

## Exhibit N

### Level of Need Determination Data

- 4<sup>th</sup> Quarter (Oct-Dec)       1<sup>st</sup> Quarter (Jan-Mar)  
 2<sup>nd</sup> Quarter (Apr-Jun)       3<sup>rd</sup> Quarter (Jul-Sep)

Contractor shall collect and analyze data obtained using the Child and Adolescent Service Intensity Instrument (CASII) for each OHP Member referred to the Integrated Service Array level of need determination process. Contractor shall submit a report to OMHAS, within 60 calendar days after the end of each calendar quarter, on a computer diskette clearly labeled Exhibit N, using the OMHAS specified data format or other OMHAS approved submission format.

Contractor shall submit the following information in a text format, such as an ASCII string, with each field separated by a comma.

1. Last Name: OHP Member's Last Name
2. First Name: OHP Member's First Name
3. Middle Initial: OHP Member's Middle Initial
4. Date of Birth: OHP Member's Date of Birth (MM/DD/YYYY)
5. Gender: OHP Member's Gender (M/F)
6. Prime Number: OHP Member's Medicaid Recipient Identification Number
7. Date of Referral: The date the OHP Member was referred to determination process for Integrated Service Array (MM/DD/YYYY)
8. Referral Source: Originator of the referral, allowable codes include MH (mental health), ED (education), CW (child welfare), JJ (juvenile justice), PT (parent), or OT (other).
9. Date of Determination: The date OHP Member was assessed for level of need (MM/DD/YYYY)
10. CMHP ID: For all OHP Members enter 00
11. MHO Provider Number: Use 6 digit Medicaid Provider Number for MHO
12. CASII Domain I: (1-5)
13. CASII Domain II: (1-5)
14. CASII Domain III: (1-5)
15. CASII Domain IV-A: (1-5)
16. CASII Domain IV-B: (1-5)
17. CASII Domain V: (1-5)
18. CASII Domain VI-A: (1-5)
19. CASII Domain VI-B: (1-5)
20. Composite CASII Score: (Sum of Domains I-V)+(Greater of Domain VI-A or VI-B)
21. Determined ISA? (Y=Yes; N=No)
22. Level of Care Recommended: (1-6<sup>1</sup>)

Contractor shall send this report to Office of Mental Health and Addiction Services, Community Treatment Systems Section, 500 Summer Street NE, E-86, Salem, Oregon 97301-1118.

<sup>1</sup> Level 1: Recovery Maintenance and Health Management; Level 2: Outpatient Services; Level 3: Intensive Outpatient Services; Level 4: Intensive Integrated Service Without 24-Hour Psychiatric Monitoring; Level 5: Non-Secure, 24-Hour, Services With Psychiatric Monitoring; Level 6: Secure, 24-Hour, Services With Psychiatric Management. (Levels drawn from the CASII User's Manual, April 2004, Version 1)