APPENDIX B: Mental Health CPMS Forms

CLIENT PROCESS MONITORING SYSTEM

White - Local Copy Yellow - State Copy Basic or Residential Services

CPMS - OMHAS

Who are the copy of the copy o

OI WO - O	1411 1/	13	CFIVIS - CIVINAS							11: · I · · · · · · · · · · · · · · · · ·									
						Clinic Identification							5 Opening Date						
	30					3 CMHP 4 Provider					Month			th Day		Y	'ear		
	/ Date of Correction																		
6 Name (USE	UP	PER (CK I	ETT	ERS)	!													
Last				First Birth Name															
1 1 1					,			,											
7 Case Numb		18 1	ata of	Birth		11		L	ــــــــــــــــــــــــــــــــــــــ										
7 Casc Ivallio	- 1		1	г	0 0										D		* 7		
							- Known				M	onth	l l		Day	- 1	Ye	ar	
0.1 1.04 - 4	l		<u> </u>	<u> </u>	10.		- Estimate			_	10.0	Ļ					<u> </u>		
9 Legal Statu					101	zligib	ility Coc	ie			12 Ge	iender 13 Education							
		Volunt					Codes on	back				F = Female Highest grade completed.							
			ntary C				of form.	ouck			M = Male								
	<u> 600 -</u>	Involu	ntary C	riminal															
14 School/Tra	inin	g			15 H	Referi	al Sourc	e		1	17 Est	imat	ed Gr	oss F	Iouseh	old M	onthly	Income	
Now enroll	ed in	school	or train	ing?							Ente	er inc	ome or	•	0001	= Refus	ed		
1 = Ye	es 2	= No					Codes	on back	of for	m.						= Unkn			
,										- 1							than \$9,9	999	
18 Residence	19 I	Race/F	Ethnici	itv	4	21 M	arital	22 Liv	ing A	rran	geme	nt		23			Depend		
Code							atus												
Code			(Non-H					01 - Pri						l			l number	i i	
County or			(Non-H Americ		,	1 - N		02 - Pri				spous	se or	١.			age gro		
State code			: Americ an Nativ				arried	_	nifica					that			upon the		
		Asian	ui inatiiv	, C				03 - Pri					IŁ,				item #17	1	
Codes on			nic (Me:	vicen)			idowed				child(re		17.5	l	(includ	ling the	consum	er)	
back of			nic (Pue				ivorced	06 - Pri										ŀ	
form.			nic (Pue nic (Cut		an)		eparated	or	other	unrela	ated per	son(s	;)					İ	
	1	-	Hispani			6 - Li	iving as	(Ma	ore co	des or	n back i	of for	m)						
			ruspam east Asia			M	arried	(111	010 00	ues oi	n back of form.)								
	1	Other		an			I							_		1.7	10 (4	65.	
	11 -						, }							0-5 6-17 18-64 65+				65+	
		1	- Nativ																
			her Paci	ific Isla	nder														
24 Source of	Inco	me				25 E	mploym	ent Sta	tus					29 F	rime l	Numbe	er		
Mark only one	box.	Enter	a "1"																
next to the p						1 - F	ull time (3	5 hours	or mo	re)									
		•				2 - P	art time (1	7 - 34 h	ours)						Enter	the Cor	nsumers'		
Wages, Sala	ry					3 - Irregular (less than 17 hours)							Medicaid Recipient Prime Number				umber		
D 11: 4 :						4 - Not employed (but has sought employment)					ŀ		
Public Assis	tance		*			5 - Not employed (and has not sought employr							nent)						
Other						r													
						,													
None																	ĺ		
33 Employab	ility	Facto	r			92 D	iagnosti	c Impr	essio	n			75 L	evel	of Fu	nctioni	ing		
						92 Diagnostic Impression 75 Level of 01 - Not mentally ill/diagnosis deferred													
0 - Employable	or w	orking	now					-	-									ŀ	
1 - Student							Delirium, I			nesic	and oth	er	Enter the Level of Function						
2 - Homemaker	•						Cognitive d										ssessmen	t	
3 - Retired							Substance-						of	f Func	ctioning	(GAF)	Scale.	-	
4 - Unable for p							Schizophre	nia and	otner j	psych	otic							ı	
psychologic		isons					isorders						Y	ou ma	ıy also u	ise the (Children'	s	
5 - Incarcerated							Mood disor						G	lobal	Assessn	nent Sca	ale (CGA	.S).	
6 - Seasonal wo							Anxiety dis												
7 - Temporary layoff						10 - Adjustment disorders										Did v	vou		
						11 - Personality disorders 14 - Disorders usually diagnosed in infancy							Did you Range = 0 - 100 use the CGAS?				32		
								-	_		inianc	У					_		
							hildhood c		cence				Y - Yes N - No						
							Eating diso										1.,	~	
							Dissociativ	e aisord	ers										
						17 - 0													
						18 - U	Jnknown	Pri	nary		Secon	dary							
													1	F	Form Nu	ımber M	1HD-AD	MS-0189	
																		ber 10/03	
													-						

Mental Health CPMS Enrollment Form Code List

BOX NUMBER

10. ELIGIBILITY CODES

- 04 Severe & Persistent Mental Illness / Serious Emotional Disorder (Priority One, i.e., at risk of hospitalization without treatment)
- 16 Non SPMI/SED, but still Priority One (at risk of hospitalization)
- 17 Priority Two (geographic, clinical, or financial reasons prevent access to private behavioral health services)
- 18 Priority Three (does not meet priority 1 or 2 criteria)

15. REFERRAL SOURCES

State or Local Social Service Program/Agencies 07 – Support Programs

for Adults (TANF/Food Stamps)

- 08 Support Programs
- for Children (Child Welfare)
- 11 Vocational Rehabilitation
- 35 Seniors and People with Disabilities
- 04 Developmental Disability Services
- 37 Youth/Child Social Service Agencies, Centers, Teams
- 06 Other Community Agencies

Behavioral Health Providers/Agencies

- 83 Community-based Mental Health and/or Addiction Service Provider
- 84 Other Mental Health/Addiction Service Providers (Private Practice, e.g., Psychologist/Psychiatrist)
- 49 Mental Health Organization (MHO)
- 85 Acute or Sub-Acute Psychiatric Facility
- 86 State Psychiatric Facility

Health Providers

- 48 Fully Capitated Health Plan (FCHP)
- 31 Primary Care Provider, Specialist, or Other Physical Health Provider

Criminal Justice System Institutions and Agencies

- 21 Court
- 22 Jail City or County
- 23 Parole County/State/Federal includes juveniles 24 Police or Sheriff Local, State
- 25 Psychiatric Security Review Board (PSRB)
- 26 Probation County/State/Federal includes juveniles
- 71 State Correctional Institution
- 72 Federal Correctional Institution
- 78 Integrated Treatment Court (Drug Court or Mental Health Court)

Personal Support System 32 – Self

- 33 Family/Friend
- 34 Employer/Employee Assistance Programs (EAP)
- 38 Self Help Group

Other/None

- 99 Other
- 00 Unknown/None (Note: Use code 32 "self" if client leaves without a referral.)

BOX NUMBER

18. CLIENT RESIDENCE CODES

12-Grant	23-Malheur	34-Washington
13-Harney	24-Marion	35-Wheeler
14-Hood River	25-Morrow	36-Yamhill
15-Jackson	26-Multnomah	91-California
16-Jefferson	27-Polk	92-Idaho
17-Josephine	28-Sherman	93-Nevada
18-Klamath	29-Tillamook	94-Washington State
19-Lake	30-Umatilla	95-Other State
20-Lane	31-Union	96-Foreign Country
21-Lincoln	32-Wallowa	97-Transient/Homeless
22-Linn	33-Wasco	98-Unknown
		99-Refused
	13-Harney 14-Hood River 15-Jackson 16-Jefferson 17-Josephine 18-Klamath 19-Lake 20-Lane 21-Lincoln	13-Harney 24-Marion 14-Hood River 25-Morrow 15-Jackson 26-Multnomah 16-Jefferson 27-Polk 17-Josephine 28-Sherman 18-Klamath 29-Tillamook 19-Lake 30-Umatilla 20-Lane 31-Union 21-Lincoln 32-Wallowa

22. LIVING ARRANGEMENT CODES

- 01 Private Residence Alone
- 02 Private Residence w/Spouse or Significant Other 03 Private Residence w/Parent, Relative, Adult Child(ren)
- 06 Private Residence w/Friend(s) or Other Unrelated Person(s)
- 04 Non-Relative Foster Home
- 21 Treatment Foster Care (Youth) 05 Institution: Hospital/Corrections
- 07 Skilled Nursing/Intermediate Care Facility
- 09 Residential Treatment Facility/Home
- 28 Other Residential Facility/Group Home
- 16 Room and Board
- 97 Transient/Homeless
- 27 Other

10	ee-	
Ж	DH	2 F
/\	וע	Ī

CLIENT PROCESS MONITORING SYSTEM

White - Local Copy Yellow - State Copy

Mental Health

Oregon Department of Human Services										17]	Basic o	or Resi	denti	ial Se	rvices	
CPMS -	•		Ji i iani	ian coi										min:	<u>ation</u>	Form
☐ Check box if correction					Clinic Identification					5 Opening Date Month Day Year						
/ / Date of Correction					3 CN	1HP		4 Prov	ider	Month Day			Y	ear		
6 Name (USE UPPER CASE BLOC						- <u> </u>	D (1)		l							
	SE UI	PER	CASE	BLOC	CK LE	STTE	RS) First						Birth N	ame		
Last						. ľ	nst					,		1		
7 Case Number					l 8 Da	te of	Birth				<u> </u>	47 Pay	or Code	148	Term	Type
/ Case Number			O Du		Known	Month	Da	ıy	47 Payor Code 48 Term Type y Year							
						Estimated		- I 1	1	1						
49 Last Con	tact I	Date	L	.i	51 E	duca			52 Scl	hool/	Training		A	53 F	Referr	ed to
Month	D		Y	ear	High	est gra	de compl	eted.			in school o	or training	<u>;?</u>	Code	es on b	ack.
		1		ł			99 = U	nknown			Yes 2 - N	О				
									1	9 -	Unknown					
56 Househo	ld Mo	onthly	Incon	ne	57 N	1arita	l Status				of Income					
Enter income	e or:				1		married				nly one box	k. Enter a	"1" next	to		
0001 = Refuse					1	Marrie Vidow			L th	e prim	ary source.					
0002 = Unkno					1	Divorc			l v	/ages.	salary	No	one			
9999 = More t	than \$9	1,999			5 - 5	epara			P	ublic a	ssistance	Uı	nknown			
							Living as		\vdash							
50 F 1		<u> </u>			1111	-	Unknown				(1 Facelous Hillian Footon					
59 Employr					 		g Arran				61 Employability Factor 0 - Employable or working now					
1 - Full time (2 - Part time (e residenc	e - alone e - w/spous	e or		1 - Student					
3 - Irregular (•						icant othe				2 - Homemaker					
4 - Not emplo								e - w/parer	t,		3 - Retired					
employme							e, adult ch		1/)	1	4 - Unable for physical or psychological reasons					
5 - Not emplo not sought					1			e - w/frienced person(s			5 - Incarcerated 6 - Seasonal worker					
9 - Unknown	empio	ymem)			1 '	л опк	Tumerace	ou person(s	,	1	7 - Temporary layoff					
								er codes on		9	9 - Unknown					
							7 bac	k of form.)								
										_						
120 Diagno	stic Ir	npress	sion		75 Level of Functioning								These		es	
01 - Not ment	ally ill,	/diagno:	sis defe	rred							for Youth Only					
02 - Delirium,					1		Level of			11	112 Academic					
and other	_				1			il Assessme AF) Scale.	nt		Academic improvement in school?					
03 - Substance 05 - Schizoph				otic	011	uncin	ning (Or	ii) Scale.		98990000	1 - Yes 2 - No					
disorders			. poj en					he Childrer		G131223028		ıble				
06 - Mood dis					Glo	bal As	sessment	Scale (CG	AS).		3 - Not applicable 9 - Unknown					
09 - Anxiety d					Rang	e = 0	- 100	Did you		.	3 Attenda	192				
10 - Adjustme						= Unk		use the Co	GAS?	E 517 C 32						
14 - Disorders	-		nosed in	infancy				1 1	Y - Yes		Improved school attendance?					
childhood or adolescence									N - No	200	1 - Yes 2 - No					
16 - Eating disorders 19 - Dissociative disorders							inal Jus		. 7414		Not applica	ıble				
17 - Other	live uis	oracis						olvement		9 -	9 - Unknown					
18 - Unknowi	n				durii		tment?			11	4 School	Behavi	or			
					2-1					Be	Behavior in school improved?					
					9-1	Jnkno	wn			11-	Yes					
Primary	Sec	ondary				_					2 - No 3 - Not applicable					
											Unknown	uui.				
1 1	1	- 1	1		1	1				17.5						

Form Number MHD-ADMS-0190 Revision Number 10/03

Mental Health CPMS Termination Form Code List

BOX NUMBER

53. REFERRED TO

State or Local Social Service Program/Agencies

07 - Support Programs

for Adults (TANF/Food Stamps)

08 - Support Programs

for Children (Child Welfare)

11 – Vocational Rehabilitation

35 - Seniors and People with Disabilities

04 - Developmental Disability Services

05 - School

37 - Youth/Child Social Service Agencies, Centers, Teams

06 - Other Community Agencies

Behavioral Health Providers/Agencies

83 – Community-based Mental Health and/or Addiction Service Provider

84 – Other Mental Health/Addiction Service Providers (Private Practice, e.g., Psychologist/Psychiatrist)

49 - Mental Health Organization (MHO)

85 - Acute or Sub-Acute Psychiatric Facility

86 - State Psychiatric Facility

Health Providers

48 - Fully Capitated Health Plan (FCHP)

31 – Primary Care Provider, Specialist, or Other Physical Health Provider

Criminal Justice System Institutions and Agencies

21 - Court

22 - Jail - City or County

23 - Parole - County/State/Federal - includes juveniles

24 – Police or Sheriff – Local, State

25 - Psychiatric Security Review Board (PSRB)

26 - Probation - County/State/Federal - includes juveniles

71 - State Correctional Institution

72 - Federal Correctional Institution

78 – Integrated Treatment Court (Drug Court or Mental Health Court)

Personal Support System

32 - Self

33 - Family/Friend

34 - Employer/Employee Assistance Programs (EAP)

38 - Self Help Group

Other/None

99 - Other

00 – Unknown/None (Note: Use code 32 "self" if client leaves without a referral.)

BOX NUMBER

47. PAYOR CODE

01 - Client

05 - Veterans' Administration

08 - Medicaid / Title XIX / Oregon Health Plan (OHP)

09 - Medicare

11 - Private Insurance

12 - Public Assistance Programs

65 - Office of Mental Health & Addiction Services (OMHAS)

66 - State or County Corrections

67 - Other State / Federal Grant

13 - None

48. TERMINATION TYPE

02 – Client termination without clinic agreement (i.e., client leaves without explanation). Do not use this code if client moved-use code 07

03 - Treatment is complete

04 - Further treatment is not appropriate for client at this facility or in this service

05 - Non-compliance with rules and regulations

06 – Client refuses service/treatment

07 - Client moved out of catchment area

10 - Evaluation Services only

11 - Client incarcerated

12 - Client deceased

13 - Parents/Legal guardian withdrew client

14 - Termination due to program cut/reduction

70 - Client placed in Recovery Support Services

111. LIVING ARRANGEMENT CODES

01 - Private Residence - Alone

02 - Private Residence - w/Spouse or Significant Other

03 - Private Residence — w/Parent, Relative, Adult Child(ren)

06 – Private Residence — w/Friend(s) or Other Unrelated Person(s)

04 – Non-Relative Foster Home

21 - Treatment Foster Care (Youth)

05 - Institution: Hospital/Corrections

07 - Skilled Nursing/Intermediate Care Facility

09 - Residential Treatment Facility/Home

28 - Other Residential Facility/Group Home

16 - Room and Board

97 - Transient/Homeless

27 - Other

)(DHS

CLIENT PROCESS MONITORING SYSTEM
White - Local Copy Yellow - State Copy

Mental Health

CPMS - OM	HAS	,	White -	Local (Copy Ye	llow - Sta	ate Copy	Pre	e-Commit	ment S	ervices	
Oregon Depa		ıman Ser	vices				Enro	llment	and Tern	ninatior	1 Form	
☐ Check box if	correction		Clinic Identification					5 Opening Date/Date of Investigation				
	Date of Corr	ection	3 CMI	∃P	4 Prov	der	Mo	nth	Day	Y	ear	
6 Name (USE U								l1	l			
Last	TI DIC CITO	E DEO	First						Birth Nan	ne		
1111											لــــــــــــــــــــــــــــــــــــــ	
7 Case Number			8 Date	of Birth								
				1 - Know			Month		Day	Ye	ar	
10 Eligib. Code	12 Gender		15 Refe	erral Sou		18 (Client Residence Codes					
Codes on back.	F = Fe	emale		7	s on back of for		nty or state o		C C			
	M = N			Codes	s on back of for	m.	(List	on back o) ioim.)			
19 Race/Ethnicit						21 Marit	al Status		ng Arrange			
01 - White (Non-Hi 02 - Black (Non-Hi				nic (Cubar Hispanic	n)	1 - Never Marrie	1		vate residence vate residence		se or	
03 - Native America	•			east Asian		2 - Marrie			nificant other		,	
04 - Alaskan Native	•	-	1 - Other		,	3 - Widow			vate residence	•	ıt,	
05 - Asian 06 - Hispanic (Mex	ican)	i		e Hawaiia Pacific Isl		4 - Divorc 5 - Separa			tive, adult ch vate residence		d(s) or	
07 - Hispanic (Puer			9				as married		er unrelated p		Ì	
									(More codes	on back o	f form.)	
24 Source of Inc	ome		25 Fm	ploymer	nt Status			29 Prin	ne Number			
Mark only one box		next to the			hours or more)		Enter the Consumers' Medicaid					
primary source.			1		- 34 hours)			Recipient Prime Number				
Wages, salary Public assistar	ice		1	-	s than 17 hours d (but has soug		ent)					
Other					yed (and has n							
None												
None					Investigatio	1						
94 Date of	95 Type o		on 9	7 Hearin	Investigatio g Recomme			nostic In	npression			
	1 - Two per	rson	1	- No, petit	g Recomme ion withdrawn	nded	92 Diagi	nentally i	ll/diagnosis d			
94 Date of		rson	1	- No, petit - No, perso	g Recomme ion withdrawn on agrees to vo	nded	92 Diagr 01 - Not r 02 - Delir	nentally i	ll/diagnosis d nentia, Amnes		er	
94 Date of Petition Enter the date of notification	1 - Two per 2 - Peace of 3 - CMHP 4 - Physicia	rson fficer an	1 2 3	 No, petit No, persettreatment No, there 	g Recomme ion withdrawn on agrees to vo t e is no probable	luntary cause	92 Diagr 01 - Not r 02 - Delir Cogn	nentally i ium, Dem	ll/diagnosis d nentia, Amnes	sic and oth	er	
94 Date of Petition Enter the date	1 - Two per 2 - Peace of 3 - CMHP 4 - Physicia 5 - Judge/C	rson fficer an County	1 2 3 4	 No, petit No, perso treatment No, there No, but j 	g Recomme ion withdrawn on agrees to vo t e is no probable udge orders he	luntary cause	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz	mentally it ium, Dem itive disortance-rela zophrenia	ll/diagnosis d nentia, Amnes rders	sic and oth	er	
94 Date of Petition Enter the date of notification	1 - Two per 2 - Peace of 3 - CMHP 4 - Physicia 5 - Judge/C Health C	rson fficer an County Officer American	1 2 3 4 5	 No, petit No, person treatment No, there No, but j Yes, there 	g Recomme ion withdrawn on agrees to vo t e is no probable	luntary cause aring use	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs	mentally it ium, Dem ittive disotance-relate zophreniaters	Il/diagnosis d nentia, Amnes rders ted disorders and other psy	sic and oth	er	
94 Date of Petition Enter the date of notification of Mental Illness.	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health (6 - Native A	rson fficer an County Officer American gency	1 2 3 4 5	- No, petit - No, perso treatment - No, there - No, but j - Yes, there - 6 - No,	g Recomme ion withdrawn on agrees to vo t e is no probable judge orders he e is probable co	luntary cause aring suse mmitment	92 Diagi 01 - Not i 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Mood 09 - Anxi	mentally i ium, Dem itive disortance-rela zophrenia ders d disorder ety disord	Il/diagnosis d nentia, Amnes rders ted disorders and other psy	sic and oth	er	
94 Date of Petition Enter the date of notification of Mental Illness.	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health C 6 - Native A	rson fficer an County Officer American gency nmitment	1 2 3 4 5	- No, petit - No, persoretreatment - No, there - No, but j - Yes, there 6 - No, 7 - No	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable c e mergency co , 14-day divers	luntary cause aring suse mmitment	92 Diagi 01 - Not i 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moo 09 - Anxi 10 - Adju	mentally it ium, Dem it ive disortance-rela zophrenia ders disorder ety disord stment dis	Ill/diagnosis d nentia, Amnes rders tted disorders and other psy es lers sorders	sic and oth	er	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health C 6 - Native A	rson fficer an County Officer American gency nmitment	1 2 3 4 5 5 T 5 Lev	- No, petit - No, persetreatment - No, there - No, but j - Yes, therefore, 7 - No	g Recomme ion withdrawn on agrees to vo t e is no probable judge orders he e is probable co emergency con	luntary cause aring tuse mmitment	92 Diagr 01 - Not 1 02 - Delir Cogn 03 - Subs 05 - Schir disor 06 - Moo 09 - Anxi 10 - Adju 11 - Perso	mentally i ium, Dem itive diso tance-rela zophrenia ders d disorder ety disord stment dis onality dis	Ill/diagnosis d nentia, Amnes rders tted disorders and other psy es lers sorders	sic and oth		
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health (6 - Native / Emerg	rson fficer an County Officer American gency nmitment	1 2 3 4 5 5 Enter the Global	- No, petit - No, perse treatment - No, there - No, but j - Yes, there 6 - No, 7 - No vel of Fu ne Level of Assessmer	g Recomme ion withdrawn on agrees to vo t e is no probable judge orders he e is probable or emergency coo , 14-day divers nctioning f Function base nt of Functionin	luntary cause aring tuse mmitment ion d on the g (GAF)	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moo 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child	mentally ii ium, Dem ittive disortance-rela cophrenia ders d disorder ety disord stment disorders usua hood or acception.	Ill/diagnosis dientia, Amnes reders ted disorders and other psy es ters sorders orders dily diagnosed dolescence	sic and oth		
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health (6 - Native / Emerg Com r Recomment	rson fficer an County Officer American gency nmitment	3 4 5 75 Lev Enter th	- No, petit - No, perse treatment - No, there - No, but j - Yes, there 6 - No, 7 - No vel of Fu the Level of Assessment (ou may al	g Recomme ion withdrawn on agrees to vo t e is no probable judge orders he e is probable co emergency co , 14-day divers nctioning f Function base nt of Functionin lso use the Chil	cause aring suse mmitment ion d on the g (GAF) dren's	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moor 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child 16 - Eatin	mentally it ium, Dem itive disortance-rela zophrenia ders d disorder ety disord stment disonality dis	Il/diagnosis dientia, Amnes rders ted disorders and other psy services sorders orders orders orders dily diagnosed dolescence rs	sic and oth		
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health C 6 - Native A Emerg Com r Recomment	rson fficer an County Officer American gency nmitment	75 Lev Enter th Global A Scale. Y	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, - 7 - No - Vel of Fu - Assessmer - Yes and Assessmer	g Recomme ion withdrawn on agrees to vo t e is no probable dudge orders he e is probable co emergency co , 14-day divers nctioning f Function base nt of Functionin lso use the Chil ent Scale (CGAS)	d on the g (GAF) dren's	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moo 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child 16 - Eatin 19 - Disse 17 - Othe	mentally it ium, Denritive disordance-rela zophrenia ders disorder ety disord stament disordant disorders usua thood or act g disorde citative dir	Ill/diagnosis dientia, Amnes rders ted disorders and other psy sorders sorders orders ally diagnosed dolescence rs isorders	sic and oth vehotic I in infanc	y,	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health C 6 - Native A Emerg Com r Recomment	rson fficer an County Officer American gency nmitment	75 Lev Enter th Global A Scale. Y	- No, petit - No, perse treatment - No, there - No, but j - Yes, there 6 - No, 7 - No vel of Fu the Level of Assessment (ou may al	g Recomme ion withdrawn on agrees to vo t e is no probable udge orders he e is probable co- emergency coo , 14-day divers nctioning f Function base at of Functionin lso use the Chil ot Scale (CGAS Did you use	d on the g (GAF) dren's	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moo 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child 16 - Eatin 19 - Disse	mentally it ium, Denritive disordance-rela zophrenia ders disorder ety disord stament disordant disorders usua thood or act g disorde citative dir	Il/diagnosis dientia, Amnes rders ted disorders and other psy services sorders orders orders orders dily diagnosed dolescence rs	sic and oth	y,	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self Danger to othe	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health C 6 - Native A Emerg Com r Recomment	rson fficer an County Officer American gency nmitment	75 Lev Enter th Global A Scale. Y	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, 7 - No /el of Fu Assessmer - Yes and Assessmer - 100	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable c: emergency co- , 14-day divers nctioning f Function base nt of Functionin lso use the Chil nt Scale (CGAS Did you use	d on the g (GAF) dren's). he CGAS?	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moo 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child 16 - Eatin 19 - Disse 17 - Othe	mentally it ium, Denritive disordance-rela zophrenia ders disorder ety disord stament disordant disorders usua thood or act g disorde citative dir	Ill/diagnosis dientia, Amnes rders ted disorders and other psy sorders sorders orders ally diagnosed dolescence rs isorders	sic and oth vehotic I in infanc	y,	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self Danger to othe Basic personal	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health (6 - Native A Emerg Con r Recommentary for each. s 2 = no	rson fficer an County Officer American gency mitment nding	75 Lev Enter th Global A Global A Range =	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, 7 - No /el of Fu Assessmer - Yes and Assessmer - 100	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable or emergency co , 14-day divers nctioning f Function base nt of Functionin iso use the Chil nt Scale (CGAS Did you use Y Internal Disp	d on the gg (GAF) dren's che CGAS? Yes	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moo 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child 16 - Eatin 19 - Disse 17 - Othe	mentally it ium, Denritive disortance-rela cophrenia ders disorderety disordstment disorders usua hood or act ag disorder cities of the community disorder was a community disorder which community disorder cities and cities a	Ill/diagnosis dientia, Amnes rders ted disorders and other psy sorders sorders orders ally diagnosed dolescence rs isorders	sic and oth vehotic in infanc	y,	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self Danger to sohal Chronically me 99 Disposition 1 0 - Found not ment	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicis 5 - Judge/C Health (6 - Native A Emerg Con r Recommentary for each. 2 = no rs needs entally ill	rson fficer an County Officer American gency mitment nding	75 Lev Enter th Global . Scale . Y Global . Range =	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, 7 - No vel of Fu ne Level of Assessment - O - 100 Heat	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable or emergency co , 14-day divers nctioning f Function base nt of Functionin iso use the Chil nt Scale (CGAS Did you use Y Ing and Disp nent	d on the gg (GAF) dren's character's Yes No osition	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz dison 06 - Moo 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child 16 - Eatin 19 - Dissc 17 - Othe 18 - Unkr	mentally it ium, Derritive diso tance-rela cophrenia ders disorder ety disorder styment disorders usua hood or are g disorder cociative dir roown	Il/diagnosis dientia, Amnes reders ted disorders and other psy selects sorders orders ally diagnosed dolescence rs isorders Primary	sic and oth vehotic in infancy Second	y,	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self Danger to othe Basic personal Chronically mental 1 - Dismissed	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health C 6 - Native A Emerg Con r Recommentary for each. s 2 = no rs needs entally ill by Judge ally ill	rson fficer an County Officer American gency mitment nding	75 Lev Enter th Global . Scale . Global . Range =	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, 7 - No vel of Fu ne Level of Assessment - Yes and Assessment - O - 100 Heat	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable or emergency co , 14-day divers nctioning f Function base nt of Functionin iso use the Chil nt Scale (CGAS Did you use Y Ing and Disp nent	d on the gg (GAF) dren's ly). he CGAS? Yes No osition	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moor 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child 16 - Eatin 19 - Dissc 17 - Othe 18 - Unkr	mentally i ium, Derritive diso tance-rela zophrenia ders disorder ety disorder styment disorders usua hood or act and disorder cities who disorder in mentalty disorder in mental	Il/diagnosis dientia, Amnes reders ted disorders and other psy sorders sorders ally diagnosed dolescence rs isorders Primary 101 Facility Assigned 1 - CMHP	Second ty	y, dary	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en l = yes Danger to self Danger to othe Basic personal Chronically me 99 Disposition by Tourner of the personal of th	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health (6 - Native / Emerg Com r Recomment try for each. 2 = no rs needs entally ill by Judge ally ill eleased	rson fficer an County Officer American gency mitment nding	75 Lev Enter th Global . Scale . Global . Range =	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, 7 - No vel of Fu ne Level of Assessment - 0 - 100 Heat Commitm each. 1 = 1	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable or emergency co , 14-day divers nctioning f Function base nt of Functionin iso use the Chil nt Scale (CGAS Did you use Y Ing and Disp nent	d on the gg (GAF) dren's ly). he CGAS? Yes No osition	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moor 09 - Anxi 10 - Adju 11 - Perso child 16 - Eatin 19 - Disso 17 - Othe 18 - Unkr	mentally i ium, Derritive diso tance-rela zophrenia ders disorder ety disorder styment disorders usua hood or act and disorder cities who disorder in mentalty disorder in mental	Il/diagnosis dientia, Amnes reders ted disorders and other psy selects sorders orders ally diagnosed dolescence rs isorders Primary	Second ty to hity Hospit	y, dary	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en I = yes Danger to self Danger to othe Basic personal Chronically mental Poismissed 99 Disposition 10 - Found not mental - Dismissed 2 - Conditionally research	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicis 5 - Judge/C Health C 6 - Native / Emerg Com r Recomment try for each. 2 = no rs needs entally ill by Judge ally ill cleased mitment	rson fficer an County Officer American gency mitment nding	75 Lev Enter th Global . Scale . Y Global . Range =	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, 7 - No vel of Fu ne Level of Assessmer - 0 - 100 Heat Committe each. 1 = Yes	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable or emergency co , 14-day divers nctioning f Function base nt of Functionin iso use the Chil nt Scale (CGAS Did you use Y Ing and Disp nent	d on the g (GAF) dren's)). he CGAS? Yes No osition 100 Date to 1 Enter da	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moo 09 - Anxi 10 - Adju 11 - Perso 14 - Disor child 16 - Eatin 19 - Disso 17 - Othe 18 - Unkr	mentally it ium, Denritive disordance-rela cophrenia ders disorder ety disord stment disonality disorders usua hood or acing disorder ciative dirown	Il/diagnosis dientia, Amnes rders ted disorders and other psy sorders sorders delegated by the sorders and the sorders and the sorders and the sorders and the sorders are sorders. Primary 101 Facili Assigned 1 - CMHP 2 - Communia - State Ho 4 - V.A. Hos	Second ty ty to hity Hospin	y, dary	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self Danger to othe Basic personal Chronically me 99 Disposition to the self 1 - Dismissed 2 - Conditionally re 3 - Outpatient com	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicis 5 - Judge/C Health C 6 - Native / Emerg Com r Recomment try for each. 2 = no rs needs entally ill by Judge ally ill cleased mitment	rson fficer an County Officer American gency nmitment nding 118 Ba Make Dan Dan	75 Lev Enter th Global . Scale. Y Global . Range =	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, 7 - No vel of Fu Assessmer - 0 - 100 Heat committe f f f hers	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable or emergency co , 14-day divers nctioning f Function base nt of Functionin iso use the Chil nt Scale (CGAS Did you use Y Ing and Disp nent	d on the gg (GAF) dren's ly). he CGAS? Yes No osition	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moor 09 - Anxi 10 - Adju 11 - Persc 14 - Disor child 16 - Eatin 19 - Dissc 17 - Othe 18 - Unkr	mentally i ium, Derritive diso tance-rela zophrenia ders disorder ety disorder styment disorders usua hood or act and disorder cities who disorder in mentalty disorder in mental	Il/diagnosis dientia, Amnes rders ted disorders and other psy sorders orders ally diagnosed dolescence rs storders Primary 101 Facili Assigned 1 - CMHP 2 - Commun 3 - State Ho 4 - V.A. Hot 5 - Other	Second ty ty to nity Hospital spital	y, dary tal	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self Danger to othe Basic personal Chronically me 99 Disposition to the self 1 - Dismissed 2 - Conditionally re 3 - Outpatient com	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicis 5 - Judge/C Health C 6 - Native / Emerg Com r Recomment try for each. 2 = no rs needs entally ill by Judge ally ill cleased mitment	rson fficer an County Officer American gency nmitment nding 118 Ba Make Dan Basi	75 Lev Enter th Global A Scale. Y Global Range =	- No, petit - No, persetreatment - No, there - No, but j - Yes, there - 6 - No, 7 - No /el of Fu Assessmer - 0 - 100 Heat Committe f there f there al needs mentally ill	g Recomme ion withdrawn on agrees to vo t e is no probable iudge orders he e is probable c: emergency co- , 14-day divers nctioning f Function base nt of Functionin iso use the Chil ot Scale (CGAS Did you use Y Interpretation Interpretatio	d on the g (GAF) dren's). he CGAS? Yes No osition 100 Date to ! Enter da Month	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 06 - Moo 09 - Anxi 10 - Adju 11 - Perso 14 - Disor child 16 - Eatin 19 - Disso 17 - Othe 18 - Unkr	mentally it ium, Denritum, Denritive disortance-rela cophrenia ders disorder ety disord stment disonality disorders usua shood or acing disorder ciative dirown	Il/diagnosis dientia, Amnes rders ted disorders and other psy sorders sorders delegated by the sorders and the sorders and the sorders and the sorders and the sorders are sorders. Primary 101 Facili Assigned 1 - CMHP 2 - Communia - State Ho 4 - V.A. Hos	Second ty to hity Hospits spital proved nor	y, dary tal	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self Danger to othe Basic personal Chronically me 99 Disposition to the self 1 - Dismissed 2 - Conditionally re 3 - Outpatient com	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health C 6 - Native / Emerg Com r Recomment try for each. 2 = no rs needs entally ill by Judge ally ill eleased mitment Date	rson fficer an County Officer American gency mitment nding 118 Ba Make Dan Dan Basi Chro	75 Lev Enter th Global A Scale Y Global Glob	- No, petit - No, perset treatment - No, there - No, but j - Yes, there - 6 - No, 7 - No vel of Fu the Level of Assessment - 0 - 100 Heat Committe f there is all needs mentally ill	g Recomme ion withdrawn on agrees to vo t e is no probable dudge orders he e is probable comergency coo , 14-day divers nctioning f Function base nt of Functioning so use the Chil nt Scale (CGAS Did you use Y Tring and Disp nent Yes 2 = No Remnination Remnination Remnination Remnination	d on the g (GAF) dren's constition Cayse aring the constitution The constitution of	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 10 - Adju 11 - Perso 14 - Disor child 16 - Eatin 19 - Disso 17 - Othe 18 - Unkr	mentally it ium, Derritive diso tance-rela zophrenia ders disorder ety disorder styment disorders usua hood or are gidisorder cociative dir roown mitment alth itment.	Il/diagnosis dientia, Amnes rders ted disorders and other psy sers sorders dily diagnosed dolescence rs storders 101 Facili Assigned 1 - CMHP 2 - Commun 3 - State Ho 4 - V.A. Hot 5 - Other 6 - State app	Second ty to hity Hospital spital proved nor	y, dary tal	
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year 98 Reason(s) for Hearing Make en 1 = yes Danger to self Danger to othe Basic personal Chronically mental of the Point of the	1 - Two per 2 - Peace o 3 - CMHP 4 - Physicia 5 - Judge/C Health C 6 - Native A Emerg Com r Recomment try for each. 2 = no rs needs entally ill by Judge ally ill cleased mitment Date	rson fficer an County Officer American gency mitment nding 118 Ba Make Dan Dan Basi Chro	75 Lev Enter the Global A Scale N Global Range =	- No, petit - No, perset treatment - No, there - No, but j - Yes, there - 6 - No, 7 - No vel of Fu the Level of Assessment - 0 - 100 Heat Committe f there is all needs mentally ill	g Recomme ion withdrawn on agrees to vot e is no probable iudge orders he e is probable or emergency co- , 14-day divers nctioning f Function base nt of Functionin iso use the Chil nt Scale (CGAS Did you use Y Ing and Disp nent Yes 2 = No	d on the g (GAF) dren's constition Cayse aring the constitution The constitution of	92 Diagr 01 - Not r 02 - Delir Cogn 03 - Subs 05 - Schiz disor 10 - Adju 11 - Perso 14 - Disor child 16 - Eatin 19 - Disso 17 - Othe 18 - Unkr	mentally it ium, Derritive diso tance-rela zophrenia ders disorder ety disorder styment disorders usua hood or are gidisorder cociative dir roown mitment alth itment.	Il/diagnosis dientia, Amnes reders ted disorders and other psy sorders sorders ally diagnosed dolescence rs isorders Primary 101 Facili Assigned 1 - CMHP 2 - Communia - State Hode - V.A. Hose of the state appropriate factory Number	Second ty to hity Hospital spital proved nor	y, dary tal	

Mental Health CPMS Enrollment and Termination Form Code List

BOX NUMBER

10. ELIGIBILITY CODES

- 04 Severe & Persistent Mental Illness / Serious Emotional Disorder (Priority One, i.e., at risk of hospitalization without treatment)
- 16 Non SPMI/SED, but still Priority One (at risk of hospitalization)
- 17 Priority Two (geographic, clinical, or financial reasons prevent access to private behavioral health services)
- 18 Priority Three (does not meet priority 1 or 2 criteria)

15. & 53. REFERRAL CODES

State or Local Social Service Program/Agencies

- 07 Support Programs
 - for Adults (TANF/Food Stamps)
- 08 Support Programs
 - for Children (Child Welfare)
- 11 Vocational Rehabilitation
- 35 Seniors and People with Disabilities
- 04 Developmental Disability Services
- 05 School
- 37 Youth/Child Social Service Agencies,
 - Centers, Teams
- 06 Other Community Agencies

Behavioral Health Providers/Agencies

- 83 Community-based Mental Health and/or Addiction Service Provider
- 84 Other Mental Health/Addiction Service Providers (Private Practice, e.g., Psychologist/Psychiatrist)
- 49 Mental Health Organization (MHO)
- 85 Acute or Sub-Acute Psychiatric Facility
- 86 State Psychiatric Facility

Health Providers

- 48 Fully Capitated Health Plan (FCHP)
- 31 Primary Care Provider, Specialist, or Other Physical Health Provider

Criminal Justice System Institutions and Agencies

- 21 Court
- 22 Jail City or County
- 23 Parole County/State/Federal includes juveniles 24 Police or Sheriff Local, State
- 25 Psychiatric Security Review Board (PSRB)
- 26 Probation County/State/Federal includes juveniles
- 71 State Correctional Institution
- 72 Federal Correctional Institution
- 78 Integrated Treatment Court (Drug Court or Mental Health Court)

Personal Support System

- 32 Self
- 33 Family/Friend
- 34 Employer/Employee Assistance Programs (EAP)
- 38 Self Help Group

Other/None

- 99 Other
- 00 Unknown/None (Note: Use code 32 "self" if client leaves without a referral.)

BOX NUMBER

18. CLIENT RESIDENCE CODES

01-Baker	12-Grant	23-Malheur	34-Washington
02-Benton	13-Harney	24-Marion	35-Wheeler
03-Clackamas	14-Hood River	25-Morrow	36-Yamhill
04-Clatsop	15-Jackson	26-Multnomah	91-California
05-Columbia	16-Jefferson	27-Polk	92-Idaho
06-Coos	17-Josephine	28-Sherman	93-Nevada
07-Crook	18-Klamath	29-Tillamook	94-Washington State
08-Curry	19-Lake	30-Umatilla	95-Other State
09-Deschutes	20-Lane	31-Union	96-Foreign Country
10-Douglas	21-Lincoln	32-Wallowa	97-Transient/Homeless
11-Gilliam	22-Linn	33-Wasco	98-Unknown

99-Refused

22. LIVING ARRANGEMENT CODES

- 01 Private Residence Alone 02 Private Residence w/Spouse or Significant Other 03 Private Residence w/Parent, Relative, Adult Child(ren)
- 06 Private Residence w/Friend(s) or Other Unrelated Person(s)
- 04 Non-Relative Foster Home
- 21 Treatment Foster Care (Youth)
- 05 Institution: Hospital/Corrections
- 07 Skilled Nursing/Intermediate Care Facility
- 09 Residential Treatment Facility/Home
- 28 Other Residential Facility/Group Home
- 16 Room and Board
- 97 Transient/Homeless
- 27 Other

CLIENT PROCESS MONITORING SYSTEM

White - Local Copy

Mental Health

Yellow - State Copy **Evaluation Services** regon Department of Human Services CPMS-OMHAS Enrollment and Termination Form Clinic Identification 5 Opening Date Check box if correction 3 CMHP 4 Provider Month Day Year Date of Correction 6 Name (USE UPPER CASE BLOCK LETTERS) Last Birth Name 7 Case Number 8 Date of Birth 1 - Known Month Day Year 2 - Estimated 10 Eligibility Code | 12 Gender 13 Education 15 Referral Source 18 Residence Code Codes on back Highest grade completed Codes on back of form County or State code F = Female 99 = Unknown M = MaleCodes on back 00 = None19 Race/Ethnicity 21 Current 22 Living Arrangement 24 Source of Household Income Marital 01 - White (Non-Hispanic) 02 - Black (Non-Hispanic) Status 01 - Private residence - alone Enter a "1" next to the primary 1 - Never 03 - Native American 02 - Private residence - w/spouse or source. 04 - Alaskan Native Married significant other 03 - Private residence - w/parent, 05 - Asian Mark only one box 2 - Married 06 - Hispanic (Mexican) relative, adult child(ren) 3 - Widowed 06 - Private residence - w/friend(s) or 07 - Hispanic (Puerto Rican) 4 - Divorced 08 - Hispanic (Cuban) 5 - Separated other unrelated person(s) Wages, salary 09 - Other Hispanic 6 - Living as (More codes on back of form) Public assistance 10 - Southeast Asian Married 11 - Other Race 9 - Unknown Other 12 - Native Hawaiian/ Other Pacific Islander None/Unknown 25 Employment Status 29 Prime Number Enter the Consumers' 1 - Full time (35 hours or more) 5 - Not employed (and has Medicaid Recipient 2 - Part time (17 - 34 hours) not sought employment) Prime Number 3 - Irregular (less than 17 hours) 9 - Unknown 4 - Not employed (but has sought employment) Termination Information 49 Last Contact Date 53 Referred to 85 Report Unit 86 Service Element Month Day Year Enter staff report unit I.D. 25 = Crisis Services 36 = Preadmission Codes on Screening & back of form Resident Review 89 Site of Evaluation 90 Time of Day 91 Presenting Danger 1 - Office (provider facility) **Evaluation Conducted** Make an entry for each item 2 - Home (consumers' home) 1 = Thoughts3 - Community 1 = 8 am - 5 pm Weekday Suicide 2 = Threat4 - Community hospital 2 = 5 pm - 8 am Mon - Thurs3 = PlanOther harm to self 5 - State hospital 3 = Weekend or holiday 4 = Action/behavior 6 - VA facility 8 = None of the above Harm to others 7 - Jail 9 = Unknown8 - Other Harm to property 120 Diagnostic Impression 75 Level of Functioning 01 - Diagnosis deferred 11 - Personality disorders Enter the Level of Function 02 - Delirium, Dementia, Amnesic and other 14 - Disorders usually diagnosed in based on the Global Assessment Cognitive disorders infancy, childhood or adolescence of Functioning (GAF) Scale. 03 - Substance-related disorders 16 - Eating disorders You may also use the Children's Global 05 - Schizophrenia and other psychotic 19 - Dissociative disorders Assessment Scale (CGAS). disorders 17 - Other Range = 000 - 100 06 - Mood disorders 18 - Unknown

Primary

Secondary

09 - Anxiety disorders

10 - Adjustment disorders

Form Number MHD-ADMS-0379

999 = Unknown

Revision Date 01/05

Did you use the CGAS?

Y - Yes N-No

Mental Health CPMS Enrollment and Termination Form Code List

BOX NUMBER

10. ELIGIBILITY CODES

- 04 Severe & Persistent Mental Illness / Serious Emotional Disorder (Priority One, i.e., at risk of hospitalization without treatment)
- 16 Non SPMI/SED, but still Priority One (at risk of hospitalization)
- 17 Priority Two (geographic, clinical, or financial reasons prevent access to private behavioral health services)
- 18 Priority Three (does not meet priority 1 or 2 criteria)

15. & 53. REFERRAL CODES

State or Local Social Service Program/Agencies

07 - Support Programs

for Adults (TANF/Food Stamps)

08 - Support Programs

for Children (Child Welfare)

11 - Vocational Rehabilitation

- 35 Seniors and People with Disabilities
- 04 Developmental Disability Services
- 05 School
- 37 Youth/Child Social Service Agencies, Centers, Teams
- 06 Other Community Agencies

Behavioral Health Providers/Agencies

- 83 Community-based Mental Health and/or Addiction Service Provider
- 84 Other Mental Health/Addiction Service Providers (Private Practice, e.g., Psychologist/Psychiatrist)
- 49 Mental Health Organization (MHO)
- 85 Acute or Sub-Acute Psychiatric Facility
- 86 State Psychiatric Facility

Health Providers

- 48 Fully Capitated Health Plan (FCHP)
- 31 Primary Care Provider, Specialist, or Other Physical Health Provider

Criminal Justice System Institutions and Agencies

- 21 Court
- 22 Jail City or County
- 23 Parole County/State/Federal includes juveniles
- 24 Police or Sheriff Local, State
- 25 Psychiatric Security Review Board (PSRB) 26 Probation County/State/Federal includes juveniles
- 71 State Correctional Institution
- 72 Federal Correctional Institution
- 78 Integrated Treatment Court (Drug Court or Mental Health Court)

Personal Support System

- 32 Self
- 33 Family/Friend
- 34 Employer/Employee Assistance Programs (EAP)
- 38 Self Help Group

Other/None

- 00 Unknown/None (Note: Use code 32 "self" if client leaves without a referral.)

BOX NUMBER

18. CLIENT RESIDENCE CODES

01-Baker	12-Grant	23-Malheur	34-Washington
02-Benton	13-Harney	24-Marion	35-Wheeler
03-Clackamas	14-Hood River	25-Morrow	36-Yamhill
04-Clatsop	15-Jackson	26-Multnomah	91-California
05-Columbia	16-Jefferson	27-Polk	92-Idaho
06-Coos	17-Josephine	28-Sherman	93-Nevada
07-Crook	18-Klamath	29-Tillamook	94-Washington State
08-Curry	19-Lake	30-Umatilla	95-Other State
09-Deschutes	20-Lane	31-Union	96-Foreign Country
10-Douglas	21-Lincoln	32-Wallowa	97-Transient/Homeless
11-Gilliam	22-Linn	33-Wasco	98-Unknown
			99-Refused

22. LIVING ARRANGEMENT CODES

- 01 Private Residence Alone
- 02 Private Residence w/Spouse or Significant Other
- 03 Private Residence w/Parent, Relative, Adult Child(ren)
 06 Private Residence w/Friend(s) or Other Unrelated Person(s)
- 04 Non-Relative Foster Home
- 21 Treatment Foster Care (Youth)
- 05 Institution: Hospital/Corrections
- 07 Skilled Nursing/Intermediate Care Facility
- 09 Residential Treatment Facility/Home
- 28 Other Residential Facility/Group Home
- 16 Room and Board
- 97 Transient/Homeless
- 27 Other