

ADDICTION AND MENTAL HEALTH DIVISION  
MENTAL HEALTH SERVICES  
CLIENT PROCESS MONITORING SYSTEM

**DOCUMENTATION FOR ENROLLMENT AND TERMINATION  
RECORD CREATION**

(REVISED 9/01/03)

(REVISIONS INDICATED IN **BOLD/UNDERLINED** FONT)



CLIENT PROCESS MONITORING SYSTEM  
REQUIREMENTS FOR MAGNETIC MEDIUM INTERFACE

DISKETTE

- 3-1/2", HIGH DENSITY DOUBLE SIDE DISKS ARE ACCEPTABLE
- ASCII RECORDING MODE.
- A HEADER RECORD IS REQUIRED FOR EACH PROVIDER SUBMITTING ELECTRONIC DATA (SEE PAGE 5).
- RECORD LENGTH IS 400 BYTES ONLY.
- MAY ALSO BE SENT ELECTRONICALLY AS AN E-MAIL ATTACHMENT TO [CPMS.OASIS@STATE.OR.US](mailto:CPMS.OASIS@STATE.OR.US)

LABELING

- A LABEL MUST BE ATTACHED TO EACH DISKETTE IDENTIFYING THE FOLLOWING INFORMATION:
  - PROVIDER NAME
  - CONTACT PERSON
  - CONTACT PERSON'S PHONE NUMBER

CLIENT PROCESS MONITORING SYSTEM  
DOCUMENTATION FOR ENROLLMENT AND TERMINATION

RECORD CREATION

THIS DOCUMENT GIVES YOU THE LAYOUT TO HELP YOU CREATE OR MODIFY ENROLLMENT AND TERMINATION CLIENT PROCESS MONITORING SYSTEM (CPMS) RECORDS IN ASCII FORMAT TO SUBMIT ELECTRONICALLY TO THE OFFICE OF MENTAL HEALTH AND ADDICTION SERVICES (OMHAS). THE ENROLLMENT AND TERMINATION FORMS ARE BROKEN DOWN BY:

- FIELD NAME
- FIELD TYPE (A/N=ALPHA-NUMERIC, N=NUMERIC)
- FIELD POSITION NUMBER (WHERE IT FALLS IN THE ASCII STRING)
- FIELD LENGTH (REMEMBER, ANYTIME THE NUMERIC VALUE INPUTTED IS LESS THAN THE LENGTH, USE LEADING ZEROS. EXAMPLE: IF '9' IS ENTERED INTO BOX 13 EDUCATION, IT SHOULD BE CHANGED TO '09'.)
- CORRESPONDING CPMS FORM BOX NUMBER; AND
- SOURCE OF DATA (IT IS VERY IMPORTANT THAT YOU HAVE A COPY OF THE CPMS FORMS AS WELL AS THE CPMS MANUAL WHILE REVIEWING THIS DOCUMENT. ALSO REMEMBER TO LIMIT THE CHOICES OF CODES OR VALUES FOR EACH FIELD TO ONLY THOSE SPECIFIED IN THE CPMS MANUAL AND/OR CPMS FORM(S).)

YOU MUST SUBMIT TWO SUCCESSFUL BATCH SUBMISSIONS FOR EACH FORM. DURING TESTING, BOTH THE PAPER AND THE ELECTRONIC DATA ARE SUBMITTED.

IF YOU HAVE QUESTIONS, PLEASE GIVE US A CALL AT 503.945.5763 AND ASK TO SPEAK WITH A MEMBER OF THE CPMS DATA TEAM.

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**CLIENT PROCESS MONITORING SYSTEM  
ELECTRONIC SUBMISSION OF DATA**

**HEADER RECORD**

| <u>FIELD NAME</u>   | <u>TYPE</u> | <u>POS</u> | <u>LENGTH</u> | <u>DATA SOURCE / FORMAT</u>                               |
|---------------------|-------------|------------|---------------|---|
| FORM ID             | A/N         | 1          | 4             | 0000  |
| AGENCY NAME         | A/N         | 5          | 30            | AGENCY/ORGANIZATION PRODUCING<br>ELECTRONIC CPMS DATAFILE |
| CMHP                | N           | 35         | 3             | CMHP NUMBER   |
| PROVIDER            | N           | 38         | 3             | PROVIDER NUMBER   |
| CONTACT PERSON      | A/N         | 41         | 25            | NAME OF CONTACT PERSON                                    |
| TELEPHONE AREA CODE | N           | 66         | 3             | AREA CODE   |
| TELEPHONE NUMBER    | N           | 69         | 7             | TELEPHONE NUMBER OF CONTACT PERSON                        |
| CREATION DATE       | N           | 76         | 6             | MMDDYY FORMAT   |
| FILLER              | A/N         | 82         | <u>319</u>    | SPACES  |
|                     |             |            | 400           |   |

**CLIENT PROCESS MONITORING SYSTEM  
BASIC SERVICES ENROLLMENT  
MH FORM 0189**

| <u>FIELD NAME</u>         | <u>TYPE</u> | <u>POS</u> | <u>LNG</u> | <u>BOX#</u> | <u>DATA SOURCE / FORMAT</u>   |
|---------------------------|-------------|------------|------------|-------------|---|
| FORM NUMBER               | N           | 1          | 4          |             | 0189  |
| <b>NEW FORM FLAG</b>      | <b>A/N</b>  | <b>5</b>   | <b>1</b>   |             | <b>Y</b>  |
| FILLER                    | A/N         | 6          | 1          |             | SPACE   |
| CMHP                      | N           | 7          | 2          | 3           | COMMUNITY MH PROGRAM CODE   |
| PROV                      | N           | 9          | 3          | 4           | PROVIDER CODE   |
| EPISODE OPEN DATE         | N           | 12         | 6          | 5           | MMDDYY FORMAT   |
| FILLER                    | A/N         | 18         | 9          |             | SPACES  |
| CASE                      | N           | 27         | 6          | 7           | CLIENT'S CASE NUMBER. USE LEADING 0'S IF NECESSARY.   |
| ESTIMATED DOB FLAG        | N           | 33         | 1          | 8           | 1 = KNOWN, 2 = ESTIMATED  |
| DATE OF BIRTH             | N           | 34         | 6          | 8           | MMDDYY FORMAT   |
| LEGAL STATUS              | N           | 40         | 3          | 9           | SEE FORM OR CPMS MANUAL   |
| ELIGIBILITY CODES         |             |            |            | 10          |   |
| ELIGIBILITY CODE 1        | N           | 43         | 2          |             | SEE FORM OR CPMS MANUAL   |
| <b>ELIGIBILITY CODE 2</b> | <b>N</b>    | <b>45</b>  | <b>2</b>   |             | <b>NOT IN USE, USE 00</b>   |
| <b>ELIGIBILITY CODE 3</b> | <b>N</b>    | <b>47</b>  | <b>2</b>   |             | <b>NOT IN USE, USE 00</b>   |
| GENDER                    | A/N         | 49         | 1          | 12          | M = MALE, F = FEMALE  |
| EDUCATION                 | N           | 50         | 2          | 13          | HIGHEST GRADE COMPLETED. USE LEADING 0'S IF NECESSARY.  |
| <b>SCHOOL/TRAINING</b>    | <b>N</b>    | <b>52</b>  | <b>1</b>   | <b>14</b>   | <b>ENROLLED=1, NOT ENROLLED=2</b>   |
| REFERRAL                  | N           | 53         | 2          | 15          | SEE FORM OR CPMS MANUAL   |
| FILLER                    | A/N         | 55         | 1          |             | SPACES  |
| <b>MONTHLY INCOME</b>     | <b>N</b>    | <b>56</b>  | <b>4</b>   | <b>17</b>   | <b>SEE FORM OR CPMS MANUAL<br/>USE LEADING ZEROES IF NECESSARY</b>  |
| RESIDENT COUNTY           | N           | 60         | 2          | 18          | SEE FORM OR CPMS MANUAL   |
| FILLER                    | A/N         | 62         | 8          |             | SPACES  |
| ETHNIC                    | N           | 70         | 2          | 19          | SEE FORM OR CPMS MANUAL   |
| <b>FILLER</b>             | <b>A/N</b>  | <b>72</b>  | <b>7</b>   |             | <b>SPACES</b>   |
| MARITAL                   | N           | 79         | 1          | 21          | SEE FORM OR CPMS MANUAL   |
| LIVING ARRANGEMENT        | N           | 80         | 2          | 22          | SEE FORM OR CPMS MANUAL   |
| <b>DEPENDENTS</b>         |             |            |            | <b>23</b>   | <b>ENTER NUMBER OF DEPENDENTS IN EACH<br/>AGE GROUP THAT ARE DEPENDENT UPON<br/>THE MONTHLY INCOME REPORTED.<br/>INCLUDE THE CLIENT. USE LEADING<br/>ZEROES IF NECESSARY.</b> |
| <b>UNDER AGE 6</b>        | <b>N</b>    | <b>82</b>  | <b>2</b>   |             |   |
| <b>06 - 17</b>            | <b>N</b>    | <b>84</b>  | <b>2</b>   |             |   |
| <b>18 - 63</b>            | <b>N</b>    | <b>86</b>  | <b>2</b>   |             |   |
| <b>65 AND OVER</b>        | <b>N</b>    | <b>88</b>  | <b>2</b>   |             |   |

**CLIENT PROCESS MONITORING SYSTEM  
BASIC SERVICES ENROLLMENT  
MH FORM 0189**

| <u>FIELD NAME</u>                   | <u>TYPE</u> | <u>POS</u> | <u>LNG</u> | <u>BOX#</u> | <u>DATA SOURCE / FORMAT</u>                             |
|-------------------------------------|-------------|------------|------------|-------------|---|
| INCOME SOURCE                       |             |            |            | 24          | ENTER A '1' FOR THE PRIMARY SOURCE.<br>SELECT ONLY ONE. |
| WAGES, SALARY                       | N           | 90         | 1          |             | 1 OR SPACE  |
| SOCIAL SECURITY                     | N           | 91         | 1          |             | SPACE   |
| SSI FEDERAL                         | N           | 92         | 1          |             | SPACE   |
| OSIP STATE                          | N           | 93         | 1          |             | SPACE   |
| PUBLIC ASSISTANCE                   | N           | 94         | 1          |             | 1 OR SPACE  |
| DIVIDENDS                           | N           | 95         | 1          |             | SPACE   |
| PENSION/UNEMP/VETS                  | N           | 96         | 1          |             | SPACE   |
| ALIMONY/CHILD SUPPORT               | N           | 97         | 1          |             | SPACE   |
| OTHER                               | N           | 98         | 1          |             | 1 OR SPACE  |
| NONE                                | N           | 99         | 1          |             | 1 OR SPACE  |
| EMPLOYMENT STATUS                   | N           | 100        | 1          | 25          | SEE FORM OR CPMS MANUAL                                 |
| AFS PRIME                           | A/N         | 101        | 8          | 29          | MEDICAID RECIPIENT PRIME NUMBER.<br>DEFAULT TO SPACES.  |
| LAST NAME                           | A/N         | 109        | 12         | 6           | CLIENT'S LAST NAME                                      |
| FIRST NAME                          | A/N         | 121        | 12         | 6           | CLIENT'S FIRST NAME                                     |
| BIRTH NAME                          | A/N         | 133        | 8          | 6           | CLIENT'S BIRTH NAME                                     |
| <b><u>EMPLOYABILITY FACTOR</u></b>  | <b>N</b>    | <b>141</b> | <b>1</b>   | <b>33</b>   | <b><u>SEE FORM OR CPMS MANUAL</u></b>                   |
| <b><u>LOF AXIX5</u></b>             | <b>N</b>    | <b>142</b> | <b>3</b>   | <b>75</b>   | <b><u>LEVEL OF FUNCTIONING: 0 - 100</u></b>             |
| <b><u>LOF CGAS</u></b>              | <b>A/N</b>  | <b>145</b> | <b>1</b>   | <b>121</b>  | <b><u>CGAS SCALE USED? Y=YES, N=NO</u></b>              |
| <b><u>DIAGNOSTIC IMPRESSION</u></b> |             |            |            | <b>92</b>   | <b><u>SEE FORM OR CPMS MANUAL</u></b>                   |
| <b><u>PRIMARY</u></b>               | <b>N</b>    | <b>146</b> | <b>2</b>   |             |   |
| <b><u>SECONDARY</u></b>             | <b>N</b>    | <b>148</b> | <b>2</b>   |             |   |
| FILLER                              | A/N         | 150        | <u>251</u> |             | SPACES  |

**CLIENT PROCESS MONITORING SYSTEM  
CRISIS / EVALUATION  
MH FORM 0379**

| <u>FIELD NAME</u>         | <u>TYPE</u> | <u>POS</u> | <u>LNG</u> | <u>BOX#</u> | <u>DATA SOURCE / FORMAT</u>                          |
|---------------------------|-------------|------------|------------|-------------|--|
| FORM NUMBER               | N           | 1          | 4          |             | 0379   |
| <b>NEW FORM FLAG</b>      | <b>A/N</b>  | <b>5</b>   | <b>1</b>   |             | <b>Y</b>   |
| FILLER                    | A/N         | 6          | 1          |             | SPACE  |
| CMHP                      | N           | 7          | 2          | 3           | COMMUNITY MH PROGRAM CODE                            |
| PROV                      | N           | 9          | 3          | 4           | PROVIDER CODE  |
| EPISODE OPEN DATE         | N           | 12         | 6          | 5           | MMDDYY FORMAT  |
| FILLER                    | A/N         | 18         | 9          |             | SPACES   |
| CASE                      | N           | 27         | 6          | 7           | CLIENT'S CASE NUMBER. USE LEADING ZEROS.             |
| ESTIMATED DOB FLAG        | N           | 33         | 1          | 8           | 1 = KNOWN, 2 = ESTIMATED                             |
| DATE OF BIRTH             | N           | 34         | 6          | 8           | MMDDYY FORMAT  |
| ELIGIBILITY CODES         |             |            |            | 10          |  |
| ELIGIBILITY CODE 1        | N           | 40         | 2          |             | SEE FORM OR CPMS MANUAL                              |
| <b>ELIGIBILITY CODE 2</b> | <b>N</b>    | <b>42</b>  | <b>2</b>   |             | <b>NOT IN USE, USE 00</b>                            |
| <b>ELIGIBILITY CODE 3</b> | <b>N</b>    | <b>44</b>  | <b>2</b>   |             | <b>NOT IN USE, USE 00</b>                            |
| GENDER                    | A/N         | 46         | 1          | 12          | M = MALE, F = FEMALE                                 |
| EDUCATION                 | N           | 47         | 2          | 13          | HIGHEST GRADE COMPLETED. USE LEADING ZEROS.          |
| <b>REFERRAL</b>           | <b>N</b>    | <b>49</b>  | <b>2</b>   | <b>15</b>   | <b>SEE FORM OR CPMS MANUAL</b>                       |
| RESIDENT COUNTY           | N           | 51         | 2          | 18          | SEE FORM OR CPMS MANUAL                              |
| FILLER                    | A/N         | 53         | 8          |             | SPACES   |
| ETHNIC                    | N           | 61         | 2          | 19          | SEE FORM OR CPMS MANUAL                              |
| <b>FILLER</b>             | <b>A/N</b>  | <b>63</b>  | <b>7</b>   |             | <b>SPACES</b>  |
| MARITAL                   | N           | 70         | 1          | 21          | SEE FORM OR CPMS MANUAL                              |
| LIVING ARRANGEMENT        | N           | 71         | 2          | 22          | SEE FORM OR CPMS MANUAL                              |
| INCOME SOURCE             |             |            |            | 24          | ENTER A '1' FOR THE PRIMARY SOURCE. SELECT ONLY ONE. |
| WAGES, SALARY             | N           | 73         | 1          |             | 1 OR SPACE   |
| SOCIAL SECURITY           | N           | 74         | 1          |             | SPACE  |
| SSI FEDERAL               | N           | 75         | 1          |             | SPACE  |
| OSIP STATE                | N           | 76         | 1          |             | SPACE  |
| PUBLIC ASSISTANCE         | N           | 77         | 1          |             | 1 OR SPACE   |
| DIVIDENDS                 | N           | 78         | 1          |             | SPACE  |
| PENSION/UNEMP/VETS        | N           | 79         | 1          |             | SPACE  |
| ALIMONY/CHILD SUPPORT     | N           | 80         | 1          |             | SPACE  |
| OTHER                     | N           | 81         | 1          |             | 1 OR SPACE   |
| NONE                      | N           | 82         | 1          |             | 1 OR SPACE   |
| EMPLOYMENT STATUS         | N           | 83         | 1          | 25          | SEE FORM OR CPMS <u>MANUAL</u>                       |
| <b>AFS PRIME</b>          | <b>A/N</b>  | <b>84</b>  | <b>8</b>   | <b>29</b>   | <b>MEDICAID RECIPIENT PRIME NUMBER.</b>              |
|                           |             |            |            |             | <b><u>DEFAULT TO SPACES'</u></b>                     |
| FILLER                    | A/N         | 92         | 2          |             | SPACES   |
| <b>TERM PAYOR CODE</b>    | <b>N</b>    | <b>94</b>  | <b>2</b>   | <b>47</b>   | <b>SPACES</b>  |
| <b>TERM TYPE</b>          | <b>N</b>    | <b>96</b>  | <b>2</b>   | <b>48</b>   | <b>SPACES</b>  |
| LAST CONTACT DATE         | N           | 98         | 6          | 49          | MMDDYY FORMAT  |
| TERM REFERRAL             | N           | 104        | 2          | 53          | SEE FORM OR CPMS MANUAL                              |
| REPORTING UNIT            | N           | 106        | 2          | 85          | SEE CPMS MANUAL                                      |
| EVALUATION SITE           | N           | 108        | 1          | 89          | SEE FORM OR CPMS MANUAL                              |
| EVALUATION TIME           | N           | 109        | 1          | 90          | SEE FORM OR CPMS MANUAL                              |



**CLIENT PROCESS MONITORING SYSTEM  
CRISIS / EVALUATION  
MH FORM 0379**

| <u>FIELD NAME</u>       | <u>TYPE</u> | <u>POS</u> | <u>LNG</u> | <u>BOX#</u> | <u>DATA SOURCE / FORMAT</u>          |
|-------------------------|-------------|------------|------------|-------------|--------------------------------------|
| PRESENTING DANGER       |             |            |            | 91          | SEE FORM OR CPMS MANUAL              |
| SUICIDE                 | N           | 110        | 1          |             |                                      |
| OTHER HARM TO SELF      | N           | 111        | 1          |             |                                      |
| HARM TO OTHERS          | N           | 112        | 1          |             |                                      |
| HARM TO PROPERTY        | N           | 113        | 1          |             |                                      |
| TERM DIAG IMPRESSION    |             |            |            | 120         | SEE FORM OR CPMS MANUAL              |
| PRIMARY                 | N           | 114        | 2          |             |                                      |
| SECONDARY               | N           | 116        | 2          |             |                                      |
| SERVICE ELEMENT         | N           | 118        | 2          | 86          | 25 OR 36                             |
| FULL LAST NAME          | A/N         | 120        | 12         | 6           | LAST NAME                            |
| FULL FIRST NAME         | A/N         | 132        | 12         | 6           | FIRST NAME                           |
| FULL BIRTH NAME         | A/N         | 144        | 8          | 6           | BIRTH NAME                           |
| <b><u>LOF AXIS5</u></b> | <b>N</b>    | <b>152</b> | <b>3</b>   | <b>75</b>   | <b>LEVEL OF FUNCTIONING: 0 – 100</b> |
| <b><u>LOF CGAS</u></b>  | <b>A/N</b>  | <b>155</b> | <b>1</b>   | <b>121</b>  | <b>USING CGAS SCALE: Y=YES, N=NO</b> |
| FILLER                  | A/N         | 156        | <u>245</u> |             | SPACES                               |

400

**CLIENT PROCESS MONITORING SYSTEM  
PRE-COMMITMENT  
MH FORM 0381**

| <u>FIELD NAME</u>            | <u>TYPE</u> | <u>POS</u> | <u>LNG</u> | <u>BOX#</u> | <u>DATA SOURCE / FORMAT</u>                |
|------------------------------|-------------|------------|------------|-------------|--|
| FORM NUMBER                  | N           | 1          | 4          |             | 0381                                       |
| <b>NEW FORM FLAG</b>         | <b>A/N</b>  | <b>5</b>   | <b>1</b>   |             | <b>Y</b>                                   |
| FILLER                       | A/N         | 6          | 1          |             | SPACE                                      |
| CMHP                         | N           | 7          | 2          | 3           | COMMUNITY MH PROGRAM CODE                  |
| PROV                         | N           | 9          | 3          | 4           | PROVIDER CODE                              |
| EPISODE OPEN DATE            | N           | 12         | 6          | 5           | MMDDYY FORMAT                              |
| FULL LAST NAME               | A/N         | 18         | 12         | 6           | CLIENT'S LAST NAME                         |
| FULL FIRST NAME              | A/N         | 30         | 12         | 6           | CLIENT'S FIRST NAME                        |
| FULL BIRTH NAME              | A/N         | 42         | 8          | 6           | CLIENT'S BIRTH NAME                        |
| CASE                         | N           | 50         | 6          | 7           | CLIENT'S CASE NUMBER. USE LEADING ZERO'S.  |
| ESTIMATED DOB FLAG           | N           | 56         | 1          | 8           | 1 = KNOWN, 2 = ESTIMATED                   |
| DATE OF BIRTH                | N           | 57         | 6          | 8           | MMDDYY FORMAT                              |
| ELIGIBILITY CODES            |             |            |            | 10          |  |
| ELIGIBILITY CODE 1           | N           | 63         | 2          |             | SEE FORM OR CPMS MANUAL                    |
| <b>ELIGIBILITY CODE 2</b>    | <b>N</b>    | <b>65</b>  | <b>2</b>   |             | <b>NOT IN USE, USE 00</b>                  |
| <b>ELIGIBILITY CODE 3</b>    | <b>N</b>    | <b>67</b>  | <b>2</b>   |             | <b>NOT IN USE, USE 00</b>                  |
| GENDER                       | A/N         | 69         | 1          | 12          | M = MALE, F = FEMALE                       |
| RESIDENT COUNTY              | N           | 70         | 2          | 18          | SEE FORM OR CPMS MANUAL                    |
| FILLER                       | A/N         | 72         | 8          |             | SPACES                                     |
| ETHNIC                       | N           | 80         | 2          | 19          | SEE FORM OR CPMS MANUAL                    |
| MARITAL                      | N           | 82         | 1          | 21          | SEE FORM OR CPMS MANUAL                    |
| LIVING ARRANGEMENT           | N           | 83         | 2          | 22          | SEE FORM OR CPMS MANUAL                    |
| <b>INCOME SOURCE</b>         |             |            |            | <b>24</b>   | <b>ENTER A '1' FOR THE PRIMARY SOURCE.</b> |
|                              |             |            |            |             | <b>SELECT ONLY ONE.</b>                    |
| <b>WAGES, SALARY</b>         | <b>N</b>    | <b>85</b>  | <b>1</b>   |             | <b>1 OR SPACE</b>                          |
| <b>SOCIAL SECURITY</b>       | <b>N</b>    | <b>86</b>  | <b>1</b>   |             | <b>SPACE</b>                               |
| <b>SSI FEDERAL</b>           | <b>N</b>    | <b>87</b>  | <b>1</b>   |             | <b>SPACE</b>                               |
| <b>OSIP STATE</b>            | <b>N</b>    | <b>88</b>  | <b>1</b>   |             | <b>SPACE</b>                               |
| <b>PUBLIC ASSISTANCE</b>     | <b>N</b>    | <b>89</b>  | <b>1</b>   |             | <b>1 OR SPACE</b>                          |
| <b>DIVIDENDS</b>             | <b>N</b>    | <b>90</b>  | <b>1</b>   |             | <b>SPACE</b>                               |
| <b>PENSION/UNEMP/VETS</b>    | <b>N</b>    | <b>91</b>  | <b>1</b>   |             | <b>SPACE</b>                               |
| <b>ALIMONY/CHILD SUPPORT</b> | <b>N</b>    | <b>92</b>  | <b>1</b>   |             | <b>SPACE</b>                               |
| <b>OTHER</b>                 | <b>N</b>    | <b>93</b>  | <b>1</b>   |             | <b>1 OR SPACE</b>                          |
| <b>NONE</b>                  | <b>N</b>    | <b>94</b>  | <b>1</b>   |             | <b>1 OR SPACE</b>                          |
| EMPLOYMENT STATUS            | N           | 95         | 1          | 25          | SEE FORM OR CPMS MANUAL                    |
| <b>AFS PRIME</b>             | <b>A/N</b>  | <b>96</b>  | <b>8</b>   | <b>29</b>   | <b>MEDICAID RECIPIENT PRIME NUMBER</b>     |
| FILLER                       | A/N         | 104        | 2          |             | SPACES                                     |
| PETITION DATE                | N           | 106        | 6          | 94          | MMDDYY FORMAT                              |
| PETITION TYPE                | N           | 112        | 1          | 95          | SEE FORM OR CPMS MANUAL                    |
| FILLER                       | N           | 113        | 1          |             | SPACES.                                    |
| HEARING RECOMMENDED          | N           | 114        | 1          | 97          | SEE FORM OR CPMS MANUAL                    |
| HEARING REASON               |             |            |            | 98          | SEE FORM OR CPMS MANUAL                    |
| DANGER TO SELF               | N           | 115        | 1          |             |  |
| DANGER TO OTHERS             | N           | 116        | 1          |             |  |
| BASIC PERSON NEEDS           | N           | 117        | 1          |             |  |
| CHRON MENTAL ILL             | N           | 118        | 1          |             |  |

**CLIENT PROCESS MONITORING SYSTEM  
PRE-COMMITMENT  
MH FORM 0381**

| <u>FIELD NAME</u>           | <u>TYPE</u> | <u>POS</u> | <u>LNG</u> | <u>BOX#</u> | <u>DATA SOURCE / FORMAT</u>    |
|-----------------------------|-------------|------------|------------|-------------|--------------------------------|
| DIAG IMPRESSION             |             |            |            | 92          | SEE FORM OR CPMS MANUAL        |
| PRIMARY                     | N           | 119        | 2          |             |                                |
| SECONDARY                   | N           | 121        | 2          |             |                                |
| DISPOSITION BY JUDGE        | N           | 123        | 1          | 99          | SEE FORM OR CPMS MANUAL        |
| MHD COMMITMENT DATE         | N           | 124        | 6          | 100         | MMDDYY FORMAT                  |
| <b>FILLER</b>               | <b>N</b>    | <b>130</b> | <b>3</b>   |             | <b>SPACES.</b>                 |
| FACILITY ASSIGNED           | N           | 133        | 1          | 101         | SEE FORM OR CPMS MANUAL        |
| LAST CONTACT DATE           | N           | 134        | 6          | 49          | MMDDYY FORMAT                  |
| TERM REFERRAL               | N           | 140        | 2          | 53          | SEE FORM OR CPMS MANUAL        |
| REPORT UNIT                 | N           | 142        | 2          | 85          | REPORT UNIT CODE               |
| SERVICE ELEMENT             | N           | 144        | 2          | 86          | 29                             |
| <b>REFERRAL</b>             | <b>N</b>    | <b>146</b> | <b>2</b>   | <b>15</b>   | <b>SEE FORM OR CPMS MANUAL</b> |
| <b>BASIS FOR COMMITMENT</b> |             |            |            | <b>118</b>  |                                |
| <b>DANGER TO SELF</b>       | <b>N</b>    | <b>148</b> | <b>1</b>   |             | <b>1=YES, 2=NO</b>             |
| <b>DANGER TO OTHERS</b>     | <b>N</b>    | <b>149</b> | <b>1</b>   |             | <b>1=YES, 2=NO</b>             |
| <b>BASIS PERSONAL NEEDS</b> | <b>N</b>    | <b>150</b> | <b>1</b>   |             | <b>1=YES, 2=NO</b>             |
| <b>CHRON MENTALLY ILL</b>   | <b>N</b>    | <b>151</b> | <b>1</b>   |             | <b>1=YES, 2=NO</b>             |
| LOF AXIS5                   | N           | 152        | 3          | 75          | LEVEL OF FUNCTION: 0 - 100     |
| LOF CGAS                    | A/N         | 155        | 1          | 121         | CGAS SCALE USED: Y=YES, N=NO   |
| FILLER                      | A/N         | 156        | <u>245</u> |             | SPACES                         |

**CLIENT PROCESS MONITORING SYSTEM**  
**BASIC SERVICES TERMINATION**  
**MH FORM 0190 (NEW FORM)**

| <u>FIELD NAME</u>      | <u>TYPE</u> | <u>POS</u> | <u>LNG</u> | <u>BOX#</u> | <u>DATA SOURCE / FORMAT</u>                                |
|------------------------|-------------|------------|------------|-------------|--|
| FORM NUMBER            | N           | 1          | 4          |             | 0190   |
| FILLER                 | A/N         | 5          | 2          |             | SPACES   |
| CMHP                   | N           | 7          | 2          | 3           | COMMUNITY MH PROGRAM CODE                                  |
| PROV                   | N           | 9          | 3          | 4           | PROVIDER CODE  |
| EPISODE OPEN DATE      | N           | 12         | 6          | 5           | MMDDYY FORMAT  |
| FULL LAST NAME         | A/N         | 18         | 12         | 6           | CLIENT'S LAST NAME   |
| FULL FIRST NAME        | A/N         | 30         | 12         | 6           | CLIENT'S FIRST NAME  |
| FULL BIRTH NAME        | A/N         | 42         | 8          | 6           | CLIENT'S BIRTH NAME  |
| CASE                   | N           | 50         | 6          | 7           | CLIENT'S CASE NUMBER. USE LEADING ZEROS.                   |
| ESTIMATED DOB FLAG     | N           | 56         | 1          | 8           | 1 = KNOWN, 2 = ESTIMATED                                   |
| DATE OF BIRTH          | N           | 57         | 6          | 8           | MMDDYY FORMAT  |
| PAYOR CODE             | N           | 63         | 2          | 47          | SEE FORM OR CPMS MANUAL                                    |
| TERM TYPE              | N           | 65         | 2          | 48          | SEE FORM OR CPMS MANUAL                                    |
| LAST CONTACT DATE      | N           | 67         | 6          | 49          | MMDDYY FORMAT  |
| TERM EDUCATION         | N           | 73         | 2          | 51          | HIGHEST GRADE COMPLETED. USE LEADING ZEROS                 |
| TERM SCHOOL/TRAINING   | N           | 75         | 1          | 52          | 1=YES, 2=NO, 9=UNKNOWN                                     |
| TERM REFERRAL          | N           | 76         | 2          | 53          | SEE FORM OR CPMS MANUAL                                    |
| TERM MONTHLY INCOME    | N           | 78         | 4          | 56          | SEE FORM OR CPMS MANUAL<br>USE LEADING ZEROES IF NECESSARY |
| TERM MARITAL           | N           | 82         | 1          | 57          | SEE FORM OR CPMS MANUAL                                    |
| TERM INCOME SOURCE     |             |            |            | 58          | SEE FORM OR CPMS MANUAL. MARK ONLY ONE.                    |
| WAGES, SALARY          | N           | 83         | 1          |             | 1 OR SPACE   |
| SOCIAL SECURITY        | N           | 84         | 1          |             | SPACE  |
| SSI FEDERAL            | N           | 85         | 1          |             | SPACE  |
| OSIP STATE             | N           | 86         | 1          |             | SPACE  |
| PUBLIC ASSISTANCE      | N           | 87         | 1          |             | 1 OR SPACE   |
| DIVIDENDS              | N           | 88         | 1          |             | SPACE  |
| PENSION/UNEMP/VETS     | N           | 89         | 1          |             | SPACE  |
| ALIMONY/CHILD SUPPORT  | N           | 90         | 1          |             | SPACE  |
| OTHER                  | N           | 91         | 1          |             | 1 OR SPACE   |
| UNKNOWN                | N           | 92         | 1          |             | 1 OR SPACE   |
| NONE                   | N           | 93         | 1          |             | 1 OR SPACE   |
| TERM EMPLOYMENT STATUS | N           | 94         | 1          | 59          | SEE FORM OR CPMS MANUAL                                    |
| TERM EMPLOYMENT FACTOR | N           | 95         | 1          | 61          | SEE FORM OR CPMS MANUAL                                    |
| TERM LIVING ARRANGMENT | N           | 96         | 2          | 111         | SEE FORM OR CPMS MANUAL                                    |
| ACADEMIC               | N           | 98         | 1          | 112         | SEE CPMS MANUAL. DEFAULT = SPACES                          |
| ATTENDANCE             | N           | 99         | 1          | 113         | SEE CPMS MANUAL. DEFAULT = SPACES                          |
| SCHOOL BEHAVIOR        | N           | 100        | 1          | 114         | SEE CPMS MANUAL. DEFAULT = SPACES                          |
| CRIMINAL JUSTICE       | N           | 101        | 1          | 119         | SEE FORM OR CPMS MANUAL                                    |
| DIAG IMPRESSION        |             |            |            | 120         | SEE FORM OR CPMS MANUAL                                    |
| PRIMARY                | N           | 102        | 2          |             |  |
| SECONDARY              | N           | 104        | 2          |             |  |

**CLIENT PROCESS MONITORING SYSTEM**  
**BASIC SERVICES TERMINATION**  
**MH FORM 0190 (NEW FORM)**

|           |     |     |            |     |                               |
|-----------|-----|-----|------------|-----|-------------------------------|
| LOF AXIS5 | N   | 106 | 3          | 75  | LEVEL OF FUNCTIONING: 0 – 100 |
| LOF CGAS  | N   | 109 | 1          | 121 | CGAS SCALE USED: Y=YES, N=NO  |
| FILLER    | A/N | 110 | <u>291</u> |     | SPACES                        |

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