	YOUTH	1
296.99	Other specified affective psychoses	MH	ADULT	1
296.99	Other specified affective psychoses	MH	YOUTH	1
297.0	Paranoid state, simple	MH	ADULT	1
297.0	Paranoid state, simple	MH	CHILD	1
297.1	Delusional disorder	MH	ADULT	1
297.1	Delusional disorder	MH	YOUTH	1
297.3	Shared psychotic disorder	MH	ADULT	1
297.3	Shared psychotic disorder	MH	YOUTH	1
298.0	Depressive type psychosis	MH	ADULT	1
298.0	Depressive type psychosis	MH	YOUTH	1
298.1	Excitative type psychosis	MH	ADULT	1
298.1	Excitative type psychosis	MH	YOUTH	1
298.3	Acute paranoid reaction	MH	ADULT	1
298.3	Acute paranoid reaction	MH	YOUTH	1
298.4	Psychogenic paranoid psychosis	MH	ADULT	1
298.4	Psychogenic paranoid psychosis	MH	YOUTH	1
298.8	Other and unspecified reactive psychosis	MH	ADULT	1
298.8	Other and unspecified reactive psychosis	MH	YOUTH	1
298.9	Unspecified psychosis	MH	ADULT	1
298.9	Unspecified psychosis	MH	YOUTH	1
299.00	Autistic disorder, current or active state	MR/DD	ADULT	1
299.00	Autistic disorder, current or active state	MR/DD	CHILD	1

299.01	Autistic disorder, residual state	MR/DD	ADULT	1
299.01	Autistic disorder, residual state	MR/DD	CHILD	1
299.80	Other specified pervasive developmental disorders, current or active state	MR/DD	ADULT	1
299.80	Other specified pervasive developmental disorders, current or active state	MR/DD	CHILD	1
299.81	Other specified pervasive developmental disorders, residual state	MR/DD	ADULT	1
299.81	Other specified pervasive developmental disorders, residual state	MR/DD	CHILD	1
299.90	Unspecified pervasive developmental disorder, residual state	MR/DD	CHILD	1
299.91	Unspecified pervasive developmental disorder, residual state	MR/DD	CHILD	1
300.00	Anxiety state, unspecified	MH	ADULT	1
300.00	Anxiety state, unspecified	MH	YOUTH	1
300.01	Panic disorder without agoraphobia	MH	ADULT	1
300.01	Panic disorder without agoraphobia	MH	YOUTH	1
300.02	Generalized anxiety disorder	MH	ADULT	1
300.02	Generalized anxiety disorder	MH	YOUTH	1
300.13	Dissociative Fugue	MH	ADULT	1
300.13	Dissociative Fugue	MH	CHILD	1
300.14	Dissociative Identity Disorder	MH	ADULT	1
300.14	Dissociative Identity Disorder	MH	CHILD	1
300.15	Dissociative disorder or reaction, unspecified	MH	ADULT	1
300.15	Dissociative disorder or reaction, unspecified	MH	YOUTH	1
300.20	Phobia, unspecified	MH	ADULT	1
300.20	Phobia, unspecified	MH	CHILD	1
300.21	Agoraphobia with panic disorder	MH	ADULT	1
300.21	Agoraphobia with panic disorder	MH	YOUTH	1
300.22	Agoraphobia without mention of panic attacks	MH	ADULT	1
300.22	Agoraphobia without mention of panic attacks	MH	YOUTH	1
300.23	Social phobias	MH	ADULT	1
300.23	Social phobias	MH	YOUTH	1
300.29	Other isolated or specific phobias	MH	ADULT	1
300.29	Other isolated or specific phobias	MH	YOUTH	1
300.3	Obsessive-compulsive disorders	MH	ADULT	1
300.3	Obsessive-compulsive disorders	MH	YOUTH	1
300.4	Dysthymic Disorder	MH	ADULT	1
300.4	Dysthymic Disorder	MH	YOUTH	1
300.7	Hypochondriasis	MH	YOUTH	1
301.0	Paranoid personality disorder	MH	ADULT	2
301.0	Paranoid personality disorder	MH	YOUTH	2
301.13	Cyclothymic disorder	MH	ADULT	1
301.13	Cyclothymic disorder	MH	YOUTH	1
301.20	Schizoid personality disorder, unspecified	MH	ADULT	2
301.20	Schizoid personality disorder, unspecified	MH	YOUTH	2
301.22	Schizotypal Personality Disorder	MH	ADULT	2

301.22	Schizotypal Personality Disorder	MH	YOUTH	2
301.4	Obsessive-Compulsive Personality Disorder	MH	ADULT	2
301.4	Obsessive-Compulsive Personality Disorder	MH	YOUTH	2
301.7	Antisocial personality disorder	MH	ADULT	2
301.7	Antisocial personality disorder	MH	YOUTH	2
301.83	Borderline Personality Disorder	MH	ADULT	2
301.83	Borderline Personality Disorder	MH	YOUTH	2
302.2	Pedophilia	MH	ADULT	1
302.2	Pedophilia	MH	YOUTH	1
302.4	Exhibitionism	MH	YOUTH	1
302.6	Gender Identity Disorder in Children; Gender Identity Disorder NOS	MH	YOUTH	1
302.82	Voyeurism	MH	YOUTH	1
302.83	Sexual masochism	MH	YOUTH	1
302.84	Sexual Sadism	MH	YOUTH	1
302.9	Unspecified psychosexual disorder	MH	YOUTH	1
303.00	Acute alcoholic intoxication unspecified	SA	YOUTH	1
303.01	Acute alcoholic intoxication continuous	SA	YOUTH	1
303.02	Acute alcoholic intoxication episodic	SA	YOUTH	1
303.90	Other and unspecified alcoholic dependence unspecified	SA	ALL	1
303.91	Other and unspecified alcoholic dependence continuous	SA	ALL	1
303.92	Other and unspecified alcoholic dependence episodic	SA	ALL	1
304.00	Opioid type dependence unspecified	SA	ALL	1
304.01	Opioid type dependence continuous	SA	ALL	1
304.02	Opioid type dependence episodic	SA	ALL	1
304.10	Sedative, Hypnotic, or Anxiolytic Dependence, unspecified	SA	ALL	1
304.11	Sedative, Hypnotic, or Anxiolytic Dependence, continuous	SA	ALL	1
304.12	Sedative, Hypnotic, or Anxiolytic Dependence, episodic	SA	ALL	1
304.20	Cocaine dependence unspecified	SA	ALL	1
304.21	Cocaine dependence continuous	SA	ALL	1
304.22	Cocaine dependence episodic	SA	ALL	1
304.30	Cannabis dependence unspecified	SA	ALL	1
304.31	Cannabis dependence continuous	SA	ALL	1
304.32	Cannabis dependence episodic	SA	ALL	1
304.40	Amphetamine and other psychostimulant dependence unspecified	SA	ALL	1
304.41	Amphetamine and other psychostimulant dependence continuous	SA	ALL	1
304.42	Amphetamine and other psychostimulant dependence episodic	SA	ALL	1
304.50	Hallucinogen dependence unspecific	SA	ALL	1
304.51	Hallucinogen dependence continuous	SA	ALL	1

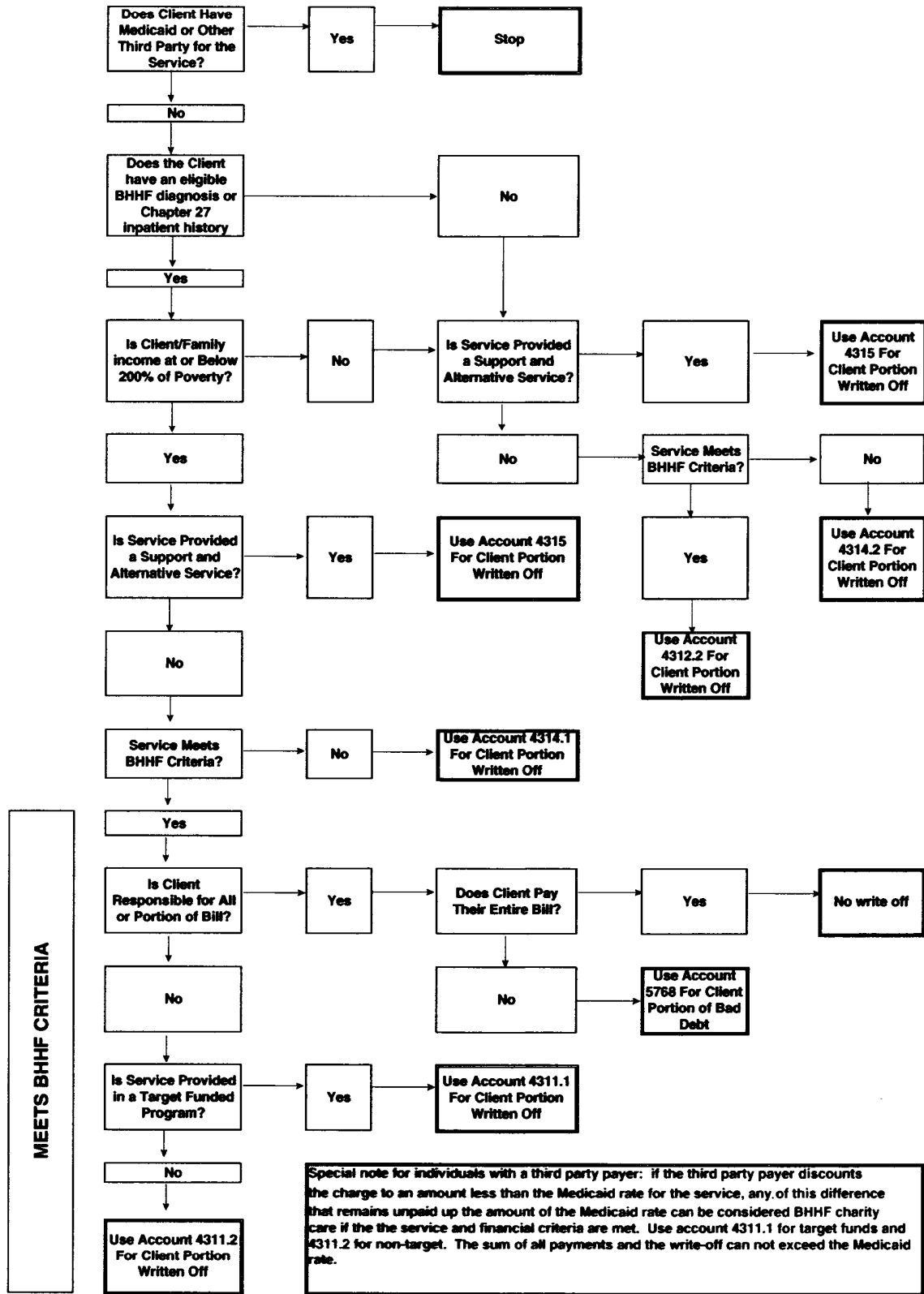
304.52	Hallucinogen dependence episodic	SA	ALL	1
304.60	Other specified drug dependence unspecified	SA	ALL	1
304.61	Other specified drug dependence continuous	SA	ALL	1
304.62	Other specified drug dependence episodic	SA	ALL	1
304.70	Combinations of opioid type drug with any other unspecified	SA	ALL	1
304.71	Combinations of opioid type drug with any other continuous	SA	ALL	1
304.72	Combinations of opioid type drug with any other episodic	SA	ALL	1
304.80	Combinations of drug dependence excluding opioid type drug unspecified	SA	ALL	1
304.81	Combinations of drug dependence excluding opioid type drug continuous	SA	ALL	1
304.82	Combinations of drug dependence excluding opioid type drug episodic	SA	ALL	1
304.90	Drug dependence unspecified	SA	ALL	1
304.91	Unspecified drug dependence continuous	SA	ALL	1
304.92	Unspecified drug dependence episodic	SA	ALL	1
305.00	Alcohol abuse unspecified	SA	ALL	1
305.01	Alcohol abuse continuous	SA	ALL	1
305.02	Alcohol abuse episodic	SA	ALL	1
305.20	Cannabis abuse unspecified	SA	ALL	1
305.21	Cannabis abuse continuous	SA	ALL	1
305.22	Cannabis abuse episodic	SA	ALL	1
305.30	Hallucinogen abuse unspecified	SA	ALL	1
305.31	Hallucinogen abuse continuous	SA	ALL	1
305.32	Hallucinogen abuse episodic	SA	ALL	1
305.40	Sedative, Hypnotic, or Anxiolytic Abuse, unspecified	SA	ALL	1
305.41	Sedative, Hypnotic, or Anxiolytic Abuse, continuous	SA	ALL	1
305.42	Sedative, Hypnotic, or Anxiolytic Abuse, episodic	SA	ALL	1
305.50	Opioid abuse unspecified	SA	ALL	1
305.51	Opioid abuse continuous	SA	ALL	1
305.52	Opioid abuse episodic	SA	ALL	1
305.60	Cocaine abuse unspecified	SA	ALL	1
305.61	Cocaine abuse continuous	SA	ALL	1
305.62	Cocaine abuse episodic	SA	ALL	1
305.70	Amphetamine or related acting sympathomimetic abuse unspecified	SA	ALL	1
305.71	Amphetamine or related acting sympathomimetic abuse continuous	SA	ALL	1
305.72	Amphetamine or related acting sympathomimetic abuse episodic	SA	ALL	1
305.80	Antidepressant type abuse unspecified	SA	ALL	1
308.81	Antidepressant type abuse continuous	SA	ALL	1
305.82	Antidepressant type abuse episodic	SA	ALL	1

305.90	Other, mixed, or unspecified drug abuse unspecified	SA	ALL	1
305.91	Other, mixed, or unspecified drug abuse continuous	SA	ALL	1
305.92	Other, mixed, or unspecified drug abuse episodic	SA	ALL	1
307.1	Special symptoms or syndromes not elsewhere classified, Anorexia nervosa	MH	ADULT	1
307.1	Special symptoms or syndromes not elsewhere classified, Tics	MH	YOUTH	1
307.46	Somnambulism or night terrors	MH	YOUTH	1
307.47	Other dysfunctions of sleep stages or arousal from sleep	MH	YOUTH	1
307.50	Eating disorder, unspecified	MH	ADULT	1
307.50	Bulimia Nervosa	MH	YOUTH	1
307.51	Eating disorder, Bulimia	MH	ADULT	1
307.51	Eating disorder, Bulimia	MH	YOUTH	1
307.52	Eating disorder, Pica	MH	YOUTH	1
307.53	Rumination Disorder	MH	YOUTH	1
307.59	Other disorders of eating	MH	YOUTH	1
307.6	Enuresis	MH	YOUTH	1
307.7	Encopresis	MH	YOUTH	1
308.3	Other acute reactions to stress	MH	ADULT	1
308.3	Other acute reactions to stress	MH	YOUTH	1
309.0	Adjustment Disorder With Depressed Mood	MH	ADULT	1
309.0	Adjustment Disorder With Depressed Mood	MH	YOUTH	1
309.1	Prolonged depressive reaction	MH	ADULT	1
309.1	Prolonged depressive reaction	MH	YOUTH	1
309.21	Separation anxiety disorder	MH	ADULT	1
309.21	Separation anxiety disorder	MH	YOUTH	1
309.24	Adjustment Disorder With Anxiety	MH	ADULT	1
309.24	Adjustment Disorder With Anxiety	MH	YOUTH	1
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	MH	ADULT	1
309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood	MH	YOUTH	1
309.29	Other predominant disturbance of other emotions	MH	ALL	1
309.3	Adjustment Disorder With Disturbance Of Conduct	MH	ADULT	1
309.3	Adjustment Disorder With Disturbance Of Conduct	MH	YOUTH	1
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	MH	ADULT	1
309.4	Adjustment Disorder With Mixed Disturbance of Emotions and Conduct	MH	YOUTH	1
309.81	Posttraumatic stress disorder	MH	ADULT	1
309.81	Posttraumatic stress disorder	MH	YOUTH	1
309.9	Other specified adjustment reactions	MH	ADULT	1
309.9	Other specified adjustment reactions	MH	YOUTH	1
311	Depressive disorder, not elsewhere classified	MH	ADULT	1
311	Depressive disorder, not elsewhere classified	MH	YOUTH	1

312.00	Undersocialized conduct disorder, aggressive type unspecified	MH	YOUTH	1
312.01	Undersocialized conduct disorder, aggressive type mild	MH	YOUTH	1
312.02	Undersocialized conduct disorder, aggressive type moderate	MH	YOUTH	1
312.03	Undersocialized conduct disorder, aggressive type severe	MH	YOUTH	1
312.10	Undersocialized conduct disorder, unaggressive type, unspecified	MH	YOUTH	1
312.11	Undersocialized conduct disorder, unaggressive type, mild	MH	YOUTH	1
312.12	Undersocialized conduct disorder, unaggressive type, moderate	MH	YOUTH	1
312.13	Undersocialized conduct disorder, unaggressive type, severe	MH	YOUTH	1
312.20	Socialized conduct disorder unspecified	MH	YOUTH	1
312.21	Socialized conduct disorder mild	MH	YOUTH	1
312.22	Socialized conduct disorder moderate	MH	YOUTH	1
312.23	Socialized conduct disorder severe	MH	YOUTH	1
312.30	Disorders of impulse control, unspecified	MH	YOUTH	1
312.32	Disorders of impulse control, kleptomania	MH	ADULT	1
312.32	Disorders of impulse control, kleptomania	MH	YOUTH	1
312.33	Disorders of impulse control, pyromania	MH	ADULT	1
312.33	Disorders of impulse control, pyromania	MH	YOUTH	1
312.34	Disorders of impulse control, intermittent explosive disorder	MH	ADULT	1
312.34	Disorders of impulse control, intermittent explosive disorder	MH	YOUTH	1
312.4	Mixed disturbance of conduct and emotions	MH	YOUTH	1
312.81	Conduct disorder, childhood onset type	MH	YOUTH	1
312.82	Conduct disorder, adolescent onset type	MH	YOUTH	1
312.89	Other conduct disorder	MH	YOUTH	1
312.9	Unspecified disturbance of conduct	MH	YOUTH	1
313.0	Overanxious disorder	MH	YOUTH	1
313.23	Selective Mutism	MH	YOUTH	1
313.81	Oppositional Defiant Disorder	MH	YOUTH	1
313.82	Identity disorder	MH	YOUTH	1
313.89	Other mixed emotional disturbances of childhood or adolescences	MH	YOUTH	1
313.9	Unspecified emotional disturbance of childhood or adolescence	MH	YOUTH	1
314.00	Attention deficit disorder without mention of hyperactivity	MH	ADULT	1
314.00	Attention deficit disorder without mention of hyperactivity	MH	YOUTH	1
314.01	Attention deficit disorder with hyperactivity	MH	ADULT	1
314.01	Attention deficit disorder with hyperactivity	MH	YOUTH	1

314.9	Unspecified hyperkinectic syndrome	MH	ADULT	
314.9	Unspecified hyperkinectic syndrome	MH	YOUTH	1
317	Mild mental retardation	MR/DD	ALL	2
318.0	Moderate mental retardation	MR/DD	ALL	2
318.1	Severe mental retardation	MR/DD	ALL	2
318.2	Profound mental retardation	MR/DD	ALL	2
319	Unspecified mental retardation	MR/DD	ALL	2
<b>ICD-9 Codes Commonly Used but not in Mental Disorders (290-319) Section</b>				
787.6	Incontinence of feces	MH	YOUTH	1
799.9	Other unknown and unspecified causes of morbidity and mortality	MH	ALL	1
799.9	Other unknown and unspecified causes of morbidity and mortality	SA	ALL	1
799.9	Other unknown and unspecified causes of morbidity and mortality	MR/DD	ALL	2
995.50	Child abuse unspecified	MH	YOUTH	1
995.51	Child emotional/psychological abuse	MH	YOUTH	1
995.52	Child neglect (nutritional)	MH	YOUTH	1
995.53	Child sexual abuse	MH	YOUTH	1
995.54	Child physical abuse	MH	YOUTH	1
995.55	Shaken infant syndrome	MH	YOUTH	1
995.59	Other child abuse and neglect	MH	YOUTH	1
V61.20	Counseling for parent-child problem, unspecified	MH	YOUTH	1
V61.21	Counseling for victim of child abuse	MH	YOUTH	1
V71.02	Childhood and adolescent antisocial behavior	MH	YOUTH	1
V71.09	Other suspected mental condition	MH	ALL	1
V71.09	Other suspected mental condition	SA	ALL	1
V71.09	Other suspected mental condition	MR/DD	ALL	2

Flowchart for Account Assignment of Charity Care



# CHARITY CARE DETERMINATION SHEET

I HEREBY ACKNOWLEDGE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND CORRECT. I AUTHORIZE THE BEHAVIORAL HEALTH CENTER TO VERIFY ANY INFORMATION CONTAINED IN THIS DOCUMENT FOR THE SOLE PURPOSE OF ASSESSING FINANCIAL NEED.

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING REQUEST.....DATE

\_\_\_\_\_  
SIGNATURE OF LEGAL GUARDIAN.....DATE

\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR OFFICE PERSONNEL USE ONLY**

This document was received and completed by: \_\_\_\_\_  
(Date) (Name/Title): \_\_\_\_\_

APPROVED (2<sup>nd</sup> Reviewer)

Subsequent Reviews		
Revision No. _____ (if applicable)	Initial	Date
Review	_____	_____
Review	_____	_____
Review	_____	_____
Review	_____	_____
Review	_____	_____
Review	_____	_____

## Charity Care Determination

Approved based upon:

**FINANCIAL**

1) Individual and Family Income (per Federal Poverty Level - Form 2)

Below Poverty Yes \_\_\_\_\_ No \_\_\_\_\_

2) Judgment (no documentation) and signed by client

Below Poverty Yes \_\_\_\_\_ No \_\_\_\_\_ Crisis \_\_\_\_\_\*

(Complete worksheet detailing why documentation)

**SERVICE**

3) BHHF Service Criteria - APS Determination for BHHF Yes \_\_\_\_\_ No \_\_\_\_\_

Note: Must have "Yes" marked on both Financial and Service to be Charity Care – BHHF Definition.

**Conclusion:**

Charity Care – BHHF Definition \_\_\_\_\_ (Target 4311.1 \_\_\_\_\_ Non Target 4311.2 \_\_\_\_\_)

Charity Care – Other (Non BHHF Definition) \_\_\_\_\_

Does Not Qualify for Charity Care \_\_\_\_\_

\*Crisis activity is exempt from completing all mandatory elements of a charity care application, however, this sheet must be completed and crisis documented.

# STANDARDIZED JUSTIFICATION FORM

TO DOCUMENT STEPS TAKEN TO VALIDATE

CLIENT INCOME IS 200% OR BELOW OF PROPERTY

(This form is to be completed if the documentation noted on page 7 cannot be obtained)

Mandatory written policy per provider will outline procedures in completing this form.

**Client Name:** \_\_\_\_\_

Document steps taken to prove income is 200% or below of poverty. (Client was not able to produce an audit trail per the required documents noted on page 7 of the application).

**Providers MUST have a written policy (and on file with BHFF) on completing the Charity Care Application which includes the documentation needed to complete the Standardized Justification.**

Reason why official documentation could not be obtained. (Documents steps taken to obtain income documentation per provider's written policy ex: document phone call, letters to client, etc.)

Basis for conclusion. Must document per your professional judgment why provider believes this person qualifies for charity care without income documentation.

**Conclusion (Judgment)**

Below poverty \_\_\_\_\_ Yes \_\_\_\_\_ No

Document completed by (Provider staff) \_\_\_\_\_

Date

**Individual Provider Written Policy/Procedure Checklist  
For Implementing the Charity Care Reporting Policy.**

**Policy must be filed with Bureau by 1/16/06**

Effective January 1, 2006, each provider must develop a written policy which outlines procedures to begin the Charity Care application for a client, methods of obtaining income documentation – and the follow-up –and when this fails, the documentation for completing the Standardized Justification Form. This requirement resulted from documentation inconsistencies discovered during the FY 05 (service period) Charity Care Audit per each provider. It became apparent that internal procedures, sign offs, and timelines were not consistent within each entity. It also became apparent that some providers were very aggressive in obtaining income documentation and others were not. The target percentage for BHHF Charity Care clients for obtaining income documentation should exceed 50%.

The Bureau does not want to dictate how each provider implements the Charity Care Reporting Policy and their internal procedures, therefore, below is a checklist for minimal requirements that must be noted within each provider's written policy.

Include:

- How the client is informed about the charity care policy.
- When the application is initially prepared.
- The staff responsible in completing the application and the date/timeframe in which they prepare the application.
- The staff responsible for the review and timeframe in which the signoff occurs.
- If client does not have income documentation, include your follow up procedures with the client to try to obtain documentation (phone call (how many times), letter, next visit, etc.) and the time frame in which this is to occur. At least one follow up is required to try to obtain documentation.
- Timeframe to close out (deadline) attempts to get income and begin completing the Standardized Justification Form.
- Staff responsible for completing the Standardized Justification Form.
- If the attempts in obtaining the income documentation failed, providers must document steps taken to attempt to get income verification per written policy in Justification Form.
- Staff person responsible for determining the "Basis for Conclusion" in the Standardization Form. Or is this the reviewer? This is based upon a provider's professional judgment.
- Time period to/from start to finish in which the Charity Application must be closed out and a determination made (including all the reviews).
- Timeframes in which accounting adjustments are made (corrections).
- If your using BHHF forms, your own modified forms, or electronic files.

Written policies must be on file at your agency and with BHHF. These procedures will also be used by auditors during future charity care audits (FY 06 and forward).