Data Dictionary
Effective: 2026-10-12
Last Edit: 2026-09-10

North Sound Behavioral Health Administrative Services Organization 2021 E College Way, Ste 101, Mount Vernon, WA 98273

Contents

Data Formatting

Data Element Separation

Data elements are separated by a TAB. eg 001.01 20190101 1111 55555555

Add/Change Status

When a transaction is submitted as a “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.

Batch Header

Field Description	Allow NULL	Data Type	Length	
Transaction ID	N	Alphanumeric	6	001.01
Date	N	Alphanumeric	8	YYYYMMDD
Batch Number	N	Alphanumeric	9	9 to 999999999
Agency Reporting Unit ID	N	Alphanumeric	10	Org NPI

Transactions

Demographic				
Field Description	Allow NULL	Data Type	Length	
Transaction ID	N	Alphanumeric	6	020.09
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Effective Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
First Name	N	Alphanumeric	35	
Middle Name	Y	Alphanumeric	25	
Last Name	N	Alphanumeric	60	
Alternate Last Name	Y	Alphanumeric	60	
Social Security Number	Y	Alphanumeric	9	
Birthdate	N	Alphanumeric	8	YYYYMMDD
Gender	N	Alphanumeric	2	
Hispanic Origin	N	Alphanumeric	3	Hispanic Origin
Primary Language	N	Alphanumeric	3	Language
Race(S)	N	Alphanumeric	18	e.g. “010050”, no delimiters between codes. Ethnicity
Sexual Orientation	N	Alphanumeric	2	Sexual Orientation
Provider One ID	N	Alphanumeric	11	When it exists, else Client Number
Source Tracking Id	Y	Alphanumeric	40	

Address

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	022.04
Action Code	N	Alphanumeric	1	Code Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Effective Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
Address Line 1	N	Alphanumeric	120	120
Address Line 2	Y	Alphanumeric	120	120
City	Y	Alphanumeric	50	50
County	Y	Alphanumeric	5	5
State	N	Alphanumeric	2	2
Zip Code	Y	Alphanumeric	10	10 eg 99999-9999
Facility Flag	N	Alphanumeric	1	1
Source Tracking Id	Y	Alphanumeric	40	

ASAM Placement

Field Description	**Allow NULL**	**Data Type**	**Length**	**Notes**
Transaction ID	N	Alphanumeric	6	030.03
Action Code	N	Alphanumeric	1	Code Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Provider NPI	***N***	***Alphanumeric***	***10***	***Facility NPI***
ASAM Record Key	**N**	**Alphanumeric**	**40**	**GUID**
ASAM Assessment Date	N	Alphanumeric	8	YYYYMMDD
ASAM Level Indicated	N	Alphanumeric	6	
Source Tracking ID	Y	Alphanumeric	40	

Co-occurring Disorder

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	121.05
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Provider ID	***N***	***Alphanumeric***	***10***	***Facility NPI***
Gain-SS Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
Screen Assessment Indicator	***N***	***Alphanumeric***	***1***	
Co-Occurring Disorder Screening (IDS) (Required, based on value in Screening Assessment Indicator)	Y	Alphanumeric	2	
Co-Occurring Disorder Screening (EDS) (Required, based on value in Screening Assessment Indicator)	Y	Alphanumeric	2	
Co-Occurring Disorder Screening (SDS) (Required, based on value in Screening Assessment Indicator)	Y	Alphanumeric	2	
Co-Occurring Disorder Assessment (Required If the Client Screens High (2 Or Higher) on either the IDS or EDS, and on SDS)	Y	Alphanumeric	2	
Source Tracking Id	Y	Alphanumeric	40	

ITA Hearing

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	162.05
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Hearing Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
Hearing Outcome	N	Alphanumeric	2	Code Hearing Outcome
Detention Facility NPI	Y	Alphanumeric	10	Code Reporting Unit
Hearing County	N	Alphanumeric	5	Code County
Detention County	N	Alphanumeric	5	Code County
Cause Number	N	Alphanumeric	15	
Source Tracking Id	Y	Alphanumeric	40	

Least Restrictive Alternative/Order

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	815.00
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***10***	
Effective Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
Termination Date	N	Alphanumeric	8	YYYYMMDD
County	N	Alphanumeric	5	County Code
Cause Number	N	Alphanumeric	15	
Length	N	Alphanumeric	3	999
Participate in and follow…	Y	Alphanumeric	1	
Assigned Agency	Y	Alphanumeric	10	NPI of Assigned Agency
Participate in and follow…	Y	Alphanumeric	30	
Assigned Agency	Y	Alphanumeric	10	NPI of Assigned Agency
Reside at approved residence	Y	Alphanumeric	1	Use ‘X’ as the indicator
Take prescribed meds	Y	Alphanumeric	1	Use ‘X’ as the indicator
Refrain from drugs/alcohol	Y	Alphanumeric	1	Use ‘X’ as the indicator
Refrain from threats or acts of harm	Y	Alphanumeric	1	Use ‘X’ as the indicator
Maintain health and safety	Y	Alphanumeric	1	Use ‘X’ as the indicator
Refrain from possessing firearms	Y	Alphanumeric	1	Use ‘X’ as the indicator
Other conditions	Y	Alphanumeric	255	
Other conditions - second line	Y	Alphanumeric	255	
Source Tracking ID	Y	Alphanumeric	40	

DCR Investigation

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	160.05
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Investigation Start Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
Investigation Start Time	***N***	***Alphanumeric***	***4***	***HHMM, DCR begins gathering data***
Investigation County	N	Alphanumeric	5	County Code
Investigation Outcome	N	Alphanumeric	2	Investigation Outcome
Detention Facility NPI	Y	Alphanumeric	10	Code Placement Unit Req. when Outcome = 1, 4, 7
Legal Reason for Detainment	Y	Alphanumeric	4	A-D or X or Z. Max of 4 Characters
Return to Inpatient/Revocation Authority	Y	Alphanumeric	2	Return to InPt
DCR Agency ID	N	Alphanumeric	10	ORG NPI
Investigation Referral Source	N	Alphanumeric	2	Investigation Referral Source
Investigation End Date	N	Alphanumeric	8	YYYYMMDD
Dispatch Date	N	Alphanumeric	8	YYYYMMDD
Dispatch Time	N	Alphanumeric	4	HHMM
Dispatch Case Number	N	Alphanumeric	10	
Rights Read	N	Alphanumeric	1	Must be Y or will be rejected
Rights Read Date	Y	Alphanumeric	8	Rights Read Face to Face with Client
Rights Read Time	Y	Alphanumeric	4	Rights Read Face to Face with Client
Investigation Place of Service	Y	Alphanumeric	2	Place of service of Investigation (Client)
Primary Intervention Reason	N	Alphanumeric	2	Primary Intervention Reason
Delay Reason	Y	Alphanumeric	2	Delay Reason
Source Tracking ID	Y	Alphanumeric	40	

Funding

Field Description	Allow Null	Data Type	Length	Notes / Table
Transaction ID	N	Alphanumeric	6	140.03
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Effective Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
Block Grant Funding	***N***	***Alphanumeric***	***2***	***Block Grant Funding Services***
Type of Funding Support	N	Alphanumeric	2	Type of Funding Support
Source of Income	N	Alphanumeric	2	Source of Income/Support
Source Tracking ID	Y	Alphanumeric	40	

Mobile Crisis Response

Field Description	Allow Null	Type	Length	Notes
Transaction ID	N	Alphanumeric	6	165.03
Action Code	N	Alphanumeric	1	Action Code
Agency ID	N	Alphanumeric	20	NPI
Client Number	N	Alphanumeric	20	Medical Record number for provider agency
Mobile Crisis Response Type	N	Alphanumeric	2	MRRCT Resp Type
Dispatch Date	N	Alphanumeric	8	CCYYMMDD Referral Received
Dispatch Time	N	Alphanumeric	4	HHMM Referral Received
Mobile Crisis Referral Source	N	Alphanumeric	2	MRRCT Referral Source
Level of Acuity	N	Alphanumeric	2	MRRCT Acuity Lvl
Needs Interpreter	N	Alphanumeric	2	Interpreter Needed
Date of Deployment	Y	Alphanumeric	8	YYYYMMDD Left for scene
Time of Deployment	Y	Alphanumeric	4	HHMM Left for scene
Date of Arrival	Y	Alphanumeric	8	YYYYMMDD on scene
Time of Arrival	Y	Alphanumeric	4	HHMM on scene
Face to Face Start Date	Y	Alphanumeric	8	Date f2f with the Client
Face to Face Start Time	Y	Alphanumeric	4	Start time f2f with the Client
Place of Service for Face to Face Serv	N	Alphanumeric	2	Place Of Service
Presenting Problem	N	Alphanumeric	4	Presenting Problem
Co-Responder Involvement	N	Alphanumeric	2	MRRCT CoResponder
Peer Involved	N	Alphanumeric	1	Y or N
Mobile Crisis Outcome	N	Alphanumeric	2	MRRCT Resp Outcome
Referral Given	N	Alphanumeric	40	MRRCT Referral Given. Concat. multiple codes
Dispatch Case Number	N	Alphanumeric	10	
Consultation Only / Dispatch/Consult	N	Alphanumeric	1	Y or N
Service County	N	Alphanumeric	5	County Code
Event End Date	N	Alphanumeric	8	CCYYMMDD
Event End Time	N	Alphanumeric	4	HHMM
Source Tracking ID	Y	Alphanumeric	40	
MRRCT Agency NPI	N	Alphanumeric	10	
Servicing Provider NPI	N	Alphanumeric	10	Individual Providing Service
Zip Code	N	Alphanumeric	5	Table:ZipCodeCity

Staff Detail 880.00

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	880.00
Action Code	N	Alphanumeric	1	Action Code
Agency ID	N	Alphanumeric	10	Org NPI
Staff ID	N	Alphanumeric	10	Clinician NPI
Hire Date	N	Alphanumeric	8	YYYYMMDD
Termination Date	Y	Alphanumeric	8	YYYYMMDD
Staff Last Name	N	Alphanumeric	30	
Staff First Name	N	Alphanumeric	40	
Staff Provider Type	N	Alphanumeric	2	
Staff Email	N	Alphanumeric	25	
Staff Taxonomy 1	N	Alphanumeric	2	
Staff Taxonomy 2	Y	Alphanumeric	2	
Staff Taxonomy 3	Y	Alphanumeric	2	
Staff Taxonomy 4	Y	Alphanumeric	2	

Non-Medicaid Authorization

Field Description	Allow NULL	Data Type	Length	Notes / Table
Transaction ID	N	Alphanumeric	6	980.00
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Requested Start Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
Requested End Date	N	Alphanumeric	8	YYYYMMDD
Verification Date	N	Alphanumeric	8	YYYYMMDD
Verified Income Amount	N	Alphanumeric	9	9999.99 Monthly Income
Verified Income Source	Y	Alphanumeric	2	Income Source
Number of Dependents Dependent on Income	Y	Alphanumeric	2	1-99, include client as 1
Eligibility Type	N	Alphanumeric	2	Eligibility Type
Poverty Level	Y	Alphanumeric	2	Poverty Level
Eligibility Criteria 1	Y	Alphanumeric	2	Eligibility Criteria
Eligibility Criteria 2	Y	Alphanumeric	2	Eligibility Criteria
Eligibility Criteria 3	Y	Alphanumeric	2	Eligibility Criteria
Eligibility Criteria 4	Y	Alphanumeric	2	Eligibility Criteria
Primary Diagnosis	N	Alphanumeric	7	###### without a decimal
Diagnosis Date	N	Alphanumeric	8	YYYYMMDD
ID	N	Alphanumeric	14	P1ID whether eligible or not; else pn
Auth Request Type	N	Alphanumeric	2	Auth Request Type
Auth Service Type	**N**	**Alphanumeric**	**2**	**Auth Service Type**
ASAM Score Assessed Date	N	Alphanumeric	8	YYYYMMDD
ASAM Level Indicated	Y	Alphanumeric	7	Code ASAM Level
ASAM Level Received	Y	Alphanumeric	7	Code ASAM Level
Locus Level	Y	Alphanumeric	2	Range 1 to 6
CALocus Level	Y	Alphanumeric	2	Range 1 to 6
Source Tracking ID	N	Alphanumeric	40	
Care Coordination	N	Alphanumeric	1	Y or N
Agency License Number	N	Alphanumeric	8	Table: Agency License Number

Non-Medicaid Authorization Change Request Submission

Field Description	Allow NULL	Data Type	Length	Notes / Table
Transaction ID	N	Alphanumeric	6	981.00
Action Code	N	Alphanumeric	1	Add
Agency ID	N	Alphanumeric	10	Agency Organization NPI
Client Number	N	Alphanumeric	11	Agency
NonMCAuthID	N	Alphanumeric	10	
Requested Change	N	Alphanumeric	2	Auth Change Request Type
Start Date new	Y	Alphanumeric	8	YYYYMMDD
End Date new	Y	Alphanumeric	8	YYYYMMDD
Change Reason	N	Alphanumeric	2	Auth Change Reason
Poverty Level Change	Y	Alphanumeric	2	Poverty Level

Profile

Field Description	Allow NULL	Data Type	Length	Notes / Table
Transaction ID	N	Alphanumeric	6	035.10
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Provider Agency NPI	***N***	***Alphanumeric***	***10***	***Facility NPI***
Profile Record Key ID	***N***	***Alphanumeric***	***40***	
Effective Date	N	Alphanumeric	8	YYYYMMDD
Education	N	Alphanumeric	2	
Employment	N	Alphanumeric	2	
Marital Status	N	Alphanumeric	2	Marital Status
Parenting	Y	Alphanumeric	1	Required For Substance Use Disorder, Optional Mental Health
Pregnant	Y	Alphanumeric	1	Required For Substance Use Disorder, Optional Mental Health
Smoking Status	N	Alphanumeric	2	Smoking Status
Residence	N	Alphanumeric	2	Residence
School Attendance	N	Alphanumeric	1	School Attendance
Self Help Count	N	Alphanumeric	2	Required For Substance Use Disorder, Optional Mental Health
Used Needle Recently	N	Alphanumeric	1	Required For Substance Use Disorder, Optional Mental Health
Needle Use Ever	N	Alphanumeric	2	Required For Substance Use Disorder, Optional Mental Health
MILITARY SERVICE	N	Alphanumeric	2	Military Service
SMI/SED STATUS	N	Alphanumeric	2	
Source Tracking ID	Y	Alphanumeric	40	

Service Episode

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	170.06
Action Code	N	Alphanumeric	1	Code Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Provider NPI	***N***	***Alphanumeric***	***10***	***Facility NPI***
Episode Record Key	***N***	***Alphanumeric***	***40***	
Service Episode Start Date	N	Alphanumeric	8	YYYYMMDD
Service Episode End Date	Y	Alphanumeric	8	YYYYMMDD
Service Episode End Reason	Y	Alphanumeric	2	Submitted when EndDate Submitted
Service Referral Source	N	Alphanumeric	2	Service Referral Source
Date Of Last Client Contact	Y	Alphanumeric	8	YYYYMMDD – submitted when End Date is present
Date Of First Appointment Offered	N	Alphanumeric	8	YYYYMMDD – submitted with admission
Medication-Assisted Opioid Therapy	N	Alphanumeric	2	Opioid Therapy
Source Tracking ID	Y	Alphanumeric	40	

Program Identification

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	060.06
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Provider NPI	***N***	***Alphanumeric***	***10***	***Facility NPI***
Program ID Key	***N***	***Alphanumeric***	***40***	***GUID***
Program Id	N	Alphanumeric	3	Program ID
Program Start Date	N	Alphanumeric	8	YYYYMMDD
Program End Date	Y	Alphanumeric	8	YYYYMMDD
Entry Referral Source	N	Alphanumeric	2	Entry Referral Source
Program End Reason	Y	Alphanumeric	2	Program End Reason
Source Tracking Id	N	Alphanumeric	40	

Substance Use

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	036.04
Action Code	N	Alphanumeric	1	Action Code
Agency ID	***N***	***Alphanumeric***	***10***	***Agency Organization NPI***
Client Number	***N***	***Alphanumeric***	***11***	
Provider NPI	***N***	***Alphanumeric***	***10***	***Facility NPI***
Program Id	***N***	***Alphanumeric***	***3***	***Program ID***
Effective Date	***N***	***Alphanumeric***	***8***	***YYYYMMDD***
Substance (1)	N	Alphanumeric	2	Substance
Age At First Use (1)	N	Alphanumeric	2	Subst Age Use
Frequency Of Use (1)	N	Alphanumeric	2	Sub Frequency Use
Peak Use (1)	N	Alphanumeric	2	Sub Peak Use
Method (1)	N	Alphanumeric	2	Sub Use Method
Date Last Used (1)	Y	Alphanumeric	8	YYYYMMDD
Substance (2)	N	Alphanumeric	2	Substance
Age At First Use (2)	N	Alphanumeric	2	Subst Age Use
Frequency Of Use (2)	N	Alphanumeric	2	Sub Frequency Use
Peak Use (2)	N	Alphanumeric	2	Sub Peak Use
Method (2)	N	Alphanumeric	2	Sub Use Method
Date Last Used (2)	Y	Alphanumeric	8	YYYYMMDD
Substance (3)	N	Alphanumeric	2	Substance
Age At First Use (3)	N	Alphanumeric	2	Subst Age Use
Frequency Of Use (3)	N	Alphanumeric	2	Sub Frequency Use
Peak Use (3)	N	Alphanumeric	2	Sub Peak Use
Method (3)	N	Alphanumeric	2	Sub Use Method
Date Last Used (3)	Y	Alphanumeric	8	YYYYMMDD

Source Tracking Id	Y	Alphanumeric	40	

Cascade Merge

Field Description	Allow NULL	Data Type	Length	Notes
Transaction ID	N	Alphanumeric	6	130.04
Action Code	N	Alphanumeric	1	Action Code = A
Agency ID	N	Alphanumeric	10	Agency Organization NPI
Client Number to Void	N	Alphanumeric	11	Client number to void
Client Number to Keep	N	Alphanumeric	11	Client number to keep

2020-06-29 Change Primary Investigation Reason length (DCRInvest/ICRSVol) from 1 to 2
2020-06-29 DCRInvest move Source Tracking ID to end of fields.
2020-09-11 MCR add, ICRS Voluntary Remove
2021-01-08 Non-Medicaid Authorization Change Request Transaction
2021-06-11 Noted Primary Key for each transaction with bold and italic font
2021-10-01 Funding transaction most fields now required.
DCR Invest Placement Unit Req. when Outcome = 1, 4, 7
Add Source Tracking ID to ASAM, Profile
Service Episode First Offered required, Service Referral required
Substance Use Substance 1 and 2 required – use None if no substance
2021-10-07 MCR Table – add Agency NPI and Servicing Provider NPI
2022-03-09 Funding Transaction New version 140.02
Lesser Restrictive – edit to show the Primary Key fields
2024-01-23 Removed old format of Funding and Mobile response, leave current format
Incremented transaction numbers for Demographic, Address, Funding
2024-02-28 Added Care Coordination field to 980.00. Begin 2024-07-01
2024-05-22 Auth Service Type added to the primary key of the 980.00
2024-12-02 Demographic Primary Language required. HCA Issue #44895
2025-01-21 Added to 981.00 the ability to update the Poverty Level for the 980.00
2025-03-31 Added 165.03 for use as of 07/10/2025. 165.02 will expire 07/09/2025
2025-07-10 Mobile Response becomes MRRCT with additional tables and table changes
2025-07-31 Cascade Merge 130.04 added to production
2026-09-10 removed 2025 changed Mobile Response history
Added Agency License requirement to 980.00