NORTH COUNTRY COMMUNITY MENTAL HEALTH

ACTIVE ENGAGEMENT REPORT

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID: \_\_\_\_\_\_\_\_\_\_\_\_ POS Date: \_\_\_\_\_\_\_\_\_\_ Month/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Waiver/Non-waiver (circle one) Supports Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goal/Objective #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enter units or hours:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Code | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **B** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **C** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **D** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **E** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| G |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Key/See instructions for use of Modifiers:

**A** = Job Development

B = Job Shadowing

C = Job Coaching

D = Long-term employment follow along

E = Individual Enterprise Development

F = Individual Enterprise

G = Indirect for A, D, E above list as GA,GD,GE with time

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Enter units or hours:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Code | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| **H** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **I** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **J** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **K** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **L** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **M** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **N** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Key/See instructions for use of Modifiers:

**H =** Volunteer if in preparation for specific job

**I =** Indirect service for other than employment

**J =** Community Living Supports outside facility include modifier

**K =** Transportation for these services, mileage

**L =** Transportation to develop these services without consumer present

**M =** Skill building as it relates to “other” business

**N =** Community (non-CMH) supported employment

My signature indicates I verify that the above services have been delivered in accordance with the consumer’s POS and all contractual requirements.

Supervisor Signature: Date:

ACTIVE ENGAGEMENT DATA SHEET INSTRUCTIONS:

This is not a billing sheet. This document is for the purpose of recording the work you do that has been buried within the other billing codes or not reported at all.

Some of the information might be a duplication of what you bill but a lot is much more specific and embraces the work that you do outside of your facility to help consumers make connections with the broader community and their “non-disabled peers.”

The first page, A- F relates specifically to direct support in competitive employment situations outside of the facility or that leads to or supports an individual (micro) enterprise. “G” is used to support A,D, and E when the consumer is not present.

Community Living Supports are reported on line “J” with the following modifiers:

a – 1-2 consumers (Ja)

b – 3-5 consumers (Jb)

c – over 6 consumers (Jc)

v – volunteer work not intended to lead to employment (Jv)

g – membership in a community based organization (group or club) with or without staff present ( This would be for group

membership your agency facilitated not something the consumer found himself/herself or someone else facilitated.) (Jg)

“M” is used if the consumer is assisting with the marketing, delivery or other activity for a business not owned by the individual, i.e., if the agency owns the business.

“N” is used for Job Development, Job Coaching or Individual Enterprise Development funded by a grant or an agency other than CMH (most commonly MRS).

The time you spend is reported in the cell with the exception of “Transportation” (K & L) which is recorded in miles. You can use hours or portions of hours or the number of 15 minute units but please specify clearly which you are reporting and be consistent throughout.

Though this is not a billing form you are billing this time on another format so any service provided (except “J g” without staff and “N” which is not funded or reported to CMH) must be supported by and authorized in the plan of service. Consumer choice is essential in these activities. Though we always try to monitor this internally, please work closely with the Supports Coordinator to assure the service authorized in the plan is the service you are delivering. It is possible to do an addendum for a new or different service. If you have any questions about this or anything else regarding this set of services, please call 231-533-8619 or email jmoran@norcocmh.org).

When these are completed at the end of the month please fax or mail them by the 5th of the next month.

Thank you.

Julie Moran

231-533-8619

jmoran@norcocmh.org