

Member Information

Last Name: _____ **First Name:** _____ **MI:** _____

Date of Birth: _____/_____/_____ **CIS ID:** _____

-OR- AHCCCS ID: _____

Reason for Submission:

- 1 – EOC Start
 2 – Annual/Full Update
 3 – Minor Update
 4 – EOC End Complete
 5 – Crisis/Short Start
 6 – Crisis/Short End
 9 – Correction

EOC Start Date: _____/_____/_____ **EOC End Date:** _____/_____/_____

EOC Status:

- | | |
|---|--|
| <input type="checkbox"/> 00 – Client in EOC | <input type="checkbox"/> 01 – Treatment completed |
| <input type="checkbox"/> 20 – Crisis EOC | <input type="checkbox"/> 02 – Change in eligibility/entitlement info |
| <input type="checkbox"/> 25 – Crisis – Referred for Treatment | <input type="checkbox"/> 03 – Client declined further service |
| <input type="checkbox"/> 30 – Short EOC | <input type="checkbox"/> 04 – Lack of contact |
| | <input type="checkbox"/> 06 – Incarceration (committed to ADOC) |
| | <input type="checkbox"/> 07 – Death of client |
| | <input type="checkbox"/> 08 – Moved out of area |

Treatment Participation:

- V – Voluntary
 C – Involuntary Criminal
 N – Involuntary Civil

Episode of Care Information

Effective Date: _____/_____/_____ **Assessment Date:** _____/_____/_____

Referral Date _____/_____/_____ **Treatment Plan Date:** _____/_____/_____

Referral Source:

- | | |
|---|--|
| <input type="checkbox"/> 01 – Self/family/friend | <input type="checkbox"/> 03 – Other behavioral health provider |
| <input type="checkbox"/> 05 – RBHA Customer Service | <input type="checkbox"/> 19 – Federal agency (VA, IHS, Federal Prison, etc.) |
| <input type="checkbox"/> 35 – AHCCCS health plan and/or PCP | <input type="checkbox"/> 36 – CPS urgent response (child only) |
| <input type="checkbox"/> 37 – Community agency other than behavioral health provider (homeless shelter, church, employer) | |
| <input type="checkbox"/> 38 – ADES or Tribal Social Services (Adult or other non-urgent CPS referral, DDD, RSA) | |
| <input type="checkbox"/> 39 – ADE (Arizona Department of Education) or Tribal Schools | |
| <input type="checkbox"/> 40 – Criminal justice/correctional (includes AOC-probation, ADOC, ADJC, Jail, including Tribal.) | |
| <input type="checkbox"/> 41 – Other | |

Race & Ethnicity (OMB – Office of Management and Budget) (check if yes)

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native? | <input type="checkbox"/> Asian? |
| <input type="checkbox"/> Black or African American? | <input type="checkbox"/> Native Hawaiian or Pacific Islander? |
| <input type="checkbox"/> White? | <input type="checkbox"/> Hispanic or Latino? |

Child and Adolescent Service Intensity Instrument (CASII)

CASII Intensity Level

- | | |
|---|--|
| <input type="checkbox"/> 00 – Basic Services for Prevention and Maintenance | <input type="checkbox"/> 04 – Intensive Integrated Services (w/o 24 hour Psychiatric Monitoring) |
| <input type="checkbox"/> 01 – Recovery Maintenance and Health Management | <input type="checkbox"/> 05 – Non Secure, 24 hour Services with Psychiatric Monitoring |
| <input type="checkbox"/> 02 – Outpatient Services | <input type="checkbox"/> 06 – Secure, 24 hour Services with Psychiatric Management |
| <input type="checkbox"/> 03 – Intensive Outpatient Services | <input type="checkbox"/> XX – Not applicable due to age |

CASII Date: _____ / _____ / _____

Descriptive Characteristics

Other Agency (OA) Involvement

- | | | | |
|---------------------------|------------------------------|-----------------------------|---|
| ADC – Adult Parole | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A (age 0-17) |
| (AOC – Adult Probation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A (age 0-17) |
| ADJC – Juvenile Parole | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A (age 18+) |
| AOJC – Juvenile Probation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A (age 18+) |
| DES – RSA | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A (age 3-21) |

Household Size (01-99): _____ **Gross Monthly Household Income of client:** _____

Important Characteristics

Gender Identity (for age 18 & older)

- | | | |
|---|---|---|
| <input type="checkbox"/> 1 – Gender Variant | <input type="checkbox"/> 4 - Questioning | <input type="checkbox"/> 97 – Decline to Answer |
| <input type="checkbox"/> 2 – Intersex | <input type="checkbox"/> 05 - Transgender | <input type="checkbox"/> 98 – Not Applicable due to age |
| <input type="checkbox"/> 3 – Man | <input type="checkbox"/> 06 - Woman | |

Sexual Orientation (for age 18 & older)

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> 1 – Asexual | <input type="checkbox"/> 4 - Heterosexual | <input type="checkbox"/> 97 – Decline to Answer |
| <input type="checkbox"/> 2 – Bisexual | <input type="checkbox"/> 05 - Lesbian | <input type="checkbox"/> 98 – Not Applicable due to age |
| <input type="checkbox"/> 3 – Gay | <input type="checkbox"/> 06 - Questioning | |

Highest formal school level completed? _____

Use the following values to identify the highest level of formal education completed. Some values are only valid based upon the demographic effective date.

- | | | |
|---|--|--|
| A – Early Intervention (ages 0-2 only) | 07 – Seventh grade | For dates 1/5/2015 and later. Use the following |
| B – Early Childhood Education (ages 3-5 only) | 08 – Eighth grade | 26 – High School Graduate or GED |
| C – Kindergarten | 09 – Ninth grade | 27 – Some College, No Degree |
| 00 – Less than one grade completed | 10 – Tenth grade | 28 – Vocational/Technical School |
| 01 – First grade | 11 – Eleventh grade | 29 – Associates Degree |
| 02 – Second grade | 12 - Twelfth grade (No Diploma/GED) | 30 – Bachelor’s Degree |
| 03 – Third grade | | 31 – Master’s Degree |
| 04 – Fourth grade | For dates 1/1/1900 thru 1/4/2015. Specify the | 32 – Doctoral or Post Graduate |
| 05 – Fifth grade | years of school completed, i.e., 13 for 13 years, | |
| 06 – Sixth grade | 14 for 14 years. Up to 25 years of schooling | |

Special Population

SP - Pregnant or post-partum? Yes No N/A (Male)
 SP - Woman with dependent children? Yes No N/A (Male)

Social Support and Recovery. (How often did you or your child participate in any self-help or recovery groups such as Alcoholics Anonymous, Narcotics Anonymous, WRAP/WELL, Recovery Center programming, Peer Run Community Service Agency, etc.) in the past 30 days?

1 – No attendance in past month (default) 4 – 13 to 20 times in past month
 2 – 1 to 4 times in past month 5 – 21 or more times in past month
 3 – 5 to 12 times in past month

Physical Health Condition Codes

The following values are only valid for demographics with an effective date PRIOR to 10/1/2015 and only for a period of 90-days, i.e., after 12/31/2015, these values will not be valid regardless of effective date Refer to the latest DUG version for specific values and effective dates. Additionally, only fields PH-ICD-10-1 thru 5 will be used. For demographics with an effective date of 10/1/2015 or later, ICD-10 values must be used and all 15 fields may be used. Refer to the ICD-10 manual for a list of acceptable values.

- 00 = None of the following medical condition
- 20 = Congestive Heart Failure
- 23 = Cardiomyopathy
- 26 = Peripheral Vascular Disorders
- 29 = Pulmonary Circulation Disorders
- 32 = Other Neurological Disorders
- 35 = Other Endocrine Disorders
- 38 = Weight Loss
- 41 = Liver Disease
- 44 = Solid Tumor without Metastasis
- 47 = AIDS/HIV
- 54 = Rheumatological/Collagen Disease
- 57 = Blind/Visually Impaired
- 60 = Genetic Disorders: specify
- 63 = Ingestion of Poisonous/toxic substances
- 66 = Shaken Baby Syndrome
- 69 = Colic
- 72 = Chronic Ear Infections
- 75 = Head Injury with lasting effects/Traumatic Brain Injury

- 21 = Cardiac Arrhythmia
- 24 = Valvular Disease
- 27 = Atherosclerosis
- 30 = Chronic Pulmonary Disease
- 33 = Diabetes Mellitus
- 36 = Fluid Electrolyte Disorders
- 39 = Renal Disease
- 42 = Inflammatory Bowel Disease
- 45 = Lymphoma/Leukemia
- 52 = Osteoarthritis
- 55 = Anemia
- 58 = Prematurity
- 61 = Orthopedic Disorders: specify
- 64 = Low Birth Weight
- 67 = Intrauterine Growth Restriction
- 70 = Unexplained
- 73 = Prenatal/Postnatal Complications

- 22 = Myocardial Infarction
- 25 = Cerebrovascular Disease
- 28 = Hypertension
- 31 = Paralysis
- 34 = Hypothyroidism
- 37 = Obesity
- 40 = Renal Failure
- 43 = Peptic Ulcer Disease
- 46 = Metastatic Cancer
- 53 = Coagulopathy
- 56 = Deaf/Hard of Hearing
- 59 = Intrauterine Drug/Alcohol Exposure
- 62 = Feeding Problems: specify
- 65 = Fetal Alcohol Syndrome/Effects
- 68 = Birth Deformities
- 71 = Traumatic Injuries
- 74 = No Known Medical History (not yet known)

<p>PH-ICD-10-1 _____ (Axis III-1)</p> <p>PH-ICD-10-4 _____ (Axis III-4)</p> <p>PH-ICD-10-7 _____</p> <p>PH-ICD-10-10 _____</p> <p>PH-ICD-10-13 _____</p>	<p>PH-ICD-10-2 _____ (Axis III-2)</p> <p>PH-ICD-10-5 _____ (Axis III-5)</p> <p>PH-ICD-10-8 _____</p> <p>PH-ICD-10-11 _____</p> <p>PH-ICD-10-14 _____</p>	<p>PH-ICD-10-3 _____ (Axis III-3)</p> <p>PH-ICD-10-6 _____</p> <p>PH-ICD-10-9 _____</p> <p>PH-ICD-10-12 _____</p> <p>PH-ICD-10-15 _____</p>
---	---	--

Outcome Measures

Behavioral / Health Category

- | | |
|--|--|
| <input type="checkbox"/> M – Adult, non-SMI, with general mental health need | <input type="checkbox"/> C – Child |
| <input type="checkbox"/> G – Adult, non-SMI, substance abuse, either alcohol or drug | <input type="checkbox"/> Z – Child, with SED |
| <input type="checkbox"/> S – Adult, with SMI | |

Primary (current) Residence:

- | | |
|---|---|
| <input type="checkbox"/> 01 – Independent (roommate, by self) | <input type="checkbox"/> 09 – Foster Home or Therapeutic Foster Home |
| <input type="checkbox"/> 02 – Hotel | <input type="checkbox"/> 12 – Nursing Home |
| <input type="checkbox"/> 03 – Boarding Home | <input type="checkbox"/> 16 – Home with family |
| <input type="checkbox"/> 04 – Supervisory Care, assisted living | <input type="checkbox"/> 19 – Crisis shelter |
| <input type="checkbox"/> 05 – Arizona State Hospital | <input type="checkbox"/> 22 – Level 1, 2 or 3 behavioral health treatment setting |
| <input type="checkbox"/> 06 – Jail, prison, detention | <input type="checkbox"/> 23 – Transitional housing (level 4) or DES group home for children |
| <input type="checkbox"/> 07 – Homeless, homeless shelter | <input type="checkbox"/> 08 – Other |

Employment/Rehabilitation Status:

- | | |
|--|---|
| <input type="checkbox"/> 08 – Unemployed | <input type="checkbox"/> 14 – Volunteer |
| <input type="checkbox"/> 17 – Unpaid rehabilitation activities | <input type="checkbox"/> 19 – Homemaker |
| <input type="checkbox"/> 20 – Student | <input type="checkbox"/> 21 – Retired |
| <input type="checkbox"/> 22 – Disabled | <input type="checkbox"/> 23 – Inmate of Institution |
| <input type="checkbox"/> 24 – Competitively Employed Full Time | <input type="checkbox"/> 25 – Competitively Employed Part Time |
| <input type="checkbox"/> 26 – Work Adjustment | <input type="checkbox"/> 27 – Transitional Employment Placement |
| <input type="checkbox"/> 99 – Unknown (age 0-17) | |

Number of arrests in last 30 days (00-31): _____

Is client in a school or vocational program? Yes No

Military Status: Is the individual a current or former member of the uniform services, including Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard? Note: Acceptable values are dependent upon demographic effective date.

- | | |
|--|--|
| <input type="checkbox"/> A - Active Military | <input type="checkbox"/> F - No Active or Veteran Military Status |
| <input type="checkbox"/> B - Veteran | <input type="checkbox"/> G - Unknown (See considerations) |
| <input type="checkbox"/> C - Retired Veteran | <input type="checkbox"/> N – No (<i>Before 1/4/2015</i>) |
| <input type="checkbox"/> D - Disabled Veteran (See considerations) | <input type="checkbox"/> X - Not applicable due to age (0 through 16 only) |
| <input type="checkbox"/> E - Military Family Member | <input type="checkbox"/> Y - Yes (<i>Before 1/4/2015</i>) |



Principle Diagnosis _____

Must equal one of the values specified in the mental health diagnosis codes and must be a valid ICD-10 code (see note below)

Mental Health Codes

Beginning 10/1/2015, all submitted demographics must use ICD-10 mental health codes. However, DBHS has granted a 90-day grace period for continued use of the multi-axial DSM-IV codes in field positions 1 thru 10 (as noted below) so long as the demographic effective date is *before* 10/1/2015. Demographics with an effective date 10/1/2015 or later must use ICD-10 codes. After 12/31/2015, all demographics regardless of effective date must use ICD-10 codes.

MH-ICD-10-1 _____ (Axis I-1)	MH-ICD-10-2 _____ (Axis I-2)	MH-ICD-10-3 _____ (Axis I-3)
MH-ICD-10-4 _____ (Axis I-4)	MH-ICD-10-5 _____ (Axis I-5)	MH-ICD-10-6 _____ (Axis II-1)
MH-ICD-10-7 _____ (Axis II-2)	MH-ICD-10-8 _____ (Axis IV-1)	MH-ICD-10-9 _____ (Axis IV-2)
MH-ICD-10-10 _____ (Axis V)	MH-ICD-10-11 _____	MH-ICD-10-12 _____
MH-ICD-10-13 _____	MH-ICD-10-14 _____	MH-ICD-10-15 _____

Substance Use

The following values are used to identify the *Type* of substance abused

- | | |
|--|---|
| 0001 - None | 1201 - Other Stimulants |
| 0201 - Alcohol | 1308 - Benzodiazepines - Alprazolam (Xanax), Flurazepam (Dalmane), Chlordiazepoxide (Librium), Diazepam (Valium), Lorazepam (Ativan), Triazolam (Halcion), (CNS Depressants) |
| 0302 - Cocaine/Crack | 1605 - Other Sedatives/Tranquilizers - Phenobarbital, Secobarbital/Amobarbital, Secobarbital (Seconal), Ethchlorvynol (Placidyl), Glutethimide (Doriden), Other Non-Barbiturate Sedatives, Diphenhydramine, (CNS Depressants) |
| 0401 - Marijuana/Hashish | 1703 - Inhalants - Aerosols, Nitrites, Solvents, Anesthetics |
| 0501 - Heroin/Morphine | 2002 - Other Drugs - Non-narcotic analgesics, GHB, Other/unclassified and other medications used in excess of prescription |
| 0706 - Other Opiates/Synthetics - Codeine, Oxycodone, Meperidine, Hydromorphon | 1001 - Methamphetamine/Speed - Speed Amphetamine, Methylphenidate (Ritalin), (CNS Stimulants) |
| 0902 - Hallucinogens - PCP or PCP combinations, & LSD | |

The following values are used to identify the *Frequency* of substance abuse

- | | |
|---------------------------------|---------------------------|
| 1 - No use past month (default) | 5 - 1+ times per day |
| 2 - 1-3 times in the past month | 6 - No use past 3 months |
| 3 - 1-2 times per week | 7 - No use past 6 months |
| 4 - 3-6 times per week | 8 - No use past 12 months |

The following values are used to identify the *Method* of substance abuse

- | | |
|----------------------|----------------|
| 6 - No use (default) | 3 - Inhalation |
| 1 - Oral | 4 - Injection |
| 2 - Smoking | |

Primary Substance	Type: _____	Frequency: _____	Method: _____	Age of First Use: _____
Secondary Substance	Type: _____	Frequency: _____	Method: _____	Age of First Use: _____
Tertiary Substance	Type: _____	Frequency: _____	Method: _____	Age of First Use: _____

Completed By: _____	Phone Number: _____
For SITE AHCCCS ID _____	ECN Update(15 digit code). _____ Req'd for type 3 & 9: