



IPRS Target Population Information from LME Consumer Admission and Discharge Form



Consumer Information:

A. First Name _____

B. MI _____

C. Last Name _____

D. Maiden Name _____

E. Consumer DOB [®] _____/_____/_____

H. LME Consumer Record No. [®] _____

26a. Consumer's IPRS Target Population Eligibility (check one box and complete eligibility begin and end dates on one primary population that applies):*

| IPRS Target Population | Eligibility Begin Date | Eligibility End Date | IPRS Target Population | Eligibility Begin Date | Eligibility End Date |
|--|------------------------|----------------------|---|------------------------|----------------------|
| (A) <input type="checkbox"/> AMI – Adult with Mental Illness | | | (P) <input type="checkbox"/> ASCDR – ASA Injecting Drug User/Communicable Disease | | |
| (B) <input type="checkbox"/> AMSRE – AMH Stable Recovery Population | | | (Q) <input type="checkbox"/> ASWOM – ASA Women | | |
| (D) <input type="checkbox"/> AMCS – AMH Crisis Services | | | (R) <input type="checkbox"/> ASDSS – ASA DSS Involved | | |
| (F) <input type="checkbox"/> CMSED – CMH Seriously Emotionally Disturbed Child | | | (S) <input type="checkbox"/> ASCJO – ASA Criminal Justice Offender | | |
| (G) <input type="checkbox"/> CMECD – CMH Early Childhood Disorder | | | (T) <input type="checkbox"/> ASTER – ASA Treatment Engagement and Recovery | | |
| (I) <input type="checkbox"/> CMCS – CMH Crisis Services | | | (V) <input type="checkbox"/> ASCS – ASA Crisis Services | | |
| (J) <input type="checkbox"/> ADSN – Adult with Developmental Disability | | | (W) <input type="checkbox"/> CSSAD – CSA Child with Substance Abuse Disorder | | |
| (L) <input type="checkbox"/> ADCS – ADD Crisis Services | | | (X) <input type="checkbox"/> CSMAJ – CSA Child in the MAJORS SA/JJ Program | | |
| (M) <input type="checkbox"/> CDSN – CDD Developmental Disability | | | (Z) <input type="checkbox"/> CSCS – CSA Crisis Services | | |
| (O) <input type="checkbox"/> CDCS – CDD Crisis Services | | | (AA) <input type="checkbox"/> AMVET – Veteran and Family (age 18 and over) (Scheduled for January, 2009 implementation) | | |
| <i>Provider Agency Name and phone number:</i> | | | (BB) <input type="checkbox"/> CMVET – Veteran and Family (under age 18) (Scheduled for January, 2009 implementation) | | |
| <i>Provider Staff Name:</i> | | | (XX) <input type="checkbox"/> No IPRS Target Population (Not eligible for IPRS Funding) | | |

*Note: IPRS Target Population indicated represents the consumer's principal or primary diagnosis and the main focus of attention or treatment, and that is chiefly responsible for the need for services received for the current episode of care. IPRS Target Population Details are posted on the DMHDDSAS web site at <http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm>