

APPENDIX F: Questions and Answers

General Questions about the Mental Health CPMS forms:

- 1) *What happens if the Payment Source changes from Public to Private during treatment? What do we do with the CPMS? Do we close them out right away?*

The Mental Health CPMS Manual states that if the client receives any public funding, they are to be enrolled on CPMS. So, even if the client starts out with public funding and changes to private, keep them open on CPMS. Be sure to indicate the correct payor code (box 47) on the termination form.

- 2) *If a client's treatment is paid for with private funds, or he has private insurance, do we still enroll them in CPMS?*

You do not need to enroll your mental health clients in basic services if there are no public funds involved in the payment of treatment. However, you may choose to enroll these clients in CPMS for the auto-generated monthly reports, and the ad-hoc reports that we (OMHAS) can run for you.

- 3) *We understand that the Department of Human Services (DHS) is developing a new payment process in development called eXPRS (Express Payment and Reporting System). Even though it won't come on-line for a couple years, I want to know more about it. What is the web site for eXPRS?*

www.dhs.state.or.us/disabilities/staff_provider_tools/exprs/index.htm

- 4) *If we do an assessment, and the client does have a mental health disorder, but we are not going to treat him in our facility, do we fill out the CPMS form?*

If you do an assessment, and the client does needs mental health treatment, but you are not going to be providing the service, we still want you to fill out a CPMS form. Both the Enrollment and the Termination forms are needed. The opening date and the last contact date will be the same, and you will want to use Term-Type code of '04 – Further Treatment not appropriate at this facility or in this service'.

- 5) *When are we supposed to begin using the new Mental Health CPMS forms?*

On October 1st, we would like you to use the new mental health CPMS forms for all clients, regardless of their open or close date.

- 6) *I assume that all Basic Service Terminations after October 1st will be done in the new format.*

There will no longer be a TSR beginning in October 2003. Please use the new Basic or Residential Services Termination form for closing out your clients in October, regardless of when they began or finished treatment.

- 7) *I am looking forward to getting a copy of those new Mental Health Treatment Outcome Improvement Reports (TOIR). Will they be available on the OMHAS web site?*

Eventually these reports will be available on the web site like our other reports. And training on how to read and use the new reports will be coming soon. The OMHAS web site address is:

<http://www.dhs.state.or.us/mentalhealth/index.html>

- 8) *We are a little confused about how to enroll our Foster Home clients. Which form do we use? Do we have to terminate them on CPMS when they leave the foster home? What if they come back again?*

Please use the Basic or Residential Services Enrollment form to enroll your Foster Home clients. You should have one Provider Number for all your Foster Home services. If a client changes from one foster home to another, within your program, you do not need to close them off CPMS. When they leave your program, (they may go to another county), then you would need to fill out a Basic or Residential Services Termination form.

**Questions about the Basic or Residential Services “Enrollment” Form
(orange corner form)**

- 9) *We are not sure what to put in box 6 - Birth Name. Many times the documentation we get from the Oregon Health Plan has a different birth name than what shows on the client’s birth certificate? Which name do we use on the CPMS form?*

For the birth name, please use the birth name listed on the Birth Certificate. We want the most “accurate” information available.

- 10) *I don’t see any options for “unknown” on the enrollment form. What if I don’t know the answer to one of the questions?*

We have summary reports that we present to the legislature on a regular basis. We need good data. We have removed the “unknown” options from the enrollment form in an effort to get better quality data.

“Unknowns” are still allowed on the termination form since sometimes the client leaves without clinic agreement.

- 11) *What if someone legally changes her/his name from the birth certificate name? What do we enter in box 6?*

Use their current last name in the last name box. Put their Birth Certificate last name in the Birth Name box.

- 12) *What if I don’t know the birth name, should I leave it blank in box 6?*

It is okay to leave Birth Name blank if you have exhausted all other possibilities to obtain that name. But, you must enter at least, a Last and First Name.

- 13) *I have a question about Box 9 - Legal status. If the parents volunteer the youth, is that still coded as “100” - Voluntary?*

Yes, it is still considered “voluntary,” even if the parents are the ones volunteering their son or daughter.

14) *Are children always coded 100 for box 9 Legal Status? What if they are court-mandated?*

In most cases, kids are recorded as '100 – Voluntary' in this box. Codes '500' and '600' are used mainly for adults that are not voluntary. However, kids that are court mandated should be 600 Involuntary Criminal.

15) *On box 9 – Legal Status, how do we code a client that has legal charges pending, but seeks Mental Health treatment on their own?*

Code it as voluntary (100) in box 9.

16) *Box 10 Eligibility Code, how do we distinguish between Priority One vs. Two?*

This is where you use clinical judgement. You are the experts. Remember to use Priority 1, there must be a risk of hospitalization without treatment.

We are anticipating that a lot of folks will be using '04 – SPMI/SED Priority One'. Most Priority One folks will be SPMI or SED, however there is another code (16) for those Priority One clients that are not SPMI or SED.

17) *If I enrolled a client prior to October 1, 2003, with an old Eligibility Code in box 10, should I change it or send in a correction?*

Don't worry about old eligibility codes, (codes other than 04, 16, 17, & 18). Just be sure to enroll new clients using one of the four revised eligibility codes.

18) *How should we code box 13 - Education for children that are Pre-Kindergarten?*

In box 13, we are asking for the highest "school" grade completed. For those in "Pre-K" that would be '00'.

19) *My question is about Box 15 – Referral Source. What is the difference between: 08 – Support Programs for Children (Child Welfare); and 37 – Youth/Child Social Service Agencies, Centers, Teams?*

Referral Code 08 refers to the State Owned and Operated Child Welfare Agencies like Services to Children and Families (CAF). Code 37 refers

to County or Community owned and operated agencies that deal with child social service issues.

20) *In box 15 - Referral Source what code do I use to indicate that an attorney made the referral?*

Currently, there is no code with the definition of 'attorney'. We will work to fix this problem. For now, please use code 99 – Other.

21) *What do I put in box 17 Estimated Gross Household Monthly Income for a foster child living with a foster family?*

Only enter the income that is provided to the family specifically for the foster child's care. And remember that in box 23 Number of Dependents, only enter the foster child as the person dependent on that income.

22) *In a related question to number 21, what if a child client is taken from their parents and put in residential care rather than foster care, what do I put in box 17 Income?*

Since the client is not living in the household, you would code the income as zero (0000). But, please be sure to still indicate one dependent in box 23.

23) *What do we code for box 19 Race/Ethnicity if someone identifies with Hispanic, but cannot specify "Mexican" or Puerto Rican" or "Cuban"?*

Please use code '09 – Other Hispanic'.

24) *What do I put in box 19 – Race/Ethnicity for a client who is mixed race?*

Please use code '11 – Other Race/Ethnicity'.

25) *I am confused about box 22 – Living Arrangement. What is the difference between:*

09 – Residential Treatment Facility/Home; and

28 – Other Residential Facility/Group Home?

According to the new Mental Health CPMS Manual (October 1, 2003), use code 09 - residential treatment facility when OMHAS licenses the facility. Otherwise use code 28 – Other Residential Facility/Group Home.

More information on these two codes and the other Living Arrangement codes are found on page 43 in the CPMS Manual.

26) *We sometimes don't get the Diagnostic Impression (Box 92) or the Level of Functioning (Box 75) until 45 days after the client begins treatment. How should we code those two boxes?*

We really need you to give us the Diagnostic Impression and the Level of Functioning at enrollment. If you don't have that information available, you can code box 92 as '18 – Unknown' for the Primary Diagnosis. And code a '000' in the Level of Functioning (Inadequate Information). Once you get the correct information for these two enrollment form boxes, please send in a correction to the original enrollment form.

27) *What if a client sends some of her/his income to support extended family members in another country - how many dependents in box 23, do I code?*

In box 23 we want you to enter the total number of people in each age group that are dependent on the monthly household income indicated in box 17. If a client is sending his income to another location to support his family, please include those family members. We ask that you limit your dependents to immediate family members.

28) *If I have a client already enrolled in my Basic Services provider number, and then they need Residential Treatment for a short time frame. Can I keep them open in Basic Services while I open them in Residential Services?*

We want you to close the client out of Basic Services before opening them in Residential services (different provider number).

Questions about the Basic or Residential Services “Termination” Form (orange corner form)

29) *In box 47 – Payor Code, what option do I choose for a client that is self-pay, but on a sliding fee scale due to a grant?*

We want to know who paid the most. If the grant paid more than the client for the treatment episode, please choose “67 – Other State/Federal Grant”. If the client paid for most, then use the code for Client – “01”.

30) *In box 48 – Termination Type, what is the definition of “03 – Treatment is Complete”?*

If your client has met the majority of the goals outlined in his/her treatment plan and is no longer needing treatment in your facility, you can close them out as '03 – Treatment Complete'. You might move them to a less intensive treatment at this point.

31) *I have a client who turned 18 years old? Do I need to close him out of Youth Basic Services and re-open him in Adult Basic Services (a different provider number?)*

If a client turns 18 while in youth treatment, you may keep them in youth treatment services until their treatment episode ends.

32) *I'm confused about box 49 - Last Treatment Contact. Must it be a face-to-face type contact or can it be over the phone?*

The last treatment contact does not need to be face-to-face. Phone contact or other billable type services are okay.

33) *How soon must we get the Basic or Residential Services Termination Form in to the State?*

You have 90 days from the last contact date to get us the form. We would prefer sooner if possible. The Enrollment form must reach us within 7 days of the assessment/opening date.

34) *There are times when we won't have the answers for boxes 112, 113, and 114, the Youth School Boxes for our youth clients. If I code a Termination Type of “03 - Treatment is Complete,” can I put unknowns in the Youth Only boxes?*

A termination type of “03 – Treatment is Complete” assumes that you have met regularly with your client and have been working with outside agencies to assist you in this endeavor. Please work with the school counselor or the parents to determine the answers to the three youth only boxes. We use data from these boxes to show the legislature that mental health treatment works and to request additional funding. As a last resort, you may code “9 – Unknown” if you cannot get information from the parents or school.

Questions about the “Evaluation” Form (red corner form)

35) *What is a Preadmission Screening and Resident Review (PASRR)?*

This is a screening and evaluation service 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.

36) *What if I get a Crisis phone call and I handle it over the phone. Do I need to fill out the CPMS Evaluation form?*

We do not need you to fill out the CPMS Evaluation form if you do not see the client. It would be very difficult for you to fill out the form without face-to-face contact.

37) *Do I need to fill out an Evaluation form each time a client is in and out of crisis while in my program? How soon should I send them in?*

If the break in services between crisis episodes is less than one day, you can just use one form. If the time between crisis' episodes is one day or greater, fill out another Evaluation form for that new episode. Please send them in within seven (7) days of the last contact date. Even if the client is already enrolled in your Basic Services program, you need to fill out the Crisis CPMS form also, if they have a crisis.

38) *What if there are multiple crisis episodes close in time, but not related to each other?*

In this case you could treat the multiple crisis episodes that are close in time as one episode.

39) *If the client being enrolled in Crisis has private insurance, do we still need to fill out the CPMS?*

Yes, CPMS Evaluation forms must be filled out on all clients receiving crisis services, regardless of the insurance type or primary payer.

40) *Are “Screenings” considered Crisis Evaluations? Do I need to fill out a CPMS form?*

If a client is not in Crisis, and you are doing a screening to determine if the client is appropriate for mental health treatment, you do not need to fill out the CPMS form. However, once the client enters treatment, and you do the full assessment, that client must be enrolled on CPMS under basic services.

41) *What is a definition for “short-term” support as used to decide on filling out a crisis form?*

Short-term support is 5 days or less.

42) *Can a client be enrolled in a crisis episode and a pre-commitment episode at the same time?*

Yes, it is okay to be enrolled in both at the same time. Just make sure you enroll them on the two different forms so we can capture that information correctly.

43) *I need some clarification on Box 85 – Report Unit. On the Evaluation form, should I use a different report unit depending on who does the evaluation? How do I find out what report units I have available for use?*

Give us a call and we can give you a list of available report units for your staff. We can also assign new ones. Report Units are used for both the Evaluation form (red), and the Pre-Commitment form (green). If you only have one staff person who does your Evaluations or Pre-Commitments, “01” is fine for the report unit number.

Report unit numbers are a sub-identification number that is within a provider number. Therefore, each evaluation or pre-commitment provider number has its own report unit list.

Questions about the “Pre-Commitment” Form (Green corner form)

44) I need more information to better understand what you want in box 49 Last contact Date on the Pre-Commitment form.

In this box you are to enter the date the last time the investigator made contact with the client. If the client has been committed, the last contact date will probably be the same as the “date of commitment (box 100)”. If there was not a commitment, then use the last time the investigator made contact.

45) You used to have 102 - Length of Commitment on the Pre-Commitment CPMS form. What happened to that box?

Most Commitments last 180 days. There is no need for you to write ‘180’ on every form. So we removed the box. If the length of commitment is less than or greater than 180 days, please note that in the client’s case record.

If you have additional questions that were not addressed in this document, please give us a call at 503.945.5763 or email cpms.oasis@state.or.us. We anticipate sending out corrected pages to go in the Mental Health CPMS Manual, as well.