Client Process Monitoring System

Manual
for Alcohol and Drug Abuse Treatment Providers

Using Alcohol & Drug CPMS

Department of Human Services
Addictions and Mental Health Division
500 Summer Street NE E86
Salem, Oregon   97301-1118
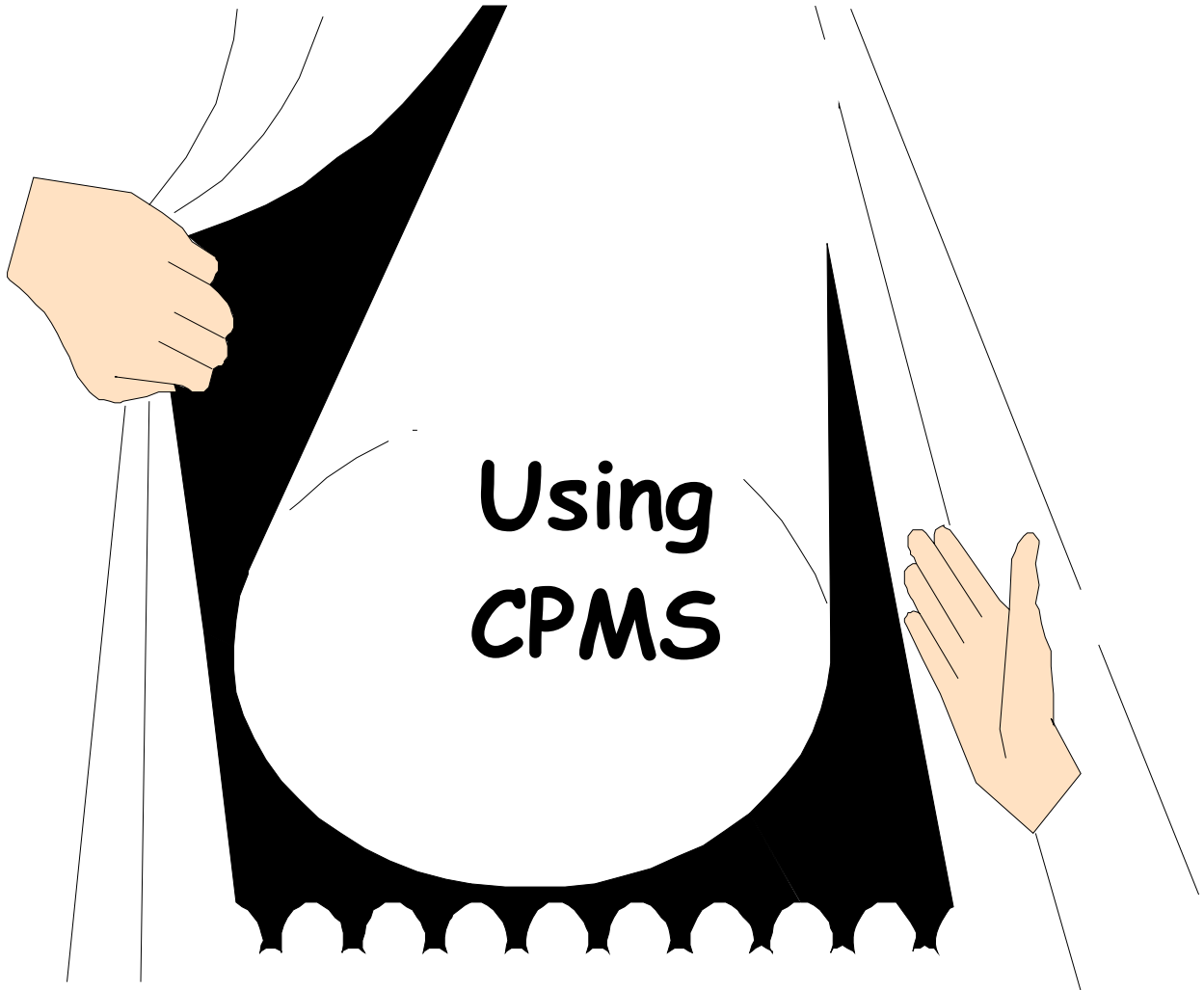
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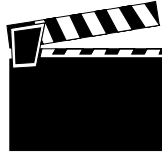
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Manual for Alcohol and Drug Abuse Treatment Providers

Using
CPMS

State of Oregon
Department of Human Services
Addictions and Mental Health Division
(503) 945-5763
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Prepared by
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Part Three

Part Four

Part Five

About This Manual

Subject   This manual provides information for the Addictions and Mental Health Division (AMH) Client Process Monitoring System (CPMS).

♦ **Part One** is an introduction to and an overview of the CPMS system.

♦ **Part Two** provides box-by-box instructions for completing the enrollment portions of the CPMS forms.

♦ **Part Three** provides box-by-box instructions for completing the termination portion of the CPMS forms.

♦ **Part Four** describes the reports generated by the CPMS system and provides instructions for their use.

♦ **Part Five** is an appendix which contains additional information, including sample forms and a resource list.

Audience   This manual is for anyone who will be completing or reviewing CPMS forms or reports. It may also prove helpful to those analyzing the CPMS data.

Purpose   The purpose of this Manual is to provide current reporting instructions, special program area reporting instructions, and common CPMS item definitions for state and local CPMS users. The manual is most readily used as a reference book, although it is recommended that anyone completing CPMS forms begin by scanning the entire manual.

This is a comprehensive manual which includes instructions for *all* service modalities. Therefore, some boxes may not directly apply to your program.

In the enrollment and termination sections, Part Two and Three of this manual, the boxes appear in the same order as they do on the CPMS form. A table of contents is located in the front of these two sections to help locate the desired box.

Updates   Updates to this manual will be communicated through numbered and dated CPMS Manual replacement pages from AMH.

Introduction to CPMS

Overview

A long time ago, during the 1981-83 biennium, the Addictions and Mental Health Division (AMH), implemented the Client Process Monitoring System (CPMS). CPMS is a vital management tool, used by AMH to provide:

📂 documentation that clients were served and that services were delivered by community providers supported by state treatment funds, in compliance with the legislatively approved budget and statutory mandates;

📂 documentation that clients on the Oregon Health Plan (OHP) were served and that services were delivered in compliance with the legislatively approved budget and statutory mandates; and

💾 data on performance, which is used by state and local management to manage services and funding.

How We All Benefit From CPMS Data

A. **Provide Accountability for Funds Spent by:**

1) monitoring providers' <u>utilization rates</u> (number of clients actually served compared with contracted minimum number of clients). Over-utilization rates help to create a better case for funding from the legislature; and

2) calculating measures for Quality Improvement Report (outcome measures of clients). Measures are calculated for clients terminated during each quarter (such as "treatment completion rates" and "retention rates").

B. **Generate More Funds for Treatment and Prevention by:**

1) documenting services provided to clients;

2) documenting the need for federal & state funding to the Legislature;

3) providing information to legislators and others for planning -- Oregon data is reported to TEDS (Treatment Episode Data Set) - a national database implemented in January, 1991; and

4) documenting expenditures in reports to funding agencies.

Importance of Accurate Data

It is important that your CPMS client data accurately reflect your program, because the data

- affect quality improvement reports, utilization, and other reports;
- are used as part of a site review and may reflect a program's overall performance;
- are used for outcome studies, i.e. to show that treatment works;
- are used as a basis for future funding requests;
- can enable a program to evaluate their own performance and progress;
- can assist in the management of the program; and
- can assist the local alcohol and drug authority in making decisions regarding subcontracting services (quality improvement reports).

The Client Enrollment Process

The purpose of the Alcohol and Drug (A&D) Enrollment Form is to collect specific client data under the treatment program's state-assigned provider number. The data are then available for aggregation within CPMS to produce reports. CPMS produces monthly provider-specific reports (lists) of clients currently enrolled, which are mailed to the provider. See Part Four of this manual for more information about reports.

By enrolling a client in CPMS, the provider has opened an individual account, which is used by AMH to document whether services were delivered during the report period. It is essential that providers correctly use CPMS.

Who to Enroll in CPMS?

A provider must enroll all clients whose treatment is paid for with public funds in CPMS. Public funds include Federal, State, or County Grants/Contracts, direct contracts from AMH, Oregon Health Plan dollars, etc. In addition, any clients receiving the following services must be enrolled in CPMS regardless of funding:

A. DUII treatment

B. synthetic opiate / methadone maintenance treatment

Which Programs Must Enroll Clients in CPMS?

Providers that meet the CPMS criteria on the previous page must report those clients and their information in CPMS. Client information reported to AMH through CPMS is confidential and protected by law. No person or agency other than authorized personnel may gain access to confidential client information in CPMS.

If <u>none</u> of these conditions apply, your program is <u>not</u> required to enroll clients in CPMS. You may, however, choose to enroll clients in CPMS for the auto-generated monthly reports.

<u>Note</u>: DUII programs should refer to the DUII Operations Guide for additional instructions regarding the enrollment of clients. Please call (503) 945-5763 to request this helpful guide.

Which Clients Must Be Enrolled in CPMS?

👍 Do Enroll

Clients with an identified primary alcohol or drug problem.

For each client enrolled on CPMS, the provider agency must maintain a file that includes, but is not limited to, documentation of the primary problem, a psychosocial work-up (which might include a family history, prior treatment information, etc.), and a treatment or training plan. Please refer to the Oregon Administrative Rules (OARs) appropriate to the service you are providing to the client.

👎 Do Not Enroll

Friends, relatives, or other associates (collaterals) of the enrolled client who are contacted or otherwise involved during the course of the primary client's treatment.

<u>Note on Assessment Only clients</u>: If the client is assessed and there is **no primary substance of abuse identified**, **do not enroll the client** on CPMS. If the client is assessed and **there is a primary problem, enroll the client** on CPMS, **even if** the client is going to be referred elsewhere for treatment.

Which Clients Must be Enrolled in CPMS? (Continued)

Examples:

1. A man is seen by a counselor due to his <u>enrolled</u> sister's primary problem.   This man should <u>not</u> be enrolled on CPMS.

2. A woman is seen by a counselor due to her husband's primary problem. She also has an alcohol and/or drug abuse problem for which treatment is sought. She should be enrolled in CPMS as a separate case.

3. As of this writing, AMH does not track clients who are enrolled in smoking cessation classes. If a client is seen **ONLY** for smoking cessation, do not fill out a CPMS form. AMH also does not use CPMS to collect gambling, sobering services or prevention activities.

4. In general, prevention clients are not to be enrolled in CPMS. <u>Remember</u>: A client must have an identified primary problem. If, after a preliminary screening, it is determined that a prevention client may have an alcohol or drug problem, an assessment will be needed. If a problem is definitely identified, this assessment begins a treatment episode, and the client should be enrolled in CPMS.

Dual Enrollments

As a general rule, a client ***may not be*** enrolled in more than one alcohol or drug service at a time, whether within the same provider or by two separate providers. There are, however, situations that would allow enrollment in two different provider numbers at the same time. These are situations where dual enrollment is permitted.

EXCEPTIONS

1) A synthetic opiate (methadone) client who receives a DUII while in treatment may continue in methadone maintenance while participating in DUII services.

2) A client enrolled in residential treatment may also be enrolled in:

    A. an outpatient program, **for transitional purposes only, <u>30 days or less</u> prior to his/her discharge from the residential program**. The clinical need for both services must be documented in the client file at both programs. This exception applies <u>only</u> to residential clients entering outpatient treatment;

    B. a DUII program if the client receives a DUII while still in residential treatment.

3) An outpatient client relapses and goes to detox or short-term residential (30 days or less). The client may remain open in the outpatient program while simultaneously enrolled in the detox or short-term residential program.

Description of Forms

There are four different enrollment forms. Three of them have corresponding termination forms, and one is a shorter form that includes the termination portion on the same sheet. Each form is identified by a title appearing in the upper right corner and a color-coded upper left corner. Please press firmly as you fill out the forms as you are going through multiple copies.

Note: Part Five of this manual contains sample forms.

Yellow Corner: The standard **Adult A&D Enrollment Form** (Form No: 0460) is attached to the standard **Adult A&D Termination Form** (form No: 0461). It is to be used if the client has a primary problem with alcohol or drugs and is entering <u>any</u> alcohol or drug service <u>*other*</u> <u>*than*</u> *detoxification, DUII Education, or youth services (under 18 years old).* The vast majority of clients will be enrolled with this form.

Instructions: The top shaded portion of this 4-ply form is to be completed while intact. Then, after separating the enrollment and termination forms, complete the enrollment form, place yellow copy in the client's file, and send the white copy to AMH. Place the termination form in the client's file to be completed at the end of the treatment episode.

Purple Corner: The **Detox/DUII Education Form** (Form No: 0466) is to be used only if the client is entering a detoxification, or a DUII Education program. It is a short form designed to be used for those services with shorter lengths of stay. The client is enrolled and terminated on the same form. Make sure both parts (enrollment and termination) are filled out before mailing it to AMH.

Instructions: At the beginning of the episode, complete the enrollment portion, and place the form in the client's file. When the client's episode has ended, complete the termination portion, and send the white copy to AMH.

Dark Blue Corner: The **Intervention/Youth Treatment Enrollment Form** (Form No: 0462) is attached to the Intervention/Youth Treatment Termination Form (form No: 0463). It is to be used only if the client is entering a program that is state-licensed and/or approved to provide intervention/youth treatment. Typically youth are under age 18.

Instructions: The top portion of this 4-ply form is to be completed while intact. Then, after separating the enrollment and termination forms, complete the enrollment form and send the white copy to AMH. Place the termination form in the client's file to be completed at the end of the treatment episode.

Description of Forms (Continued)

> Note: Youth in DUII rehabilitation should be enrolled on the Adult Form. Youth enrolled in a DUII Education Program should be enrolled on the DUII Education Form (purple).

Light Blue Corner: The **Child Enrolled with Parent Enrollment Form** (Form No: 0467) is attached to the **Child Enrolled with Parent Termination Form** (Form No: 0433).   It is to be used only for children enrolled with their parents in specifically designated "Women with Children" programs.

Instructions: The top portion of this 4-ply form is to be completed while intact. After separating the enrollment and termination forms, complete the enrollment form and send the white copy to AMH. Place the termination form in the client's file to be completed at the end of the treatment episode and mail to AMH.

Note: Some providers may offer more than one service and may find one form appropriate for some clients (e.g., outpatient) and another for other clients (e.g., DUII Education-only).

Ordering Forms and Manuals

Additional forms can be ordered from the CPMS Data Team. Your order will be processed as promptly as possible.

For details about ordering more forms (refer to your CPMS Resource List in Appendix Five):

When calling the CPMS Data Team, have the following information readily available:

✎ CMHP & Provider Number

✎ Form Name or Number

✎ Number of Forms Needed (for a six-month period)

✎ Mailing Address

✎ Your Name

Who Fills Out the Form?

It is very important that the counselor who assesses the client fills out the CPMS form. Some portions of the form require clinical judgment and certain information is only gathered during the client assessment. The Data Coordinator or Office Manager, however, should review the forms before sending them to AMH.

How CPMS Data is Processed

⇨ Enrollment

🕐 A client arrives for the first face-to-face treatment (usually the assessment) session, and the counselor completes the enrollment form.

✎ Use the right form for the service the client is entering. The forms are color-coded in the upper left-hand corner to ensure the correct form is used. Below is a brief description of the forms. For more details see page 13.

✎

Color codes:

yellow- Standard (Adult)
purple- Detox/DUII Education
dark blue- Youth Treatment/Intervention
light blue- Child Enrolled with Parent

✎ All boxes must be filled out, using only <u>valid codes</u>.

➪ Enrollment (continued)

🕐 The provider sends the white copy of the enrollment form to AMH within seven (7) days. The yellow copy is placed in the client's file.

Exception: The purple-cornered form (Detox/DUII Education). This form contains both enrollment and termination data on the same sheet and should be retained by the provider until the client is terminated. Within seven (7) working days after the client terminates, the white copy should be mailed to AMH.

🕐 CPMS Data Team staff at AMH enter the data into the mainframe computer for storage and processing.

🕐 Forms that have failed to process because of invalid or missing information may be returned to the provider for correction or completion.

⇨ Monthly Service Reports

After the client's enrollment has successfully processed, the client's basic information will appear on a monthly report. These reports are your "open client" list, because they show all clients open in your program for a given month. A report will be produced for *each* of your provider numbers. Note: Part Four contains report details and instructions.

Companion Document for Detox. Providers verify that all clients on the list actually received treatment and that the information is correct. This report is <u>not</u> returned to AMH <u>unless</u> corrections are needed (see Part Four - Reports).

Monthly Management Report (MMR) for all Residential and Outpatient services including Methadone, and DUII. The listed clients are sorted into three categories---*OHP*, *Medicaid*, and AMH according to health insurance, income, and dependent data received on the client's enrollment form. <u>Utilization of allocated beds and slots is calculated from MMR data</u>. Providers verify that each client is listed in the correct category. ***Please*** make the appropriate corrections and changes to the report and return a copy to AMH.   Do <u>not</u> return it <u>unless</u> corrections are needed (See Part Four). Providers also verify that all clients on the list are actually still receiving treatment, and submit termination forms for clients no longer being served.

How CPMS Data is Processed (Continued)

⇨ Termination

Upon discharge, the counselor must make a **reassessment** of the client.

The A&D Termination Forms are to be completed and sent to AMH within 30 days of the last face-to-face client treatment contact unless a reason for leaving the case open is documented in the client file.

Do not leave a case open because fees have not been paid.

Timing and Consequences of Late Data

Send in the…

✎ **Enrollment forms** within 7 working days of the first face-to-face treatment contact (usually the initial assessment).

✎ **Termination forms** no later than 30 calendar days after the last face-to-face treatment contact.

✎ **Corrected MMRs** by the first working day of the month following your receipt of them. Note: If there are no errors on the report, you do not need to send it in.

Delays in sending the forms or reports may result in your program not receiving credit for all of the clients you have served when we calculate your utilization rate.   Late terminations may also affect the length of stay and quality improvement reports.

Sample deadlines for clients enrolled or terminated during <u>May</u>:

June 5 (fifth working day of the following month)

> This is the last day that incoming CPMS mail (forms and reports) will be opened and processed <u>until after</u> the monthly CPMS deadline. Enrollment and termination information missing this deadline will be processed and appear on the following month's reports.
>
> <u>Note</u>: Forms may be faxed to AMH, if necessary, to meet the deadline. See the CPMS Resource List in the appendix for more information.

June 11

> Monthly service reports are produced from the enrollment data and should arrive in your office on or about mid-month.

July 1 (1st of the following month)

> Monthly reports with corrections are to be received by AMH by this date in order to be processed in time to meet the CPMS deadline.

Where to Send Completed Forms and Reports

CPMS OASIS
Department of Human Services
500 Summer Street NE E-86
Salem, Oregon 97301-1118

<u>Remember</u>: Keep the yellow copy of the form in the client file, and send only the white copy to us.
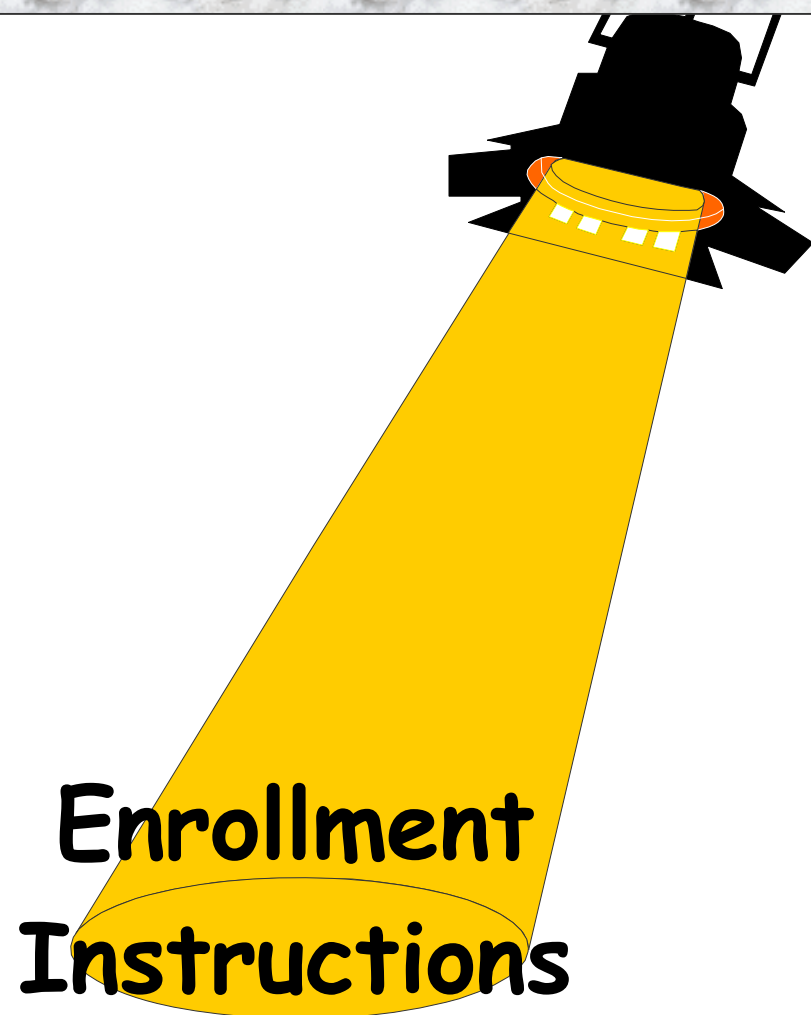
Where to Call If You Have Questions

Part Five of this manual (the Appendix) includes a *CPMS Resource List.* Key contact people are listed with their specific area of expertise.   Use this list to expedite answers to your questions.   A revised list will be issued periodically so that this information is as up-to-date as possible.

Electronic Submission of CPMS Data

Currently, there are two ways to submit CPMS data electronically.   You can export data out of your existing electronic system, or you can use the CPMS E-Form.   Submitting data electronically reduces errors, lowers your mailing costs, and gets your data to us in a timely fashion.   Please call the CPMS data team (see appendix) to find out how you can submit CPMS data electronically.

PART TWO

Enrollment Instructions

Box-by-Box Table of Contents - Enrollment Form

☐ CHECK BOX IF CORRECTION _____/_____/_____ DATE OF CORRECTION	# CORRECTING A FORM

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 yellow copy from your files and follow these procedures (please make all changes in red ink):

1) Photocopy the original form;

2) On the photocopy and the original, place a check in the correction box and enter the date of the correction;

3) On both the photocopy and the original, mark the correct information above the incorrect information. Do not whiteout 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) Place the corrected copy in the client's file.

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

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┌─────────────────────────────────────┐
│ CLINIC IDENTIFICATION               │
├──────────┬──────────────────────────┤
│ 3  CMHP  │                          │
│          │                          │
│          │                          │
│          │                          │
└──────────┴──────────────────────────┘
```

Box 3 – CMHP NUMBER

Instructions:

Enter the appropriate CMHP code number to indicate the county or community mental health program in which this provider operates. (See CMHP codes listed below.)

This code is assigned by AMH. It is permanent, and the same code must always be used when enrolling clients into your program(s) located in 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 at the various sites.

CMHP CODES

01-Baker	37-Gilliam	21-Lincoln	31-Union
02-Benton	12-Grant	22-Linn	32-Wallowa
03-Clackamas	13-Harney	23-Malheur	37-Wasco
04-Clatsop	37-Hood River	24-Marion	34-Washington
05-Columbia	15-Jackson	25-Morrow/Wheeler	25-Morrow/Wheeler
06-Coos	16-Jefferson	26-Multnomah	36-Yamhill
07-Crook	17-Josephine	27-Polk	37-Mid-Columbia
08-Curry	18-Klamath	37-Sherman	(Gilliam/Hood River/
09-Deschutes	19-Lake	29-Tillamook	Sherman/Wasco)
10-Douglas	20-Lane	30-Umatilla	39-Warm Springs

```
┌─────────────────────────────────┐
│ CLINIC IDENTIFICATION           │
│                                 │
│            4  PROVIDER          │
│         ┌──────┬────┬────────┐  │
│         │      │    │        │  │
│         │      │    │        │  │
│         └──────┴────┴────────┘  │
│                                 │
└─────────────────────────────────┘
```

Box 4 – PROVIDER NUMBER

Instructions:

Enter the appropriate 3-digit code number assigned to this provider.

Definition:

1. Provider numbers are assigned by AMH and are unique to a provider within that county.

2. A provider number never stands alone. It is *always* tied to a CMHP number.

3. The provider number identifies the

   - provider within a CMHP that is enrolling a client, and

   - type of service (outpatient, residential, etc.) where the client is being enrolled.

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

5. A provider may have multiple provider numbers if the Letter of Approval is for multiple services.

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

7. New providers who do not yet have a provider number issued can set the process in motion by contacting the AMH Regional Alcohol and Drug Specialist (RADS).

5 OPENING DATE		
MONTH	DAY	YEAR

Box 5 – OPENING DATE

Instructions:
Enter the date when the file was officially opened for the client. The date should be logical. For example, it should be *after* the client's date of birth.

Definition:
Generally, the "OPENING DATE" is the first face-to-face service contact with the client. (Most often the date of the initial assessment, if the client is determined to be appropriate for treatment in your program). However, there are exceptions to this rule discussed under special cases below.

Note: If a client receives an assessment only, and will receive no further treatment at your facility, because there is no identified primary substance of abuse, **DO NOT** enroll this client on CPMS. **HOWEVER,** if the client does have a primary substance of abuse, and the client is referred to treatment elsewhere, **DO** fill out an enrollment and termination form for this client's assessment.

Special Cases:

I. **Assessment by Outpatient or DUII Provider** is followed by immediate referral to residential treatment.

II. **Circumstances where DUAL ENROLLMENT is permitted.**   See Part One for an explanation of these special situations.

III. **Examples:**

A. Outpatient provider serves a client for longer than a month, using the initial assessment date as the open date, but the client requires residential care, as determined by the placement, continued stay, and discharge criteria. The outpatient provider terminates the client from outpatient services before the client enrolls in residential services. After residential treatment, when the client returns to outpatient treatment, the provider reopens them on CPMS using the first treatment contact **after the client is terminated out of residential services**. Therefore, this is more like a second episode rather than a *continuation* of a previous outpatient episode.

Box 5 – Opening Date (Continued)

B. Outpatient or DUII provider assesses a client, but for some reason, the client will not begin receiving treatment for more than 30 days after the assessment. **This situation is not acceptable.** Programs should be designed to ensure compliance with the minimum requirement in the Administrative Rules for at least one face-to-face contact every 30 days. If this is not possible, the assessment should be delayed until the treatment plan will begin. <u>As long as the delay from assessment to first treatment contact is under 30 days, the assessment date is reported as the Open Date.</u> If delays between assessment and treatment are common in your program, please contact your AMH Regional Coordinator for assistance in resolving the problem.

C. A client returns to treatment after he/she has been discharged (a re-enrollment). The Open Date should be the first treatment contact date upon returning to treatment.

Box 6 - NAME

6 NAME (USE UPPER CASE BLOCK LETTERS)		
LAST	FIRST	BIRTHNAME

Instructions:

In UPPER CASE BLOCK LETTERS, enter the entire last and first name of the client. Then enter the birth name. If the birthname is the same as the last name, enter the birthname anyway. Please write legibly. It is essential that the following letters be printed with exaggerated clarity: **U, V, I, L, D, and O**.

Example of Client Name: Alice Johnson is a residential client who has never been married. JOHNSON is placed under the "LAST" spaces and JOHN is placed under the "BIRTHNAME" spaces. ALICE is placed in the "FIRST" spaces.

Another Example: Gary Smith-Wesson is in outpatient treatment. In the last name box, you would enter SMITHWESSON without the punctuation. Always remove punctuation from names (O'RILEY would be ORILEY).

Note: Be sure to start in the first space under the word "Last", and the first space under the word "first".

7 CASE NUMBER					

Box 7 – CASE NUMBER

Instructions:

Each client is given a unique case number that your program assigns, i.e., client identification number. The case number **must** be numeric only, i.e., no letters or special characters (such as dashes, commas, etc.).

Note: When a client is given a case number, that number is retired when the client leaves the provider program. It must not be assigned to anyone else. **If that client returns at a later date, reassign the same number.** Do not assign a new case number to a returning client. The case number should move with the client even if they change 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 Part Five of this manual), who will assist you by locating the number.

If the assigned case number is less than six digits, "right justify" and use leading zeros. For example, case number 697 should be entered as 000697.

8 DATE OF BIRTH			
1 – Known 2 - Estimated	MONTH	DAY	YEAR

Box 8 – DATE OF BIRTH

Instructions:

This is a key identifier and is *always* linked to the client's coded name.

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

> 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.)

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 when you are estimating the year of birth, enter 07 for the month and 01 for the day. **GUESS ONLY AT THE YEAR.** If you discover the known date of birth, send in a correction. This item may also be corrected by crossing out the incorrect date of birth on the TSAR or MMR and entering the correct date of birth in red ink above the lined-out data.

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.**

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| **10** ELIGIBILITY CODE |
```

Box 10 – ELIGIBILITY CODE

Instructions:

The eligibility codes are used to classify (DUII clients, or parents enrolled with children in residential treatment) clients into special groups. Generally, the following codes are to be used for alcohol or drug clients. Use only one code when applicable, or none (00) may apply. Note that a DUII client <u>must</u> have an eligibility code in every case. If you do not have a DUII client, or a residential parent enrolled with child program, you will code this 00.

Definition - Eligibility Codes:

00 - <u>None</u>

06 - <u>DUII Diversion Client</u> - This code applies only to clients referred from court as part of a DUII agreement.

26 - <u>DUII Convicted Client</u> - This code applies to clients referred from court following <u>conviction</u> for DUII.

50 - <u>Child in Residential Treatment with Parent</u> - This client is a child in residential treatment with their parent. This code is preprinted on the Child Enrolled with Parent form (light blue).

51 - <u>Parent in Residential Treatment with Child</u> - This client is a parent who has a child in residential treatment with them.

```
┌─────────────────────────────────────┐
│ 11 PROGRAM AREA ASSIGNMENT          │
│ ┌─────┐                             │
│ │     │  1=ALCOHOL    2=DRUG        │
│ │     │                             │
│ └─────┘                             │
└─────────────────────────────────────┘
```

Box 11 – Program Area Assignment

Instructions:
Enter the appropriate code in the box to describe the program area in which the client will receive services.

Definition:
Program area code describes the primary service the client is entering. The program area codes are:

> Code Definitions:
>
> 1 = ALCOHOL
>
> 2 = DRUG

The program area code <u>must</u> correspond with the client's primary substance of abuse (box number 36). (For example: If the primary substance of abuse is alcohol, the program area code must be 1.) <u>Nicotine may **not** be the primary substance of abuse.</u>

116 LEVEL OF CARE ASSESSED
Enter a "1" next to the Level of Care for which the client was assessed. Mark only one box

	Level 0.5 Education/Early Intervention
	Level 1.0 Outpatient
	Level 2.0 Intensive Outpatient
	Level 2.5 Day Treatment
	Level 3.0 Residential
	Level 4.0 Medically Managed Detox

Box 116 – LEVEL OF CARE ASSESSED

Instructions:
Enter "1" next to the *primary* Level of Care for which the client was assessed. Mark only one source. Please use the ASAM Criteria to determine the level of care.

Code Definitions:
Level 0.5 Education/Early Intervention

Level 1.0 Outpatient

Level 2.0 Intensive Outpatient

Level 2.5 Day Treatment

Level 3.0 Residential

Level 4.0 Medically Managed Detox

```
┌─────────────────────────┐
│ 12  SEX                 │
├──────┬──────────────────┤
│      │  F=FEMALE        │
│      │  M=MALE          │
│      │                  │
└──────┴──────────────────┘
```

Box 12 - SEX

Instructions:

Enter the code "F" or "M" to indicate the client's sex.

Codes:

F - Female

M - Male

```
┌─────────────────────────────────────┐
│ 106  PRENATAL                       │
├─────────────────────────────────────┤
│ Client Pregnant                     │
│ at Enrollment?                      │
│              1 – Yes                │
│              2 – No                 │
│              3 – Not Applicable     │
│ ┌────────┐                          │
│ │        │                          │
│ └────────┘                          │
└─────────────────────────────────────┘
```

Box 106 - PRENATAL

Instructions:

If female client is pregnant, mark 1-Yes. If female client is not pregnant, mark 2-No. If client is a male, always mark 3-Not Applicable.

Codes

1 - Yes

2 - No

3 - Not Applicable

```
┌─────────────────────────────────────┐
│ 107   INTERPRETER                   │
├─────────────────────────────────────┤
│ Will Interpreter Services           │
│ be needed for client?               │
│                                     │
│  ┌──────┐  1 – Foreign Language     │
│  │      │  2 – Hearing Impaired     │
│  │      │  3 - None                 │
│  └──────┘                           │
└─────────────────────────────────────┘
```

Box 107 – INTERPRETER

Instructions:

Will interpreter services be needed? Enter 1-Foreign Language or 2-Hearing-Impaired. If no interpreter services are needed, enter 3-No. If both will be needed, please enter a "2."

Code Definitions:

1 Foreign Language   Foreign language interpreter for the client.

2 Hearing-Impaired   Sign language interpreter for the deaf or hearing-impaired (hard-of-hearing) client.

3 None   No interpreter services are needed.

13	EDUCATION
Highest Grade Completed	
	00 - None

Box 13 - EDUCATION

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).

14 SCHOOL / TRAINING
Now Enrolled in non-treatment School or Training?
1 - Yes 2 - No

Box 14 – SCHOOL / TRAINING

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, an 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.

    <u>Codes:</u>

    1=Yes

    2=No

<u>Note:</u> Treatment education, like DUII education classes and other educational programs operated by an A & D provider are not included in this category. Enter "2" (No) if this is the only school or training the client is receiving.

```
┌─────────────────────────────┐
│ 15  REFERRAL SOURCE(S)       │
├─────────────────────────────┤
│ Codes on Back of Form.       │
│ Select First Appropriate     │
│ Code(s) From Top of List.    │
│                              │
│ ┌────┬───┐ ┌────┬───┐        │
│ │    │   │ │    │   │        │
│ └────┴───┘ └────┴───┘        │
└─────────────────────────────┘
```

Box 15 – REFERRAL SOURCE(S)

Instructions:

Enter the first appropriate code number(s) from the top of the "Referral Code List" to indicate the institution (agency) and/or the person taking <u>deliberate action</u>[1] to get the client into a treatment provider. The codes are listed on the back of the enrollment form.

Enter two 2-digit codes, if appropriate. If both an institution and a person have referred the client, enter both 2-digit codes. If only one referral code applies, enter 00 in the second referral source box. **Do not** use slashes.

All DUII providers must enter code 21 (court referral) in the first set of boxes in Box 15 at enrollment.

Referral Codes:

(Choose the first appropriate code from the top of the list.)

<u>Local or State Agencies</u>

80 - Oregon Health Plan

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 Disabilities Services

05 - School

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

06 - Other Community Agencies

Behavioral Health Providers/Agencies

83 - Community-based Mental Health and/or Addictions Service Provider

84 - Other Mental Health/Addiction Services Providers

85 - Acute or Sub-Acute Psychiatric Facility

86 - State Psychiatric Facility (i.e., OSH or BMRC)

49 - Mental Health Organization (MHO)

---

[1]"<u>Deliberate action</u>" indicates the referral source(s) that brings in the client, writes letters, makes phone calls to set up appointments, or takes any other similar action to see that the provider actually sees the client. A simple suggestion to a client to go somewhere for help is not considered a referral for the purpose of CPMS.

Health Providers

31 - Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, etc.)

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

Criminal Justice System Institutions and Agencies

21 - Court or Evaluator

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)[3]

Personal Support System

32 - Self

33 - Family/Friend/Attorney

34 - Employer/Employee Assistance Programs (EAP)

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

81 - Oregon Partnership Helpline

Other/None

99 - Other

00 - Unknown

---

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

[3] If a Drug Court refers the client, please make sure that the code 78 goes in the primary referral box (first one).

Box 17 – ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME

17 ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME

Enter Income or	0000 = No Income
	0001 = REFUSED
	9999 = MORE THAN $9999/MONTH

$ ☐☐☐☐

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.   <u>Remember this is monthly income, not annual income</u>. If the client worked last month but is no longer employed, enter the anticipated income for this month (e.g., from unemployment compensation).

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 greater than $9999 <u>per month</u>, enter "9999".

<u>Note</u>: A client *must* reveal income to be eligible for reduced fees, even if the income is "0000".

Definitions:

<u>Estimated</u>: The best you can come up with given all available information.

<u>Gross</u>: Income *before* taxes and other deductions.

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

<u>Monthly</u>: 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.

<u>Income</u>: 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 <u>not</u> income.

Box 17 – Household Income (Continued)

Examples:

Husband/Wife: 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.

Husband/Wife: 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.

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

Person Living With Parents: Grace Period lives with her parents. She is collecting $220 per month in unemployment benefits. Her father works and earns $1,400 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 $1,620 per month.

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

```
┌─────────────────────────────────────────┐
│ 18  CLIENT PRIMARY RESIDENCE             │
│     COUNTY OR STATE  CODE                │
│       (List on back of form)            │
│   ┌──────┬──────┐                        │
│   │      │      │                        │
│   │      │      │                        │
│   └──────┴──────┘                        │
└─────────────────────────────────────────┘
```

Box 18 – CLIENT PRIMARY RESIDENCE

Instructions:

A. County, State, or Country code:

Step 1:   Consult the code list on the back of the enrollment form.

Step 2:   Enter the appropriate code number in the box provided to show the county, state, or country in which the client currently resides. (This code *may* be different from the CMHP code in Item 3.)

(a)   If the client is a resident of Oregon--select the code for the county in which he/she resides.

(b)   If the client is from another state--select the appropriate state code.

(c)   If the client is from another country--select code 96.

Client Residence Code Definitions:

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	99-Refused

If client is in prison use the county in which the prison is located.

115	ZIP CODE OF RESIDENCE
Enter Zip Code of Residence or enter 00001 for transient/homeless.	

Box 115 – ZIP CODE OF RESIDENCE

Instructions:

Enter the Client's Zip Code of Residence. This should be the primary residence during the 30 days before entering treatment.

If client does not have a residence, enter 00001 for transient/homeless.

If client is in prison use the zip code in which the prison is located.

Box 19 – PRIMARY RACE/ETHNICITY

19 PRIMARY 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/ETHNICITY
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.

Codes:

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/Ethnicity

12 - Native Hawaiian/Other Pacific Islander

20 HEALTH INSURANCE	
Enter a "1" next to primary source	
<u>MARK ONLY ONE BOX</u>	
	OREGON HEALTH PLAN
	MEDICARE
	MEDICAID
	V.A.
	PRIVATE
	OTHER PUBLIC
	NONE

Box 20 – HEALTH INSURANCE

Instructions:
Enter a "1" next to the primary health insurer. You must mark a box and only one box.

Code Definitions:
1. <u>Oregon Health Plan</u>: Make sure the client is enrolled in the Oregon Health Plan (has documentation) and not just eligible.

2. <u>Medicare</u>: Federal health insurance for persons 65 and older.

3. <u>Medicaid</u>: Federal and state health insurance for financially or medically needy. (Fee for service, OHP members not assigned.)

4. <u>V.A.</u>: Veterans' Administration

5. <u>Private</u>: For example, Kaiser Permanente Group Health Insurance, Blue Cross, or other private health insurance providers or HMOs. (Do <u>not</u> mark this one if the client is on the OHP even though they may have Kaiser Permanente or another HMO. This category is for *non*-OHP only.)

6. <u>Other Public</u>: For example: Multicare, MediCal, Washington Medical Insurance, Indian Health Services, Family Health Insurance Assistance Program (FHIAP).

7. <u>None</u>: No source of health insurance.

<u>Note</u>: Report the insurer, even if it will not be billed. The "primary" is the first insurer and usually pays the largest amount. **If client has <u>no health insurance</u>, mark a one (1) next to none.**

```
┌─────────────────────────────────┐
│ 21  MARITAL STATUS              │
├─────────────────────────────────┤
│                                 │
│   1 – NEVER MARRIED             │
│   2 – MARRIED                   │
│   3 – WIDOWED                   │
│   4 – DIVORCED                  │
│   5 – SEPARATED                 │
│   6 – LIVING AS MARRIED         │
│                                 │
│ ┌─────┐                         │
│ │     │                         │
│ └─────┴───────────────────────  │
└─────────────────────────────────┘
```

Box 21 – MARITAL STATUS

Instructions:

Enter the appropriate code to indicate the client's CURRENT 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, living with spouse.

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

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

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

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

Box 22 – LIVING ARRANGEMENT

Instructions:

Enter the <u>first</u> appropriate code from the list to indicate the client's current living arrangement prior to entering treatment.

Code Definitions:

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.)

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.)

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.)

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):

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 AMH. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)

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.)

<u>Example</u>: The client lives with his/her spouse and two friends; enter only the code 02 for spouse because it comes before the code 06 for friends or others.

<u>**Note to counselor**</u>**: Be prepared to use your own judgement.**

```
┌─────────────────────────────────────┐
│ 23  DEPENDENTS                      │
├─────────────────────────────────────┤
│        ENTER THE TOTAL NUMBER       │
│        OF PEOPLE IN EACH AGE        │
│           GROUP THAT ARE            │
│        DEPENDENT UPON THE           │
│        INCOME INDICATED IN          │
│             ITEM #17                │
│        (INCLUDING THE CLIENT)       │
│                                     │
│                                     │
│           YEARS IN AGE              │
│                                     │
│   0-5      6-17     18-64     65+   │
│                                     │
└─────────────────────────────────────┘
```

Box 23 - DEPENDENTS

Instructions:
These are those who are dependent upon the client's household income and do 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.

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.)

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.)

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).

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.

24	SOURCE OF HOUSEHOLD INCOME

Enter a "1" next to primary source
<u>MARK ONLY ONE BOX</u>

	WAGES, SALARY
	PUBLIC ASSISTANCE
	OTHER
	NONE

Box 24 – SOURCE OF HOUSEHOLD INCOME

Instructions:

Enter "1" next to the *primary* source of household income which applies to the client's household. <u>Mark only one source</u>.

Code Definitions:

<u>Wages, Salary</u>: Money earned through paid employment.

<u>Public Assistance</u>: State payments made for aid to families with dependent children and as general assistance. This includes unemployment benefits

<u>Other</u>: Any money received as income that is not included above; includes payments received for care of foster child, alimony, pension or retirement payments.

<u>None</u>: No source of income for the household.

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)

Box 25 – EMPLOYMENT STATUS

Instructions:

Enter the appropriate code to indicate 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.

5 - Not Employed (and has not sought employment): This item includes:

   A. Persons retired;

   B. Persons engaged in their own housework;

   C. Those not working while attending school;

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

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

   F. Persons who are voluntarily idle.

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

Box 33 – EMPLOYABILITY FACTOR

Instructions:

This item indicates whether the client is employable. The codes are as follows:

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

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 student.

```
31   TOTAL ARRESTS


        In past 5 years
```

Box 31 – TOTAL ARRESTS

Instructions:
Enter the total number of times the client has been <u>arrested</u> in the five years prior to this admission, including any that precipitated his/her referral for enrollment. This does not imply conviction. Arrests for driving under the influence of alcohol or drugs, however, should be included. Parole/probation violations are not considered arrests unless a new crime has been committed and the client is charged with the crime. If <u>none</u>, code 00.

<u>DUII Instruction</u>: In most cases, DUII clients will have at least one arrest indicated in Box 31.

<u>Note:</u> Total arrests must be equal to or greater than DUII arrests (Box 32).

32	DUII ARRESTS
In past 5 years	

Box 32 – DUII ARRESTS

Instructions:

The number of arrests for driving under the influence of intoxicants or the equivalent in the five years prior to this admission is recorded in this item. It does not imply conviction. If no arrests were made, it is recorded ' 00'. Range: 00-99.

Note: For all DUII programs, this item should reflect the current DUII arrest and any other DUII arrest that may be pending or for which the client was convicted or acquitted in this state or any other state. It is appropriate to record 00 for a DUII diversion or convicted client if the DUII arrest was prior to five years ago. Source of information can be the client or the official court records. DUII arrests must be less than or equal to total arrests (Box 31).

122	RECENT ARRESTS
In past 30 days before treatment	

Box 122 – RECENT ARRESTS

Instructions:

During the last 30 days before treatment, how many times was the client arrested? This includes all arrests. If no arrests were made, it is recorded as '00'.

Note: This is a new box (July 2007). This question allows us to meet the Federal National Outcome Measures (NOMs) set by the Substance Abuse and Mental Health Services Administration (SAMHSA).

34 METHADONE PRESCRIBED	
00=NO 01=YES	

Box 34 – METHADONE PRESCRIBED

Instructions:
This should be coded yes '01' if you are a Methadone Maintenance Provider.

Will methadone be used for treatment? Since this is coded at admission, indicate whether you will probably use methadone during treatment.

Codes:

00=No

01=Yes

Mark this box 01 **ONLY** if prescribing methadone. If the client is receiving methadone from a provider other than your program, mark this box with a 00.

```
┌─────────────────────────────────────┐
│ 117  LEVEL OF CARE AT ADMISSION     │
├─────────────────────────────────────┤
│  Enter a "1" next to the Level of   │
│  Care for which the client was      │
│  admitted.  Mark only one box       │
│                                     │
│                                     │
│  ┌──┐  Level 0.5 Early Intervention │
│  ├──┤  Level 1.0  Outpatient        │
│  ├──┤  Level 2.0  Intensive Outpatient │
│  ├──┤  Level 2.5  Day Treatment     │
│  ├──┤  Level 3.0  Residential       │
│  ├──┤  0.0  Further treatment is not│
│  └──┘       appropriate             │
│             at this facility        │
│             (assessment only).      │
└─────────────────────────────────────┘
```

Box 117 – LEVEL OF CARE AT ADMISSION

Instructions:

Enter "1" next to the *primary* Level of Care for which the client was admitted. <u>Mark only one source</u>.

Code Definitions:

<u>Level 0.5</u> Early Intervention

<u>Level 1.0</u> Outpatient

<u>Level 2.0</u> Intensive Outpatient

<u>Level 2.5</u> Day Treatment

<u>Level 3.0</u> Residential

<u>0.0</u> Further treatment is not appropriate at this facility (assessment only).

<u>Note</u>: Use the ASAM criteria to assist you in determining the level of placement.

PATTERNS OF ABUSE MATRIX

PATTERNS of ABUSE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
36 ADDICTION TYPE(S) Complete all blocks			
38 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
39 MOST RECENT USUAL ROUTE OF ADMINISTRATION			
40 AGE AT FIRST USE (00 = Affected at Birth)			

General Instructions:
Items 36-40 comprise the substance abuse matrix. Report only those substances that are <u>problems</u> and meet the criteria listed below.

Characteristics of "Problem" Substances
- Causes physical, mental, or social dysfunction.

- Can include any substance type as listed in Item 36.

- Have not necessarily been taken by the client during the 30 days prior to admission, although the client experiences current dysfunction.
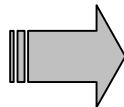
Clinical judgment will ultimately determine the ranking of problem substances. In determining the degree of substance abuse, the following considerations should be made:

1. patterns of substance involvement; and

2. degree of present or past physical, mental, or social dysfunction caused by substance involvement; and

3. degree of present or past physical or psychological dependence on substances, regardless of the frequency of use of a specific substance.

<u>DUII Note</u>: Also refer to the Alcohol and Drug Evaluation Specialist (ADES) report.

<u>Note</u>: Each client's substance abuse problem(s) is to be individually assessed. Do <u>not</u> compare one client's pattern with that of another client.

Box 36 – ADDICTION TYPE(S)

PATTERNS of ABUSE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
36 ADDICTION TYPE(S) Complete all blocks	|	|	|
38 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
39 MOST RECENT USUAL ROUTE OF ADMINISTRATION			
40 AGE AT FIRST USE (00 = Affected at Birth)	|	|	|

Instructions:

From the following codes, identify and enter the substance(s) that causes the client's dysfunction at the time of admission (or the last 30 days before the beginning of treatment) - problem substance(s). Each category can have only one substance listed.

If the addiction type(s) for polydrug abusers cannot be identified as primary, secondary, or tertiary, then rank and record the substance(s) in order of the client's choice.

1. Primary: This is the substance abuse problem for which the client was admitted to treatment.

   If a client is admitted to a methadone maintenance modality, the primary problem must be an opiate (heroin, non-Rx methadone, or any other opiates or synthetics). **Nicotine cannot be the primary problem.**

2. Secondary: Record a secondary problem only after a primary problem has been entered.

3. Tertiary: Record a tertiary problem only after a primary and secondary problem have been entered.

After all problem substances have been entered, complete any remaining "Addiction Type" blocks with zeros. Do not use slashes.

When 00 for "none" is entered in the secondary or tertiary substance, leave the corresponding block of items 38-40 blank.

Addiction Type (continued)

Code Definitions:

00 - **None** (Cannot appear under primary problem)

01 - **Heroin**

02 - **Non-Rx Methadone:** Methadone obtained and used without a legal prescription.

03 - **Other Opiates and Synthetics**: including Codeine, Dilaudid, Morphine, Demerol, Opium, Darcon, Fentanyl, and other narcotic analgesics.

04 - **Alcohol**

05 - **Barbiturates:** including Phenobarbital, Seconal, Nembutal, etc.

06 - **Other Sedatives or Hypnotics**: including Methaqualone, Chloral Hydrate, Placidyl, Doriden, etc.

07 - **Amphetamines/Methamphetamines**: including Benzedrine, Dexedrine, Preludin, Methamphetamine, Ritalin, and any other 'amines' and related drugs like Ecstasy.

08 - **Cocaine**

09 - **Marijuana/Hashish**: including THC and any other Cannabis sativa preparations (Delta-9 Tetrahydrocannabinol).

10 - **Hallucinogens**: including LSD, DMT, STP, Mescaline/Peyote, Psilocybin, etc. (PCP is not included in this code. See code 21 below.)

11 - **Inhalants**: including: a) volatile solvents - glue, gasoline; b) aerosols - paint; c) anesthetics - Nitrous Oxide; d) volatile nitrites - Amyl/Butyl Nitrite.

12 - **Over-The-Counter**: including any legally obtained, non-prescription medication such as: antihistamines, congestants, antitussives, "diet aids", and "sleeping aids".

13 - **Tranquilizers**: including any anti-anxiety drug such as: Librium, Benzod, Valium, Xanax and Serax, etc.

14 - **Other**: including any other drug not falling into one of the specified categories.

21 - **PCP:** (Phencyclidine) /PCP Combinations.

23 - **Nicotine**: including cigarettes, chewing tobacco, etc. **Not to be entered as a primary substance.**

Box 38 – FREQUENCY OF USE OR DEGREE OF IMPAIRMENT

PATTERNS of ABUSE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
36 ADDICTION TYPE(S) Complete all blocks			
38 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
39 MOST RECENT USUAL ROUTE OF ADMINISTRATION			
40 AGE AT FIRST USE (00 = Affected at Birth)			

Instructions:

Enter one of the codes from the following list to indicate the frequency or amount of use during the 30 days prior to admission for each substance recorded in Item 36. If more than one frequency exists, enter the highest frequency.

If there has been no use in the past 30 days prior to admission, please code the frequency appropriately (0). It is okay for a client to have a frequency of zero for the primary substance of abuse.

It is important to point out that during the initial assessment a client may report no use in the past 30 days. After a couple of individual or group sessions with the client, and/or after the first urinalysis test comes back, the assessment may need to be adjusted if use has been detected.

When 00 for "None" has been entered in the secondary and tertiary blocks of Item 36, Alcohol or Other Drug Type(s), leave the corresponding blocks of Items 38 blank.

Please note: Each code number that follows has two meanings; the codes on the left describe the frequency of drug use, and those on the right describe the degree of impairment resulting from alcohol use.   Use the appropriate code from the appropriate column.

Frequency of Use or Degree of Impairment

Codes for Drugs Other than Alcohol	**Codes for Alcohol/Nicotine**
0 – No use	**0** – No Use
1 - Less Than Once Per Week	**1** - Use: Light or moderate; (i.e., social drinking)
2 - Once Per Week	**2** - Moderate Abuse: Recognizable pattern of excessive use resulting in mild impairment of social and/or occupational functioning.
3 - Several Times Per Week	**3** - Serious Abuse: Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. No signs of tolerance or withdrawal.
4 - Once Daily	**4** - Addiction (Moderate): Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. Signs of tolerance and/or withdrawal.
5 - Two to Three Times Daily	**5** - Addiction (Serious): Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. Signs of tolerance and/or withdrawal with prolonged history of addiction.
6 - More Than Three Times Daily	**6** - Addiction (Chronic): Daily. Under the continuous influence of the substance and highly dysfunctional. Experiences severe withdrawal.

Box 39 – MOST RECENT USUAL ROUTE OF ADMINISTRATION

PATTERNS of ABUSE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
36 ADDICTION TYPE(S) Complete all blocks			
38 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
39 MOST RECENT USUAL ROUTE OF ADMINISTRATION			
40 AGE AT FIRST USE (00 = Affected at Birth)			

Instructions:

Enter one of the following codes to indicate the client's most recent usual route of administration at the time of admission or DUII arrest.

If more than one route of administration exists, enter the most frequent route.

When 00 for "none" has been entered in the secondary and tertiary substance blocks of Item 36 Drug Type(s), leave the corresponding blocks of Item 39 blank.

Code Definitions:

1 - Oral: Ingested by mouth.

2 - Smoking: Absorbed through the lungs and respiratory system by mouth.

3 - Inhalation: Absorbed through the lungs and respiratory system.

4 - Intramuscular: Administered by injection into the muscles.

5 - Intravenous: Administered by injection into the veins.

6 - Other: Not specified in any of the other categories.

Box 40 – AGE AT FIRST USE

PATTERNS of ABUSE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
36 ADDICTION TYPE(S) Complete all blocks			
38 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
39 MOST RECENT USUAL ROUTE OF ADMINISTRATION			
40 AGE AT FIRST USE (00 = Affected at Birth)			

Instructions:
Enter the age that indicates when the client <u>first</u> became involved with the drug type(s) identified in Item 36.

If the exact age is unknown, estimate as closely as possible. **Writing 'unknown' in this box is never appropriate.**

Enter 00 if affected at birth.

<u>Note:</u> When 00 for "none" has been entered in the secondary or tertiary blocks of item 36, Drug Type(s), leave the corresponding blocks below blank.

41	M I P CITATIONS
	In Past 24 months

Box 41 – M I P CITATIONS

Instructions:

Enter the total number of times the client/student has been cited for Minor in Possession (MIP) offenses in the 24 months prior to this admission. If no citations were made enter 00.

Note: This box only appears on the Youth Enrollment form.

105 CASE # OF PARENT					

Box 105 – CASE # OF PARENT

Instructions:
Enter the case number (provider assigned) of the parent enrolled in residential treatment. The case number of the parent is different from the case number of the child.

Note: This box only appears on the "Child Enrolled With Parent" Enrollment Form.

Termination Instructions

Box-by-Box Table of Contents -Termination Form

Termination Instructions

CLINIC IDENTIFICATION				5 OPENING DATE		
3 CMHP	**4** PROVIDER			MONTH	DAY	YEAR

6 NAME (USE UPPER CASE BLOCK LETTERS)

LAST	FIRST	BIRTHNAME

7 CASE NUMBER	**8** DATE OF BIRTH			
	1 - Known 2 - Estimated	MONTH	DAY	YEAR

Boxes 3 through 8

To close a client in CPMS, retrieve the client's termination form from the file. Using the 4-ply combination form, the data in boxes 3-8 should be completed as it should have transferred to the termination portion at the time of enrollment. Please check to be sure it's legible. It is ok to trace over the previous information if it is difficult to decipher.

Note: If a woman's name changes during treatment because of marriage or divorce, simply enter her <u>current</u> last name at the time of termination. You may write over the imprinted enrollment name. Her maiden/birth name will <u>remain</u> the same as at enrollment.

47 PAYOR CODE	

Box 47 – PAYOR CODE

Instructions:
Enter one of the following codes to indicate the primary source of payment for services delivered to this client.

Codes:

01 - Client/Clients' Spouse/Client's Parent(s)
05 - Veterans Administration
08 - Medicaid/Title XIX (Fee-for-Service)/OHP
09 - Medicare
11 - Private Insurance
12 - Other Public Assistance Programs
65 - Addictions and Mental Health Division (AMH)
66 - State/City/County Corrections
67 - State/County/Federal Grant
13 - None

Note: Other public Assistance includes state or federal funding from state agencies like Children and Families (CAF), etc.

If more than one payor, choose the one who paid the most.

48 TERM TYPE	

Box 48 – TERMINATION TYPE

Instructions:

Enter one of the following codes to indicate the reason for discharge from the reporting clinic. All data pertains to the client at the time of his/her last <u>face-to-face treatment contact</u>.

Termination Type Codes:

01 -   Initial appointment(s) not kept within 14 days of enrollment.
02 -   Client termination without clinic agreement (i.e., client leaves without explanation).
03 -   Treatment is complete. *
04 -   Further treatment is not appropriate for client at this facility or in this service.   <u>Explanation</u>: Client is not benefiting from treatment; client might need a different treatment modality, etc.
05 -   Non-compliance with rules and regulations.
07 -   Client moved out of catchment area.
08 -   Client cannot get to facility for further service/treatment.
09 -   Client cannot come for service/treatment during facility hours.
11 -   Client incarcerated.
12 -   Client deceased.
13 -   Parents/legal guardian withdrew client.
14 -   Terminated due to program cut/reduction
16 -   Termination due to Physical or Mental Illness

<u>*Completing Treatment (Code 03)</u>

Alcohol and drug treatment providers should use the following rules *as a minimum* in determining that a client has completed treatment:

1) The client achieves at least two-thirds of his/her signed treatment plan; <u>and</u>

2) The client is no longer abusing and/or is abstinent 30 days prior to termination.

Note: If treatment completed (03) is used, no unknowns should be coded in any of the remaining boxes on the termination form.

49	LAST TREATMENT CONTACT	
MONTH	DAY	YEAR

Box 49 – LAST TREATMENT CONTACT

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. **A client must be discharged** on the CPMS Termination Form if he/she has not received a face-to-face treatment contact at least once in a 30-day period unless clearly justified in the client's record. Do not leave CPMS case records open while awaiting payment of fees.

50 FORM COMPLETED		
MONTH	DAY	YEAR

Box 50 – FORM COMPLETED

Instructions:

Enter month, day, and year the termination form is being completed. This is not necessarily the date that the client was discharged from treatment. This date **cannot** be prior to the last treatment contact date.

At the time of termination, it is necessary to re-evaluate the client.

The remaining items describe the status of the client at the time of termination.

DO NOT COPY
the following information
from the client's
enrollment form.
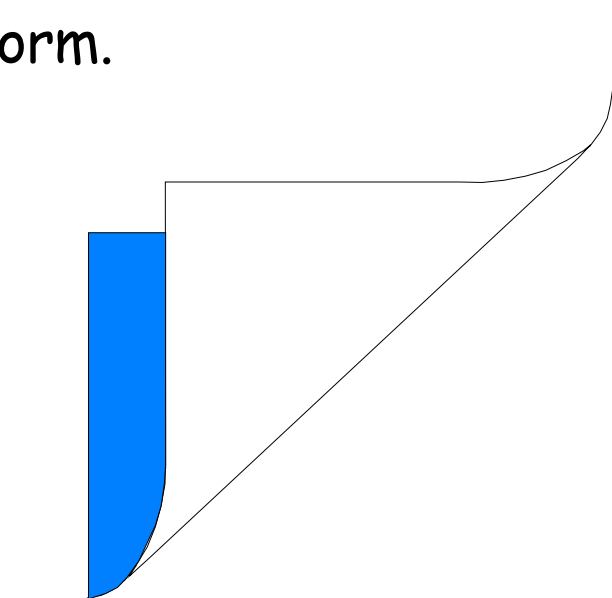
108 PRENATAL	

Client Pregnant
at Discharge?
        1 – Yes
        2 – No
        3 – Not Applicable	

Box 108 - PRENATAL

Instruction:

If female client is pregnant at discharge, mark 1-Yes. If female client is not pregnant at discharge, mark 2-No. Otherwise mark 3-Not Applicable (Male).

Codes:

1 = Yes

2 = No

3 = Not Applicable

51 EDUCATION
Highest Grade Completed
00 – None 99=Unknown

Box 51 - EDUCATION

Instructions:

Enter the *highest grade* in school that 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: This box CANNOT be coded lower then the Education box on the enrollment form (box 13). It can, however, be the same as what was recorded on the enrollment form.

52 SCHOOL / TRAINING
Now Enrolled in Non-Treatment School or Training?
1 - Yes 2 – No 9 - Unknown

Box 52 – SCHOOL / TRAINING

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. This includes: GED, ESL, barber school, secretarial school, an apprenticeship program, vocational rehabilitation training, etc., or any primary, secondary, or post-secondary academic program at the time of discharge. Students who attended school in the spring and will be going back in the fall are still considered to be in school during the summer.

<u>**Codes**</u>**:**

1 = Yes

2 = No

9 = Unknown

<u>Note:</u> DUII education classes and other educational programs operated by the provider should not be recorded in this box. Enter "2" for NO if this is the only school or training the client is receiving.

```
┌─────────────────────────────┐
│ 53   REFERRED TO            │
├─────────────────────────────┤
│  Codes on Back of Form.     │
│ Select First Appropriate    │
│ Code(s) From Top of List.   │
│                             │
│ ┌───┬───┐ ┌───┬───┐        │
│ │   │   │ │   │   │        │
│ └───┴───┘ └───┴───┘        │
└─────────────────────────────┘
```

Box 53 – REFERRED TO

Instructions:

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

You may enter two codes, if appropriate. If client is referred to more than one referral code, enter both codes. If only one referral code applies, enter '00' in the second set of boxes.

The referral code list is prioritized intentionally in order to capture the alcohol and drug continuum of care.

<u>DUII Instruction</u>: Non-compliant DUII clients should always be reported as referred to "court" (21) in the first set of boxes. DUII clients who complete treatment should <u>not</u> be reported as referred to court.

Referral Codes:

(Choose the first appropriate code from the top of the list.)

Local or State Agencies

80 - Oregon Health Plan

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 Disabilities Services

05 - School

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

06 - Other Community Agencies

Behavioral Health Providers/Agencies

83 - Community-based Mental Health and/or Addictions Service Provider

84 - Other Mental Health/Addiction Services Providers

85 - Acute or Sub-Acute Psychiatric Facility

86 - State Psychiatric Facility (i.e., OSH or BMRC)

49 - Mental Health Organization (MHO)

Health Providers

31 - Private Health Professional (Primary Care Provider, Physician, Psychiatrist, etc.)

48 - Fully Capitated Health Plan (FCHP)[1]

Criminal Justice System Institutions and Agencies

21 - Court or Evaluator

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)

81 - Oregon Partnership Helpline

Other/None

99 - Other

00 - Unknown

---

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

```
┌─────────────────────────────┐
│ 54   TOTAL ARRESTS          │
│                             │
│      During Treatment       │
│                             │
│  ┌────┬────┐                │
│  │    │    │  99= Unknown   │
│  └────┴────┘                │
└─────────────────────────────┘
```

Box 54 – TOTAL ARRESTS

Instructions: Enter the total number of times the client was <u>arrested</u> during his/her current treatment episode.   The codes range from 00 for "none" to 99 for "unknown". Complete both blocks using a leading zero if necessary.

This Item does <u>not</u> imply conviction and relates to <u>alleged</u> offenses committed during the treatment episode.

Total arrests during treatment must be equal to or greater than DUII arrests during treatment (Box 55).

```
┌─────────────────────────────────┐
│ 55  DUII ARRESTS                │
│─────────────────────────────────│
│                                 │
│ Total Number of                 │
│ DUII Arrests                    │
│ During Treatment                │
│                                 │
│                                 │
│ ┌────┬────┐                     │
│ │    │    │   99=Unknown         │
│ └────┴────┘                     │
└─────────────────────────────────┘
```

Box 55 – DUII ARRESTS

Instructions:

The number of arrests for driving under the influence of intoxicants or the equivalent during the period the client was in your treatment program. It does not imply conviction. If no arrests were made, it is recorded as 00. Range: 00-99.

Note: This applies to the period the client was in the DUII program, not the full period under a DUII agreement. DUII arrests during treatment should be less than or equal to total arrests during treatment (Box 54).

```
┌─────────────────────────────────┐
│ 123  DUII ARRESTS               │
│                                 │
│ Number of Arrests in            │
│ The last 30 days of             │
│ Treatment                       │
│                                 │
│ ┌───┬───┐                       │
│ │   │   │   99=Unknown          │
│ └───┴───┘                       │
└─────────────────────────────────┘
```

Box 123 – RECENT ARRESTS

Instructions:

The number of arrests during the last 30 days of treatment. If no arrests were made, it is recorded as 00.

Note: This is a new box (July 2007). This information is collected to meet the Federal National Outcome Measures (NOMs) set by the Substance Abuse and Mental Health Services Administration (SAMHSA).

```
┌─────────────────────────────────┐
│ 56 ESTIMATED GROSS HOUSEHOLD    │
│    MONTHLY INCOME               │
│                                 │
│ Enter Income or                 │
│ 0000 = No Income                │
│ 0001 = REFUSED    0002 = UNKNOWN│
│ 9999 = MORE THAN $9999/MONTH    │
│                                 │
│  ┌───┬───┬───┬───┐              │
│  │   │   │   │   │              │
│  │   │   │   │   │              │
│  └───┴───┴───┴───┘              │
└─────────────────────────────────┘
```

Box 56 – ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME

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).

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".

Note: A client *must* reveal income to be eligible for reduced fees, even if the income is ""0000".

Definitions:

Estimate: The best you can come up with based on 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 any other family member's income to arrive at the total monthly amount.

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

Box 56 – Household Income (Continued)

<u>Examples:</u>

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

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

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

<u>Person Living With Parents:</u> Rose Busch lives with her parents. She is collecting $220 per month in unemployment benefits. Her father works and earns $1,400 per month. Since Sharon does not pay room and board, her father's income should be included in the total gross household monthly income. The gross household income is $1,620 per month.

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

```
┌─────────────────────────────┐
│ 57  MARITAL STATUS          │
├─────────────────────────────┤
│                             │
│   1 – NEVER MARRIED         │
│   2 – MARRIED               │
│   3 – WIDOWED               │
│   4 – DIVORCED              │
│   5 – SEPARATED             │
│   6 – LIVING AS MARRIED     │
│   9 - UNKNOWN               │
│                             │
│  ┌──────┐                   │
│  │      │                   │
└──┴──────┴───────────────────┘
```

Box 57 – MARITAL STATUS

Instructions:

Enter the appropriate code to indicate the client's CURRENT marital situation at time of termination. 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, living with spouse.

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

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

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

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

9- <u>Unknown</u>: This code should only be used if the client has left the program prior to treatment completion and the current marital status is not known.

NOTE: This code should be consistent with the client's marital status at the time of enrollment.

For example: if client was coded as married at enrollment, they <u>cannot</u> be coded as never married at termination.

58	SOURCE OF HOUSEHOLD INCOME

Enter a "1" next to primary source
<u>MARK ONLY ONE BOX</u>

	WAGES,SALARY
	PUBLIC ASSISTANCE
	OTHER
	NONE/UNKNOWN

Box 58 – SOURCE OF HOUSEHOLD INCOME

Instructions:

Enter "1" next to the primary source of household income indicated in Box 56-ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME which applies to the client's household. Mark only one source.

Code Definitions:

<u>Wages, Salary</u>: Money earned through paid employment.

<u>Public Assistance/Welfare</u>: State payments made for aid to families with dependent children and as general assistance.

<u>Alimony/Child Support</u>: Includes income received from alimony, child support and "contributions" received from persons not living in the household.

<u>Other</u>: Any money received as income that is not included above; includes payments received for care of foster child.

<u>None/Unknown</u>: No source of income or income source is unknown for the household.

```
┌─────────────────────────────────────────┐
│ 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                            │
│                                          │
│                                          │
│   ┌────┐                                 │
│   │    │                                 │
└───┴────┴─────────────────────────────────┘
```

Box 59 – EMPLOYMENT STATUS

Instructions:
Enter the appropriate code to indicate the client's *current* employment status.

Code Definitions:

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

    A. Those persons who are working for pay at the time of termination 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 persons who work for pay at the time of termination 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 discharge and normally work <u>fewer than 17 hours per week</u>.

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

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

    B. Persons who are available for work, but did not work because they are on layoff, temporarily ill or waiting to start new jobs within the next 30 days.

Box 59 - Employment Status (continued)

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

    A. Persons retired;

    B. Persons engaged in their own housework;

    C. Those not working while attending school;

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

    E. Persons discouraged from seeking work because of personal or job market factors; and

    F. Persons who are voluntarily idle.

9 - <u>Unknown</u>: This code should only be used if the client has left the program prior to treatment completion and the current employment status is not known.

```
┌─────────────────────────────────────┐
│ 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                         │
│                                     │
│  ┌──────┐                           │
│  │      │                           │
│  │      │                           │
│  └──────┘                           │
└─────────────────────────────────────┘
```

Box 61 – EMPLOYABILITY FACTOR

Instructions:

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

   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 (This code should only be used if the client has left the program prior to treatment completion and the current employability factor is not known.)

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.

```
┌─────────────────────────────────────┐
│ 111  LIVING ARRANGEMENT             │
├─────────────────────────────────────┤
│ Enter First Appropriate Code:       │
│                                     │
│ 01 – PRIVATE RESIDENCE ALONE        │
│ 02 – PRIVATE RESIDENCE W/ SPOUSE OR S.O. │
│ 03 – PRIVATE RESIDENCE W/ PARENT, RELATIVE │
│ 04 – NON RELATIVE FOSTER HOME       │
│ 05 – INSTITUTION: HOSPITAL/CORRECTIONS │
│ 06 – PRIVATE RESIDENCE W/ FRIENDS   │
│ 28 – GROUP HOME                     │
│ 97 – TRANSIENT/HOMELESS             │
│ 98 – REFUSED/UNKNOWN                │
│                                     │
│  ┌──────┬──────┐                    │
│  │      │      │                    │
│  │      │      │                    │
│  └──────┴──────┘                    │
└─────────────────────────────────────┘
```

Box 111 – LIVING ARRANGEMENT

Instructions:

Enter the <u>first</u> appropriate code to indicate the client's <u>current</u> living arrangement at discharge.

Code Definitions:

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.)

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.)

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.)

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):

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 AMH. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)

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.)

<u>Example</u>: The client lives with his/her spouse and two friends; enter only the code 02 for spouse because it comes before the code 06 for friends or others.

<u>**Note to counselor**</u>**: Be prepared to use your own judgment.**

62	EDUCATION/SKILLS

Progress Made in
Educational or Skill
Development Program
During Treatment?

       1 - Yes
       2 – No
       9 - Unknown

Box 62 – EDUCATION/SKILLS

Instructions:

Indicate in the space provided whether the client made progress in an education/skill development program during treatment. Did the client make progress toward improving his/her employability?

Codes:

1 = Yes

2 = No

9 = Unknown

Note: This does <u>not</u> include DUII education classes, or other alcohol or drug education programs offered by the treatment provider.

```
┌─────────────────────────────────────┐
│ 110   Child Welfare                 │
├─────────────────────────────────────┤
│ Did client comply with the          │
│ Child Welfare Service Agreement     │
│ sufficiently during treatment       │
│ to progress towards regaining       │
│ custody of children?                │
│                                     │
│            1 - Yes                  │
│            2 – No                   │
│            3 – Not Applicable       │
│  ┌──────┐                           │
│  │      │                           │
│  │      │                           │
└──┴──────┴───────────────────────────┘
```

Box 110 – Child Welfare

Instructions:

Enter the applicable code to answer the Child Welfare Service Agreement compliance question:

Did the client comply with the Child Welfare Service Agreement sufficiently during treatment to progress towards regaining custody of children?

Codes:

1=Yes

2=No

3=Not Applicable (no child welfare involvement)

```
┌─────────────────────────────┐
│ 109  PRE-DELIVERY           │
├─────────────────────────────┤
│                             │
│ Abstinent from Substance    │
│ abuse last 30 days before   │
│ delivery of infant?         │
│         1 - Yes             │
│         2 – No              │
│         3 – Not Applicable  │
│         4 – No Delivery     │
│         9 - Unknown         │
│ ┌─────┐                     │
│ │     │                     │
│ └─────┴───────────────────┘ │
```

Box 109 – PRE-DELIVERY

Instructions:
Enter the applicable code to answer the following question:

Was the pregnant client abstinent from the problem substance of abuse during the last 30 days before delivery of the baby?

Codes:

1=Yes   (pregnant, delivered, abstinent)

2=No   (pregnant, delivered, not abstinent)

3=Not Applicable   (not pregnant, or a male)

4=No Delivery   (still pregnant at discharge)

9=Unknown

The difference between "2" and "4":   Code "2" means the pregnant female client had the baby during treatment but was *not* abstinent from substance abuse the 30 days prior. Code "4" means the client is still pregnant and did not have the baby before leaving treatment. A male client should always be coded as 3, not applicable.

67 SELF HELP GROUP

Was a self-help group
used by client during Treatment?

        1 - Yes
        2 - No

Box 67 – SELF HELP GROUP

Instructions:

If self-help groups (Alcoholics Anonymous, Alanon, Narcotics Anonymous, Alateen, etc.) were used by client during treatment use code 1.

Codes:

1 = Yes

2 = No

```
68   ANTABUSE

Was ANTABUSE
used by client during Treatment?

        1 - Yes
        2 - No
```

Box 68 - ANTABUSE

Instructions:

If Antabuse was used during treatment, place a "1" in the space provided or a "2" if none was used. If this box is marked 1 – Yes, then alcohol must be one of the three addiction types in Box 36 (enrollment form) and Box 63 (termination form).

Codes:

1 = Yes

2 = No

PATTERNS OF ABUSE AT DISCHARGE
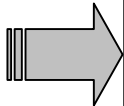
PATTERNS of ABUSE at DISCHARGE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
63 ADDICTION TYPE(S) Complete all blocks			
65 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
66 MOST RECENT USUAL ROUTE OF ADMINISTRATION			

Items 63-66 comprise the substance abuse matrix.

The primary, secondary, and tertiary substance(s) of abuse <u>at termination should be the same as those coded at enrollment</u>.

Clinical judgment will ultimately determine the <u>frequency</u>-of-use of problem substances.

Box 63 – ADDICTION TYPE(S)

PATTERNS of ABUSE at DISCHARGE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
63 ADDICTION TYPE(S) Complete all blocks			
65 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
66 MOST RECENT USUAL ROUTE OF ADMINISTRATION			

Instructions:

The primary, secondary, and tertiary substance(s) of abuse <u>at termination should be the same as those coded at enrollment</u>.

1. <u>Primary</u>: This is the substance abuse problem that was causing the client the most dysfunction at the time of enrollment.

2. <u>Secondary</u>: This is the secondary problem (if any) that was recorded at the time of enrollment.

3. <u>Tertiary</u>: This is the tertiary problem (if any) that was recorded at the time of enrollment.

Box 65 – FREQUENCY OF USE OR DEGREE OF IMPAIRMENT

PATTERNS of ABUSE at DISCHARGE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
63 ADDICTION TYPE(S) Complete all blocks			
65 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
66 MOST RECENT USUAL ROUTE OF ADMINISTRATION			

Instructions:
This code should be the result of a reassessment of the client at discharge. It should NOT necessarily be the same as the frequency-of-use at enrollment. Enter one of the codes from the following page to indicate the frequency of use during the 30 days prior to discharge for each alcohol or other drug type recorded in Item 63. If more than one frequency exists, enter the highest frequency.

Please note that each code number has two meanings; one describes the frequency of <u>other drug</u> use and the other the degree of impairment resulting from <u>alcohol</u> use. <u>Use the appropriate code</u> from the appropriate column.

If a client was in treatment less than 30 days, enter the highest frequency of use <u>during</u> the time spent in treatment.

When 00 for "None" has been entered in the secondary or tertiary blocks of item 63, alcohol or other drug type, leave the corresponding blocks of item 65 blank.

<u>Note</u>: Frequency of use codes are listed on the back of the Termination Form and on the next page. If a client has successfully completed treatment, a "0" or "1" should be used in this box.

<u>Remember</u>: for a client to be coded as successfully completing treatment, they must have completed at least 2/3 of their treatment plan, and have been abstinent or at least not abusing, 30 days prior to termination.

Frequency of Use or Degree of Impairment

Codes for Drugs Other than Alcohol
0 - No Use Month Prior to Discharge

1 - Less Than Once Per Week

2 - Once Per Week

3 - Several Times Per Week

4 - Once Daily

5 - Two to Three Times Daily

6 - More Than Three Times Daily

Codes for Alcohol/Nicotine
0 - Abstinent at least 30 days prior to discharge

1 - Use: Light or moderate; (i.e., social drinking)

2 - Moderate Abuse: Recognizable pattern of excessive use resulting in mild impairment of social and/or occupational functioning.
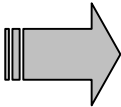
3 - Serious Abuse: Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. No signs of tolerance or withdrawal.

4 - Addiction (Moderate): Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. Signs of tolerance and/or withdrawal.

5 - Addiction (Serious): Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. Signs of tolerance and/or withdrawal with prolonged history of addiction.

6 - Addiction (Chronic): Daily. Under the continuous influence of the substance and highly dysfunctional. Experiences severe withdrawal.

Box 66 – MOST RECENT USUAL ROUTE OF ADMINISTRATION

PATTERNS of ABUSE at DISCHARGE (Codes on Back of Form)	PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE
63 ADDICTION TYPE(S) Complete all blocks				
65 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
66 MOST RECENT USUAL ROUTE OF ADMINISTRATION			

Instructions:

These routes should be copied from the Enrollment form. Addiction Types and Addiction Routes should be the same from enrollment to termination. Only the frequency should change. Enter one of the following codes to indicate the client's most recent usual route of administration at the time of discharge.

If more than one route of administration exists, enter the most frequent route.

When 00 for "none" has been entered in the secondary or tertiary blocks of Item 63, Drug Type(s), leave the corresponding blocks of Box 66 blank.

Code Definitions:

1 - <u>Oral</u>: Ingested by mouth.

2 - <u>Smoking</u>: Absorbed through the lungs and respiratory system by mouth.

3 - <u>Inhalation</u>: Absorbed through the lungs and respiratory system.

4 - <u>Intramuscular</u>: Administered by injection into the muscles.

5 - <u>Intravenous</u>: Administered by injection into the veins.

6 - <u>Other</u>: Not specified in any other category.

7 - <u>Not Applicable</u>

Note: 0 is NEVER an appropriate code for this box. Even if the client has been abstinent, mark this box with the last known route of administration from the enrollment form.

71 M I P CITATIONS

Number of MIP
Citations During Treatment

99=Unknown

Box 71 – M I P CITATIONS

Instructions:
Enter the total number of times the client/student has been cited Minor in Possession (MIP) offenses during his/her current treatment or prevention/intervention episode. If no citations were made enter 00. The codes range from 00 for none to 99. This box only appears on Form 463, the Youth Termination Form.

103	NUMBER OF POSITIVE DRUG OR ALCOHOL USE TESTS
Urinalysis Only	
(Exclude baseline tests)	

Box 103 – NUMBER OF POSITIVE DRUG OR ALCOHOL USE TESTS

It is required that this item be completed for all clients.

Instructions:

Enter the number of times that the client's urinalysis samples tested positive for illicit drugs during treatment. If there were no positive tests, enter code "00" for none. Remember that this applies only to urinalysis tests (UAs), not breath, saliva, or iris scan tests.

Note: **Exclude** Baseline Tests.

104	NUMBER OF DRUG OR ALCOHOL USE TESTS ADMINISTERED
	Urinalysis Only
	(Include baseline tests)

Box 104 – NUMBER OF DRUG OR ALCOHOL USE TESTS ADMINISTERED

It is required that this item be completed for <u>all</u> clients. Refer to the OARS regarding test requirements for your program.

Instructions:
Enter the number of urinalysis tests administered during treatment. This refers to urinalysis test, not breath, iris scans, or saliva tests. If more than 99, enter "99".

<u>Note</u>: **Include** Baseline tests.

```
112   ACADEMIC

Academic
Improvement
In School?
          1 – Yes
          2 – No
          3 – Not Applicable
          9 - Unknown
```

Box 112 – ACADEMIC

Instructions:

Was academic improvement made in school during the treatment period? Enter the appropriate code from the list below. This box only appears on Form 463, the Youth Termination form.

    Codes:

    1 - Yes

    2 - No

    3 - Not Applicable

    9 - Unknown

Note: Do not use code "9" if termination type is recorded as code "03" (treatment complete).

```
┌──────────────────────────────┐
│ 113  ATTENDANCE              │
├──────────────────────────────┤
│ Improved                     │
│ School                       │
│ Attendance?                  │
│         1 – Yes              │
│         2 – No               │
│         3 – Not Applicable   │
│         9 - Unknown          │
│                              │
│ ┌────┐                       │
│ │    │                       │
│ └────┘                       │
└──────────────────────────────┘
```

Box 113 - ATTENDANCE

Instructions:

Did school attendance improve during the treatment period? Enter the appropriate code from the list below. This box only appears on Form 463, the Youth Termination form.

Codes:

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown

Note: Do not use code 9 if termination type is recorded as 03 (treatment complete).

```
┌─────────────────────────────────────┐
│ 114   SCHOOL BEHAVIOR               │
├─────────────────────────────────────┤
│ Behavior in                         │
│ School Improved?                    │
│                                     │
│         1 – Yes                     │
│         2 – No                      │
│         3 – Not Applicable          │
│         9 - Unknown                 │
│                                     │
│  ┌─────┐                            │
│  │     │                            │
│  └─────┴──                          │
└─────────────────────────────────────┘
```

Box 114 – *SCHOOL BEHAVIOR*

Instructions:

Did school behavior improve during the treatment period? Enter the appropriate code from the list below. This box only appears on Form 463, the Youth Termination form.

Codes:

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown

Note: Do not use code 9 if termination type is recorded as 03 (treatment complete).

```
┌─────────────────────────────────────┐
│ 200      SERVICE VOLUME             │
│                                     │
│                                     │
│  SERVICE                            │
│  ELEMENT        DAYS      HOURS      │
│                                     │
│  ┌──┬──┐    ┌──┬──┬──┐  ┌──┬──┬──┐  │
│  │  │  │    │  │  │  │  │  │  │  │  │
│  │  │  │    │  │  │  │  │  │  │  │  │
│  └──┴──┘    └──┴──┴──┘  └──┴──┴──┘  │
│                                     │
└─────────────────────────────────────┘
```

Box 200 – SERVICE VOLUME

This box only appears on Form 466, the Detox/DUII Education form. Detox providers enter the Service Element, days and hours. DUII Providers enter just the Service Element and leave the remaining boxes blank.

This item must be filled out for all clients who have received Detox treatment or DUII Education services.

Service Element

Instruction:
Enter the appropriate service element code for the type of service delivered to the client. Only those service elements for which the provider is contracted may be reported using the service element codes listed below.

> 63   Alcohol Detox
> 73   Drug Detox
> 68   DUII Education

Detox facilities that offer a service around the clock will report <u>Days</u> and <u>Hours</u>. Count one Day for each full 24 consecutive hours of service given the client. For a remaining portion of a day, report in hours.

Example: if a client is in a facility for three and one-half days, report three days and 12 hours.

Note: All DUII Education Clients should be reported on this form, if at least one face-to-face treatment contact occurred, as required by the service-reporting requirement for *all* DUII clients. This is done by entering the service element (68) in the Service Element Box, and leaving the rest of the service volume box blank.

Be certain that the service element corresponds with the correct eligibility code. (See Page 33, Eligibility Code).
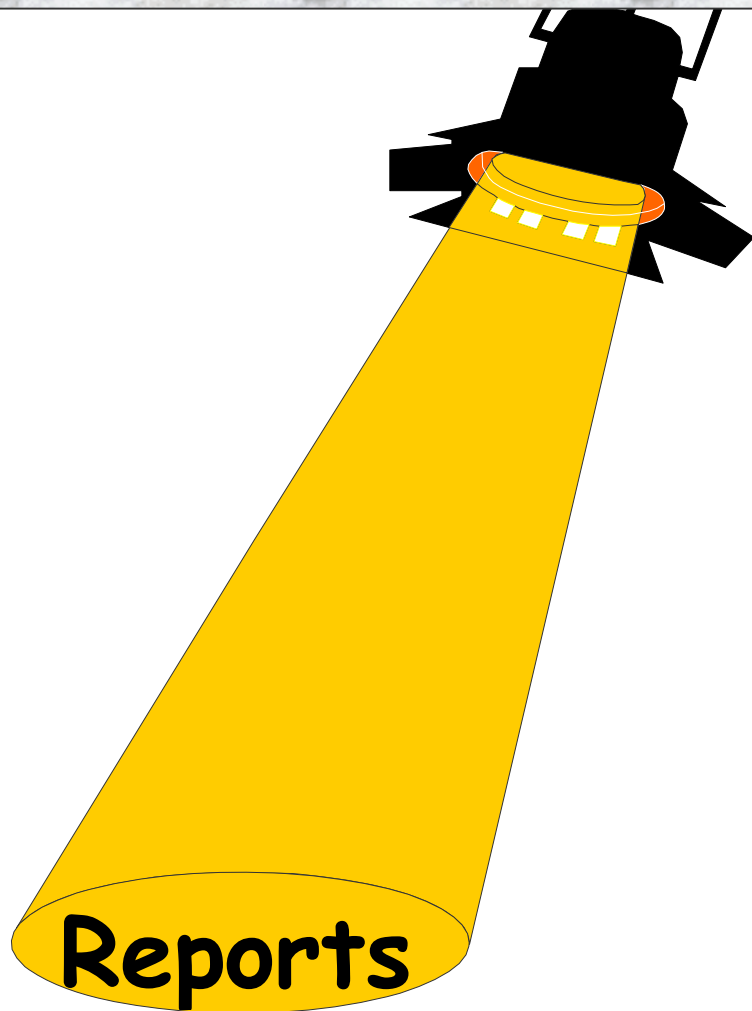
Reports

Service-specific reports are produced monthly and are provided for and used by A&D providers. Duplicate copies of reports are available upon request from AMH.

All clients who have been enrolled in CPMS are listed on successive reports until they have been terminated using the A&D CPMS termination form. Each report serves as an up-to-date client listing for each provider number that you have. If the client no longer appears on the monthly report, (s)he has been correctly terminated (discharged) from the CPMS.

The first page of a program's report contains descriptive information about the program including the program name, address, phone number, director's name, and the name of the data coordinator. Any of this information may be corrected by drawing a <u>red</u> line through the item that needs to be changed. Write the updated information beside it, then mail this back to us.

On the remaining pages of the report, preprinted information in the top, left-hand corner identifies the CMHP and the provider. The date of the report period appears at the top, in the center. Running down the left-hand side of the report is preprinted information taken from the CPMS enrollment form for each client including case number, coded name, date-of-birth, opening date, and eligibility code(s), etc.

The reports are mailed to providers by AMH. Providers should receive the report around the middle of the month. These reports are to be returned only if client data needed to be corrected.

Processing the Reports

1) Verify the information on the report, comparing it to the A&D CPMS enrollment and termination forms you have submitted. <u>Using red ink</u>, correct or change the case number, coded name, date-of-birth, opening date, eligibility code, and other items by drawing a red line through the incorrect number(s) or letter(s), and entering the correct information directly above it. <u>Please be sure changes are legible</u> so that the data will be corrected accurately.

   <u>Note:</u> When a client moves from one service element to another or changes from one provider to another, regardless of service element, terminate him/her using the termination form and re-enroll him/her under the new provider number. Do not correct or change these items on the report. Also, you cannot close clients on these reports. You must send in a Termination form to close out a client.

2) Mail the completed and/or corrected copy of the report by the 1st of the following month to:
   CPMS -OASIS, Dept. of Human Services
   500 Summer Street NE   E86, Salem, OR 97301-1118

3) Keep a duplicate copy of the submitted report in your files.

Detox Monthly Companion Document

This document does not need to be sent back to AMH unless corrections are needed. This document lists all clients served in the Detox program and includes the following data submitted on the CPMS short form at the time of termination:

- Case Number
- Name
- Age
- Sex
- Ethnicity
- Date of Birth
- Open Date
- Close Date
- AFS Prime Number (if any)
- Eligibility Codes (if any)
- Local Options Codes (not used anymore)
- Resident County
- Termination Information, including term type, payor code, and referred to codes

A separate list for each provider number will be sent to programs. CPMS forms must be submitted to AMH no later than the second working day of the following month in order to appear on the report. This report is produced during the month following the report period.

Instructions:

1) Please review the document to verify that the clients were served during the report period.

2) Corrections should be made in red ink and sent to the CPMS Data Team.

3) A copy is to be kept in the provider client files.

Client census validations will be conducted by AMH to verify the accuracy of the data on these reports. Under-utilization or misrepresentation of utilization may result in the loss of funding and/or payments returned to AMH.

A sample Detox Companion Document is on the next page.

SAMPLE DETOX COMPANION DOCUMENT

```
MWVRS0003-000                              C O M P A N I O N   D O C U M E N T                                    PAGE 1
PROGRAM MHVRID63                                                                                           RUN DATE  04/19/07
                                                                    DETOX
                                                     LIST OF CLIENTS ENTERED INTO CPMS
CMHP:      050 BONNEY COUNTY MENTAL HEALTH          FOR THE REPORT PERIOD 03/01/07 TO 03/31/07
PROVIDER:  003 BONNEY DETOX


CASE                            D.O.B.   OPEN DATE CLOSE DATE AFSPRIME ELIG.    LOCAL OPTIONS RESIDENT    T E R M I N A T I O N
NUMBER  NAME     AGE SEX ETHNIC MO DA YR MO DA YR  MO DA YR   NUMBER   CODES    A B C D E COUNTY   CODE TYPE        CODE PAYOR   CODE REFERAL

000061  AAABBB- 052  F   WHITE  2/21/49  03/01/07  03/04/07   XX1234AD * * *    0 0 0 0 0 21 BONN 02 TERM WO APPR  01 CLIENT    47 SELF  HELP

001352  EEEFFF- 064  M   WHITE  3/15/37  01/23/07  03/01/07            * * *    0 0 0 0 0 21 BONN 03 COMPLETED     01 CLIENT    40 ALC   OUTP

000061  ACABBB- 052  F   WHITE  2/21/49  05/01/06  03/01/07   XX1234AD * * *    0 0 0 0 0 21 BONN 02 TERM WO APPR  08 OHP       47 SELF  HELP

001352  ESEFSF- 064  M   WHITE  3/15/37  07/23/06  03/03/07            * * *    0 0 0 0 0 21 BONN 03 COMPLETED     01 CLIENT    40 ALC   OUTP
```

119

Outpatient/Residential Monthly Management Report

The Monthly Management Report (MMR) is used only for OUTPATIENT and RESIDENTIAL service elements including: Chemical Dependency Outpatient, Methadone Maintenance and Methadone Detox, Residential Services, and DUII Rehabilitation Services.

Each month all clients enrolled, but not yet terminated will be listed on the Monthly Management Report (MMR). A separate list for each provider number will be sent to the programs. Enrollment forms must be received at AMH no later than the second working day of the month to ensure that your clients will appear on the next report. This report is produced during the month following the report period. A sample of this report is shown at the end of this section.

This report groups clients into three different categories: **OHP**, **Medicaid, and AMH.** Please review the following definitions:

OHP – The first group includes those clients enrolled in a managed care plan through the Oregon Health Plan. If *OHP* is marked in the Insurance Type Box on the enrollment form, the client will appear in this group.

Medicaid – This group includes those clients for which you bill DMAP fee-for-service, because the client was not enrolled in a managed care plan through the Oregon Health Plan. If *Medicaid* is marked in the Insurance Type box on the enrollment form, the client would show up in this group.

AMH (Addictions and Mental Health) – The third group includes those clients who are not enrolled in the Oregon Health Plan or Medicaid. On some reports, this still may say "OADAP" which stands for Office of Alcohol and Drug Abuse Programs.

Outpatient Monthly Management Report (continued)

Instructions:

1) If a client should be on the report but is not, please send us the client's enrollment form as soon as possible.

2) Clients who did not receive treatment during the report period (or during the last 30 days) are to be terminated by sending in an A&D CPMS Termination Form to AMH immediately. However, see exceptions discussed in the attached "Termination Policy" statement.

3) Review all items on this report including the **Health Insurance**. If any of these items changed during the previous month, make the change in red ink, photocopy it, and send the original back CPMS OASIS as soon as possible.

4) Making a change to the *Health Insurance*: A "1" indicates that a certain insurance type is the primary one for the client, and each client will have only one "1". All of the other insurance types will have a "2". Simply mark a "1" in red ink over the "2" in the new primary insurance field.

5) Send in any changes to CPMS OASIS. If there are no changes, do not send in the report. It must be received by the first working day of the following month in order to be recorded in CPMS.

6) AMH will also keep copies of these reports for onsite client census validations that are conducted periodically. If AMH finds clients on the report that are no longer in service, it could result in reduced payments to the provider and/or a return of payments back to AMH.

7) Monthly utilization will be determined on the basis of clients who were in treatment and not yet terminated during the report period. It is imperative that clients are terminated promptly (within 30 days of the last treatment contact) to reflect utilization accurately.

8) Keep a copy of the MMR in your files.

Note:

✓ Client census validations will be conducted by AMH to verify the accuracy of utilization data. Under-utilization or misrepresentation of utilization, as well as failure to correct the MMR to accurately reflect utilization may result in loss of funding.

✓ It is not necessary for you to return the MMR each month. If no changes have occurred, just keep it in your files.

Outpatient/Residential Monthly Management Report (continued)

Termination Policy

If a client has not received <u>at least one face-to-face treatment contact during the last 30 days</u>, the client is no longer active in treatment and must be terminated by completing and submitting the termination form.

However, a client can be left open for longer than 30 days if there is a clinically valid reason. These clinically valid reasons must be clearly justified and documented in the client record. Valid reasons include:

1) Client enters residential treatment while simultaneously enrolled in outpatient services.

2) Client is experiencing clinical or unusual extenuating circumstances concerning health or employment. For example, the client is hospitalized or is working a great distance away from the treatment provider.

3) Client is incarcerated for a short period (60 days or less) of time.

Do not keep a client open on CPMS just because you are awaiting fees to be paid.

SAMPLE OUTPATIENT MONTHLY MANAGEMENT REPORT

CMHP:050 BOONEY COUNTY MENTAL HEALTH   REPORT PERIOD ENDING 06/30/07
PROVIDER: 001 BOONEY ALCOHOL AND DRUG PRO

CASE NUMBER	NAME	D.O.B. MO/DA/YR	OPEN DT MO/DA/YR	CLOSE DT MO/DA/YR	ELIG CODE	MONTHLY INCOME	DEPENDENTS BY AGE 00-05	06-17	18-64	65-UP	HEALTH INSURANCE CODES MEDICARE	MEDICAID	VA	PRIV	OTH PUB	OHP	NONE
								OHP									
002023	WILXRY-	01/01/60	03/18/07	00/00/00	**	1	000	000	001	000	2	2	2	2	2	2	1
003124	ZXCBNM-	03/03/64	03/12/07	00/00/00	**	185	000	000	001	000	2	2	2	2	2	2	1
003620	DFGJKL-	05/08/67	03/26/07	00/00/00	**	484	000	001	001	000	2	2	2	2	2	2	1
								MEDICAID									
002126	EGBIKL-	07/12/59	04/05/07	00/00/00	51	392	001	000	001	000	2	1	2	2	2	2	2
003324	RTYYUH-	09/16/52	04/15/07	00/00/00	**	417	000	000	002	000	2	1	2	2	2	2	2
								AMH									
003128	YVXRTE-	08/04/63	12/19/06	00/00/00	**	1600	000	002	002	000	2	2	2	2	1	2	2
003729	WDCRTX-	07/01/62	01/24/07	00/00/00	**	0	000	002	002	000	2	2	2	2	2	2	2
003930	RNNBDM-	06/24/74	04/13/07	00/00/00	**	750	000	000	001	000	2	2	2	2	2	2	2
004131	AGJGLZ-	11/30/63	04/27/07	00/00/00	**	391	000	000	002	000	2	2	2	2	2	2	2

****

Appendix
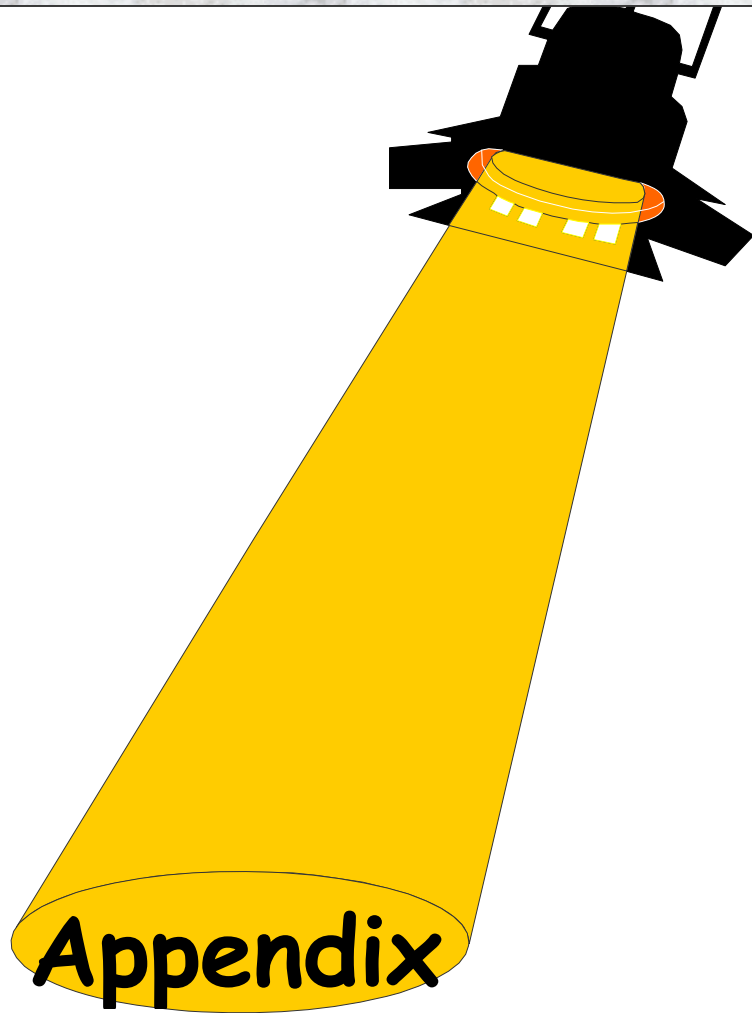
CPMS Team Resource List

ADDICTIONS AND MENTAL HEALTH SERVICES (AMH)

CPMS OASIS
500 Summer Street NE E86
Salem, OR 97301-1118
Email: cpms.oasis@state.or.us

Phone (503) 945-5763   FAX (503) 945-6199   TDD (503) 945-5893

LINDA MCCLAIN   (503) 945-5762
Office Specialist
linda.mcclain@state.or.us
A&D / MH CPMS
Form and Manual Orders

JANELLE JEGGLIE   (503) 945-6186
Data Coordinator
janelle.a.jegglie@state.or.us
A&D CPMS, CMHPs 10-15;
MH CPMS, CMHPs 01-19, 26;
MMR Questions & Assistance
CPMS Training & E-form Questions

BONNIE LANDERS   (503) 945-6188
Data Specialist
bonnie.h.landers@state.or.us
A&D CPMS, CMHP 01-09, 20
Questions, Technical Assistance

MARY HERRLE (503) 945-5764
Data Specialist
mary.c.herrle@state.or.us
A&D CPMS, CMHPs 16-19, 26-27;
Questions, Technical Assistance

STAN USHER   (503) 945-5891
Data Specialist
stan.usher@state.or.us
A&D CPMS, CMHPs 21-27; 29-39;
Questions, Technical Assistance

KIM STUBENRAUCH (503) 945-5764
Data Specialist
kim.stubenrauch@state.or.us
MH CPMS, CMHPs 20-25, 27-39;
Questions, Technical Assistance

BEN KAHN   (503) 945-6196
Information Systems Specialist
ben.kahn@state.or.us
Data Requests, Training
E-form Technical Support
B-HIP Information

oregon department
of human services

CLIENT PROCESS MONITORING SYSTEM
WHITE - STATE COPY   YELLOW - LOCAL COPY

DHS
Oregon Department of Human Services
CPMS AMH

ALCOHOL AND DRUG ENROLLMENT FORM
ADULT TREATMENT

☐ 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

11 Program Area Assignment
1 - Alcohol   2 - Drug

116 Level Of Care Assessed
Enter a "1" next to the Level of Care for which the client was assessed. Mark only one box.
- Level 0.5 Early Intervention
- Level 1.0 Outpatient
- Level 2.0 Intensive Outpatient
- Level 2.5 Day Treatment
- Level 3.0 Residential
- Level 4.0 Medically Managed Detox

12 Sex
F - Female
M - Male

106 Prenatal
Client Pregnant at Enrollment?
1 - Yes
2 - No
3 - Not Applicable

107 Interpreter
Will Interpreter Services be needed for client?
1 - Foreign Language
2 - Hearing Impaired
3 - None

13 Education
Highest Grade Completed
00 - None

14 School/Training
Now Enrolled in non-treatment School or Training?
1 - Yes
2 - No

15 Referral Source(s)
Codes on Back of Form. Select First Appropriate Code(s) From Top of List.

17 Estimated Gross Household Monthly Income
Enter Income or
0000 = No Income
0001 = Refused
9999 = More Than $9999/Month
$ _____

18 Client Primary Residence
COUNTY OR STATE CODE
(List on back of form)

115 Zip Code Of Residence
Enter Zip code of Residence or enter 00001 for transient/homeless.

19 Primary 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/Ethnicity
- 12 - Native Hawaiian/Other Pacific Islander

20 Health Insurance
Enter a "1" next to primary source
MARK ONLY ONE BOX
- Oregon Health Plan
- Medicare
- Medicaid
- V.A.
- Private
- Other Public
- None

21 Current Marital Status
1 - Never Married
2 - Married
3 - Widowed
4 - Divorced
5 - Separated
6 - Living As Married

22 Living Arrangement
Enter first appropriate code:
- 01 - Private Residence - alone
- 02 - Private Residence - w/ spouse or significant other
- 03 - Private Residence - w/ parent, relative, adult child(ren)
- 04 - Non Relative Foster Home
- 05 - Institution: Hospital/Corrections
- 06 - Private Residence - w/ Friend(s) or Other Unrelated Person(s)
- 28 - Group Home
- 97 - Transient/Homeless

23 Dependents
Enter the total number of people in each Age Group that are dependent upon the household income indicated in item #17 (Including the client).

0 - 5	6 - 17	18 - 64	65+

24 Source Of Household Income
Enter a "1" next to primary source
MARK ONLY ONE BOX
- Wages, Salary
- Public Assistance
- Other
- 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)

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

31 Total Arrests
In past 5 years

32 DUII Arrests
In past 5 years

122 Recent Arrests
In the last 30 days before treatment

34 Methadone Prescribed
00 - No
01 - Yes

117 Level Of Care At Admission
Enter a "1" next to the Level of Care for which the client was admitted. Mark only one box.
- Level 0.5 Early Intervention
- Level 1.0 Outpatient
- Level 2.0 Intensive Outpatient
- Level 2.5 Day Treatment
- Level 3.0 Residential
- 0.0 Further treatment is not appropriate at this facility (assessment only).

Patterns Of Abuse At Enrollment
(Codes on Back of Form)

	Primary Substance	Secondary Substance	Tertiary Substance
36 Addiction Type(s) Complete all blocks			
38 Frequency Of Use Or Degree Of Impairment			
39 Most Recent Usual Route Of Administration			
40 Age At First Use (00 = Affected at Birth)			

Form Number MHDDSD-ADMS 0460
Revision Date 07/07

CPMS A/D FORM ENROLLMENT CODE LISTS

BOX NUMBER:

10. ELIGIBILITY CODES

- 00 None
- 06 DUII Diversion Client
- 26 DUII Convicted Client
- 51 Parent in Residential Treatment with Child

15. REFERRED FROM CODES

(Choose the first appropriate code from the top of the list.)

LOCAL OR STATE AGENCIES

- 80 Oregon Health Plan
- 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 Disabilities Services
- 05 School
- 37 Youth/Child Social Service Agencies, Centers, Teams
- 06 Other Community Agencies

BEHAVIORAL HEALTH PROVIDER/AGENCIES

- 83 Community Based Mental Health and/or Addictions Service Provider
- 84 Other Mental Health and/or Addictions Service Provider (Private Practice)
- 85 Acute/SubAcute Psychiatric Facility
- 86 State Psychiatric Facility
- 49 Mental Health Organization (MHO)

HEALTH PROVIDERS

- 31 Private health professional (e.g. primary care physician/ provider (pcp), psychiatrist, psychologist)
- 48 Fully Capitated Health Plan

CRIMINAL JUSTICE SYSTEM INSTITUTIONS & AGENCIES

- 21 Court or Evaluator
- 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 MH Court)

PERSONAL SUPPORT SYSTEM

- 32 Self
- 33 Family/Friend
- 34 Employer/Employee Assistance Program (EAP)
- 38 Self Help Groups (Alanon, AA, NA, etc.)
- 81 Oregon Partnership Helpline

OTHER/NONE

- 99 Other
- 00 None

BOX NUMBER:

18. CLIENT RESIDENCE CODES (County and State Codes)

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

PATTERNS OF ABUSE

36. ADDICTION TYPE CODES

01	Heroin	09	Marijuana/Hashish
02	Non-Prescription Methadone	10	Hallucinogens
03	Other Opiates and Synthetics	11	Inhalants
04	Alcohol	12	Over-the-Counter
05	Barbiturates	13	Tranquilizers
06	Other Sedatives or Hypnotics	14	Other Drugs
07	Amphetamines/ Methamphetamines	21	PCP (phencylidine) /PCP Combinations
08	Cocaine	23	Nicotine

38. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT CODES

(See Manual for Descriptions)

Drugs Other Than Alcohol		Alcohol/Nicotine	
0	No Use	0	No Use
1	Less than once per week	1	Use
2	Once per week	2	Moderate Abuse
3	Several times per week	3	Serious Abuse
4	Once daily	4	Moderate Addiction
5	Two or Three times daily	5	Serious Addiction
6	More than three times daily	6	Chronic Addiction

39. MOST RECENT USUAL ROUTE OF ADMINISTRATION

1	Oral	4	Intramuscular Injection
2	Smoking	5	Intravenous Injection
3	Inhalation	6	Other

CLIENT PROCESS MONITORING SYSTEM
WHITE - STATE COPY   YELLOW - LOCAL COPY

Oregon Department of Human Services
CPMS AMH

ALCOHOL AND DRUG TERMINATION FORM
ADULT TREATMENT

☐ Check Box If Correction _____/_____/_____ Date Of Correction	Clinic Identification		5 Opening Date		
	3 CMHP	4 Provider	Month	Day	Year

6 Name (USE UPPER CASE BLOCK LETTERS)

Last	First	Birth Name	47 Payor Code

7 Case Number	8 Date Of Birth				48 Term. Type	49 Last Treatment Contact			50 Form Completed		
	1-Known 2-Estimated	Month	Day	Year		Month	Day	Year	Month	Day	Year

108 Prenatal	51 Education	52 School/Training	53 Referred To	54 Total Arrests	55 DUII Arrests	123 Recent Arrests
Client Pregnant at Discharge? 1 - Yes 2 - No 3 - Not Applicable	Enter Highest Grade Completed 00 - None 99 - Unknown	Now Enrolled in Non-Treatment School or Training? 1 - Yes 2 - No 9 - Unknown	Codes on Back of Form. Select First Appropriate Code(s) From Top of List.	Total Number of Arrests During Treatment? 99 = Unknown	Total Number of DUII Arrests During Treatment? 99 = Unknown	Number of Arrests in the last 30 days of Treatment? 99 = Unknown

56 Estimated Gross Household Monthly Income	57 Current Marital Status	58 Source Of Household Income	59 Employment Status	61 Employability Factor
Enter Income or 0000 = No Income 0001 = Refused 0002 = Unknown 9999 = More Than $9999/Month $	1 - Never Married 2 - Married 3 - Widowed 4 - Divorced 5 - Separated 6 - Living As Married 9 - Unknown	Enter a "1" next to primary source MARK ONLY ONE BOX ☐ Wages, Salary ☐ Public Assistance ☐ Other ☐ None/Unknown	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	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

111 Living Arrangement	62 Education/Skills	110 Child Welfare
Enter first appropriate code: 01 - Private Residence - alone 02 - Private Residence - w/ spouse or significant other 03 - Private Residence - w/ parent, relative, adult child(ren) 04 - Non Relative Foster Home 05 - Institution: Hospital/Corrections 06 - Private Residence - w/ Friend(s) or Other Unrelated Person(s) 28 - Group Home 97 - Transient/Homeless 98 - Refused/Unknown	Progress made in educational or skill development program during treatment? 1 - Yes 2 - No 9 - Unknown	Did client comply with the Child Welfare Service Agreement during treatment sufficiently to progress towards regaining custody of children? 1 - Yes 2 - No 3 - Not Applicable

109 Pre-Delivery	67 Self Help Group	68 Antabuse	103 Number Of Positive Drug Or Alcohol Use Tests	104 Number Of Drug Or Alcohol Use Tests Administered
Abstinent from Substance abuse last 30 days before delivery of infant? 1 = Yes 2 = No 3 = Not Applicable 4 = No Delivery 9 = Unknown	Was a self help group used by client during treatment? 1 - Yes 2 - No	Was ANTABUSE used during treatment? 1 - Yes 2 - No	Urinalysis Only (Exclude baseline tests)	Urinalysis Only (Include baseline tests)

Patterns Of Abuse At Discharge (Codes on Back of Form)	Primary Substance	Secondary Substance	Tertiary Substance
63 Addiction Type(s) Complete all blocks			
65 Frequency Of Use Or Degree Of Impairment			
66 Most Recent Usual Route Of Administration			

CPMS A/D FORM TERMINATION FORM CODE LIST

BOX NUMBER:

53. REFERRED TO CODES
(Choose the first appropriate code from the top of the list.)

LOCAL OR STATE AGENCIES
80 Oregon Health Plan
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 Disabilities Services
05 School
37 Youth/Child Social Service Agencies, Centers, Teams
06 Other Community Agencies

BEHAVIORAL HEALTH PROVIDER/AGENCIES
83 Community Based Mental Health and/or Addictions Service Provider
84 Other Mental Health and/or Addictions Service Provider (Private Practice)
85 Acute/SubAcute Psychiatric Facility
86 State Psychiatric Facility
49 Mental Health Organization (MHO)

HEALTH PROVIDERS
31 Private health professional (e.g. primary care physician/provider (pcp), psychiatrist, psychologist)
48 Fully Capitated Health Plan

CRIMINAL JUSTICE SYSTEM INSTITUTIONS & AGENCIES
21 Court or Evaluator
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 MH Court)

PERSONAL SUPPORT SYSTEM
32 Self
33 Family/Friend
34 Employer/Employee Assistance Program (EAP)
38 Self Help Groups (Alanon, AA, NA, etc.)
81 Oregon Partnership Helpline

OTHER/NONE
99 Other
00 None

BOX NUMBER:

48. TERMINATION TYPE CODES
01 Initial Appointment(s) not kept Within 14 days of Enrollment
02 Client Termination Without Clinic Agreement (i.e., Client Leaves Without Explanation)
03 Treatment is Complete
04 Further Treatment is not Appropriate for Client at this Facility or in the Service
05 Non-Compliance with Rules and Regulations
07 Client Moved Out of Catchment Area
08 Client Cannot Get to Facility for Further Service/Treatment
09 Client Cannot Come For Service/Treatment During Facility Hours
11 Client Incarcerated
12 Client Deceased
13 Parents/Legal Guardian Withdrew Client
14 Termination Due to Program Cut/Reduction
16 Termination Due to Physical or Mental Illness

PATTERNS OF ABUSE

63. ADDICTION TYPE CODES

01	Heroin	09	Marijuana/Hashish
02	Non-Prescription Methadone	10	Hallucinogens
03	Other Opiates & Synthetics	11	Inhalants
04	Alcohol	12	Over-the-Counter
05	Barbiturates	13	Tranquilizers
06	Other Sedatives or Hypnotics	14	Other Drugs
07	Amphetamines/ Methamphetamines	21	PCP (phencylidine)/PCP Combinations
08	Cocaine	23	Nicotine

65. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT CODES
(See Manual for Descriptions)

Drugs Other Than Alcohol		Alcohol/Nicotine	
0	No Use	0	No Use
1	Less than once per week	1	Use
2	Once per week	2	Moderate Abuse
3	Several times per week	3	Serious Abuse
4	Once daily	4	Moderate Addiction
5	Two or three times daily	5	Serious Addiction
6	More than three times daily	6	Chronic Addiction

66. MOST RECENT USUAL ROUTE OF ADMINISTRATION CODES

1	Oral	4	Intramuscular Injection
2	Smoking	5	Intravenous Injection
3	Inhalation	6	Other

47. PAYOR CODES - Primary source of payment for this treatment episode

01	Client	12	Other Public Assistance Programs
05	Veteran's Administration	65	Addictions and Mental Health Division
08	Medicaid/XIX/OHP	66	State/City/County Corrections
09	Medicare	67	State/County/Federal Grant
11	Private Insurance	13	None

CLIENT PROCESS MONITORING SYSTEM

WHITE - STATE COPY   YELLOW - LOCAL COPY

DHS
Oregon Department of Human Services
CPMS AMH

ALCOHOL AND DRUG ENROLLMENT FORM
YOUTH TREATMENT/INTERVENTION

☐ 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
0 | 0

11 Program Area Assignment
1 - Alcohol   2 - Drug

116 Level Of Care Assessed
Enter a "1" next to the Level of Care for which the client was assessed. Mark only one box.
- Level 0.5 Education/Early Intervention
- Level 1.0 Outpatient
- Level 2.0 Intensive Outpatient
- Level 2.5 Day Treatment
- Level 3.0 Residential
- Level 4.0 Medically Managed Detox

12 Sex
F - Female
M - Male

106 Prenatal
Client pregnant at enrollment?
1 - Yes
2 - No
3 - Not Applicable

107 Interpreter
Will interpreter services be needed for client?
1 - Foreign Language
2 - Hearing Impaired
3 - None

13 Education
Enter highest grade completed
00 - None

14 School/ Training
Now enrolled in non-treatment school or training?
1 - Yes
2 - No

15 Referral Source(s)
Codes on back of form. Select first appropriate code(s) from top of list.

18 Client Primary Residence
County or State Code (List on back of form)

115 Zip Code Of Residence
Enter Zip code of residence or enter 00001 for transient/homeless.

19 Primary 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/Ethnicity
12 - Native Hawaiian/Other Pacific Islander

20 Health Insurance
Enter a "1" next to primary source. Mark only one box.
- Oregon Health Plan
- Medicare
- Medicaid
- V.A.
- Private
- Other Public
- None

22 Living Arrangement
Enter first appropriate code:
01 - Private Residence - alone
02 - Private Residence - w/spouse or significant other
03 - Private Residence - w/parent, relative, adult child(ren)
04 - Non Relative Foster Home
05 - Institution: Hospital/Corrections
06 - Private Residence - w/friend(s) or other unrelated person(s)
28 - Group Home
97 - Transient/Homeless

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)

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

31 Total Arrests
In past 5 years

32 DUII Arrests
In past 5 years

122 Recent Arrests
In the last 30 days

117 Level Of Care At Admission
Enter a "1" next to the Level of Care for which the client was admitted. Mark only one box.
- Level 0.5 Education/Early Intervention
- Level 1.0 Outpatient
- Level 2.0 Intensive Outpatient
- Level 2.5 Day Treatment
- Level 3.0 Residential
- 0.0 Further treatment is not appropriate at this facility (assessment only).

41 MIP Citations
In past 24 months

Patterns Of Abuse At Enrollment (Codes on Back of Form)	Primary Substance	Secondary Substance	Tertiary Substance
36 Addiction Type(s) Complete all blocks			
38 Frequency Of Use Or Degree Of Impairment			
39 Most Recent Usual Route Of Administration			
40 Age At First Use (00 = Affected at Birth)			

CPMS YOUTH ENROLLMENT FORM CODE LISTS

BOX NUMBER:

15. REFERRED FROM CODES
(Choose the first appropriate code from the top of the list.)

LOCAL OR STATE AGENCIES
80   Oregon Health Plan
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 Disabilities Services
05   School
37   Youth/Child Social Service Agencies, Centers, Teams
06   Other Community Agencies

BEHAVIORAL HEALTH PROVIDER/AGENCIES
83   Community Based Mental Health and/or
     Addictions Service Provider
84   Other Mental Health and/or Addictions Service
     Provider (Private Practice)
85   Acute/SubAcute Psychiatric Facility
86   State Psychiatric Facility
49   Mental Health Organization (MHO)

HEALTH PROVIDERS
31   Private health professional (e.g. primary care physician/
     provider (pcp), psychiatrist, psychologist)
48   Fully Capitated Health Plan

CRIMINAL JUSTICE SYSTEM INSTITUTIONS & AGENCIES
21   Court or Evaluator
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 MH Court)

PERSONAL SUPPORT SYSTEM
32   Self
33   Family/Friend
34   Employer/Employee Assistance Program (EAP)
38   Self Help Groups (Alanon, AA, NA, etc.)
81   Oregon Partnership Helpline

OTHER/NONE
99   Other
00   None

BOX NUMBER:

18. CLIENT RESIDENCE CODES (County and State Codes)

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

PATTERNS OF ABUSE

36. ADDICTION TYPE CODES

01	Heroin	09	Marijuana/Hashish
02	Non-Prescription Methadone	10	Hallucinogens
03	Other Opiates and Synthetics	11	Inhalants
04	Alcohol	12	Over-the-Counter
05	Barbiturates	13	Tranquilizers
06	Other Sedatives or Hypnotics	14	Other Drugs
07	Amphetamines/ Methamphetamines	21	PCP (phencylidine) /PCP Combinations
08	Cocaine	23	Nicotine

38. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT CODES (See Manual for Descriptions)

Drugs Other Than Alcohol		Alcohol/Nicotine	
0	No Use	0	No Use
1	Less than once per week	1	Use
2	Once per week	2	Moderate Abuse
3	Several times per week	3	Serious Abuse
4	Once daily	4	Moderate Addiction
5	Two or three times daily	5	Serious Addiction
6	More than three times daily	6	Chronic Addiction

39. MOST RECENT USUAL ROUTE OF ADMINISTRATION CODES

1	Oral	4	Intramuscular Injection
2	Smoking	5	Intravenous Injection
3	Inhalation	6	Other

CLIENT PROCESS MONITORING SYSTEM

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Oregon Department of Human Services
CPMS AMH

ALCOHOL AND DRUG TERMINATION FORM
YOUTH TREATMENT/INTERVENTION

☐ Check Box If Correction

_____ / _____ / _____ Date Of Correction

Clinic Identification		5 Opening Date		
3 CMHP	4 Provider	Month	Day	Year

6 Name (USE UPPER CASE BLOCK LETTERS)

Last	First	Birth Name	47 Payor Code

7 Case Number	8 Date Of Birth				48 Term. Type	49 Last Treatment Contact			50 Form Completed		
	1-Known 2-Estimated	Month	Day	Year		Month	Day	Year	Month	Day	Year

51 Education	52 School/Training	53 Referred To	54 Total Arrests	55 DUII Arrests	123 Recent Arrests	71 MIP Citations
Highest grade completed 00 = None 99 = Unknown	Now enrolled in non-treatment school or training? 1 - Yes 2 - No 9 - Unknown	Codes on back of form. Select first appropriate code(s) from top of list.	Total number of arrests during treatment. 99 = Unknown	Number of DUII arrests during treatment. 99 = Unknown	Number of arrests in the last 30 days of treatment? 99 = Unknown	Number of MIP Citations during treatment. 99 = Unknown

111 Living Arrangement

Enter first appropriate code:
01 - Private Residence - alone
02 - Private Residence - w/spouse or significant other
03 - Private Residence - w/parent, relative, adult child(ren)
04 - Non Relative Foster Home
05 - Institution: Hospital/Corrections
06 - Private Residence - w/friend(s) or other unrelated person(s)
28 - Group Home
97 - Transient/Homeless
98 - Refused/Unknown

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

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

62 Education/Skills	112 Academic	113 Attendance	114 School Behavior	67 Self Help Group
Progress made in educational or skill development program during treatment? 1 - Yes 2 - No 9 - Unknown	Academic improvement in school? 1 - Yes 2 - No 3 - Not Applicable 9 - Unknown	Improved school attendance? 1 - Yes 2 - No 3 - Not Applicable 9 - Unknown	Behavior in school improved? 1 - Yes 2 - No 3 - Not Applicable 9 - Unknown	Was a self help group used by client during treatment? 1 - Yes 2 - No

Patterns Of Abuse At Discharge (Codes on Back of Form)	Primary Substance	Secondary Substance	Tertiary Substance	68 Antabuse
63 Addiction Type(s) complete all blocks				Was ANTABUSE used during treatment? 1 - Yes 2 - No
65 Frequency of Use or Degree of Impairment				103 Number Of Positive Drug Or Alcohol Use Tests — Urinalysis Only (Exclude baseline tests)
66 Most Recent Usual Route of Administration				104 Number Of Drug & Alcohol Use Tests Administered — Urinalysis Only (Include baseline tests)

CPMS YOUTH TERMINATION FORM CODE LISTS

BOX NUMBER:

53. REFERRED TO CODES
(Choose the first appropriate code from the top of the list.)

LOCAL OR STATE AGENCIES
- 80 Oregon Health Plan
- 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 Disabilities Services
- 05 School
- 37 Youth/Child Social Service Agencies, Centers, Teams
- 06 Other Community Agencies

BEHAVIORAL HEALTH PROVIDER/AGENCIES
- 83 Community Based Mental Health and/or Addictions Service Provider
- 84 Other Mental Health and/or Addictions Service Provider (Private Practice)
- 85 Acute/SubAcute Psychiatric Facility
- 86 State Psychiatric Facility
- 49 Mental Health Organization (MHO)

HEALTH PROVIDERS
- 31 Private health professional (e.g. primary care physician/ provider (pcp), psychiatrist, psychologist)
- 48 Fully Capitated Health Plan

CRIMINAL JUSTICE SYSTEM INSTITUTIONS & AGENCIES
- 21 Court or Evaluator
- 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 MH Court)

PERSONAL SUPPORT SYSTEM
- 32 Self
- 33 Family/Friend
- 34 Employer/Employee Assistance Program (EAP)
- 38 Self Help Groups (Alanon, AA, NA, etc.)
- 81 Oregon Partnership Helpline

OTHER/NONE
- 99 Other
- 00 None

47. PAYOR CODES - Primary source of payment for this treatment episode

01	Client	12	Other Public Assistance Programs
05	Veteran's Administration	65	Addictions and Mental Health Division
08	Medicaid/XIX/OHP	66	State/City/County Corrections
09	Medicare	67	State/County/Federal Grant
11	Private Insurance	13	None

BOX NUMBER:

48. TERMINATION TYPE
- 01 Initial Appointment(s) not kept Within 14 days of Enrollment
- 02 Client Termination Without Clinic Agreement (i.e., Client Leaves Without Explanation)
- 03 Treatment is Complete
- 04 Further Treatment is not Appropriate for Client at this Facility or in the Service
- 05 Non-Compliance with Rules and Regulations
- 07 Client Moved Out of Catchment Area
- 08 Client Cannot Get to Facility for Further Service/Treatment
- 09 Client Cannot Come For Service/Treatment During Facility Hours
- 11 Client Incarcerated
- 12 Client Deceased
- 13 Parents/Legal Guardian Withdrew Client
- 14 Termination Due to Program Cut/Reduction
- 16 Termination Due to Physical or Mental Illness

PATTERNS OF ABUSE

63. ADDICTION TYPE CODES

01	Herion	09	Marijuana/Hashish
02	Non-Prescription Methadone	10	Hallucinogens
03	Other Opiates and Synthetics	11	Inhalants
04	Alcohol	12	Over-the-Counter
05	Barbiturates	13	Tranquilizers
06	Other Sedatives or Hypnotics	14	Other Drugs
07	Amphetamines/ Methamphetamines	21	PCP (phencylidine) /PCP Combinations
08	Cocaine	23	Nicotine

65. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT CODES (See Manual for Descriptions)

Drugs Other Than Alcohol		Alcohol/Nicotine	
0	No Use	0	No Use
1	Less than once per week	1	Use
2	Once per week	2	Moderate Abuse
3	Several times per week	3	Serious Abuse
4	Once daily	4	Moderate Addiction
5	Two or three times daily	5	Serious Addiction
6	More than three times daily	6	Chronic Addiction

66. MOST RECENT USUAL ROUTE OF ADMINISTRATION CODES

1	Oral	4	Intramuscular Injection
2	Smoking	5	Intravenous Injection
3	Inhalation	6	Other

CLIENT PROCESS MONITORING SYSTEM

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Oregon Department of Human Services
CPMS AMH

ALCOHOL AND DRUG ENROLLMENT FORM
DETOX/DUII EDUCATION ONLY

☐ 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

11 Program Area Assignment
1 - Alcohol   2 - Drug

116 Level Of Care Assessed
Enter a "1" next to the Level of Care for which the client was assessed. Mark only one box.
- Level 0.5 Education/Early Intervention
- Level 1.0 Outpatient
- Level 2.0 Intensive Outpatient
- Level 2.5 Day Treatment
- Level 3.0 Residential
- Level 4.0 Medically Managed Detox

12 Sex
F - Female
M - Male

106 Prenatal
Client pregnant at enrollment?
1 - Yes
2 - No
3 - Not Applicable

107 Interpreter
Will interpreter services be needed for client?
1 - Foreign Language
2 - Hearing Impaired
3 - No

13 Education
Enter highest grade completed
00 - None

15 Referral Source(s)
Codes on back of form. Select first appropriate code(s) from top of list.

17 Estimated Gross Household Monthly Income
Enter Income or
0000 = No Income
0001 = Refused
0002 = Unknown
9999 = More Than $9,999/Month
$

18 Client Primary Residence
County or State Code (List on back of form)

115 Zip Code Of Residence
Enter Zip code of residence or enter 00001 for transient/homeless.

19 Primary 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/Ethnicity
12 - Native Hawaiian/Other Pacific Islander

21 Current Marital Status
1 - Never Married
2 - Married
3 - Widowed
4 - Divorced
5 - Separated
6 - Living As Married

22 Living Arrangement
Enter first appropriate code:
01 - Private Residence - alone
02 - Private Residence - w/spouse or significant other
03 - Private Residence - w/parent, relative, adult child(ren)
04 - Non Relative Foster Home
05 - Institution: Hospital/Corrections
06 - Private Residence - w/friend(s) or other unrelated person(s)
28 - Group Home
97 - Transient/Homeless
98 - Refused/Unknown

25 Employment Status
1 - Full time (35 hours or more)
2 - Part time (17-24 hours)
3 - Irregular (less than 17 hours)
4 - Not employed (but has sought employment)
5 - Not employed (and has not sought employment)

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

Patterns Of Abuse At Enrollment (Codes on Back of Form)

	Primary Substance	Secondary Substance	Tertiary Substance
36 Addiction Type(s) complete all blocks			
38 Frequency of Use or Degree of Impairment			
39 Most Recent Usual Route of Administration			
40 Age at first use (00 = Affected at Birth)			

****

ALCOHOL AND DRUG TERMINATION FORM
(DETOX/DUII EDUCATION ONLY)
REMAINING ITEMS TO BE USED FOR DISCHARGING CLIENTS ONLY

47 Payor Code

48 Termination Type

49 Last Treatment Contact
MONTH | DAY | YEAR

53 Referred To
Codes on back of form. Select first appropriate code(s) from top of list.

54 Total Arrests
Total number of arrests during treatment.
99 = Unknown

55 DUII Arrests
Total number of DUII arrests during treatment.
99 = Unknown

67 Self Help Group
Was a self help group used by client during treatment?
1 - Yes
2 - No

103 Number Of Positive Drug Or Alcohol Use Tests
Urinalysis Only
(Exclude baseline tests)

104 Number Of Drug Or Alcohol Use Tests Administered
Urinalysis Only
(Include baseline tests)

200 Service Volume
SERVICE ELEMENT | DAYS | HOURS

CPMS DETOX/DUII EDUCATION CODE LIST

10. ELIGIBILITY CODES
- 00 None
- 06 DUII Diversion Client
- 26 DUII Convicted Client

15. AND 53. REFERRAL CODES
(Choose the first appropriate code from the top of the list.)

LOCAL OR STATE AGENCIES
- 80 Oregon Health Plan
- 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 Disabilities Services
- 05 School
- 37 Youth/Child Social Service Agencies, Centers, Teams
- 06 Other Community Agencies

BEHAVIORAL HEALTH PROVIDER/AGENCIES
- 83 Community Based Mental Health and/or Addictions Service Provider
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- 85 Acute/SubAcute Psychiatric Facility
- 86 State Psychiatric Facility
- 49 Mental Health Organization (MHO)

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- 48 Fully Capitated Health Plan

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- 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
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- 72 Federal Correctional Institution
- 78 Integrated Treatment Court (Drug Court or MH Court)

PERSONAL SUPPORT SYSTEM
- 32 Self
- 33 Family/Friend
- 34 Employer/Employee Assistance Program (EAP)
- 38 Self Help Groups (Alanon, AA, NA, etc.)
- 81 Oregon Partnership Helpline

OTHER/NONE
- 99 Other
- 00 None

18. CLIENT RESIDENCE CODES (County and State Codes)

01	Baker	13	Harney	25	Morrow
02	Benton	14	Hood River	26	Multnomah
03	Clackamas	15	Jackson	27	Polk
04	Clatsop	16	Jefferson	28	Sherman
05	Columbia	17	Josephine	29	Tillamook
06	Coos	18	Klamath	30	Umatilla
07	Crook	19	Lake	31	Union
08	Curry	20	Lane	32	Wallowa
09	Deschutes	21	Lincoln	33	Wasco
10	Douglas	22	Linn	34	Washington
11	Gilliam	23	Malheur	35	Wheeler
12	Grant	24	Marion	36	Yamhill

18. CLIENT RESIDENCE CODES (Continued)
91	California	95	Other State
92	Idaho	96	Foreign Country
93	Nevada	97	Transient/Homeless/Institution
94	Washington State	99	Refused

PATTERNS OF ABUSE

36. ADDICTION TYPE CODES
01	Heroin	09	Marijuana/Hashish
02	Non-Prescription Methadone	10	Hallucinogens
03	Other Opiates and Synthetics	11	Inhalants
04	Alcohol	12	Over-the-Counter
05	Barbiturates	13	Tranquilizers
06	Other Sedatives or Hypnotics	14	Other Drugs
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08	Cocaine	23	Nicotine

38. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT CODES
(See Manual for Descriptions)

Drugs Other Than Alcohol		Alcohol/Nicotine	
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1	Less than once per week	1	Use
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3	Several times per week	3	Serious Abuse
4	Once daily	4	Moderate Addiction
5	Two or three times daily	5	Serious Addiction
6	More than three times daily	6	Chronic Addiction

39. MOST RECENT USUAL ROUTE OF ADMINISTRATION CODES
1	Oral	4	Intramuscular Injection
2	Smoking	5	Intravenous Injection
3	Inhalation	6	Other

47. PAYOR CODES - Primary source of payment for this treatment episode
01	Client	65	Addictions and Mental Health Division
05	Veteran's Administration		
08	Medicaid/XIX/OHP	66	State, City or County Corrections
09	Medicare	67	State/County/Federal Grant
11	Private Insurance	13	None
12	Other Public Assistance Programs		

48. TERMINATION TYPE CODES
- 01 Initial appointment(s) not kept within 14 days of enrollment
- 02 Client termination without Clinic Agreement (i.e., client leaves without explanation)
- 03 Treatment is complete
- 04 Further treatment is not appropriate for client at this facility or in the service
- 05 Non-Compliance with Rules and Regulations
- 07 Client moved out of Catchment Area
- 08 Client cannot get to facility for further service/treatment
- 09 Client cannot come for service/treatment during facility hours
- 11 Client incarcerated
- 12 Client deceased
- 13 Parents/Legal Guardian withdrew client
- 14 Termination due to program cut/reduction
- 16 Termination due to physical or mental illness

200. SERVICE ELEMENTS CODES
- 63 Alcohol Detox
- 68 DUII Education
- 73 Drug Detox

CLIENT PROCESS MONITORING SYSTEM

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CPMS AMH

ALCOHOL AND DRUG ENROLLMENT FORM
CHILD ENROLLED WITH PARENT

☐ 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)   **7 Case Number**

Last   First

8 Date Of Birth	10 Eligibility Code	11 Program Area Assignment of Parent	12 Sex
1-Known 2-Estimated Month Day Year	**5 0**	1 - Alcohol 2 - Drug	F=Female M=Male

19 Primary Race/Ethnicity   **105 Case # of Parent**

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/Ethnicity
12 - Native Hawaiian/Other Pacific Islander

CLIENT PROCESS MONITORING SYSTEM

WHITE - STATE COPY   YELLOW - LOCAL COPY

DHS
Oregon Department of Human Services
CPMS AMH

ALCOHOL AND DRUG TERMINATION FORM
CHILD ENROLLED WITH PARENT

Check Box If Correction	Clinic Identification		5 Opening Date		
____ / ____ / ____ Date Of Correction	3 CMHP	4 Provider	Month	Day	Year

6 Name (USE UPPER CASE BLOCK LETTERS)		7 Case Number
Last	First	

8 Date Of Birth				48 Term. Type	49 Last Treatment Contact			50 Form Completed		
1-Known 2-Estimated	Month	Day	Year		Month	Day	Year	Month	Day	Year

48. TERMINATION TYPE

- 01 Initial Appointment(s) Not Kept Within 14 days of Enrollment
- 02 Client Termination Without Clinic Agreement (i.e., Client Leaves Without Explanation)
- 03 Treatment is Complete
- 04 Further Treatment is not Appropriate for Client at this Facility or in the Service Element
- 05 Non-Compliance with Rules and Regulations
- 07 Client Moved Out of Catchment Area
- 08 Client Cannot Get to Facility for Further Service/Treatment
- 09 Client Cannot Come For Service/Treatment During Facility Hours
- 11 Client Incarcerated
- 12 Client Deceased
- 13 Parents/Legal Guardian Withdrew Client
- 14 Termination Due to Program Cut/Reduction
- 16 Termination Due to Physical or Mental Illness