CPMS
CODES

Check box if correction

> ☐ Check box if correction
>
> ___/___/___ Date of Correction

A CPMS form should be corrected if the data was wrong on the enrollment or termination form, but **not** if the data has simply changed since the form was completed. When data changes after enrollment, the change will be reported on the termination form or on the monthly reports you receive.

Instructions:

To correct a form, first retrieve your copy of the incorrect form from your files and follow these procedures (**please make all changes in red ink**):

1) Photocopy the original form;

2) On the photocopy <u>and</u> the original, **in red ink** place a check in the correction box and enter the date of the correction.

3) On both the photocopy <u>and</u> the original, mark the correct information above the incorrect information. Do not white out or erase any previous data. **Please use red ink.**

4) Send in the photocopy with the corrections to CPMS OASIS, Department of Human Services; 500 Summer Street NE E86, Salem, Oregon 97301-1118;

5) Keep the original with the correction(s) in the client's file.

<u>Remember</u>: There is no need to correct information that <u>changes</u> during treatment. For example, you would <u>not</u> have to submit a correction for a client who was single at enrollment, but married during treatment.

Box 3 – CMHP

```
Clinic Identification
3 CMHP
          |
```
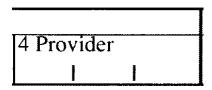
Instructions:

Enter the 2-digit code listed below that identifies the county or Community Mental Health Program (CMHP) in which the Provider operates.

The CMHP code is assigned by the Office of Mental Health and Addiction Services (OMHAS), and must be used exactly as given when enrolling clients within that CMHP. If your program has sites in more than one county, you would have more than one CMHP number. Please use the correct code when enrolling clients in various sites.

CMHP Codes:

01-Baker

02-Benton

03-Clackamas

04-Clatsop

05-Columbia

06-Coos

07-Crook

08-Curry

09-Deschutes

10-Douglas

12-Grant

13-Harney

15-Jackson

16-Jefferson

17-Josephine

18-Klamath

19-Lake

20-Lane

21-Lincoln

22-Linn

23-Malheur

24-Marion

25-Morrow / Wheeler

26-Multnomah

27-Polk

29-Tillamook

30-Umatilla

31-Union

32-Wallowa

34-Washington

36-Yamhill

37-Mid-Columbia *(Hood River, Sherman, Wasco and Gilliam Counties)*

39-Warm Springs

Box 4 - Provider

```
┌─────────────────┐
│                 │
│ 4 Provider      │
│    |       |    │
└─────────────────┘
```

Instructions:

Enter the 3-digit *CPMS provider* number assigned to your agency. *(This is different then your Medicaid Provider number).*

Definition:

A Provider is a unit of an agency, or the agency itself, which provides a specific service or set of services.

1. This unit and the service or services it provides are registered in CPMS under an assigned provider number.

2. The provider code number, along with the CMHP number, identifies which provider within a county or Community Mental Health Program (CMHP) is enrolling the client.

3. The provider number identifies the type of service (outpatient, residential, etc.) for which the client is being enrolled.

4. Provider numbers are permanent unless officially changed by OMHAS and the same codes must always be used when enrolling clients. When a program closes, the provider number(s) is (are) retired. It is never reassigned to a different provider.

5. A provider may have multiple provider numbers if offering multiple mental health services. Therefore it's very important that the correct number be used for the service for which the client is being enrolled.

6. The provider numbers assigned to programs are available from your agency data coordinator or from OMHAS.

Box 5 – Opening Date

5 Opening Date		
Month	Day	Year
I	I	I

Instructions:

Enter the date on which the client was initially provided a service. The date should be logical. For example, it should be *after* the client's date of birth. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The opening date is February 22, 2003. Enter Month = 02, Day = 22, Year = 03).

Definition:

1. Generally the Opening Date refers to the date on which the first face-to-face service was delivered to the client in accordance with the OMHAS administrative rules. Most often this is the date of the initial assessment, <u>if</u> the client is determined appropriate for treatment in your program. Neither an "evaluation, " "screening" nor a "consultation" by itself (that does not result in a formal admission to mental health treatment) is sufficient cause for enrollment into CPMS.

2. In Pre-Commitment services, this date marks the beginning of the Pre-Commitment investigation.

3. In Crisis/Evaluation services, this date is of the initial evaluation by the crisis worker.

4. If client only receives an assessment, and is then referred to another provider for treatment, fill out an enrollment and termination form for the client's assessment.

Box 6 – Name

```
6 Name (USE UPPER CASE BLOCK
Last

   |   |   |   |   |   |   |   |   |   |   |
```

Instructions:

In UPPER CASE BLOCK LETTERS, enter the entire last name and first name of the client. Then enter the *birth name*. If the birth name is the same as the last name, enter the birth name anyway. If the birth name is not known, enter the client's last name in both the "last name" and "birth name" areas. Please write legibly.

Definition:

Birth Name is the last name of the person as it would appear on his/her birth certificate.

Notes:

1.   Check spelling of names for correctness. This is critical for database integrity.

2.   Enter client's full given (or legally changed) name, NOT nickname.

3.   It is essential that the following letters be printed with exaggerated clarity: **U, V, I, L, D, O.**

4.   If this item needs correction or change after the enrollment form has been sent to the OMHAS, you can make the correction on the Monthly Management Report (MMR).

Example:

Example of Client Name: Alice Johnson is a residential client who has never been married. JOHNSON would be the "LAST" and "BIRTHNAME." ALICE, of course, would be the "FIRST" name.

Box 7 – Case Number

7 Case Number					

Instructions:

Enter a unique six-digit case number for the client.

Fill in all boxes, using leading zeros (right-justify) if necessary. *(For example, case number 697 is entered as 000697.) The number must be all numeric and must NOT contain letters or special characters (such as dashes, commas, etc.).*

Once a client is given a case number, that number must NOT be re-assigned to anyone else. This number corresponds to the client's file that contains the treatment plan as specified in Administrative Rules.

If a client leaves, that number is retired and not used again unless the same client returns and is re-admitted. **Upon re-enrollment, that client's same number is reassigned to him/her. Do not assign a new case number to a returning client.** The case number should move with the client even if he/she changes provider numbers within your program.

If, for any reason, it is not possible to identify a returning client's previous case number, contact the CPMS Data Team (see Appendix A), who will assist you by locating the number.

If this item needs correction or change after the enrollment form has been sent to OMHAS, make such official correction/change on the Monthly Management Report. Then note the change on the client's original enrollment form for your file.

Box 8 – Date Of Birth

8 Date of Birth		Month	Day	Year
	1 - Known 2 - Estimated			
		|	|	|

Instructions:

Enter the "Known" date of birth. Do not estimate the date of birth, unless you have exhausted all possible means to determine the actual date.

Step 1: Enter the appropriate code to indicate whether the birth date is "known" or "estimated".

Step 2: Enter the known date, or, if estimating, enter 07-01 and the estimated year of birth (use leading zeros if needed). The date must be logical. For example, it should be prior to the episode open date.

Estimated Date of Birth Instructions:

In all cases where you are estimating the year of birth, enter 07 for the month and 01 for the day. **ESTIMATE THE YEAR ONLY.** If you discover the known date of birth, send in a correction. Be sure to include the correction on the client's original enrollment form for your files. This item may also be corrected by crossing out the incorrect date of birth on the MMR and entering the correct date of birth in red ink above the lined-out data.

Code Definitions:

1. Known

2. Estimated (Use number 2 only if you and/or your client do not know the year he/she was born.) Please try to get the actual date of birth.

Examples:

Known Date of Birth: Les Fortunate knows his date of birth. It is December 4, 1939. Enter 12-04-39 in the appropriate boxes.

Estimated Date of Birth: Jane Smith's birth date is unknown and you estimate the year to be 1955, then enter 07-01-55. **Remember, estimate only the year.**

Box 9 – Legal Status

9 Legal Status			
			100 - Voluntary
			500 - Involuntary Civil
			600 - Involuntary Criminal

Instructions:

Enter the appropriate code listed below.

Code Definitions:

100 - <u>Voluntary</u> - A person who voluntarily seeks admission (includes guardianship)

500 - <u>Involuntary Civil</u> - A person committed for <u>non-criminal</u> proceeding, whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or by police or associated agencies.

600 - <u>Involuntary Criminal</u> - person committed pursuant to one of the following:

- charges and/or convictions pending

- determination of competency to stand trial

- found "not guilty by reason of insanity" or "guilty but insane"

- determination of sexual psychopathy and related legal categories

- transferred from correctional institution

Box 10 - Eligibility Code

10 Eligibility Code		
		Codes on back of form.

Instructions:

Enter the code that appropriately identifies the special eligibility group to which the client belongs. Use only one code.

Code Definitions:

04 - <u>Severe and Persistent Mental Illness (SPMI) / Serious Emotional Disorder (SED)</u> (Priority One, i.e., if untreated, at risk of hospitalization

16 - <u>Non-SPMI / SED, but still Priority One</u> (if untreated, at risk of hospitalization)

17 - <u>Priority Two Client</u> - (geographic, clinical, or financial reasons prevent access to private behavioral health services)

18 - <u>Priority Three Client</u> - (does not meet priority 1 or 2 criteria)

Remember, if a youth has a Serious Emotional Disorder (SED), he/she can have an eligibility code of '04'.

Notes from Glossary:

<u>Priority One Client</u> – those persons who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of hospitalization for the treatment of mental or emotional disorders, or are in need of continuing services to avoid hospitalization, or pose a hazard to the health and safety of themselves or others, and those persons under 18 years of age who, in accordance with the assessment of professionals in the filed of mental health, are at immediate risk of removal from their homes for treatment of mental or emotional disturbances, or exhibit behavior indicating high risk of developing disturbances of a severe or persistent nature (ORS 430.675).

<u>Priority Two Client</u> – those persons who, because of the nature of their illness, their geographic location or their family income, are least capable of obtaining assistance from the private section (ORS 430.675).

<u>Priority Three Client</u> – those persons who, in accordance with the assessment of professionals in the field of mental health, are experiencing mental or emotional disturbances but will not require hospitalization in the foreseeable future (ORS 430.675).

Box 12 - Gender

12 Gender	
	F = Female M = Male

Instructions:

Enter the code "F" (female) or "M" (male) to identify the gender of the client.

Code Definitions:

F = Female

M = Male

Box 13 - Education

13 Education
Highest grade completed.

Instructions:

Enter the *highest grade* in school the client has <u>completed</u>. For those who have a GED, and no further education, enter 12. If client has some post-secondary education (including community college) enter total number of years of school. The maximum is 25 years. Remember that these are grades completed, and are not necessarily the number of years of attendance.

Codes range from 00 (None) to 25. If more than 25 years have been completed enter 25. Complete both boxes, using a leading zero if necessary (i.e., 01, 02, and so forth).

Note:

A code of '00' indicates that no education has been completed. This might be applicable to very young children who haven't started the first grade.

On the Evaluation Services Form (0379), 99=Unknown is a valid code.

Box 14 - School/Training

14 School/Training
Now enrolled in school or training?
1 = Yes   2 = No

Instructions:

Enter the appropriate code number to indicate whether the client is currently enrolled in a <u>school</u> at any level, or in a formal <u>training program</u> to improve their employability. Examples include: GED, ESL, barber school, clerical support classes, a carpenter apprentice program, vocational rehabilitation training, computer training, as well as any primary, secondary, or post-secondary academic program. Students who attended school in the spring and will be going back in the fall are considered to be in school during the summer.

Codes:

1 = Yes

2 = No

Box 15 - Referral Source

```
15 Referral Source

            Codes on back of form.
```

Instructions:

Enter the number from the following codes that identifies the institution, agency, or person taking **deliberate action** to get the client into your provider for service. If both an institution and a person have referred the client, enter the appropriate code number for the institution only. Please begin from the top of the list and choose the first relevant code.

Definition:

Deliberate Action - the referring source brings in the client, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the client is actually seen by your provider. A simple suggestion to a client to go somewhere for help is not a "deliberate action" and therefore is not considered a referral for the purposes of CPMS.

Referral Code Definitions:

Local or State 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, or Teams
06 - Other Community Agencies

Referral Code Definitions (Continued):

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

Health Providers
48 - Fully Capitated Health Plan (FCHP)[1]
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/Attorney
34 – Employer/Employee Assistance Programs (EAP)
38 - Self Help Groups (non-Alcohol or Drug)

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

---

[1] **Fully Capitated Health Plan (FCHP)** – Prepaid Health Plans that contract with the Office of Medical Assistance Programs (OMAP) to provide capitated services under the Oregon Health Plan. The distinguishing characteristic of FCHP's is the coverage of hospital inpatient services.

Box 17 - Estimated Gross Household Monthly Income

17 Estimated Gross Household Monthly Income				
Enter income or				0001 = Refused
				0002 = Unknown
				9999 = More than $9,999

Instructions:

Enter the appropriate figure to indicate the total gross household income of all family members of the household (see definition of household and income below) during the previous month. Remember this is monthly income, not annual income. If the client worked last month but is no longer employed, enter the anticipated income for this month (e.g., from unemployment compensation).

Definitions:

Estimated: The best you can come up with given all available information.

Gross: Income *before* taxes and other deductions.

Household: A unit in which one or more persons are dependent upon a common income.

Monthly: If client is paid weekly or every two weeks, you must add it up and add any other family member's income to arrive at the total monthly amount.

Income: Wages, salaries, interest, dividends, pensions, annuities, Social Security retirement payments, unemployment compensation, public assistance payments, workers compensation payments, and Social Security Disability payments are all examples of income. Food stamps are not income.

Code Definitions:

Enter the clients income; or

If the client had no income, enter "0000".

If the client refuses to reveal his/her household income, enter "0001".

If the client's income is unknown, enter "0002".

If the client's income is greater than $9999 per month, enter "9999".

Examples:

<u>Husband/Wife</u>: Terry Yokkie lives with his wife. They both work. Terry earned $900 before taxes and other deductions last month. His wife earned $650 in gross income. Their total gross household monthly income, therefore, is $1,550.

<u>Husband/Wife</u>: Justin Case works and is paid an income of $900 per month. His wife Elizabeth was injured on the job a few weeks ago and is receiving Workers' Compensation benefits of $350 per month. Therefore, their combined monthly gross household income is $1,250.

<u>Single Person</u>: Scott Free works and is paid an income of $1,100 per month. Scott lives in an economic collective with six other adults who all work. Scott pays room and board. Scott's total gross household monthly income is $1,100.

<u>Person Living With Parents:</u> Grace Period lives with her parents. She is collecting $220 per month in unemployment benefits. Her father works and earns $1400 per month. Since Grace does not pay room and board, her father's income should be included in the total gross household monthly income. Therefore, the gross household income is $1620 per month.

<u>Person Living In Prison</u>: Bill Mee is a prisoner on a work release program. He is considered earning an income. No other income should be included.

<u>Child Living In Foster Care</u>: Young Wun is a child who is in foster care. Only include the money paid for foster care in the income box.

Box 18 - Client Residence Code

18 Residence Code
County or State code
Codes on back of form.

Instructions:

Enter the number from the following codes that identify the client's legal residence prior to enrollment (NOT where they will be residing as a consequence of the enrollment). For a client referred from the State Hospital, use the county where the hospital is located. If the client is from a state other than Oregon select the appropriate <u>state</u> code. If the client is from another country select code 96. If the client is in prison select the county in which the prison is located.

Residence Codes:

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

Box 19 - Primary Race/Ethnicity

19 Race/Ethnicity

01 - White (Non-Hispanic)
02 - Black (Non-Hispanic)
03 - Native American
04 - Alaskan Native
05 - Asian
06 - Hispanic (Mexican)
07 - Hispanic (Puerto Rican)
08 - Hispanic (Cuban)
09 - Other Hispanic
10 - Southeast Asian
11 - Other Race
12 - Native Hawaiian/ Other Pacific Islander

Instructions:

Enter the appropriate code number to indicate the primary racial/ethnic group with which the client <u>chooses to identify</u>. This is a client-reported box. If the client looks to be of one race, but reports another, use the race the client reports. If the client is multi-racial, use the code that reflects the race the client associates with most. If none of the race/ethnicity categories apply, choose 11-Other Race/Ethnicity (If the client refuses to answer, the counselor must select the appropriate ethnicity code).

Code Definitions:

01 – White (Non-Hispanic)
02 – Black/African American (Non-Hispanic)
03 – Native American
04 – Alaskan Native
05 – Asian
06 – Hispanic (Mexican)
07 – Hispanic (Puerto Rican)
08 – Hispanic (Cuban)
09 – Other Hispanic
10 – Southeast Asian
11 – Other Race/Ethnicity
12 – Hawaiian/Other Pacific Islander

Box 21 – Current Marital Status

```
21 Marital
    Status

1 - Never
    Married
2 - Married
3 - Widowed
4 - Divorced
5 - Separated
6 - Living as
    Married
```

Instructions:

Enter the number from the following codes that identify the client's <u>current</u> marital situation. For example, if a client was "divorced" but is also "living as married" at the time of his/her enrollment, then that client should be entered as "living as married" because it is the <u>current</u> marital situation.

Code Definitions:

1 - <u>Never Married</u> - Never married and living presently as a single person.

2 - <u>Married</u> - married, two persons living together as a couple.

3 - <u>Widowed</u> - Widowed and living presently as a single person.

4 - <u>Divorced</u> - Divorced and living presently as a single person.

5 - <u>Separated</u> - Married but not living with spouse.

6 - <u>Living as Married</u> - Two persons living essentially as a married couple.

Note:

On the Evaluation Services Form (0379), 9 – Unknown is a valid code.

Box 22 - Living Arrangement

22 Living Arrangement

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)

(More codes on back of form.)

Instructions:

Enter the number from the following codes, which identifies the client's **current** living arrangement.

If client lives with more than one category of other people, select the first appropriate code going down the list of codes below.

Definition:

<u>Current</u> Living Arrangement is the living situation the client is in at the time of enrollment.
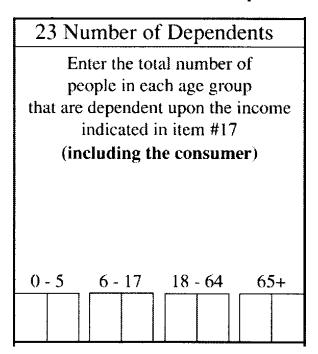
Codes:

01 – <u>Private Residence – Alone</u> (Person lives alone in his/her own home, apartment or other private residential setting. A single parent with a minor child(ren) would be coded "01".)

02 – <u>Private Residence – w/Spouse or Significant Other</u> (Person lives with spouse or significant other in their own home, apartment or other private residential setting.)

03 – <u>Private Residence – w/Parent, Relative, Adult Child(ren)</u> (Person lives in a home, apartment or other private residential setting provided by parents or relatives who also reside there. The family does not receive service payments to care for the person, except in the case of Relative Foster Care.)

06 – <u>Private Residence – w/Friend(s) or Other Unrelated Person(s)</u> (Person lives with friends or others. The person does not receive support or training services from a Supported Housing or Independent Living program <u>and</u> friend/other does not receive service payments to care for the person.)

04 – <u>Non-Relative Foster Home</u> (Person lives in a home licensed to serve five (5) or fewer clients who are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision, and room and board.)

Codes (continued):

43

21 – <u>Treatment Foster Care (Youth)</u> (Person is a youth who lives in Foster Care.)

05 – <u>Institution</u> (Person lives in a state hospital or training center, private hospital, city or county jail, state correctional facility, Juvenile training school, or special school such as the State School for the Blind or Deaf.)

07 – <u>Skilled Nursing/Intermediate Care Facility</u> (Person lives in a certified facility, meeting federal standards, which provides medical care for long-term illnesses and convalescents. Persons living in such a facility require nursing services.)

09 – <u>Residential Treatment Facility/Home</u> (Person lives in a facility licensed by OMHAS to provide non-medical care and individualized treatment to persons with mental and emotional disorders in a setting with 24-hour supervision. Residential Treatment <u>Facilities</u> serve six (6) or more residents. Residential Treatment <u>Homes</u> serve five (5) or few residents.)

28 – <u>Other Residential Facility/Group Home</u> (Person lives in a facility or other congregate setting licensed or certified by a government entity other than OMHAS. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)

16 – <u>Room and Board</u> (Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.)

97– <u>Transient/Homeless</u> (person is transient or lives in an emergency shelter or place not meant for human habitation such as on the street, in a public park or in an abandoned building.)

27 – <u>Other</u> (Any living situation or place not listed above.)

Box 23 – Number of Dependents

```
23 Number of Dependents

Enter the total number of
people in each age group
that are dependent upon the income
indicated in item #17
(including the consumer)



  0 - 5     6 - 17     18 - 64     65+
  ☐ ☐      ☐ ☐       ☐ ☐        ☐ ☐
```

Instructions:

These are those who are dependent upon the client's household income and does not necessarily include biological dependents. There must **always** be at least one person indicated in one of these boxes because you must **always include the client.** Use leading zeros, if necessary.

Age Groups:

Age 0-5

Age 6-17

Age 18-64

Age 65+

Step 1: Enter the number of persons "under the age of six years" who are dependent upon the same household income as the client. (Include the client if he/she is in this age group.)

Step 2: Enter the number of persons "between the ages of six and 17 years" who are dependent upon the same household income as the client. (Include the client if he/she is in this age group.)

Instructions continued:

Step 3: Enter the number of persons "between the ages of 18 and 64 years" who are dependent upon the same household income as the client. (Include the client if he/she is in this age group.)

Step 4: Enter the number of persons "65 years of age or older" who are dependent upon the same household income as the client. (Include the client if he/she is in this age group.)

Special Instruction:

If the client pays child support, those children may be included even though not actually residing with the client. On the other hand, if the client does not want to claim those children as dependents, subtract the child support from the Gross Household Income and do not claim those children as dependents. You should fully document that the payments are actually being made when choosing either of these two options.

Definitions:

"Household" refers to a living unit in which the members are dependent upon a common income for subsistence (the income listed in box 17-Estimated Gross Monthly Household Income).

Box 24 - Source of Income

```
24 Source of Income

  Mark only one box. Enter a "1"
     next to the primary source.

  ┌──┐
  │  │  Wages, Salary
  ├──┤
  │  │  Public Assistance
  ├──┤
  │  │  Other
  ├──┤
  │  │  None
  └──┘
```

Instructions:

Enter "1" next to the *primary* source of household income which applies to the client's household. Mark only one source, leave the rest blank.

Code Definitions:

Wages, Salary - Money earned through paid employment.

Public Assistance - Any publicly funded assistance like Social Security, Federal Supplemental Security Income, Oregon Supplemental Security Income, Welfare, etc.

Other - Any money received as income that is not included above; includes payments received for care of foster child.

None - There is no source of income for the household.

Note:

On the Evaluation Services Form (0379), an indication of "None" also means "Unknown".

Box 25 - Employment Status

```
25 Employment Status

  1 - Full time (35 hours or more)
  2 - Part time (17 - 34 hours)
  3 - Irregular (less than 17 hours)
  4 - Not employed (but has sought employment)
  5 - Not employed (and has not sought employment)
```

Instructions:

Enter the code that identifies the client's current employment status:

Code Definitions:

1 - Full-time:

    A. Those persons who are working for pay at the time of their enrollment and who normally work at least 35 hours per week. This includes those who work at part-time jobs that total at least 35 hours per week; **or**

    B. Those persons temporarily absent from their regular jobs because of illness, vacation, industrial disputes (strikes), or similar reasons.

2 - Part-time: Those who work for pay at the time of their enrollment and who normally work at least 17 hours but not more than 34 hours per week. This includes those on strike whose normal weekly hours are between 17 and 34.

3 - Irregular: Those persons who work for pay at the time of enrollment and normally work fewer than 17 hours per week.

4 - Not Employed (but has sought employment):

    A. Those persons who are not working at the time of enrollment but have sought work and were available within the preceding 30 days.

    B. Persons available for work, but are currently unemployed because they are on layoff, temporarily ill or waiting to start a new job within 30 days.

Code Definitions (continued):

5 - <u>Not Employed (and has not sought employment):</u> This item includes:

   A. Persons retired;

   B. Those not working while attending school;

   C. Persons unable to work because of long-term illness;

   D. Persons discouraged from seeking work due to personal factors; and

   E. Persons who are voluntarily idle.

Note:

Doing one's own housework is not considered "employment" for this field.

On the Evaluation Services Form (0379), the code 9 – Unknown is valid.

Box 29 - Prime Number

29 Prime Number
Enter the Consumers' Medicaid Recipient Prime Number

Instructions:

If client is Medicaid-eligible, enter the recipient ID number found on the OMAP member Medical Care Identification Card as shown in Appendix J.

Note:

This is an 8-digit code. If client does not have a Medicaid Recipient Prime Number, please draw a line through the box.

If client has 2 Prime Numbers, use the most recent.

Box 33 - Employability Factor

```
33 Employability Factor

  0 - Employable or working now
  1 - Student
  2 - Homemaker
  3 - Retired
  4 - Unable for physical or
        psychological reasons
  5 - Incarcerated
  6 - Seasonal worker
  7 - Temporary layoff


 ┌──┐
 │  │
 └──┘
```

Instructions:

Enter the number from the following codes that describe the client's employability.

Definition:

This item indicates the client's situation relative to employment in a self-supporting job placement.

Code Definitions:

0 - Employable or Working Now

1 - Student

2 - Homemaker

3 - Retired

4 - Unable to work for physical or psychological reasons

5 - Incarcerated

6 - Seasonal Worker

7 - Temporary Layoff

<u>Note:</u>

Record 0 if there are no reasons why the client cannot be employed. Only **one category** may be selected. If a student is employed, code '0', otherwise code '1' for the student.

Box 47 - Payor Code

47 Payor Code	

Instructions:

This box only appears on the "Basic or Residential Services Termination" form. Enter one of the following codes to indicate the primary source of payment for services delivered to this client. If more than one payor, choose the one who paid the most.

Code Definitions:

01 - Client/Clients' Spouse

05 - Veterans Administration

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

09 - Medicare

11 - Private Insurance

12 - Other Public Assistance Programs*

65 – Office of Mental Health and Addiction Services (OMHAS)

66 - State or County Corrections (includes Juvenile Justice)

67 - Other State/Federal Grant

13 - None

Note:

*Public Assistance includes state or federal funding from other county or state agencies, Sovereign Nations, etc.

Box 48 - Termination Type

48 Term Type	

Instructions:

This box only appears on the "Basic or Residential Services Termination" form. Enter one of the following codes to indicate the reason for discharge from the reporting facility. All data pertains to the client at the time of his/her <u>last face-to-face treatment contact</u>. Please use the most appropriate code.

Codes:

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

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.

Note:

*Completing treatment - if code 03 is used there should be no unknowns for any of the remaining boxes on the termination form.

Box 49 - Last Contact Date

49 Last Contact Date		
Month	Day	Year

Instructions:

Record the date the client received his/her last face-to-face treatment contact. Telephone or written contacts are <u>not</u> treatment contacts. Enter two digits each for Month, Day, and Year, using leading zeroes as necessary.

A client <u>must</u> be discharged on the CPMS Termination Form if he/she has not received a face-to-face treatment contact at least once in a 90-day period unless clearly justified in the client's record. Do not leave CPMS case records open while awaiting payment of fees.

Box 51 - Education (at time of discharge)

```
51 Education
Highest grade completed.
          99 = Unknown
```

Instructions:

Enter the *highest grade* in school the client has <u>completed at time of discharge</u>. For those who have a GED, and no further education, enter 12. If client has some post-secondary education (including community college) enter total number of years of school. The maximum is 25 years. Remember that these are grades completed, and are not necessarily the number of years of attendance.

Codes range from 00 (None) to 25. If more than 25 years have been completed enter 25. Complete both boxes, using a leading zero if necessary (i.e., 01, 02, and so forth). 99 = Unknown.

Note:

This box cannot be lower than the Education Box on the Enrollment Form (Box 13).

A code of '00' indicates no education completed. This might be applicable to a very young child who hasn't started the first grade.

Box 52 - School/Training (at time of discharge)

52 School/Training
Now enrolled in school or training?
1 - Yes   2 - No
9 - Unknown

Instructions:

Enter the appropriate code number to indicate whether the client, at time of discharge, is currently enrolled in a <u>school</u> at any level, or in a formal <u>training program</u> to improve their employability. Examples include: GED, ESL, barber school, clerical support classes, a carpenter apprentice program, vocational rehabilitation training, computer training, as well as any primary, secondary, or post-secondary academic program. Students who attended school in the spring and will be going back in the fall are considered to be in school during the summer.

Codes:

1 = Yes

2 = No

9 = Unknown

Box 53 - Referred To

53 Referred to	
Codes on back of form.	

Instructions:

Enter the **first** appropriate code number(s) from the Referral Code list below to indicate the institution, agency, and/or person the client is referred to <u>at the time of discharge</u>. Referral requires "deliberate action".

Definitions:

"Referral " identifies to whom a referral was made for some treatment, service, or follow-up of some kind. A person is only considered referred if some <u>deliberate action</u> was taken to get the person into another service or agency. Deliberate Action refers to taking the client there, or writing a letter, or making a phone call, or filing a notice.

Notes:

(1)   If an Investigation Report was filed with the court, code 21 = COURT.

(2)   If a report was not filed with the court and no deliberate action was taken to make a referral, code 32 = SELF.

(3)   If a referral was made, other than to COURT or SELF, use one of the other codes listed below:

Termination Code Referral Codes:

<u>Local or State Social Service Program/Agencies</u>
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, or Teams
06 - Other Community Agencies

Termination Code Referral Codes (continued):

Behavioral Health Providers/Agencies

83 - Community-based Service Providers (Mental Health and/or Addiction Services)

84 - Other Mental Health/Addiction Services Providers (Independent or Private Practice, e.g., Psychologist/Psychiatrist)

49 - Mental Health Organization (MHO)

85 - Acute or Sub-Acute Psychiatric Facility

86 - State Psychiatric Facility (i.e., EOPC)

Health Providers

48 - Fully Capitated Health Plan (FCHP)[2]

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/Attorney

34 – Employer/Employee Assistance Programs (EAP)

38 - Self Help Groups (non-Alcohol or Drug)

Other/None

99 - Other

00 - Unknown *(Note: Use code 32 "self" if client leaves without a referral.)*

---

[2] **Fully Capitated Health Plan (FCHP)** – Prepaid Health Plans that contract with the Office of Medical Assistance Programs (OMAP) to provide capitated services under the Oregon Health Plan. The distinguishing characteristic of FCHP's is the coverage of hospital inpatient services.

Box 56 - Estimated Gross Household Monthly Income (at time of discharge)

```
56 Household Monthly Income

Enter income or:
0001 = Refused
0002 = Unknown
9999 = More than $9,999
```

Instructions:

Enter the appropriate figure to indicate the total gross household income of all family members of the household (see definition of household and income below) at time of discharge from treatment. Remember this is monthly income, not annual income.

Definitions:

Estimated: The best you can come up with given all available information.

Gross: Income *before* taxes and other deductions.

Household: A unit in which one or more persons are dependent upon a common income.

Monthly: If client is paid weekly or every two weeks, you must add it up and add any other family member's income to arrive at the total monthly amount.

Income: Wages, salaries, interest, dividends, pensions, annuities, Social Security retirement payments, unemployment compensation, public assistance payments, workers compensation payments, and Social Security Disability payments are all examples of income. Food stamps are not income.

Code Definitions:

Enter the clients income; or

If the client had no income, enter "0000".

If the client refuses to reveal his/her household income, enter "0001".

If the client's income is unknown, enter "0002".

If the client's income is greater than $9999 <u>per month</u>, enter "9999".

Examples:

<u>Husband/Wife</u>: Terry Yokkie lives with his wife. They both work. Terry earned $900 before taxes and other deductions last month. His wife earned $650 in gross income. Their total gross household monthly income, therefore, is $1,550.

<u>Husband/Wife</u>: Justin Case works and is paid an income of $900 per month. His wife Elizabeth was injured on the job a few weeks ago and is receiving Workers' Compensation benefits of $350 per month. Therefore, their combined monthly gross household income is $1,250.

<u>Single Person</u>: Scott Free works and is paid an income of $1,100 per month. Scott lives in an economic collective with six other adults who all work. Scott pays room and board. Scott's total gross household monthly income is $1,100.

<u>Person Living With Parents:</u> Grace Period lives with her parents. She is collecting $220 per month in unemployment benefits. Her father works and earns $1400 per month. Since Grace does not pay room and board, her father's income should be included in the total gross household monthly income. Therefore, the gross household income is $1620 per month.

<u>Person Living In Prison</u>: Bill Mee is a prisoner on a work release program. He is considered earning an income. No other income should be included.

Box 57 - Marital Status (at time of discharge)

```
57 Marital Status
  1 - Never married
  2 - Married
  3 - Widowed
  4 - Divorced
  5 - Separated
              6 - Living as married
              9 - Unknown
```

Instructions:

Enter the number from the following codes that identify the client's current marital situation <u>at time of termination</u>. For example, if a client was "divorced" but is also "living as married" at the time of his/her termination, then that client should be entered as "living as married" because it is the <u>current</u> marital situation.

Code Definitions:

1 – <u>Never Married</u> - Never married and living presently as a single person.

2 – <u>Married</u> - married, two persons living together as a couple.

3 – <u>Widowed</u> - Widowed and living presently as a single person.

4 – <u>Divorced</u> - Divorced and living presently as a single person.

5 – <u>Separated</u> - Married but not living with spouse.

6 – <u>Living as Married</u> - Two persons living essentially as a married couple.

9 – <u>Unknown</u> – This code should only be used if the client has left the program prior to finishing his/her treatment plan, and the current marital status is not known.

Note:

This code should be consistent with the client's Marital Status at time of enrollment (box 21). For example, if the client was coded as "Married" at enrollment, he/she cannot be coded as "Never Married" at the time of termination.

Box 58 - Source of Income (at time of discharge)

```
58 Source of Income
     Mark only one box. Enter a "1" next to
     the primary source.

  ┌──┐                      ┌──┐
  │  │  Wages, salary       │  │  None
  ├──┤                      ├──┤
  │  │  Public assistance   │  │  Unknown
  ├──┤                      └──┘
  │  │  Other
  └──┘
```

Instructions:

Enter "1" next to the *primary* source of household income which applies to the client's household at time of termination. Mark only one source, leave the rest blank.

Code Definitions:

Wages, Salary - Money earned through paid employment

Public Assistance - Any publicly-funded assistance

Other - Any money received as income that is not included above; includes payments received for care of foster child.

None - There is no source of income for the household.

Unknown - This code should only be used if the client has left the program prior to finishing his/her treatment plan, and the source of household income is not known.

Box 59 - Employment Status (at time of discharge)

```
59 Employment Status

1 - Full time (35 hours or more)
2 - Part time (17 - 34 hours)
3 - Irregular (less than 17 hours)
4 - Not employed (but has sought
     employment)
5 - Not employed (and has
     not sought employment)
9 - Unknown
```

Instructions:

Enter the code that identifies the client's employment status at time of termination.

Code Definitions:

1 - <u>Full-time:</u>

    A. Those persons who are working for pay at the time of their enrollment and who normally work <u>at least 35 hours per week</u>. This includes those who work at part-time jobs that total at least 35 hours per week; **or**

    B. Those persons temporarily absent from their regular jobs because of illness, vacation, industrial disputes (strikes), or similar reasons.

2 - <u>Part-time:</u> Those who work for pay at the time of their enrollment and who normally work <u>at least 17 hours but not more than 34 hours per week</u>. This includes those on strike whose normal weekly hours are between 17 and 34.

3 - <u>Irregular:</u> Those persons who work for pay at the time of enrollment and normally work <u>fewer than 17 hours per week</u>.

Code Definitions (continued):

4 - <u>Not Employed (but has sought employment)</u>:

    A. Those persons who are not working at the time of enrollment but have sought work and were available within the preceding 30 days.

    B. Persons available for work, but are currently unemployed because they are on layoff, temporarily ill or waiting to start a new job within 30 days.

5 - <u>Not Employed (and has not sought employment)</u>: This item includes:

    A. Persons retired;

    B. Those not working while attending school;

    C. Persons unable to work because of long-term illness;

    D. Persons discouraged from seeking work due to personal factors; and

    E. Persons who are voluntarily idle.

9 - <u>Unknown</u>

Note:

Doing one's own housework is not considered "employment" for this field.

Box 61 - Employability Factor (at time of discharge)

```
┌─────────────────────────────────────────────────┐
│ 61 Employability Factor                          │
├─────────────────────────────────────────────────┤
│   0 - Employable or working now                  │
│   1 - Student                                    │
│   2 - Homemaker                                  │
│   3 - Retired                                    │
│   4 - Unable for physical or psychological reasons│
│   5 - Incarcerated                               │
│   6 - Seasonal worker                            │
│   7 - Temporary layoff                           │
│   9 - Unknown                                    │
│  ┌──┐                                            │
│  │  │                                            │
│  └──┘                                            │
└─────────────────────────────────────────────────┘
```

Instructions:

Enter the number from the following codes that describe the client's employability at time of discharge.

Definition:

This item indicates the client's situation relative to employment in a self-supporting job placement.

Codes:

0 - Employable or Working Now

1 - Student

2 - Homemaker

3 - Retired

4 - Unable to work for physical or psychological reasons

5 - Incarcerated

6 - Seasonal Worker

7 - Temporary Layoff

9 – Unknown

Note:

Record 0 if there are no reasons why the client cannot be employed. Only **one category** may be selected. If a student is employed, code '0', otherwise code '1' for the student.

Box 75 - Level of Functioning

```
75 Level of Functioning

     Enter the Level of Function
     based on the Global Assessment
     of Functioning (GAF) Scale.

     You may also use the Children's
     Global Assessment Scale (CGAS).

                          Did you
Range = 0 - 100           use the CGAS?
  ☐  ☐  ☐        ☐          Y - Yes
                             N - No
```

Instructions:

This field has two parts: a) 3 boxes for the GAS or CGAS score and b) a single box to the right of the score boxes to indicate if you used the CGAS (enter either Y for yes or N for no).

a) Enter the Global Assessment Scale score or the Children's Global Assessment Scale score (see Appendix D for scales) in the first set of 3 boxes. Use leading zeroes for scores under 100 (Examples: a score of 9 would be entered as 009, a score of 99 would be entered as 099).

b) Enter Y (Yes) or N (No) in the single box on the right to indicate whether or not you used the Children's Global Assessment Scale.

Box 85 - Report Unit

```
85 Report Unit
Enter staff report unit I.D.

[   |   |   ]
```

Instructions:

Enter the appropriate **Report Unit** identification number in the box. Use a leading zero if your report unit number is one digit. *(Example: Report Unit 2 is written as 02.).* **Most providers use '01' for their report unit number.**

However, in the case of Pre-Commitment investigations each staff person doing investigations should be assigned their own individual report unit number. The report unit numbers and names of staff associated with each are registered in the Office of Mental Health and Addiction Services provider registration file. Call us if you have questions (see Appendix A).

Definitions:

The Report Unit is a subdivision identification of the provider number.

Note:

If more than one staff person conducted the investigation, identify one of the staff as "lead staff" for the investigation and use that staff person's report unit number.

If you are using the Mental Health Evaluation CPMS form, entering '01' for the report unit is acceptable.

Box 86 - Service Element

86 Service Element		
25 = Crisis Services	36 = Preadmission Screening & Resident Review	
		.

Instructions:

Enter the appropriate code to indicate the type of service provided.

Codes:

25 - <u>Crisis Services</u> – Crisis/Evaluation Criteria: A person may be enrolled in CPMS for Crisis/Evaluation Services only if the person meets <u>all</u> of the following criteria:

1. Has been screened and is believed to have a mental disorder as defined in the latest edition of the Diagnostic and Statistical Manual for Mental Disorders;

2. Is likely to experience a severe negative consequence if **immediate intervention** is not provided; and

3. Has been formally evaluated as specified in OAR 309-32-525 to 309-32-605[3] resulting in a written plan of action and case record.

   Remember: <u>Immediate intervention</u> means that the person must be evaluated within a few hours and cannot wait until the next day for an appointment.

36 - <u>PASRR</u> (Pre-Admission Screening & Resident Review) - Screening and evaluation services for residents of licensed nursing facilities to determine their need for inpatient psychiatric hospitalization according to federal standards and procedures defined in OAR 309-048-0050 through 309-048-0130.

---

[3] Oregon Administrative Rules:
See http://arcweb.sos.state.or.us/rules/OARs_300/OAR_309/309_032.html

Box 89 - Site of Evaluation

89 Site of Evaluation
1 - Office (provider facility)
2 - Home (consumers' home)
3 - Community
4 - Community hospital
5 - State hospital
6 - VA facility
7 - Jail
8 - Other

Instructions:

Enter the code number that identifies the location where the crisis worker initially evaluated the person. If the person was evaluated at more than one location, enter the code number of the location where the evaluation began.

Code Definitions:

1 - Office - a facility of the provider.

2 - Home - the person's home or residence. This may include nursing home, group home, room and board facility, etc.

3 - Community - a location such as the person's work site, a store, a restaurant, etc. A community location is not a site where residential care or treatment is provided.

4 - Community Hospital - a local Medical inpatient facility licensed to provide designated or therapeutic services for medical or psychiatric illnesses.

5 - State Hospital – Oregon State Hospital, Eastern Oregon Psychiatric Center, etc.

6 - V.A. Facility - a facility administered by the Veterans Administration.

7 - Jail - a building for the confinement of persons held in lawful custody. The term jail also includes prisons, halfway houses for offenders, etc.

8 - Other - sites other than those listed above.

Box 90 - Time of Day Evaluation Conducted

```
90 Time of Day
    Evaluation Conducted

  1 = 8 am - 5 pm Weekday
  2 = 5 pm - 8 am Mon - Thurs
  3 = Weekend or holiday
```

Instructions:

Enter the code number that identifies the time of day/day of week the client was <u>initially</u> evaluated by the crisis worker.

Code Definitions:

1. <u>8 a.m. - 5 p.m. weekday</u> - regular program office hours, Monday through Friday, except for a legal holiday;

2. <u>5 p.m. - 8 a.m. Mon-Thurs</u> - after regular program office hours, Monday through Thursday, except for a legal holiday;

3. <u>Weekend or Holiday</u> - the period of time beginning 5 p.m. on Friday through 8 a.m. Monday, plus any 24-hour period which is declared a holiday (no work) by the governing authority of the agency.

Box 91 - Presenting Danger

91 Presenting Danger	
Make an entry for each item	
☐ Suicide	1 = Thoughts 2 = Threat
☐ Other harm to self	3 = Plan 4 = Action/behavior
☐ Harm to others	8 = None of the above 9 = Unknown
☐ Harm to property	

Instructions:

FOR EACH of the categories of dangerous behavior listed below, enter the code in its box that corresponds to the highest level of presenting danger. The number you select for the level of danger should describe the client's highest level in the seven-day period prior to admission, or during this episode of treatment.

Definitions for the Categories of Dangerous Behavior:

Suicide - intentionally trying to take one's own life.

Other Harm to Self - intentionally trying to inflict bodily injury on oneself, except for suicide.

Harm to Others - intentionally trying to inflict bodily injury on another person.

Harm to Property - intentionally trying to do some harm to some inanimate thing or animal.

Definitions for the Levels of Danger:

1 - Thoughts - the client has ideas about doing something violent. *(The client has not yet threatened, made a plan, or actually tried to do something violent.)*

2 - Threats - the client has verbally stated his/her intent to do something violent. *(The client has not yet actually developed a plan, or tried to do something violent.)*

3 - Plan - the client has figured out a design or scheme to do something violent. *(The client has not yet tried to do something violent.)*

Definitions for the Levels of Danger (continued):

4 - <u>Action/Behavior</u> - the client has actually attempted to complete a violent act.

8 - <u>None of the Above</u> - codes 1 through 4 do not apply.

9 - <u>Unknown</u> - the therapist does not know if the client is concerned about this issue.

Box 92 - Diagnostic Impression

92 Diagnostic Impression

01 - Not mentally ill/diagnosis deferred
02 - Delirium, Dementia, Amnesic and other
Cognitive disorders
03 - Substance-related disorders
05 - Schizophrenia and other psychotic
disorders
06 - Mood disorders
09 - Anxiety disorders
10 - Adjustment disorders
11 - Personality disorders
14 - Disorders usually diagnosed in infancy
childhood or adolescence
16 - Eating disorders
19 - Dissociative disorders
17 - Other
18 - Unknown

Primary	Secondary

Instructions:

This field has two sets of boxes. The primary diagnostic impression should reflect the diagnosis that is the main focus of treatment. If the client has more than one diagnosis, the secondary diagnostic impression should reflect the diagnosis of the next highest priority for treatment. Appendix E lists the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) page numbers that correspond to each of these categories listed below.

Notes:

If there is more than one primary disorder or secondary disorder, choose the disorder(s) that is the main focus of treatment. If there is no Secondary Diagnostic Impression, draw a line through the box.

Codes:

01 – Not Mentally Ill/Diagnosis Deferred
02 – Delirium, Dementia, Amnesic and Other Cognitive Disorders
03 – Substance-Related Disorders
05 – Schizophrenia and Other Psychotic Disorders
06 – Mood Disorders
09 – Anxiety Disorders

10 – Adjustment Disorders
11 – Personality Disorders
14 – Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence
16 – Eating Disorders
19 – Dissociative Disorders
17 – Other
18 – Unknown

Box 94 - Date of Petition

94 Date of Petition
Enter the date of notification of Mental Illness.
Month   Day   Year
| | |

Instructions:

Enter the date of the petition that required you to begin the investigation (the date of notification of mental illness). Complete the pairs of blocks for month, day, and year with two-digit numbers. Use leading zeroes where necessary. (Example: a date of June 3, 2004 would be coded as 06 for month, 03 for day, and 04 for year).

Box 95 - Type of Petition

```
95 Type of Petition
1 - Two person
2 - Peace officer
3 - CMHP
4 - Physician
5 - Judge/County
    Health Officer
6 - Native American
      Emergency
        Commitment
```

Instructions:

Enter the number from the following codes that identify the type of petition, which lead to the investigation.

Code Definitions –

1 - Two Person - ORS 426.070 - Written notification by two persons alleging that another person within the county is mentally ill and in need of treatment, care or custody.

2 - Peace Officer - ORS 426.228(1)(a) - Written notification by any law enforcement officer alleging that the person is dangerous to self or any other person and is in need of immediate care, custody or treatment for mental illness.

3 - CMHP - ORS 426.228(1)(b) and 426.233 - Written notification by a mental health program director or designee alleging that the person is in need of immediate care, custody or treatment for mental illness.

4 - Physician - ORS 426.232 - Written notification by a physician licensed to practice medicine by the Board of Medical Examiners for the State of Oregon, in consultation with a similarly qualified physician, neither of whom shall be related by blood or marriage to the person, alleging the person to be dangerous to self or any other person and whom the physician believes is in need of emergency care or treatment for mental illness.

5 - Judge/County Health Officer - ORS 426.070(l)(5) - Notification by any magistrate or a county health officer that a person within the county is a mentally ill person and is in need of treatment, care or custody.

6 - Native American Emergency Commitment - ORS 426.180(l)(2) Written affidavit of two persons, application for an admission to a state hospital, a certificate that the person from the reservation is so mentally ill as to be in need of immediate hospitalization, and a Medical history by two physicians licensed by the Board of Medical Examiners. (The Native American Emergency Commitment statute became law on January 1, 1989.)

Box 97 - Hearing Recommended

97 Hearing Recommended
1 - No, petition withdrawn
2 - No, person agrees to voluntary treatment
3 - No, there is no probable cause
4 - No, but judge orders hearing
5 - Yes, there is probable cause
6 - No, emergency commitment
7 - No, 14-day diversion

Instructions:

Enter the number from the following codes that corresponds to the recommendation the investigator made to the court about whether or not the judge should have a hearing on the person and the reason. If there is more than one reason for not having a hearing, enter the code that best summarizes the major reason.

Codes:

1 – No, Petition Withdrawn

2 – No, Person Agrees to Voluntary Treatment

3 – No, There is Not Probable Cause

4 – No, But Judge Orders Hearing

5 – Yes, There is Probable Cause

6 – No, Emergency Commitment

7 – No, 14-Day Diversion

Box 98 - Reason(s) for Recommending Hearing

98 Reason(s) for Recommending Hearing
Make entry for each.
1 = yes   2 = no
Danger to self
Danger to others
Basic personal needs
Chronically mentally ill

Instructions:

Fill out these boxes only if you checked item number "5" in Box 97. For each item write "1" if the reason is true or write "2" if the reason is not true. If a hearing is not recommended, write a "2" in each box.

Definitions of Reasons for Recommending Hearing:

Danger to Self - the investigator has probable cause to believe that the person may harm him/herself in the near future.

Danger to Others - the investigator has probable cause to believe that the person may cause harm to other persons in the immediate future.

Basic Personal Needs - the investigator has probable cause to believe that the person is unable to obtain food, shelter, clothing and other essential necessities for daily living and these necessities are not being provided to the person by others.

Chronically Mentally Ill - (**all of the following 4 items must be true**) the investigator has probable cause to believe that the person:

(1) Is chronically mentally ill, as defined in ORS 426.495(2); **and**

(2) Within the previous three years, has twice been placed in a hospital following involuntary commitment; **and**

(3) Is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations referred to in subparagraph (2) of this paragraph; **and**

(4) Unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will be described under either or both:

(a) Dangerous to self or others;

(b) Unable to provide for basic personal needs and is not receiving such care as is necessary for health or safety.

Box 99 - Disposition by Judge

```
99 Disposition by Judge
0 - Found not mentally ill
1 - Dismissed
2 - Conditionally released
3 - Outpatient commitment
6 - Inpatient commitment
```

Instructions:

Enter the code from below that describes the legal decision made by the judge of the court at the final commitment hearing.

If the judge did not hold a hearing, draw a line through the box.

Code Definitions:

0 - <u>Found Not Mentally Ill</u> - the judge ruled that the person did not meet the statutory requirements of ORS 426.005.

1 - <u>Dismissed</u> - the judge found the person to be mentally ill, willing and able to participate in treatment on a voluntary basis, and the judge believes the person would participate in voluntary treatment.

2 - <u>Conditionally Released</u> - the judge found the person to be mentally ill and placed the person in the care and custody of a legal guardian, relative or friend.

3 - <u>Outpatient Commitment</u> - the Mental Health Director set conditions for provision of outpatient care at the time of the hearing and, the judge found the person mentally ill as defined in ORS 426.005, and placed the person under the care and custody of the OMHAS.

6 - <u>Inpatient Commitment</u>:

(a) for Dangerousness or Basic Personal Needs - the judge found the person mentally ill, as defined in ORS 426.005(1)(d)(A) or (B), and placed the person under the care and custody of the Oregon OMHAS ORS 426.005 (1)(d)(A) or (B), or

(b) for Commitment for Chronic Mental Illness - the judge found the person to be mentally ill under ORS 426.005(1)(d)(C) and placed the person under the care and custody of OMHAS.

Box 100 - Date of Commitment To Mental Health

100 Date of Commitment to Mental Health		
Enter date of commitment.		
Month	Day	Year

Instructions:

If the client was committed by the judge (Box 99 coded either 3 or 6) enter the date of the commitment. If Box 99 is coded something else, draw a line through Box 100.

Complete the pairs of blocks for month, day, and year with two-digit numbers. Use leading zeroes where necessary (Example: the date of commitment is February 22, 2004, Enter Month = 02, Day = 22, Year = 04).

Box 101 - Facility Assigned To

```
101 Facility
Assigned to
1 - CMHP
2 - Community Hospital
3 - State Hospital
4 - V.A. Hospital
5 - Other
6 - State approved non-
hospital facility
```

Instructions:

If the person was committed to OMHAS, enter the code from the following list that describes the type of facility the person was assigned to by the OMHAS.

If the person was not committed, draw a line through the box.

Code Definitions:

1 - CMHP - a community mental health program or subcontractor.

2 - Community Hospital - a local Medical inpatient facility licensed to provide diagnostic and therapeutic services for medical or psychiatric illnesses. *(Community hospital does not include State or Veterans Administration hospitals.)*

3 - State Hospital - Oregon State Hospital or Eastern Oregon Psychiatric Center.

4 - V.A. Hospital - a hospital administered by the Veterans Administration.

5 - Other - facilities other than those listed above. *(Examples: group homes, nursing homes, etc.)*

6 - State Approved Non-Hospital Facility – A state approved facility other than the Oregon State Hospital or Eastern Oregon Psychiatric Center.

Box 111 - Living Arrangement (at time of discharge)

111 Living Arrangement
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)
(Other codes on back of form.)

Instructions:

Enter the number from the following codes that identify the client's living arrangement <u>at time of discharge</u>.

If client lives with more than one category of other people, select the first appropriate code going down the list of codes below.

Definition:

Current Living Arrangement is the living situation the client is in at the time of termination.

Codes:

01 – <u>Private Residence – Alone</u> (Person lives alone in his/her own home, apartment or other private residential setting. A single parent with a minor child(ren) would be coded "01".)

02 – <u>Private Residence – w/Spouse or Significant Other</u> (Person lives with spouse or significant other in their own home, apartment or other private residential setting.)

03 – <u>Private Residence – w/Parent, Relative, Adult Child(ren)</u> (Person lives in a home, apartment or other private residential setting provided by parents or relatives who also reside there. The family does not receive service payments to care for the person, except in the case of Relative Foster Care.)

06 – <u>Private Residence – w/Friend(s) or Other Unrelated Person(s)</u> (Person lives with friends or others. The person does not receive support or training services from a Supported Housing or Independent Living program <u>and</u> friend/other does not receive service payments to care for the person.)

Codes (continued):

04 – <u>Non-Relative Foster Home</u> (Person lives in a home licensed to serve five (5) or fewer clients who are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision, and room and board.)

21 – <u>Treatment Foster Care (Youth)</u> (Person is a youth who lives in Foster Care.)

05 – <u>Institution</u> (Person lives in a state hospital or training center, private hospital, city or county jail, state correctional facility, Juvenile training school, or special school such as the State School for the Blind or Deaf.)

07 – <u>Skilled Nursing/Intermediate Care Facility</u> (Person lives in a certified facility, meeting federal standards, which provides medical care for long-term illnesses and convalescents. Persons living in such a facility require nursing services.)

09 – <u>Residential Treatment Facility/Home</u> (Person lives in a facility licensed by OMHAS to provide non-medical care and individualized treatment to persons with mental and emotional disorders in a setting with 24-hour supervision. Residential Treatment <u>Facilities</u> serve six (6) or more residents. Residential Treatment <u>Homes</u> serve five (5) or few residents.)

28 – <u>Other Residential Facility/Group Home</u> (Person lives in a facility or other congregate setting licensed or certified by a government entity other than OMHAS. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)

16 – <u>Room and Board</u> (Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.)

97 – <u>Transient/Homeless</u> (person is transient or lives in an emergency shelter or place not meant for human habitation such as on the street, in a public park or in an abandoned building.)

27 – <u>Other</u> (Any living situation or place not listed above.)

99 – <u>Unknown</u>

Box 112 - Academic

```
112 Academic
Academic improvement in school?
1 - Yes
2 - No
3 - Not applicable
9 - Unknown
```

Instructions:

Enter the appropriate code from the list below.

Definition:

This field answers the question "Was academic improvement made in school during the treatment period?" This box only applies to youth.

Codes:

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown (do not use if "termination type" (Box 48) is coded as 03 (treatment complete).

Box 113 - Attendance

113 Attendance

Improved school attendance?
1 - Yes
2 - No
3 - Not applicable
9 - Unknown

Instructions:

This field answers the question "Did school attendance improve during the treatment period?"   Enter the appropriate code from the list below. This box only applies to youth.

Codes:

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown (do not use if "termination type" (Box 48) is coded as 03 (treatment complete).

Box 114 - School Behavior

```
114 School Behavior
Behavior in school improved?
1 - Yes
2 - No
3 - Not applicable
9 - Unknown
```

Instructions:

This field answers the question "Did school behavior improve during the treatment period?"   Enter the appropriate code from the list below. This box only applies to youth.

Codes:

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown (do not use if "termination type" (Box 48) is coded as 03 (treatment complete).

Box 118 - Basis for Commitment

```
┌──────────────────────────────────────┐
│ 118 Basis for Commitment             │
│──────────────────────────────────────│
│                                       │
│  Make entry for each. 1 = Yes   2 = No│
│                                       │
│ ┌─┐                                   │
│ │ │ Danger to self                    │
│ ├─┤                                   │
│ │ │ Danger to others                  │
│ ├─┤                                   │
│ │ │ Basic personal needs              │
│ ├─┤                                   │
│ │ │ Chronically mentally ill          │
│ └─┘                                   │
└──────────────────────────────────────┘
```

Instructions:

Enter one code (1 = yes or 2 = no) for each of the following categories of Basis for Commitment. If no hearing, draw a line through the box.

Definitions of Basis for Commitment Categories:

Danger to Self - the judge has probable cause to believe that the person may harm him/herself in the near future.

Danger to Others - the judge has probable cause to believe that the person may cause harm to other persons in the immediate future.

Basic Personal Needs - the judge has probable cause to believe that the person is unable to obtain food, shelter, clothing and other essential necessities for daily living and these necessities are not being provided to the person by others.

Chronically Mentally Ill - the judge has probable cause to believe that the person:

(1)   Is chronically mentally ill, as defined in ORS 426.495(2); and

(2)   within the previous three years, has twice been placed in a hospital following involuntary commitment; and

(3)   Is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations referred to in subparagraph (2) of this paragraph; and

(4)   Unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will be described under either or both:

(a) Dangerous to self or others;

(b) Unable to provide for basic personal needs and is not receiving such care as is necessary for health or safety.

Codes: 1 – Yes, 2 - No

Box 119 - Criminal Justice

```
119 Criminal Justice

Criminal justice involvement
during treatment?
1 - Yes
2 - No
9 - Unknown
```

Instructions:

Enter one of the codes listed below.

Definition:

This field answers the question "Was the client involved with the Criminal Justice system anytime during this period of treatment?

Codes:

1 - Yes

2 - No

9 - Unknown

Box 120 - Diagnostic Impression (at time of discharge)

```
120 Diagnostic Impression

01 - Not mentally ill/diagnosis deferred
02 - Delirium, Dementia, Amnesic
       and other Cognitive disorders
03 - Substance-related disorders
05 - Schizophrenia and other psychotic
       disorders
06 - Mood disorders
09 - Anxiety disorders
10 - Adjustment disorders
11 - Personality disorders
14 - Disorders usually diagnosed in infancy,
       childhood or adolescence
16 - Eating disorders
19 - Dissociative disorders
17 - Other
18 - Unknown




  Primary          Secondary
 [   |   ]        [   |   ]
```

Instructions:

This field has two sets of boxes. The primary diagnostic impression should reflect the diagnosis that is the main focus of treatment. If the client has more than one diagnosis, the secondary diagnostic impression should reflect the diagnosis of the next highest priority for treatment. Appendix E lists the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) page numbers that correspond to each of these categories listed below.

Notes:

If there is more than one primary disorder or secondary disorder, choose the disorder(s) that is the main focus of treatment. If there is no Secondary Diagnostic Impression, draw a line through the box.

If there is no Secondary Diagnostic Impression, draw a line through the box.

Codes:

01 – Not Mentally Ill/Diagnosis Deferred

02 – Delirium, Dementia, Amnesic and Other Cognitive Disorders

03 – Substance-Related Disorders

05 – Schizophrenia and Other Psychotic Disorders

06 – Mood Disorders

09 – Anxiety Disorders

10 – Adjustment Disorders

11 – Personality Disorders

14 – Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence

16 – Eating Disorders

19 – Dissociative Disorders

17 – Other

18 – Unknown