



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 - Full Assessment, 3 - Minor Change, 4 - EOC End, 5 - Crisis/Short Start, 6 - Crisis/Short End, 9 - Correction

*(a) Completed By: Phone Number:

*(111) EOC Start Date: (mm/dd/yyyy)

Member Information

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

*(9) Date of Birth: (mm/dd/yyyy) *(4) CIS ID:

*(29) Assessment Date: (mm/dd/yyyy) (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: (mm/dd/yyyy) *(10) Referral Date: (mm/dd/yyyy)

*(101) Date of Treatment Plan (mm/dd/yyyy)

*(81) EOC Status:

Start and Update

- 00 - Member in EOC, 20 - Crisis EOC, 30 - Short EOC

End

- 01 - Treatment completed, 02 - Change in eligibility/entitlement info, 03 - Member declined further service, 04 - Lack of contact, 06 - Incarceration (committed to ADOC), 07 - Death of member, 08 - Moved out of area, 09 - Inter-RBHA transfer, 25 - Crisis End - Referred for Treatment



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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 member American Indian or Alaskan Native? Yes No
- Is member Asian? Yes No
- Is member Black or African American? Yes No
- Is member Native Hawaiian or Pacific Islander? Yes No
- Is member White? Yes No
- Is member 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
- 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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(Data elements for #109 and #110 below are required beginning July 2011)

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

- Gender identity options: 01 - Gender Variant, 02 - Intersex, 03 - Man, 04 - Questioning, 05 - Transgender, 06 - Woman, 07 - Decline to Answer, 08 - Not Applicable due to age

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

- Sexual orientation options: 01 - Asexual, 02 - Bisexual, 03 - Gay, 04 - Heterosexual, 05 - Lesbian, 06 - Questioning, 07 - Decline to Answer, 08 - Not Applicable due to age

*(45) Highest formal school level completed?

- School level options: 1 - Less than 1 year, 4 - Vocational/Technical School, 6 - AA/BA degree, 8 - Unknown (age 0 thru 4 only), B - Grades 4-6, D - Grades 9-12, 3 - High School graduate/GED, 5 - Some College/no degree, 7 - Graduate/Post Graduate, A - Grades K-3, C - Grades 7-8

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

Is member SAPT Program?

Begin Date: ___/___/___ (mm/dd/yyyy)

Yes No

End Date: ___/___/___ (mm/dd/yyyy)

Is member PATH Program?

Begin Date: ___/___/___ (mm/dd/yyyy)

Yes No

End Date: ___/___/___ (mm/dd/yyyy)

Is member CMHS Program?

Begin Date: ___/___/___ (mm/dd/yyyy)

Yes No

End Date: ___/___/___ (mm/dd/yyyy)

*(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?

- Frequency options: 1 - No attendance in past month, 2 - 1 to 4 times in past month, 3 - 5 to 12 times in past month, 4 - 13 to 20 times in past month, 5 - 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
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:
*(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:**

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

***(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:**

- | | |
|---|--|
| <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
(Start Date 01/26/2009) | <input type="checkbox"/> 25 – Competitively Employed Part Time
(Start Date 01/26/2009) |
| <input type="checkbox"/> 26 – Work Adjustment
(Start Date 01/26/2009) | <input type="checkbox"/> 27 – Transitional Employment Placement
(Start Date 01/26/2009) |
| <input type="checkbox"/> 99 – Unknown (age 0-17) | |

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

***(67) Is member 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, D_Propoxyphene, 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

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

***(74) Method**

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

***(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

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

***(78) Method**

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

***(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

***(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 Member 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 (mm/dd/yyyy) _____

***(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 Member has children.)

Please provide below information about member’s children. Include all children, even those ages 18+. Leave blank if member 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				
Child 11				
Child 12				
Child 13				
Child 14				
Child 15				



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

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

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

Closure with no referral

Closure with referral

Transfer
