Behavioral Health Data System

Behavioral Health Supplemental Transaction Data Guide



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# Data Guide Overview:

## Overview

The Washington State health care purchasing mechanism, driven by state law and implemented under federal rules, required the integration of both mental health (MH) and substance use disorder (SUD) (also known as chemical dependency) into a behavioral healthcare model. This behavioral healthcare model was a first step toward a larger integration of behavioral health services with physical healthcare by January 1, 2020, known as Integrated Managed Care (IMC). These innovative changes have also given rise to a change from a fee-for-service to a managed care model for SUD treatment services.

The Behavioral Health Data Consolidation (BHDC) project developed and implemented a combined behavioral healthcare model, ultimately incorporating integrated behavioral health data collection, storage, and supporting reporting functions and substance abuse data collection into a database called the Behavioral Health Data System (BHDS).

The BHDS includes data from two legacy systems:

* The Treatment and Assessment Reports Generation Tool (TARGET), covering SUD clients and services.
* The Mental Health Consumer Information System (MH-CIS), covering community mental health clients and services.

This data guide contains reporting requirements for the Managed Care Organizations (MCOs), and Behavioral Health Administrative Services Organizations (BH-ASOs) to meet the Health Care Authority’s Division of Behavioral Health and Recovery’s (DBHR) state and federal reporting requirements related to funding.

This data guide can be found at <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/contractor-and-provider-resources> along with prior versions of the data guide and additional resources needed to submit the BHDS data.

This data guide enumerates and explains each of the fields in each of the transactions that are submitted directly to HCA. MCOs are also required to submit both Service Encounters through the ProviderOne Medicaid billing system and the behavioral health supplemental transaction. BHDS will join its data with Service Encounter data and other data sources for analysis and reporting.

This data guide does not address ProviderOne encounter data submission; however, it can be found at <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/service-encounter-reporting-instructions-seri> in the Service Encounter Reporting Instructions (SERI) guide.

## Terminology Guide

Terminology used in this data dictionary is within the context of this data system and may differ between the clinical mental health (MH) and SUD definitions. Definitions are defined in the glossary in the context of this guide.

The database that houses submission of data will be referred to as the BHDS, which stands for the Behavioral Health Data System (BHDS). Data submissions to BHDS are referred to as Behavioral Health Supplemental Transactions.

The Health Care Authority (HCA) division receiving information will be referred to as DBHR which stands for Division of Behavioral Health and Recovery.

The organizations submitting the data to DBHR will be referred to collectively as MCOs, meaning the Behavioral Health Administrative Services Organizations (BH-ASOs), and Managed Care Organizations operating in the IMC regions.

The providers or entities providing services directly to clients in the community will be referred to as Provider Agencies or agency. These agencies collect and pass data on to MCOs for ultimate submission into the BHDS. The people in the community needing and receiving behavioral health services to include SUD and mental health will be referred to as clients.

While there may be differences between clinical terms in Mental Health field and SUD to describe the same item, this guide will use single terms agreed upon by the organizations. An example of this is in the SUD field; clinical evaluation of the patient for the purposes of forming a diagnosis and plan of treatment is called an assessment, but in the Mental Health field it could be called an intake. This data guide will use the term assessment for this activity. All agreed upon terminology is defined in the glossary.

## Document Use Guide

To find a data element in this data guide, you can Ctrl + Click on the element listed under its corresponding transaction in the Table of Contents. You can return to the table of contents by Ctrl + Click on the link in each header.

## Navigation

To easily navigate through the document in MS Word go to the View Menu and select Navigation Pane. Using this pane you can then expand and collapse sections, and search the document.

## Effective Dates

There are various effective dates listed in this guide. Each effective date is different and applies to different parts of the data. The guide effective date on the cover is when any values added or changes to the structure are available and will be accepted in production. Within each element, there are effective guide in the data submitted by the organization. This is when the data submitted applies, and the definition for this is outlined in the Common Elements section and applies to transactions referenced in this section. Historical values effective date. Since this guide is an evolving document and will change as legal, legislative, and policy changes occur values will become obsolete. During transition periods, or when corrections need to be made to historical data is necessary these effective dates define when a particular value was allowed. If there are changes to a specific element, there may be an effective date for a particular element specified in the history of changes, this will generally happen when a transaction or particular element is eliminated.

## Nationally Accepted Health Information Technology (HIT) Code Crosswalk:

The BHDS data guide contains tables that crosswalks available nationally accepted Health IT vocabulary codes to data elements in the BHDS. The BHDS will NOT accept data elements submitted using these national vocabulary codes. Rather, the Health Care Authority (HCA)/DBHR are making available these crosswalks to support BH providers’ use of interoperable health information technology systems and tools. We anticipate that BH providers will increasingly use interoperable HIT systems, including certified electronic health records (EHRs). Certified EHRs required use of certain HIT standards to support interoperability. The goal of HCA/DBHR in making available these crosswalks is to support BH providers who use certified EHRs to re-use data elements captured in their EHRs and more efficiently create required reports.

The crosswalks link certain BHDS data elements to nationally accepted HIT vocabulary codes required by the Federal Government for use in certified EHRs[[1]](#footnote-1). The HIT vocabulary code sets referenced in the BHDS Guide are listed and described in Appendix H.

Each data element contains the following information:

| Content | Information | Example |
| --- | --- | --- |
| Data Element Name | Name of data element | ASAM Level Indicated |
| Effective Date | Date data element became effective for use | 4/1/2017 |
| Category/ Section | This is the transaction that the element is submitted in. |  |
| Return to Table of Contents | Link to Table of Contents |  |
| Definition | Defines what data element pertains to |  |
| Code Values | Defines the list of allowed values, with definition if necessary | Code Values:   |  |  |  | | --- | --- | --- | | Code | Value | Definition | |  |  |  | |
| Historical Code Values | Defines the list of previously allowed values that are now disabled for use | Historical Code Values:   |  |  |  |  | | --- | --- | --- | --- | | Code | Value | Effective Start Date | Effective End Date | |  |  |  |  | |
| Nationally Accepted HIT Code Crosswalk: | Defines the crosswalk to nationally accepted standards as a reference for HIT interoperability |  |
| Data Use | Defines how data is used | This data is collected for the federal Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS) block grant, or used for program management. |
| Field Format | Defines the length, character type, and whether it is an identity value, required, allows nulls, or any other special conditions |  |
| Validation | Lists validations that would cause errors in the data |  |
| History | Lists the date and any changes to the data, including any clarifications | mm/dd/yyyy: Decision to change the data element name from xxxx to yyyy |
| Notes | Any notes not covered in other areas |  |

# General Considerations of Guide

## Reporting Organization

There is a requirement that the servicing organization reports. The servicing organization provides the service, and the responsible organization is the one that has the client. The requirement is that each MCO and BH-ASO works with their provider agencies and other organizations to ensure all service encounters, including residential and evaluation and treatment services, are reported through ProviderOne and all related service information is reported in accordance with this data guide and applicable contract (e.g. service episode transactions, client demographics, etc.).

## Service Episodes

Core to the business process is the concept of service episode. A service episode may be thought of as a container of services, which can be MH programs or SUD programs, a group of SUD programs that are related, or a combination of both MH and SUD services. The key boundary is that the services can only be provided by a single agency/provider. On the other hand, SUD programs occur within a single modality of service. For federal and block grant reporting requirements, the Program ID element includes SUD modalities. This forces a new program to start and end when any of the SUD modalities of service (as listed in the Program ID element) changes, regardless of whether or not provider agency or location changed. A service episode is required for every MH outpatient or when a client enrolls in any program listed in the program ID for a single agency/provider. A service episode can be opened for services outside of those requirements.

## Data File Format

The file specifications are left justified, tab-delimited text files with Windows style row delimiters (Carriage Return/Line Feed CR. LF). The order of elements reported will match the order of elements as prescribed for each transaction in the Transactions and Definitions section of this document. If there are multiple changes to the same record in a file, deletions will be processed first, then they will be processed in the order they appear in the file. Transactions will not process if primary keys are invalid, and/or required elements are left blank. Many of the transactions will not process without the demographic transaction successfully processing. Each transaction will be submitted via SFTP using an account given by HCA.

## Key Fields

Key fields are unique identifiers for an instance of the transaction. These fields are assigned by the submitter system. For example, the PROGRAM ID KEY field identifies each time a client is enrolled in a program. A client that is enrolled in the same program two different times would have two different records with two different keys. The key field is use to uniquely identify different instances while avoiding having additional fields such as start date be contained in the primary key. This same concept applies to all fields with key in the field name.

## SFTP Accounts

Each reporting organization will be given two accounts, one is test (hca-organizationname-test) and the other is production (hca-organizationname). There must be one or two specific individuals accountable for the security of these accounts. These individuals will be the ones receiving the password reset emails, and able to reset passwords for these accounts. These accounts are used to log into the two corresponding SFTP sites (test and prod). Account password resets are to be sent as a service request to HCA service desk by authorized individuals.

## Blanks/Unknowns/Not Collected

Please follow any guidance provided in Transactions or Elements regarding the use of “unknown” or leaving fields blank. Even though an element may specify that it is a required element, but in the summary of transactions it may be listed as optional for a particular treatment. This is because if an element has a selection of “not collected” or “unknown” these must be used in the lieu of leaving a field blank.

## Add/Change Status

For any transaction where an Add status or Change status is submitted, the system will check to see if the record exists and add/or change accordingly even if the status is submitted incorrectly. Example: If a transaction is submitted as “Change”, and there is no record to update the change status will be treated as an “Add.” If the transaction is submitted as “Add” and a record already exists, the transaction will be treated as a change. Deletes will always delete the record unless the record does not exist, in which case an error message will be returned.

## Special Characters

Please follow any guidance provided in Transactions or Elements regarding the use of special characters. Except when specified, avoid using special characters.

## Appendices

The appendices in this section will contain other information to help understand the data including glossary, error codes, and relationships. A description of each appendix is available on the appendix page.

Transaction Definitions

# Summary of Transactions

### Definition:

This chapter summarizes all of the transactions that MCOs can send in to HCA, based on the scope of their service delivery. R = Required, C = Conditionally Required, Blank = Not Required

### Table Heading Definitions:

Transactions: Name of Behavioral Health Supplemental Transaction

Data Elements: Data elements contained in each transaction ***[only bolded elements are required with a required transaction; other elements can be provided if obtained] - Note: Some elements must be submitted even if they are not required, use option for not collected for these elements, if not collected is not available use the “unknown” selection..***

* Assessment: Pre-Intake for MH or Assessment for SUD
* MH: Mental Health
* SUD: Substance Use Disorder (includes out patient, intensive outpatient, and all types of residential)
* SUD-WMS: SUD Withdrawal Management Services (as defined by Washington Administrative Code 246-341-1100)
* Program End Reason or Service Episode End Reason

### Assessment and Treatment Summary of Transactions

| **Transaction** | **Data Elements** | **Assessment** | **Authorization** | **MH** | **SUD** | **SUD WMS** | **Program End/ Service Episode End** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Header | SUBMITTER ID | R | R | R | R | R | R |
| BATCH NUMBER |
| BATCH DATE |
| Cascade Delete | SUBMITTER ID |  |  |  |  |  |  |
| CLIENT ID |
| Cascade Merge | SUBMITTER ID |  |  |  |  |  |  |
| CLIENT ID TO VOID |
| CLIENT ID TO KEEP |
| Client Demographic | **SUBMITTER ID** | R |  | R | R | C (only bolded items) |  |
| **CLIENT ID** |
| **EFFECTIVE DATE** |
| **FIRST NAME** |
| MIDDLE NAME |
| **LAST NAME** |
| ALTERNATE LAST NAME |
| SOCIAL SECURITY NUMBER |
| **BIRTHDATE** |
| GENDER |
| HISPANIC  ORIGIN |
| PRIMARY LANGUAGE |
| RACE(S) |
| SEXUAL  ORIENTATION |
| SOURCE TRACKING ID |
| Client Address | **SUBMITTER ID** | R |  | R | R |  | C |
| **CLIENT ID** |
| **EFFECTIVE DATE** |
| ADDRESS LINE 1 |
| ADDRESS LINE 2 |
| CITY |
| COUNTY |
| STATE |
| ZIP CODE |
| SOURCE TRACKING ID |
| Client Profile | **SUBMITTER ID** |  |  | C (only bolded elements are required, other elements can be provided if obtained) | R |  |  |
| **CLIENT ID** |
| **PROVIDER NPI** |
| **PROFILE RECORD KEY** |
| **EFFECTIVE DATE** |
| **EDUCATION** |
| **EMPLOYMENT** |
| **MARITAL**  **STATUS** |
| **PARENTING** |
| **PREGNANT** |
| **SMOKING**  **STATUS** |
| **RESIDENCE** |
| **SCHOOL ATTENDANCE** |
| SELF HELP COUNT |
| USED NEEDLE RECENTLY |
| NEEDLE USE EVER |
| MILITARY SERVICE |
| SMI/SED |
|  |
| Program Identification | SUBMITTER ID |  |  | C (only MH related programs) | C (all SUD modalities) |  |  |
| CLIENT ID |
| PROVIDER NPI |
| PROGRAM ID KEY |
| PROGRAM ID |
| PROGRAM  START DATE |
| PROGRAM END DATE |
| ENTRY REFERRAL SOURCE |
| PROGRAM END REASON |
| SOURCE TRACKING ID |
|  |
| Co-occurring Disorder | SUBMITTER ID | R |  | R | R |  |  |
| CLIENT ID |
| PROVIDER NPI |
| GAIN-SS DATE |
| SCREEN ASSESSMENT INDICATOR |
| CO-OCCURRING DISORDER SCREENING (IDS) |
| CO-OCCURRING DISORDER SCREENING (EDS) |
| CO-OCCURRING DISORDER SCREENING (SDS) |
| CO-OCCURRING DISORDER ASSESSMENT |
| SOURCE TRACKING ID |
|  |
| Authorization | SUBMITTER ID |  | R | R | R | R |  |
| PROVIDER NPI |
| CLIENT ID |
| AUTHORIZATION ID |
| AUTHORIZATION DECISION DATE |
| AUTHORIZATION START DATE |
| AUTHORIZATION END DATE |
| AUTHORIZATION DECISION |
|  |
| ASAM Placement | SUBMITTER ID | R |  |  | R | R |  |
| CLIENT ID |  |
| PROVIDER NPI |
| ASAM RECORD KEY |
| ASAM ASSESSMENT DATE |
| ASAM LEVEL INDICATED |
|  |
| DCR Investigation | SUBMITTER ID |  |  | C |  |  |  |
| CLIENT ID |  |  |  |
| INVESTIGATION START DATE |
| INVESTIGATION START TIME |
| INVESTIGATION COUNTY CODE |
| INVESTIGATION OUTCOME |
| DETENTION FACILITY NPI |
| LEGAL REASON FOR DETENTION/COMMITMENT |
| RETURN TO INPATIENT/REVOCATION AUTHORITY |
| DCR AGENCY NPI |
| INVESTIGATION REFERRAL SOURCE |
| INVESTIGATION END DATE |
| SOURCE TRACKING ID |
|  |
| ITA Hearing | SUBMITTER ID |  |  | C |  |  |  |
| CLIENT ID |
| HEARING DATE |
| HEARING OUTCOME |
| DETENTION FACILITY NPI |
| HEARING COUNTY |
| SOURCE TRACKING ID |
|  |
| Service Episode | SUBMITTER ID |  |  | R | R | R |  |
| CLIENT ID |
| PROVIDER NPI |
| EPISODE RECORD KEY |
| SERVICE EPISODE START DATE |
| SERVCE EPISODE END DATE |
| SERVICE EPISODE END REASON |
| DATE OF FIRST OFFERED APPOINTMENT |
| MEDICATION ASISSTED OPIOID THERAPY |
| SERVICE REFERRAL SOURCE |
|  |
| Substance Use | SUBMITTER ID |  |  |  | R | R | C (required only for SUD) |
| CLIENT ID |
| PROGRAM ID |
| PROVIDER NPI |
| EFFECTIVE DATE |
| SUBSTANCE (1,2,3) |
| AGE AT FIRST USE (1,2,3) |
| FREQUENCY OF USE (1,2,3) |
| PEAK USE (1,2,3) |
| METHOD (1,2,3) |
| DATE LAST USED (1,2,3) |
| SOURCE TRACKING ID |
|  |
| Funding | SUBMITTER ID | R | R | R | R | R | R |
| CLIENT ID |
| EFFECTIVE DATE |
| TYPE OF FUNDING SUPPORT |
| SOURCE OF INCOME/SUPPORT |
| BLOCK GRANT FUNDED SERVICES |
| SOURCE TRACKING ID |
|  |
|  |

### Crisis Summary of Transactions

| **Transaction** | **Data Elements** | **DCR** | **ITA** | **CR (Draft)** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Header | SUBMITTER ID | R | R | R |  |  |  |
| BATCH NUMBER |
| BATCH DATE |
| Cascade Delete | SUBMITTER ID | R | R | R |  |  |  |
| CLIENT ID |
| Cascade Merge | SUBMITTER ID | R | R | R |  |  |  |
| CLIENT ID TO VOID |
| CLIENT ID TO KEEP |
| Client Demographic | **SUBMITTER ID** | R | R | R |  |  |  |
| **CLIENT ID** |
| **EFFECTIVE DATE** |
| **FIRST NAME** |
| MIDDLE NAME |
| **LAST NAME** |
| ALTERNATE LAST NAME |
| SOCIAL SECURITY NUMBER |
| **BIRTHDATE** |
| GENDER |
| HISPANIC  ORIGIN |
| PRIMARY LANGUAGE |
| RACE(S) |
| SEXUAL  ORIENTATION |
| SOURCE TRACKING ID |
| Client Address | **SUBMITTER ID** |  |  |  |  |  |  |
| **CLIENT ID** |
| **EFFECTIVE DATE** |
| ADDRESS LINE 1 |
| ADDRESS LINE 2 |
| CITY |
| COUNTY |
| STATE |
| ZIP CODE |
| SOURCE TRACKING ID |
| Client Profile | **SUBMITTER ID** |  |  |  |  |  |  |
| **CLIENT ID** |
| **PROVIDER NPI** |
| **PROFILE RECORD KEY** |
| **EFFECTIVE DATE** |
| **EDUCATION** |
| **EMPLOYMENT** |
| **MARITAL**  **STATUS** |
| **PARENTING** |
| **PREGNANT** |
| **SMOKING**  **STATUS** |
| **RESIDENCE** |
| **SCHOOL ATTENDANCE** |
| SELF HELP COUNT |
| USED NEEDLE RECENTLY |
| NEEDLE USE EVER |
| MILITARY SERVICE |
| SMI/SED |
|  |
| Program Identification | SUBMITTER ID |  |  |  |  |  |  |
| CLIENT ID |
| PROVIDER NPI |
| PROGRAM ID KEY |
| PROGRAM ID |
| PROGRAM  START DATE |
| PROGRAM END DATE |
| ENTRY REFERRAL SOURCE |
| PROGRAM END REASON |
| SOURCE TRACKING ID |
|  |
| Co-occurring Disorder | SUBMITTER ID |  |  |  |  |  |  |
| CLIENT ID |
| PROVIDER NPI |
| GAIN-SS DATE |
| SCREEN ASSESSMENT INDICATOR |
| CO-OCCURRING DISORDER SCREENING (IDS) |
| CO-OCCURRING DISORDER SCREENING (EDS) |
| CO-OCCURRING DISORDER SCREENING (SDS) |
| CO-OCCURRING DISORDER ASSESSMENT |
| SOURCE TRACKING ID |
|  |
| Authorization | SUBMITTER ID |  |  |  |  |  |  |
| PROVIDER NPI |
| CLIENT ID |
| AUTHORIZATION ID |
| AUTHORIZATION DECISION DATE |
| AUTHORIZATION START DATE |
| AUTHORIZATION END DATE |
| AUTHORIZATION DECISION |
|  |
| ASAM Placement | SUBMITTER ID |  |  |  |  |  |  |
| CLIENT ID |  |
| PROVIDER NPI |
| ASAM RECORD KEY |
| ASAM ASSESSMENT DATE |
| ASAM LEVEL INDICATED |
|  |
| DCR Investigation | SUBMITTER ID | R | R |  |  |  |  |
| CLIENT ID |  |  |  |
| INVESTIGATION START DATE |
| INVESTIGATION START TIME |
| INVESTIGATION COUNTY CODE |
| INVESTIGATION OUTCOME |
| DETENTION FACILITY NPI |
| LEGAL REASON FOR DETENTION/COMMITMENT |
| RETURN TO INPATIENT/REVOCATION AUTHORITY |
| DCR AGENCY NPI |
| INVESTIGATION REFERRAL SOURCE |
| INVESTIGATION END DATE |
| SOURCE TRACKING ID |
|  |
| ITA Hearing | SUBMITTER ID |  | R |  |  |  |  |
| CLIENT ID |
| HEARING DATE |
| HEARING OUTCOME |
| DETENTION FACILITY NPI |
|  |
| HEARING COUNTY |
| SOURCE TRACKING ID |
|  |
| Crisis Response | SUBMITTER ID |  |  | R |  |  |  |
|  | CLIENT ID |  |  |  |  |  |  |
|  | EVENT START DATE |  |  |  |  |  |  |
|  | EVENT START TIME |  |  |  |  |  |  |
|  | TIME REF RECIEVED |  |  |  |  |  |  |
|  | TIME OF DISPATCH |  |  |  |  |  |  |
|  | TIME OF ARRIVAL |  |  |  |  |  |  |
|  | EVENT END DATE |  |  |  |  |  |  |
|  | EVENT END TIME |  |  |  |  |  |  |
|  | CR TYPE |  |  |  |  |  |  |
|  | REFERRAL SOURCE |  |  |  |  |  |  |
|  | REFERRAL REASON |  |  |  |  |  |  |
|  | ENCOUNTER LOCATION |  |  |  |  |  |  |
|  | INTERPRETER NEEDED |  |  |  |  |  |  |
|  | LEVEL OF CARE |  |  |  |  |  |  |
|  | PRESENTING PROBLEM |  |  |  |  |  |  |
|  | EVENT TYPE |  |  |  |  |  |  |
|  | CR\_OUTCOME |  |  |  |  |  |  |
|  | REFERRAL\_TO |  |  |  |  |  |  |
|  | SOURCE TRACKING ID |  |  |  |  |  |  |
| Service Episode | SUBMITTER ID |  |  |  |  |  |  |
| CLIENT ID |
| PROVIDER NPI |
| EPISODE RECORD KEY |
| SERVICE EPISODE START DATE |
| SERVCE EPISODE END DATE |
| SERVICE EPISODE END REASON |
| DATE OF FIRST OFFERED APPOINTMENT |
| MEDICATION ASISSTED OPIOID THERAPY |
| SERVICE REFERRAL SOURCE |
|  |
| Substance Use | SUBMITTER ID |  |  | R  (Only if there is a SUD) |  |  |  |
| CLIENT ID |
| PROGRAM ID |
| PROVIDER NPI |
| EFFECTIVE DATE |
| SUBSTANCE (1,2,3) |
| AGE AT FIRST USE (1,2,3) |
| FREQUENCY OF USE (1,2,3) |
| PEAK USE (1,2,3) |
| METHOD (1,2,3) |
| DATE LAST USED (1,2,3) |
| SOURCE TRACKING ID |
|  |
| Funding | SUBMITTER ID |  |  |  |  |  |  |
| CLIENT ID |
| EFFECTIVE DATE |
| TYPE OF FUNDING SUPPORT |
| SOURCE OF INCOME/SUPPORT |
| BLOCK GRANT FUNDED SERVICES |
| SOURCE TRACKING ID |
|  |
|  |

## Header - 000.01

Section: Transactions & Definitions

[Link to details of transacti](#_Identifiers_1)on

### Definition:

This transaction is a header and is the first record that goes into the BH supplemental transaction (non 837X12N EDI) batch file. The Header tells what number the batch is, the originator, and the date sent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID | 000.01 | Type | Length | Allow Null |
| Primary Key | SUBMITTER ID | Varchar | 20 | N |
| BATCH NUMBER | Varchar | 5 | N |
| Body | BATCH DATE | Datetime | CCYYMMDD | N |

### Rules:

* This transaction will not process if the Batch Date does not have a valid date format or the submitting MCO ProviderOne ID does not represent a MCO with authority to submit directly to HCA. A blank batch number will generate an error.
* Batch number in header must match batch number in the file name.
* Must submit sequential batch numbers
* Batch numbers are generated by the MCO

### Validation:

* Sequential batch number will be validated for integrity and blanks.

### Notes:

This transaction is required as the first record of each supplemental transaction (non 837X12N EDI) batch file and all batches must be submitted for processing in Batch Number order. There is no action code in this transaction.

### Example:

000.01<tab>105021301<tab>00001<tab>20160930

## Cascade Merge – 130.04

Section: Transactions & Definitions

[Link to details of transaction](#_Cascade_Merge)

### Definition:

This transaction will void a Client ID and bar its use in the future. A Client ID is voided when the MCO has established two different identifiers for a single person. The provider agency must identify the Client ID to be voided and also identify the Client ID to reference in its place.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID | 130.04 | Type | Length | Allow Null |
| Primary Key | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID TO VOID | Varchar | 20 | N |
| Body | CLIENT ID TO KEEP | Varchar | 20 | N |

### Rules:

* This transaction will not process if the Client ID TO VOID or CLIENT ID TO KEEP is not valid.
* It will also not process if the Client IDs have been previously voided or the Client IDs are equal.
* Reports for the voided ID will be displayed under the new ID (the CLIENT ID TO KEEP).

### Notes:

* There is no action code in this transaction.
* This transaction will void the CLIENT ID TO VOID; the merge will update records to the new CLIENT ID TO KEEP. However encounter records from P1 will become orphaned records and ProviderOne data previously submitted will no longer connect to the BHDS Supplemental Transaction data.

### Example:

130.04<tab> 105021301<tab>Client ID 20chars<tab>Client ID 20chars

## Cascade Delete – 131.04

Section: Functional Transactions

[Link to details of transaction](#_Identifiers_1)

### Definition:

This transaction allows for the mass deletion of non-encounter records for a given client. This is referred to as a "Full Cascade Delete.” Deletes will always delete the record unless the record does not exist, in which case an error message will be returned.

### Full Cascade Delete:

This type of delete will remove all non-encounter information about a client. Once processed, the Client ID will be voided and not available for future processing. The MCO Administrator may delegate his/her authority to authorize Full Cascade Deletes to someone who maintains their information system.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID | 131.04 | Type | Length | Allow Null |
| Primary Key | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID (The ID to be deleted) | Varchar | 20 | N |

### Rules:

* The transaction will not process if the Client ID is not valid or the Client ID has already been voided.

### Validation:

* Validate that the MCO submitting a Cascade Delete transaction is applied for clients within the submitting MCO.
* Will return an error if delete transaction record does not exist.
* Verify client ID to be deleted was not already voided

### Notes:

* There is no action code in this transaction.
* There is no body in this transaction.
* Full Cascade Delete no longer requires prior DBHR approval.

### Example:

131.04<tab>105021301<tab> Client ID 20chars

## Client Demographics – 020.08

Section: Transactions & Definitions

[Link to details of transaction](#_Client_Demographics_020.07)

### Definition:

This is the transaction for full demographic data using the Client Unique ID (CUID). The CUID is used by DBHR to link that person’s records across various systems. The elements that constitute a CUID must be successfully processed before any other transaction will be accepted. If “crisis” or pre-intake prevents collection of CUID elements, then the MCO must collect at earliest possible point before submission.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 020.08 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| EFFECTIVE DATE | Date | CCYYMMDD | N |
| Body | FIRST NAME | Varchar | 35 | N |
| MIDDLE NAME | Varchar | 25 | Y |
| LAST NAME | Varchar | 60 | N |
| ALTERNATE LAST NAME | Varchar | 60 | Y |
| SOCIAL SECURITY NUMBER | Varchar | 9 | Y |
| BIRTHDATE | Date | CCYYMMDD | N |
| GENDER | Varchar | 2 | N |
| HISPANIC ORIGIN | Varchar | 3 | N |
| PRIMARY LANGUAGE | Varchar | 3 | Y |
| RACE(S) | Varchar | 18 | N |
| SEXUAL ORIENTATION | Varchar | 2 | N |
| SOURCE TRACKING ID | Varchar | 40 | Y |

### Rules:

* The Client demographic transaction is required before the submission of any other transaction to BHDS and updated upon change.
* A change is defined as an update to a preexisting record in the database, an add is inserting a record that did not previously exist. Note that the Effective Date is in the Primary Key. To actually update an existing record, the Effective Date must match. If not, a new demographic record will be added and the one with the most current Effective Date will be considered current.
* Since this transaction does not identify the provider agency and is a single transaction at the MCO level, EQRO will need to understand that not all Provider Agencies within a MCO will have all the data elements in this transaction since for some of the agencies they are not required. For example, a client seen for a DCR Investigation or Withdrawal Management won’t have the non-required data elements.
* It is understood that the values in data elements Gender, Hispanic Origin, Primary Language, Race, and Sexual Orientation may change based on what the client reports to each provider agency and the changes will be passed to the BHDS without the provider agency identified.

### Notes:

### Example:

020.08<tab>A<tab>105021301<tab>Client ID 20chars <tab>20160401<tab>JOHN<tab>D<tab> DOE <tab>DOES <tab>1234567890<tab>20000101<tab>02<tab>999<tab>444<tab>999<tab>09<tab> SourceTrackingID 40chars

## Client Address – 022.03

Section: Transactions & Definitions

[Link to details of transaction](#_Client_Address_022.02)

### Definition:

Client’s physical residential address (i.e. where Client lives).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 022.03 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| EFFECTIVE DATE | Date | CCYYMMDD | N |
| Body | ADDRESS LINE 1 | Varchar | 120 | N |
| ADDRESS LINE 2 | Varchar | 120 | Y |
| CITY | Varchar | 50 | Y |
| COUNTY | Varchar | 5 | Y |
| STATE | Varchar | 2 | N |
| ZIP CODE | Varchar | 10 | Y |
| FACILITY FLAG | Varchar | 1 | N |
| SOURCE TRACKING ID | Varchar | 40 | Y |

### Rules:

* Collect Client Address at request for service or at assessment and on change.
* This transaction will not process if the Demographic Transaction has not been processed.
* Client’s address of residency is most preferred.
* If address of residency is not available, then submit the client’s mailing address; if mailing is not available, report address elements available; at a minimum report county, city, and state or zip.
* If client is homeless or unable to provide an address of residency or mailing address, report what is available, including city, county, and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report. provider agency as the closest proximity.
* Follow detail instructions for Address Line 1 outlined in Address Line 1 data element.
* If the client is staying at a facility, submit the facility address with the facility flag as Y.
* This transaction is optional for SUD clients in withdrawal management services, but should be reported if possible.
* If the client’s address of residency is not in U.S., then all body elements are optional (can be left blank), except “STATE” must be reported as “XX” for Unknown or “OT” for Other.

### Notes:

### Example:

022.03<tab>A<tab>105021301<tab>Client ID 20chars<tab>20160401<tab>Addr Line 1 120chars<tab>Addr Line 2 120chars<tab>Lacey<tab>53067<tab>WA<tab>Zip 10char<tab>SourceTrackingID 40chars

## Client Profile – 035.10

Section: Transactions & Definitions

[Link to details of transaction](#_Client_Profile_035.09)

### Definition:

Additional client characteristics required for all clients.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 035.10 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| PROVIDER AGENCY NPI | Varchar | 10 | N |
| PROFILE RECORD KEY | Varchar | 40 | N |
| Body | EFFECTIVE DATE | Date | CCYYMMDD | N |
| EDUCATION | Varchar | 2 | N |
| EMPLOYMENT | Varchar | 2 | N |
| MARITAL STATUS | Varchar | 2 | N |
| PARENTING (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH) | Varchar | 1 | Y |
| PREGNANT (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH) | Varchar | 1 | Y |
| SMOKING STATUS | Varchar | 2 | N |
| RESIDENCE | Varchar | 2 | N |
| SCHOOL ATTENDANCE | Varchar | 1 | N |
| SELF HELP COUNT (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH) | Varchar | 2 | N |
| USED NEEDLE RECENTLY (required for SUBSTANCE USE DISORDER, optional MENTAL HEALTH) | Varchar | 1 | N |
| NEEDLE USE EVER (required for SUBSTANCE  USE DISORDER, optional MENTAL HEALTH) | Varchar | 2 | N |
| MILITARY SERVICE | Varchar | 2 | N |
| SMI/SED STATUS | Varchar | 2 | N |

### Rules:

This is collected at admission and discharge (as defined in the Service Episode and Program transaction). Continue to report at least every 90 days or upon change, whichever comes first. If the information has not changed, resubmit existing data at the 90-day period.

### Notes:

### Example:

035.10<tab>A<tab>105021301<tab>Client ID 20chars <tab>1234567890 <tab>ProfileRecordKey 40chars <tab>20160401<tab>97<tab>97<tab>97<tab>Y<tab>Y<tab>2<tab>97<tab>Y<tab>97<tab>Y<tab>4<tab>97

<tab>SourceTrackingID 40chars

## Authorization – 023.03

Section: Transactions & Definitions

[Link to details of transaction](#_Authorization_023.02)

### Definition:

BH-ASO decision regarding a request for authorization for treatment of a client. This transaction is sent every time a new authorization or re-authorization is requested and an authorization decision is made.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 023.03 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| PROVIDER NPI | Varchar | 10 | N |
| AUTHORIZATION ID | Varchar | 40 | N |
| Body | AUTHORIZATION DECISION DATE | Date | CCYYMMDD | N |
| AUTHORIZATION START DATE | Date | CCYYMMDD | Y |
| AUTHORIZATION END DATE | Date | CCYYMMDD | Y |
| AUTHORIZATION DECISION | Varchar | 2 | N |
| SOURCE TRACKING ID | Varchar | 40 | Y |

### Rules:

* Only sent if there is an authorization decision made.
* Transaction is not needed for assessment only and/or a decision request is not sent to the MCO.

### Notes:

### Example:

023.03<tab>A<tab>105021301<tab>Client ID 20chars<tab>1234567890<tab>20160401<tab>Auth ID 40chars<tab>20160501<tab>20160601<tab>5<tab>SourceTrackingID 40chars

## Service Episode – 170.06

Section: Transactions & Definitions

[Link to details of transaction](#_Service_Episode_170.05)

### Definition:

This transaction is to be used to identify a time period in which a client is served by a provider agency, based on their contracting MCO’s authorization to pay for those services. Substance Abuse and Mental Health Services Administration (SAMHSA) requires states to report “client level” data annually, so that outcomes can be compared from one year to the next. This requires each state to be able to identify:

New clients admitted and discharged during the reporting period

• Change in outcome will be measured from admission to the time of discharge

Continuing clients at the beginning and discharged during the reporting period

• Change in outcome will be measured from the beginning of reporting period to the time of discharge

New clients who remain on the caseload at the end of the reporting period

• Change in outcome will be measured from admission to the end of the reporting period

Continuing clients at the beginning and end of the reporting period

• Change in outcome will be measured from the beginning to the end of reporting period

This transaction, along with the program ID transaction, is the way for MCO’s to report outpatient treatment episodes of care in a way that allows DBHR to meet their SAMHSA reporting requirements.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 170.06 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| PROVIDER NPI | Varchar | 10 | N |
| EPISODE RECORD KEY | Varchar | 40 | N |
| Body | SERVICE EPISODE START DATE | Date | CCYYMMDD | N |
| SERVICE EPISODE END DATE | Date | CCYYMMDD | Y |
| SERVICE EPISODE END REASON | Varchar | 2 | Y |
| SERVICE REFERRAL SOURCE | Varchar | 2 | Y |
| DATE OF LAST CLIENT CONTACT | Date | CCYYMMDD | Y |
| DATE OF FIRST APPOINTMENT OFFERED | Date | CCYYMMDD | Y |
| MEDICATION-ASSISTED OPIOID THERAPY | Varchar | 2 | N |
| SOURCE TRACKING ID | Varchar | 40 | Y |
|  |  |  |  |

### Rules:

* Service episode is required for mental health outpatient and whenever a client enrolls in a program listed in the program ID. Service episode is optional if it is not mental health outpatient and not in the ProgramID list. Examples of these services include: crisis, pre-assessment, or ITA services.
* No requirement around which MCO reports (service MCO or responsible MCO), but each MCO works with their provider agency and other MCOs to ensure all service encounters (based on services provided to the individual client) are reported through Provider One and all related service information is reported as per this BHDS data guide (e.g. service episode transactions, client demographics, etc.).
* For Mental Health this transaction is used to report on going outpatient episodes.

### Notes:

### Example:

170.06<tab>A<tab>105021301<tab>Client ID 20chars<tab>1234567890<tab>Episode Record Key 40chars<tab>20160501<tab>20160601<tab>02<tab>04<tab>SourceTrackingID 40chars

## Program Identification – 060.06

Section: Transactions & Definitions

[Link to details of transaction](#_Program_Identification_060.05)

### Definition:

A client identified by an MCO may be enrolled in a special program as identified in the ProgramID element. This transaction will not prevent a client from being in 2 or more different programs at a particular agency or enrolling in programs simultaneously. Traditional mental health outpatient treatment under the managed care system is not a Program that should be reported with this transaction.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 060.06 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| PROVIDER NPI | Varchar | 10 | N |
| PROGRAM ID KEY | Varchar | 40 | N |
| Body | PROGRAM ID | Varchar | 3 | N |
| PROGRAM START DATE | Date | CCYYMMDD | N |
| PROGRAM END DATE | Date | CCYYMMDD | Y |
| ENTRY REFERRAL SOURCE | Varchar | 2 | Y |
| PROGRAM END REASON | Varchar | 2 | Y |
| SOURCE TRACKING ID | Varchar | 40 | N |

### Rules:

* This transaction is required upon entry and exit of the programs.
* If there are services that are not programs listed in the program ID they should not be tracked in this transaction.
* Concurrent Transactions: Substance Use Clients: Must submit Client Profile, ASAM Placement, and Substance Use transactions with this transaction.

### Notes:

### Example:

060.06<tab> A<tab>105021301<tab>Client ID 20chars<tab> 1234567890<tab>ProgramIDKey 40 Char<tab>20160401<tab>20160501<tab>97<tab>97<tab>SourceTrackingID 40chars

## Co-occurring Disorder – 121.05

Section: Transactions & Definitions

[Link to details of transaction](#_Co-occurring_Disorder_121.04)

### Definition:

Co-occurring disorder and screening assessment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 121.05 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| PROVIDER NPI | Varchar | 10 | N |
| GAIN-SS DATE | Date | CCYYMMDD | N |
| SCREEN ASSESSMENT INDICATOR | Varchar | 1 | N |
| Body | CO-OCCURRING DISORDER SCREENING(IDS) (Required, based on value in Screening Assessment Indicator) | Varchar | 2 | Y |
| CO-OCCURRING DISORDER SCREENING (EDS) (Required, based on value in Screening Assessment Indicator) | Varchar | 2 | Y |
| CO-OCCURRING DISORDER SCREENING (SDS) (Required, based on value in Screening Assessment Indicator) | Varchar | 2 | Y |
| CO-OCCURRING DISORDER ASSESSMENT (Required if the client screens high (2 or higher) on either the IDS or EDS, and on SDS) | Varchar | 2 | Y |
| SOURCE TRACKING ID | Varchar | 40 | Y |

### Rules:

* Required at assessment for all clients, thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS).
* This transaction will not process if the values for the CO-OCCURRING DISORDER SCREENING (IDS), CO-OCCURRING DISORDER SCREENING (EDS), CO-OCCURRING DISORDER SCREENING (SDS) or CO-OCCURRING DISORDER ASSESSMENT are missing or invalid.
* There is not an edit requiring the initial EDI service encounter to be processed prior to this transaction.

### Notes:

### Example:

121.05<tab>A<tab>105021301<tab>Client ID 20chars <tab>1234567890<tab>20160401<tab>B<tab>9<tab>9<tab>9<tab>9<tab>SourceTrackingID 40chars

## ASAM Placement – 030.03

Section: Transactions & Definitions

[Link to details of transaction](#_ASAM_Placement_030.02)

### Definition:

The American Society of Addiction Medicine (ASAM) criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, and transfer/discharge of patients with SUD and co-occurring conditions. ASAM Level Indicated means the ASAM Level as scored on the ASAM placement criteria.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 030.03 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| PROVIDER NPI | Varchar | 10 | N |
| ASAM RECORD KEY | Varchar | 40 | N |
| Body | ASAM ASSESSMENT DATE | Date | CCYYMMDD | N |
| ASAM LEVEL INDICATED | Varchar | 6 | N |

### Rules:

* Required for all SUD clients, including SUD clients receiving Withdrawal Management Services where an assessment was provided.
* Not required for SUD services provided prior to an assessment.
* Required at assessment, admission, and anytime thereafter that it is collected.
* Must collect and report ASAM when there is a level of care change.

### Notes:

* Refer to Service Encounter Reporting Instructions (SERI) for services that may be provided prior to an assessment.

### Example:

030.03<tab>A<tab>105021301<tab> Client ID 20chars<tab>1234567890<tab>ASAMRecordKey 40chars

<tab>20160401<tab>OST<tab>SourceTrackingID 40chars

## DCR Investigation – 160.05

Section: Transactions & Definitions

[Link to details of transaction](#_DCR_Investigation_160.04)

### Definition:

A Designated Crisis Responder (DCR) is the only person who can perform an Involuntary Treatment Act (ITA) investigation that results in a detention and revocation. A crisis worker who is not a DCR can initiate this investigation but in order for a detention to take place, it is mandated (RCW 71.05 for adults, RCW 71.34 for children 13 and over) that the DCR investigate and make a determination. Therefore, all investigations reported are derived from the investigation resulting from the findings of a DCR. Do not report investigative findings of the crisis worker unless the crisis worker is also a DCR.

The intent of this transaction is to record DCR investigations only. Activities performed by a DCR including crisis intervention, case management, or other activities, while important are not collected by this transaction. Each MCO determines which specific actions come under an investigation. The DBHR recommended criteria for when a DCR activity becomes an 'investigation' is when the decision to investigate has been made and the DCR reads the person his/her rights. The trigger is reading the person his/her rights.

This transaction identifies all investigations by the DCR, even if the DCR is also classified as a crisis worker. An investigation can result in: a detention, which is 72 hours; a return to inpatient facility with a revocation of a court ordered less restrictive alternative (LRA) petition filed; a filing of a petition recommending an LRA extension; a referral for voluntary in‐patient or outpatient mental health services, a referral to other community resources; or no action based on mental health needs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 160.05 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| INVESTIGATION START DATE | Date | CCYYMMDD | N |
| INVESTIGATION START TIME | Varchar | 4 (HHMM) | N |
| Body | INVESTIGATION COUNTY CODE | Varchar | 5 | N |
| INVESTIGATION OUTCOME (\*Code value from table below) | Varchar | 2 | N |
| DETENTION FACILITY NPI | Varchar | 20 | Y |
| LEGAL REASON FOR DETENTION/COMMITMENT (\*Code value from table below) | Varchar | 4 | N |
| RETURN TO INPATIENT/REVOCATION AUTHORITY (\*Code value from table below) | Varchar | 2 | Y |
| DCR AGENCY NPI | Varchar | 20 | N |
| INVESTIGATION REFERRAL SOURCE | Varchar | 2 | N |
| INVESTIGATION END DATE | Date | CCYYMMDD | N |
| SOURCE TRACKING ID | Varchar | 40 | Y |

### Rules:

* Only collected for persons being investigated under the Involuntary Treatment Act
* This transaction is to be used to provide more information about a crisis service that resulted in an investigation. An associated crisis intervention encounter, per the “Involuntary Treatment Investigation” service modality, is expected to be received in an “837P transaction.”
* There are some code value dependencies based on the Investigation Outcome (required). The following table attempts to clarify those dependencies.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Investigation Outcome\*  CODE Meaning | | Legal Reason for  Detention/  Commitment\*  (Up to 4 Characters) | Return to  Inpatient/  Revocation  Authority\* | Inpatient  NPI |
| 1 | Detention to MENTAL HEALTH facility (72 hours as identified under the Involuntary Treatment Act, RCW 71.05). | A‐D at least one required | 9 | Required |
| 2 | Referred to voluntary Outpatient mental health services. | Z | 9 | Blank/Null |
| 3 | Referred to voluntary Inpatient mental health services. | Z | 9 | Required |
| 4 | Returned to Inpatient facility/filed revocation petition. | A‐D or X at least one required | 1 or 2 Required | Required |
| 5 | Filed petition‐recommending LRA extension. | A‐D or X at least one required | 9 | Blank/Null |
| 6 | Referred to non‐mental health community resources. | Z | 9 | Blank/Null |
| 7 | Detention to Secure Detox facility (72 hours as identified under RCW 71.05 on April 1, 2018) | A‐D or X at least one required | 9 | Blank/Null |
| 9 | Other | Z | 9 | Blank/Null |
| 10 | Referred to acute detox. | Z | 9 | Blank/Null |
| 11 | Referred to sub-acute detox. | Z | 9 | Blank/Null |
| 12 | Referred to sobering unit. | Z | 9 | Blank/Null |
| 13 | Referred to crisis triage | Z | 9 | Blank/Null |
| 14 | Referred to SUD intensive outpatient program. | Z | 9 | Blank/Null |
| 15 | Referred to SUD inpatient program. | Z | 9 | Blank/Null |
| 16 | Referred to SUD residential program. | Z | 9 | Blank/Null |
| 17 | No detention – E&T provisional acceptance did not occur within statutory timeframes | Z | 9 | Blank/Null |
| 18 | No detention – Unresolved medical issues | A‐D or X at least one required | 9 | Blank/Null |
| 19 | Non-emergent detention petition filed | Z | 9 | Blank/Null |
| 20 | Did not require Mental Health or Substance Use Disorder services | Z | 9 | Blank/Null |
| 22 | Petition filed for outpatient evaluation | A‐D or X at least one required | 9 | Blank/Null |
| 23 | Filed petition recommending AOT extension | Z | 9 | Blank/Null |
| 24 | No detention – Secure Detox provisional acceptance did not occur within statutory timeframes | Z | 9 | Blank/Null |

### Notes:

### Example:

160.05<tab>A<tab>105021301<tab>Client ID 20chars <tab>20160401<tab>20160601 <tab>53067<tab>23<tab>1234567890<tab>Z<tab>9<tab>1234567890<tab>10<tab>20160701 <tab>SourceTrackingID 40chars

## ITA Hearing – 162.05

Section: Transactions & Definitions

[Link to details of transaction](#_ITA_Hearing_162.04)

### Definition:

This transaction documents each hearing under the Involuntary Treatment Act (ITA) filed in a specific county. This excludes filings at a state hospital. If multiple hearings are held for the same person on the same day, record the decision of the court for the most recent hearing. If no decision is made at a hearing and the case is continued to another day, do not record the result of that hearing. Record only those hearings where a court makes a decision, such as to commit, revoke, conditionally release, or dismiss.

It is the responsibility of the MCO, where the investigation occurred, to ensure that if they report an investigation resulting in a detention, where a petition for a hearing also occurred for that client, that the associated ITA Hearing is also reported to DBHR. The ITA Hearing transaction should be submitted by the MCO in which the hearing occurred. This may be different than the MCO who reported the ITA Investigation.

**This transaction reporting expectation is within 24 hours of the MCO receiving this information due to the importance of this data. This is an exception to the standard contract terms for data reporting timeliness.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 162.05 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| HEARING DATE | Date | CCYYMMDD | N |
| Body | HEARING OUTCOME | Varchar | 2 | N |
| DETENTION FACILITY NPI (Same as that used in the DCR Investigation transaction) | Varchar | 10 | Y |
| HEARING COUNTY | Varchar | 5 | N |
| SOURCE TRACKING ID | Varchar | 40 | Y |

### Rules:

* Only collected for persons being investigated under the Involuntary Treatment Act
* Valid hearing date, client ID, hearing county, and hearing outcome are required.
* Concurrent Transactions: DCR Investigation 160.05

### Notes:

### Example:

162.05<tab>A<tab>105021301<tab>Client ID 20chars<tab>20160401 <tab>13<tab>1234567890<tab>53067<tab>SourceTrackingID 40chars

## Crisis Response – 165.01 – ALL MCR Transaction is Draft for Version 3.1

Section: Transactions & Definitions

[Link to details of transaction](#_ITA_Hearing_162.04)

### Definition:

This transaction documents mobile crisis response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 165.01 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| EVENT START DATE | Date | CCYYMMDD | N |
| EVENT START TIME | Varchar | 4 (HHMM) | N |
| Body | TIME OF DISPATCH | Varchar | 4 (HHMM) | N |
| TIME OF ARRIVAL | Varchar | 4 (HHMM) | N |
| EVENT END DATE | Date | CCYYMMDD | N |
| EVENT END TIME | Varchar | 4 (HHMM) | N |
| CRISIS RESPONSE TYPE | Varchar | 20 | N |
| CR REFERRAL SOURCE | Varchar | 20 | N |
| CR REFERRAL REASON | Varchar | 20 | N |
| ENCOUNTER LOCATION | Varchar | 20 | N |
| INTERPRETER NEEDED | Varchar | 2 | N |
| LEVEL OF CARE | Varchar | 20 | N |
| PRESENTING PROBLEM | Varchar | 20 | N |
| CR\_OUTCOME | Varchar | 20 | N |
| REFERRAL\_TO | Varchar | 20 | N |
| SOURCE TRACKING ID | Varchar | 40 | Y |
|  |  |  |  |

## Substance Use – 036.04

Section: Transactions & Definitions

[Link to details of transaction](#_Substance_Use_036.02)

### Definition:

A client history of substance specific information. This transaction captures substances that the client is currently on, and does not include any substances the client may have started during the course of treatment. Updates are allowed if inaccurate information is reported or not disclosed initially by the client and discovered at a later date.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 036.04 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| PROVIDER NPI | Varchar | 10 | N |
| PROGRAM ID | Varchar | 3 | N |
| EFFECTIVE DATE | Date | CCYYMMDD | N |
| Body | SUBSTANCE (1) | Varchar | 2 | N |
| AGE AT FIRST USE (1) | Varchar | 2 | N |
| FREQUENCY OF USE (1) | Varchar | 2 | N |
| PEAK USE (1) | Varchar | 2 | N |
| METHOD (1) | Varchar | 2 | N |
| DATE LAST USED (1) | Date | CCYYMMDD | N |
| SUBSTANCE (2) | Varchar | 2 | Y |
| AGE AT FIRST USE (2) | Varchar | 2 | N |
| FREQUENCY OF USE (2) | Varchar | 2 | N |
| PEAK USE (2) | Varchar | 2 | N |
| METHOD (2) | Varchar | 2 | N |
| DATE LAST USED (2) | Date | CCYYMMDD | Y |
| SUBSTANCE (3) | Varchar | 2 | Y |
| AGE AT FIRST USE (3) | Varchar | 2 | N |
| FREQUENCY OF USE (3) | Varchar | 2 | N |
| PEAK USE (3) | Varchar | 2 | N |
| METHOD (3) | Varchar | 2 | N |
| DATE LAST USED (3) | Date | CCYYMMDD | Y |
| SOURCE TRACKING ID | Varchar | 40 | Y |

### Rules:

* Must be reported at admission, at least every 90 days or upon change whichever comes first and at discharge for all SUD clients. SUD inpatient Provider Agencies are not exempt from reporting.
* If Substance 2 and 3 are reported, all elements are required, except Source Tracking ID.
* Must always report effective date with this transaction. Note that the Effective Date is in the Primary Key. To actually update an existing record, the Effective Date must match. If not, a new Substance Use record will be added.
* The substances reported are left to the clinician’s judgement.
* The substances must be ranked by relative importance of seriousness of dependency as provided by the client and determined by the clinician. This rank is represented in the order the substances are reported, with (1) having a higher rank of seriousness than (2) or (3).
* The 3 Substances reported at admission must also be reported at discharge, and at the 90-day updates (whether or not they are still using the substance). Also, the order of the 3 Substances are reported at 90-day updates and discharge must stay the same as that reported at admission.
* The following must be included for each substance being reported:
  + AGE AT FIRST USE (report only at admission)
  + FREQUENCY OF USE
  + PEAK USE
  + METHOD
  + DATE LAST USED
* If there is no substance 2 or 3, then report “none” for SUBSTANCE (2) and/or SUBSTANCE (3) and leave the respective fields AGE AT FIRST USE, FREQUENCY OF USE, PEAK USE, METHOD and DATE LAST USED blank. Substances 2 and 3 can be updated later if the admission substances were inaccurately reported or not disclosed by the client; however, must be reported consistently (admission to discharge).

### Notes:

### Example:

036.04<tab>A<tab>105021301<tab>1234567890<tab>Client ID 20chars<tab> 58<tab>20160401<tab>21<tab>99<tab>6<tab>6<tab>5<tab>20160501<tab>20<tab>99

<tab>6<tab>6<tab>5<tab>20160601<tab>19<tab>99<tab>6<tab>6<tab>5<tab>20160701

<tab>SourceTrackingID 40chars

## Funding – 140.01

Section: Transactions & Definitions

[Link to details of transaction](#_Funding_040.01)

### Definition:

This transaction documents the type of funding or support the client has and other funding information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Transaction ID: | 140.01 | Type | Length | Allow Null |
| ACTION CODE: | “A” Add  “C” Change  “D” Delete | Varchar | 1 | N |
| Primary Key: | SUBMITTER ID | Varchar | 20 | N |
| CLIENT ID | Varchar | 20 | N |
| EFFECTIVE DATE | Date | CCYYMMDD | N |
| Body | TYPE OF FUNDING | Varchar | 2 | Y |
| SOURCE OF INCOME | Varchar | 2 | Y |
| BLOCK GRANT FUNDING | Varchar | 2 | Y |
| SOURCE TRACKING ID | Varchar | 40 | Y |

### Rules:

* This is collected at admission and discharge and update upon change.

### Notes:

### Example:

140.01<tab>A<tab>105021301<tab>Client ID 20chars<tab>3 <tab>3<tab>SourceTrackingID 40chars

Data Element Definitions

Data element definitions are classified into sections.

# Identifiers

## SUBMITTER ID

Section: Identifier

### Definition:

The unique identifier assigned to each MCO by ProviderOne. It is the same identifier used for sending 837 encounters to ProviderOne, called MCO/ Qualified Health Home (QHH) Identifiers.

### Code Values Not Applicable

### Rules:

* Match ProviderOne code for each MCO
* Accepts 7 or 9-digit ID to account for differences in MCO and BH-ASO

### Frequency:

* Collected for each record as identifying record information

### Data Use:

* Identifiers are collected at each transaction as a primary key to differentiate transactions by MCO

### Validation:

* Unique by MCO
* 23300 Error: MCO ProviderOne ID is not a valid MCO ProviderOne ID. Transaction not posted.

### History:

### Notes:

* SUBMITTER ID applies to both MCOs and BH-ASOs.

## Client ID

Section: Identifier

### Definition:

The unique identifier assigned to each client by the MCO/BH-ASO. It is the same identifier used for sending 837 encounters to ProviderOne.

### Code Values Not Applicable

### Rules:

* Required for all clients.
* Within a given provider agency, the Client ID must be unique to an individual.

### Frequency:

* Collected for each record as identifying record information for a client

### Data Use:

* Identifiers are collected at each transaction as a primary key to differentiate transactions by clients
* Used for cascade delete and cascade merge
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Unique by client, by MCO

### History:

### Notes:

## Provider NPI

Section: Identifier

### Definition:

Indicates the provider agency’s National Provider Identifier (NPI) as obtained through federal registration via ProviderOne. Submit Billing NPI unless specifically noted that the providing NPI is needed.

### Code Values Not Applicable

### Rules:

* Provider NPI submitted to BHDS must match ProviderOne registered code
* Will be used to obtain the facility code in ProviderOne (2420c Loop – Service Facility Location Name) – Refer to Appendix for Instructions for submitting Site ID in P1

### Frequency:

* Provider NPI is collected when transactions need to be joined to ProviderOne data for reporting purposes

### Data Use:

* Provider NPI is used to join BHDS data with ProviderOne data. It is the only link between the two systems.

### Validation:

* Must be valid in ProviderOne

### History:

### Notes:

## Batch Number

Section: Header

### Definition:

A sequential number assigned to the batch file by the submitting MCO

### Code Values Not Applicable

### Rules:

* When the batch number exceeds 99999, the submitting MCO will reset the batch number to 00001
* Needs to be filled with leading zeros

### Frequency:

* Submitted for each transaction as the header to differentiate submissions by MCO

### Data Use:

* Batch number is for identifying unique batches by MCO

### Validation:

* Cannot be blank
* Required for each submission

### History:

### Notes:

## Batch Date

Section: Header

### Definition:

Date a batch file of transactions was created by a submitting MCO

### Code Values Not Applicable

### Rules:

### Frequency:

* Submitted for each transaction as the header to differentiate submissions by MCO

### Data Use:

* Batch identification

### Validation:

* Cannot be blank
* Required for each batch
* Must be valid date

### History:

### Notes:

* Batch Number and Batch Date will be the same throughout a single submission

# Cascade Merge

## Client ID to Keep

Section: Cascade Merge

### Definition:

A string of characters that uniquely identifies the referenced client within the system overseen by the MCO and used only in the cascade merge transaction. This Client ID will replace all instances of the “Client ID to Void” within the BHDS system.

### Code Values Not Applicable

### Rules:

* Required for a cascade merge

### Frequency:

* Collected for each record as identifying record information for a client

### Data Use:

* Used for cascade merge

### Validation:

* Checks whether ID has been previously voided

### History:

### Notes:

## Client ID to Void

Section: Cascade Merge

### Definition:

A string of characters that uniquely identifies the referenced client within the system overseen by the MCO and used only in the cascade merge transaction. This will be replaced by the “Client ID to Keep” in all instances of the Client ID within the BHDS system. It will be permanently voided and disallowed for all future transactions.

### Code Values Not Applicable

### Rules:

* Required for a cascade merge

### Frequency:

* Collected for each record as identifying record information for a client

### Data Use:

* Used for cascade merge

### Validation:

* Checks whether ID has been previously voided

### History:

### Notes:

# Common Transaction Elements:

## Effective Date

Section: Client Demographics, Address, Profile, Substance Use

### Definition:

This field is found in the following transactions and indicates the date the information was applicable.

### Code Values Not Applicable

### Rules:

* Must always be reported within the Client Demographics, Client Address, Client Profile, and Substance Use transactions
* When found in the primary key of the transaction, this must match the Effective Date of a previous record or changes will not be applied and a new record will be created.

### Frequency:

* Collected for each record as identifying record information for a record

### Data Use:

Effective Date is used in the following transactions to record the date the information is applicable/collected:

* Client Demographics
* Client Address
* Client Profile
* Substance Use

### Validation:

* Cannot be blank
* Required for each transaction specified
* Must be valid date

### History:

### Notes:

## Source Tracking ID

Section: All Transactions

### Definition:

This field is found in most transactions and indicates the record ID from the source system in order for MCO’s to reconcile data to their systems. This is afield and was added at the request of the MCOs.

### Code Values Not Applicable

### Rules:

* Does not allow special characters except, Dash(-), Underscore(\_), and Period(.).

### Frequency:

* Collected for each record as identifying record information for a record in the MCO source system

### Data Use:

* Reconcile data to MCO systems

### Validation:

* No validation exists in this element

### History:

### Notes:

# Client Demographics 020.08

## First Name

Section: Client Demographics

### Definition:

Indicates the first/informal names of a client as provided by a MCO. Consistency is important, as the last name and first names are both used as elements to uniquely identify the person across the system.

### Code Values Not Applicable

### Rules:

* Required for all clients

### Frequency:

* Collected at request for service if possible, and updated upon change.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* None

### History:

### Notes:

## Middle Name

Section: Client Demographics

### Definition:

Indicates the full middle name of the client. Use the full middle name if available, otherwise use the middle initial.

**Code Values Not Applicable**

### Rules:

* If no middle name or initial is available, leave blank.

### Frequency:

* Collected at request for service if possible, and updated upon change.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* None

### History:

### Notes:

## Last Name

Section: Client Demographics

### Definition:

Indicates the surname/family/last name of a client as provided by a MCO. Consistency is important here, because the last name and first names are both used as elements to uniquely identify the person across the system.

### Code Values Not Applicable

### Rules:

* Required for all clients
* Both apostrophes and hyphens are allowed

### Frequency:

* Collected at request for service if possible, and updated upon change.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Both apostrophes and hyphens are allowed

### History:

### Notes:

## Alternate Last Name

Section: Client Demographics

### Definition:

Indicates any other last name by which the client may have reported.

### Code Values Not Applicable

### Rules:

* Collect if client has an alternate last name for all clients
* If client has multiple alternate last names, choose one
* If client has no alternate last name leave blank, do not enter “same as above”, “none”, “N/A”, etc.
* Both apostrophes and hyphens are allowed

### Frequency:

* Collected at request for service if possible, and updated upon change.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* None

### History:

### Notes:

## Social Security Number

Section: Client Demographics

### Definition:

A number assigned by the Social Security Administration that identifies a client

**Code Values Not Applicable**

**Rules:**

* Collect for al clients when possible
* Leave blank if unknown or refused
* Must be a valid Social Security Number

### Frequency:

* Whenever possible or upon change

**Data Use:**

* Identify the client
* Unduplication of clients – identifying clients with same name but different people
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

**Validation:**

* Does not allow obvious invalid numbers
* 9 digits of the same number
* 9 sequential ascending or descending numbers
* More than 9 characters

**History:**

**Notes:**

## Birthdate

Section: Client Demographics

### Definition:

Indicates the date of birth (DOB) of the client.

**Code Values Not Applicable**

### Rules:

* If DOB is not available, enter 29991231, this is the value used by the ProviderOne Medicaid Billing system for missing DOB.

### Frequency:

* Collected on date of first date of contact or as soon as possible thereafter and updated if corrections needed

### Data Use:

* Used to derive the client’s age
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Cannot be blank
* Required for client demographics transaction
* Must be valid date, not in the future, or 29991231

### History:

### Notes:

## Gender

Section: Client Demographics

### Definition:

Indicates a person's self-identified gender.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Female |  |
| 2 | Male |  |
| 4 | Transgender | Gender identity differs from the sex they were assigned at birth |
| 5 | Intersex | Person born with characteristics of both |
| 7 | Transgender female | Designated male at birth but identifies as female: Code as male |
| 8 | Transgender male | Designated female at birth but identifies as male: Code as female |
| 97 | Unknown | Unknown |
| 98 | Refused | Person refused to answer |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Nationally Accepted HIT Code Crosswalk:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Value | LOINC® Answer ID | LOINC Comment | SNOMED CT® | SNOMED Comment | HL7 Version 3 | HL7 Comment |
| Female |  |  | 446141000124107 | Female |  |  |
| Male |  |  | 446151000124109 | Male |  |  |
| Transgender |  |  |  |  |  |  |
| Intersex |  |  |  |  |  |  |
| Transgender female |  |  | 407376001 | Male-to-Female (MTF)/Transgender Female/Trans Woman. |  |  |
| Transgender male |  |  | 407377005 | Female-to-Male (FTM)/Transgender Male/Trans Man. |  |  |
| Unknown |  |  |  |  |  |  |
| Refused |  |  |  |  | ASKU | Choose not to disclose |

### Rules:

* Only one option allowed
* Required for all clients

### Frequency:

* Collected on date of first service or whenever possible and updated if corrections needed

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Cannot be blank
* Required for client demographics transaction
* Must be valid code

### History:

### Notes:

* In a more limited list that only includes: male, female, or unknown, transgender male would be coded as female, and transgender female would be coded as male

## Hispanic Origin

Section: Client Demographics

### Definition:

Indicates the Hispanic origin the client associates with (e.g. Mexican, Puerto Rican, Cuban, Central American or South American, or other Spanish origin or descent, regardless of race). Hispanic denotes a place of origin or cultural affiliation rather than a race (i.e. a person can be both white and Hispanic or black and Hispanic and so on).

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 709 | Cuban |  |
| 000 | Hispanic - Specific Origin Unknown |  |
| 722 | Mexican |  |
| 998 | Not of Hispanic Origin |  |
| 799 | Other Specific Hispanic (e.g., Chilean, Salvadoran, Uruguayan) |  |
| 727 | Puerto Rican |  |
| 999 | Unknown |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Nationally Accepted HIT Code Crosswalk:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Value | LOINC® Answer ID | LOINC Comment | SNOMED CT® | SNOMED Comment | CDC/PHIN | CDC Comment |
| Cuban |  |  |  |  | 2182-4 | Cuban |
| Hispanic - Specific Origin Unknown |  |  |  |  | 2135-2 | Hispanic or Latino |
| Mexican |  |  |  |  | 2148-5 | Mexican |
| Not of Hispanic Origin |  |  |  |  | 2186-5 | Not Hispanic or Latino |
| Other Specific Hispanic (e.g., Chilean, Salvadoran, Uruguayan) |  |  |  |  | Specific Hispanic codes can be found at: [https://phinvads.cdc.gov/vads/ViewValueSet.action?id=34D34BBC-617F-DD11-B38D-00188B398520#](https://phinvads.cdc.gov/vads/ViewValueSet.action?id=34D34BBC-617F-DD11-B38D-00188B398520) |  |
| Puerto Rican |  |  |  |  | 2180-8 | Puerto Rican |
| Unknown |  |  |  |  |  |  |

### Rules:

* Only one option allowed
* Required for all clients
* Collected at assessment and whenever status changes

### Frequency:

* Collected on date of first service or whenever possible and updated if corrections needed

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Cannot be blank
* Required for client demographics transaction
* Must be valid code

### History:

### Notes:

## Primary Language

Section: Client Demographics

### Definition:

Indicates the primary speaking language of the client as used in the home, even if that language is English.

### Code Values:

See Appendix F

### Rules:

* Only one option allowed
* Required for all clientsSubmit “eng” if the primary speaking language of the client is English

### Frequency:

* Collected on date of request for service or whenever possible and updated whenever status changes

### Data Use:

* Community Mental Health Services Block Grant (MHBG)

### Validation:

* Must be valid code

### History:

### Notes:

* Source for ProviderOne language list
* Primary language is contained in Appendix F

## Race(s)

Section: Client Demographics

### Definition:

Indicates the race(s) the client identifies as. Race categories are based on the US Department of Health and Human Services implementation collection standards for race and ethnicity with the addition of 3 categories: Cambodian, Laotian, and Middle Eastern.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 021 | American Indian/ Alaskan Native |  |
| 031 | Asian Indian |  |
| 040 | Black or African American |  |
| 604 | Cambodian |  |
| 605 | Chinese |  |
| 608 | Filipino |  |
| 660 | Guamanian or Chamorro |  |
| 032 | Native Hawaiian |  |
| 611 | Japanese |  |
| 010 | White |  |
| 612 | Korean |  |
| 613 | Laotian |  |
| 801 | Middle Eastern |  |
| 034 | Other Asian |  |
| 033 | Other Pacific Islander |  |
| 050 | Other Race |  |
| 999 | Unknown |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Nationally Accepted HIT Code Crosswalk:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Value | LOINC® Answer ID | LOINC Comment | SNOMED CT® | SNOMED Comment | CDC/PHIN | CDC Comment | OMB | OMB Comment |
| American Indian/ Alaskan Native |  |  |  |  | 1735-0  1002-5  1004-1 | Alaskan Native - 1735-0  American Indian/Alaskan Native - 1002-5  American Indian - 1004-1 | 1002-5 | American Indian/ Alaskan Native |
| Asian Indian |  |  |  |  | 2029-7 | Asian Indian | 2028-9 | Asian |
| Black or African American |  |  |  |  | 2058-6 | African American | 2054-5 | Black or African American |
| Cambodian |  |  |  |  | 2033-9 | Cambodian | 2028-9 | Asian |
| Chinese |  |  |  |  | 2034-7 | Chinese | 2028-9 | Asian |
| Filipino |  |  |  |  | 2036-2 | Filipino | 2076-08 | Native Hawaiian or other Pacific Islander |
| Guamanian or Chamorro |  |  |  |  | 2086-7 | Guamanian or Chamorro | 2076-08 | Native Hawaiian or other Pacific Islander |
| Native Hawaiian |  |  |  |  | 2079-2  2076-8 | Native Hawaiian (2079-2)  Native Hawaiian or other Pacific Islander (2076-8) | 2076-08 | Native Hawaiian or other Pacific Islander |
| Japanese |  |  |  |  | 2039-6 | Japanese | 2028-9 | Asian |
| White |  |  |  |  | 2106-3 | White | 2106-3 | White |
| Korean |  |  |  |  | 2040-4 | Korean | 2028-9 | Asian |
| Laotian |  |  |  |  | 2041-2 | Laotian | 2028-9 | Asian |
| Middle Eastern |  |  |  |  | 2118-8 | Middle Eastern or North African |  |  |
| Other Asian |  |  |  |  | 2028-9 | Asian | 2028-9 | Asian |
| Other Pacific Islander |  |  |  |  | 2500-7  2076-8 | Other Pacific Islander (2500-7)  Native Hawaiian or other Pacific Islander (2076-8) | 2076-08 | Native Hawaiian or other Pacific Islander |
| Other Race |  |  |  |  | 2131-1 | Other Race |  |  |
| Unknown |  |  |  |  |  |  |  |  |

### Rules:

* Required for all clients at assessment and whenever status changes.
* Select one or more categories, if a person selects more than 1 code, enter each one in sequence.
* If client does not identify with any of the listed races, then code “050” for Other Race.
* If information is not available or unknown, then code “999”.
* Data submitted has to be a multiple of 3 and up to 6 race codes can be submitted

### Frequency:

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Sexual Orientation

Section: Client Demographics

### Definition:

Indicates a client’s voluntarily stated sexual orientation.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Heterosexual | Attraction to persons of the opposite sex |
| 3 | Gay/Lesbian/Queer/Homosexual | Attraction to persons of the same sex. |
| 4 | Bisexual | Term for women and men whose sexual/affectional identity is oriented to members of both the same and opposite sex. |
| 5 | Questioning | Term generally used for adolescents who may be in the process of becoming more comfortable with their sexual orientation identification. Usually describes a youth who may be exploring identifying as gay/lesbian in a culture that generally assumes identification as heterosexual. |
| 9 | Choosing not to disclose | Use when an individual is uncomfortable or unwilling to disclose their sexual orientation. |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for all clients
* Do not collect for individuals under age 13, instead report 9-Choosing not to disclose
* If an assessment occurs and age is 13 and over, 9- Choosing not to disclose is an acceptable response

### Frequency:

* Collected on date of request for service or whenever possible and updated whenever status changes

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Cannot be blank
* Must be valid code

History:

### Notes:

# Client Address 022.03

## Address Line 1

Section: Client Address

### Definition:

Indicates the street address where the client currently resides.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* Required for all clients
* Use US Postal Addressing Standards for address

### Frequency:

* Collected at request for service if possible, and updated upon change
* Required field for all clients.
* Optional for SUD clients in withdrawal management services, but should be reported if possible.
* If unknown, write “unknown” in this field (ADDRESS LINE 1). Do not put unknown in any of the other Address fields, leave them blank.
* If address of residency is not available, then submit the client’s mailing address; if mailing is not available, report address elements available; at a minimum report county and city
* If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting
* Reports for legislature
* Program evaluation

### Validation:

* None

### History:

### Notes:

## Address Line 2

Section: Client Address

### Definition:

Indicates the continuation of the street address where the client currently resides.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* Required for all clients
* Use US Postal Addressing Standards for address

### Frequency:

* Collected at request for service if possible, and updated whenever there are changes
* Required field for all clients
* Optional for SUD clients in withdrawal management services, but should be reported if possible.
* If unknown, write “unknown” in the (ADDRESS LINE 1) field. Do not put unknown in any of the other Address fields including this one, rather keep the rest of the Address fields blank.
* If address of residency is not available, then submit the client’s mailing address; if mailing is not available, report address elements available; at a minimum report county and city
* If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting
* Reports for legislature
* Program evaluation

### Validation:

* None

### History:

### Notes:

## City

Section: Client Address

### Definition:

Indicates the client's current city of residence.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Use US Postal Addressing Standards for address
* Required for all clients
* Optional for SUD clients in withdrawal management services, but should be reported if possible.
* If address of residency is not available, then submit the client’s mailing address; if mailing is not available, report address elements available; at a minimum report county and city
* If client is homeless or unable to provide a physical street address, report what is available, and must include city, county and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

### Frequency:

* Collected at request for service if possible, and updated whenever there are changes.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting
* Reports for legislature
* Program evaluation

### Validation:

* None

### History:

### Notes:

## County

Section: Client Address

### Definition:

Indicates the county where the client currently resides.

### Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Code | Value |
| 53001 | Adams | 53041 | Lewis |
| 53003 | Asotin | 53043 | Lincoln |
| 53005 | Benton | 53045 | Mason |
| 53007 | Chelan | 53047 | Okanogan |
| 53009 | Clallam | 53049 | Pacific |
| 53011 | Clark | 53051 | Pend Oreille |
| 53013 | Columbia | 53053 | Pierce |
| 53015 | Cowlitz | 53055 | San Juan |
| 53017 | Douglas | 53057 | Skagit |
| 53019 | Ferry | 53059 | Skamania |
| 53021 | Franklin | 53061 | Snohomish |
| 53023 | Garfield | 53063 | Spokane |
| 53025 | Grant | 53065 | Stevens |
| 53027 | Grays Harbor | 53067 | Thurston |
| 53029 | Island | 53069 | Wahkiakum |
| 53031 | Jefferson | 53071 | Walla Walla |
| 53033 | King | 53073 | Whatcom |
| 53035 | Kitsap | 53075 | Whitman |
| 53037 | Kittitas | 53077 | Yakima |
| 53039 | Klickitat | 40050 | Unknown or out of state |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Required for all clients
* Optional for SUD clients in withdrawal management services, but should be reported if possible.
* If address of residency is not available, then submit the Client’s mailing address; if mailing is not available, report address elements available; at a minimum report county and city
* If client is homeless or unable to provide a physical street address, report what is available, and must include city, county, and state or zip code. In the case of residence in a tent in the woods, report closest city, county, and state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.

### Frequency:

* Collected at request for service if possible, and updated whenever there are changes.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting
* Reports for legislature
* Program evaluation

### Validation:

* None

### History:

### Notes:

## State

Section: Client Address

### Definition:

Indicates the US postal service standard two-letter abbreviation of the state where the client currently resides.

### Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Code | Value |
| Alabama | AL | Missouri | MO |
| Alaska | AK | Montana | MT |
| Arizona | AZ | Nebraska | NE |
| Arkansas | AR | Nevada | NV |
| California | CA | New Hampshire | NH |
| Colorado | CO | New Jersey | NJ |
| Connecticut | CT | New Mexico | NM |
| Delaware | DE | New York | NY |
| District of Columbia | DC | North Carolina | NC |
| Florida | FL | North Dakota | ND |
| Georgia | GA | Ohio | OH |
| Hawaii | HI | Oklahoma | OK |
| Idaho | ID | Oregon | OR |
| Illinois | IL | Pennsylvania | PA |
| Indiana | IN | Puerto Rico | PR |
| Iowa | IA | Rhode Island | RI |
| Kansas | KS | South Carolina | SC |
| Kentucky | KY | South Dakota | SD |
| Louisiana | LA | Tennessee | TN |
| Maine | ME | Texas | TX |
| Maryland | MD | Utah | UT |
| Massachusetts | MA | Vermont | VT |
| Michigan | MI | Virginia | VA |
| Minnesota | MN | Washington | WA |
| Other Country | OT | West Virginia | WV |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Use US Postal Addressing Standards for address
* Required for all clients
* Optional for SUD clients in withdrawal management services, but should be reported if possible.
* If address of residency is not available, then submit the client’s mailing address; if mailing is not available, report address elements available; at a minimum report county and city
* If client is homeless or unable to provide a street address, report what is available, including city, state or zip code. In the case of residence in a tent in the woods, report closest city, state or zip code (or the closest by proximity), but do not report provider agency as the closest proximity.
* For addresses from other countries select OT and other address field elements can be left blank
* Frequency:
* Collected at request for service if possible, and updated whenever there are changes.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* None

### History:

### Notes:

## Zip Code

Section: Client Address

### Definition:

Indicates the client’s zip code of the area of residency.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* Required for all clients
* Use US Postal Addressing Standards for address
* Optional for SUD clients in withdrawal management services, but should be reported if possible.
* If client is homeless or unable to provide a street address, report what is available, including city, state or zip code. In the case of residence in a tent in the woods, report closest city, state or zip code (or the closest by proximity).

### Frequency:

* Collected at request for service if possible, and updated whenever there are changes.

### Data Use:

* Identify the client
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* None

### History:

### Notes:

## Facility Flag

Section: Client Address

### Definition:

This element is a flag to denote if the client is staying at a facility, submit the facility address with the facility flag as Y.

### Code Values:

|  |  |
| --- | --- |
| Code | Value |
| Y | Yes |
| N | No |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only use if the client does not have a home address to denote that the address is a facility.

### Data Use:

* Identify the facility
* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* None

### History:

### Notes:

# Client Profile 035.10

## Profile Record Key

Section: Client Profile

### Definition:

This is the primary key for the profile record. This is created uniquely by client and by provider agency.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for all clients

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes or every 90 days whichever comes first

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Education

Section: Client Profile

### Definition:

Indicates the educational achievement of the client.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | No formal schooling |  |
| 2 | Nursery school, pre-school, head start |  |
| 3 | Kindergarten, Less than one school grade |  |
| 4 | Grade 1 |  |
| 5 | Grade 2 |  |
| 6 | Grade 3 |  |
| 7 | Grade 4 |  |
| 8 | Grade 5 |  |
| 9 | Grade 6 |  |
| 10 | Grade 7 |  |
| 11 | Grade 8 |  |
| 12 | Grade 9 |  |
| 13 | Grade 10 |  |
| 14 | Grade 11 |  |
| 15 | Grade 12 | Indicates client is completing fourth year of high school, and does not have a high school diploma or GED |
| 16 | High School Diploma or GED | Indicates client has high school diploma or GED, but no college |
| 17 | 1st Year of College/University (Freshman) |  |
| 18 | 2nd Year of College/University (Sophomore) or Associate Degree |  |
| 19 | 3rd Year of College/University (Junior) |  |
| 20 | 4th Year of College (Senior) | Indicates client is in their fourth year of college |
| 21 | Bachelor's Degree | Indicates client has Bachelor’s Degree, but no graduate school |
| 22 | Graduate or professional school - includes Master's and Doctoral degrees, medical school, law school, etc. |  |
| 23 | Vocational School – includes business, technical, secretarial, trade, or correspondence courses, which provide specialized training for skilled employment. |  |
| 97 | Unknown |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Nationally Accepted HIT Code Crosswalk:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Value | LOINC® Answer ID | LOINC Comment | SNOMED CT® | SNOMED Comment | HL7 Version 3 | HL7 Comment |
| No formal schooling | LA15606-9 | Never attended/kindergarten only |  |  |  |  |
| Nursery school, pre-school, head start |  |  |  |  |  |  |
| Kindergarten, Less than one school grade | LA15606-9 | Never attended/kindergarten only |  |  |  |  |
| Grade 1 | LA15607-7 | Grade 1 |  |  |  |  |
| Grade 2 | LA15608-5 | Grade 2 |  |  |  |  |
| Grade 3 | LA15609-3 | Grade 3 |  |  |  |  |
| Grade 4 | LA15610-1 | Grade 4 |  |  |  |  |
| Grade 5 | LA15611-9 | Grade 5 |  |  |  |  |
| Grade 6 | LA15612-7 | Grade 6 |  |  |  |  |
| Grade 7 | LA15613-5 | Grade 7 |  |  |  |  |
| Grade 8 | LA15614-3 | Grade 8 |  |  |  |  |
| Grade 9 | LA15615-0 | Grade 9 |  |  |  |  |
| Grade 10 | LA15616-8 | Grade 10 |  |  |  |  |
| Grade 11 | LA15617-6 | Grade 11 |  |  |  |  |
| Grade 12 | LA15618-4 | 12th grade, no diploma |  |  |  |  |
| High School Diploma or GED | LA15564-0 LA15619-2 | |  | | --- | | High school graduate    (LA15564-0) | | GED or equivalent    (LA15619-2) | |  |  |  |  |
| 1st Year of College/University (Freshman) | LA15620-0 | Some college, no degree |  |  |  |  |
| 2nd Year of College/University (Sophomore) or Associate Degree | LA15622-6  LA15620-0 | Associate degree: academic program  (LA15622-6)  Some college, no degree (LA15620-0) |  |  |  |  |
| 3rd Year of College/University (Junior) | LA15620-0 | Some college, no degree |  |  |  |  |
| 4th Year of College (Senior) | LA15620-0 | Some college, no degree |  |  |  |  |
| Bachelor's Degree | LA12460-4 | Bachelor’s degree (e.g., BA, AB, BS) |  |  |  |  |
| Graduate or professional school - includes Master's and Doctoral degrees, medical school, law school, etc. | LA12461-2  LA15625-9  LA15626-7 | Master’s degree (e.g., MA, MS, MEng, MEd, MSW, MBA)    - LA12461-2  Professional school degree (example: MD, DDS, DVM, JD)    - LA15625-9  Doctoral degree (example: PhD, EdD)    - LA15626-7 |  |  |  |  |
| Vocational School – includes business, technical, secretarial, trade, or correspondence courses, which provide specialized training for skilled employment. | LA15621-8 | Associate degree: occupational, technical, or vocational program |  |  |  |  |
| Unknown | LA12688-0 | Don't know |  |  |  |  |

<https://r.details.loinc.org/AnswerList/LL1069-5.html>

### Rules:

* Only one option allowed
* Required for all clients
* Report the current grade level (i.e. if in 8th grade, report code 11). If it is summer after completion of a grade level, report the next grade level (i.e. if completed 8th grade in June and it is now August, report 9th grade).

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes or every 90 days whichever comes first

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Employment

Section: Client Profile

### Definition:

Indicates the client's current employment or primary daily activity as per Washington Administrative Code 458-20-267. If the client engages in multiple employment or daily activities, report the highest level of employment or activity.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 01 | FULL TIME – works at least 35 hours per week; includes members of the Armed Forces, and clients in full-time Supported Employment |  |
| 02 | PART TIME – works less than 35 hours per week; includes clients in part-time Supported Employment |  |
| 03 | UNEMPLOYED – defined as actively looking for work or laid off from job (and awaiting to be recalled) in the past 30 days |  |
| 05 | EMPLOYED – FULL TIME/PART TIME– full time or part time status cannot be ascertained |  |
| Use the appropriate valid code for the specified classification of a person who is ‘Not in the Labor Force,’ defined as not employed and not actively looking for work during the past 30 days (i.e. people not interested to work or people who have been discouraged to look for work). | | |
| 14 | HOMEMAKER |  |
| 24 | STUDENT |  |
| 34 | RETIRED |  |
| 44 | DISABLED |  |
| 64 | OTHER REPORTED CLASSIFICATION | E.g. volunteers |
| 74 | SHELTERED/NON-COMPETITIVE EMPLOYMENT |  |
| 84 | NOT IN THE LABOR FOURCE-CLASSIFICATION NOT SPECIFIED |  |
| 96 | NOT APPLICABLE |  |
| 97 | UNKNOWN |  |
| 98 | NOT COLLECTED |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Required for all clients.
* Collected at admission and discharge and at least every 90 days or upon change whichever comes first.
* “Highest level of employment or activity” corresponds to the value code (i.e. code 01, FULL TIME is a higher level than code 02, PART TIME).
* Only use Code 98 (NOT COLLECTED) if unable to collect because crisis phone service or pre-intake service was provided.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting
* Community Mental Health Services Block Grant (MHBG)
* State reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Marital Status

Section: Client Profile

### Definition:

Indicates the current marital status of the client.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Single or Never married | Includes clients who are single or whose only marriage was annulled |
| 2 | Now married or Committed Relationship | Includes married couples, those living together as married, living with partners, or cohabiting |
| 3 | Separated | Includes married clients legally separated or otherwise absent from spouse because of marital discord |
| 4 | Divorced | Includes clients who are not in a relationship and whose last relationship was a marriage dissolved by judicial declaration |
| 5 | Widowed | Includes clients who are not in a relationship and whose last relationship was a marriage and their spouse died. |
| 97 | Unknown | Unknown |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Nationally Accepted HIT Code Crosswalk:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Value | LOINC® Answer ID | LOINC Comment | SNOMED CT® | SNOMED Comment | HL7 Version 3 | HL7 Comment |
| Single or Never married | LA47-6 | Never Married |  |  |  |  |
| Now married or Committed Relationship | LA48-4 | Married |  |  |  |  |
| Separated | LA4288-2 | Separated |  |  |  |  |
| Divorced | LA51-8 | Divorced |  |  |  |  |
| Widowed | LA49-2 | Widowed |  |  |  |  |
| Unknown | LA12688-0 | Don’t know |  |  |  |  |

<https://r.details.loinc.org/LOINC/76506-5.html?sections=Comprehensive>

### Rules:

* Only one option allowed
* Required for all clients

### Frequency:

* Collected on date of first service or whenever possible and updated at least every 90 days or upon change whichever comes first

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Parenting

Section: Client Profile

### Definition:

Indicates whether a client has dependent children. Dependent children are defined as less than 18 years of age. “Parenting” indicates some form or level of custodial or child support responsibility (i.e. part-time custody or when there is not custody, but parent pays child support).

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| Y | Yes | Client has some level of custodial or child support responsibility |
| N | No | Client does not have some level of custodial or child support responsibility |
| U | Unknown | Unknown |
| R | Refused to Answer | Refused to Answer |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for female Substance Use Disorder clients only, optional for all other clients.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes.
* Collected at admission, discharge and updated at least every 90 days or upon change whichever comes first.

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Pregnant

Section: Client Profile

### Definition:

Indicates whether a client is pregnant.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| Y | Yes |  |
| N | No |  |
| U | Unknown |  |
| R | Refused to answer |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Nationally Accepted HIT Code Crosswalk:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Value | LOINC® Answer ID | LOINC Comment | SNOMED CT® | SNOMED Comment | HL7 Version 3 | HL7 Comment |
| Yes | LA15173-0 | Pregnant |  |  |  |  |
| No | LA26683-5 | Not pregnant |  |  |  |  |
| Unknown | LA4489-6 | Unknown |  |  |  |  |
| Refused to answer |  |  |  |  |  |  |

<https://r.details.loinc.org/LOINC/82810-3.html?sections=Comprehensive>

### Rules:

* Only one option allowed
* Required for female Substance Use Disorder clients only

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes.
* Collected at admission, discharge and updated at least every 90 days or upon change whichever comes first.

### Data Use:

* Community Mental Health Services Block Grant (MHBG)

### Validation:

* Must be valid code

### History:

### Notes:

## Smoking Status

Section: Client Profile

### Definition:

Indicates a client's smoking status. In this case, vaping is not considered a form of smoking.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Current smoker |  |
| 2 | Former smoker |  |
| 3 | Never smoked |  |
| 97 | Unknown |  |
| 98 | Refused to answer |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Nationally Accepted HIT Code Crosswalk:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Value | LOINC® Answer ID | LOINC Comment | SNOMED CT® | SNOMED Comment | HL7 Version 3 | HL7 Comment |
| Current smoker | LA18976-3  LA18977-1 | Current every day smoker   (LA18976-3)  Current some day smoker (LA18977-1) |  |  |  |  |
| Former smoker | LA15920-4 | Former smoker |  |  |  |  |
| Never smoked | LA18978-9 | Never smoker |  |  |  |  |
| Unknown | |  |  | | --- | --- | |  | LA18980-5 | | Unknown if ever smoked |  |  |  |  |
| Refused to answer |  |  |  |  |  |  |

<https://s.details.loinc.org/LOINC/72166-2.html?sections=Comprehensive>

### Rules:

* Only one option allowed
* Required for all clients

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes.

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Residence

Section: Client Profile

### Definition:

Indicates client's primary residence over the last 30 days preceding date of collection.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Homeless without housing | Individual primarily resides “on the street” or in a homeless shelter. |
| 2 | Foster Home/ Foster Care | Individual resides in a foster home. A foster home is a home that is licensed by a county or State department to provide foster care to children, adolescents, and/or adults. This includes therapeutic foster care facilities. Therapeutic foster care is a service that provides treatment for troubled children within private homes of trained families. |
| 3 | Residential Care | Individual resides in a residential care facility. This level of care may include a group home, therapeutic group home, board and care, residential treatment, rehabilitation center, or agency-operated residential care facilities. |
| 4 | Crisis Residence | A time-limited residential (24 hours/day) stabilization program that delivers services for acute symptom reduction and restores clients to a pre-crisis level of functioning. |
| 5 | Institutional Setting | Individual resides in an institutional care facility with care provided on a 24 hour, 7 days a week basis. This level of care may include skilled nursing/ intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans’ affairs hospital, or state hospital. |
| 6 | Jail/ Correctional Facility | Individual resides in a jail and/or correctional facility with care provided on a 24 hour, 7 days a week basis. This includes a jail, correctional facility, detention centers, and prison. |
| 7 | Private Residence | For adults only: this category reflects the living arrangement of adult clients where “independent”/”dependent” status is unknown. Otherwise, use “independent living”/”dependent living” as appropriate. |
| 8 | Independent Living | For adults only: this category describes adult clients living independently in a private residence and capable of self-care. It includes clients who live independently with case management support or with supported housing supports. This category also includes clients who are largely independent and choose to live with others for reasons not related to mental illness. They may live with friends, spouse, or other family members. The reasons for shared housing could include personal choice related to culture and/or financial considerations. |
| 9 | Dependent Living | For adults only: this category describes adult clients living in a house, apartment, or other similar dwellings and are heavily dependent on others for daily living assistance |
| 10 | Private Residence | For children only – use this code for all children living in a private residence regardless of living arrangement. |
| 11 | Other Residential Status |  |
| 12 | Homeless with housing | Individual does not have a fixed regular nighttime residence and typically stays (“couch surfs” ) at the home of family or friends. |
| 97 | Unknown |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for all clients
* Use “Unknown” if a particular situation does not fit in one of the categories
* Codes for “PRIVATE RESIDENCE – adult only”, “DEPENDENT LIVING”, and “INDEPENDENT LIVING” should be used for adult clients only (age 18 and over)
* Children / Adults who live in family foster homes and therapeutic foster homes should use “FOSTER HOME/FOSTER CARE” and NOT “PRIVATE RESIDENCE”
* Although reported at least every 90 days or upon change whichever comes first, the living situation indicates where the client was the majority of the time in the preceding 30 days. It is optional to report this element on a more frequent basis in order to capture a change in residence.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## School Attendance

Section: Client Profile

### Definition:

Indicates if the client has attended any form of school within the last 3 months.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| Y | Yes | Client has attended school at any time in the past 3 months |
| N | No | Client has not attended school at any time in the past 3 months |
| U | Unknown | Unknown |
| R | Refused to Answer | Refused to Answer |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for all clients

### Frequency:

* Collected on date of first service or whenever possible and updated at least every 90 days or upon change whichever comes first

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Self Help Count

Section: Client Profile

### Definition:

Indicates the average number of times in a week the client has attended a self-help program in the thirty days preceding the date of collection. Includes attendance at AA, NA, and other self-help/mutual support groups focused on recovery from Substance Use Disorder and dependence.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | No attendance |  |
| 2 | Less than once a week |  |
| 3 | About once a week |  |
| 4 | 2 to 3 times per week |  |
| 5 | At least 4 times a week |  |
| 97 | Unknown |  |
| 6 | Not Collected |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Collected at admission and discharge and updated at least every 90 days or upon change whichever comes first
* For admission records, the reference period is the 30 days prior to admission
* For discharge records, the reference period is the 30 days prior to discharge.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting
* SAMHSA TEDS Field Number SuDS 17 (admission)
* SAMHSA TEDS Field Number DIS 27 (discharge)
* SAMHSA TEDS Field Number SuDS 17 (admission) and DIS 27 (discharge)

### Validation:

* Must be valid code
* If this field is blank or contains an invalid value, the value will be changed to *99 Invalid* data and a warning error will be generated.
* When this information is reported on a mental health record, **Co-occurring Mental and Substance Use Disorders** must be *1 Yes*, or a warning error will be generated.

### History:

### Notes:

* Source: <https://wwwdasis.samhsa.gov/dasis2/manuals/combined_su_mh_teds_manual.pdf>

## Used Needle Recently

Section: Client Profile

### Definition:

Indicates if the client has injected illicit or unprescribed drugs in the last 30 days.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| Y | Yes |  |
| N | No |  |
| R | Refuse to answer |  |
| U | Unknown |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Collected at admission and discharge and updated at least every 90 days or upon change whichever comes first

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Needle Use Ever

Section: Client Profile

### Definition:

Indicates if the client has ever used needles to inject illicit or unprescribed drugs.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Continuously |  |
| 2 | Intermittently |  |
| 3 | Rarely |  |
| 4 | Never |  |
| 97 | Unknown |  |
| 98 | Refused to answer |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required field for all Substance Use Disorder clients; optional for mental health clients.
* Collected at admission, discharge, and updated at least every 90 days or upon change whichever comes first.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Military Status

Section: Client Profile

### Definition:

Indicates if the client has ever served as an active member in the U.S. military.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Yes |  |
| 2 | No |  |
| 3 | Refuse |  |
| 4 | Unknown |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for all clients
* Report code 1 (Yes) regardless of length of service or if the client was dishonorably discharged.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## SMI/SED Status

Section: Client Profile

### Definition:

Indicates whether the client has serious mental illness (SMI) or serious emotional disturbance (SED) using the state definition. Use the most recent available status at the end of the reporting period.

Serious Mental Illness (SMI): Pursuant to section 1912(c) of the Public Health Service Act, adults with serious mental illness SMI are persons: (1) age 18 and over and (2) who currently have, or at any time during the past year had a diagnosable mental behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions) with the exception of DSM-IV "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment, which substantially interferes with or limits one or more major life activities. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.

Serious Emotional Disturbance (SED): Pursuant to section 1912(c) of the Public Health Service Act "children with a serious emotional disturbance" are persons: (1) from birth up to age 18 and (2) who currently have, or at any time during the last year, had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R. Federal Register Volume 58 No. 96 published Thursday May 20, 1993 pages 29422 through 29425.

**Note: The above definitions are the current Federal definitions. HCA expects that MCOs, BH ASOs and their providers will use the appropriate DSM 5 and/or ICD 10 diagnostic coding conventions.**

### Code Values:

Numeric (1 character)

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | SMI |  |
| 2 | SED |  |
| 3 | At risk for SED | Optional |
| 4 | Not SMI or SED |  |
| 97 | Unknown | Individual client value is unknown. |
| 98 | Not collected | Field is not collected |

### Rules:

* Community-based and state hospital or other inpatient populations
* Use code *4 (Not SMI or SED)* if the client has not been found eligible for SMI or SED services.
* Use code 9*7 (Unknown)* for client undergoing evaluation for SMI or SED eligibility pending any decision.
* Use code 9*7 (Unknown)* if the state collects these data but for some reason a particular record does not reflect an acceptable value, unless exempt from reporting (use code 98).
* Use code *98 (Not Collected)* if the state does not collect these data or per state policy this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.

### Frequency:

* Report at discharge or most recent available at the end of the reporting period for clients remaining in the SMHA caseload

### Data Use:

* SAMHSA MH-CLD Field Number C-08

### Validation:

* If this field is blank or contains an invalid value, the value will be changed to *9 (Invalid Data)* and a non-fatal data edit violation error will be generated.
* When client’s age is 17 years or younger, code 1 cannot be used or a non-fatal data edit violation error will be generated.
* When client’s age is 18 years or older, code 2 and 3 cannot be used or a non-fatal data edit violation error will be generated. Exception: codes 2 or 3 may be used for young adults, 18-21 years old, who are protected under the IDEA and continue to receive mental health services from the state’s children mental health system.
* SMI/SED Status field cannot use codes 2 or 3 for clients over age 22 (>22) and cannot use code 1 for clients under age 17; can use any code for clients between age 17 and 22.
* When MHBG Funded Services = 1, SMI/SED Status (C-08) must either = 1 or 2

### Notes:

Source: <https://wwwdasis.samhsa.gov/dasis2/mhcld/MH-CLD-Final-InstructionManual-Version2-6.pdf>

# Authorization 023.03

## Authorization Decision Date

Section: Authorization

### Definition:

The date the authorization decision was made by the BH-ASO.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Required for all clients

### Frequency:

* Reported at time of authorization

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting
* Program Evaluation

### Validation:

* Must be valid date

### History:

### Notes:

## Authorization ID

Section: Authorization

### Definition:

A unique number assigned to an authorization. Created by the BH-ASO. Must be unique within the BH-ASO.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Every authorization must have a unique authorization ID

### Frequency:

* Collected at time of authorization

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Authorization Start Date

Section: Authorization

### Definition:

Indicates the start date of the client’s authorization for services. Does not indicate the date authorization was requested, but rather the start of the authorization period for services.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Required for all clients for whom an authorization is requested
* May be null if Authorization Decision is equal to 4 or 5

### Frequency:

* Reported at time of authorization

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

## Authorization End Date

Section: Authorization

### Definition:

Indicates the end date of the client’s authorization for services.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Required for all clients for whom an authorization is requested
* May be null if the authorization is an open authorization
* May be null if Authorization Decision is equal to 4 or 5

### Frequency:

* Reported at time of authorization.

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

## Authorization Decision

Section: Authorization

### Definition:

Indicates the BH-ASO decision regarding authorization for treatment. Indicates whether the client meets the medical necessity and was authorized for services by the BH-ASO. Authorization decision does not determine which CPT\HCPC codes may be sent and processed by ProviderOne.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Authorized for Substance Use Disorder |  |
| 2 | Authorized for Mental Health |  |
| 3 | Authorized for Mental Health and authorized for Substance Use Disorder |  |
| 4 | No authorization required as no services following intake were requested |  |
| 5 | Denied/Doesn't meet medical necessity |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Required for all clients at intake/assessment and whenever authorization status changes.
* If a client is authorized at the same time to receive Substance Use Disorder and Mental Health, then report both (code 3).
* If the client is authorized to receive Substance User Disorder and Mental Health services in separate authorization requests, then report each under a separate transaction.
* Report regardless of whether or not the client received services.

### Frequency:

* Report when authorization decision is made

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

# Service Episode 170.06

## Episode Record Key

Section: Service Episode

### Definition:

Unique identifier for the service episode.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* Only one option allowed
* Required for all clients
* Must be unique for each transaction

### Frequency:

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Service Episode Start Date

Section: Service Episode

### Definition:

The date that starts the time period in which a client is served by a provider, based on their contracting MCO’s authorization to pay for those services within a particular episode of care.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* This is provider agency specific.
* Required for substance use disorder and mental health clients who are enrolled in a special program.
* A client may have multiple service episodes, i.e. at the same provider agency and/or multiple provider agencies.

### Frequency:

* Collected on date of first service or when episode starts

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid date

### History:

### Notes:

## Service Episode End Date

Section: Service Episode

### Definition:

The date that ends the time period in which a client is served by a provider, based on their contracting MCO’s authorization to pay for those services within a particular episode of care.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* Required for all clients when an episode of care is closed or ends

### Frequency:

* Collected at discharge or end of treatment for all programs and mental health treatment

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

## Service Episode End Reason

Section: Service Episode

### Definition:

* Indicates the primary reason the client is being discharged from treatment.
* “Lost to Contact” is used for clients who did not get back to the provider agency and are not able to be contacted.
* “Left against advice, including dropout” is a termination of treatment initiated by the client, without the Provider Agency’s concurrence.
* “Terminated by facility” is a termination of treatment services that is initiated by the provider agency in response to a client’s continued violation of the provider agency’s established rules or in response to a client’s inability to continue participating in treatment (i.e. medical reasons, transfer of job, etc.).

### Code Values:

| Code | Value | Definition |
| --- | --- | --- |
| 01 | Treatment completed | All parts of the treatment plan or program were completed. |
| 02 | Dropout | Client chose not to complete treatment program, with or without specific advice to continue treatment. Includes clients who drop out of treatment for unknown reasons, clients with whom contact is lost, clients who fail to return from leave ("AWOL"), and clients who have not received treatment for some time and are discharged for administrative purposes. |
| 03 | Terminated by facility | Treatment terminated by action of facility, generally because of client non-compliance with treatment or violation of rules, laws, policy, or procedures. |
| 04 | Transferred client showed | Client was transferred to another treatment program, provider, or facility for continuation of treatment. |
| 05 | Incarcerated | Clients whose course of treatment is terminated because the client has been subject to jail, prison, or house confinement, or has been released by or to the courts. |
| 06 | Death by Suicide | Death by Suicide |
| 07 | Death Not by Suicide | Death Not by Suicide |
| 08 | Other | Client transferred or discontinued treatment because of change in life circumstances. Examples: change of residence, illness or hospitalization, "aging out" of children's services, completion of MH assessment or evaluation that did not result to referral for a treatment service. |
| 14 | Transferred Client no show | Transferred to another treatment program or facility but client is no show. Client was transferred to another treatment program, provider, or facility, and it is known that client did not report for treatment. |
| 24 | Transferred to non SSA or SMH facility | Transferred to another treatment program or facility that is not in the SSA or SMHA reporting system For example, client is transferred to a Medicaid facility that is not mandated to report client data to the state substance abuse/behavioral health agency. The receiving facility is outside the purview of the Substance Use Agency (SSA) or State Mental Health Agencies (SMHA). |
| 34 | Discharge from SH | Discharged from the State hospital to an acute medical facility for medical services |
| 96 | Not applicable | Should be used only when submitting a Mental Health update record (i.e., Client Transaction Type = U Update). |
| 97 | Unknown | Individual client value is unknown. |
| 98 | Not collected | State does not collect this field. |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for all clients when an end date is reported in the service episode transaction.

### Frequency:

* Collected and report at service episode end

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Service Referral Source

Section: Service Episode

### Definition:

Indicates the client’s primary referral source to treatment.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Individual (includes self-referral) | Includes the client, a family member, friend, or any other individual who would not be included in any of the following categories; includes self-referral due to pending driving while intoxicated/driving under the influence (DWI/DUI). |
| 2 | Alcohol/Drug Abuse Provider | Any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education, or treatment. |
| 4 | Other Health Care Provider | A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home. |
| 6 | School (Educational) | A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency. |
| 7 | Employer/Employer Assistance Program (EAP) | A supervisor or an employee counselor. |
|  |  |  |
| 8 | Court/Criminal Justice/DUI/DWI | Any police official, judge, prosecutor, probation officer, or other person affiliated with a federal, state, or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough, or Treatment Alternatives for Safe Communities (TASC). Client need not be officially designated as “on parole.” Includes clients referred through civil commitment*. Clients in this category are further defined in* Detailed Criminal Justice Referral*.* |
| 9 | Other Community Referral | Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA). |
| 97 | Unknown | Individual client value is unknown |
|  |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
| 3 | Mental Health Provider | 2016-01-01 | 2020-06-30 |
| 5 | Self Help Group | 2016-01-01 | 2020-06-30 |

### Rules:

* Only one option allowed
* Required for all clients
* Choose the primary referral source to the service episode

### Frequency:

* Reported when an episode of care is opened by a provider agency

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

* Codes 3 and 5 have been merged with code 4.
* Both Referral Source tables in Program Identification and Service Episode contain the same values

## Date of last contact

Section: Service Episode

### Definition:

Any contact with a response is considered a last contact.

### Rules:

### Frequency:

### Data Use:

### Validation:

* The record must have a valid date.
* MM must be 01 through 12
* DD must be 01 through 31
* YYYY must be 2001 or later

### Notes:

Source: <https://www.hca.wa.gov/assets/billers-and-providers/data-dictionary.pdf> (page F-4)

## Date of first offered appointment

Section: Service Episode

### Definition:

Records the date of the first appointment for face-to-face service offered by the agency for a particular client related to this specific treatment episode.

### Rules:

* Examples include the date of the first orientation group or assessment for the client or the admission /intake session

### Frequency:

### Data Use:

### Validation:

* The record must have a valid date.
* MM must be 01 through 12
* DD must be 01 through 31
* YYYY must be 2001 or later

### Notes:

Source: <https://www.hca.wa.gov/assets/billers-and-providers/data-dictionary.pdf> (page F-4)

## Medication-Assisted Opioid Therapy

Section: Service Episode

### Definition:

This field identifies whether the use of opioid medications such as methadone, buprenorphine, and/or naltrexone is part of the client’s treatment plan.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Yes |  |
| 2 | No |  |
| 3 | Not applicable |  |
| 7 | Unknown | Individual client value is unknown. |
| 8 | Not collected | Organization does not collect this field. |

### Rules:

Substance abuse reporting: If the client is not in treatment for an opioid problem (codes 05 Heroin, 06 Non-prescription methadone, or 07 Other opiates and synthetics) in one of the Substance Abuse Problem fields, this field may be coded 6 Not applicable. This is not mandatory because it is possible that the client is being treated with opioid therapy for a substance abuse problem not among the maximum of three that can be listed.

Mental health reporting:. Reporting of this information on a mental health record is allowed only for clients with co-occurring mental health and substance abuse problems.

### Frequency:

### Data Use:

SAMHSA TEDS Field Number MDS 19 (admission)

### Validation:

If this field is blank or contains an invalid value, the value will be changed to 9 Invalid data and a warning error will be generated.

When this information is reported on a mental health record, Co-occurring Substance Abuse and Mental Health Problems must be 1 Yes, or a warning error will be generated.

### Notes:

Source: <https://wwwdasis.samhsa.gov/dasis2/manuals/Combined%20SA%20and%20MH%20TEDS%20Manual%20V4.2_6-1.pdf>

# Program Identification 060.06

## Program ID Key

Section: Program Identification

### Definition:

Unique identifier for the program instance.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* Only one option allowed
* Required for all use disorder clients who are in a program with a Program ID
* Must be unique for each transaction

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Program ID

Section: Program Identification

### Definition:

Indicates the program in which a client is enrolled.

### Code Values:

|  |  |
| --- | --- |
| Code | Value |
| 1 | **PACT Program for Assertive Community Treatment:**  The Program for Assertive Community Treatment (PACT) is an evidence-based practice for people with the most severe and persistent mental illnesses, with active symptoms and impairments, and who have not benefited from traditional outpatient programs. PACT is a person-centered, recovery-oriented mental health service delivery model that has received substantial empirical support for reducing psychiatric hospitalizations, facilitating community living, and enhancing recovery. PACT teams are either “full teams” serving up to 100 individuals, or “half-teams” serving up to 50 individuals. |
| 2 | **Chemical Dependency Disposition Alternative committable (CDDA COMM):**  This program is concerning mental health and chemical dependency treatment for juvenile offenders. Committable youth to participate in CDDA as a sentencing option for juvenile offenders. The goal is to reduce recidivism by providing a treatment option for chemically dependent or substance abusing youth. The Chemical Dependency Disposition Alternative (CDDA) is an alternative sentence for juvenile offenders who may need chemical dependency treatment. A juvenile offender is eligible for a CDDA if subject to a standard-range disposition of local sanctions or 13 to 36 weeks of confinement and has not committed an A-minus or B-plus offense, other than a first time B-plus drug offense. In these cases, the court may order a chemical dependency evaluation to determine if the youth is chemically dependent. If the court determines that a CDDA is appropriate, the court must impose a disposition and suspend that disposition with a condition that the juvenile undergo outpatient or inpatient chemical dependency treatment. Inpatient treatment for this purpose must not exceed 90 days. The court may also impose conditions of community supervision and other sanctions as part of the CDDA. |
| 3 | **Chemical Dependency Disposition Alternative locally sanctioned (CDDA LS):**This program is concerning mental health and chemical dependency treatment for juvenile offenders. Locally sanctioned youth to participate in CDDA as a sentencing option for juvenile offenders. The goal is to reduce recidivism by providing a local supervision option for chemically dependent or substance abusing youth. The Chemical Dependency Disposition Alternative (CDDA) is an alternative sentence for juvenile offenders who may need chemical dependency treatment. A juvenile offender is eligible for a CDDA if subject to a standard-range disposition of local sanctions or 13 to 36 weeks of confinement and has not committed an A-minus or B-plus offense, other than a first time B-plus drug offense. In these cases, the court may order a chemical dependency evaluation to determine if the youth is chemically dependent. If the court determines that a CDDA is appropriate, the court must impose a disposition and suspend that disposition with a condition that the juvenile undergo outpatient or inpatient chemical dependency treatment. Inpatient treatment for this purpose must not exceed 90 days. The court may also impose conditions of community supervision and other sanctions as part of the CDDA. |
| 10 | **Children’s Evidenced Based Pilot:**  Children’s services is expected to receive a grant, and definition will be provided at a later date if grant is received. |
| 11 | **Jail Services:**  Jail-based transitional mental health services for incarcerated individuals. State funds only. Includes services to individuals who have been referred by jail staff. These individuals are incarcerated and have been diagnosed with a mental illness or identified as in need of mental health services. Services can include transition services to persons with mental illness to expedite and facilitate their return to the community. Services include referrals for intake of persons who are not enrolled in community mental health services but who meet priority groups as defined in RCW 71.24. The Contractor must conduct mental health intake assessments for these persons and when appropriate provide transition services prior to their release from jail. |
| 19 | **Functional Family Therapy:**  A phasic program where each step builds on one another to enhance protective factors and reduce risk by working with both the youth and the family. The phases are engagement, motivation, assessment, behavior change, and generalization. |
| 20 | **Illness Self‐Management/Illness Management & Recovery:**  Illness Self‐Management (also called illness management or wellness management) is a broad set of rehabilitation methods aimed at teaching individuals with a mental illness strategies for: collaborating actively in their treatment with professionals; reducing their risk of relapses and re‐hospitalizations; reducing severity and distress related to symptoms; and improving their social support. Specific evidence‐based practices that are incorporated under the broad rubric of illness self-management are psycho‐education about the nature of mental illness and its treatment, "behavioral tailoring" to help individuals incorporate the taking of medication into their daily routines, relapse prevention planning, teaching coping strategies to managing distressing persistent symptoms, cognitive‐behavior therapy for psychosis, and social skills training. The goal of illness self‐management is to help individuals develop effective strategies for managing their illness in collaboration with professionals and significant others, thereby freeing up their time to pursue their personal recovery goals. |
| 21 | **Integrated Dual Disorders Treatment:**  Dual diagnosis treatments combine or integrate mental health and substance abuse interventions at the level of the clinical encounter. Hence, integrated treatment means that the same clinicians or teams of clinicians, working in one setting, provide appropriate mental health and substance abuse interventions in a coordinated fashion. In other words, the caregivers take responsibility for combining the interventions into one coherent package. For the individual with a dual diagnosis, the services appear seamless, with a consistent approach, philosophy, and set of recommendations. The need to negotiate with separate clinical teams, programs, or systems disappears. The goal of dual diagnosis interventions is recovery from two serious illnesses. |
| 23 | **Multi‐systemic Therapy:**  Multi-systemic therapy (MST) views the individual as nestled within a complex network of interconnected systems (family, school, peers). The goal is to facilitate change in this natural environment to promote individual change. The caregiver is viewed as the key to long‐term outcomes |
| 25 | **Supported Housing:**  Services to assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have support staff for monitoring and/or assisting with residential responsibilities. These staff assist clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation. Supported housing is a specific program model in which a consumer lives in a house, apartment, or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability. |
| 26 | **Therapeutic Foster Care:**  Children are placed with foster parents who are trained to work with children with special needs. Usually, each foster home takes one child at a time, and caseloads of supervisors in agencies overseeing the program remain small. In addition, therapeutic foster parents are given a higher stipend than to traditional foster parents, and they receive extensive pre‐service training and in‐service supervision and support. Frequent contact between case managers or care coordinators and the treatment family is expected, and additional resources and traditional mental health services may be provided as needed. |
| 28 | **Wraparound with Intensive Services (WISe):**  A range of service components that are individualized, intensive, coordinated, comprehensive, culturally competent, home and community based services for children and youth who have a mental disorder that is causing severe disruptions in behavior interfering with their functioning in family, school, or with peers requiring:   * The involvement of the mental health system and other child‐serving systems (i.e. Juvenile justice, child‐protection/welfare, special education, developmental disabilities), * Intensive care collaboration; and * Ongoing intervention to stabilize the child and family in order to prevent more restrictive or institutional placement.   WISe team members demonstrate a high level of flexibility and accessibility in accommodating families by working evenings and weekends, and by responding to crises 24 hours a day, seven days a week. The service array includes intensive care coordination, home and community based services, and mobile crisis outreach services based on the individual’s need and the cross system care plan\* developed by the Child and Family Team (CFT). Care is integrated in a way that ensures youth are served in the most natural, least restrictive environment. The intended outcomes are individualized but usually include increased safety, stabilization, and community integration to ensure that youth and families can live successfully in their homes and communities.  *\*Cross System Care Plan: An individualized, comprehensive plan created by a CFT that reflects treatment services and supports relating to all systems or agents with whom the child is involved and who are participating on the CFT. This plan does not supplant, but may supplement the official treatment plan that each system maintains in the client record.* |
| 29 | **Housing and Recovery through Peer Services (HARPS):**  Services intended to support individuals in the housing of their choice, with leases in their name. Services are focused on assisting the individual to achieve stability and maintain their tenancy, including engagement and care coordination for the individual’s whole health and rehabilitative needs to live independently in the community. Identifying housing options, contacting prospective landlords, scheduling interviews, assisting with applications, and assistance with subsidy applications and supporting the individual once housed in collaboration with or on behalf of an individual. Mediate landlord‐tenant, roommate, and neighbor issues. Skills training on interpersonal relations and landlord tenant rights/laws. These services should be client‐specific.  *Note: Active only for Grays Harbor, North Sound, and Spokane MCOs.* |
| 30 | **Supported Employment Program:**  Services that support individuals with behavioral health issues, who desire to be employed in the community. Services follow the principles of the SAMHSA evidence-based practice also known as Individual Placement and Support.   * Competitive employment is the goal. * Supported employment is integrated with treatment. * Eligibility is based on the individual’s choice; people are not excluded because of their symptoms or current substance usage. * Attention to the individual’s job preferences. * Benefits counseling is important. * Rapid job search after the individual expresses their desire to work. * Job development through the development of employer relationships. * Time‐unlimited support. |
| 31 | **Ticket to Work Program:**  The development of an individual work plan that supports a person with their employment goals and assigns the individual’s Ticket to the Social Security approved DBHR Employment Network. Individuals can receive Ticket to Work (TTW) services simultaneously with other services from any behavioral health program. |
| 32 | **TANF Supported Employment:**  Temporary Assistance for Needy Families (TANF) Supported Employment Pilot Project for TANF population in North Sound Mental Health Administration MCO. |
| 34 | **CJTA (DC):**  Substance Use Disorder treatment funded through the Criminal Justice Treatment Account (CJTA) and Drug Court (DC). (RCW 70.96A, RCW 70.96A.055: Drug Courts, RCW 2.28.170; Drug Courts) Drug court funding is provided to the following counties: Clallam; Cowlitz; King; Kitsap; Pierce; Skagit; Spokane; and Thurston/Mason. The Contractor must ensure the provision of SUD treatment and support services in accordance with RCW 70.96A and RCW 2.28.170. |
| 35 | **CJTA (NDC):**  Criminal Justice Treatment Account Non-drug Court |
| 36 | **Diversion Program:**  To improve the state’s forensic mental health system, a prosecutor uses their discretion to dismiss a non-felony charge without prejudice if the issue of competency is raised. The client/defendant is referred for a mental health, substance abuse, or developmental disability assessment to determine the appropriate service needs of the client/defendant. The intent is to divert misdemeanor and low-level felony defendants from incarceration and hospitalization, into needed behavioral health treatment.  Note: Active only for King, Great Rivers, Greater Columbia, and Spokane as of May 16, 2016. |
| 37 | **Roads to Community Living (RCL):**  The purpose of the “Roads to Community Living” (RCL) project is to examine how best to successfully help people with complex, long-term care needs transition from institutional to community settings.  Grant funds provide services for each participant in preparation for their move and for their first year following transition. |
| 38 | **New Journeys:**  New Journeys Coordinated Specialty Care (CSC) model for Transition Age Youth, ages 15-25, experiencing First Episode Psychosis (FEP). This early intervention approach offers real hope for clinical and functional recovery.  Core components of CSC model include:   * Utilizing a coordinated team approach to provide intensive services * Assertive community outreach and education * Low-dosage medications * Psychotherapy (such as Cognitive Behavioral Therapy for Psychosis, Motivational Interviewing, and Individual Resiliency Training) * Skills training * Co-occurring substance use disorder counseling * Supported employment and education * Case management * Family psychoeducation * Primary Care Coordination * Peer support * 24 hour/day and 7 day/week crisis line   New Journeys Admission Criteria:   1. Age range: 15–25 years. 2. Must live in King, Mason, Thurston, or Yakima County. 3. Diagnoses: schizophrenia, schizoaffective and schizophreniform disorders, delusional, disorder, psychosis not otherwise specified (NOS). 4. Duration of psychotic symptoms > 1 week and < 2 years. 5. IQ over 70. 6. Symptoms not known to be caused by a medical condition or drug use. |
| 39 | **BEST:**  The Becoming Employed Starts Today (BEST) project is designed to transform service delivery through promoting sustainable access to evidence-based Supported Employment. BEST provides consumers with meaningful choice and control of employment and support services. BEST utilizes Peer Counselors, reduces unemployment and supports the recovery and resiliency of individuals with serious mental illness including co-occurring disorders.  The Department of Social and Health Services (DSHS) secured the $3.9 million federal grant from the Substance Abuse Mental Health Services Administration (SAMHSA) Center for Mental Health Services. The grant will provide services to 450 people over five years. North Central MCO and its provider Grant Mental Health and Columbia River Mental Health in Clark County are implementing the (BEST) project. Individuals with behavioral health issues, who desire to be employed, can access an approach to vocational rehabilitation known as Supported Employment (SE). This evidence-based practice adopted by SAMHSA assists individuals to obtain competitive work in the community and provides the supports necessary to ensure their success in the workplace. |
| 40 | **1115 Waiver Supportive Housing** |
| 41 | **1115 Waiver Supportive Employment** |
| 42 | **Peer Bridger Program – Hospital & Community** |
| 43 | **Peer Respite** |
| 44 | **Intensive Residential Teams** |
| 45 | **Intensive Behavioral Health Facilities** |
| 51 | **Substance Use Disorder – Outpatient:**  Individual and group treatment services of varying duration and intensity according to a prescribed plan. ASAM Level 1: less than 9 hours per week (adults) less than 6 hours per week (adolescents) for recovery or motivational enhancement therapies/strategies. |
| 52 | **Substance Use Disorder – Intensive Outpatient:**  Intensive Outpatient: A concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 2.1: 9 or more hours per week (adults) 6 or more hours per week (adolescents) to treat multidimensional instability. |
| 54 | **Substance Use Disorder – Intensive Inpatient:**  A 24-hour care concentrated program of individual and group counseling, education, and activities for detoxified alcoholics and addicts, and their families. ASAM level 3.3-3.7: Hours of treatment service to be defined by program and individual treatment plan to treat multidimensional instability. |
| 55 | **Substance Use Disorder – Long Term Residential:**  A program of treatment with personal care services for chronically impaired alcoholics and addicts with impaired self-maintenance capabilities. These patients need personal guidance to maintain abstinence and good health. ASAM level 3.1: 24 hour structured program with available personnel; at least 5 of clinical services/week (WAC 246-341-1114 defines services as a minimum of 2 hours each week individual or group counseling and minimum of 2 hours each week education regarding alcohol, other drug and addiction). |
| 56 | **Substance Use Disorder – Recovery House:**  A program of care and treatment with social, vocational, and recreational activities to aid in patient adjustment to abstinence and to aid in job training, employment, or other types of community activities. (WAC 246-341-1114 defines Recovery House services as 4 hours of individual, group counseling and education per week). |
| 57 | **Substance Use Disorder – Withdrawal Management (aka Detox):**  Chemical dependency detoxification services are provided to an individual to assist in the process of withdrawal from psychoactive substances in a safe and effective manner, in accordance with American Society of Addiction Medicine Criteria level Withdrawal Management (WM)-3.2-3.7. |
| 58 | **Substance Use Disorder – Opiate Substitution:**  Services include the dispensing of an opioid agonist treatment medication, along with a comprehensive range of medical and rehabilitative services, when clinically necessary, to an individual to alleviate the adverse medical, psychological, or physical effects incident to opiate addiction. These programs must also meet outpatient treatment service requirements. |
| 59 | **Substance Use Disorder – Housing Support Services** |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Required for substance use disorder and mental health clients who are enrolled in a special program.
* Codes 51-58 capture services modalities for substance use clients.
* A client can be enrolled in more than one program at a time.

### Frequency:

* Collected on date of program start
* Codes 51-58 are required for substance use clients at admission, upon change and at discharge

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Program Start Date

Section: Program Identification

### Definition:

The date the client enrolled into a program designated by a Program ID.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* Required for substance use disorder and mental health clients who are enrolled in a special program.
* A client can be enrolled in more than one program at a time.
* Program ID must exist in order to have a program start date.

### Frequency:

* Collected on date of program start

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

## Program End Date

Section: Program Identification

### Definition:

The date the client’s enrollment into a program designated by a Program ID ended.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |
|  |  |  |

### Rules:

* Required for substance use disorder and mental health clients who are enrolled in a special program.
* A client can be enrolled in more than one program at a time.
* Program ID must exist in order to have a program end date.

### Frequency:

* Collected on program end

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

## Entry Referral Source

Section: Program Identification

### Definition:

Indicates the client’s primary referral source to a specific substance use treatment modality.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Individual (includes self-referral) | Includes the client, a family member, friend, or any other individual who would not be included in any of the following categories; includes self-referral due to pending driving while intoxicated/driving under the influence (DWI/DUI). |
| 2 | Alcohol/Drug Abuse Provider | Any program, clinic, or other health care provider whose principal objective is treating clients with substance abuse problems, or a program whose activities are related to alcohol or other drug abuse prevention, education, or treatment. |
| 4 | Other Health Care Provider | A physician, psychiatrist, or other licensed health care professional; or general hospital, psychiatric hospital, mental health program, or nursing home. |
| 6 | School (Educational) | A school principal, counselor, or teacher; or a student assistance program (SAP), the school system, or an educational agency. |
| 7 | Employer/Employer Assistance Program (EAP) | A supervisor or an employee counselor. |
| 8 | Court/Criminal Justice/DUI/DWI | Any police official, judge, prosecutor, probation officer, or other person affiliated with a federal, state, or county judicial system. Includes referral by a court for DWI/DUI, clients referred in lieu of or for deferred prosecution, or during pretrial release, or before or after official adjudication. Includes clients on pre-parole, pre-release, work or home furlough, or Treatment Alternatives for Safe Communities (TASC). Client need not be officially designated as “on parole.” Includes clients referred through civil commitment*. Clients in this category are further defined in* Detailed Criminal Justice Referral*.* |
| 9 | Other Community Referral | Community or religious organization or any federal, state, or local agency that provides aid in the areas of poverty relief, unemployment, shelter, or social welfare. This category also includes defense attorneys and self-help groups such as Alcoholics Anonymous (AA), Al-Anon, and Narcotics Anonymous (NA). |
| 97 | Unknown | Individual client value is unknown |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
| 3 | Mental Health Provider | 2016-01-01 | 2020-06-30 |
| 5 | Self Help Group | 2016-01-01 | 2020-06-30 |

### Rules:

* Only one option allowed.
* Collect whenever possible, otherwise mark as unknown.
* Choose the primary referral source in to the special program.

### Frequency:

* Collected on entry into a special program

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

* Codes 3 and 5 have been merged with code 4.
* Both Referral Source tables in Program Identification and Service Episode contain the same values

## Program End Reason

Section: Program Identification

### Definition:

* Indicates the primary reason the client is being discharged from program.
* “Lost to Contact” is used for outpatient clients who did not get back to the provider agency and are not able to be contacted.
* “Left against advice, including dropout” is a termination of treatment initiated by the client, without the Provider Agency’s concurrence.
* “Terminated by facility” is a termination of treatment services that is initiated by the provider agency in response to a client’s continued violation of the provider agency’s established rules or in response to a client’s inability to continue participating in treatment (i.e. medical reasons, transfer of job, etc.).

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Treatment Completed |  |
| 2 | Left against advice, including dropout |  |
| 3 | Terminated by facility |  |
| 4 | Transferred to another SA treatment or Mental Health program |  |
| 5 | Incarcerated |  |
| 6 | Death by Suicide |  |
| 7 | Death NOT by Suicide |  |
| 8 | Other |  |
| 9 | Lost to Contact |  |
| 10 | Administrative Closure |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed.
* Collect whenever possible, otherwise mark as unknown.
* Chose the primary end reason on exit of the special program.

### Frequency:

* Collected at program end

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

# Co-occurring Disorder 121.05

## GAIN-SS Date

Section: Co-occurring Disorder

### Definition:

Date a screening or assessment (or both) was recorded.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Required for all clients thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)
* Required at assessment for all clients thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes
* Collected and reported as outline by each MCO’s Prepaid Inpatient Health Plan (PIHP) contract

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* State Reporting

### Validation:

* Must be valid date

### History:

### Notes:

## Screen Assessment Indicator

Section: Co-occurring Disorder

### Definition:

An indicator used to identify if a Co‐occurring Disorder transaction is used to report Global Assessment of Individual Needs-Short Screener (GAIN-SS) screening scores, a follow-up assessment, or both.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| A | Co-Occurring Disorder Quadrant Assessment |  |
| S | GAIN-SS Screening |  |
| B | Both |  |

### Rules:

* Only one option allowed
* Required for all clients, thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes
* Collected and reported as outline by each MCO’s PIHP contract

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* State Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Co-Occurring Disorder Screening (IDS)

Section: Co-occurring Disorder

### Definition:

The IDS score is one of three produced upon completion of the co‐occurring disorders screening process. The IDS score is one of three scores from the outcome of a screening using GAIN‐SS tool.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 0 | IDS Score of 0 |  |
| 1 | IDS Score of 1 |  |
| 2 | IDS Score of 2 |  |
| 3 | IDS Score of 3 |  |
| 4 | IDS Score of 4 |  |
| 5 | IDS Score of 5 |  |
| 8 | Refused |  |
| 9 | Unable to Complete |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* When reporting the outcome of a completed screening, a value between 0 (zero) and 5 must be provided for the IDS score.
* Use 8 to indicate the client refuses to participate in the specific scale.
* Use 9 to indicate the client is unable to complete the specific scale.
* Must attempt to screen all individuals ages thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS).

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes
* Collected and reported as outline by each MCO’s PIHP contract

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* State Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Co-Occurring Disorder Screening (EDS)

Section: Co-occurring Disorder

### Definition:

The EDS Score is one of three produced upon completion of the co‐occurring disorders screening process. The EDS score is one of three scores from the outcome of a screening using GAIN‐SS tool.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 0 | EDS Score of 0 |  |
| 1 | EDS Score of 1 |  |
| 2 | EDS Score of 2 |  |
| 3 | EDS Score of 3 |  |
| 4 | EDS Score of 4 |  |
| 5 | EDS Score of 5 |  |
| 8 | Refused |  |
| 9 | Unable to Complete |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* When reporting the outcome of a completed screening, a value between 0 (zero) and 5 must be provided for the EDS score.
* Use 8 to indicate the client refuses to participate in the specific scale.
* Use 9 to indicate the client is unable to complete the specific scale.
* Must attempt to screen all individuals ages thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes
* Collected and reported as outline by each MCO’s PIHP contract

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* State Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Co-Occurring Disorder Screening (SDS)

Section: Co-occurring Disorder

### Definition:

The SDS Score is one of three produced upon completion of the co‐occurring disorders screening process. The SDS score is one of three scores from the outcome of a screening using GAIN‐SS tool.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 0 | SDS Score of 0 |  |
| 1 | SDS Score of 1 |  |
| 2 | SDS Score of 2 |  |
| 3 | SDS Score of 3 |  |
| 4 | SDS Score of 4 |  |
| 5 | SDS Score of 5 |  |
| 8 | Refused |  |
| 9 | Unable to Complete |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* When reporting the outcome of a completed screening, a value between 0 (zero) and 5 must be provided for the SDS score.
* Use 8 to indicate the client refuses to participate in the specific scale.
* Use 9 to indicate the client is unable to complete the specific scale.
* Must attempt to screen all individuals ages thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes
* Collected and reported as outline by each MCO’s PIHP contract

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* State Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Co-Occurring Disorder Quadrant Assessment

Section: Co-occurring Disorder

### Definition:

Quadrant placement is based on clinical judgment of clients screened who have indications of a co-occurring mental illness and substance use based on GAIN-SS screening results.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Less severe mental health disorder/Less severe substance use disorder |  |
| 2 | More severe mental health disorder/Less severe substance disorder |  |
| 3 | Less severe mental health disorder/More severe substance disorder |  |
| 4 | More severe mental health disorder/More severe substance disorder |  |
| 9 | No Co-occurring treatment need |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for all clients, thirteen (13) and above through the use of DBHR provided Global Appraisal of Individual Needs – Short Screener (GAIN-SS)

### Frequency:

* Required at intake/assessment for all clients only if the client screens high (2 or higher) on either the IDS or EDS, and on SDS.
* Collected and reported as outline by each MCO’s PIHP contract

### Data Use:

* Community Mental Health Services Block Grant (MHBG)
* State Reporting

### Validation:

* Must be valid code

### History:

### Notes:

# ASAM Placement 030.03

## ASAM Assessment Date

Section: ASAM Placement

### Definition:

Date the assessment occurred.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Required for all substance use disorder clients

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## ASAM Level Indicated

Section: ASAM Placement

### Definition:

Clinician placement of client ASAM Level.

### Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Adolescent | Adult | Definition |
| 0 |  |  | Place holder for people who are truly not at any risk. |
| 0.5 | Early Intervention | Early Intervention | Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder. |
| 1 | Outpatient Services | Outpatient Services | Less than 9 hours of services/week (adult); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies/strategies |
| 1-WM (Level of Withdrawal Management (WM) for Adults | This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care. | Ambulatory WM without Extended On-Site Monitoring | Mild withdrawal with daily or less than daily outpatient supervision; likely to complete withdrawal management and to continue treatment or recovery. |
| 2-WM (Level of Withdrawal Management (WM) for Adults | This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care. | Ambulatory WM with Extended On-Site Monitoring | Moderate withdrawal with all day withdrawal management support and supervision; at night, has supportive family or living situation; likely to complete withdrawal management. |
| 2.1 | Intensive Outpatient Services | Intensive Outpatient Services | 9 or more hours of services/week (adults); 6 or more hours/week (adolescents) to treat multidimensional instability |
| 2.5 | Partial Hospitalization Services | Partial Hospitalization Services | 20 or more hours of services/week for multidimensional instability not requiring 24-hour care |
| 3.1 | Clinically Managed Low-Intensity Residential Services | Clinically Managed Low-Intensity Residential Services | 24-hour structure with available trained personnel; at least 5 hours clinical services/week |
| 3.2-WM (Level of Withdrawal Management (WM) for Adults | This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care. | Clinically Managed Residential WM | Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery |
| 3.3 | This level of care not designated for adolescent populations. | Clinically Managed Population Specific High Intensity Residential Services | 24-hour care with trained counselor to stabilize multidimensional imminent danger. Less intensive milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community. |
| 3.5 | Clinically Managed Medium-Intensity Residential Services | Clinically Managed High-Intensity Residential Services | 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community. |
| 3.7 | Medically Monitored High-Intensity Inpatient Services | Medically Monitored Intensive Inpatient Services | 24-hour nursing care with physician availability for significant problems in Dimension 1, 2, or 3.  16 hour/day counselor ability |
| 3.7-WM (Level of Withdrawal Management (WM) for Adults | This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care. | Medically Monitored Inpatient WM | Severe withdrawal and needs 24-hour nursing care and physician visits as necessary; unlikely to complete withdrawal management without medical, nursing monitoring |
| 4 | Medically Managed Intensive Inpatient Services | Medically Managed Intensive Inpatient Services | 24-hour nursing care daily physician care for severe, unstable problems in Dimension 1, 2, or 3. Counseling available to engage patient in treatment. |
| 4-WM (Level of Withdrawal Management (WM) for Adults | This service is generally connected to additional adolescent focused youth services and is not a stand-alone level of care. | Medically Managed Intensive WM | Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability. |
| OTP (LEVEL 1) | Some OTPs not specified for adolescent populations. | Opioid Treatment Program  (LEVEL 1) | Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid disorder |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Required for substance use disorder clients

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

# DCR Investigation 160.05

## Investigation Start Date

Section: DCR Investigation

### Definition:

Indicates the date the individual was advised of their rights under RCW 71.05/71.34.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act
* An individual can have only one investigation start date during a single encounter.

### Frequency:

* Only collected for persons being investigated under the Involuntary Treatment Act.

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

## Investigation Start Time

Section: DCR Investigation

### Definition:

Time of day an investigation started. This is used to separate multiple investigations for the same person on the same day.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act. Submit investigation start time anytime an Investigation Start Date is submitted.
* Submit time values using a 24‐hour clock.

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Investigation County Code

Section: DCR Investigation

### Definition:

Indicates the county in which a person was investigated under the Involuntary Treatment Act.

### Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Code | Value |
| 53001 | Adams | 53041 | Lewis |
| 53003 | Asotin | 53043 | Lincoln |
| 53005 | Benton | 53045 | Mason |
| 53007 | Chelan | 53047 | Okanogan |
| 53009 | Clallam | 53049 | Pacific |
| 53011 | Clark | 53051 | Pend Oreille |
| 53013 | Columbia | 53053 | Pierce |
| 53015 | Cowlitz | 53055 | San Juan |
| 53017 | Douglas | 53057 | Skagit |
| 53019 | Ferry | 53059 | Skamania |
| 53021 | Franklin | 53061 | Snohomish |
| 53023 | Garfield | 53063 | Spokane |
| 53025 | Grant | 53065 | Stevens |
| 53027 | Grays Harbor | 53067 | Thurston |
| 53029 | Island | 53069 | Wahkiakum |
| 53031 | Jefferson | 53071 | Walla Walla |
| 53033 | King | 53073 | Whatcom |
| 53035 | Kitsap | 53075 | Whitman |
| 53037 | Kittitas | 53077 | Yakima |
| 53039 | Klickitat |  |  |
| 53001 | Adams |  |  |
| 53003 | Asotin |  |  |
| 53005 | Benton |  |  |
| 53007 | Chelan |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Investigation Outcome

Section: DCR Investigation

### Definition:

Indicates the outcome of a DCR investigation.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Detention to MENTAL HEALTH facility (72 hours as identified under the Involuntary Treatment Act, RCW 71.05). |  |
| 2 | Referred to voluntary Outpatient mental health services. |  |
| 3 | Referred to voluntary Inpatient mental health services. |  |
| 4 | Returned to Inpatient facility/filed revocation petition. |  |
| 5 | Filed petition‐recommending LRA extension. |  |
| 6 | Referred to non‐mental health community resources. |  |
| 7 | Detention to Secure Detox facility (72 hours as identified under RCW 71.05 on April 1, 2018) |  |
| 9 | Other |  |
| 10 | Referred to acute detox. |  |
| 11 | Referred to sub-acute detox. |  |
| 12 | Referred to sobering unit. |  |
| 13 | Referred to crisis triage. |  |
| 14 | Referred to SUD intensive outpatient program. |  |
| 15 | Referred to SUD inpatient program. |  |
| 16 | Referred to SUD residential program. |  |
| 17 | No detention – E&T provisional acceptance did not occur within statutory timeframes |  |
| 18 | No detention – Unresolved medical issues |  |
| 19 | Non-emergent detention petition filed |  |
| 20 | Did not require MH or CD services |  |
| 21 | Referred for hold (under RCW 71.05 on April 1, 2018) |  |
| 22 | Petition filed for outpatient evaluation |  |
| 23 | Filed petition recommending AOT extension |  |
| 24 | No detention – Secure Detox provisional acceptance did not occur within statutory timeframes |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Code "1" if the person was informed of their rights and involuntarily detained. A person may have been informed of their rights and may have decided to be treated voluntarily (code 2, 3, or code 10 – 16)
* Only collected for persons being investigated under the Involuntary Treatment Act
* Note: MCO may change outcome of detention if the outcome of detention is for another AOT (assisted outpatient treatment) – if outcome changes, the MCO would send an update record

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Detention Facility NPI

Section: DCR Investigation

### Definition:

This field is found in the following transactions and indicates the NPI for the facility where a detention occurs:

* DCR INVESTIGATION
* ITA HEARING

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Required if the client is detained, referred to voluntary inpatient, or returned to inpatient facility.
* Only collected for persons being investigated under the Involuntary Treatment Act.

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

* DBHR provided DCR NPI facility list guidance

## Legal Reason for Detention/Commitment

Section: DCR Investigation

### Definition:

Indicates the reason for detention/commitment.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| A | Dangerous to Self |  |
| B | Dangerous to Others |  |
| C | Gravely Disabled |  |
| D | Dangerous to property |  |
| X | Revoked for reasons other than above |  |
| Z | NA- person was not involuntarily detained under ITA |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Up to four options may be submitted per detention.
* Only collected for persons being investigated under the Involuntary Treatment Act

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Return to Inpatient/ Revocation Authority

Section: DCR Investigation

### Definition:

Identifies the basic reason for revoking a person. See RCW 71.05.340(3)(a) & (b).

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | DCR determined detention during course of investigation per RCW 71.05.340(3)(a). |  |
| 2 | Outpatient provider requested revocation per RCW 71.05.340(3)(b) or RCW 71.34 for kids. |  |
| 9 | N/A |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

* This element is specific to returning a client under less restrictive alternative (LRA) to inpatient treatment and the filing of a revocation petition. It distinguishes legal criteria used for person on LRA being returned to inpatient treatment. Use code "9" for all cases where the person is placed on LRA or not committed.

## DCR Agency NPI

Section: DCR Investigation

### Definition:

* Indicates the NPI for the Agency that employs the DCR that provides ITA investigation services.
* If DCR is employed by multiple agencies, then report only one of the agencies.
* If DCR is from MCO who do not have NPI then report SUBMITTER ID.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

* See DBHR Provided DCR NPI List: <https://www.hca.wa.gov/assets/billers-and-providers/ITA_InvestOutcome_Hearing_NPI_List.xlsx>

## Investigation Referral Source

Section: DCR Investigation

### Definition:

Indicates the source of the referral for an ITA investigation.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 8 | Law Enforcement |  |
| 2 | Hospital |  |
| 5 | Legal Representative: The person with legal responsibility over/for the individual |  |
| 1 | Family: Spouse, parent, child, sibling |  |
| 3 | Professional: Physician, Behavioral Health Treatment Provider, Child/Adult Protective Services |  |
| 7 | Social Service Provider |  |
| 4 | Care Facility: Assisted Living, adult family homes, nursing homes, behavioral health residential setting, rehabilitation facility |  |
| 9 | Community: landlord, business, neighbors |  |
| 6 | School: primary, secondary, or post-secondary school |  |
| 10 | Other |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act.

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Investigation End Date

Section: DCR Investigation

### Definition:

Indicates the date the DCR secured provisional acceptance from an E&T provider, or made the determination not to detain an individual under RCW 71.05/71.34.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* The INVESTIGATION START DATE cannot be greater than the INVESTIGATION END DATE
* Only collected for persons being investigated under the Involuntary Treatment Act

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

# ITA Hearing 162.05

## Hearing Date

Section: ITA Hearing

### Definition:

Indicates the date of an Involuntary Treatment Act court hearing.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Only reported for clients who receive an Involuntary Treatment Act Hearing

### Frequency:

### Data Use:

* Gun background check

### Validation:

* Must be valid date

### History:

### Notes:

## Hearing Outcome

Section: ITA Hearing

### Definition:

Indicates the outcome of an Involuntary Treatment Act court hearing. Indicates the type of commitment, if any, as a result of a court order

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 0 | Dismissed | Dismissal by a court order |
| 1 | 14 Day MH Commitment | Court order for up to 14 days treatment |
| 2 | 90 Day MH Commitment or extension | Court order for up to 90 days treatment |
| 3 | 180 Day MH Commitment or extension | Court order for up to 180 days treatment |
| 4 | 90 Day MH LRA or LRA extension | Court order for 90 days of Less Restrictive Tx |
| 5 | 180 Day MH LRA or LRA extension | Court order for 180 days of Less Restrictive Tx |
| 6 | Agreed to Voluntary Treatment | Person agrees to voluntary treatment |
| 7 | Revoke LRA | Court order revocation of a LRA court order |
| 8 | Reinstate LRA | Discharge of person on the original LRA order |
| 9 | 3 Day Commitment under Joel’s Law | Court order for 72 hours Tx from a Joel’s law petition |
| 10 | Dismissal of petition filed under Joel’s Law | Court order dismissing a Joel’s law petition |
| 11 | Order for outpatient evaluation within 72 hours for Assisted Outpatient Treatment | Court order for evaluation for AOT |
| 12 | 90 Day Assisted Outpatient Treatment Order | Nonexistent order only a 90 day AOT order exists per RCW 71.05 |
| 14 | 14 Day SUD Commitment or extension | After 4/1/18 court order for 14 day SUD Tx |
| 15 | 90 Day SUD Commitment or extension | Nonexistent order |
| 16 | 180 Day SUD Commitment or extension | Nonexistent order |
| 17 | 90 Day SUD revocation | After 4/1/18 court order for revocation of a 90 day SUD LRA order |
| 18 | 180 Day SUD revocation | Nonexistent order |
| 19 | 90 Day SUD LRA or LRA extension | Court order for 90 days of less restrictive alternative order for SUD treatment |
| 20 | 180 Day SUD LRA or LRA extension | Nonexistent order |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
| 13 | 365 Day Assisted Outpatient Treatment Order | 4/1/2016 | 4/1/2018 |

### Rules:

* Only one option allowed
* Only reported for clients who receive an Involuntary Treatment Act hearing

### Frequency:

### Data Use:

* Gun background check

### Validation:

* Must be valid code

### History:

### Notes:

## Hearing County Code

Section: ITA Hearing

### Definition:

Indicates the county where a court hearing was held under the Involuntary Treatment Act.

### Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Code | Value |
| 53001 | Adams | 53041 | Lewis |
| 53003 | Asotin | 53043 | Lincoln |
| 53005 | Benton | 53045 | Mason |
| 53007 | Chelan | 53047 | Okanogan |
| 53009 | Clallam | 53049 | Pacific |
| 53011 | Clark | 53051 | Pend Oreille |
| 53013 | Columbia | 53053 | Pierce |
| 53015 | Cowlitz | 53055 | San Juan |
| 53017 | Douglas | 53057 | Skagit |
| 53019 | Ferry | 53059 | Skamania |
| 53021 | Franklin | 53061 | Snohomish |
| 53023 | Garfield | 53063 | Spokane |
| 53025 | Grant | 53065 | Stevens |
| 53027 | Grays Harbor | 53067 | Thurston |
| 53029 | Island | 53069 | Wahkiakum |
| 53031 | Jefferson | 53071 | Walla Walla |
| 53033 | King | 53073 | Whatcom |
| 53035 | Kitsap | 53075 | Whitman |
| 53037 | Kittitas | 53077 | Yakima |
| 53039 | Klickitat |  |  |
| 53001 | Adams |  |  |
| 53003 | Asotin |  |  |
| 53005 | Benton |  |  |
| 53007 | Chelan |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act

### Frequency:

### Data Use:

* Gun background check

### Validation:

* Must be valid code

### History:

### Notes:

# 

# Crisis Response 165.01 – All MCR is draft for 3.1

## Event Start Date

Section: Crisis Response

### Definition:

Indicates the date the crisis team gets the referral from the referral source.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* An individual can have only one investigation start date during a single encounter.

### Frequency:

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

## Event Start Time

Section: Crisis Response

### Definition:

Time of day the crisis team gets the referral from the referral source. This is used to separate multiple crisis event for the same person on the same day.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Submit time values using a 24‐hour clock.

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Time of Dispatch

Section: Crisis Response

### Definition:

Time of day the crisis team is sent to the scene.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act. Submit investigation start time anytime an Investigation Start Date is submitted.
* Submit time values using a 24‐hour clock.

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Time of Arrival

Section: Crisis Response

### Definition:

Time of day the crisis team arrived on scene.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act. Submit investigation start time anytime an Investigation Start Date is submitted.
* Submit time values using a 24‐hour clock.

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Event End Date

Section: Crisis Response

### Definition:

Indicates the date the crisis team concluded the event or reassigned to another accepting agency or service.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act
* An individual can have only one investigation start date during a single encounter.

### Frequency:

* Only collected for persons being investigated under the Involuntary Treatment Act.

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

## Event End Time

Section: Crisis Reponse

### Definition:

Time of day the crisis team concluded the event or reassigned to another accepting agency or service.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act. Submit investigation start time anytime an Investigation Start Date is submitted.
* Submit time values using a 24‐hour clock.

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Crisis Response Type

Section: Crisis Response

### Definition:

Initial assessment to determine level of least restrictive crisis diversion.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 01 | Mobile Crisis Response |  |
|  |  |  |
|  |  |  |

### Rules:

* Only one option allowed

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Crisis Response Referral Source

Section: Crisis Response

### Definition:

Indicates the source of the referral for an ITA investigation.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Family: Spouse, parent, child, sibling |  |
| 2 | Hospital |  |
| 3 | Professional: Physician, Behavioral Health Treatment Provider, Child/Adult Protective Services |  |
| 4 | Care Facility: Assisted Living, adult family homes, nursing homes, behavioral health residential setting, rehabilitation facility |  |
| 5 | Legal Representative: The person with legal responsibility over/for the individual |  |
| 6 | School: primary, secondary, or post-secondary school |  |
| 7 | Social Service Provider |  |
| 8 | Law Enforcement |  |
| 9 | Community: landlord, business, neighbors |  |
| 10 | Other |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed
* Only collected for persons being investigated under the Involuntary Treatment Act.

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Crisis Response Referral Reason

Section: Crisis Response

### Definition:

Indicates the source of the referral for a crisis response.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 01 | Mental Health |  |
| 02 | Substance Use Disorder |  |
| 03 | Co-Occurring |  |
| 04 | Other |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Presenting Problem

Section: Crisis Response

### Definition:

TBD

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  | TBD |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Encounter Location

Section: Crisis Response

### Definition:

Indicates the county in which a person was investigated under the Involuntary Treatment Act.

### Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value |  |  |
|  | Community Hospital (includes ER) |  |  |
|  | Behavioral Health Facility Residence |  |  |
|  | Public area (business, park, etc.) |  |  |
|  | Jail |  |  |
|  | Other (Move to last option if additional locations added) |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Interpreter Needed

Section: Service Episode

### Definition:

Defines whether an interpreter was needed during the event

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Yes |  |
| 2 | No |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Rules:

### Frequency:

### Data Use:

### Validation:

### Notes:

## Level of Care Needed

Section: Crisis Response

### Definition:

TBD

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  | Urgent | Urgent crises are moderate to serious risk, and require a 24 hour response. |
|  | Emergent | An emergent crisis is an extreme risk, and requires a 2 hour response time. |
|  | Routine/Follow-up | Routine/Follow-up care occur after crisis response services are provided. |
|  |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Crisis Response Outcome

Section: Crisis Response

### Definition:

TBD

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | TBD |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

## Referral Outcome

Section: Crisis Response

### Definition:

TBD

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  | TBD |  |
|  |  |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only one option allowed

### Frequency:

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

# Substance Use 036.04

## Substance (1, 2, 3)

Section: Substance Use

### Definition:

Indicates the specific substance(s), or substance category(s), the client is being seen for.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | None |  |
| 2 | Alcohol |  |
| 3 | Cocaine/Crack |  |
| 4 | Marijuana/Hashish |  |
| 5 | Heroin |  |
| 6 | Other Opiates And Synthetics |  |
| 7 | PCP-phencyclidine |  |
| 8 | Other Hallucinogens |  |
| 9 | Methamphetamine |  |
| 10 | Other Amphetamines |  |
| 11 | Other Stimulants |  |
| 12 | Benzodiazepine |  |
| 13 | Other non-Benzodiazepine Tranquilizers |  |
| 14 | Barbiturates |  |
| 15 | Other Non-Barbiturate Sedatives or Hypnotics |  |
| 16 | Inhalants |  |
| 17 | Over-The-Counter |  |
| 18 | Oxycodone |  |
| 19 | Hydromorphone |  |
| 20 | MDMA (ecstasy, Molly, etc.) |  |
| 21 | Other |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Required field for all clients receiving Substance Use Disorder services.
* Reported at admission, discharge, and updated at least every 90 days or upon change whichever comes first.
* A Substance (except for ”None”) cannot be selected more than once.
* The same substance(s) must be included in the report at admission, at least every 90 days or upon change whichever comes first, and at discharge. The purpose of this is to detect how frequency and method of use change for the 3 substances between admission and discharge. If substance 2 & 3 were originally reported as null, these can be updated in the course of treatment, and must be the same substances reported at discharge.
* May have different substances for different programs. Substances do not have to be consistent across all programs.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Age at First Use (1, 2, 3)

Section: Substance Use

### Definition:

Indicates the age at which the client first used the specific substance.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 0 | Client born with a substance use disorder resulting from in-utero exposure |  |
| 1-98 | Age At First Use, in years |  |
| 99 | Not applicable |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only reported for substance use disorder clients.
* Required if any substance other than "None" is reported in the SUBSTANCE element.
* Must be less than or equal to client’s age when reported.
* Reported at admission, discharge and at least every 90 days or upon change whichever comes first.

### Frequency:

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Frequency of Use (1, 2, 3)

Section: Substance Use

### Definition:

Indicates the frequency that the client used a specific substance in the last 30 days.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | No Use In The Past Month |  |
| 2 | 1-3 Times In Past Month |  |
| 3 | 4-12 Times In Past Month |  |
| 4 | 13 or More Times In Past Month |  |
| 5 | Daily |  |
| 6 | Not Applicable |  |
| 7 | Not Available |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only reported for Substance Use Disorder clients.
* Required if any substance other than "None" is reported in the SUBSTANCE element.
* Reported at admission, discharge and at least every 90 days or upon change whichever comes first.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

* Substance Abuse Prevention and Treatment Block Grant (SABG) - Treatment Episode Data Set (TEDS) Reporting

### Validation:

* Must be valid code

### History:

### Notes:

## Peak Use (1, 2, 3)

Section: Substance Use

### Definition:

Indicates the highest monthly use pattern in the twelve months preceding admission.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | No Use |  |
| 2 | 1-3 Times In A Month |  |
| 3 | 4-12 Times In A Month |  |
| 4 | 13 or More Times In A Month |  |
| 5 | Daily |  |
| 6 | Not Applicable |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only required for substance use disorder clients.
* Required if any substance other than "None" is reported in the SUBSTANCE element.
* Reported at admission.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Method (1, 2, 3)

Section: Substance Use

### Definition:

Indicates the most common method the client uses to administer a specific substance.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Inhalation |  |
| 2 | Injection |  |
| 3 | Oral |  |
| 4 | Other |  |
| 5 | Smoking |  |

### Historical Code Values:

|  |  |  |  |
| --- | --- | --- | --- |
| Code | Value | Effective Start Date | Effective End Date |
|  |  |  |  |

### Rules:

* Only reported for substance use disorder clients.
* Required if any substance other than "None" is reported in the SUBSTANCE element.
* Reported at admission, discharge and updated at least every 90 days or upon change whichever comes first.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

### Validation:

* Must be valid code

### History:

### Notes:

## Date of Last Used (1, 2, 3)

Section: Substance Use

### Definition:

Indicates the date that client last used a specific substance.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
|  |  |  |

### Rules:

* Only reported for Substance Use Disorder clients.
* Reported at admission, discharge and updated at least every 90 days or upon change whichever comes first.
* Required if any substance other than "None" is reported in the SUBSTANCE element.
* Must be less than or equal to the date on which it is reported.
* Date last used must be greater than the client's birthdate or age at first use.

### Frequency:

* Collected on date of first service or whenever possible and updated whenever status changes

### Data Use:

### Validation:

* Must be valid date

### History:

### Notes:

# Funding 140.01

## Type of Funding Support

Section: Funding

### Definition:

This field specifies type of funding support for clients.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 01 | Medicaid only |  |
| 02 | Medicaid and non-Medicaid sources |  |
| 03 | Non-Medicaid only |  |
| 97 | Unknown | Individual client value is unknown. |
| 98 | Not collected | State does not collect this field. |

### Rules:

* For the first year reporting is recommended, and may be required in future years. Report type of funding support each client had throughout the reporting period.
* Use code 97 (Unknown) if the state collects this data but for some reason a particular record does not reflect an acceptable value.
* Use code 98 (Not Collected) if the state does not collect this data or per state policy this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.
* Cite in the State Data Crosswalk if this data element is currently not collected. If the state is collecting this data but decided not to report, cite reason for not reporting and use code 98.

### Frequency:

### Data Use:

* SAMHSA MH-CLD Field Number O-03

### Validation:

* If this field is blank or contains an invalid value, the value will be changed to *99 (Invalid Data)* and a non-fatal data edit violation error will be generated.

### Notes:

Source: <https://wwwdasis.samhsa.gov/dasis2/mhcld/mh_cld_final_instruction_manual.pdf>

## Source of Income/Support

Section: Funding

### Definition:

Identifies the client’s principal source of financial support. For children under 18, this field indicates the parents’ primary source of income/support.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Wages/Salary |  |
| 2 | Public Assistance |  |
| 3 | Retirement/Pension |  |
| 4 | Disability |  |
| 20 | Other |  |
| 21 | None |  |
| 97 | Unknown | Individual client value is unknown. |
| 98 | Not collected | State does not collect this field. This code should also be used when the state collects only a subset of the categories. |

### Rules:

* Reporting of this field is recommended for both substance use and mental health clients. States are encouraged to report data for all categories in the list of valid entries, but reporting a subset of the categories is acceptable.
* If the state collects a subset of the categories, clients not fitting the subset should be coded as *98 Not collected*. For example, if the state collects only *02 Public assistance*, all other categories of Source of Income/Support should be coded as *98 Not collected*.
* If the state does not collect Source of Income/Support, all records should be coded *98 Not collected*.
* For children younger than 18 years old, report the primary parental source of income/support.

### Frequency:

### Data Use:

* SAMHSA TEDS Field Number SuDS 9 (admission)

### Validation:

* If this field is blank or contains an invalid value, the value will be changed to *99 Invalid data* and a warning error will be generated.

### Notes:

* Sources:

<https://www.hca.wa.gov/assets/billers-and-providers/data-dictionary.pdf> (page S-13) and <https://www.samhsa.gov/data/sites/default/files/TEDS2012N_Web/TEDS2012NAppB.htm#Min>

https://www.census.gov/topics/income-poverty/public-assistance/about.html

## Block Grant Funded Services

Section: Funding

### Definition:

This field specifies if any of the services and supports clients received were paid for by the SAMHSA Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG). Able to submit two values one for use of MHBG, one for SABG.

### Code Values:

|  |  |  |
| --- | --- | --- |
| Code | Value | Definition |
| 1 | Yes | MHBG used to pay for services and supports |
| 2 | No | MHBG funds were not used |
| 3 | Yes | SABG used to pay for services and supports |
| 4 | No | SABG funds were not used |
| 5 | None | Block Grant funding does not apply |
| 97 | Unknown | Individual client value is unknown. |
| 98 | Not collected | Field is not collected |

### Rules:

* For the first year reporting is recommended, and may be required in future years.
* Use code 97 (Unknown) if the state collects this data but for some reason a particular record does not reflect an acceptable value.
* Use code 98 (Not Collected) if the state does not collect this data or per state policy this data element is not collected for a certain population. Use code 98 (not code 97) if the particular record belongs to the population exempt in the state policy from reporting this data element.
* Cite in the State Data Crosswalk if this data element is currently not collected. If the state is collecting this data but decided not to report, cite reason for not reporting and use code 98.

### Frequency:

Report if the client received any services or supports paid for by the MHBG or SABG at any time throughout the reporting period.

### Data Use:

SAMHSA MH-CLD Field Number O-04

### Validation:

* If this field is blank or contains an invalid value, the value will be changed to 99 (Invalid Data) and a non-fatal data edit violation error will be generated.
* If this field is reported using code 01 (yes, MHBG used to pay for services and supports), SMI/SED Status field (C-08) must either be reported using code 1 (SMI) or code 2 (SED) or a non-fatal data edit violation error will be generated.
* If this field is reported using code 01 (yes, MHBG used to pay for services and supports), All Service Settings throughout the Reporting Period field (C-15) cannot be reported using code 00001 (State Psychiatric Hospital) or a non-fatal data edit violation error will be generated.

### Notes:

Source: <https://wwwdasis.samhsa.gov/dasis2/mhcld/mh_cld_final_instruction_manual.pdf>

# Appendix A: Document History

This is a summary of the changes made to the document.

Date: effective date of comments/status

Change Type: proposed change, publish, approve dates, revisions, drafts

Description: detailed description or publish details

Name: primary owner of changes

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Change Type** | **Description** | **Name** |
| **Data Guide Version 3.1** | | | |
| **4/1/2020** | Approved/  Publish | Version: 3.1  Approved: 4/1/2020  Publish: 4/1/2020 | Huong Nguyen |
| **1/22/2020** | Proposed Changes  3.0 to 3.1 | Received feedback/questions on draft through 4/1/2020 from organizations – Change Summary 3.0-3.1 | MCOs/BHOs/ASOs |
| **Data Guide Version 3.0** | | | |
| **8/30/2019** | Approved/  Publish | Version: 3.0  Approved: 1/30/2018  Publish: 2/1/2018 | Huong Nguyen |
| **7/9/2019** | Proposed Changes  2.2 to 3.0 | Received feedback on draft through 7/9/2019 from organizations – Change Summary 2.2 -3.0  Located here:  https://www.hca.wa.gov/assets/program/bhds-data-guide-summary.pdf | MCOs/BHOs/ASOs |
| **Data Guide Version 2.0 – Prior document history and revisions contained in version 2.2** | | | |
| **1/30/2018** | Approved/  Publish | Version: 2.2  Approved: 1/30/2018  Publish: 2/1/2018 | Huong Nguyen |
| **2/23/2017** | Approved/  Publish | Version: 2.1  Approved: 1/30/2018  Publish: 2/1/2018 | Huong Nguyen |
| **11/18/2016** | Approved/  Publish | Version: 2.0  Approved: 1/30/2018  Publish: 2/1/2018 | Huong Nguyen |

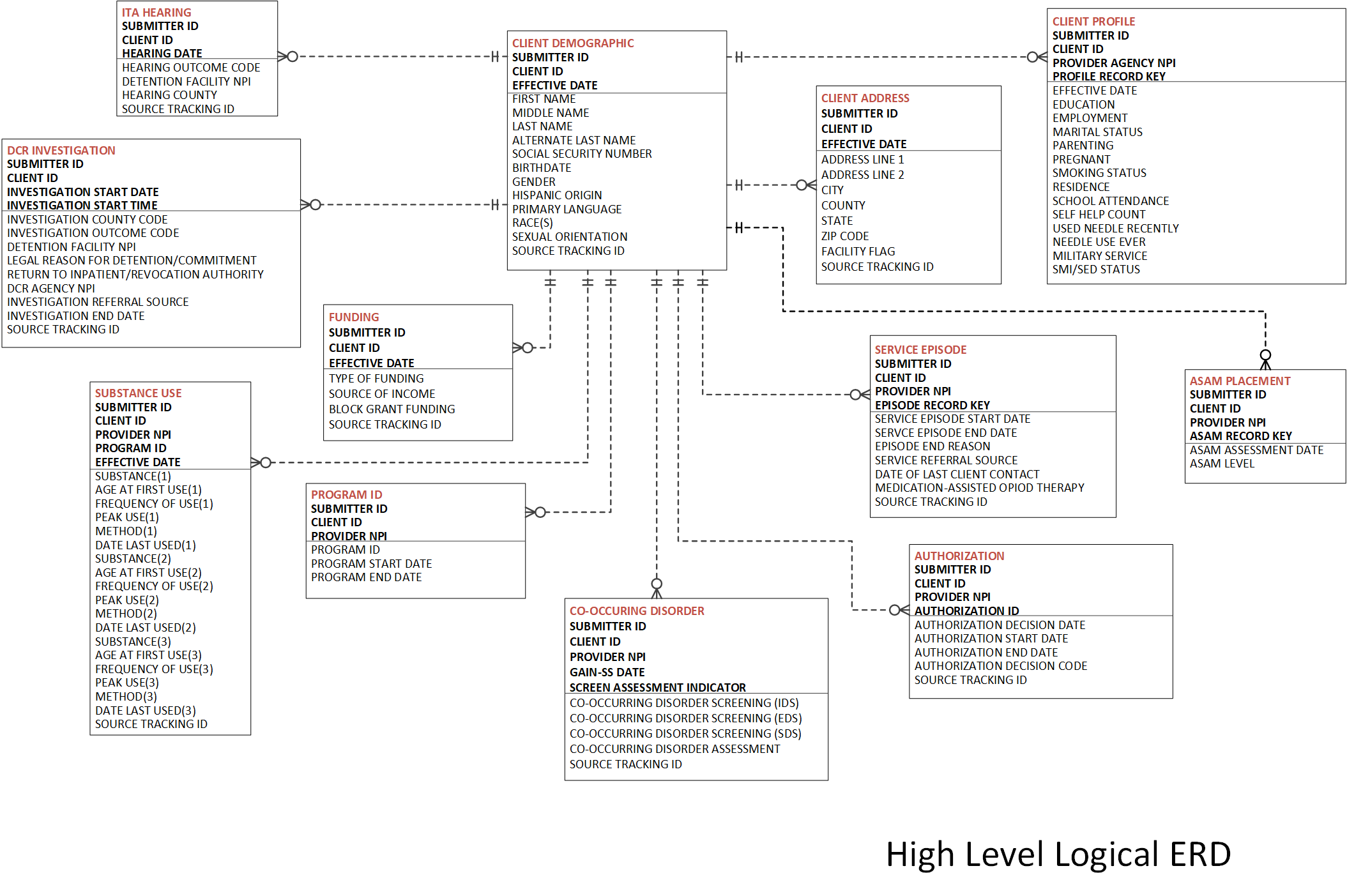
# Appendix B: Error Codes

This is a list of error codes generated from the system.

## Error Code Directory

|  |  |
| --- | --- |
| **Error Code** | **Description** |
| 23306 | Error: Consumer ID for Contractor has been previously voided. |
| 30197 | Referenced Client Id may not be the same as the Client Id. Transaction not posted |
| 30198 | Referenced Client Id may not be blank. Transaction not posted. |
| 30199 | Valid Client Demographics for Referenced Client ID not found. Transaction not posted. |
| 30200 | Client ID may not be blank. Transaction not posted. |
| 30201 | SUBMITTER ID is invalid. Transaction not posted. |
| 30202 | Valid Client Demographics transaction not found. Transaction not posted. |
| 30203 | Invalid Provider NPI. Transaction not posted. |
| 30204 | First name may not be blank. Transaction not posted. |
| 30205 | Last name may not be blank. Transaction not posted. |
| 30206 | Invalid SSN. If not blank, must be exactly nine digits without dashes. Transaction not posted. |
| 30207 | Invalid birthdate. May not be blank. Transaction not posted. |
| 30208 | Invalid Gender code. Transaction not posted. |
| 30209 | Invalid Military Service code. Transaction not posted. |
| 30210 | Invalid Assessment Date. Transaction not posted. |
| 30211 | Invalid ASAM Level code. Transaction not posted. |
| 30212 | Invalid Hispanic Origin code. Transaction not posted. |
| 30213 | Invalid Language code. Transaction not posted. |
| 30214 | There is an invalid race code - it may be due to length such as a missing leading zero. |
| 30215 | Invalid Sexual Orientation code. |
| 30216 | Invalid Education code. Transaction not posted. |
| 30217 | Invalid Employment code. Transaction not posted. |
| 30218 | Invalid Marital Status code. Transaction not posted |
| 30219 | Invalid Parenting code. Transaction not posted. |
| 30220 | Invalid Authorization Decision Date. Transaction not posted. |
| 30221 | Invalid Authorization ID. May not be blank. Transaction not posted. |
| 30222 | Invalid Start Date. May not be blank. Transaction not posted. |
| 30223 | Invalid End Date. Transaction not posted. |
| 30224 | Start Date may not be later than End Date. Transaction not posted. |
| 30225 | Invalid Authorization Decision Code. Transaction not posted. |
| 30226 | Error: Invalid Effective date. May not be blank or longer than 8 digits. Transaction not posted. |
| 30227 | Invalid County code. Transaction not posted. |
| 30228 | Invalid State code. Transaction not posted. |
| 30229 | Zip Code not numeric. Transaction not posted. |
| 30230 | Invalid Zip Code Length. Transaction not posted. |
| 30231 | Invalid WA Zip Code. Transaction not posted. |
| 30232 | Invalid OR Zip Code. Transaction not posted. |
| 30233 | Invalid ID Zip Code. Transaction not posted. |
| 30234 | Facilty flag error. Flag shall be ‘Y’ or ‘N’ |
| 30330 | Invalid Pregnant code. Transaction not posted. |
| 30331 | Invalid Smoking Status code. Transaction not posted. |
| 30332 | Invalid Residence code. Transaction not posted. |
| 30333 | Invalid School Attendance code. Transaction not posted. |
| 30334 | Invalid Self Help code. Transaction not posted. |
| 30335 | Invalid Needle used recently code. Transaction not posted. |
| 30336 | Invalid Needle Use Ever code. Transaction not posted. |
| 30337 | Invalid GAINS Date. Transaction not posted. |
| 30338 | Invalid Screen Assessment Indicator code. Transaction not posted. |
| 30339 | Invalid IDS code. Transaction not posted. |
| 30340 | Invalid EDS code. Transaction not posted. |
| 30341 | Invalid SDS code. Transaction not posted. |
| 30342 | Invalid Screen Assessment Score. May not be blank. Transaction not posted. |
| 30343 | Missing one or more of IDS, EDS, SDS when required |
| 30344 | Missing Assessment Score when required |
| 30345 | Invalid Detention Facility NPI. Transaction not posted. |
| 30346 | Invalid DMHP Agency NPI. Transaction not posted. |
| 30347 | Invalid Start Time. Transaction not posted. |
| 30348 | Invalid Investigation Outcome code. Transaction not posted. |
| 30349 | Invalid Investigation Referral Source code. May not be null. Transaction not posted. |
| 30350 | Invalid Hearing Outcome. Transaction not posted. |
| 30351 | Invalid Hearing Date. Transaction not posted. |
| 30352 | Invalid Program code. Transaction not posted. |
| 30353 | Invalid Episode Record key. May not be blank. Transaction not posted. |
| 30354 | Invalid Episode Modality code. Transaction not posted. |
| 30355 | Invalid Discharge Reason code. May not be null if Discharge Date is included. Transaction not posted. |
| 30356 | Invalid Referral Source code. May not be null. Transaction not posted. |
| 30357 | Invalid Substance One code. Transaction not posted. |
| 30358 | Invalid Substance Two code. Transaction not posted. |
| 30359 | Invalid Substance Three code. Transaction not posted. |
| 30360 | Invalid Age at First Use One code. May not be blank. Transaction not posted. |
| 30361 | Invalid Age at First Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted. |
| 30362 | Invalid Age at First Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted. |
| 30363 | Invalid Frequency Use One code. May not be blank. Transaction not posted. |
| 30364 | Invalid Frequency Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted. |
| 30365 | Invalid Frequency Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted. |
| 30366 | Invalid Peak Use One code. May not be blank. Transaction not posted. |
| 30367 | Invalid Peak Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted. |
| 30368 | Invalid Peak Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted. |
| 30369 | Invalid Method Use One code. May not be blank. Transaction not posted. |
| 30370 | Invalid Method Use Two code. May not be blank unless Substance Two equals 1. Transaction not posted. |
| 30371 | Invalid Method Use Three code. May not be blank unless Substance Three equals 1. Transaction not posted. |
| 30372 | Invalid Last Used One Date. May not be blank. Transaction not posted. |
| 30373 | Invalid Last Used Two Date. May not be blank unless Substance Two equals 1. Transaction not posted. |
| 30374 | Invalid Last Used Two Date. May not be blank unless Substance Three equals 1. Transaction not posted. |
| 30378 | ASAMRecordKey may not be blank. Transaction not posted. |
| 30379 | ASAMRecordKey may not contain non-alphanumeric characters. Transaction not posted. |
| 30380 | Disallowed characters in SourceTrackingId. Transaction not posted. |
| 30381 | Invalid Revocation Authority code. Transaction not posted. |
| 30382 | ProgramIdKey may not be blank. Transaction not posted |
| 30383 | Disallowed characters in ProgramIdKey. Transaction not posted. |
| 30400 | Invalid Batch Date. File not processed. |
| 30401 | Batch out of sequence. File not processed |
| 30402 | Invalid Transaction Code. Transaction not posted. |
| 30403 | Expired transaction code. Transaction not posted. |
| 99999 | Temp error number place holder |

# Appendix C: Entity Relationship Diagram (ERD)



# Appendix D: Process Flow Chart

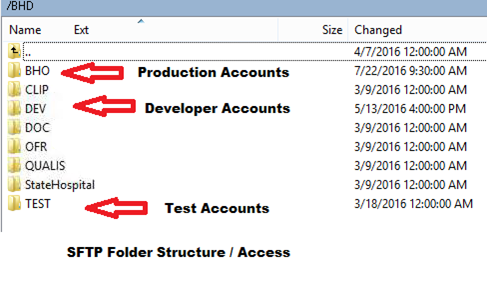
These flowcharts are meant to provide an overview of the process and not as a requirement or meant to capture every scenario.



# Appendix E: Submission Instructions

* Each organization will have a login account that is made up of the initials, the type of user (MCO/BH-ASO), and the number “1”.  The test accounts have a “-t” in the login name.
* Using Community Health Plans WA as an example for MCOs:
  + “hca-communityhealthplanswa” is the Production account
  + “hca-communityhealthplanswa-test” is the Test account

The MCO will use their account to log into the SFTP. The SFTP account folders look like this:



Once logged in with the production account the MCOs place txt files in the “MCO” production folder corresponding to their account if they are submitting production data. If they are testing they will use the testing login and place a text file in the test account. **Only txt files will be accepted**.

The SQL Agent job runs every hour of the day from 6am to 6pm, 7 days a week to process the files, unless there is an “urgent” need. If there is an urgent need the MCO needs to contact IT for processing.

The job processes the file and produces an error report that gets returned to the MCO with error information regarding which records were processed. Validation of the data will be based on date in the transaction (ie. Effective Date).

If there are any issues, the MCO would contact HCA Service desk at ServiceDesk@HCA.wa.gov for help.

# Appendix F: Instructions for submitting License Number in P1

This is the site specific Licensed Number assigned by the Department of Health and called the DOH License # (highlighted in blue on the picture). Provide just the certification number (in blue highlight), DO NOT use the DSHS-DBHR Legacy Number.

Found here: https://fortress.wa.gov/doh/facilitysearch/Default.aspx

Select one of the categories that includes “Behavioral Health Agency” for the facility type.

This number is not the NPI number. Provider One does not validate this number.



### 837P

Header

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service Facility Location name (Loop 2310C) | | | | | |
| 270 | 2310C | NM1 | 01 | Entity Identifier Code | Please use '77' |
| 270 | 2310C | NM1 | 02 | Entity Type Qualifier | Please use '2' |
| 270 | 2310C | NM1 | 03 | Name Last or Organization Name | Please enter Organization Name here. |
| Service Facility Location Address (Loop 2310C) | | | | | |
| 272 | 2310C | N3 | 01 | Address Information | Please enter the Service Facility address line 1. |
| 272 | 2310C | N3 | 02 | Address Information | Please enter the Service Facility address line 2. |
| Service Facility Location City/State/ZIP Code (Loop 2310C) | | | | | |
| 273 | 2310C | N4 | 01 | City Name | Please enter the Service Facility Location city. |
| 274 | 2310C | N4 | 02 | State or Province Code | Please enter the Service Facility Location State. |
| 274 | 2310C | N4 | 03 | Postal Code | Please enter the Service Facility Location Zip Code. |
| Service Facility Location Secondary Identification (Loop 2310C) | | | | | |
| 275 | 2310C | REF | 01 | Reference Identification Qualifier | Please enter ‘G2’ |
| 276 | 2310C | REF | 02 | Reference Identification | Please enter the Service Facility Location’s Agency ID. |

### 837P

Line

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service Facility Location name (Loop 2420C) | | | | | |
| 442 | 2420C | NM1 | 01 | Entity Identifier Code | Please use '77' |
| 442 | 2420C | NM1 | 02 | Entity Type Qualifier | Please use '2' |
| 442 | 2420C | NM1 | 03 | Name Last or Organization Name | Please enter Organization Name here. |
| Service Facility Location Address (Loop 2420C) | | | | | |
| 444 | 2420C | N3 | 01 | Address Information | Please enter the Service Facility address line 1. |
| 444 | 2420C | N3 | 02 | Address Information | Please enter the Service Facility address line 2. |
| Service Facility Location City/State/ZIP Code (Loop 2420C) | | | | | |
| 445 | 2420C | N4 | 01 | City Name | Please enter the Service Facility Location city. |
| 446 | 2420C | N4 | 02 | State or Province Code | Please enter the Service Facility Location State. |
| 446 | 2420C | N4 | 03 | Postal Code | Please enter the Service Facility Location Zip Code. |
| Service Facility Location Secondary Identification (Loop 2420C) | | | | | |
| 447 | 2420C | REF | 01 | Reference Identification Qualifier | Please enter ‘G2’ |
| 448 | 2420C | REF | 02 | Reference Identification | Please enter the Service Facility Location’s Agency ID. |

### 837I

Header

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Service Facility Location name (Loop 2310E) | | | | | |
| 342 | 2310E | NM1 | 01 | Entity Identifier Code | Please use '77' |
| 342 | 2310E | NM1 | 02 | Entity Type Qualifier | Please use '2' |
| 342 | 2310E | NM1 | 03 | Name Last or Organization Name | Please enter Organization Name here. |
| Service Facility Location Address (Loop 2310E) | | | | | |
| 344 | 2310E | N3 | 01 | Address Information | Please enter the Service Facility address line 1. |
| 344 | 2310E | N3 | 02 | Address Information | Please enter the Service Facility address line 2. |
| Service Facility Location City/State/ZIP Code (Loop 2310E) | | | | | |
| 345 | 2310E | N4 | 01 | City Name | Please enter the Service Facility Location city. |
| 346 | 2310E | N4 | 02 | State or Province Code | Please enter the Service Facility Location State. |
| 346 | 2310E | N4 | 03 | Postal Code | Please enter the Service Facility Location Zip Code. |
| Service Facility Location Secondary Identification (Loop 2310E) | | | | | |
| 347 | 2310E | REF | 01 | Reference Identification Qualifier | Please enter ‘G2’ |
| 348 | 2310E | REF | 02 | Reference Identification | Please enter the Service Facility Location’s Agency ID. |

# Appendix G: Primary Language Code List

<https://www.loc.gov/standards/iso639-2/php/code_list.php>

Codes submitted should be the first 3 letters. If there are two codes for a particular language they can be used interchangeably, but preferably the bibliographic version marked with an asterisk (\*) of the code is used.

Note: It is not mandatory to use all of the language codes and each MCO is able to choose a set of common language codes to use. Once a shorter list for a specific provider is chosen code “und” = undetermined can be used for languages not on the chosen shorter list.

|  |  |
| --- | --- |
| **ISO 639-2 Code** | **English name of Language** |
| **abk** | Abkhazian |
| **ace** | Achinese |
| **ach** | Acoli |
| **ada** | Adangme |
| **ady** | Adyghe; Adygei |
| **aar** | Afar |
| **afh** | Afrihili |
| **afr** | Afrikaans |
| **afa** | Afro-Asiatic languages |
| **ain** | Ainu |
| **aka** | Akan |
| **akk** | Akkadian |
| **alb** | Albanian\* |
| **sqi** | Albanian |
| **ale** | Aleut |
| **alg** | Algonquian languages |
| **tut** | Altaic languages |
| **amh** | Amharic |
| **anp** | Angika |
| **apa** | Apache languages |
| **ara** | Arabic |
| **arg** | Aragonese |
| **arp** | Arapaho |
| **arw** | Arawak |
| **arm** | Armenian\* |
| **hye** | Armenian |
| **rup** | Aromanian; Arumanian; Macedo-Romanian |
| **art** | Artificial languages |
| **asm** | Assamese |
| **ast** | Asturian; Bable; Leonese; Asturleonese |
| **ath** | Athapascan languages |
| **aus** | Australian languages |
| **map** | Austronesian languages |
| **ava** | Avaric |
| **ave** | Avestan |
| **awa** | Awadhi |
| **aym** | Aymara |
| **aze** | Azerbaijani |
| **ban** | Balinese |
| **bat** | Baltic languages |
| **bal** | Baluchi |
| **bam** | Bambara |
| **bai** | Bamileke languages |
| **bad** | Banda languages |
| **bnt** | Bantu languages |
| **bas** | Basa |
| **bak** | Bashkir |
| **baq** | Basque\* |
| **eus** | Basque |
| **btk** | Batak languages |
| **bej** | Beja; Bedawiyet |
| **bel** | Belarusian |
| **bem** | Bemba |
| **ben** | Bengali |
| **ber** | Berber languages |
| **bho** | Bhojpuri |
| **bih** | Bihari languages |
| **bik** | Bikol |
| **bin** | Bini; Edo |
| **bis** | Bislama |
| **byn** | Blin; Bilin |
| **zbl** | Blissymbols; Blissymbolics; Bliss |
| **nob** | Bokmål, Norwegian; Norwegian Bokmål |
| **bos** | Bosnian |
| **bra** | Braj |
| **bre** | Breton |
| **bug** | Buginese |
| **bul** | Bulgarian |
| **bua** | Buriat |
| **bur** | Burmese\* |
| **mya** | Burmese |
| **cad** | Caddo |
| **cat** | Catalan; Valencian |
| **cau** | Caucasian languages |
| **ceb** | Cebuano |
| **cel** | Celtic languages |
| **cai** | Central American Indian languages |
| **khm** | Central Khmer |
| **chg** | Chagatai |
| **cmc** | Chamic languages |
| **cha** | Chamorro |
| **che** | Chechen |
| **chr** | Cherokee |
| **chy** | Cheyenne |
| **chb** | Chibcha |
| **nya** | Chichewa; Chewa; Nyanja |
| **chi** | Chinese\* |
| **zho** | Chinese |
| **chn** | Chinook jargon |
| **chp** | Chipewyan; Dene Suline |
| **cho** | Choctaw |
| **chu** | Church Slavic; Old Slavonic; Church Slavonic; Old Bulgarian; Old Church Slavonic |
| **chk** | Chuukese |
| **chv** | Chuvash |
| **nwc** | Classical Newari; Old Newari; Classical Nepal Bhasa |
| **syc** | Classical Syriac |
| **cop** | Coptic |
| **cor** | Cornish |
| **cos** | Corsican |
| **cre** | Cree |
| **mus** | Creek |
| **crp** | Creoles and pidgins |
| **cpe** | Creoles and pidgins, English based |
| **cpf** | Creoles and pidgins, French-based |
| **cpp** | Creoles and pidgins, Portuguese-based |
| **crh** | Crimean Tatar; Crimean Turkish |
| **hrv** | Croatian |
| **cus** | Cushitic languages |
| **ces** | Czech |
| **cze** | Czech\* |
| **dak** | Dakota |
| **dan** | Danish |
| **dar** | Dargwa |
| **del** | Delaware |
| **din** | Dinka |
| **div** | Divehi; Dhivehi; Maldivian |
| **doi** | Dogri |
| **dgr** | Dogrib |
| **dra** | Dravidian languages |
| **dua** | Duala |
| **dum** | Dutch, Middle (ca.1050-1350) |
| **dut** | Dutch; Flemish\* |
| **nld** | Dutch; Flemish |
| **dyu** | Dyula |
| **dzo** | Dzongkha |
| **frs** | Eastern Frisian |
| **efi** | Efik |
| **egy** | Egyptian (Ancient) |
| **eka** | Ekajuk |
| **elx** | Elamite |
| **eng** | English |
| **enm** | English, Middle (1100-1500) |
| **ang** | English, Old (ca.450-1100) |
| **myv** | Erzya |
| **epo** | Esperanto |
| **est** | Estonian |
| **ewe** | Ewe |
| **ewo** | Ewondo |
| **fan** | Fang |
| **fat** | Fanti |
| **fao** | Faroese |
| **fij** | Fijian |
| **fil** | Filipino; Pilipino |
| **fin** | Finnish |
| **fiu** | Finno-Ugrian languages |
| **fon** | Fon |
| **fra** | French |
| **fre** | French\* |
| **frm** | French, Middle (ca.1400-1600) |
| **fro** | French, Old (842-ca.1400) |
| **fur** | Friulian |
| **ful** | Fulah |
| **gaa** | Ga |
| **gla** | Gaelic; Scottish Gaelic |
| **car** | Galibi Carib |
| **glg** | Galician |
| **lug** | Ganda |
| **gay** | Gayo |
| **gba** | Gbaya |
| **gez** | Geez |
| **geo** | Georgian\* |
| **kat** | Georgian |
| **deu** | German |
| **ger** | German\* |
| **gmh** | German, Middle High (ca.1050-1500) |
| **goh** | German, Old High (ca.750-1050) |
| **gem** | Germanic languages |
| **gil** | Gilbertese |
| **gon** | Gondi |
| **gor** | Gorontalo |
| **got** | Gothic |
| **grb** | Grebo |
| **grc** | Greek, Ancient (to 1453) |
| **ell** | Greek, Modern (1453-) |
| **gre** | Greek, Modern (1453-)\* |
| **grn** | Guarani |
| **guj** | Gujarati |
| **gwi** | Gwich'in |
| **hai** | Haida |
| **hat** | Haitian; Haitian Creole |
| **hau** | Hausa |
| **haw** | Hawaiian |
| **heb** | Hebrew |
| **her** | Herero |
| **hil** | Hiligaynon |
| **him** | Himachali languages; Western Pahari languages |
| **hin** | Hindi |
| **hmo** | Hiri Motu |
| **hit** | Hittite |
| **hmn** | Hmong; Mong |
| **hun** | Hungarian |
| **hup** | Hupa |
| **iba** | Iban |
| **ice** | Icelandic\* |
| **Isl** | Icelandic |
| **ido** | Ido |
| **ibo** | Igbo |
| **ijo** | Ijo languages |
| **ilo** | Iloko |
| **smn** | Inari Sami |
| **inc** | Indic languages |
| **ine** | Indo-European languages |
| **ind** | Indonesian |
| **inh** | Ingush |
| **ina** | Interlingua (International Auxiliary Language Association) |
| **ile** | Interlingue; Occidental |
| **iku** | Inuktitut |
| **ipk** | Inupiaq |
| **ira** | Iranian languages |
| **gle** | Irish |
| **mga** | Irish, Middle (900-1200) |
| **sga** | Irish, Old (to 900) |
| **iro** | Iroquoian languages |
| **ita** | Italian |
| **jpn** | Japanese |
| **jav** | Javanese |
| **jrb** | Judeo-Arabic |
| **jpr** | Judeo-Persian |
| **kbd** | Kabardian |
| **kab** | Kabyle |
| **kac** | Kachin; Jingpho |
| **kal** | Kalaallisut; Greenlandic |
| **xal** | Kalmyk; Oirat |
| **kam** | Kamba |
| **kan** | Kannada |
| **kau** | Kanuri |
| **krc** | Karachay-Balkar |
| **kaa** | Kara-Kalpak |
| **krl** | Karelian |
| **kar** | Karen languages |
| **kas** | Kashmiri |
| **csb** | Kashubian |
| **kaw** | Kawi |
| **kaz** | Kazakh |
| **kha** | Khasi |
| **khi** | Khoisan languages |
| **kho** | Khotanese; Sakan |
| **kik** | Kikuyu; Gikuyu |
| **kmb** | Kimbundu |
| **kin** | Kinyarwanda |
| **kir** | Kirghiz; Kyrgyz |
| **tlh** | Klingon; tlhIngan-Hol |
| **kom** | Komi |
| **kon** | Kongo |
| **kok** | Konkani |
| **kor** | Korean |
| **kos** | Kosraean |
| **kpe** | Kpelle |
| **kro** | Kru languages |
| **kua** | Kuanyama; Kwanyama |
| **kum** | Kumyk |
| **kur** | Kurdish |
| **kru** | Kurukh |
| **kut** | Kutenai |
| **lad** | Ladino |
| **lah** | Lahnda |
| **lam** | Lamba |
| **day** | Land Dayak languages |
| **lao** | Lao |
| **lat** | Latin |
| **lav** | Latvian |
| **lez** | Lezghian |
| **lim** | Limburgan; Limburger; Limburgish |
| **lin** | Lingala |
| **lit** | Lithuanian |
| **jbo** | Lojban |
| **nds** | Low German; Low Saxon; German, Low; Saxon, Low |
| **dsb** | Lower Sorbian |
| **loz** | Lozi |
| **lub** | Luba-Katanga |
| **lua** | Luba-Lulua |
| **lui** | Luiseno |
| **smj** | Lule Sami |
| **lun** | Lunda |
| **luo** | Luo (Kenya and Tanzania) |
| **lus** | Lushai |
| **ltz** | Luxembourgish; Letzeburgesch |
| **mac** | Macedonian\* |
| **mkd** | Macedonian |
| **mad** | Madurese |
| **mag** | Magahi |
| **mai** | Maithili |
| **mak** | Makasar |
| **mlg** | Malagasy |
| **may** | Malay\* |
| **msa** | Malay |
| **mal** | Malayalam |
| **mlt** | Maltese |
| **mnc** | Manchu |
| **mdr** | Mandar |
| **man** | Mandingo |
| **mni** | Manipuri |
| **mno** | Manobo languages |
| **glv** | Manx |
| **mao** | Maori\* |
| **mri** | Maori |
| **arn** | Mapudungun; Mapuche |
| **mar** | Marathi |
| **chm** | Mari |
| **mah** | Marshallese |
| **mwr** | Marwari |
| **mas** | Masai |
| **myn** | Mayan languages |
| **men** | Mende |
| **mic** | Mi'kmaq; Micmac |
| **min** | Minangkabau |
| **mwl** | Mirandese |
| **moh** | Mohawk |
| **mdf** | Moksha |
| **lol** | Mongo |
| **mon** | Mongolian |
| **mkh** | Mon-Khmer languages |
| **mos** | Mossi |
| **mul** | Multiple languages |
| **mun** | Munda languages |
| **nah** | Nahuatl languages |
| **nau** | Nauru |
| **nav** | Navajo; Navaho |
| **nde** | Ndebele, North; North Ndebele |
| **nbl** | Ndebele, South; South Ndebele |
| **ndo** | Ndonga |
| **nap** | Neapolitan |
| **new** | Nepal Bhasa; Newari |
| **nep** | Nepali |
| **nia** | Nias |
| **nic** | Niger-Kordofanian languages |
| **ssa** | Nilo-Saharan languages |
| **niu** | Niuean |
| **nqo** | N'Ko |
| **zxx** | No linguistic content; Not applicable |
| **nog** | Nogai |
| **non** | Norse, Old |
| **nai** | North American Indian languages |
| **frr** | Northern Frisian |
| **sme** | Northern Sami |
| **nor** | Norwegian |
| **nno** | Norwegian Nynorsk; Nynorsk, Norwegian |
| **nub** | Nubian languages |
| **nym** | Nyamwezi |
| **nyn** | Nyankole |
| **nyo** | Nyoro |
| **nzi** | Nzima |
| **oci** | Occitan (post 1500) |
| **arc** | Official Aramaic (700-300 BCE); Imperial Aramaic (700-300 BCE) |
| **oji** | Ojibwa |
| **ori** | Oriya |
| **orm** | Oromo |
| **osa** | Osage |
| **oss** | Ossetian; Ossetic |
| **oto** | Otomian languages |
| **pal** | Pahlavi |
| **pau** | Palauan |
| **pli** | Pali |
| **pam** | Pampanga; Kapampangan |
| **pag** | Pangasinan |
| **pan** | Panjabi; Punjabi |
| **pap** | Papiamento |
| **paa** | Papuan languages |
| **nso** | Pedi; Sepedi; Northern Sotho |
| **fas** | Persian |
| **per** | Persian\* |
| **peo** | Persian, Old (ca.600-400 B.C.) |
| **phi** | Philippine languages |
| **phn** | Phoenician |
| **pon** | Pohnpeian |
| **pol** | Polish |
| **por** | Portuguese |
| **pra** | Prakrit languages |
| **pro** | Provençal, Old (to 1500);Occitan, Old (to 1500) |
| **pus** | Pushto; Pashto |
| **que** | Quechua |
| **raj** | Rajasthani |
| **rap** | Rapanui |
| **rar** | Rarotongan; Cook Islands Maori |
| **qaa-qtz** | Reserved for local use |
| **roa** | Romance languages |
| **rum** | Romanian; Moldavian; Moldovan\* |
| **ron** | Romanian; Moldavian; Moldovan |
| **roh** | Romansh |
| **rom** | Romany |
| **run** | Rundi |
| **rus** | Russian |
| **sal** | Salishan languages |
| **sam** | Samaritan Aramaic |
| **smi** | Sami languages |
| **smo** | Samoan |
| **sad** | Sandawe |
| **sag** | Sango |
| **san** | Sanskrit |
| **sat** | Santali |
| **srd** | Sardinian |
| **sas** | Sasak |
| **sco** | Scots |
| **sel** | Selkup |
| **sem** | Semitic languages |
| **srp** | Serbian |
| **srr** | Serer |
| **shn** | Shan |
| **sna** | Shona |
| **iii** | Sichuan Yi; Nuosu |
| **scn** | Sicilian |
| **sid** | Sidamo |
| **sgn** | Sign Languages |
| **bla** | Siksika |
| **snd** | Sindhi |
| **sin** | Sinhala; Sinhalese |
| **sit** | Sino-Tibetan languages |
| **sio** | Siouan languages |
| **sms** | Skolt Sami |
| **den** | Slave (Athapascan) |
| **sla** | Slavic languages |
| **slo** | Slovak\* |
| **slk** | Slovak |
| **slv** | Slovenian |
| **sog** | Sogdian |
| **som** | Somali |
| **son** | Songhai languages |
| **snk** | Soninke |
| **wen** | Sorbian languages |
| **sot** | Sotho, Southern |
| **sai** | South American Indian languages |
| **alt** | Southern Altai |
| **sma** | Southern Sami |
| **spa** | Spanish; Castilian |
| **srn** | Sranan Tongo |
| **zgh** | Standard Moroccan Tamazight |
| **suk** | Sukuma |
| **sux** | Sumerian |
| **sun** | Sundanese |
| **sus** | Susu |
| **swa** | Swahili |
| **ssw** | Swati |
| **swe** | Swedish |
| **gsw** | Swiss German; Alemannic; Alsatian |
| **syr** | Syriac |
| **tgl** | Tagalog |
| **tah** | Tahitian |
| **tai** | Tai languages |
| **tgk** | Tajik |
| **tmh** | Tamashek |
| **tam** | Tamil |
| **tat** | Tatar |
| **tel** | Telugu |
| **ter** | Tereno |
| **tet** | Tetum |
| **tha** | Thai |
| **tib** | Tibetan\* |
| **bod** | Tibetan |
| **tig** | Tigre |
| **tir** | Tigrinya |
| **tem** | Timne |
| **tiv** | Tiv |
| **tli** | Tlingit |
| **tpi** | Tok Pisin |
| **tkl** | Tokelau |
| **tog** | Tonga (Nyasa) |
| **ton** | Tonga (Tonga Islands) |
| **tsi** | Tsimshian |
| **tso** | Tsonga |
| **tsn** | Tswana |
| **tum** | Tumbuka |
| **tup** | Tupi languages |
| **tur** | Turkish |
| **ota** | Turkish, Ottoman (1500-1928) |
| **tuk** | Turkmen |
| **tvl** | Tuvalu |
| **tyv** | Tuvinian |
| **twi** | Twi |
| **udm** | Udmurt |
| **uga** | Ugaritic |
| **uig** | Uighur; Uyghur |
| **ukr** | Ukrainian |
| **umb** | Umbundu |
| **mis** | Uncoded languages |
| **und** | Undetermined |
| **hsb** | Upper Sorbian |
| **urd** | Urdu |
| **uzb** | Uzbek |
| **vai** | Vai |
| **ven** | Venda |
| **vie** | Vietnamese |
| **vol** | Volapük |
| **vot** | Votic |
| **wak** | Wakashan languages |
| **wln** | Walloon |
| **war** | Waray |
| **was** | Washo |
| **wel** | Welsh\* |
| **cym** | Welsh |
| **fry** | Western Frisian |
| **wal** | Wolaitta; Wolaytta |
| **wol** | Wolof |
| **xho** | Xhosa |
| **sah** | Yakut |
| **yao** | Yao |
| **yap** | Yapese |
| **yid** | Yiddish |
| **yor** | Yoruba |
| **ypk** | Yupik languages |
| **znd** | Zande languages |
| **Zap** | Zapotec |
| **Zza** | Zaza; Dimili; Dimli; Kirdki; Kirmanjki; Zazaki |
| **Zen** | Zenaga |
| **Zha** | Zhuang; Chuang |
| **Zul** | Zulu |
| **Zun** | Zuni |

# Appendix H: Nationally Accepted HIT Code References

Crosswalk values are added to their corresponding data element.

|  |  |  |
| --- | --- | --- |
| Standard Development Organizations | Description | Link |
| LOINC® | LOINC (Logical Observation Identifiers Names and Codes) common terminology for laboratory and clinical observations to send clinical data electronically from laboratories and other data who use the data for clinical care and management purposes. | https://loinc.org/about/ |
| SNOMED CT® | SNOMED CT ((Systematized Nomenclature of Medicine--Clinical Terms)is a systematically organized computer processable collection of medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting. SNOMED CT is considered to be the most comprehensive, multilingual clinical healthcare terminology in the world.  SNOMED CT is one of a suite of designated standards for use in U.S. Federal Government systems for the electronic exchange of clinical health information. | https://www.nlm.nih.gov/healthit/snomedct/index.html |
| CDC/PHIN | CDC PHIN Vocabulary Coding System concepts are used when the public health concepts are not available in the Standard Development Organization(SDO) Vocabulary (e.g., SNOMED CT, LOINC).  The CDC/PHIN includes code systems for:  1.Race & Ethnicity Code System  2. Race  3. Ethnicity Hierarchy | <https://www.cdc.gov/phin/resources/vocabulary/index.html>  https://www.cdc.gov/phin/resources/vocabulary/index.html#3 |
| OMB | OMB (Office of Management and Budget) established codes for race categories. | http://hl7.org/fhir/us/core/2017Jan/ValueSet-omb-race.html |

# Appendix I: Provider Entry Portal (PEP)

The Provider Entry Portal is used for non-tribal providers providing services to tribal members. Although the Provider Entry Portal (PEP) references this data guide, there are additional instructions specified in Provider Entry Portal materials that should be followed for complete transmission. If there are questions or if transactions are not accepted, please contact PEP support.

# Appendix J: Criminal Justice Treatment Account (CJTA) (150.01)

Although the CJTA program references this data guide, there are additional transactions specified in CJTA guides that should be followed for complete transmission. Links to CJTA guides will be referenced here when available.

# Appendix K: Guidance attachments

### Closing Service Episode of Care Guidance

Purpose: Provide guidance on length of time for an episode to remain open from the last date of contact/visit for an enrollee receiving Behavioral Health Services including Mental Health and Substance Use Disorder.

SUD: If an Enrollee has not actively participated in treatment, HCA recommends closing the service episode after no more than 45 days of no contact.

MH: If an Enrollee has not actively participated in treatment, HCA recommends closing the service episode after no more than 90 days of no contact.

Before closing: The Contractor has demonstrated reasonable efforts, meaning at least 3 or more attempts to re-engage the Enrollee into services, the Contractor may choose to discharge the Enrollee from services.

MCOs and providers will work internally on policies and procedures regarding discharge guidelines that include outreach to the client before discharging.

### Authorization Transaction Guideline

Definition: Authorization– Approval necessary prior to the receipt of care.

MCOs are not required to submit the authorization transaction into BHDS. This information is already collected through claims in ProviderOne.

BH-ASO are required to submit the authorization transaction into BHDS. This is to track non-Medicaid funds for uses such SABG and MHBG.

Explanation: In ProviderOne there are Medicaid clients that are enrolled with MCOs. We use this enrollment information to determine which MCO is responsible for the client’s care. We do not have enrollment information for ASOs. Since we do not have information on which clients the ASOs are responsible for, we are asking for the authorization transactions to be submitted on the supplemental submissions so we have a way of identifying responsibility.

# BHDS Glossary

|  |  |  |
| --- | --- | --- |
| Term | Definition | Clarification |
| 1**st** routine encounter | First non-crisis encounter following the intake/assessment |  |
| Action Code | This is the code submitted by the user that is a status or change the user intended. How this is used is covered in the Add/Change Status section of the document. |  |
| Agency | Providers, agencies, or entities providing services directly to clients in the community. |  |
| Assessment | Clinical medicine, evaluation of the patient for the purposes of forming a diagnosis and plan of treatment. | In this context it is synonymous with intake in mental health. |
| Behavioral Health Supplemental Transaction | Transactions submitted to the BHDS, aka: Non-encounter transactions |  |
| BHDC | Behavioral Health Consolidation: The project effort to integrate both mental health and substance use disorder. |  |
| BHDS | Behavioral Health Data System: This is the process for submission of the client-level data to DBHR. |  |
| CDC /PHIN | CDC PHIN Vocabulary Coding System concepts are used when the public health concepts are not available in the Standard Development Organization(SDO) Vocabulary (e.g., SNOMED CT, LOINC).  The CDC/PHIN includes code systems for:  1.Race & Ethnicity Code System  2. Race  3. Ethnicity Hierarchy |  |
| Client | Person needing services | Person identified in BHDS |
| Clinician | Medical professional having direct contact with and responsibility for patients |  |
| Data Element | Field of data |  |
| Date of Request for Service | Date client asks for service. Can be done in via multiple methods such as phone call, walk in, referral, others requesting services on behalf of client. |  |
| DBHR | Division of Behavioral Health and Recovery |  |
| Discharge | Client no longer receives services from a particular MCO |  |
| EDI | Electronic Data Interchange (EDI) is the computer-to-computer exchange of business data in standard formats. |  |
| EDI 837 | The EDI (Electronic Data Interchange) 837 transaction set is the format established to meet HIPAA requirements for the electronic submission of healthcare claim information. The claim information included amounts to the following, for a single care encounter between patient and provider. |  |
| EDI X12N | EDI X12 (Electronic Data Interchange) is data format based on ASC X12 standards. It is used to exchange specific data between two or more trading partners. Term 'trading partner' may represent organization, group of organizations or some other entity. |  |
| Gain-SS | GAIN-SS (Global Assessment of Individual Needs-Short Screener) |  |
| Identifier | Unique key for an entity |  |
| Intake | The process of admission of an individual to a health facility, during which data regarding the health history and other pertinent personal information is gathered. |  |
| LOINC | LOINC (Logical Observation Identifiers Names and Codes) common terminology for laboratory and clinical observations to send clinical data electronically from laboratories and other data who use the data for clinical care and management purposes. |  |
| MCO Administrator | The head of the organization at the level able to commit the organization and its resources into programs. | This does not necessarily mean the CEO, but often is at that level. |
| MCOs | Managed Care Organizations | Includes Managed Care Organizations and Behavioral Health-Administrative Service Organizations. |
| Mental Health | Mental health refers to our cognitive, behavioral, and emotional wellbeing - it is all about how we think, feel, and behave. |  |
| MH-CIS | Legacy Mental Health Information System –Mental Health Consumer Information System |  |
| Modality | The method of application of a therapeutic agent or regimen. | Specific to a substance use level of care |
| OMB | OMB (Office of Management and Budget) established codes for race categories. |  |
| On change | Verification with client if information has changed. |  |
| pre-intake | Prior to assessment/intake |  |
| Provider Agency | Sites providing mental health and substance abuse services to clients. |  |
| QHH | Qualified Health Home |  |
| Quadrant Placement | Quadrant placement was defined using data that is routinely gathered in clinical care or available in administrative data sets (i.e., substance dependence diagnosis, Global Assessment of Functioning scores). |  |
| Revised Code of Washington (RCW) | An RCW, or law, is the result of legislation that has been passed by the House and Senate and has been signed by the Governor. The Revised Code of Washington contains all laws that have been adopted in the State of Washington, as well as a history of all laws that have previously existed or been amended. |  |
| SAMHSA | Substance Abuse and Mental Health Services Administration |  |
| Service Episode | A service episode may be thought of as a container of services, which can be MH programs or SUD programs, a group of SUD programs that are related, or a combination of both MH and SUD services. The key boundary is that the services can only be provided by a single agency/provider. On the other hand, SUD programs occur within a single modality of service. |  |
| Service Episode End Date | The date the episode of care (container) ended/closed by a provider agency. |  |
| Service Episode Start Date | Start of services provided to a particular client, that contracting MCO is authorized to pay for. |  |
| SNOMED | SNOMED CT ((Systematized Nomenclature of Medicine--Clinical Terms)is a systematically organized computer processable collection of medical terms providing codes, terms, synonyms and definitions used in clinical documentation and reporting. SNOMED CT is considered to be the most comprehensive, multilingual clinical healthcare terminology in the world.  SNOMED CT is one of a suite of designated standards for use in U.S. Federal Government systems for the electronic exchange of clinical health information. |  |
| SUD | Substance Use Disorder |  |
| TARGET | Legacy SUD System - Treatment and Assessment Reports Generation Tool |  |
| Transaction | A set of submitted data or date table. In the context of this guide it is the set of data denoted with a number (020.27 – Client Demographics). |  |
| Washington Administrative Code (WAC) | Regulations of executive branch agencies are issued by authority of statutes. Like legislation and the Constitution, regulations are a source of primary law in Washington State. The WAC codifies the regulations and arranges them by subject or agency. |  |
| Withdrawal Management Services | Professional services to people in the process of screening, assessing, preparing, planning, and monitoring of withdrawal symptoms. |  |

1. https://www.healthit.gov/isa/ [↑](#footnote-ref-1)