

ODMHSAS/OHCA BEHAVIORAL HEALTH CUSTOMER DATA CORE

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|--|---------------------------------|--|---|---|
| SECTION I | Agency: <input type="text"/> | Date of Transaction (MMDDYYYY): <input type="text"/> | Transaction Time (0000-2359): <input type="text"/> | Transaction Type:* (Contacts: 21,27,23,40) <input type="text"/> 27 <small>(41,42, 60,61,62,63,64,65,66,67,68,69,70,71,72)</small> |
| | Member ID: <input type="text"/> | Date of Birth (MMDDYYYY): <input type="text"/> | Service Focus*: <input type="text"/> | Harmful Intent*: <input type="text"/> |
| RACE: (1=Yes for all that apply; Blank=No) White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian or Other Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/> | | GENDER: (F=Female; M=Male) <input type="checkbox"/> Alert Information: Trauma Score <input type="checkbox"/> | SCREENS: (1=Yes; 2=No; 3=NA) Mental Health Screen <input type="text"/> Substance Abuse Screen <input type="text"/> Trauma Screen <input type="text"/> Gambling Screen <input type="text"/> | PRIMARY REFERRAL:* <input type="text"/> AGENCY #: <input type="text"/> SECONDARY REFERRAL:* <input type="text"/> AGENCY #: <input type="text"/> COUNTY OF RESIDENCE: (01-77 or Other State Initials) <input type="text"/> ZIP CODE: (99999 for Homeless-Streets) <input type="text"/> - <input type="text"/> |
| Email Address: _____ ETHNICITY: Hispanic/Latino (1=Yes; 2=No) <input type="checkbox"/> | | | | |
| LEGAL NAME: Last: _____ | | Maiden: _____ | First: _____ | Middle: _____ |
| ADDRESS: (1) _____ | | (2) _____ | CITY: _____ | STATE: _____ |

CDC Revised Jul 17, 2023 by LDR

(*Some codes may be found on the back of the CDC form or check the manual for further information)

SERVICE FOCUS:

- 01 - Mental Health
- 02 - Substance Abuse
- 06 - Mental Health and Substance Abuse

REFERRAL: (Primary and Secondary)

- | | | |
|---------------------------------|---|--|
| 01 Self | 22 Social Security | 39 Change in Pay Source (to/from public funding) |
| 02 Significant Other | 23 Attorney/Legal Aid | 40 ODMHSAS/OHCA Funded Facility (With Agency Number) |
| 03 School | 25 Law Enforcement | 41 Non-ODMHSAS/OHCA funded Psychiatric Hospital |
| 04 Church/Clergy | 26 Reachout Hot-Line/ Advertising Media | 42 Non-ODMHSAS/OHCA funded Mental Health Center |
| 05 Group Home | | 43 Non-ODMHSAS/OHCA funded Community Agency |
| 06 Employer, Union | 30 Shelter for Homeless | 44 Non-ODMHSAS/OHCA funded Residential Care Home |
| 08 Non-Psychiatric Hospital | 31 Additional Services Recommended, Referral not Attainable | 45 Non-ODMHSAS/OHCA funded Alcohol/Drug Program |
| 09 VA System | 32 Court | 46 Non-ODMHSAS/OHCA funded Domestic Violence Facility |
| 10 Indian Health Service | 33 Probation | 47 Non-ODMHSAS/OHCA funded Crisis/Stabilization Facility |
| 11 Department of Health | 34 Parole | 48 Office of Juvenile Affairs |
| 12 Department of Corrections | 35 Department of Public Safety | 49 TANF/Child Welfare |
| 14 Department of Human Services | | 50 Change in Eligibility Standards |
| 18 Nursing Home | 37 Private Physician | 51 Self Help Group (AA/NA/CA) |
| 21 Private Psychiatrist/MH Prof | 38 HMO/MCO | 52 Parent/Guardian |

This CDC for psychological testing applies only to LBHPs who are privately-contracted with OHCA and are doing testing without doing treatment.

This is for those who prior to 9/26/2011 were requesting the PG028 or PG029 and were required to do the full CDC.