

ADDICTIONS AND MENTAL HEALTH DIVISION  
CLIENT PROCESS MONITORING SYSTEM

DOCUMENTATION FOR ENROLLMENT AND TERMINATION  
RECORD CREATION

(REVISED 07/01/2009)

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

CLIENT PROCESS MONITORING SYSTEM  
REQUIREMENTS FOR MAGNETIC MEDIUM INTERFACE

- THE ASCII FILE MUST BE SENT ELECTRONICALLY AS AN E-MAIL ATTACHMENT TO [CPMS.OASIS@STATE.OR.US](mailto:CPMS.OASIS@STATE.OR.US)
- FOR INFORMATION ON SENDING DATA IN A SECURE FORMAT, PLEASE SEND EMAIL TO ADDRESS LISTED ABOVE.
- 

Diskette or CD-R are still accepted but e-mail is preferred.

- 3-1/2", High Density double sided disks are acceptable
- Any CD-R is accepted
- ASCII Recording mode.

Labeling of diskette or CD-R

- A label must be attached to each disk or CD-R identifying the following information:
  - PROVIDER NAME
  - CONTACT PERSON
  - CONTACT PERSON'S PHONE NUMBER

CLIENT PROCESS MONITORING SYSTEM  
DOCUMENTATION FOR ENROLLMENT AND TERMINATION

RECORD CREATION

THIS DOCUMENT GIVES YOU THE LAYOUT TO HELP YOU CREATE ENROLLMENT AND TERMINATION CLIENT PROCESS MONITORING SYSTEM (CPMS) RECORDS IN ASCII FORMAT TO SUBMIT ELECTRONICALLY TO ADDICTIONS AND MENTAL HEALTH DIVISION (AMHD). THE ENROLLMENT AND TERMINATION FORMS ARE BROKEN DOWN BY:

- FIELD NAME
- FIELD TYPE (A/N=ALPHA-NUMERIC, N=NUMERIC)
- FIELD POSITION NUMBER (WHERE IT FALLS IN THE ASCII STRING)
- FIELD LENGTH (REMEMBER, ANYTIME THE NUMERIC VALUE INPUTTED IS LESS THAN THE LENGTH, USE LEADING ZEROS. EXAMPLE: IF '9' IS ENTERED INTO BOX 13 EDUCATION, IT SHOULD BE CHANGED TO '09'.)
- **SPACES ARE NOT APPROPRIATE IN ANY FIELD EXCEPT (1)FILLER, (2)CODED NAME, DRUG MATRIX, FULL NAME, AND THE TWO 30 DAY ARREST BOXES (FOR pre-7/2007 FORMS), AND (3) ENR SELF HELP(ON pre-7/2007 and 7/2007 FORMS).**
- CORRESPONDING CPMS FORM BOX NUMBER; AND
- SOURCE OF DATA (IT IS VERY IMPORTANT THAT YOU HAVE A COPY OF THE CPMS FORMS AS WELL AS THE CPMS MANUAL WHILE REVIEWING THIS DOCUMENT. ALSO REMEMBER TO LIMIT THE CHOICES OF CODES OR VALUES FOR EACH FIELD TO ONLY THOSE SPECIFIED IN THE CPMS MANUAL AND/OR CPMS FORM(S).)

YOU MUST SUBMIT TWO SUCCESSFUL BATCH SUBMISSIONS FOR EACH FORM.

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

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## CLIENT PROCESS MONITORING SYSTEM

HEADER RECORD

<b>FIELD NAME</b>	<b>TYPE</b>	<b>POS.</b>	<b>LENGTH</b>	<b>DATA SOURCE OR DEFAULT</b>
FORM NUMBER	A/N	1	4	0000
AGENCY NAME	A/N	5	30	AGENCY / PROVIDER PRODUCING ELECTRONIC CPMS DATA FILE
FILLER	N	35	1	0
CMHP	N	36	2	CMHP NUMBER
PROVIDER	N	38	3	PROVIDER NAME
CONTACT PERSON	A/N	41	25	NAME OF CONTACT PERSON
TELEPHONE NUMBER	A/N	66	10	AREA CODE, TELEPHONE NUMBER OF CONTACT PERSON. EXAMPLE: 5039455763
CREATION DATE	A/N	76	6	DATE FILE IS CREATED. MMDDYY
FILLER	A/N	82	<u>319</u>	SPACES
<b>TOTAL CHARACTERS</b>			<b>400</b>	

CLIENT PROCESS MONITORING SYSTEM  
AMHD FORM 0460  
A-D ENROLLMENT FORM (ADULT)

FIELD NAME	TYPE	POS	LNG	BOX#	DATA SOURCE/FORMAT
<b>REVISED FORM FLAG</b>	A/N	1	1		<b>REVISED FORM? Rev 07/01/2009 = X, Rev 07/01/2007 = Y, Prior 07/01/2007 = BLANK</b>
FILLER	A/N	2	2		SPACES
FORM NUMBER	N	4	4		0460
CMHP	N	8	2	3	COUNTY SERVED NUMBER
PROVIDER	N	10	3	4	PROVIDER NUMBER
OPEN DATE	N	13	6	5	MMDDYY FORMAT
CODED LAST NAME	A/N	19	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF LAST NAME (NOT IN USE AFTER 7/1/07 – USE SPACES)
CODED FIRST NAME	A/N	22	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF FIRST NAME (NOT IN USE AFTER 7/1/07 – USE SPACES)
CODED BIRTH NAME	A/N	25	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF BIRTH NAME (NOT IN USE AFTER 7/1/07 – USE SPACES)
CASE NUMBER	N	28	6	7	CLIENT'S CASE NO.- USE LEADING 0'S
DOB ESTIMATED FLAG	N	34	1	8	ACTUAL =1, ESTIMATED = 2
DATE OF BIRTH	N	35	6	8	MMDDYY FORMAT
ELIGIBILITY CODES				10	SEE CPMS MANUAL
ELIGIBILITY CODE 1	N	41	2		
ELIGIBILITY CODE 2	N	43	2		NOT IN USE, USE 00
ELIGIBILITY CODE 3	N	45	2		NOT IN USE, USE 00
PROGRAM AREA	N	47	1	11	SEE CPMS MANUAL
SEX	A/N	48	1	12	MALE = M, FEMALE = F
PRENATAL	N	49	1	106	YES = 1, NO = 2, NOT APPLICABLE = 3
INTERPRETER	N	50	1	107	FOREIGN LANGUAGE = 1, HEARING IMPAIRED = 2, NO = 3
EDUCATION	N	51	2	13	HIGHEST GRADE COMPLETED - USE LEADING 0'S IF NECESSARY
SCHOOL/TRAINING	N	53	1	14	ENROLLED = 1, NOT ENROLLED = 2
REFERRAL 1	N	54	2	15	SEE CPMS MANUAL
REFERRAL 2	N	56	2	15	SEE CPMS MANUAL
MONTHLY INCOME	N	58	4	17	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
COUNTY OF RESIDENCE	N	62	2	18	SEE CPMS MANUAL
ETHNICITY	N	64	2	19	SEE CPMS MANUAL

FIELD NAME	TYPE	POS	LNG	BOX#	DATA SOURCE/FORMAT
HEALTH INSURANCE				20	ENTER A '1' NEXT TO THE PRIMARY SOURCE, '2' NEXT TO THE OTHERS. EXAMPLE: '2221222' = V.A.
OREGON HEALTH PLAN	N	66	1		ENTER ONLY ONE.
MEDICARE	N	67	1		
MEDICAID	N	68	1		
V. A.	N	69	1		
PRIVATE	N	70	1		
OTHER PUBLIC	N	71	1		
NONE	N	72	1		
FILLER	A/N	73	3		SPACES
MARITAL STATUS	N	76	1	21	SEE CPMS MANUAL
LIVING ARRANGEMENT	N	77	2	22	SEE CPMS MANUAL
DEPENDENTS				23	ENTER NUMBER OF DEPENDENTS IN EACH AGE GROUP THAT ARE DEPENDENT UPON THE MONTHLY INCOME REPORTED. INCLUDE THE CLIENT. USE LEADING ZEROS IF NECESSARY.
UNDER AGE 6	N	79	2		
06 - 17	N	81	2		
18 - 63	N	83	2		
65 AND OVER	N	85	2		
INCOME SOURCE				24	ENTER A '1' NEXT TO THE PRIMARY SOURCE, '2' MEANS NO. ENTER ONLY ONE.
WAGES/SALARY	N	87	1		EXAMPLE: '1222222222'=WAGES.
SOCIAL SECURITY	N	88	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
S. S. I. FEDERAL	N	89	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
O. S. I. P. STATE	N	90	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
PUBLIC ASSISTANCE	N	91	1		EXAMPLE: '2222122222'=PUBLIC ASSISTANCE.
DIVIDENDS/INTEREST	N	92	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
PENSION/UNEMP/VETS	N	93	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
ALIMONY/CHILD SUPPORT	N	94	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
OTHER	N	95	1		EXAMPLE: '2222222212'=OTHER.
NONE	N	96	1		EXAMPLE: '2222222221'=NONE.
EMPLOYMENT STATUS	N	97	1	25	SEE CPMS MANUAL
TOTAL ARRESTS	N	98	2	31	IN PAST 5 YEARS - USE LEADING 0'S IF NECESSARY
DUII ARRESTS	N	100	2	32	IN PAST 5 YEARS - USE LEADING 0'S IF NECESSARY
EMPLOYABILITY FACTOR	N	102	1	33	SEE CPMS MANUAL

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE/FORMAT</u>
METHADONE PRESCRIBED	N	103	2	34	NO = 00, YES = 01
FILLER	A/N	105	2		SPACES
PATTERNS OF ABUSE					SEE CPMS MANUAL
ADDICTION TYPE				36	
PRIMARY	N	107	2		
SECONDARY	N	109	2		DEFAULT TO 00
TERTIARY	N	111	2		DEFAULT TO 00
FREQUENCY OF USE				38	
PRIMARY	N	113	1		
SECONDARY	N	114	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	115	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
ROUTE OF ADMINISTRATION				39	
PRIMARY	N	116	1		
SECONDARY	N	117	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	118	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
AGE AT FIRST USE				40	USE LEADING ZEROS IF NECESSARY
PRIMARY	N	119	2		
SECONDARY	N	121	2		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	123	2		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
ZIP CODE OF RESIDENCE	N	125	5	115	MUST BE NUMERIC.
LOC ASSESSED	N	130	2	116	SEE CPMS MANUAL
LOC AT ADMISSION	N	132	2	117	SEE CPMS MANUAL
30 DAY ARRESTS	A/N	134	2	122	# OF ARRESTS 30 DAYS PRIOR TO TX
LAST NAME	A/N	136	12	6	LAST NAME
FIRST NAME	A/N	148	12	6	FIRST NAME
BIRTH NAME	A/N	160	8	6	BIRTH NAME
<b>**FORM REVISION DATE PRIOR TO 07/2009, POPULATE THE FOLLOWING FIELDS WITH SPACES OTHERWISE, IF FORM REVISION DATE IS 07/2009, POPULATE THE FOLLOWING FIELDS WITH DATA</b>					
ENROL SELF-HELP GROUP	A/N	168	1	<u>124</u>	<u>SEE CPMS MANUAL</u>
FILLER	A/N	169	232		<u>SPACES</u>
TOTAL CHARACTERS				400	

CLIENT PROCESS MONITORING SYSTEM  
AMHD FORM 0461  
A-D TERMINATION FORM (ADULT)

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE OR DEFAULT</u>
<b>REVISED FORM FLAG</b>	A/N	1	1		<b>REVISED FORM? Rev 07/01/2009 = X, Rev 07/01/2007 = Y, Prior 07/01/2007 = BLANK</b>
FILLER	A/N	2	2		SPACES
FORM NUMBER	N	4	4		0461
CMHP	N	8	2	3	CMHP NUMBER
PROVIDER	N	10	3	4	PROVIDER NUMBER
OPENING DATE	N	13	6	5	MMDDYY
CODED LAST NAME	A/N	19	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF LAST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED FIRST NAME	A/N	22	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF FIRST NAME (NOT IN USE AFTER 7/1/07 – USE SPACES)
CODED BIRTH NAME	A/N	25	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF BIRTH NAME (NOT IN USE AFTER 7/1/07 – USE SPACES)
PAYOR CODE	N	28	2	47	SEE CPMS MANUAL
CASE NUMBER	N	30	6	7	MUST HAVE LEADING ZEROS
DATE OF BIRTH ESTIMATE	N	36	1	8	1=ACTUAL, 2=ESTIMATED
DATE OF BIRTH	N	37	6	8	MMDDYY
TERM TYPE	N	43	2	48	SEE CPMS MANUAL
LAST CONTACT DATE	N	45	6	49	MMDDYY
FORM COMPLETED DATE	N	51	6	50	MMDDYY
PRENATAL	N	57	1	108	SEE CPMS MANUAL
EDUCATION	N	58	2	51	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
SCHOOL/TRAINING	N	60	1	52	SEE CPMS MANUAL
REFERRED TO 1	N	61	2	53	SEE CPMS MANUAL
REFERRED TO 2	N	63	2	53	SEE CPMS MANUAL
TOTAL ARRESTS	N	65	2	54	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
DUII ARRESTS	N	67	2	55	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
MONTHLY INCOME	N	69	4	56	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
MARITAL STATUS	N	73	1	57	SEE CPMS MANUAL
FILLER	A/N	74	2		SPACES

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS.</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE OR DEFAULT</u>
INCOME SOURCE				58	ENTER A '1' NEXT TO THE PRIMARY SOURCE, '2' MEANS NO. ENTER ONLY ONE.
WAGES/SALARY	N	76	1		EXAMPLE: '1222222222'=WAGES.
SOCIAL SECURITY	N	77	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
S. S. I. FEDERAL	N	78	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
O. S. I. P. STATE	N	79	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
PUBLIC ASSISTANCE	N	80	1		EXAMPLE: '2222122222'=PUBLIC ASSISTANCE.
DIVIDENDS/INTEREST	N	81	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
PENSION/UNEMP/VETS	N	82	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
ALIMONY/CHILD SUPPORT	N	83	1		DEFAULT TO 2, NOT IN USE AFTER 01/05
OTHER	N	84	1		EXAMPLE: '2222222212'=OTHER.
NONE/UNKNOWN	N	85	1		EXAMPLE: '2222222221'=NONE.
EMPLOYMENT STATUS	N	86	1	59	SEE CPMS MANUAL
LIVING ARRANGEMENT	N	87	2	111	SEE CPMS MANUAL
EMPLOYABILITY FACTOR	N	89	1	61	SEE CPMS MANUAL
EDUCATION/SKILLS	N	90	1	62	SEE CPMS MANUAL
CSD/SCF	N	91	1	110	SEE CPMS MANUAL
PRE-DELIVERY	N	92	1	109	SEE CPMS MANUAL
<b>TERM SELF-HELP GROUP</b>	<b>A/N</b>	<b>93</b>	<b>1</b>	<b>67</b>	<b><u>SEE CPMS MANUAL</u></b>
ANTABUSE	N	94	1	68	SEE CPMS MANUAL
POSITIVE UA	N	95	2	103	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
UA ADMINISTERED	N	97	2	104	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
PATTERNS OF ABUSE					SEE CPMS MANUAL
ADDICTION TYPE				63	
PRIMARY	N	99	2		
SECONDARY	N	101	2		DEFAULT TO 00
TERTIARY	N	103	2		DEFAULT TO 00
FREQUENCY OF USE				65	
PRIMARY	N	105	1		
SECONDARY	N	106	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	107	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
ROUTE OF ADMINISTRATION				66	
PRIMARY	N	108	1		
SECONDARY	N	109	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS.</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE OR DEFAULT</u>
TERTIARY	N	110	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
30 DAY ARRESTS	A/N	111	2	123	# OF ARRESTS 30 DAYS PRIOR TO COMPLETION OF TREATMENT
LAST NAME	A/N	113	12	<u>6</u>	LAST NAME
FIRST NAME	A/N	125	12	<u>6</u>	FIRST NAME
BIRTH NAME	A/N	137	8	<u>6</u>	BIRTH NAME
FILLER	A/N	145	256		SPACES
			----		
TOTAL CHARACTERS			400		

CLIENT PROCESS MONITORING SYSTEM  
AMHD FORM 0462  
A-D ENROLLMENT FORM (YOUTH TREATMENT/INTERVENTION)

FIELD NAME	TYPE	POS	LNG	BOX#	DATA SOURCE/FORMAT
<b>REVISED FORM FLAG</b>	A/N	1	1		<b>REVISED FORM? Rev 07/01/2009 = X, Rev 07/01/2007 = Y, Prior 07/01/2007 = BLANK</b>
FILLER	A/N	2	2		SPACES
FORM NUMBER	N	4	4		0462
CMHP	N	8	2	3	COUNTY SERVED NUMBER
PROVIDER	N	10	3	4	PROVIDER NUMBER
OPEN DATE	N	13	6	5	MMDDYY FORMAT
CODED LAST NAME	A/N	19	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF LAST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED FIRST NAME	A/N	22	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF FIRST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED BIRTH NAME	A/N	25	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF BIRTH NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CASE NUMBER	N	28	6	7	CLIENT'S CASE NUMBER - USE LEADING 0'S IF NECESSARY
DOB ESTIMATED FLAG	N	34	1	8	ACTUAL = 1, ESTIMATED = 2
DATE OF BIRTH	N	35	6	8	MMDDYY FORMAT
ELIGIBILITY CODES				10	SEE CPMS MANUAL
ELIGIBILITY CODE 1	N	41	2		
ELIGIBILITY CODE 2	N	43	2		NOT IN USE, USE 00
ELIGIBILITY CODE 3	N	45	2		NOT IN USE, USE 00
PROGRAM AREA	N	47	1	11	SEE CPMS MANUAL
SEX	A/N	48	1	12	MALE = M, FEMALE = F
PRENATAL	N	49	1	106	YES = 1, NO = 2, NOT APPLICABLE = 3
INTERPRETER	N	50	1	107	FOREIGN LANGUAGE = 1, HEARING IMPAIRED = 2, NO = 3
EDUCATION	N	51	2	13	HIGHEST GRADE COMPLETED - USE LEADING 0'S IF NECESSARY
SCHOOL/TRAINING	N	53	1	14	ENROLLED = 1, NOT ENROLLED = 2
REFERRAL 1	N	54	2	15	SEE CPMS MANUAL
REFERRAL 2	N	56	2	15	SEE CPMS MANUAL
ETHNICITY	N	58	2	19	SEE CPMS MANUAL
LIVING ARRANGEMENT	N	60	2	22	SEE CPMS MANUAL
EMPLOYMENT STATUS	N	62	1	25	SEE CPMS MANUAL
FILLER	A/N	63	13		SPACES
TOTAL ARRESTS	N	76	2	31	IN PAST 5 YEARS - USE LEADING 0'S IF NECESSARY

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE/FORMAT</u>
DUII ARRESTS	N	78	2	32	IN PAST 5 YEARS - USE LEADING 0'S IF NECESSARY
EMPLOYABILITY FACTOR	N	80	1	33	SEE CPMS MANUAL
MIP CITATIONS	N	81	2	41	IN PAST 24 MONTHS - USE LEADING 0'S IF NECESSARY
PATTERNS OF ABUSE					SEE CPMS MANUAL
ADDICTION TYPE				36	
PRIMARY	N	83	2		
SECONDARY	N	85	2		DEFAULT TO 00
TERTIARY	N	87	2		DEFAULT TO 00
FREQUENCY OF USE				38	
PRIMARY	N	89	1		
SECONDARY	N	90	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	91	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
ROUTE OF ADMINISTRATION				39	
PRIMARY	N	92	1		
SECONDARY	N	93	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	94	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
AGE AT FIRST USE				40	USE LEADING ZEROS IF NECESSARY
PRIMARY	N	95	2		
SECONDARY	N	97	2		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	99	2		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
COUNTY OF RESIDENCE	N	101	2	18	SEE CPMS MANUAL
HEALTH INSURANCE				20	ENTER A '1' NEXT TO THE PRIMARY SOURCE, 2 NEXT TO THE OTHERS.
OREGON HEALTH PLAN	N	103	1		ENTER ONLY ONE.
MEDICARE	N	104	1		EXAMPLE: '122222'=OHP
MEDICAID	N	105	1		
V. A.	N	106	1		
PRIVATE	N	107	1		
OTHER PUBLIC	N	108	1		
NONE	N	109	1		
FILLER	A/N	110	2		SPACES
ZIP CODE OF RESIDENCE	N	112	5	115	MUST BE NUMERIC.

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE/FORMAT</u>
LOC ASSESSED	N	117	2	116	SEE CPMS MANUAL
LOC AT ADMISSION	N	119	2	117	SEE CPMS MANUAL
30 DAY ARRESTS	A/N	121	2	122	# OF ARRESTS 30 DAYS PRIOR TO TX
LAST NAME	A/N	123	12	<u>6</u>	LAST NAME
FIRST NAME	A/N	135	12	<u>6</u>	FIRST NAME
BIRTH NAME	A/N	147	8	<u>6</u>	BIRTH NAME

**\*\*FORM REVISION DATE PRIOR TO 07/2009, POPULATE THE FOLLOWING FIELDS WITH SPACES  
OTHERWISE, IF FORM REVISION DATE IS 07/2009, POPULATE THE FOLLOWING FIELDS WITH DATA**

<b>ENROL SELF-HELP GROUP</b>	<b>A/N</b>	<b>155</b>	<b>1</b>	<b><u>124</u></b>	<b><u>SEE CPMS MANUAL</u></b>
<b>FILLER</b>	<b>A/N</b>	<b>156</b>	<b>245</b>		<b><u>SPACES</u></b>
			—		
TOTAL CHARACTERS					400

CLIENT PROCESS MONITORING SYSTEM  
AMHD FORM 0463  
A-D TERMINATION FORM (YOUTH TREATMENT/INTERVENTION)

FIELD NAME	TYPE	POS	LNG	BOX#	DATA SOURCE/FORMAT
<b>REVISED FORM FLAG</b>	A/N	1	1		<b>REVISED FORM? Rev 07/01/2009 = X, Rev 07/01/2007 = Y, Prior 07/01/2007 = BLANK</b>
FILLER	A/N	2	2		SPACES
FORM NUMBER	N	4	4		0463
CMHP	N	8	2	3	SEE CPMS MANUAL
PROVIDER	N	10	3	4	SEE CPMS MANUAL
OPENING DATE	N	13	6	5	MMDDYY
CODED LAST NAME	A/N	19	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF LAST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED FIRST NAME	A/N	22	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF FIRST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED BIRTH NAME	A/N	25	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF BIRTH NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
PAYOR CODE	N	28	2	47	SEE CPMS MANUAL
CASE NUMBER	N	30	6	7	MUST HAVE LEADING ZEROS
DATE OF BIRTH ESTIMATE	N	36	1	8	1=ACTUAL, 2=ESTIMATED
DATE OF BIRTH	N	37	6	8	MMDDYY
TERM TYPE	N	43	2	48	SEE CPMS MANUAL
LAST CONTACT DATE	N	45	6	49	MMDDYY
FORM COMPLETED DATE	N	51	6	50	MMDDYY
EDUCATION	N	57	2	51	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
SCHOOL/TRAINING	N	59	1	52	SEE CPMS MANUAL
REFERRED TO 1	N	60	2	53	SEE CPMS MANUAL
REFERRED TO 2	N	62	2	53	SEE CPMS MANUAL
TOTAL ARRESTS	N	64	2	54	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
DUII ARRESTS	N	66	2	55	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
MIP ARRESTS	N	68	2	71	SEE CPMS MANUAL
FILLER	A/N	70	6		SPACES
LIVING ARRANGEMENT	N	76	2	111	SEE CPMS MANUAL
EMPLOYMENT STATUS	N	78	1	59	SEE CPMS MANUAL
EMPLOYABILITY FACTOR	N	79	1	61	SEE CPMS MANUAL
EDUCATION/SKILLS	N	80	1	62	SEE CPMS MANUAL
ACADEMIC	N	81	1	112	SEE CPMS MANUAL
ATTENDANCE	N	82	1	113	SEE CPMS MANUAL

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE/FORMAT</u>
SCHOOL BEHAVIOR	N	83	1	114	SEE CPMS MANUAL
<b>TERM SELF-HELP GROUP</b>	<b>A/N</b>	<b>84</b>	<b>1</b>	<b>67</b>	<b><u>SEE CPMS MANUAL</u></b>
PATTERNS OF ABUSE					SEE CPMS MANUAL
ADDICTION TYPE				63	
PRIMARY	N	85	2		
SECONDARY	N	87	2		DEFAULT TO 00
TERTIARY	N	89	2		DEFAULT TO 00
FREQUENCY OF USE				65	
PRIMARY	N	91	1		
SECONDARY	N	92	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	93	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
ROUTE OF ADMIN.				66	
PRIMARY	N	94	1		
SECONDARY	N	95	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	96	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
ANTABUSE	N	97	1	68	SEE CPMS MANUAL
POSITIVE UA	N	98	2	103	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
UA ADMINISTERED	N	100	2	104	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
30 DAY ARRESTS	A/N	102	2	123	# OF ARRESTS 30 DAYS PRIOR TO COMPLETION OF TREATMENT
LAST NAME	A/N	104	12	<u>6</u>	LAST NAME
FIRST NAME	A/N	116	12	<u>6</u>	FIRST NAME
BIRTH NAME	A/N	128	8	<u>6</u>	BIRTH NAME
FILLER	A/N	136	265		SPACES
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TOTAL CHARACTERS			400		

CLIENT PROCESS MONITORING SYSTEM  
AMHD FORM 0466  
A-D ENROLLMENT AND TERMINATION FORM  
(DETOX/DUII EDUCATION ONLY)

FIELD NAME	TYPE	POS	LNG	BOX#	DATA SOURCE/FORMAT
<b>REVISED FORM FLAG</b>	A/N	1	1		<b>REVISED FORM? Rev 07/01/2009 = X, Rev 07/01/2007 = Y, Prior 07/01/2007 = BLANK</b>
FILLER	A/N	2	2		SPACES
FORM NUMBER	N	4	4		0466
CMHP	N	8	2	3	COUNTY SERVED NUMBER
PROVIDER	N	10	3	4	PROVIDER NUMBER
OPEN DATE	N	13	6	5	MMDDYY FORMAT
CODED LAST NAME	A/N	19	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF LAST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED FIRST NAME	A/N	22	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF FIRST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED BIRTH NAME	A/N	25	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF BIRTH NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CASE NUMBER	N	28	6	7	CLIENT'S CASE NUMBER - USE LEADING 0'S IF NECESSARY
DOB ESTIMATED FLAG	N	34	1	8	ACTUAL = 1, ESTIMATED = 2
DATE OF BIRTH	N	35	6	8	MMDDYY FORMAT
ELIGIBILITY CODES				10	SEE CPMS MANUAL
ELIGIBILITY CODE 1	N	41	2		
ELIGIBILITY CODE 2	N	43	2		NOT IN USE, USE 00
ELIGIBILITY CODE 3	N	45	2		NOT IN USE, USE 00
PROGRAM AREA	N	47	1	11	SEE CPMS MANUAL
SEX	A/N	48	1	12	MALE = M, FEMALE = F
PRENATAL	N	49	1	106	YES = 1, NO = 2, NOT APPLICABLE = 3
INTERPRETER	N	50	1	107	FOREIGN LANGUAGE = 1, HEARING IMPAIRED = 2, NO = 3
EDUCATION	N	51	2	13	HIGHEST GRADE COMPLETED - USE LEADING 0'S IF NECESSARY
REFERRAL 1	N	53	2	15	SEE CPMS MANUAL
REFERRAL 2	N	55	2	1	SEE CPMS MANUAL
MONTHLY INCOME	N	57	4	17	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
COUNTY OF RESIDENCE	N	61	2	18	SEE CPMS MANUAL
ETHNICITY	N	63	2	19	SEE CPMS MANUAL
MARITAL STATUS	N	65	1	21	SEE CPMS MANUAL
LIVING ARRANGEMENT	N	66	2	22	SEE CPMS MANUAL
FILLER	A/N	68	8		SPACES

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE/FORMAT</u>
EMPLOYMENT STATUS	N	76	1	25	SEE CPMS MANUAL
EMPLOYABILITY FACTOR	N	77	1	33	SEE CPMS MANUAL
PATTERNS OF ABUSE					SEE CPMS MANUAL
ADDICTION TYPE				36	
PRIMARY	N	78	2		
SECONDARY	N	80	2		DEFAULT TO 00
TERTIARY	N	82	2		DEFAULT TO 00
FREQUENCY OF USE				38	
PRIMARY	N	84	1		
SECONDARY	N	85	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	86	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
ROUTE OF ADMINISTRATION				39	
PRIMARY	N	87	1		
SECONDARY	N	88	1		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	89	1		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
AGE AT FIRST USE				40	USE LEADING ZEROS IF NECESSARY
PRIMARY	N	90	2		
SECONDARY	N	92	2		IF SECONDARY ADDICTION TYPE IS 00, DEFAULT TO NULL
TERTIARY	N	94	2		IF TERTIARY ADDICTION TYPE IS 00, DEFAULT TO NULL
PAYOR CODE	N	96	2	47	SEE CPMS MANUAL
TERM TYPE	N	98	2	48	SEE CPMS MANUAL
LAST CONTACT DATE	N	100	6	49	MMDDYY FORMAT
TERM REFERRAL 1	N	106	2	53	SEE CPMS MANUAL
TERM REFERRAL 2	N	108	2	53	SEE CPMS MANUAL
TOTAL ARRESTS	N	110	2	54	DURING TREATMENT, UNKNOWN= 99 - USE LEADING 0'S IF NECESSARY
DUII ARRESTS	N	112	2	55	DURING TREATMENT, UNKNOWN= 99 - USE LEADING 0'S IF NECESSARY
<b>TERM SELF-HELP GROUP</b>	<b>A/N</b>	<b>114</b>	<b>1</b>	<b>67</b>	<b><u>SEE CPMS MANUAL</u></b>
POSITIVE UA	N	115	2	103	NUMBER OF POSITIVE DRUG OR ALCOHOL USE TESTS - USE LEADING 0'S IF NECESSARY
UA ADMINISTERED	N	117	2	104	NUMBER OF DRUG OR ALCOHOL TESTS ADMINISTERED - USE LEADING 0'S IF NECESSARY

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE/FORMAT</u>
ZIP CODE OF RESIDENCE	N	119	5	115	MUST BE NUMERIC. DEFAULT TO ZEROES.
LOC ASSESSED	N	124	2	116	SEE CPMS MANUAL
FILLER	A/N	126	25		SPACES
SERVICE ELEMENT	N	151	2	200	SEE CPMS MANUAL
SERVICE DAYS	N	153	3	200	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
SERVICE HOURS	N	156	3	200	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
UA BILLED	N	159	2	200	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
LAST NAME	A/N	161	12	6	LAST NAME
FIRST NAME	A/N	173	12	6	FIRST NAME
BIRTH NAME	A/N	185	8	6	BIRTH NAME
<b>**FORM REVISION DATE PRIOR TO 07/2009, POPULATE THE FOLLOWING FIELDS WITH SPACES OTHERWISE, IF FORM REVISION DATE IS 07/2009, POPULATE THE FOLLOWING FIELDS WITH DATA</b>					
ENROL SELF-HELP GROUP	A/N	193	1	<u>124</u>	<u>SEE CPMS MANUAL</u>
FILLER	A/N	194	207		<u>SPACES</u>
TOTAL CHARACTERS			—		400

CLIENT PROCESS MONITORING SYSTEM  
AMHD FORM 0467  
A-D ENROLLMENT FORM (CHILD ENROLLED WITH PARENT)

FIELD NAME	TYPE	POS	LNG	BOX#	DATA SOURCE/FORMAT
FORM FLAG	A/N	1	1		Rev 07/01/2007 = Y, Prior 07/01/2007 = BLANK
FILLER	A/N	2	2		SPACES
FORM NUMBER	N	4	4		0467
CMHP	N	8	2	3	SEE CPMS MANUAL
PROVIDER	N	10	3	4	PROVIDER NUMBER
OPEN DATE	N	13	6	5	MMDDYY FORMAT
CODED LAST NAME	A/N	19	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF LAST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED FIRST NAME	A/N	22	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF FIRST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CASE NUMBER	N	25	6	6	CLIENT'S CASE NUMBER - USE LEADING 0'S IF NECESSARY
DOB ESTIMATED FLAG	N	31	1	7	ACTUAL = 1, ESTIMATED = 2
DATE OF BIRTH	N	32	6	8	MMDDYY FORMAT
ELIGIBILITY CODES				10	SEE CPMS MANUAL
ELIGIBILITY CODE 1	N	38	2		50
ELIGIBILITY CODE 2	N	40	2		NOT IN USE, USE 00
ELIGIBILITY CODE 3	N	42	2		NOT IN USE, USE 00
PROGRAM AREA	N	44	1	11	SEE CPMS MANUAL
SEX	A/N	45	1	12	MALE = M, FEMALE = F
RACE/ETHNICITY	N	46	2	19	SEE CPMS MANUAL
CASE NUMBER OF PARENT	N	48	6	105	SEE CPMS MANUAL - USE LEADING 0'S IF NECESSARY
LAST NAME	A/N	54	12	6	LAST NAME
FIRST NAME	A/N	66	12	6	FIRST NAME
FILLER	A/N	78	323		SPACES

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TOTAL CHARACTERS

400

CLIENT PROCESS MONITORING SYSTEM  
AMHD FORM 0433  
A-D TERMINATION FORM (CHILD ENROLLED WITH PARENT)

<u>FIELD NAME</u>	<u>TYPE</u>	<u>POS</u>	<u>LNG</u>	<u>BOX#</u>	<u>DATA SOURCE/FORMAT</u>
FORM NUMBER	N	1	4		0433
CMHP	N	5	2	3	SEE CPMS MANUAL
PROVIDER	N	7	3	4	PROVIDER NUMBER
OPEN DATE	N	10	6	5	MMDDYY FORMAT
CODED LAST NAME	A/N	16	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF LAST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CODED FIRST NAME	A/N	19	3	6	2 <sup>ND</sup> 3 <sup>RD</sup> 4 <sup>TH</sup> LETTER OF FIRST NAME (NOT IN USE AFTER 7/1/07 –USE SPACES)
CASE NUMBER	N	22	6	7	CLIENT'S CASE NUMBER - USE LEADING 0'S IF NECESSARY
DOB ESTIMATED FLAG	N	28	1	8	ACTUAL = 1, ESTIMATED = 2
DATE OF BIRTH	N	29	6	8	MMDDYY FORMAT
TERM TYPE	N	35	2	48	SEE CPMS MANUAL
LAST CONTACT DATE	N	37	6	49	SEE FORM / CPMS MANUAL MMDDYY
FORM COMPLETED DATE	N	43	6	50	SEE FORM / CPMS MANUAL MMDDYY
LAST NAME	A/N	49	12	6	LAST NAME
FIRST NAME	A/N	61	12	6	FIRST NAME
FORM FLAG	A/N	73	1		Rev 07/01/2007 = Y, Prior 07/01/2007 = BLANK
FILLER	A/N	74	327		<u>SPACES</u>
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TOTAL CHARACTERS			400		