

## **APPENDIX A: OP/RCS Psychiatric Facility Forms**



# OREGON PATIENT RESIDENT CARE SYSTEM

State of Oregon  
 OP/RCS - OMHAS  
 DEPT. OF HUMAN SERVICES

**MENTAL HEALTH  
 STATE PSYCHIATRIC FACILITY  
 ENROLLMENT & DISCHARGE FORM**

|  |                 |  |   |  |                           |   |                 |  |
|--|-----------------|--|---|--|---------------------------|---|-----------------|--|
| <input type="checkbox"/> CHECK BOX IF CORRECTION                     |                 | FACILITY NAME  |   |  |                           |   |                 |  |
| ____/____/____ DATE OF CORRECTION                                    |                 |  |   |  |                           |   |                 |  |
| PATIENT'S NAME (USE UPPER CASE BLOCK LETTERS)*                       |                 |  |   |  |                           |   |                 |  |
| LAST   |                 | FIRST  |   |  | M.I.                      | BIRTH NAME  |                 |  |
| ALIAS NAME (USE UPPER CASE BLOCK LETTERS)                            |                 |  |   |  |                           |   |                 |  |
| LAST   |                 | FIRST  |   |  | BIRTH NAME                |   |                 |  |
| SEX*   | DATE OF BIRTH*  |  | AGE (In years)  |  | DATE OF ARRIVAL*          |   | TIME OF ARRIV.* |  |
| <input type="checkbox"/> F-Female<br><input type="checkbox"/> M-Male | month           | day  | year  |  | month                     | day   | year            |  |
| COMMITMENT TYPE*   |                 | CO. OF RESIDENCE   | STATE OF RESIDENCE  |  | SCREENED BY CO.           | BIRTH PLACE   |                 |  |
| Codes on back  |                 | (see back of form)                                       | See back of form for codes                                  |  | (see back of form)        | (See back)  |                 |  |
| COUNTY OF RESPONSIBLTY   |                 | CMHP OF RESPONSIBLTY                                     |   | SOCIAL SECURITY NUMBER   |                           | VERIFIED?   |                 |  |
| (see back of form)   |                 | (see back of form)                                       |   |  |                           | <input type="checkbox"/> Y or<br><input type="checkbox"/> N |                 |  |
| RACE/ETHNICITY   | REFERRAL SOURCE |  | READMIN?  | US CITIZEN?  |                           | METHOD OF ARRIVAL   |                 |  |
| codes on back  | Codes on back   |  | <input type="checkbox"/> Y or<br><input type="checkbox"/> N | <input type="checkbox"/> Y or<br><input type="checkbox"/> N        |                           |   |                 |  |
| SCREENING DATE   | SCREENING TIME  | SCREENING PHYSICIAN                                      |   | SCREENING SOCIAL WORKER  |                           |   |                 |  |
| month day year   |                 |  |   |  |                           |   |                 |  |
| RETURN FROM TRIAL VISIT?   |                 | RETURN FROM ESCAPE                                       |   |  |                           |   |                 |  |
| <input type="checkbox"/> Y<br><input type="checkbox"/> N             |                 | <input type="checkbox"/> Y<br><input type="checkbox"/> N |   |  |                           |   |                 |  |
| PROVISIONAL DIAGNOSIS  |                 |  |   | REASON NOT ADMITTED  | COMMUNITY REFERRAL AGENCY |   |                 |  |
| DSM IV AXIS I  |                 |  |   | DMC - Does not meet admission criteria<br>OPS - Outpatient Service |                           |   |                 |  |
| DSM IV AXIS II   |                 |  |   |  |                           |   |                 |  |
| ICD-9-CM AXIS III  |                 |  |   |  |                           |   |                 |  |
| <b>Status Change</b>   |                 |  |   |  |                           |   |                 |  |
| COMMIT. TYPE   | COMMITMENT DATE |  | COMMIT. TIME  | COMMITMENT CO.   | ORS NUMBER                | WARD  |                 |  |
| Codes on back.   | month           | day  | year  | Codes on back.   | see manual                |   |                 |  |
|  |                 |  |   |  |                           |   |                 |  |
| COMMIT. TYPE   | COMMITMENT DATE |  | COMMIT. TIME  | COMMITMENT CO.   | ORS NUMBER                | WARD  |                 |  |
| Codes on back.   | month           | day  | year  | Codes on back.   | see manual                |   |                 |  |
|  |                 |  |   |  |                           |   |                 |  |
| COMMIT. TYPE   | COMMITMENT DATE |  | COMMIT. TIME  | COMMITMENT CO.   | ORS NUMBER                | WARD  |                 |  |
| Codes on back.   | month           | day  | year  | Codes on back.   | see manual                |   |                 |  |
|  |                 |  |   |  |                           |   |                 |  |
| <b>Discharge</b>   |                 |  |   |  |                           |   |                 |  |
| DISCHARGE DX DATE  |                 |  | DISCHARGE DIAGNOSIS   |  |                           | DISCHARGE DATE*   |                 |  |
| MONTH  | DAY             | YEAR   | DSM IV AXIS I   |  |                           | MONTH   | DAY             |  |
|  |                 |  | DSM IV AXIS II  |  |                           | YEAR  |                 |  |
| DISCH. TIME*   |                 | DISCH. REAS.*  | DISCHARGE CO.*  | COMPETENT TO DRIVE   | REFERRED TO*              |   |                 |  |
|  |                 | Codes on Back.   | (see back of form)  | <input type="checkbox"/> 1 - Yes<br><input type="checkbox"/> 2- No | See back of form.         |   |                 |  |

Form Number MHD-ADMS-OPRCS-0003

\* = Required Data Item

Revision Number 07-04

## MENTAL HEALTH OP/RCS CODE LIST

### CMHP AND COUNTY CODES

BAKE - BAKER  
 BENT - BENTON  
 CLAC - CLACKAMAS  
 CLAT - CLATSOP  
 COLU - COLUMBIA  
 COOS - COOS  
 CROO - CROOK  
 CURR - CURRY  
 DESC - DESCHUTES  
 DOUG - DOUGLAS  
 GILL - GILLIAM  
 GRAN - GRANT  
 HARN - HARNEY  
 HOOD - HOOD RIVER  
 JACK - JACKSON  
 JEFF - JEFFERSON  
 JOSE - JOSEPHINE  
 KLAM - KLAMATH  
 LAKE - LAKE  
 LANE - LANE  
 LINC - LINCOLN  
 LINN - LINN  
 MALH - MALHEUR  
 MARI - MARION  
 MORR - MORROW  
 MULT - MULTNOMAH  
 OTHE - OTHER (OUT OF STATE)  
 POLK - POLK  
 SHER - SHERMAN  
 TILL - TILLAMOOK  
 UMAT - UMATILLA  
 UNIO - UNION  
 WALL - WALLOWA  
 WASC - WASCO  
 WASH - WASHINGTON  
 WHEE - WHEELER  
 YAMH - YAMHILL

### COMMITMENT TYPE

CC - Civil Commitment  
 CCC - Criminal Court Commitment  
 COS - Court Ordered Screening  
 SCF - Services to Children & Families  
 CT - Court Order  
 DIV - 14 Day Diversion  
 EMG - Emergency Commitment  
 HH - Hospital Hold  
 JCF - Juvenile Correction Facility  
 JCO - Juvenile Court Order  
 NHH - Non Hospital Hold  
 OYA - Oregon Youth Authority Voluntary  
 RVC - Revocation of Conditional Release  
 SCF - Serv. to Children/Families Voluntary  
 SCR - Screened, Not Admitted  
 TC - Transport Custody  
 VCF - Voluntary-Correctional Facility  
 VCP - Voluntary-Cond. Probation/Parole  
 VG - Voluntary by Guardian  
 VP - Voluntary-Parental  
 VOL - Voluntary  
 VRP - Voluntary Return of PSRB Client  
 WOD - Warrant of Detention

### RACE/ETHNICITY CODES

AI - American Indian  
 AN - Alaskan Native  
 ASI - Asian  
 BNH - Black, Non Hispanic  
 HC - Hispanic (Cuban)  
 HM - Hispanic (Mexico)  
 HO - Hispanic (Other)  
 HPR - Hispanic (Puerto Rico)  
 NHP - Native Hawaiian/Other Pacific Islander  
 OTH - Other  
 SEA - Southeast Asian  
 REF - Refused  
 UNK - Unknown  
 WNH - White, Non Hispanic.

### REFERRAL CODES

00 Unknown / None  
 04 Developmental Disabilities Serv.  
 05 School  
 06 Other Community Agency  
 07 Support Programs for Adults (TANF / Food Stamps)  
 08 Support Programs for Children (Child Welfare)  
 11 Vocational Rehabilitation Div.  
 16 Eastern Oregon Training Center  
 19 Primary Care Provider, Specialist, or Other Physical Health Provider  
 20 State Correctional Institution  
 21 Court  
 22 Jail (city/county)  
 23 Parole (County/State/Federal)  
 24 Police/Sheriff - Local, State  
 25 PSRB  
 26 Probation (Co./State/Federal) Includes Juveniles  
 31 Private Professional  
 32 Self  
 33 Family/Friend  
 35 Senior Services Division  
 87 Community Based Mental Health and/or Addiction Service Provider  
 88 State Psychiatric Facility  
 89 Acute or SubAcute Psychiatric Fac.  
 90 Mental Health Organization (MHO)  
 91 Youth/Child Social Service Agency, Center or Team  
 92 Fully Capitated Health Plan (FCHP)  
 93 Federal Correctional Institution  
 94 Employer / Employee Assistance Program (EAP)  
 99 Other

### DISCHARGE REASON CODES

AMA - Against Medical Advice  
 DSCH - Discharged  
 EXP - Expired  
 JUEX - Legal Jurisdiction Expired  
 MB - Maximum Benefit  
 NH - No Hearing  
 PSRB - Conditional Release to PSRB  
 REP - Repatriated  
 REV - Revocation of Trial Visit  
 RTV - Trial Visit  
 TACF - Transfer to Acute Care Facility

### DISCHARGE REASON CODES (CONTINUED)

TACP - Transfer to Adult Corrections Fac.  
 TCH - Transfer to Court for Hearing  
 TESH - Transfer to Eastern OR Hospital  
 TI - Treatment Intervention  
 TJCP - Transfer to Juvenile Corrections Fac.  
 TOH - Transfer to Other Hospital  
 TOSH - Transfer to Oregon State Hosp.  
 TPNA - Treatment Program No Longer Available  
 TSRF - Transfer to secure residential facility

### STATE & BIRTH PLACE CODES

AK ALASKA  
 AL ALABAMA  
 AR ARKANSAS  
 AZ ARIZONA  
 CA CALIFORNIA  
 CO COLORADO  
 CT CONNECTICUT  
 DC DISTRICT OF COLUMBIA  
 DE DELAWARE  
 FC FOREIGN COUNTRY  
 FL FLORIDA  
 GA GEORGIA  
 GU GUAM  
 HI HAWAII  
 IA IOWA  
 ID IDAHO  
 IL ILLINOIS  
 IN INDIANA  
 KS KANSAS  
 KY KENTUCKY  
 LA LOUISIANA  
 MA MASSACHUSETTS  
 MD MARYLAND  
 ME MAINE  
 MI MICHIGAN  
 MN MINNESOTA  
 MO MISSOURI  
 MS MISSISSIPPI  
 MT MONTANA  
 NC NORTH CAROLINA  
 ND NORTH DAKOTA  
 NE NEBRASKA  
 NH NEW HAMPSHIRE  
 NJ NEW JERSEY  
 NM NEW MEXICO  
 NV NEVADA  
 NY NEW YORK  
 OH OHIO  
 OK OKLAHOMA  
 OR OREGON  
 PA PENNSYLVANIA  
 PR PUERTO RICO  
 RI RHODE ISLAND  
 SC SOUTH CAROLINA  
 SD SOUTH DAKOTA  
 TN TENNESSEE  
 TX TEXAS  
 UK UNKNOWN  
 UT UTAH  
 VA VIRGINIA  
 VI VIRGIN ISLANDS  
 VT VERMONT  
 WA WASHINGTON  
 WI WISCONSIN  
 WV W. VIRGINIA  
 WY WYOMING

# OREGON PATIENT RESIDENT CARE SYSTEM

State of Oregon  
 OP/RCS - OMHAS  
 OREGON DEPT. OF HUMAN SERVICES

**MENTAL HEALTH**  
**ACUTE/SUB-ACUTE PSYCHIATRIC FACILITY**  
**ENROLLMENT & DISCHARGE FORM**

|  |                |                         |                     |  |                    |                          |                  |
|--|----------------|-------------------------|---------------------|--|--------------------|--------------------------|------------------|
| <input type="checkbox"/> CHECK BOX IF CORRECTION   |                | FACILITY NAME           |                     |  |                    |                          |                  |
| ____/____/____ DATE OF CORRECTION  |                |                         |                     |  |                    |                          |                  |
| PATIENT'S NAME (USE UPPER CASE BLOCK LETTERS)*   |                |                         |                     |  |                    |                          |                  |
| LAST   |                | FIRST                   |                     |  | M.I.               | BIRTH NAME               |                  |
| ALIAS NAME (USE UPPER CASE BLOCK LETTERS)  |                |                         |                     |  |                    |                          |                  |
| LAST   |                | FIRST                   |                     |  | BIRTH NAME         |                          |                  |
| SEX*   | DATE OF BIRTH* |                         | AGE (In years)      |  | DATE OF ADMISSION* |                          | TIME OF ADMISS.* |
| <input type="checkbox"/> F-Female<br><input type="checkbox"/> M-Male   | month          | day                     | year                |  | month              | day                      | year             |
| CMHP OF RESP.  |                | CO. OF RESIDENCE        |                     | CO. OF RESPONSIBILITY  |                    | SOCIAL SECURITY NUMBER   |                  |
| (codes on back)  |                | (codes on back of form) |                     | (codes on back of form)  |                    |                          |                  |
| RACE/ETHNICITY   |                | REFERRAL SOURCE         |                     | MARITAL STATUS   |                    | OREGON DRIVERS LICENSE   |                  |
| AI - American Indian<br>AN - Alaskan Native<br>ASI - Asian<br>BNH - Black, Not Hispanic<br>HC - Hispanic (Cuban)<br>HM - Hispanic (Mexico)<br>HO - Hispanic (Other)<br>HPR - Hispanic (Puerto Rico)<br>NHP - Native Hawaiian/Other Pacific Islander<br>OTH - Other<br>SEA - Southeast Asian<br>REF - Refused |                | Codes on back of form.  |                     | DIV - Divorced<br>LAM - Living as Married<br>MAR - Married<br>NM - Never Married<br>REF - Refused<br>SEP - Separated<br>UNK - Unknown<br>WID - Widowed   |                    | EDUCATION                |                  |
| UNK - Unknown<br>WNH-White, Non Hispan.  |                |                         |                     |  |                    | Highest grade completed. |                  |
|  |                |                         |                     |  |                    | LIVING ARRANGEMENT       |                  |
|  |                |                         |                     |  |                    | Codes on back of form.   |                  |
| ADMISSION DIAGNOSIS  |                |                         |                     | PRESENTING DANGER  |                    |                          |                  |
| DSM IV AXIS I  |                |                         |                     | MAKE AN ENTRY FOR EACH ITEM  |                    |                          |                  |
| DSM IV AXIS II   |                |                         |                     | <input type="checkbox"/> SUICIDE<br><input type="checkbox"/> OTHER HARM TO SELF<br><input type="checkbox"/> HARM TO OTHERS                      1 = YES<br><input type="checkbox"/> HARM TO PROPERTY                      2 = NO |                    |                          |                  |
| ICD-9-CM AXIS III  |                |                         |                     |  |                    |                          |                  |
| COMMIT. TYPE*  |                | COMMIT. DATE*           |                     | COMMIT. TIME*  |                    | COMMIT. CO.*             |                  |
| Codes on back.   |                | month   day   year      |                     |  |                    | Codes on back.           |                  |
|  |                |                         |                     |  |                    | ORS NUMBER               |                  |
|  |                |                         |                     |  |                    | See Manual               |                  |
|  |                |                         |                     |  |                    | WARD                     |                  |
| <b>Status Change</b>   |                |                         |                     |  |                    |                          |                  |
| COMMIT. TYPE   |                | COMMITMENT DATE         |                     | COMMIT. TIME   |                    | COMMITMENT CO.           |                  |
| Codes on back.   |                | month   day   year      |                     |  |                    | Codes on back.           |                  |
|  |                |                         |                     |  |                    | ORS NUMBER               |                  |
|  |                |                         |                     |  |                    | See Manual               |                  |
|  |                |                         |                     |  |                    | WARD                     |                  |
| COMMIT. TYPE   |                | COMMITMENT DATE         |                     | COMMIT. TIME   |                    | COMMITMENT CO.           |                  |
| Codes on back.   |                | month   day   year      |                     |  |                    | Codes on back.           |                  |
|  |                |                         |                     |  |                    | ORS NUMBER               |                  |
|  |                |                         |                     |  |                    | See Manual               |                  |
|  |                |                         |                     |  |                    | WARD                     |                  |
| COMMIT. TYPE   |                | COMMITMENT DATE         |                     | COMMIT. TIME   |                    | COMMITMENT CO.           |                  |
| Codes on back.   |                | month   day   year      |                     |  |                    | Codes on back.           |                  |
|  |                |                         |                     |  |                    | ORS NUMBER               |                  |
|  |                |                         |                     |  |                    | See Manual               |                  |
|  |                |                         |                     |  |                    | WARD                     |                  |
| <b>Discharge Information</b>   |                |                         |                     |  |                    |                          |                  |
| DISCHARGE DIAGNOSIS DATE   |                |                         | DISCHARGE DIAGNOSIS |  |                    | DISCHARGE DATE*          |                  |
| MONTH  | DAY            | YEAR                    | DSM IV AXIS I       |  |                    | MONTH                    | DAY              |
|  |                |                         | DSM IV AXIS II      |  |                    | YEAR                     |                  |
| DISCH. TIME*   |                | DISCH. REAS.*           |                     | DISCHARGE CO.*   |                    | COMPET. TO DRIVE         |                  |
|  |                | (codes on back)         |                     | (codes on back)  |                    | 1 - Yes                  |                  |
|  |                |                         |                     |  |                    | 2 - No                   |                  |
|  |                |                         |                     |  |                    | REFERRED TO*             |                  |
|  |                |                         |                     |  |                    | (codes on back of form)  |                  |
|  |                |                         |                     |  |                    | LIVING ARR.*             |                  |
|  |                |                         |                     |  |                    | (codes on back)          |                  |

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 GILL - GILLIAM  
 GRAN - GRANT  
 HARN - HARNEY  
 HOOD - HOOD RIVER  
 JACK - JACKSON  
 JEFF - JEFFERSON  
 JOSE - JOSEPHINE  
 KLAM - KLAMATH  
 LAKE - LAKE  
 LANE - LANE  
 LINC - LINCOLN  
 LINN - LINN  
 MALH - MALHEUR  
 MARI - MARION  
 MORR - MORROW  
 MULT - MULTNOMAH  
 OTHE - OTHER (OUT OF STATE)  
 POLK - POLK  
 SHER - SHERMAN  
 TILL - TILLAMOOK  
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 16 Eastern Oregon Training Center  
 19 Primary Care Provider, Specialist,  
 or Other Physical Health Provider  
 20 State Correctional Institution  
 21 Court  
 22 Jail (city/county)  
 23 Parole (County/State/Federal)  
 24 Police/Sherrif - Local, State  
 25 PSRB  
 26 Probation (Co./State/Federal)  
 Includes Juveniles  
 31 Private Professional  
 32 Self  
 33 Family/Friend  
 35 Senior Services Division  
 87 Community Based Mental Health  
 and/or Addiction Service Provider  
 88 State Psychiatric Facility  
 89 Acute or SubAcute Psychiatric Fac.  
 90 Mental Health Organization (MHO)  
 91 Youth/Child Social Service Agency,  
 Center or Team  
 92 Fully Capitated Health Plan (FCHP)  
 93 Federal Correctional Institution  
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 Program (EAP)  
 99 Other

### DISCHARGE REASON CODES

AMA - Against Medical Advice  
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 TOH - Transfer to Other Hospital  
 TOSH - Transfer to Oregon State Hosp.  
 TPNA - Treatment Program No Longer Available  
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### LIVING ARRANGEMENT CODES

ACF Acute Care Facility  
 CORR Corrections Facility  
 EOPC Eastern OR Psychiatric Center  
 EOTC Eastern OR Training Center  
 FCNR Non Relative Foster Care  
 FCR Relative Foster Care  
 HH Halfway House  
 HMLS Homeless  
 INST Institution  
 ITH Intensive Training Home  
 MOSH Oregon State Hospital  
 NF Nursing Facility  
 OBS Oregon School for the Blind  
 ODS Oregon School for the Deaf  
 ORFG Other Residential Fac./Group Home  
 OTHE Other  
 PASS Overnight Pass  
 PPH Private Psychiatric Hospital  
 PRA Private Residence - Alone  
 PRF Private Residence - w/ Friend or Other  
 Unrelated Person  
 PRP Private Residence - W/ Parent,  
 Relative, Adult Child(ren)  
 PRS Private Residence - W/ Spouse or  
 Significant Other  
 PTC Private Training Center  
 RAB Room and Board  
 REF Refused  
 RESP Respite Care  
 RFH Relative Foster Home  
 RTC Residential Treatment Center  
 SHEL Shelter  
 TFCY Treatment Foster Care (Youth)  
 UNK Unknown