



Maricopa Demographic Form
Form 7.5.1
Fax completed form to 866-891-3485

*(3) Reason for Submission (for Reasons #1 - #6, select an EOC Status code below):

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

*(a) Completed By: Phone Number:

*(111) EOC Start Date: (yyyymmdd)

*(117) EOC End Date: (yyyymmdd)

*(115) ECN: (Number assigned by RBHA) *(116) ECN Update: (15 digit code)

Client Information

*(8) Last Name: *(6) First Name: MI:

*(9) Date of Birth: *(4) CIS ID:

*(29) Assessment Date: (c) Household Size (01-99):

(d) Gross Monthly Household Income of client:

*(32) Treatment Participation:

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

*(114) Veteran Status Yes No Not applicable due to age (0 through 16 only)

(Is the individual a current or former member of the uniform services, including Army, Navy, Air Force, Marine Corps, Coast Guard, or National Guard?)

Demographic Information

*(57) Effective Date: *(10) Referral Date:

*(101) Date of Treatment Plan:

*(81) EOC Status:

Start and Update

00 - Client in EOC

Crisis and Short Episode

- 20 - Crisis EOC, 25 - Crisis - Referred for Treatment, 30 - Short EOC

End

- 01 - Treatment completed, 02 - Change in eligibility/entitlement info, 03 - Client declined further service, 04 - Lack of contact, 06 - Incarceration (committed to ADOC), 07 - Death of client, 08 - Moved out of area, 09 - Inter-RBHA transfer



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***(11) Referral Source:**

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

***(12-17) Ethnicity (OMB – Office of Management and Budget):**

- Is client American Indian or Alaskan Native? Yes No
- Is client Asian? Yes No
- Is client Black or African American? Yes No
- Is client Native Hawaiian or Pacific Islander? Yes No
- Is client White? Yes No
- Is client Hispanic or Latino? Yes No

***(e) PNO MIS #:**

- Adult 600069166 – Southwest Network
- 600246634 – Quality Care Network Inc 600067336 – People of Color Network
- 600241571 – Choices Network of AZ 600241932 – Crisis Recovery Network
- 600573778 – Partners in Recovery

Descriptive Characteristics

Other Agency

***(33-43) Choose the appropriate agency for this individual:**

- ADC – Adult Parole Yes No N/A (age 0-17)
- AOC – Adult Probation Yes No N/A (age 0-17)
- DES – RSA Yes No
- School Special Education Yes No N/A (age 3-21)
- ADJC – Juvenile Parole Yes No N/A (age 18+)
- AOC – Juvenile Probation Yes No N/A (age 18+)

***(49-50) Important Characteristics**

- Pregnant or post-partum? Yes No Male
- Woman with dependent children? Yes No Male



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*(109) Gender Identity (for age 18 & older)

- Gender Variant, Intersex, Man, Questioning, Transgender, Woman, Decline to Answer, Not Applicable due to age

*(110) Sexual Orientation (for age 18 & older)

- Asexual, Bisexual, Gay, Heterosexual, Lesbian, Questioning, Decline to Answer, Not Applicable due to age

*(118) Highest formal school level completed?

- Early Intervention (ages 0-2 only), Early Childhood Education (ages 3-5 only), Kindergarten, Less than one grade completed, First grade through Eighth grade, Ninth grade through 19-25 years of school completed

** For #118 above: See considerations for additional information

(f) Client's Involvement in the Following Programs (only one program can be selected with a yes)

Is client SAPT Program? Yes/No, Begin Date, End Date

Is client PATH Program? Yes/No, Begin Date, End Date

Is client CMHS Program? Yes/No, Begin Date, End Date

*(108) How often did you/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?

- No attendance in past month, 1 to 4 times in past month, 5 to 12 times in past month, 13 to 20 times in past month, 21 or more times in past month



Medical Conditions

(For deleted values please see the ADHS/DBHS Demographic Data Set Users Guide)

Valid Axis Values

- 00 = None of the following medical conditions
20 = Congestive Heart Failure
21 = Cardiac Arrhythmias
22 = Myocardial Infarction
23 = Cardiomyopathy
24 = Valvular Disease
25 = Cerebrovascular Disease
26 = Peripheral Vascular Disorders
27 = Atherosclerosis
28 = Hypertension
29 = Pulmonary Circulation Disorders
30 = Chronic Pulmonary Disease
31 = Paralysis
32 = Other Neurological Disorders
33 = Diabetes Mellitus
34 = Hypothyroidism
35 = Other Endocrine Disorders
36 = Fluid Electrolyte Disorders
37 = Obesity
38 = Weight Loss
39 = Renal Disease
40 = Renal Failure
41 = Liver Disease
42 = Inflammatory Bowel Disease
43 = Peptic Ulcer Disease
44 = Solid Tumor without Metastasis
45 = Lymphoma/Leukemia
46 = Metastatic Cancer
47 = AIDS/HIV
52 = Osteoarthritis
53 = Coagulopathy
54 = Rheumatological/Collagen Disease
55 = Anemia
56 = Deaf/Hard of Hearing
57 = Blind/Visually Impaired
58 = Prematurity
59 = Intrauterine Drug/Alcohol Exposure
60 = Genetic Disorders: specify
61 = Orthopedic Disorders: specify
62 = Feeding Problems: specify
63 = Ingestion of Poisonous/toxic substances
64 = Low Birth Weight
65 = Fetal Alcohol Syndrome/Effects
66 = Shaken Baby Syndrome
67 = Intrauterine Growth Restriction
68 = Birth Deformities
69 = Colic
70 = Unexplained
71 = Traumatic Injuries
72 = Chronic Ear Infections
73 = Prenatal/Postnatal Complications
74 = No Known Medical History (not yet known)
75 = Head Injury with lasting effects/ Traumatic Brain Injury

*(52) Axis III – Medical Condition Primary:
(If value '74' (No Know Medical History) is entered for Field 52, then Fields 53, 54, 55 and 56 must also have a value of '74' entered)

*(53) Axis III – Medical Condition Secondary:

*(54) Axis III – Additional Medical Condition:

*(55) Axis III – Additional Medical Condition:

*(56) Axis III – Additional Medical Condition:



Outcomes Measures

*(65) Behavioral Health Category:

- C - Child
S - Adult, with SMI
G - Adult, non-SMI, substance abuse, either alcohol or drug
Z - Child, with SED
M - Adult, non-SMI, with general mental health need

*(69) Primary (current) Residence:

- 01 - Independent (roommate, by self, no support)
02 - Hotel
03 - Boarding Home
04 - Supervisory Care, assisted living
05 - Arizona State Hospital
06 - Jail, prison, detention
07 - Homeless, homeless shelter
09 - Foster Home or Therapeutic Foster Home
12 - Nursing Home
16 - Home with family
19 - Crisis shelter
22 - Level 1, 2 or 3 behavioral health treatment setting
23 - Transitional housing (level 4) or DES group home for children
08 - Other

*(66) Employment/Rehabilitation Status:

- 08 - Unemployed
17 - Unpaid rehabilitation activities
20 - Student
22 - Disabled
24 - Competitively Employed Full Time (Start Date 01/26/2009)
26 - Work Adjustment (Start Date 01/26/2009)
99 - Unknown (age 0-17)
14 - Volunteer
19 - Homemaker
21 - Retired
23 - Inmate of Institution
25 - Competitively Employed Part Time (Start Date 01/26/2009)
27 - Transitional Employment Placement (Start Date 01/26/2009)

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

*(67) Is client in a school or vocational program? [] Yes [] No

Diagnosis

Axis I

- *(58) DSM-IV-TR Axis I-1
*(59) DSM-IV-TR Axis I-2
*(60) DSM-IV-TR Axis I-3
*(61) DSM-IV-TR Axis I-4
*(62) DSM-IV-TR Axis I-5



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Axis II

*(63) DSM-IV-TR Axis II-1
*(64) DSM-IV-TR Axis II-2

*(105) Principal Axis Diagnosis

DSM-IV-TR Principal Diagnosis (Must equal either the Axis 1- Primary or Axis II - Primary value. Values that are NOT VALID are: "None", 799.99 and V71.09)

*(112) Axis IV-1

- 0 - None of the Following
1 - Problems with the Primary Support Group
2 - Problems Related to the Social Environment
3 - Educational Problems
4 - Occupational Problems
5 - Housing Problems
6 - Economic Problems
7 - Problems with Access to Health Care Services
8 - Problems Related to Interaction with the Legal System/Crime

*(113) Axis IV-2

- 0 - None of the Following
1 - Problems with the Primary Support Group
2 - Problems Related to the Social Environment
3 - Educational Problems
4 - Occupational Problems
5 - Housing Problems
6 - Economic Problems
7 - Problems with Access to Health Care Services
8 - Problems Related to Interaction with the Legal System/Crime

*(70) Axis V

Global Assessment Functioning (Specific score, not a range)

Substance Abuse

Types

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



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*(72) **Primary Type:** _____

*(73) **Frequency**

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

*(76) **Secondary Type:** _____

*(77) **Frequency**

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

*(97) **Additional Type:** _____

*(98) **Frequency**

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

*(75) **Age of First Use:** _____

*(74) **Method**

- 6 – No use
- 1 – Oral
- 2 – Smoking
- 3 – Inhalation
- 4 – Injection

*(79) **Age of First Use:** _____

*(78) **Method**

- 6 – No use
- 1 – Oral
- 2 – Smoking
- 3 – Inhalation
- 4 – Injection

*(100) **Age of First Use:** _____

*(99) **Method**

- 6 – No use
- 1 – Oral
- 2 – Smoking
- 3 – Inhalation
- 4 – Injection

Outcomes Measures

*(g) **Please answer the following questions if a Client is a child:**

- Is child avoiding delinquency? Yes No NA O (ages 0-4/18+)
- Is child having success in school? Yes No NA O (ages 0-4/18+)
- Is child on track to become a stable and productive adult? Yes No NA O (ages 0-4/18+)
- Does child live with family? Yes No NA O (age 18+)
- Does child show increased stability? Yes No NA O (ages 0-4/18+)
- Is there a decrease in safety risks for the child? Yes No NA O (ages 0-4/18+)



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***(h) Has the child achieved the desired outcome in terms of:**

- | | | | | |
|---|------------------------------|-----------------------------|-----------------------------|-------------------------------------|
| Emotional regulation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | <input type="checkbox"/> O (age 5+) |
| Becoming ready to learn? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | <input type="checkbox"/> O (age 5+) |
| Developmentally appropriate environment exploration and adaptation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | <input type="checkbox"/> O (age 5+) |
| Appropriate level of Parent-child interaction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | <input type="checkbox"/> O (age 5+) |
| Appropriate level of improving family stress level? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA | <input type="checkbox"/> O (age 5+) |

(107) CASII Date (yyyy/mm/dd) _____

***(106) CASII Intensity Level: (Select one)**

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

***(i) Dependent Children** (required if Client has children.)

Please provide below information about client’s children. Include all children, even those ages 18+. Leave blank if client does not have any children.

	Age (0-99)	Enrolled with Magellan? (Y or N)	Living at Home? (Y or N)	Removed from Home? (Y or N)
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				
Child 7				
Child 8				
Child 9				
Child 10				

Non-Titled Intake/Closure (Complete if non-titled Client is disenrolling from the RBHA)

***(j) Closure Date:** ____/____/____ (yyyy/mm/dd)

***(k) Type of Closure:**

- Closure with no referral Closure with referral Transfer