

DHS/Collaborative Client Registration
(Effective September 16, 2010)
Updated on 09/10/2010

Client Demographic Data

Client SSN: _____ Client ID: _____

First Name: _____ MI _____

Last Name: _____

Birth Date: ___ / ___ / ___ Gender: F / M

Address: _____

City: _____ Zip Code: _____

County Code: _____ Township _____

Mother's Maiden Name: _____

Language: _____

- 10 - English
- 20 - Spanish
- 30 - Other Western European
- 40 - Eastern European
- 41 - Bosnian
- 42 - Polish
- 43 - Russian
- 50 - Asian
- 51 - Arabic
- 52 - Chinese
- 53 - Indian
- 54 - Korean
- 55 - Vietnamese
- 60 - African
- 70 - American Sign Language
- 90 - Other
- 99 - Unknown

Race: _____

- 10 - White
- 20 - Black/African American
- 30 - Asian
- 40 - American Indian/Alaskan Native
- 50 - Native Hawaiian or other Pacific Islander
- 99 - Unknown

Hispanic Origin: _____

- 00 - Not of Hispanic origin
- 11 - Mexican/Mexican American
- 12 - Puerto Rican
- 13 - Cuban
- 14 - Central American
- 18 - Other Hispanic
- 99 - Unknown, not classified

DFI/CFI: N

Marital status: _____

- 1 - Never Married
- 2 - Married
- 3 - Widowed
- 4 - Divorced
- 5 - Separated
- 9 - Unknown, declines to specify

Education: _____

- 00 - Never attended school
- 01 - 11 - Last primary/secondary grade completed
- 20 - Preschool/kindergarten
- 30 - High School diploma
- 31 - General Equivalency Diploma (GED)
- 32 - Special Education Certificate of Completion
- 40 - Post-secondary training
- 41 - One year college
- 42 - Two years college
- 43 - Three years college
- 50 - College Bachelor's degree
- 60 - Post Graduate college degree
- 99 - Unknown

Employment status: _____

- 10 - Employed
- 11 - Employed full time (unsubsidized)
- 12 - Employed part time (unsubsidized)
- 13 - Employed, subsidized/supported
- 14 - Attending vocational/day program
- 20 - Unemployed/layoff from job
- 30 - Not in the Labor Force
- 90 - Other
- 99 - Unknown

SSI/SSDI: _____

- 0 - Not Applicable
- 1 - Eligible, receiving payments
- 2 - Eligible, not receiving payments
- 3 - Eligibility determination pending
- 4 - Potentially eligible but has not applied or status unknown
- 5 - Determined to be ineligible
- 9 - Eligibility status unknown

Citizenship: _____

- Y - U.S. Citizen
- N - Non-U.S. Citizen
- U - Unknown

Court Forensic Treatment: _____

- 00 - Not applicable
- 01 - Department of Corrections consumer
- 02 - Unable to Stand Trial
- 03 - Unable to Stand Trial-ET (Extended Term)
- 04 - Unable to Stand Trial-G2
- 05 - Not Guilty by Reason of Insanity
- 06 - Civil court-ordered treatment
- 07 - Criminal court-ordered treatment
- 08 - Court-ordered evaluation/assessment only
- 99 - Forensic status unknown

State Operated Facility ID: _____ (If any)

Military Service: _____

- 0 -Not a Veteran
- 1 -Veteran
- 2 -Currently on active duty
- 9 -Unknown

Interpreter Needed: _____

- 0 - Services Not Needed
- 1 - American Sign Language
- 2 - Foreign Language
- 9 - Unknown

MH Clinical Data

Open Date: ____ / ____ / ____

Open Functional Scale: G – GAF C – CGAS

Open Functional Score: _____

Close Date: ____ / ____ / ____

Closing Functional Scale: G – GAF C – CGAS

Closing Functional Score: _____

Closing Disposition: _____

Residential Arrangement: _____

- 10 -Homeless
- 21 -Private residence - supervised
- 22 -Private residence - unsupervised
- 31 -Other residential setting - supervised
- 32 -Other residential setting - unsupervised
- 40 -State-Operated Facility
- 50 -Jail or correctional facility/institution
- 60 -Other institutional setting
- 70 -skilled/intermediate care nursing facility
- 90 -Other
- 99 -Unknown

MH Residential Indicator: N / Y

Household composition: _____

- 10 -Lives alone
- 20 -Lives with one or more relatives
- 30 -Lives with non-related persons
- 99 -Unknown

Axis I	Axis II	Axis III *
A. Dx 1 _____	D. Dx 1 _____	Dx 1 _____
B. Dx 2 _____	E. Dx 2 _____	Dx 2 _____
C. Dx 3 _____	F. Dx 3 _____	Dx 3 _____

* See Axis 3 Medicaid ICD-9 code crosswalk

Principal Diagnosis Indicator (A-F) _____

D. Adult Functional Impairment

(00–Not meet criteria; 01–Meet Criteria)

- _____ Social
- _____ Employment
- _____ Financial
- _____ Community Living Function
- _____ Support Social Function
- _____ Daily Living Act
- _____ Inappropriate Behavior
- _____ Previous Functional Impairment

A. Children Functioning Impairment

(00–Not meet criteria; 01–Meet Criteria)

- _____ Self care
- _____ Community
- _____ Social Relations
- _____ Family Relations
- _____ School

(For Age >=5 and age <=17)

- _____ **Columbia Scale** (00-52)
- _____ **Ohio Scale-Problem Severity** (000-100)
- _____ **Ohio Scale – Functioning** (00-80)

_____ **Devereaux – Protective Factors Infant**
(0 -100, for age < 3)

_____ **Devereaux – Protective Factors Youth**
(0 -100, for age >= 3 and < 5)

_____ **Devereaux – Behavioral Concerns**
(0 – 100, for age >= 3 and < 5)

F. Treatment History

(00–Not meet criteria; 01–Meet Criteria)

- _____ Continuous treatment of 6 months or more in one or a combination of the following modalities, inpatient treatment, day treatment, partial hospitalization.
- _____ 6 months continuous residence in residential treatment programming e.g. LTC, assisted, supported, or supervised residential
- _____ 2 or more admissions to inpatient treatment, day treatment, partial hospitalization or residential programming within a 12 month period
- _____ History of continuous or intermittent use of the following outpatient services over a 1 year period, medication management, case management, outreach and engagement, including SASS and intensive community based service

_____ Previous treatment in an outpatient modality and a history of at least 1 mental health/psychiatric hospitalization

G. Client Family Size, Income, etc

Household Size: _____

Co-Disorders:

Justice System Involvement: _____

- 00 - Not Applicable
- 01 - Arrested
- 02 - Charged with a Crime
- 03 - Incarcerated (jail)
- 04 - Incarcerated (prison)
- 05 - Juvenile Detention Center
- 06 - Detained(Jail)
- 07 - Mental Health Court
- 10 - Adult Probation
- 11 - Adult Parole
- 08 - Other 09 - Unknown

Client Monthly Income: _____

Household Monthly Income: _____

Qualifying Exception (Blank if N/A) _____

- 1 - Consumer is age 12 up to 18 seeking services without parental consent or knowledge
- 2 - Consumer is member of household liable for household debt for medical expenses > 7.5% of annual household income
- 3 - Provider is unable to obtain documented/verified income

Permanent Supported Housing _____

Y - Yes N - No

Money follows the Person _____

Y - Yes N - No

First Presentation Diagnosis _____

Y - The consumer's primary diagnosis reported in this registration was obtained by a psychiatrist.

N - The consumer's primary diagnosis reported in this registration was **not** obtained by a psychiatrist.

First Presentation Other Conditions _____

Y - The consumer **does not** have a history of autism, pervasive developmental disorder, mental retardation, or organic brain disease or trauma.

N - The consumer **does** have a history of autism, pervasive developmental disorder, mental retardation, or organic brain disease or trauma.

First Presentation Medication Treatment _____

Y - The consumer has **not** had more than 16 weeks of antipsychotic medication treatment.

N - The consumer has had more than 16 weeks of antipsychotic medication treatment.

LOCUS (For Adult Medicaid/Target Population)

(Score Range 1 - 5)

I Risk of Harm _____

II Functional Status _____

III Co-Morbidity _____

IVA Recovery-Environment-Stressor _____

IVB Recovery Environment-Supports _____

V Recovery and Treatment History _____

VI Acceptance and Engagement _____

Level of Care Recommended - Assessors _____

01 -Level I (Recovery Maintenance and Health Management score 7 - 13)

02 - Level II (Low Intensity Community Based Services score 14 - 16)

03 - Level III (High Intensity Community Based Services score 17 - 19)

04 - Level IV (Medically Monitored Non-Residential Services score 20 - 22)

05 - Level V (Medically Monitored Residential Services score 23 - 27)

06 - Level VI (Medically Managed Residential Services score 28 or more)

Score Date (Optional) ____ / ____ / ____

Cross Disability Support Needs

Primary caregiver age: _____

Type of services needed: _____

Other (specify) _____

Type of service sought: _____

Other (specify) _____

01 - Residential/Living Arrangements

02 - Vocational Rehabilitation

03 - Transportation

04 - Medical

05 - Substance Abuse Treatment

06 - MH Case Management

07 - Hospitalization

90 - Other

99 - Unknown

Special Program Enrollment / Termination

Juvenile Justice Program: 0 – No, 1 – Yes

Begin ___ / ___ / ___ End: ___ / ___ / ___

CHIPS: 0 – No, 1 – Yes

Begin ___ / ___ / ___ End: ___ / ___ / ___

PATH GRANT: 0 – No, 1 – Yes

Begin ___ / ___ / ___ End: ___ / ___ / ___

MH Residential:

- 0 = Not in Residential Program
- 1 = ICG
- 2 = Program 620 (Residential)
- 3 = Program 820 (Supported Residential)
- 4 = Program 830 (Supervised Residential)
- C = ICG Community, H = CHP

Begin ___ / ___ / ___ End: ___ / ___ / ___

Residential level of care:

- 1 = Low intensity
- 2 = Medium intensity
- 3 = High intensity

DHS/VO Axis 3 Medicaid ICD-9 Crosswalk

The following chart crosswalks the Axis 3 Medicaid ICD-9 code to the Medical Category.

NONE	No Diagnosis	V71.09
ALLE	Allergies	995
ALZH	Alzheimer's Disease	330, 331
ANEM	Anemia	280, 281, 282
ARTH	Arthritis/Rheumatism	714, 715, 711,
ASTH	Asthma	493
CANC	Cancer or Leukemia	153, 174, 180, 201, 203, 208,
CARD	Cardiovascular Problems	410, 428, 440, 443, 456, 424, 402, 745, 746
CHRO	Chronic Pain	338, 780, 789
COPD	Chronic Ob Pul Disease	491
CIRC	Circulation problems in arms or Legs	454
DIAB	Diabetes	250
DISA	Disab or Phys Impair (eg Blind)	366, 369

EMPH	Emphysema or Chronic Bronchitis	492
EPIL	Epilepsy/seizures	345
FIBR	Fibromyalgia	729
GLAU	Glaucoma	365
HIGH	High Blood Pressure (Hypertension)	401
HINJ	Head Injury	850, 851, 854
HIVA	HIV/AIDS	042
KIDN	Kidney Disease	586, 593,
LIVD	Liver Disease	571, 070
MIGR	Migraine Headaches	346
MSLE	Multiple Sclerosis	340
OBES	Obesity	278
PARK	Parkinson's Disease	332
PREG	Pregnancy	642, 643, 646,
SKIN	Skin Disorders (severe burns, leg ulcers, etc)	692, 696, 708, 707
SPCH	Speech Impediment or Impairment	784
STOM	Stomach GI Problems (eg acid reflux, ulcers)	531, 535, 536, 564, 577, 558, 562, 787
STRK	Stroke/Effects of Stroke	435, 436, 094
THYR	Thyroid/ other Gland Dis	242, 244, 240, 252
URIN	Urinary or Prostate Prob	185, 595, 599, 601, 596
OTHE	Med Condition seriously impacting member's health	354, 322, 357, 333, 455, 011, 274, 617, 218, 620, 722, 455, 724, 805, 728, 733
UNKN	Unknown	799