MACSIS Help Sheet

Name

Enter name as it appears in Xakt/CIS.

ID

MOPS issued Client's ID#

Phone Intake Date/Time

The date and time written at the top of the initial phone intake (in section 6 of the chart).

First seen Date/Time

The date and time of the first appointment the client attended.

Level of Care not consistent with assessment (AOD only)

Note if the client is accessing services at the Non-Intensive Outpatient level of care at this agency.

Referred by

Write the entity that referred the client to our agency (e.g. phonebook, primary care physician, other mental health provider, FCCS, probation officer, etc.)

Highest Education Level Completed

Enter number of years 00-25 COMPLETED—not attended. For children and adolescents only, please circle the education type of educational program in which the child is enrolled at the time of submission.

Current Education Enrollment

Circle the client's current educational status.

Employment Status

This field represents the appropriate selection that denotes the client's current employment status (this includes Armed Forces, either as full or part time). The second line of options is for individuals who are not in the labor force and who are not looking for work in the past 30 days.

Income Source by Client

Three selections can be made and ranked in order of primary, secondary, and tertiary income. If you enter a number below for Individual Monthly Income, at least one selection must be made to show the source of this income. If a number is entered but no source is entered, the system will kick back an error.

A. **Wages/Salary Income:** refers to payment received for work done by the client. This work can be part-time, full-time or sheltered employment.
B. **Family:** refers to income provided to the client by the family or a relative. *NOTE: Any wages the child earns are considered income. A homemaker supported by a spouse should be reported as having no income.
C. **Alimony:** refers to income received from alimony payments.
D. **Child Support:** refers to income received from child support payments.
E. **Savings:** refers to income derived from savings accounts earned on investments or generated by the sale or surrender of investment options.
F. **Disability Insurance/Worker's Compensation:** refers to income received from private disability insurance or Worker's Compensation for a permanent or temporary disability.
G. **Unemployment:** refers to income received from the State or Federal government for loss of employment.
H. **Retirement:** refers to income from a public or private retirement program, not social security retirement.
I. **Social Security Retirement (SSR):** refers to income from social security retirement.
J. **General Relief (GR):** refers to a need-based program of financial assistance for people ineligible for federal programs. The program is administered by county Ohio Department of Human Services offices.
K. **Aid for Dependent Children (ADC or AFDC):** refers to a program administered by county Ohio Department of Human Services offices designed to meet the financial needs of children and their care-takers. *NOTE: ADC is

considered the child's income if Human Services has taken custody of the child and the ADC funds are issued in the child's name.

L. **Supplemental Security Income (SSI):** refers to a federal need-based program providing monthly payments to aged, blind and disabled persons. *NOTE: Social Security checks (SSI or SSDI) issued in the child's name should be considered the child's income.

M. **Social Security Disability Insurance (SSDI):** refers to a federal program providing cash benefits to disabled workers and their dependents. SSDI is sometimes referred to as Title II. *NOTE: Social Security checks (SSI or SSDI) issued in the child's name should be considered the child's income.

N. **Other:** refers to other income sources that can be identified but are not mentioned on this record.

O. **None:** refers to a client with no income.

Living Arrangements

The sheet does not do a good job of separating the selections for the client having his/her own home and the client living with his/her parents. Be sure your markings are clear as to these two categories.

A. **Own Home:** refers to a house, apartment or room that the client owns or rents, which is not sponsored, licensed, supervised or otherwise connected to mental health or alcohol and other drug providers. Individual is head of household or living in a natural family environment. This category would be used for children living with parents, a wife living with a husband or an adult who has a roommate where they share household expenses equally.

B. **Friend's Home:** refers to a house, apartment or other living situation in which the client lives with a friend who is head of the household.

C. **Relative's Home:** refers to a house, apartment or other living situation in which the client lives with a relative who is the head of the household. Children living with a relative who is also the legal foster parent should be reported as living in Relative's Home.

D. **Supervised Group Living:** refers to halfway houses, lodge programs and transitional living (usually provider operated and staffed) which provides 24-hour supervision in an active, treatment-oriented environment.

E. **Supervised Apartment:** refers to cooperative apartments, sponsored apartments, coordinated apartments; refers to financial sponsorship and/or the provision of some degree of on-site supervision for client's living in an apartment dwelling on referral/placement/lease basis from mental health providers. Community Residence service should be classified as .Supervised Apartment..

F. **Boarding Home:** refers to rooming houses and some resident hotel situations; refers to living situations in which room and board are provided but services or supervision provided by the operation/landlord are minimal or informal; owner and boarder interactions focus primarily on the establishment and enforcement of house rules.

G. **Crisis Residential:** refers to the provision of intensive treatment and supervision to individuals experiencing acute emotional problems. This may be provided in any of the types of residential facilities with designated crisis-care beds or may be provided in a facility that is solely for providing residential crisis care. This includes women's shelters.

H. **Child Foster Care:** refers to living situations in which the (child) client resides with a non-related family or person in that person's residence for purposes of receiving care, supervision, assistance and accommodations.

I. **Adult Foster Care:** refers to living situations in which the (adult) client resides with a non-related family or person in that person's residence for purposes of receiving care, supervision, assistance and accommodations.

J. **Intermediate Care Facility:** refers to a nursing home licensed by the Ohio Department of Health for the provision of intermediate nursing care.

K. **Skilled Nursing Home:** refers to a nursing home licensed by the Ohio Department of Health for the provision of skilled nursing care.

L. **Respite Care:** refers to the provision of supervision, services and accommodations for those in need of temporary placement to avoid impending crisis or during the absence of another caretaker in whose facility the client usually resides.

M. **Mental Retardation Intermediate Care Facility:** refers to a facility licensed by the Ohio Department of Health for the provision of care to persons with a primary diagnosis of moderate, severe or profound mental retardation.

N. **Mental Retardation Group Home:** refers to any Ohio Department of Mental Retardation Developmental Disabilities licensed group home or community facility (that is not an ICF-MR) where supervision, services and/or accommodations are provided.

O. **State Mental Retardation Institution:** refers to any state-operated institution under the jurisdiction of the Ohio Department of Mental Retardation/Developmental Disabilities.

P. **Hospital:** refers to any non-state operated hospital, including a private psychiatric hospital or the psychiatric division of a general medical facility.

Q. **Correctional Facility:** refers to jail, workhouse, prison; refers to any facility operated by city, county, state or federal law enforcement providers.

R. **Homeless:** refers to those who have no residence and/or those who reside in shelters that provide overnight lodging for homeless persons.
S. **Convalescent Home:** refers to convalescent home residency.
T. **Other:** refers to any living arrangements that are not listed above.

Minors in the Home

Enter the number of children living in the household under 18 years of age. If a client *or a client's spouse is pregnant*, you are to count the unborn child. *A "household" should represent a true family home. Those clients who are homeless or living in foster care, are not living in a true family home.*

Previous AOD Service Episodes

Enter the number of prior treatment episodes for AOD treatment at any level of care(0, 1, 2, 3, 4, 5+).

Indicate if the client is currently enrolled in Opioid Replacement Therapy and/or they have a mental health problem concurrent with a substance abuse problem.

Special Population Group

Select all groups that are applicable to the client.

A. **Severely Mentally Disabled:** refers to those persons with severe mental or emotional disorders that are of considerable duration and which impede ability to participate and function in society without guidance and assistance.
B. **Alcohol/Other Drug Abuse:** refers to the use of chemical substances to the extent that an individual's health is substantially impaired or endangered or to the extent that the social or economic functioning of the individual is substantially disrupted. The person may or may not be receiving services for alcohol and/or other drug abuse from this provider.
C. **Forensic:** refers to persons receiving both alcohol and/or other drug services and involved in the criminal justice system. This population includes persons accused of crimes who are in need of mental health, alcohol or other drug assessment for court purposes, persons who are in a local or state penal system and persons conditionally released in the community including parolees and probationers.
D. **Mental Illness/Developmentally Disabled:** refers to persons with mental retardation, regardless of the particular level of retardation, who are in need of mental health treatment or support for mental illness or emotional disturbance. Mental retardation is defined in the statute as a condition of significantly sub average general intellectual functioning; that is, the condition impairs the person's innate capacity to know and to comprehend, and therefore, to perform or participate in necessary activities of daily life or organized society. The assessed level of retardation is based on I.Q. scores moderated by adaptive behavior testing or an assessment of the individual's actual functioning in daily life activities.
E. **Deaf/Hearing Impaired:** refers to a loss of hearing of such great magnitude that it prevents the learning of language and oral communication through audition. This person may or may not have total auditory impairment. Hearing Impaired refers to persons whose hearing loss interferes with their ability to process linguistic information through amplification that adversely affects performance.
F. **Blind/Sight Impaired:** refers to persons not able to see; the absence of perception of visual stimuli. Sight impaired refers to persons even with corrective prescriptions where visual impairment affects performance.
G. **Physically Disabled:** refers to persons with a physical or mental impairment other than visual or auditory impairment listed above that substantially limits one or more of the major life activities of such persons.
H. **Language Barriers/English as a Second Language:**
I. **Hepatitis C:**
J. **Transgender:**
K. **Client Custody of (or placed by) ODJFS or Children's Services:**
L. **Speech Impaired:** refers to a person who suffers from a speech defect, i.e., stutter, lisp, stammer, etc.
M. **Physical Abuse Victim:** refers to a person who has been the victim of physical abuse (that was not of a sexual nature).
N. **Sexual Abuse Victim:** refers to a person who has been the victim of sexual abuse.
O. **Domestic Violence:** refers to persons within a family or household who have experienced physical and/or emotional abuse from another within the same family or household.
P. **Children of Alcohol/Other Drug Abuser:** means children of parents who have or had alcohol and other drug problems and/or addiction. This term is extended to include Adult Children of Alcoholics.

Q. **HIV or AIDS:** Human Immunodeficiency Virus refers to a virus that attacks and destroys the immune system and leaves the body vulnerable to a variety of life-threatening illnesses including rare types of skin cancer, pneumonia, meningitis and dementia (mental illness). Acquired Immune Deficiency Syndrome refers to an impairment of the body's immune system that occurs in previously healthy individuals. While this impairment affects only a portion of the immune system, affected individuals are left vulnerable to illnesses that might not otherwise occur. These illnesses include opportunistic infections and rare cancers. (This item may be skipped by mental health only providers.)

R. **Suicidal:** refers to persons having the urge to take one's own life.

Primary Reimbursement (pick one)

Enter the client's primary mode of funding care.

Number of Arrests

Enter the number of times the client was arrested for any offense in the past 30 days prior to date of admission.

Military Status

Circle the military status for the client and note if they are a vet of Iraq or Afghanistan conflicts.

Age of first intoxication

The age (not the year) at which the client first became intoxicated with/consumed alcohol. In order for this not to kick back an error, alcohol must be listed as the primary drug in the drug chart below. If the client has never consumed alcohol, leave this field blank.

Pregnant on Admission

For female clients only. If they are pregnant upon entering treatment with MOPS list the stage of pregnancy (1st, 2nd, or 3rd trimester), number of live births within past 5 years, and total number of births.

Drug Chart

If you previously marked that the client had a history of intoxication, alcohol has to be the primary drug. Then enter the drug of choice. You can enter nicotine or caffeine in the chart if there are no other drugs involved. (See the MACSIS Manual for list of specific drugs)

Year first used should be entered as the four-digit year in which the client FIRST became involved with the drug(s) identified.

For the frequency of use in the last 30 days, no use, less than once per week, once per week, several times per week, once per day, 2-3 times per day, and more than 3 times per day.

For the route of administration, select oral, smoking, inhalant, intramuscular, or intravenous.

Health Care Use in Last 12 Months

For some reason the system kicks back an error if 12 or more are entered for any of these blanks. You can enter the true amount of appointments for each, such as 22 ER visits, but only 12 can be entered in the system. For the Closure form, list the number of health care services since the Admission date.

Individual Monthly Income

Enter the client's personal monthly income (round to nearest whole dollar); no decimals.

Child Custody

Check Yes if the client is a child under the custody of Children's Services.

Legal Status

This includes whether the client is on probation or parole, or if the client is in the custody of FCCS. Other options are possible, but these are the most popular entries for this section.