

Manual

for Alcohol and Drug Abuse Treatment Providers



Department of Human Services
Addictions and Mental Health Division
500 Summer Street NE E86
Salem, Oregon 97301-1118



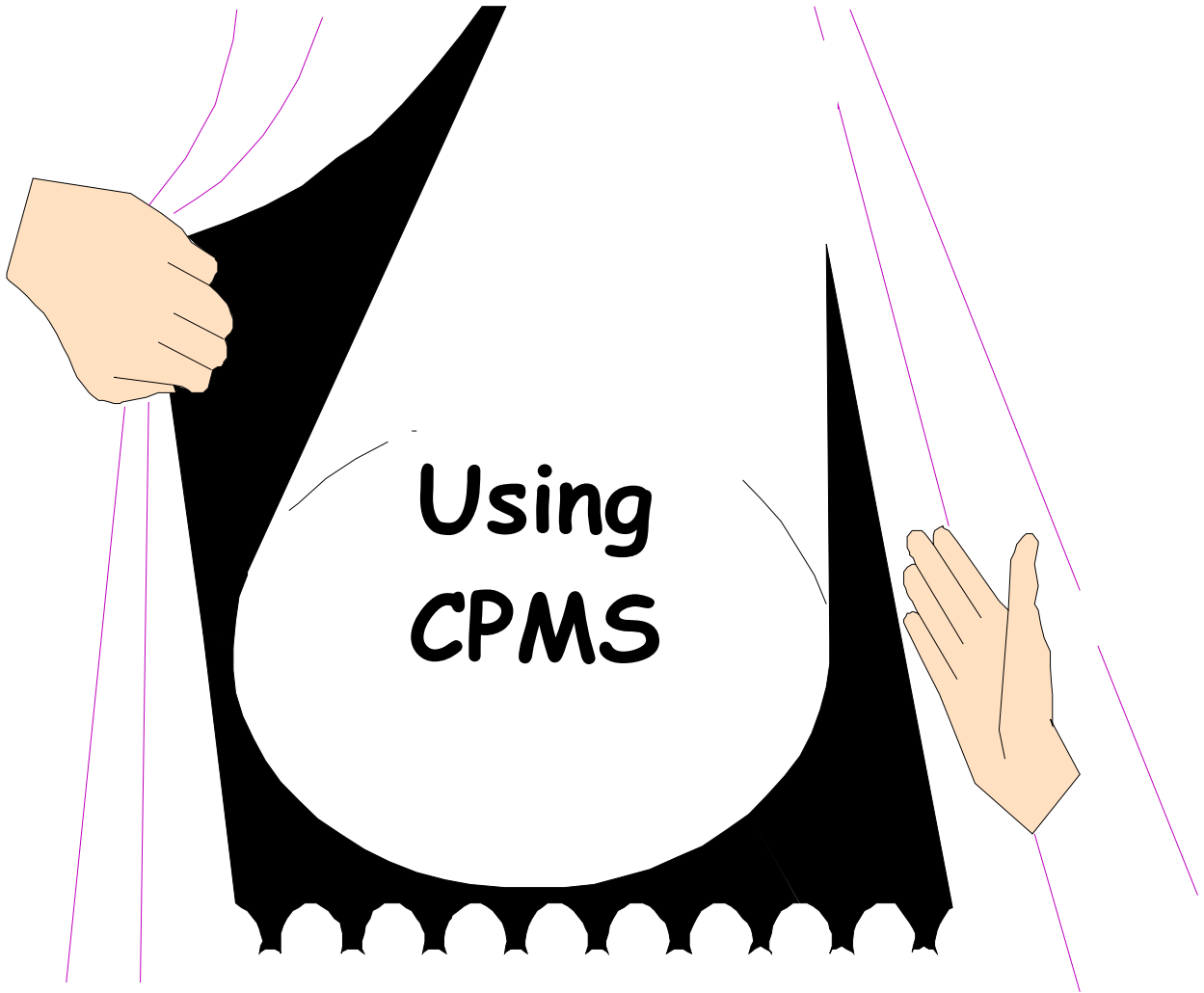
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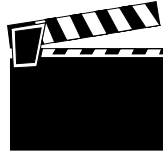
Client Process Monitoring System

Manual for Alcohol and Drug Abuse Treatment Providers



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Department of Human Services
Addictions and Mental Health Division
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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.




PART ONE



**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' utilization rates (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 none of these conditions apply, your program is not required to enroll clients in CPMS. You may, however, choose to enroll clients in CPMS for the auto-generated monthly reports.

Note: 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.

Note on Assessment Only clients: 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 enrolled sister's primary problem. This man should not 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. Remember: 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, 30 days or less 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 only 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. When using the E-form the printed versions contain all the below mentioned information

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 any alcohol or drug service *other than* detoxification, *DUII Education*, or *youth services (under 18 years old)*. The vast majority of clients will be enrolled with this form.



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 e-mailing it to AMH.



Dark Blue Corner: The **Intervention/Youth Treatment Enrollment Form** (Form No: 0462) and 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.

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.


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).


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 submitting 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 valid codes.**

Enrollment (continued)


-  The provider sends the data electronically to AMH within seven (7) days. A printed copy may be 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 form should be sent electronically to AMH.

-  When forms fail to process because of invalid or missing information the provider will be contacted in order to obtain a 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 not returned to AMH unless 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. Utilization of allocated beds and slots is calculated from MMR data. 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 not return it unless 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 electronically 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

Submit 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 May:

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 until after the monthly CPMS deadline. Enrollment and termination information missing this deadline will be processed and appear on the following month's reports.

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 corrected Reports

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

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.

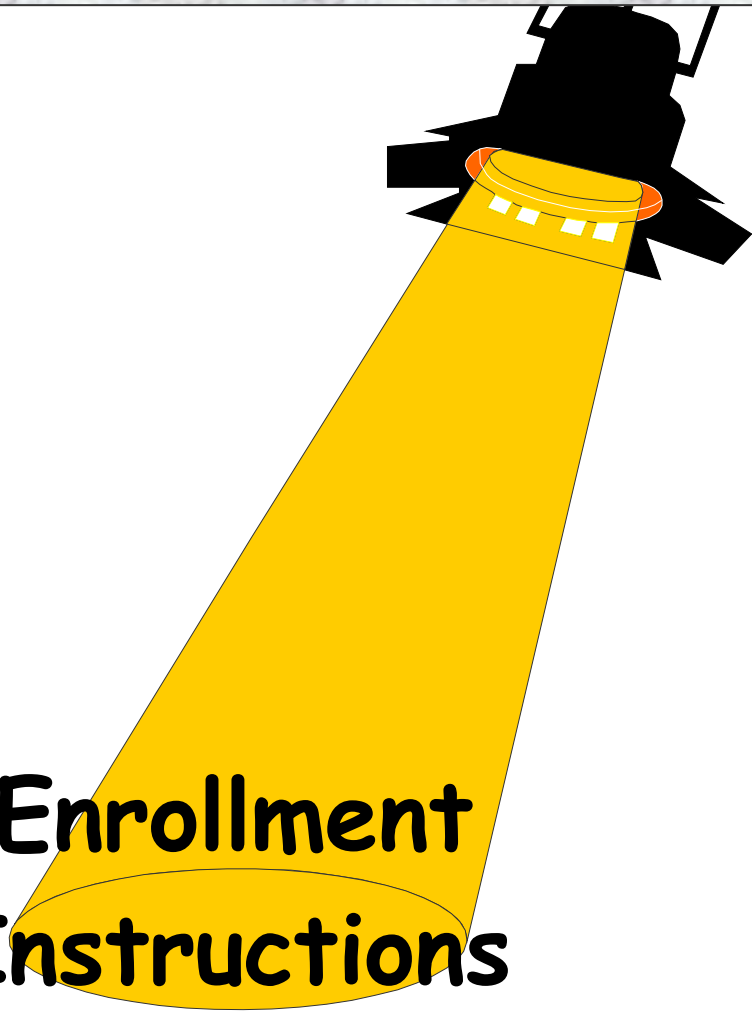
Electronic Submission of CPMS Data

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.

The E-form can be found on the DHS website:

<http://www.oregon.gov/DHS/mentalhealth/publications/main.shtml#userman>

PART TWO



**Enrollment
Instructions**

Box-by-Box Table of Contents

 - Enrollment Form

| <u>Box</u> | <u>Description</u> | <u>Page No.</u> |
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| 12 - | Sex | 31 |
| 13 - | Education | 34 |
| 14 - | School/Training | 35 |
| 15 - | Referral Source(s) | 36 |
| 17 - | Estimated Gross Household Monthly Income | 38 |
| 18 - | Client Primary Residence | 40 |
| 19 - | Race/Ethnicity | 42 |
| 20 - | Health Insurance | 43 |
| 21 - | Marital Status | 44 |
| 22 - | Living Arrangement | 45 |
| 23 - | Dependents | 47 |
| 24 - | Source of Household Income | 48 |
| 25 - | Employment Status | 49 |
| 31 - | Total Arrests | 52 |
| 32 - | DUII Arrests | 53 |
| 33 - | Employability Factor | 50 |
| 34 - | Methadone Prescribed | 55 |
| 36 - | Addiction Type(s) | 58 |
| 38 - | Frequency of Use | 60 |
| 39 - | Route of Administration | 62 |
| 40 - | Age at First Use | 63 |
| 41 - | MIP Citation | 64 |
| 105 - | Case Number of Parent | 65 |
| 106 - | Prenatal | 32 |
| 107 - | Interpreter | 33 |
| 115 | Zip Code of Residence | 41 |
| 116 | Level of Care Assessed | 30 |
| 117 | Level of Care at Admission | 56 |
| 122 | Recent Arrests | 54 |
| 124 | Self Help | 51 |

| | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | 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, print a copy from your system and follow these procedures:

- 1) Photocopy the printed 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. Just draw a line through the incorrect information. 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; Or fax the form to: 503-945-6199
- 5) Place the corrected print in the client's file.
- 6) Make the correction in your electronic system.

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

| 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/ Sherman/Wasco) |
| 09-Deschutes | 19-Lake | 29-Tillamook | |
| 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. As long as the delay from assessment to first treatment contact is under 30 days, the assessment date is reported as the Open Date. 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:

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, repeat the lastname in the birthname box.

Example of Client Name: Alice Johnson is a residential client who has never been married. JOHNSON is placed under the "LAST" spaces and JOHNSON 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 | MONTH | DAY | YEAR |
| 2 - Estimated | | | |

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 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.**

| | |
|---------------------|--|
| 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 must 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 - None
- 06 - DUII Diversion Client - This code applies only to clients referred from court as part of a DUII agreement.
- 26 - DUII Convicted Client - This code applies to clients referred from court following conviction for DUII. This code should be used for offenders needing completion for DMV purposes.
- 50 - Child in Residential Treatment with Parent - 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 - Parent in Residential Treatment with Child - This client is a parent who has a child in residential treatment with them.

| | |
|----------------------------|------------------|
| 11 PROGRAM AREA ASSIGNMENT | |
| <input type="text"/> | 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 must 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.)

| 116 LEVEL OF CARE ASSESSED | |
|--|--|
| Enter a "1" next to the Level of Care for which the client was assessed. Mark only one box | |
| <input type="checkbox"/> | Level 0.5 Education/Early Intervention |
| <input type="checkbox"/> | Level 1.0 Outpatient |
| <input type="checkbox"/> | Level 2.0 Intensive Outpatient |
| <input type="checkbox"/> | Level 2.5 Day Treatment |
| <input type="checkbox"/> | Level 3.0 Residential |

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 | |
| <input type="text"/> | 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? | |
| <input type="checkbox"/> | 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? | |
| <input type="text"/> | 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 <u>Foreign Language</u> | Foreign language interpreter for the client. |
| 2 <u>Hearing-Impaired</u> | Sign language interpreter for the deaf or hearing-impaired (hard-of-hearing) client. |
| 3 <u>None</u> | 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 completed. 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? | |
| <input type="checkbox"/> | 1 - Yes |
| <input type="checkbox"/> | 2 - No |

Box 14 - SCHOOL / TRAINING

Instructions:

Enter the appropriate code number to indicate whether the client is currently enrolled in a school at any level, or in a formal training program 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.

Codes:

1=Yes

2=No

Note: 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 deliberate action¹ 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.)

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)

¹"Deliberate action" 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 | | | | |
| \$ <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px; height: 20px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table> | | | | | |
| | | | | | |

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 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:

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

Gross: Income *before* taxes and other deductions.

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

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

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

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.

Special Note: On form 466 (DETOX/DUII EDUCATION ONLY), 0002 – unknown is an accepted value.

| | |
|--|--|
| 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 chooses to identify. 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> | |
| <input type="checkbox"/> | OREGON HEALTH PLAN |
| <input type="checkbox"/> | MEDICARE |
| <input type="checkbox"/> | MEDICAID |
| <input type="checkbox"/> | V.A. |
| <input type="checkbox"/> | PRIVATE |
| <input type="checkbox"/> | OTHER PUBLIC |
| <input type="checkbox"/> | 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. Oregon Health Plan: Make sure the client is enrolled in the Oregon Health Plan (has documentation) and not just eligible.
2. Medicare: Federal health insurance for persons 65 and older.
3. Medicaid: Federal and state health insurance for financially or medically needy. (Fee for service, OHP members not assigned.)
4. V.A.: Veterans' Administration
5. Private: For example, Kaiser Permanente Group Health Insurance, Blue Cross, or other private health insurance providers or HMOs. (Do not 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. Other Public: For example: Multicare, MediCal, Washington Medical Insurance, Indian Health Services, Family Health Insurance Assistance Program (FHIAP).
7. None: No source of health insurance.

Note: 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 no health insurance, 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 | |
| <input type="text"/> | <input type="text"/> |

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 current marital situation.

Code Definitions:

- 1 - Never Married: Never married and living presently as a single person.
- 2 - Married: Married, living with spouse.
- 3 - Widowed: Widowed and living as a single person.
- 4 - Divorced: Divorced and living as a single person.
- 5 - Separated: Married but not living with spouse.
- 6 - Living as Married: Two persons living as a married couple.

| | |
|--|----------------------|
| 22 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 | |
| <input type="text"/> | <input type="text"/> |

Box 22 - LIVING ARRANGEMENT

Instructions:

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

Code Definitions:

- 01 – Private Residence – Alone (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 – Private Residence – w/Spouse or Significant Other (Person lives with spouse or significant other in their own home, apartment or other private residential setting.)
- 03 – Private Residence – w/Parent, Relative, Adult Child(ren) (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 – Non-Relative Foster Home (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 – Institution (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 – Private Residence – w/Friend(s) or Other Unrelated Person(s) (Person lives with friends or others. The person does not receive support or training services from a Supported Housing or Independent Living program and friend/other does not receive service payments to care for the person.)

Codes (continued):

28 – Other Residential Facility/Group Home (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– Transient/Homeless (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.)

Example: 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.

Note to counselor: 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> | |
| <input type="checkbox"/> | WAGES, SALARY |
| <input type="checkbox"/> | PUBLIC ASSISTANCE |
| <input type="checkbox"/> | OTHER |
| <input type="checkbox"/> | 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. Mark only one source.

Code Definitions:

Wages, Salary: Money earned through paid employment.

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

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

None: No source of income for the household.

| | |
|--|--------------------------|
| 25 | EMPLOYMENT STATUS |
| <p>1 – FULL TIME (35 hours or more)</p> <p>2 – PART TIME (17 – 34 hours)</p> <p>3 – IRREGULAR (less than 17 hours)</p> <p>4 – NOT EMPLOYED (but has sought employment)</p> <p>5 – NOT EMPLOYED (and has not sought employment)</p> | |
| | |

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 |
| <input type="text"/> |

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.

| |
|--|
| 124 SELF HELP |
| Frequency of Self Help Attendance 30 Days Before Enrollment |
| <input type="text" value=""/> |

Box 124 - SELF HELP

Instructions:

This item indicates the frequency of self help groups (Alcoholics Anonymous, Alanon, Narcotics Anonymous, Alateen, etc.) attendance 30 Days before Enrollment.

The codes are as follows:

Codes:

Z - None

M – 1 - 3 Times per Month

O – 1 - 2 Times per Week

T – 3 - 6 Times per Week

D – Daily

Note: This box was added on July 1st 2009. This question allows us to meet the Federal National Outcome Measures (NOMs) set by the Substance Abuse and Mental Health Services Administration (SAMHSA).

| | |
|-------------------------|--|
| 31 TOTAL ARRESTS | |
| In past 5 years | |
| | |

Box 31 - TOTAL ARRESTS

Instructions:

Enter the total number of times the client has been arrested 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 none, code 00.

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

Note: 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 box was added in 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 | |
| <input type="text"/> | <input type="text"/> |

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 | |
| <input type="checkbox"/> | Level 0.5 Early Intervention |
| <input type="checkbox"/> | Level 1.0 Outpatient |
| <input type="checkbox"/> | Level 2.0 Intensive Outpatient |
| <input type="checkbox"/> | Level 2.5 Day Treatment |
| <input type="checkbox"/> | Level 3.0 Residential |

Box 117 - LEVEL OF CARE AT ADMISSION

Instructions:

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

Code Definitions:

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).

Note: 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 problems 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.

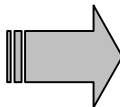
Clinical judgment will ultimately determine the ranking of problem substances. In determining the degree of substance abuse, the following considerations should be made:

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.

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

Note: Each client's substance abuse problem(s) is to be individually assessed. Do not 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

0 – No use

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 – No Use

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.

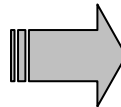
3 - Serious Abuse: Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. No signs of tolerance or withdrawal.

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 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.

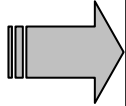
When 00 for "none" has been entered in the secondary and tertiary substance blocks of Item 36 Drug Type(s), leave the corresponding blocks of Item 39 blank.

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 first became involved with the drug type(s) identified in Item 36.

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

Enter 00 if affected at birth.

Note: 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.

PART THREE



Termination Instructions

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Termination Instructions

| | | | | | |
|---------------------------------------|------------|-----------------|----------------|-----------|------|
| CLINIC IDENTIFICATION | | | 6 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 | MONTH | DAY | YEAR |
| | | 2 - Estimated | | | |

Boxes 3 through 8

To close a client in CPMS, retrieve the client's information from your system. If the system you use does not automatically fill these fields, make sure they are exactly the same as the enrollment information you have sent to us.

Note: If a woman's name changes during treatment because of marriage or divorce, the new name can be entered as last name but we do expect a correction (see page 20) for the enrollment of the client. The birth name should stay the same.

| | |
|----------------------|--|
| 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 face-to-face treatment contact.

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.
Explanation: 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

*Completing Treatment (Code 03)

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; and
- 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 not treatment contacts.

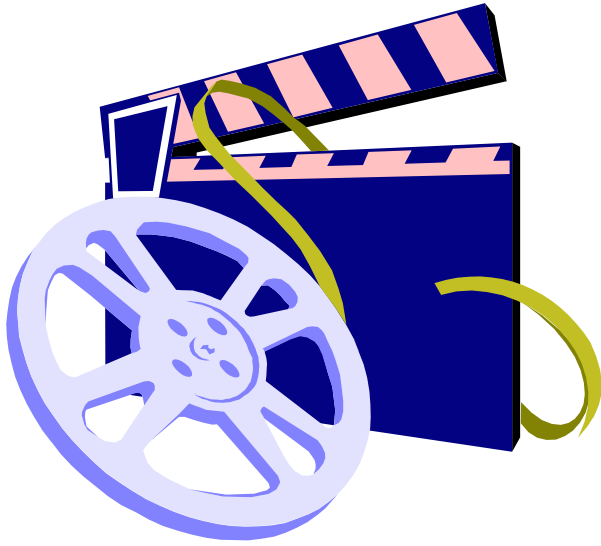
A client must be discharged on the CPMS Termination Form if he/she has not received a face-to-face treatment contact at least once in a 30-day period unless clearly justified in the client's record. Do not leave CPMS case records open while awaiting payment of fees.

| | | |
|--------------------------|-----|------|
| 50 FORM COMPLETED | | |
| MONTH | DAY | YEAR |
| | | |

Box 50 - FORM COMPLETED

Instructions:

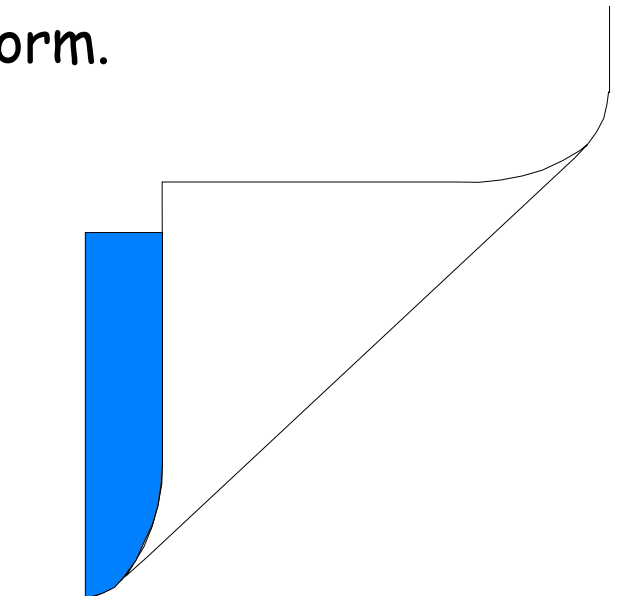
Enter month, day, and year the termination form is being completed. This is not necessarily the date that the client was discharged from treatment. This date **cannot** be prior to the last treatment contact date.



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 |
| <input type="text"/> | |

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 completed. 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 than 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? | |
| <input type="checkbox"/> | 1 - Yes |
| <input type="checkbox"/> | 2 - No |
| <input type="checkbox"/> | 9 - Unknown |

Box 52 - SCHOOL / TRAINING

Instructions:

Enter the appropriate code number to indicate whether the client is currently enrolled in a school at any level, or in a formal training program 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.

Codes:

1 = Yes

2 = No

9 = Unknown

Note: 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 at the time of discharge. 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.

DUII Instruction: 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 not 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)⁴

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

⁴ **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 arrested 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 not imply conviction and relates to alleged 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 box was added July 1st 2007. This question allows us 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)

Examples:

Husband/Wife: 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.

Husband/Wife: 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.

Single Person: 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.

Person Living With Parents: 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.

Person Living In Prison: 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 |
| <input type="text"/> |

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 current marital situation.

Code Definitions:

- 1 - Never Married: Never married and living presently as a single person.
- 2 - Married: Married, living with spouse.
- 3 - Widowed: Widowed and living as a single person.
- 4 - Divorced: Divorced and living as a single person.
- 5 - Separated: Married but not living with spouse.
- 6 - Living as Married: Two persons living as a married couple.
- 9- Unknown: 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 cannot 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> | |
| <input type="checkbox"/> | WAGES,SALARY |
| <input type="checkbox"/> | PUBLIC ASSISTANCE |
| <input type="checkbox"/> | OTHER |
| <input type="checkbox"/> | 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:

Wages, Salary: Money earned through paid employment.

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

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

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

None/Unknown: 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 |
| <input type="text"/> | |

Box 59 - 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 termination 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 persons who work for pay at the time of termination 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 discharge 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 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 - 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 because of personal or job market factors; and
- F. Persons who are voluntarily idle.

9 - Unknown: 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 |
| <input type="text"/> | |

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 | |
| <input type="text"/> | <input type="text"/> |

Box 111 – LIVING ARRANGEMENT

Instructions:

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

Code Definitions:

- 01 – Private Residence – Alone (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 – Private Residence – w/Spouse or Significant Other (Person lives with spouse or significant other in their own home, apartment or other private residential setting.)
- 03 – Private Residence – w/Parent, Relative, Adult Child(ren) (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 – Non-Relative Foster Home (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 – Institution (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 – Private Residence – w/Friend(s) or Other Unrelated Person(s) (Person lives with friends or others. The person does not receive support or training services from a Supported Housing or Independent Living program and friend/other does not receive service payments to care for the person.)

Codes (continued):

28 – Other Residential Facility/Group Home (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– Transient/Homeless (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.)

Example: 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.

Note to counselor: 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 |
| <input type="text"/> |

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 not 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 |
| <input type="text"/> |

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 |
| <input type="text"/> |

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? |
| <input type="checkbox"/> |

Box 67 - SELF HELP GROUP

Instructions:

This item indicates the frequency of self help groups (Alcoholics Anonymous, Alanon, Narcotics Anonymous, Alateen, etc.) attended during Treatment.

The codes are as follows:

Codes:

Z - None

M – 1 - 3 Times per Month

O – 1 - 2 Times per Week

T – 3 - 6 Times per Week

D – Daily

Note: These codes have been changed from (1=Yes, 2= No) to these new codes as of 07/01/2009. This question allows us to meet the Federal National Outcome Measures (NOMs) set by the Substance Abuse and Mental Health Services Administration (SAMHSA).

| |
|--|
| 68 ANTABUSE |
| Was ANTABUSE used by client during Treatment? |
| 1 - Yes 2 - No |
| <input type="text"/> |

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

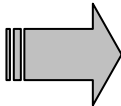
| PATTERNS of ABUSE at DISCHARGE (Codes on Back of Form) | PRIMARY SUBSTANCE | SECONDARY SUBSTANCE | TERTIARY SUBSTANCE |
|---|----------------------|------------------------|-----------------------|
| 63 ADDICTION TYPE(S) Complete all blocks | | | |
| 65 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT | |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

Items 63-66 comprise the substance abuse matrix.

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

Clinical judgment will ultimately determine the frequency-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 | | | |

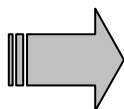
Instructions:

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

1. Primary: This is the substance abuse problem that was causing the client the most dysfunction at the time of enrollment.
2. Secondary: This is the secondary problem (if any) that was recorded at the time of enrollment.
3. Tertiary: 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 other drug use and the other the degree of impairment resulting from alcohol use. Use the appropriate code from the appropriate column.

If a client was in treatment less than 30 days, enter the highest frequency of use during 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.

Note: 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.

Remember: 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.

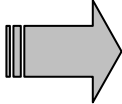
3 - Serious Abuse: Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. No signs of tolerance or withdrawal.

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 - 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 other category.
- 7 - Not Applicable

Note: 0 is NEVER a valid 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 | |
| <input type="text"/> | <input type="text"/> |

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) | |
| <input type="text"/> | <input type="text"/> |

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) | |
| <input type="text"/> | <input type="text"/> |

Box 104 - NUMBER OF DRUG OR ALCOHOL USE TESTS ADMINISTERED

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

Note: **Include** Baseline tests.

| |
|---|
| 112 ACADEMIC |
| Academic Improvement In School? 1 - Yes 2 - No 3 - Not Applicable 9 - Unknown |
| <input type="text"/> |

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 |
| <input type="text"/> |

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 |
| <input type="text"/> |

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

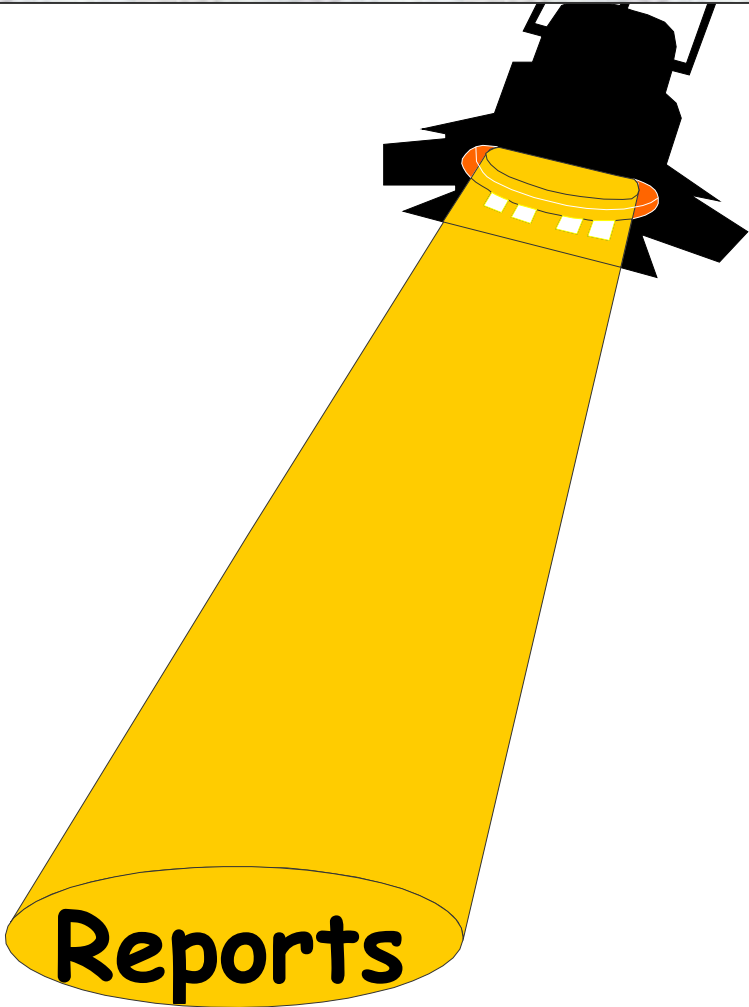
Detox facilities that offer a service around the clock will report Days and Hours. Count one Day for each full 24 consecutive hours of service given the client. For a remaining portion of a day, report in hours.

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).

PART FOUR



Introduction

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 red 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. Using red ink, 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. Please be sure changes are legible so that the data will be corrected accurately.

Note: 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 Termination data 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

COMPANION DOCUMENT

MWVRS003-000
PROGRAM MWVRI063

LIST OF CLIENTS ENTERED INTO CPMS
FOR THE REPORT PERIOD 03/01/07 TO 03/31/07

DETOK

CHRP: 060 BONNET COUNTY MENTAL HEALTH
PROVIDER: 003 BONNET DETOX

| CASE | D.O.B. | OPEN DATE | CLOSE DATE | APSPRIME ELIG. | LOCAL OPTIONS | RESIDENT | T | E | R | M | I | N | A | T | I | O | | | | | | | | |
|--------|------------|-----------|------------|----------------|---------------|----------|----------|----------|--------|-------|---|---|---|---|---|--------|------|------|-----------|-------|------|----|--------|----|
| NUMBER | NAME | AGE | SEX | ETHNIC | NO DA YR | NO DA YR | NO DA YR | NO DA YR | NUMBER | CODES | A | B | C | D | E | COUNTY | CODE | TYPE | CODE | PAYOR | | | | |
| 000061 | AAABBB-052 | F | WHITE | 2/21/49 | 03/01/07 | 03/04/07 | XCL234AD | *** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | BONN | 02 | TERM | NO | APPR | 01 | CLIENT | 47 |
| 001352 | BBBFFF-064 | M | WHITE | 3/15/37 | 01/23/07 | 03/01/07 | | *** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | BONN | 03 | COMPLETED | | | 01 | CLIENT | 40 |
| 000061 | ACABBB-053 | F | WHITE | 2/21/49 | 05/01/06 | 03/01/07 | XCL234AD | *** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | BONN | 02 | TERM | NO | APPR | 08 | CHP | 47 |
| 001352 | BBBFFP-064 | M | WHITE | 3/15/37 | 07/23/06 | 03/03/07 | | *** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 21 | BONN | 03 | COMPLETED | | | 01 | CLIENT | 40 |

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 DUI 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 data 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.

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 electronically A&D CPMS Termination data 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. It must be received by the first working day of the following month in order to be recorded in CPMS. If there are no changes, do not send in the report.
- 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 at least one face-to-face treatment contact during the last 30 days, 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

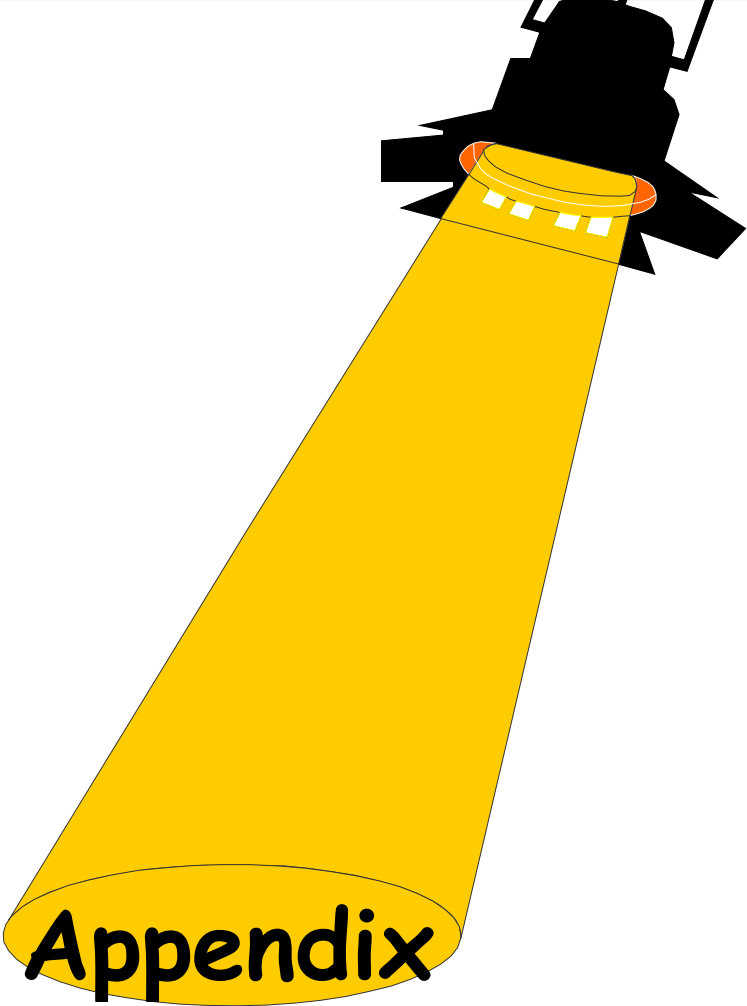
PAGE 3
RUN DATE 07/19/07

MHW50003-000
PROGRAM MHWFTDL
CLIENT PROCESS MONITORING SYSTEM
MONTHLY MANAGEMENT REPORT
REPORT PERIOD ENDING 06/30/07

CMHP:050 BOONE COUNTY MENTAL HEALTH
PROVIDER: 001 BOONEY ALCOHOL AND DRUG PRO
CASE NO/DA/YR NO/DA/YR NO/DA/YR DT CLOSE DT ELIG MONTHLY DEPENDENTS BY AGE H E A L T H I N S U R A N C E C O D E S
NUMBER NAME NO/DA/YR NO/DA/YR NO/DA/YR CODE INCOME 00-05 06-17 18-64 65-UP MEDICARE MEDICAID VA PRIV OTH PUB OHP MORE

| | | CHIP | | | | MEDICAID | | | | AMH | | | | | |
|--------|-----------------|-----------|----------|----------|----|----------|-----|-----|-----|-----|---|---|---|---|---|
| 002023 | WILXRY-01/01/60 | 03/18/07 | 00/00/00 | ** | 1 | 000 | 000 | 001 | 000 | 2 | 2 | 2 | 2 | 2 | 1 |
| 003124 | ZXCENM | -03/03/64 | 03/12/07 | 00/00/00 | ** | 185 | 000 | 000 | 001 | 000 | 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 | 1 |
| 002126 | EBBIKL | -07/12/59 | 04/05/07 | 00/00/00 | 51 | 392 | 001 | 000 | 001 | 000 | 2 | 1 | 2 | 2 | 2 |
| 003324 | FTYUHH | -09/16/52 | 04/15/07 | 00/00/00 | ** | 417 | 000 | 000 | 002 | 000 | 2 | 1 | 2 | 2 | 2 |
| 003128 | YVXETE | -08/04/63 | 12/19/06 | 00/00/00 | ** | 1600 | 000 | 002 | 002 | 000 | 2 | 2 | 2 | 2 | 2 |
| 003729 | WDCRTX | -07/01/62 | 01/24/07 | 00/00/00 | ** | 0 | 000 | 002 | 002 | 000 | 2 | 2 | 2 | 2 | 2 |
| 003930 | RNNEDM | -06/24/74 | 04/13/07 | 00/00/00 | ** | 750 | 000 | 000 | 001 | 000 | 2 | 2 | 2 | 2 | 2 |
| 004131 | AGJGLE | -11/30/63 | 04/27/07 | 00/00/00 | ** | 391 | 000 | 000 | 002 | 000 | 2 | 2 | 2 | 2 | 2 |

PART FIVE



APPENDIX A: CPMS Team Resource List

Updated: July, 2009

ADDICTIONS AND MENTAL HEALTH DIVISION (AMH)

CPMS OASIS

500 Summer Street NE E86

Salem, OR 97301-1118

Email: cpms.oasis@state.or.us

Phone: (503) 945-5763

FAX: (503) 945-619

TDD: (503) 945-5893

DIANNA DOBAY (503) 945-6816

Data Coordinator

dianna.m.dobay@state.or.us

MH CPMS, CMHPs 12-19;
MMR Questions & Assistance
Training & E-Form Questions

MARY HERRLE (503) 945-6673

Data Specialist

mary.c.herrle@state.or.us

A&D CPMS, CMHPs 26-27;
MH CPMS, CMHPs 1-10, 26;
Questions, Technical Assistance

BONNIE LANDERS (503) 945-6188

Data Specialist

bonnie.h.landiers@state.or.us

A&D CPMS, CMHPs 1-9, 21-25;
Questions, Technical Assistance

STAN USHER (503) 945-5891

Data Specialist

stan.usher@state.or.us

A&D CPMS, CMHPs 10-19, 29-39;
MH CPMS, CMHPs 29-75;
Questions, Technical Assistance

CECELIA LABI (503) 945-5764

Data Specialist

cecelia.labi@state.or.us

A&D / MH CPMS, CMHPs 20;
MH CPMS, CMHPs 20-25, 27;
Questions, Technical Assistance

PIET VERMEER (503) 945-5960

Information Systems Specialist

piet.j.vermeer@state.or.us

Data Requests, Training
E-Form Technical Support

A&D ADULT TREATMENT ENROLLMENT – FORM 460

State of Oregon
CPMS AMH
Department of Human

CLIENT PROCESS MONITORING SYSTEM

ALCOHOL & DRUG
ENROLLMENT FORM

Current User Id:

ADULT TREATMENT

| | | | | | | | | | | |
|--|--|--------------------|--------------------------------|--------------------------------------|---|-------------------------|------------------------------|---|---|--|
| | | | CLINIC IDENTIFICATION | | | 5 OPENING DATE | | | | |
| | | | 3 CMHP | | | 4 PROVIDER | | | | |
| 6 NAME (USE UPPER CASE BLOCK LETTERS) | | | | | | | | | | |
| LAST | | | FIRST | | | BIRTH NAME | | | | |
| 7 CASE NUMBER | | | 8 DATE OF BIRTH | | | 10 ELIGIBILITY CODE | | | 11 Program Area: | |
| | | | | | | | | | 1-ALCOHOL 2-DRUG | |
| 116. Level of Care Assessed | | 12 SEX | 106 PRENATAL | | 107 INTERPRETER | 13 EDUCATION | | 14 SCHOOL/TRAINING | 15 Referral Source(s) | |
| Enter the Level of Care for which the client was assessed. | | F-Female M-Male | Client Pregnant at Enrollment? | | Will interpreter services be needed for client? | Highest Grade Completed | | Now Enrolled in School or Training? | Select First Appropriate Code(s) From Top of List. | |
| | | | | | | | | | | |
| 17 ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME | | | | | 18 CLIENT PRIMARY RESIDENCE | | | 115 Zip Code of Residence | | |
| ENTER ACTUAL INCOME 0000-NO INCOME 0001-REFUSED | | | | | COUNTY OR STATE CODE | | | Enter Zip code of Residence or enter 00001 - Transient | | |
| 9999-MORE THAN \$9999/MONTH | | | | | | | | | | |
| 19 RACE/ETHNICITY | | | 20 HEALTH INSURANCE | | 21 MARITAL STATUS | | 22 LIVING ARRANGEMENT | | | |
| | | | Choose primary source | | | | Enter First Appropriate Code | | | |
| | | | | | | | | | | |
| 23 DEPENDENTS | | | | 24 SOURCE OF HOUSEHOLD INCOME | | 25 EMPLOYMENT STATUS | | 33 EMPLOYABILITY FACTOR | 124 SELF HELP | |
| ENTER THE TOTAL NUMBER OF PEOPLE IN EACH AGE GROUP THAT ARE DEPENDENT UPON THE INCOME INDICATED IN ITEM #17 (INCLUDING THE CLIENT) | | | | Choose the Primary Source | | | | | Frequency of Self Help Attendance 30 Days Before Enrollment | |
| under | | | | | | | | | | |
| 6 6 - 17 18 - 64 65+ | | | | | | | | | | |
| 31 TOTAL ARRESTS | | 32 DUII ARRESTS | | 122 RECENT ARRESTS | | | 34 METHADONE | 117 Level of Care at Admission | | |
| In past 5 years | | In past 5 years | | In the last 30 days before treatment | | | | Enter the Level of Care for which the client was admitted | | |
| | | | | | | | | | | |
| PATTERNS OF ABUSE | | | 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) | | | | | | | | | | |

Print Form

Term Form

Next Form

A&D ADULT TREATMENT TERMINATION – FORM 461



State of Oregon
CPMS AMH
Department of Human

CLIENT PROCESS MONITORING SYSTEM

Current User ID

ALCOHOL & DRUG
TERMINATION FORM
ADULT TREATMENT

| | | | | | | | |
|--|-------------------------------------|---|--|--------------------------------------|---|-----------------------------|---|
| | | | | CLINIC IDENTIFICATION | | 5. OPENING DATE | |
| | | 3 CMHP | | 4 PROVIDER | | | |
| 6 NAME (USE UPPER CASE BLOCK LETTERS) | | | | | | | 47. PAYOR CODE |
| LAST | | FIRST | | BIRTH NAME | | | |
| 7 CASE NUMBER | | 8 DATE OF BIRTH | | 48 TERM TYPE | 49 LAST CONTACT | 50 FORM COMPLETED | |
| 106 PRENATAL | 51 EDUCATION | 52 SCHOOL/TRAINING | 53 REFERRED TO | | 54 TOTAL ARRESTS | 55 DUII ARRESTS | 123 RECENT ARRESTS |
| Client Pregnant at Discharge? | Highest Grade Completed 99- Unknown | Now Enrolled in School or Training? | Select First Appropriate Code(s) From Top of List. | | Total Arrests During Treatment | DUIIs During Treatment | Number in last 30 days of treatment |
| | | | | | | | |
| 56 ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME | | 57 MARITAL STATUS | | 58 SOURCE OF HOUSEHOLD INCOME | | 59 EMPLOYMENT STATUS | |
| ENTER ACTUAL INCOME 9999-MORE THAN \$9999/MONTH 0001-REFUSED 0002-UNKNOWN | | | | Choose the Primary Source | | | |
| | | | | | | | |
| 111 LIVING ARRANGEMENT | | 52 EDUCATION/SKILLS | | | 110 CHILD WELFARE | | |
| Enter First Appropriate Code | | Progress Made in Educational or Skill Development Program During Treatment? | | | Did client comply with SCF Service Agreement during treatment sufficiently to progress towards regaining custody of children? | | |
| | | | | | | | |
| 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? | | Was a self help group used by client during Treatment? | Was ANTABUSE used during Treatment? | | (Exclude baseline tests) | | (Include baseline test) |
| | | | | | Urinalysis Only | | Urinalysis Only |
| PATTERNS OF ABUSE | | 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 | | | | | | | |

Print Form

Next Form

A&D YOUTH TREATMENT ENROLLMENT – FORM 462



State of Oregon
CPMS AMH
Department of Human

CLIENT PROCESS MONITORING SYSTEM

A - D Youth ENROLLMENT FORM

Current User ID

| | | | | | | | |
|--|--|----------------------------|--------------------------------|---|-------------------------|--|---|
| | | CLINIC IDENTIFICATION | | | | 5. OPENING DATE | |
| | | 3 CMHP | | 4 PROVIDER | | | |
| 6 NAME (USE UPPER CASE BLOCK LETTERS) | | | | | | | |
| Last | | First | | | Birth Name | | |
| 7 CASE NUMBER | | 8 DATE OF BIRTH | | 10 ELIGIBILITY CODE | | 11 Program Area: | |
| | | | | | | 1 ALCOHOL 2 DRUG | |
| 116 Level of Care Assessed | | 12 SEX | 106 PRENATAL | 107 INTERPRETER | 13 EDUCATION | 14 SCHOOL/TRAINING | 15 REFERRAL SOURCE(S) |
| Enter the Level of Care for which the client was assessed. | | F=Female M=Male | Client Pregnant at Enrollment? | Will Interpreter services be needed for client? | Highest Grade Completed | Now Enrolled in School or Training? | Select First Appropriate Code(s) From Top of List. |
| | | | | | | | |
| 18 Client Primary Residence | | 115 Zip Code of Residence: | 19 RACE/ETHNICITY | | 20 Health Insurance | 22 LIVING ARRANGEMENT | 124 SELF HELP |
| | | 00001 - Transient | | | | Enter First Appropriate Code | Frequency of Self Help Attendance 30 Days Before Enrollment |
| | | | | | | | |
| 25 EMPLOYMENT STATUS | | 33 EMPLOYABILITY FACTOR | 31 TOTAL ARRESTS | 32 DUII ARRESTS | 122 RECENT ARRESTS | 117 Level of Care at Admission | 41. MIP CITATIONS |
| | | | | | | Enter the Level of Care for which the client was admitted. | In past 24 months |
| | | | | | | | |
| PATTERNS OF ABUSE | | 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) | | | | | | | |

Print Form

Term Form

Next Form

A&D DETOX / DUII EDUCATION ONLY ENROLLMENT / TERMINATION – FORM 466

CLIENT PROCESS MONITORING SYSTEM

State of Oregon
CPMS AMH
Department of Human

Current User Id:

A-D ENROLLMENT FORM
DETOX/DUII EDUCATION ONLY

| | | | | | | |
|---|-------------------------|---|---|---------------------------|--|---|
| | | CLINIC IDENTIFICATION | | | 5. OPENING DATE | |
| | | 3 CMHP | | | 4 PROVIDER | |
| 6 NAME (USE UPPER CASE BLOCK LETTERS) | | | | | | |
| Last | | | | First | | |
| | | | | Birth Name | | |
| 7 CASE NUMBER | | 8 DATE OF BIRTH | | 10 ELIGIBILITY CODE | | 11 Program Area: |
| | | | | | | 1-ALCOHOL 2-DRUG |
| 116 Level of Care Assessed | 12 SEX | 106 PRENATA | 107 INTERPRETER | 13 EDUCATION | 15 REFERRAL SOURCE(S) | 17 EST. GROSS H.Hold MONTHLY INCOME |
| Enter the Level of Care for which the client was assessed. | F-Female M-Male | Client Pregnant at Enrollment? | Will Interpreter services be needed for client? | Highest Grade Completed | Select First Appropriate Code(s) From Top of List. | ENTER ACTUAL INCOM 0001-REFUSED 0002-UNKNOWN 9999-MORE THAN \$9999 |
| | | | | | | |
| 18 CLIENT RESIDENCE | | 115 Zip Code of Residence | | 19 PRIMARY RACE/ETHNICITY | 21 MARITAL STATUS | 22 LIVING ARRANGEMENT |
| County or State Code (List on back of form) | | Enter Zip code of Residence or enter 00001 - Transient | | | | Enter First Appropriate Code: |
| | | | | | | |
| 25 EMPLOYMENT STATUS | 33 EMPLOYABILITY FACTOR | PATTERNS OF ABUSE AT ENROLLMENT (Codes on Back of Form) | | | PRIMARY SUBSTANCE | SECONDARY SUBSTANCE |
| | | 36 ADDICTION TYPE(S) | | | | |
| | | 38 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT | | | | |
| 124 SELF HELP | | 39 MOST RECENT USUAL ROUTE OF ADMINISTRATION | | | | |
| Frequency of Self Help Attendance 30 Days Before Enrollment | | 40 AGE AT FIRST USE (00 = Affected at Birth) | | | | |
| | | | | | | |

A-D TERMINATION FORM

(DETOX/DUII EDUCATION ONLY)

REMAINING ITEMS TO BE USED FOR DISCHARGING CLIENTS ONLY

| | | | | | | |
|---|--|--|--|--------------------|------------------|-----------------|
| 47 PAYOR CODE | 48 TERM TYPE | 49 LAST TREATMENT CONTACT | 53 REFERRED TO | | 54 TOTAL ARRESTS | 55 DUII ARRESTS |
| | | | Select First Appropriate Code(s) From Top of List. | | | |
| | | | | | | |
| 67 SELF HELP GROUP | 103 NUMBER OF POSITIVE DRUG OR ALCOHOL USE TESTS | 104 NUMBER OF DRUG OR ALCOHOL USE TESTS ADMINISTERED | | 200 SERVICE VOLUME | | |
| Was a self help group used by client during treatment | (Exclude baseline tests) | (Include baseline test) | | SERVICE ELEMENT | DAYS | HOURS |
| | Urinalysis Only | Urinalysis Only | | | | |

Print Form

Next Form

A&D CHILD ENROLLED WITH PARENT ENROLLMENT – FORM 467



CLIENT PROCESS MONITORING SYSTEM

State of Oregon
CPMS AMH
Department of Human Services

Current User ID

A - D ENROLLMENT FORM

Child Enrolled with Parent

| | | | | | | |
|---------------------------------------|--|-----------------------|--|--------------------------------------|----------------|--------------------|
| | | CLINIC IDENTIFICATION | | | 5 OPENING DATE | |
| | | 3 CMHP | | 4 PROVIDER | | |
| 6 NAME (USE UPPER CASE BLOCK LETTERS) | | | | | | |
| LAST | | FIRST | | | 7 CASE NUMBER | |
| 8. DATE OF BIRTH | | 10. ELIGIBILITY CODE | | 11 Program Area Assignment of Parent | | 12 SEX |
| | | | | 1-ALCOHOL 2-DRUG | | F-Female M-Male |
| 19 RACE/ETHNICITY | | 105 Case # of Parent | | | | |
| | | | | | | |

A&D CHILD ENROLLED WITH PARENT TERMINATION – FORM 433



CLIENT PROCESS MONITORING SYSTEM

State of Oregon
CPMS AMH
Department of Human Services

Current User ID

A - D TERMINATION FORM

Child Enrolled with Parent

| | | | | | |
|---|--------------|---------------------------|-------------------|------------|----------------|
| | | CLINIC IDENTIFICATION | | | 5 OPENING DATE |
| | | 3 CMHP | | 4 PROVIDER | |
| 6 CHILD'S 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 | | |
| | | | | | |

[Print Form](#)

[Next Form](#)