MANUAL

Children's Level of Need Determination Data Form

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

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Box-by-Box Table of Contents

Electronic Data Submission

Box 1 – Last Name

Instructions:
In UPPER CASE BLOCK LETTERS, enter the entire last name of the client. Please write legibly. It is essential that the following letters be printed with exaggerated clarity: **U, V, I, L, D and O**.

Box 2 – First Name

Instructions:
In UPPER CASE BLOCK LETTERS, enter the entire first name of the client. Please write legibly. It is essential that the following letters be printed with exaggerated clarity: **U, V, I, L, D and O**.

Box 3 – Middle Initial

Instructions:
In UPPER CASE BLOCK LETTERS, enter the middle initial of the client. Please write legibly. It is essential that the following letters be printed with exaggerated clarity: **U, V, I, L, D and O**.

Box 4 – Date of Birth

Instructions:
This is a key identifier and is always linked to the client's name.
Enter the client's date of birth (use leading zeros if needed).
The date must be logical.

Examples:
Date of Birth: Les Fortunate knows his date of birth. It is December 4, 1970. Enter 12-04-1970 in the appropriate boxes.

Box 5 - Gender

Instructions:
Enter the code "F" or "M" to indicate the child's gender.

<u>Codes:</u>　　F - Female
　　　　　　　M - Male

Box 6 – Prime Number

Instructions:
This is a key identifier and is always linked to the client's name.
Enter the OHP Member's Medicaid Recipient Identification Number.
This field is a required field for capitated members but may be blank
for non-capitated members if Box 10 – CMHP ID is not 00.

Box 7 – Date of Completed Referral for Determination

Instructions:
This is a key identifier and is always linked to the client's Prime
Number. Enter the date of completed referral for determination (use
leading zeros if needed). If the determination is a subsequent
determination to the initial, the date must be later than the Date of
Referral from the initial determination. The date must be logical.

Examples:
<u>Date of Referral for Determination</u>: December 4, 2002. Enter 12-04-
2002 in the appropriate boxes.

Box 8 – Referral Source

Instructions:
Enter the first appropriate code from the top of the "Referral Code List" to indicate the type institution taking action to get the client into a treatment provider. The codes are listed on the back of the enrollment form and on the next page.

Referral Code List

Please select the first appropriate code(s) :

MH - Mental Health   ED - Education
CW - Child Welfare   JJ - Juvenile
PT - Parent   OT - Other

Box 9 – Date of Determination

Instructions:
This is the date that the determination of ISA eligibility is made and a key identifier that is *always* linked to the client's Prime Number. Enter the date of determination (use leading zeros if needed). The date must be logical.

Examples:
Date of Determination: December 4, 2002. Enter 12-04-2002 in the appropriate boxes.

Box 10 – CMHP ID

Instructions:
Enter the appropriate CMHP Identifier. This is a mandatory field if the client does not have a Prime Number. This box was used for the FIPS county code but as of the 4th quarter of 2008 we require the codes listed below.

County/CMHP CODES

01-Baker	11-Gilliam	21-Lincoln	31-Union
02-Benton	12-Grant	22-Linn	32-Wallowa
03-Clackamas	13-Harney	23-Malheur	37-Wasco
04-Clatsop	37-Hood River	24-Marion	34-Washington
05-Columbia	15-Jackson	25-Morr/Wh/Gil	36-Yamhill
06-Coos	16-Jefferson	26-Multnomah	37-Mid-Columbia
07-Crook	17-Josephine	27-Polk	(Hood River/
08-Curry	18-Klamath	37-Sherman	Sherman
09-Deschutes	19-Lake	29-Tillamook	/Wasco)
10-Douglas	20-Lane	30-Umatilla	39-Warm Springs

Box 11 – MHO Provider Number

Instructions:
Enter here the 6 digits Medicaid Provider Number for MHO and 000000 for Fee-For-Service clients.

Box 12 – CASII Domain I:(1-5)

Instructions:
Enter here a number using 1 through 5 indicating **risk of harm**
1-Low, 2-Some, 3-Significant, 4-Serious, 5-Extreme

If client being determined is less than six years of age, enter a 0.

Box 13 – CASII Domain II:(1-5)

Instructions:
Enter here a number using 1 through 5 indicating **functional impairment**
1-Minimal, 2-Mild, 3-Moderate, 4-Serious, 5-Severe

If client being determined is less than six years of age, enter a 0.

Box 14 – CASII DOMAINS III:(1-5)

Instructions:
Enter here a number using 1 through 5 indicating **co-morbidity**
1-No, 2-Minor, 3-Significant, 4-Major, 5-Severe

If client being determined is less than six years of age, enter a 0.

Box 15 – CASII DOMAINS IV-A:(1-5)

Instructions:
Enter here a number using 1 through 5 indicating **stressful environment**
1-Minimally, 2-Mildly, 3-Moderately, 4-Highly, 5-Extremely

If client being determined is less than six years of age, enter a 0.

Box 16 – CASII DOMAINS IV-B:(1-5)

Instructions:
Enter here a number using 1 through 5 indicating **supportive environment**
1-Highly, 2-, 3-Limited, 4-Minimally, 5-No

If client being determined is less than six years of age, enter a 0.

Box 17 – CASII DOMAINS V:(1-5)

Instructions:
Enter here a number using 1 through 5 indicating **resiliency and/or response to treatment**
1-Full, 2-Significant, 3-Moderate, 4-Poor, 5-Negligible

If client being determined is less than six years of age, enter a 0.

Box 18 – CASII DOMAINS VI-A:(1-5)

Instructions:
Enter here a number using 1 through 5 indicating **child or adolescent acceptance and engagement**
1-Optimal, 2-Constructive, 3-Obstructive, 4-Adversarial, 5-Inaccessible

If client being determined is less than six years of age, enter a 0.

Box 19 – CASII DOMAINS VI-B:(1-5)

Instructions:
Enter here a number using 1 through 5 indicating **parent or primary care taker acceptance and engagement**
1-Optimal, 2-Constructive, 3-Obstructive, 4-Adversarial, 5-Inaccessible

If client being determined is less than six years of age, enter a 0.

Box 20 – Composite CASII Score

Instructions:
Enter here the Sum of (Sum of Domains I - V) + (greater of Domain VI-A or Domain VI-B). Zero is accepted if the client being determined is less than six years of age.

Box 21 – Determined ISA

Instructions:
Report if the child is determined ISA

Code:
Y - Yes
N – No

Box 22 – Level of Care Recommended

Instructions:
Enter here a number from 1 through 6 indicating the level of care recommended for the child with 1 being the lowest level and 6 the highest level of care.

Code:
1 - Recovery Maintenance and Health Management
2 - Outpatient Services
3 - Intensive Outpatient Services
4 - Intensive Integrated Services without 24-hour Psychiatric Monitoring
5 - Non-Secure, 24-hour, Services with Psychiatric Monitoring
6 - Secure, 24-hour, Services with Psychiatric Management

Box 23 – End Date

Instructions:
This is a key identifier and is always linked to the client's Prime Number. Enter the date of which the determination is made that the client is no longer in need of ISA services. The date must be logical.

Box 24 – Provider Case Number

Instructions:
This field can be used by each individual provider for a 6-digit number used by the provider internally to uniquely identify a person. We suggest the same number that is used in reporting to AMH for the CPMS system.

Box 25 – Provider comments

Instructions:
This field can be used by each individual provider to use for any reference they prefer.

Electronic File Definition

The file needs to be sent to AMH as a comma delimited text file. The fields must be in order:

Field Name	Number of Characters	Format
Last name	30	
First name	20	
Middle Initial	3	
Date of Birth	10	mm/dd/yyyy
Gender	1	
Prime Number	8	
Date of Referral for Determination	10	mm/dd/yyyy
Referral Source	2	
Date of Determination	10	mm/dd/yyyy
CMHP ID	2	
MHO Provider Number	6	
Domain I	1	
Domain II	1	
Domain III	1	
Domain IV-A	1	
Domain IV-B	1	
Domain V	1	
Domain VI-A	1	
Domain VI-B	1	
Composite Score	2	
Determined ISA	1	
Level of Care Recommended	1	
End Date	10	mm/dd/yyyy
Provider Case Number	6	
Provider Comments	255	

All submissions must be HIPAA compliant because they contain PHI. Please name your file such that the MHO submitting the file as well as the quarter for which it is being submitted (using calendar quarters) id identifiable in the title. Please submit only entire quarters, no partial files will be accepted. The new submissions are

used to replace the existing submissions. Please be sure that all records are submitted in the year during which the determination was made.

CASII Data Submission Process (Version 5)

The following data submission process should improve the ease, timeliness, and quality of CASII data transmissions, both from providers to AMH and from AMH to providers. This improved data submission process should reduce the need to resubmit data that are deemed incomplete or inaccurate, and thus should decrease the administrative burden on both providers and AMH staff.

(1) **Timeline for submission of CASII data to AMH**. *Submitting accurate CASII data to AMH as quickly as possible is in the interest of all parties; incomplete and inaccurate CASII data cause problems for both providers and AMH when the data are needed for analysis, reporting, and rate setting*. Both MHOs and CMHPs will submit their CASII data to AMH per the following schedule: All data collected in the first quarter of the year (Jan 1 – March 31) should be submitted, in batch, by May 31 of that same year; all data collected in the second quarter of the year (Apr 1 – Jun 30) should be submitted, in batch, August 31 of that same year; all data collected in the third quarter of the year (Jul 1 – Sep 30) should be submitted, in batch, November 30 of that same year, and; all data collected in the fourth quarter of the year (Oct 1 – Dec 31) should be submitted, in batch, February 28 of the following year. (By contract each MHO has 60 days from the end of the quarter to submit LON data. Dates given are approximate due dates and not meant to replace the contract language.)

(2) **Method for transmitting CASII data to AMH**. All CASII data, from both MHOs and CMHPs, are to be submitted directly to the Program Analysis and Evaluation (PAE) Unit of the Addictions and Mental Health Division. Data files should be submitted via secure email in reply to email sent from AMH representative. The e-mail should have the text "**CASII Data Submission for Quarter (1, 2, 3, or 4) from (Name of MHO/Name of CMHP)**" in the header

(subject) box. Use of this header will help the PAE representative to quickly identify and respond to e-mails with data attached.

(3) **Formatting CASII data for submission to AMH; Criteria for assessing data completeness.** CASII data are to be saved in comma-delimited format prior to submission to AMH. All data on Medicaid-eligible children assessed and/or closed out of ISA level of care in a given quarter should be saved in one data file, and all data on non-Medicaid-eligible children assessed and/or closed out of ISA level of care in a given quarter should be saved in a separate data file. Each *assessment* of a *Medicaid-eligible* child will be uniquely identified by a combination of the Medicaid ID and the Level of Need determination date. Each *assessment* of a *non-Medicaid-eligible* child will be uniquely identified by a combination of the child's last name, the child's date of birth, and the Level of Need determination date. Similarly, each Medicaid-eligible *child* will be uniquely identified by the Medicaid ID, and each non-Medicaid-eligible *child* will be uniquely identified by a combination of the child's last name and the child's date of birth. *It is CRITICAL to accurately enter the Medicaid ID, last name, determination date, and date of birth for every level of need assessment, as these data are used to identify unique children and unique assessments.*

As an option, the MHO/CMHP can also enter its own unique identifier. If this is done, it is suggested that the case number that the CMHP uses in its CPMS submission be used. Please refer to the LON Data Manual for description of how to incorporate this field into the data submission.

MHOs/CMHPs may choose to use an Access form and database, now being developed at AMH, for the entry and storage of their CASII data. *Use of the Access form, once developed, is strongly recommended, as use of the form will likely reduce the entering of inaccurate or incomplete data, and thus reduce the need to resend data.* AMH is exploring the possibility of developing a web-based application for entry of CASII data, but this application is not yet available.

CASII data will be considered complete only if, at a minimum, there are data on: (1) Medicaid ID (must be 8-character alphanumeric); (2)

Child's last name; (3) Child's date of birth (must be a possible date); (4) Child's gender; (5) Referral Source; (6) Date of Determination (must be a possible date); (7) Whether the record is an initial assessment (for consideration of the child for entry or re-entry into the Intensive Service Array), or a termination (close field now has a date—all other fields remain the same as initial submission); (8) MHO or CMHP ID; (9) Scores for CASII Domains I to VI-B (each score must be in the range 1-5); (10) ISA eligibility (NOTE: DETERMINATION OF ELIGIBILITY SHOULD BE BASED ON BOTH CASII DATA AND OTHER DATA INDICATIVE OF THE CHILD'S AND FAMILY'S NEEDS AND/OR FUNCTIONING), and; (10) Levels of Care recommended and received (NOTE: THE RECOMMENDED LEVEL OF CARE SHOULD BE BASED ON BOTH CASII DATA AND OTHER DATA INDICATIVE OF THE CHILD'S AND FAMILY'S NEEDS AND/OR FUNCTIONING. THE LEVEL OF CARE RECEIVED WILL BE A FUNCTION OF THE LEVEL OF CARE RECOMMENDED, THE AVAILABILITY OF SERVICE, AND THE CHILD'S/FAMILY'S CHOICES REGARDING SERVICE.)

(4) **Processing of CASII data at AMH**. CASII data submitted to AMH will be date-stamped at the time of receipt, and will undergo an automated review for accuracy and completeness within two weeks. Regardless of whether the data are deemed complete and accurate, a copy of the data will be immediately transferred to the OHP coordinator at AMH, so that the OHP coordinator can track contractual compliance.

(5) **Storage of CASII data at AMH.** All CASII data submitted to AMH, regardless of whether the data are deemed complete and accurate, will be retained indefinitely in an Access database maintained by the PAE Unit at AMH. The PAE representative will track when data were received and whether data were deemed complete and accurate at the time of receipt. *Reports and data analyses will be based on the most recent, most accurate data available as of the time of the report/analysis*.

(6) **Return of Validation CASII data File to the CMHP/MHO.** The PAE Representative will return a validation file for each received LOND file (Cap and Non-Cap) to CMHP/MHO. The validation file

will contain all fields in the original submission file as well as an additional field showing the status of each record. Status will be notated as either "Complete" or "Incomplete". <u>It is the responsibility of the MHO or CMHP to designate an address (electronic or physical) to which any incomplete or inaccurate data are to be returned, as well as to designate a person or persons to whom any incomplete or inaccurate data are to be returned</u>. Data will be returned electronically via secure with the subject header: "**CASII Data for Quarter (1, 2, 3, or 4) Incomplete or Inaccurate: Correct and Resubmit MHO/CMHP.**"

(7) **Submission of corrected CASII data to AMH.** <u>If the *PAE representative* finds a CASII data submission to be incomplete or inaccurate, then the MHO or CMHP will correct and resend the entire data file no later than 30 days following receipt of the notice that the data are incomplete or inaccurate</u>. Corrected data sent to AMH via secure e-mail should have the text "**CASII Data Submission for Quarter (1, 2, 3, or 4) from (Name of MHO/Name of CMHP): Corrected**" in the e-mail header (subject) box.

<u>If the *CMHP or MHO* determines that a previously submitted CASII data file is incomplete or inaccurate, then, with one exception, the MHO or CMHP will correct and resend the entire data file as soon as feasible</u>. (EXCEPTION: If, after a data file has been submitted to AMH, the file is found to be missing all data on one, or only a few, CASII assessments, then it is not necessary for the MHO/CMHP to resubmit the entire data file. Data on the missing assessments can instead be included with the next quarterly data submission.)

As before, corrected data sent to AMH via secure e-mail should have the text "**CASII Data Submission for Quarter (1, 2, 3, or 4) from (Name of MHO/Name of CMHP): Corrected**" in the e-mail header (subject) box. .

(8) **CASII data should be submitted/re-submitted until the data are deemed correct and complete**. The review, correction and relaying of data to/from AMH will continue until data are deemed complete and correct, or until data must be "frozen" for rate-setting purposes, whichever comes first.

Special Note on Client Transitions and Data Submission

After being assessed it is possible for a client to transition in regards to payer status and/or county and/or MHO enrollment and/or some combination of all three. Regardless of the scenario the level of need episode needs to be closed. The original assessment information needs to be sent to AMH with a close date.

A new assessment record will need to be open reflecting the new status of the client (e.g., a Medicaid ID for those that have become Medicaid eligible or an MHO number in place of the CMHP number if the client is now enrolled in an MHO). The date of determination and all CASII data can remain unchanged, if the new MHO or county decides to accept the original determination data. If a new determination is made, then the assessment record should reflect the new date of determination, CASII scores, and whatever determination was made in association with the level of care needed.

CHILDREN'S LEVEL OF NEED DETERMINATION DATA

State of Oregon
OMHAS / DHS

MENTAL HEALTH
CASII DATA FORM

NAME (USE UPPER CASE BLOCK LETTERS)

1. LAST	2. FIRST	3. M.I.

4. DATE OF BIRTH			5. GENDER	6. PRIME NUMBER
MONTH	DAY	YEAR	F = Female / M = Male	Medicaid Recipient Prime Number

7. DATE OF REFERRAL FOR DETERMINATION			8. REFERRAL SOURCE
MONTH	DAY	YEAR	MH - Mental Health ED - Education CW - Child Welfare JJ - Juvenile Justice PT - Parent OT - Other

9. DATE OF DETERMINATION			10. CMHP ID	11. MHO PROVIDER NUMBER
MONTH	DAY	YEAR	CMHP codes on back of form.	Medicaid Provider Number

DOMAINS			20. COMPOSITE SCORE	21. DETERMINED ISA?
12. DOMAIN I	☐	(1 - 5)	(Sum of Domains I - V) + (greater of Domain VI-A or VI-B)	Y - Yes N - No
13. DOMAIN II	☐	(1 - 5)		

14. DOMAIN III ☐ (1 - 5)

22. LEVEL OF CARE RECOMMENDED

15. DOMAIN IV-A ☐ (1 - 5)   (1 - 6)

16. DOMAIN IV-B ☐ (1 - 5)   ☐ codes on back of form.

17. DOMAIN V ☐ (1 - 5)

- - - - - - - - - - - -

18. DOMAIN VI-A ☐ (1 - 5)

- - - - - - - - - - - -

19. DOMAIN VI-B ☐ (1 - 5)

Form Number OMHAS-CASII 0400
Revision Number 1005

MENTAL HEALTH LEVEL OF NEED DETERMINATION DATA ENROLLMENT FORM CODE LIST

REFERRAL SOURCE CODES

MH - Mental Health
ED - Education
CW - Child Welfare
JJ - Juvenile Justice
PT - Parent
OT - Other

LEVEL OF CARE CODES

1 - Recovery Maintenance and Health Management
2 - Outpatient Services
3 - Intensive Outpatient Services
4 - Intensive Integrated Service without 24-hour Psychiatric Monitoring
5 - Non-Secure, 24-hour, Services with Psychiatric Monitoring
6 - Secure, 24-hour, Services with Psychiatric Management

CMHP CODES

01-Baker
03-Benton
05-Clackamas
07-Clatsop
09-Columbia
11-Coos
13-Crook
15-Curry
17-Deschutes
19-Douglas
21-Gilliam
23-Grant
25-Harney
27-Hood River
29-Jackson
31-Jefferson
33-Josephine
35-Klamath
37-Lake
39-Lane
41-Lincoln
43-Linn
45-Malheur
47-Marion
49-Morrow
51-Multnomah
53-Polk
55-Sherman
57-Tillamook
59-Umatilla
61-Union
63-Wallowa
65-Wasco
67-Washington
69-Wheeler
71-Yamhill