

MOTS Data Elements – Tip Sheet – Updated 4/8/2016

Client Profile Data Elements

Agency – Select correct Agency

Facility – Select correct Facility

Last Name - Client's Legal Last Name

First Name - Client's Legal First Name

Middle Name - Client's Legal Middle Name or Initial – *(Optional)*

Last Name at Birth - Client's Legal Last Name at Birth

Date of Birth – Client's date of birth

Client Tx Status - Active; Tx Completed; Assessment only- no Tx needed or referred to other provider; Left against Professional Advice including drop-out; Service Discontinued by Facility; Transferred to another Program or Facility; Incarcerated; Aged Out; Death

Client ID - Unique identifier assigned to a client (Similar to case #)

OR Medicaid Number - Unique Client ID also known as Medicaid ID or Prime Number – *(Situational: Required when Medicaid/OHP is an Expected/Actual Source of Payment)*

Race - Alaska Native; American Indian; Black or African American; White; Asian; Native Hawaiian or Other Pacific Islander; Other Single Race; Two or More Unspecified Races - *(All that apply)*

Ethnicity - Puerto Rican; Mexican; Cuban; Other Specific Hispanic; Hispanic – Specific Origin not Specified; Not of Hispanic Origin; Unknown

Gender - Male; Female; Other

Marital Status - Never Married; Married; Separated; Divorced; Widowed; Unknown

Veteran – Yes, Veteran and not specified Branch of Service; Yes, Veteran and Current or Former Active Duty Military; Yes, Veteran and Current of Former Guard/Reserve Military; No, but Current or Former Guard/Reserve Military; No; UNK=Unknown

Competitive Employment - Full Time; Part Time; Unemployed; Homemaker; Student; Retired; Disabled (unable to work for physical or psychological reasons); Hospital Patient or Resident of Other Institutions; Other Reported Classification (e.g. volunteers); Sheltered/Non-Competitive Employment; Not in Labor Force; Unknown

Living Arrangement - Transient/Homeless; Foster Home; Residential Facility; SUD Residential Facility; BRS Residential Facility; CSEC Residential Facility; PRTS Residential Facility; SCIP/SAIP Residential Facility; SRTF for YAT Residential Facility; RTH for YAT Residential Facility; Secure Residential Facility; Residential Sub-Acute Care Facility; Jail; Prison; Room and Board; Supported Housing; Supportive Housing (scattered site); Supportive Housing (congregate setting); Alcohol and Drug Free Housing; Oxford Home; Private Residence (at home); Private Residence (with relative); Private Residence (with non-relative); Other Private Residence, Unknown

Date changed Living Arrangement – *(Situational)*

County of Residence - Baker; Benton; Clackamas; Clatsop; Columbia; Coos; Crook; Curry; Deschutes; Douglas; Gilliam; Grant; Harney; Hood River; Jackson; Jefferson; Josephine; Klamath; Lake; Lane; Lincoln; Linn; Malheur; Marion; Morrow; Multnomah; Polk; Sherman; Tillamook; Umatilla; Union; Wallowa; Wasco; Washington; Wheeler; Yamhill; Other

County of Responsibility - Baker; Benton; Clackamas; Clatsop; Columbia; Coos; Crook; Curry; Deschutes; Douglas; Gilliam; Grant; Harney; Hood River; Jackson; Jefferson; Josephine; Klamath; Lake; Lane; Lincoln; Linn; Malheur; Marion; Morrow; Multnomah; Polk; Sherman; Tillamook; Umatilla; Union; Wallowa; Wasco; Washington; Wheeler; Yamhill

Behavioral Health Data Elements

Admission Date – Enter the admission date for this treatment episode

Zip Code of Residence - 5 digit zip

State of Residence - Alabama; Alaska; Arizona; Arkansas; California; Colorado; Connecticut; Delaware; District of Columbia; Florida; Georgia; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Louisiana; Maine; Maryland;

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Massachusetts; Michigan; Minnesota; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Rhode Island; South Carolina; South Dakota; Tennessee; Texas; Utah; Vermont; Virginia; Washington; West Virginia; Wisconsin; WY=Wyoming; OT=Other

Estimated Gross Household Monthly Income - No Income; Refused to Answer; or actual Monthly Income

Source of Income/ Support - Wages/Salary; Public Assistance; Retirement/Pension/SSI; Disability/SSDI; Other; None; Unknown

Expected/ Actual Source of Payment - Self-Pay; Medicare; Medicaid/OHP; AMH County Financial Assistance Agreement; Other Government Payments - other than the AMH County Financial Assistance Agreement (City – County - State Funding) – Non Medicaid; Worker’s Compensation; Private Health Insurance ; No Charge (free – charity - special research or teaching); Other; Unknown – *(All that apply)*

Total Number of Dependents - Total number of people dependent upon the client’s household income

Number of Child Dependents - Number of children ages 0-17 year’s dependent upon client’s household income

Primary Health Insurance - Private Insurance/Managed Care Organization; Medicare; Medicaid/OHP; Other (e.g.; TRICARE – VA - CHAMPUS); None; Unknown

Referred From - Advocacy Group; Aging and People with Disabilities; ADES; Attorney; Child Welfare; Circuit Court; Community BH Provider within Service Area; Community Housing; Coordinated Care Organization (CCO); Crisis/Helpline; Developmental Disabilities; Employer/Employee Assistance Programs (EAP); Employment Services; Family/Friend; Federal Correctional Institution; Federal Court; Integrated Tx Court (Drug Court or MH Court); Jail - city or county; Justice Court; Juvenile Justice System/Oregon Youth Authority; Local MH Authority/Community MH Program; Media/Internet; Municipal Court; None; Other; Parole - county/state/federal - includes juveniles; Police or sheriff - local; Private Health Professional (Primary Care Provider – Physician – Psychiatrist); Probation - county/state/federal - includes juveniles; Psychiatric Security Review Board (PSRB); School; Self; State Correctional Institution; State Psychiatric Facility (i.e.; OSH or BMRC); Unknown; Vocational Rehabilitation; Crisis Bed – *(All that apply)*

Referred To – Acute or Sub-Acute Psychiatric Facility; Aging and People with Disabilities; Attorney; Child Welfare; Community-based MH and/or SA Provider within service area; Community-based MH and/or SA Provider outside service area; Community Housing; Community Public Health Department; Coordinated Care Organization(CCO); Criminal Justice System Entities; Developmental Disabilities; Employer/Employee Assistance Programs (EAP); Employment Services; Fully Capitated Health Plan (FCHP); Local MH Authority/Community MH Program; MH Organization (MHO); Private Health Professional (Primary Care Provider – Physician – Psychiatrist – Hospital - Primary Health Home - etc.); None; Oregon Health Plan; Oregon Partnership Helpline; Other; Other Community Agencies; Other MH/SA Providers; Private Health Professional; School; Self Help Groups; State Psychiatric Facility (i.e.; OSH or BMRC); TANF/Food Stamps; Vocational Rehabilitation; Youth/Child Social Service Agencies – Centers - or Teams; Crisis Bed – *(All that apply)*

Tribal Affiliation - Burns Paiute Tribe; Confederated Tribes of Coos - Lower Umpqua & Siuslaw; Confederated Tribes of Grand Ronde; Confederated Tribes of Siletz; Confederated Tribes of the Umatilla; Confederated Tribes of Warm Springs; Coquille Indian Tribe; Cow Creek Band of Umpqua Indians; Klamath Tribes; Not Applicable; Other

Interpreter - Foreign Language; Hearing Impaired; None

Pregnant - Yes; No; Not Applicable; Unknown

Highest School Grade Completed - Number of grades completed

Tobacco Use - Yes; No; Unknown

Substance Use during last 90 days - Yes; No; Unknown

Legal Status - DUII Diversion Client; DUII Convicted Client; 30 Day Civil Commitment; 90 Day Civil Commitment; 180 Day Civil Commitment; Incarcerated; Parole; Probation; Psychiatric Security Review Board (PSRB); Juvenile Psychiatric Security Review Board (JPSRB); Guardianship (Court); Guardianship (Child Welfare); Aid and Assist (ORS 161.370); Involuntary Custody; None; Unknown - *(All that apply)*

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Number of Arrests in Past Month - Number of arrests – *(Situational)*

Total Arrests - Number of arrests – *(Situational)*

Number of DUII Arrests in Past Month - Number of arrests – *(Situational)*

Total DUII Arrests - Number of arrests – *(Situational)*

ODL/OI Number - Oregon Driver's License or Oregon ID *(Situational: Required when Legal Status DUII Diversion Client or DUII Convicted Client)*

SID Number - Unique identifier assigned by State Police *(Optional)*

School Attendance Improvement - Yes; No; Not Applicable; Unknown

Academic Improvement - Yes; No; Not Applicable; Unknown

School Behavior Improvement - Yes; No; Not Applicable; Unknown

Diagnosis - ICD-10 Code(s). *(All that apply)*

GAF Score – Number/Score for Global Assessment of Functioning *(Optional)*

Peer Delivered Services - Client was informed of Peer Delivered Services; Client Received Peer Delivered Services; Peer Delivered Services Planned as Part of Transition Plan/Discharge; None; Not Applicable

Infectious Disease Risk Assessment - Not completed; Low-to-No Risk; Moderate-to-High Risk - Referral was not made; Moderate-to-High Risk - Referral was made

Tx Plan Indicator - Education; Employment; Housing; Other

MH Assessed LOC Score - LOC Composite score for MH clients assessed for care – *(Situational)*

MH Current LOC - Outpatient; Residential – *(Situational)*

Addiction Detail Data Elements

Substance Problem - **Primary; Secondary; Tertiary** - Alcohol; Cocaine/Crack; Marijuana/Hashish; Heroin; Non-Prescription Methadone; Other Opiates and Synthetics; PCP – Phencyclidine; Other Hallucinogens; Methamphetamine; Other Amphetamines; Other Stimulants; Benzodiazepines; Other non-Benzodiazepine Tranquilizers; Barbiturates; Other non-Barbiturate Sedatives or Hypnotics; Inhalants; Over-the- Counter; Other

Age at first Use – **Primary; Secondary; Tertiary** - Age; zero if newborn

Frequency of Use – **Primary; Secondary; Tertiary** - No use in the past month; 1-3 times in the past month; 1-2 times in the past week; 3-6 times in the past week; Daily

Usual Route of Administration – **Primary; Secondary; Tertiary** - Oral; Smoking; Inhalation; Injection; Other

Positive Alcohol/Drug Tests - Number of tests that were positive during the past reporting period

Frequency of Attendance at Self Help Programs - No attendance in the past month; 1-3 times in the past month (less than once per week); 4-7 times in the past month (about once per week); 8-15 times in the past month (2 or 3 times per week); 16-30 times in the past month (4 or more times per week); Some attendance but frequency unknown; Unknown

DUII Completion Date - *(Situational)*

Medication Assisted Tx - Nicotine; Alcohol; Opiate; None

Addiction Assessed LOC; Current LOC - Level 0.5: Early Intervention; OTS: Opioid Treatment Services; Level 1: Outpatient Tx; Level 2.1: Intensive Outpatient; Level 2.5: Day Treatment Outpatient Services; Level 3.1: Clinically Managed Low-Intensity Residential Services; Level 3.3: Clinically Managed Population-Specific High-Intensity (Adult) Residential Services; Level 3.5: Clinically Managed Adult High-Intensity (Medium Intensity Adolescent) Residential Services; Level 3.7: Medically Monitored Intensive (Adult) Inpatient/High-Intensity (Adolescent) Inpatient Services; Level 4: Medically Managed Intensive Inpatient Services; Level 1-WM: Ambulatory Detoxification without Extended On-Site Monitoring; Level 2-WM: Ambulatory Detoxification with Extended On-Site Monitoring; Level 3.2-WM: Clinically Managed Residential Withdrawal Management; Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management; Level 4-WM: Medically Managed Intensive Inpatient Withdrawal Management

Children in Residential Tx with Parent -

MH Crisis Data Elements

Date of Service

Place of Service - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf>

Time of Service – Military Time

Referred From - see previous section

Referred To - see previous section

Primary Health Insurance - see previous section

Diagnosis - see previous section

Legal Status - see previous section

Presenting Danger - **Suicide; Other harm to self; Harm to others; Harm to property** -Thoughts; Threats; Plan; Action/Behavior; None of the above; Unknown

Involuntary Service Elements

Service Status - Pre-Commitment investigation; Revocation; Recertification

Type of Petition/NMI - Two person - County Health Officer - or Court Magistrate; CMHP Director; Physician/Hospital Hold; Recertification; Revocation

Date of Petition/NMI

Hearing Recommended – No - petition/NMI withdrawn; No - person agrees to voluntary treatment; No - there is not probable cause; No - but judge orders hearing; Yes - there is probable cause; No - 14-day diversion; Yes - Protested recertification; Yes - revocation

Reason(s) for Recommending Hearing/Diversion - Danger to self; Danger to others; Basic personal needs; Chronic mentally ill; Not applicable (Hearing not recommended) - *(All that apply)*

Last Date of Diversion – *(Situational)*

Disposition by Judge - Found not mentally ill; Dismissed; Conditionally released; Outpatient commitment; Inpatient commitment; Revocation; Re-certification - *(Situational)*

Basis for Involuntary Services - Danger to self; Danger to others; Basic personal needs; Chronic mentally ill – *(Situational)*

Date of Commitment - *(Situational)*

Length of Commitment - Total number of days committed – *(Situational)*

Service Setting Assigned To if Committed - Community Mental Health Program; Community Hospital; State Hospital; V.A. Hospital; State Approved Facility; Outpatient; Other – *(Situational)*

Non-Medicaid Service Data Elements

Date of Service From

Date of Service To - Use for contiguous per diem services only; otherwise, use Add Additional Dates button for multiple dates of service

Procedure Code - <http://www.oregon.gov/oha/healthplan/Pages/providers.aspx>

Place of Service - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf>

Modifier(s) - Modifier that can be added to Procedure Code (Referenced in Procedure Code document) – *(Situational)*

Number of Units - Number of units for service provided

Parent Provider Id – Name of State Medicaid Provider (of entity accountable/paying for the service/procedure)

Billed Charges – Usual and customary amount charged

Diagnosis – Use ICD-9 codes for dates of service prior to October 1, 2015; Use ICD-10 Code(s) for all other dates of service- *(All that apply)*