ADDICTIONS AND MENTAL HEALTH DIVISION

Kate Brown, Governor

OREGON HEALTH AUTHORITY

ADDICTIONS AND MENTAL HEALTH DIVISION

MOTS

Measures and Outcomes Tracking System Reference Manual

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Document Change Activity

The following is a record of the changes that have occurred on this document from the time of its original approval

v #	Change Description	Author	Date
0.1	Document Creation – DSG used as template	CHaerer	02/21/13
0.2	Basic Formatting on Data Fields – need to clean up instructions and validate data set and submission guidelines	CHaerer	03/18/13
0.3	Round 1 of team reviews	CHaerer	03/21/13
0.4	Merged Greta's comments into v.03	CHaerer	03/29/13
0.5	Merged Dianna's comments into v.04	CHaerer	04/02/13
0.6	Incorporate Ben's written comments	CHaerer	04/05/13
0.7	Incorporate comments from MOTS User Group	CHaerer	05/13/13
0.8	Incorporate OWITS name fields and Team Comments	CHaerer	06/13/13
0.9	Updated version and date on front cover and language on Number of dependents to total number of dependents	GCoe	06/24/13
1.0	Added data element table and "modifier" element	CHaerer	07/23/13
1.1	Added Parent Provider ID to Non Medicaid Services, and updated definition and examples for county of responsibility	GCoe	09/05/13
1.2	Updated and clarified language and added examples	GCoe	09/24/13
1.3	Added more details why we need the data, took out all changes for a clean copy.	Bkahn	12/12/13
1.3	Updated place of service link.	SAnderson	01/02/14
1.4	Provided more clarity of a number of data fields; added the GAF and CGAS grid;	BKahn	04/14/14
1.5	Add more clarity to many fields.	BKahn	07/31/14
1.6	Date of Commitment and Length of Commitment can be blank when Revocation occurs Added more clarity to existing fields and values.	TRoby BKahn	10/09/14 11/07/14
1.7	Updated OARs for Mental Health crisis Put limit on number of years of school completed DUII completion date is for convicted clients, not diversion Changed definition of Service Discontinued by facility or transferred to another facility or program Rearranged Last Name at Birth instructions for better clarity and added warning not to use quotation marks Deleted--If client returns to treatment, status would change back to active from Client Treatment Status Admission Date must be greater than client's date of birth. Fixed typo in County of Responsibility	DYale	1/21/15
1.8	Non-Medicaid Service reporting is not submitted with Crisis or Involuntary Services	DYale	2/5/15

	Social Security taken out of Public Assistance description, SSI added to Retirement/Pension as money earned and stands for Social Security Income Replaced the phrases “treatment” and “treatment episode” with “current reporting period” on several pages Rental Assistance Provider information added Removed restriction that encounter must be face-to-face in Mental Health events Reordered Data definitions in manual to match order in MOTS Client Entry application Name field characters allowed now includes spaces Clarified instructions for last, first, middle, & last name at birth.	DYale	3/12/15
1.9	Clarified Treatment Status entries Fixed broken hyperlink	DYale	4/1/15
2.0	Removed the “One Crisis per day” rule Added GAF scores optional in EDI, not cessecary in CE Added new valid entries for veteran status Added new valid entries for Living Arrangement Added Revision Date to document Footer Added effective date for ICD 10 codes to three pages Fixed broken links on two pages	Dyale	7/13/15
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2.3	Clarified action to be taken if client returns to treatment	Dyale	1/25/16
	Added and updated “OWITS Field” references.	JKing	2/25/16
	Added Crisis Bed to Referred To and Referred From Added Involuntary Custody to Legal Status Updated Not Applicable option under reason(s) for recommending hearing/diversion Updated Note in Modifier section regarding codes	Dyale	2/25/16

Introduction

This Measures and Outcomes Tracking System (MOTS) Reference Manual is the key reference document for all agencies and facilities required to report Behavioral Health Services, which includes mental health, addiction, mental health crisis, and involuntary services, that are provided in communities throughout Oregon and that are funded, in whole or in part, by public dollars. The Oregon Health Authority (OHA) Addictions and Mental Health (AMH) Division has responsibility for providing access to these valuable programs to Oregonians.

For those agencies/facilities required to report status and services to AMH, this manual may be used in conjunction with other reference documents:

- MOTS Data Dictionary. The Data Dictionary describes the data elements: data values, data type, data requirements and rules that apply. This is an important tool for agencies/facilities that opt to submit data via an Electronic Health/Medical Records System through the Electronic Data Interchange (EDI).
- AMH File Transfer Specifications for Electronic Health Records explains how the data elements collected will be reported. This document is also essential for technical specifications of transferring report data electronically to AMH.

All documents can be found on the OHA, Addictions and Mental Health (AMH) web page at: http://www.oregon.gov/oha/amh/mots/Pages/index.aspx

Overview

In order for the Addictions and Mental Health Division (AMH) to continue its leadership of Oregon's Behavioral Health Care system it is imperative that the state, counties, and providers demonstrate the impact of behavioral health services on those who receive services. Accountability for behavioral health service delivery in Oregon is important to the Legislature, to Substance Abuse and Mental Health Services Administration (SAMHSA) and to other federal funding agencies, as well as counties, providers, behavioral health service recipients and their families, and communities.

In order to meet requirements for reporting and funding, AMH, Oregon's administrative oversight agency for behavioral health care services, has the right to collect and access client data under the guidelines of HIPAA and 42 CFR.

MOTS (Measures and Outcomes Tracking System) will collect status and Non-Medicaid Service data. Status data provides demographic information during the treatment cycle (such as at admission and then updates at least every 90 days) and non-Medicaid service data provides information on services/happenings with the treatment episode. The collection of this data will allow AMH to focus on outcomes and services provided –

not just count the number of people served. Ultimately, we will be able to provide better data and information to our stakeholders, including the Legislature and other requesters.

By implementing and collecting data through an outcomes measurement system, AMH will acquire information necessary to fulfill its obligation to those entities to which it is accountable, along with ensuring the ability to track metrics that align with broader Oregon Health Authority Health System Transformation efforts.

Outcome data is necessary in order to identify what is working well and what is not working well for those who receive behavioral health services.

The data elements collected are used to:

- Evaluate client demographics;
- Monitor and report client outcomes;
- Comply with federal and state funding and/or grant requirements to ensure adequate and appropriate funding for the behavioral health system;
- Assist with financial-related activities such as budget development and rate setting;
- Evaluate contract utilization;
- Support quality and utilization management activities;
- Analyze Health System Transformation Measures for Performance and Outcomes;
- Respond to requests for information.

Therefore, collecting outcome data facilitates the improvement of service delivery. In this respect, development of an outcomes measurement system is the key to ensuring continuous quality improvement. Demonstrating quality improvement positively impacts the lives of those who receive behavioral health services and, in turn, benefits their families and communities, as well as the public health and social systems that also provide services in their communities.

Purpose

The purpose of the MOTS Reference Manual is to inform and explain the data elements that will be collected and reported. AMH has reviewed data elements required by the federal government as part of block grant reporting, data required by the Oregon Legislature, as well as data required by AMH and community partners. The reference manual encompasses the data elements necessary for AMH to evaluate and conform to national quality measure sets and will be utilized by Coordinated Care Organizations (CCO). This is a comprehensive manual which includes instructions for *all* service modalities. Therefore, some data elements may not directly apply to your program. For convenience, the manual has been broken out into sections:

- Client Profile
- Behavioral Health
- Addiction Detail
- Mental Health Crisis
- Involuntary Services
- Non-Medicaid Services

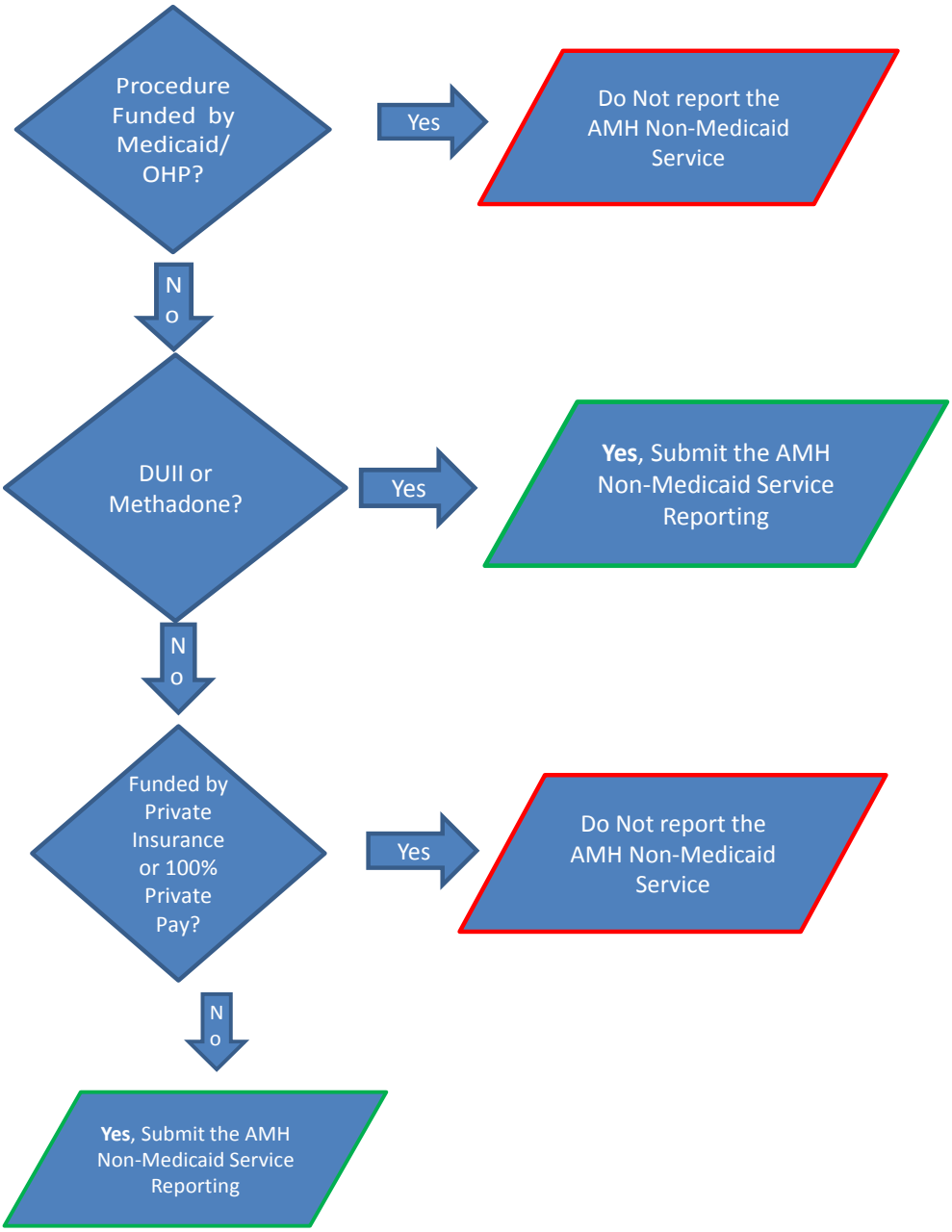
Data identified in this manual can be divided into two basic categories that correspond with reporting requirements and submissions:

1. Status Data
2. Non-Medicaid Services Data

<u>Status Data</u> includes initial admission and demographics on the client and then any updates and/or changes in the client's status or record. This is similar to what has historically been collected for CPMS (the data system used between 1981 and 2013).

<u>Non-Medicaid Service Data</u> will be reported after a service has been rendered for those Non-Medicaid/OHP funded services. Data fields identified in this manual specify whether the data is reported via Status updates or through non-Medicaid service submissions. Medicaid Service/Encounter data for those you serve who are covered by Medicaid will ultimately be captured by Oregon Health Authority's MMIS system. There is no need to resubmit those services to AMH. AMH will extract this information from MMIS. For more information about when to enter Non-Medicaid Services, see chart on next page. Non-Medicaid Service reporting is not submitted with Crisis or Involuntary Services. Crisis and Involuntary Services are considered events and therefore don't need an accompanying Non-Medicaid service.

Non-Medicaid Service Reporting Diagram



Examples:

- If Jane has a portion of her treatment covered by County Mental Health funds and a portion covered by private insurance, treatment agency/facility would submit status information to the AMH reporting system (MOTS), in addition to submitting non-Medicaid service data for those services/procedures not covered by private insurance.

- If Jane's treatment is entirely funded by public funds (non-Medicaid), treatment agency/facility would submit status and non-Medicaid service information to MOTS.

- If Jane's treatment is entirely funded by Medicaid/OHP funds, treatment agency/facility would submit status information to MOTS, but the Medicaid encounter information ultimately is reported into MMIS. Note: If any service was not covered by Medicaid/OHP, but with other public funds, even though the client was on the Oregon Health Plan (Medicaid), those non-Medicaid services should then be reported to AMH via MOTS.

- If Jane's treatment is entirely paid for by private funds, treatment agency/facility would not submit status or non-Medicaid service data to MOTS reporting system unless the client is receiving DUII or methadone services.

- If Jane receives one service at a cost of $50, and Medicaid covers $42 of the service, Medicaid reimbursement for a service is payment in full; no other service information is to be submitted to AMH via MOTS. Treatment agency/facility would submit ONLY Status information to MOTS.

What Clients do Agencies Report?
Report on the same clients as you have been reporting through CPMS (those clients whose services are paid for with public funds). Reference the *Policy on Non-Medicaid Service Data Submission to AMH* document for additional clarity on what client services to reports to MOTS. It is located on the OHA/AMH web page at: http://www.oregon.gov/oha/amh/mots

Which Agencies are Required to Report?
In general, behavioral health providers who are either licensed or have a letter of approval from AMH, and receive public funds to provide treatment services are required to report to MOTS. There are four basic ways to classify who is required to submit data to MOTS:

1. Providers with AMH contracts that deliver treatment services (this includes CMHPs, LMHAs and other types of community behavioral health providers);

2. Providers that are subcontractors (can be a subcontractor of a CMHP or other entity that holds a contract with AMH or OHA, such as an MHO/CCO);

3. Providers that AMH does not contract with but are required to submit data to MOTS by State/Federal statute or rule (DUII providers and methadone providers) ;

4. Providers that contract with other governmental agencies (e.g., Oregon Youth Authority [OYA] or the Department of Corrections [DOC] to deliver mental health and/or substance abuse services.)

When Must Client Data be Reported?

- New clients admitted to treatment programs must be submitted to MOTS within seven days.
- Crisis and Involuntary Service Events also must be submitted to MOTS within seven days.
- Non-Medicaid services must be submitted within 30 days after month in which the service was rendered. For example, if the service was the performed on August 4, the provider would have until the end of September to submit the Non-Medicaid service data.
- Status updates are required at least every 90 days. If no status update is done on a client after 90 days, the provider will be notified and encouraged to update the client's status.

Notes:

AMH endorses the term "individual" as used throughout the Oregon Administrative Rules (OARs) to encompass all persons that may use services, potential individuals and those that have left services. However, throughout this document, the term "client" is used to identify the person receiving services and to be consistent with terminology among electronic health records.

MOTS is different than CPMS. In CPMS, providers had multiple provider numbers, one for each of their various programs and services. In MOTS, most providers have just one number and it's their Medicaid Provider Number. Therefore, there is less of a need to close clients and reopen those clients in different provider numbers. The client can remain open in the same number throughout treatment, as that client receives an array of services. Those services should be reported through Non-Medicaid Services reporting, as necessary.

As mentioned above, because we no longer have multiple provider numbers for multiple programs within a treatment facility, there is less of a need to open and close clients. When a client completes treatment or leaves treatment early, it is necessary to close the client. This is done by changing the Client's Treatment Status in MOTS from Active to one of the other choices listed (Treatment Complete, Left Against Professional Advice, Service Discontinued, Transferred, Incarcerated, Aged Out, Death). Be sure the update any other fields that may have changed before submitting.

If you have questions or suggestions for improvement regarding information in this manual, contact mots.support@state.or.us. As more details become available, this manual will be updated and placed on the AMH website.

Client Profile

Data elements included in this section are to be collected by all providers, which include:

- Alcohol and Drug Residential and Outpatient Treatment Services
- Mental Health Residential and Outpatient Treatment Services
- Detoxification, Methadone, and DUII Services
- Mental Health Crisis Services
- Involuntary Services

AGENCY/FACILITY IDENTIFIER

OWITS FIELD: "MEDICAID ID"

Description

This data element identifies the Agency/Facility providing the treatment service. This is the Oregon Medicaid Provider ID Number. (State Medicaid Provider Identification number.)

VALID ENTRIES **REQUIRED**

- **Numeric Value**

Instructions:

An Agency/Facility is a unit of an agency, or the agency itself, which provides a specific service or set of services.

1. Agencies/Facilities will register in MOTS and use an Oregon Medicaid Provider Identification number.
2. The Agency/Facility number identifies which Agency/Facility is enrolling the client.
3. Agency/Facility numbers are permanent unless officially changed by using the Medical Assistance Program (MAP) process to request a new number. The same number must always be used when enrolling clients. When an Agency/Facility closes, the Agency/Facility number is retired; it is never reassigned to a different Agency/Facility.
4. MOTS will only be accepting one Agency/Facility number for behavioral health services. Agencies/Facilities with multiple Medicaid provider numbers will need to choose one number and can also choose an alternative number to use for MOTS. Therefore, it is very important that the correct number be used for the service for which the client is being enrolled.
5. Agency can only have one number for behavioral health services but there can be multiple facilities under the agency with different numbers. Agencies/Facilities with multiple Medicaid provider numbers will need to choose one number and can also choose an alternative number to use for MOTS. Therefore, it is very important that the correct number be used for the service for which the client is being enrolled.

   Also if an Agency has facilities physically located in multiple counties, there **MUST** be under the agency setup a facility assigned to each of those counties and they must all have a different unique Medicaid provider IDs that have been assigned to the Agency through DMAP. The Agency MUST enroll their clients in the appropriate facility associated with the services they are gettting and location.

The Agency/Facility numbers assigned are available from your System Administrator.

Examples:
Agency: ABC-CMHP, (Oregon Medicaid Provider #123456)
Facility: MLK Location, (Oregon Medicaid Provider #567891)
Facility: Downtown Location, (Oregon Medicaid Provider #345678)
Facility: Riverside Location, (Oregon Medicaid Provider #234567)

Why:
AMH uses the agency/facility ID to assist with tracking and aligning behavioral health client treatment services funded by Medicaid and non-Medicaid public funds. It also helps tell AMH where the treatment occurred.

LAST NAME

OWITS FIELD: "LAST NAME"

Description - Client's legal last name.

VALID ENTRIES **REQUIRED**

- **Text Value**

Instructions:
Enter the entire last name.

- Check spelling of name for correctness. This is critical for database integrity.
- There are three acceptable special characters (apostrophe, hyphen and space). Do not use quote marks. Spaces should only be between names.

Examples:
Smith Jones
Smith-Jones
O'Neil

Why:
To prevent duplicate client entry, AMH requires various client identifiers.

FIRST NAME

OWITS FIELD: "FIRST NAME"

Description - Client's legal first name.

VALID ENTRIES **REQUIRED**

- **Text Value**

Instructions:

Enter the entire first name.

- Check spelling of name for correctness. This is critical for database integrity.
- There are three acceptable special characters (apostrophe, hyphen and space). Do not use quote marks.

Why:

To prevent duplicate client entry, AMH requires various client identifiers.

MIDDLE NAME

OWITS FIELD: "MIDDLE NAME"

Description - Client's legal middle name or initial.

VALID ENTRIES **OPTIONAL**

- **Text Value**

Instructions:

Enter the middle name or initial.

- Check spelling of name for correctness. This is critical for database integrity.
- There are three acceptable special characters (apostrophe, hyphen and space). Do not use quote marks.

Why:

To prevent duplicate client entry, AMH requires various client identifiers.

LAST NAME AT BIRTH

OWITS FIELD: "LAST NAME AT BIRTH"

Description – Client's legal last name at birth.

VALID ENTRIES **REQUIRED**

- **Text Value**

Instructions:
Enter the client's Last Name at Birth.

- If the last name at birth is the same as the last name, enter the current last name as the last name at birth.
- If the last name at birth is not known, enter the client's current last name in both the "last name" and "last name at birth" fields.
- DO NOT enter "Same", "Unknown" or leave blank.
- Check spelling of names for correctness. This is critical for database integrity.
- There are three acceptable special characters (apostrophe, hyphen and space). Do not use quote marks.

Example: Example of Client Name: Alice Johnson is a residential client who has never been married. The correct entry for the **Last Name** and **Last Name at Birth** is Johnson the **First Name** entry is Alice.

Why:
To prevent duplicate client entry, AMH requires various client identifiers.

DATE OF BIRTH

OWITS FIELD: "DOB"

Description
Client's date of birth.

VALID ENTRIES **REQUIRED**

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions:
Enter the "Known" date of birth. Do not estimate the date of birth.

Examples:
Date of Birth: Les Fortunate knows his date of birth. It is December 4, 1939. Submit the date as 12041939.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
To prevent duplicate client entry, AMH requires various client identifiers.

CLIENT TREATMENT STATUS

OWITS FIELD: "CASE STATUS" AND "DISCHARGE REASON"

Description
This field identifies the client's current treatment status.

VALID ENTRIES **REQUIRED**

- **Active** – Client is receiving treatment services
- **Crisis** – Client received Crisis Only Services
- **Treatment Completed** – Client will no longer be receiving treatment services and has finished the treatment as outlined in the treatment care plan
- **Assessment Only –** No treatment needed or referred to another provider
- **Left against Professional Advice, including drop-out**
- **Service Discontinued by Facility** (Includes clients who are not able to continue treatment due to physical or mental health issues)
- **Transferred to another Program or Facility** – This includes those that may have moved away or clients who need more intense treatment, either physical or behavioral health issues.
- **Incarcerated --** Client is no longer receiving Active Treatment because he/she went to jail/prison.
- **Aged out –** for example, children who are no longer eligible to receive services from the children mental health system because they have reached the age limit.
- **Death**
- **Involuntary Services** – Client received only an involuntary service treatment

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Instructions: Enter the current treatment status of client. This field is replacing the admission and termination field within CPMS and should be used to identify if client is currently in treatment (active, if episode is crisis or involuntary service or an assessment only) or if the client is no longer receiving services from your facility and why.

Electronic Data Interchange (EDI) Submitters Notes:

- Mental Health Crisis (Code 02) and Involuntary Services (Code 11) are options for Electronic Data Interchange data submitters as a Client Treatment Status in field 20 of the Client Profile Detail (CPD) segment.

- **EDI data submitters must submit a STATUS file with the closed/inactive transaction before the client can be reopened with a new admission date should they return for services.**

- Also when submitting a closed/inactive client treatment status (Codes 01, 03, 05, 06, 07, 08, 09, or 10) submission for EDI data submitters in field 20 of the CPD

segment it must include a Behavioral Health Detail (BHD) and Addictions Detail (ADD) with updates values in the fields to assess the outcomes of the client. For Mental Health patients there must be a CPD and BHD, for Substance Abustance clients there must be a CPD, BHD and an ADD segment upon submission of a closed/inactive client.

Note: Upon admission, all clients must have a treatment status of Active or Assessment Only. Do not use the Incarcerated option when admitting a client.

Recovery Support or Medication Management – If a client completes treatment but is still receiving services such as medication monitoring or recovery support, keep the client treatment status as active. AMH will review the services data which will accurately reflect services that the client is receiving.

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.

If serving a dual diagnosed client (Mental Health and Substance Addiction), and they finish their substance addiction treatment first, put zeros in the Substance Frequency of use, and continiue to keep the client open until the Mental Health treatment is complete.

<u>CANS Assessment</u>

The Child and Adolescent Needs and Strengths (CANS) Children's assessment tool is being used by many agencies.

If the client receiving the CANS is not an 'Active' client and will not receive services from the Agency / Facility, submit a Client Profile Detail (CPD) with Client Treatment Status of 'Assessment Only.'

If the client is 'Active' and receiving services from the Agency / Facility currently, submit a non-Medicaid service for the assessment through MOTS or a Medicaid service for the assessment via your Medicaid data submission process (whichever is appropriate).

If the client receiving the CANS assessment is a new client who will be receiving services from the Agency / Facility, submit a CPD with a Client Treatment Status of 'Active', the Behavioral Health Detail information,and the Addiction Detail. Also submit a non-Medicaid service for the assessment through MOTS or a Medicaid service for the assessment via your Medicaid data submission process (whichever is appropriate).

<u>Other Examples:</u>

Client A has begun mental health treatment at facility XX. Client A has client treatment status of "Active".

Client B was in addiction treatment at facility XX, however, Client B decided they no longer needed treatment and does not show up for appointments or groups. Client B had a treatment status of “Active”, however, now the facility would submit a record that Client B has “Left without professional advice.”

Client C is receiving mental health and addictions services at facility XX and has a treatment status of “Active”. Client C has successfully completed treatment for addictions services. Client C’s treatment status would continue to be active, as they are still receiving services from facility XX. AMH will know that they are no longer receiving addiction services by reviewing the service data.

Client D arrives at facility XX for an intake appointment and an assessment is conducted and determined that Client D does not need services and/or won’t be treated at facility XX. Facility XX submits record of treatment status as “Assessment only”.

Client E completes their addiction treatment. Their treatment status is “Treatment complete.” If Client E returns to treatment, then a new treatment episode would be submitted with client treatment status of “Active.”.

Why:
Allows AMH to produce outcome metrics that looks at treatment completion rates, as well as better understand why clients leave treatment early.

CLIENT ID

OWITS FIELD: "UNIQUE CLIENT NUMBER"

Description
A unique identifier assigned by the facility to a client.

VALID ENTRIES **REQUIRED**

- **Alpha-Numeric Value**

Instructions:
Enter a unique number (up to twenty-characters) for the client.

The Client ID can contain numbers and letters; however, it cannot include special characters such as dashes, commas, etc...

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

If a client leaves, that number is retired and not used again unless the same client returns and is re-activated. **Upon reactivation, that client's same number should be re-assigned to him/her.**

The SID number can be used as a client ID. The Client's Medicaid Number can also be used.

Why:
The client identifier, previously known as the client case number, allows AMH to refer to a client without disclosing the client's name. Also assists with unduplicating client counts within MOTS.

OR Medicaid Number

OWITS FIELD: OTHER NUMBERS "MEDICAID ID/PRIME NUMBER"

Description

Unique identifier also known as OR Medicaid ID, Recipient ID, OHP Number, MMIS Client ID or MMIS Number.

VALID ENTRIES SITUATIONAL

- **Alpha-Numeric Value**

Instructions:

This field is required if client's services are funded by Medicaid and is only required if a prime number has been assigned to the client. Sometimes this field is referred to as the Prime Number.

Members can obtain their OHP insurance / Medicaid ID by calling 800-273-0557. Providers can look up members' Medicaid Number by calling 800-273-0557 or via the provider portal located at:

https://www.or-medicaid.gov/ProdPortal/Account/SecureSite/tabid/63/Default.aspx. (Registration is required.)

Why:

Allows AMH to track services across funding streams to ensure appropriate and continued treatment occurs.

RACE

OWITS FIELD: "SELECTED RACES"

Description
Identifies client's most recent reported race(s). Based on US Census categories, one or more values will be accepted

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VALID ENTRIES **REQUIRED**

- **Alaska Native** – (Aleut, Eskimo, Indian) – Origins in any of the original people of Alaska.
- **American Indian –** (Other than Alaska Native – Origins in any of the original people of North America and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment
- **Black or African American –** Origins in any of the black racial groups of Africa.
- **White –** Origins in any of the original people of Europe, North Africa, or the Middle East.
- **Asian –** Origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander –** Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Other Single Race –** Use this category for instances in which the client is not classified in any category above or whose origin group, because of area custom, are regarded as a racial class distinct from the above categories. (Do not use this category for clients indicating multiple races.)
- **Two or More Unspecified Races –** Use this code when the data system allows multiple race selection and more than one race is indicated.

Instructions:
This is a client-reported category. 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 categories that reflect the races the client associates with most. For example if the client is American Indian - Asian, select American Indian and Asian. If none of the race/ethnicity categories apply, choose "Other Single Race "or "Two or More Unspecified Races".

Why:
Assists AMH with ensuring services are provided to all populations. It is also a required field for those states that receive SAMHSA block grant funds.

ETHNICITY

OWITS FIELD: "ETHNICITY"

Description
Identifies the client's specific Hispanic origin, if applicable. Based on US Census categories.

VALID ENTRIES **REQUIRED**

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

Instructions:
This is a client-reported entry.

Why:
Assists AMH with ensuring services are provided to all populations. It is also a required field for those states that receive SAMHSA block grant funds.

GENDER

OWITS FIELD: “GENDER”

Description
The gender with which the client identifies.

VALID ENTRIES **REQUIRED**

- **Male**
- **Female**
- **Other**

Instructions:
Select the entry "Male", "Female", or “Other” to indicate the client's self-identified gender association.

Why:
Assists AMH with ensuring services are provided to all populations.

MARITAL STATUS

OWITS FIELD: "MARITAL STATUS" (MULTIPLE LOCATIONS)

Description
Describes the client's current marital status

VALID ENTRIES **REQUIRED**

- **Never Married** - Includes clients who have never been married or those whose marriage was annulled.
- **Married** – Includes married couples, those living together as married, living with partners, or cohabitating.
- **Separated** – Includes those separated legally or otherwise absent from spouse because of marital discord.
- **Divorced** – Divorced and living presently as a single person. Those without a final divorce decree are classified as "separated."
- **Widowed** – Includes widows and widowers living presently as a single person.
- **Unknown** – Used when the treatment provider is unable to ascertain the client's marital status

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Instructions:
Identify the marital status for the current reporting period. These categories are compatible with U.S. Census categories.

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

Why:
This is a required data element for states receiving federal SAMHSA block grant funds.

VETERAN

OWITS FIELD: "VETERAN STATUS"

Description

Specifies whether the client is a Veteran and is serving or has served in the uniformed services (Army, Navy, Air Force, Marine Corps, Coast Guard, Public Health Service Commissioned Corps, Coast and Geodetic Survey, etc.)

VALID ENTRIES **REQUIRED**

- **Yes, Veteran and not specified Branch of Service**
- **Yes, Veteran and Current or Former Active Duty Military**
- **Yes, Veteran and Current or Former Guard/Reserve Military**
- **No, but Current or Former Guard/Reserve Military**
- **No**
- **Unknown**

Instructions:

Select "Yes, Veteran and not specified Branch of Service" for a person who has served (even for a short time) or is now serving (but has not specified whether active duty or in the National Guard or Military Reserves) in the US Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the US Public Health Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II.

Select "Yes, Veteran and Current or Former Active Duty Military" for a person who has served (even for a short time) or is now serving on active duty in the US Army, Navy, Air Force, Marine Corps, Coast Guard, or Commissioned Corps of the US Public Health Service or National Oceanic and Atmospheric Administration, or who served as a Merchant Marine seaman during World War II.

Select "Yes, Veteran and Current or Former Guard/Reserve Military" for a person who has served or is now serving in the National Guard or Military Reserves and were ever called or ordered to active duty, not counting the four to six months for initial training or yearly summer camps.

Select "No, but Current or Former Guard/Reserve Military" for a person who has served or is now serving in the National Guard or Military Reserves and was never called or ordered to active duty.

Select "No" for a person who has never served in any Military Service.

Why:

This is a required data element for states receiving federal SAMHSA block grant funds. Also ensures services are delivered to all populations.

COMPETITIVE EMPLOYMENT

OWITS FIELD: "EMPLOYMENT STATUS" (MULTIPLE LOCATIONS)

Description
Designates the client's competitive employment status.

VALID ENTRIES **REQUIRED**

Select all that apply.

- **Full Time** – Working 35 hours or more each week, including active duty members of the uniformed services.
- **Part Time –** Working fewer than 35 hours each week.
- **Unemployed –** Looking for work during the past 30 days or on layoff from a job.
- **Homemaker**
- **Student**
- **Retired**
- **Disabled –** Unable to work for physical or psychological reasons.
- **Hospital Patient or Resident of Other Institutions**
- **Other Reported Classification –** e.g. volunteers
- **Sheltered/Non-Competitive Employment –** Jobs in segregated settings for a specific population, intended to provide training and experience to acquire the skills necessary to succeed in subsequent competitive employment; or, long-term or permanent placements that allow individuals to use their existing abilities to earn wages in a segregated setting.
- **Not in Labor Force -** Not actively looking for work during the reporting period.
- **Unknown**

Instructions: Select all that apply.
Competitive employment is defined as:

- temporary, part time or full time work that pays at least minimum wage,
- regular jobs within the community (not jobs reserved for people with disabilities)
- having the same pay and benefits as everyone else who holds those positions
- not having time limits determined by the mental health or vocational agency

Seasonal workers are entered in a category based on their employment status at the time of admission.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds. Also allows AMH to produce and monitor outcome and performance measures reports.

LIVING ARRANGEMENT

OWITS FIELD: "LIVING ARRANGEMENT" (MULTIPLE LOCATIONS)

Description
Specifies client's residential status.

VALID ENTRIES **REQUIRED**

- **Transient/Homeless** – Person with no fixed address; includes homeless and shelters. Includes all ages.
- **Foster Home** – A home licensed by a county, tribe, or State department to provide foster care. Includes all ages.
- **Residential Facility** – This level of care may include a group home, therapeutic group home, board and care residential treatment, rehabilitation center, agency-operated residential care facilities, or a nursing home. Includes all ages.
- **SUD Residential Facility** - Clients participating in treatment services with 24 hour supervision, treatment and care for Substance Use Disorder (SUD). This does not include people in a mental health residential facility receiving SUD treatment.
- **BRS Residential Facility** - Children and youth 17 years old and younger living in a Behavioral Rehabilitation Services residential facility with services provided on a 24 hour, 7 day a week basis.
- **CSEC Residential Facility** - Youth who are 11 through 18 years old living in a residential care facility contracted by OHA – Addictions and Mental Health, consisting of shared or individual living units in a facility based setting where youth who are victims of Commercial Sexual Exploitation receive care and treatment. The residential care facility offers and coordinates a range of services and supports available on a 24-hour basis to meet the activities of daily living, health and social needs of the residents.
- **PRTS Residential Facility** - Children and youth 17 years old and younger with a diagnosed mental health condition living in a Psychiatric Residential Treatment Services facility with a structured residential psychiatric treatment environment , 24- hour, 7 days a week supervision and active psychiatric treatment
- **.SCIP/SAIP Residential Facility** - Children and youth 17 years old and younger living in a Secure Children's Inpatient Program or Secure Adolescent Inpatient Program with 24 hour, 7 days a week supervision, care and treatment. Provides psychiatric oversight and active treatment for children/adolescents with complex psychiatric disorders who have not responded to treatment in less secure facilities.
- **SRTF for YAT Residential Facility** - Young Adult in Transition age 17 through 24 living in a residential program receiving custodial care who, without any assistance, are capable of responding to an emergency situation to complete building evacuation. Commonly referred to as a "group home".
- **RTH for YAT Residential Facility** - Young Adult in Transition age 17 through 24 living in a Residential Treatment program receiving custodial care who, without

any assistance, are capable of responding to an emergency situation to complete building evacuation. Commonly referred to as a “group home.”

- **Secure Residential Facility (SRTF)** - Any person living in a secure residential facility that is not solely for young adults in transition (YAT) and offers treatment in an environment with restricted egress. Facilities are licensed as either class 1 or class 2 programs. Class 1: licensed to provide seclusion and restraint and can compel medication. Class 2: Not licensed to provide seclusion and restraint or to compel medication.
- **Residential Sub-Acute Care Facility** - Clients living in a secure setting who require active treatment for a diagnosed mental health condition. Sub-acute provides short-term rehabilitation and complex medical services to an individual with a condition that does not require acute hospital care in a 24 hour, 7 day a week residential setting. Includes all ages.
- **Jail** – Individual resides in a city or county jail, correctional facility, or detention center with care provided on a 24-hour, 7days a week basis.
- **Prison** – Individual resides in a state or federal prison with care provided on a 24-hour, 7 days a week basis.
- **Room and Board** – Person lives in a facility which provides room and board only in exchange for a fee paid directly by the resident.
- **Supported Housing –** Permanent housing with tenancy rights and optional supported services. Support services offered to people living in supported housing are flexible and are available as needed and desired, but not mandated as a condition of obtaining tenancy. Tenants have a private and secure place to make their home, just like other members of the community. Allows individuals with disabilities to interact with individuals without disabilities to the fullest extent possible. Units must be scattered with no more than 20 per cent of the units at any site occupied by individuals with a disability that is known to the state.
- **Supportive Housing (scattered site)** – Mainstream rental housing linked with social services tailored to the needs of the population being housed, but participation cannot be a condition of occupancy.
- **Supportive Housing (congregate setting)** – A housing program specific to an identified population linked with social services tailored to the needs of the population being housed, but participation cannot be a condition of occupancy.
- **Alcohol and Drug Free Housing** – Housing in which the rental agreement prohibits the tenant from using, possessing or sharing alcohol, illegal drugs, controlled substances or prescription drugs without a medical prescription, either on or off the premises.
- **Oxford Home** – Democratically-run, self-supporting, alcohol and drug free housing for individuals in recovery from a substance use disorder that have a valid Charter from Oxford House, Inc.
- **Private Residence (at home)** - Clients living independently in their own private residence and capable of self-care, including clients who live independently with case management support. Also includes children youth or young adults living in

a residence they consider their home with their parent or permanent legal guardian.

- **Private Residence (with relative)** - Clients living with any non-parental adult relative in a private residence. Clients living independently in a private residence and capable of self-care, including clients who live independently with case management support. Includes children and young adults if not placed by a state agency.
- **Private Residence (with non- relative)** - Client living with adult non-relative in a private residence. Clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support. Includes children and young adults if not placed by a state agency.
- **Other Private Residence** - Clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness. They may live with friends, spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations.
- **Unknown** – Unable to determine client's current living arrangement status.

Instructions: With clients who are new enrollees, this data element refers to their living arrangement for the last 30 days prior to entry into treatment. In other situations, this data element is a status update for the current reporting period.

Why:
Required by Federal Block Grant and by the US Dept. of Justice to ensure clients are in the least restrictive housing possible. Also used to produce AMH performance and outcome measures reports.

DATE OF STATUS CHANGE FOR LIVING ARRANGEMENT

OWITS FIELD: "DATE LIVING ARRANGEMENT CHANGED"

Description

Specifies the estimated date of change in any living arrangement

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VALID ENTRIES OPTIONAL

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions: This field only needs to be completed when a change in living arrangement has been determined and would be submitted through a status update.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
Required by US Dept. of Justice to ensure clients are in the least restrictive housing situation possible.

COUNTY OF RESIDENCE

OWITS FIELD: "RESIDENCE" (ON INTAKE SCREEN)

Description

The client's current county of residence if the client resides in the State of Oregon.

VALID ENTRIES **REQUIRED**

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

Instructions:

If client resides outside of the state of Oregon, select 'Other'.

Note: Each Rental Assistance provider will only have one agency which will also be the facility for submitting all rental assistance data regardless of the counties they serve. The "County of Residence" and "County of Responsibility" will be used for tracking how the funds are distributed.

Why:
This allows AMH to better understand capacity needs across the state, including identifying areas for future investments.

COUNTY OF RESPONSIBILITY

OWITS FIELD: "COUNTY" ON FACILITY PROFILE

Description
The client's current county of responsibility.

VALID ENTRIES **REQUIRED**

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

Instructions:
County of responsibility is defined as the county that holds the contracted service. If the client does not reside in Oregon, use the county where the service is rendered. If the Client belongs to a CCO, use the county of client enrollment. This is the county helping to facilitate admission and discharge of the client.

Example 1: Client A is enrolled in the Eastern Oregon CCO (EOCCO). EOCCO is a CCO that encompasses many Eastern Oregon counties. Client A lives in Union County, which is part of EOCCO. EOCCO sends Client A to Douglas County for Services. The County of Responsibility is Union County.

Example 2: Client B lives in Marion County and is receiving services at USA Treatment Center in Marion County. Client B is receiving Marion County indigent funds/public dollars to supplement costs of services. USA Treatment Center sends Client B to a treatment agency in Jackson County. The county of responsibility is Marion County, as they are paying for the services.

Example 3: Client C has private insurance. Client C is receiving services at USA Treatment Center in Marion County. USA Treatment Center sends Client C to a treatment agency in Jackson County. The county of responsibility is Marion County as they are the referral source.

Why:
When compared with county of residence, this field allows AMH to better understand capacity needs across the state, including identifying areas for future investments.

Behavioral Health

Data elements included in this section are to be collected by the following services:

- Alcohol and Drug Residential Treatment Services
- Alcohol and Drug Outpatient Treatment Services
- Mental Health Outpatient Treatment Services
- Mental Health Residential Treatment Services
- Methadone Services
- Detoxification Services
- DUII Services

DATE OF ADMISSION

OWITS FIELD: "ADMISSION DATE"

Description

This field captures the date when the client receives his or her first direct treatment or service. For transfers, this is the date when client receives his or her first direct treatment after the transfer has occurred.

VALID ENTRIES **REQUIRED**

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions: Enter the date when the record was officially opened for the client. The date should be logical. For example, it must be greater than the client's date of birth.

Generally, the "DATE OF ADMISSION" is the first face-to-face service contact with the client; this is often the date of the initial assessment, if the client is determined to be appropriate for treatment in your program. It must be greater that the Date of Birth.

An "evaluation," "screening" or "consultation" by itself, if it does not result in a formal admission to mental health treatment, **is not** sufficient cause for enrollment into MOTS.

For Mental Health Crisis, Involuntary Services, and assessment only the date of admission is not collected.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
This field lets AMH know when the client began to receive services. AMH monitors length of stays to determine the appropriate level of care and to make adjustments to administrative rules and policies, as necessary.

ZIP CODE OF RESIDENCE

OWITS FIELD: "ZIP" (ON ADDRESS SCREEN)

Description

Client's ZIP code for current residence if client resides in the United States.

VALID ENTRIES **REQUIRED**

- **5 Digit ZIP Code**

Instructions: Enter the Client's ZIP Code of Residence. This should be the primary residence during the 30 days before entering treatment for new clients and the current primary residence during treatment.

If residence zip code is not available, use facility zip code.

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

Why:

This field helps determine where clients are coming from within the state and assists AMH in planning for comprehensive services across the state.

STATE OF RESIDENCE

OWITS FIELD: "STATE" (ON ADDRESS SCREEN)

Description
The client's current State of residence.

VALID ENTRIES **REQUIRED**

AL	Alabama	**KY**	Kentucky	**ND**	North Dakota
AK	Alaska	**LA**	Louisiana	**OH**	Ohio
AZ	Arizona	**ME**	Maine	**OK**	Oklahoma
AR	Arkansas	**MD**	Maryland	**OR**	Oregon
CA	California	**MA**	Massachusetts	**PA**	Pennsylvania
CO	Colorado	**MI**	Michigan	**RI**	Rhode Island
CT	Connecticut	**MN**	Minnesota	**SC**	South Carolina
DE	Delaware	**MS**	Mississippi	**SD**	South Dakota
DC	District of Columbia	**MO**	Missouri	**TN**	Tennessee
FL	Florida	**MT**	Montana	**TX**	Texas
GA	Georgia	**NE**	Nebraska	**UT**	Utah
HI	Hawaii	**NV**	Nevada	**VT**	Vermont
ID	Idaho	**NH**	New Hampshire	**VA**	Virginia
IL	Illinois	**NJ**	New Jersey	**WA**	Washington
IN	Indiana	**NM**	New Mexico	**WV**	West Virginia
IA	Iowa	**NY**	New York	**WI**	Wisconsin
KS	Kansas	**NC**	North Carolina	**WY**	Wyoming
				OT	Other

Instructions: If client resides outside of United States, select 'Other'.

Why:
This field helps determine where clients are coming from to get treatment in Oregon. This assists AMH in planning for comprehensive services across the state.

ESTIMATED GROSS HOUSEHOLD MONTHLY INCOME

OWITS FIELD: "ANNUAL HOUSEHOLD INCOME" (DIVIDED BY 12)

Description
Record estimated total gross household monthly income for all family members of the household.

VALID ENTRIES **REQUIRED**

- **0 – Enter a 0 (zero) if there is no household income**
- **1 – Enter a 1 (one) if the client refuses to answer**
- **(Numeric Value) – Enter the Total Gross Household Monthly Income**

Instructions: Income includes 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 considered income.

No income is reported as "0".

If the Client refuses to answer, the income is reported as "1".

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

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

Gross: Income *before* taxes and other deductions.

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

Monthly: If client is paid weekly or every two weeks, you must add it up and add any other family member's income to arrive at the total monthly amount. Please do not enter annual income into this box.

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

Husband/Wife: Justin Case works and is paid an income of $900 per month. His wife Elizabeth was injured on the job a few weeks ago and is receiving Workers'

Compensation benefits of $350 per month. Therefore, their combined monthly gross household income is $1,250.

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

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

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

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

Why:
This is a required data element for states receiving federal SAMHSA block grant funds. Also assists with calculating performance and outcome measure reports.

SOURCE OF INCOME/SUPPORT

OWITS FIELD: "PRIMARY INCOME SOURCE"

Description

Identifies the client's principal source of financial support. For children under 18, this field indicates the parent's primary source of income/support.

VALID ENTRIES **REQUIRED**

- **Wages/Salary –** Money earned through paid employment
- **Public Assistance –** State payments made for aid to families with dependent children and as general assistance. This includes any publicly funded assistance like, Federal Supplemental Security Income, Oregon Supplemental Security Income, Welfare, etc.
- **Retirement / Pension/SSI-**Money earned and saved to be used later in life, like retirement. In this instance, "SSI" means Social Security Income.
- **Disability / SSDI (Social Security Disability Income)**
- **Other –** Any money received as income that is not included above; includes payments received for care of foster child, alimony or unemployment benefits.
- **None –** There is no source of income for the household.
- **Unknown**

Instructions: Enter the *principal* source of household income which applies to the client's household. For children under 18, this field indicates the parent's primary source of income/support.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds.

EXPECTED/ACTUAL SOURCE OF PAYMENT

OWITS FIELD: "PRIMARY PAYMENT SRC"

Description
Identifies the source(s) of payment for the Treatment Episode.

VALID ENTRIES **REQUIRED**

– Submit all that apply.

- **Self-Pay**
- **Medicare**
- **Medicaid / OHP**
- **AMH County Financial Assistance Agreement**
- **Other Government Payments , other than the AMH County Financial Assistance Agreement (City, County, State Funding) – Non Medicaid**
- **Worker's Compensation**
- **Private Health Insurance**
- **No Charge (free, charity, special research or teaching)**
- **Other**
- **Unknown**

Instructions: The Expected/Actual Source of Payment describes how the client's treatment will be paid. Will it be paid by Medicaid or Private Insurance or Self-Pay or all of the above? For this field, you can select all that apply.

AMH County Financial Assistance Agreement is the monies that AMH has given to the Local Mental Health Authority (LMHA) and may be subcontracted to individual treatment providers.

Other governmental payments or public assistance includes state or federal funding from other county or state agencies, Sovereign Nations (Tribal), etc.

DUII Intoxicated Driver Program Funds fall under Other Government Payments.

Examples:

- As a therapeutic school, services are paid from two sources: the school district and Medicaid for those members who qualify for mental health services. Qualifying claims are billed electronically, and we are paid accordingly. There are two possible selections: Medicaid, and/or other.

- A DUII client has private insurance; however not all services provided will be covered by their insurance coverage. Service not covered will be supplemented by the client (out-of-pocket) and by the agency/facility (public funds). There are three possible selections: Private Health Insurance, Self-Pay and AMH County Financial Assistance Agreement.

- When a patient goes from 100 per cent Private Pay to Public Funding (including Medicaid), the patient should be entered into MOTS using the original admission date, not the date that public funds started being used to pay for the services.

- When a patient's treatment is paid by public funds initially and later no public funds are used to pay for treatment, change the Actual/Expected Source of Payment to Private Insurance and submit a status update to show the change. When treatment has ended submit a status update to show the final Treatment Status.

Why:
Assists AMH with making sure all populations are served and have similar outcomes, regardless of who pays for treatment.

TOTAL NUMBER OF DEPENDENTS

OWITS FIELD: "HOUSEHOLD SIZE / # OF DEPENDENTS (INCLUDING CLIENT)"

Description

Field identifies the number of people dependent upon the client's household income.

VALID ENTRIES **REQUIRED**

- **Numeric Value greater than 0**

Instructions: Enter the number of people who are dependent upon the client's monthly household income. This does not necessarily include biological dependents. There must always be at least one person indicated, because the client should be dependent on the income.

Definitions: "Household" refers to a living unit in which the members are dependent upon a common income for subsistence.

Special Instruction: If the client pays child support, those children must be included, even though not actually residing with the client.

Why:
This field helps to determine whether or not a client meets federal poverty levels. AMH needs to ensure that all populations receive appropriate behavioral health treatment services.

NUMBER OF CHILD DEPENDENTS

OWITS FIELD: "# OF CHILD DEPENDENTS"

Description

Field identifies the number of children (ages 0-17 years) that are dependent upon the client's household income.

VALID ENTRIES **REQUIRED**

- **Numeric Value**

Instructions: Enter the number of children ages 0-17 years that are dependent upon the client's household income. This does not necessarily include biological dependents.

Definitions: "Household" refers to a living unit in which the members are dependent upon a common income for subsistence.

Special Instruction: If the client pays child support, those children must be included even though not actually residing with the client.

If the client is a child (under 18), and is living alone or homeless, then there would be a 1 entered in the Total Number of Dependents (to indicate the client) and a 1 entered in the Number of Child Dependents, as well.

Why:
This field is used to determine whether or not a client meets federal poverty levels. This field also helps AMH ensure that the appropriate levels of behavioral health treatment are available for individuals and families.

PRIMARY HEALTH INSURANCE

OWITS FIELD: "INSURANCE TYPE"

Description
Specifies the client's health insurance (if any). The insurance may or may not cover the costs of treatment.

VALID ENTRIES **REQUIRED**

- **Private Insurance / Managed Care Organization**
- **Medicare**
- **Medicaid / OHP**
- **Other (e.g., TRICARE - VA, CHAMPUS)**
- **None**
- **Unknown**

Instructions: Enter one selection.

CPS Health Insurance Definitions

The Census Bureau collects data about different types of health insurance coverage and broadly classifies the types into either Private (non-government) coverage or Government-sponsored coverage.

Private Health Insurance

Private health insurance is coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company.

- **Employment-based health insurance** is coverage offered through one's own employment or a relative's. It may be offered by an employer or by a union.
- **Own Employment-based health insurance** is coverage offered through one's own employment and only the policyholder is covered by the plan.
- **Direct-purchase health insurance** is coverage through a plan purchased by an individual from a private company.

Government Health Insurance

Government health insurance includes plans funded by governments at the federal, state, or local level. The major categories of government health insurance are Medicare, Medicaid, the Children's Health Insurance Program (CHIP), military health care, state plans, and the Indian Health Service.

- **Medicare** is the Federal program which helps pay health care costs for people 65 and older and for certain people under 65 with long-term disabilities. If a client's services are 100% covered by Medicare, no status or non-Medicaid service data submission is required.
- **Medicaid** is a program administered at the state level, which provides medical assistance to the needy. Families with dependent children, the aged, blind, and disabled who are in financial need are eligible for Medicaid. It may be known by different names in different states.
    - **CHIP, the Children's Health Insurance Program**, is a program administered at the state level, providing health care to low-income children whose parents do not qualify for Medicaid. CHIP may be known by different names in different states. The CHIP program may also be known by its former name, the State Children's Health Insurance Program (SCHIP).

Others

- **Military health care includes** TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA).
    - TRICARE is a military health care program for active duty and retired members of the uniformed services, their families, and survivors.
    - CHAMPVA is a medical program through which the Department of Veterans Affairs helps pay the cost of medical services for eligible veterans, veteran's dependents, and survivors of veterans.
    - The Department of Veterans Affairs provides medical assistance to eligible veterans of the Armed Forces.
- **State-specific plans**: Some states have their own health insurance programs for low-income uninsured individuals. These health plans may be known by different names in different states.
- **Indian Health Service (IHS)** is a health care program through which the Department of Health and Human Services provides medical assistance to eligible American Indians at IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds. Also assists AMH with making sure all populations are served and have similar outcomes.

REFERRED FROM

OWITS FIELD: "SOURCE OF REFERRAL"

Description

Describes the people and/or organizations referring the client for services.

VALID ENTRIES **REQUIRED**

LOCAL OR STATE AGENCIES

- **Child Welfare**
- **Vocational Rehabilitation**
- **Aging and People with Disabilities**
- **Developmental Disabilities Services**
- **School**
- **Community Housing**
- **Employment Services**

BEHAVIORAL HEALTH PROVIDERS/AGENCIES

- **Community-based Mental Health and/or Substance Abuse Provider**
- **Local Mental Health Authority / Community Mental Health Program**
- **State Psychiatric Facility (i.e., OSH or BMRC)**
- **Coordinated Care Organization (CCO)**

HEALTH PROVIDERS

- **Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.)**

CRIMINAL JUSTICE SYSTEM ENTITIES

- **Municipal Court**
- **Federal Court**
- **Circuit Court**
- **Justice Court**
- **Jail - city or county**
- **Parole - county/state/federal - includes juveniles**
- **Police or sheriff - local, state**
- **Psychiatric Security Review Board (PSRB)**
- **Probation - county/state/federal - includes juveniles**
- **State Correctional Institution**
- **Federal Correctional Institution**
- **Integrated Treatment Court (Drug Court or Mental Health Court)**
- **Juvenile Justice System / Oregon Youth Authority**
- **Alcohol and Drug Evaluation Screening Specialist (ADES)**

PERSONAL SUPPORT SYSTEM

- **Self**
- **Family/Friend**
- **Employer/Employee Assistance Programs (EAP)**
- **Advocacy Group**
- **Attorney**

OTHER / NONE

- **Crisis/Helpline**
- **Crisis Bed** (Effective April 1, 2016)
- **Media/Internet**
- **Other**
- **None**
- **Unknown**

Instructions: Valid data elements are bulleted, submit all that apply.

Intensive Treatment and Recovery Support (ITRS) clients need to select referral source as Child Welfare in order to be captured for utilization and accurate reporting.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds. Also helps AMH identify which referrals may need more training and technical assistance as they deal with clients with behavioral health treatment needs.

REFERRED TO

OWITS FIELD: "DISCHARGE REFERRAL"

Description

Describes the referrals made to people and/or organizations for services to benefit the client.

VALID ENTRIES **REQUIRED**

– Submit all that apply.

LOCAL OR STATE AGENCIES

- **Oregon Health Plan**
- **TANF/Food Stamps**
- **Child Welfare**
- **Vocational Rehabilitation**
- **Aging and People with Disabilities**
- **Developmental Disabilities Services**
- **School**
- **Youth/Child Social Service Agencies, Centers, or Teams**
- **Community Housing**
- **Employment Services**
- **Criminal Justice Entities**
- **Other Community Agencies**

BEHAVIORAL HEALTH PROVIDERS/AGENCIES

- **Community-based Mental Health and/or Substance Abuse Provider within service area**
- **Community-based Mental Health and/or Substance Abuse Provider outside service area**
- **Local Mental Health Authority / Community Mental Health Program**
- **Other Mental Health/Addiction Services Providers**
- **Coordinated Care Organization (CCO)**
- **Acute or Sub-Acute Psychiatric Facility**
- **State Psychiatric Facility (i.e., OSH or BMRC)**
- **Mental Health Organization (MHO)**

HEALTH PROVIDERS

- **Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.)**
- **Fully Capitated Health Plan (FCHP)**
- **Community Public Health Department**

PERSONAL SUPPORT SYSTEM

- **Attorney**

- **Employer/Employee Assistance Programs (EAP)**
- **Self Help Groups**

OTHER / NONE

- **Crisis Bed** (Effective April 1, 2016)
- **Other**
- **None**

Instructions: Data elements to be capture are bulleted. Submit all that apply.

Referral requires "deliberate action".

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

DUII Instruction: Non-compliant DUII clients should always be reported as referred to "criminal justice entity." DUII clients who complete treatment should not be reported as referred to a criminal justice entity.

"Referred From" should not change during treatment, however, additional referrals could be added as additional information becomes clear during treatment. "Referred to" could change as different referrals are made; this box allows for multiple entries to capture all of the referrals. Do this during your normal status updates for the client.

Community-based Mental Health and/or Substance Abuse Provider within service area – The client is being referred to another treatment program that is still part of the Community Mental Health Program area (usually within the same county).

Community-based Mental Health and/or Substance Abuse Provider outside service area – The client is being referred to another treatment program outside the Community Mental Health Program area (usually outside of the county).

Why:
This is a required data element for states receiving federal SAMHSA block grant funds.

TRIBAL AFFILIATION

OWITS FIELD: "SELECTED TRIBAL AFFILIATIONS"

Description
Identifies the client's tribal affiliation with a federally recognized tribe within the State of Oregon.

VALID ENTRIES **REQUIRED**

– Select all that apply.

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

Instructions: This field refers to whatever the client identifies/affiliates with. A Native American client may not be an actual member of the tribe, but does affiliate with a certain tribe.

Why:
This field helps determine which Native American tribe clients are associated with, and which behavioral health services they are using. This helps AMH in planning for comprehensive services across the state for all populations.

INTERPRETER

OWITS FIELD: "INTERPRETER NEEDED"

Description
Describes the type of interpretation required to communicate with the client.

VALID ENTRIES **REQUIRED**

- **Foreign Language** – Foreign language interpreter for the client.
- **Hearing Impaired** – Sign language interpreter for the deaf or hard of hearing.
- **None** – No interpreter services are needed.

Instructions: Will the Agency have to hire outside interpreter services to meet the needs of the client?

Why:
This field helps AMH to ensure all populations within the State of Oregon have access to behavioral health treatment services.

PREGNANT

OWITS FIELD: "PREGNANT"

Description
Specifies whether the client is pregnant.

VALID ENTRIES **REQUIRED**

- **Yes**
- **No**
- **Not Applicable**
- **Unknown**

Instructions: Select the appropriate entry to indicate if the client is pregnant, or if the field is not applicable. Males must be N/A.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds.

HIGHEST SCHOOL GRADE COMPLETED

OWITS FIELD: "EDUCATION"

Description
Specifies the highest school grade completed by the client.

VALID ENTRIES **REQUIRED**

- **Numeric Value –**
  Number of years of school (highest grade) completed.
  A '0' indicates no education completed.
  Cannot be greater than 25 years; if more than 25, enter 25.

Instructions: Enter the highest grade in school that 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) enters total number of years of school. For example, a client with an Associate's degree and no additional college credits has completed 14 years of education; similarly, a client with Bachelor's degree and no additional credits has completed 16 years of education.

Remember that these are grades completed, and are not necessarily the number of years of attendance. If the highest grade completed is not known, you can put a '0' in the box and provide a status update at your earliest convenience.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds. Also allows AMH to produce performance and outcome measure reports.

TOBACCO USE

OWITS FIELD: "HAVE YOU EVER USED TOBACCO/NICOTINE PRODUCTS" (MULTIPLE LOCATIONS)

Description

Identifies if client has any use of tobacco during the current reporting period.

VALID ENTRIES **REQUIRED**

- **Yes**
- **No**
- **Unknown**

Instructions: Select the appropriate entry.

Tobacco use includes the use of chewing tobacco, cigarettes, e-cigarettes, etc.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds.

SUBSTANCE USE DURING LAST 90 DAYS

OWITS DATA: AUTOMATICALLY CALCULATED

Description
Identifies if client has any use of non-prescribed drugs or alcohol during the current reporting period.

VALID ENTRIES **REQUIRED**

- **Yes**
- **No**
- **Unknown**

Instructions: Select the appropriate entry to indicate if the client has used illicit drugs or alcohol in the last 90 days.

Should not include legally obtained prescription drugs.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds.

LEGAL STATUS

OWITS FIELD: "SELECTED LEGAL STATUS"

Description
Identifies if individual is forensically committed, civilly committed, guardianship, etc.

VALID ENTRIES **REQUIRED**

– Submit all that apply.

- **DUII Diversion Client**
- **DUII Convicted Client**
- **30 Day Civil Commitment**
- **90 Day Civil Commitment**
- **180 Day Civil Commitment**
- **Incarcerated**
- **Involuntary Custody** (Effective April 1, 2016)
- **Parole**
- **Probation**
- **Psychiatric Security Review Board (PSRB)**
- **Juvenile Psychiatric Security Review Board (JPSRB)**
- **Guardianship (Court)**
- **Guardianship (Child Welfare)**
- **Aid and Assist (ORS 161.370)**
- **None**
- **Unknown**

Instructions: For DUII clients, please select DUII convicted or DUII diversion in order for the agency to receive utilization credit for services and to pull data accurately.

All Oregon DUII clients (including DUII Education) should have a DUII status reflected in the Legal Status (DUII Diversion or DUII Convicted), regardless of whether or not they are ADES referred.

Out of State DUII clients should not have a DUII status. If a client comes in for services and they do not live in Oregon and they did not get a DUII in Oregon (for example a client comes from Yreka, CA to attend a DUII class in Ashland), they do not need to be enrolled in MOTS.

If the client lives in Oregon, but received a DUII out of state, the client does not need to be entered and tracked as a DUII client in MOTS.

If an out of state client received a DUII in Oregon, then the DMV would issue a reference number to them. This number would be entered into the Oregon Drivers' License/Oregon ID field in MOTS.

Treat DUII statuses and Probation/Parole statuses as separate, unrelated entities. If a client is DUII Conviction and on Probation, choose both statuses, even if the reason they are on probation is the DUII. However, just because they are convicted, does not necessarily mean they are on probation. Probation resulting from a DUII can vary from county to county.

Why:
This field helps determine how a client is involved in the Criminal Justice system or in the other monitoring programs. This also assists AMH with performance and outcome reports.

NUMBER OF ARRESTS IN PAST MONTH

OWITS FIELD: "# OF ARRESTS IN LAST 30 DAYS" (MULTIPLE LOCATIONS)

Description

The number of arrests during the last 30 days of the current reporting period.

VALID ENTRIES **SITUATIONAL**

- **Numeric Value –**

  Null is equal to Unknown.

Instructions: This item is intended to capture the number of times the client was arrested for any cause during the month preceding the status update. All formal arrests are to be counted regardless of whether they resulted in incarceration or conviction, and regardless of the status of the arrest proceedings.

If no arrests were made, it is recorded as 00.

*This field is required for addictions clients. Can be left blank for Mental Health Only clients.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds. Also allows AMH to produce performance and outcome measure reports.

TOTAL ARRESTS

OWITS FIELD: "# OF ARRESTS IN LIFETIME" (MULTIPLE LOCATIONS)

Description

The total number of times the client has been arrested.

VALID ENTRIES **SITUATIONAL**

- **Numeric Value –**

  Null is equal to Unknown.

Instructions: Enter the total number of times the client has been arrested during his/her lifetime. All formal arrests are to be counted, regardless of whether incarceration or conviction resulted, and regardless of the status of the arrest proceedings.

Total arrests during treatment must be equal to or greater than DUII arrests during treatment. No arrests = 0.

*This field is required for addictions clients. Can be left blank for Mental Health Only clients.

Why:

This is a required data element for states receiving federal SAMHSA block grant funds. Also allows AMH to produce performance and outcome measure reports.

NUMBER OF DUII ARRESTS IN PAST MONTH

OWITS FIELD: "# OF DUII ARRESTS IN PAST MONTH"

Description

The number of DUII arrests in the last 30 days of the current reporting period.

VALID ENTRIES **SITUATIONAL**

- **Numeric Value –**

  Null is equal to Unknown.

Instructions: This item is intended to capture the number of times the client was arrested for a DUII during the month preceding the status update. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings.

No arrests = 0.

*This field is required for addictions clients. Can be left blank for Mental Health Only clients.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds. Also allows AMH to produce performance and outcome measure reports.

TOTAL DUII ARRESTS

OWITS FIELD: "# OF DUII ARRESTS IN LIFETIME"

Description

The total number of times the client has been arrested for a DUII

VALID ENTRIES **SITUATIONAL**

- **Numeric Value –**

  Null is equal to Unknown.

Instructions: This item is intended to capture the number of times the client was arrested for a DUII during the client's lifetime. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings. This field does not imply conviction.

If no arrests were made, it is recorded as 0.

*This field is required for addictions clients. Can be left blank for Mental Health Only clients.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds. Also allows AMH to produce performance and outcome measure reports.

OREGON DRIVER'S LICENSE/OREGON IDENTIFICATION/ DMV ASSIGNED REFERENCE NUMBER

OWITS FIELD: "DRIVER'S LICENSE / STATE ID" OR OTHER NUMBERS: "DMV-ASSIGNED REFERENCE NUMBER"

Description

Client's Oregon Driver's License, Oregon Identification number, or DMV Assigned Reference Number for out-of-state drivers that have received a DUII.

VALID ENTRIES SITUATIONAL

- **Alpha-Numeric Value**

Instructions: Information not needed for individuals under age 15.

Required for DUII diversion and DUII convicted clients. Clients can call the DMV to obtain their driver's license number. A list of local DMV office phone numbers is available at the following web link: http://www.oregon.gov/ODOT/DMV/pages/offices/alphalist.aspx#alphalist.

If client has an out of state driver's license, and they get a DUII, they will be assigned an Oregon ID from the DMV.

Provide, if available, for all other clients.

If you have a client receiving DUII services, and you are unable to locate their Driver's License Number or Oregon ID, please use '0000000' for now, and then update the number later once you are able to obtain it.

Why:
For those clients in DUII treatment services, this field assists those who complete treatment, to get their driving privileges back again.

STATE IDENTIFICATION NUMBER (SID)

OWITS FIELD: OTHER NUMBERS "SID NUMBER"

Description

Unique identifier assigned by State Police Identification Services for individuals in the criminal justice system using the Law Enforcement Data Set (LEDS).

VALID ENTRIES OPTIONAL

- **Numeric Value**

Instructions: Highly desired for DUII diversion and convicted clients. Provide client's SID number, if available, for all other clients.

The SID number can be used as a client ID, but not as the OR Medicaid number.

Why:
Allows AMH to conduct performance and outcome reports focusing on how treatment reduces a client's Criminal Justice Involvement.

SCHOOL ATTENDANCE IMPROVEMENT

OWITS FIELD: "SCHOOL ATTENDANCE IMPROVEMENT"

Description
For the current reporting period, identify if the child's school attendance has improved.

VALID ENTRIES **REQUIRED**

- **Yes**
- **No**
- **Not Applicable**
- **Unknown**

Instructions: Report for children/students still involved in secondary education

This field answers the question "Did school attendance improve during the current reporting period?"

This field only applies to clients 25 years of age and under, and in school. Select "Not Applicable" if client is older than 25 and/or not in school.

Provider should work closely with the school to determine the answer to this question. A release of information should be in place before these discussions begin.

Why:
Allows AMH to produce performance and outcome measure reports.

ACADEMIC IMPROVEMENT

OWITS FIELD: "ACADEMIC IMPROVEMENT"

Description
For the current reporting period, identify if the child has improved in the area of producing school work of acceptable quality for his or her ability level.

VALID ENTRIES **REQUIRED**

- **Yes**
- **No**
- **Not Applicable**
- **Unknown**

Instructions: Report for children/students still involved in school

This field answers the question "Was academic improvement made in school during the current reporting period?"

This field only applies to clients 25 years of age and under, and in school. Select "Not Applicable" if client is older than 25 and/or not in school.

Provider should work closely with the school to determine the answer to this question. A release of information should be in place before these discussions begin.

Why:
Allows AMH to produce performance and outcome measure reports.

SCHOOL BEHAVIOR IMPROVEMENT

OWITS FIELD: "SCHOOL BEHAVIOR IMPROVEMENT"

Description
For the current reporting period, identify if the child's behavior in school has improved.

VALID ENTRIES **REQUIRED**

- **Yes**
- **No**
- **Not Applicable**
- **Unknown**

Instructions: Report for children/students still involved in secondary education

This field answers the question "Did school behavior improve during the current reporting period?"

This field only applies to clients 25 years of age and under, and in school. Select "Not Applicable" if client is older than 25 and/or not in school.

Provider should work closely with the school to determine the answer to this question. A release of information should be in place before these discussions begin.

Why:
Allows AMH to produce performance and outcome measure reports.

DIAGNOSIS

OWITS FIELD: ADMISSION DIAGNOSIS: "PRIMARY" "SECONDARY" AND "TERTIARY"

Description

Specifies the client's current diagnoses during the reporting period.

VALID ENTRIES **REQUIRED**

- **ICD 10 Code(s)**: See the latest version of the ICD 10 Code Set

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Instructions:

For Status Data Reports: Report all known diagnoses, including mental health and substance abuse diagnoses during the reporting period

For Non-Medicaid Services Data: Enter only the diagnosis that correspond to the procedure for the specific date or date range of service just as you would when submitting claim or encounter data. Also, for Non-Medicaid Services, the diagnosis code entered/selected first (in the first position) must be the primary reason for the treatment/procedure code. Only one diagnosis code is required for each procedure code submitted. Others may be added, when appropriate.

Diagnosis codes processed in MOTS are in code format without the decimal. Please enter the code without decimal points, for example enter ICD-10 code F10.23 (Alcohol Withdrawal) as "F1023". If there is a letter as part of the code (ex: Z9119) the letter is in UPPER CASE.

If diagnosis is not determined at time of data entry, use ICD-10 code R69 – Illness Unspecified.

Why:
This field allows AMH to better understand why behavioral services are provided. It also helps AMH to understand the capacity need across the state.

GLOBAL ASSESSMENT OF FUNCTIONING (AXIS V)

OWITS FIELD: "GAF SCORE"

Description
Specifies the client's current GAF score.

VALID ENTRIES **OPTIONAL**

- **Numeric Value –**
  0 – 100 based on the DSM IV.

Instructions: Record the GAF or CGAS score.

Enter the Global Assessment of Functioning Scale score or the Children's Global Assessment Scale score.

For the GAF score, consider client's psychological, social and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations. Use the following as a guide:

100 Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.

90-81 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

80-71 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

70-61 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

60-51 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational or school functioning (e.g., few friends, and conflicts with peers or coworkers).

50-41 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

40-31 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; Child frequently beats up younger children, is defiant at home, and is failing at school).

30-21 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job, home or friends).

20-11 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death, frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

10-1 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

0 Inadequate information.

<u>For the CGAS Score</u>, 100-point rating scale measuring psychological, social, and school functioning for children aged 6-17. This was adapted from the Adult Global Assessment Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-illness continuum. Rate the subject's most impaired level of functioning for the specified time period by selecting the lowest level which describes his/her functioning on a hypothetical health-illness continuum. Use intermediary levels (e.g., 35,

58, and 62). Rate actual functioning regardless of treatment or prognosis. Use the following as a guide:

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

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

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

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

60-51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not those who see the child in other settings.

50-41 Moderate degree of interference in functioning in most social areas or severe impairment in functioning in one area, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks,

frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
40-31 Major impairment in functioning in several areas and unable to function in one of these areas: disturbed at home, at school, with peers, or in the society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).

30-21 Unable to function in almost all areas, e.g., stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g., sometimes incoherent or inappropriate).

20-11 Needs considerable supervision to prevent hurting other or self, e.g., frequently violent, repeated suicide attempts) OR to maintain personal hygiene OR gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.

10-1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.

0 Inadequate information

Why:
This field allows AMH to measure improvement during treatment.

PEER DELIVERED SERVICES

OWITS FIELD: "PEER DELIVERED SERVICES STATUS"

Description
Promotion and use of peer delivered services.

VALID ENTRIES **REQUIRED**

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

Instructions: "Peer Delivered Services" means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable.

If a peer delivered service is provided, that service could be entered in the non-Medicaid services section of MOTS, if that peer delivered service meets the requirements of a non-Medicaid service.

Why:
Research has shown that improved outcomes are associated with Peer Delivered Services. AMH wants to better track Peer Delivered Services and the outcomes associated with them to make a case for increased public funds for these services.

INFECTIOUS DISEASE RISK ASSESSMENT

OWITS FIELD: "INFECTIOUS DISEASE RISK ASSESSMENT (IDRA)"

Description

Documents the results of an Infectious Disease Risk Assessment.

VALID ENTRIES **REQUIRED**

- **Not Completed**
- **Low-to-No Risk**
- **Moderate-to-High Risk. Referral was not made.**
- **Moderate-to-High Risk. Referral made.**

Instructions: Mental Health professionals who do not want to complete this data requirement would submit valid entry of "not completed" for reporting purposes.

A sample assessment is on the MOTS website. Please see: http://www.oregon.gov/oha/amh/mots/Pages/index.aspx and look under **Resources**.

After administering the assessment, it is up to the treatment facility to determine if the client is Low-to-No-Risk or Moderate-to-High-Risk based on the assessment analysis.

Why:
Required data field for those states receiving federal block grant funds.

TREATMENT PLAN INDICATOR

OWITS FIELD: "TREATMENT PLAN INDICATORS"

Description

Field identifies key performance indicators that are significant to the clients Treatment Plan and their goal(s) for recovery.

VALID ENTRIES **REQUIRED**

- One or more values will be accepted.

- **Education**
- **Employment**
- **Housing**
- **Other**

Instructions: Indicate the areas of performance addressed in the client's treatment care plan.

Why:

This field helps determine which performance or outcome measures should apply to each client. If a client's treatment care plan does not focus on Education, Employment or Housing, that client will not be included in the calculations for performance or outcomes reports.

MENTAL HEALTH LEVEL OF CARE (LOC) SCORE

OWITS FIELD: "MENTAL HEALTH LOC SCORE"

Description

Level of Care number score for adult mental health clients assessed for care.

VALID ENTRIES SITUATIONAL

- **Composite Score (numeric)**

Instructions: Score determined by standardized level of care tool approved by AMH.

Required only for clients receiving Mental Health Residential services.

Composite score is an accumulation of the six evaluation parameters.

Why:
This field helps AMH to understand the capacity need across the state.

MENTAL HEALTH CURRENT LEVEL OF CARE (LOC)

OWITS FIELD: "MENTAL HEALTH CURRENT LOC"

Description
Assessed level of care for adult mental health clients.

VALID ENTRIES **SITUATIONAL**

- **Outpatient**
- **Residential****

Instructions: Required only for adult clients receiving Mental Health Residential services.

**Residential: as defined in ORS 443.400 (Residential Care; Adult Foster Homes*; Hospice Programs)

Residential refers to facilities licensed by the Addictions and Mental Health Division.

- Adult Foster Homes* (AFH),
- Residential Treatment Facilities (RTF),
- Residential Treatment Homes (RTH), and /or
- Secure Residential Treatment Facilities (SRTF)

For adult residential mental health clients, a '0' means not completed.

Not required for PSRB clients.

Why:
This field helps AMH to understand the capacity need across the state.

*At this time, Adult Foster Home clients are not required to be reported in MOTS

Addiction Detail

Data elements included in this section are to be collected by the following services:

- A&D Residential Treatment Services
- A&D Outpatient Treatment Services
- Methadone Services
- Detoxification Services
- DUII Services

Each substance problem (primary, secondary, or tertiary problem) has associated fields for route of administration, frequency of use, and age at first use.

SUBSTANCE PROBLEM - PRIMARY

OWITS FIELD: "PRIMARY - SUBSTANCE"

Description
This field identifies the client's primary substance problem.

VALID ENTRIES **REQUIRED**

- **Alcohol**
- **Cocaine/Crack**
- **Marijuana/Hashish** – Includes THC and any other cannabis sativa preparations.
- **Heroin**
- **Non-Prescription Methadone**
- **Other Opiates and Synthetics** – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
- **PCP – Phencyclidine** –
- **Other Hallucinogens** – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc.
- **Methamphetamine**
- **Other Amphetamines** – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs
- **Other Stimulants** – Includes methylphenidate and any other stimulants
- **Benzodiazepines** – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines
- **Other non-Benzodiazepine Tranquilizers** – Includes meprobamate, tranquilizers, etc.
- **Barbiturates** – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, etc.
- **Other non-Barbiturate Sedatives or Hypnotics** – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc...
- **Inhalants** – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.
- **Over-the- Counter** – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication.
- **Other –** Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.

Instructions: Report the primary substance abuse problem during the current reporting period.

From the above entries, identify the substance(s) that causes the client's dysfunction at the time of admission (or the last 30 days before the beginning of treatment) or during the treatment episode- 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, then rank and record the substance(s) in order of the client's choice.

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).

Secondary: Only appropriate after a primary problem has been selected. Note: If None is selected for the secondary substance, the associated fields would be Not Applicable (N/A) (i.e. age at first use, frequency of use and route of administration.)

Tertiary: Only appropriate after a secondary problem was selected. If None is selected for the tertiary substance, the associated fields would be N/A (i.e. age at first use, frequency of use and route of administration).

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

SUBSTANCE PROBLEM - SECONDARY

OWITS FIELD: "SECONDARY - SUBSTANCE"

Description
This field identifies the client's secondary substance problem.

VALID ENTRIES **SITUATIONAL**

- **None**
- **Alcohol**
- **Cocaine/Crack**
- **Marijuana/Hashish** – Includes THC and any other cannabis sativa preparations.
- **Heroin**
- **Non-Prescription Methadone**
- **Other Opiates and Synthetics** – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
- **PCP – Phencyclidine** –
- **Other Hallucinogens** – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc.
- **Methamphetamine**
- **Other Amphetamines** – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs
- **Other Stimulants** – Includes methylphenidate and any other stimulants
- **Benzodiazepines** – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines
- **Other non-Benzodiazepine Tranquilizers** – Includes meprobamate, tranquilizers, etc.
- **Barbiturates** – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, etc.
- **Other non-Barbiturate Sedatives or Hypnotics** – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc...
- **Inhalants** – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.
- **Over-the- Counter** – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication.
- **Other** – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.

Instructions: Report the secondary substance abuse problem during the current reporting period.

From the above entries, identify the substance(s) that causes the client's dysfunction at the time of admission (or the last 30 days before the beginning of treatment) or during the treatment episode- 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, then rank and record the substance(s) in order of the client's choice.

Secondary: Select a secondary problem only after a primary problem has been selected.

Secondary: Only appropriate after a primary problem has been selected. If None is selected for the secondary substance, the associated fields would be Not Applicable (N/A) (i.e. age at first use, frequency of use and route of administration).

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

SUBSTANCE PROBLEM - TERTIARY

OWITS FIELD: "TERTIARY - SUBSTANCE"

Description
This field identifies the client's tertiary substance problem.

VALID ENTRIES **SITUATIONAL**

- **None**
- **Alcohol**
- **Cocaine/Crack**
- **Marijuana/Hashish** – Includes THC and any other cannabis sativa preparations.
- **Heroin**
- **Non-Prescription Methadone**
- **Other Opiates and Synthetics** – Includes buprenorphine, codeine, hydrocodone, hydromorphone, merperidine, morphine, opium, oxycodone, pentazocine, propoxyphene, tramadol, and any other drug with morphine-like effects.
- **PCP – Phencyclidine** –
- **Other Hallucinogens** – Includes LSD, DMT, STP, hallucinogens, mescaline, peyote, psilocybin, etc.
- **Methamphetamine**
- **Other Amphetamines** – Includes amphetamines, MDMA, phenmetrazine, and other unspecified amines and related drugs
- **Other Stimulants** – Includes methylphenidate and any other stimulants
- **Benzodiazepines** – Includes alprazolam, chlordiazepoxide, clonazepam, clorazepate, diazepam, flunitrazepam, flurazepam, halazepam, lorazepam, oxazepam, prazepam, temazepam, triazolam, and other unspecified benzodiazepines
- **Other non-Benzodiazepine Tranquilizers** – Includes meprobamate, tranquilizers, etc**.**
- **Barbiturates** – Includes amobarbital, pentobarbital, Phenobarbital, secobarbital, etc.
- **Other non-Barbiturate Sedatives or Hypnotics** – Includes chloral hydrate, ethchlorvynol, glutethimide, methaqualone, sedatives/hypnotics, etc...
- **Inhalants** – Includes chloroform, ether, gasoline, glue, nitrous oxide, paint thinner, etc.
- **Over-the- Counter** – Includes aspirin, cough syrup, diphenhydramine and other anti-histamines, sleep aids, and any other legally obtained, non-prescription medication.
- **Other** – Includes diphenylhydantoin/phenytoin, GHB/GBL, ketamine, etc.

Instructions: Report the tertiary substance abuse problem during the current reporting period.

From the above entries, identify the substance(s) that causes the client's dysfunction at the time of admission (or the last 30 days before the beginning of treatment) or during the treatment episode- 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, then rank and record the substance(s) in order of the client's choice.

Tertiary: Only appropriate after a secondary problem has been selected. If None is selected for the tertiary substance, the associated fields would be Not Applicable (N/A) (i.e. age at first use, frequency of use and route of administration).

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

AGE AT FIRST USE - PRIMARY

OWITS FIELD: "PRIMARY – AT WHAT AGE DID THE CLIENT FIRST USE…"

Description

For drugs other than alcohol, this field identifies the age at which the client first used the substance identified in Primary Substance Problem. For alcohol, this field records the age of the first intoxication or Newborn if affected at birth.

VALID ENTRIES **REQUIRED**

- **Newborn - (0)**
- **Age – (1-99)**

Instructions: This field is cross-checked with Date of Birth to check that client age is greater than the age of first use.

Select the age that indicates when the client first became involved with the drug type(s) identified in substance problem- primary.

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

User 0 for newborn if affected at birth.

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

AGE AT FIRST USE - SECONDARY

OWITS FIELD: "SECONDARY – AT WHAT AGE DID THE CLIENT FIRST USE…"

Description

For drugs other than alcohol, this field identifies the age at which the client first used the substance identified in Secondary Substance Problem. For alcohol, this field records the age of the first intoxication or Newborn if affected at birth.

VALID ENTRIES **SITUATIONAL**

- **Newborn - (0)**
- **Age – (1-99)**
- **Not Applicable**

Instructions: This field is cross-checked with Date of Birth to check that client age is greater than the age of first use.

Select the age that indicates when the client first became involved with the drug type(s) identified in substance problem- secondary.

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

User 0 for newborn if affected at birth.

Secondary: Only appropriate after a primary problem has been selected

When **None** has been selected in the secondary and tertiary fields of substance abuse problem, the associated fields (age at first use and frequency of use and usual route of administration) would be **Not Applicable**.

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

AGE AT FIRST USE - TERTIARY

OWITS FIELD: "TERTIARY – AT WHAT AGE DID THE CLIENT FIRST USE…"

Description

For drugs other than alcohol, this field identifies the age at which the client first used the substance identified in Tertiary Substance Problem. For alcohol, this field records the age of the first intoxication or Newborn if affected at birth.

VALID ENTRIES **SITUATIONAL**

- **Newborn – (0)**
- **Age – (1-99)**
- **Not Applicable**

Instructions: This field is cross-checked with Date of Birth to check that client age is greater than the age of first use.

Select the age that indicates when the client first became involved with the drug type(s) identified in substance problem-tertiary.

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

User 0 for newborn if affected at birth.

When **None** has been selected in the secondary and tertiary fields of substance abuse problem, the associated fields (age at first use and frequency of use and usual route of administration) would be **Not Applicable**.

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

FREQUENCY OF USE - PRIMARY

OWITS FIELD: "PRIMARY - FREQUENCY"

Description

For this reporting period, identify the frequency of use for the substance identified in Primary Substance Problem.

VALID ENTRIES **REQUIRED**

- **No use in the past month**
- **1-3 times in the past month**
- **1-2 times in the past week**
- **3-6 times in the past week**
- **Daily**

Instructions: Select one of the entries from the list above to indicate the frequency or amount of use of the primary substance during the 30 days prior to admission, or during current reporting period. If more than one frequency exists, enter the highest frequency.

If there has been no use in the past 30 days prior to admission, select the frequency as "No use in past month". It is okay for a client to have a frequency of no use 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 results are received, the assessment may need to be adjusted if use has been detected. This information would be captured through a status update.

When a client receiving detox services completes treatment, the time period may refer to the last two weeks.

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning and helps to produce outcome reports.

FREQUENCY OF USE - SECONDARY

OWITS FIELD: "SECONDARY - FREQUENCY"

Description
For this reporting period, identify the frequency of use for the substance identified in Secondary Substance Problem.

VALID ENTRIES **SITUATIONAL**

- **No use in the past month**
- **1-3 times in the past month**
- **1-2 times in the past week**
- **3-6 times in the past week**
- **Daily**
- **Not Applicable**

Instructions: Enter one of the entries from the list above to indicate the frequency or amount of use of the secondary substance during the 30 days prior to admission or during current reporting period. If more than one frequency exists, enter the highest frequency.

If there has been no use in the past 30 days prior to admission, select the frequency as "No use in past month". It is okay for a client to have a frequency of no use for the secondary 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 results are received, the assessment may need to be adjusted if use has been detected. This information would be captured through a status update.

When **None** has been selected in the secondary and tertiary fields of substance abuse problem, the associated fields (age at first use and frequency of use and usual route of administration) would be **Not Applicable**.

When a client receiving detox services completes treatment, the time period may refer to the last two weeks.

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning and helps to produce outcome reports.

FREQUENCY OF USE - TERTIARY

OWITS FIELD: "TERTIARY - FREQUENCY"

Description
For this reporting period, identify the frequency of use for the substance identified in Tertiary Substance Problem.

VALID ENTRIES **SITUATIONAL**

- **No use in the past month**
- **1-3 times in the past month**
- **1-2 times in the past week**
- **3-6 times in the past week**
- **Daily**
- **Not Applicable**

Instructions: Enter one of the entries from the list above to indicate the frequency or amount of use of the tertiary substance during the 30 days prior to admission or during current reporting period. If more than one frequency exists, enter the highest frequency.

If there has been no use in the past 30 days prior to admission, select the frequency as "No use in past month". It is okay for a client to have a frequency of no use for the tertiary 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 results are received, the assessment may need to be adjusted if use has been detected. This information would be captured through a status update.

When **None** has been selected in the secondary and tertiary fields of substance abuse problem, the associated fields (age at first use and frequency of use and usual route of administration) would be **Not Applicable**.

When a client receiving detox services completes treatment, the time period may refer to the last two weeks.

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning and helps to produce outcome reports.

USUAL ROUTE OF ADMINISTRATION - PRIMARY

OWITS FIELD: "PRIMARY - METHOD"

Description

For this reporting period, identify the usual route of administration of the substance identified in Primary Substance Problem.

VALID ENTRIES **REQUIRED**

- **Oral**
- **Smoking**
- **Inhalation**
- **Injection (IV or Intramuscular)**
- **Other**

Instructions: Select one of the above entries to indicate the client's most recent usual route of administration at the time of admission or current reporting period.

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

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

USUAL ROUTE OF ADMINISTRATION - SECONDARY

OWITS FIELD: "SECONDARY - METHOD"

Description
For this reporting period, identify the usual route of administration of the substance identified in Secondary Substance Problem.

VALID ENTRIES **SITUATIONAL**

- **Oral**
- **Smoking**
- **Inhalation**
- **Injection (IV or Intramuscular)**
- **Other**
- **Not Applicable**

Instructions: Select one of the above entries to indicate the client's most recent usual route of administration at the time of admission or during current reporting period.

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

When **None** has been selected in the secondary and tertiary fields of substance abuse problem, the associated fields (age at first use and frequency of use and usual route of administration) would be **Not Applicable**.

Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

USUAL ROUTE OF ADMINISTRATION - TERTIARY

OWITS FIELD: "TERTIARY - METHOD"

Description
For this reporting period, identify the usual route of administration of the substance identified in Tertiary Substance Problem.

VALID ENTRIES **SITUATIONAL**

- **Oral**
- **Smoking**
- **Inhalation**
- **Injection (IV or Intramuscular)**
- **Other**
- **Not Applicable**

Instructions: Select one of the above entries to indicate the client's most recent usual route of administration at the time of admission or during current reporting period.

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

When **None** has been selected in the secondary and tertiary fields of substance abuse problem, the associated fields (age at first use and frequency of use and usual route of administration) would be **Not Applicable**.

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Why:
This field is required by SAMHSA block grant recipients. It also helps with AMH Strategic Planning.

POSITIVE ALCOHOL/DRUG TESTS

OWITS FIELD: "POSITIVE ALCOHOL/DRUG TESTS IN PAST 90 DAYS"

Description

Total number of alcohol/drug tests that were positive during the past reporting period.

VALID ENTRIES **REQUIRED**

- **Numeric Value**

Instructions: Select the number of times that the client's urinalysis samples tested positive for illicit drugs during the reporting period. This could be the last 30 days prior to the beginning of treatment, or the last 90 days (since the last status update). If there were no positive tests, enter "00" for none. Remember that this applies only to urinalysis tests (UAs), not breath, saliva, or iris scan tests. Note: Exclude Baseline Tests.

Only report confirmed results.

Dilutes are to be considered positive. Make sure your policies and procedures, acknowledged by the individual, reflect the recording of dilute UAs as positive.

Why:
This is a SAMHSA block grant required data field. Also, AMH wants to continue to track what contributes to successful outcomes.

FREQUENCY OF ATTENDANCE AT SELF HELP PROGRAMS

OWITS FIELD: SELF-HELP QUESTIONS IN MULTIPLE LOCATIONS

Description

The number of times the client has attended a self-help program in the month preceding the date of admission to treatment services. This includes attendance at AA, NA, Dual Diagnosis Anonymous (DDA) and other self-help/mutual support groups focused on addiction recovery.

VALID ENTRIES **REQUIRED**

- **No attendance in past month**
- **1-3 times in the past month (less than once per week)**
- **4-7 times in the past month (about once per week)**
- **8-15 times in the past month (2 or 3 times per week)**
- **16-30 times in the past month (4 or more times per week)**
- **Some attendance, but frequency unknown**
- **Unknown**

Instructions:

Select the number of times the client attended self-help programs, not the number of days, i.e., if a client attends self-help programs multiple times per day, let the number of times rather than the approximate times per week determine the response category. If the number exceeds 30 times in the prior month, use the response category 16-30 times.

This item indicates the frequency of attendance at self-help groups such as Alcoholics Anonymous, Alanon, Narcotics Anonymous, Alateen, etc… during the 30 Days before Enrollment, or during the reporting period.

Why:

AMH wants to continue to track what contributes to successful outcomes.

DUII COMPLETION DATE

OWITS FIELD: "DUII COMPLETION DATE"

Description
This field identifies the date that the DUII services were completed for an individual with a DUII.

VALID ENTRIES SITUATIONAL

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions: Required for DUII Treatment Services only.

Enter the date that client has

1. Completed clinical requirements,
2. 90 days of abstinence from drugs and alcohol, and
3. Paid treatment fees.

DUII completion date only needs to be completed for convicted clients, not diversion.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
We collect this field to verify that client completed DUII treatment and is allowed to get their driver's license back again.

MEDICATION ASSISTED TREATMENT

OWITS FIELD: "MEDICATION ASSISTED TREATMENT TYPE"

Description
This field identifies the type of addiction that medication is used for as part of the client's treatment plan.

VALID ENTRIES **REQUIRED**

- **Nicotine**
- **Alcohol**
- **Opiate**
- **None**

Instructions: Is the client receiving medication to treat any of the listed substances?

Why:
This field helps AMH to understand what's contributing to successful treatment, including medication.

ADDICTION ASSESSED LEVEL OF CARE (LOC)

OWITS FIELD: "RECOMMENDED LEVEL OF CARE"

Description

Assessed level of care for addiction treatment clients.

VALID ENTRIES **REQUIRED**

(Codes will be effective April 1, 2016)

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

Instructions: Select the *primary* Level of Care for which the client was assessed. Select only one entry.

Note: Use the ASAM criteria to assist you in determining the level of care. Detoxification facilities will most like use one of the WM codes (1-WM, 2-WM, 3.2-WM, 3.7-WM or 4-WM).

The above codes will be effective April 1, 2016.

Why:
This field helps AMH to understand the behavioral health treatment capacity need across the state.

ADDICTION CURRENT LEVEL OF CARE (LOC)

OWITS FIELD: "ACTUAL LEVEL OF CARE"

Description

Current level of care for addiction treatment clients.

VALID ENTRIES **REQUIRED**

(Codes will be effective April 1, 2016)

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

Instructions: Select the *primary* Level of Care for which the client is receiving services. Select only one entry.

Note: Use the ASAM criteria to assist you in determining the level of care. Detoxification facilities will most like use one of the WM codes (1-WM, 2-WM, 3.2-WM, 3.7-WM or 4-WM).

The above codes will be effective April 1, 2016.

Why:
This field helps AMH to understand the behavioral health treatment capacity need across the state.

CHILDREN IN RESIDENTIAL TREATMENT WITH PARENT

OWITS FIELD: COLLATERAL CONTACTS: "CHILD IN RESIDENTIAL TREATMENT WITH PARENT"

Description

Birth dates of children in treatment program with parent

VALID ENTRIES OPTIONAL

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions: Enter the birth dates for any child(ren) accompanying a parent in treatment.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
For those programs that have special funding to treat the client and offer services to their very young children, AMH needs to monitor closely and track associated outcomes.

Mental Health Crisis

Data elements included in this section are to be collected by the following services:

- Mental Health Crisis Services

MH Crisis services are reported by those agencies that have been approved to provide Mental Health Crisis Services, and are one-time events.

Crisis Services – A person may be enrolled in MOTS for Crisis Services only if the person meets all of the following criteria:

1. Has been screened and is believed to have a mental disorder as defined in the latest edition of the Diagnostic and Statistical Manual for Mental Disorders;
2. As the client perceives, is likely to experience a severe negative consequence if immediate intervention is not provided; and
3. Has been formally evaluated as specified in the OAR, sections 309-19-0135 to 309-19-0140, resulting in a written plan of action and case record.

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

Note: A crisis is an event/occurrence. No Non-Medicaid service reporting is necessary. The event could last more than 24 hours. The professional is stabilizing/evaluating and possibly referring the client for treatment. There is no treatment given during a crisis event. Crisis services may be provided telephonically.

If the provider is seeing the client and providing treatment/services for extended days (example: 3-14 days), then this is a behavioral health treatment episode. The provider should open the client and then inactivate them when services are completed.

DATE OF SERVICE

Description
The day when the client was seen for crisis treatment.

VALID ENTRIES **REQUIRED**

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions:

Enter the date the client was treated for the Mental Health Crisis.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
This field assists AMH in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.

PLACE OF SERVICE

Description
The location where the service was rendered.

VALID ENTRIES **REQUIRED**

For a list of valid entries and definitions, visit:
http://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set.html

Instructions: See definitions in the Valid Entries Reference table. Note that "unassigned" Place of Service (POS) codes on this table are inactive and will not be accepted by MOTS.

Why:
This field assists AMH in determining where services are lacking. Also helps with behavioral health treatment capacity management.

TIME OF SERVICE

Description
Enter time service was provided.

VALID ENTRIES **REQUIRED**

- **24 –HHMM –** 24 hour clock or military time.

Instructions: Enter the time of day the client was initially evaluated by the crisis worker. Estimate to the nearest hour.

Examples:
10:00 pm would be 22:00.

Why:
This field assists AMH in determining when and where services are lacking. Also helps with behavioral health treatment capacity management.

REFERRED FROM

Description
Describes the people and/or organizations referring the client for services.

VALID ENTRIES **REQUIRED**

LOCAL OR STATE AGENCIES

- **Child Welfare**
- **Vocational Rehabilitation**
- **Aging and People with Disabilities**
- **Developmental Disabilities Services**
- **School**
- **Community Housing**
- **Employment Services**

BEHAVIORAL HEALTH PROVIDERS/AGENCIES

- **Community-based Mental Health and/or Substance Abuse Provider**
- **Local Mental Health Authority / Community Mental Health Program**
- **State Psychiatric Facility (i.e., OSH or BMRC)**
- **Coordinated Care Organization (CCO)**

HEALTH PROVIDERS

- **Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.)**

CRIMINAL JUSTICE SYSTEM ENTITIES

- **Municipal Court**
- **Federal Court**
- **Circuit Court**
- **Justice Court**
- **Jail - city or county**
- **Parole - county/state/federal - includes juveniles**
- **Police or sheriff - local, state**
- **Psychiatric Security Review Board (PSRB)**
- **Probation - county/state/federal - includes juveniles**
- **State Correctional Institution**
- **Federal Correctional Institution**
- **Integrated Treatment Court (Drug Court or Mental Health Court)**
- **Juvenile Justice System / Oregon Youth Authority**
- **Alcohol and Drug Evaluation Screening Specialist (ADES)**

PERSONAL SUPPORT SYSTEM

- **Self**
- **Family/Friend**
- **Employer/Employee Assistance Programs (EAP)**
- **Advocacy Group**
- **Attorney**

OTHER / NONE

- **Crisis/Helpline**
- **Crisis Bed** (Effective April 1, 2016)
- **Media/Internet**
- **Other**
- **None**
- **Unknown**

Instructions: Valid data elements are bulleted, submit all that apply.

Describes the people and/or organizations referring the client for services.

Intensive Treatment and Recovery Services (ITRS) clients need to select referral source as Child Welfare in order to be captured for utilization and accurate reporting.

Why:
This is a required data element for states receiving federal SAMHSA block grant funds.

REFERRED TO

Description
Describes the referrals made to people and/or organizations for services to benefit the client.

VALID ENTRIES **REQUIRED**

– Submit all that apply.

LOCAL OR STATE AGENCIES

- **Oregon Health Plan**
- **TANF/Food Stamps**
- **Child Welfare**
- **Vocational Rehabilitation**
- **Aging and People with Disabilities**
- **Developmental Disabilities Services**
- **School**
- **Youth/Child Social Service Agencies, Centers, or Teams**
- **Community Housing**
- **Employment Services**
- **Criminal Justice Entities**
- **Other Community Agencies**

BEHAVIORAL HEALTH PROVIDERS/AGENCIES

- **Community-based Mental Health and/or Substance Abuse Provider within service area**
- **Community-based Mental Health and/or Substance Abuse Provider outside service area**
- **Local Mental Health Authority / Community Mental Health Program**
- **Other Mental Health/Addiction Services Providers**
- **Coordinated Care Organization (CCO)**
- **Acute or Sub-Acute Psychiatric Facility**
- **State Psychiatric Facility (i.e., OSH or BMRC)**
- **Mental Health Organization (MHO)**

HEALTH PROVIDERS

- **Private Health Professional (Primary Care Provider, Physician, Psychiatrist, Hospital, Primary Health Home, etc.)**
- **Fully Capitated Health Plan (FCHP)**
- **Community Public Health Department**

PERSONAL SUPPORT SYSTEM

- **Attorney**
- **Employer/Employee Assistance Programs (EAP)**

- **Self Help Groups**

OTHER / NONE

- **Crisis Bed** (Effective April 1, 2016)
- **Other**
- **None**

Instructions: Data elements to be capture are bulleted. Submit all that apply.

Referral requires "deliberate action”.

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

Why:
This is a required data element for states receiving federal SAMHSA block grant funds.

PRIMARY HEALTH INSURANCE

Description
Specifies the client's health insurance (if any). The insurance may or may not cover the costs of treatment.

VALID ENTRIES **REQUIRED**

- **Private Insurance / Managed Care Organization**
- **Medicare**
- **Medicaid / OHP**
- **Other (e.g., TRICARE - VA, CHAMPUS)**
- **None**
- **Unknown**

Instructions: Enter one selection.

CPS Health Insurance Definitions

The Census Bureau collects data about different types of health insurance coverage and broadly classifies the types into either Private (non-government) coverage or Government-sponsored coverage.

Private Health Insurance

Private health insurance is coverage by a health plan provided through an employer or union or purchased by an individual from a private health insurance company.

- **Employment-based health insurance** is coverage offered through one's own employment or a relative's. It may be offered by an employer or by a union.
- **Own Employment-based health insurance** is coverage offered through one's own employment and only the policyholder is covered by the plan.
- **Direct-purchase health insurance** is coverage through a plan purchased by an individual from a private company.

Government Health Insurance

Government health insurance includes plans funded by governments at the federal, state, or local level. The major categories of government health insurance are Medicare, Medicaid, the Children's Health Insurance Program (CHIP), military health care, state plans, and the Indian Health Service.

- **Medicare** is the Federal program which helps pay health care costs for people 65 and older and for certain people under 65 with long-term disabilities.
- **Medicaid** is a program administered at the state level, which provides medical assistance to the needy. Families with dependent children, the aged, blind, and disabled who are in financial need are eligible for Medicaid. It may be known by different names in different states.
    - **CHIP, the Children's Health Insurance Program**, is a program administered at the state level, providing health care to low-income children whose parents do not qualify for Medicaid. CHIP may be known by different names in different states. The CHIP program may also be known by its former name, the State Children's Health Insurance Program (SCHIP).

Others

- **Military health care includes** TRICARE and CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs), as well as care provided by the Department of Veterans Affairs (VA).
    - TRICARE is a military health care program for active duty and retired members of the uniformed services, their families, and survivors.
    - CHAMPVA is a medical program through which the Department of Veterans Affairs helps pay the cost of medical services for eligible veterans, veteran's dependents, and survivors of veterans.
    - The Department of Veterans Affairs provides medical assistance to eligible veterans of the Armed Forces.
- **State-specific plans**: Some states have their own health insurance programs for low-income uninsured individuals. These health plans may be known by different names in different states.
- **Indian Health Service (IHS)** is a health care program through which the Department of Health and Human Services provides medical assistance to eligible American Indians at IHS facilities. In addition, the IHS helps pay the cost of selected health care services provided at non-IHS facilities.

<u>Why</u>:
This is a required data element for states receiving federal SAMHSA block grant funds. Also assists AMH with making sure all populations are served and have similar outcomes. Also helps AMH determine if the “safety net” exists for these crisis’ clients.

DIAGNOSIS

Description

Specifies the client's current diagnoses for the crisis event.

VALID ENTRIES **REQUIRED**

- **ICD-10 CODE(s)** See the latest version of the ICD-10 Code Set.

Instructions: Report all known current mental health and substance abuse diagnoses for the crisis event.

If diagnosis is not determined at time of data entry, use ICD-10 code R69 – Illness Unspecified. The Diagnosis Code comes from the ICD-10 codes.

Enter the code without decimal points, for example enter ICD-10 code F10.23 (Alcohol Withdrawal) as "F1023". If there is a letter as part of the code (ex: Z9119) the letter is in UPPER CASE.

Why:
This field allows AMH to better understand why behavioral services are provided. It also helps AMH to understand the capacity needed across the state.

LEGAL STATUS

Description
Identifies if individual is forensically committed, civilly committed, guardianship, etc.

VALID ENTRIES **REQUIRED**

– Submit all that apply.

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

Instructions: For DUII clients, it is important to select DUII convicted or DUII diversion in order for the agency to receive utilization credit for services and to pull data accurately.

At least one valid entry must be selected.

Why:
This field helps determine how a client is involved in the Criminal Justice system or in the other monitoring programs. This also assists AMH with performance and outcome reports.

PRESENTING DANGER

Description
The value you select for the level of danger should describe the client's highest level of risk in the seven-day period prior to admission, or during this treatment event.

VALID ENTRIES **REQUIRED**

- **Suicide** – Intentionally trying to take one's own life
- **Other Harm to Self** – Intentionally trying to inflict bodily injury on oneself, except for suicide
- **Harm to Others** – Intentionally trying to inflict bodily injury on another person.
- **Harm to Property** – Intentionally trying to do some harm to some inanimate thing or animal

Instructions: FOR EACH of the presenting dangers entries selected, indicate the level of presenting danger from the valued entries under Level of Presenting Danger from next page.

LEVEL OF PRESENTING DANGER

Description
The number you select for the level of danger should describe the client's highest level of risk in the seven-day period prior to admission, or during this treatment event.

VALID ENTRIES **REQUIRED**

- **Thoughts** – The client has ideas about doing something violent. (The client has not yet threatened, made a plan, or actually tried to do something violent.)
- **Threats** – The client has verbally stated his/her intent to do something violent. (The client has not yet actually developed a plan, or tried to do something violent.)
- **Plan** – The client has figured out a design or scheme to do something violent. (The client has not yet tried to do something violent.)
- **Action / Behavior** – The client has actually attempted to complete a violent act.
- **None of the Above –** Thoughts, Threats, Plan, and Action/Behavior do not apply
- **Unknown –** The therapist does not know if the client is concerned about this issue

Instructions: Each of the entries for “Presenting Danger” on the previous page requires a level of presenting danger as identified above.

Why:
This field allows AMH to better understand why the crisis occurred.

Involuntary Services

Data elements included in this section are to be collected by the following services:

- Involuntary Services

Involuntary Services replaces Pre-Commitment Investigations. The Oregon Administrative Rules has defined procedures to follow when a person is behaving in a way that appears to require inpatient psychiatric hospitalization for that person's own safety or for the safety of the community. The reasons for involuntary commitment of a mentally ill person to a hospital are very specific and exclusive:

Any person who is to be committed involuntarily must be diagnosed with a chronic, severe mental illness (for example, schizophrenia or a major mood disorder).

AND

Must pose an imminent threat of harm to themselves or others, and/or show inability to care for their own basic needs to the point they become a danger to themselves.

Involuntary Services are considered events. No Non-Medicaid Service reporting is necessary.

SERVICE STATUS

Description
Captures the status of the client.

VALID ENTRIES **REQUIRED**

- **Pre-Commitment Investigation -** Initial investigation of an allegedly mentally ill person (AMIP) who is not presently under commitment; ORS 426.070 & 426.074.
- **Revocation -** Investigation for revocation (conditional release, outpatient, or trial visit); ORS 426.275
- **Recertification –** Continuation of involuntary services for person who is civilly committed and assigned to treatment; ORS 426.301.

Instructions: Select the entry which identifies the client's status.

Why:
This field is needed to capture the type of involuntary service in which the client is participating.

TYPE OF PETITION/NOTICE OF MENTAL ILLNESS (NMI)

Description
Type of petition that led to investigation.

VALID ENTRIES **REQUIRED**

- **Two Person, or County Health Officer, or Court Magistrate -** Under ORS 426.070 - Written notification under oath alleging that a person residing within the county is mentally ill and in need of treatment, care or custody. (Form "Notification of Mental Illness" #MHD 426.060)
- **CMHP Director Hold -** Under ORS 426.233(1) (b) (B) - Written notification by a community mental health program director or designee alleging that the person is in need of immediate care, custody or treatment for mental illness.
- **Physician/Hospital Hold -** ORS 426.232 - Written notification by a physician licensed to practice medicine by the Board of Medical Examiners for the State of Oregon, in consultation with a similarly qualified physician or qualified mental health professional, neither of whom shall be related by blood or marriage to the person, alleging the person to be dangerous to self or any other person and whom the physician believes is in need of emergency care or treatment for mental illness. (Form "Notice of Mental Illness Emergency Hospitalization by a Physician", #MHD 426.232)
- **Recertification** - Under ORS 426.301- A written certificate or notice must be given to the civilly committed person 14 days prior to the expiration of their commitment by the Director of the facility or the CMHP Director of the county where the person resides. The written notice or certificate shall advise the person that the authority or facility has requested that civil commitment be continued, and that they may protest this further commitment within 14 days and have legal counsel and rights to a hearing as outlined in ORS 426.307 or otherwise if they do not file a protest, that the commitment will be continued for an indefinite period of time up to 180 days. (Form "Certificate for Continued Commitment for Mental Illness", #MHD426.301)
- **Revocation** – Under ORS 426.275- Written notification to the court having jurisdiction for the conditional release, outpatient commitment, or trial visit that the mentally ill person is failing to adhere to the terms of the conditional release, outpatient treatment, or community placement. In addition, a copy of the conditions of treatment and/or placement shall be included with the written notification. (Form "Notification of Failure to Adhere to Conditions of Placement", #MHD 426.275)

Instructions: Enter type of petition that lead to the investigation.

Why: Due to State Statute, this information is required.

DATE OF PETITION/NOTICE OF MENTAL ILLNESS (NMI)

Description
Date petition was completed and signed.

VALID ENTRIES **REQUIRED**

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions: Enter the date of the petition that required you to begin the investigation (the date of notification of mental illness).

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
Allows AMH to monitor the time it takes from the data of petition until results of the hearing occur. This ensures clients receive the services they need in a timely manner.

HEARING RECOMMENDED

Description
Recommendation the investigator made to the court about whether or not the Circuit Court should have a hearing on the person and the reason.

VALID ENTRIES **REQUIRED**

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

Instructions: Select the entry that corresponds to the recommendation the investigator made to the court about whether or not the judge should have a hearing on the person and the reason. If there is more than one reason for not having a hearing, select the entry that best summarizes the major reason.

Why:
This field is required due to state statutes, and for research purposes.

REASON(S) FOR RECOMMENDING HEARING/DIVERSION

Description
If there is probable cause for hearing, what is the basis for the recommendation the investigators made to the court.

VALID ENTRIES **REQUIRED**

– Select all that apply.

- **Danger to self -**
  The investigator has probable cause to believe that the person may harm him/herself in the near future.
- **Danger to others –**
  The investigator has probable cause to believe that the person may cause harm to other persons in the immediate future.
- **Basic personal needs –**
  The investigator has probable cause to believe that the person is unable to obtain food, shelter, clothing and other essential necessities for daily living and these necessities are not being provided to the person by others.
- **Chronic mentally ill** (**all of the following 4 items must be true**)
  The investigator has probable cause to believe that the person:

  (1) Is chronically mentally ill, as defined in ORS 426.495(2); **and**

  (2) Within the previous three years, has twice been placed in a hospital following involuntary commitment; **and**

  (3) Is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations referred to in subparagraph (2) of this paragraph; **and**

  (4) Unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will be described under either or both:

  (a) Dangerous to self or others;

  (b) Unable to provide for basic personal needs and is not receiving such care as is necessary for health or safety.
- **Not applicable (Hearing not recommended)**

Instructions: At least one valid entry is required.

Why:
This field is required due to Oregon Administrative Rules, and for research purposes.

FINAL DAY OF DIVERSION

Description
Date at which diversion would end.

VALID ENTRIES SITUATIONAL

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions: Enter the completion date for diversion services. If no commitment or diversion ordered, field can be left blank.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
This field is required due to Oregon Administrative Rules, and for research purposes.

DISPOSITION BY JUDGE

Description
Legal decision made by the Circuit Court Judge at the final commitment hearing. (Note: This date element refers to the "final" hearing, as there may be several hearings [e.g., postponements] which occur prior to the final hearing).

VALID ENTRIES SITUATIONAL

- **Found not mentally ill –**
  The judge ruled that the person did not meet the statutory requirements of ORS 426.005.
- **Dismissed –**
  The judge found the person to be mentally ill, willing and able to participate in treatment on a voluntary basis, and the judge believes the person would participate in voluntary treatment
- **Conditionally released –**
  The judge found the person to be mentally ill and placed the person in the care and custody of a legal guardian, relative or friend.
- **Outpatient commitment –**
  The Mental Health Director set conditions for provision of outpatient care at the time of the hearing and, the judge found the person mentally ill as defined in ORS 426.005, and placed the person under the care and custody of the AMH.
- **Inpatient commitment –**
  (a) for Dangerousness or Basic Personal Needs - the judge found the person mentally ill, as defined in ORS 426.005(1)(d)(A) or (B), and placed the person under the care and custody of the Oregon AMH ORS 426.005 (1)(d)(A) or (B), or

  (b) for Commitment for Chronic Mental Illness - the judge found the person to be mentally ill under ORS 426.005(1)(d)(C) and placed the person under the care and custody of AMH.
- **Revocation**
- **Re-certification**

Instructions: Select the legal decision made by the judge of the court at the final commitment hearing. If no final hearing or legal decision, field can be left blank.

Why:
This field is required due to Oregon Administrative Rules, and for research purposes.

BASIS FOR INVOLUNTARY SERVICES

Description

This is determined by the Circuit Court Judge after there has been a Commitment Hearing and it identifies the risk that the court decided was the primary reason(s) for the judge's decision.

VALID ENTRIES

SITUATIONAL

- Select all that apply.

- **Danger to self -**
  The judge has probable cause to believe that the person may harm him/herself in the near future.
- **Danger to others –**
  The judge has probable cause to believe that the person may cause harm to other persons in the immediate future.
- **Basic personal needs –**
  The judge has probable cause to believe that the person is unable to obtain food, shelter, clothing and other essential necessities for daily living and these necessities are not being provided to the person by others.
- **Chronic mentally ill** (**all of the following 4 items must be true**)
  The judge has probable cause to believe that the person:

  (1) Is chronically mentally ill, as defined in ORS 426.495(2); **and**

  (2) Within the previous three years, has twice been placed in a hospital following involuntary commitment; **and**

  (3) Is exhibiting symptoms or behavior substantially similar to those that preceded and led to one or more of the hospitalizations referred to in subparagraph (2) of this paragraph; **and**

  (4) Unless treated, will continue, to a reasonable medical probability, to physically or mentally deteriorate so that the person will be described under either or both:

  (a) Dangerous to self or others;

  (b) Unable to provide for basic personal needs and is not receiving such care as is necessary for health or safety.

Instructions: Select all values that are applicable. If no commitment hearing or risk(s) identified, this field can be left blank.

Why:
This field is required due to Oregon Administrative Rules, and for research purposes.

DATE OF COMMITMENT

Description
Enter date of commitment by the Circuit Court Judge.

VALID ENTRIES SITUATIONAL

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions: If the person was committed by the judge except in the case of a revocation, enter the date of the commitment. Otherwise, this field must be left blank.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
Ensures clients receive the services they need in a timely manner.

LENGTH OF COMMITMENT

Description
Total number of days committed.

VALID ENTRIES SITUATIONAL

- **Numeric Value**

Instructions: Enter the length of commitment. This field refers to days. If person is not committed or this is a revocation, this field must be left blank.

Why:
This field is required due to Oregon Administrative Rules, and for research purposes.

SERVICE SETTING ASSIGNED TO IF COMMITTED

Description
If the person was committed to AMH, the setting describes the type of facility or service the person was assigned to by AMH. The placement of the person may change during the period of the civil commitment. This data element only captures where the placement was made at the time of service or enrollment.

VALID ENTRIES SITUATIONAL

- **Community Mental Health Program –** A community mental health program or subcontractor
- **Community Hospital –** A local Medical inpatient facility licensed to provide diagnostic and therapeutic services for medical or psychiatric illnesses. (Community hospital does not include State or Veterans Administration hospitals.)
- **State Hospital –** Oregon State Hospital or Blue Mountain Recovery Center
- **V.A. Hospital –** A hospital administered by the Veterans Administration
- **State Approved Facility -** A state approved facility other than the Oregon State Hospital or Blue Mountain Recovery Center
- **Outpatient –** Private therapist or provider in the Community, other than the CMHP
- **Other –** Facilities other than those listed above. (Examples: group homes, nursing homes, etc.)

Instructions: If the person was committed to AMH, select the type of facility the person was assigned to by AMH. If person not committed, field can be left blank.

Why:
This field is required due to Oregon Administrative Rules, and for research purposes.

Non-Medicaid Services

Data elements included in this section are to be collected for:

- Non-Medicaid Services Data

See earlier section in the manual for more details about when to report Non-Medicaid Services. Remember, Non-Medicaid Services are not submitted with a Crisis or Involuntary Service event.

DATE OF SERVICE BEGIN

OWITS FIELD: ENCOUNTER "START DATE"

Description
The day when the client was seen for treatment.

VALID ENTRIES **REQUIRED**

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions:

See also next page DATE OF SERVICE END.

When a single service is provided within the same day, the Date of Service Begin and the Date of Service End are to be entered as the same date in both fields or you can leave the Date of Service End as a blank field.

When submitting the same level of services delivered over a given period of time, a range of dates may be entered: Date of Service Begin **10012013** and Date of Service End **10312013 AS LONG AS:**

1. Procedure code is the same
2. Procedure is a per diem service
3. Procedure is provided on consecutive days
4. Diagnosis code is the same
5. Units are totaled for the entire time period
6. The billed amount reflects the total for the entire time period
7. The service is provided in the same month

Examples:
Patient comes in for seven days of Inpatient Detox. Rate is $200 per day. You can bundle all seven days, because they are consecutive days:

Patient admits on 7/1/2014:

7/1/2014- 7/7/2014 7 units H0008 $1400

Or if Patient admits on 6/29/2014:

6/29/2014- 6/30/2014 2 units H0008 $400
7/1/2014- 7/5/2014 5 units H0008 $1000

Patient receives Personal Care services every day at a rate of $100 per day for an entire month:

6/1/2014- 6/30/2014 30 units T1020 $3000

Patient receives Community Psychological Support Monday thru Friday for a month at a rate of $100 per day:

6/2/2014- 6/6/2014 5 units H0037 $500
6/9/2014- 6/13/2014 5 units H0037 $500
6/16/2014- 6/20/2014 5 units H0037 $500
6/23/2014- 6/27/2014 5 units H0037 $500
6/30/2014- 6/30/2014 1 unit H0037 $100

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
This field is collected so that facilities can tell us about the service being provided with public funds other than Medicaid.

DATE OF SERVICE END

OWITS FIELD: ENCOUNTER "END DATE"

Description
The day when the client was last seen for treatment.

VALID ENTRIES **REQUIRED**

- **MMDDCCYY –** MM month, DD day; CC Century, YY year; must be a valid date (commonly known as MMDDYYYY).

Instructions: See previous page: Date of Service Begin.

Date of Service End must be in the same month as the Date of Service Begin.

For providers submitting data via EDI, the date fields come in via the CCYYMMDD format. Those using Client Entry will use the typical MMDDCCYY format.

Why:
This field is collected so that facilities can tell us about the service being provided with public funds other than Medicaid.

PROCEDURE CODE

OWITS FIELD: "SERVICE"

Description

The procedure code is used to describe a particular service provided to a client receiving behavioral health services.

VALID ENTRIES **REQUIRED**

- Valid entries may be found at http://www.oregon.gov/OHA/healthplan/pages/feeschedule.aspx

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Instructions: Enter the appropriate OHA Addictions and Mental Health Division Medicaid Procedure Code.

A valid procedure code is required for each corresponding date or date range of service(s) submitted for a client**.**

Note: The actual procedure codes have alpha and numeric characters. The alpha characters are in UPPER CASE.

Why:
This field is collected in order to see what services were provided to clients using public funds other than Medicaid.

PLACE OF SERVICE

OWITS FIELD: ENCOUNTER "SERVICE LOCATION"

Description

The location where the service was rendered.

VALID ENTRIES **REQUIRED**

- For a list of valid entries and definitions, visit: https://cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website_POS_database.pdf

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Instructions: See definitions in the Valid Entries Reference table. Note that "unassigned" Place of Service (POS) codes on this table are inactive and will not be accepted by MOTS.

Why:
This field is collected so that facilities can tell us about the service being provided with public funds other than Medicaid.

MODIFIER

OWITS FIELD: "SERVICE"

Description
A single, or multiple, modifiers can be added to the procedure code to further describe the service or level of service provided to a client by a behavioral health provider.

VALID ENTRIES OPTIONAL

- Valid entries may be found at

http://www.oregon.gov/OHA/healthplan/pages/feeschedule.aspx

Instructions: Enter any appropriate modifier(s) (up to 4 modifiers per procedure code) to accurately capture the services provided.

For tracking of PCIT services, use modifier TL- Early Intervention/Individualized Family Service Plan (PCIT).

For tracking of EASA services, use modifier HT- Multidisciplinary Team (EASA).

Note: The actual Modifier codes are two characters. Alpha characters are in UPPER CASE.

Why:
This field is collected so that facilities can tell us more about the service being provided with public funds other than Medicaid.

NUMBER OF UNITS

OWITS FIELD: ENCOUNTER "# OF UNITS"

Description

A unit of measure (service unit) that corresponds to a procedure code which describes a measurable level of service.

VALID ENTRIES **REQUIRED**

- **Numeric Value**

Instructions: The number of units reported for each service should follow the Medicaid standard for units of measurement. Sometimes the unit is the equivalent of treatment time. Units will be captured as whole numbers and no decimals will be accepted.

If a service was entered in error, zero out the billed charges and number of units for that service.

Examples:

H0004 – Behavioral health counseling/therapy
1 unit = 15 minutes i.e. 30 minutes of H0004 would be 2 service units

H0037 – Community Psychiatric Supportive Treatment Program
1 unit = 1 day

H2012—Behavioral Health Treatment
1 unit = 1 hour i.e. 2 hours of H2012 would be 2 service units

H2013 Psychiatric health facility service
1 unit = 1 day

S5141 HW HK –Personal Care Services in an Adult Foster Home
1 unit = 1 month

Why:

This field is collected so that facilities can tell us more about the service being provided with public funds other than Medicaid.

BILLED CHARGES

OWITS FIELD: "RATE"

Description
Usual and customary fee for service amount charged to Medicaid or to an insurance company.

VALID ENTRIES **REQUIRED**

- **Numeric Value**

Instructions: If a client is not Medicaid, and the client can't or won't pay for services in full (Full Private Pay), or have private insurance pay in full, please submit the billed charges within the Non-Medicaid Service submission deadline. Non-Medicaid Service data must be submitted by the 15th of each month for services provided the previous month.

If a service was entered in error, zero out the billed charges and number of units for that service.

Round amount to the nearest whole number/amount. No decimals will be accepted.

MOTS does not calculate rates. Enter only total billed charges rounded to the nearest dollar, based on the usual and customary fee, not discounted rates you charge to some client.

Why:
Allows AMH the ability to better understand how the non-Medicaid dollars are being spent and allows the flexible fund contracts to continue.

PARENT PROVIDER IDENTIFIER

OWITS FIELD: "FACILITY ID"

Description

This data element identifies the entity that is providing the funds for the treatment service. This number is an Oregon Medicaid Provider Identification number.

VALID ENTRIES **REQUIRED**

- **Numeric Value**

Instructions:

A Parent Provider is a unit which provides the funds for a specific service. This field will be a Community Mental Health Program (CMHP)/Local Mental Health Authority (LMHA) or AMH. Since services in MOTS are only recorded for non-Medicaid funded services, this Parent Provider will not be a Coordinated Care Organization (CCO) or Medicaid Service Provider at this time. If AMH is the direct funding source, list MH as the parent provider.

Most of the time, the parent provider will be the CMHP or AMH.

Examples:

Agency A is a subcontractor of County A (CMHP), who receives AMH funds. The parent provider for non-Medicaid services would be County A and the Oregon Medicaid Provider Number for this county would be reported.

Agency D is a DUII provider. They do not receive funds from AMH. The parent provider for non-Medicaid services would be Agency D and they would report their Oregon Medicaid Provider Number.

Why:

AMH uses the Parent Provider ID to assist with tracking and aligning behavioral health client treatment services funded by Medicaid and non-Medicaid public funds.

DIAGNOSIS

OWITS FIELD: ENCOUNTER "PRIMARY" "SECONDAR" AND "TERTIARY"

Description

Specifies the client's diagnosis that is related to the treatment procedure provided.

VALID ENTRIES **REQUIRED**

- **ICD-10 CODE(s)** See the latest version of the ICD-10 Codes.

Instructions:

For Non-Medicaid service data submissions, the first diagnosis entered should be the primary reason for treatment procedure. Additional diagnosis codes may be added for each service provided up to four (4) per procedure code. The Diagnosis Codes come from the ICD-10 codes.

If diagnosis is not determined at time of data entry, use ICD-10 code R69 – Illness Unspecified.

Enter the diagnosis code without decimal points, for example enter ICD-10 code F10.23 (Alcohol Withdrawal) as "F1023".

Why:
Allows AMH to better understand the various diagnoses that are being treated in the behavioral health treatment continuum across the state, looking for trends and ensuring Oregon has adequate capacity to serve those in need.

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