

# **Manual**

## **for Mental Health Service Providers**



### **Department of Human Services**

Office of Mental Health and Addiction Services  
500 Summer Street NE E86  
Salem, Oregon 97301-1118

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Administrator

Prepared by  
The CPMS Data Team





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## **ABOUT THIS MANUAL**

**Subject** This manual provides information for the Client Process Monitoring System (CPMS).

- ◆ **Part One, Introduction to CPMS**, provides an overview of the CPMS system and instructions for completing mental health CPMS reporting forms.
- ◆ **Part Two** provides box-by-box codes in numerical order for the mental health CPMS forms.
- ◆ **Part Three** describes **MMRs** - Monthly Management Reports generated by the CPMS system - and provides instructions for their use.
- ◆ **Part Four** contains a **Glossary**.
- ◆ **Part Five** provides various **Appendices**.

**Audience** This manual is for anyone who will be completing or reviewing mental health CPMS forms or reports. It may also prove helpful to those analyzing the CPMS data. It provides instructions to users of the CPMS who provide mental health services.

**Purpose** The purpose of this manual is to provide current reporting instructions and common CPMS item definitions for state and local mental health 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.

A table of contents is located in the front of this page to help locate the desired box.

**Updates** Updates to this manual will be communicated through numbered and dated CPMS mental health manual replacement pages from OMHAS. It is recommended that you keep this manual in a binder so that replacement pages are easily inserted.

**PART ONE**



**Introduction  
to CPMS**



## **The Client Process Monitoring System**

The State Office of Mental Health and Addiction Services (OMHAS) implemented the Client Process Monitoring System (CPMS) during the 1981-83 Biennium. CPMS is a vital management tool which provides:

- ✓ Documentation that services are being delivered by community providers supported by OMHAS funds in compliance with the Legislatively approved budget and statutory mandates;
- ✓ Data on the performance of community programs used by state and local management to advocate for services and funding;
- ✓ Basic data for program evaluation, trend analyses, and community mental health research;
- ✓ Data for determining reimbursable service days for various Mental Health programs;
- ✓ Data for determining offsetting revenue sources in various Mental Health programs;
- ✓ Data for determining expanded commitment criteria; and
- ✓ Gun control verification.

The Client Process Monitoring System consists of several parts:

1. Enrollment and Termination - In all cases, the client is enrolled with a service provider under a service element. In Pre-Commitment Services and Evaluation Services, both enrollment and termination take place on the same form. For Basic and Residential Services, enrollments and terminations are reported on the separate "Basic or Residential Services" form.
2. Monthly Management Report - The MMR is a monthly listing of all persons who were enrolled and/or terminated during the specified month in Mental Health services. It is for informational purposes only and no action is required by the provider. The purpose of the MMR is to let the service provider know what persons have been enrolled into and terminated from the CPMS database. Please review and verify that all clients served during the month are reported on the MMR.

## **We All Benefit From CPMS Data, because CPMS...**

### **A. Provides 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 performance reports (outcome measures of clients). Measures are calculated for clients terminated during each quarter (such as "employment rates" and "improved level of functioning").

### **B. Generates 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 federal oversight agencies through Block Grant reports;
- 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 performance 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 county mental health treatment authority in making decisions regarding subcontracting services (performance reports).

## **Types of CPMS Enrollment and Termination Forms**

There are three different enrollment forms. One of them has a corresponding termination form, and two include 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.

Note: Appendix B contains sample CPMS forms.

- 1) Orange Corner: The Mental Health Basic or Residential Enrollment Form (Form No: MHD-ADMS-0189) is to be used if the consumer is enrolled in outpatient or residential services. The vast majority of clients will be enrolled with this form.

Instructions: This enrollment form needs to be completed and sent to OMHAS within 7 days of enrollment into your mental health program. The yellow copy is sent to OMHAS. The white copy goes in the client's file.

- 2) Orange Corner: The Mental Health Basic or Residential Termination Form (Form No: MHD-ADMS-0190) is to be used if the consumer is being terminated from outpatient or residential services. You no longer close out the client on the TSR. The TSR has been replaced by the Monthly Management Report (MMR).

Instructions: The termination form needs to be completed and sent to OMHAS within **90 days** of the last face-to-face treatment contact. The yellow copy is sent to OMHAS. The white copy goes in the client's file.

- 3) Red Corner: The Mental Health Evaluation Services Enrollment and Termination Form (Form No: MHD-ADMS-0379) is to be used for evaluation, Preadmission Screening And Resident Review (PASSR), and crisis services.

Crisis/Evaluation Criteria: A person may be enrolled in CPMS for Crisis/Evaluation Services only if the person meets all of the following criteria:

1. Has been screened and is believed to have a mental disorder as defined in the latest edition of the Diagnostic and Statistical Manual for Mental Disorders;

2. Is likely to experience a severe negative consequence if **immediate intervention** is not provided; and
3. Has been formally evaluated as specified in OAR 309-32-525 to 309-32-605<sup>1</sup> resulting in a written plan of action and case record.

Remember: Immediate intervention means that the person must be evaluated within a few hours and cannot wait until the next day for an appointment.

Instructions: At the beginning of the episode, complete the enrollment portion, and place the form in the client's file. When the client's episode has ended, complete the termination portion, and send the yellow copy to OMHAS within 7 days of the last face-to-face treatment contact.

- 4) Green Corner: The Mental Health Pre-Commitment Services Enrollment and Termination Form (Form No: MHD-ADMS-0381) is to be used if a petition for civil commitment is filed.

Instructions: At the beginning of the episode/investigation, complete the enrollment portion. As the investigation, and hearing and disposition occur, fill in the appropriate portion of the form. Once the disposition is complete, fill in the termination portion, and send the yellow copy to OMHAS within 7 days (i.e., hearing found to be unnecessary, consumer consents to voluntary treatment, or hearing completed).

## **Who Fills Out the Form?**

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

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<sup>1</sup> Oregon Administrative Rules:






See [http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_309/309\\_032.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_309/309_032.html)

## **Ordering Forms and Manuals**

Please order additional forms or manuals from the CPMS Data Team. Your order will be processed as promptly as possible.

For details about ordering more forms, simply call the CPMS Data Team with the following information (refer to your CPMS Resource List in Appendix A) :

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

-  CMHP & Provider Number
-  Form Name or Number or Color
-  Number of Forms Needed (for a six-month period)
-  Mailing Address
-  Your Name

## **How the CPMS Data is Processed**



### **Enrollment**

- ⌚ Basic or Residential Services Forms: The provider sends the yellow copy of the enrollment form to OMHAS within seven (7) days. The white copy is placed in the client's file.
- ⌚ The Pre-Commitment and Evaluation Forms contain 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 yellow copy should be mailed to OMHAS.
- ⌚ CPMS Data Team staff at OMHAS enter the data into the mainframe computer for storage and processing.

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

## **Monthly Service Reports**

After the client's enrollment has successfully processed, the client's basic information will appear on the Monthly Management Report (MMR). These reports serve well as "open client" lists, because they list all clients open in your program for a given month. A report will be produced for *each* of your provider numbers. Note: Part Three of this manual contains MMR report details and instructions.

## **Termination**




Upon discharge, the counselor must make a **re-assessment** of the client.

The Basic or Residential Termination Forms are to be completed and sent to OMHAS within 90 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. If a client is no longer in "active treatment" please terminate the client on CPMS. You may use termination type code '70' – client placed in Recovery Support (see box 48 – Termination Type).**

## **Timing and Consequences of Late Data**

### **Send in the...**

-  **Enrollment forms** within 7 working days of the first face-to-face treatment contact (usually the initial assessment).
-  **Termination forms** no later than 90 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 mistakes on the MMR you do not need to mail it back to us.

## **Where to Send Completed Forms and Reports:**

**CPMS OASIS  
DHS  
500 Summer Street NE E 86  
Salem, Oregon 97301-1118**

*Note:* Forms may be faxed to OMHAS, if necessary, to meet the deadline. Print on forms must be dark enough to be faxed. See the CPMS Resource List in the Appendix A for more information.

### **Sample deadlines for clients enrolled or terminated during May:**

**June 6** (fourth 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 13** 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). Corrections on forms or on the MMRs are to be received by OMHAS by this date in order to be processed in time to show up on the next MMR.

**Remember: Keep the white copy of the form in the client file, and send OMHAS only the yellow copy.**

### **THE IMPORTANCE OF TIMELY SUBMISSIONS**

***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 performance reports.***

## **ENROLLMENT: Who to Enroll in CPMS**



### **Do Enroll**

**Anyone who receives any amount of Mental Health service covered by public funds. Public funds include Medicaid, Oregon Health Plan, Medicare, state and federal grants, etc.**

For each client enrolled on CPMS, the provider agency must maintain a file that includes, but is not limited to, documentation of the primary diagnosis, 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.**

#### **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 a mental health problem for which treatment is sought. She should be enrolled in CPMS as a separate case.

## **TERMINATION: When to Terminate a Client in CPMS**

A client episode must be terminated on CPMS when a clinical decision is made to close the file; i.e., treatment is complete; or

A client must be terminated from CPMS if the client has not received face-to-face or telephone treatment contact at least once in a 90-day period, unless a plan for less frequent contact has been clearly specified in the client's treatment plan. If a client has not been seen for 90 days, the closing date would be the date of the last contact.

A crisis episode should last five days or less. Clients must then be terminated from crisis services and enrolled if needed in another type of service.

## **CONFIDENTIALITY**

Client information reported to OMHAS through CPMS is confidential and protected by law and operating computer protocols. No person or agency other than authorized personnel can gain access to confidential client information in CPMS.

## **QUESTIONS?**

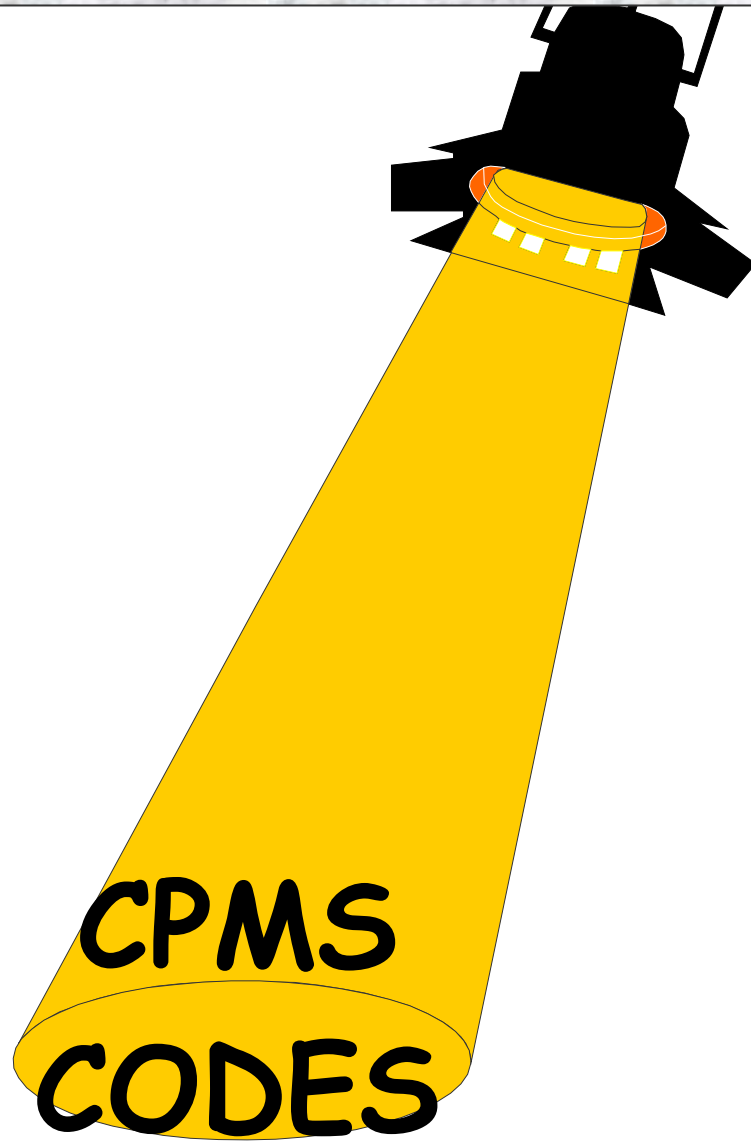
Part Five of this manual (the Appendices) includes a *CPMS Resource List* (See *Appendix A*). Key contact people are listed with their specific area of expertise. Use this list to expedite answers to your questions. A revised list will be issued periodically so that this information is as up-to-date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

## **ELECTRONIC SUBMISSION OF CPMS DATA**

You can submit your CPMS data to OMHAS electronically. Submitting data electronically reduces errors, lowers your mailing costs, and gets your data to OMHAS in a timely fashion. Please call the CPMS data team (see Appendix A for contact information) to find out how you can submit CPMS data electronically.



**PART TWO**





## Check box if correction

<input type="checkbox"/> Check box if correction
___/___/___ Date of Correction

A CPMS form should be corrected if the data was wrong on the enrollment or termination form, but **not** if the data has simply changed since the form was completed. When data changes after enrollment, the change will be reported on the termination form or on the monthly reports you receive.

### Instructions:

To correct a form, first retrieve your copy of the incorrect form from your files and follow these procedures (**please make all changes in red ink**):

- 1) Photocopy the original form;
- 2) On the photocopy and the original, **in red ink** 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 white out or erase any previous data.  
**Please use red ink.**
- 4) Send in the photocopy with the corrections to CPMS OASIS, Department of Human Services; 500 Summer Street NE E86, Salem, Oregon 97301-1118;
- 5) Keep the original with the correction(s) in the client's file.

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

## Box 3 – CMHP

Clinic Identification
3 CMHP

### Instructions:

Enter the 2-digit code listed below that identifies the county or Community Mental Health Program (CMHP) in which the Provider operates.

The CMHP code is assigned by the Office of Mental Health and Addiction Services (OMHAS), and must be used exactly as given when enrolling clients within 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 in various sites.

### CMHP Codes:

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

## Box 4 - Provider

4 Provider

### Instructions:

Enter the 3-digit **CPMS provider** number assigned to your agency. (*This is different than your Medicaid Provider number*).

### Definition:

A Provider is a unit of an agency, or the agency itself, which provides a specific service or set of services.

1. This unit and the service or services it provides are registered in CPMS under an assigned provider number.
2. The provider code number, along with the CMHP number, identifies which provider within a county or Community Mental Health Program (CMHP) is enrolling the client.
3. The provider number identifies the type of service (outpatient, residential, etc.) for which the client is being enrolled.
4. Provider numbers are permanent unless officially changed by OMHAS and the same codes must always be used when enrolling clients. When a program closes, the provider number(s) is (are) retired. It is never reassigned to a different provider.
5. A provider may have multiple provider numbers if offering multiple mental health services. Therefore it's very important that the correct number be used for the service for which the client is being enrolled.
6. The provider numbers assigned to programs are available from your agency data coordinator or from OMHAS.

## Box 5 – Opening Date

5 Opening Date		
Month	Day	Year

### Instructions:

Enter the date on which the client was initially provided a service. The date should be logical. For example, it should be *after* the client's date of birth. Complete the blocks for month, day, and year with two-digit numbers. Use leading zeros where necessary (Example: The opening date is February 22, 2003. Enter Month = 02, Day = 22, Year = 03).

### Definition:

1. Generally the Opening Date refers to the date on which the first face-to-face service was delivered to the client in accordance with the OMHAS administrative rules. Most often this is the date of the initial assessment, if the client is determined appropriate for treatment in your program. Neither an "evaluation," "screening" nor a "consultation" by itself (that does not result in a formal admission to mental health treatment) is sufficient cause for enrollment into CPMS.
2. In Pre-Commitment services, this date marks the beginning of the Pre-Commitment investigation.
3. In Crisis/Evaluation services, this date is of the initial evaluation by the crisis worker.
4. If client only receives an assessment, and is then referred to another provider for treatment, fill out an enrollment and termination form for the client's assessment.

## Box 6 – Name

6 Name (USE UPPER CASE BLOCK
Last

### Instructions:

In UPPER CASE BLOCK LETTERS, enter the entire last name and first name of the client. Then enter the *birth name*. If the birth name is the same as the last name, enter the birth name anyway. If the birth name is not known, enter the client's last name in both the "last name" and "birth name" areas. Please write legibly.

### Definition:

Birth Name is the last name of the person as it would appear on his/her birth certificate.

### Notes:

1. Check spelling of names for correctness. This is critical for database integrity.
2. Enter client's full given (or legally changed) name, NOT nickname.
3. It is essential that the following letters be printed with exaggerated clarity: **U, V, I, L, D, O.**
4. If this item needs correction or change after the enrollment form has been sent to the OMHAS, you can make the correction on the Monthly Management Report (MMR).

### Example:

Example of Client Name: Alice Johnson is a residential client who has never been married. JOHNSON would be the "LAST" and "BIRTHNAME." ALICE, of course, would be the "FIRST" name.

## Box 7 – Case Number

7 Case Number					

### Instructions:

Enter a unique six-digit case number for the client.

Fill in all boxes, using leading zeros (right-justify) if necessary. *(For example, case number 697 is entered as 000697.) The number must be all numeric and must NOT contain letters or special characters (such as dashes, commas, etc.).*

Once a client is given a case number, that number must NOT be re-assigned to anyone else. This number corresponds to the client's file that contains the treatment plan as specified in Administrative Rules.

If a client leaves, that number is retired and not used again unless the same client returns and is re-admitted. **Upon re-enrollment, that client's same number is reassigned to him/her. Do not assign a new case number to a returning client.** The case number should move with the client even if he/she changes 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 Appendix A), who will assist you by locating the number.

If this item needs correction or change after the enrollment form has been sent to OMHAS, make such official correction/change on the Monthly Management Report. Then note the change on the client's original enrollment form for your file.

## Box 8 – Date Of Birth

8 Date of Birth				
	1 - Known	Month	Day	Year
	2 - Estimated			

### Instructions:

Enter the "Known" date of birth. Do not estimate the date of birth, unless you have exhausted all possible means to determine the actual date.

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

**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 where you are estimating the year of birth, enter 07 for the month and 01 for the day. **ESTIMATE THE YEAR ONLY.** If you discover the known date of birth, send in a correction. Be sure to include the correction on the client's original enrollment form for your files. 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.

### 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.) Please try to get the actual date of birth.

### 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.**

## Box 9 – Legal Status

9 Legal Status			
			100 - Voluntary
			500 - Involuntary Civil
			600 - Involuntary Criminal

### Instructions:

Enter the appropriate code listed below.

### Code Definitions:

- 100 - Voluntary - A person who voluntarily seeks admission (includes guardianship)
- 500 - Involuntary Civil - A person committed for non-criminal proceeding, whether for purposes of examination and observation or for treatment, either by a physician's certificate, a court proceeding, or by police or associated agencies.
- 600 - Involuntary Criminal - person committed pursuant to one of the following:
- charges and/or convictions pending
  - determination of competency to stand trial
  - found "not guilty by reason of insanity" or "guilty but insane"
  - determination of sexual psychopathy and related legal categories
  - transferred from correctional institution

## Box 10 - Eligibility Code

10 Eligibility Code	
	Codes on back of form.

### Instructions:

Enter the code that appropriately identifies the special eligibility group to which the client belongs. Use only one code.

### Code Definitions:

- 04 - Severe and Persistent Mental Illness (SPMI) / Serious Emotional Disorder (SED) (Priority One, i.e., if untreated, at risk of hospitalization)
- 16 - Non-SPMI / SED, but still Priority One (if untreated, at risk of hospitalization)
- 17 - Priority Two Client - (geographic, clinical, or financial reasons prevent access to private behavioral health services)
- 18 - Priority Three Client - (does not meet priority 1 or 2 criteria)

Remember, if a youth has a Serious Emotional Disorder (SED), he/she can have an eligibility code of '04'.

### Notes from Glossary:

Priority One Client – those persons who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of hospitalization for the treatment of mental or emotional disorders, or are in need of continuing services to avoid hospitalization, or pose a hazard to the health and safety of themselves or others, and those persons under 18 years of age who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of removal from their homes for treatment of mental or emotional disturbances, or exhibit behavior indicating high risk of developing disturbances of a severe or persistent nature (ORS 430.675).

Priority Two Client – those persons who, because of the nature of their illness, their geographic location or their family income, are least capable of obtaining assistance from the private section (ORS 430.675).

Priority Three Client – those persons who, in accordance with the assessment of professionals in the field of mental health, are experiencing mental or emotional disturbances but will not require hospitalization in the foreseeable future (ORS 430.675).

## Box 12 - Gender

12 Gender	
	F = Female M = Male

### Instructions:

Enter the code "F" (female) or "M" (male) to identify the gender of the client.

### Code Definitions:

F = Female

M = Male

## Box 13 - Education

13 Education	
Highest grade completed.	

### 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).

### Note:

A code of '00' indicates that no education has been completed. This might be applicable to very young children who haven't started the first grade.

On the Evaluation Services Form (0379), 99=Unknown is a valid code.

## Box 14 - School/Training

14 School/Training	
Now enrolled in school or training?	
<input type="checkbox"/>	1 = Yes 2 = No

### 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, a 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

## Box 15 - Referral Source

15 Referral Source	
	Codes on back of form.

### Instructions:

Enter the number from the following codes that identifies the institution, agency, or person taking **deliberate action** to get the client into your provider for service. If both an institution and a person have referred the client, enter the appropriate code number for the institution only. Please begin from the top of the list and choose the first relevant code.

### Definition:

Deliberate Action - the referring source brings in the client, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the client is actually seen by your provider. A simple suggestion to a client to go somewhere for help is not a "deliberate action" and therefore is not considered a referral for the purposes of CPMS.

### Referral Code Definitions:

#### Local or State Social Service Program/Agencies

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

08 - Support Programs for Children (Child Welfare)

11 - Vocational Rehabilitation

35 - Seniors and People with Disabilities

04 - Developmental Disability Services

05 - School

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

06 - Other Community Agencies

## Referral Code Definitions (Continued):

### Behavioral Health Providers/Agencies

- 83 - Community-based Service Providers (Mental Health and/or Addiction Services)
- 84 - Other Mental Health/Addiction Services Providers (Independent or Private Practice, e.g., Psychologist/Psychiatrist)
- 49 - Mental Health Organization (MHO)
- 85 - Acute or Sub-Acute Psychiatric Facility
- 86 - State Psychiatric Facility (i.e., EOPC)

### Health Providers

- 48 - Fully Capitated Health Plan (FCHP)<sup>2</sup>
- 31 - Primary Care Provider, Specialist, or Other Physical Health Provider

### Criminal Justice System Institutions and Agencies

- 21 - Court
- 22 - Jail - city or county
- 23 - Parole - county/state/federal - includes juveniles
- 24 - Police or sheriff - local, state
- 25 - Psychiatric Security Review Board (PSRB)
- 26 - Probation - county/state/federal - includes juveniles
- 71 - State Correctional Institution
- 72 – Federal Correctional Institution
- 78 – Integrated Treatment Court (Drug Court or Mental Health Court)

### Personal Support System

- 32 – Self
- 33 – Family/Friend/Attorney
- 34 – Employer/Employee Assistance Programs (EAP)
- 38 - Self Help Groups (non-Alcohol or Drug)

### Other/None

- 99 - Other
- 00 - Unknown (*Note: Use code 32 “self” if client leaves without a referral.*)

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<sup>2</sup> **Fully Capitated Health Plan (FCHP)** – Prepaid Health Plans that contract with the Office of Medical Assistance Programs (OMAP) to provide capitated services under the Oregon Health Plan. The distinguishing characteristic of FCHP’s is the coverage of hospital inpatient services.

## Box 17 - Estimated Gross Household Monthly Income

17 Estimated Gross Household Monthly Income			
Enter income or			

0001 = Refused  
0002 = Unknown  
9999 = More than \$9,999

### 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).

### 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.

### Code Definitions:

Enter the clients income; or

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".

## **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 in an economic collective 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 \$1400 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 \$1620 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.

Child Living In Foster Care: Young Wun is a child who is in foster care. Only include the money paid for foster care in the income box.

## Box 18 - Client Residence Code

18 Residence Code	
County or State code	
Codes on back of form.	

### Instructions:

Enter the number from the following codes that identify the client's legal residence prior to enrollment (NOT where they will be residing as a consequence of the enrollment). For a client referred from the State Hospital, use the county where the hospital is located. If the client is from a state other than Oregon select the appropriate state code. If the client is from another country select code 96. If the client is in prison select the county in which the prison is located.

### Residence Codes:

01-Baker	17-Josephine	33-Wasco
02-Benton	18-Klamath	34-Washington
03-Clackamas	19-Lake	35-Wheeler
04-Clatsop	20-Lane	36-Yamhill
05-Columbia	21-Lincoln	91-California
06-Coos	22-Linn	92-Idaho
07-Crook	23-Malheur	93-Nevada
08-Curry	24-Marion	94-Washington State
09-Deschutes	25-Morrow	95-Other State
10-Douglas	26-Multnomah	96-Foreign Country
11-Gilliam	27-Polk	97-Transient / Homeless
12-Grant	28-Sherman	98-Unknown
13-Harney	29-Tillamook	99-Refused
14-Hood River	30-Umatilla	
15-Jackson	31-Union	
16-Jefferson	32-Wallowa	

## Box 19 - Primary Race/Ethnicity

19 Race/Ethnicity	
01	White (Non-Hispanic)
02	Black (Non-Hispanic)
03	Native American
04	Alaskan Native
05	Asian
06	Hispanic (Mexican)
07	Hispanic (Puerto Rican)
08	Hispanic (Cuban)
09	Other Hispanic
10	Southeast Asian
11	Other Race
	12 - Native Hawaiian/ Other Pacific Islander

### 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 (If the client refuses to answer, the counselor must select the appropriate ethnicity code).

### Code Definitions:

- 01 – White (Non-Hispanic)
- 02 – Black/African American (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 – Hawaiian/Other Pacific Islander

## Box 21 – Current Marital Status

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

### Instructions:

Enter the number from the following codes that identify 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, two persons living together as a couple.
- 3 - Widowed - Widowed and living presently as a single person.
- 4 - Divorced - Divorced and living presently as a single person.
- 5 - Separated - Married but not living with spouse.
- 6 - Living as Married - Two persons living essentially as a married couple.

### Note:

On the Evaluation Services Form (0379), 9 – Unknown is a valid code.

## Box 22 - Living Arrangement

<b>22 Living Arrangement</b>	
01 - Private residence - alone	
02 - Private residence - w/spouse or significant other	
03 - Private residence - w/parent, relative, adult child(ren)	
06 - Private residence - w/friend(s) or other unrelated person(s)	
(More codes on back of form.)	
<input type="text"/>	<input type="text"/>

### Instructions:

Enter the number from the following codes, which identifies the client's **current** living arrangement.

If client lives with more than one category of other people, select the first appropriate code going down the list of codes below.

### Definition:

Current Living Arrangement is the living situation the client is in at the time of enrollment.

### Codes:

- 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.)
- 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.)
- 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.)

**Codes (continued):**

- 21 – Treatment Foster Care (Youth) (Person is a youth who lives in Foster Care.)
- 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.)
- 07 – Skilled Nursing/Intermediate Care Facility (Person lives in a certified facility, meeting federal standards, which provides medical care for long-term illnesses and convalescents. Persons living in such a facility require nursing services.)
- 09 – Residential Treatment Facility/Home (Person lives in a facility licensed by OMHAS to provide non-medical care and individualized treatment to persons with mental and emotional disorders in a setting with 24-hour supervision. Residential Treatment Facilities serve six (6) or more residents. Residential Treatment Homes serve five (5) or few residents.)
- 28 – Other Residential Facility/Group Home (Person lives in a facility or other congregate setting licensed or certified by a government entity other than OMHAS. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)
- 16 – Room and Board (Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.)
- 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.)
- 27 – Other (Any living situation or place not listed above.)

## Box 23 – Number of Dependents

23 Number of Dependents											
Enter the total number of people in each age group that are dependent upon the income indicated in item #17 <b>(including the consumer)</b>											
0 - 5			6 - 17			18 - 64			65+		

### Instructions:

These are those who are dependent upon the client's household income and does 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.

### Age Groups:

Age 0-5

Age 6-17

Age 18-64

Age 65+

**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.)

## **Instructions continued:**

**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.)

## **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.

## **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).

## Box 24 - Source of Income

24 Source of Income	
Mark only one box. Enter a "1" next to the primary source.	
<input type="checkbox"/>	Wages, Salary
<input type="checkbox"/>	Public Assistance
<input type="checkbox"/>	Other
<input type="checkbox"/>	None

### Instructions:

Enter "1" next to the *primary* source of household income which applies to the client's household. Mark only one source, leave the rest blank.

### Code Definitions:

Wages, Salary - Money earned through paid employment.

Public Assistance - Any publicly funded assistance like Social Security, Federal Supplemental Security Income, Oregon Supplemental Security Income, Welfare, etc.

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

None - There is no source of income for the household.

Note:

**On the Evaluation Services Form (0379), an indication of "None" also means "Unknown".**

## Box 25 - Employment Status

25 Employment Status	
	1 - Full time (35 hours or more) 2 - Part time (17 - 34 hours) 3 - Irregular (less than 17 hours) 4 - Not employed (but has sought employment) 5 - Not employed (and has not sought employment)
<input type="text"/>	

### Instructions:

Enter the code that identifies 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.

**Code Definitions (continued):**

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

- A. Persons retired;
- B. Those not working while attending school;
- C. Persons unable to work because of long-term illness;
- D. Persons discouraged from seeking work due to personal factors; and
- E. Persons who are voluntarily idle.

**Note:**

Doing one's own housework is not considered "employment" for this field.

**On the Evaluation Services Form (0379), the code 9 – Unknown is valid.**

**Box 29 - Prime Number**

29 Prime Number							
Enter the Consumers' Medicaid Recipient Prime Number							

**Instructions:**

If client is Medicaid-eligible, enter the recipient ID number found on the OMAP member Medical Care Identification Card as shown in Appendix J.

**Note:**

This is an 8-digit code. If client does not have a Medicaid Recipient Prime Number, please draw a line through the box.

If client has 2 Prime Numbers, use the most recent.

## Box 33 - Employability Factor

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="checkbox"/>	

### Instructions:

Enter the number from the following codes that describe the client's employability.

### Definition:

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

### Code Definitions:

- 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 the student.

## Box 47 - Payor Code

47 Payor Code	

### Instructions:

This box only appears on the “Basic or Residential Services Termination” form. Enter one of the following codes to indicate the primary source of payment for services delivered to this client. If more than one payor, choose the one who paid the most.

### Code Definitions:

- 01 - Client/Clients' Spouse
- 05 - Veterans Administration
- 08 - Medicaid/Title XIX/Oregon Health Plan (OHP)
- 09 - Medicare
- 11 - Private Insurance
- 12 - Other Public Assistance Programs\*
- 65 – Office of Mental Health and Addiction Services (OMHAS)
- 66 - State or County Corrections (includes Juvenile Justice)
- 67 - Other State/Federal Grant
- 13 - None

### Note:

\*Public Assistance includes state or federal funding from other county or state agencies, Sovereign Nations, etc.

## Box 48 - Termination Type

48 Term Type	

### Instructions:

This box only appears on the “Basic or Residential Services Termination” form. Enter one of the following codes to indicate the reason for discharge from the reporting facility. All data pertains to the client at the time of his/her last face-to-face treatment contact. Please use the most appropriate code.

### Codes:

**02** - Client termination without clinic agreement (i.e., client leaves without explanation). Do not use this code if client moved, use code 07 instead.

**03** - Treatment is complete.\*

**04** - Further treatment is not appropriate for client at this facility or in this service.

**05** - Non-compliance with rules and regulations.

**06** - Client refuses service/treatment.

**07** - Client moved out of catchment area.

**10** - Evaluation Services only.

**11** - Client incarcerated.

**12** - Client deceased.

**13** - Parents/Legal Guardian withdrew client.

**14** - Termination due to program cut/reduction.

**70** - Client placed in Recovery Support services.

### Note:

\*Completing treatment - if code 03 is used there should be no unknowns for any of the remaining boxes on the termination form.

## Box 49 - Last Contact Date

49 Last Contact Date		
Month	Day	Year

### Instructions:

Record the date the client received his/her last face-to-face treatment contact. Telephone or written contacts are not treatment contacts. Enter two digits each for Month, Day, and Year, using leading zeroes as necessary.

**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 90-day period unless clearly justified in the client's record. Do not leave CPMS case records open while awaiting payment of fees.**

## Box 51 - Education (at time of discharge)

51 Education	
Highest grade completed.	
	99 = Unknown

### Instructions:

Enter the *highest grade* in school the client has completed at time of discharge. 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). 99 = Unknown.

### Note:

This box cannot be lower than the Education Box on the Enrollment Form (Box 13).

A code of '00' indicates no education completed. This might be applicable to a very young child who hasn't started the first grade.

## Box 52 - School/Training (at time of discharge)

52 School/Training	
Now enrolled in school or training?	
<input type="checkbox"/>	1 - Yes   2 - No
<input type="checkbox"/>	9 - Unknown

### Instructions:

Enter the appropriate code number to indicate whether the client, at time of discharge, 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, a 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

9 = Unknown

## Box 53 - Referred To

53 Referred to		
Codes on back of form.		

### Instructions:

Enter the **first** appropriate code number(s) from the Referral Code list below to indicate the institution, agency, and/or person the client is referred to at the time of discharge. Referral requires "deliberate action".

### Definitions:

"Referral " identifies to whom a referral was made for some treatment, service, or follow-up of some kind. A person is only considered referred if some deliberate action was taken to get the person into another service or agency. Deliberate Action refers to taking the client there, or writing a letter, or making a phone call, or filing a notice.

### Notes:

- (1) If an Investigation Report was filed with the court, code 21 = COURT.
- (2) If a report was not filed with the court and no deliberate action was taken to make a referral, code 32 = SELF.
- (3) If a referral was made, other than to COURT or SELF, use one of the other codes listed below:

### Termination Code Referral Codes:

#### Local or State Social Service Program/Agencies

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

08 - Support Programs for Children (Child Welfare)

11 - Vocational Rehabilitation

35 - Seniors and People with Disabilities

04 - Developmental Disability Services

05 - School

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

06 - Other Community Agencies

## **Termination Code Referral Codes (continued):**

### Behavioral Health Providers/Agencies

83 - Community-based Service Providers (Mental Health and/or Addiction Services)

84 - Other Mental Health/Addiction Services Providers (Independent or Private Practice, e.g., Psychologist/Psychiatrist)

49 - Mental Health Organization (MHO)

85 - Acute or Sub-Acute Psychiatric Facility

86 - State Psychiatric Facility (i.e., EOPC)

### Health Providers

48 - Fully Capitated Health Plan (FCHP)<sup>3</sup>

31 - Primary Care Provider, Specialist, or Other Physical Health Provider

### Criminal Justice System Institutions and Agencies

21 - Court

22 - Jail - city or county

23 - Parole - county/state/federal - includes juveniles

24 - Police or sheriff - local, state

25 - Psychiatric Security Review Board (PSRB)

26 - Probation - county/state/federal - includes juveniles

71 - State Correctional Institution

72 – Federal Correctional Institution

78 – Integrated Treatment Court (Drug Court or Mental Health Court)

### Personal Support System

32 – Self

33 – Family/Friend/Attorney

34 – Employer/Employee Assistance Programs (EAP)

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

### Other/None

99 - Other

00 - Unknown (*Note: Use code 32 “self” if client leaves without a referral.*)

---

<sup>3</sup> **Fully Capitated Health Plan (FCHP)** – Prepaid Health Plans that contract with the Office of Medical Assistance Programs (OMAP) to provide capitated services under the Oregon Health Plan. The distinguishing characteristic of FCHP’s is the coverage of hospital inpatient services.

## Box 56 - Estimated Gross Household Monthly Income (at time of discharge)

56 Household Monthly Income			
Enter income or: 0001 = Refused 0002 = Unknown 9999 = More than \$9,999			

### 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) at time of discharge from treatment. Remember this is monthly income, not annual income.

### 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.

## Code Definitions:

Enter the clients income; or

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".

## 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 in an economic collective 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 \$1400 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 \$1620 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.

## Box 57 - Marital Status (at time of discharge)

57 Marital Status	
1 -	Never married
2 -	Married
3 -	Widowed
4 -	Divorced
5 -	Separated
	6 - Living as married
	9 - Unknown

### Instructions:

Enter the number from the following codes that identify 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, two persons living together as a couple.
- 3 – Widowed - Widowed and living presently as a single person.
- 4 – Divorced - Divorced and living presently as a single person.
- 5 – Separated - Married but not living with spouse.
- 6 – Living as Married - Two persons living essentially as a married couple.
- 9 – Unknown – This code should only be used if the client has left the program prior to finishing his/her treatment plan, and the current marital status is not known.

### Note:

This code should be consistent with the client's Marital Status at time of enrollment (box 21). For example, if the client was coded as "Married" at enrollment, he/she cannot be coded as "Never Married" at the time of termination.

## Box 58 - Source of Income (at time of discharge)

58 Source of Income			
Mark only one box. Enter a "1" next to the primary source.			
<input type="checkbox"/>	Wages, salary	<input type="checkbox"/>	None
<input type="checkbox"/>	Public assistance	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Other		

### Instructions:

Enter "1" next to the *primary* source of household income which applies to the client's household at time of termination. Mark only one source, leave the rest blank.

### Code Definitions:

Wages, Salary - Money earned through paid employment

Public Assistance - Any publicly-funded assistance

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

None - There is no source of income for the household.

Unknown - This code should only be used if the client has left the program prior to finishing his/her treatment plan, and the source of household income is not known.

## Box 59 - Employment Status (at time of discharge)

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"/>	

### Instructions:

Enter the code that identifies the client's employment status at time of termination.

### 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.

## **Code Definitions (continued):**

### 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. Those not working while attending school;
- C. Persons unable to work because of long-term illness;
- D. Persons discouraged from seeking work due to personal factors; and
- E. Persons who are voluntarily idle.

### 9 - Unknown

#### **Note:**

Doing one's own housework is not considered "employment" for this field.

## Box 61 - Employability Factor (at time of discharge)

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	

### Instructions:

Enter the number from the following codes that describe the client's employability at time of discharge.

### Definition:

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

### 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

### 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.

## Box 75 - Level of Functioning

75 Level of Functioning			
Enter the Level of Functioning based on the Global Assessment of Functioning (GAF) Scale.			
You may also use the Children's Global Assessment Scale (CGAS).			
Range = 0 - 100			Did you use the CGAS?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> Y - Yes N - No

### Instructions:

This field has two parts: a) 3 boxes for the GAS or CGAS score and b) a single box to the right of the score boxes to indicate if you used the CGAS (enter either Y for yes or N for no).

- a) Enter the Global Assessment Scale score or the Children's Global Assessment Scale score (see [Appendix D](#) for scales) in the first set of 3 boxes. Use leading zeroes for scores under 100 (Examples: a score of 9 would be entered as 009, a score of 99 would be entered as 099).
  
- b) Enter Y (Yes) or N (No) in the single box on the right to indicate whether or not you used the Children's Global Assessment Scale.

## Box 85 - Report Unit

85 Report Unit	
Enter staff report unit I.D.	

### Instructions:

Enter the appropriate **Report Unit** identification number in the box. Use a leading zero if your report unit number is one digit. (*Example: Report Unit 2 is written as 02.*) **Most providers use '01' for their report unit number.**

However, in the case of Pre-Commitment investigations each staff person doing investigations should be assigned their own individual report unit number. The report unit numbers and names of staff associated with each are registered in the Office of Mental Health and Addiction Services provider registration file. Call us if you have questions (see Appendix A).

### Definitions:

The Report Unit is a subdivision identification of the provider number.

### Note:

If more than one staff person conducted the investigation, identify one of the staff as "lead staff" for the investigation and use that staff person's report unit number.

If you are using the Mental Health Evaluation CPMS form, entering '01' for the report unit is acceptable.

## Box 86 - Service Element

86 Service Element	
25 = Crisis Services 36 = Preadmission	
	Screening & Resident Review

### Instructions:

Enter the appropriate code to indicate the type of service provided.

### Codes:

25 - Crisis Services – Crisis/Evaluation Criteria: A person may be enrolled in CPMS for Crisis/Evaluation Services only if the person meets all of the following criteria:

4. Has been screened and is believed to have a mental disorder as defined in the latest edition of the Diagnostic and Statistical Manual for Mental Disorders;
5. Is likely to experience a severe negative consequence if **immediate intervention** is not provided; and
6. Has been formally evaluated as specified in OAR 309-32-525 to 309-32-605<sup>4</sup> resulting in a written plan of action and case record.

Remember: Immediate intervention means that the person must be evaluated within a few hours and cannot wait until the next day for an appointment.

36 - PASRR (Pre-Admission Screening & Resident Review) - Screening and evaluation services for residents of licensed nursing facilities to determine their need for inpatient psychiatric hospitalization according to federal standards and procedures defined in OAR 309-048-0050 through 309-048-0130.

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<sup>4</sup> Oregon Administrative Rules:

See [http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_309/309\\_032.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_309/309_032.html)

## Box 89 - Site of Evaluation

89 Site of Evaluation	
	1 - Office (provider facility)
	2 - Home (consumers' home)
	3 - Community
	4 - Community hospital
	5 - State hospital
	6 - VA facility
	7 - Jail
	8 - Other

### Instructions:

Enter the code number that identifies the location where the crisis worker initially evaluated the person. If the person was evaluated at more than one location, enter the code number of the location where the evaluation began.

### Code Definitions:

- 1 - Office - a facility of the provider.
- 2 - Home - the person's home or residence. This may include nursing home, group home, room and board facility, etc.
- 3 - Community - a location such as the person's work site, a store, a restaurant, etc. A community location is not a site where residential care or treatment is provided.
- 4 - Community Hospital - a local Medical inpatient facility licensed to provide designated or therapeutic services for medical or psychiatric illnesses.
- 5 - State Hospital - Oregon State Hospital, Eastern Oregon Psychiatric Center, etc.
- 6 - V.A. Facility - a facility administered by the Veterans Administration.
- 7 - Jail - a building for the confinement of persons held in lawful custody. The term jail also includes prisons, halfway houses for offenders, etc.
- 8 - Other - sites other than those listed above.

## Box 90 - Time of Day Evaluation Conducted

90 Time of Day Evaluation Conducted	
1 = 8 am - 5 pm Weekday 2 = 5 pm - 8 am Mon - Thurs 3 = Weekend or holiday	
<input type="checkbox"/>	

### Instructions:

Enter the code number that identifies the time of day/day of week the client was initially evaluated by the crisis worker.

### Code Definitions:

1. 8 a.m. - 5 p.m. weekday - regular program office hours, Monday through Friday, except for a legal holiday;
2. 5 p.m. - 8 a.m. Mon-Thurs - after regular program office hours, Monday through Thursday, except for a legal holiday;
3. Weekend or Holiday - the period of time beginning 5 p.m. on Friday through 8 a.m. Monday, plus any 24-hour period which is declared a holiday (no work) by the governing authority of the agency.

## Box 91 - Presenting Danger

91 Presenting Danger	
<b>Make an entry for each item</b>	
<input type="checkbox"/>	Suicide
<input type="checkbox"/>	Other harm to self
<input type="checkbox"/>	Harm to others
<input type="checkbox"/>	Harm to property

1 = Thoughts  
2 = Threat  
3 = Plan  
4 = Action/behavior  
8 = None of the above  
9 = Unknown

### Instructions:

FOR EACH of the categories of dangerous behavior listed below, enter the code in its box that corresponds to the highest level of presenting danger. The number you select for the level of danger should describe the client's highest level in the seven-day period prior to admission, or during this episode of treatment.

### Definitions for the Categories of Dangerous Behavior:

Suicide - intentionally trying to take one's own life.

Other Harm to Self - intentionally trying to inflict bodily injury on oneself, except for suicide.

Harm to Others - intentionally trying to inflict bodily injury on another person.

Harm to Property - intentionally trying to do some harm to some inanimate thing or animal.

### Definitions for the Levels of Danger:

- 1 - Thoughts - the client has ideas about doing something violent. (*The client has not yet threatened, made a plan, or actually tried to do something violent.*)
- 2 - Threats - the client has verbally stated his/her intent to do something violent. (*The client has not yet actually developed a plan, or tried to do something violent.*)
- 3 - Plan - the client has figured out a design or scheme to do something violent. (*The client has not yet tried to do something violent.*)

## **Definitions for the Levels of Danger (continued):**

- 4 - Action/Behavior - the client has actually attempted to complete a violent act.
- 8 - None of the Above - codes 1 through 4 do not apply.
- 9 - Unknown - the therapist does not know if the client is concerned about this issue.

## Box 92 - Diagnostic Impression

92 Diagnostic Impression				
01 - Not mentally ill/diagnosis deferred				
02 - Delirium, Dementia, Amnesic and other Cognitive disorders				
03 - Substance-related disorders				
05 - Schizophrenia and other psychotic disorders				
06 - Mood disorders				
09 - Anxiety disorders				
10 - Adjustment disorders				
11 - Personality disorders				
14 - Disorders usually diagnosed in infancy childhood or adolescence				
16 - Eating disorders				
19 - Dissociative disorders				
17 - Other				
18 - Unknown				
	Primary		Secondary	

### Instructions:

This field has two sets of boxes. The primary diagnostic impression should reflect the diagnosis that is the main focus of treatment. If the client has more than one diagnosis, the secondary diagnostic impression should reflect the diagnosis of the next highest priority for treatment. Appendix E lists the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) page numbers that correspond to each of these categories listed below.

### Notes:

If there is more than one primary disorder or secondary disorder, choose the disorder(s) that is the main focus of treatment. If there is no Secondary Diagnostic Impression, draw a line through the box.

### Codes:

- |  |   |
|--|---|
| 01 – Not Mentally Ill/Diagnosis Deferred                       | 14 – Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence |
| 02 – Delirium, Dementia, Amnesic and Other Cognitive Disorders | 16 – Eating Disorders   |
| 03 – Substance-Related Disorders                               | 19 – Dissociative Disorders   |
| 05 – Schizophrenia and Other Psychotic Disorders               | 17 – Other  |
| 06 – Mood Disorders  | 18 – Unknown  |
| 09 – Anxiety Disorders   |   |
| 10 – Adjustment Disorders                                      |   |
| 11 – Personality Disorders                                     |   |

## Box 94 - Date of Petition

94 Date of Petition		
Enter the date of notification of Mental Illness.		
Month	Day	Year

### Instructions:

Enter the date of the petition that required you to begin the investigation (the date of notification of mental illness). Complete the pairs of blocks for month, day, and year with two-digit numbers. Use leading zeroes where necessary. (Example: a date of June 3, 2004 would be coded as 06 for month, 03 for day, and 04 for year).

## Box 95 - Type of Petition

95 Type of Petition	
1 -	Two person
2 -	Peace officer
3 -	CMHP
4 -	Physician
5 -	Judge/County Health Officer
6 -	Native American
	Emergency Commitment

### Instructions:

Enter the number from the following codes that identify the type of petition, which lead to the investigation.

### Code Definitions –

- 1 - Two Person - ORS 426.070 - Written notification by two persons alleging that another person within the county is mentally ill and in need of treatment, care or custody.
- 2 - Peace Officer - ORS 426.228(1)(a) - Written notification by any law enforcement officer alleging that the person is dangerous to self or any other person and is in need of immediate care, custody or treatment for mental illness.
- 3 - CMHP - ORS 426.228(1)(b) and 426.233 - Written notification by a mental health program director or designee alleging that the person is in need of immediate care, custody or treatment for mental illness.
- 4 - Physician - ORS 426.232 - Written notification by a physician licensed to practice medicine by the Board of Medical Examiners for the State of Oregon, in consultation with a similarly qualified physician, neither of whom shall be related by blood or marriage to the person, alleging the person to be dangerous to self or any other person and whom the physician believes is in need of emergency care or treatment for mental illness.
- 5 - Judge/County Health Officer - ORS 426.070(l)(5) - Notification by any magistrate or a county health officer that a person within the county is a mentally ill person and is in need of treatment, care or custody.
- 6 - Native American Emergency Commitment - ORS 426.180(l)(2) Written affidavit of two persons, application for an admission to a state hospital, a certificate that the person from the reservation is so mentally ill as to be in need of immediate hospitalization, and a Medical history by two physicians licensed by the Board of Medical Examiners. (The Native American Emergency Commitment statute became law on January 1, 1989.)

## Box 97 - Hearing Recommended

97 Hearing Recommended	
1 -	No, petition withdrawn
2 -	No, person agrees to voluntary treatment
3 -	No, there is no probable cause
4 -	No, but judge orders hearing
5 -	Yes, there is probable cause
6 -	No, emergency commitment
7 -	No, 14-day diversion

### Instructions:

Enter the number from the following codes that corresponds to the recommendation the investigator made to the court about whether or not the judge should have a hearing on the person and the reason. If there is more than one reason for not having a hearing, enter the code that best summarizes the major reason.

### Codes:

- 1 – No, Petition Withdrawn
- 2 – No, Person Agrees to Voluntary Treatment
- 3 – No, There is Not Probable Cause
- 4 – No, But Judge Orders Hearing
- 5 – Yes, There is Probable Cause
- 6 – No, Emergency Commitment
- 7 – No, 14-Day Diversion

## Box 98 - Reason(s) for Recommending Hearing

98 Reason(s) for Recommending Hearing	
Make entry for each. 1 = yes    2 = no	
<input type="checkbox"/>	Danger to self
<input type="checkbox"/>	Danger to others
<input type="checkbox"/>	Basic personal needs
<input type="checkbox"/>	Chronically mentally ill

### Instructions:

Fill out these boxes only if you checked item number "5" in Box 97. For each item write "1" if the reason is true or write "2" if the reason is not true. If a hearing is not recommended, write a "2" in each box.

### Definitions of Reasons for Recommending Hearing:

Danger to Self - the investigator has probable cause to believe that the person may harm him/herself in the near future.

Danger to Others - the investigator has probable cause to believe that the person may cause harm to other persons in the immediate future.

Basic Personal Needs - the investigator has probable cause to believe that the person is unable to obtain food, shelter, clothing and other essential necessities for daily living and these necessities are not being provided to the person by others.

Chronically Mentally Ill - (**all of the following 4 items must be true**) the investigator has probable cause to believe that the person:

- (1) Is chronically mentally ill, as defined in ORS 426.495(2); **and**
- (2) Within the previous three years, has twice been placed in a hospital following involuntary commitment; **and**
- (3) Is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations referred to in subparagraph (2) of this paragraph; **and**
- (4) Unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will be described under either or both:
  - (a) Dangerous to self or others;
  - (b) Unable to provide for basic personal needs and is not receiving such care as is necessary for health or safety.

## Box 99 - Disposition by Judge

99 Disposition by Judge
0 - Found not mentally ill
1 - Dismissed
2 - Conditionally released
3 - Outpatient commitment
6 - Inpatient commitment
<input type="text"/>

### Instructions:

Enter the code from below that describes the legal decision made by the judge of the court at the final commitment hearing.

If the judge did not hold a hearing, draw a line through the box.

### Code Definitions:

- 0 - Found Not Mentally Ill - the judge ruled that the person did not meet the statutory requirements of ORS 426.005.
- 1 - Dismissed - the judge found the person to be mentally ill, willing and able to participate in treatment on a voluntary basis, and the judge believes the person would participate in voluntary treatment.
- 2 - Conditionally Released - the judge found the person to be mentally ill and placed the person in the care and custody of a legal guardian, relative or friend.
- 3 - Outpatient Commitment - the Mental Health Director set conditions for provision of outpatient care at the time of the hearing and, the judge found the person mentally ill as defined in ORS 426.005, and placed the person under the care and custody of the OMHAS.
- 6 - Inpatient Commitment:
  - (a) for Dangerousness or Basic Personal Needs - the judge found the person mentally ill, as defined in ORS 426.005(1)(d)(A) or (B), and placed the person under the care and custody of the Oregon OMHAS ORS 426.005 (1)(d)(A) or (B), or
  - (b) for Commitment for Chronic Mental Illness - the judge found the person to be mentally ill under ORS 426.005(1)(d)(C) and placed the person under the care and custody of OMHAS.

## Box 100 - Date of Commitment To Mental Health

100 Date of Commitment to Mental Health		
Enter date of commitment.		
Month	Day	Year

### Instructions:

If the client was committed by the judge (Box 99 coded either 3 or 6) enter the date of the commitment. If Box 99 is coded something else, draw a line through Box 100.

Complete the pairs of blocks for month, day, and year with two-digit numbers. Use leading zeroes where necessary (Example: the date of commitment is February 22, 2004, Enter Month = 02, Day = 22, Year = 04).

## Box 101 - Facility Assigned To

101 Facility Assigned to	
1 - CMHP	
2 - Community Hospital	
3 - State Hospital	
4 - V.A. Hospital	
5 - Other	
6 - State approved non- hospital facility	<input type="checkbox"/>

### Instructions:

If the person was committed to OMHAS, enter the code from the following list that describes the type of facility the person was assigned to by the OMHAS.

If the person was not committed, draw a line through the box.

### Code Definitions:

- 1 - CMHP - a community mental health program or subcontractor.
- 2 - Community Hospital - a local Medical inpatient facility licensed to provide diagnostic and therapeutic services for medical or psychiatric illnesses. *(Community hospital does not include State or Veterans Administration hospitals.)*
- 3 - State Hospital - Oregon State Hospital or Eastern Oregon Psychiatric Center.
- 4 - V.A. Hospital - a hospital administered by the Veterans Administration.
- 5 - Other - facilities other than those listed above. *(Examples: group homes, nursing homes, etc.)*
- 6 - State Approved Non-Hospital Facility – A state approved facility other than the Oregon State Hospital or Eastern Oregon Psychiatric Center.

## Box 111 - Living Arrangement (at time of discharge)

<b>111 Living Arrangement</b>	
01 - Private residence - alone	
02 - Private residence - w/spouse or significant other	
03 - Private residence - w/parent, relative, adult child(ren)	
06 - Private residence - w/friend(s) or other unrelated person(s)	
(Other codes on back of form.)	

### Instructions:

Enter the number from the following codes that identify the client's living arrangement at time of discharge.

If client lives with more than one category of other people, select the first appropriate code going down the list of codes below.

### Definition:

Current Living Arrangement is the living situation the client is in at the time of termination.

### Codes:

- 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.)
- 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):**

- 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.)
- 21 – Treatment Foster Care (Youth) (Person is a youth who lives in Foster Care.)
- 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.)
- 07 – Skilled Nursing/Intermediate Care Facility (Person lives in a certified facility, meeting federal standards, which provides medical care for long-term illnesses and convalescents. Persons living in such a facility require nursing services.)
- 09 – Residential Treatment Facility/Home (Person lives in a facility licensed by OMHAS to provide non-medical care and individualized treatment to persons with mental and emotional disorders in a setting with 24-hour supervision. Residential Treatment Facilities serve six (6) or more residents. Residential Treatment Homes serve five (5) or few residents.)
- 28 – Other Residential Facility/Group Home (Person lives in a facility or other congregate setting licensed or certified by a government entity other than OMHAS. Setting provides 24-hour non-medical care and supervision to elderly, disabled or otherwise dependent persons needing a long term, supervised living arrangement.)
- 16 – Room and Board (Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.)
- 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.)
- 27 – Other (Any living situation or place not listed above.)
- 99 – Unknown

## Box 112 - Academic

<b>112 Academic</b>
<b>Academic improvement in school?</b>
1 - Yes
2 - No
3 - Not applicable
9 - Unknown

### Instructions:

Enter the appropriate code from the list below.

### Definition:

This field answers the question "Was academic improvement made in school during the treatment period?" This box only applies to youth.

### Codes:

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown (do not use if "termination type" (Box 48) is coded as 03 (treatment complete)).

## Box 113 - Attendance

113 Attendance	
Improved school attendance?	
1 - Yes	
2 - No	
3 - Not applicable	
9 - Unknown	

### Instructions:

This field answers the question "Did school attendance improve during the treatment period?" Enter the appropriate code from the list below. This box only applies to youth.

### Codes:

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown (do not use if "termination type" (Box 48) is coded as 03 (treatment complete)).

## Box 114 - School Behavior

<b>114 School Behavior</b>
<b>Behavior in school improved?</b>
1 - Yes
2 - No
3 - Not applicable
9 - Unknown

### Instructions:

This field answers the question "Did school behavior improve during the treatment period?" Enter the appropriate code from the list below. This box only applies to youth.

### Codes:

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown (do not use if "termination type" (Box 48) is coded as 03 (treatment complete)).

## Box 118 - Basis for Commitment

118 Basis for Commitment	
Make entry for each. 1 = Yes    2 = No	
<input type="checkbox"/>	Danger to self
<input type="checkbox"/>	Danger to others
<input type="checkbox"/>	Basic personal needs
<input type="checkbox"/>	Chronically mentally ill

### Instructions:

Enter one code (1 = yes or 2 = no) for each of the following categories of Basis for Commitment. If no hearing, draw a line through the box.

### Definitions of Basis for Commitment Categories:

Danger to Self - the judge has probable cause to believe that the person may harm him/herself in the near future.

Danger to Others - the judge has probable cause to believe that the person may cause harm to other persons in the immediate future.

Basic Personal Needs - the judge has probable cause to believe that the person is unable to obtain food, shelter, clothing and other essential necessities for daily living and these necessities are not being provided to the person by others.

Chronically Mentally Ill - the judge has probable cause to believe that the person:

- (1) Is chronically mentally ill, as defined in ORS 426.495(2); and
- (2) within the previous three years, has twice been placed in a hospital following involuntary commitment; and
- (3) Is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations referred to in subparagraph (2) of this paragraph; and
- (4) Unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will be described under either or both:
  - (a) Dangerous to self or others;
  - (b) Unable to provide for basic personal needs and is not receiving such care as is necessary for health or safety.

**Codes:** 1 – Yes, 2 - No

## Box 119 - Criminal Justice

<b>119 Criminal Justice</b>
Criminal justice involvement during treatment? 1 - Yes 2 - No 9 - Unknown
<input type="text"/>

### Instructions:

Enter one of the codes listed below.

### Definition:

This field answers the question "Was the client involved with the Criminal Justice system anytime during this period of treatment?"

### Codes:

1 - Yes

2 - No

9 - Unknown

## Box 120 - Diagnostic Impression (at time of discharge)

120 Diagnostic Impression			
01 - Not mentally ill/diagnosis deferred			
02 - Delirium, Dementia, Amnesic and other Cognitive disorders			
03 - Substance-related disorders			
05 - Schizophrenia and other psychotic disorders			
06 - Mood disorders			
09 - Anxiety disorders			
10 - Adjustment disorders			
11 - Personality disorders			
14 - Disorders usually diagnosed in infancy, childhood or adolescence			
16 - Eating disorders			
19 - Dissociative disorders			
17 - Other			
18 - Unknown			
Primary		Secondary	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Instructions:

This field has two sets of boxes. The primary diagnostic impression should reflect the diagnosis that is the main focus of treatment. If the client has more than one diagnosis, the secondary diagnostic impression should reflect the diagnosis of the next highest priority for treatment. Appendix E lists the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) page numbers that correspond to each of these categories listed below.

### Notes:

If there is more than one primary disorder or secondary disorder, choose the disorder(s) that is the main focus of treatment. If there is no Secondary Diagnostic Impression, draw a line through the box.

If there is no Secondary Diagnostic Impression, draw a line through the box.

**Codes:**

01 – Not Mentally Ill/Diagnosis Deferred

02 – Delirium, Dementia, Amnesic and Other Cognitive Disorders

03 – Substance-Related Disorders

05 – Schizophrenia and Other Psychotic Disorders

06 – Mood Disorders

09 – Anxiety Disorders

10 – Adjustment Disorders

11 – Personality Disorders

14 – Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence

16 – Eating Disorders

19 – Dissociative Disorders

17 – Other

18 – Unknown

**PART THREE**



**MONTHLY  
MANAGEMENT  
REPORTS**



## **INTRODUCTION**

The Client Process Monitoring System (CPMS) collects information on clients at the time of enrollment into a service. A Termination Form for Basic or Residential Services and a termination section at the bottom of the Evaluation and the Pre-Commitment Forms are used to terminate clients from the system. This information is entered into a database and printed in monthly service-specific reports called MMRs (Monthly Management Reports) (see sample report in Appendix C). MMRs are provided for and used by community mental health service providers, community mental health programs, and OMHAS. Evaluation and Pre-Commitment Services do not receive an MMR, but receive a Companion Document. The Companion Document is similar to the MMR. Duplicate copies of reports are available upon request from OMHAS.

## **MONTHLY MANAGEMENT REPORT (MMR)**

All clients who have been enrolled in CPMS are listed on successive reports until they have been terminated using the mental health CPMS termination form. Each report serves as an up-to-date case or client listing for each provider number. If the client no longer appears on the monthly report, s/he has been correctly terminated from the CPMS.

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 monthly to providers by OMHAS. The Monthly Management Reports (MMRs) are to be returned only if client data corrections are needed.

## Processing the Reports

- 1) Verify the information on the report, comparing it to the mental health CPMS enrollment and termination forms you have submitted. If corrections are necessary, make a photo-copy of the MMR. Using red ink, correct or change the case number, coded name, date-of-birth, opening date, and/or eligibility code(s) 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 entered accurately. **If no corrections are needed, do not make a photo-copy and do not send it to us.**

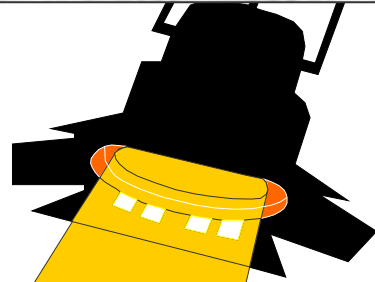
Note: When a client moves from one service element to another or changes from one provider to another, regardless of service element, terminate him/her using the termination form and re-enroll him/her under the new provider number. Do not correct or change these items on the report.

- 2) If corrections are needed, mail the original copy of the report by the 1st of the following month to:

CPMS OASIS  
500 Summer Street NE E86  
Salem, OR 97301-1118

- 3) Keep a copy of the submitted report, with the corrections in red, in your files.

# PART FOUR



**Glossary**



## Glossary

**Acute Care** - Intensive, psychiatric services provided on a short-term basis to a person experiencing significant symptoms of a mental disorder that interfere with the person's ability to perform activities of daily living.

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

**Birth Name** - the last name of the person as it would appear on his/her birth certificate.

**Case Number** - the unique identification number assigned to each client (only one number to a client) by the Data Coordinator for the Provider.

**Children Global Assessment Scale (CGAS)** - A scale used to measure and condense different aspects of a child's biopsychosocial functioning in a single, clinically meaningful index of severity. The CGAS is an adaptation of the Diagnostic and Statistical Manual global Assessment Scale for adults by the Department of Psychiatry, Columbia University, published in November 1982. The CGAS is recommended for use with children 4 through 16. The CGAS scores are numerically quantified on Axis Five of the DSM multi-axial diagnosis.

**Chronic Mental Illness** - Client must be 18 years or older and be diagnosed by a psychiatrist, a licensed clinical psychologist or a nonmedical examiner certified by the Department of Human Services. Client must be diagnosed as suffering from chronic schizophrenia, a chronic major affective disorder, a chronic paranoid disorder or another chronic psychotic mental disorder other than those caused by substance abuse (ORS 426.495 (2)).

**Civil Commitment Process** - The legal process of involuntarily placing a person, determined by the Circuit Court to be a mentally ill person as defined in ORS 426.005 (1) (d), in the custody of the Division. The division has the sole authority to assign and place a committed person to a treatment facility. The Division has delegated this responsibility to the CMHP director. Civil commitment does not automatically allow for the administration of medication without informed client consent. Additional procedures described in administrative rule must be followed before medication can be involuntarily administered.

**CMHP** - Community Mental Health Program

**Community Crisis Service** - a service element of a community mental health program that has the objective of stabilizing persons in crisis. It is organized to deliver screening, evaluation, crisis stabilization, consultation, public education, and information.

**Conditionally Released** - the judge found the person mentally ill and placed the person in the care and custody of the legal guardian, relative or friend.

**Crisis** - a critical situation that occurs when a person is unable to cope because of a mental disorder and where there is an immediate need to resolve the situation.

**Current Living Arrangement** - the living situation the client is in at the time of enrollment or termination.

**Current Marital Status** - the marital situation of the client at the time of enrollment or termination.

**Deliberate Action** - the referring source brings in the client, writes letters, makes phone calls to set up appointments, or takes any other similar action to assure that the client is actually seen by your Provider. A simple suggestion to a client to go somewhere for help is not a "deliberate action," and therefore is not considered a referral for the purposes of CPMS.

**Dividends/Interest** - Includes money received from interest on savings accounts, income from stocks, bonds, trust funds, estates, income property, royalties, etc.

**DSM-IV** - The numerical code, including modifiers, which identifies psychiatric disorders defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, American Psychiatric Association, 1994.

**Fee for Service** - The payment for reimbursable services retrospectively based upon agreed rates and the amount of service provided.

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

**Immediate Intervention** - the person must be evaluated within a few hours and cannot wait until the next day for an appointment.

**Institutions** - a state hospital or training center, private hospital, city or county jail, state correctional facility, SCF juvenile training school, or special school such as the State School for the Blind or Deaf.

**Intermediate Care Facility (ICF)** – a semi-skilled facility, certified and meeting federal standards, which provides less intensive medical care than a skilled nursing facility. Persons living in an ICF are not fully capable of living by themselves, but are not generally ill enough to require "round-the-clock" medical supervision.

**Legal Status** - the code that defines the client's treatment status under Oregon Revised Statutes at the time of admission to services.

**Medicaid** - A federal and state funded portion of the Medical Assistance Program established by Title XIX of the Social Security Act, as amended, and administered in Oregon by Department of Human Services. The program provides medical assistance to poor and indigent persons.

**Medicare** - Federal health insurance for persons 65 and older.

**Medication Management** - assessment of the person's need for drugs, the prescription or administration of drugs, and the regular monitoring of the effects of the prescribed drugs. These activities shall be directed by a licensed physician or by a licensed nurse practitioner or registered physician's assistant with prescriptive privileges.

**Mental Disorder** - a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is typically associated with either a painful symptom (distress) or impairment in one or more important areas of functioning (disability).

**Non-Relative Foster Home** - a home certified to serve 5 or fewer clients which are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision and room and board.

**MHDDSD** - Mental Health and Developmental Disability Services Division. Name no longer in use – now Office of Mental Health and Addictions Services (OMHAS).

**OMHAS** – Office of Mental Health and Addiction Services

**Opening Date** - the date on which the first service was delivered to the client by face-to-face contact in accordance with the OMHAS administrative rules. Neither a "screening" nor a "consultation" which does not result in a formal admission to the Provider is sufficient cause for enrollment into CPMS.

**Oregon Patient /Resident Care System (OP/RCS)** - OMHAS' data system for persons receiving services in the Oregon State Hospitals and selected community hospitals providing Acute Inpatient Hospital Psychiatric services under contract with OMHAS.

**OSIP-State** - Supplemental income paid from state and local sources to the groups listed above. The official name is Oregon Supplementary Income Program (OSIP) . This is often called "personal allowance money."

**Preadmission Screening and Resident Review (PASRR)** - Screening and evaluation services for residents of licensed nursing facilities to determine their need for inpatient psychiatric hospitalization according to federal standards and procedures defined in OAR 309-048-0050 through 309-048-0130.

**Pre-Commitment Investigations** - each staff person doing investigations should be assigned their own individual report unit number. The report unit numbers and names of staff associated with each are registered in OMHAS' provider registration file. Service Element 29

**Primary Diagnostic Impression** - the investigator's initial assessment (even though it may be based on limited information) of the client's principal mental disorder.

**Prime Number** - the Medicaid Recipient Prime Number which the computer recognizes from other admissions.

**Priority One Client** – those persons who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of hospitalization for the treatment of mental or emotional disorders, or are in need of continuing services to avoid hospitalization, or pose a hazard to the health and safety of themselves or others, and those persons under 18 years of age who, in accordance with the assessment of professionals in the field of mental health, are at immediate risk of removal from their homes for treatment of mental or emotional disturbances, or exhibit behavior indicating high risk of developing disturbances of a severe or persistent nature (ORS 430.675).

**Priority Two Client** – those persons who, because of the nature of their illness, their geographic location or their family income, are least capable of obtaining assistance from the private section (ORS 430.675).

**Priority Three Client** – those persons who, in accordance with the assessment of professionals in the field of mental health, are experiencing mental or emotional disturbances but will not require hospitalization in the foreseeable future (ORS 430.675).

**Provider** - a unit of an agency, or the agency itself, which provides a specific service or set of services. This unit and the service or services it provides are registered in CPMS under an assigned provider number. This number, along with the CMHP number, identifies which provider within a county or Community Mental Health Program (CMHP) is enrolling the client.

**PSRB** - Psychiatric Security Review Board, which has jurisdiction over clients who are guilty except for insanity. Service Element 30

**Public Assistance** - State payments made for aid to families with dependent children and as general assistance.

**Referral** - helping a person gain access to another person, group, or agency that agrees to assist.

**Report Unit** - a subdivision identification of the provider number.

**Screening** - an initial contact by phone or in person to assess a person's problems, needs, and resources and to determine whether the person should be further evaluated by a qualified crisis worker, should be referred elsewhere, or needs no further service.

**Secondary Diagnostic Impression** - the investigator's initial assessment (even though it may be based on limited information) of any other mental disorder other than the primary mental disorder.

**Serious Emotional Disorder (SED)** – an emotional, mental and/or neurobiological impairment which is manifested by emotional or behavioral symptoms that are not solely a result of mental retardation or other developmental disabilities, epilepsy, drug abuse, or alcoholism and which continue for more than one year, or on the basis of a specific diagnosis is likely to continue for more than one year (ORS 430.032.1110 (78)).

**Service Element:** - a distinct service or group of services for persons with mental or emotional disturbances, operated in the community under a contract with the Office of Mental Health and Addiction Services or under contract with a local community mental health program.

**Severe and Persistent Mental Illness** - Client must be 18 years or older and be diagnosed by a psychiatrist, a licensed clinical psychologist or a nonmedical examiner certified by the Department of Human Services. Client must be diagnosed as suffering from chronic schizophrenia, a chronic major affective disorder, a chronic paranoid disorder or another chronic psychotic mental disorder other than those caused by substance abuse (ORS 426.495 (2)).

**Skilled Nursing Facility** - a certified facility, meeting federal standards, which provides Medical care for long-term illnesses and convalescents. Persons living in such a facility are incapable of living by themselves, and require nursing supervision 24 hours a day, 7 days a week.

**Social Security** - includes retirement pensions (can be paid to dependent), survivor's benefits and permanent disability insurance payments made by the Social Security Administration.

**SSI** - Federal Supplemental Security Income paid from federal sources to low income persons who are: 1) aged 65 or older; 2) blind; or 3) disabled.

**Suicide** - intentionally trying to take one's own life.

**Termination Referral** - identifies to whom a referral was made for some treatment, service, or follow-up of some kind. A person is only considered referred if some *deliberate action* was taken to get the person into another service or agency.

# PART FIVE



**APPENDIX**

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## APPENDIX A: CPMS Team Resource List

Updated: April 22, 2009

### OFFICE OF MENTAL HEALTH & ADDICTION SERVICES (OMHAS)

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

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

**DIANNA BERNARDS (503) 945-6186**

*Data Coordinator*

[dianna.m.bernards@state.or.us](mailto:dianna.m.bernards@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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:piet.j.vermeer@state.or.us)

Data Requests, Training  
E-form Technical Support





## APPENDIX B: Mental Health CPMS Forms





Oregon Department of Human Services  
CPMS - OMHAS

**CLIENT PROCESS MONITORING SYSTEM**

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

**Mental Health**

**Enrollment Form**

<input type="checkbox"/> Check box if correction ____/____/____ Date of Correction		Clinic Identification 3 CMHP _____ 4 Provider _____		5 Opening Date Month _____ Day _____ Year _____		
6 Name (USE UPPER CASE BLOCK LETTERS)						
Last _____		First _____		Birth Name _____		
7 Case Number _____		8 Date of Birth 1 - Known _____ 2 - Estimated _____ Month _____ Day _____ Year _____				
9 Legal Status 100 - Voluntary 500 - Involuntary Civil 600 - Involuntary Criminal		10 Eligibility Code Codes on back of form.		12 Gender F = Female M = Male		13 Education Highest grade completed. ____
14 School/Training Now enrolled in school or training? 1 = Yes 2 = No		15 Referral Source Codes on back of form.		17 Estimated Gross Household Monthly Income Enter income or 0001 = Refused 0002 = Unknown 9999 = More than \$9,999		
18 Residence Code _____ County or State code _____ Codes on back of form.	19 Race/Ethnicity 01 - White (Non-Hispanic) 02 - Black (Non-Hispanic) 03 - Native American 04 - Alaskan Native 05 - Asian 06 - Hispanic (Mexican) 07 - Hispanic (Puerto Rican) 08 - Hispanic (Cuban) 09 - Other Hispanic 10 - Southeast Asian 11 - Other Race 12 - Native Hawaiian/ Other Pacific Islander		21 Marital Status 1 - Never Married 2 - Married 3 - Widowed 4 - Divorced 5 - Separated 6 - Living as Married	22 Living Arrangement 01 - Private residence - alone 02 - Private residence - w/spouse or significant other 03 - Private residence - w/parent, relative, adult child(ren) 06 - Private residence - w/friend(s) or other unrelated person(s) (More codes on back of form.)		23 Number of Dependents Enter the total number of people in each age group that are dependent upon the income indicated in item #17 (including the consumer)  0 - 5    6 - 17    18 - 64    65+
24 Source of Income Mark only one box. Enter a "1" next to the primary source. <input type="checkbox"/> Wages, Salary <input type="checkbox"/> Public Assistance <input type="checkbox"/> Other <input type="checkbox"/> None		25 Employment Status 1 - Full time (35 hours or more) 2 - Part time (17 - 34 hours) 3 - Irregular (less than 17 hours) 4 - Not employed (but has sought employment) 5 - Not employed (and has not sought employment)			29 Prime Number Enter the Consumers' Medicaid Recipient Prime Number ____	
33 Employability Factor 0 - Employable or working now 1 - Student 2 - Homemaker 3 - Retired 4 - Unable for physical or psychological reasons 5 - Incarcerated 6 - Seasonal worker 7 - Temporary layoff		92 Diagnostic Impression 01 - Not mentally ill/diagnosis deferred 02 - Delirium, Dementia, Amnesic and other Cognitive disorders 03 - Substance-related disorders 05 - Schizophrenia and other psychotic disorders 06 - Mood disorders 09 - Anxiety disorders 10 - Adjustment disorders 11 - Personality disorders 14 - Disorders usually diagnosed in infancy childhood or adolescence 16 - Eating disorders 19 - Dissociative disorders 17 - Other 18 - Unknown Primary _____ Secondary _____			75 Level of Functioning Enter the Level of Function based on the Global Assessment of Functioning (GAF) Scale.  You may also use the Children's Global Assessment Scale (CGAS).  Did you use the CGAS? Y - Yes N - No Range = 0 - 100 ____	

## Mental Health CPMS Enrollment Form Code List

### BOX NUMBER

#### 10. ELIGIBILITY CODES

- 04 – Severe & Persistent Mental Illness / Serious Emotional Disorder (Priority One, i.e., at risk of hospitalization without treatment)
- 16 – Non SPMI/SED, but still Priority One (at risk of hospitalization)
- 17 – Priority Two (geographic, clinical, or financial reasons prevent access to private behavioral health services)
- 18 – Priority Three (does not meet priority 1 or 2 criteria)

#### 15. REFERRAL SOURCES

##### State or Local Social Service Program/Agencies

- 07 – Support Programs for Adults (TANF/Food Stamps)
- 08 – Support Programs for Children (Child Welfare)
- 11 – Vocational Rehabilitation
- 35 – Seniors and People with Disabilities
- 04 – Developmental Disability Services
  
- 05 – School
- 37 – Youth/Child Social Service Agencies, Centers, Teams
- 06 – Other Community Agencies

##### Behavioral Health Providers/Agencies

- 83 – Community-based Mental Health and/or Addiction Service Provider
- 84 – Other Mental Health/Addiction Service Providers (Private Practice, e.g., Psychologist/Psychiatrist)
- 49 – Mental Health Organization (MHO)
- 85 – Acute or Sub-Acute Psychiatric Facility
- 86 – State Psychiatric Facility

##### Health Providers

- 48 – Fully Capitated Health Plan (FCHP)
- 31 – Primary Care Provider, Specialist, or Other Physical Health Provider

##### Criminal Justice System Institutions and Agencies

- 21 – Court
- 22 – Jail – City or County
- 23 – Parole – County/State/Federal – includes juveniles
- 24 – Police or Sheriff – Local, State
- 25 – Psychiatric Security Review Board (PSRB)
- 26 – Probation – County/State/Federal – includes juveniles
- 71 – State Correctional Institution
- 72 – Federal Correctional Institution
- 78 – Integrated Treatment Court (Drug Court or Mental Health Court)

##### Personal Support System

- 32 – Self
- 33 – Family/Friend
- 34 – Employer/Employee Assistance Programs (EAP)
- 38 – Self Help Group

##### Other/None

- 99 – Other
- 00 – Unknown/None (Note: Use code 32 “self” if client leaves without a referral.)

### BOX NUMBER

#### 18. CLIENT RESIDENCE CODES

- |              |               |              |                       |
|--------------|---------------|--------------|-----------------------|
| 01-Baker     | 12-Grant      | 23-Malheur   | 34-Washington         |
| 02-Benton    | 13-Harney     | 24-Marion    | 35-Wheeler            |
| 03-Clackamas | 14-Hood River | 25-Morrow    | 36-Yamhill            |
| 04-Clatsop   | 15-Jackson    | 26-Multnomah | 91-California         |
| 05-Columbia  | 16-Jefferson  | 27-Polk      | 92-Idaho              |
| 06-Coos      | 17-Josephine  | 28-Sherman   | 93-Nevada             |
| 07-Crook     | 18-Klamath    | 29-Tillamook | 94-Washington State   |
| 08-Curry     | 19-Lake       | 30-Umatilla  | 95-Other State        |
| 09-Deschutes | 20-Lane       | 31-Union     | 96-Foreign Country    |
| 10-Douglas   | 21-Lincoln    | 32-Wallowa   | 97-Transient/Homeless |
| 11-Gilliam   | 22-Linn       | 33-Wasco     | 98-Unknown            |
|              |               |              | 99-Refused            |

#### 22. LIVING ARRANGEMENT CODES

- 01 – Private Residence — Alone
- 02 – Private Residence — w/Spouse or Significant Other
- 03 – Private Residence — w/Parent, Relative, Adult Child(ren)
- 06 – Private Residence — w/Friend(s) or Other Unrelated Person(s)
- 04 – Non-Relative Foster Home
- 21 – Treatment Foster Care (Youth)
- 05 – Institution: Hospital/Corrections
- 07 – Skilled Nursing/Intermediate Care Facility
- 09 – Residential Treatment Facility/Home
- 28 – Other Residential Facility/Group Home
- 16 – Room and Board
- 97 – Transient/Homeless
- 27 – Other



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

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

<input type="checkbox"/> Check box if correction ___/___/___ Date of Correction		<b>Clinic Identification</b> 3 CMHP _____ 4 Provider _____		<b>5 Opening Date</b> Month _____ Day _____ Year _____		
<b>6 Name (USE UPPER CASE BLOCK LETTERS)</b> Last _____ First _____ Birth Name _____						
<b>7 Case Number</b> _____		<b>8 Date of Birth</b> <input type="checkbox"/> 1 - Known _____ <input type="checkbox"/> 2 - Estimated _____		<b>47 Payor Code</b> _____		<b>48 Term Type</b> _____
<b>49 Last Contact Date</b> Month _____ Day _____ Year _____		<b>51 Education</b> Highest grade completed. _____ 99 = Unknown		<b>52 School/Training</b> Now enrolled in school or training? <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/> 9 - Unknown		<b>53 Referred to</b> Codes on back.
<b>56 Household Monthly Income</b> Enter income or: 0001 = Refused 0002 = Unknown 9999 = More than \$9,999 _____		<b>57 Marital Status</b> 1 - Never married 2 - Married 3 - Widowed 4 - Divorced 5 - Separated <input type="checkbox"/> 6 - Living as married <input type="checkbox"/> 9 - Unknown		<b>58 Source of Income</b> Mark only one box. Enter a "1" next to the primary source. <input type="checkbox"/> Wages, salary <input type="checkbox"/> None <input type="checkbox"/> Public assistance <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
<b>59 Employment Status</b> 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 _____		<b>111 Living Arrangement</b> 01 - Private residence - alone 02 - Private residence - w/spouse or significant other 03 - Private residence - w/parent, relative, adult child(ren) 06 - Private residence - w/friend(s) or other unrelated person(s) _____ (Other codes on back of form.)		<b>61 Employability Factor</b> 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 _____		
<b>120 Diagnostic Impression</b> 01 - Not mentally ill/diagnosis deferred 02 - Delirium, Dementia, Amnesic and other Cognitive disorders 03 - Substance-related disorders 05 - Schizophrenia and other psychotic disorders 06 - Mood disorders 09 - Anxiety disorders 10 - Adjustment disorders 11 - Personality disorders 14 - Disorders usually diagnosed in infancy, childhood or adolescence 16 - Eating disorders 19 - Dissociative disorders 17 - Other 18 - Unknown Primary _____ Secondary _____		<b>75 Level of Functioning</b> Enter the Level of Function based on the Global Assessment of Functioning (GAF) Scale. You may also use the Children's Global Assessment Scale (CGAS). Range = 0 - 100 _____ 999 = Unknown _____ Did you use the CGAS? <input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No		<b>Fill in These Boxes          for Youth Only</b>		
		<b>119 Criminal Justice</b> Criminal justice involvement during treatment? 1 - Yes 2 - No 9 - Unknown _____		<b>112 Academic</b> Academic improvement in school? 1 - Yes 2 - No 3 - Not applicable 9 - Unknown _____		
				<b>113 Attendance</b> Improved school attendance? 1 - Yes 2 - No 3 - Not applicable 9 - Unknown _____		
				<b>114 School Behavior</b> Behavior in school improved? 1 - Yes 2 - No 3 - Not applicable 9 - Unknown _____		

## Mental Health CPMS Termination Form Code List

### BOX NUMBER

#### 53. REFERRED TO

##### State or Local Social Service Program/Agencies

- 07 – Support Programs  
for Adults (TANF/Food Stamps)
- 08 – Support Programs  
for Children (Child Welfare)
- 11 – Vocational Rehabilitation
- 35 – Seniors and People with Disabilities
- 04 – Developmental Disability Services
  
- 05 – School
- 37 – Youth/Child Social Service Agencies, Centers, Teams
- 06 – Other Community Agencies

##### Behavioral Health Providers/Agencies

- 83 – Community-based Mental Health  
and/or Addiction Service Provider
- 84 – Other Mental Health/Addiction Service Providers  
(Private Practice, e.g., Psychologist/Psychiatrist)
- 49 – Mental Health Organization (MHO)
- 85 – Acute or Sub-Acute Psychiatric Facility
- 86 – State Psychiatric Facility

##### Health Providers

- 48 – Fully Capitated Health Plan (FCHP)
- 31 – Primary Care Provider, Specialist, or Other  
Physical Health Provider

##### Criminal Justice System Institutions and Agencies

- 21 – Court
- 22 – Jail – City or County
- 23 – Parole – County/State/Federal – includes juveniles
- 24 – Police or Sheriff – Local, State
- 25 – Psychiatric Security Review Board (PSRB)
- 26 – Probation – County/State/Federal – includes juveniles
- 71 – State Correctional Institution
- 72 – Federal Correctional Institution
- 78 – Integrated Treatment Court (Drug Court or Mental  
Health Court)

##### Personal Support System

- 32 – Self
- 33 – Family/Friend
- 34 – Employer/Employee Assistance Programs (EAP)
- 38 – Self Help Group

##### Other/None

- 99 – Other
- 00 – Unknown/None (Note: Use code 32 “self”  
if client leaves without a referral.)

### BOX NUMBER

#### 47. PAYOR CODE

- 01 – Client
- 05 – Veterans' Administration
- 08 – Medicaid / Title XIX / Oregon Health Plan (OHP)
- 09 – Medicare
- 11 – Private Insurance
- 12 – Public Assistance Programs
- 65 – Office of Mental Health & Addiction Services (OMHAS)
- 66 – State or County Corrections
- 67 – Other State / Federal Grant
- 13 – None

#### 48. TERMINATION TYPE

- 02 – Client termination without clinic agreement (i.e., client  
leaves without explanation). Do not use this code  
if client moved-use code 07
- 03 – Treatment is complete
- 04 – Further treatment is not appropriate for client at this  
facility or in this service
- 05 – Non-compliance with rules and regulations
- 06 – Client refuses service/treatment
- 07 – Client moved out of catchment area
- 10 – Evaluation Services only
- 11 – Client incarcerated
- 12 – Client deceased
- 13 – Parents/Legal guardian withdrew client
- 14 – Termination due to program cut/reduction
- 70 – Client placed in Recovery Support Services

#### 111. LIVING ARRANGEMENT CODES

- 01 – Private Residence — Alone
- 02 – Private Residence — w/Spouse or Significant Other
- 03 – Private Residence — w/Parent, Relative, Adult  
Child(ren)
- 06 – Private Residence — w/Friend(s) or Other  
Unrelated Person(s)
- 04 – Non-Relative Foster Home
- 21 – Treatment Foster Care (Youth)
- 05 – Institution: Hospital/Corrections
- 07 – Skilled Nursing/Intermediate Care Facility
- 09 – Residential Treatment Facility/Home
- 28 – Other Residential Facility/Group Home
- 16 – Room and Board
- 97 – Transient/Homeless
- 27 – Other



**CLIENT PROCESS MONITORING SYSTEM**

White - Local Copy Yellow - State Copy

**Mental Health**

**Pre-Commitment Services**

Oregon Department of Human Services

**Enrollment and Termination Form**

<input type="checkbox"/> Check box if correction ___/___/___ Date of Correction		<b>Clinic Identification</b> 3 CMHP      4 Provider		<b>5 Opening Date/Date of Investigation</b> Month      Day      Year		
<b>6 Name (USE UPPER CASE BLOCK LETTERS)</b> Last      First      Birth Name						
<b>7 Case Number</b>		<b>8 Date of Birth</b> 1 - Known      2 - Estimated Month      Day      Year				
<b>10 Eligib. Code</b> Codes on back.		<b>12 Gender</b> F = Female M = Male		<b>15 Referral Source</b> Codes on back of form.		
<b>18 Client Residence Codes</b> County or state code. (List on back of form.)			<b>22 Living Arrangement</b> 01 - Private residence - alone 02 - Private residence - w/spouse or significant other 03 - Private residence - w/parent, relative, adult child(ren) 06 - Private residence - w/friend(s) or other unrelated person(s) (More codes on back of form.)			
<b>19 Race/Ethnicity</b> 01 - White (Non-Hispanic) 02 - Black (Non-Hispanic) 03 - Native American 04 - Alaskan Native 05 - Asian 06 - Hispanic (Mexican) 07 - Hispanic (Puerto Rican)		<b>08 - Hispanic (Cuban)</b> 09 - Other Hispanic 10 - Southeast Asian 11 - Other Race 12 - Native Hawaiian/ Other Pacific Islander		<b>21 Marital Status</b> 1 - Never Married 2 - Married 3 - Widowed 4 - Divorced 5 - Separated 6 - Living as married		
<b>24 Source of Income</b> Mark <b>only one box</b> . Enter a "1" next to the primary source. <input type="checkbox"/> Wages, salary <input type="checkbox"/> Public assistance <input type="checkbox"/> Other <input type="checkbox"/> None		<b>25 Employment Status</b> 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)		<b>29 Prime Number</b> Enter the Consumers' Medicaid Recipient Prime Number		
<b>Investigation</b>						
<b>94 Date of Petition</b> Enter the date of notification of Mental Illness. Month      Day      Year		<b>95 Type of Petition</b> 1 - Two person 2 - Peace officer 3 - CMHP 4 - Physician 5 - Judge/County Health Officer 6 - Native American Emergency Commitment		<b>97 Hearing Recommended</b> 1 - No, petition withdrawn 2 - No, person agrees to voluntary treatment 3 - No, there is no probable cause 4 - No, but judge orders hearing 5 - Yes, there is probable cause 6 - No, emergency commitment 7 - No, 14-day diversion		
<b>98 Reason(s) for Recommending Hearing</b> Make entry for each. 1 = yes      2 = no <input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others <input type="checkbox"/> Basic personal needs <input type="checkbox"/> Chronically mentally ill		<b>75 Level of Functioning</b> Enter the Level of Function based on the Global Assessment of Functioning (GAF) Scale. You may also use the Children's Global Assessment Scale (CGAS). Range = 0 - 100      Did you use the CGAS? <input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No		<b>92 Diagnostic Impression</b> 01 - Not mentally ill/diagnosis deferred 02 - Delirium, Dementia, Amnesic and other Cognitive disorders 03 - Substance-related disorders 05 - Schizophrenia and other psychotic disorders 06 - Mood disorders 09 - Anxiety disorders 10 - Adjustment disorders 11 - Personality disorders 14 - Disorders usually diagnosed in infancy, childhood or adolescence 16 - Eating disorders 19 - Dissociative disorders 17 - Other 18 - Unknown      Primary      Secondary		
<b>Hearing and Disposition</b>						
<b>99 Disposition by Judge</b> 0 - Found not mentally ill 1 - Dismissed 2 - Conditionally released 3 - Outpatient commitment 6 - Inpatient commitment		<b>118 Basis for Commitment</b> Make entry for each. 1 = Yes      2 = No <input type="checkbox"/> Danger to self <input type="checkbox"/> Danger to others <input type="checkbox"/> Basic personal needs <input type="checkbox"/> Chronically mentally ill		<b>100 Date of Commitment to Mental Health</b> Enter date of commitment. Month      Day      Year		
				<b>101 Facility Assigned to</b> 1 - CMHP 2 - Community Hospital 3 - State Hospital 4 - V.A. Hospital 5 - Other 6 - State approved non-hospital facility		
<b>Termination Data</b>						
<b>49 Last Contact Date</b> Month      Day      Year		<b>53 Referred to</b> Codes on back of form.		<b>85 Report Unit</b> Enter staff report unit I.D.		

# Mental Health CPMS Enrollment and Termination Form Code List

## BOX NUMBER

### 10. ELIGIBILITY CODES

- 04 – Severe & Persistent Mental Illness / Serious Emotional Disorder (Priority One, i.e., at risk of hospitalization without treatment)
- 16 – Non SPMI/SED, but still Priority One (at risk of hospitalization)
- 17 – Priority Two (geographic, clinical, or financial reasons prevent access to private behavioral health services)
- 18 – Priority Three (does not meet priority 1 or 2 criteria)

### 15. & 53. REFERRAL CODES

#### State or Local Social Service Program/Agencies

- 07 – Support Programs for Adults (TANF/Food Stamps)
- 08 – Support Programs for Children (Child Welfare)
- 11 – Vocational Rehabilitation
- 35 – Seniors and People with Disabilities
- 04 – Developmental Disability Services
  
- 05 – School
- 37 – Youth/Child Social Service Agencies, Centers, Teams
- 06 – Other Community Agencies

#### Behavioral Health Providers/Agencies

- 83 – Community-based Mental Health and/or Addiction Service Provider
- 84 – Other Mental Health/Addiction Service Providers (Private Practice, e.g., Psychologist/Psychiatrist)
- 49 – Mental Health Organization (MHO)
- 85 – Acute or Sub-Acute Psychiatric Facility
- 86 – State Psychiatric Facility

#### Health Providers

- 48 – Fully Capitated Health Plan (FCHP)
- 31 – Primary Care Provider, Specialist, or Other Physical Health Provider

#### Criminal Justice System Institutions and Agencies

- 21 – Court
- 22 – Jail – City or County
- 23 – Parole – County/State/Federal – includes juveniles
- 24 – Police or Sheriff – Local, State
- 25 – Psychiatric Security Review Board (PSRB)
- 26 – Probation – County/State/Federal – includes juveniles
- 71 – State Correctional Institution
- 72 – Federal Correctional Institution
- 78 – Integrated Treatment Court (Drug Court or Mental Health Court)

#### Personal Support System

- 32 – Self
- 33 – Family/Friend
- 34 – Employer/Employee Assistance Programs (EAP)
- 38 – Self Help Group

#### Other/None

- 99 – Other
- 00 – Unknown/None (Note: Use code 32 "self" if client leaves without a referral.)

## BOX NUMBER

### 18. CLIENT RESIDENCE CODES

- |              |               |              |                       |
|--------------|---------------|--------------|-----------------------|
| 01-Baker     | 12-Grant      | 23-Malheur   | 34-Washington         |
| 02-Benton    | 13-Harney     | 24-Marion    | 35-Wheeler            |
| 03-Clackamas | 14-Hood River | 25-Morrow    | 36-Yamhill            |
| 04-Clatsop   | 15-Jackson    | 26-Multnomah | 91-California         |
| 05-Columbia  | 16-Jefferson  | 27-Polk      | 92-Idaho              |
| 06-Coos      | 17-Josephine  | 28-Sherman   | 93-Nevada             |
| 07-Crook     | 18-Klamath    | 29-Tillamook | 94-Washington State   |
| 08-Curry     | 19-Lake       | 30-Umatilla  | 95-Other State        |
| 09-Deschutes | 20-Lane       | 31-Union     | 96-Foreign Country    |
| 10-Douglas   | 21-Lincoln    | 32-Wallowa   | 97-Transient/Homeless |
| 11-Gilliam   | 22-Linn       | 33-Wasco     | 98-Unknown            |
|              |               |              | 99-Refused            |

### 22. LIVING ARRANGEMENT CODES

- 01 – Private Residence — Alone
- 02 – Private Residence — w/Spouse or Significant Other
- 03 – Private Residence — w/Parent, Relative, Adult Child(ren)
- 06 – Private Residence — w/Friend(s) or Other Unrelated Person(s)
- 04 – Non-Relative Foster Home
- 21 – Treatment Foster Care (Youth)
- 05 – Institution: Hospital/Corrections
- 07 – Skilled Nursing/Intermediate Care Facility
- 09 – Residential Treatment Facility/Home
- 28 – Other Residential Facility/Group Home
- 16 – Room and Board
- 97 – Transient/Homeless
- 27 – Other



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

**Mental Health  
 Evaluation Services**

**Enrollment and Termination Form**

<input type="checkbox"/> Check box if correction ____/____/____ Date of Correction		Clinic Identification 3 CMHP _____ 4 Provider _____		5 Opening Date Month _____ Day _____ Year _____			
6 Name (USE UPPER CASE BLOCK LETTERS) Last _____ First _____ Birth Name _____							
7 Case Number ____-____-____-____			8 Date of Birth ____-____-____ 1 - Known 2 - Estimated Month _____ Day _____ Year _____				
10 Eligibility Code Codes on back _____		12 Gender F = Female M = Male	13 Education Highest grade completed ____-____ 99 = Unknown 00 = None		15 Referral Source Codes on back of form _____	18 Residence Code County or State code ____-____ Codes on back	
19 Race/Ethnicity 01 - White (Non-Hispanic) 02 - Black (Non-Hispanic) 03 - Native American 04 - Alaskan Native 05 - Asian 06 - Hispanic (Mexican) 07 - Hispanic (Puerto Rican) 08 - Hispanic (Cuban) 09 - Other Hispanic 10 - Southeast Asian 11 - Other Race 12 - Native Hawaiian/ Other Pacific Islander			21 Current Marital Status 1 - Never Married 2 - Married 3 - Widowed 4 - Divorced 5 - Separated 6 - Living as Married 9 - Unknown	22 Living Arrangement 01 - Private residence - alone 02 - Private residence - w/spouse or significant other 03 - Private residence - w/parent, relative, adult child(ren) 06 - Private residence - w/friend(s) or other unrelated person(s) (More codes on back of form)		24 Source of Household Income Enter a "1" next to the primary source. <b>Mark only one box</b> <input type="checkbox"/> Wages, salary <input type="checkbox"/> Public assistance <input type="checkbox"/> Other <input type="checkbox"/> None/Unknown	
25 Employment Status 1 - Full time (35 hours or more) 2 - Part time (17 - 34 hours) 3 - Irregular (less than 17 hours) 4 - Not employed (but has sought employment) 5 - Not employed (and has not sought employment) 9 - Unknown					29 Prime Number Enter the Consumers' Medicaid Recipient Prime Number ____-____-____-____-____-____		
<b>Termination Information</b>							
49 Last Contact Date Month _____ Day _____ Year _____			53 Referred to Codes on back of form _____		85 Report Unit Enter staff report unit I.D. _____	86 Service Element 25 = Crisis Services 36 = Preadmission Screening & Resident Review	
89 Site of Evaluation 1 - Office (provider facility) 2 - Home (consumers' home) 3 - Community 4 - Community hospital 5 - State hospital 6 - VA facility 7 - Jail 8 - Other			90 Time of Day Evaluation Conducted 1 = 8 am - 5 pm Weekday 2 = 5 pm - 8 am Mon - Thurs 3 = Weekend or holiday		91 Presenting Danger <b>Make an entry for each item</b> <input type="checkbox"/> Suicide <input type="checkbox"/> Other harm to self <input type="checkbox"/> Harm to others <input type="checkbox"/> Harm to property 1 = Thoughts 2 = Threat 3 = Plan 4 = Action/behavior 8 = None of the above 9 = Unknown		
120 Diagnostic Impression 01 - Diagnosis deferred 02 - Delirium, Dementia, Amnesic and other Cognitive disorders 03 - Substance-related disorders 05 - Schizophrenia and other psychotic disorders 06 - Mood disorders 09 - Anxiety disorders 10 - Adjustment disorders 11 - Personality disorders 14 - Disorders usually diagnosed in infancy, childhood or adolescence 16 - Eating disorders 19 - Dissociative disorders 17 - Other 18 - Unknown Primary _____ Secondary _____					75 Level of Functioning Enter the Level of Function based on the Global Assessment of Functioning (GAF) Scale. You may also use the Children's Global Assessment Scale (CGAS). Range = 000 - 100 999 = Unknown Did you use the CGAS? <input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No		

# Mental Health CPMS Enrollment and Termination Form Code List

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### 10. ELIGIBILITY CODES

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- 72 – Federal Correctional Institution
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| 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 |
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- 07 – Skilled Nursing/Intermediate Care Facility
- 09 – Residential Treatment Facility/Home
- 28 – Other Residential Facility/Group Home
- 16 – Room and Board
- 97 – Transient/Homeless
- 27 – Other

APPENDIX C:

Sample Mental Health Monthly Management Report (MMR)



## SAMPLE MENTAL HEALTH MONTHLY MANAGEMENT REPORT

MHVS0001-000  
PROGRAM MHVRTD1

CLIENT PROCESS MONITORING SYSTEM  
RUN DATE 08/16/04

### MONTHLY MANAGEMENT REPORT

CMHP:059 FAIR CO. MHREPORT PERIOD ENDING 07/30/04  
PROV: 001 ABC MH TX

CASE NUMBER	CODED NAME	D.O.B. MO DA YR	OPEN DT MO DA YR	CLOSE DT MO DA YR	ELIG CODES	AFS PRIME
001234	AHNENJ	07/01/73	05/01/04	00/00/00	16 *	
					*	
002234	EGGANE	08/06/74	01/02/04	00/00/00	16 *	
					*	
003234	KELARG	09/01/75	02/03/02	00/00/00	17 *	AB12345A
					*	
004234	HEEARI	12/15/71	03/04/04	00/00/00	16 *	
					*	
005234	ALLAVI	02/11/63	04/04/03	00/00/00	16 *	AA12345B
					*	
006234	OLLON-	01/16/63	06/05/04	00/00/00	17 *	AC12345C
					*	
007234	ERMIET	03/21/54	07/06/04	00/00/00	16 *	
					*	
008234	OYAORA	04/11/33	11/08/03	00/00/00	17 *	AD12345D
					*	
009234	CVAAME	05/06/77	10/11/03	00/00/00	16 *	
					*	



## APPENDIX D: Global Assessment Scales

### **ADULT GLOBAL ASSESSMENT OF FUNCTIONING SCALE (GAF)** **(see next page for Children's version - CGAS)**

Consider client's psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

- 100** Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.
- 90-81** Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 80-71** If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
- 70-61** **Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.**
- 60-51** Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g., few friends, and conflicts with peers or co-workers).
- 50-41** Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

- 40-31** Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).
- 30-21** Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends).
- 20-11** Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).
- 10-1** Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.
- 0** Inadequate information.

## **CHILDREN'S GLOBAL ASSESSMENT SCALE (CGAS)**

100-point rating scale measuring psychological, social, and school functioning for children aged 6-17. This was adapted from the Adult Global Assessment Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum.

Rate the subject's most impaired level of functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical health-illness continuum. Use intermediary levels (e.g., 35, 58, and 62). Rate actual functioning regardless of treatment or prognosis.

**100-91 Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.). Likable, confident, "everyday" worries never get out of hand. Doing well in school, no symptoms.**

**90-81** Good functioning in all areas. Secure in family, school and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasional "blow ups" with siblings, parent or peers).

**80-71** No more than slight impairment in functioning at home, at school, or with peers. Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, and births of a sibling) but these are brief and interference with functioning is transient. Such children are only minimally disturbing to others who are not considered deviant by those who know them.

**70-61** Some difficulty in a single area, but generally functioning pretty well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work, mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self doubts); has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.

**60-51** Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who

encounter the child in a dysfunctional setting or time but not those who see the child in other settings.

- 50-41** Moderate degree of interference in functioning in most social areas or severe impairment in functioning in one area, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
- 40-31** Major impairment in functioning in several areas and unable to function in one of these areas: disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).
- 30-21** Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).
- 20-11** Needs considerable supervision to prevent hurting other or self, (e.g., frequently violent, repeated suicide attempts) OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.
- 10-1** Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.
- 0** Inadequate information.

**APPENDIX E: DSM-IV Page Numbers and Corresponding Diagnostic Impression Codes**

<b><u>Diagnostic Impression Codes</u></b>	<b><u>Corresponding DSM-IV Page #s</u></b>
01 – Not Mentally Ill/Diagnosis Deferred	Not applicable
02 – Delirium, Dementia, and Amnesic and Other Cognitive Disorders	143 – 163
03 – Substance-Related Disorders	175 – 272
05 – Schizophrenia and Other Psychotic Disorders	273 – 315
06 – Mood Disorders	317 – 391
09 – Anxiety Disorders	393 – 444
10 – Adjustment Disorders	623 – 627
11 – Personality Disorders	629 – 673
14 – Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence	37 – 121
16 – Eating Disorders	539 – 550
19 – Dissociative Disorders	477 – 491
17 – Other	Not applicable
18 – Unknown	Not applicable



## APPENDIX F: Questions and Answers

### General Questions about the Mental Health CPMS forms:

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

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

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

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

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

[www.dhs.state.or.us/disabilities/staff\\_provider\\_tools/exprs/index.htm](http://www.dhs.state.or.us/disabilities/staff_provider_tools/exprs/index.htm)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Code it as voluntary (100) in box 9.

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

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

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

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

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

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

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

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

Referral Code 08 refers to the State Owned and Operated Child Welfare Agencies like Services to Children and Families (CAF). Code 37 refers to County or Community owned and operated agencies that deal with child social service issues.

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

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

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

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

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

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

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

Please use code '09 – Other Hispanic'.

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

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

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

*09 – Residential Treatment Facility/Home; and  
28 – Other Residential Facility/Group Home?*

According to the new Mental Health CPMS Manual (October 1, 2003), use code 09 - residential treatment facility when OMHAS licenses the facility. Otherwise use code 28 – Other Residential Facility/Group Home. More information on these two codes and the other Living Arrangement codes are found on page 43 in the CPMS Manual.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

This is a screening and evaluation service for residents of licensed nursing facilities to determine their need for inpatient psychiatric hospitalization according to federal standards and procedures defined in OAR 309-048-0050 through 309-048-0130.

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

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

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

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

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

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

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

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

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

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

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

Short-term support is 5 days or less.

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

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

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

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

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

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

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

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

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

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

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