

# Client Process Monitoring System

---

## Manual

for Alcohol and Drug Abuse Treatment Providers



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



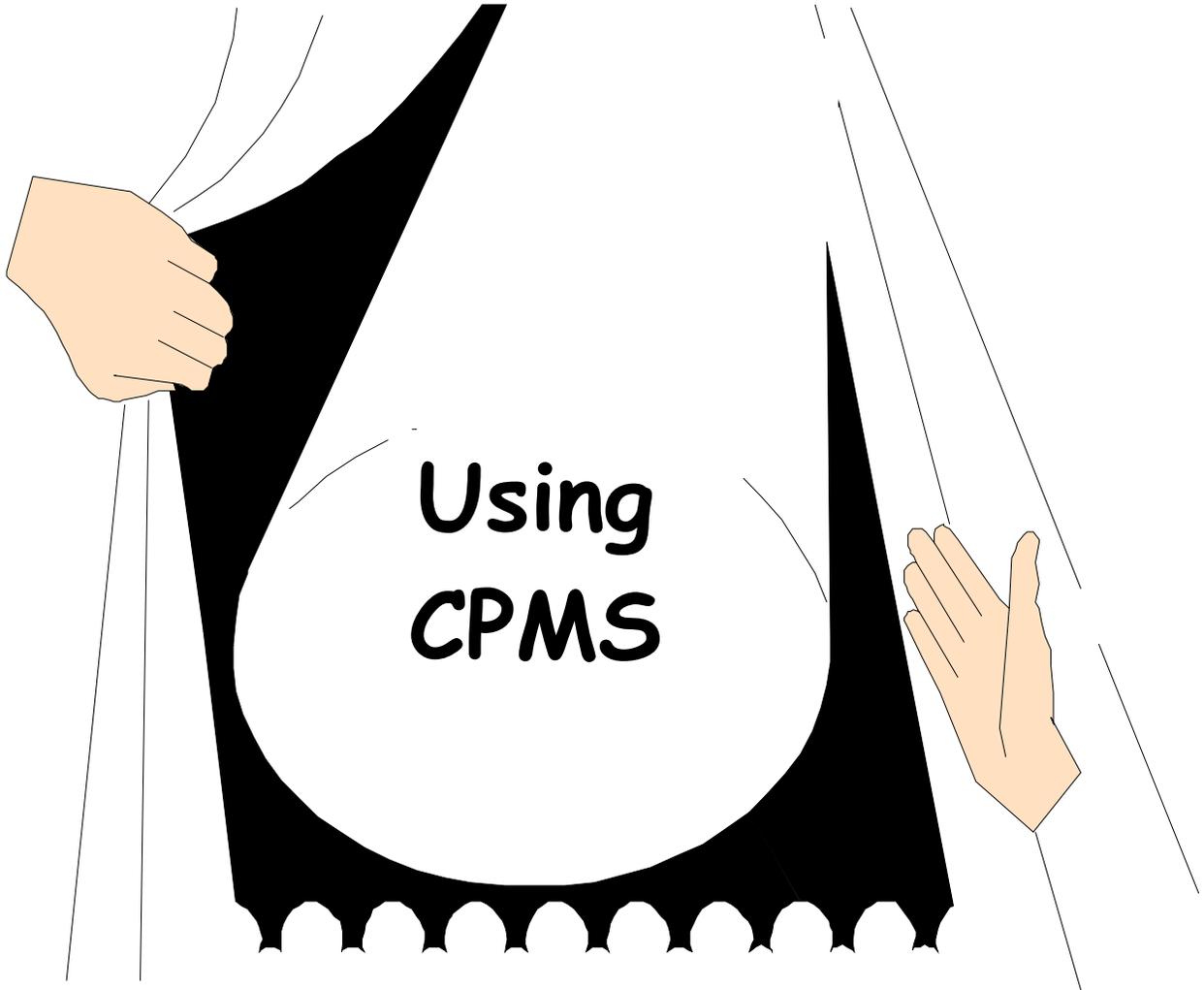
March 2003

**IF YOU NEED THIS PUBLICATION IN AN ALTERNATE  
FORMAT**

**PLEASE CALL (503) 945-5763 (voice) or TTY (503) 945-5893**

# **Client Process Monitoring System**

Manual for Alcohol and Drug Abuse Treatment Providers



State of Oregon  
Department of Human Services  
Office of Mental Health and Addiction Services  
(503) 945-5763  
Robert Nikkel  
Administrator

Prepared by  
The CPMS Data Team



# Contents



About This Manual.....	5
------------------------	---

## Part One

Introduction to CPMS.....	7
Overview.....	9
How We All Benefit From CPMS Data .....	9
Importance of Accurate Data.....	10
The Client Enrollment Process.....	10
Which Programs Must Enroll Clients in CPMS?.....	10
Which Clients Must be Enrolled in CPMS? .....	11
Dual Enrollments.....	12
Description of Forms .....	13
Ordering Forms and Manuals .....	14
Who Fills Out the Form?.....	15
How CPMS Data is Processed.....	15
Enrollment .....	15
Monthly Service Reports .....	17
Termination .....	18
Timing and Consequences of Late Data .....	18
Where to Send Completed Forms and Reports .....	19
Where to Call if You Have Questions .....	Appendix
Electronic Submission of CPMS Data .....	20

## **Part Two**

<b>Enrollment Instructions .....</b>	<b>21</b>
Box-by-Box Table of Contents .....	23

## **Part Three**

<b>Termination Instructions.....</b>	<b>69</b>
Box-by-Box Table of Contents .....	71

## **Part Four**

<b>Reports.....</b>	<b>112</b>
Introduction .....	114
Processing the Reports .....	114
Residential - TSAR.....	116
Detox Monthly Management Report.....	120
Outpatient Monthly Management Report (MMR).....	122

## **Part Five**

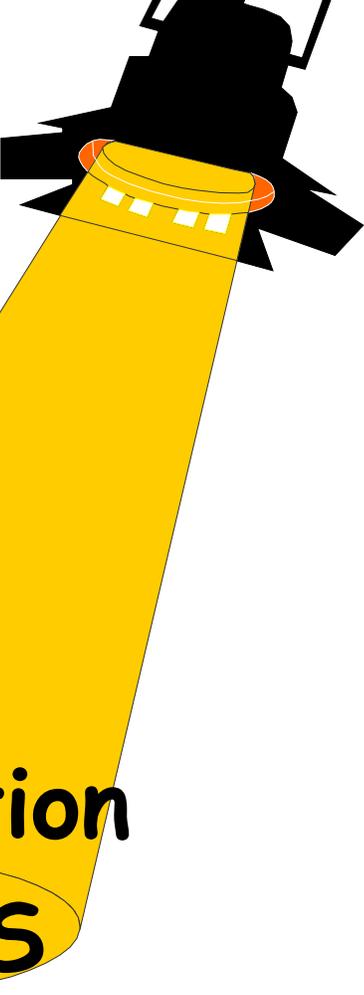
<b>Appendix .....</b>	<b>126</b>
CPMS Resource List	
Sample CPMS Forms	

## About This Manual

- Subject** This manual provides information for the Office of Mental Health and Addiction Services (OMHAS) Client Process Monitoring System (CPMS).
- ◆ **Part One** is an introduction to and an overview of the CPMS system.
  - ◆ **Part Two** provides box-by-box instructions for completing the enrollment portions of the CPMS forms.
  - ◆ **Part Three** provides box-by-box instructions for completing the termination portion of the CPMS forms.
  - ◆ **Part Four** describes the reports generated by the CPMS system and provides instructions for their use.
  - ◆ **Part Five** is an appendix which contains additional information, including sample forms and a resource list.
- Audience** This manual is for anyone who will be completing or reviewing CPMS forms or reports. It may also prove helpful to those analyzing the CPMS data.
- Purpose** The purpose of this Manual is to provide current reporting instructions, special program area reporting instructions, and common CPMS item definitions for state and local CPMS users. The manual is most readily used as a reference book, although it is recommended that anyone completing CPMS forms begin by scanning the entire manual.
- This is a comprehensive manual which includes instructions for *all* service modalities. Therefore, some boxes may not directly apply to your program.
- In the enrollment and termination sections, Part Two and Three of this manual, the boxes appear in the same order as they do on the CPMS form. A table of contents is located in the front of these two sections to help locate the desired box.
- Updates** Updates to this manual will be communicated through numbered and dated CPMS Manual replacement pages from OMHAS.



**PART ONE**



**Introduction  
to CPMS**



## Overview

A long time ago, during the 1981-83 biennium, the Mental Health Division, also known as the Mental Health and Developmental Disability Services Division (MHDDSD), implemented the Client Process Monitoring System (CPMS). CPMS is a vital management tool, used by the Office of Mental Health and Addiction Services (OMHAS) to provide:

- ☞ documentation that clients were served and that services were delivered by community providers supported by state treatment funds, in compliance with the legislatively approved budget and statutory mandates;
- ☞ documentation that clients on the Oregon Health Plan (OHP) were served and that services were delivered in compliance with the legislatively approved budget and statutory mandates; and
- ☞ data on performance which is used by state and local management to manage services and funding.

## How We All Benefit From CPMS Data

### A. Provide Accountability for Funds Spent by:

- 1) monitoring providers' utilization rates (number of clients actually served compared with contracted minimum number of clients). Over-utilization rates help to create a better case for funding from the legislature; and
- 2) calculating measures for Quality Improvement Report (outcome measures of clients). Measures are calculated for clients terminated during each quarter (such as "treatment completion rates" and "retention rates").

### B. Generate More Funds for Treatment and Prevention by:

- 1) documenting services provided to clients;
- 2) documenting the need for federal & state funding to the Legislature;
- 3) providing information to legislators and others for planning -- Oregon data is reported to TEDS (Treatment Episode Data Set) - a national database implemented in January, 1991; and
- 4) documenting expenditures in reports to funding agencies.

## Importance of Accurate Data

It is important that your CPMS client data accurately reflect your program, because the data

- affect quality improvement reports, utilization, and other reports;
- are used as part of a site review and may reflect a program's overall performance;
- are used for outcome studies, i.e. to show that treatment works;
- are used as a basis for future funding requests;
- can enable a program to evaluate their own performance and progress;
- can assist in the management of the program; and
- can assist the county alcohol and drug authority in making decisions regarding subcontracting services (quality improvement reports).

## The Client Enrollment Process

The purpose of the A&D Enrollment Form is to collect specific client data under the treatment program's state-assigned provider number. The data are then available for aggregation within CPMS to produce reports. CPMS produces monthly provider-specific reports (lists) of clients currently enrolled, which are mailed to the provider. See Part Four of this manual for more information about reports.

By enrolling a client in CPMS, the provider has opened an individual account which is used by OMHAS to document whether services were delivered during the report period. It is essential that providers correctly use CPMS.

## Which Programs Must Enroll Clients in CPMS?

A provider must enroll all clients admitted to an alcohol or drug abuse treatment program in CPMS when that provider:

- A. receives any public funds and is certified, licensed or approved by OMHAS; or
- B. receives state funds to perform client services under a subcontract with a state funded omnibus or program area contractor; or
- C. receives no state funds, but is a certified, licensed or approved DUII provider; or
- D. receives no state funds, but is an outpatient synthetic opiate provider.

## Which Programs Must Enroll Clients in CPMS? (Continued)

Providers that meet any of the CPMS registration criteria on the previous page must report client information through CPMS for ALL clients being enrolled in that service element. Client information reported to OMHAS through CPMS is confidential and protected by law. No person or agency other than authorized personnel may gain access to confidential client information in CPMS.

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

Note: DUII programs should refer to the DUII Operations Guide for additional instructions regarding the enrollment of clients. Please call (503) 945-5763 to request this helpful guide.

## Which Clients Must Be Enrolled in CPMS?



### Do Enroll

**Clients with an identified primary alcohol or drug problem.**

For each client enrolled on CPMS, the provider agency must maintain a file that includes, but is not limited to, documentation of the primary problem, a psychosocial work-up (which might include a family history, prior treatment information, etc.), and a treatment or training plan. Please refer to the Oregon Administrative Rules (OARs) appropriate to the service you are providing to the client.



### Do Not Enroll

**Friends, relatives, or other associates (collaterals) of the enrolled client who are contacted or otherwise involved during the course of the primary client's treatment.**

**Note on Assessment Only clients:** If the client is assessed and there is **no primary substance of abuse identified**, do not enroll the client on CPMS. If the client is assessed and **there is a primary problem**, enroll the client on CPMS, **even if** the client is going to be referred elsewhere for treatment.

## Which Clients Must be Enrolled in CPMS? (Continued)

### Examples:

1. A man is seen by a counselor due to his enrolled sister's primary problem. This man should not be enrolled on CPMS.
2. A woman is seen by a counselor due to her husband's primary problem. She also has an alcohol and/or drug abuse problem for which treatment is sought. She should be enrolled in CPMS as a separate case.
3. As of this writing, OMHAS does not track clients who are enrolled in smoking cessation classes. If a client is seen **ONLY** for smoking cessation, do not fill out a CPMS form. OMHAS also does not use CPMS to collect gambling, sobering services or prevention activities.
4. Prevention clients are not to be enrolled in CPMS. Remember: A client must have an identified primary problem. If, after a preliminary screening, it is determined that a prevention client may have an alcohol or drug problem, an assessment will be needed. If a problem is definitely identified, this assessment begins a treatment episode, and the client should be enrolled in CPMS.

## Dual Enrollments

As a general rule, a client **may not be** enrolled in more than one alcohol or drug service at a time, whether within the same provider or by two separate providers. There are, however, a few situations that would allow enrollment in two different provider numbers at the same time. These are situations where dual enrollment is permitted.

### EXCEPTIONS

- 1) A synthetic opiate (methadone) client who receives a DUII while in treatment may continue in methadone maintenance while participating in DUII services.
- 2) A client enrolled in residential treatment may also be enrolled in:
  - A. an outpatient program, **for transitional purposes only, 30 days or less prior to his/her discharge from the residential program**. The clinical need for both services must be documented in the client file at both programs. This exception applies only to residential clients entering outpatient treatment;
  - B. a DUII program if the client receives a DUII while still in residential treatment.
- 3) An outpatient client relapses and goes to detox or short-term residential (30 days or less). The client may remain open in the outpatient program while simultaneously enrolled in the detox or short-term residential program.

## Description of Forms

There are four different enrollment forms. Three of them have corresponding termination forms, and one is a shorter form that includes the termination portion on the same sheet. Each form is identified by a title appearing in the upper right corner and a color-coded upper left corner.

Note: Part Five of this manual contains sample forms.



**Yellow Corner:** The standard **Adult A&D Enrollment Form** (Form No: 0460) is attached to the standard **Adult A&D Termination Form** (form No: 0461). It is to be used if the client has a primary problem with alcohol or drugs and is entering any alcohol or drug service *other than* detoxification, DUII Education, Marijuana Diversion Education, or youth services (under 18 years old). The vast majority of clients will be enrolled with this form.

Instructions: The top shaded portion of this 4-ply form is to be completed while intact. Then, after separating the enrollment and termination forms, complete the enrollment form, place white copy in the client's file, and send the yellow copy to OMHAS. Place the termination form in the client's file to be completed at the end of the treatment episode.



**Purple Corner:** The **Detox/DUII Education/Marijuana Diversion Education Form** (Form No: 0466) is to be used only if the client is entering a detoxification, DUII Education, or Marijuana Diversion Education program. It is a short form designed to be used for those services with shorter lengths of stay. The client is enrolled and terminated on the same form. Make sure both parts (enrollment and termination) are filled out before mailing it to OMHAS.

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.



**Dark Blue Corner:** The **Intervention/Youth Treatment Enrollment Form** (Form No: 0462) is attached to the Intervention/Youth Treatment Termination Form (form No: 0463). It is to be used only if the client is entering a program that is state-licensed and/or approved to provide intervention/youth treatment. Typically youth are under age 18. If your program is not licensed to provide youth services, use the Adult Form (yellow).

Instructions: The top portion of this 4-ply form is to be completed while intact. Then, after separating the enrollment and termination forms, complete the

## Description of Forms (Continued)

enrollment form and send the yellow copy to OMHAS. Place the termination form in the client's file to be completed at the end of the treatment episode.

Note: Youth in DUII rehabilitation will be enrolled on the Adult Form. Youth enrolled in a DUII Education Program will be enrolled on the DUII Education Form (purple).



**Light Blue Corner:** The **Child Enrolled with Parent Enrollment Form** (Form No: 0467) is attached to the **Child Enrolled with Parent Termination Form** (Form No: 0433). It is to be used only for children enrolled with their parents in specifically designated "Women with Children" programs.

Instructions: The top portion of this 4-ply form is to be completed while intact. After separating the enrollment and termination forms, complete the enrollment form and send the yellow copy to OMHAS. Place the termination form in the client's file to be completed at the end of the treatment episode and mail to OMHAS.

Note: Some providers may offer more than one service and may find one form appropriate for some clients (e.g., outpatient) and another for other clients (e.g., DUII Education-only).

## Ordering Forms and Manuals

Please order additional forms 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 Five):

## Ordering Forms and Manuals (Continued)

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

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

## 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.

## How CPMS Data is Processed



### Enrollment



**A client arrives for the first face-to-face treatment (usually the assessment) session, and the enrollment form is completed by the counselor.**

## How CPMS Data is Processed (Continued)

- ✎ Use the right form for the service the client is entering. The forms are color-coded in the upper left-hand corner to insure the correct form is used. See Part One, page 13 for detailed descriptions of the forms.

### Color codes:

**yellow**- Standard (Adult)

**purple**- Detox/DUII Education/Marijuana Diversion Education

**dark blue**- Youth Treatment/Intervention

**light blue**- Child Enrolled with Parent Residential

- ✎ All boxes must be filled out, using only valid codes.

The only exception is in the drug matrix, see page 60.

- 🕒 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.

Exception: The purple-cornered form (Detox/DUII Education/Marijuana Diversion Education). This form contains both enrollment and termination data on the same sheet and should be retained by the provider until the client is terminated. Within seven (7) working days after the client terminates, the 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.

## How CPMS Data is Processed (Continued)

### **Monthly Service Reports**

After the client's enrollment has successfully processed, the client's basic information will appear on a monthly report. 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 Four contains report details and instructions.

 **TSAR for Residential services.** The information should be reviewed carefully by the provider. This report is not returned to OMHAS (see Part Four - Reports).

 **Monthly Management Report (MMR) for Detox.** Providers verify that all clients on the list actually received treatment and that the information is correct. This report is not returned to OMHAS unless corrections are needed (see Part Four - Reports).

 **MMR for all Outpatient services including Methadone, DUII and Marijuana Diversion.** The listed clients are sorted into three categories--- *OHP*, *Medicaid*, and OMHAS according to health insurance, income, and dependent data received on the client's enrollment form. Utilization of allocated slots is calculated from MMR data. Providers verify that each client is listed in the correct category. **Please** make the appropriate corrections and changes to the report and return a copy to OMHAS. Do not return it unless corrections are needed (See Part Four). Providers also verify that all clients on the list are actually still receiving treatment, and submit termination forms for clients not being served.

## How CPMS Data is Processed (Continued)

### **Termination**

Upon discharge, the counselor must make a **reassessment** of the client.

The A&D Termination Forms are to be completed and sent to OMHAS within 30 days of the last face-to-face client treatment contact unless a reason for leaving the case open is documented in the client file.

**Do not leave a case open because fees have not been paid.**

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

#### **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 30 calendar days after the last face-to-face treatment contact.
-  **Corrected MMRs** by the first working day of the month following your receipt of them.

Delays in sending the forms or reports may result in your program not receiving credit for all of the clients you have served when we calculate your utilization rate. Late terminations may also affect the length of stay and quality improvement reports.

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

**June 5** (fifth working day of the following month)

This is the last day that incoming CPMS mail (forms and reports) will be opened and processed until after the monthly CPMS deadline. Enrollment and termination information missing this deadline will be processed and appear on the following month's reports.

Note: Forms may be faxed to OMHAS, if necessary, to meet the deadline. See the CPMS Resource List in the appendix for more information.

**June 11**

Monthly service reports are produced from the enrollment data and should arrive in your office on or about mid-month.

**July 1** (1st of the following month)

Monthly reports with corrections are to be received by OMHAS by this date in order to be processed in time to meet the CPMS deadline.

**Where to Send Completed Forms and Reports**

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

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

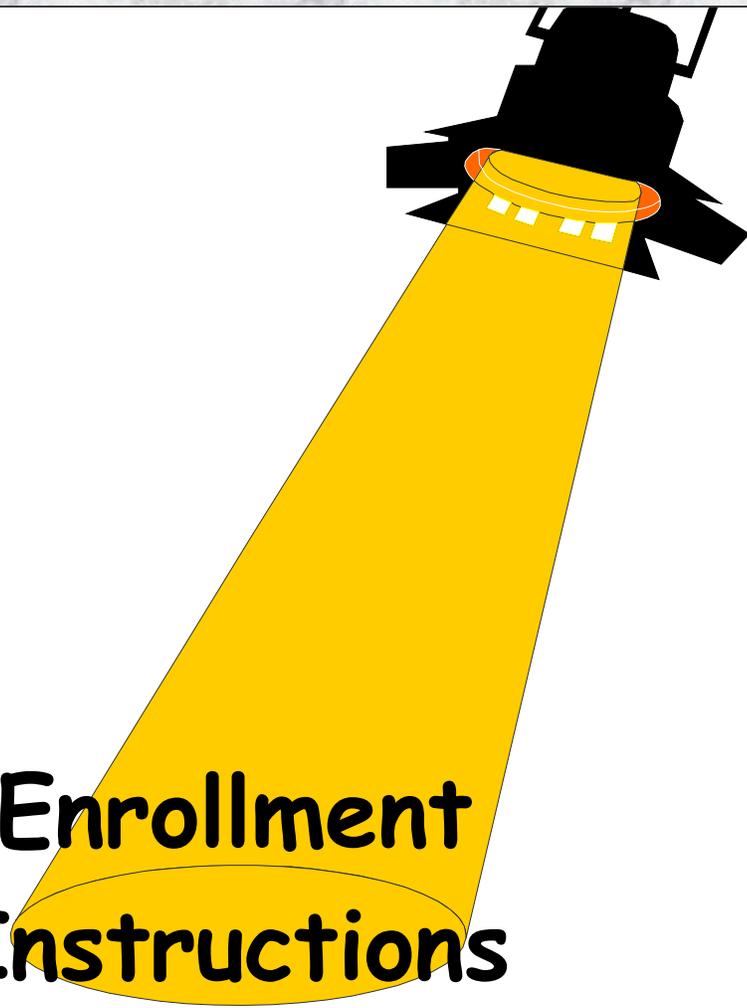
## **Where to Call If You Have Questions**

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

## **Electronic Submission of CPMS Data**

Currently, there are two ways to submit CPMS data electronically. You can export data out of your existing electronic system, or you can use the CPMS E-Form. Submitting data electronically reduces errors, lowers your mailing costs, and gets your data to us in a timely fashion. Please call the CPMS data team (see appendix) to find out how you can submit CPMS data electronically.

## PART TWO



**Enrollment  
Instructions**



## Box-by-Box Table of Contents

 - Enrollment Form

Description	<u>Page No.</u>
1 - Correcting a Form	25
3 - CMHP Number	26
4 - Provider Number	27
5 - Opening Date	28
6 - Name	30
7 - Case Number	31
8 - Date of Birth	32
10 - Eligibility Code	33
11 - Program Area Assignment	34
12 - Sex	36
13 - Education	39
14 - School/Training	40
15 - Referral Source(s)	41
17 - Estimated Gross Household Monthly Income	44
18 - Client Primary Residence	46
19 - Race/Ethnicity	48
20 - Health Insurance	49
21 - Marital Status	50
22 - Living Arrangement	51
23 - Dependents	52
24 - Source of Household Income	53
25 - Employment Status	54
31 - Total Arrests	55
32 - DUII Arrests	56
33 - Employability Factor	57
34 - Methadone Prescribed	58
36 - Addiction Type(s)	61
38 - Frequency of Use	63
39 - Route of Administration	65
40 - Age at First Use	66
41 - MIP Arrests	67
105 Case Number of Parent	68
106 Prenatal	37
107 Interpreter	38
115 Zip Code at Residence	47
116 Level of Care Assessed	35
117 Level of Care at Admission	59



<input type="checkbox"/>	CHECK BOX IF CORRECTION
____/____/____	DATE OF CORRECTION

## CORRECTING A FORM

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

### **Instructions:**

To correct a form, 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, 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 client 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.

CLINIC IDENTIFICATION	
3	CMHP

## Box 3 - CMHP NUMBER

### Instructions:

Enter the appropriate CMHP code number to indicate the county or community mental health program in which this provider operates. (See CMHP codes listed below.)

This code is assigned by OMHAS. It is permanent, and the same code must always be used when enrolling clients into your program(s) located in that CMHP. If your program has sites in more than one county, you would have more than one CMHP number. Please use the correct code when enrolling clients in the various sites.

### CMHP CODES

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

CLINIC IDENTIFICATION	
	4 PROVIDER

## Box 4 – PROVIDER NUMBER

### Instructions:

Enter the appropriate 3-digit code number assigned to this provider.

### Definition:

1. A provider number never stands alone. It is *always* tied to a CMHP number.
2. The provider number identifies the
  - provider within a CMHP that is enrolling a client, and
  - type of service (outpatient, residential, etc.) where the client is being enrolled.
3. Provider numbers are assigned by OMHAS and are unique to a provider within that county.
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 retired. It is never reassigned to a different provider.
5. A provider may have multiple provider numbers if the Letter of Approval is for multiple services.
6. The provider numbers assigned to programs are available from your agency data coordinator or from OMHAS.
7. New providers who do not yet have a provider number issued can set the process in motion by contacting the OMHAS Regional Alcohol and Drug Specialist (RADS).

<b>5</b> OPENING DATE		
MONTH	DAY	YEAR

## Box 5 - OPENING DATE

### Instructions:

Enter the date when the file was officially opened for the client. The date should be logical. For example, it should be *after* the client's date of birth.

### Definition:

Generally, the "OPENING DATE" is the first face-to-face service contact with the client (Most often the date of the initial assessment, if the client is determined to be appropriate for treatment in your program). However, there are exceptions to this rule discussed under special cases below.

**Note:** If a client receives an assessment only, and will receive no further treatment at your facility, because there is no identified primary substance of abuse, **DO NOT** enroll this client on CPMS. **HOWEVER**, if the client does have a primary substance of abuse, and the client is referred to treatment elsewhere, **DO** fill out an enrollment and termination form for this client's assessment.

### Special Cases:

- I. **Assessment by Outpatient or DUII Provider** is followed by immediate referral to residential treatment.
- II. **Circumstances where DUAL ENROLLMENT is permitted.** See Part One for an explanation of these special situations.

### III. Examples:

- A. Outpatient provider serves a client for longer than a month, using the initial assessment date as the open date, but the client requires residential care, as determined by the placement, continued stay, and discharge criteria. The outpatient provider terminates the client from outpatient services before the client enrolls in residential services. After residential treatment, when the client returns to outpatient treatment, the provider reopens them on CPMS using the first treatment contact after the client is terminated out of residential services. Therefore, this is more like a second episode rather than a *continuation* of an outpatient episode.

## Box 5 – Opening Date (Continued)

- B. Outpatient or DUII provider assesses a client, but for some reason, the client will not begin receiving treatment for more than 30 days after the assessment. **This situation is not acceptable.** Programs should be designed to ensure compliance with the minimum requirement in the Administrative Rules for at least one face-to-face contact every 30 days. If this is not possible, the assessment should be delayed until the treatment plan will begin. As long as the delay from assessment to first treatment contact is under 30 days, the assessment date is reported as the Open Date. If delays between assessment and treatment are common in your program, please contact your OMHAS Regional Coordinator for assistance in resolving the problem.
  
- C. A client returns to treatment after he/she has been discharged (a re-enrollment). The Open Date should be the first treatment contact date upon returning to treatment.

<b>6</b> NAME (USE UPPER CASE BLOCK LETTERS)		
LAST	FIRST	BIRTHNAME

**Box 6 - NAME**

**Instructions:**

In UPPER CASE BLOCK LETTERS, enter the entire last and first name of the client. Then enter the first four letters of the birth name. If the birthname is the same as the last name, enter the birthname anyway. Please write legibly as only the coded name is submitted to the CPMS Data Team. It is essential that the following letters be printed with exaggerated clarity: **U, V, I, L, D, and O.**

Example of Client Name: Alice Johnson is a residential client who has never been married. JOHNSON is placed under the "LAST" spaces and JOHN is placed under the "BIRTHNAME" spaces. ALICE is placed in the "FIRST" spaces.

Note regarding Hispanic Clients: For consistency in record keeping, if a client uses the mother's name as the last name, report instead the father's last name on the CPMS form.

7 CASE NUMBER					

## Box 7 - CASE NUMBER

### Instructions:

Each client is given a unique case number, i.e., client identification number. The number is assigned by your program. The case number **must** be numeric only, i.e., no letters or special characters (such as dashes, commas, etc.).

Note: When a client is given a case number, that number is retired when the client leaves the provider program. It must not be assigned to anyone else. **If that client returns at a later date, reassign the same number.** Do not assign a new case number to a returning client. The case number should move with the client even if they change provider numbers within your program. If, for any reason, it is not possible to identify a returning client's previous case number, contact the CPMS Data Team (see Part Five of this manual), who will assist you by locating the number.

If the assigned case number is less than six digits, "right justify" and use leading zeros. For example, case number 697 should be entered as 000697.

<b>8</b> DATE OF BIRTH			
1 - Known	MONTH	DAY	YEAR
2 - Estimated			

## Box 8 - DATE OF BIRTH

### Instructions:

This is a key identifier and is *a/ways* linked to the client's coded name.

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

#### Code Definitions:

1 - Known

2 - Estimated (Use number 2 only if you and/or your client do not know the year he/she was born.)

**Step 2:** Enter the known date, or, if estimating, enter 07-01 and the estimated year of birth (use leading zeros if needed). The date must be logical. For example, it should be prior to the episode open date.

### Estimated Date of Birth Instructions

In all cases where you are estimating the year of birth, enter 07 for the month and 01 for the day. **GUESS ONLY AT THE YEAR.** If you discover the known date of birth, send in a correction. This item may also be corrected by crossing out the incorrect date of birth on the TSAR or MMR and entering the correct date of birth in red ink above the lined-out data.

### Examples:

Known Date of Birth: Les Fortunate knows his date of birth. It is December 4, 1939. Enter 12-04-39 in the appropriate boxes.

Estimated Date of Birth: Jane Smith's birth date is unknown and you estimate the year to be 1955, then enter 07-01-55. **Remember, estimate only the year.**

10 ELIGIBILITY CODE	

## Box 10 - ELIGIBILITY CODE

### Instructions:

The eligibility codes are used to classify (DUII, Marijuana, or parents enrolled with children in residential treatment) clients into special groups. Generally, the following codes are to be used for alcohol or drug clients. Use only one code when applicable, or none (00) may apply. Note that a DUII or Marijuana client must have an eligibility code in every case. If you do not have a DUII, Marijuana, or residential parent enrolled with child program, you will code this 00.

### Definition - Eligibility Codes:

- 00 - None
- 06 - DUII or Marijuana Diversion Client - This code applies only to clients referred from court as part of a DUII or Marijuana Diversion agreement.
- 26 - DUII Convicted Client - This code applies to clients referred from court following conviction for DUII.
- 50 - Child in Residential Treatment with Parent - This client is a child in residential treatment with their parent. This code is preprinted on the Child Enrolled with Parent form (light blue).
- 51 - Parent in Residential Treatment with Child - This client is a parent who has a child in residential treatment with them.

11 PROGRAM AREA ASSIGNMENT	
<input type="text"/>	1=ALCOHOL 2=DRUG

## Box 11 - Program Area Assignment

### Instructions:

Enter the appropriate code in the box to describe the program area in which the client will receive services.

### Definition:

Program area code describes the primary service the client is entering. The program area codes are:

#### Code Definitions:

1 = ALCOHOL

2 = DRUG

The program area code must correspond with the client's primary substance of abuse (box number 36). (For example: If the primary substance of abuse is alcohol, the program area code must be 1.) Nicotine may **not** be the primary substance of abuse.

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

## Box 116 - LEVEL OF CARE ASSESSED

### Instructions:

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

### Code Definitions:

Level 0.5 Education/Early Intervention

Level 1.0 Outpatient

Level 2.0 Intensive Outpatient

Level 2.5 Day Treatment

Level 3.0 Residential

Level 4.0 Medically Managed Detox

<b>12</b> SEX	
<input type="text"/>	F=FEMALE M=MALE

## Box 12 - SEX

**Instructions:**

Enter the code "F" or "M" to indicate the client's sex.

Codes:

F - Female

M - Male

<b>106 PRENATAL</b>	
Client Pregnant at Enrollment?	1 – Yes 2 – No 3 – Not Applicable
<input type="text"/>	

## Box 106 - PRENATAL

### **Instructions:**

If female client is pregnant, mark 1-Yes. If female client is not pregnant, mark 2-No. If client is a male, always mark 3-Not Applicable.

### Codes

1 - Yes

2 - No

3 - Not Applicable

<b>107 INTERPRETER</b>	
Will Interpreter Services be needed for client?	
<input type="text"/>	1 – Foreign Language 2 – Hearing Impaired 3 - None

## Box 107 - INTERPRETER

### Instructions:

Will interpreter services be needed? Enter 1-Foreign Language or 2-Hearing-Impaired. If no interpreter services are needed, enter 3-No. If both will be needed, please enter a "2."

#### Code Definitions:

- |                                  |  |
|----------------------------------|--|
| <b>1</b> <u>Foreign Language</u> | Foreign language interpreter for the client.   |
| <b>2</b> <u>Hearing-Impaired</u> | Sign language interpreter for the deaf or hearing-impaired (hard-of-hearing) client. |
| <b>3</b> <u>None</u>             | No interpreter services are needed.  |

13 EDUCATION	
Highest Grade Completed	

## Box 13 - EDUCATION

### Instructions:

Enter the *highest grade* in school the client has completed. For those who have a GED, and no further education, enter 12. If client has some post-secondary education (including community college) enter total number of years of school. The maximum is 25 years. Remember that these are grades completed, and are not necessarily the number of years of attendance.

Codes range from 00 (None) to 25. If more than 25 years have been completed enter 25. Complete both boxes, using a leading zero if necessary (i.e., 01, 02, and so forth).

<b>14</b> SCHOOL / TRAINING	
Now Enrolled in School or Training?	
<input type="checkbox"/>	1 - Yes
<input type="checkbox"/>	2 - No

## Box 14 - SCHOOL / TRAINING

### Instructions:

Enter the appropriate code number to indicate whether the client is currently enrolled in a school at any level, or in a formal training program to improve their employability. Examples include: GED, ESL, barber school, clerical support classes, an carpenter apprentice program, vocational rehabilitation training, computer training, as well as any primary, secondary, or post-secondary academic program. Students who attended school in the spring and will be going back in the fall are considered to be in school during the summer.

### Codes:

1=Yes

2=No

Note: DUII education classes and other educational programs operated by an A & D provider are not included in this category. Enter "2" (No) if this is the only school or training the client is receiving.

<b>15 REFERRAL SOURCE(S)</b>			
Codes on Back of Form. Select First Appropriate Code(s) From Top of List.			

## Box 15 - REFERRAL SOURCE(S)

### Instructions:

Enter the first appropriate code number(s) from the top of the "Referral Code List" to indicate the institution (agency) and/or the person taking deliberate action<sup>1</sup> to get the client into a treatment provider. The codes are listed on the back of the enrollment form and on the next page.

Enter two 2-digit codes, if appropriate. If both an institution and a person have referred the client, enter both 2-digit codes. If only one referral code applies, enter 00 in the second referral source box. **Do not** use slashes.

All DUII providers must enter code 21 (court referral) in the first set of boxes in Box 15 at enrollment.

### Enrollment Referral Code List

Please select the first appropriate code(s) on the next page:

---

<sup>1</sup>"Deliberate action" indicates the referral source(s) that brings in the client, writes letters, makes phone calls to set up appointments, or takes any other similar action to see that the client actually is seen by the provider. A simple suggestion to a client to go somewhere for help is not considered a referral for the purpose of CPMS.

## Referral Codes:

(Choose the first appropriate code from the top of the list.)

### ALCOHOL AND DRUG AGENCIES

- 40 Outpatient (Chemical Dependency)
- 41 Residential Care
- 42 Non-Hospital Detox
- 43 Hospital Detox
- 44 Private Hospital Alcohol / Drug Care
- 52 Methadone Maintenance or Methadone Detox
- 73 Corrections A&D Treatment Program
- 77 Prevention / Early Intervention

### LOCAL OR STATE AGENCIES

- 80 Oregon Health Plan
- 70 Jobs Program (AFS)
- 07 Adult and Family Services (Welfare)
- 08 Services to Children & Families
- 09 Employment Department
- 10 Health Division
- 11 Vocational Rehabilitation Division
- 12 Motor Vehicles Division
- 13 Mental Health Division
- 35 Senior & Disabled Services Division
- 68 EPSDT/Medicheck
- 69 Social Security Administration
- 04 Developmental Disabilities
- 05 School
- 06 Other Community Agency

### INDIVIDUALS

- 31 Private health professional (e.g. primary care physician provider (PCP), psychiatrist, psychologist)
- 32 Self
- 33 Family Friend
- 34 Employer/EAP
- 47 Self Help Groups (Alanon, AA, NA)
- 81 Oregon Partnership Helpline

### CRIMINAL JUSTICE SYSTEM INSTITUTIONS AND AGENCIES

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

### HOSPITALS AND TRAINING CENTERS

- 74 State Hospital or Training Center

### OTHER/NONE

- 00 None
- 99 Other

<b>17</b> ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME			
			0001 = REFUSED    9999 = MORE THAN \$9999/MONTH 0002 = UNKNOWN

## Box 17 - ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME

### Instructions:

Enter the appropriate figure to indicate the total gross household income of all family members of the household (see definition of household and income below) during the previous month. Remember this is monthly income, not annual income. If the client worked last month but is no longer employed, enter the anticipated income for this month (e.g., from unemployment compensation).

If the client had no income, enter "0000".

If the client refuses to reveal his/her household income, enter "0001".

If the client's income is unknown, enter "0002".

If the client's income is greater than \$9999 per month, enter "9999".

**Note:** The "Refused" Code is **invalid** if the client is a DUII/Marijuana/MIP, indigent or partial indigent. A client must reveal income to be eligible for reduced fees, even if the income is "0000".

### Definitions:

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

Gross: Income *before* taxes and other deductions.

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

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

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

## **Box 17 – Household Income (Continued)**

### Examples:

Husband/Wife: Terry Yokkie lives with his wife. They both work. Terry earned \$900 before taxes and other deductions last month. His wife earned \$650 in gross income. Their total gross household monthly income, therefore, is \$1,550.

Husband/Wife: Justin Case works and is paid an income of \$900 per month. His wife Elizabeth was injured on the job a few weeks ago and is receiving Workers' Compensation benefits of \$350 per month. Therefore, their combined monthly gross household income is \$1,250.

Single Person: Scott Free works and is paid an income of \$1,100 per month. Scott lives 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.

<b>18</b> CLIENT PRIMARY RESIDENCE	
COUNTY OR STATE CODE (List on back of form)	

## Box 18 - CLIENT PRIMARY RESIDENCE

### Instructions:

#### A. County, State, or Country code:

Step 1: Consult the code list on the back of the enrollment form.

Step 2: Enter the appropriate code number in the box provided to show the county, state or country in which the client currently resides. (This code may be different from the CMHP code in Item 3.)

- (a) If the client is a resident of Oregon--select the code for the county in which he/she resides.
- (b) If the client is from another state--select the appropriate state code.
- (c) If the client is from another country--select code 96.

### Client Residence Code Definitions:

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

If client is in prison use the county in which the prison is located.

<b>115</b> ZIP CODE OF RESIDENCE					
Enter Zip Code of Residence or enter 00001 for transient/homeless.					

## Box 115 - ZIP CODE OF RESIDENCE

### Instructions:

Enter the Client's Zip Code of Residence. This should be the primary residence 30 days before entering treatment.

If client does not have a residence, enter 00001 for transient/homeless.

If client is in prison use the zip code in which the prison is located.

<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)		
08 – HISPANIC (Cuban)		
09 – OTHER HISPANIC		
10 – SOUTHEAST ASIAN		
11 – OTHER RACE		
12 – NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER		

## Box 19 - RACE/ETHNICITY

### 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.

### Codes:

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

<b>20 HEALTH INSURANCE</b>	
Enter a "1" next to primary source	
<u>MARK ONLY ONE BOX</u>	
<input type="checkbox"/>	OREGON HEALTH PLAN
<input type="checkbox"/>	MEDICARE
<input type="checkbox"/>	MEDICAID
<input type="checkbox"/>	V.A.
<input type="checkbox"/>	PRIVATE
<input type="checkbox"/>	OTHER PUBLIC
<input type="checkbox"/>	NONE

## Box 20 - HEALTH INSURANCE

### Instructions:

Enter a "1" next to the primary health insurer. You must mark a box and only one box.

### Code Definitions:

1. Oregon Health Plan: Make sure the client is enrolled in the Oregon Health Plan and not just eligible.
2. Medicare: Federal health insurance for persons 65 and older.
3. Medicaid: Federal and state health insurance for financially or medically needy. (Fee for service, OHP members not assigned.)
4. V.A.: Veterans' Administration
5. Private: For example, Kaiser Permanente Group Health Insurance, Blue Cross, or other private health insurance providers or HMOs. (Do not mark this one if the client is on the OHP even though they may have Kaiser Permanente or another HMO. This category is for *non*-OHP only.)
6. Other Public: For example: Multicare, MediCal, Washington Medical Insurance, Indian Health Services, Family Health Insurance Assistance Program (FHIAP).
7. None: No source of health insurance.

**Note:** Report the insurer, even if it will not be billed. The "primary" is the first insurer and usually pays the largest amount. **If client has no health insurance, mark a one (1) next to none.**

<b>21 MARITAL STATUS</b>	
1 – NEVER MARRIED	
2 – MARRIED	
3 – WIDOWED	
4 – DIVORCED	
5 – SEPARATED	
6 – LIVING AS MARRIED	
<input type="text"/>	

## Box 21 - MARITAL STATUS

### Instructions:

Enter the appropriate code to indicate the client's CURRENT marital situation. For example, if a client was "divorced" but is also "living as married" at the time of his/her enrollment, then that client should be entered as "living as married" because it is the current marital situation.

### Code Definitions:

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

<b>22 LIVING ARRANGEMENT</b>	
Enter First Appropriate Code:	
01 – LIVES IN OWN HOME	
23 – SPOUSE OR SIGNIFICANT OTHER'S HOME	
03 – PARENTS,RELATIVES,ADULT CHILDREN'S HOME	
04 – FOSTER HOME	
05 – INSTITUTION/GROUP HOME	
06 – FRIEND'S OR OTHER'S HOME	
97 – HOMELESS/SHELTER	
98 – REFUSED/UNKNOWN	
<input type="text"/>	<input type="text"/>

## Box 22 – LIVING ARRANGEMENT

### Instructions:

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

### Code Definitions:

- 01 - Lives in Own Home -- Person lives in his/her own home, with or without children.
- 23 - Spouse or Significant Other's Home -- Person lives with spouse or significant other, in spouse/significant other's home.
- 03 - Parent's, Relative's, Adult Children's Home -- Person lives with parents or relatives. The family does not receive service payments to care for the person (not a Relative Foster Home).
- 04 - Foster Home -- Person lives in a home certified to serve five or fewer clients who are not related to the provider. The provider receives service payments to provide personal care, 24-hour supervision and room & board.
- 05 - Institution/Group Home -- Person lives in a state hospital or training center, private hospital, city or county jail, state correctional facility, CSD juvenile training school, work release center, or special school such as the State School for the Blind or Deaf.
- 06 - Friend's or Other's Home -- Person lives with friends or others.
- 97 - Homeless/Shelter -- Person without a mailing address is to be considered homeless. Examples of shelters: St. Vincent DePaul and Missions.
- 98 - Refused/Unknown -- Use this code only if client adamantly refuses to give address.

Example: The client lives with his/her spouse and two friends; enter only the code 23 for spouse because it comes before the code 06 for friends or others.

**Note to counselor: Be prepared to use your own judgement.**

23 DEPENDENTS				
ENTER THE TOTAL NUMBER OF PEOPLE IN EACH AGE GROUP THAT ARE DEPENDENT UPON THE INCOME INDICATED IN ITEM #17 (INCLUDING THE CLIENT)				
YEARS IN AGE				
UNDER	6	6-17	18-64	65+

## Box 23 - DEPENDENTS

### 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.

Step 1: Enter the number of persons "under the age of six years" who are dependent upon the same household income as the client. (Include the client if he/she is in this age group.)

Step 2: Enter the number of persons "between the ages of six and 17 years" who are dependent upon the same household income as the client. (Include the client if he/she is in this age group.)

Step 3: Enter the number of persons "between the ages of 18 and 64 years" who are dependent upon the same household income as the client. (Include the client if he/she is in this age group.)

Step 4: Enter the number of persons "65 years of age or older" who are dependent upon the same household income as the client. (Include the client if he/she is in this age group.)

Definitions: "Household" refers to a living unit in which the members are dependent upon a common income for subsistence (the income listed in box 17-Estimated Gross Monthly Household Income).

Special Instruction: If the client pays child support, those children may be included even though not actually residing with the client. On the other hand, if the client does not want to claim those children as dependents, subtract the child support from the Gross Household Income and do not claim those children as dependents. You should fully document that the payments are actually being made when choosing either of these two options.

24 SOURCE OF HOUSEHOLD INCOME	
Enter a "1" next to primary source <u>MARK ONLY ONE BOX</u>	
<input type="checkbox"/>	WAGES, SALARY
<input type="checkbox"/>	SOCIAL SECURITY
<input type="checkbox"/>	S.S.I. FEDERAL
<input type="checkbox"/>	O.S.I.P. - STATE
<input type="checkbox"/>	PUBLIC ASST./WELFARE
<input type="checkbox"/>	DIVIDENDS/INTEREST
<input type="checkbox"/>	PENSION/UNEMP./VETS
<input type="checkbox"/>	ALIMONY/CHILD SUPPORT
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	NONE

## Box 24 - SOURCE OF HOUSEHOLD INCOME

### Instructions:

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

### Code Definitions:

Wages, Salary: Money earned through paid employment.

Social Security: Includes retirement pensions, 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.

OSIP--State: Oregon Supplementary Income Program (OSIP), often referred to as "personal allowance money"; sometimes paid from state or local sources to aged, blind, or disabled low income persons, whether or not they get SSI.

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

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

Pension/Unemployment/Veteran's Disability Benefits: Includes funds paid to veterans (including families), unemployment compensation, private or governmental non-Social Security retirement, and insurance (including SAIF).

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

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

None: No source of income for the household.

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

## Box 25 – EMPLOYMENT STATUS

### Instructions:

Enter the appropriate code to indicate the client's *current* employment status.

### Code Definitions:

- 1 - Full-time:
  - A. Those persons who are working for pay at the time of their enrollment and who normally work at least 35 hours per week. This includes those who work at part-time jobs that total at least 35 hours per week; **or**
  - B. Those persons temporarily absent from their regular jobs because of illness, vacation, industrial disputes (strikes), or similar reasons.
- 2 - Part-time: Those who work for pay at the time of their enrollment and who normally work at least 17 hours but not more than 34 hours per week. This includes those on strike whose normal weekly hours are between 17 and 34.
- 3 - Irregular: Those persons who work for pay at the time of enrollment and normally work fewer than 17 hours per week.
- 4 - Not Employed (but has sought employment):
  - A. Those persons who are not working at the time of enrollment but have sought work and were available within the preceding 30 days.
  - B. Persons available for work, but are currently unemployed because they are on layoff, temporarily ill or waiting to start a new job within 30 days.
- 5 - Not Employed (and has not sought employment): This item includes:
  - A. Persons retired;
  - B. Persons engaged in their own housework;
  - C. Those not working while attending school;
  - D. Persons unable to work because of long-term illness;
  - E. Persons discouraged from seeking work due to personal factors; and
  - F. Persons who are voluntarily idle.

<b>31 TOTAL ARRESTS</b>	
In past 5 years	

**Box 31 - TOTAL ARRESTS**

**Instructions:**

Enter the total number of times the client has been arrested in the five years prior to this admission, including any that precipitated his/her referral for enrollment. This does not imply conviction. Arrests for driving under the influence of alcohol or drugs, however, should be included. Parole/probation violations are not considered arrests unless a new crime has been committed and the client is charged with the crime. If None, code 00.

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

Note: Total arrests must be equal to or greater than DUII arrests (Box 32).

<b>32</b> DUII ARRESTS	
In past 5 years	

## Box 32 - DUII ARRESTS

**Instructions:**

The number of arrests for driving under the influence of intoxicants or the equivalent in the five years prior to this admission is recorded in this item. It does not imply conviction. If no arrests were made, it is recorded '00'. Range: 00-99.

Note: For all DUII programs, this item should reflect the current DUII arrest and any other DUII arrest that may be pending or for which the client was convicted or acquitted in this state or any other state. It is appropriate to record 00 for a DUII diversion or convicted client if the DUII arrest was prior to five years ago. Source of information can be the client or the official court records. DUII arrests must be less than or equal to total arrests (Box 31).

<b>33</b> 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	

## Box 33 – EMPLOYABILITY FACTOR

**Instructions:**

This item indicates the client's situation relative to employment in a self-supporting job placement. The codes are as follows:

**Codes:**

- 0 - Employable or Working Now
- 1 - Student
- 2 - Homemaker
- 3 - Retired
- 4 - Unable to work for physical or psychological reasons
- 5 - Incarcerated
- 6 - Seasonal Worker
- 7 - Temporary Layoff

Note: Record 0 if there are no reasons why the client cannot be employed. Only **one category** may be selected. If a student is employed, code '0', otherwise code '1' for the student.

<b>34</b> METHADONE PRESCRIBED	
00=NO 01=YES	
<input type="text"/>	<input type="text"/>

## Box 34 - METHADONE PRESCRIBED

**Instructions:** ‘

This should be coded yes ‘01’ if you are a Methadone Maintenance Provider.

Will methadone be used for treatment? Since this is coded at admission, indicate whether you will probably use methadone during treatment.

Codes:

00=No

01=Yes

Mark this box 01 **ONLY** if prescribing methadone. If the client is receiving methadone from a provider other than your program, mark this box with a 00.

117 LEVEL OF CARE AT ADMISSION	
Enter a "1" next to the Level of Care for which the client was admitted. Mark only one box	
<input type="checkbox"/>	Level 1.0 Outpatient
<input type="checkbox"/>	Level 2.0 Intensive Outpatient
<input type="checkbox"/>	Level 2.5 Day Treatment
<input type="checkbox"/>	Level 3.0 Residential
<input type="checkbox"/>	0.0 Further treatment is not appropriate

**Box 117 - LEVEL OF CARE AT ADMISSION**

**Instructions:**

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

**Code Definitions:**

Level 1.0 Outpatient

Level 2.0 Intensive Outpatient

Level 2.5 Day Treatment

Level 3.0 Residential

0.0 Further treatment is not appropriate at this facility (assessment only).

<b>PATTERNS of ABUSE</b> (Codes on Back of Form)	<b>PRIMARY</b> SUBSTANCE	<b>SECONDARY</b> SUBSTANCE	<b>TERTIARY</b> SUBSTANCE
<b>36</b> ADDICTION TYPE(S) Complete all blocks			
<b>38</b> FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
<b>39</b> MOST RECENT USUAL ROUTE OF ADMINISTRATION			
<b>40</b> AGE AT FIRST USE (00 = Affected at Birth)			

## PATTERNS OF ABUSE MATRIX

### General Instructions:

Items 36-40 comprise the substance abuse matrix. Report only those substances that are problems and meet the criteria listed below.

### Characteristics of "Problem" Substances

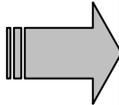
- Causes physical, mental, or social dysfunction.
- Can include any substance type as listed in Item 36.
- Have not necessarily been taken by the client during the 30 days prior to admission, although the client experiences current dysfunction.

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

1. patterns of substance involvement; and
2. degree of present or past physical, mental, or social dysfunction caused by substance involvement; and
3. degree of present or past physical or psychological dependence on substances, regardless of the frequency of use of a specific substance.

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

Note: Each client's substance abuse problem(s) is to be individually assessed. Do not compare one client's pattern with that of another client.



<b>PATTERNS of ABUSE</b> (Codes on Back of Form)	<b>PRIMARY</b> SUBSTANCE	<b>SECONDARY</b> SUBSTANCE	<b>TERTIARY</b> SUBSTANCE
<b>36</b> ADDICTION TYPE(S) Complete all blocks			
<b>38</b> FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
<b>39</b> MOST RECENT USUAL ROUTE OF ADMINISTRATION			
<b>40</b> AGE AT FIRST USE (00 = Affected at Birth)			

## Box 36 - ADDICTION TYPE(S)

### Instructions:

From the following codes, identify and enter the substance(s) which causes the client's dysfunction at the time of admission or DUII arrest - problem substance(s). Each category can have only one substance listed.

If the addiction type(s) for polydrug abusers cannot be identified as primary, secondary, or tertiary, rank and record the substance(s) in order of the client's choice.

1. Primary: This is the substance abuse problem for which the client was admitted to treatment.

If a client is admitted to a methadone maintenance modality, the primary problem must be an opiate (heroin, non-Rx methadone, or any other opiates or synthetics).

**Nicotine cannot be the primary problem.**

2. Secondary: Record a secondary problem only after a primary problem has been entered.
3. Tertiary: Record a tertiary problem only after a primary and secondary problem have been entered.

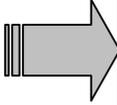
After all problem substances have been entered, complete any remaining "Addiction Type" blocks with zeros. Do not use slashes.

**When 00 for "none" is entered in any blocks of this item (36), leave the corresponding block of items 38-40 blank.**

## Addiction Type (continued)

### Code Definitions:

- 00 - None (Cannot appear under primary problem)
- 01 - Heroin
- 02 - Non-Rx Methadone: Methadone obtained and used without a legal prescription.
- 03 - Other Opiates and Synthetics: including Codeine, Dilaudid, Morphine, Demerol, Opium, Darcon, Fentanyl, and other narcotic analgesics.
- 04 - Alcohol
- 05 - Barbiturates: including Phenobarbital, Seconal, Nembutal, etc.
- 06 - Other Sedatives or Hypnotics: including Methaqualone, Chloral Hydrate, Placidyl, Doriden, etc.
- 07 - Amphetamines/Methamphetamines: including Benzedrine, Dexedrine, Preludin, Methamphetamine, Ritalin, and any other 'amines' and related drugs like Ecstasy.
- 08 - Cocaine
- 09 - Marijuana/Hashish: including THC and any other Cannabis sativa preparations (Delta-9 Tetrahydrocannabinol).
- 10 - Hallucinogens: including LSD, DMT, STP, Mescaline/Peyote, Psilocybin, etc. (PCP is not included in this code. See code 21 below.)
- 11 - Inhalants: including: a) volatile solvents - glue, gasoline; b) aerosols - paint; c) anesthetics - Nitrous Oxide; d) volatile nitrites - Amyl/Butyl Nitrite.
- 12 - Over-The-Counter: including any legally obtained, non-prescription medication such as: antihistamines, congestants, antitussives, "diet aids", and "sleeping aids".
- 13 - Tranquilizers: including any anti-anxiety drug such as: Librium, Benzod, Valium, Xanax and Serax, etc.
- 14 - Other: including any other drug not falling into one of the specified categories.
- 21 - PCP: (Phencyclidine) /PCP Combinations.
- 23 - Nicotine: including cigarettes, chewing tobacco, etc. **Not to be entered as a primary substance.**



<b>PATTERNS of ABUSE</b> (Codes on Back of Form)	<b>PRIMARY</b> SUBSTANCE	<b>SECONDARY</b> SUBSTANCE	<b>TERTIARY</b> SUBSTANCE
<b>36</b> ADDICTION TYPE(S) Complete all blocks			
<b>38</b> FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
<b>39</b> MOST RECENT USUAL ROUTE OF ADMINISTRATION			
<b>40</b> AGE AT FIRST USE (00 = Affected at Birth)			

## **Box 38 - FREQUENCY OF USE OR DEGREE OF IMPAIRMENT**

### **Instructions:**

Enter one of the codes from the following list to indicate the frequency or amount of use during the 30 days prior to admission or DUII arrest for each substance recorded in Item 36. If more than one frequency exists, enter the highest frequency.

If there has been no use in the past 30 days prior to admission, please code the frequency appropriately (0). It is okay for a client to have a frequency of zero for the primary substance of abuse.

It is important to point out that during the initial assessment a client may report no use in the past 30 days. After a couple of individual or group sessions with the client, and/or after the first urinalysis test comes back, the assessment may need to be adjusted if use has been detected.

**When 00 for "None" has been entered in any blocks of Item 36, Alcohol or Other Drug Type(s), leave the corresponding blocks of Items 38 blank.**

Please note: Each code number has two meanings; the codes on the left describe the frequency of drug use, and those on the right describe the degree of impairment resulting from alcohol use. On the following page, use the appropriate code from the appropriate column.

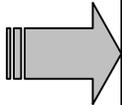
## Frequency of Use or Degree of Impairment

### Codes for Drugs Other than Alcohol

- 0** – No use
- 1** - Less Than Once Per Week
- 2** - Once Per Week
- 3** - Several Times Per Week
- 4** - Once Daily
- 5** - Two to Three Times Daily
- 6** - More Than Three Times Daily

### Codes for Alcohol/Nicotine

- 0** – No Use
- 1** - Use: Light or moderate; (i.e., social drinking)
- 2** - Moderate Abuse: Recognizable pattern of excessive use resulting in mild impairment of social and/or occupational functioning.
- 3** - Serious Abuse: Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. No signs of tolerance or withdrawal.
- 4** - Addiction (Moderate): Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. Signs of tolerance and/or withdrawal.
- 5** - Addiction (Serious): Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. Signs of tolerance and/or withdrawal with prolonged history of addiction.
- 6** - Addiction (Chronic): Daily. Under the continuous influence of the substance and highly dysfunctional. Experiences severe withdrawal.

<b>PATTERNS of ABUSE</b> (Codes on Back of Form)	<b>PRIMARY SUBSTANCE</b>	<b>SECONDARY SUBSTANCE</b>	<b>TERTIARY SUBSTANCE</b>
<b>36</b> ADDICTION TYPE(S) Complete all blocks			
<b>38</b> FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
 <b>39</b> MOST RECENT USUAL ROUTE OF ADMINISTRATION			
<b>40</b> AGE AT FIRST USE (00 = Affected at Birth)			

## **Box 39 - MOST RECENT USUAL ROUTE OF ADMINISTRATION**

### **Instructions:**

Enter one of the following codes to indicate the client's most recent usual route of administration at the time of admission or DUII arrest.

If more than one route of administration exists, enter the most frequent route.

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

### Code Definitions:

- 1 - Oral: Ingested by mouth.
- 2 - Smoking: Absorbed through the lungs and respiratory system by mouth.
- 3 - Inhalation: Absorbed through the lungs and respiratory system.
- 4 - Intramuscular: Administered by injection into the muscles.
- 5 - Intravenous: Administered by injection into the veins.
- 6 - Other: Not specified in any of the other categories.

<b>PATTERNS of ABUSE</b> (Codes on Back of Form)	<b>PRIMARY</b> SUBSTANCE	<b>SECONDARY</b> SUBSTANCE	<b>TERTIARY</b> SUBSTANCE
<b>36</b> ADDICTION TYPE(S) Complete all blocks			
<b>38</b> FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
<b>39</b> MOST RECENT USUAL ROUTE OF ADMINISTRATION			
<b>40</b> AGE AT FIRST USE (00 = Affected at Birth)			

### Box 40 - AGE AT FIRST USE

**Instructions:**

Enter the age that indicates when the client first became involved with the drug type(s) identified in Item 36.

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

Enter 00 if affected at birth.

Note: When 00 for "none" has been entered in any blocks of item 36, Drug Type(s), leave the corresponding blocks below blank.

<b>41</b> M I P CITATIONS	
In Past 24 months	

## Box 41 - M I P CITATIONS

**Instructions:**

Enter the total number of times the client/student has been cited for Minor in Possession (MIP) offenses in the 24 months prior to this admission. If no citations were made enter 00.

Note: This box only appears on the Youth Enrollment form.

105 CASE # OF PARENT					

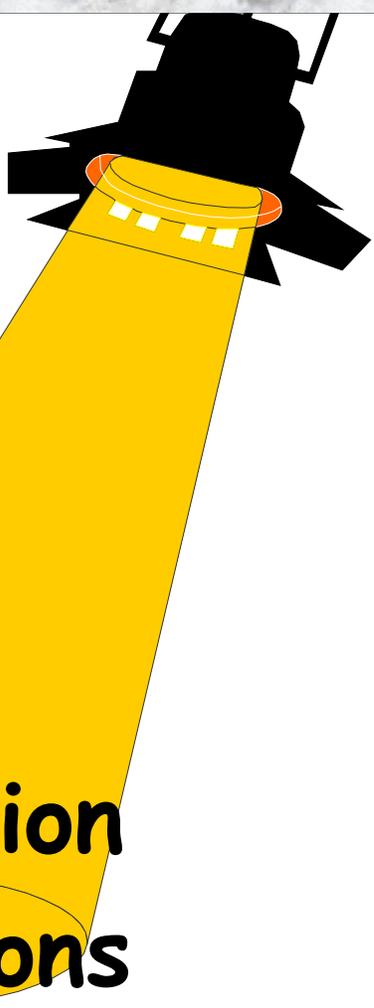
**Box 105 - CASE # OF PARENT**

**Instructions:**

Enter the case number of the parent enrolled in residential treatment. The case number of the parent is different from the case number of the child.

Note: This box only appears on the "Child Enrolled With Parent" Enrollment Form.

## PART THREE



# Termination Instructions



# Box-by-Box Table of Contents

 - Termination Form

<u>Box</u>	<u>Description</u>	<u>Page No.</u>
1 -	Correcting a Form	25
3 -	CMHP Number	26
4 -	Provider Number	27
5 -	Opening Date	28
6 -	Name	30
7 -	Case Number	31
8 -	Date of Birth	32
47 -	Payor Code	74
48 -	Termination Type	75
49 -	Last Treatment Contact	76
50 -	Form Completed Date	77
51 -	Education	80
52 -	School/Training	81
53 -	Referred to	82
54 -	Total Arrests (during treatment)	84
55 -	DUII Arrests (during treatment)	85
56 -	Estimated Gross Household Monthly Income	86
57 -	Marital Status	88
58 -	Source of Household Income	89
59 -	Employment Status	91
61 -	Employability Factor	94
62 -	Education/Skills	95
63 -	Addiction Type(s)	101
65 -	Frequency of Use	102
66 -	Route of Administration	104
67 -	Self Help Groups	98
68 -	Antabuse	99
71 -	MIP Citations	105
103 -	Number of Positive Urinalysis Tests	106
104 -	Number of A&D Urinalysis Tests Administered	107
108 -	Prenatal	79
109 -	Pre-Delivery	97
110 -	SCF	96
111 -	Living Arrangement	93
112 -	Academic	108
113 -	Attendance	109
114 -	School Behavior	110
200 -	Service Volume	111



# Termination Instructions

CLINIC IDENTIFICATION			6 OPENING DATE		
3 CMHP	4 PROVIDER		MONTH	DAY	YEAR
6 NAME (USE UPPER CASE BLOCK LETTERS)					
LAST		FIRST		BIRTHNAME	
7 CASE NUMBER		8 DATE OF BIRTH			
		1 - Known	MONTH	DAY	YEAR
		2 - Estimated			

## Boxes 3 through 8

The data in boxes 3-8 is the same as previously entered on the enrollment form. Using the 4-ply combination form, the data should have transferred to the termination portion at the time of enrollment. Please check to be sure it's readable.

Note: If a woman's name changes during treatment because of marriage or divorce, simply enter her current last name at the time of termination. You may write over the imprinted enrollment name. Her maiden/birth name will remain the same as at enrollment.

<b>47</b> PAYOR CODE	

## Box 47 - PAYOR CODE

### Instructions:

Enter one of the following codes to indicate the primary source of payment for services delivered to this client.

### Codes:

- 00 - Billed Indigent Fund
- 01 - Client/Clients' Spouse
- 03 - Client's Parent/Legal Guardian
- 05 - Veterans Administration
- 08 - Medicaid/Title XIX (Fee-for-Service)
- 09 - Medicare
- 11 - Private Insurance
- 12 - Other Public Assistance Programs
- 14 - Oregon Health Plan
- 13 - None
- 65 - OMHAS
- 66 - State or County Corrections
- 67 - Other State/Federal Grant

Note: For DUII indigent or partially indigent clients, enter code 00, even though they have paid a portion of their treatment fees.

Public Assistance includes state or federal funding from SCF, AFS, Sovereign Nations, etc.

**If more than one payor, choose the one who paid the most.**

48 TERM TYPE	

## Box 48 - TERMINATION TYPE

### Instructions:

Enter one of the following codes to indicate the reason for discharge from the reporting clinic. All data pertains to the client at the time of his/her last face-to-face treatment contact.

### Termination Type Codes:

- 01 - Initial appointment(s) not kept within 14 days of enrollment.
- 02 - Client termination without clinic agreement (i.e., client leaves without explanation).
- 03 - Treatment is complete.\*
- 04 - Further treatment is not appropriate for client at this facility or in this service. Explanation: Client is not benefiting from treatment; client might need a different treatment modality, etc.
- 05 - Non-compliance with rules and regulations.
- 07 - Client moved out of catchment area.
- 08 - Client cannot get to facility for further service/treatment.
- 09 - Client cannot come for service/treatment during facility hours.
- 11 - Client incarcerated.
- 12 - Client deceased.
- 13 - Parents/legal guardian withdrew client.
- 14 - Terminated due to program cut/reduction
- 16 - Termination due to Physical or Mental Illness

### \*Completing Treatment (Code 03)

Alcohol and drug treatment providers should use the following rules as a *minimum* in determining that a client has completed treatment:

- 1) The client achieves at least two-thirds of his/her signed treatment plan; and
- 2) The client is no longer abusing and/or is abstinent 30 days prior to termination.

**Note:** If treatment completed (03) is used, no unknowns should be coded in any of the remaining boxes on the termination form.

49 LAST TREATMENT CONTACT		
MONTH	DAY	YEAR

## Box 49 - LAST TREATMENT CONTACT

**Instructions:**

Record the date the client received his/her last face-to-face treatment contact. Telephone or written contacts are not treatment contacts.

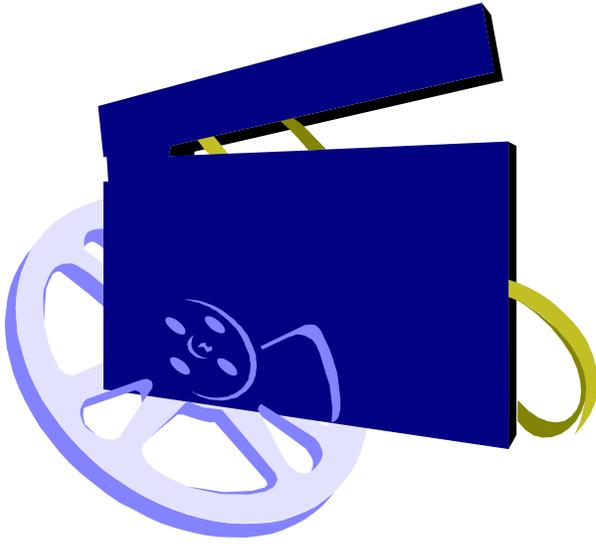
Enter two digits each for month, day, year. **A client must be discharged on the CPMS Termination Form if he/she has not received a face-to-face treatment contact at least once in a 30-day period unless clearly justified in the client's record.** Do not leave CPMS case records open while awaiting payment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

50 FORM COMPLETED		
MONTH	DAY	YEAR

## Box 50 - FORM COMPLETED

**Instructions:**

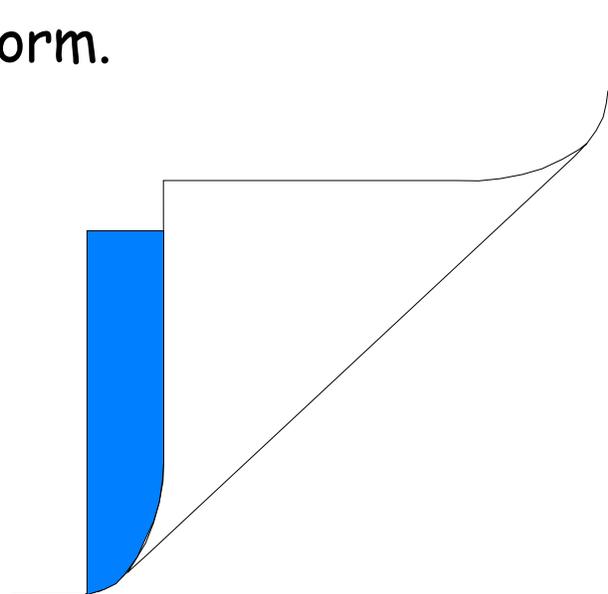
Enter month, day, and year the termination form is being completed. This is not necessarily the date that the client was discharged from treatment. This date **cannot** be prior to the last treatment contact date.



At the time of termination, it is necessary to re-evaluate the client.

The remaining items describe the status of the client at the time of termination.

**DO NOT COPY**  
the following information  
from the client's  
enrollment form.



<b>108</b> PRENATAL	
Client Pregnant at Discharge?	1 – Yes 2 – No 3 – Not Applicable
<input type="text"/>	

## Box 108 - PRENATAL

**Instruction:**

If female client is pregnant at discharge, mark 1-Yes. If female client is not pregnant at discharge, mark 2-No. Otherwise mark 3-Not Applicable (Male).

**Codes:**

1 = Yes

2 = No

3 = Not Applicable

<b>51</b> EDUCATION	
Highest Grade Completed	
	99=Unknown

## Box 51 - EDUCATION

### Instructions:

Enter the *highest grade* in school which the client has completed. For those who have a GED, and no further education, enter 12. If client has some post-secondary education (including community college) enter total number of years of school. The maximum is 25 years. Remember that these are grades completed, and are not necessarily the number of years of attendance.

Codes range from 00 (None) to 25. If more than 25 years have been completed enter 25. Complete both boxes, using a leading zero if necessary (i.e., 01, 02, and so forth).

**Note:** This box **CANNOT** be coded lower than the Education box on the enrollment form.

<b>52 SCHOOL / TRAINING</b>	
Now Enrolled in School or Training?	
<input type="text"/>	1 - Yes 2 - No 9 - Unknown

## Box 52 - SCHOOL / TRAINING

### **Instructions:**

Enter the appropriate code number to indicate whether the client is currently enrolled in a school at any level, or in a formal training program to improve their employability. This include: GED, ESL, barber school, secretarial school, an apprenticeship program, vocational rehabilitation training, etc., or any primary, secondary, or post-secondary academic program at the time of discharge. Students who attended school in the spring and will be going back in the fall are still considered to be in school during the summer.

### **Codes:**

1 = Yes

2 = No

9 = Unknown

Note: DUII education classes and other educational programs operated by the provider should not be recorded in this box. Enter "2" for NO if this is the only school or training the client is receiving.

<b>53</b> REFERRED TO			
Codes on Back of Form. Select First Appropriate Code(s) From Top of List.			

## Box 53 - REFERRED TO

### Instructions:

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

A&D providers should use the referral codes specified under "Alcohol and Drug Agencies" when applicable. You may enter two codes, if appropriate. If client is referred to more than one referral code, enter both codes. If only one referral code applies, enter '00' in the second set of boxes.

The referral code list is prioritized intentionally in order to capture the alcohol and drug continuum of care.

DUII Instruction: Non-compliant DUII clients should always be reported as referred to "court" (21) in the first set of boxes. DUII clients who complete treatment should not be reported as referred to court.

### Termination Referral Code List

Select the first appropriate code(s) on next page:

## Referral Codes:

(Choose the first appropriate code from the top of the list.)

### ALCOHOL AND DRUG AGENCIES

- 40 Outpatient (Chemical Dependency)
- 41 Residential Care
- 42 Non-Hospital Detox
- 43 Hospital Detox
- 44 Private Hospital Alcohol / Drug Care
- 52 Methadone Maintenance or  
Methadone Detox
- 73 Corrections A&D Treatment  
Program
- 77 Prevention / Early Intervention

### LOCAL OR STATE AGENCIES

- 80 Oregon Health Plan
- 70 Jobs Program (AFS)
- 07 Adult and Family Services (Welfare)
- 08 Services to Children & Families
- 09 Employment Department
- 10 Health Division
- 11 Vocational Rehabilitation Division
- 12 Motor Vehicles Division
- 13 Mental Health Division
- 35 Senior & Disabled Services Division
- 68 EPSDT/Medicheck
- 69 Social Security Administration
- 04 Developmental Disabilities
- 05 School
- 06 Other Community Agency

### INDIVIDUALS

- 31 Private health professional (e.g.  
primary care physician/provider  
(PCP), psychiatrist, psychologist)

### INDIVIDUAL (continued)

- 32 Self
- 33 Family Friend
- 34 Employer/EAP
- 47 Self Help Groups (Alanon, AA, NA)
- 81 Oregon Partnership Helpline

### CRIMINAL JUSTICE SYSTEM INSTITUTIONS AND AGENCIES

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

### HOSPITALS AND TRAINING CENTERS

- 74 State Hospital or Training Center

### OTHER/NONE

- 00 None
- 99 Other

<b>54</b> TOTAL ARRESTS	
During Treatment	
<input type="text"/>	<input type="text"/> 99= Unknown

## Box 54 - TOTAL ARRESTS

**Instructions:** Enter the total number of times the client was arrested during his/her current treatment episode. The codes range from 00 for "none" to 99 for "unknown". Complete both blocks using a leading zero if necessary.

This Item does not imply conviction and relates to alleged offenses committed during the treatment episode.

Total arrests during treatment must be equal to or greater than DUII arrests during treatment (Box 55).

<b>55</b> DUII ARRESTS	
Total Number of DUII Arrests During Treatment	
	99=Unknown

## Box 55 - DUII ARRESTS

**Instructions:**

The number of arrests for driving under the influence of intoxicants or the equivalent during the period the client was in your treatment program. It does not imply conviction. If no arrests were made, it is recorded as 00. Range: 00-99.

Note: This applies to the period the client was in the DUII program, not the full period under a DUII agreement. DUII arrests during treatment should be less than or equal to total arrests during treatment (Box 54)

<b>56</b> ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME				
0001 = REFUSED    0002 = UNKNOWN 9999 = MORE THAN \$9999/MONTH				

## Box 56 - ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME

### Instructions:

Enter the appropriate figure to indicate the total gross household income of all family members of the household (see definition of household and income below) during the previous month. Remember this is monthly income, not annual income. If the client worked last month but is no longer employed, enter the anticipated income for this month (e.g., from unemployment compensation).

If the client had no income, enter "0000".

If the client refuses to reveal his/her household income, enter "0001".

If the client's income is unknown, enter "0002".

If the client's income is greater than \$9999 per month, enter "9999".

Note: The "Refused" Code is **invalid** if the client is a DUII/Marijuana/MIP indigent or partial indigent. A client must reveal income to be eligible for reduced fees, even if the income is ""0000".

### Definitions:

Estimate: The best you can come up with based on available information.

Gross: Income *before* taxes and other deductions.

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

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

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

## **Box 56 – Household Income (Continued)**

### Examples:

Husband/Wife: Rockie Cliff lives with his wife. They both work. Rockie earned \$900 before taxes and other deductions last month. His wife earned \$650 in gross income. Their total gross household monthly income, is \$1,550.

Husband/Wife: Charlie Hoarz works and is paid an income of \$900 per month. His wife was injured on the job a few weeks ago and is receiving Workers' Compensation benefits of \$350 per month. Their combined monthly gross household income is \$1,250.

Single Person: Jim Shewz works and is paid an income of \$1,100 per month. Jim lives in an economic collective with six other adults who all work. Jim pays room and board. Jim's total gross household monthly income is \$1,100.

Person Living With Parents: Rose Busch lives with her parents. She is collecting \$220 per month in unemployment benefits. Her father works and earns \$1400 per month. Since Sharon does not pay room and board, her father's income should be included in the total gross household monthly income. The gross household income is \$1620 per month.

Person Living In Prison: Bill Winkle is a prisoner on a work release program. He is considered earning an income. No other income should be included.

<b>57</b> MARITAL STATUS
1 - NEVER MARRIED 2 - MARRIED 3 - WIDOWED 4 - DIVORCED 5 - SEPARATED 6 - LIVING AS MARRIED 9 - UNKNOWN
<input type="text"/>

## Box 57 - MARITAL STATUS

### Instructions:

Enter the appropriate code to indicate the client's CURRENT marital situation at time of termination. For example, if a client was "divorced" but is also "living as married" at the time of his/her termination, then that client should be entered as "living as married" because it is the current marital situation.

### Code Definitions:

- 1 - Never Married: Never married and living presently as a single person.
- 2 - Married: Married, living with spouse.
- 3 - Widowed: Widowed and living as a single person.
- 4 - Divorced: Divorced and living as a single person.
- 5 - Separated: Married but not living with spouse.
- 6 - Living as Married: Two persons living as a married couple.
- 9- Unknown: This code should only be used if the client has left the program prior to treatment completion and the current marital status is not known.

NOTE: This code should be consistent with the client's marital status at the time of enrollment.

For example: if client was coded as married at enrollment, they cannot be coded as never married at termination.

58 SOURCE OF HOUSEHOLD INCOME	
Enter a "1" next to primary source <u>MARK ONLY ONE BOX</u>	
<input type="checkbox"/>	WAGES,SALARY
<input type="checkbox"/>	SOCIAL SECURITY
<input type="checkbox"/>	S.S.I. FEDERAL
<input type="checkbox"/>	O.S.I.P. - STATE
<input type="checkbox"/>	PUBLIC ASST./WELFARE
<input type="checkbox"/>	DIVIDENDS/INTEREST
<input type="checkbox"/>	PENSION/UNEMP./VETS
<input type="checkbox"/>	ALIMONY/CHILD SUPPORT
<input type="checkbox"/>	OTHER
<input type="checkbox"/>	NONE

## Box 58 - SOURCE OF HOUSEHOLD INCOME

### Instructions:

Enter "1" next to the primary source of household income indicated in Box 56- ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME which applies to the client's household. Mark only one source.

### Code Definitions:

Wages, Salary: Money earned through paid employment.

Social Security: Includes retirement pensions, 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.

OSIP--State: Oregon Supplementary Income Program (OSIP), often referred to as "personal allowance money" is sometimes paid from state and local sources to low income persons who are aged, blind, or disabled, whether or not they receive SSI.

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

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

**Box 58 - Source of Household Income (continued)**

Pension/Unemployment/Veteran's Disability Benefits: Includes funds paid to veterans or their families, all unemployment compensation, private and governmental, non-Social Security retirement benefits, and insurance (including SAIF).

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

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

None: No source of income for the household.

<b>59</b>	<b>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	

## Box 59 – EMPLOYMENT STATUS

**Instructions:**

Enter the appropriate code to indicate the client's *current* employment status.

**Code Definitions:**

1 - Full-time:

- A. Those persons who are working for pay at the time of termination and who normally work at least 35 hours per week. This includes those who work at part-time jobs that total at least 35 hours per week; **or**
- B. Those persons temporarily absent from their regular jobs because of illness, vacation, industrial disputes (strikes), or similar reasons.

2 - Part-time: Those persons who work for pay at the time of termination and who normally work at least 17 hours but not more than 34 hours per week. This includes those on strike whose normal weekly hours are between 17 and 34.

3 - Irregular: Those persons who work for pay at the time of discharge and normally work fewer than 17 hours per week.

4 - Not Employed (but has sought employment):

- A. Those persons who are not working at the time of termination but have sought work and were available within the preceding 30 days.
- B. Persons who are available for work, but did not work because they are on layoff, temporarily ill or waiting to start new jobs within the next 30 days.

## Box 59 - Employment Status (continued)

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

- A. Persons retired;
- B. Persons engaged in their own housework;
- C. Those not working while attending school;
- D. Persons unable to work because of long-term illness;
- E. Persons discouraged from seeking work because of personal or job market factors; and
- F. Persons who are voluntarily idle.

9 - Unknown: This code should only be used if the client has left the program prior to treatment completion and the current employment status is not known.

<b>111</b> LIVING ARRANGEMENT	
Enter First Appropriate Code:	
01 – LIVES IN OWN HOME	
23 – SPOUSE OR SIGNIFICANT OTHER'S HOME	
03 – PARENTS,RELATIVES,ADULT CHILDREN'S HOME	
04 – FOSTER HOME	
05 – INSTITUTION/GROUP HOME	
06 – FRIEND'S OR OTHERS' HOME	
97 – HOMELESS/SHELTER	
98 – REFUSED/UNKNOWN	
<input type="text"/>	<input type="text"/>

## Box 111 - LIVING ARRANGEMENT

### Instructions:

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

### Code Definitions:

- 01 - Lives in Own Home -- Person lives in his/her own home. A single parent with child(ren) would be coded "01".
- 23 - Spouse or Significant Other's Home -- Person lives with spouse or significant other in spouse or significant other's home.
- 03 - Parent's, Relative's, Adult Children's Home -- Person lives with parents or relatives. The family does not receive service payments to care for the person (not a Relative Foster Home).
- 04 - Foster Home -- Person lives in 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.
- 05 - Institution/Group Home -- Person lives in a state hospital or training center, private hospital, city or county jail, state correctional facility, CSD juvenile training school, work release center, or special school such as the State School for the Blind or Deaf.
- 06 - Friend's or Other's Home -- Person lives with friends or others.
- 97 - Homeless/Shelter -- Person without a mailing address is to be considered homeless. Examples of shelters include: St. Vincent DePaul and Missions.
- 98 - Refused/Unknown -- Use this code only if client adamantly refuses.

<b>61</b> EMPLOYABILITY FACTOR
0 – Employable or Working Now 1 – Student 2 – Homemaker 3 – Retired 4 – Unable for Physical or Psychological Reasons 5 – Incarcerated 6 – Seasonal Worker 7 – Temporary Layoff 9 - Unknown
<input type="text"/>

## Box 61 – EMPLOYABILITY FACTOR

### Instructions:

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

### Codes:

0 - Employable or Working Now

1 - Student

2 - Homemaker

3 - Retired

4 - Unable to work for physical or psychological reasons

5 - Incarcerated

6 - Seasonal Worker

7 - Temporary Layoff

9 - Unknown (This code should only be used if the client has left the program prior to treatment completion and the current employability factor is not known.)

**Note:** Record 0 if there are no reasons why the client cannot be employed. **Only one category may be selected.** If a student is employed, code '0', otherwise code '1' for the student.

<b>62</b> EDUCATION/SKILLS
Progress Made in Educational or Skill Development Program During Treatment?
1 - Yes 2 - No 9 - Unknown
<input type="text"/>

## Box 62 - EDUCATION/SKILLS

### Instructions:

Indicate in the space provided whether the client made progress in an education/skill development program during treatment. Did the client make progress toward improving his/her employability?

### Codes:

1 = Yes

2 = No

9 = Unknown

Note: This does not include DUII education classes, or other alcohol or drug education programs offered by the treatment provider.

<b>110</b> SCF
Did client comply with SCF Service Agreement during treatment sufficiently to progress towards regaining custody of children?
<input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No <input type="checkbox"/> 3 - Not Applicable

## Box 110 - S C F

**Instructions:**

Enter the applicable code to answer the Services to Children and Families (SCF) compliance question:

*Did the client comply with the SCF Service Agreement during treatment sufficiently to progress towards regaining custody of his/her children?*

**Codes:**

1=Yes

2=No

3=Not Applicable (not an SCF client/no SCF involvement)

<b>109</b> PRE-DELIVERY
<p>Abstinent from Substance abuse last 30 days before delivery of infant?</p> <p>1 - Yes  2 - No  3 - Not Applicable  4 - No Delivery  5 - Unknown</p>
<input type="text"/>

## Box 109 - PRE-DELIVERY

### Instructions:

Enter the applicable code to answer the following question:

*Was the pregnant client abstinent from the problem substance of abuse during the last 30 days before delivery of the baby?*

### Codes:

- 1=Yes (pregnant, delivered, abstinent)
- 2=No (pregnant, delivered, not abstinent)
- 3=Not Applicable (not pregnant, or a male)
- 4=No Delivery (still pregnant at discharge)
- 9=Unknown

The difference between “2” and “4”: Code “2” means the pregnant female client had the baby during treatment but was *not* abstinent from substance abuse the 30 days prior. Code “4” means the client is still pregnant and did not have the baby before leaving treatment. A male client should always be coded as 3, not applicable.

<b>67</b> SELF HELP GROUP
Was a self help group used by client during Treatment?
1 - Yes 2 - No
<input type="checkbox"/>

## Box 67 - SELF HELP GROUP

**Instructions:**

If self-help groups (Alcoholics Anonymous, Alanon, Narcotics Anonymous, Alateen, etc.) were used by client during treatment use code 1.

**Codes:**

1 = Yes

2 = No

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

## Box 68 - ANTABUSE

**Instructions:**

If Antabuse was used during treatment, place a "1" in the space provided or a "2" if none was used. If this box is marked 1 – Yes, then alcohol must be one of the three addiction types in Box 36 and 63.

**Codes:**

1 = Yes

2 = No

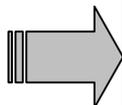
<b>PATTERNS of ABUSE at DISCHARGE</b> (Codes on Back of Form)	<b>PRIMARY SUBSTANCE</b>	<b>SECONDARY SUBSTANCE</b>	<b>TERTIARY SUBSTANCE</b>
<b>63</b> ADDICTION TYPE(S) Complete all blocks			
<b>65</b> FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
<b>66</b> MOST RECENT USUAL ROUTE OF ADMINISTRATION			

## PATTERNS OF ABUSE AT DISCHARGE

Items 63-66 comprise the substance abuse matrix.

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

**Clinical judgment will ultimately determine the frequency-of-use of problem substances.**



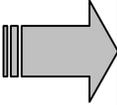
<b>PATTERNS of ABUSE at DISCHARGE</b> (Codes on Back of Form)	<b>PRIMARY SUBSTANCE</b>	<b>SECONDARY SUBSTANCE</b>	<b>TERTIARY SUBSTANCE</b>
<b>63</b> ADDICTION TYPE(S) Complete all blocks			
<b>65</b> FREQUENCY OF USE OR DEGREE OF IMPAIRMENT			
<b>66</b> MOST RECENT USUAL ROUTE OF ADMINISTRATION			

## Box 63 - ADDICTION TYPE(S)

**Instructions:**

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

1. Primary: This is the substance abuse problem that was causing the client the most dysfunction at the time of enrollment.
2. Secondary: This is the secondary problem (if any) that was recorded at the time of enrollment.
3. Tertiary: This is the tertiary problem (if any) that was recorded at the time of enrollment.



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

## Box 65 - FREQUENCY OF USE OR DEGREE OF IMPAIRMENT

### Instructions:

This code should be the result of a reassessment of the client at discharge. It should NOT necessarily be the same as the frequency-of-use at enrollment. Enter one of the codes from the following page to indicate the frequency of use during the 30 days prior to discharge for each alcohol or other drug type recorded in Item 63. If more than one frequency exists, enter the highest frequency.

Please note that each code number has two meanings; one describes the frequency of other drug use and the other the degree of impairment resulting from alcohol use. Use the appropriate code from the appropriate column.

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

When 00 for "None" has been entered in any blocks of item 63, alcohol or other drug type, leave the corresponding blocks of item 65 blank.

Note: Frequency of use codes are listed on the back of the Termination Form and on the next page. If a client has successfully completed treatment, a "0" or "1" should be used in this box.

Remember: for a client to be coded as successfully completing treatment, they must have completed at least 2/3 of their treatment plan, and have been abstinent or at least not abusing, 30 days prior to termination.

## Frequency of Use or Degree of Impairment

### Codes for Drugs Other than Alcohol

**0** – No Use Month Prior to Discharge

**1** - Less Than Once Per Week

**2** - Once Per Week

**3** - Several Times Per Week

**4** - Once Daily

**5** - Two to Three Times Daily

**6** - More Than Three Times Daily

### Codes for Alcohol/Nicotine

**0** – Abstinent at least 30 days prior to discharge

**1** - Use: Light or moderate; (i.e., social drinking)

**2** - Moderate Abuse: Recognizable pattern of excessive use resulting in mild impairment of social and/or occupational functioning.

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

**4** - Addiction (Moderate): Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. Signs of tolerance and/or withdrawal.

**5** - Addiction (Serious): Recognizable pattern of excessive use resulting in serious impairment of family, social or occupational functioning. Signs of tolerance and/or withdrawal with prolonged history of addiction.

**6** - Addiction (Chronic): Daily. Under the continuous influence of the substance and highly dysfunctional. Experiences severe withdrawal.

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

**Box 66 – MOST RECENT USUAL  
ROUTE OF ADMINISTRATION**

**Instructions:**

Enter one of the following codes to indicate the client's most recent usual route of administration at the time of discharge.

If more than one route of administration exists, enter the most frequent route.

When 00 for "none" has been entered in any blocks of Item 63, Drug Type(s), leave the corresponding blocks of Box 66 blank.

**Code Definitions:**

- 1 - Oral: Ingested by mouth.
- 2 - Smoking: Absorbed through the lungs and respiratory system by mouth.
- 3 - Inhalation: Absorbed through the lungs and respiratory system.
- 4 - Intramuscular: Administered by injection into the muscles.
- 5 - Intravenous: Administered by injection into the veins.
- 6 - Other: Not specified in any other category.
- 7 - Not Applicable

**Note:** 0 is NEVER an appropriate code for this box. Even if the client has been abstinent, mark this box with the last known route of administration.

<b>71</b> M I P CITATIONS	
Number of MIP Citations During Treatment	
99=Unknown	
<input type="text"/>	<input type="text"/>

## Box 71 - M I P CITATIONS

**Instructions:**

Enter the total number of times the client/student has been cited Minor in Possession (MIP) offenses during his/her current treatment or prevention/intervention episode. If no citations were made enter 00. The codes range from 00 for none to 99. This box only appears on the Youth Termination Form.

<b>103</b> NUMBER OF POSITIVE DRUG OR ALCOHOL USE TESTS	
Urinalysis Only (Exclude baseline tests)	
<input type="text"/>	<input type="text"/>

**Box 103 - NUMBER OF POSITIVE DRUG OR ALCOHOL USE TESTS**

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

**Instructions:**

Enter the number of times that the client's urinalysis samples tested positive during treatment. If there were no positive tests, enter code "00" for none. Remember that this applies only to urinalysis tests (UAs), not breath or saliva tests.

Note: Exclude Baseline Tests.

<b>104</b> NUMBER OF DRUG OR ALCOHOL USE TESTS ADMINISTERED	
Urinalysis Only (Include baseline tests)	
<input type="text"/>	<input type="text"/>

**Box 104 - NUMBER OF DRUG OR ALCOHOL USE TESTS ADMINISTERED**

**It is required that this item be completed for all clients.** The OARS should be referred to regarding test requirements for your program.

**Instructions:**

Enter the number of urinalysis tests administered during treatment. This refers to urinalysis test, not breath or saliva tests. If more than 99, enter "99".

Note: Include Baseline tests.

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

## Box 112 - ACADEMIC

**Instructions:**

Was academic improvement made in school during the treatment period? Enter the appropriate code from the list below. This box only appears on the Youth Termination form.

**Codes:**

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown

Note: Do not use code "9" if termination type is recorded as code "03" (treatment complete).

<b>113</b> ATTENDANCE
Improved School Attendance? 1 - Yes 2 - No 3 - Not Applicable 9 - Unknown
<input type="text"/>

## Box 113 - ATTENDANCE

**Instructions:**

Did school attendance improve during the treatment period? Enter the appropriate code from the list below. This box only appears on the Youth Termination form.

**Codes:**

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown

Note: Do not use code 9 if termination type is recorded as 03 (treatment complete).

<b>114</b> SCHOOL BEHAVIOR
Behavior in School Improved?
1 - Yes 2 - No 3 - Not Applicable 9 - Unknown
<input type="text"/>

## Box 114 - SCHOOL BEHAVIOR

**Instructions:**

Did school behavior improve during the treatment period? Enter the appropriate code from the list below. This box only appears on the Youth Termination form.

**Codes:**

1 - Yes

2 - No

3 - Not Applicable

9 - Unknown

Note: Do not use code 9 if termination type is recorded as 03 (treatment complete).

200 SERVICE VOLUME			
SERVICE ELEMENT	DAYS	HOURS	NUMBER OF URINALYSIS BILLED

**Box 200 - SERVICE VOLUME**

This box only appears on the Detox/Marijuana/DUII Education form. Detox providers enter the Service Element, days and hours. DUII/Marijuana Providers enter just the Service Element and leave the remaining boxes blank.

This item must be filled out for all clients who have received Detox treatment or DUII/Marijuana Education services.

Service Element

**Instruction:**

Enter the appropriate service element code for the type of service delivered to the client. Only those service elements for which the provider is contracted may be reported using the service element codes listed below.

- 63 Alcohol Detox                      73 Drug Detox
- 68 DUII Education                    87 Marijuana Diversion Education

Days and Hours may only be reported by detox facilities that offer a service around the clock. Count one Day for each full 24 consecutive hours of service given the client. For a remaining portion of a day, report in hours.

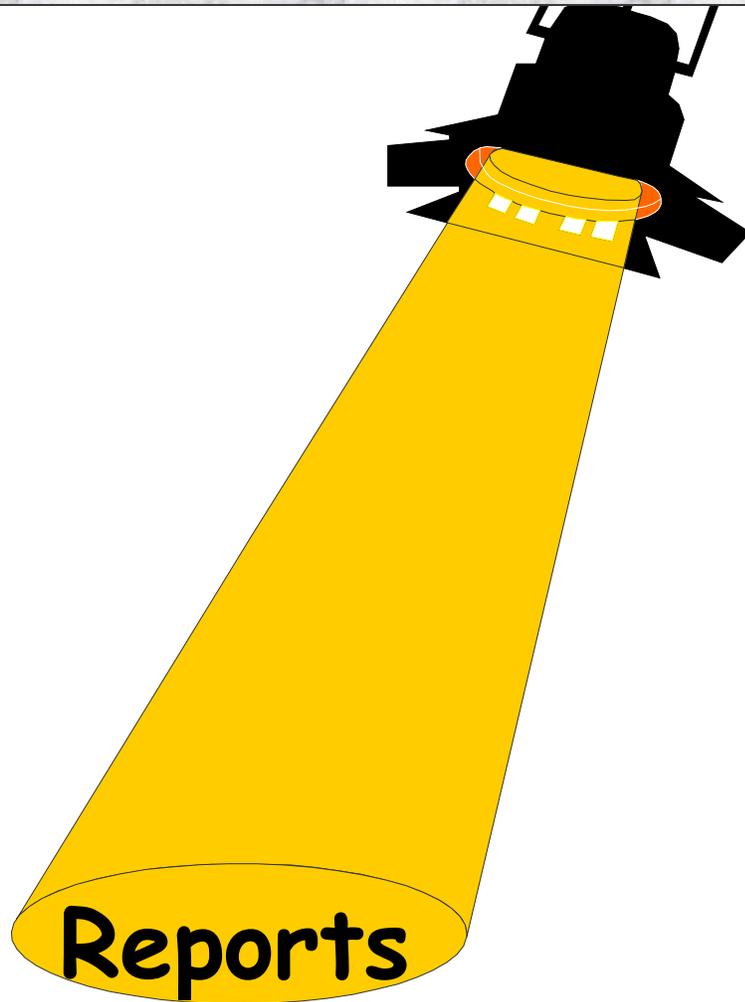
Example: if a client is in a facility for three and one-half days, report three days and 12 hours.

"Number of Urinalysis Billed" Total urinalysis tests billed during treatment. OMHAS does not pay for UA's any longer. Please leave this box blank.

**Note:** All DUII and Marijuana Education Clients should be reported on this form, if at least one face-to-face treatment contact occurred, as required by the service-reporting requirement for *all* DUII clients. This is done by entering the service element (68) or (87) in the Service Element Box, and leaving the rest of the service volume box blank.

Be certain that the service element corresponds with the correct eligibility code. (See Page 33, Eligibility Code).

# PART FOUR





# Introduction

Service-specific reports are produced monthly and are provided for and used by A&D providers. Duplicate copies of reports are available upon request from OMHAS.

All clients who have been enrolled in CPMS are listed on successive reports until they have been terminated using the A&D CPMS termination form. Each report serves as an up-to-date 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.

The first page of a program's report contains descriptive information about the program including the program name, address, phone number, director's name, and the name of the data coordinator. Any of this information may be corrected by drawing a red line through the item to be changed and writing, in red, the updated information beside it.

On the remaining pages of the report, preprinted information in the top, left-hand corner identifies the CMHP and the provider. The date of the report period appears at the top, in the center. Running down the left-hand side of the report is preprinted information taken from the CPMS enrollment form for each client including case number, coded name, date-of-birth, opening date, and eligibility code(s), etc.

The reports are mailed to providers by OMHAS. Providers should receive the report around the middle of the month and must return them to OMHAS no later than the 1st of the following month. The Monthly Management Reports (MMRs) are to be returned only if client data corrections are needed.

## Processing the Reports

- 1) Refer to the specific report instructions provided in this manual.
- 2) Verify the information on the report, comparing it to the A&D CPMS enrollment and termination forms you have submitted. Using red ink, correct or change the case number, coded name, date-of-birth, opening date, 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.

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.

- 3) Mail the completed and/or corrected copy of the report by the 1st of the following month to:

CPMS -OASIS, Dept. of Human Services  
500 Summer Street NE E86, Salem, OR 97301-1118

- 4) Keep a duplicate copy of the submitted report in your files.

# Residential - T S A R

The TSAR for residential services is used to:

- 1) report processed information to the provider. This information is taken from the CPMS forms submitted by the provider. The provider verifies the accuracy of the information and submits necessary corrections.
- 2) report "automatically posted" service provision information to the provider. The information includes:
  - a) the report unit (a clinician code which in most cases is '01');
  - b) the contracted service element in which the service occurred (type of service delivered); and
  - c) the service volume (number of days in the reporting month prior to any termination date).

The TSAR is a list of current clients with preprinted service delivery information that providers use to **verify** services delivered to residential clients. Clients appear on the TSAR after an enrollment form has been submitted to OMHAS. The procedure is to verify that each client received a treatment contact during the report period and to submit a termination form for each client that received no service during the previous month.

Clients continue to appear on the TSAR each month until a CPMS termination form is received by OMHAS. Termination data appears *one time* on the TSAR during the month the termination report is received by OMHAS, after which the client will disappear from subsequent TSARs.

## **Instructions:**

Listed below are the instructions and definitions for each item on the CPMS TSAR for residential providers. A sample TSAR follows this section.

All items are preprinted on the residential TSAR form before it is received by the provider.

1. MHD Line This number is assigned by MHDDSD and is for processing purposes only. Please do not make any marks in this area.
2. Case Number This is the client identification number that the provider assigned this client the last time he/she was enrolled on a CPMS enrollment form.
3. Name This is the client's coded name (i.e., second, third, and fourth letters of his/her last and first names) taken from the client's CPMS enrollment form.
4. Date of Birth This is the client's date of birth as indicated on the client's CPMS enrollment form.

## Residential TSAR (continued)

5. Open Date This is the date the file for this client was opened (or re-opened) as indicated by the client's last CPMS enrollment form.
6. Eligibility Codes This is the code(s) used on the CPMS enrollment form to classify a client into a special group(s). Valid codes include '00' – none, '50' – child enrolled with parent, and '51' – parent enrolled with child.

### Termination Information - Items 7 through 10

Note: If the provider has not submitted an A&D CPMS Termination Form, these boxes will be asterisked to prevent their completion. This information is automatically extracted from the CPMS termination form.

7. Last Contact Date The last contact date is the date of the client's last face-to-face treatment contact.
8. Termination Reason (Type) This code indicates the reason for termination.
9. Termination Referral This code indicates where the client was referred to at the time of termination.
10. Termination Payor Indicates the primary source of payment for the client's treatment.

### Provided Service Information - Items 11 through 13

The provided service or volume information is automatically posted each month until a CPMS termination form has processed. The information is preprinted on the TSAR. The provider should verify the information and submit necessary corrections.

Example: a client was enrolled with an open date of 04-27-97. The client is still open on CPMS. Since there are 30 days in April, that TSAR will show an automatic posting of four days. The May TSAR will show 31 days.

11. Report Unit This code is always '01'.
12. Service Element The service element code for the service element in which the client has been enrolled during the last monthly report period (the time frame of the TSAR will be automatically posted).

## Residential TSAR (continued)

Note: Only those service elements for which the provider is contracted will be reported. The provider must have delivered face-to-face treatment service to the client during the previous 30 days, otherwise, a termination form must be submitted immediately. Do not use the TSAR to terminate clients. A CPMS form must be submitted. Use the Residential TSAR to submit corrections, otherwise it is not returned to CPMS-OMHAS.

13. Service Volume Service volume reporting happens automatically once the client is enrolled in the appropriate service element and continues until the client is terminated from CPMS.

### Additional Instructions:

- 1) Please identify any clients who did not receive a treatment contact during the report period.
- 2) Clients who received no treatment during the report period (or during the last 30 days) are to be terminated by sending in an A&D CPMS Termination Form immediately.
- 3) The **TSARs** are to be kept in the provider files.
- 4) Monthly utilization will be determined on the basis of clients who were in treatment and not yet terminated during the report period. It is imperative that clients be terminated (within 30 days of the last treatment contact) to reflect utilization accurately.

Client census validations will be conducted by OMHAS to verify the accuracy of utilization data. Under-utilization or misrepresentation of utilization may result in the loss of funding.

**SAMPLE RESIDENTIAL TSAR**

MHVS0001-000  
PROGRAM MHVRTD1

CLIENT PROCESS MONITORING SYSTEM

PAGE 3

RUN DATE 07/11/98

TERMINATION AND SERVICE ADJUSTMENT RECORDING FORM

CMHP: 050 BOONEY COUNTY MENTAL HEALTH  
PROVIDER: 002 BOONEY ALCOHOL AND DRUG PRO

REPORT PERIOD ENDING 06/30/98

MHD CASE	D.O.B.	OPEN DATE	ELIG	LAST CONTACT	TERM	TERM	TERM	REPORT	SERVICE	SERVICE			
LINE NUMBER	NAME	MO DA YR	MO DA YR	CODES	M.O.	D.A.	Y.R.	REAS	REFER	PAYOR	UNIT	ELEMENT	DAYS
463 003133	EELHRL	02/07/62	03/18/98	* * *	* *	* *	* *	* *	* *	* *	0 1	6 2	_13 0
464 003134	DXYBNM	12/12/63	06/10/98	* * *	* *	* *	* *	* *	* *	* *	0 1	6 2	_12 1

\*\*\* NO SERVICES HAVE BEEN POSTED DURING THE PAST 90 DAYS FOR 0 CLIENTS \*\*\*

ABOVE DATA HAS BEEN REVIEWED BY A PERSON AUTHORIZED TO SIGN LEGAL DOCUMENTS AT THIS FACILITY.  
SIGNED \_\_\_\_\_

\*\*\*\*\*

# Detox Monthly Management Report

This document is different from the TSAR in that it does not need to be sent back to OMHAS unless corrections are needed. This document lists all clients served in the Detox program and includes the following data submitted on the CPMS short form at the time of termination:

- Case Number
- Name
- Age
- Sex
- Ethnicity
- Date of Birth
- Open Date
- Close Date
- AFS Prime Number (if any)
- Eligibility Codes (if any)
- Resident County
- Termination Information, including term type, payor code, and referred to codes

A separate list for each provider number will be sent to programs. CPMS forms must be submitted to OMHAS no later than the second working day of the following month in order to appear on the report. This report is produced during the month following the report period.

## **Instructions:**

- 1) Please review the document to verify that the clients were served during the report period.
- 2) Corrections should be made in red ink and sent to the CPMS-OMHAS Data Team.
- 3) A copy is to be kept in the provider client files.

Client census validations will be conducted by OMHAS to verify the accuracy of utilization data. Under-utilization or misrepresentation of utilization may result in the loss of funding.

A sample Detox MMR is on the next page.

**SAMPLE DETOX MMR**

MHVS0003-000  
PROGRAM MHVRT63

CLIENT PROCESS MONITORING SYSTEM

PAGE 3  
RUN DATE 04/12/01

MONTHLY MANAGEMENT REPORT

CMHP: 050 BONNEY COUNTY MENTAL HEALTH  
PROVIDER: 003 BONNEY DETOX

REPORT PERIOD ENDING 03/31/01

CASE NUMBER	NAME	AGE	SEX	ETHNIC	D.O.B.			AFSPRIME NUMBER	ELIGIBILITY					LOCAL OPTIONS		RESIDENT COUNTY	T E R M I N A T I O N								
					MO	DA	YR		A	B	C	D	E	CODE	TYPE		CODE	PAYOR	CODE						
000061	AAABBB-	052	F	WHITE	2/21/49	03/01/01	03/04/01	XX1234AD	*	*	*	0	0	0	0	0	21	BONN 02	TERM	WO	APPROVEL	01	CLIENT	47	SELF
001124	CCDDDD-	034	M	WHITE	9/26/66	03/02/01	03/05/01		*	*	*	0	0	0	0	0	21	BONN 03	COMPLETED	TREAT	01	CLIENT	47	SELF	
001352	EEEEFF-	064	M	WHITE	3/15/37	01/23/01	03/01/01		*	*	*	0	0	0	0	0	21	BONN 03	COMPLETED	TREAT	01	CLIENT	40	ALC	
001440	GGGHHH-	027	M	WHITE	10/08/73	03/24/01	03/25/01		*	*	*	0	0	0	0	0	21	BONN 02	TERM	WO	APPROVEL	01	CLIENT	40	ALC

# Outpatient Monthly Management Report

The monthly Open Client Report is used only for **OUTPATIENT** service elements including: **Chemical Dependency Outpatient, Methadone Maintenance and Methadone Detox, DUI and Marijuana Diversion Services.**

Each month all clients enrolled, but not yet terminated will be listed by the computer on the Monthly Management Report (MMR). A separate list for each provider number will be sent to programs. Enrollment forms must be received at OMHAS no later than the second working day of the month following the report month in order for clients to appear on the report for that month. This report is produced during the month following the report period. A sample of this report is shown at the end of this section.

The outpatient MMR allows the provider to record a client's current eligibility status. For example, providers can easily report the common occurrence of a client moving on and off of the Oregon Health Plan. This can be done without sending in an entirely new CPMS form.

This report groups clients into three different categories: **OHP, Medicaid and OMHAS.** Please review the following definitions:

**OHP** – The first group includes those clients enrolled in a managed care plan through the Oregon Health Plan. If *OHP* is marked in the Insurance Type Box on the enrollment form, the client will appear in this group.

**Medicaid** – This group includes those clients for which you bill OMAP fee-for-service, because the client was not enrolled in a managed care plan through the Oregon Health Plan. If *Medicaid* is marked in the Insurance Type box on the enrollment form, the client would show up in this group.

**OMHAS** – The third group includes those clients who are not enrolled in the Oregon Health Plan or Medicaid.

## Outpatient Monthly Management Report (continued)

### Instructions:

- 1) Please identify any clients who did not receive a treatment contact during the report period.
- 2) Clients who received no treatment during the report period (or during the last 30 days) are to be terminated by sending in an A&D CPMS Termination Form to OMHAS immediately. However, see exceptions discussed in the attached "Termination Policy" statement.
- 3) Review all items on this report including the **Health Insurance**. If any of these items changed during the previous month, make the change in red ink, photocopy it, and send the original back CPMS OASIS as soon as possible.
- 4) Making a change to the *Health Insurance*: A "1" indicates that a certain insurance type is the primary one for the client, and each client will have only one "1". All of the other insurance types will have a "2". Simply mark a "1" in red ink over the "2" in the new primary insurance field.
- 5) Send in any changes to CPMS-OMHAS. If there are no changes, do not send in the report. It must be received by the first working day of the following month in order to be recorded in CPMS.
- 6) OMHAS will also keep copies of these reports for onsite client census validations that will be conducted periodically.
- 7) Monthly utilization will be determined on the basis of clients who were in treatment and not yet terminated during the report period. It is imperative that clients are terminated promptly (within 30 days of the last treatment contact) to reflect utilization accurately.
- 8) Keep a copy of the MMR in your files.

### Note:

- ✓ Client census validations will be conducted by OMHAS to verify the accuracy of utilization data. Under-utilization or misrepresentation of utilization, as well as failure to correct the MMR to accurately reflect utilization may result in loss of funding.
- ✓ **Blue Cross/Blue Shield** is no longer an option on the CPMS form, but it still appears on the MMR. Please *do not* change a client's insurance to this insurance type on the MMR. Mark **Other Private** instead.

## Outpatient Monthly Management Report (continued)

### Termination Policy

If a client has not received at least one face-to-face treatment contact during the last 30 days, the client is no longer active in treatment and must be terminated.

However, if a provider has had at least one face-to-face treatment contact with the minimum number of clients necessary to meet the utilization rate required by their contract during the past 30 days, exceptions may be made for other clients above the minimum number. These additional clients may be left open a maximum of 60 days without a treatment contact only if there is a clinically valid reason.

Clinically valid reasons must be clearly justified and documented in the client record. Valid reasons are:

- 1) Client enters residential treatment while simultaneously enrolled in outpatient services.
- 2) Client is experiencing clinical or unusual extenuating circumstances concerning health or employment. For example, the client is hospitalized or is working a great distance away from the treatment provider.

**SAMPLE OUTPATIENT MONTHLY MANAGEMENT REPORT**

MHVS0001-000  
PROGRAM MHVRTD1

CLIENT PROCESS MONITORING SYSTEM

PAGE 3  
RUN DATE 07/11/98

MONTHLY MANAGEMENT REPORT

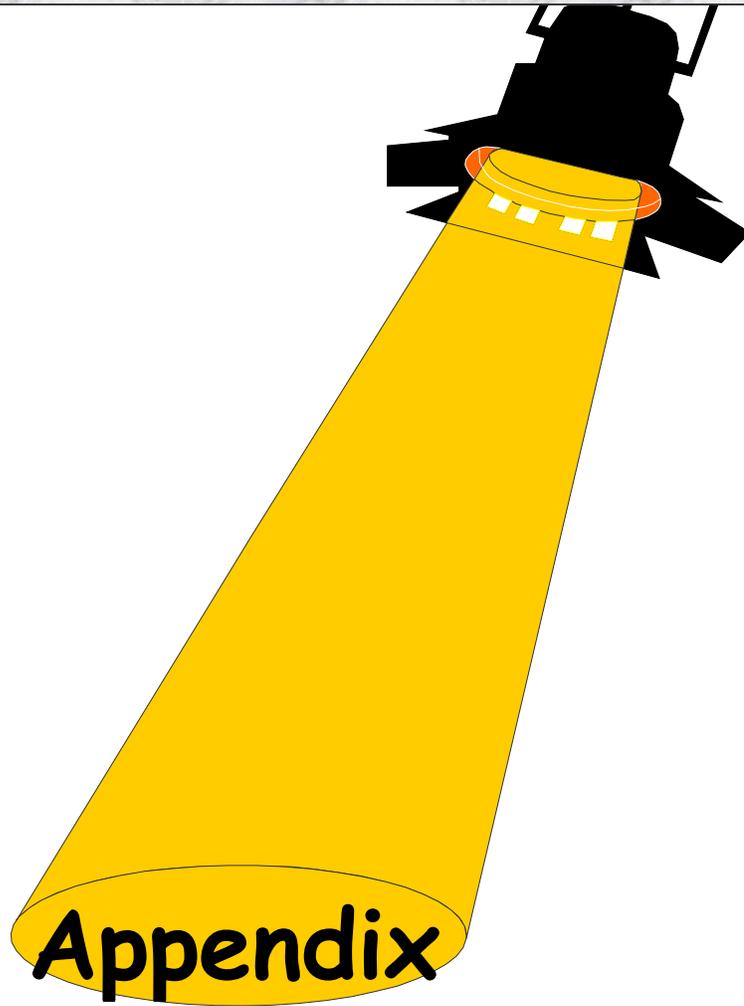
CMHP:050 BOONEY COUNTY MENTAL HEALTH  
PROVIDER: 001 BOONEY ALCOHOL AND DRUG PRO

REPORT PERIOD ENDING 06/30/98

CASE NUMBER	NAME	D.O.B. MO/DA/YR	OPEN DT MO/DA/YR	CLOSE DT MO/DA/YR	ELIG CODE	MONTHLY INCOME	DEPENDENTS BY AGE				HEALTH INSURANCE CODES							
							00-05	06-17	18-64	65-UP	MEDICARE	MEDICAID	BC	CHAMP	VA	OTH PRIV	OTH PUB	OHP
OHP																		
002023	WILXRY-01/01/60	03/18/98	00/00/00	**	1	000	000	001	000	2	2	2	2	2	2	1	2	
003124	ZXCBNM-03/03/64	03/12/98	00/00/00	**	185	000	000	001	000	2	2	2	2	2	2	2	1	2
003620	DFGJKL-05/08/67	03/26/98	00/00/00	**	484	000	001	001	000	2	2	2	2	2	2	2	1	2
MEDICAID																		
002126	EGBIKL-07/12/59	04/05/98	00/00/00	51	392	001	000	001	000	2	1	2	2	2	2	2	2	2
003324	RTYYUH-09/16/52	04/15/98	00/00/00	**	417	000	000	002	000	2	1	2	2	2	2	2	2	2
OMHAS																		
003128	YVXRTE-08/04/63	12/19/97	00/00/00	**	1600	000	002	002	000	2	2	2	2	2	1	2	2	2
003729	WDCRTX-07/01/62	01/24/98	00/00/00	**	0	000	002	002	000	2	2	2	2	2	2	2	2	1
003930	RNNBDM-06/24/74	04/13/98	00/00/00	**	750	000	000	001	000	2	2	2	2	2	2	2	2	1
004131	AGJGLZ-11/30/63	04/27/98	00/00/00	**	391	000	000	002	000	2	2	2	2	2	2	2	2	1

\*\*\*\*\*

**PART FIVE**



**Appendix**



**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) 945-6199TDD (503) 945-589

**JANELLE JEGGLIE** (503) 945-6186

*Data Coordinator*

[janelle.a.jeggli@state.or.us](mailto:janelle.a.jeggli@state.or.us)

A&D CMHP Numbers 1-19 and 26, 27  
MMR Questions & Assistance  
Training & E-form Technical Support

**DEBBIE PRESTON** (503) 945-6811

*Data Specialist*

[deborah.preston@state.or.us](mailto:deborah.preston@state.or.us)

Mental Health CPMS Questions  
Mental Health Forms & Manuals

**MARGARET OKEL** (503) 945-5891

*Data Specialist*

[margaret.okel@state.or.us](mailto:margaret.okel@state.or.us)

A&D CMHP Numbers 20-25  
A&D CPMS Questions, Technical  
Assistance

**MARIE WHEELER** (503) 945-6673

*Data Specialist*

[marie.wheeler@state.or.us](mailto:marie.wheeler@state.or.us)

A&D CMHP Numbers 29 – 39  
Mental Health Data Entry & CPMS  
Questions  
Mental Health Forms & Manuals

**KAREN WICKIZER** (503) 945-5762

*Data Specialist*

[karen.wickizer@state.or.us](mailto:karen.wickizer@state.or.us)

Data Entry  
A&D Forms & Manuals

**BEN KAHN** (503) 945-6196

*Information Systems Specialist*

[ben.kahn@state.or.us](mailto:ben.kahn@state.or.us)

Data Requests  
Training & Technical Assistance  
E-form Technical Support





# CLIENT PROCESS MONITORING SYSTEM

A - D ENROLLMENT FORM

State of Oregon  
CPMS OADAP  
Department of Human Services

WHITE - LOCAL COPY      YELLOW - STATE COPY

ADULT TREATMENT

<input type="checkbox"/> CHECK BOX IF CORRECTION  DATE OF CORRECTION:    /    /		CLINIC IDENTIFICATION			5 OPENING DATE		
		3 CMI#	4 PROVIDER		MONTH	DAY	YEAR
6 NAME (USE UPPER CASE BLOCK LETTERS)							
LAST		FIRST			BIRTH NAME		
7 CASE NUMBER	8 DATE OF BIRTH		10 ELIGIBILITY CODE		11 PROGRAM AREA ASSIGNMENT		
	1 - Known 2 - Estimated	MONTH	DAY	YEAR	1=ALCOHOL    2=DRUG		
116 LEVEL OF CARE ASSESSED	12 SEX	106 PRENATAL	107 INTERPRETER	13 EDUCATION	14 SCHOOL/TRAINING	15 REFERRAL SOURCE(S)	
Enter a "1" next to the Level of Care for which the client was assessed. Mark only one box. <input type="checkbox"/> Level 0.5 Education / Early Intervention <input type="checkbox"/> Level 1.0 Outpatient <input type="checkbox"/> Level 2.0 Intensive Outpatient <input type="checkbox"/> Level 2.5 Day Treatment <input type="checkbox"/> Level 3.0 Residential <input type="checkbox"/> Level 4.0 Medically Managed Detox	F - FEMALE M - MALE	Client Pregnant at Enrollment? 1 - Yes 2 - No 3 - Not Applicable	Will Interpreter Services be needed for client? 1 - Foreign Language 2 - Hearing Impaired 3 - None	Highest Grade Completed	Now Enrolled in School or Training? 1 - Yes 2 - No	Codes on Back of Form. Select First Appropriate Codes From Top of List.	
17 ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME			18 CLIENT PRIMARY RESIDENCE		115 ZIP CODE OF RESIDENCE		
0001 = REFUSED    0002 = UNKNOWN 9999 = MORE THAN \$9999/MONTH			COUNTY OR STATE CODE (List on back of form)		Enter Zip code of Residence or enter 00001 for transient/homeless.		
19 RACE/ETHNICITY	20 HEALTH INSURANCE		21 MARITAL STATUS		22 LIVING ARRANGEMENT		
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	Enter a "1" next to primary source. <b>MARK ONLY ONE BOX</b>  <input type="checkbox"/> OREGON HEALTH PLAN <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> V.A. <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER PUBLIC <input type="checkbox"/> NONE		1 - NEVER MARRIED 2 - MARRIED 3 - WIDOWED 4 - DIVORCED 5 - SEPARATED 6 - LIVING AS MARRIED		Enter First Appropriate Code: 01 - LIVES IN OWN HOME 23 - SPOUSE OR SIGNIFICANT OTHER'S HOME 03 - PARENTS, RELATIVES, ADULT CHILDREN'S HOME 04 - FOSTER HOME 05 - INSTITUTION/GROUP HOME 06 - FRIENDS OR OTHERS' HOME 97 - HOMELESS/SHELTER 98 - REFUSED/UNKNOWN		
23 DEPENDENTS	24 SOURCE OF HOUSEHOLD INCOME			25 EMPLOYMENT STATUS			
ENTER THE TOTAL NUMBER OF PEOPLE IN EACH AGE GROUP THAT ARE DEPENDENT UPON THE INCOME INDICATED IN ITEM #17 (INCLUDING THE CLIENT)  UNDER 6      6 - 17      18 - 64      65+	Enter a "1" next to primary source. <b>MARK ONLY ONE BOX</b>  <input type="checkbox"/> WAGES, SALARY <input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> S.S.I-FEDERAL <input type="checkbox"/> O.S.I.P-STATE <input type="checkbox"/> PUBLIC ASST./WELFARE			Enter a "1" next to primary source. <b>MARK ONLY ONE BOX</b>  <input type="checkbox"/> DIVIDENDS/INTEREST <input type="checkbox"/> PENSION/UNEMP./VETS. <input type="checkbox"/> ALIMONY/CHILD SUPPORT <input type="checkbox"/> OTHER <input type="checkbox"/> NONE			
31 TOTAL ARRESTS	32 DUII ARRESTS	33 EMPLOYABILITY FACTOR		34 METHADONE PRESCRIBED	117 LEVEL OF CARE AT ADMISSION		
In past 5 years	In past 5 years	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		00 - NO 01 - YES	Enter a "1" next to the Level of Care for which the client was admitted. Mark only one box. <input type="checkbox"/> Level 1.0 Outpatient <input type="checkbox"/> Level 2.0 Intensive Outpatient <input type="checkbox"/> Level 2.5 Day Treatment <input type="checkbox"/> Level 3.0 Residential <input type="checkbox"/> 0.0 Further treatment is not appropriate at this facility (assessment only).		
PATTERNS OF ABUSE AT ENROLLMENT (Codes on Back of Form)		PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE			
36 ADDICTION TYPE(S)							
37 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT							
39 MOST RECENT USUAL ROUTE OF ADMINISTRATION							
40 AGE AT FIRST USE (00 = Affected at Birth)							

Form Number MHDDSD-ADMS 0460  
Revision Number 0701

**CPMS A/D FORM ENROLLMENT CODE LISTS**

**BOX NUMBER:**

**10. ELIGIBILITY CODES**

- 00 None
- 06 DUII, Marijuana Diversion or MIP Client — Non-Indigent
- 07 DUII, Marijuana Diversion or MIP Client — Indigent
- 08 DUII or MIP Client — Partial Indigent
- 26 DUII Convicted Client — Non-Indigent
- 27 DUII Convicted Client — Indigent
- 28 DUII Convicted Client — Partial Indigent
- 46 Interpreter Services — Non-Indigent
- 47 Interpreter Services — Indigent
- 48 Interpreter Services — Partial Indigent
- 51 Parent in Residential Treatment with Child

**15. REFERRAL CODE LIST**

(Choose the first appropriate code from the top of the list.)

**ALCOHOL AND DRUG AGENCIES**

- 40 Outpatient (Chemical Dependency)
- 41 Residential Care
- 42 Non-Hospital Detox
- 43 Hospital Detox
- 44 Private Hospital Alcohol / Drug Care
- 52 Methadone Maintenance or Methadone Detox
- 73 Correction's A&D Treatment Program
- 77 Prevention / Early Intervention

**LOCAL OR STATE AGENCIES**

- 80 Oregon Health Plan
- 70 Jobs Program (AFS)
- 07 Adult and Family Services (Welfare)
- 08 Services to Children & Families
- 09 Employment Department
- 10 Health Division
- 11 Vocational Rehabilitation Division
- 12 Motor Vehicles Division
- 13 Mental Health Agency
- 35 Senior and Disabled Services
- 68 EPSDT/Medicheck
- 69 Social Security Administration
- 04 Developmental Disabilities
- 05 School
- 06 Other Community Agencies

**INDIVIDUALS**

- 31 Private health professional (e.g. primary care physician/provider (pcp), psychiatrist, psychologist)
- 32 Self
- 33 Family/Friend
- 34 Employer/EAP
- 47 Self help Groups (Alanon, AA, NA, etc.)
- 81 Oregon Partnership Helpline

**CRIMINAL JUSTICE SYSTEM INSTITUTIONS AND AGENCIES**

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

**HOSPITALS AND TRAINING CENTERS**

- 74 State Hospital or Training Center

**OTHER/NONE**

- 00 None
- 99 Other

**BOX NUMBER:**

**18. CLIENT RESIDENCE CODES (County and State Codes)**

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

**PATTERNS OF ABUSE**

**36. ADDICTION TYPE**

- |                                  |  |
|----------------------------------|--|
| 01 Heroin                        | 09 Marijuana/Hashish                     |
| 02 Non-Prescription Methadone    | 10 Hallucinogens                         |
| 03 Other Opiates and Synthetics  | 11 Inhalants                             |
| 04 Alcohol                       | 12 Over-the-counter                      |
| 05 Barbiturates                  | 13 Tranquilizers                         |
| 06 Other Sedatives or Hypnotics  | 14 Other Drugs                           |
| 07 Amphetamines/Methamphetamines | 21 PCP (phencyclidine) /PCP Combinations |
| 08 Cocaine                       | 23 Nicotine                              |

**38. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT**

(See Manual for Descriptions)

- | <u>Drugs Other Than Alcohol</u> | <u>Alcohol/Nicotine</u> |
|---------------------------------|-------------------------|
| 0 No Use                        | 0 No Use                |
| 1 Less than once per week       | 1 Use                   |
| 2 Once per week                 | 2 Moderate Abuse        |
| 3 Several times per week        | 3 Serious Abuse         |
| 4 Once daily                    | 4 Moderate Addiction    |
| 5 Two or three times daily      | 5 Serious Addiction     |
| 6 More than three times daily   | 6 Chronic Addiction     |

**39. MOST RECENT USUAL ROUTE OF ADMINISTRATION**

- |              |                           |
|--------------|---------------------------|
| 1 Oral       | 4 Intramuscular Injection |
| 2 Smoking    | 5 Intravenous Injection   |
| 3 Inhalation | 6 Other                   |

# CLIENT PROCESS MONITORING SYSTEM

A - D TERMINATION FORM

State of Oregon  
 Department of Human Services

WHITE - LOCAL COPY      YELLOW - STATE COPY

ADULT TREATMENT

<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						47 PAYOR CODE				
7 CASE NUMBER		8 DATE OF BIRTH 1 - Known    2 - Estimated MONTH    DAY    YEAR		48 TERM. TYPE		49 LAST TREATMENT CONTACT MONTH    DAY    YEAR		50 FORM COMPLETED MONTH    DAY    YEAR		
108 PRENATAL Client Pregnant at Discharge? 1 - Yes 2 - No 3 - Not Applicable		51 EDUCATION Highest Grade Completed 99 = Unknown	52 SCHOOL / TRAINING Now Enrolled in School or Training? 1 - Yes 2 - No 9 - Unknown		53 REFERRED TO Codes on Back of Form. Select First Appropriate Code(s) From Top of List		54 TOTAL ARRESTS Total Number of Arrests During Treatment 99 = Unknown		55 DUII ARRESTS Total Number of DUII Arrests During Treatment 99 = Unknown	
56 ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME 0001 = REFUSED    0002 = UNKNOWN 9999 = MORE THAN \$9999/MONTH		57 MARITAL STATUS 1 - NEVER MARRIED 2 - MARRIED 3 - WIDOWED 4 - DIVORCED 5 - SEPARATED 6 - LIVING AS MARRIED 9 - UNKNOWN		58 SOURCE OF HOUSEHOLD INCOME Enter a "1" next to primary source. MARK ONLY ONE BOX WAGES, SALARY SOCIAL SECURITY S.S.I-FEDERAL O.S.I.P-STATE PUBLIC ASST./WELFARE DIVIDENDS/INTEREST PENSION/UNEMP./VETS. ALIMONY/CHILD SUPPORT OTHER NONE			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			
1 LIVING ARRANGEMENT Enter First Appropriate Code: 01 - LIVES IN OWN HOME 23 - SPOUSE OR SIGNIFICANT OTHER'S HOME 03 - PARENTS, RELATIVES, ADULT CHILDREN'S HOME 04 - FOSTER HOME 05 - INSTITUTION/GROUP HOME 06 - FRIENDS OR OTHERS' HOME 97 - HOMELESS/SHELTER 98 - REFUSED/UNKNOWN		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		62 EDUCATION/SKILLS Progress Made in Educational or Skill Development Program During Treatment 1 - Yes 2 - No 9 - Unknown		110 SCF Did client comply with SCF Service Agreement during treatment sufficiently to progress towards regaining custody of children 1 - Yes 2 - No 3 - Not Applicable				
109 PRE-DELIVERY Abstinent from Substance abuse last 30 days before delivery of infant? 1 = Yes 2 = No 3 = Not Applicable 4 = No Delivery 9 = Unknown		67 SELF HELP GROUP Was a self help group used by client during treatment? 1 - Yes 2 - No	68 ANTABUSE Was ANTABUSE used during Treatment? 1 - Yes 2 - No	103 NUMBER OF POSITIVE DRUG OR ALCOHOL USE TESTS Urinalysis Only (Exclude baseline tests)		104 NUMBER OF DRUG OR ALCOHOL USE TESTS ADMINISTERED Urinalysis Only (Include baseline tests)				
PATTERNS OF ABUSE AT DISCHARGE (Codes on Back of Form)				PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE				
63 ADDICTION TYPE(S) Complete all blocks										
65 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT										
65 MOST RECENT USUAL ROUTE OF ADMINISTRATION										

## CPMS A/D TERMINATION FORM CODE LIST

**BOX NUMBER:**

**53. REFERRAL CODE LIST**

(Choose the first appropriate code from the top of the list.)

**ALCOHOL AND DRUG AGENCIES**

- 40 Outpatient (Chemical Dependency)
- 41 Residential Care
- 42 Non-Hospital Detox
- 43 Hospital Detox
- 44 Private Hospital Alcohol / Drug Care
- 52 Methadone Maintenance or Methadone Detox
- 73 Correction's A&D Treatment Program
- 77 Prevention / Early Intervention

**LOCAL OR STATE AGENCIES**

- 80 Oregon Health Plan
- 70 Jobs Program (AFS)
- 07 Adult and Family Services (Welfare)
- 08 Services to Children & Families
- 09 Employment Department
- 10 Health Division
- 11 Vocational Rehabilitation Division
- 12 Motor Vehicles Division
- 13 Mental Health Agency
- 35 Senior and Disabled Services
- 68 EPSDT/Medicheck
- 69 Social Security Administration
- 04 Developmental Disabilities
- 05 School
- 06 Other Community Agencies

**INDIVIDUALS**

- 31 Private health professional (e.g. primary care physician/provider (pcp), psychiatrist, psychologist)
- 32 Self
- 33 Family/Friend
- 34 Employer/EAP
- 47 Self help Groups (Alanon, AA, NA, etc.)
- 81 Oregon Partnership Helpline

**CRIMINAL JUSTICE SYSTEM INSTITUTIONS AND AGENCIES**

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

**HOSPITALS AND TRAINING CENTERS**

- 74 State Hospital or Training Center

**OTHER/NONE**

- 00 None
- 99 Other

**BOX NUMBER:**

**47. PAYOR CODES - Primary source of payment for this treatment episode**

- 00 Billed Indigent Fund
- 01 Client / Client's Spouse
- 03 Client's Parent / Legal Guardian
- 05 Veteran's Administration
- 08 Medicaid / XIX
- 09 Medicare
- 11 Private Insurance
- 12 Other Public Assistance Programs
- 14 Oregon Health Plan
- 13 None
- 65 OADAP
- 66 State or County Corrections
- 67 Other State / Federal Grant

**48. TERMINATION TYPE**

- 01 Initial Appointment(s) Not Kept Within 14 Days of Enrollment
- 02 Client Termination Without Clinic Agreement (i.e., Client Leaves Without Explanation)
- 03 Treatment is Complete
- 04 Further Treatment is not Appropriate for Client at this Facility or in the Service
- 05 Non-Compliance with Rules and Regulations
- 07 Client Moved Out of Catchment Area
- 08 Client Cannot Get to Facility for Further Service / Treatment
- 09 Client Cannot Come for Service / Treatment During Facility Hours
- 11 Client Incarcerated
- 12 Client Deceased
- 13 Parents / Legal Guardian Withdrew Client
- 14 Termination Due to Program Cut / Reduction
- 16 Termination Due to Physical or Mental Illness

**PATTERNS OF ABUSE**

**63. ADDICTION TYPE**

- |                                  |  |
|----------------------------------|--|
| 01 Heroin                        | 09 Marijuana/Hashish                     |
| 02 Non-Prescription Methadone    | 10 Hallucinogens                         |
| 03 Other Opiates and Synthetics  | 11 Inhalants                             |
| 04 Alcohol                       | 12 Over-the-counter                      |
| 05 Barbiturates                  | 13 Tranquillizers                        |
| 06 Other Sedatives or Hypnotics  | 14 Other Drugs                           |
| 07 Amphetamines/Methamphetamines | 21 PCP (phencyclidine) /PCP Combinations |
| 08 Cocaine                       | 23 Nicotine                              |

**65. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT**  
(See Manual for Descriptions)

- | <u>Drugs Other Than Alcohol</u> | <u>Alcohol/Nicotine</u> |
|---------------------------------|-------------------------|
| 0 No Use                        | 0 No Use                |
| 1 Less than once per week       | 1 Use                   |
| 2 Once per week                 | 2 Moderate Abuse        |
| 3 Several times per week        | 3 Serious Abuse         |
| 4 Once daily                    | 4 Moderate Addiction    |
| 5 Two or three times daily      | 5 Serious Addiction     |
| 6 More than three times daily   | 6 Chronic Addiction     |

**66. MOST RECENT USUAL ROUTE OF ADMINISTRATION**

- |              |                           |
|--------------|---------------------------|
| 1 Oral       | 4 Intramuscular Injection |
| 2 Smoking    | 5 Intravenous Injection   |
| 3 Inhalation | 6 Other                   |

# CLIENT PROCESS MONITORING SYSTEM

A - D ENROLLMENT FORM

State of Oregon  
CPMS OADAP  
Department of Human Services

WHITE - LOCAL COPY      YELLOW - STATE COPY

YOUTH TREATMENT / INTERVENTION

<input type="checkbox"/> CHECK BOX IF CORRECTION  / / DATE OF CORRECTION		CLINIC IDENTIFICATION			5 OPENING DATE		
		CMHP	PROVIDER		MONTH	DAY	YEAR
6 NAME (USE UPPER CASE BLOCK LETTERS)							
LAST		FIRST			BIRTH NAME		
7 CASE NUMBER		8 DATE OF BIRTH		10 ELIGIBILITY CODE		11 PROGRAM AREA ASSIGNMENT	
		Known Estimated	MONTH	DAY	YEAR	1=ALCOHOL 2=DRUG	
116 LEVEL OF CARE ASSESSED		12 SEX	106 PRENATAL	107 INTERPRETER	13 EDUCATION	14 SCHOOL/TRAINING	15 REFERRAL SOURCE(S)
Enter a "1" next to the Level of Care for which the client was assessed. Mark only one. <input type="checkbox"/> Level 0.5 Education/Early Intervention <input type="checkbox"/> Level 1.0 Outpatient <input type="checkbox"/> Level 2.0 Intensive Outpatient <input type="checkbox"/> Level 2.5 Day Treatment <input type="checkbox"/> Level 3.0 Residential <input type="checkbox"/> Level 4.0 Medically Managed Detox		F - FEMALE M - MALE	Client Pregnant at Enrollment? 1 - Yes 2 - No 3 - Not Applicable	Will Interpreter Services be needed for client? 1 - Foreign Language 2 - Hearing Impaired 3 - None	Highest Grade Completed	Now Enrolled in School or Training? 1 - Yes 2 - No	Codes on Back of Form. Select First Appropriate Codes(s) From Top of List.
18 CLIENT PRIMARY RESIDENCE		115 ZIP CODE OF RESIDENCE		19 RACE/ETHNICITY		20 HEALTH INSURANCE	22 LIVING ARRANGEMENT
COUNTY OR STATE CODE (List on back of form)		Enter Zip code of Residence or enter 00001 for transient/homeless.		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		Enter a "1" next to primary source. MARK ONLY ONE BOX <input type="checkbox"/> OREGON HEALTH PLAN <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> V.A. <input type="checkbox"/> PRIVATE <input type="checkbox"/> OTHER PUBLIC <input type="checkbox"/> NONE	Enter First Appropriate Code: 01 - LIVES IN OWN HOME 23 - SPOUSE OR SIGNIFICANT OTHER'S HOME 03 - PARENTS, RELATIVES, ADULT CHILDREN'S HOME 04 - FOSTER HOME 05 - INSTITUTION/GROUP HOME 06 - FRIENDS OR OTHERS' HOME 97 - HOMELESS/SHELTER 98 - REFUSED/UNKNOWN
25 EMPLOYMENT STATUS		31 TOTAL ARRESTS	32 DUM ARRESTS	33 EMPLOYABILITY FACTOR		117 LEVEL OF CARE AT ADMISSION	41 MIP CITATIONS
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)		In past 5 years	In past 5 years	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		Enter a "1" next to the Level of Care for which the client was admitted. Mark only one box. <input type="checkbox"/> Level 0.5 Education/Early Intervention <input type="checkbox"/> Level 1.0 Outpatient <input type="checkbox"/> Level 2.0 Intensive Outpatient <input type="checkbox"/> Level 2.5 Day Treatment <input type="checkbox"/> Level 3.0 Residential 0.0 Further treatment is not appropriate at this facility (assessment only).	In past 24 months
PATTERNS OF ABUSE AT ENROLLMENT (Codes on Back of Form)		PRIMARY SUBSTANCE		SECONDARY SUBSTANCE		TERTIARY SUBSTANCE	
36 ADDICTION TYPE(S) Complete all blocks							
38 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT							
39 MOST RECENT USUAL ROUTE OF ADMINISTRATION							
40 AGE AT FIRST USE (00 = Affected at Birth)							

Form Number MHDDSD-ADMS 0462  
Revision Number 0701

**CPMS YOUTH ENROLLMENT FORM CODE LISTS**

**BOX NUMBER:**

**10. ELIGIBILITY CODES**

- 00 None
- 51 Parent in Residential Treatment with child

**15. REFERRAL CODE LIST**

(Choose the first appropriate code from the top of the list.)

**ALCOHOL AND DRUG AGENCIES**

- 40 Outpatient (Chemical Dependency)
- 41 Residential Care
- 42 Non-Hospital Detox
- 43 Hospital Detox
- 44 Private Hospital Alcohol / Drug Care
- 52 Methadone Maintenance or Methadone Detox
- 73 Correction's A&D Treatment Program
- 77 Prevention / Early Intervention

**LOCAL OR STATE AGENCIES**

- 80 Oregon Health Plan
- 70 Jobs Program (AFS)
- 07 Adult and Family Services (Welfare)
- 08 Services to Children & Families
- 09 Employment Department
- 10 Health Division
- 11 Vocational Rehabilitation Division
- 12 Motor Vehicles Division
- 13 Mental Health Agency
- 35 Senior and Disabled Services
- 68 EPSDT/Medicheck
- 69 Social Security Administration
- 04 Developmental Disabilities
- 05 School
- 06 Other Community Agencies

**INDIVIDUALS**

- 31 Private health professional (eg. primary care physician/provider (pcp), psychiatrist, psychologist)
- 32 Self
- 33 Family/Friend
- 34 Employer/EAP
- 47 Self help Groups (Alanon, AA, NA, etc.)
- 81 Oregon Partnership Helpline

**CRIMINAL JUSTICE SYSTEM INSTITUTIONS AND AGENCIES**

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

**HOSPITALS AND TRAINING CENTERS**

- 74 State Hospital or Training Center

**OTHER/NONE**

- 00 None
- 99 Other

**BOX NUMBER:**

**18. CLIENT RESIDENCE CODES (County and State Codes)**

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

**PATTERNS OF ABUSE**

**36. ADDICTION TYPE**

- |                                  |   |
|----------------------------------|---|
| 01 Heroin                        | 09 Marijuana/Hashish                    |
| 02 Non-Prescription Methadone    | 10 Hallucinogens                        |
| 03 Other Opiates and Synthetics  | 11 Inhalants                            |
| 04 Alcohol                       | 12 Over-the-counter                     |
| 05 Barbiturates                  | 13 Tranquilizers                        |
| 06 Other Sedatives or Hypnotics  | 14 Other Drugs                          |
| 07 Amphetamines/Methamphetamines | 21 PCP (phencytidine) /PCP Combinations |
| 08 Cocaine                       | 23 Nicotine                             |

**38. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT**  
(See Manual for Descriptions)

- | <u>Drugs Other Than Alcohol</u> |                             | <u>Alcohol/Nicotine</u> |                    |
|---------------------------------|-----------------------------|-------------------------|--------------------|
| 0                               | No Use                      | 0                       | No Use             |
| 1                               | Less than once per week     | 1                       | Use                |
| 2                               | Once per week               | 2                       | Moderate Abuse     |
| 3                               | Several times per week      | 3                       | Serious Abuse      |
| 4                               | Once daily                  | 4                       | Moderate Addiction |
| 5                               | Two or three times daily    | 5                       | Serious Addiction  |
| 6                               | More than three times daily | 6                       | Chronic Addiction  |

**39. MOST RECENT USUAL ROUTE OF ADMINISTRATION**

- |   |            |   |                         |
|---|------------|---|-------------------------|
| 1 | Oral       | 4 | Intramuscular Injection |
| 2 | Smoking    | 5 | Intravenous Injection   |
| 3 | Inhalation | 6 | Other                   |

# CLIENT PROCESS MONITORING SYSTEM

A - D TERMINATION FORM

State of Oregon  
OPMS OADAP  
Department of Human Services

WHITE - LOCAL COPY      YELLOW - STATE COPY

YOUTH TREATMENT / INTERVENTION

<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							47 PAYOR CODE	
7 CASE NUMBER		8 DATE OF BIRTH MONTH   DAY   YEAR		48 TERM. TYPE	49 LAST TREATMENT CONTACT MONTH   DAY   YEAR		50 FORM COMPLETED MONTH   DAY   YEAR	
51 EDUCATION Highest Grade Completed 99 = Unknown		52 SCHOOL / TRAINING Now Enrolled in School or Training? 1 - Yes 2 - No 9 - Unknown	53 REFERRED TO Codes on Back of Form. Select First Appropriate Code(s) From Top of List		54 TOTAL ARRESTS Total Number of Arrests During Treatment 99 = Unknown		55 DUII ARRESTS Number of DUII Arrests During Treatment 99 = Unknown	71 MIP CITATIONS Number of MIP Citations During Treatment 99 = Unknown
111 LIVING ARRANGEMENT Enter First Appropriate Code: 01 - LIVES IN OWN HOME 23 - SPOUSE OR SIGNIFICANT OTHER'S HOME 03 - PARENTS, RELATIVES, ADULT CHILDREN'S HOME 04 - FOSTER HOME 05 - INSTITUTION/GROUP HOME 06 - FRIENDS OR OTHERS' HOME 97 - HOMELESS/SHELTER 98 - REFUSED/UNKNOWN			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			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		
102 EDUCATION/SKILLS Progress Made in Educational or Skill Development Program During Treatment 1 - Yes 2 - No 9 - Unknown		112 ACADEMIC Academic Improvement in School? 1 - Yes 2 - No 3 - Not Applicable 9 - Unknown	113 ATTENDANCE Improved School Attendance? 1 - Yes 2 - No 3 - Not Applicable 9 - Unknown	114 SCHOOL BEHAVIOR Behavior in School Improved? 1 - Yes 2 - No 3 - Not Applicable 9 - Unknown		67 SELF HELP GROUP Was a self help group used by client during treatment? 1 - Yes 2 - No		
PATTERNS OF ABUSE AT DISCHARGE (Codes on Back of Form)			PRIMARY SUBSTANCE	SECONDARY SUBSTANCE	TERTIARY SUBSTANCE	68 ANTABUSE Was ANTABUSE used during Treatment? 1 - Yes 2 - No		
63 ADDICTION TYPE(S) Complete all blocks						103 NUMBER OF POSITIVE DRUG OR ALCOHOL USE TESTS Urinalysis Only (Exclude baseline tests)		
65 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT						104 NUMBER OF DRUG & ALCOHOL USE TESTS ADMINISTERED Urinalysis Only (include baseline tests)		
66 MOST RECENT USUAL ROUTE OF ADMINISTRATION								

**CPMS YOUTH TERMINATION FORM CODE LISTS**

**BOX NUMBER:**

**53. REFERRAL CODE LIST**

(Choose the first appropriate code from the top of the list.)

**ALCOHOL AND DRUG AGENCIES**

- 40 Outpatient (Chemical Dependency)
- 41 Residential Care
- 42 Non-Hospital Detox
- 43 Hospital Detox
- 44 Private Hospital Alcohol / Drug Care
- 52 Methadone Maintenance or Methadone Detox
- 73 Correction's A&D Treatment Program
- 77 Prevention / Early Intervention

**LOCAL OR STATE AGENCIES**

- 80 Oregon Health Plan
- 70 Jobs Program (AFS)
- 07 Adult and Family Services (Welfare)
- 08 Services to Children & Families
- 09 Employment Department
- 10 Health Division
- 11 Vocational Rehabilitation Division
- 12 Motor Vehicles Division
- 13 Mental Health Agency
- 35 Senior and Disabled Services
- 68 EPSDT/Medicheck
- 69 Social Security Administration
- 04 Developmental Disabilities
- 05 School
- 06 Other Community Agencies

**INDIVIDUALS**

- 31 Private health professional (e.g. primary care physician/provider (pcp), psychiatrist, psychologist)
- 32 Self
- 33 Family/Friend
- 34 Employer/EAP
- 47 Self help Groups (Alanon, AA, NA, etc.)
- 81 Oregon Partnership Helpline

**CRIMINAL JUSTICE SYSTEM INSTITUTIONS AND AGENCIES**

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

**HOSPITALS AND TRAINING CENTERS**

- 74 State Hospital or Training Center

**OTHER/NONE**

- 00 None
- 99 Other

**BOX NUMBER:**

**47. PAYOR CODES - Primary source of payment for this treatment episode**

- 00 Billed Indigent Fund
- 01 Client / Client's Spouse
- 03 Client's Parent / Legal Guardian
- 05 Veteran's Administration
- 08 Medicaid / XIX
- 09 Medicare
- 11 Private Insurance
- 12 Other Public Assistance Programs
- 14 Oregon Health Plan
- 13 None
- 65 OADAP
- 66 Oregon Youth Authority (OYA) / Local Juvenile Dept.
- 67 Other State / Federal Grant

**48. TERMINATION TYPE**

- 01 Initial Appointment(s) Not Kept Within 14 Days of Enrollment
- 02 Client Termination Without Clinic Agreement (i.e., Client Leaves Without Explanation)
- 03 Treatment is Complete
- 04 Further Treatment is not Appropriate for Client at this Facility or in the Service
- 05 Non-Compliance with Rules and Regulations
- 07 Client Moved Out of Catchment Area
- 08 Client Cannot Get to Facility for Further Service / Treatment
- 09 Client Cannot Come for Service / Treatment During Facility Hours
- 11 Client Incarcerated
- 12 Client Deceased
- 13 Parents / Legal Guardian Withdrew Client
- 14 Termination Due to Program Cut / Reduction
- 16 Termination Due to Physical or Mental Illness

**PATTERNS OF ABUSE**

**63. ADDICTION TYPE**

- |                                  |   |
|----------------------------------|---|
| 01 Heroin                        | 09 Marijuana/Hashish                    |
| 02 Non-Prescription Methadone    | 10 Hallucinogens                        |
| 03 Other Opiates and Synthetics  | 11 Inhalants                            |
| 04 Alcohol                       | 12 Over-the-counter                     |
| 05 Barbiturates                  | 13 Tranquilizers                        |
| 06 Other Sedatives or Hypnotics  | 14 Other Drugs                          |
| 07 Amphetamines/Methamphetamines | 21 PCP (phencylidine) /PCP Combinations |
| 08 Cocaine                       | 23 Nicotine                             |

**65. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT**  
(See Manual for Descriptions)

- | <u>Drugs Other Than Alcohol</u> | <u>Alcohol/Nicotine</u> |
|---------------------------------|-------------------------|
| 0 No Use                        | 0 No Use                |
| 1 Less than once per week       | 1 Use                   |
| 2 Once per week                 | 2 Moderate Abuse        |
| 3 Several times per week        | 3 Serious Abuse         |
| 4 Once daily                    | 4 Moderate Addiction    |
| 5 Two or three times daily      | 5 Serious Addiction     |
| 6 More than three times daily   | 6 Chronic Addiction     |

**66. MOST RECENT USUAL ROUTE OF ADMINISTRATION**

- |              |                           |
|--------------|---------------------------|
| 1 Oral       | 4 Intramuscular Injection |
| 2 Smoking    | 5 Intravenous Injection   |
| 3 Inhalation | 6 Other                   |

# CLIENT PROCESS MONITORING SYSTEM

A - D ENROLLMENT FORM

State of Oregon  
CPMS OADAP  
Department of Human Services

WHITE - LOCAL COPY  
YELLOW - STATE COPY

(DETOX/MARIJUANA EDUCATION/DUII EDUCATION ONLY)

<input type="checkbox"/> CHECK BOX IF CORRECTION		CLINIC IDENTIFICATION				5 OPENING DATE		
DATE OF CORRECTION		3 CMHP		4 PROVIDER		MONTH	DAY	YEAR
6 NAME (USE UPPER CASE BLOCK LETTERS)								
LAST			FIRST			BIRTH NAME		
7 CASE NUMBER		8 DATE OF BIRTH			10 ELIGIBILITY CODE		11 PROGRAM AREA ASSIGNMENT	
		1 - Known 2 - Estimated	MONTH	DAY	YEAR			1=ALCOHOL 2=DRUG
116 LEVEL OF CARE ASSESSED		12 SEX	106 PRENATAL	107 INTERPRETER	13 EDUCATION	15 REFERRAL SOURCE(S)	17 ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME	
Enter a "1" next to the Level of Care for which the client was assessed. Mark only one box.		F = FEMALE M = MALE	Pregnant at enrollment? 1 = Yes 2 = No 3 = Not Applicable	Will interpreter services be needed for client? 1 = Foreign Language 2 = Hearing Impaired 3 = No	Highest Grade Completed	Codes on back of form. Select first appropriate code(s) from top of list.	0001 = REFUSED 0002 = UNKNOWN 9999 = MORE THAN \$9999/MONTH	
<input type="checkbox"/> Level 0.5 Education/Early Intervention <input type="checkbox"/> Level 1.0 Outpatient <input type="checkbox"/> Level 2.0 Intensive Outpatient <input type="checkbox"/> Level 2.5 Day Treatment <input type="checkbox"/> Level 3.0 Residential <input type="checkbox"/> Level 4.0 Medically Managed Detox								
18 CLIENT RESIDENCE		115 ZIP CODE OF RESIDENCE		19 RACE/ETHNICITY		21 MARITAL STATUS		22 LIVING ARRANGEMENT
County or State Code (List on back of form)		Enter Zip Code of Residence or enter 00001 for transient/homeless.		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		1 - NEVER MARRIED 2 - MARRIED 3 - WIDOWED 4 - DIVORCED 5 - SEPARATED 6 - LIVING AS MARRIED		Enter First Appropriate Code: 01 - LIVES IN OWN HOME 23 - SPOUSE OR SIGNIFICANT OTHER'S HOME 03 - PARENTS, RELATIVES, ADULT CHILDREN'S HOME 04 - FOSTER HOME 05 - INSTITUTION/GROUP HOME 06 - FRIENDS OR OTHER'S HOME 97 - HOMELESS/SHELTER 98 - REFUSED/UNKNOWN
25 EMPLOYMENT STATUS		33 EMPLOYABILITY FACTOR		PATTERNS OF ABUSE AT ENROLLMENT (Codes on Back of Form)		PRIMARY Substance	SECONDARY Substance	TERTIARY Substance
1 - FULL TIME (35 hours or more) 2 - PART TIME (17 - 24 hours) 3 - IRREGULAR (less than 17 hours) 4 - NOT EMPLOYED (but has sought employment) 5 - NOT EMPLOYED (and has not sought employment)		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		36 ADDICTION TYPE(S) Complete all blocks  38 FREQUENCY OF USE OR DEGREE OF IMPAIRMENT  39 MOST RECENT USUAL ROUTE OF ADMINISTRATION  40 AGE AT FIRST USE (00 = Affected at Birth)				

\*\*\*\*\*  
A-D TERMINATION FORM  
(DETOX/MARIJUANA EDUCATION/DUII EDUCATION ONLY)

REMAINING ITEMS TO BE USED FOR DISCHARGING CLIENTS ONLY

47 PAYOR CODE	48 TERMINATION TYPE		49 LAST TREATMENT CONTACT			53 REFERRED TO		54 TOTAL ARRESTS		55 DUII ARRESTS		
			MONTH	DAY	YEAR	Codes on Back of Form. Select First Appropriate Code(s) From Top of List.		Total Number of Arrests During Treatment 99 = Unknown		Total Number of DUII Arrests During Treatment 99 = Unknown		
67 SELF HELP GROUP	103 NUMBER OF POSITIVE DRUG/ALCOHOL USE TESTS		104 NUMBER OF DRUG AND ALCOHOL USE TESTS ADMINISTERED			200 SERVICE VOLUME						
Was a self help group used by client during treatment? 1= Yes 2= No	Urinalysis Only (Exclude baseline tests)		Urinalysis Only (Include baseline tests)			SERVICE ELEMENT		DAYS		HOURS		NUMBER OF URINALYSIS BILLED

Form Number MHDDSD-ADMS 0466  
Revision Number 0701

**CPMS DETOX/MARIJUANA EDUCATION/DUII EDUCATION CODE LIST**

**BOX NUMBER:**

**10. ELIGIBILITY CODES**

- 00 None
- 06 DUII, Marijuana Diversion or MIP Client — Non-Indigent
- 07 DUII, Marijuana Diversion or MIP Client — Indigent
- 08 DUII or MIP Client — Partial Indigent
- 26 DUII Convicted Client — Non-Indigent
- 27 DUII Convicted Client — Indigent
- 28 DUII Convicted Client — Partial Indigent
- 46 Interpreter Services — Non-Indigent
- 47 Interpreter Services — Indigent
- 48 Interpreter Services — Partial Indigent

**15. AND 53. REFERRAL CODE LIST**

(Choose the first appropriate code from the top of the list.)

**ALCOHOL AND DRUG AGENCIES**

- 40 Outpatient (Chemical Dependency)
- 41 Residential Care
- 42 Non-Hospital Detox
- 43 Hospital Detox
- 44 Private Hospital Alcohol / Drug Care
- 52 Methadone Maintenance or Methadone Detox
- 73 Correction's A&D Treatment Program
- 77 Prevention / Early Intervention

**LOCAL OR STATE AGENCIES**

- 80 Oregon Health Plan
- 70 Jobs Program (AFS)
- 07 Adult and Family Services (Welfare)
- 08 Services to Children & Families
- 09 Employment Department
- 10 Health Division
- 11 Vocational Rehabilitation Division
- 12 Motor Vehicles Division
- 13 Mental Health Agency
- 35 Senior and Disabled Services
- 68 EPSDT/Medicheck
- 69 Social Security Administration
- 04 Developmental Disabilities
- 05 School
- 06 Other Community Agencies

**INDIVIDUALS**

- 31 Private health professional (e.g. primary care physician/provider (pcp), psychiatrist, psychologist)
- 32 Self
- 33 Family/Friend
- 34 Employer/EAP
- 47 Self help Groups (Alanon, AA, NA, etc.)
- 81 Oregon Partnership Helpline

**CRIMINAL JUSTICE SYSTEM INSTITUTIONS AND AGENCIES**

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

**HOSPITALS AND TRAINING CENTERS**

- 74 State Hospital or Training Center

**OTHER/NONE**

- 00 None
- 99 Other

**BOX NUMBER:**

**18. CLIENT RESIDENCE CODES (County and State Codes)**

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

**PATTERNS OF ABUSE**

**36. ADDICTION TYPE**

- |                                  |  |
|----------------------------------|--|
| 01 Heroin                        | 09 Marijuana/Hashish                     |
| 02 Non-Prescription Methadone    | 10 Hallucinogens                         |
| 03 Other Opiates and Synthetics  | 11 Inhalants                             |
| 04 Alcohol                       | 12 Over-the-counter                      |
| 05 Barbiturates                  | 13 Tranquilizers                         |
| 06 Other Sedatives or Hypnotics  | 14 Other Drugs                           |
| 07 Amphetamines/Methamphetamines | 21 PCP (phencyclidine) /PCP Combinations |
| 08 Cocaine                       | 23 Nicotine                              |

**38. FREQUENCY OF USE OR DEGREE OF IMPAIRMENT**

(See Manual for Descriptions)

- | <u>Drugs Other Than Alcohol</u> |                             | <u>Alcohol/Nicotine</u> |                    |
|---------------------------------|-----------------------------|-------------------------|--------------------|
| 0                               | No Use                      | 0                       | No Use             |
| 1                               | Less than once per week     | 1                       | Use                |
| 2                               | Once per week               | 2                       | Moderate Abuse     |
| 3                               | Several times per week      | 3                       | Serious Abuse      |
| 4                               | Once daily                  | 4                       | Moderate Addiction |
| 5                               | Two or three times daily    | 5                       | Serious Addiction  |
| 6                               | More than three times daily | 6                       | Chronic Addiction  |

**39. MOST RECENT USUAL ROUTE OF ADMINISTRATION**

- |   |            |   |                         |
|---|------------|---|-------------------------|
| 1 | Oral       | 4 | Intramuscular Injection |
| 2 | Smoking    | 5 | Intravenous Injection   |
| 3 | Inhalation | 6 | Other                   |

**47. PAYOR CODES - Primary source of payment for this treatment episode**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| 00 Billed Indigent Fund             | 12 Other Public Assistance Programs |
| 01 Client/ Client's Spouse          | 14 Oregon Health Plan               |
| 03 Client's Parent / Legal Guardian | 13 None                             |
| 05 Veteran's Administration         | 65 OADAP                            |
| 08 Medicaid / XIX                   | 66 State or County Corrections      |
| 09 Medicare                         | 67 Other State / Federal Grant      |
| 11 Private Insurance                |                                     |

**48. TERMINATION TYPE**

- 01 Initial Appointment(s) Not Kept Within 14 Days of Enrollment
- 02 Client Termination Without Clinic Agreement (i.e., Client Leaves Without Explanation)
- 03 Treatment is Complete
- 04 Further Treatment is not Appropriate for Client at this Facility or in the Service
- 05 Non-Compliance with Rules and Regulations
- 07 Client Moved Out of Catchment Area
- 08 Client Cannot Get to Facility for Further Service / Treatment
- 09 Client Cannot Come for Service / Treatment During Facility Hours
- 11 Client Incarcerated
- 12 Client Deceased
- 13 Parents / Legal Guardian Withdrew Client
- 14 Termination Due to Program Cut / Reduction
- 16 Termination Due to Physical or Mental Illness

**200. SERVICE ELEMENTS**

- |                  |                        |
|------------------|------------------------|
| 63 Alcohol Detox | 68 DUII Education      |
| 73 Drug Detox    | 87 Marijuana Education |

### CLIENT PROCESS MONITORING SYSTEM

WHITE - LOCAL COPY

YELLOW-STATE COPY

A - D ENROLLMENT FORM

CHILD ENROLLED WITH PARENT

<input type="checkbox"/> CHECK BOX IF CORRECTION				CLINIC IDENTIFICATION				5 OPENING DATE		
DATE OF CORRECTION				3 CMHP		4 PROVIDER		MONTH	DAY	YEAR
6 CHILD'S NAME (USE UPPER CASE BLOCK LETTERS)								7 CASE NUMBER		
LAST				FIRST						
8 DATE OF BIRTH				10 ELIGIBILITY CODE		11 PROGRAM AREA ASSIGNMENT of PARENT		12 SEX		
<input type="checkbox"/> 1-Known	MONTH	DAY	YEAR	5   0		<input type="checkbox"/> 1=ALCOHOL <input type="checkbox"/> 2=DRUG		<input type="checkbox"/> F=FEMALE <input type="checkbox"/> M=MALE		
<input type="checkbox"/> 2-Estimated										
19 RACE/ETHNICITY				105 CASE # OF PARENT						
01 - WHITE (Non - Hispanic) 02 - BLACK (Non - Hispanic) 03 - NATIVE AMERICAN 04 - ALASKAN NATIVE 05 - ASIAN, PACIFIC ISLANDER 06 - HISPANIC (Mexican) 07 - HISPANIC (Puerto Rican) 08 - HISPANIC (Cuban) 09 - OTHER HISPANIC 10 - SOUTHEAST ASIAN 11 - OTHER RACE										

### CLIENT PROCESS MONITORING SYSTEM

WHITE - LOCAL COPY

YELLOW-STATE COPY

A - D TERMINATION FORM

CHILD ENROLLED WITH PARENT

CHECK BOX IF CORRECTION				CLINIC IDENTIFICATION				5 OPENING DATE		
DATE OF CORRECTION				3 CMHP		4 PROVIDER		MONTH	DAY	YEAR
6 CHILD'S NAME (USE UPPER CASE BLOCK LETTERS)								7 CASE NUMBER		
LAST				FIRST						
8 DATE OF BIRTH				48 TERM TYPE	49 LAST TREATMENT CONTACT			50 FORM COMPLETED		
1-Known	MONTH	DAY	YEAR		MONTH	DAY	YEAR	MONTH	DAY	YEAR
2-Estimated										

**48. TERMINATION TYPE**

- 01 Initial Appointment(s) Not Kept Within 14 Days of Enrollment
- 02 Client Termination Without Clinic Agreement (i.e., Client Leaves Without Explanation)
- 03 Treatment is Complete
- 04 Further Treatment is not Appropriate for Client at this Facility or in this Service Element
- 05 Non-Compliance with Rules and Regulations
- 07 Client Moved Out of Catchment Area
- 08 Client Cannot Get to Facility for Further Service/Treatment
- 09 Client Cannot Come for Service/Treatment During Facility Hours
- 11 Client Incarcerated
- 12 Client Deceased
- 13 Parents/Legal Guardian Withdrew Client
- 14 Termination Due to Program Cut/Reduction
- 16 Termination Due to Physical or Mental Illness