

APPENDIX B: Mental Health CPMS Forms



CLIENT PROCESS MONITORING SYSTEM

Mental Health

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

Enrollment Form

<input type="checkbox"/> Check box if correction ___/___/___ Date of Correction		Clinic Identification 3 CMHP _____ 4 Provider _____		5 Opening Date Month _____ Day _____ Year _____		
6 Name (USE UPPER CASE BLOCK LETTERS) Last _____ First _____ Birth Name _____						
7 Case Number _____		8 Date of Birth 1 - Known _____ 2 - Estimated _____ Month _____ Day _____ Year _____				
9 Legal Status 100 - Voluntary 500 - Involuntary Civil 600 - Involuntary Criminal		10 Eligibility Code Codes on back of form.		12 Gender F = Female M = Male	13 Education Highest grade completed.	
14 School/Training Now enrolled in school or training? 1 = Yes 2 = No		15 Referral Source Codes on back of form.		17 Estimated Gross Household Monthly Income Enter income or _____ 0001 = Refused 0002 = Unknown 9999 = More than \$9,999		
18 Residence Code County or State code Codes on back of form.	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		21 Marital Status 1 - Never Married 2 - Married 3 - Widowed 4 - Divorced 5 - Separated 6 - Living as Married	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.)		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+
24 Source of Income Mark only one box. Enter a "1" next to the primary source. <input type="checkbox"/> Wages, Salary <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other <input type="checkbox"/> None		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)		29 Prime Number Enter the Consumers' Medicaid Recipient Prime Number		
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		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 _____		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). Range = 0 - 100 Did you use the CGAS? Y - Yes N - No		

Form Number MHD-ADMS-0189
 Revision Number 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

- 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



Oregon Department of Human Services
CPMS - OMHAS

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

**Mental Health
Basic or Residential Services
Termination Form**

<input type="checkbox"/> Check box if correction ___/___/___ Date of Correction		Clinic Identification 3 CMHP 4 Provider		5 Opening Date Month Day Year			
6 Name (USE UPPER CASE BLOCK LETTERS) Last First Birth Name							
7 Case Number		8 Date of Birth <input type="checkbox"/> 1 - Known Month Day Year <input type="checkbox"/> 2 - Estimated		47 Payor Code		48 Term Type	
49 Last Contact Date Month Day Year		51 Education Highest grade completed. 99 = Unknown		52 School/Training Now enrolled in school or training? <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/> 9 - Unknown		53 Referred to Codes on back.	
56 Household Monthly Income Enter income or: 0001 = Refused 0002 = Unknown 9999 = More than \$9,999		57 Marital Status <input type="checkbox"/> 1 - Never married <input type="checkbox"/> 2 - Married <input type="checkbox"/> 3 - Widowed <input type="checkbox"/> 4 - Divorced <input type="checkbox"/> 5 - Separated <input type="checkbox"/> 6 - Living as married <input type="checkbox"/> 9 - Unknown		58 Source of Income Mark only one box. Enter a "1" next to the primary source. <input type="checkbox"/> Wages, salary <input type="checkbox"/> None <input type="checkbox"/> Public assistance <input type="checkbox"/> Unknown <input type="checkbox"/> Other			
59 Employment Status <input type="checkbox"/> 1 - Full time (35 hours or more) <input type="checkbox"/> 2 - Part time (17 - 34 hours) <input type="checkbox"/> 3 - Irregular (less than 17 hours) <input type="checkbox"/> 4 - Not employed (but has sought employment) <input type="checkbox"/> 5 - Not employed (and has not sought employment) <input type="checkbox"/> 9 - Unknown		111 Living Arrangement <input type="checkbox"/> 01 - Private residence - alone <input type="checkbox"/> 02 - Private residence - w/spouse or significant other <input type="checkbox"/> 03 - Private residence - w/parent, relative, adult child(ren) <input type="checkbox"/> 06 - Private residence - w/friend(s) or other unrelated person(s) (Other codes on back of form.)		61 Employability Factor <input type="checkbox"/> 0 - Employable or working now <input type="checkbox"/> 1 - Student <input type="checkbox"/> 2 - Homemaker <input type="checkbox"/> 3 - Retired <input type="checkbox"/> 4 - Unable for physical or psychological reasons <input type="checkbox"/> 5 - Incarcerated <input type="checkbox"/> 6 - Seasonal worker <input type="checkbox"/> 7 - Temporary layoff <input type="checkbox"/> 9 - Unknown			
120 Diagnostic Impression <input type="checkbox"/> 01 - Not mentally ill/diagnosis deferred <input type="checkbox"/> 02 - Delirium, Dementia, Amnesic and other Cognitive disorders <input type="checkbox"/> 03 - Substance-related disorders <input type="checkbox"/> 05 - Schizophrenia and other psychotic disorders <input type="checkbox"/> 06 - Mood disorders <input type="checkbox"/> 09 - Anxiety disorders <input type="checkbox"/> 10 - Adjustment disorders <input type="checkbox"/> 11 - Personality disorders <input type="checkbox"/> 14 - Disorders usually diagnosed in infancy, childhood or adolescence <input type="checkbox"/> 16 - Eating disorders <input type="checkbox"/> 19 - Dissociative disorders <input type="checkbox"/> 17 - Other <input type="checkbox"/> 18 - Unknown Primary Secondary		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). Range = 0 - 100 Did you use the CGAS? <input type="checkbox"/> 999 = Unknown <input type="checkbox"/> Y - Yes <input type="checkbox"/> <input type="checkbox"/> N - No		Fill in These Boxes for Youth Only			
		119 Criminal Justice Criminal justice involvement during treatment? <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/> 9 - Unknown		112 Academic Academic improvement in school? <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/> 3 - Not applicable <input type="checkbox"/> 9 - Unknown			
				113 Attendance Improved school attendance? <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/> 3 - Not applicable <input type="checkbox"/> 9 - Unknown			
				114 School Behavior Behavior in school improved? <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/> 3 - Not applicable <input type="checkbox"/> 9 - Unknown			

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



CLIENT PROCESS MONITORING SYSTEM

White - Local Copy Yellow - State Copy

Mental Health

Pre-Commitment Services

Oregon Department of Human Services

Enrollment and Termination Form

<input type="checkbox"/> Check box if correction ____/____/____ Date of Correction		Clinic Identification 3 CMHP 4 Provider		5 Opening Date/Date of Investigation Month Day Year		
6 Name (USE UPPER CASE BLOCK LETTERS)						
Last		First			Birth Name	
7 Case Number		8 Date of Birth 1 - Known 2 - Estimated Month Day Year				
10 Eligib. Code Codes on back.		12 Gender F = Female M = Male		15 Referral Source Codes on back of form.		18 Client Residence Codes County or state code. (List on back of form.)
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		21 Marital Status 1 - Never Married 2 - Married 3 - Widowed 4 - Divorced 5 - Separated 6 - Living as married	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.)
24 Source of Income		25 Employment Status			29 Prime Number	
Mark only one box. Enter a "1" next to the primary source. <input type="checkbox"/> Wages, salary <input type="checkbox"/> Public assistance <input type="checkbox"/> Other <input type="checkbox"/> None		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)			Enter the Consumers' Medicaid Recipient Prime Number	
Investigation						
94 Date of Petition Enter the date of notification of Mental Illness. Month Day Year		95 Type of Petition 1 - Two person 2 - Peace officer 3 - CMHP 4 - Physician 5 - Judge/County Health Officer 6 - Native American Emergency Commitment		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		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
98 Reason(s) for Recommending Hearing Make entry for each. 1 = yes 2 = no <input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others <input type="checkbox"/> Basic personal needs <input type="checkbox"/> Chronically mentally ill		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). Range = 0 - 100 Did you use the CGAS? Y - Yes N - No				
Hearing and Disposition						
99 Disposition by Judge 0 - Found not mentally ill 1 - Dismissed 2 - Conditionally released 3 - Outpatient commitment 6 - Inpatient commitment		118 Basis for Commitment Make entry for each. 1 = Yes 2 = No <input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others <input type="checkbox"/> Basic personal needs <input type="checkbox"/> Chronically mentally ill		100 Date of Commitment to Mental Health Enter date of commitment. Month Day Year		101 Facility Assigned to 1 - CMHP 2 - Community Hospital 3 - State Hospital 4 - V.A. Hospital 5 - Other 6 - State approved non-hospital facility
Termination Data						
49 Last Contact Date Month Day Year			53 Referred to Codes on back of form.		85 Report Unit Enter staff report unit I.D.	

Form Number MHD-ADMS-0381
Revision Number 10/03

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)
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15. & 53. REFERRAL CODES

State or Local Social Service Program/Agencies

- 07 – Support Programs for Adults (TANF/Food Stamps)
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- 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)

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- 38 – Self Help Group

Other/None

- 99 – Other
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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
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CLIENT PROCESS MONITORING SYSTEM
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**Mental Health
Evaluation Services**

Enrollment and Termination Form

<input type="checkbox"/> Check box if correction ____/____/____ Date of Correction		Clinic Identification 3 CMHP 4 Provider		5 Opening Date Month Day Year			
6 Name (USE UPPER CASE BLOCK LETTERS) Last First Birth Name							
7 Case Number			8 Date of Birth 1 - Known 2 - Estimated Month Day Year				
10 Eligibility Code Codes on back		12 Gender F = Female M = Male	13 Education Highest grade completed 99 = Unknown 00 = None		15 Referral Source Codes on back of form	18 Residence Code County or State code Codes on back	
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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) 9 - Unknown				29 Prime Number Enter the Consumers' Medicaid Recipient Prime Number			
Termination Information							
49 Last Contact Date Month Day Year			53 Referred to Codes on back of form	85 Report Unit Enter staff report unit I.D.	86 Service Element 25 = Crisis Services 36 = Preadmission Screening & Resident Review		
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		90 Time of Day Evaluation Conducted 1 = 8 am - 5 pm Weekday 2 = 5 pm - 8 am Mon - Thurs 3 = Weekend or holiday		91 Presenting Danger Make an entry for each item <input type="checkbox"/> Suicide <input type="checkbox"/> Other harm to self <input type="checkbox"/> Harm to others <input type="checkbox"/> Harm to property 1 = Thoughts 2 = Threat 3 = Plan 4 = Action/behavior 8 = None of the above 9 = Unknown			
120 Diagnostic Impression 01 - 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				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). Range = 000 - 100 999 = Unknown Did you use the CGAS? <input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No			

Form Number MHD-ADMS-0379
Revision Date 01/05

Mental Health CPMS Enrollment and Termination Form Code List

BOX NUMBER

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| 04-Clatsop | 15-Jackson | 26-Multnomah | 91-California |
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| 06-Coos | 17-Josephine | 28-Sherman | 93-Nevada |
| 07-Crook | 18-Klamath | 29-Tillamook | 94-Washington State |
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| | | | 99-Refused |

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